Pharmacy Reengineering (PRE)
Inbound ePrescribing (IEP) 3.1
VistA Patch # PSO*7.0*551
User Guide

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Department of Veterans Affairs
Office of Information and Technology (OI&T)
## Revision History

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Acknowledge: No Automated Cancel Rx Response Sent

Add Comments: Hidden Action for Cancel Rx Request/Response

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Acknowledge: Automated Cancel Rx Response Sent

Acknowledge: No Automated Cancel Rx Response Sent

Add Comments: Hidden Action for Cancel Rx Request/Response

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Unit 1. Introduction to Inbound ePrescribing

This unit provides the purpose and organization of the Pharmacy Reengineering (PRE) Inbound ePrescribing (IEP) solution and a list of acronyms and abbreviations.

Organization of the Inbound ePrescribing User Guide

The PRE IEP user guide is comprised of the following sections:

- **Unit 1 – Introduction to Inbound ePrescribing**: Discusses general PRE Inbound ePrescribing information.
- **Unit 2 - Inbound ePrescribing Web-Based Application**: Outlines the IEP web-based application and capabilities, including Pharmacy Management, Track/Audit, Reports, and User Management functions.
- **Unit 3 – Inbound eRx VistA Outpatient Pharmacy**: Discusses the VistA OP eRx Holding Queue and capabilities, including eRx validation, search, sort, hold, acceptance, remove, and rejection.
- **Unit 4 - Refill Requests and Responses**: Discusses the Refill Requests and Responses. The Refill Requests function is used by pharmacists to generate and send an outbound Refill Request. After a Refill Request has been sent to the external provider, the provider will be able to send a Refill Response back to the requesting Pharmacy.
- **Unit 5 - Cancel Rx Requests and Responses**: Discusses the Cancel Rx Request and Response. The Cancel Rx Request is sent by the external/non-VA Provider for an original New Rx, so it is not processed and dispensed by VA Pharmacy. Upon successfully canceling a New Rx, the VA Pharmacy sends back a Cancel Rx Response.

Inbound ePrescribing Overview

The PRE IEP functionality addresses a longstanding need for the Department of Veterans Affairs (VA) to be able to receive and process prescriptions from external providers. This enhancement moves the VA towards increased efficiency and improved customer satisfaction.

Purpose

The purpose of PRE IEP is to enable the VA to receive and subsequently process electronic prescriptions (eRxs) from outside of VA. This user guide serves as a guide and useful reference for VA Pharmacy Users, Systems Administrators, Managers, and other VA staff to assist in accessing, navigating, and performing tasks associated with the PRE IEP web-based application and the Veterans Health Information Systems and Technology Architecture (VistA) Outpatient Pharmacy (OP) eRx Holding Queue.

Overview

To improve on its ability to deliver Veterans their medications as quickly and efficiently as possible, the Veterans Health Administration (VHA), Patient Care Services (PCS), and Pharmacy Benefits Management (PBM) requested a new capability as part of the PRE program to receive inbound eRx’s from an external provider (e.g., a doctor not associated with the VA, medical staff at a Department of Defense (DoD) military treatment facility, etc.).
Overall, PRE IEP provides:

- Improved efficiency. More efficient use of VA pharmacy resources and non-VA provider resources based on:
  - Fewer transcribing/translation errors
  - Clear/error-free communications
  - Time saved not having to communicate back and forth regarding the content of a prescription
- Improved Veteran/beneficiary satisfaction. Makes the existing manual processing easier, more efficient, and more effective through the automation of the prescription process by:
  - Reducing the risk of loss of paper RxS
  - Enabling more secure communication of Rx data
  - Providing timelier dispensing of RxS prescribed by non-VA providers
- Improved patient safety: Reduces transcription errors
- Improved data accuracy: Provides enhanced functionality within VistA OP that improves the accuracy and use of the data it collects

By automating data transmission from providers to the VA, and between other pharmacies, the need for VA pharmacy personnel to manually input Rx data from non-VA providers is largely eliminated, reducing the chance for data to be entered incorrectly or missed.

Specific elements of what is included in PRE IEP include:

- Receiving and processing inbound eRxS, where “inbound” refers to the ordering of medication or medical related supplies for a VA patient by a non-VA provider; to be filled at a VA pharmacy.
- Pharmacy Service is not responsible for filling prescriptions for non-expendable medical equipment.
- Pharmacy Service may dispense refills for expendable supplies upon receipt of requests from patients with continuing eligibility for a period not to exceed one year from the date of the last signed order.
- Expendable stock items may include: catheters, colostomy sets, ileostomy sets and/or supplies, plastic and rubber gloves, skin preparations and powders, urinal bags and drainage supplies, incontinence supplies, etc.
- Electronically receiving and processing outpatient prescriptions only, including prescriptions created for a VA patient upon discharge from a non-VA hospital to be filled on an outpatient basis by a VA pharmacy.
- Receiving and processing inbound eRxS from non-VA providers that currently prescribe medications and medical-related supplies for Civilian Health and Medical Program of the VA (CHAMPVA) beneficiaries and which are currently handled by the Meds by Mail (MbM) program.
- Sending outbound electronic notifications from a VA pharmacy that received an inbound eRx, to the non-VA provider that originally sent the eRx.

The following areas are not included in PRE IEP:
• VA providers generating eRx's at one VA Medical Center (VAMC) location to be electronically transmitted to and processed by (filled, dispensed, etc.) a different VAMC location’s pharmacy.
• Initiating outbound eRx's (generation of an eRx by a VA provider to be filled at a non-VA pharmacy).
• Electronic receipt and processing of any VA or non-VA inpatient medication orders.
• Electronic receipt and processing of any VA or non-VA orders for Durable Medical Equipment (DME), such as wheel chairs.
• Electronic receipt and processing of Rx refill requests from a VA patient’s non-VA Electronic Health Record (EHR) system.
• Electronic transfers of prescriptions from any non-VA pharmacy to a VA pharmacy.
• Electronic transfers of prescriptions from a VA pharmacy to a non-VA pharmacy.
• The ability for the VA to request an Electronic Prior Authorization (ePA) form and authorization from a provider.

The following are out of an eRx user’s control, which requires validation by Pharmacists.
• Patient: eRx’s can be sent for any patient, including Veterans or non-Veterans.
• Provider: eRx’s can be sent by any provider, whether VA authorized or not.
• Drugs: VA has no control over the drug, nor the name of drug sent to VA.
• SIG: VA has no control over directions that are sent to VA.
• All information coming to the VA is controlled by the EHR system which is what the provider is using to send information to the VA. VA has no control over the process.

User Interfaces

There are two user interfaces associated with IEP, including the following:
• IEP Web-Based Application
• Inbound eRx VistA Outpatient Pharmacy

Inbound ePrescribing Web-Based Application

The IEP web-based application is used by Pharmacy Users, Administrators, Pharmacy Managers, and PBM Admin personnel. It has tab displays for the following:
• Home
• Pharmacy Management
• Track/Audit
• Reports
• User Management
• Help
Figure 1-1: Inbound ePrescribing Web-based Application

The IEP web-based application is discussed in more detail in Unit 2 - Inbound ePrescribing Web-Based Application.

**Inbound eRx VistA Outpatient Pharmacy**

The Inbound eRx VistA Outpatient Pharmacy display screens include VistA screens that are used by VA Pharmacists and Technicians to validate and process eRx.s.

The eRx Holding Queue is discussed in more detail in Unit 3 - Inbound eRx VistA Outpatient Pharmacy.

**Inbound ePrescribing Workflow**

The IEP workflow is illustrated in the figure and described below.
Inbound eRx Process Flow (Version 3.0)

1. External Provider
   - Create and Send New eRx, Refill Request, Change Request, Response, Cancel Request
   - Validate eRx NCPDP Format
   - Validate eRx

2. Inbound ePrescribing Process Flow
   - Verify 1RxF, Drug, Status
   - Send to DAS

3. Data Access Services (DAS)
   - Gateway/Pharmacy
   - Outbound Messages

4. Electronic Processing Hub
   - Verify 1RxF, Drug, Status, all DAS Messages
   - Send to Next Process

5. Inbound ePrescribing Process Flow
   - Verify 1RxF, Drug, Status
   - Send to Next Process

6. VA Outpatient Pharmacy
   - Verify 1RxF, Drug, Status
   - Send to Next Process

Legend:
- External Interfaces
- VA Outpatient Pharmacy Interface
- Inbound ePrescribing Interface
- Send Message
- Verify Message
- Receive Message

Inbound Messages:
- NEWRX: New Electronic Prescription sent by an External (non-VA) Provider
- REFRES: Refill Response sent by an External Provider for Refill Request sent by a VA Pharmacy
- CANRX: Cancel Request sent by External Provider on Electronic Prescriptions

Outbound Messages:
- REFRES: Refill Request sent by a VA Pharmacy for electronic Prescriptions
- CANRX: Cancel Response sent by VA Pharmacy for a Cancel Request sent by External Provider

Figure 1-2: Inbound ePrescribing Process Flow
1. eRxS are sent from an external provider to SureScripts and/or Change Healthcare (CH). CH provides commercial ePrescribing solutions and, for the purposes of the IEP implementation, serves as a gateway to all participating ePrescribing providers nationwide.

2. CH verifies and transmits eRx transactions to/from SureScripts and/or an external provider’s EHR system and the IEP system.

3. The eRxS are routed from CH to the IEP Processing Hub via the Data Access Service (DAS) external gateway. DAS and CH communicate using https requests over a secured network.

4. In the IEP Processing Hub, auto-checks occur on the eRxS for Patient, Provider, and Drug/SIG. The Master Veteran Index (MVI) is used for patient checking, depending on the data set that is sent by the Prescriber for that patient. For patient Enrollment and Eligibility (E&E) checks, the Enrollment System (ES) is utilized. The ES assists Veterans to enroll for VA healthcare benefits and is the core application that feeds other VA systems with E&E data. The E&E check is optional and can be turned on or off for each site. Patient Registration is also confirmed against the instance of the receiving pharmacy.

5. The Drug Name is matched against the local Drug File first, the VA Product Name next and then the National Drug Code (NDC), depending on which it matches first on. As a note, auto-checks can be incorrect therefore the data must also be validated against the original eRx data sent (Please refer to the Validate Drug/SIG section).

6. The IEP web-based GUI allows users to view and generate reports on the auto-check results in the Processing Hub, as well as manage VA pharmacy information, and search for and print an eRx.

7. Once the eRx has completed all auto-checks in the IEP Processing Hub, the original prescription, as well as the outcomes of all the auto-checks (patient, provider, and drug), are transmitted to VistA OP. VistA Link is used for the provider and drug checks against the VistA OP system.

8. The VistA OP’s IEP Holding Queue allows for the initial validation and acceptance of an eRx before being transmitted to Pending Outpatient Orders file for additional order checks and then final dispensing.

9. A Refill Renewal Request transaction is originated by the pharmacy. This transaction is for requesting approval for additional refills of a prescription once the original number of refills has been dispensed. A Refill Renewal Response is sent by the prescriber to the pharmacy in response to a request to refill a prescription. The response indicates whether the Refill Renewal Request has been accepted or denied.

10. A Cancel Rx Request message is used to notify the pharmacy that a previously sent prescription should be cancelled and not filled. The message is originated by the prescriber system as a Cancel Rx Request message. The Cancel Rx Response message is sent from the pharmacy to the prescriber system in response to a Cancel Rx Request message.

11. Patient Centric View is a dashboard view, in addition to the Traditional View of the eRx Holding Queue, to provide the user the ability to view the eRx records that are in actionable statuses and that are grouped by Patients. The user can further select and view only the patients who have new prescriptions in one of the actionable statuses. The user
can also jump to the Outpatient side and navigate back to the Holding Queue when there is a Pending Order for the selected patient. Each site can configure the number of lookback days to view the patient/prescription records that are still actionable statuses in the Holding Queue.

**Inbound ePrescribing Architecture**

The IEP architecture is illustrated in the below figure, which depicts the different programs/applications that IEP interfaces with.

![Inbound ePrescribing Architecture](image)

**Figure 1-3: Inbound ePrescribing Architecture**

**Roles and Capabilities**

IEP roles and tasks are described in this section as primary and secondary users. Primary users include VA Pharmacy Users. Secondary users include System Administrators, VA Pharmacy Managers, VA PBM personnel, Non-VA Providers, and External Pharmacy personnel.
following sections provide an overview of primary and secondary user roles and their capabilities within IEP.

VA users have the capability of performing eRx-related tasks in the IEP web-based application and in the VistA OP eRx Holding Queue module. Specific tasks for each component are described in more detail in Unit 2, Inbound ePrescribing Web-Based Application and Unit 3 Inbound eRx VistA Outpatient Pharmacy.

The primary users of IEP are VA Pharmacy Users. Secondary user roles of this functionality include:

- **Administrator** – VA Local and National System Administrators.
- **Pharmacy Manager** – VA Pharmacy Management to include VA management, hospital director, under sec, etc., or anyone outside pharmacy that will need to know how many and what is the cost of the project.
- **PBM Admin** – All VA PBM personnel, including management.
- **Non-VA Providers** – Submit inbound requests to VA and review statuses sent from VA.

Details of the roles and capabilities for each user in the IEP web-based application and the VistA eRx Holding Queue are outlined in the tables below. Users with the ability to add/update a pharmacy may only add/update pharmacies for the site(s) in which the user is assigned to. Any user that is not assigned to MbM sites cannot view the Track/Audit records of MbM sites.

### Table 1: Inbound ePrescribing Web-Based Application User Roles & Capabilities

<table>
<thead>
<tr>
<th>User Role</th>
<th>Functionality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>Full Control, access to all tabs</td>
</tr>
<tr>
<td>Pharmacy Management</td>
<td>Home Pharmacy Management</td>
</tr>
<tr>
<td></td>
<td>Track/Audit Reports</td>
</tr>
<tr>
<td></td>
<td>Help</td>
</tr>
<tr>
<td>PBM Administrator</td>
<td>Home Pharmacy Management</td>
</tr>
<tr>
<td></td>
<td>Track/Audit Reports</td>
</tr>
<tr>
<td></td>
<td>Help</td>
</tr>
<tr>
<td>Pharmacy Users</td>
<td>Home Track/Audit Reports</td>
</tr>
<tr>
<td></td>
<td>Help</td>
</tr>
<tr>
<td>Default VA User (Read Only)</td>
<td>Home Reports</td>
</tr>
<tr>
<td></td>
<td>Help</td>
</tr>
</tbody>
</table>
Table 2: Inbound eRx VistA Holding Queue User Roles & Capabilities

<table>
<thead>
<tr>
<th>VistA Security Key</th>
<th>PSD RPH</th>
<th>PSO ERX ADV TECH</th>
<th>PSO ERX TECH</th>
<th>PSO ERX VIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Validate Patient</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Validate Provider</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Validate Drug/SIG</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Accept Validation</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accept eRx</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reject</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Remove</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Un Hold</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Search/Sort</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Print</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Message View</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Ack – Refill Response</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>eRx Change Request</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Refill Request (OP)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ack – Rx Cancel</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ack – Inbound Refill Error</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: When a user is assigned more than one VistA security key, the key with least access overrides the other keys assigned. For example, when a user is granted both PSDRPH and PSO ERX VIEW keys, access will drop to the level of the least access offered by PSO ERX VIEW key and the broader access of PSDRPH will be ignored.

Help Desk

For issues with the IEP web-based application that cannot be resolved by this manual or the site administrator, please contact the National Service Desk at 855-NSD-HELP (673-4357) and reference “Inbound eRx”.

Help Desk Ticket Instructions

To submit a Help Desk ticket:

1. Select the “Your IT” icon on your desktop.
The homepage displays.

2. Select **Incident**.

**NOTE:** Do not select “Incidents” under the Self-Service section. Scroll to the Incident section. If the Incident section is collapsed, select **Incident** to expand the section.

3. Select **Create New**.
4. Populate the required fields.

**NOTE:** In the “Assignment Group” field, enter “Pharmacy Reengineering Inbound e-Prescriptions”.

5. Select **Submit**.

![Figure 1-6: Create New](image)

![Figure 1-7: New Incident](image)
**Fax Failover**

When Change Healthcare attempts to send an eRx to a pharmacy, but VA Inbound eRx Processing Hub does not send an NCPDP STATUS message back before the request times out, a “FAX failover” occurs. Change Healthcare delivers the eRx message via FAX using the FAX number on record of the destination pharmacy. A failover to FAX is a rare occurrence. VA Pharmacies need to process eRx records received via FAX as non-electronic RxS. There will be no record of these FAX messages in either the Inbound eRx Processing Hub or the VistA OP Holding Queue.
Unit 2. Inbound ePrescribing Web-Based Application

Inbound ePrescribing Web-Based Application Overview
This section provides an overview of the Inbound ePrescribing web-based application.

Purpose
The Inbound ePrescribing (IEP) web-based application provides eRx management, administration, and monitoring capabilities.

Access Requests
The user should contact the supervisor or the administrator assigned at their local site for managing the application for questions on access to the IEP web-based application and/or modifications to user roles/permissions.

Accessing the Application
A Personal Identification Verification (PIV) card is required to access the application, using the following steps:

1. On the VA Single Sign-on screen, select the Sign In with VA PIV Card icon.

![Figure 2-1: VA Single Sign-on](image)

2. In the “Select a Certificate” dialog, select the desired certificate and then select OK.

![Select a Certificate](image)
In the “ActivClient Login” dialog, enter the Personal Identification Number (PIN) in the “PIN” text box and select **OK**.

A warning message displays. Select **Accept**.

When authentication and authorization is successful, the application home screen displays.

---

**Screen Navigation and Description**

The following figure outlines the key areas of the screen layout. Brief descriptions of the screen layout are provided below:
1. On the top-right of the screen is a Go to Main Content link for Section 508 purposes to allow a user to be directed to the main content on the screen.

2. The logged-in user’s VA User ID and logout link displays on the right side of the banner.

3. Below the banner, the main tabs display for accessing the screens within the application.

4. The name of the screen displays below the main tabs.

5. The bottom of the screen also contains links to the main tabs.

![Web-Based Application Screen Layout](image)

**Figure 2-6: Web-Based Application Screen Layout**

Only the menu bar tabs that the user has access to display. Access to the tab displays or screens is granted or restricted by roles assigned to the user by the administrator. For additional information, please refer to the Roles and Capabilities section in this guide.

The tabs include:

- **Home/Inbound eRx Homepage** – All Users
- **Pharmacy Management** – Administrators, Pharmacy Managers, and PBM Admin
- **Track/Audit** – Administrators, Pharmacy Managers, PBM Admin, and VA Pharmacy Users
- **Reports** – All Users
- **User Management** – Administrators
- **Help** – All Users

**Inbound eRx Homepage**

The Inbound eRx Homepage is displayed when successful login authentication and verification is completed. The Inbound eRx Homepage is always accessible by selecting the **Home** tab in the menu bar. The Home screen is accessible to all user roles. However, only the tabs authorized for the user’s role are displayed.
Pharmacy Management

To access the Pharmacy Management screen, select the **Pharmacy Management** tab in the menu bar. The Pharmacy Management screen displays the Pharmacy Management table that provides information about pharmacies and allows Administrators and Pharmacy Managers to search for, add, and edit pharmacies. Users can also enable/disable the receiving of prescriptions targeted for a particular pharmacy.

**NOTE:** The search filters default to “All” in the VISN field. The user must select the **Search** button for information to populate.

Track/Audit

To access the Track/Audit eRx screen, select the **Track/Audit** tab in the menu bar. The Track/Audit eRx screen that displays allows users view eRx's and their related messages.
Reports
To access the Reports screen, select the **Reports** tab in the menu bar. The Reports screen provides all users with the ability to run and view a Summary Report.

The system uses the comma-separated value (.CSV) format. Users can view reports using a third-party tool, such as Microsoft Excel.

User Management
To access the User Management screen, select the **User Management** tab in the menu bar. The User Management screen provides Administrators with the ability to add users, enable/disable users, and modify user roles. This screen only displays for users with Administrator access.
Help Page

To access the Help page, select the Help tab in the menu bar. The Help page provides help topics and production support information.

When the Help tab is selected, the Help Page displays in a new window.

Figure 2-11: User Management Screen

Figure 2-12: Help Tab

Figure 2-13: Help Page
Inbound ePrescribing Web-based Application Capabilities

The following sections provide descriptions of the IEP web-based application’s capabilities within each tab.

Pharmacy Management

The Pharmacy Management screen displays the Pharmacy Management table. The default view displays all VA pharmacies. Actions available to users include:

- Searching for a Pharmacy
- Adding a Pharmacy
- Updating a Pharmacy

Searching for a Pharmacy

Users can search for a pharmacy from the Pharmacy Management screen. The default view lists all VA pharmacies.

To search for a pharmacy:

1. Enter the NCPDP ID (if known).
2. Enter the Pharmacy Name.
3. Select the desired VISN number from the “VISN” drop down.
4. Select the desired Station ID from the “Station ID” drop down. If viewing All VISNs, the user is unable to select a Station ID. To select a specific Station ID, the VISN must be selected.
5. Select Search.

The Pharmacy Management table displays results for the selected search criteria.

![Figure 2-14: Search for a Pharmacy](image)

Adding a Pharmacy

To add a new pharmacy, please submit a help desk ticket to the VA National Service Desk (NSD) at 855-NSD-HELP (673-4357) and reference “Inbound eRx”.

Inbound ePrescribing (IEP) PSO*7.0*551

User Guide

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NOTE: The pharmacy must be pre-registered as a pharmacy in ePharmacy. ePharmacy is supported by CH therefore ePharmacy registration adds the pharmacy to the same CH Pharmacy Directory (*NCPDP ID required) utilized by Inbound eRx. For IEP, CH must also enable eRx support for the pharmacy through the IEP web-based application.

Updating a Pharmacy

To update information for a VA pharmacy, please submit a help desk ticket to the VA National Service Desk (NSD) at 855-NSD-HELP (673-4357) and reference “Inbound eRx”.

Disable eRx

To completely halt a specific Pharmacy from receiving ePrescriptions, please submit a help desk ticket to the VA National Service Desk (NSD) at 855-NSD-HELP (673-4357) and reference “Inbound eRx”.

NOTE: If a pharmacy is to be disabled for a long duration, a request must be made to CH. Note that the NSD will route the ticket to an IEP administrator to assist with this step. CH can switch the pharmacy to fax only or turn off eRx delivery (electronic or fax) completely.

Temporarily Disable eRx

In case where a site needs to halt receiving ePrescriptions temporarily, use Disable eRx/Enable eRx fields.

Disabling a pharmacy allows users the ability to temporarily disable the pharmacy from receiving eRx in the event of a natural or facility disaster, maintenance, or move. This disables the pharmacy from receiving New eRx, but outbound messages still go back to the external provider via CH. The pharmacy is disabled on the Processing Hub, but no changes are made in CH.

NOTE: The enable/disable in the Processing Hub is for a temporary disable, which will also allow outgoing messages (rejection messages for any new eRx still in process) to continue flowing from VistA. Additionally, incoming messages will still flow from CH to the Processing Hub for the pharmacy, however an error message will be returned to the provider saying that Inbound eRx messaging is currently not available. In these cases, CH will then send a fax of the eRx to the pharmacy.

To temporarily disable a pharmacy:

1. Search for the desired pharmacy.
2. From the Pharmacy Management table, select the hyperlink for the desired pharmacy to edit in the “NCPDP ID” column.

<table>
<thead>
<tr>
<th>NCPDP ID</th>
<th>Pharmacy Name (Published)</th>
<th>Pharmacy Name (Internal)</th>
<th>Address</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 436G</td>
<td>BILLINGS VA CHOIC PHARMACY</td>
<td>BILLINGS VA CHOIC PHARMACY</td>
<td>1775 SPRING CREEK LANE</td>
<td>LEAVENWORTH</td>
</tr>
<tr>
<td>19 436H</td>
<td>COLUMBIA FALLS VA CHOIC PHARMACY</td>
<td>COLUMBIA FALLS VA CHOIC PHARMACY</td>
<td>1775 SPRING CREEK LANE</td>
<td>LEAVENWORTH</td>
</tr>
<tr>
<td>16 436</td>
<td>MONTANA VAMC PHARMACY</td>
<td>MONTANA VAMC PHARMACY</td>
<td>3667 VETERANS DRIVE</td>
<td>LEAVENWORTH</td>
</tr>
</tbody>
</table>

Figure 2-15: NCPDP ID Column Hyperlinks
The Edit Pharmacy screen displays. At the top of the screen is a Warning Message with text notifying the user that any change made here will not updated the pharmacy in Change Healthcare’s published pharmacy directory. Selecting the Return to Pharmacy Management button returns the user to the Pharmacy Management screen.

3. Select No from the “Inbound eRx Enabled” drop down.

![Edit Pharmacy Screen]

**Figure 2-16: eRx Enabled Drop Down**

4. At the bottom of the Edit Pharmacy screen, select Update to save all changes. The date that the fields were modified displays in the “Updated Date” field.

![Update Pharmacy Information]

**Figure 2-17: Update Pharmacy Information**

**Enable eRx**

The pharmacy can be enabled once it is ready to receive eRx’s again. To enable a pharmacy select Yes from the “Inbound eRx Enabled” drop down on the Edit Pharmacy screen and select the Update button.
NOTE: If a pharmacy is not enabled and a prescription comes in for that pharmacy, an error message is sent back to the provider’s EHR system to notify the provider that the pharmacy is not currently receiving eRx.

Enrollment and Eligibility Check

The Enrollment and Eligibility (E&E) check may be enabled or disabled for individual pharmacies. This option is provided so each pharmacy may decide whether to turn the E&E check on or off depending on whether the patients whose eRx are filled at the pharmacy are enrolled in the E&E system. For example, MbM does not currently have any patient enrolled with the E&E system.

To ensure the Enrollment and Eligibility Check is enabled for a pharmacy, select the desired pharmacy from the Pharmacy Management table and ensure Yes displays in the “Enrollment and Eligibility Check Enabled” field.

If the Enrollment and Eligibility Check is not enabled for a pharmacy, the Patient Auto Check Status displays as “EandE_CHECK_NOT_PERFORMED” on the Track/Audit screen.
Track/Audit

The Track/Audit screen allows users to search for eRx messages and track prescriptions and provides the ability to view and print the details of a prescription.

When the user initially enters the Track/Audit page, the default date range is two days (the current date and the previous date).

**NOTE:** If a user is not assigned to one of the MbM station IDs, that user cannot see any records related to MbM station IDs.

**Searching for a Message**

To search for a message:

1. Select the desired search criteria from the drop downs and enter search keywords in the text fields. The search criteria are listed in the table below.
Table 3: Track/Audit Search Criteria Descriptions

<table>
<thead>
<tr>
<th>Search Field</th>
<th>Field Type</th>
<th>Description</th>
<th>Drop Down Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISN</td>
<td>Drop Down</td>
<td>VISN number that a VA pharmacy is associated with</td>
<td>All VISNs, each VISN number</td>
</tr>
<tr>
<td>VA Station ID</td>
<td>Text</td>
<td>Station ID of the VA pharmacy</td>
<td>N/A</td>
</tr>
<tr>
<td>From</td>
<td>Text or Calendar Drop Down</td>
<td>Beginning date. Choose From date for the date range search, select date from calendar or type date</td>
<td>N/A</td>
</tr>
<tr>
<td>To</td>
<td>Text or Calendar Drop Down</td>
<td>End date. Choose To date for a date range search; select the date from the calendar or enter a date in MM/DD/YYYY format</td>
<td>N/A</td>
</tr>
<tr>
<td>Message Type</td>
<td>Drop Down</td>
<td>Type of the NCPDP message type</td>
<td>All, CancelRx, CancelRxResponse, Error, NewRx, RefillResponse, RefillRequest, Status, Verify</td>
</tr>
<tr>
<td>Message ID</td>
<td>Text</td>
<td>Prescription message ID (generated by Change Healthcare for incoming eRx,s)</td>
<td>N/A</td>
</tr>
<tr>
<td>Relates to Message ID</td>
<td>Text</td>
<td>To search for messages related to a Message ID</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient SSN</td>
<td>Text</td>
<td>Patient Social Security Number</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient Last Name</td>
<td>Text</td>
<td>Patient last name</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient First Name</td>
<td>Text</td>
<td>Patient first name</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient DOB</td>
<td>Text or Calendar Drop Down</td>
<td>Patient date of birth</td>
<td>Calendar/Enter DOB in MM/DD/YYYY format</td>
</tr>
<tr>
<td>Prescriber NPI</td>
<td>Text</td>
<td>Prescriber National Provider Identifier (NPI)</td>
<td>N/A</td>
</tr>
<tr>
<td>Prescribed Drug</td>
<td>Text</td>
<td>Drug prescribed from the eRx</td>
<td>N/A</td>
</tr>
<tr>
<td>Prescriber First Name</td>
<td>Text</td>
<td>First name of prescriber</td>
<td>N/A</td>
</tr>
<tr>
<td>Prescriber Last Name</td>
<td>Text</td>
<td>Last name of prescriber</td>
<td>N/A</td>
</tr>
<tr>
<td>Prescriber DEA #</td>
<td>Text</td>
<td>Drug Enforcement Administration (DEA) number of prescriber</td>
<td>N/A</td>
</tr>
<tr>
<td>Search Field</td>
<td>Field Type</td>
<td>Description</td>
<td>Drop Down Options</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Message Status</td>
<td>Drop Down</td>
<td>Processing Hub message status</td>
<td>Auto-check Processing Completed, VistA OP Delivery Successful, VistA OP Delivery Retries Exceeded, Auto check in Progress, Pharmacy Inbound eRx Not Enabled, Pharmacy Unknown</td>
</tr>
<tr>
<td>eRx Reference #</td>
<td>Text</td>
<td>Unique, internal VA reference #</td>
<td>N/A</td>
</tr>
<tr>
<td>Sent or Received</td>
<td>Drop Down</td>
<td>Select Sent (Outbound) or Received (Inbound) messages</td>
<td>Received, Sent</td>
</tr>
</tbody>
</table>

2. Select **Search** to execute the search.

**Figure 2-22: Track/Audit eRx Search**

The search results display in the table. The total number of records in the search results display at the bottom of the table.

**Figure 2-23: Search Results**

The Search Results fields and descriptions are listed in the table below.
Table 4: Search Results Fields & Descriptions

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>eRx Reference #</td>
<td>Unique, internal VA reference # assigned to all messages as a hyperlink</td>
</tr>
<tr>
<td>Message Type</td>
<td>Type of message</td>
</tr>
<tr>
<td>Patient Name</td>
<td>First and last name of the patient</td>
</tr>
<tr>
<td>Patient DOB</td>
<td>Date of birth for the patient</td>
</tr>
<tr>
<td>Patient SSN</td>
<td>Social security number of the patient</td>
</tr>
<tr>
<td>Drug Prescribed</td>
<td>Drug prescribed to the patient</td>
</tr>
<tr>
<td>Message Id</td>
<td>Identification of the message</td>
</tr>
<tr>
<td>Prescriber Name</td>
<td>First and last name of the prescriber</td>
</tr>
<tr>
<td>Prescriber NPI</td>
<td>National Provider Identifier for the prescriber</td>
</tr>
<tr>
<td>Prescriber DEA</td>
<td>Identifier assigned to prescriber by United States Drug Enforcement Administration</td>
</tr>
<tr>
<td>VISN</td>
<td>VISN that the VA pharmacy is associated with</td>
</tr>
<tr>
<td>Station ID</td>
<td>Station ID of the VA pharmacy</td>
</tr>
<tr>
<td>Pharmacy Name</td>
<td>Internal VA pharmacy name</td>
</tr>
<tr>
<td>Address</td>
<td>Address of VA pharmacy</td>
</tr>
<tr>
<td>Relates to Message ID</td>
<td>Lists message related to a particular Message ID as a hyperlink</td>
</tr>
<tr>
<td>Received Date</td>
<td>Date that the eRx was received by VA</td>
</tr>
<tr>
<td>Patient AutoCheck Status</td>
<td>Results of system patient auto-validation check</td>
</tr>
<tr>
<td>Provider AutoCheck Status</td>
<td>Results of system provider auto-validation check</td>
</tr>
<tr>
<td>Drug AutoCheck Status</td>
<td>Results of system drug auto-validation check</td>
</tr>
<tr>
<td>Message Status</td>
<td>Current status of the message</td>
</tr>
</tbody>
</table>

Export Search Results

From the Track/Audit tab, users have the capability of exporting the search results. Exports are in .CSV format and can be viewed in Microsoft Excel.

To export the search results:

1. Select the Export button.
Figure 2-24: Export Search Results
A prompt displays asking to Open or Save the results.

1. Select **Open** to view the results.
2. To save the results, select **Save**. The system displays a Save As dialog. Users should navigate to a location on their system to save the file.

Figure 2-25: Track/Audit Export Prompt (after clicking Export buttons)

**Inbound/Outbound Message Detail**
Inbound/outbound message detail information is reviewed and managed under the **Track/Audit** tab.

To access the detail screen of a message, select the hyperlink in the “eRx Reference #” column.

Figure 2-26: Track/Audit Grid View
The message details display. Each message detail screen includes the following buttons:

- **Return to Search**: Return to the search results screen.
- **Show Related Messages**: Displays all sent and received eRx messages that are related to the displayed message.
- **Print**: Print the eRx message details.

![Figure 2-27: Message Details](image)

If the **Show Related Messages** button is selected, any sent and received messages that are related to the current message display based on the Message ID linkage. For example, Related Messages for a Refill Response should, at minimum, display the related Refill Request and the New Rx, for which the refill was requested. Related messages also include related Status, Verify, and/or Error Messages, if applicable. Related messages display in descending order of received date. The most recent message is at the top of the list, and the New Rx message is at the bottom. Select the eRx message number to view message details.

![Figure 2-28: Related Messages](image)

**New Rx Message**

The New Rx detail screen displays the new eRx from an external provider.

To access the New Rx detail screen, select the hyperlink in the “eRx Reference #” column.
The details of the New Rx message display.

NOTE: ‘Dispense Notes’ label is now replaced by ‘Substitutions’.

Refill Request
Refill Request Message details can be viewed under the Track/Audit tab.
Figure 2-31: Refill Request Search and Search Results

Select an eRx Reference number to display the Refill Request message detail screen.

Figure 2-32: Refill Request Details Screen

NOTE: ‘Dispense Notes’ label is now replaced by ‘Substitutions’.

Refill Response
Refill Response Message details can be viewed under the Track/Audit tab.

**Figure 2-33: Refill Response Search and Search Results**

Select an eRx Reference number to display the Refill Request message detail screen.

**Figure 2-34: Refill Response Detail Screen**

NOTE: ‘Dispense Notes’ label is now replaced by ’Substitutions’.
Cancel Rx

The Inbound Cancel Rx Request message details can be viewed under the **Track/Audit** tab.

Select an eRx Reference number to display the Cancel Rx detail screen.

**Figure 2-35: Cancel Rx Search and Search Results**

**Figure 2-36: Cancel Rx Detail Screen**

NOTE: ‘Dispense Notes’ label is now replaced by ‘Substitutions’.
Cancel Rx Response

The Cancel Rx Response message details can be displayed under the **Track/Audit** tab.

![Figure 2-37: Cancel Rx Response Search and Search Results](image-url)

The image shows a table with columns for **eRx Reference #**, **Message Type**, **Patient Name**, **Patient DOB**, **Patient SSN**, **Drug Prescribed**, **Message ID**, **Prescriber Name**, **Prescriber NPI**, and **Prescriber DEA**. The table includes several rows with specific data entries.
The Cancel Rx Response detail screen displays.

![Cancel Rx Response Detail Screen](image)

**Figure 2-38: Cancel Rx Response Detail Screen**

**NOTE:** ‘Dispense Notes’ label is now replaced by ‘Substitutions’.

### Error Messages

At multiple points in the process, an Error transaction can be generated. Outbound Error Messages are sent when an eRx record that is NCPDP corrupted is received, when the receiving Pharmacy is not one of the VA pharmacies configured in the Inbound eRx system, or when an eRx record with a Written or Effective Date older than or equal to 365 days is received. A Reject transaction exercised by a Pharmacy user in the VistA Holding Queue is also sent outbound in the same format as an NCPDP Error Message.

Inbound Errors for VistA may be received under situations such as, the Prescriber’s EHR system is unable to receive and process a certain transaction sent from the Pharmacy or a connection between the Transaction Hub and Change Healthcare is not working.

To access the Error message detail screen, select the hyperlink in the “eRx Reference #” column.
The Error message detail screen displays the error message details sent and received by the Processing Hub.

**NOTE:** Codes and Description section: Includes the Code, Description Code, and Description in the message. Refer to Table 24: Remove Reason Codes (New Rx Message Only) in Appendix B.

**Verify Messages**

The Verify message confirms delivery of a message to its final destination. The Verify message is an NCPDP transaction that indicates the acceptance of the request. This message is used to communicate the data content status of a transaction. Verify Messages sent from VistA or the Transaction Hub are Outbound Verify Messages. Verify Messages received from Change Healthcare and/or an External Provider’s EHR system are Inbound Verify Messages.

To access the Verify message detail screen, select the hyperlink in the “eRx Reference #” column.
The Verify message detail screen displays the verify message details sent by the Processing Hub.

**Status Messages**

The Status message is used to relay acceptance of a transaction back to the sender. The Status message is an NCPDP transaction that indicates the acceptance of the request. For Inbound eRx web-based application, Inbound Status messages are received from Change Healthcare and Outbound Status messages are sent from the Transaction Hub.

To access the Status message detail screen, select the hyperlink in the “eRx Reference #” column.
The Status message detail screen displays the status message details received by the Processing Hub.

**NOTE:** Codes and Description section: Includes the Code, Description Code, and Description in the message. Refer to Table 25: NCPDP Error Codes in Appendix C.

**Reports**

The **Reports** tab is used to generate high-level reports. From the **Reports** tab, users can generate, view, and export the following reports:

- **Summary Report New Rx Only**
- **Auto Check Details Report**
- **Reject Reasons Report**
• **eRx Summary Report**

When the user initially views any of the Reports pages, the default date range is two days (the current date and the previous date).

**Summary Report New R_x Only**

The Summary Report – New R_x Only provides a summary of eR_x auto-validation checks for only new R_x. To run a New R_x Summary Report:

1. From the Reports screen, select **Summary Report New R_x Only** from the “Select Report” drop down.

![Figure 2-45: Summary Report New R_x Only Drop Down Selection](image)

2. Select the desired VISN from the “VISN” drop down. The drop down contains each VISN number as well as an **ALL** selection to select all VISNs.

3. To narrow the search by VA Station ID, select the Station ID for the report.

4. Select the date range from the Calendar drop down for the report or enter a date using the MM/DD/YYYY format.

5. Select the **Run Report** button to generate the report.

The Summary Report New R_x Only displays.

![Figure 2-46: New R_x Summary Report](image)

Beneath the generated report, a total number of records displays. The totals for each column display at the bottom of the page, along with a “Report As of:” date and time stamp.
NOTE: The report displays counts under the columns for the selected date range based on the status of the records in the system during the selected date range.

Reports can be viewed in the web application or they can be exported. For additional information on exporting reports, please go to the Export Reports section in this unit of the User Guide.

The New Rx Only Summary Report fields are described in the table below.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISN</td>
<td>Pharmacy VISN number</td>
</tr>
<tr>
<td>VA Station ID</td>
<td>VistA pharmacy identification number</td>
</tr>
<tr>
<td>NCPDP ID</td>
<td>National Council for Prescription Drug Programs (NCPDP) identification number</td>
</tr>
<tr>
<td>Pharmacy Name</td>
<td>VistA pharmacy name</td>
</tr>
<tr>
<td>Address</td>
<td>Pharmacy Address</td>
</tr>
<tr>
<td>#New Rx</td>
<td>Number of New eRx</td>
</tr>
<tr>
<td>#Pharmacy Disabled</td>
<td>Number of Pharmacy Disabled errors</td>
</tr>
<tr>
<td>#Rejected at Hub</td>
<td>Number of eRx rejected at the Processing Hub</td>
</tr>
<tr>
<td>#Passed Auto check</td>
<td>Number of eRx that passed auto check criteria</td>
</tr>
<tr>
<td>#Failed Auto check</td>
<td>Sum of eRx that failed Patient, Provider, and Drug Auto checks</td>
</tr>
<tr>
<td>#Rejected by Pharmacy</td>
<td>Number of eRx rejected by the pharmacy</td>
</tr>
<tr>
<td>#Rx Filled</td>
<td>Number of RxFill messages received by the Processing Hub from VistA</td>
</tr>
<tr>
<td>#Accepted by Pharmacy</td>
<td>Number of eRx that have been accepted by the Pharmacy into VistA Pending/Outpatient</td>
</tr>
</tbody>
</table>

**Auto Check Details Report**

The Auto Check Details Report provides details of the auto-checks performed by the hub side. To run an Auto Check Details Report:

1. From the Reports screen, select **Auto Check Details Report** from the “Select Report” drop down.

![Figure 2-47: Auto Check Details Report Drop Down Selection](image)

2. Select the desired VISN from the “VISN” drop down. The drop down contains each VISN number as well as an **ALL** selection to select all VISNs.
3. To narrow the search by VA Station ID, select the Station ID for the report.
4. Select the date range from the Calendar drop down for the report or enter a date using the MM/DD/YYYY format.
5. Select the **Run Report** button to generate the report.

The Auto Check Details Report displays.

![Auto Check Details Report](image)

**Figure 2-48: Auto Check Details Report**

Beneath the generated report, a total number of records displays. The totals for each column display at the bottom of the page, along with a “Report As of:” date and time stamp.

**NOTE:** The report displays counts under the columns for the selected date range based on the status of the records in the system during the selected date range.

Reports can be viewed in the Web Application or they can be exported. For additional information on exporting reports, please go to the Export Reports section in this unit of the User Guide.

The Auto Check Details Report fields are described in the table below.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISN</td>
<td>Pharmacy VISN number</td>
</tr>
<tr>
<td>VA Station ID</td>
<td>VistA pharmacy identification number</td>
</tr>
<tr>
<td>NCPDP ID</td>
<td>National Council for Prescription Drug Programs (NCPDP) identification number</td>
</tr>
<tr>
<td>Pharmacy Name</td>
<td>VistA pharmacy name</td>
</tr>
<tr>
<td>#New Rx</td>
<td>Number of New eRx</td>
</tr>
<tr>
<td>#Passed Auto check</td>
<td>Number of eRx that passed auto check criteria</td>
</tr>
<tr>
<td>#Failed Auto check</td>
<td>Sum of eRx that failed Patient, Provider, and Drug Auto checks</td>
</tr>
<tr>
<td>#MVI Patient Found</td>
<td>Number of eRx in which the MVI Patient Found auto check passed</td>
</tr>
</tbody>
</table>
### Field Description

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>#MVI Patient Not Found</td>
<td>Number of eRx's in which the MVI Patient was Not Found, therefore auto check failed</td>
</tr>
<tr>
<td>#E&amp;E Enrolled/Eligible</td>
<td>Number of eRx's in which E&amp;E Enrolled/Eligible auto check passed</td>
</tr>
<tr>
<td>#E&amp;E Not Enrolled/Eligible</td>
<td>Number of eRx's in which the Patient was Not E&amp;E Enrolled/Eligible, therefore auto check failed</td>
</tr>
<tr>
<td>#Patient Not Enrolled at Site</td>
<td>Number of eRx's in which the Patient was Not Enrolled at the Site, therefore auto check failed</td>
</tr>
<tr>
<td>#Drug Match Found</td>
<td>Number of eRx's in which a Drug Match was Found, therefore auto check passed</td>
</tr>
<tr>
<td>#Drug Match Failed</td>
<td>Number of eRx's in which the Drug Match Failed, therefore auto check failed</td>
</tr>
<tr>
<td>#Provider Match Found</td>
<td>Number of eRx's in which a Provider Match was Found, therefore auto check passed</td>
</tr>
<tr>
<td>#Provider Match Failed</td>
<td>Number of eRx's in which the Provider Match Failed, therefore auto check failed</td>
</tr>
</tbody>
</table>

### Reject Reasons Report

The Reject Reasons Report provides details of eRx Rejections. To run a Reject Reasons Report:

1. From the Reports screen, select **Reject Reasons Report** from the “Select Report” drop down.

   ![Figure 2-49: Reject Reasons Report Drop Down Selection](image)

2. Select the desired VISN from the “VISN” drop down. The drop down contains each VISN number as well as an **ALL** selection to select all VISNs.

3. To narrow the search by VA Station ID, select the Station ID for the report.

4. Select the date range from the Calendar drop down for the report or enter a date using the MM/DD/YYYY format.

5. Select the **Run Report** button to generate the report.
The Reject Reasons Report displays.

![Reject Reasons Report](image)

**Figure 2-50: Reject Reasons Report**

Beneath the generated report, a total number of records displays. The totals for each column display at the bottom of the page, along with a “Report As of:” date and time stamp.

**NOTE:** The report displays counts under the columns for the selected date range based on the status of the records in the system during the selected date range.

Reports can be viewed in the Web Application or they can be exported. For additional information on exporting reports, please go to the Export Reports section in this unit of the User Guide.

The Reject Reason Report fields are described in the table below.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISN</td>
<td>Pharmacy VISN number</td>
</tr>
<tr>
<td>VA Station ID</td>
<td>VistA pharmacy identification number</td>
</tr>
<tr>
<td>NCPDP ID</td>
<td>National Council for Prescription Drug Programs (NCPDP) identification number</td>
</tr>
<tr>
<td>Pharmacy Name</td>
<td>VistA pharmacy name</td>
</tr>
<tr>
<td>#New Rx</td>
<td>Number of New eRx</td>
</tr>
<tr>
<td>#Accepted by Pharmacy</td>
<td>Number of Inbound messages – (minus) number of failures and rejections – (minus) number filled</td>
</tr>
<tr>
<td>#Rejected by Pharmacy</td>
<td>Number eRx:s rejected by the pharmacy</td>
</tr>
<tr>
<td>#Patient Not Eligible</td>
<td>Number of Patient Not Eligible rejections</td>
</tr>
<tr>
<td>#Cannot Resolve Patient</td>
<td>Number of Cannot Resolve Patient rejections</td>
</tr>
<tr>
<td>#Provider Not Eligible</td>
<td>Number of Provider Not Eligible rejections</td>
</tr>
<tr>
<td>#Cannot Resolve Provider</td>
<td>Number of Cannot Resolve Provider rejections</td>
</tr>
<tr>
<td>#Not Eligible for Refills</td>
<td>Number of Drug Not Eligible for Refills rejections</td>
</tr>
</tbody>
</table>
### Field Description

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>#Non Formulary</td>
<td>Number of Non Formulary rejections</td>
</tr>
<tr>
<td>#Duplicate Rx</td>
<td>Number of rejections due to duplicate Rx</td>
</tr>
<tr>
<td>#Invalid Qty</td>
<td>Number of rejections due to an Invalid Quantity entered</td>
</tr>
<tr>
<td>#Duplicate Therapy Class</td>
<td>Number of rejections due to Duplicate Therapy Class</td>
</tr>
<tr>
<td>#CS Not Allowed</td>
<td>Number of rejections due to CS Not Allowed</td>
</tr>
<tr>
<td>#Contact Pharmacy</td>
<td>Multiple errors, please contact the pharmacy</td>
</tr>
<tr>
<td>#Contact Pharmacy</td>
<td>Number of rejections due to Incorrect Pharmacy</td>
</tr>
<tr>
<td>#Contact Pharmacy</td>
<td>Incorrect Pharmacy</td>
</tr>
</tbody>
</table>

### eRx Summary Report

The eRx Summary Report provides a summary of eRx auto-validation checks. To run an eRx Summary Report:

1. From the Reports screen, select **eRx Summary Report** from the “Select Report” drop down.

2. Select the desired VISN from the “VISN” drop down. The drop down contains each VISN number as well as an **ALL** selection to select all VISNs.

3. To narrow the search by VA Station ID, select the Station ID for the report.

4. Select the date range from the Calendar drop down for the report or enter a date using the **MM/DD/YYYY** format.

5. Select the **Run Report** button to generate the report.

The eRx Summary Report displays.
Figure 2-52: eRx Summary Report

Beneath the generated report, a total number of records displays. The totals for each column display at the bottom of the page, along with a “Report As of:” date and time stamp.

**NOTE:** The report displays counts under the columns for the selected date range based on the status of the records in the system during the selected date range.

Reports can be viewed in the Web Application or they can be exported. For additional information on exporting reports, please go to the Export Reports section in this unit of the User Guide.

The eRx Summary Report fields are described in the table below.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISN</td>
<td>Pharmacy VISN number</td>
</tr>
<tr>
<td>VA Station ID</td>
<td>VistA pharmacy identification number</td>
</tr>
<tr>
<td>NCPDP ID</td>
<td>National Council for Prescription Drug Programs (NCPDP) identification number</td>
</tr>
<tr>
<td>Pharmacy Name</td>
<td>VistA pharmacy name</td>
</tr>
<tr>
<td>#New Rx</td>
<td>Number of New eRx’s</td>
</tr>
<tr>
<td>#Refill Request</td>
<td>Number of refill requests</td>
</tr>
<tr>
<td>#Refill Response</td>
<td>Number of refill responses</td>
</tr>
<tr>
<td>#Rx Change Request</td>
<td>Number of changed Rx requests</td>
</tr>
<tr>
<td>#Rx Change Response</td>
<td>Number of changed Rx responses</td>
</tr>
<tr>
<td>#Rx Cancel Request</td>
<td>Number of cancelled Rx requests</td>
</tr>
<tr>
<td>#Cancel Rx Response</td>
<td>Number of cancelled Rx responses</td>
</tr>
<tr>
<td>#RxFill</td>
<td>Number of RxFill messages received by the Processing Hub from VistA</td>
</tr>
</tbody>
</table>

**Export Reports**

From the **Reports** tab, users may export a report to a .CSV format.

To Export a report:

1. Select the **Export** button.

![Figure 2-53: Export Report buttons](image)

A prompt displays asking to Open or Save the report.
2. Select **Open** to view the report.
3. To save the report, select **Save**. The system displays a Save As dialog. Navigate to a location on your system to save the file.

![Summary Report Export Prompt](image)

**Figure 2-54: Summary Report Export Prompt (after clicking Export button)**

### User Management

The User Management screen allows Administrators to add new users to one or more sites (Station ID), enable users, disable users, modify user roles and existing user records by assigning them to one or more sites. This screen will only display for users with Administrator access.

The User Management screen currently displays the list of all users that are added to this system along with their roles and privileges. Please note the user list is currently sorted by First Name.

#### Add New User

System Administrators have the ability to add new users from the User Management screen.

To add a new user:

1. Enter the new user’s User ID, First Name, and Last Name.

![Add User](image)

**Figure 2-55: Add User - User ID, First Name, Last Name**

2. Select the new user’s role(s). Multiple roles may be selected by holding **Ctrl** while selecting more than one role.
3. Select the Station ID(s) for the user to have access to. Use the drop down menu to display the Station ID selection.

4. Select the **Add** button to add the selected Station ID to the “Selected Station IDs” box. To remove Station IDs from the “Selected Station IDs” box, select the **Remove** button.

When a user is assigned to a Station ID, they are only able to see other users and information within that Station ID. For example, in the User Management table they will only see users also assigned to that Station ID and under Pharmacy Management, they will only see information for pharmacies within that Station ID.

If “All” is selected from the “Station ID” field and added to the “Selected Station IDs” box, the user will have access to all Station IDs. Additional Station ID values cannot be added if “All” has been selected. If a user attempts to add additional values an error message will display.
5. Select **Save** to add the new user to the users list. To cancel adding a new user, select **Cancel**.

**Modify User Roles**

System Administrators have the ability to modify user roles from the User Management screen. User roles include:

- Pharmacy Manager
- PBM Admin
- Pharmacy User
- Administrator

For further information on user roles and capabilities, please refer to the Roles and Capabilities section of this guide.
To modify user roles:

1. From the users list, locate the user and select the checkbox(es) for the desired user role(s).

   ![Select User Roles](image)

   **Figure 2-61: Select User Roles**

2. Select **Save** at the bottom of the screen.

   [Figure 2-62: User Management Table – Enable/Disable User]

   **Figure 2-62: User Management Table – Enable/Disable User**

   A message displays indicating that the user was updated successfully.

   The Administrator may also select **Cancel** to cancel modifying user roles.

   **NOTE:** ‘Users’ screen/page title is now replaced by ‘User Management’.

**Enable/Disable Users**

Users can be disabled and/or re-enabled to use the web application. To update a user’s access to the application, locate the user in the User Management table and select the checkmark in the **Enable/Disable** column. Select **Save** from the bottom of the screen to update the user’s access.

When a user is disabled, their information is greyed in the User Management table. To modify the user’s access again, select the checkbox in the **Enable/Disable** column again.

**NOTE:** ‘Users’ screen/page title is now replaced by ‘User Management’.
NOTE: ‘Users’ screen/page title is now replaced by ‘User Management’.

If a user that has been disabled attempts to log in to the application, they will receive an error message.
Unit 3. Inbound eRx VistA Outpatient Pharmacy

Introduction

Inbound eRx VistA Outpatient Pharmacy is comprised of two sections:

- Inbound eRx VistA Holding Queue
- Inbound eRx VistA Outpatient Profile (Complete Orders from OERR and Patient Prescription Processing)

Purpose of Inbound eRx VistA Holding Queue

The eRx Holding Queue allows for validation and review eRx's by VA Pharmacy users prior to the eRx being added to the VA record and merging with the existing outpatient functionality. For the New Rx message type, VA Pharmacy users can validate patient, provider, drug/SIG information. Additionally, users can accept, hold, unhold, print, reject, or remove an eRx from the Holding Queue after it has been received by VistA from the eRx Processing Hub. The users can also work with Refill Responses and Cancel Requests, which are described in this guide.

Message Types in the Holding Queue

The message types in the Holding Queue include:

- New Rx
- Refill Request
- Refill Response
- Cancel Request
- Cancel Response
- Inbound Error

New Rx Message Type

NEWRX message is the NCPDP 10.6 format for New Electronic Prescription sent by an external (non-VA) provider.

Refill Request Message Type

REFREQ message is the NCPDP 10.6 format for Refill Request sent by a VA Pharmacy for electronic Prescriptions (referred to as Renewal Request within VA).

Refill Response Message Type

REFRES message is the NCPDP 10.6 format for Refill Response sent by an External Provider for Refill Request sent by a VA Pharmacy.
Cancel Rx Request Message Type

CANRX message is the NCPDP 10.6 format for Cancel Rx Request sent by External Provider on Electronic Prescriptions.

Cancel Rx Response Message Type

CANRES message is the NCPDP 10.6 format for Cancel Rx Response sent by VA Pharmacy for a Cancel Request sent by External Provider.

Inbound Error Message Type

ERROR message is the NCPDP 10.6 format for Inbound Error message received in VistA under situations such as, the Prescriber’s EHR system being unable to receive and process a certain transaction sent from the Pharmacy or a connection between the Transaction Hub and Change Healthcare is not working.

Inbound vs. Outbound Messages

Inbound messages are those that are sent by the external (non-VA) Providers and are received in the Holding Queue. New Rx, Refill Response, Cancel Request and Inbound Error are Inbound messages.

Outbound messages are those that are sent by VA pharmacies to the external Provider’s EHR system. Refill Request and Cancel Response are Outbound messages.

Accessing the eRx Holding Queue

The eRx message is transmitted from the Processing Hub to VistA OP and stored in the eRx Holding Queue.

Traditional View vs. Patient Centric View

Traditional View

To access the Traditional View of the eRx Holding Queue follow this navigation path:
Core Applications >> Outpatient Pharmacy Manager >> (select Division) >> Rx (Prescriptions) ... >> Complete Orders from eRx [PSO ERX FINISH]

<table>
<thead>
<tr>
<th>Patient Prescription Processing</th>
<th>Complete Orders from eRx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barcode Rx Menu ...</td>
<td>Check Drug Interaction</td>
</tr>
<tr>
<td>Complete Orders from OERR</td>
<td>Discontinue Prescription(s)</td>
</tr>
<tr>
<td>Edit Prescriptions</td>
<td></td>
</tr>
<tr>
<td>ePharmacy Menu ...</td>
<td>List One Patient's Archived Rx's</td>
</tr>
<tr>
<td>Manual Print of Multi-Rx Forms</td>
<td>OneVA Pharmacy Prescription Report</td>
</tr>
<tr>
<td>Reprint an Outpatient Rx Label</td>
<td>Signature Log Reprint</td>
</tr>
<tr>
<td>View Prescriptions</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3-1: Complete Orders from eRx Menu Option
Select Rx Prescription Received Date.

Select Rx (Prescriptions) <TEST ACCOUNT> Option: ferx Complete Orders from eRx

Select one of the following:

PT  PATIENT(Identified)
RX  PRESCRIPTION RECEIVED DATE
E  EXIT

Select By: (PT/RX): PT// RX

Figure 3-2: Select Rx

The first screen that displays upon accessing the eRx Holding Queue is the Holding Queue list view screen.

<table>
<thead>
<tr>
<th>Patient</th>
<th>DOB</th>
<th>Drug</th>
<th>Provider</th>
<th>STA</th>
<th>Rec Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST,PATIENT1</td>
<td>#/#/#</td>
<td>METHYLSPREDNISOLONE AC</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT1</td>
<td>#/#/#</td>
<td>B COMPLEX-VITAMIN C-F</td>
<td>TEST,DR2</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT1</td>
<td>#/#/#</td>
<td>METHYLSPREDNISOLONE AC</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT2</td>
<td>#/#/#</td>
<td>ONDANSETRON HCL 8MG T</td>
<td>TEST,DR2</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>QUINIDINE GLUCONATE I</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>QUINIDINE GLUCONATE B</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>00046042495</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>SODIUM TETRADECYL 1%</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>PENTAZOCINE 50MG + NA</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>CHLORPROMAZINE* 50MG T</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>AMINACRINE 1:500 SOLN</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>AAMINACRINE 1:500 S</td>
<td>TEST,DR1</td>
<td>N</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>TEST DRUG</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>CALCIUM CHLORIDE 100M</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT3</td>
<td>#/#/#</td>
<td>2% ACETIC ACID IN BU</td>
<td>TEST,DR1</td>
<td>I</td>
<td>1/17/19</td>
</tr>
</tbody>
</table>

Enter ?? for more actions
SI Select Item  SO Sort Entries
SR Search Queue  MV Message View
Select Action: Next Screen/

Figure 3-3: eRx Holding Queue List View

eRx Holding Queue List View

The eRx Holding Queue List columns include the patient’s name (Patient), date of birth of the patient (DOB), the prescribed drug from the external provider (Drug), the prescribing physician’s name (Provider), the status of the eRx (STA), and the date that the eRx was received by VistA (Rec Date). At any given time, 999 eRx records are displayed in the Holding Queue List View with actionable statuses of “N”, “I”, “W”, or with one of the Hold codes, RXN, RXW, RXD, RXF, CAO, CAH, CAR, CAP, or the Inbound Error in RRE status. The records are sorted by Received Date with oldest records first. Please refer to Appendix B in this guide for additional information on the various statuses in the list.

The following actions are available from the eRx Holding Queue List:

- **<SI> Select Item** can be entered to select an item in the Enter a Number prompt.
  Additionally, the record # can be entered without selecting SI at the “Select Action: Next Screen/” prompt.
• **<SR> Search Queue** can be entered to search for an eRx, based on a variety of search criteria. Refer to the Searching eRxs section for additional information.

• **<SO> Sort Entries** can be entered to sort the list. Refer to the Under Patient Centric View, the user can use the following Search options:
  - Patient Name
  - Date of Birth
  - eRx Reference Number
  - Sorting eRxs based on message type

• **<MV> Message View** can be entered to display various message types.

**Message View**

Message View, **<MV>**, is an action in the Holding Queue. When the user enters **<MV>**, the system prompts the user to select the message type. By selecting the message type, the user can view all of the messages in the various statuses for the selected message type in the order of date received, with the newest records displayed first.

![Figure 3-4: Message View](image)

**Actionable and Non-Actionable eRx Records**

There are two types of Inbound eRx records: Actionable records and Non-Actionable records. Actionable Records are those that are displayed in the eRx Holding Queue List View. Actionable records include:

- New Rx (status in New, In Process, Hold, and Wait)
- Cancel Rx, Request
- Refill Response (Denied, Denied New Rx to Follow, Refill Response Failed)
- Refill Response – Approved with Changes (when there is a change to the provider data)
- Inbound Errors related to Refill Requests
Non-Actionable records are those that are in the Holding Queue but are not displayed in the List View. Non-Actionable records include:

- Refill Request
- Refill Response – Approved
- Refill Response – Approved with Changes (change to drug data only)
- Inbound Errors related to Cancel Responses

For additional information on Actionable and Non-Actionable eRx Status Codes, please refer to the tables in Appendix B.

**eRx Default Lookback Days**

A new field, ERX DEFAULT LOOKBACK DAYS file (#10.2), has been added to the OUTPATIENT SITE file (#59), which contains the number of days the user would like to look back before loading the Holding Queue’s list view or completing a Search (SR) or Sort (SO). This is a configurable field that can be updated with the desired value by the local site’s VistA Admin. The addition of this new configurable field facilitates increased processing speed in the eRx Holding Queue.

![Last Prescription # Issued: Default ERX Clinic: OUTPT/ IB Service/Section: Pharmacy NPI Institution:](image)

**Figure 3-5: eRx Default Lookback Days**

- The number of eRx records displayed in the Holding Queue’s list view is based on the ERX DEFAULT LOOKBACK DAYS file (#10.2) configured in OUTPATIENT SITE file (#59).
- By default, the ERX DEFAULT LOOKBACK DAYS field is blank, so the software will go back to 365 days.
- ERX LOOK-BACK DAYS label along with the value and datestamp are displayed both in the Traditional View and the Patient Centric View of the eRx Holding Queue, in the Header section.
- If the Pharmacy user would like to see eRx records received from older dates, s/he can use the Search (SR) option and select the ‘Received Date Range’ (#3), to retrieve those records.

**NOTE:** Refer to the Implementation Guide – Inbound ePrescribing (PSO*7.0*p508) on the VA Documentation Library (VDL) for details on configuring the ERX DEFAULT LOOKBACK DAYS for a site.

**Patient Centric View**

The Patient Centric View allows users to view eRx records grouped by patient. This view makes it easier to view the eRx records in the Holding Queue when there is a high volume of records. Patient Centric View displays the actionable eRx records per patient. It allows the user to easily identify the message types that are in outstanding or actionable statuses, such as, N, I, W, H**,
RXN, RXW, RXD, RXF, CAO, CAH, CAR, CAP, CAX, CAF and Inbound Error in RRE status. It also displays the last user information, which identifies which actionable eRx records have been worked on and/or whom to contact when there is a problem with one or more records.

Once the user selects a patient from the Patient Centric View, the prescription view displays. The prescription view is the same as the List View in the Traditional view, however only the actionable eRx records display for the selected patient.

To access Patient Centric View, enter <PT>.

Select an option to filter the Patient Centric View by specific actionable status.

While accessing the Patient Centric View, the user may select one of the following to filter the display results by specific actionable statuses:
• <A> All – Patients with eRx records in all Actionable statuses in the Holding Queue.
• <1> New – Patients with eRx records in New status in the Holding Queue.
• <2> In Process – Patients with eRx records in In Process status in the Holding Queue.
• <3> Wait – Patients with eRx records in Wait status in the Holding Queue.
• <4> Hold – Patients with eRx records in one of the Hold statuses in the Holding Queue.
  o If a user enters <4> Hold, the user must then select to filter by <S> for a single Hold status or <A> for all hold codes.

![Select By: (PT/RX): PT//PATIENT(Grouped)](image)

**Figure 3-8: Patient Centric View Filters – Hold**

If the user enters <S> to filter the display results by a single Hold status, they must then select the desired Hold status to filter by.
For additional details on Hold statuses, please refer to Table 17: Holding Queue Status Codes & Descriptions for New Rx Message Type.

- **<5> CCR** – Patients with Change Rx Response, Cancel Rx Request and/or actionable Refill Response in the Holding Queue.
  - If a user enters <5> CCR, the user must then select to filter by <S> for a single CCR status, or <A> for all actionable CCR statuses.

---

**Figure 3-9: Patient Centric View – Hold Statuses**

**Figure 3-10: Patient Centric View Filter – CCR**
If the user enters <S> to filter the display results by a single CCR status, they must then select the desired CCR status to filter by.

![Image](image_url)

**Figure 3-11: Patient Centric View – CCR Statuses**

Once the user makes a selection:

- A list of eRx patients displays if the patient has Actionable eRx records within the number of days set as the ERX DEFAULT LOOKBACK DAYS.
- If the site has not configured ERX DEFAULT LOOKBACK DAYS, a list of patients who have Actionable eRx records in the Holding Queue for the last 365 days displays.
- The display under the columns for patients are based on Actionable eRx records in the last 365 days.
- If a user selects options <1>, <2>, <3>, or <4> to filter by status, a list of patients displays if the patient has Actionable eRx records under the selected status within the number of days set as the ERX DEFAULT LOOKBACK DAYS. For example, if the ERX DEFAULT LOOKBACK DAYS is set to a value of 90 and a user selected <1> New when filtering the Patient Centric View, the patient(s) displayed should have had a new record received within the last 90 days.
The table below outlines the columns visible in the Patient Centric View.

**Table 9: Patient Centric View**

<table>
<thead>
<tr>
<th>Column Label</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERX PATIENT</td>
<td>Name of the patient sent on the New prescription</td>
</tr>
<tr>
<td>DOB</td>
<td>eRx patient’s date of birth</td>
</tr>
<tr>
<td>ED</td>
<td>The number of days elapsed since the oldest eRx that is still in an actionable status was received for that patient</td>
</tr>
<tr>
<td>LOCKED BY</td>
<td>Name of the current user that applied lock on the patient record successfully</td>
</tr>
<tr>
<td>NW</td>
<td>Number of New Rxs</td>
</tr>
<tr>
<td>WT</td>
<td>Number of eRxs in WAIT status. WAIT status displays if all validations have been performed, but the eRx has not been Accepted (AC).</td>
</tr>
<tr>
<td>IP</td>
<td>Number of eRxs In Process</td>
</tr>
<tr>
<td>HD</td>
<td>Number of eRxs on Hold</td>
</tr>
<tr>
<td>CCR</td>
<td>Cancel Request, Change Request, and Refill Response records in Actionable statuses</td>
</tr>
<tr>
<td>OTH</td>
<td>Inbound Error related to Refill Request (Status – RRE)</td>
</tr>
<tr>
<td>TOT</td>
<td>Total number of eRxs in Actionable Statuses</td>
</tr>
</tbody>
</table>

- If an eRx patient does not have user name displayed in the LOCKED BY column, this means that the patient’s eRx record is available to the user.
- Under columns NW, IP, HD, WT, CCR, and OTH the maximum count displayed is 99, even if the patient has more actionable eRx records, which the TOT (Total) column would indicate.
- Under the TOT column, the maximum count displayed is 999, even if the patient has more than 999 items in actionable status.
- Patient Centric View displays up to 999 records.
Patient Centric View records are sorted by Elapsed Days, in descending order.

To select a patient to view the eRx(s) associated with them, select the patient record number. A list of actionable eRx records display.

<table>
<thead>
<tr>
<th>Patient</th>
<th>DOB</th>
<th>Drug</th>
<th>Provider</th>
<th>STA Rec Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST,PATIENT1</td>
<td>#/###</td>
<td>METHYL PREDNISOLONE AC</td>
<td>TEST,DR1</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT1</td>
<td>#/###</td>
<td>B COMPLEX-VITAMIN C-F</td>
<td>TEST,DR2</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT1</td>
<td>#/###</td>
<td>METHYL PREDNISOLONE AC</td>
<td>TEST,DR1</td>
<td>1/17/19</td>
</tr>
<tr>
<td>TEST,PATIENT1</td>
<td>#/###</td>
<td>MUPIROCIN 2% OINTMENT</td>
<td>TEST,DR1</td>
<td>CAO 1/24/19</td>
</tr>
<tr>
<td>TEST,PATIENT1</td>
<td>#/###</td>
<td>MUPIROCIN 2% OINTMENT</td>
<td>TEST,DR1</td>
<td>N 2/6/19</td>
</tr>
</tbody>
</table>

Figure 3-13: Patient eRx List

To view the details of an eRx, select the record number.

| eRx Patient: | DOB: 10/19/19 |
| Vista Provider[:] | NPI: 1228591715 |
| eRx Drug: BACTROBAN 2% OINTMENT | eRx Qty: 0.9525 |
| eRx Refills: 5 | eRx Days Supply: 90 |
| eRx Sig: Apply twice a day to skin in affected area. | eRx Date: JUN 28, 2018 |
| Vista Drug[v]: MUPIROCIN 2% OINTMENT | Vista Qty: 22 |
| Vista Refills: 0 | Vista Days Supply: 90 |

Figure 3-14: eRx Details Screen

Users may complete the validation actions from here, just as they would in the Traditional View. If validation actions are started on New Rx message types, but not Accepted, the Status of the eRx displays as “I” for In Process. In the example below, just the patient was validated, therefore the eRx is still In Process.
In the Patient Centric View, if an eRx status changes one actionable status to another, the eRx total remains the same, but the totals for various statuses are updated. In the example below, the first record displays three New Rs and three eRxs that are In Process, and a total of 21 eRxs.

If an eRx status changes from New to In Process, the numbers for the various statuses are updated while the eRx total remains the same, as seen in the first record in the example below. There are now two New Rs, four eRxs In Process, and still a total of 21 eRxs.
In the Patient Centric View, if an eRx status changes an actionable Status to a non-actionable status, the eRx total decreases by one and the totals for various statuses are also updated. In the example below, record 1, the WT column has updated from one eRx,s to zero eRx,s, therefore updating the total column from 21 to 20.

<table>
<thead>
<tr>
<th>PSU</th>
<th>ERX PATIENT CENTRIC VIEW</th>
<th>Feb 08, 2019@20:20:08</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERX PATIENT</td>
<td>DOB</td>
<td>EQ</td>
<td>LOCKED</td>
</tr>
<tr>
<td>1. TEST, PATIENT1</td>
<td>###/###/##</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>2. TEST, PATIENT2</td>
<td>###/###/##</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>3. TEST, PATIENT3</td>
<td>###/###/##</td>
<td>22</td>
<td>33</td>
</tr>
<tr>
<td>4. TEST, PATIENT4</td>
<td>###/###/##</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>5. TEST, PATIENT5</td>
<td>###/###/##</td>
<td>14</td>
<td>TEST, USER1</td>
</tr>
<tr>
<td>6. TEST, PATIENT6</td>
<td>###/###/##</td>
<td>14</td>
<td>TEST, USER2</td>
</tr>
<tr>
<td>7. TEST, PATIENT7</td>
<td>###/###/##</td>
<td>14</td>
<td>TEST, USER3</td>
</tr>
<tr>
<td>8. TEST, PATIENT8</td>
<td>###/###/##</td>
<td>9</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 3-18: Patient Centric View Total Updated

eRx Holding Queue Summary Screen for New Rx Message Type

A user can select a record from the eRx Holding Queue List View by both typing <SI> and the record number or by typing the record number itself. The first screen displayed is the Summary Screen, which displays information about the original eRx from the external provider and matched VistA information (if any).

On this screen, the header contains the eRx Patient Name and eRx Reference #, which is an internal VA reference number assigned for tracking the eRx. Below the header is information received from the external provider for the patient, provider, and the drug/SIG. Where applicable, VistA information displays below the eRx information.

Figure 3-19: Summary Screen Page 1

Press <Enter> to display Page 2 of the Summary Screen, which contains eRx notes, applicable Allergy information, and Diagnosis information displayed in a compressed format.
If the VistA information for the patient, provider, or drug is not linked, the display would be as shown below:

- VistA Patient: NOT LINKED
- VistA Provider: NOT LINKED
- VistA Drug: NOT LINKED

VistA information displayed includes allergies. If the patient has no known allergies, “NKA” displays in the Allergies section.

If the VistA patient has known allergies, verified allergies display in the Allergies section.
eRx Actions

- Manual Validation:
  - <VP> Validate Patient
  - <VM> Validate Provider
  - <VD> (Validate Drug/SIG) - Note that this action will not be available unless a VistA patient has been linked, as indicated with parenthesis around the action.

- <AC> Accepting eRxs in the eRx Holding Queue: Action is not available until the validation of the eRx Patient, provider, and drug/SIG have been completed. Also note that the <AC> action will not be available if the eRx is on Hold.

- <RJ> Rejecting eRxs in the eRx Holding Queue.

- <P> Printing in the eRx Holding Queue: Displays all details of an eRx and allows the user to select a local printer and print the eRx.

- <H> Placing eRxs on Hold in the eRx Holding Queue.

- <UH> Un Hold eRx in the eRx Holding Queue.

- <RM> Removing eRxs in the eRx Holding Queue Removes eRx from the main list display and prevents further processing of the eRx.

- <??> For hidden actions.

For more details on the above actions, please refer to the sections identified in this guide.

NOTE: From the Summary Screen, users cannot edit any of the VistA information. The validate screens contain the option for editing the VistA information. For further information on editing and validating VistA information for an eRx, please refer to the Manual Validation section of this guide.
Jump to OP

The Jump to OP <JO> hidden action allows the user to navigate to Complete Orders from OERR, from the eRx Holding Queue Summary screen. Once the user has completed reviewing on the Outpatient side, the user is navigated back to the same Summary screen in which <JO> was initiated from.

The Jump to OP <JO> hidden action allows the user to navigate to Complete Orders from OERR only if the following conditions are true:

a. The Rx record is a New Rx message type only.

b. The VistA Patient is already matched to an eRx Patient under the Validate Patient <VP> action.

c. The matched VistA Patient has a current pending line entry on the Outpatient side.

To utilize the Jump to OP action, enter <??> to view a list of hidden actions.

Figure 3-23: Jump to OP – Hidden Action

Enter the hidden Jump to OP <JO> action.
If a user attempts to Jump to OP <JO> when a VistA Patient is not matched to an eRx Patient, an error message is received stating, “VistA patient has not been matched. Cannot jump to outpatient.”

If a user attempts to Jump to OP <JO> from an eRx record that is not a New Rx Message Type, an error message is received stating, “Jumping can only be done on ‘NewRx’ messages.”
Once the user has completed reviewing on the Outpatient side, upon selecting <Enter> at the “Select Patient:” prompt, the user is navigated back to the same Summary screen in which <JO> was initiated from.

Status History

The Status History <SH> hidden action displays the history of status changes on an eRx record within the Holding Queue. It does not include the initial status of the record.
Enter the hidden Status History `<SH>` action to display the history of status changes.

Comments are displayed where applicable (i.e. Hold, RJ, and RM statuses).

Note that when either the Summary screen or any of the validate screens of an eRx are open, all the eRxs for that same patient in the Holding Queue are locked and inaccessible for other users to access until the lock is released (the screens are closed). This is referred to as a patient-level record lock.
The following message displays if a user attempts to access an eRx for the same patient that another user has opened.

![Image](image.png)

**Figure 3-31: Patient-Level Record Lock**

**Manual Validation**

Prior to accepting an eRx <AC> and moving the eRx to Pending Outpatient Orders file, the VistA patient, provider, and drug/SIG must be validated. The eRx will then be further processed using Patient Prescription Processing [PSO LM BACKDOOR ORDERS] or Complete Orders from OERR [PSO LMOE FINISH].

The validation process begins by selecting one of the validate actions from the Summary screen.

**NOTE:** Before the Drug/SIG on an eRx can be manually validated, the eRx Patient must have a linked VistA patient. The <VD> (Validate Drug/SIG) action will have parenthesis around the action to signify this action is not available until a VistA patient is linked as illustrated in the figure below.

![Image](image.png)

**Figure 3-32: Summary Screen Actions**

**Validate Patient**

The patient must be validated before an eRx can be accepted. Refer to Accepting eRxs in the eRx Holding Queue. Information about the Patient Validation screen and editing the patient information is described in the following sections.

To validate patient information, type <VP> VALIDATE PATIENT from the Summary screen. The Patient Validation screen displays and is described in the following sections.
**Patient Auto-Match in the Processing Hub**

The following outlines the scenarios for a patient auto-match in the IEP Processing Hub before being sent down to VistA:

Patient Match - Primary Hub

1. MVI Check - receive ICN and SSN from MVI if successful:
   a. If SSN is sent on a New Rx, then the SSN will be used in the auto-match with the MVI along with Last Name, First Name, DOB, Gender, Address Line 1, and Home Telephone Number.
   b. If SSN is not sent on the New Rx, then the match will be done with MVI against Last Name, First Name, DOB, Gender, Address Line 1, and Home Telephone Number.
   c. Since only the Last Name, First Name, DOB, and Gender are mandatory on a New Rx, the match will be done against all the data pieces that are received.
   d. When a patient is successfully matched, the patient registration at the sites will be checked.

2. E&E Check - Then E&E Services is checked to see if the patient is both enrolled and eligible to their system to receive pharmacy benefits (This is done using ICN retrieved from MVI).

Patient Secondary Match in VistA

- Case 1: Patient Auto match successful (MVI record found, E&E check passed, and Patient Site Registration passed).
  a. Use the ICN received from MVI and check against the local Patient file entry; if passed, then link this VistA patient to eRx Patient.
  b. If ICN check fails, use the SSN received from MVI and check against the local Patient file entry; if passed, then link this VistA patient to eRx Patient.

- Case 2: MVI Match successful but E&E check failed at the Hub:
  a. Use the ICN received from MVI and check against the local Patient file entry; if passed, then link this VistA patient to eRx Patient.
  b. If ICN check fails, use the SSN received from MVI and check against the local Patient file entry; if passed, then link this VistA patient to eRx Patient.

- Case 3: MVI match unsuccessful at the Hub:
  a. No secondary match.
Patient Manual Validation Screen Overview

The header of the Patient Validation screen contains the eRx Patient Name and the eRx Reference #. Below the header is the eRx and VistA information for the patient, including any known allergies where applicable.

**NOTE:** The eRx Patient information is display-only and cannot be edited.

If a match was NOT found for the eRx Patient, the screen looks similar to the below figure. The Status field has “NOT VALIDATED”, with “PATIENT NOT MATCHED” below the Status. No VistA patient information displays.

![Patient Validation Screen Display - Patient Not Validated/ Not Auto Matched](image)

If a match is found, however, the patient has NOT been validated, the Summary screen looks similar to the below figure. The Status field has “NOT VALIDATED”, with VistA information displaying, where applicable.
If the VistA patient has known allergies, verified allergies display in the Allergies section.

If the patient has been validated, the Status field above the VistA Patient contains “VALIDATED”, with the user who performed the validation and date/timestamp.
The actions at the bottom of the Patient Validation screen include:

- **<P>** Print – Prints display of the eRx for printing to network or local printer.
- **<H>** Hold – Places an eRx on hold.
- **<UH>** Un Hold – Removes an eRx from a Hold.
- **<E>** Edit – User edits if the information is empty or incorrect.
- **<AV>** Accept Validation – User accepts the validation if information is correct.
- **<RJ>** Reject – Rejects the eRx.

### Edit Patient

1. Enter **<E>** Edit to edit the patient information.
2. If a VistA patient already exists for the eRx, the system displays a message confirming the edit.

![Figure 3-37: Patient Validated](image)

A patient has already matched to a vista patient. Would you like to edit the patient? NO/

### Figure 3-38: Edit Patient on a VistA Match

3. If a VistA patient match does not exist, the system prompts to select a patient at the “Select Patient Name” prompt. The partial or full name of the patient, DOB or SSN can be entered.
4. Select the correct patient and press **<Enter>**.
5. A message displays confirming the patient selection. Enter **<Y>** Yes.
6. The select patient information populates the VistA Patient fields on the Patient Validation screen.
NOTE: A Warning Message displays if there is a DOB, Gender, and/or a SSN mismatch on the patient selected during the edit process.

| WARNING | SSN mismatch. 
| Date of Birth mismatch. Gender mismatch. |

Figure 3-39: Mismatch Warning Message

Accept Patient Validation

Once the patient information has been edited and reviewed for accuracy, the validation needs to be accepted on the Patient Validation screen.

1. Select <AV> Accept Validation on the Patient Validation screen to accept the provider validation.
2. A message displays confirming whether to mark the patient as validated. Enter <Y> Yes.

If the validation is successful, a message displays indicating that the validation was updated.

The Status changes to “VALIDATED” on the Patient Validation screen, along with the user who performed the validation and date/timestamp.

Would you like to mark this patient as VALIDATED? Enter Yes or No: NO// YES Validation Updated!! Type <Enter> to continue or ‘^’ to exit:

Figure 3-40: Confirm Acceptance of Patient Validation

A “[v]” displays to the right of the VistA Patient field on the Summary screen.

Figure 3-41: Patient Validation Complete: Summary Screen Indicator
Automatic Patient Validation

When a patient validation is accepted on one eRx and there are additional eRx's in the Holding Queue for the same patient, received on the same day, a message displays asking if the patient validation should be applied to the other eRx's. (Refer to the figure below.) If the user selects <Y> Yes, the system links and applies the patient validation for the eRx's currently in the Holding Queue for that patient.

The determination of the same patient is based on unique records from the ERX EXTERNAL PATIENT file (#52.46). The system will only validate the same patients on eRx's that are currently in the ERX HOLDING QUEUE file (#52.49) received at the time of the automatic patient validation. Patient validation will not be applied for eRx's received for that patient after the auto validation is applied. For example, if VA receives six eRx's for the same patient on the same day, the user will only have to validate the patient once. If eRx's are received later that same day, those eRx's will need to be revalidated.

<table>
<thead>
<tr>
<th>This patient has other prescriptions for: Nov 08, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient: [Patient Information]</td>
</tr>
<tr>
<td>DRUG PROVIDER REC DATE</td>
</tr>
<tr>
<td>1.)ACYCLOVIR 800MG TAB</td>
</tr>
<tr>
<td>[Provider Information]</td>
</tr>
<tr>
<td>NOV 08, 2017</td>
</tr>
</tbody>
</table>

**Figure 3-42: Automatic Patient Validation**

To apply patient validation to other eRx's in the Holding Queue for the same patient, received on the same day:

1. The system asks the user if the previous validation should be applied to the other eRx's received for the patient.

   **Figure 3-43: Apply Patient Validation to Other eRx's**

   2. Enter **Y** for Yes to apply the validation to the other eRx's for the patient. After selecting **Yes**, the patient validation is applied to the other eRx's. As previously noted, any eRx's received after this action will not be validated.

   3. A message displays indicating that the validation was updated.

   4. A “[v]” displays to the right of the VistA Patient field on the Summary screen and the Status field changes to “VALIDATED” on the Patient Validation screen, along with the user who performed the validation and date/timestamp. This occurs for all the eRx's validated via the automatic patient validation process.

   5. The statuses on all eRx's validated by the automatic patient validation process will change to “I” for In Process.

Validate Provider

The provider must be validated before an eRx can be accepted.

To validate provider information, from the Summary screen, type <VM> VALIDATE PROVIDER. The eRx Provider Validation screen displays.
Information about the Validate Provider display and editing the provider information is described in the following sections.

**Provider Auto-Match in the Processing Hub**

The auto-match on an external provider is based upon the NPI of the prescriber coming in on the new eRx. The NPI is matched against the VistA instance’s NEW PERSON file (#200) entry. If the NPI matches and if the Provider is marked ‘Authorized to Write Meds’ that is considered as a match. Upon successful match, the VistA provider is linked with the incoming provider’s record in VistA.

**Provider Manual Validation Screen Overview**

The header of the Provider Validation screen contains the eRx Patient Name and the eRx Reference #. Below the header is the eRx and VistA information for the provider, where applicable.

**NOTE:** The eRx provider information is display-only and cannot be edited.

If a match was NOT found for the eRx provider, the screen looks similar to the below figure. The Status field has “NOT VALIDATED”, with “PROVIDER NOT MATCHED” below the Status. No provider information displays.
Edit Provider

To edit the provider information:

1. Press the <E> Edit action on the Provider Validation screen.
2. If no VistA provider information is in the system for the eRx, the “Select Provider Name” prompt displays for searching for and selecting a provider.
   a. Enter either the partial name or full name of the provider or the NPI of the Provider, or DEA of the Provider at the “Select Provider Name” prompt. If multiple providers exist with the same name exist, a list of providers is provided with additional identifying information (e.g., middle initial, mail code, and title, where applicable, etc.).
   b. Select the provider.
3. If a VistA provider is currently linked for the eRx, the system asks if the current provider should be modified.
   a. Enter <Y> Yes.
   b. Enter either the partial name or full name of the provider at the “Select Provider Name” prompt.
   c. Select the provider.

![Image of Provider Validation Screen]

Figure 3-46: Modify Current VistA Provider

4. Once the VistA provider is selected, the VistA provider fields populate on the Provider Validation screen, along with information whether the DEA of the Provider has expired or not.
5. The next step in in the provider validation process is to accept the validation, which is described in the next section.

NOTE: The text, “Expired”, displays when the DEA # of the selected VistA Provider has expired in File #200.

![Image of Provider Validation Screen with Expired DEA]

Figure 3-47: Select Provider Warning for Expired DEA#

Accept Provider Validation

Once the correct provider has been selected and reviewed for accuracy, the next step is to accept the validation using the following steps.

1. Select <AV> ACCEPT VALIDATION on the Provider Validation screen to accept the provider validation.
NOTE: The following warning message displays upon selecting the validation if there is a DEA # and/or NPI mismatch.

```
******************************WARNING******************************
Provider NPI Mismatch.
Provider DEA Mismatch.
******************************WARNING******************************
```

**Figure 3-48: Select Provider Warning Message**

A message displays confirming whether to mark the provider as validated.

2. Enter <Y> Yes.
3. If the validation is successful, a message displays indicating that the validation was updated. Type <Enter> to continue or ‘^’ to Quit.

NOTE: If there are other eRx's for the patient, written by the same provider, received on the same day for that patient, a message displays asking if the provider validation should be applied to those eRx's. Refer to the Automatic Provider Validation section for more information.

- The Status field changes to “VALIDATED” on the Provider Validation screen and the user who accepted the validation and date/timestamp displays to the right of “VALIDATED”.
- A “[v]” displays to the right of the VistA Provider field on the Summary screen.

```
PSO eRx PROVIDER VALIDATION    Jul 17, 201816:10:39    Page: 1 of 2

eRx Patient:  GRACE_65
eRx Reference #: 11203

NPI: 1234567890
DEA:  123
Status: NOT VALIDATED

VistA Provider:
FORT WORTH, TEXAS 76102
NPI: 3556010028  DEA:  999711590
Tel:  8178870000  Fax:  8779990000

Enter ?? for more actions
P Print  H Hold  UH Un Hold
E Edit  AV Accept Validation  RJ Reject
Select Item(s): Quit//
```

**Figure 3-49: Before Provider Validation (Validate Provider Screen)**
Automatic Provider Validation

When a provider validation is accepted on one eRx and there are additional eRxs in the Holding Queue for the same patient by the same provider, received on the same day, a message displays asking if the other eRxs for the patient written by the provider should be validated. If the user selects <Y> Yes, the system links and applies the provider validation for the eRxs currently in the Holding Queue for the patient by the same provider.
The determination of the same provider is based on unique records from the ERX EXTERNAL PERSON file (#52.48). The system only validates the same provider on eRx, s that are currently in the ERX HOLDING QUEUE file (#52.49) for the same patient received on the same date. Provider validation is not applied for the same provider received after the auto validation is applied once. For example, if VA receives six eRx for the same patient on the same day from the same provider, the user only has to validate the provider once; however, if eRx are received after the automatic provider validation is applied (e.g., later that same day by that provider), the provider for those eRx needs to be validated.

![Automatic Provider Validation](image)

Figure 3-52: Automatic Provider Validation

To apply the provider validation to the other eRx enter <Y> Yes. A message displays indicating that the validation was updated.

- The Status field on all the eRx, where the provider validation has been applied, changes to “VALIDATED” on the Provider Validation screen and the user who accepted the validation and date/timestamp displays to the right of “VALIDATED”.
- A “[v]” displays to the right of the VistA Provider field on the Summary screen.
- The statuses on all eRx validated by the automatic provider validation process will change to “I” for In Process.

Validate Drug/SIG

The drug/SIG information on the eRx must be validated before an eRx can be accepted.

**NOTE:** A VistA patient must be linked (matched) before the Validate Drug/SIG action will be available.

To validate drug/SIG information for the eRx, type <VD> Validate Drug/SIG from the Summary screen. The Drug Validation screen displays and is described in the following sections.

![Drug Validation](image)

Figure 3-53: Validate Drug / SIG
Drug Auto-Match in the Processing Hub

The pre-conditions for a drug auto-match in the Processing Hub are that the drug should be a one-to-one match, should not be a Compound, not a Controlled Substance, should be Active, not Investigational and should be marked for Outpatient use in the local DRUG file (#50).

First, the drug description on the new eRx is matched against the Drug Generic Name entry in the VistA instance’s DRUG file (#50). If successful, the match stops right here, and the drug is linked in VistA.

If the match is not successful, the drug description is then matched against the VA Product Name entry in the VistA instance’s VA PRODUCT file (#50.68). Then a drug in local file for the matched VA Product Name is identified, which should satisfy the preconditions. If the match is successful, the drug is linked in VistA.

If the match is not successful, the NDC is used to match against the VistA instance’s NDC/UPN file (#50.67). Using the VA Product Name identified at this step, a drug in the local file for the matched VA Product Name is identified, which should satisfy the preconditions. If the match is successful, the drug is linked in VistA.

**NOTE:** The NDC is an optional field and may or may not be included with the new eRx. For a supply, if UPC is sent, it is not matched against the NDC/UPN file (#50.67). Only the Drug Description match is attempted.

Drug/SIG Manual Validation Screen Overview

The header of the Drug/SIG Validation screen contains the eRx Patient Name and the eRx Reference #. Below the header is the eRx and VistA information for the drug/SIG, where applicable.

**NOTE:** The eRx drug/SIG information is display-only and cannot be edited.

If a match was NOT found for the VistA drug, the screen looks similar to the below figure. The Status field has “NOT VALIDATED”, with “NOT MATCHED” to the right of the VistA Drug field. The other VistA drug/SIG fields may or may not be populated.
If a VistA match was found for the drug, the screen looks similar to the below figure. The Status field has “NOT VALIDATED”, with VistA drug/SIG information displaying in the VistA Drug field (#1).

**Figure 3-55: Drug Validation Screen Display - VistA Drug Matched / Not Validated**

1. To edit the drug/SIG information, use the <E> Edit action on the Drug Validation screen.
2. If the VistA drug/SIG information has been linked for the eRx, the edit drug/SIG sequence prompts the user to select a field or select All fields.
   - Select Item (s): Quit// E Edit
   - Which fields (s) would you like to edit? (1-10) or ‘A’ 11: A//
3. Under eRx Holding Queue >> Validate Drug/SIG screen >> Edit, if a drug is already matched in the hub, that drug is displayed at the ‘select’ prompt. The user is still allowed to change the drug by entering the drug name.

4. Under eRx Holding Queue >> Validate Drug/SIG screen >> Edit, if a drug is not matched in the hub, at the ‘select’ prompt, it is blank wherein the user can enter the drug name.

5. When a Yes/No confirmation is asked for the selected drug, if the user hits enter or selects ‘No’, the control comes out of Edit mode back to VD screen.

NOTE: The eRx Drug/SIG information from the external provider displays throughout the edit drug/SIG process as reference.

Figure 3-56: eRx Display during Edit Drug / SIG

6. Next, enter the Dosage. Either enter a free text dose or enter a question mark <?> to view a list of available dosages. The system prompts the user to confirm the selected dosage.
   a. Enter the Verb, Route, and Schedule.
   b. Patient Instructions are default/consistent instructions that come from the Orderable Item. VA Patient Instructions are auto populated when either a drug is auto matched or manually matched, or the drug’s Pharmacy Order Item has an entry for those instructions. If it is blank, enter VA Patient Instructions. Or if it needs to be edited, use the ‘Replace’ function. Even abbreviated Patient Instructions from Medication Instruction files are allowed, which expand upon saving. This field holds the patient instructions for an eRx. This field is transferred to the Pending Queue upon acceptance of an eRx.
   c. Provider Comments are additional free text comments that the provider may enter. The VA Provider Comments field contains the eRx Notes from the external provider and can be edited by entering <Replace>. Even abbreviated Provider Comments from Medication Instruction files are allowed, which expand upon saving. This field is transferred to the Pending Queue upon acceptance of an eRx.
   d. Enter Patient Status and edit the Patient Status as required. (Note that this field will be auto-populated for MbM, with the text “CHOICE”, whenever applicable).
   e. Enter/edit VistA Quantity, VistA Days Supply, and VistA Refills as needed.

NOTE:
• The Vista Days Supply prompt is pre-populated with an auto-calculated value given to the user as a suggested value for the Days Supply prompt. This value is displayed as [DAYS SUPPLY:(1-90): 90//], with suggested value behind two forward slashes. This value is derived from the values entered by the user in the Quantity prompt, the Units Per Dose prompt, and the Schedule prompt. The auto-calculated value is the result of dividing the Quantity by the Units Per Dose, then dividing the resulting value by the Schedule (Units Per Dose/Quantity/Schedule). This auto-calculated value is only a suggested entry for the user. The user can enter any amount that fits within the Days Supply range supplied by the eRx software.

• When editing the Quantity field after the VistA drug has been linked, the Vista Quantity prompt is pre-populated with an auto-calculated value as a suggested value to the user. This value is displayed as [QTY:(1-90): 90//], with the suggested value behind two forward slashes. This value is derived from the values entered by the user in the Days Supply prompt, the Units Per Dose prompt, and the Schedule prompt. The auto-calculated value is the result of dividing the Days Supply by the Units Per Dose, then dividing the resulting value by the Schedule (Units Per Dose/Days Supply/Schedule). This auto-calculated value is only a suggested entry for the user. The user can enter any amount that fits within the Quantity range supplied by the eRx software.

f. Enter Routing. Either <M> for Mail or <W> for Window.

g. The system displays the Default eRx Clinic setup by the site. If it is not configured, this field is blank. The user can select a clinic as required in either case.

NOTE: Setting up the Default eRx Clinic is optional. Sites are encouraged to edit their OUTPATIENT SITE file (#59) to define the default eRx clinic. The following field is added to the OUTPATIENT SITE file (#59): DEFAULT ERX CLINIC field (#10).

Please reference the Implementation Guide – Inbound ePrescribing (PSO*7.0*p508) on the VA Documentation Library (VDL) at the following link for details on setting up the default eRx clinic for a site.

Outpatient Pharmacy VDL URL: https://www.va.gov/vdl/application.asp?appid=90

h. Once all the drug/SIG fields have been edited and the drug/SIG sequence is complete, the edited information displays on the Drug Validation screen.

i. The next step is to accept the validation <AV>, which is described in the next section.

j. If you have to edit after this, you can pick the fields:
   • Select Item (s): Quit// E Edit
   • Which fields (s) would you like to edit? (1-10) or ‘A’ 11: A//

NOTE: If the Default eRx Clinic is changed from the one that’s configured with the NPI Institution, of the receiving Pharmacy, the eRx may not show up in OERR when processed. Refer
Additional Field-level Information:

- Potency Unit Code is displayed in the eRx Holding Queue >> Validate Drug/SIG screen >> Edit, along with the reference eRx information.
- eRx Quantity now displays up to 5 digits after the decimal in the eRx Holding Queue Summary Screen and VD >> Edit screen.
- VistA Quantity is displayed same as eRx Quantity if there are 2 digits after decimal places. If there are more than 2 digits after decimal places, VistA Quantity field is left blank so that the user can key in.
- eRx Days Supply now displays up to 999 in the eRx Holding Queue Summary Screen and VD >> Edit screen.
- VistA Days Supply is auto-calculated based on Units Per Dose, Quantity, and Schedule values. User can also key in a desired value in this field.
- eRx Refills now displays up to 99 in the eRx Holding Queue Summary Screen and VD >> Edit screen.
- VistA Refills allows a value between 0 and 11 only.
- VistA Refills is auto-populated based on Dispensing Units, Quantity, and Days Supply values.
  - For eRx Refills, if the eRx is sent with “PRN” as the qualifier with no value, “PRN” is displayed.
  - For eRx Refills, if a value is sent regardless of the Qualifier, then the value is displayed.
- Help text for VistA Quantity has been updated under eRx Holding Queue >> Validate Drug/SIG screen >> Edit.

Quantity/Days Supply work flow under Validate Drug/SIG >> Edit:

**Scenario 1:** The updated Quantity/Days Supply work flow works in the holding queue for only available dosages such as 40MG, 80MG and so on. The Quantity divided by schedule then divided by units per dose that gives the Days Supply value is working fine.

Available Dosage(s):

1. 40MG
2. 80MG

**Scenario 2:** Quantity/Days Supply auto-calculation doesn't work as above for the available dosages such as SMALL AMOUNT/LIBERAL AMOUNT, DROP/DROPS, TEASPOONFUL, PATCH etc. For these available dosages, Holding queue VD screen works as in current 3.0 functionality. CPRS also has the same logic, not auto-calculating Days Supply based on Quantity, Schedule and Units per dose.

There are 2 Available Dosage(s):
1. 1 DROP
2. 2 DROPS
There are 4 Available Dosage(s):
1. 1 TEASPOONFUL
2. 2 TEASPOONFULS
3. 1 TABLESPOONFUL
There are 3 Available Dosage(s):
1. LIBERAL AMOUNT
2. SMALL AMOUNT
3. MODERATE AMOUNT

Scenario 3: Quantity/Days Supply auto-calculation doesn't work for the drugs when there are no available dosages. Holding queue VD screen works as in current 3.0 functionality and CPRS also has the same logic, not auto-calculating Days Supply based on Quantity, Schedule and Units per dose.

There are NO Available Dosage(s).

Please Enter a Free Text Dose:

Accept Drug/SIG Validation

Once the VistA Drug/SIG information has been edited and reviewed for accuracy, the next step is to accept the validation <AV> on the Drug Validation screen. The system prompts the user to confirm the validation. After entering <Y> Yes, a message displays that the drug validation has been updated.

![Figure 3-57: Confirm Acceptance of Drug / SIG Validation](image)

The Status changes to “VALIDATED” on the Drug Validation screen, along with the user who performed the validation and date/timestamp. “[v]” also displays to the right of the VistA Drug field on the Summary screen.
The modified VistA Drug/SIG information populates on the Drug/SIG Validation screen. Press <Enter> to display Pages 2 and 3 of the Drug/SIG Validation screen.

Wait Status Flag ‘W’

When the user completes validating Patient, Provider and Drug/SIG for an eRx, the status of the prescription will change from I/In Process to W/Wait in the Holding Queue’s list view.
NOTE: eRx records in W/Wait status can be retrieved using the current SR/Search and SO/Sort actions, by selecting Option 5. ERX STATUS.

Accepting eRx's in the eRx Holding Queue

The following conditions must be met, before an eRx can be accepted and transmitted to the Pending Queue for further processing:

1. The eRx cannot be on Hold. If the eRx is on Hold, the eRx status on the Holding Queue List has one of the Hold Status codes, and the Hold Status, Hold Reason, and the user who placed the eRx on hold is displayed on the Summary screen.

2. The eRx cannot have a status of ‘Rejected’ RJ, ‘Removed’ RM, or ‘Processed’ PR.

3. All validation steps, for patient, provider, and drug/SIG must be completed, including the <AV> Accept Validation action on the validate screens. For additional information on the validation steps, please refer to the Manual Validation section of this guide.

If a user attempts to accept an eRx where one or more of the conditions have not been met, an error message displays indicating that the eRx cannot be processed and the reason why.
After all the above pre-conditions have been met, to Accept an eRx <AC> from the Summary screen, complete the following steps.

From the Summary Screen, type <AC> Accept eRx.

A message displays notifying the user that the eRx was sent to Pending Outpatient Orders for further processing.

The user can then go to Complete Orders from OERR or Patient Prescription Processing to view the eRx information. Refer to the Complete Orders from OERR and Patient Prescription Processing section.

**Rejecting eRx in the eRx Holding Queue**

Reject is used to remove the eRx from the eRx Holding Queue and send an NCPDP message back to the originating EHR system indicating that eRx has been rejected. Reject must be accompanied by a reject code/reason. To reject an eRx, complete the following steps:

1. From the Summary screen, type <RJ> Reject.
2. Enter <Y> Yes to confirm the reject.
3. Enter a reason for the rejection. The following reasons are available:
   - PTT01 – Patient not eligible
   - PTT02 – Cannot resolve patient
   - PVD01 – Provider not eligible
• PVD02 – Cannot resolve provider
• DRU01 – Not eligible for refills
• DRU02 – Non-formulary drug
• DRU03 – Duplicate prescription found for this patient
• DRU04 – Invalid quantity
• DRU05 – Duplicate therapeutic class
• DRU06 – Controlled substances are disallowed
• ERR01 – Multiple errors, please contact the pharmacy
• ERR02 – Incorrect pharmacy
• ERR03 – Issues with prescription, please contact the pharmacy

4. Type additional comments as to why the eRx is being rejected and press <Enter>. These comments are optional.

Figure 3-65: Rejecting an eRx

Once the eRx is rejected, the details of the reject message will be available in the IEP Processing Hub as reference. Refer to the figure below.

Figure 3-66: Reject Message in Processing Hub

Printing in the eRx Holding Queue

From the Summary screen and from any of the validate screens, the <P> Print action is available to print the eRx.

1. Enter <P> Print.
2. Enter the Device (local or network printer) and press <Enter>.

The print display of the eRx prints to the selected printer.
Inbound ePrescribing (IEP) PSO*7.0*551
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Placing eRx's on Hold in the eRx Holding Queue

An eRx can be placed on hold for various reasons indicating that there is an issue with the eRx.

NOTE: If an eRx is placed on hold, the user can continue with all the available validate actions; however, the eRx cannot be accepted if an eRx is on hold.
1. To place an eRx on hold, type `<H> Hold` from the Summary screen or any of the validate screens.

2. Enter a hold reason from the available reasons. The following reasons are available:
   - HPT - PATIENT NOT FOUND
   - HPD - PROVIDER NOT FOUND
   - HNF - NON-FORMULARY DRUG THAT NEEDS APPROVAL
   - HSO - INSUFFICIENT STOCK
   - HDI - DRUG-DRUG INTERACTION
   - HAD - ADVERSE DRUG INTERACTION
   - HBA - BAD ADDRESS
   - HPC - PROVIDER CONTACTED
   - HPA - PRIOR APPROVAL NEEDED
   - HOR - OTHER REASON
   - HPP - PATIENT CONTACTED
   - HPR - HOLD DUE TO PATIENT REQUEST
   - HQY - QUANTITY OR REFILL ISSUE

3. To view the available hold reasons, enter a double question mark `<??>` at the “Select HOLD reason code” prompt, refer to the figure below. The available hold reasons display.

4. Enter the reason code at the “Select HOLD Reason code:” prompt and press `<Enter>`.

5. A prompt displays asking for additional comments on the reason for the hold. These comments are optional. Either press `<Enter>` to complete the hold process or add comments and then press `<Enter>`.
The Hold Status, Hold Reason, and the user placing the eRx on hold display below the VistA Drug section on the Summary screen.

The hold status also displays in the “Status” column (STA) on the Holding Queue List screen.

Un Hold eRx in the eRx Holding Queue

eRxs may be removed from a hold by typing <UH> Un Hold. Users who see the Un Hold function in parentheses ( ) are not able to remove an eRx from a hold.

NOTE: When a user exercises Un Hold option on an eRx record that is in one of the Hold statuses, if all the 3 validations (Patient, Provider and Drug/SIG), are complete, the eRx record’s status changes to “W” (Wait).
When a user exercises Un Hold option on an eRx record that is in one of the Hold statuses, if all the 3 validations (Patient, Provider and Drug/SIG), are not complete, the eRx record’s status changes to “I” (In Process).

Removing eRxs in the eRx Holding Queue

An eRx can be removed from the Holding Queue without sending a message back to the originating external provider. Sample scenarios include, but are not limited to, the patient requested that the eRx not be filled, or the user has been unable to contact the provider or patient for a significant amount of time.

To remove an eRx from the Holding Queue:

1. From the Summary screen, type **<RM> Remove**.
2. Enter a reason for the eRx removal. The following removal reasons are available:
   - REM01 - Drug out of stock or on backorder and unavailable for processing
   - REM02 - Patient was not able to pick up
   - REM03 - Prescription canceled by Provider
   - REM04 - Prescription processed manually
   - REM05 - Provider will cancel this eRx and submit another
   - REM06 - Unable to mail prescription and patient unable to pick up
   - REM07 - Unable to contact patient
   - REM08 - Unable to contact provider
   - REM91 - Undefined system error
   - REM92 - Other
3. Type additional comments as to why the eRx is being removed and press **<Enter>**. These comments are optional.

Once the eRx is removed, the status changes to “RM” and it no longer displays in the default Holding Queue List; however, the eRx can be accessed via the search action from the main Holding Queue List screen using one or more of the search criteria. Refer to the Searching eRxs section of this guide.

<table>
<thead>
<tr>
<th>VP</th>
<th>VALIDATE PATIENT</th>
<th>VM</th>
<th>VALIDATE PROVIDER</th>
<th>VD</th>
<th>VALIDATE DRUG/SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Print</td>
<td>RJ</td>
<td>Reject</td>
<td>AG</td>
<td>Accept eRx</td>
</tr>
<tr>
<td>H</td>
<td>Hold</td>
<td>UH</td>
<td>Un Hold</td>
<td>RM</td>
<td>Remove eRx</td>
</tr>
</tbody>
</table>

**Select Item(s): Next Screen// RM Remove eRx**

Would you like to 'Remove' eRx #1691? Y// YES
Select REMOVAL reason code: #### REM01 Drug out of stock or on backorder and unavailable for processing
Additional Comments (Optional):

**Figure 3-73: Removing an eRx**

**NOTE:** If the Remove eRx function is in parentheses ( ), the user will not be able to remove an eRx. If the action is still attempted, the user receives a message that the action is not available.
Searching and Sorting in the eRx Holding Queue

Users can search and sort eRx s in the Holding Queue. Searching and sorting eRx s is described in the following sections.

Searching eRx s

Searching and filtering of eRx s is available by typing <SR> Search Queue at the “Select Action” prompt. The Search Queue screen displays. Users can search using one or more of the following search criteria in the Traditional View:

1. PATIENT NAME
2. DATE OF BIRTH
3. RECEIVED DATE RANGE
4. PROVIDER NAME
5. ERX STATUS
6. DRUG NAME
7. MESSAGE TYPE
8. ERX REFERENCE NUMBER

```
Select Action:Quit// sr Search Queue

1.) PATIENT NAME
2.) DATE OF BIRTH
3.) RECEIVED DATE RANGE
4.) PROVIDER NAME
5.) ERX STATUS
6.) DRUG NAME
7.) MESSAGE TYPE
8.) ERX REFERENCE NUMBER
```

Figure 3-74: Search Queue Actions

- The default search displays all eRx s except <RM> Removed, <RJ> Rejected, or <PR> Processed items (unless the user searches by ERX STATUS and specifically selects one of these statuses. The display contains all eRx s satisfying the search criteria. The list is refreshed depending on the action performed. After an action is performed, the user can return to the original filtered list.
- The number of eRx records displayed in the Holding Queue’s list view is based on the ERX DEFAULT LOOKBACK DAYS file (#10.2) configured in OUTPATIENT SITE file (#59).
- By default, the ERX DEFAULT LOOKBACK DAYS field is blank, so the software will go back to 365 days.
- If the Pharmacy user would like to see eRx records received from older dates, s/he can use the Search (SR) option and select the ‘Received Date Range’ (#3), to retrieve those records.
Search eRx – Patient Name

Users can search by patient name. A search initiated with a partial patient name may return multiple patient names, from which one patient can be selected. Selecting a patient displays the eRx+s for that patient.

To search by patient name:

1. From the eRx Holding Queue List screen, type <SR> Search Queue.
2. From the Search Queue, type <i> or PATIENT NAME.

3. Type the full or partial name of the patient press <Enter>. If multiple patients exist for the search criteria entered, select the correct patient from the list provided.

4. A message displays indicating that the user can enter additional search criteria or press <Enter> to continue with the current search.

The search results display. To execute another search, enter ^ or Quit to exit the current search and return to the original Holding Queue List. The SR Search Queue action is in parentheses, indicating that the user must exit the current search to execute a new search.
Figure 3-77: Search eRx by Patient Name Results

Search eRx – Date of Birth

To search by patient’s date of birth:

1. From the eRx Holding Queue List screen, type <SR> Search Queue.
2. From the Search Queue Type <2> or DATE OF BIRTH.
3. Enter the date of birth and press <Enter>.

A message displays indicating that the user can enter additional search criteria or press <Enter> to continue with the current search.

Figure 3-78: Search Criteria - Date of Birth
The search results in the following display:

![Figure 3-79: Search eRx by Date of Birth Results](image)

**Search eRx – Received Date Range**

To search for an eRx by a received date range:

1. From the eRx Holding Queue List screen, type <SR> Search Queue.
2. Type <3> or RECEIVED DATE RANGE.

![Figure 3-80: Search Criteria - Received Date Range](image)

3. Enter the beginning date and press <Enter>.
4. Enter the ending date and press <Enter>.
5. A message displays indicating that the user can enter additional search criteria or press <Enter> to continue with the current search.
The search results display.

**Search eRx – Provider Name**

To search for an eRx by a provider:

1. From the eRx Holding Queue List screen, type <SR> Search Queue.
2. Type <4> or PROVIDER NAME.
3. Type the provider’s name and press <Enter>.

The search results display.

**Search eRx – ERX Status**

To search for an eRx by Status:

1. From the eRx Holding Queue List screen, type <SR> Search Queue.
2. Type <5> or ERX STATUS.
3. Enter the eRx status and press <Enter>.

Figure 3-86: Search Criteria - ERX Status
The search results display.

Figure 3-87: Search by eRx Status

For more information on the available statuses in the Holding Queue, refer to the tables in Appendix B.

**Search eRx – Drug Name**

To search for an eRx by Drug Name:

1. From the eRx Holding Queue List screen, type `<SR> Search Queue.`
2. Type `<6>` or DRUG NAME.
3. Type the name or partial name of the incoming eRx drug and press `<Enter>`.

Figure 3-88: Search Criteria - Drug Name
The search results display.

![Search Results Display](image)

**Figure 3-89: Search eRx by Drug Name**

### Search eRx – Message Type

To search for an eRx by Message Type:

1. From the eRx Holding Queue List screen, type `<SR>` Search Queue.
2. Type `<7>` or MESSAGE TYPE.
3. Select the Message Type and press `<Enter>`.

![Search Criteria - Message Type](image)

**Figure 3-90: Search Criteria - Message Type**
The search results display.

![Image of eRx Holding Queue list]

**Figure 3-91: Search by Message Type**

**Search eRx – eRx Reference Number**

Users may also search for eRx’s by eRx Reference Number. When searching by eRx Reference Number, the user may search by either inbound or outbound message types.

To search for an inbound eRx message type by eRx Reference Number:

1. From the eRx Holding Queue List screen, type `<SR>` Search Queue.
2. Type `<8>` or ERX REFERENCE NUMBER.
3. Enter the eRx Reference Number and press `<Enter>`.
The search results display.

To search for an outbound eRx message type by eRx Reference Number:

1. From the eRx Holding Queue List screen, type <SR> Search Queue.
2. Type <8> or ERX REFERENCE NUMBER.
3. Enter the eRx Reference Number and press <Enter>. The “V” or “v” is required at the beginning of the eRx Reference number when searching for an outbound eRx message type.
The search results display.

Under Patient Centric View, the user can use the following Search options:

1. Patient Name
2. Date of Birth
3. eRx Reference Number

**Sorting eRx’s**

VA users can sort eRx’s in the Holding Queue List. Sort parameters are retained at the user level when reentering the original list during the same session (i.e., when performing an action on an
eRx and then reentering the eRx list). The default sort order of the Holding Queue List is the following:

1. Date Received - Oldest date to Newest date.
2. Secondary sort by PATIENT NAME.

Additional sorting of eRx is available by typing <SO> Sort Entries.

- The number of eRx records displayed in the Holding Queue’s list view is based on the 
  ERX DEFAULT LOOKBACK DAYS file (#10.2) configured in OUTPATIENT SITE
  file (#59).
- By default, the ERX DEFAULT LOOKBACK DAYS field is blank, so the software will
  go back to 365 days.
- If the Pharmacy user would like to see eRx records received from older dates, s/he can
  use the Search <SR> option and select the ‘Received Date Range’ (#3), to retrieve those
  records.

![Figure 3-96: Sort Entries Action](image)

eRx can be sorted by only one criterion at a time. The sort criteria include:

- **Patient Name**: Sorted by Patient in ascending order (A-Z), and within Patient by
  Received Date with most recent first, and then by Provider in ascending order (A-Z)
- **Date of Birth**: By DOB, newest Received Date first, Patient Name ascending
- **Received Date Range**: Sorted by Received Date with most recent first and within
  Received Date by Patient in ascending order (A-Z), and then by Provider in ascending
  order (A-Z)
- **Provider Name**: Sorted by Provider in ascending order (A-Z), and within Provider by
  Received Date with oldest first, and then by Patient in ascending order (A-Z)
- **eRx Status**: Drug Name ascending
- **Drug Name**: Patient Name ascending, newest Received Date first
• Message Type

Sort eRx – Patient Name

To sort by patient:

1. From the eRx Holding Queue List screen, type <SO> Sort Entries.
2. Type <1> or PATIENT NAME.

![Figure 3-97: Sort by Patient Name](image)

3. The sorted entries display Sorted by Patient in ascending order (A-Z), and within Patient by Received Date Range with most recent first, and then by Provider in ascending order (A-Z).

Sort eRx – Date of Birth

To sort by Date of Birth:

1. From the eRx Holding Queue List screen, type <SO> Sort Entries.
2. Type <2> or DATE OF BIRTH.

![Figure 3-98: Sort by Date of Birth](image)

3. The entries display by DOB, newest Received Date first, Patient Name ascending.

Sort eRx – Received Date Range

To sort eRxs by received date (most recent date displays at top of sort results):

1. From the eRx Holding Queue List screen, type <SO> Sort Entries.

![Figure 3-99: Sort by Received Date Range](image)
2. Type `<3>` or RECEIVED DATE RANGE.

![Figure 3-99: Sort by Received Date Range](image)

3. The entries sort by Received Date with most recent first and within Received Date by Patient in ascending order (A-Z), and then by Provider in ascending order (A-Z).

**Sort eRx – Provider Name**

To sort eRx’s by provider name:

1. From the eRx Holding Queue List screen, type `<SO>` Sort Entries.
2. Type `<4>` or PROVIDER NAME.

![Figure 3-100: Sort Criteria - Sort by Provider](image)

3. The entries sort by Provider in ascending order (A-Z), and within Provider by Received Date with oldest first, and then by Patient in ascending order (A-Z).

**Sort eRx – ERX Status**

To sort eRx’s by ERX Status:

1. From the eRx Holding Queue List screen, type `<SO>` Sort Entries.
2. Type `<5>` or ERX STATUS.
3. The entries sort by Patient Name ascending, newest Received Date first.

**Sort eRx – Drug Name**

To sort eRx by Drug Name:

1. From the eRx Holding Queue List screen, type <SO> Sort Entries.
2. Type <6> or DRUG NAME.

3. The entries sort by Drug Name in ascending order.

**Sort eRx – Message Type**

1. From the eRx Holding Queue List screen, type <SO> Sort Entries.
2. Type <7> or MESSAGE TYPE.
Complete Orders from OERR and Patient Prescription Processing

Following all the validation steps for patient, provider, and drug/SIG, and after the eRx has been accepted, the eRx advances to Pending Outpatient Orders file for further processing. The eRx is further finished using either Complete Orders from OERR or Patient Prescription Processing.

The “&” symbol indicates that an eRx was received from an external provider. eRx records without the “&” symbol are VA eRx’s.

The eRx information displays at the top of the screen under the Secondary header, as shown in the figure below in both Complete Orders from OERR and Patient Prescription Processing. The hidden Option EP is provided in Outpatient to print the eRx (see figure below).
The eRx information can be edited and either finished to process further for dispensing or discontinued as needed (such as a duplicate order, since it is not filtered in the eRx Holding Queue).

Please refer to the user manuals available on the VA Documentation Library (VDL) for information on Complete Orders from OERR and Patient Prescription Processing.

Press <Enter> to view Pages 2 and 5 of the order in the Pending Queue.
NOTE: The ‘Qty Qualifier’ label is now replaced by ‘Code List Qualifier’. The ‘DAW Code’ label is now replaced by ‘Substitutions’.
NOTE:

- ‘eRx Date’ on Holding Queue Summary screen – Date when the eRx was received in the VistA Holding Queue.
- ‘Date Written’ on Validate Drug/SIG screen - Date when the eRx was received in the VistA Holding Queue.
- ‘Issue Date’ on OERR/Backdoor Orders Summary screen – Effective Date if sent by the provider; if not, it is Written Date, both as sent on the eRx.
• ‘Effective Date’ as sent on the eRx, is not displayed in the VistA Holding Queue or on web GUI.

• ‘Written Date’ displayed on Track/Audit screen on web GUI – Written Date as sent on the eRx.
Unit 4. Refill Requests and Responses

The Refill Request function is used by pharmacists to generate and send outbound Refill Requests (also referred to as Renewals within VA/VistA). The Refill Request message is sent to the external provider that originally sent the eRx into VistA. After a Refill Request has been sent to the external provider, the provider will be able to send a Refill Response back to the requesting Pharmacy.

The Pharmacy user is allowed to generate and send an outbound Refill Request when there are no more refills on the original prescription to fill or if the prescription is expired.

Generate Refill Requests from Outpatient Profile

To generate a Refill Request, navigate to the patient’s Medication Profile in Complete Orders from OERR or Patient Prescription Processing. The Medication Profile displays all of the RxS associated with the patient. To view a Refill Request:

1. Select the eRx.

<table>
<thead>
<tr>
<th>PID: 7289265</th>
<th>PROTONPIS, SULFATE 10MG/ML INJ SML</th>
<th>90 E</th>
<th>02-07</th>
<th>02-07</th>
<th>0</th>
<th>90</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 2719625</td>
<td>QUINAPRIL 20MG TAB</td>
<td>90 E</td>
<td>02-07</td>
<td>02-07</td>
<td>0</td>
<td>90</td>
</tr>
<tr>
<td>18 &amp; 2719701</td>
<td>RISEDONATE NA 5MG TAB</td>
<td>60 A&gt;</td>
<td>07-24</td>
<td>07-24</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>19 2719424A</td>
<td>SILDENAFIL CITRATE 100MG TAB</td>
<td>30 E&gt;</td>
<td>06-04</td>
<td>06-04</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>20 2719508A</td>
<td>SUCRALFATE 1GM TAB</td>
<td>360 A&gt;</td>
<td>05-11</td>
<td>05-04</td>
<td>1</td>
<td>90</td>
</tr>
<tr>
<td>21 2719506</td>
<td>TRETINOIN 0.01% GEL 45GM</td>
<td>45 E</td>
<td>05-10</td>
<td>05-10</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>22 &amp; 2719602</td>
<td>ACCU-CHEK COMFORT CV GLUCOSE SOLN</td>
<td>075.5 DC</td>
<td>06-29</td>
<td>07-02</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>23 2719512A</td>
<td>CAPTOPRIL 100MG TAB</td>
<td>1 DC</td>
<td>05-11</td>
<td>05-11</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>24 2719302</td>
<td>CYCLOPHOSPHAMIDE 25MG TAB</td>
<td>60 DC</td>
<td>02-27</td>
<td>02-27</td>
<td>0</td>
<td>30</td>
</tr>
</tbody>
</table>

Figure 4-1: Select Rx from Medication Profile

2. Type Other to display additional actions.
3. Select <RR> Refill Request.
4. Indicate <R> Refill with Pre-Populated Value or <C> Refill and Change Quantity.
5. Enter **Yes** to send the Refill (renewal) Request.

![Figure 4-2: Generating Refill Request Actions](image)

![Figure 4-3: Refill Request Sent](image)

**NOTE:** When an Outbound Refill Request is sent, if the user requested ‘n’ as the number of Refills using either option ‘R’ or option ‘C’, the NCPDP 10.6 Refill Request message will have a value of ‘n+1’ sent to the Provider.

The user is allowed to generate and send more than one Refill Request for the same eRx. The history of all the requests sent, along with any responses or errors received within the last 30 days, is displayed at the time of generating a duplicate request.
The new Refill Request generated in Outpatient Profile and sent by the Pharmacy user can be found in the Holding Queue in the Message View, displaying a status of RRN (Refill Request New).

Refill Request Precondition Checks and Warnings

There are a number of Refill Request warnings that may display at the time of the outbound Refill Request. For example, a warning displays when \(<RR>\) is being used on a non-eRx prescription.
A complete list of Refill Request Warnings can be found in Appendix D.

**Refill Requests in the eRx Holding Queue**

Outbound Refill Request messages sent from VistA Outpatient Profile are stored in the Holding Queue. They can be viewed using search criteria or in the <MV> Message View action. To view a Refill Request:

1. From the eRx Holding Queue List screen, type <MV> Message View.
2. Type <RR> Refill Request.

The Holding Queue displays all Refill Request messages, sorted by received date in descending order (newest requests first).
Figure 4-8: Message View Displaying Refill Request Messages

The Refill Request message statuses are displayed in the “Status” column on the eRx Holding Queue. For Refill Request statuses, refer to Table 18: Holding Queue Status Codes & Descriptions for Refill Request Message Type in Appendix B.

**NOTE:** Refill Request messages are not in actionable statuses and so, they will not be displayed in the Holding Queue’s list view. Users may view them only by using <MV> Message View action or using the <SR> Search criteria.

Refill Requests in the Holding Queue without a response or an error received for 2 weeks or more, will change status from RRN (Refill Request - New) to RRX (Refill Request Expired) in the Holding Queue.

**Refill Responses in the eRx Holding Queue**

When a Refill Response is received from an external provider for the Refill Request sent from VistA OP, the Refill Response message is first received by the Hub and is then sent to the VistA Holding Queue. The Refill Response message types include:

- Approved
- Approved with Changes
- Denied
- Denied, New Prescription to Follow

Refill Responses that are in actionable statuses are displayed in the Holding Queue’s list view. For the full list of Refill Response statuses, refer to Table 19: Holding Queue Status Codes & Descriptions for Refill Response Message Type in Appendix B.

To view a Refill Response in the Holding Queue:

1. From the eRx Holding Queue List screen, type <MV> Message View.
2. Type \texttt{<RE>} Refill Response.

![Figure 4-9: Message View Action](image)

The eRx Holding Queue screen displays all Refill Response messages, sorted by received date in descending order (newest responses first).

![Figure 4-10: Holding Queue Displaying Refill Response Messages](image)

### Refill Request Message Details View

The Pharmacy user may select the Refill Request message to display from the Holding Queue to view the message details in the Message Details View.
### Figure 4-11: Refill Request – New

<table>
<thead>
<tr>
<th>eRx Holding Queue Display</th>
<th>Jul 27, 2018 11:13:04</th>
<th>Page: 1 of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>eRx Patient: TEST1, PATIENT1</td>
<td>eRx Reference #: V22119</td>
<td></td>
</tr>
<tr>
<td>REFILL REQUEST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>eRx Status: REFILL REQUEST - NEW</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong>MEDICATION PRESCRIBED</strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>eRx Patient: TEST1, PATIENT1</td>
<td>DOB: 11/1/88</td>
<td></td>
</tr>
<tr>
<td>Vista Patient: NOT LINKED</td>
<td>DOB:</td>
<td></td>
</tr>
<tr>
<td>eRx Provider: LEISTRANGE_BELLATRIX</td>
<td>NPI: 123456789</td>
<td></td>
</tr>
<tr>
<td>Vista Provider: NOT LINKED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>eRx Drug: ACCUNE 1.25 MG/3 ML NEB SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>eRx Qty: 75.555</td>
<td>eRx Refills: 0</td>
<td>eRx Days Supply:</td>
</tr>
<tr>
<td>eRx Sig: Inhale 1 unit every 4-6 hours via nebulizer or as necessary for wheezing</td>
<td>eRx Date: JUL 27, 2018</td>
<td></td>
</tr>
<tr>
<td>+ Enter ?? for more actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VP (VALIDATE PATIENT)</td>
<td>VM (VALIDATE PROVIDER)</td>
<td>VD (VALIDATE DRUG/SIG)</td>
</tr>
<tr>
<td>P Print</td>
<td>RJ (Reject)</td>
<td>AC (Accept eRx)</td>
</tr>
<tr>
<td>H (Hold)</td>
<td>UH (Un Hold)</td>
<td>RM (Remove eRx)</td>
</tr>
<tr>
<td>Select Action: Next Screen/</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Figure 4-12: Refill Request Medication Dispensed and Refill Request Information

<table>
<thead>
<tr>
<th>eRx Holding Queue Display</th>
<th>Jul 27, 2018 11:16:42</th>
<th>Page: 2 of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>eRx Patient: TEST1, PATIENT1</td>
<td>eRx Reference #: V22119</td>
<td></td>
</tr>
<tr>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong>MEDICATION DISPENSED</strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vista Drug: ACCU-CHEK COMFORT CV GLUCOSE SOLN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vista Qty: 075.5</td>
<td>Vista Refills: 0</td>
<td>Vista Days Supply: 30</td>
</tr>
<tr>
<td>VA Rx#: 2719620</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Enter ?? for more actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VP (VALIDATE PATIENT)</td>
<td>VM (VALIDATE PROVIDER)</td>
<td>VD (VALIDATE DRUG/SIG)</td>
</tr>
<tr>
<td>P Print</td>
<td>RJ (Reject)</td>
<td>AC (Accept eRx)</td>
</tr>
<tr>
<td>H (Hold)</td>
<td>UH (Un Hold)</td>
<td>RM (Remove eRx)</td>
</tr>
<tr>
<td>Select Action: Next Screen/</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Message History segment displays message history with a reference to the original Rx. The Refill Request Reference # field displays a V, indicating that this was generated from VistA.

### Refill Response Message Details View

When the user selects the Refill Response from the eRx Holding Queue, the Refill Response details display in the Message Details View. It displays the content of the Refill Response, along with the relation to the Refill Request message, and the original New Rx message.
NOTE: When an Inbound Refill Response is received, if the provider approved ‘n’ as the number of Refills, the Message Details view displays ‘n-1’ as the number of Refills approved. This is applicable to both Approved and Approved with Changes Refill Response Types.

The Refill Response Information section contains the Refill Response message type along with the response date and time and any additional notes and comments.

**Figure 4-15: Refill Response Information**

The Changed Items section indicates any fields that were changed and displays both the Refill Response and Refill Request values.

**Figure 4-16: Refill Response Changed Items and Medication Dispensed**
The Message History section links the Refill Request and Refill Request Reference Number to the Refill Response and to the Original New Rx message.

Refill Response Process

Approved

When a Refill Response message type is Approved, it will not display in the List View screen. It can be found using <MV> Message View or <SR> Search. The status of the Approved Refill Response will be RXP (Refill Response Processed).
The Refill Response details display the Refill Response Message type. In the below figure, the Refill Response Information segment indicates the Refill Response Message type is Approved.

![Refill Response – Approved](image)

**Figure 4-19: Refill Response – Approved**

When the user continues to scroll, the Refill Response Information section displays.

![Refill Response Information Section](image)

**Figure 4-20: Refill Response Information Section**

On the Outpatient side, a pending line entry is added for the user to renew the Approved Refill Response.
The Activity Log on OP side is updated to display the information that a pending response entry was added.
The user may select the pending line entry to renew the Approved Refill Response and accept it.
The eRx prescription on which Refills were requested and the Response has been processed, is now reinstated with the Response. The renewed Rx displays in the Active section of the Medication Profile. The Rx number has an “A” appended to the end, indicating this is the first refill. Subsequent refills include the next letter of the alphabet appended. (Ex: & 123456 to & 123456A; for next refill: & 123456A to & 123456B)
Once the Approved Refill Response is successfully renewed, the status of the Refill Response in the Holding Queue changes to RXC (Refill Response Completed).

Select the record to view the Refill Response details screen.
The status of the corresponding Refill Request will change to RRC (Refill Request Completed).

Select the record to view the Refill Request details screen.
The <VP>, <VM>, <VD>, and <AC> actions are in parentheses ( ), therefore the user cannot select these actions for this message type. If one of the actions is selected from here, the user receives an error message:

![Error - Validate Provider Action Not Available](image)

Approved with Changes

Another Refill Response message type is Approved with Changes. This indicates the refill is approved: however, something must change prior to refill.

In some scenarios, the Refill Response message will display in the Holding Queue List View screen:

- If changes are only related to only the number of refills in the Drug segment, the pharmacist does not need to take any action in the Holding Queue, therefore the Refill Response message will not display in the Holding Queue List View.
- If the changes are related to the Provider or the Provider and number of refills, the Refill Response will display in the List View because the pharmacist will be required to validate the updates.

Changes to Number of Refills Only

When a Refill Response message type is Approved with Changes (number of refills only), it will not display in the List View screen. It can be found using <MV> Message View or <SR>
Search. The status of the Approved with Changes Refill Response will be RXP (Refill Response Processed).

![Figure 4-32: RXP Status in Holding Queue](image1)

The Refill Response details display the Refill Response Message type.

![Figure 4-33: Refill Response Details Screen](image2)

As the user continues to scroll, the Refill Response Information section indicates the Refill Response Message type is Approved with Changes.
On the Outpatient side, a pending line entry will be added for the user to renew the Approved with Changes Refill Response.

Activity Log on OP side is updated to display the information that a pending response entry was added.
The user may select the pending line entry to renew the Approved with Changes Refill Response and accept it.
The eRx on which Refills were requested and the Response has been processed, is now reinstated with the Response. The renewed Rx displays in the Active section of the Medication Profile. The Rx number has an “A” appended to the end, indicating this is the first refill. Subsequent refills include the next letter of the alphabet appended. (Ex: & 123456 to & 123456A; for next refill: & 123456A to & 123456B).
Once the Approved with Changes Refill Response is successfully renewed, the status of the Refill Response in the Holding Queue changes to RXC (Refill Response Completed).

Select the record to view the Refill Response details screen.
The status of the corresponding Refill Request changes to RRC (Refill Request Completed).

Select the record to view the Refill Request details screen.
The `<VP>`, `<VM>`, `<VD>`, and `<AC>` actions are in parentheses ( ), therefore the user cannot select these actions for this message type. If one of the actions is selected from here, the user receives an error message:

![Figure 4-45: Error - Validate Provider Action Not Available](image)

**Changes to Provider Segment**

In some scenarios, the Refill Response message will display in the Holding Queue List View screen. If the changes are related to the Provider or the Provider and number of refills, the Refill Response will display in the List View because the pharmacist will need validate the updates to the Provider.

When a Refill Response message type is Approved with Changes (Provider segment only or Provider and number of refills in the Drug segment), it will display in the List View screen. It can also be found using `<MV>` Message View or `<SR>` Search. The status of the Approved with Changes Refill Response will be RXN (Refill Response - New).
The Refill Response details display the Refill Response Message type.

As the user continues to scroll, the Refill Response Information section indicates the Refill Response Message type is Approved with Changes.
As the user continues to scroll, the Changed Items section displays the fields that were updated and the Refill Request and Response values within the changed fields.

When the user exercises <VM> Validate Provider on this response, if the user edits the Provider’s information, the status of the record changes to RXW (Refill Response – Waiting).

When the user accepts the validation <AV> under <VM> Validate Provider, the status of the record changes to RXW (Refill Response – Waiting).

The user may select the record to view the Refill Response Details screen.
When the user accepts the Refill Response record using <AC>, the status of the record changes to RXP (Refill Response Processed), and it is not displayed in the list view. It can be found using <MV> Message View or <SR> Search.

On the Outpatient side, a pending line entry is added for the user to renew the Approved with Changes Refill Response.
Activity Log on OP side is updated to display the information that a pending response entry was added.
The user may select the pending line entry to renew the Approved with Changes Refill Response and accept it.
The eRx prescription on which Refills were requested and the Response has been processed, is now reinstated with the Response. The renewed Rx displays in the Active section of the Medication Profile. The Rx number has an “A” appended to the end, indicating this is the first refill. Subsequent refills include the next letter of the alphabet appended. (Ex: & 123456 to & 123456A; for next refill: & 123456A to & 123456B)
Once the Approved with Changes Refill Response is successfully renewed, the status of the Refill Response in the Holding Queue changes to RXC (Refill Response Completed).

Select the record to view the Refill Response details screen.
The status of the corresponding Refill Request changes to RRC (Refill Request Completed).

Select the record to view the Refill Request details screen.
The <VP>, <VM>, <VD>, <Hold>, <UnHold>, <RJ>, <RM>, and <AC> actions are in parentheses ( ), therefore the user cannot select these actions for this message type. If one of the actions is selected from here, the user receives an error message:

**Denied, New Prescription to Follow**

Another Refill Response message type is Denied New Prescription to Follow (DNTF). This indicates the refill is denied, but a new Rx will follow.

When a Refill Response message type is Denied New Rx to Follow (DNTF), it will display in the List View screen. It can also be found using <MV> Message View or <SR> Search. The status of the DNTF Refill Response will be RXD (Refill Response Denied/DNTF).
The Refill Response details display the Refill Response Message type.

In the below figure, the Refill Response Information segment indicates the Refill Response Message type is Denied, New Prescription to Follow.
On the Outpatient side, the eRx Prescription on which the Refill was requested will be auto-Discontinued (auto-DC).
The Activity Log on OP side is updated to display that the eRx Prescription has been auto-Discontinued.
Once the DNTF Refill Response has successfully auto-Discontinued the eRx Prescription in OP, the status of the Refill Response in the Holding Queue continues to display as RXD (Refill Response Denied/DNTF).

The status of the corresponding Refill Request will change to RRP (Refill Request Processed).
The <VP>, <VM>, <VD>, <Hold>, <UnHold>, <RJ>, <RM>, and <AC> actions are in parentheses ( ), therefore the user cannot select these actions for this message type. If one of the actions is selected from here, the user receives an error message:

```
>>> VALIDATE PROVIDER may not be selected at this point.
```

Denied

Another Refill Response message type is Denied. This indicates the refill request is denied.

When a Refill Response – Denied type is received in the Holding Queue, it is displayed in the List View in RXD status (Refill Response Denied/DNTF).
Figure 4-73: RXD Status in the Holding Queue List View

Select the record to view the Refill Response details screen.

Figure 4-74: Refill Response Details Screen – Denied

As the user continues to scroll, the Refill Response Information section indicates the Refill Response Message type is Denied.
There is no user intervention required on the Denied Refill Response other than acknowledging. For more information on how to acknowledge a record in actionable status, refer to Acknowledge: Hidden Action for Refill Response/Inbound Error section in this guide.

The \(<\text{VP}>\), \(<\text{VM}>\), \(<\text{VD}>\), \(<\text{Hold}>\), \(<\text{UnHold}>\), \(<\text{RJ}>\), \(<\text{RM}>\), and \(<\text{AC}>\) actions are in parentheses ( ), therefore the user cannot select these actions for this message type. If one of the actions is selected from here, the user receives an error message:

![Error - Validate Provider Action Not Available](image)

**Refill Response Failed (RXF)**

Refill Response Failed (RXF) is an actionable status used for Refill Responses if a failure occurs. One scenario is when a patient’s Outpatient Profile record is locked in OERR and a DNTF Refill Response is attempting to auto-discontinue an eRx record at the same time. Another scenario is when a Refill Request is sent out for a prescription, and it is manually discontinued before a response is received. Then, a DNTF Refill Response is sent for the prescription.

**NOTE:** Additional RXF scenarios are as follows:

1. When a user selects an Active eRx from OP that has an outstanding Refill Request and locks it, and at the same time an Approved or Approved with Changes Refill Response is sent, a new pending line entry for that response is added in OP.

2. When a Refill Request is sent out for a prescription and it is manually discontinued before receiving a response, if an Approved or Approved with Changes Refill Response is sent, a new pending line entry for that response is added in OP.

3. When a user selects an Active eRx from OP in Backdoor Orders that has an outstanding Refill Request and locks it, and at the same time a DNTF Refill Response is sent, the Prescription gets auto-discontinued and the corresponding Response is marked as RXD in the Holding Queue. However, if the record is locked in Edit mode in Backdoor Orders, the response fails to auto-discontinue and is marked as RXF in the Holding Queue.

4. When a Refill Request is sent out for a prescription, and it is renewed within VA, the prescription becomes a non-electronic prescription. If an Approved Refill Response is then sent, no pending line entry is added in OP. The VA Order (non-eRx) is not modified by the response. The response is marked as RXN in the Holding Queue.
5. When a Refill Request is sent out for a prescription and it is renewed within VA, the prescription becomes a non-electronic prescription. If a DNTF Refill Response is then sent, the VA Order (non-eRx) is not auto-discontinued by the response. The response is marked as RXD in the Holding Queue.

Inbound Error – RRE

Inbound ERROR message is the NCPDP 10.6 format for Inbound Error message received in VistA under certain situations, including the Prescriber’s EHR system being unable to receive and process a certain transaction sent from the Pharmacy or a connection between the Transaction Hub and Change Healthcare is not working.

When a Refill Request sent from VistA Outpatient Pharmacy results in an Inbound Error, it is retrieved and displayed in the Holding Queue’s list view with the status RRE (Refill Request Error). This is an actionable entry and requires the user to acknowledge it.

For more information about <ACK> Acknowledge, refer to the section Acknowledge: Hidden Action for Refill Response/Inbound Error in this guide.

Add Comments: Hidden Action for Refill Request/Response

There is a free-text Comment field in the Message Details view for Refill Request and Response messages. This field allows users to enter additional comments on the Refill Request and Response messages. To add a comment:

1. Type action <AD>.
2. Type Request/Response comments.

![Figure 4-77: Add Comments](image)

3. Select <Enter>.
The user who made the comment displays in the “Comments By” field and the date/time the comments were made display in the “Comments Date/Time” field. Users can replace the comments with updated comments. When comments are replaced, the last user who made comments displays in the “Comments By” field and the date/time the comments were updated display in the “Comments Date/Time” field. To update or replace comments:

4. Type action `<AD>`.

5. Replace with updated comments.

6. Select `<Enter>`.
Acknowledge: Hidden Action for Refill Response/Inbound Error

Once the user completes reviewing a Denied or a Denied, New Rx to Follow Refill Response message in the Holding Queue’s list view, s/he can exercise <ACK> Acknowledge Hidden action to remove the message from the list view. The resulting acknowledged message can be retrieved using <MV> Message View or <SR> Search. Acknowledge is also enabled for Refill Responses that fail to auto-process and are in status of RXF and the Inbound Errors with status RRE. When a Refill Response – Denied or Denied New Rx to Follow type is received in the Holding Queue, it is displayed in the list view, and is in the actionable RXD status.

Select the record to view the Refill Response details screen.
The user may type `<ACK>` at the prompt to acknowledge the Refill Response message.

Once the user selects `Yes` at the prompt, the status of the message is changed from RXD to RXA and the message is not displayed in the list view. It can be found using `<MV>` Message View or `<SR>` Search.
Select the record to view the Refill Response details screen, displaying the eRx status of Refill Response Acknowledged.

**NOTE:** When the user acknowledges a Refill Response with a status of RXF, it changes to RXA. The workflow is the same as RXD to RXA.

When a Refill Request results in an Inbound Error with the status RRE, it is displayed in the list view as an actionable entry.
Select the record to view the Inbound Error details screen, displaying an eRx status of Refill Request Error.

The user may type <ACK> Acknowledge at the prompt to acknowledge the Refill Response message.
Once the user selects Yes at the prompt, the status of the message is changed from RRE to IRA and the message is not displayed in the list view. It can be found using <MV> Message View or <SR> Search.

Select the record to view the Inbound Error details screen, with an eRx status of Inbound Refill Request Error Acknowledged.
**Figure 4-90: Inbound Error Details Screen – Inbound Refill Request Error Acknowledged**
Unit 5. Cancel Rᵢ Request and Responses

The Cancel Rᵢ Request is sent by the external/non-VA provider for an original New Rᵢ so it is not processed and dispensed by VA Pharmacy. Upon successfully canceling a New Rᵢ (or auto-Discontinue in Outpatient), VA Pharmacy sends back either an automated or manual Cancel Rᵢ Response. When an automated Cancel Rᵢ Response is sent to the provider’s EHR system, user intervention is not required. When a user has to take action on the prescription for which a Cancel Rᵢ Request has been received, the user may send a manual Cancel Rᵢ Response.

Cancel Rᵢ Request in the eRx Holding Queue

When a Cancel Rᵢ Request is received in the Holding Queue, it is displayed in the list view in one of the actionable statuses until it is acknowledged. Depending on the status of the New Rᵢ on which the Cancel Rᵢ Request has been received, the status of the request is changed according to the status of the New Rᵢ prior to canceling or auto-Discontinuing. For a full list of Cancel Rᵢ Request statuses, please refer to Table 20: Holding Queue Status Codes & Descriptions for Cancel Request Message Type in this guide.

Once the request is acknowledged, it is no longer displayed in the list view. Cancel Rᵢ Request messages may be retrieved at any point using <MV> Message View and/or <SR> Search.

1. From the eRx Holding Queue List screen, type <MV> Message View.
2. Type Cancel Request.

The Cancel Rᵢ Request message statuses are displayed in the “Status” column on the eRx Holding Queue. For Cancel Rᵢ Request statuses, refer to Table 20: Holding Queue Status Codes & Descriptions for Cancel Request Message Type in Appendix B.

Cancel Rᵢ Response in the eRx Holding Queue

There are two types of Cancel Rᵢ Responses:

![Figure 5-1: CAO Status in Holding Queue](image)
• Approved
• Denied

Approved
An Approved Cancel Rx Response is sent back to the requesting non-VA Provider when either the system or the user has been able to successfully cancel or auto-Discontinue the original New Rx.

• In most cases, the system sends an automated Approved Cancel Response to the requesting non-VA Provider.
• In certain cases, the system only cancels the original New Rx in the Holding Queue and does not send an automated response. In these scenarios, the user can acknowledge the request and send a manual response.

Denied
A Denied Cancel Rx Response is sent back to the requesting non-VA Provider when either the system or the user has not been able to successfully cancel or auto-Discontinue the original New Rx.

• At this time, there is no automated Denied Cancel Rx Response sent from VA Pharmacies to the requesting non-VA Provider.
• When the user has not been able to locate and cancel/auto-Discontinue the original New Rx or when the user has chosen not to cancel/auto-Discontinue the original New Rx, the user may acknowledge the request and send a manual Denied response.

For more information on this, please refer to the Cancel Rx Process section in this guide. For more information on how to acknowledge a Cancel Rx Request, please refer to Acknowledge: Hidden Action for Cancel Rx Request section in this guide.

Cancel Rx Request Message Details View
The Pharmacy user may select the Cancel Rx Request message from the Holding Queue to view the message details in the Message Details View.

1. From the eRx Holding Queue List screen, type <MV> Message View.
2. Type Cancel Request.
3. Select the desired record from the list.

The Cancel Rx Request message details display.

The user may continue to scroll through the Cancel Rx Request Details page to view Cancel Request Information.
Cancel Rx Response Message Details View

The Pharmacy user may select the Cancel Rx Response message from the Holding Queue to view the message details in the Message Details View.

1. From the eRx Holding Queue List screen, type <MV> Message View.
2. Type Cancel Response.

3. Select the desired record from the list.
The Cancel Rx Response message details display.

![Figure 5-6: Cancel Rx Response Details](image)

### Cancel Rx Process

The Cancel Rx Process involves auto-Canceling an original New Rx in the Holding Queue and auto-Discontinuing the record in the Outpatient Profile if it is already processed from the Holding Queue. In most cases, the system also sends an Approved Cancel Rx Response.

In some scenarios, the user must manually discontinue the prescription in the Outpatient Profile and then send a manual Approved Cancel Rx Response at the time of acknowledging the request. If the user is unable to locate the original New Rx and/or if the user is not going to cancel/discontinue the prescription, the user may send a manual Denied Cancel Rx Response.

If a manual Approved Cancel Rx Response, an automated Approved Cancel Rx Response, or a manual Denied Cancel Rx Response is sent successfully from VistA, the status of the Cancel Rx Response is marked CNP (Cancel Response Processed). If the Cancel Rx Response is not successfully sent from VistA to the eRx Transaction Hub, then the corresponding Cancel Rx Request is marked CAX (Cancel Response from VistA Unsuccessful). CNP is a non-actionable status and CAX is an actionable status. They can be retrieved in the Holding Queue using `<MV>` Message View or `<SR>` Search actions.

### Cancel Rx Process - eRx Records in the Holding Queue

When a Cancel Rx Request is received, the eRx Transaction Hub sends the record to the Holding Queue. There are scenarios that apply both when there is no matching New Rx record for the Cancel Rx Request received and when there is a matching New Rx record for the Cancel Rx Request.
No Matching New Rx or No Auto-Cancel

The following scenarios apply when there is no matching New Rx record for the Cancel Rx Request received:

- If there is no matching New Rx in the eRx Transaction Hub, the request is received and displayed in the Holding Queue’s list view in status CAP (Cancel Paper Rx or Faxed Rx).
- When the Cancel Rx Request is received in the Holding Queue but does not auto-Cancel a record, it is marked with the status CAR (Cancel Request Received).

In cases where the Cancel Rx Request status is marked as CAR or CAP, the user must acknowledge the requests and send out manual Approved or Denied Cancel Rx Responses.

The following table provides the Cancel Rx Request statuses before and after Acknowledging, Cancel Rx Response status, and the information sent back to the requesting non-VA provider on Approved and Denied Cancel Rx Responses.

<table>
<thead>
<tr>
<th>Cancel Rx Request Status (Before ACK)</th>
<th>Cancel Rx Request Status (After ACK)</th>
<th>Cancel Rx Response Status (After ACK)</th>
<th>Manual Approved Cancel Rx Response &gt;&gt; Note</th>
<th>Manual Denied Cancel Rx Response &gt;&gt; Denial Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAR (CANCEL REQUEST RECEIVED)</td>
<td>CAA (CANCEL REQUEST ACKNOWLEDGED)</td>
<td>CNP (CANCEL RESPONSE PROCESSED)</td>
<td>Rx was never dispensed. Canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
<tr>
<td>CAP (CANCEL PAPERRX OR FAXED RX)</td>
<td>CAA</td>
<td>CNP</td>
<td>Rx was never dispensed. Canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
</tbody>
</table>

For more information on <ACK> Acknowledge action, please refer to Acknowledge: Hidden Action for Cancel Rx Request section in this guide.

To view a Cancel Rx Request details screen, select the desired record from the Holding Queue.
The details screen displays the eRx information along with the Cancel Rx Request information.
Matching New Rx Prescription found

When the Cancel Rx Request is received in the Holding Queue and finds a matching New Rx record to be canceled, the status of the New Rx record changes to CAN (Original eRx Canceled in Holding Queue), from its previously known status: N, I, W, H**, RJ or RM. (H** refers to one of the Hold statuses). Once the original prescription is marked CAN, it is not an actionable entry and will not be displayed in the Holding Queue’s list view.

Automated Approved Cancel Rx Responses

Table 11: Scenarios for Automated Approved Cancel Rx Responses

<table>
<thead>
<tr>
<th>New Rx Status</th>
<th>Cancel Rx Request Status (Before ACK)</th>
<th>Cancel Rx Response Status</th>
<th>Automated Approved Cancel Rx Response &gt;&gt; Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (NEW)</td>
<td>CAO (CANCEL PROCESS COMPLETE)</td>
<td>CNP (CANCEL RESPONSE PROCESSED)</td>
<td>Rx was never dispensed. Canceled at Pharmacy.</td>
</tr>
<tr>
<td>RJ (REJECTED)</td>
<td>CAO</td>
<td>CNP</td>
<td>Rx was never dispensed. Rejected at Pharmacy.</td>
</tr>
</tbody>
</table>

To view an Automated Cancel Rx Response details screen, select the desired record from the Holding Queue.
The details screen displays the eRx information along with the Cancel Rx Request information.

As the user continues to scroll, the Cancel Response Information displays.
Manual Approved or Denied Cancel Rx Responses

Table 12: Scenarios for Manual Approved or Denied Cancel Rx Responses

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I (IN PROCESS)</td>
<td>CAH (CANCEL REQUEST COMPLETED IN HOLDING QUEUE)</td>
<td>CAA (CANCEL REQUEST ACKNOWLEDGED)</td>
<td>CNP (CANCEL RESPONSE PROCESSED)</td>
<td>Rx canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
<tr>
<td>H** (Hold Status)</td>
<td>CAH</td>
<td>CAA</td>
<td>CNP</td>
<td>Rx canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
<tr>
<td>W (WAIT)</td>
<td>CAH</td>
<td>CAA</td>
<td>CNP</td>
<td>Rx canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
<tr>
<td>RM (REMOVED)</td>
<td>CAH</td>
<td>CAA</td>
<td>CNP</td>
<td>Rx canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
</tbody>
</table>

To view a manually approved Cancel Rx Response details screen, select the desired record from the Holding Queue.
The details screen displays the eRx information along with the Cancel Rx Request information. In the example below, the Last New Rx Status displays as I – In Process.

**Cancel Rx Process - eRx Records in Outpatient Profile**

When the Cancel Rx Request is received in the Holding Queue for a New Rx record to be canceled, and the status of the New Rx record is PR (Processed), an entry exists on the Outpatient side, the status changes to CAN (Original eRx Canceled in Holding Queue). Once the original prescription is marked CAN, it is not an actionable entry and will not be displayed in the Holding Queue’s list view.
When the New Rx is in one of the statuses as specified in the table below, an automated Approved Cancel Rx Response is sent outbound after auto-Discontinuing the Prescription in OP. The Activity log for the prescription captures the auto-Discontinue activity from this process.

**Automated Approved Cancel Rx Responses**

*Table 13: Scenarios for Automated Approved Cancel Rx Responses*

<table>
<thead>
<tr>
<th>New Rx Prescription Status in OP</th>
<th>Cancel Rx Request Status (Before ACK)</th>
<th>Cancel Rx Response Status</th>
<th>Automated Approved Cancel Rx Response &gt;&gt; Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>CAO (CANCEL PROCESS COMPLETE)</td>
<td>CNP (CANCEL RESPONSE PROCESSED)</td>
<td>First Fill:6/12/18, Last Fill:6/12/18, Refills Remaining:0 (Example only)</td>
</tr>
<tr>
<td>Pending</td>
<td>CAO</td>
<td>CNP</td>
<td>Rx was never dispensed. Canceled at Pharmacy.</td>
</tr>
<tr>
<td>Discontinued</td>
<td>CAO</td>
<td>CNP</td>
<td>Prescription is already discontinued at the Pharmacy.</td>
</tr>
<tr>
<td>Refill</td>
<td>CAO</td>
<td>CNP</td>
<td>First Fill:6/12/18, Last Fill:6/12/18, Refills Remaining:0 (Example only)</td>
</tr>
<tr>
<td>Hold</td>
<td>CAO</td>
<td>CNP</td>
<td>First Fill:6/12/18, Last Fill:6/12/18, Refills Remaining:0 (Example only)</td>
</tr>
<tr>
<td>Suspended</td>
<td>CAO</td>
<td>CNP</td>
<td>First Fill:6/12/18, Last Fill:6/12/18, Refills Remaining:0 (Example only)</td>
</tr>
<tr>
<td>Expired</td>
<td>CAO</td>
<td>CNP</td>
<td>First Fill:6/12/18, Last Fill:6/12/18, Refills Remaining:0 (Example only)</td>
</tr>
<tr>
<td>Discontinued by Provider</td>
<td>CAO</td>
<td>CNP</td>
<td>First Fill:6/12/18, Last Fill:6/12/18, Refills Remaining:0 (Example only)</td>
</tr>
<tr>
<td>Discontinued (Edit)</td>
<td>CAO</td>
<td>CNP</td>
<td>First Fill:6/12/18, Last Fill:6/12/18, Refills Remaining:0 (Example only)</td>
</tr>
<tr>
<td>Provider Hold</td>
<td>CAO</td>
<td>CNP</td>
<td>First Fill:6/12/18, Last Fill:6/12/18, Refills Remaining:0 (Example only)</td>
</tr>
</tbody>
</table>

Navigate to the patient Medication Profile and select the desired eRx record.
Figure 5-15: Medication Profile

The Rx Activity Log displays.
The details of the Cancel Rx can be viewed in the Holding Queue on the Cancel Rx Details screen.
As the user continues to scroll, the section for Cancel Request Information displays.

The New Rx Details screen includes an eRx status stating, “Original eRx Canceled in the Holding Queue”.

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In addition to the above scenarios, the following also go through the same workflow in the case of an ‘Active’ Prescription being auto-Discontinued by a Cancel Rx Request:

- Auto-Cancel on New eRx’s in the Holding Queue in PR status, when there is an outstanding Denied Refill Response in the Holding Queue.
- Auto-Cancel on New eRx’s in the Holding Queue in PR status, when corresponding eRx record is also in Outpatient with a subsequent electronic renewal fill.
- Auto-Cancel on New eRx’s in the Holding Queue in PR status and in Outpatient, when there is an outstanding Approved or Approved with Changes Refill Response not in the Holding Queue's List View.
- Auto-Cancel on New eRx’s in the Holding Queue in PR status and in Outpatient, when there is an outstanding Approved with Changes Refill Response in the Holding Queue's List View (Approved with Changes Refill Response has been <AC> Accepted in the Holding Queue).
- Auto-Cancel on New eRx’s in the Holding Queue in PR status and in Outpatient, when there is an outstanding Approved with Changes Refill Response in the Holding Queue's List View (Approved with Change Refill Response has not been <AC> Accepted in the Holding Queue).

**Manual Approved or Denied Cancel Rx Responses**

When eRx’s are renewed within VA using either RN function or using CPRS Renewal, the eRx is deemed as a VA Prescription. The ‘&’ symbol used to denote eRx Prescriptions separately in OP does not display against such Prescriptions anymore. When Cancel Rx Requests are sent for New Rx Prescriptions that are taken over by VA, the system will not auto-Discontinue the Prescriptions in OP. However, the corresponding Holding Queue New Rx record is changed to CAN status and the Cancel Rx Request will be marked CAH, indicating that there is user intervention required.
## Table 14: Scenarios for Manual Approved or Denied Cancel Rx Responses

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription renewed in VA using RN function</td>
<td>CAH (CANCEL COMPLETED IN HOLDING QUEUE)</td>
<td>CAA (CANCEL REQUEST ACKNOWLEDGED)</td>
<td>CNP (CANCEL RESPONSE PROCESSED)</td>
<td>Rx canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
<tr>
<td>Prescription renewed using CPRS Renewal</td>
<td>CAH</td>
<td>CAA</td>
<td>CNP</td>
<td>Rx canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
<tr>
<td>Deleted</td>
<td>CAH</td>
<td>CAA</td>
<td>CNP</td>
<td>Rx canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
<tr>
<td>Drug Interactions</td>
<td>CAH</td>
<td>CAA</td>
<td>CNP</td>
<td>Rx canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
<tr>
<td>Non-Verified</td>
<td>CAH</td>
<td>CAA</td>
<td>CNP</td>
<td>Rx canceled at Pharmacy.</td>
<td>Rx Not Canceled - Rx not found in pharmacy system.</td>
</tr>
</tbody>
</table>
Cancel Rx Request Failed (CAF)

Cancel Rx Failed (CAF) is an actionable status used for Cancel Rx process when a failure occurs. One scenario is when the Outpatient Profile of a patient is locked in OERR and the system is attempting to auto-discontinue an eRx.

Table 15: Scenarios for Cancel Rx Failed

<table>
<thead>
<tr>
<th>#</th>
<th>Scenario</th>
<th>Lock in OERR</th>
<th>Lock in Backdoor Orders &gt;&gt; Edit Mode</th>
<th>Lock in Backdoor Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>When a user selects an Active eRx from OP and locks it, and at the same time a Cancel Rx Request is sent for that prescription.</td>
<td>The Cancel Rx Request status is marked as CAF in the Holding Queue and the OP prescription continues to be Active.</td>
<td>The Cancel Rx Request status is marked as CAF in the Holding Queue and the OP prescription continues to be Active.</td>
<td>The Cancel Rx Request status is marked as CAO in the Holding Queue and the OP prescription is discontinued.</td>
</tr>
<tr>
<td>2</td>
<td>When a user selects a Pending eRx from OP and locks it, and at the same time a Cancel Rx Request is sent</td>
<td>The Cancel Rx Request status is marked as CAF in the Holding Queue.</td>
<td>The Cancel Rx Request status is marked as CAF in the Holding Queue.</td>
<td>The Cancel Rx Request status is marked as CAO in the Holding Queue and the OP prescription is discontinued.</td>
</tr>
</tbody>
</table>
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escribing (IEP) PSO*7.0*551
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<table>
<thead>
<tr>
<th>#</th>
<th>Scenario</th>
<th>Lock in OERR</th>
<th>Lock in Backdoor Orders &gt;&gt; Edit Mode</th>
<th>Lock in Backdoor Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>for that prescription.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>When a user selects an eRx from OP that is on Hold, and at the same time a Cancel Rx Request is sent for that prescription.</td>
<td>The Cancel Rx Request status is marked as CAF in the Holding Queue and the OP prescription continues to be on Hold.</td>
<td>The Cancel Rx Request status is marked as CAF in the Holding Queue and the OP prescription continues to be on Hold.</td>
<td>The Cancel Rx Request status is marked as CAO in the Holding Queue and the OP prescription is discontinued.</td>
</tr>
</tbody>
</table>

### Cancel Rx Request Received (CAR)

Cancel Rx Request Received is an actionable status used for Cancel Rx process when a New eRx record in PR status in the Holding Queue is successfully canceled. However, the corresponding eRx in OP could not be auto-discontinued because the patient on the New eRx record did not match the VistA patient in the Outpatient record. In this case, no automated Cancel Rx Response is sent. The user must acknowledge and send a manual response.

### Inbound Error – CNE

Inbound Error message is the NCPDP 10.6 format for Inbound Error message received in VistA under situations including the Prescriber’s EHR system being unable to receive and process a certain transaction sent from the Pharmacy or a connection between the Transaction Hub and Change Healthcare is not working.

When a Cancel Rx Response sent from VistA Outpatient Pharmacy results in an Inbound Error, it is retrieved but not displayed in the Holding list view, with the status CNE (Cancel Response/Inbound Error). This is not an actionable entry and does not require the user to acknowledge it.

### Acknowledge: Hidden Action for Cancel Rx Request

When a Cancel Rx Request is displayed in the Holding Queue’s list view, it is in an actionable status. The user can use the hidden action <ACK> Acknowledge to review and remove it from the list view. For a full list of Cancel Request statuses, please refer to Table 20: Holding Queue Status Codes & Descriptions for Cancel Request Message Type in Appendix B. of this guide.
**Acknowledge: Automated Cancel Rx Response Sent**

In cases in which the automated Cancel Rx Response has already been sent to the requesting non-VA Provider, the user does not have the ability to select the response type and send it out. This applies to the Cancel Rx Request records in the Holding Queue’s list view, in CAO (Cancel Completed in Holding Queue) actionable status only.

To Acknowledge a Cancel Rx Request:

1. Select the Cancel Rx Request from the Holding Queue.

2. Enter <???> to display additional actions.
3. Enter <ACK>.
4. Enter Yes to acknowledge the record.

The Cancel Rx Request is acknowledged and Status is changed to CAA in the Holding Queue.
When viewing the details of the record, the status of the Cancel Rx Request displays as “Cancel Request Acknowledged”.

**Acknowledge: No Automated Cancel Rx Response Sent**

In cases in which no automated Cancel Rx Response has been sent to the requesting non-VA Provider, the user has the ability to select the response type and send it out. This applies to the Cancel Rx Request records in the Holding Queue’s list view, in the following actionable statuses only:

- CAR (Cancel Request Received)
• CAP (Cancel Paper Rx or Faxed Rx)
• CAH (Cancel Completed in Holding Queue)
• CAX (Cancel Response from VistA Unsuccessful)
• CAF (Cancel Process Failed)

To Acknowledge a Cancel Rx Request:

1. Select the Cancel Rx Request from the Holding Queue.

![Holding Queue Image]

Figure 5-27: Holding Queue – eRx in CAH Status

2. Enter <???> to display additional actions.
3. Enter `<ACK>`.

4. Select the response type, `<A>` Approved or `<D>` Denied.

5. Enter **Yes** to acknowledge the record.
The Cancel Rx Request is acknowledged and the Status is changed to CAA in the Holding Queue.

When viewing the details of the record, the status of the Cancel Rx Request displays as “Cancel Request Acknowledged”.

Figure 5-30: Acknowledge Record

Figure 5-31: Holding Queue – CAA Status
Add Comments: Hidden Action for Cancel Rx Request/Response

There is a free-text Comment field in the Message Details view for Cancel Rx Request and Response messages. This field allows users to enter additional comments on the Cancel Rx Request and Response messages. To add a comment:

1. Type action <AD>.
2. Type Request/Response comments.
3. Select <Enter>.

Figure 5-34: Cancel Rx Request Comments

The name of the user who made the comment displays in the “Comments By” field and the date/time the comments were made display in the “Comments Date/Time” field. Users can replace the existing comments with updated comments. When comments are replaced, the last user who made comments displays in the “Comments By” field and the date/time the comments were updated display in the “Comments Date/Time” field. To update or replace comments:

4. Type action <AD>.
5. Replace with updated comments.

Figure 5-35: Cancel R\textsuperscript{x} Request Comments

6. Select <Enter>.

Figure 5-36: Cancel R\textsuperscript{x} Request Comments Updated
APPENDIX A. ACRONYMS AND ABBREVIATIONS

The table below defines the acronyms referenced in this document.

**Table 16: Acronyms and Abbreviations**

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AITC</td>
<td>Austin Information Technology Center</td>
</tr>
<tr>
<td>CH</td>
<td>Change Healthcare</td>
</tr>
<tr>
<td>CHAMPVA</td>
<td>Civilian Health and Medical Program of the VA</td>
</tr>
<tr>
<td>CPRS</td>
<td>Computerized Patient Record System</td>
</tr>
<tr>
<td>CSV</td>
<td>Comma-separated value</td>
</tr>
<tr>
<td>DAS</td>
<td>Data Access Service</td>
</tr>
<tr>
<td>DEA</td>
<td>Drug Enforcement Administration</td>
</tr>
<tr>
<td>DME</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>DOB</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>DoD</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>E&amp;E</td>
<td>Enrollment &amp; Eligibility</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>ES</td>
<td>Enrollment System</td>
</tr>
<tr>
<td>HIN</td>
<td>Holder Identification Number</td>
</tr>
<tr>
<td>ePA</td>
<td>Electronic Prior Authorization</td>
</tr>
<tr>
<td>eRx</td>
<td>ePrescription</td>
</tr>
<tr>
<td>FQDN</td>
<td>Fully Qualified Domain Name</td>
</tr>
<tr>
<td>IEP</td>
<td>Inbound ePrescribing</td>
</tr>
<tr>
<td>MbM</td>
<td>Meds by Mail</td>
</tr>
<tr>
<td>MVI</td>
<td>Master Veteran Index</td>
</tr>
<tr>
<td>NAIC</td>
<td>North American Industry Classification</td>
</tr>
<tr>
<td>NAICS</td>
<td>North American Industry Classification System</td>
</tr>
<tr>
<td>NCPDP</td>
<td>National Council for Prescription Drug Programs</td>
</tr>
<tr>
<td>NDC</td>
<td>National Drug Code</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>NSD</td>
<td>National Service Desk</td>
</tr>
<tr>
<td>OIT</td>
<td>Office of Information &amp; Technology</td>
</tr>
<tr>
<td>OP</td>
<td>Outpatient Pharmacy</td>
</tr>
<tr>
<td>PBM</td>
<td>Pharmacy Benefits Management</td>
</tr>
<tr>
<td>PCS</td>
<td>Patient Care Services</td>
</tr>
<tr>
<td>PIN</td>
<td>Personal Identification Number</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>POC</td>
<td>Point of Contact</td>
</tr>
<tr>
<td>PPO</td>
<td>Program Planning Oversight</td>
</tr>
<tr>
<td>PRE</td>
<td>Pharmacy Reengineering</td>
</tr>
<tr>
<td>PHI</td>
<td>Protected Health Information</td>
</tr>
<tr>
<td>PHR</td>
<td>Personal Health Record</td>
</tr>
<tr>
<td>PII</td>
<td>Personal Identifiable Information</td>
</tr>
<tr>
<td>PIV</td>
<td>Personal Identification Verification</td>
</tr>
<tr>
<td>PRE</td>
<td>Pharmacy Reengineering</td>
</tr>
<tr>
<td>SSN</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Tech</td>
<td>Technician</td>
</tr>
<tr>
<td>UI</td>
<td>User Interface</td>
</tr>
<tr>
<td>UPN</td>
<td>Universal Product Number</td>
</tr>
<tr>
<td>UPC</td>
<td>Universal Product Code</td>
</tr>
<tr>
<td>VA</td>
<td>Department of Veterans Affairs</td>
</tr>
<tr>
<td>VAMC</td>
<td>VA Medical Center</td>
</tr>
<tr>
<td>VDL</td>
<td>VA Documentation Library</td>
</tr>
<tr>
<td>VHA</td>
<td>Veterans Health Administration</td>
</tr>
<tr>
<td>VISN</td>
<td>Veterans Integrated Service Network</td>
</tr>
<tr>
<td>VistA</td>
<td>Veterans Health Information Systems and Technology Architecture</td>
</tr>
</tbody>
</table>
## APPENDIX B. HOLDING QUEUE STATUS CODES & DESCRIPTIONS

Table 17: Holding Queue Status Codes & Descriptions for New Rx Message Type

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Description</th>
<th>Actionable Status in the Holding Queue</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>N/New: Status of the eRx when it first arrives in the Holding Queue and has not been acted upon in any way.</td>
<td>Yes</td>
</tr>
<tr>
<td>I</td>
<td>I/In Process: Status of the eRx when a user has taken an action on the eRx in the Holding Queue, including via the automatic patient or provider validation process.</td>
<td>Yes</td>
</tr>
<tr>
<td>W</td>
<td>W/Wait: Status of the eRx when a user has completed all 3 validations (Accept Validation/AV), on Patient, Provider and Drug/SIG, and has not yet completed the Accept (AC) action to process the eRx into the Pending Queue.</td>
<td>Yes</td>
</tr>
<tr>
<td>HPT</td>
<td>PATIENT NOT FOUND</td>
<td>Yes</td>
</tr>
<tr>
<td>HPD</td>
<td>PROVIDER NOT FOUND</td>
<td>Yes</td>
</tr>
<tr>
<td>HNF</td>
<td>NON-FORMULARY DRUG THAT NEEDS APPROVAL</td>
<td>Yes</td>
</tr>
<tr>
<td>HSO</td>
<td>INSUFFICIENT STOCK</td>
<td>Yes</td>
</tr>
<tr>
<td>HDI</td>
<td>DRUG-DRUG INTERACTION</td>
<td>Yes</td>
</tr>
<tr>
<td>HAD</td>
<td>ADVERSE DRUG INTERACTION</td>
<td>Yes</td>
</tr>
<tr>
<td>HBA</td>
<td>BAD ADDRESS</td>
<td>Yes</td>
</tr>
<tr>
<td>HPC</td>
<td>PROVIDER CONTACTED</td>
<td>Yes</td>
</tr>
<tr>
<td>HPA</td>
<td>PRIOR APPROVAL NEEDED</td>
<td>Yes</td>
</tr>
<tr>
<td>HOR</td>
<td>OTHER REASON</td>
<td>Yes</td>
</tr>
<tr>
<td>HPP</td>
<td>PATIENT CONTACTED</td>
<td>Yes</td>
</tr>
<tr>
<td>HPR</td>
<td>HOLD DUE TO PATIENT REQUEST</td>
<td>Yes</td>
</tr>
<tr>
<td>HQY</td>
<td>QUANTITY OR REFILL ISSUE</td>
<td>Yes</td>
</tr>
<tr>
<td>Status Code</td>
<td>Description</td>
<td>Actionable Status in the Holding Queue</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>RJ</td>
<td>RJ/Rejected: Status of the eRx when it has been rejected by a user. A message is sent back to the external provider indicating the eRx was rejected and the reason for rejection. Refer to the various reject reasons below.</td>
<td>No</td>
</tr>
<tr>
<td>RM</td>
<td>RM/removed: Status of the eRx when it has been removed by a user. Note that a message is NOT sent back to the external provider when an eRx is removed. Refer to the various remove reasons below.</td>
<td>No</td>
</tr>
<tr>
<td>CAN</td>
<td>Original eRx Canceled in Holding Queue</td>
<td>No</td>
</tr>
</tbody>
</table>

Table 18: Holding Queue Status Codes & Descriptions for Refill Request Message Type

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Description</th>
<th>Actionable Status in the Holding Queue</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRN</td>
<td>REFILL REQUEST - NEW</td>
<td>No</td>
</tr>
<tr>
<td>RRC</td>
<td>REFILL REQUEST COMPLETE</td>
<td>No</td>
</tr>
<tr>
<td>RRP</td>
<td>REFILL REQUEST PROCESSED</td>
<td>No</td>
</tr>
<tr>
<td>RRX</td>
<td>REFILL REQUEST EXPIRED (Refill Request message changes to “Expired” status if a response is not received after two weeks)</td>
<td>No</td>
</tr>
<tr>
<td>RRR</td>
<td>REFILL REQUEST RESPONSE RECEIVED</td>
<td>No</td>
</tr>
<tr>
<td>RRE</td>
<td>REFILL REQUEST ERROR</td>
<td>No</td>
</tr>
</tbody>
</table>
Table 19: Holding Queue Status Codes & Descriptions for Refill Response Message Type

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Description</th>
<th>Actionable Status in the Holding Queue</th>
</tr>
</thead>
<tbody>
<tr>
<td>RXN</td>
<td>REFILL RESPONSE - NEW</td>
<td>Yes</td>
</tr>
<tr>
<td>RXP</td>
<td>REFILL RESPONSE PROCESSED</td>
<td>No</td>
</tr>
<tr>
<td>RXC</td>
<td>REFILL RESPONSE COMPLETE</td>
<td>No</td>
</tr>
<tr>
<td>RXD</td>
<td>REFILL RESPONSE DENIED/DNTF</td>
<td>Yes</td>
</tr>
<tr>
<td>RXW</td>
<td>REFILL RESPONSE WAITING</td>
<td>Yes</td>
</tr>
<tr>
<td>RXA</td>
<td>REFILL RESPONSE ACKNOWLEDGED</td>
<td>No</td>
</tr>
<tr>
<td>RXF</td>
<td>REFILL RESPONSE FAILED</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 20: Holding Queue Status Codes & Descriptions for Cancel Request Message Type

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Description</th>
<th>Actionable Status in the Holding Queue</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAA</td>
<td>CANCEL REQUEST ACKNOWLEDGED</td>
<td>No</td>
</tr>
<tr>
<td>CAH</td>
<td>CANCEL COMPLETED IN HOLDING QUEUE</td>
<td>Yes</td>
</tr>
<tr>
<td>CAO</td>
<td>CANCEL PROCESS COMPLETE</td>
<td>Yes</td>
</tr>
<tr>
<td>CAP</td>
<td>CANCEL PAPERRX OR FAXED RX</td>
<td>Yes</td>
</tr>
<tr>
<td>CAR</td>
<td>CANCEL REQUEST RECEIVED</td>
<td>Yes</td>
</tr>
<tr>
<td>CAX</td>
<td>CANCEL RESPONSE FROM VISTA UNSUCCESSFUL</td>
<td>Yes</td>
</tr>
<tr>
<td>CAF</td>
<td>CANCEL PROCESS FAILED</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 21: Holding Queue Status Codes & Descriptions for Cancel Response Message Type

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Description</th>
<th>Actionable Status in the Holding Queue</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNE</td>
<td>CANCEL RESPONSE/INBOUND ERROR</td>
<td>No</td>
</tr>
<tr>
<td>CNP</td>
<td>CANCEL RESPONSE PROCESSED</td>
<td>No</td>
</tr>
<tr>
<td>CNX</td>
<td>MANUAL OR AUTO-CANCEL RESPONSE NOT SENT</td>
<td>No</td>
</tr>
</tbody>
</table>
### Table 22: Holding Queue Status Codes & Descriptions for Inbound Error Message Type

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Description</th>
<th>Actionable Status in the Holding Queue</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRE</td>
<td>REFILL REQUEST ERROR</td>
<td>Yes</td>
</tr>
<tr>
<td>E</td>
<td>ERROR</td>
<td>No</td>
</tr>
<tr>
<td>CNE</td>
<td>CANCEL RESPONSE/INBOUND ERROR</td>
<td>No</td>
</tr>
</tbody>
</table>

### Table 23: Reject Reason Codes (New Rx Message Only)

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTT01</td>
<td>Patient not eligible</td>
</tr>
<tr>
<td>PTT02</td>
<td>Cannot resolve patient</td>
</tr>
<tr>
<td>PVD01</td>
<td>Provider not eligible</td>
</tr>
<tr>
<td>PVD02</td>
<td>Cannot resolve provider</td>
</tr>
<tr>
<td>DRU01</td>
<td>Not eligible for refills</td>
</tr>
<tr>
<td>DRU02</td>
<td>Non-formulary drug</td>
</tr>
<tr>
<td>DRU03</td>
<td>Duplicate prescription found for this patient</td>
</tr>
<tr>
<td>DRU04</td>
<td>Invalid quantity</td>
</tr>
<tr>
<td>DRU05</td>
<td>Duplicate therapeutic class</td>
</tr>
<tr>
<td>DRU06</td>
<td>Controlled substances are disallowed</td>
</tr>
<tr>
<td>ERR01</td>
<td>Multiple errors, please contact the pharmacy</td>
</tr>
<tr>
<td>ERR02</td>
<td>Incorrect pharmacy</td>
</tr>
<tr>
<td>ERR03</td>
<td>Issues with prescription, please contact the pharmacy</td>
</tr>
</tbody>
</table>
### Table 24: Remove Reason Codes (New Rx Message Only)

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>REM01</td>
<td>Drug out of stock or on backorder and unavailable for processing</td>
</tr>
<tr>
<td>REM02</td>
<td>Patient was not able to pick up</td>
</tr>
<tr>
<td>REM03</td>
<td>Prescription canceled by provider</td>
</tr>
<tr>
<td>REM04</td>
<td>Prescription processed manually</td>
</tr>
<tr>
<td>REM05</td>
<td>Provider will cancel this eRx and submit another</td>
</tr>
<tr>
<td>REM06</td>
<td>Unable to mail prescription and patient unable to pick up</td>
</tr>
<tr>
<td>REM07</td>
<td>Unable to contact patient</td>
</tr>
<tr>
<td>REM08</td>
<td>Unable to contact provider</td>
</tr>
<tr>
<td>REM91</td>
<td>Undefined system error</td>
</tr>
<tr>
<td>REM92</td>
<td>Other</td>
</tr>
</tbody>
</table>
APPENDIX C. NCPDP ERROR CODES

This appendix outlines common NCPD error codes and their descriptions, which will be visible in the Detail View of a message in the IEP web-based application.

<table>
<thead>
<tr>
<th>Element Name</th>
<th>M/O</th>
<th>Datatype</th>
<th>Possible Values</th>
<th>Description</th>
</tr>
</thead>
</table>
| Code               | M   | String   | 600|601|602|900 | 6ØØ Communication problem - try again later  
|                    |     |          |                 | 6Ø1 Receiver unable to process                       |
|                    |     |          |                 | 6Ø2 Receiver System Error                           |
|                    |     |          |                 | 9ØØ Transaction rejected                             |
| Description Code   | O   | String   | 001|002|003 | ØØ1 Sender ID not on file.                        |
|                    |     |          |                 | ØØ2 Receiver ID not on file.                        |
|                    |     |          |                 | ØØ3 Invalid password for sender.                     |
|                    |     |          |                 | ØØ4 Invalid password for receiver                    |
|                    |     |          |                 | ØØ5 No password on file for sender.                  |
|                    |     |          |                 | ØØ6 No password on file for receiver.                |
|                    |     |          |                 | ØØ7 Internal processing error has occurred.         |
|                    |     |          |                 | ØØ8 Request timed out before response could be received. |
|                    |     |          |                 | ØØ9 Required segment UIB is missing.                |
|                    |     |          |                 | Ø1Ø Required segment UIH is missing.                |
|                    |     |          |                 | Ø11 Required segment UIT is missing.                |
|                    |     |          |                 | Ø12 Required segment UIZ is missing.                |
|                    |     |          |                 | Ø13 Unknown segment has been encountered.           |
| Description        | O   | an (70)  | Free text       |                                                     |
APPENDIX D. REFILL REQUEST PRECONDITIONS AND WARNINGS

This appendix outlines when warnings are triggered for an outbound Refill Request. A warning is received when:

1. Refills are remaining for the prescription; therefore a refill request cannot be created.
2. `<RR>` is being used on a non-eRx prescription.
3. `<RR>` is used on an eRx that already has a Refill Request generated. Warning text will include the user who initiated the request, when each request was sent, any response received for the request or if it ended up in an ERROR scenario, and the number of requests sent in the last 30 days.
4. `<RN>` (Renew) function is initiated for an eRx.
5. VistA SIG has more than 140 characters, the warning message displays, “The NCPDP 10.6 standard does not support communication with a SIG longer than 140 characters. Please use alternative methods to communicate with the provider, i.e. call the provider”.
6. Place Order # contains “S” or it is not a positive integer.
7. Prescription does not exist in File #52.
8. Orderable item is in Inactive status.
9. Prescription is in CMOP Transmission state.
10. Prescription has been expired for greater than 120 days.
11. Prescription has been discontinued for greater than 120 days.
12. Drug mismatch.
13. Invalid dosage.
14. Missing SIG.
15. Drug is no longer used by Outpatient Pharmacy.
16. DEA Special Handling filed has 1, 2, or W.
17. Schedule I Narcotic Drug.
18. Maximum number of renewals (26) has been reached.
19. Status in File #52 is 2, 5, 6, 11, 14.
20. Rx has Forward Order # field, 39.5 in File #52.
21. Same as previous, but checks cross-referenced AQ.