## Revision History

Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. If the Revised Pages column lists “All,” replace the existing manual with the reissued manual. If the Revised Pages column lists individual entries (e.g., 25, 32), either update the existing manual with the Change Pages Document or print the entire new manual.

<table>
<thead>
<tr>
<th>Date</th>
<th>Revised Pages</th>
<th>Patch Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/08</td>
<td>ix-xi, 39, 117, 197a-h, 249-251</td>
<td>PSO<em>7</em>303</td>
<td>Added Nutritional Supplement and a Tricare processing section. (M. Anthony, PM; G.O’Connor, S. B. Scudder, Tech Writers)</td>
</tr>
<tr>
<td>08/08</td>
<td>ix-x, 4, 39-40, 43-45, 115-116, 163, 165, 165a-d, 169-171, 173, 173a-d, 180, 249, 251</td>
<td>PSO<em>7</em>225</td>
<td>The following changes are included in this patch.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The Environmental Indicator, “Environmental Contaminant,” has been replaced with “Southwest Asia Conditions” or “SW Asia Conditions”.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• “Was treatment related to PROJ 112/SHAD?” has been added, along with PROJ 112/SHAD references.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The Service Connected question has been updated with current wording.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Original provider comments no longer being carried over to renewal orders has been noted.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Flag/unflag functionality has been added.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The ability to discontinue both pending and active orders for the same drug has been noted.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The Rx (Prescriptions) menu has been updated in the documentation to reflect the existing menu.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(S. Templeton, PM; S. B. Scudder, Tech Writer)</td>
</tr>
<tr>
<td>06/17</td>
<td>57, 77-78</td>
<td>PSO<em>7</em>288</td>
<td>Update for the new menu option [Pharmacy Patient Non-VA Meds Report/Clean-up]. (A. Scott, PM, T. Dawson, Tech Writer)</td>
</tr>
<tr>
<td>05/08</td>
<td>vii-ix, 82, 250-251</td>
<td>PSO<em>7</em>294</td>
<td>Included description of Medication Reconciliation. (S. Templeton, PM, D. Dertien, Tech Writer)</td>
</tr>
<tr>
<td>04/08</td>
<td>183-184</td>
<td>PSO<em>7</em>281</td>
<td>Update for the ePharmacy Phase 4 Iteration II project. For more information, see the ePharmacy/ECME Enhancements Release Notes for PSO<em>7</em>281. (M. Anthony, PM, M. Anthony, Tech Writer)</td>
</tr>
<tr>
<td>10/07</td>
<td>143-144, 183-193, 195-199</td>
<td>PSO<em>7</em>260</td>
<td>Included updates for the ePharmacy Phase 4 project. For more information, see the ePharmacy/ECME Enhancements Release Notes. (S. Spence, S. Krakosky, Tech Writer)</td>
</tr>
<tr>
<td>10/07</td>
<td>All</td>
<td>PSO<em>7</em>264</td>
<td>Re-numbered pages; removed headers and section breaks. Incorporated changes for FY07Q4 release; for specific updates, see the Outpatient Pharmacy FY08 Q4 Release Notes. (E. Williamson, PM; S. Krakosky, Tech Writer)</td>
</tr>
</tbody>
</table>
(This page included for two-sided copying.)
Chapter 1: Handling Copay Charges

The copay status of a prescription is determined at the time of entry and re-evaluated every time a fill for that prescription is released. A prescription will be designated as exempt from copay under the following conditions:

✓ The drug is marked as a supply item, nutritional supplement or for investigational use.
✓ The Rx Patient Status assigned to the prescription is exempt from copayment.
✓ The veteran is copay exempt based on income.
✓ The medication prescribed is used in the treatment of:
   o A Service Connected (SC) condition
   o Combat Veteran (CV)
   o Vietnam-era herbicide/Agent Orange (AO) exposure
   o Ionizing Radiation (IR) exposure
   o Southwest Asia Conditions
   o Shipboard Hazard and Defense (SHAD)
   o Military Sexual Trauma (MST)
   o Cancer of the Head and/or Neck (HNC)

The copay status of a prescription is re-evaluated whenever a fill is released. Various actions can occur based on changes to the criteria that determine the copay status of a prescription, including no action, automatic copay status reset, or a MailMan message generated detailing missing information required for user follow up.

Once a veteran meets the designated annual copayment cap, subsequent fills for any prescriptions dispensed will not be charged a copay. Any fills for copay-eligible prescriptions entered after the cap is reached are not billed and are identified as potential charges. If editing the Days Supply of an Rx or returning an Rx fill to stock results in the total copayment of the veteran to fall below the annual cap, Integrated Billing (IB) software shall initiate a copay charge for any fill that was identified as a potential charge until the annual cap is once again reached.

A user will be prompted to respond to any medication copay exemption questions that apply to the patient when entering a new prescription. Responses entered for the medication copay exemption questions are stored with the prescription and display as default values when an order is renewed, copied, or edited in such a way that a new order is created.

If none of the copay exemptions listed apply, the order is released as a copay prescription with no questions asked. (See “Patient Prescription Processing-New Order Entry,” for a complete order entry example.)

Example: Entering an Rx for a patient with no applicable medication copay exemptions

Do you want to enter a Progress Note? No//<Enter> NO
Rx # 559157 10/23/06
OPPATIENT24,ONE #30
TAKE ONE TABLET BY MOUTH EVERY DAY
NIACIN (NIASPAN-KOS) 500MG SA TAB
OPPROVIDER,ONE OPPHARMACIST,ONE
# of Refills: 11
Is this correct? YES//
If any medication copay exemptions apply to a patient when entering a new prescription, the applicable questions are displayed for the user to respond “Yes” or “No.” The responses will be used to determine the copay status of the prescription. The prescription fill will not generate a copay charge when released if at least one of the responses is “Yes.” Responses are required.

**Example: An order with medication copay exemptions, but no responses entered**

<table>
<thead>
<tr>
<th>Rx #  3754648 10/24/06</th>
<th>OPPATIENT24,ONE #30</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY</td>
<td></td>
</tr>
<tr>
<td>HYDROCORTISON 1% CREAM</td>
<td>OPPROVIDER,ONE OPPHARMACIST,ONE</td>
</tr>
<tr>
<td># of Refills: 11</td>
<td></td>
</tr>
<tr>
<td>SC Percent: 30%</td>
<td></td>
</tr>
<tr>
<td>Disabilities: NONE STATED</td>
<td></td>
</tr>
<tr>
<td>Was treatment for Service Connected condition? NO &lt;Enter&gt;</td>
<td></td>
</tr>
<tr>
<td>Was treatment related to Combat? NO &lt;Enter&gt;</td>
<td></td>
</tr>
<tr>
<td>Was treatment related to Agent Orange exposure? NO &lt;Enter&gt;</td>
<td></td>
</tr>
<tr>
<td>Was treatment related to service in SW Asia? NO &lt;Enter&gt;</td>
<td></td>
</tr>
<tr>
<td>Was treatment related to PROJ 112/SHAD? NO &lt;Enter&gt;</td>
<td></td>
</tr>
<tr>
<td>Was treatment related to Military Sexual Trauma? NO &lt;Enter&gt;</td>
<td></td>
</tr>
<tr>
<td>Was treatment related to Head and/or Neck Cancer? NO &lt;Enter&gt;</td>
<td></td>
</tr>
<tr>
<td>Is this correct? YES// &lt;Enter&gt;</td>
<td></td>
</tr>
</tbody>
</table>

All Service Connected and Environmental Indicators that apply will be asked regardless of a previously entered “Yes” response. SC will be asked for SC 0-100%, but copay charges will continue to be formulated in the same manner.)

| Was treatment for a Service Connected condition? NO <Enter> |
| Was treatment related to Combat? NO <Enter> |
| Was treatment related to Agent Orange exposure? N// Y |
| Is this correct? YES// |

A dollar sign is displayed next to the copay prescription number if the copay status is billable.

**Example: Billable Copay Status**

<table>
<thead>
<tr>
<th>Medication Profile</th>
<th>Oct 24, 2006@15:14:58</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT24,ONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PID: 000-34-5678P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB: DEC 2,1921 (85)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ht(cm): (______)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wt(kg): (______)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------ACTIVE----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 559163 FOSINOPRIL NA 20MG TAB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 A&gt; 10-24 10-24 11 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 559157$ NIACIN (NIASPAN-KOS) 500MG SA TAB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 A&gt; 10-23 10-23 11 30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter ?? for more actions

| PU Patient Record Update | NO New Order |
| PI Patient Information | SO Select Order |
| Select Action: Quit// | |

40 Outpatient Pharmacy V. 7.0 October 2007
Manager’s User Manual
Example: MailMan Message (continued)

Subj: PRESCRIPTION QUESTIONS REVIEW NEEDED (500) [#30364] Page 2

Providers:
Please respond with your answer to the question(s) as a reply to this message. The prescription will be updated by the appropriate staff.

Staff assigned to update the Prescription responses:
Please use the RESET COPAY STATUS/CANCEL CHARGES option to enter the responses to the questions above, which may result in a Rx copay status change and/or the need to remove VA copay charges or may result in a charge to the patient's insurance carrier.

Note: The SC question is now asked for Veterans who are SC>49% in order to determine if the Rx can be billed to a third party insurance. These Veterans will NOT be charged a VA copay.

Supply, nutritional, and investigational drugs are not charged a VA copay but could be reimbursable by third party insurance.

Enter message action (in IN basket): Ignore/

An annual copayment cap is applied to patients in specific priority enrollment groups. Once a patient reaches the annual copayment cap, no further medication copay charges will be billed for the calendar year. An entry to that effect is made to the Copay Activity Log. The ‘$’ indicator remains next to the prescription number to indicate that the prescription is still copay eligible.

Integrated Billing software keeps track of all prescription fills not billed due to the annual cap.

Example: Copay Activity Log When Annual Cap Reached

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Reason</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/23/01</td>
<td>ANNUAL CAP REACHED</td>
<td>ORIGINAL</td>
<td>OPPHARMACIST11,THREE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comment:</td>
<td></td>
<td>NO BILLING FOR THIS FILL</td>
</tr>
</tbody>
</table>

If a patient falls below the annual copayment cap for whatever reason (e.g. prescription fill is returned to stock and copay charges cancelled), the Integrated Billing package can initiate copay charges to bring the patient back up to the annual copayment cap. Integrated billing software will go back and bill a copay charge for those fills previously not charged due to the annual cap, bringing the patient’s total copayment up to the cap. Whenever this occurs an entry will be placed in the Copay activity log.

Example: Copay Activity Log With IB-Initiated Charge

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Reason</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/23/01</td>
<td>ANNUAL CAP REACHED</td>
<td>ORIGINAL</td>
<td>OPPHARMACIST11,THREE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comment:</td>
<td></td>
<td>NO BILLING FOR THIS FILL</td>
</tr>
<tr>
<td>2</td>
<td>10/23/01</td>
<td>IB-INITIATED COPAY</td>
<td>ORIGINAL</td>
<td>OPPHARMACIST11,THREE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comment:</td>
<td></td>
<td>PARTIAL CHARGE</td>
</tr>
</tbody>
</table>
If a prescription is **not** in a releasable status, the user will be given an error message, such as:

- Prescription has a status of (status) and is not eligible for release.
- Prescription was deleted.
- Improper barcode format.
- Non-existent prescription.

Copay is not charged for a partial fill.

***Important***
This is a mandatory function that must be used by the pharmacy.

**Changes to Releasing Orders function - Digitally Signed Orders Only**

The release function in the *Patient Prescription Processing* option has been modified with patch PSO*7*131 to require that all digitally signed orders for Schedule II controlled substances (CSII orders) be released through the *Outpatient Rx’s* option in the *Controlled Substances* (CS) menu. If DEA/PKI is activated and an order is digitally signed, the user will be advised that the order must be released through the *Outpatient Rx’s* option in the *Controlled Substances* (CS) menu. The same message will display if a user attempts to release a digitally signed CSII order during Speed Release or when using the *Release Medication* option.

At this time the functionality for entering and processing digitally signed orders is part of a pilot project limited to only one site. System-wide implementation of this functionality requires further study and modifications.

**Changes to Releasing Orders Function - ScripTalk®**

The release function in the *Patient Prescription Processing* option has been modified to display a message to the user when the site is using a Bingo Board and when the patient is enrolled in ScripTalk®. This message will alert the user that the patient is enrolled in ScripTalk® and may need to have a verbal announcement that the prescription(s) is ready, instead of a visual announcement.

**Example: Releasing Medication to a ScripTalk® Patient**

```
Prescription Number 400693 Released
No Refill(s) to be Released
No Partial(s) to be Released

OPPATIENT16,ONE added to the WAITING display.
This patient is enrolled in ScripTalk and may benefit from
a non-visual announcement that prescriptions are ready.

Press Return to Continue
```
Example: Rejected Prescription – Adding Comments

The following is an example of comments added to a rejected prescription.

Select: Quit// ??
The following actions are also available:
COM Add Comments DN Down a Line PS Print Screen
CLA Submit Clarif. Code > Shift View to Right PL Print List
ED Edit Rx < Shift View to Left SL Search List
PA Submit Prior Auth. FS First Screen ADPL Auto Display(On/Off)
+ Next Screen LS Last Screen QU Quit
- Previous Screen GO Go to Page
UP Up a Line RD Re Display Screen

Select: Quit// COM Add Comments
Comment: ALREADY CALLED INSURANCE COMPANY AND THEY WILL GET BACK TO ME ON MONDAY.

Reject Information (UNRESOLVED) Nov 21, 2005@09:51:15 Page: 1 of 1
Division: ALBANY NPI#: 1712884
Patient: OPPATIENT,FOUR(000-01-1322P) Sex: M DOB: JAN 13,1922(83)
Rx#: 100003872/0 ECME#: 0504454 Fill Date: Nov 15, 2005
Drug: A AND Z OINTMENT NDC Code: 00085-0096-04

REJECT Information
Reject Type: 88 - DUR REJECT received on NOV 15, 2005@14:11:51
Reject Status: OPEN/UNRESOLVED
Payer Message: DUR Reject Error
Reason: UNNECESSARY DRUG
DUR Text: RETAIL

COMMENTS
- JUN 2, 2007@2:30:10 – ALREADY CALLED INSURANCE COMPANY AND THEY WILL GET BACK TO ME ON MONDAY (OPUSER,ONE)

INSURANCE Information
Insurance: EMDEON
Contact:
Group Name: RXINS
Group Number: 12454
Cardholder ID: 000011322P

Enter ?? for more actions
VW View Rx IGN Ignore Reject RES Resubmit Claim
MP Medication Profile OVR Override DUR Reject CSD Change Suspense
Select: Quit//
**Tricare Reject Processing**

The Third Party Payer Rejects - Worklist [PSO REJECTS WORKLIST] and Third Party Payer Rejects - View/Process [PSO REJECTS VIEW/PROCESS] options have been modified in the following manner:

1. **Display of non-DUR/RTS rejects**

   - Non-DUR/RTS Tricare rejections will be segregated at the end of the displayed information. They will be denoted with a "TRICARE - Non-DUR/RTS" header. This header remains regardless of whether the GI - Group by Insurance action is toggled on or off. The Tricare section sorts in the same manner as the main sort for non-Tricare prescriptions (by Rx, drug, patient).

<table>
<thead>
<tr>
<th>#</th>
<th>Rx#</th>
<th>PATIENT(ID)</th>
<th>DRUG</th>
<th>REASON</th>
<th>Payer Message:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>101238</td>
<td>ECMEIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE 1 79</td>
<td>:REFILL TOO SO</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>100739</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTROPINE 2MG TAB 79</td>
<td>:REFILL TOO SO</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>101960</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG 79</td>
<td>:REFILL TOO SO</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>101980</td>
<td>OPTRICARE,ONE(4789)</td>
<td>DANTROLENE 25MG CAP 14</td>
<td>:M/I Eligibility</td>
<td></td>
</tr>
</tbody>
</table>

Select the entry # to view or ?? for more actions

<table>
<thead>
<tr>
<th>DR</th>
<th>Sort by Drug</th>
<th>RE</th>
<th>Sort by Reason</th>
<th>RX</th>
<th>Sort by Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>Sort by Patient</td>
<td>RF</td>
<td>Screen Refresh</td>
<td>GI</td>
<td>Group by Insurance</td>
</tr>
</tbody>
</table>

Select: Quit//
- Tricare DUR/RTS rejects displays with all other DUR/RTS rejects. See the boxed text in the example below. Sequence 4 and 6 are rejects for the same prescription. Also note that in the following example GI - Group by Insurance action is toggled OFF.

<table>
<thead>
<tr>
<th>Rx#</th>
<th>PATIENT(ID)</th>
<th>DRUG</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>101238</td>
<td>ECMEIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE 1</td>
</tr>
<tr>
<td>2</td>
<td>100739</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTROPINE 2MG TAB</td>
</tr>
<tr>
<td>3</td>
<td>101960</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
</tr>
<tr>
<td>4</td>
<td>101981</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
</tr>
<tr>
<td>5</td>
<td>101980</td>
<td>OPTRICARE,ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
</tr>
<tr>
<td>6</td>
<td>101981</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
</tr>
</tbody>
</table>

When GI - Group by Insurance action is toggled ON, the header "TRICARE" displays, and this "TRICARE" section sorts alphabetically within RTS/DUR insurances. This Tricare section is separate from the Non-DUR/RTS section that displays at the end of the listing.

**Example with GI action toggled on:**

<table>
<thead>
<tr>
<th>Rx#</th>
<th>PATIENT(ID)</th>
<th>DRUG</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100739</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTROPINE 2MG TAB</td>
</tr>
<tr>
<td>2</td>
<td>101960</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
</tr>
<tr>
<td>3</td>
<td>101238</td>
<td>ECMEIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE 1</td>
</tr>
<tr>
<td>4</td>
<td>101981</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
</tr>
<tr>
<td>5</td>
<td>101980</td>
<td>OPTRICARE,ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
</tr>
<tr>
<td>6</td>
<td>101981</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
</tr>
</tbody>
</table>
• The new TRI - Show/Hide Tricare toggle action has been added to the hidden menu on the Insurance Rejects screen. When toggled to Show, Tricare Non-DUR/RTS rejects will automatically display at the end of the listing. Toggling the TRI action to Hide will remove them from the screen.

Example with Tricare rejects displayed:

```
Insurance Rejects-Worklist  Aug 13, 2008@16:04:05  Page:  1 of  1
Division : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS

# Rx#  PATIENT(ID) [*]  DRUG             REASON
1 101238  ECMEIBTEST,ONE(5566) MEDROXYPROGESTERONE 1 79 :REFILL TOO SO
   Payer Message:
2 100739  ECMEPAT,TWO(8887)  BENZTROPINE 2MG TAB 79 :REFILL TOO SO
   Payer Message:
3 101960  Optricare,ONE(4789)  ACETAZOLAMIDE 250MG 79 :REFILL TOO SO
   Payer Message:
4 101980  Optricare,ONE(4789)  DANTROLENE 25MG CAP 14 :M/I Eligibili
   Payer Message:

TRICARE - Non-DUR/RTS

Select the entry # to view or ?? for more actions
DR Sort by Drug  RE Sort by Reason  RX Sort by Prescription
PA Sort by Patient  RF Screen Refresh  GI Group by Insurance
Select: Quit// ??
The following actions are also available:

TRI Show/Hide Tricare  FS First Screen  PT Print List
+ Next Screen  LS Last Screen  SL Search List
- Previous Screen  GO Go to Page  ADPL Auto Display(On/Off)
UP Up a Line  RD Re Display Screen  QU Quit
DN Down a Line  PS Print Screen

Enter RETURN to continue or '^' to exit:
```
Example of Tricare rejects removed from display:

<table>
<thead>
<tr>
<th># Rx#</th>
<th>PATIENT (ID)</th>
<th>DRUG</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>101238</td>
<td>ECMEIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE</td>
</tr>
<tr>
<td>2</td>
<td>100739</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTROPINE 2MG TAB</td>
</tr>
<tr>
<td>3</td>
<td>101960</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
</tr>
</tbody>
</table>

Payer Message:

Select the entry # to view or ?? for more actions

DR Sort by Drug  RE Sort by Reason  RX Sort by Prescription
PA Sort by Patient  RF Screen Refresh  GI Group by Insurance
Select: Quit// ??
The following actions are also available:

TRI Show/Hide Tricare  FS First Screen  PT Print List
+ Next Screen  LS Last Screen  SL Search List
- Previous Screen  GO Go to Page  ADPL Auto Display (On/Off)
UP Up a Line  RD Re Display Screen  QU Quit
DN Down a Line  PS Print Screen

Enter RETURN to continue or '^' to exit:

2. Processing of Tricare Rejections

- The Reject Information screen displays TRICARE in the header for the Reject Information section for DUR/RTS Tricare rejects, and the IGN - Ignore Reject action displays but is not selectable.

In the following example the user entered IGN to ignore the RTS (79) reject. The system displayed “INVALID: TRICARE rejected Rxs may not be ignored” on the message bar because the reject is a Tricare refill-too-soon reject.
OTHER REJECTS
14 - M/I Eligibility Clarification Code

INSURANCE Information
Insurance : TRICARE
Contact :
Group Name : TRICARE PRIME
Group Number : 123123
Cardholder ID : SI9844532

INVALID: TRICARE rejected Rxs may not be ignored.
VW View Rx IGN Ignore Reject OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim CSD Change Suspense Date
Select: Quit// IGN Ignore Reject

• For Non-DUR/RTS Tricare rejects, the FIL - Fill Rx action and the DC - Discontinue Rx action displays. If the prescription is payable, the user is allowed to fill the prescription and print the label. If not payable, a message will be displayed stating the prescription must have a payable status to be filled.

Example of Reject Information screen for non-DUR/RTS reject:

Reject Information (TRICARE) Aug 13, 2008@16:39:14 Page: 1 of 1
Division : ALBANY ISC NPI#: 5000000021
Rx# : 101980/0 ECME#: 0113204 Fill Date: Aug 14, 2008
Drug : DANTROLENE 25MG CAP NDC Code: 00149-0030-66

REJECT Information (TRICARE)
Date/Time : AUG 13, 2008@15:41:30
Reject(s) : M/I Eligibility Clarification Code (14)
Status : OPEN/UNRESOLVED - E REJECTED

INSURANCE Information
Insurance : TRICARE
Contact :
Group Name : TRICARE PRIME
Group Number : 123123
Cardholder ID : SI9844532

Enter ?? for more actions
VW View Rx FIL Fill Rx OVR Submit Override Codes
MP Medication Profile DC Discontinue Rx CSD Change Suspense Date
Select Item(s): Quit//
The following is an example of a user selecting to discontinue the prescription shown above. The user selects DC at the Select Item prompt and answers the normal discontinue prompts. When the user exits and re-enters the worklist, the discontinued prescription will be removed from the listing.

Select Item(s): Quit DC Discontinue Rx
Nature of Order: SERVICE CORRECTION S

Requesting PROVIDER: OPPHARM, ONE OO
Claim has status E REJECTED. Not reversed.

Reject Information (TRICARE) Aug 13, 2008@16:53:40 Page: 1 of 1
Division: ALBANY ISC NPI#: 5000000021
Rx# PATIENT(ID) ["] DRUG REASON
CPDOP Drug: ATENOLOL 100MG TAB NDC Code: 66993-0220-57

Reject Information (TRICARE) Aug 13, 2008@16:53:20
Reject(s): M/I Cardholder ID Number (07)
Status: OPEN/UNRESOLVED - E REJECTED

Insurance Rejects-Worklist Aug 13, 2008@16:53:52 Page: 1 of 1
Division: ALBANY ISC
Selection: ALL UNRESOLVED REJECTS
Rx# PATIENT(ID) ["] DRUG REASON
1 101238 ECMEIBTEST, ONE (5566) MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
Payer Message:
2 100739 ECMEPAT, TWO (8887) BENZTROPINE 2MG TAB 79 :REFILL TOO SO
Payer Message:
3 101960 OPTRICARE, ONE (4789) ACETAZOLAMIDE 250MG 79 :REFILL TOO SO
Payer Message:
4 101980 OPTRICARE, ONE (4789) DANTROLENE 25MG CAP 14 :M/I Eligibilit
Payer Message:
5 101985 OPTRICARE, ONE (4789) ATENOLOL 100MG TAB 07 :M/I Cardholde
Payer Message:

Enter ?? for more actions
DR Sort by Drug RE Sort by Reason RX Sort by Prescription
PA Sort by Patient RF Screen Refresh GI Group by Insurance
Select: Quit QUIT
A person that resolves Tricare non-DUR/RTS rejects is dependent upon the type of reject. Dispense As Written (DAW) reject code 22 can be resolved by the pharmacy staff by editing the prescription and entering the appropriate DAW code which results in a claims resubmission. Other insurance related rejects (missing eligibility or cardholder ID number) are resolved by the Outpatient Pharmacy Electronic Claims Coordinator (OPECC). Once the rejection has been resolved, the Reject Information screen under the pharmacy reject worklist shows the status of the prescription as E PAYABLE. At this point the user may select the FIL action which will prompt for label print.

<table>
<thead>
<tr>
<th>#</th>
<th>Rx#</th>
<th>PATIENT(ID) [^]</th>
<th>DRUG</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>101238</td>
<td>ECI200003,ONE(5566)</td>
<td>MEDROXYPROGESTRONE</td>
<td>1 79 :REFILL TOO SO</td>
</tr>
<tr>
<td>2</td>
<td>100739</td>
<td>ECI100003,ONE(8887)</td>
<td>BENZTROPINE 2MG TAB</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td>3</td>
<td>101960</td>
<td>OPTR100003,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td>4</td>
<td>101980</td>
<td>OPTR100003,ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
<td>14 :M/I Eligibility</td>
</tr>
</tbody>
</table>

Select the entry # to view or ?? for more actions

Select: Quit
Reject Information (TRICARE) Aug 27, 2008@17:16:27

Division: ALBANY ISC  NPI#: 5000000021
Rx#: 102059/0  ECME#: 0113288  Fill Date: Aug 27, 2008
Drug: IMIPRAMINE 25MG TAB  NDC Code: 00779-0588-30

REJECT Information (TRICARE)
Date/Time: AUG 27, 2008@17:15:08
Reject(s): M/I Cardholder ID Number (07)
Status: OPEN/UNRESOLVED - E PAYABLE

INSURANCE Information
Insurance: TRICARE
Contact:
Group Name: TRICARE PRIME
Group Number: 123123
Cardholder ID: SI9844532

Enter ?? for more actions
VW View Rx  FIL Fill Rx  OVR Submit Override Codes
MP Medication Profile  DC Discontinue Rx  CSD Change Suspense Date
Select Item(s): Quit// FIL Fill Rx
(Closing all rejections for prescription 102059:
07 - ...OK)

Print Label? ? YES//
Select LABEL PRINTER: HOME// UCX/TELNET Right Margin: 80//

- For rejects that remain in suspense, the user will be allowed to process the rejection as indicated above, however no labels will be printed until the prescription is pulled early or printed from suspense. Upon resolving the reject, the user will be notified of this information. CMOP prescriptions will function in the same manner.
Index

A

About the Output Reports Menu, 83
Action Profile, 84
Add New Providers, 66, 211
All Reports, 104, 106
Alpha Drug List and Synonyms, 87
AMIS Report, 87
Archive to File, 14
Archiving menu, 13
Autocancel Rx's on Admission, 19, 68
Auto-delete from Suspense, 75, 225
Auto-Start Enter/Edit, 23, 70, 78

B

Barcode Batch Prescription Entry, 166
Barcode Rx Menu, 166
Batch Print Questionnaires, 50
Bingo Board Manager, 21
Bingo Board Manager (BM), 68
Bingo Board User (BU), 28

C

CHAMPUS Billing Exemption, 41
Change Suspense Date, 226
Changing the Label Printer, 31
Check Quality of Barcode, 166
Clinic Costs, 90
Clozapine Pharmacy Manager, 33
CMOP Controlled Substance Rx Dispense Report, 89
Commonly Dispensed Drugs, 89
Complete Orders from OERR, 169
Controlling the Dispensing of Clozapine, 33
Copay Menu, 41
Cost Analysis Reports, 90
Cost of Prescriptions, 104, 106
Count of Prescriptions, 104, 106
Count of Suspended Rx's by Day, 226
Create/Edit a Questionnaire, 50

D

Daily AMIS Report, 92
Daily Management Report Menu, 104
Daily Rx Cost, 211
Date Range Recompile Data, 105
DAW Code, 148
Delete a Prescription, 77, 212
Delete Intervention, 75, 112
Delete Printed Rx's from Suspense, 227
Discontinue Prescriptions, 179
Dispense as Written, 148
Display Lab Tests and Results, 34
Display Patient's Name on Monitor, 28
Division Costs by Drug, 90
Drug Costs, 90
Drug Costs by Division, 90
Drug Costs by Division by Provider, 90
Drug Costs by Provider, 91
Drug List By Synonym, 92
DUE Report, 50
DUE Supervisor, 49
DUR reject, 181

E

Edit an Existing Answer Sheet, 49
Edit Data for a Patient in the Clozapine Program, 34, 73
Edit Pharmacy Intervention, 75, 111
Edit Prescription(s), 180
Edit Provider, 66, 212
Enter a New Answer Sheet, 49
Enter New Patient, 28
Enter Pharmacy Intervention, 111
Enter/Edit Clinic Sort Groups, 51, 74
Enter/Edit Display, 22, 68
Entering Actions, 7
ePharmacy Medication Profile Division Preferences, 185
ePharmacy Menu, 181
Evaluating Drug Usage, 49
Exempt Rx Patient Status from Copayment, 42
Expire Prescriptions, 77
External Interface Menu, 53

F

File Retrieval, 15
Find, 13
Flagging and Unflagging a New Pending Order, 165a, 173a, 201
Free Text Dosage Report, 93

Handling Copay Charges, 39
High Cost Rx Report, 91

Ignored Rejects Report, 181
Implementing and Maintaining Outpatient Pharmacy, 57
Inactive Drug List, 93
Initialize Daily Compile, 105
Initialize Rx Cost Statistics, 74, 212
Inter-Divisional Processing, 212
Internet Refill Report
detailed by date, 97
detailed by patient, 94
detailed by result, 100, 101
summary by date, 99
summary by patient, 96
summary by result, 102
Intravenous Admixture, 104, 106
Introduction, 1
Inventory, 213

Label/Profile Monitor Reprint, 57
List Manager, 3
List Non-Verified Scripts, 234
List of Override Prescriptions, 35
List One Patient's Archived Rx's, 17, 198
List Prescriptions on Hold, 103
Log of Suspended Rx's by Day (this Division), 227
Look-up Clerk by Code, 213

Maintenance (Outpatient Pharmacy), 57
Management Reports Menu, 103
Manual Auto Expire Rxs, 77
Manual Print of Multi-Rx Forms, 198
Medication Profile, 79, 107
Medication Reconciliation, 82
Messages for Clozapine Drug Selection, 35
Monthly Drug Cost, 107
Monthly Management Report Menu, 106
Monthly Rx Cost Compilation, 213

Narcotic Prescription List, 107
Non-Formulary List, 108
Non-VA Meds, 135
Non-VA Meds Usage Report, 8, 108
Non-Verified Counts, 235

One Day Recompile Data, 107
Other Outpatient Pharmacy ListMan Actions, 10
Other Screen Actions, 10
Outpatient Pharmacy Hidden Actions, 8

Patient Address Changes Report, 213
Patient Prescription Processing, 124
Patient Status Costs, 91
Pharmacist Enter/Edit, 216
Pharmacy Cost Statistics Menu, 91
Pharmacy Intervention Menu, 111
Pharmacy Statistics, 91
Poly Pharmacy Report, 110
Prescription Cost Update, 78
Print Archived Prescriptions, 18
Print Bingo Board Statistics, 24, 70
Print Bingo Board Wait Time, 25, 71
Print from Suspense File, 227
Print Pharmacy Intervention, 112
Print Sample ScripTalk Label, 208
Process Internet Refills, 167
Processing a Prescription, 123
Processing Drug/Drug Interactions, 113
Provider by Drug Costs, 92
Provider Costs, 92
Pull Early from Suspense, 229
Purge, 17
Purge Bingo Board Data, 26, 72
Purge Data, 107
Purge Drug Cost Data, 78, 216
Purge External Batches, 53, 77b

Queue Background Jobs, 67
Queue ScripTalk Label by Barcode, 203
Queue ScripTalk Label by Rx#, 203
Recompile AMIS Data, 77b, 216
Refill Too Soon reject, 181
Register Clozapine Patient, 35
Reinitialize ScripTalk Printer, 209
Released and Unreleased Prescription Report, 110
Releasing Medication, 115
Remove Patient's Name from Monitor, 29
Report of ScripTalk Enrollees, 205
Reprint a non-voided Outpatient Rx Label, 206
Reprint an Outpatient Rx Label, 199
Reprint Batches from Suspense, 230
Reprint External Batches, 51, 53, 54
Request Statistics, 92
Reset Copay Status/Cancel Charges, 43
Returning Medication to Stock, 121
Rx (Prescriptions), 123
Rx Verification by Clerk, 235

Save to Tape, 13
ScripTalk Audit History Report, 204
ScripTalk Device Definition Enter/Edit, 207
ScripTalk Patient Enter/Edit, 202
ScripTalk Reports, 204
ScripTalk® Main Menu, 201
Set Up and Test ScripTalk Device, 206
SHAD, 39
Signature Log Reprint, 200
Site Parameter Enter/Edit, 58, 217
Sort Statistics By Division, 91
Speed Actions, 9
Start Bingo Board Display, 27, 73

Status of Patient's Order, 29
Stop Bingo Board Display, 27, 73
Supervisor Functions, 211
Suspense Functions, 225

Tape Retrieval, 14
Test ScripTalk Device, 209
Third Party Payer Rejects - View/Process, 186
Third Party Payer Rejects - Worklist, 181, 183, 185, 190
Tricare Reject Processing, 197a
Type of Prescriptions Filled, 105, 107

Update Patient Record, 231
Using List Manager with Outpatient Pharmacy, 7
Using the Archive Menu Option, 13
Using the Bingo Board Menu, 21
Using the ScripTalk® Menu, 201
Using the Supervisor Menu, 211
Using the Suspense Functions, 225

Verification, 233
Verifying Prescriptions, 233
View External Batches, 55
View Intervention, 112
View Prescriptions, 200
View Provider, 223
Viewing and Resolving Open Rejects, 186
(This page included for two-sided copying.)