OUTPATIENT PHARMACY (PSO)

MANAGER’S USER MANUAL

Version 7.0
December 1997

(Revised October 2011)
## 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.

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<th>Patch Number</th>
<th>Description</th>
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</table>
Expanded ECME Numbers to twelve digits  
Updated screen shots related to patch changes  
Added TRICARE to Glossary  
Corrected typos  
Corrected formatting errors from 11/10 reissue  
(S. Spence, PM; C. Smith, Tech Writer) |
| 09/2011  | i, ii, v-xii, 85a-85f | PSO*7*382 | Added information regarding the new [PSO HRC PROFILE/REFILL] option.  
(N. Goyal, PM; J. Owczarzak, Tech Writer) |
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<td>Added Order Status</td>
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<td>Add the word “prompt”</td>
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<td>299-302</td>
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<td>Added API, DATUP, DIF, &amp; FDB to the Glossary, and updated page numbering</td>
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<tr>
<td>11/10</td>
<td>All</td>
<td>PSO#7*358</td>
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<tr>
<td></td>
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<td>(G. Tucker, PM, H. Whitney, Developer, S. Heiress and G. Scorca, Tech Writer)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Added information regarding TRICARE Active Duty Bypass/Override details</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>(S. Spence, PM; G. Johnson, Tech Writer)</td>
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Chapter 1: List Manager

The screen displayed when processing an order has changed dramatically from the previous version of Outpatient Pharmacy (e.g., v. 6.0). The new screen was designed using List Manager.

This new screen gives more information and easier accessibility to vital reports and areas of a patient’s chart.

Please take the time to read over the explanation of the screen and the actions that can now be executed at the touch of a key. This type of preparation before attempting to use List Manager will reduce the time and effort needed to become skilled in order processing with this new version of List Manager.

Outpatient List Manager

Screen title: The screen title changes according to what type of information List Manager is displaying (e.g., Patient Information, Medication Profile, New OP Order (ROUTINE), etc.).

Allergy indicator: This indicator displays when there has been information entered into the ALLERGY field for the patient. The indicator displays “NO ALLERGY ASSESSMENT” if there is no allergy assessment for the patient.

Header area: The header area is a "fixed" (non-scrollable) area that displays patient information.

List area: (scrolling region) This area scrolls (like the previous version) and displays the information on which action can be taken.
Message window: This section displays a plus (+) sign, minus (-) sign, or informational text (i.e., Enter ?? for more actions). If a plus sign is entered at the action prompt, List Manager will "jump" forward a page. If a minus sign is displayed and entered at the action prompt, List Manager will "jump" back a screen. The plus and minus signs are only valid actions if they are displayed in the message window.

Action area: A list of actions display in this area of the screen. If a double question mark (??) is entered at the “Select Item(s)” prompt, a “hidden” list of additional actions that are available will be displayed.

Example: Showing more Indicators and Definitions

<table>
<thead>
<tr>
<th></th>
<th>RX#</th>
<th>DRUG</th>
<th>QTY</th>
<th>ST</th>
<th>DATE</th>
<th>FILL</th>
<th>REM</th>
<th>SUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>503902</td>
<td>ACETAMINOPHEN 500MG TAB</td>
<td>60</td>
<td>AT</td>
<td>05-22</td>
<td>05-22</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>2</td>
<td>503866</td>
<td>DIGOXIN (LANOXIN) 0.2MG CAP</td>
<td>60</td>
<td>A&gt;</td>
<td>05-07</td>
<td>05-07</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>503871</td>
<td>HISTOPLASMIN 1ML</td>
<td>1 A</td>
<td>03-14</td>
<td>03-14</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>100002042e</td>
<td>NALBUPHINE HCL INJ 10MG/ML</td>
<td>1 A</td>
<td>03-14</td>
<td>03-14</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>100002040$</td>
<td>SALICYLIC ACID 40% OINT (OZ)</td>
<td>1 S</td>
<td>03-14</td>
<td>03-17</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>503881</td>
<td>BACLOFEN 10MG TABS</td>
<td>30 DC</td>
<td>04-07</td>
<td>05-01</td>
<td>2</td>
<td>30</td>
<td></td>
</tr>
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<td>7</td>
<td>100002020A$</td>
<td>TIMOLOL 0.25% OPTH SOL 10ML</td>
<td>1 DE</td>
<td>02-03</td>
<td>02-03</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>100001942</td>
<td>ABDOMINAL PAD 7 1/2 X 8 STERILE</td>
<td>1 H</td>
<td>09-28</td>
<td>09-28</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>100002039$</td>
<td>BACLOFEN 10MG TABS</td>
<td>30 N</td>
<td>03-14</td>
<td>03-14</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>AMPICILLIN 250MG CAP</td>
<td>QTY: 40</td>
<td>ISDT: 05-29</td>
<td>REF: 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>SIMETHICONE 40MG TAB</td>
<td>QTY: 30</td>
<td>ISDT: 05-30</td>
<td>REF: 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter ?? for more actions

PU Patient Record Update
PI Patient Information
Select Action: Quit//
Using List Manager with Outpatient Pharmacy

List Manager is a tool designed so that a list of items can be presented to the user for an action.

For Outpatient Pharmacy, the List Manager does the following:

- Allows the pharmacist or technician to browse through a list of actions
- Allows the pharmacist or technician to take action against those items
- Allows the user to select an action that displays an action or informational profile
- Allows the user to select a different action without leaving an option.

Entering Actions

Actions are entered by typing the name(s), or synonym(s) at the “Select Item(s)” prompt. In addition to the various actions that may be available specific to a particular option, List Manager provides generic actions applicable to any List Manager screen. A double question mark (??) may be entered at the “Select Action” prompt for a list of all actions available. The following is a list of generic List Manager actions with a brief description. The synonym for each action is shown in brackets following the action name. Entering the synonym is the quickest way to select an action.

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next Screen [+ ]</td>
<td>Move to the next screen (may be shown as a default).</td>
</tr>
<tr>
<td>Previous Screen [- ]</td>
<td>Move to the previous screen.</td>
</tr>
<tr>
<td>Up a Line [UP]</td>
<td>Move up one line.</td>
</tr>
<tr>
<td>Down a Line [DN]</td>
<td>Move down one line.</td>
</tr>
<tr>
<td>Shift View to Right [&gt;]</td>
<td>Move the screen to the right if the screen width is more than 80 characters.</td>
</tr>
<tr>
<td>Shift View to Left [&lt;]</td>
<td>Move the screen to the left if the screen width is more than 80 characters.</td>
</tr>
<tr>
<td>First Screen [FS]</td>
<td>Move to the first screen.</td>
</tr>
<tr>
<td>Last Screen [LS]</td>
<td>Move to the last screen.</td>
</tr>
<tr>
<td>Action</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Go to Page [GO]</td>
<td>Move to any selected page in the list.</td>
</tr>
<tr>
<td>Re Display Screen [RD]</td>
<td>Redisplay the current.</td>
</tr>
<tr>
<td>Print Screen [PS]</td>
<td>Prints the header and the portion of the list currently displayed.</td>
</tr>
<tr>
<td>Print List [PL]</td>
<td>Prints the list of entries currently displayed.</td>
</tr>
<tr>
<td>Search List [SL]</td>
<td>Finds selected text in list of entries.</td>
</tr>
<tr>
<td>Auto Display (On/Off) [ADPL]</td>
<td>Toggles the menu of actions to be displayed/not displayed automatically.</td>
</tr>
<tr>
<td>Quit [QU]</td>
<td>Exits the screen (may be shown as a default).</td>
</tr>
</tbody>
</table>

**Outpatient Pharmacy Hidden Actions**

The Outpatient Pharmacy hidden actions will display with the previous hidden actions once a completed or finished order is selected and a double question mark (?) is entered at the “Select Action:” prompt.

The following hidden actions appear on the Medication Profile screen and can only be applied to one order at a time.

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Logs [AL]</td>
<td>Displays the Activity Logs.</td>
</tr>
<tr>
<td>Copy [CO]</td>
<td>Allows the user to copy and edit an order.</td>
</tr>
<tr>
<td>DIN</td>
<td>Displays available drug restriction/guideline information for the Dispense Drug and Orderable Item associated with the selected medication order.</td>
</tr>
<tr>
<td>Intervention Menu [IN]</td>
<td>Intervention menu allows the user to enter a new intervention or delete, edit, print, and view an existing intervention.</td>
</tr>
<tr>
<td>Hold [HD]</td>
<td>Places an order on a hold status.</td>
</tr>
<tr>
<td>Other OP Actions [OTH]</td>
<td>Allows the user to choose from the following sub-actions: Progress Note [PN], Action Profile [AP], Print Medication Instructions [MI], Display Orders' Statuses [DO], or Non-VA Meds Report [NV].</td>
</tr>
</tbody>
</table>
**Action**

Patient Information [PI]  
**Description**  
Shows patient information, allergies, adverse reactions, and pending clinic appointments.

Pull Rx [PP]  
**Description**  
Action taken to pull prescription(s) early from suspense.

Reprint [RP]  
**Description**  
Reprints the label.

View Reject [REJ]  
**Description**  
Allows the user to view and resolve the Refill Too Soon or Drug Utilization Review returned by the third party payer for a specific prescription/fill claim.

Unhold [UH]  
**Description**  
Removes an order from a hold status.

Verify [VF]  
**Description**  
Allows the pharmacist to verify an order a pharmacy technician has entered.

### Speed Actions

These Outpatient Pharmacy actions are referred to as “speed actions” and appear on the Medication Profile screen. These actions can be applied to one or more orders at a time.

**Action**

Reprint [RP]  
**Description**  
Reprints the label.

Renew [RN]  
**Description**  
A continuation of a medication authorized by the provider.

Refill [RF]  
**Description**  
A second or subsequent filling authorized by the provider.

Reprint Signature [RS]  
**Description**  
Reprints the signature log.

Discontinue [DC]  
**Description**  
Status used when an order was made inactive either by a new order or by the request of a physician.

Release [RL]  
**Description**  
Action taken at the time the order is filled and ready to be given to the patient.

Pull Rx [PP]  
**Description**  
Action taken to pull prescription(s) early from suspense.

Inpat. Profile [IP]  
**Description**  
Action taken to view an Inpatient Profile.

CM  
**Description**  
Action taken to manually queue to CMOP.

Fill/Rel Date Display [RDD]  
**Description**  
Switch between displaying the FILL DATE column and the LAST RELD column.

Display Remote [DR]  
**Description**  
Action taken to display a patient’s remote prescriptions.
### Other Outpatient Pharmacy ListMan Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit [EX]</td>
<td>Exit processing pending orders.</td>
</tr>
<tr>
<td>AC</td>
<td>Accept.</td>
</tr>
<tr>
<td>BY</td>
<td>Bypass.</td>
</tr>
<tr>
<td>DC</td>
<td>Discontinue.</td>
</tr>
<tr>
<td>ED</td>
<td>Edit.</td>
</tr>
<tr>
<td>FN</td>
<td>Finish.</td>
</tr>
</tbody>
</table>

### Other Screen Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit/Enter Allergy/ADR Data [EA]</td>
<td>Provides access to the Adverse Reaction Tracking package to allow entry and/or edit of allergy adverse reaction data for the patient. See the Adverse Reaction Tracking package documentation for more information on allergy/ADR processing.</td>
</tr>
<tr>
<td>Detailed Allergy Display [DA]</td>
<td>Displays a detailed listing of the selected item from the patient's allergy/ADR list. Entry to the Edit Allergy/ADR Data action is provided with this list also.</td>
</tr>
<tr>
<td>Patient Record Update [PU]</td>
<td>Allows editing of patient data such as SSN, birth date, address, phone, and outpatient narrative. Patient data can also be updated using the Update Patient Record menu option. If implementing Other Language Modifications, either can be used to set a patient's other language preference.</td>
</tr>
<tr>
<td>New Order [NO]</td>
<td>Allows new orders to be entered for the patient.</td>
</tr>
<tr>
<td>Exit Patient List [EX]</td>
<td>Exit patient’s Patient Information screen so that a new patient can be selected.</td>
</tr>
<tr>
<td>View Addtnl Rej Info [ARI]</td>
<td>Displays additional reject information from the payer, if available. This hidden action is available from the Reject Information screen.</td>
</tr>
</tbody>
</table>
Example: Internet Refill Report – Summary report, sorted by result

Select Output Reports Option: **Internet** Refill Report

You may select a single or multiple DIVISIONS, or enter `^ALL` to select all DIVISIONS.

DIVISION: **ALBANY** 500  ALBANY

ANOTHER ONE: <Enter>

Beginning Date: **06.27.07** (JUN 27, 2007)

Ending Date: **08.16.07** (AUG 16, 2007)

Select one of the following:

- **P** Patient
- **D** Date
- **R** Result

Sort by Patient/Date/Result (P/D/R): **R// Result**

Select one of the following:

- **D** Detail
- **S** Summary

Print Detail/Summary report (D/S): **S// Summary**

DEVICE: HOME/ [Select Print Device]

INTERNET REFILL REPORT BY RESULT – Summary AUG 16,2007@15:31 PAGE: 1
For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

<table>
<thead>
<tr>
<th>Result</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filled</td>
<td>3</td>
</tr>
<tr>
<td>Not Filled</td>
<td>9</td>
</tr>
</tbody>
</table>

Total: 12

Press Return to continue: <Enter>

** END OF REPORT **
(This page included for two-sided copying.)
Entering a New Order

Actions display in the action area of the screen. Actions with parentheses ( ) around them are invalid actions for that order. A double question mark (??) displays all the actions available, including the Outpatient Pharmacy actions described in the section "Using List Manager." If an invalid hidden action is selected, a message will display in the message window.

Example: Entering a New Order

Select Outpatient Pharmacy Manager Option: RX (Prescriptions)
Orders to be completed for all divisions: 14
Do you want an Order Summary? No// <Enter>

A summary list of the number of pending orders can be displayed by Division or by each Clinic within the Division where the user is signed on. This is helpful when completing batch orders. In this example, an individual patient name is entered.

Patient Prescription Processing
Barcode Rx Menu ...
Complete Orders from OERR
Discontinue Prescription(s)
Edit Prescriptions
List One Patient's Archived Rx's
Manual Print of Multi-Rx Forms
Reprint an Outpatient Rx Label
Signature Log Reprint
View Prescriptions

Select Rx (Prescriptions) Option: PATient Prescription Processing
Select PATIENT NAME: OPPATIENT16 OPPATIENT16,ONE 04-03-41 000246802
YES SC VETERAN
Patient is enrolled to receive ScripTalk 'talking' prescription labels.

Eligibility: SC
RX PATIENT STATUS: SERVICE CONNECTED// <Enter>

If RDI is active and a patient has prescriptions at another location, when the user selects the patient to enter a new order from Patient Prescription Processing, the following message appears.

REMOTE PRESCRIPTIONS AVAILABLE!
Display Remote Data? N//
---------------------------------------------------example continues---------------------------------------------------

If the user responds NO, then the normal procedure occurs for entering prescriptions. If the user responds YES, the “Remote Facilities Visited” screen appears. See the Displaying a Patient’s Remote Prescriptions section later in Entering a New Order for more details.
A detailed explanation of the different parts of the screen can be found under in Chapter 2: List Manager. The Patient Information screen is displayed on two screens; however, only the second screen is shown in this example.

Example: Entering a New Order (continued)

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>May 22, 2006 10:44:38</th>
<th>Page: 2 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT16,ONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PID: 000-24-6802</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB: APR 3,1941 (60)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEX: MALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote: ASPIRIN, NON-OPIOID ANALGESICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adverse Reactions:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter ?? for more actions
EA Enter/Edit Allergy/ADR Data
DD Detailed Allergy/ADR List
EX Exit Patient List
Select Action: Quit//<Enter>

---example continues---

Although the default option is “Quit” at the “Select Action” prompt, pressing the Enter key here quits the Patient Information screen and displays the Medication Profile. This Medication Profile includes any Non-VA Med orders documented via the CPRS GUI application.

<table>
<thead>
<tr>
<th>Medication Profile</th>
<th>May 22, 2006 10:44:56</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT16,ONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PID: 000-24-6802</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB: APR 3,1941 (60)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGE: 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-VA Meds on File</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last entry on 01/13/03</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>RX</th>
<th>DRUG</th>
<th>QTY</th>
<th>ST</th>
<th>DATE</th>
<th>FILL</th>
<th>REM</th>
<th>SUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>503902</td>
<td>ACETAMINOPHEN 500MG TAB</td>
<td>60</td>
<td>A&gt;</td>
<td>05-22</td>
<td>05-22</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>2</td>
<td>503886$</td>
<td>DIGOXIN (LANOXIN) 0.2MG CAP</td>
<td>60</td>
<td>A&gt;</td>
<td>05-07</td>
<td>05-07</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>AMPICILLIN 250MG CAP</td>
<td>QTY: 40</td>
<td>ISDT: 05-29</td>
<td>REF: 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GINKO EXT 1 TAB ONCE A DAY BY MOUTH</td>
<td>Date Documented: 01/13/03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBUPROFEN 50MG TAB</td>
<td>Date Documented: 12/10/02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TERFENADINE TAB 200 MILIGRAMS MIX ½ CUP PDR &amp; 6 OZ WATER &amp; DRINK 1 MIXED CUP</td>
<td>Date Documented: 03/17/02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter ?? for more actions
PU Patient Record Update
PI Patient Information
Select Action: Quit//<Enter>

---example continues---
If a double question mark (??) had been entered at the above “Select Action” prompt, the following hidden actions would display in the action area.

The following actions are also available:

- RP  Reprint (OP)
- RN  Renew (OP)
- DC  Discontinue (OP)
- RL  Release (OP)
- RF  Refill (OP)
- PP  Pull Rx (OP)
- IP  Inpat. Profile (OP)
- RS  Reprint Sig Log
- CM  Manual Queue to CMOP
- DR  Display Remote
- DN  Down a Line
- RD  Re Display Screen
- PT  Print List
- PS  Print Screen
- GO  Go to Page
- LS  Last Screen
- QU  Quit
- SU  Shift View to Left
- SD  Shift View to Right
- +  Next Screen
- -  Previous Screen
- ADPL Auto Display(On/Off)
- IN  Intervention Menu
- RF  Refill (OP)
- RL  Release (OP)
- PP  Pull Rx (OP)

Typing in the letters NO creates a new order.

**Example: Entering a New Order (continued)**

```
(Patient information is displayed here.)

Enter ?? for more actions
PU  Patient Record Update               NO  New Order
PI  Patient Information                SO  Select Order
Select Action: Quit// NO  New Order

Eligibility: SC

RX PATIENT STATUS: SERVICE CONNECTED// <Enter>

**DRUG: ACETAMINOPHEN**

Lookup: GENERIC NAME

<table>
<thead>
<tr>
<th></th>
<th>ACETAMINOPHEN 1000MG TABLET</th>
<th>CN100</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>ACETAMINOPHEN 160MG/5ML LIQUID</td>
<td>CN103</td>
</tr>
<tr>
<td>3</td>
<td>ACETAMINOPHEN 325MG TABLET</td>
<td>CN103</td>
</tr>
<tr>
<td>4</td>
<td>ACETAMINOPHEN 650MG SUPPOS.</td>
<td>CN103</td>
</tr>
<tr>
<td>5</td>
<td>ACETAMINOPHEN AND CODEINE 30MG</td>
<td>CN101</td>
</tr>
</tbody>
</table>

Press <RETURN> to see more, '^' to exit this list, '^^' to exit all lists, OR

```

Choose 1-5: 1

1000MG TABLET

CN100

```

Choose 1-5: 1 ACETAMINOPHEN 1000MG/ML (SF) ORAL SUSP

CN103

Now doing allergy checks. Please wait...

Now Processing Enhanced Order Checks! Please wait...

Press Return to continue:...

---

*** THERAPEUTIC DUPLICATION *** ACETAMINOPHEN 1000MG/ML (SF) ORAL SUSP with

Local Rx for ACETAMINOPHEN 500MG TAB

RX: 500610

Drug: ACETAMINOPHEN 500MG TAB

SIG: TAKE TWO TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED

QTY: 240  Refills remaining: 11

Provider: PROGRAMMER, TWENTYEIGHT  Issued: 03/02/10

Status: Active  Last filled on: 03/02/10

Processing Status: Not released locally (Window)  Days Supply: 3

---
The system checks the medication selected for any duplicate drugs or classes, interactions, or allergies that are noted in the patient’s local and remote record. This also includes any local Non-VA Meds. See the following example of local and remote order checking.

**Example: Entering a New Order (continued)**

If a patient does not have an allergy assessment, the user will have to create an intervention. If the patient already has a prescription for which an Intervention was created, the user will have the option to copy the existing Intervention. For more information about copying an existing Intervention, refer to the Complete Orders from OERR section.

If the new order is for Clozapine, there are additional restrictions for filling a prescription. See “Chapter 8: Controlling the Dispensing of Clozapine” for more information.

---

**Press Return to Continue:**
Discontinue RX # 46309525? **NO –**Prescription was not discontinued...

---

A Drug-Allergy Reaction exists for this medication and/or class!
**Drug:** ACETAMINOPHEN 325MG TAB
**Drug Class:** CN103 NON-OPIOID ANALGESICS (REMOTE SITE(S))
Do you want to Intervene? **Y// NO**
**Entering a new order --ePharmacy (third party billable)**

For patients who have active third party insurance and have the appropriate eligibility requirements, the software will submit electronic claims to their insurance companies when prescriptions for billable drugs are ordered.

After a WINDOW order is entered and finished, the billing data is sent to the Electronic Claims Management Engine (ECME). ECME sends a message back to Outpatient Pharmacy displaying the status of the claim. For MAIL orders, the communication between Outpatient Pharmacy and ECME occurs either during the Local Mail Label Print or during the CMOP transmission.

The following example shows the creation of a new WINDOW order starting with the "DRUG:" prompt.

**Example: Entering a New Order for ePharmacy Billing**

<table>
<thead>
<tr>
<th>DRUG: PREDNISONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lookup: GENERIC NAME</td>
</tr>
<tr>
<td>1   PREDNISONE 1MG TAB       HS051</td>
</tr>
<tr>
<td>2   PREDNISONE 20MG S.T.       HS051</td>
</tr>
<tr>
<td>3   PREDNISONE 5MG TAB         HS051</td>
</tr>
<tr>
<td><strong>CHOOSE 1-3:</strong> <strong>3</strong> PREDNISONE 5MG TAB   HS051</td>
</tr>
<tr>
<td>Now doing order checks. Please wait...</td>
</tr>
</tbody>
</table>

Previously entered ICD-9 diagnosis codes: <Enter>

Select Primary ICD-9 Code: <Enter>
VERB: TAKE
Available Dosage(s)
1. 20MG
2. 40MG

Select from list of Available Dosages, Enter Free Text Dose or Enter a Question Mark (?) to view list: 1 20MG

You entered 20MG is this correct? Yes// <Enter> YES
VERB: TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// <Enter> 1
Dosage Ordered: 20MG

NOUN: TABLET
ROUTE: PO// <Enter>
1   PO ORAL (BY MOUTH) PO                2   PO ORAL    PO

CHOOSE 1-2: **2** ORAL PO BY MOUTH
Schedule: **TID** (THREE TIMES A DAY)
LIMITED DURATION (IN DAYS, HOURS OR MINUTES): **10** (DAYS)
CONJUNCTION: <Enter>
PATIENT INSTRUCTIONS: **WF**
WITH FOOD

example continues

---

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Example: Entering a New Order for ePharmacy Billing (continued)

(TAKE ONE TABLET BY MOUTH THREE TIMES A DAY FOR 10 DAYS WITH FOOD)

DAYS SUPPLY: (1-90): 30// <Enter>
QTY (TAB): 30// <Enter> 30
COPIES: 1// <Enter> 1
# OF REFILLS: (0-5): 5// <Enter>
PROVIDER: OPPROVIDER4,TWO
CLINIC: <Enter>
MAIL/WINDOW: WINDOW// <Enter> WINDOW
METHOD OF PICK-UP: <Enter>
REMARKS: <Enter>
ISSUE DATE: TODAY// <Enter> (NOV 02, 2005)
Nature of Order: WRITTEN// <Enter> W
WAS THE PATIENT COUNSELED: NO// YES
WAS COUNSELING UNDERSTOOD: NO// YES

Do you want to enter a Progress Note? No// <Enter> NO

Rx # 100003840
OPPATIENT,FOUR #30
TAKETONE TABLET BY MOUTH THREE TIMES A DAY FOR 10 DAYS WITH FOOD

PREDNISONE 5MG TAB
OPPROVIDER4,TWO OPPHARMACIST4,THREE
# of Refills: 5

Is this correct? YES// <Enter> YES

Prescription 100003840 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Gathering claim info
IN PROGRESS-Packet being built
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
IN PROGRESS-Waiting to process response
E PAYABLE

Another New Order for OPPATIENT,FOUR? YES// <Enter> NO

---------------------------------example continues---------------------------------
If a new order is rejected due to a Drug Utilization Review (DUR) or Refill Too Soon, the prescription will be marked as “REJECTED”, and the user will have the opportunity to resolve the reject before continuing.

The following example shows a sample ECME transmission rejection, and how to resolve the rejection.

**Example: Handling a Rejected New Order for ePharmacy Billing**

```
Prescription 999999 successfully submitted to ECME for claim generation.
Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
E REJECTED

*** REJECT RECEIVED FROM THIRD PARTY PAYER ***
---------------------------------------------
Division : ALBANY NPI#: 39393939
Patient : OPPATIENT,FOUR(000-01-1322P) Sex: M DOB: JAN 13,1922(83)
Prescription : 99999999/0 - TESTOSTERONE (ANDROD ECME#: 000001234567
Reject Type : 88 - DUR REJECT received on FEB 27, 2006@10:58:25
Payer Message: DUR Reject Error
Reason : ER (OVERUSE PRECAUTION)
DUR Text : ANDRODERM DIS 5MG/24HR
Insurance : TEST INS Contact: 800 555-5555
Group Name : RXINS Group Number: 12454
Cardholder ID: 000011322P
---------------------------------------------
```

--- example continues ---

![Denotes ePharmacy Rx](image)
Example: Handling a Rejected New Order for ePharmacy Billing (continued)

Select one of the following:

0  (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
I  (I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION
Q  (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)verride,(I)gnore,(Q)uit: Q// O OVERRIDE

When a claim is rejected, typically the Payer provides a “Reason for Service Code”, which displays on the reject as “Reason”. The user can use this reason to then select which code is entered for “Professional Service Code” and “Result of Service Code”. To see a list of service codes, enter ? at the specified prompt.

Reason for Service Code  : ER - OVERUSE PRECAUTION
Professional Service Code: RT - RECOMMENDED LABORATORY TEST
Result of Service Code   : 1G - FILLED, WITH PRESCRIBER APPROVAL

Reason for Service Code  : ER - OVERUSE PRECAUTION
Professional Service Code: RT - RECOMMENDED LABORATORY TEST
Result of Service Code   : 1G - FILLED, WITH PRESCRIBER APPROVAL

Confirm? ? YES// <Enter>

Prescription 99999999 successfully submitted to ECME for claim generation.

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

For Refill Too Soon rejects, the same choices apply.

Displaying a Patient’s Remote Prescriptions

If RDI is active and a patient has prescriptions at another location, when the user selects the patient to enter a new order from Patient Prescription Processing, the following message appears.

REMOTE PRESCRIPTIONS AVAILABLE!
Display Remote Data? N//

If the user responds NO, then the normal procedure occurs for entering prescriptions. If the user responds YES, the “Remote Facilities Visited” screen appears such as the following example.
At that point, the flag from the Medication Profile is removed, but the flagged/unflagged reason remains on the Pending OP Orders screen unless you reflag the order.

**Example: An Unflagged Order**

<table>
<thead>
<tr>
<th>Pending OP Orders (ROUTINE)</th>
<th>March 14, 2008 09:16:33</th>
<th>Page: 1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT16,ONE</td>
<td>&lt;NO ALLERGY ASSESSMENT&gt;</td>
<td></td>
</tr>
<tr>
<td>PID: 000-24-6802</td>
<td>Ht(cm): 177.80 (02/08/2007)</td>
<td></td>
</tr>
<tr>
<td>DOB: APR 3,1941 (66)</td>
<td>Wt(kg): 90.45 (02/08/2007)</td>
<td></td>
</tr>
</tbody>
</table>

**Flagged** by OPPHARM,TWO on 03/13/08@23:14: DOUBLE CHECK WITH PATIENT FOR HEART CONDITION BEFORE DISPENSING.

**Unflagged** by OPPHARM,TWO on 03/14/08@09:26: CHECKED WITH PATIENT. NO HEART CONDITION.

*(1) Orderable Item: ACETAMINOPHEN TAB
*(2) CMOP Drug: ACETAMINOPHEN 500MG TAB
   Drug Message: NATL FORM
*(3) *Dosage: 500 (MG)
   Verb: TAKE
   Dispense Units: 1
   *Route: ORAL
   *Schedule: BID
*(4) Pat Instruct:
   Provider Comments: ProvComments
   SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
*(5) Patient Status: SERVICE CONNECTED
*(6) Issue Date: MAR 13,2008 (7) Fill Date: MAR 13,2008
*(8) Days Supply: 30 (9) QTY (TAB): 60

Enter ?? for more actions

BY Bypass DC Discontinue FL Flag/Unflag
ED Edit FN Finish
Select Item(s): Next Screen//

After pending orders have been unflagged, they can be processed.

If you attempt to process a flagged order, you are prompted “Unflag Order? NO/”. If you respond **YES**, enter comments to unflag the order and continue with processing. If you respond **NO**, you cannot process the order because it is still flagged.
**Barcode Rx Menu**  
[**PSO BARCODE MENU**]

Use this menu to batch barcode refills and renewals of prescriptions, and check the quality of the barcode print. The menu contains the following options:

- *Barcode Batch Prescription Entry*
- *Check Quality of Barcode*
- *Process Internet Refills*

**Barcode Batch Prescription Entry**  
[**PSO BATCH BARCODE**]

Enter refills or renewals by batch entry using barcodes with this option.

**Example: Barcode Batch Prescription Entry -- Refills**

```
Select Barcode Rx Menu Option: Barcode Batch Prescription Entry

Select one of the following:

1       REFILLS
2       RENEWS

Batch Barcode for: REFILLS/ 1  REFILLS
Please answer the following for this session of prescriptions

FILL DATE:  (2/14/2007 - 12/31/2699): TODAY/ <Enter>  (AUG 13, 2007)
MAIL/WINDOW: MAIL/ <Enter> MAIL
Will these refills be Queued or Suspended ? S/ <Enter> SUSPENDED
Allow refills for inpatient ? N/ <Enter> N
Allow refills for CNH ? N/ <Enter> N
WAND BARCODE:  [Scan barcode]
```

**Check Quality of Barcode**  
[**PSO BARCODE CHECK**]

No action is taken on the prescription by using this option. Use this option to check the quality of printed barcodes or use it to practice using the barcode reader. After the barcode is scanned, the barcode number will echo back on the screen and screen will return to the "Read Barcode" prompt. No action is taken on the prescription by using this option.

The following are some common causes for failure of the barcode reader and how they can be corrected.

- Barcode too faint (change printer ribbon)
- Improper scanning (move the wand at a steady rate)
- Defective barcode reader (replace the reader)

**Process Internet Refills**  
[**PSO INTERNET REFILLS**]
PARAMETERS] option has been added to the existing ePharmacy Menu [PSO EPHARMACY MENU].

This new option requires the PSORPH security key.

The following site parameters are definable using this option:

- ALLOW ALL REJECTS: Requires a YES or NO answer. It is highly suggested that NO be answered at this prompt. Answering YES to this prompt will signify that all prescription fills with ePharmacy rejected claims will automatically be placed on the Third Party Payer Rejects - Worklist, also known as the Pharmacy Reject Worklist. This is in addition to Refill-Too-Soon (79), Drug Utilization Review (DUR/88) and TRICARE rejects which are automatically placed on the Pharmacy Reject Worklist. Any individually defined reject codes in this file will be overridden when a “YES” answer is given.

- REJECT WORKLIST DAYS: This is the number of days an uncommented reject can remain on the reject worklist without being included in the nightly reject worklist alert mail message.

The following prompts appear consecutively and the user may enter as many reject codes as they desire along with the manner in which each will be allowed to be placed on the reject worklist.

- REJECT CODE: A valid third party claim reject code should be entered. A listing of these codes is provided when double question marks (??) are entered for this prompt. Valid codes are contained within the BPS NCPDP REJECT CODES file (#9002313.93). Also, a value defined in this field triggers definition of USER field (#2) and DATE OF LAST UPDATE field (#3). Any individually defined codes will be overridden when the ALLOW ALL REJECTS prompt is answered as YES.

- AUTO SEND: This prompt is a companion to the REJECT CODE prompt. Enter YES to allow the entered REJECT CODE to be automatically placed on the Pharmacy Reject Worklist or NO to require Outpatient Pharmacy Electronic Claims Coordinator (OPECC) intervention to do so. A null value will be treated the same as entering NO in this field.
The following is an example of definition of ePharmacy Site Parameters:

Select ePharmacy Menu Option: SP  ePharmacy Site Parameters

Regardless of any parameters defined, Refill-Too-Soon, Drug Utilization Review(DUR) and Tricare reducts will always be placed on the Third Party Payer Rejects - Worklist, also known as Pharmacy Reject Worklist. These parameters are uneditable and are the default parameters.

Division: ALBANY ISC  500
...OK? Yes// (Yes)
ALLOW ALL REJECTS: NO//
REJECT WORKLIST DAYS: 7
Select REJECT CODE: DAW ??
Select REJECT CODE: ??

Choose from: (The following are previously defined reject code(s))
22  M/I Dispense As Written (DAW)/Product Selection Code  YES

You may enter a new REJECT CODE, if you wish

*** Enter a valid third party reject code from the previously entered codes
*** above, enter a new code, or enter one from the provided listing below.
*** Valid codes are those defined in BPS NCPDP REJECT CODES file (#9002313.93).

A valid third party claim reject code should be entered. A listing of these codes is provided when double question marks are entered for this field.

Choose from:
10  M/I Patient Gender Code
11  M/I Patient Relationship Code
12  M/I Place of Service
13  M/I Other Coverage Code
14  M/I Eligibility Clarification Code
15  M/I Date of Service
16  M/I Prescription/Service Reference Number
17  M/I Fill Number
18  M/I Metric Quantity
19  M/I Days Supply
20  M/I Compound Code
21  M/I Product/Service ID
22  M/I Dispense As Written (DAW)/Product Selection Code
23  M/I Ingredient Cost Submitted
24  M/I SALES TAX
25  M/I Prescriber ID
26  M/I Unit Of Measure
27  (FUTURE USE)

Select REJECT CODE:  22  M/I Dispense As Written (DAW)/Product Selection Code
...OK? Yes// (Yes)

CODE: 22//  AUTO SEND: NO// Y YES
Select REJECT CODE: 75  Prior Authorization Required
...OK? Yes// (Yes)

CODE: 75// AUTO SEND: NO//
Select REJECT CODE:

Division:
Third Party Payer Rejects - View/Process
[PSO REJECTS VIEW/PROCESS]

This option provides information about rejects that have been on the Third Party Payer Rejects – Worklist. This option allows the user to find, display and reopen rejects previously resolved from the Third Party Payer Rejects – Worklist in order to take action on them again.

The user can choose to view rejects for one, multiple, or all Outpatient Pharmacy Divisions.

Example: Viewing and Resolving Open Rejects

Select ePharmacy Menu Option: VP Third Party Payer Rejects - View/Process

You may select a single or multiple DIVISIONS, or enter ^ALL to select all DIVISIONS.

DIVISION: ^ALL

The user can select one of the following selections to filter the data displayed:

- **DATE RANGE:** Selects a date range (Default: Last 90 days).

  BEGIN REJECT DATE: T-90// <Enter> (MAR 09, 2007)
  END REJECT DATE: T/<Enter> (JUN 07, 2007)

- **(P)ATIENT:** Selects a single patient, multiple patients, or all patients.
- **(D)RUG:** Selects a single drug, multiple drugs, or all drugs.
- **(R)x:** Selects a single prescription number, or multiple prescription numbers.
- **(I)NSURANCE:** Selects a single insurance, multiple insurances, or all insurances.

Select one of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>PATIENT</td>
</tr>
<tr>
<td>D</td>
<td>DRUG</td>
</tr>
<tr>
<td>R</td>
<td>Rx</td>
</tr>
<tr>
<td>I</td>
<td>INSURANCE</td>
</tr>
</tbody>
</table>

By (P)atient, (D)rug, (R)x or (I)nsurance: P// INSURANCE

Enter the whole or part of the Insurance Company name for which you want to view/process REJECTS.

INSURANCE: TEST INS
ANOTHER ONE: <Enter>

-------------------------------------------------------------------------------example continues-------------------------------------------------------------------------------
Next, the user can choose to display either Unresolved, Resolved, or Both types of rejects.

**Example: Viewing and Resolving Open Rejects (continued)**

```
Select one of the following:

U   UNRESOLVED
R   RESOLVED
B   BOTH

(U)NRESOLVED, (R)ESOLVED or (B)OTH REJECT statuses: B// <Enter> BOTH
Please wait...
```

<table>
<thead>
<tr>
<th>Divisions: ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection: ALL REJECTS FOR TEST INS</td>
</tr>
<tr>
<td># Rx#</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<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>
<tr>
<td>Select: Quit//</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following options are available on the screen above:

- **DR** – Sorts the list by the drug name.
- **PA** – Sorts the list by the patient’s last name.
- **RE** – Sorts the list by the reject reason.
- **RF** – Refreshes the screen. (This selection retrieves DUR/REFILL TOO SOON rejects that happened after the screen was originally populated.)
- **RX** – Sorts the list by Prescription number.
- **GI** – Groups the rejects by Insurance Company name.
The following two sets of characters denote the order by which the list is being ordered: [^] for ascending and [v] for descending. The order inverts every time the user selects the same column by which the list is already ordered. Thus, if the list is currently ordered by Patient in an ascending order ([^]) and the user types “PA”, the list will be re-sorted in descending order and the order indicator will change to ([v]).

The user selects a specific record to display all relevant information about the prescription and the claim submitted to the payer.

Example: Viewing and Resolving Open Rejets (continued)

<table>
<thead>
<tr>
<th>Reject Information(UNRESOLVED)</th>
<th>Page: 1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 21, 2005@08:29:30</td>
<td></td>
</tr>
<tr>
<td>Division : ALBANY</td>
<td>NPI#: 1712884</td>
</tr>
<tr>
<td>Patient : OPPATIENT,FOUR (000-01-1322P)</td>
<td>Sex: M</td>
</tr>
<tr>
<td>Rx# : 100003873/0</td>
<td>ECME#: 000000504455</td>
</tr>
<tr>
<td>Date of Service: Nov 15, 2005</td>
<td></td>
</tr>
</tbody>
</table>

REJECT Information

Reject Type : 79 - REFILL TOO SOON received on NOV 15, 2005@14:13:51
Reject Status : OPEN/UNRESOLVED
Payer Addl Msg : NEXT RFL 111805,DAYS TO RFL 3,LAST FILL 101805 AT YOUR PHARM,REFILL TOO SOON
Reason Code : ER (OVERUSE PRECAUTION )
DUR Text : RETAIL

OTHER REJECTS

29 - M/I Number Refills Authorized
39 - M/I Diagnosis Code

INSURANCE Information

Insurance : TEST INS
Contact : 1-800-555-5050
Group Name : RXINS

+ Enter ?? for more actions

VW View Rx       IGN Ignore Reject       OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim CSD Change Suspense Date
Select: Next Screen// IGN Ignore Reject

These options are available on the screen above:

- **VW (View)** – Takes the user to the View Prescription option to review details for that prescription.
- **MP (Medication Profile)** – Invokes the patient’s list of medication.
- **IGN (Ignore Reject)** – Allows the user to close or resolve the DUR/REFILL TOO SOON Reject without resubmission to the payer. The user will be required to enter a free-text comment and his/her electronic signature.
- **RES (Resubmit Claim)** – Allows the user to re-submit the claim to the payer. This will automatically mark the reject resolved.
- **OVR (Submit Override Codes)** – Allows the user to re-submit the claim by entering NCPDP override codes, which shall trigger a new claim submission be sent to the payer.
- **CSD (Change Suspense Date)** – Allows the user to change the fill date for suspended prescriptions. The user will not be allowed to enter a suspense date that is greater than the fill date plus 90 days. Dates where the fill date plus 90 days is greater than the expiration date will not be allowed entry, and dates prior to issue date will not be allowed.
**Hidden actions:**

- **COM (Add Comments)** – Allows the user to add reject-specific comments. These comments are local to the Reject Worklist and View/Process options and are not transmitted to ECME.
- **CLA (Submit Clarif. Code)** – Allows the user to re-submit a claim with Clarification Codes.
- **ED (Edit Rx)** – Allows the user to edit the prescription.
- **PA (Submit Prior Auth.)** – Allows the user to re-submit a claim with Prior Authorization information.
- **ARI (View Addtnl Rej Info)** – Allows the user to display additional reject information from the payer, if available.

**Example: Viewing and Resolving Open Rejects (continued)**

```
Enter your Current Signature Code:     SIGNATURE VERIFIED
Comments: Changed quantity

When you confirm this REJECT will be marked RESOLVED.

Confirm? ? NO// Y YES                    [Closing...OK]
```

The following is a sample of the ECME Activity Log update that occurs when a reject is resolved:

**Example: ECME Activity Log entry: Reject Resolved**

```
Rx Activity Log               Nov 21, 2005@09:43:33       Page:  3 of  3
OPPATIENT,FOUR
  PID: 000-01-1322P
  DOB: JAN 13,1922 (83)

+ 11/15/05@14:13:52   ORIGINAL        OPPHARMACIST4,THREE
  Comments: Submitted to ECME:REJECT WORKLIST-DUR OVERRIDE CODES (DD/M0/1B)-E PAYABLE

ECME REJECT Log:
#   Date/Time Rcvd       Rx Ref    Reject Type      STATUS    Date/Time Resolved
============================================
1   12/11/05@19:03:31    ORIGINAL    DUR            RESOLVED 12/12/05@16:45:21
  Comments: CLAIM RE-SUBMITTED
2   5/30/06@19:13:57     REFILL 2    DUR            RESOLVED 5/31/06@15:58:32
  Comments: CLAIM RE-SUBMITTED

Enter ?? for more actions

Select Action:Quit//
```
**Third Party Payer Rejects - Worklist**  
*PSO REJECTS WORKLIST*

This option gives the user the ability to process Third Party Payer Rejects and TRICARE Non-billable rejects for one, multiple, or all Outpatient Pharmacy Divisions. Only OPEN/UNRESOLVED rejects that have clinical significance, such as DUR and Fill Too Soon, and rejects transferred from the ECME User Screen, are added to the Worklist. Once the reject is marked CLOSED/RESOLVED, it is automatically removed from the Worklist.

Example: Resolving Open Rejects

<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>100003521</td>
<td>OPPATIENT,TWELVE (5444)</td>
<td>ACETYLCYSTEINE 20% 3 79</td>
<td>REFILL TOO SOON</td>
</tr>
<tr>
<td>2</td>
<td>100003521</td>
<td>OPPATIENT,TWELVE (5444)</td>
<td>ACETYLCYSTEINE 20% 3 79</td>
<td>REFILL TOO SOON</td>
</tr>
<tr>
<td>3</td>
<td>100003872</td>
<td>OPPATIENT,FOUR (1322P)</td>
<td>A AND Z OINTMENT</td>
<td>DUR:</td>
</tr>
<tr>
<td>4</td>
<td>101359</td>
<td>OPTRICARE,ONE (7894)</td>
<td>BACLOFEN 10MG TABS</td>
<td>07 : M/I Cardholde</td>
</tr>
<tr>
<td>5</td>
<td>100924</td>
<td>OPTRICARE,TRI (4932)</td>
<td>LORAZEPAM 1MG TAB</td>
<td>07 : M/I Cardholde</td>
</tr>
<tr>
<td>6</td>
<td>101173</td>
<td>IBPATIENT,ONE (9877)</td>
<td>FENOPROFEN 300MG CAP</td>
<td>08 : M/I Person Co</td>
</tr>
<tr>
<td>7</td>
<td>101130</td>
<td>OPPATIENT,ONE (4589)</td>
<td>CHLORAMBUCIL 2MG TAB</td>
<td>NN : Transaction R</td>
</tr>
</tbody>
</table>

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

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

Select: Quit/
These options are available on the following screen:

- **VW (View)** – Takes the user to the *View Prescription* option to review details for that prescription.
- **MP (Medication Profile)** – Invokes the patient’s list of medication.
- **IGN (Ignore Reject)** – Allows the user to close or resolve the DUR/REFILL TOO SOON Reject without resubmission to the payer. The user will be required to enter a free-text comment and his/her electronic signature.
- **RES (Resubmit Claim)** – Allows the user to re-submit the claim to the payer. This will automatically mark the reject resolved.
- **OVR (Submit Override Codes)** – Allows the user to re-submit the claim by entering NCPDP override codes, which shall trigger a new claim submission be sent to the payer.
- **CSD (Change Suspense Date)** – Allows the user to change the fill date for suspended prescriptions.

**Example: Resolving Open Rejects (continued)**

<table>
<thead>
<tr>
<th>Reject Information (UNRESOLVED)</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division: ALBANY</td>
<td>NPI#: 1712884</td>
</tr>
<tr>
<td>Patient: OPPATIENT, FOUR(000-01-1322P)</td>
<td>Sex: M</td>
</tr>
<tr>
<td>Rx#: 100003872/0</td>
<td>ECME#: 000000504454</td>
</tr>
</tbody>
</table>

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

**INSURANCE Information**
- Insurance: TEST INS
- Contact:
- Group Name: RXINS
- Group Number: 12454
- Cardholder ID: 000011322P

Enter ?? for more actions
- VW View Rx
- IGN Ignore Reject
- OVR Submit Override Codes
- MP Medication Profile
- RES Resubmit Claim
- CSD Change Suspense Date

Select: Quit//OVR Override Reject

--- example continues ---

When a claim is rejected, typically the Payer provides a “Reason for Service Code”, which displays on the reject as “Reason Code”. The user can use this reason to then select which code is entered for “Professional Service Code” and “Result of Service Code”.
The following is an example of a prescription being resolved for prior authorization submission.

**Example: Prior Authorization Submission**

```
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#: 000000504454 Date of Service: Nov 15, 2005

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

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

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

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

Select: Quit// PA  Send Prior Auth.

Prior Authorization Type: 0// ?

Choose from:
0  NOT SPECIFIED
1  PRIOR AUTHORIZATION #
2  ML-MEDICAL CERTIFIED
3  EPSDT
4  EXEMPT FROM COPAY
5  EXEMPT FROM RX LIMITS
6  FAMILY PLANNING
7  AFDC
8  PAYER DEFINED EXEMPTION
```

---example continues---
Example: Prior Authorization Submission (continued)

Prior Authorization Type: 0// 1 PRIOR AUTHORIZATION #
Prior Authorization Number: 12345678901

When you confirm, a new claim will be submitted for the prescription and this REJECT will be marked resolved.

Confirm? ? YES// <Enter>

Prescription 787480 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting

Example: Clarification Code Submission

The following is an example of a prescription being resolved for clarification code submission.

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#: 000000504454 Date of Service: Nov 15, 2005

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

INSURANCE Information
Insurance : TEST INS
Contact :
Group Name : RXINS
Group Number : 12454
Cardholder ID : 00011322P

Enter ?? for more actions
WV View Rx IGN Ignore Reject OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim CSD Change Suspense
Select: Quit// ??

The following actions are also available:
COM Add Comments DN Down a Line PS Print Screen
CLA Submit Clarif. Code UP Up a Line PT Print List
ED Edit Rx FS First Screen SL Search List

------------------------------------------------------------------------------ example continues------------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>PA</th>
<th>Submit Prior Auth.</th>
<th>LS</th>
<th>Last Screen</th>
<th>ADPL Auto Display (On/Off)</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Next Screen</td>
<td>GO</td>
<td>Go to Page</td>
<td>QU</td>
</tr>
<tr>
<td>-</td>
<td>Previous Screen</td>
<td>RD</td>
<td>Re Display Screen</td>
<td>ARI</td>
</tr>
</tbody>
</table>

---

(example continues)
Example: Clarification Code Submission (continued)

Select: Quit// CLA  Submit Clarif. Code

Submission Clarification Code 1: ?

Choose from:
0  NOT SPECIFIED
1  NO OVERRIDE
2  OTHER OVERRIDE
3  VACATION SUPPLY
4  LOST PRESCRIPTION
5  THERAPY CHANGE
6  STARTER DOSE
7  MEDICALLY NECESSARY
8  PROCESS COMPOUND
9  ENCOUNTERS
99  OTHER

Submission Clarification Code 1: 3  VACATION SUPPLY
Submission Clarification Code 2: 5  THERAPY CHANGE
Submission Clarification Code 3: 4  LOST PRESCRIPTION

When you confirm, a new claim will be submitted for the prescription and this REJECT will be marked resolved.

Confirm? ? YES// <Enter>

Prescription 787480 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
Example: Rejected Prescription – Adding Comments

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

Select: Quit/ Com

The following actions are also available:

**COM** Add Comments **DN** Down a Line **PS** Print Screen
**CLA** Submit Clarif. Code **UP** Up a Line **PT** Print List
**ED** Edit Rx **FS** First Screen **SL** Search List
**PA** Submit Prior Auth. **LS** Last Screen **ADPL** Auto Display(On/Off)
+ Next Screen **GO** Go to Page **QU** Quit
- Previous Screen **RD** Re Display Screen **ARI** View Addtl Rej Info

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#: 000000504454 Date of Service: Nov 15, 2005

REJECT Information
Reject Type: 88 - DUR REJECT received on NOV 15, 2005@14:11:51
Reject Status: OPEN/UNRESOLVED
Payer Addl Msg: 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: TEST INS
Contact:
Group Name: RXINS
Group Number: 12454
Cardholder ID: 000011322P

Enter ?? for more actions
VW View Rx  IGN Ignore Reject  OVR Submit Override Codes
MP Medication Profile  RES Resubmit Claim  CSD Change Suspense
Select: Quit//
Example: Viewing Additional Reject Information

The following is an example of the Additional Reject Information display for a prescription.

Select: Quit// ??

The following actions are also available:

<table>
<thead>
<tr>
<th>Key</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>COM</td>
<td>Add Comments</td>
</tr>
<tr>
<td>DN</td>
<td>Down a Line</td>
</tr>
<tr>
<td>PS</td>
<td>Print Screen</td>
</tr>
<tr>
<td>CLA</td>
<td>Submit Clarif. Code</td>
</tr>
<tr>
<td>UP</td>
<td>Up a Line</td>
</tr>
<tr>
<td>PT</td>
<td>Print List</td>
</tr>
<tr>
<td>ED</td>
<td>Edit Rx</td>
</tr>
<tr>
<td>FS</td>
<td>First Screen</td>
</tr>
<tr>
<td>SL</td>
<td>Search List</td>
</tr>
<tr>
<td>PA</td>
<td>Submit Prior Auth.</td>
</tr>
<tr>
<td>LS</td>
<td>Last Screen</td>
</tr>
<tr>
<td>ADPL</td>
<td>Auto Display (On/Off)</td>
</tr>
<tr>
<td>+</td>
<td>Next Screen</td>
</tr>
<tr>
<td>RD</td>
<td>Re Display Screen</td>
</tr>
<tr>
<td>-</td>
<td>Previous Screen</td>
</tr>
<tr>
<td>GO</td>
<td>Go to Page</td>
</tr>
<tr>
<td>QU</td>
<td>Quit</td>
</tr>
<tr>
<td>ARI</td>
<td>View Addtnl Rej Info</td>
</tr>
</tbody>
</table>

Select: Quit// ARI View Addtnl Rej Info

Additional Reject Info  Aug 02, 2011@12:24:51  Page:  1 of 8
Division: CHEYENNE VAMsROC  NPI#: 4020000012
Patient: ECMETEST,JCH(5454)  Sex: M  DOB: JAN 2, 1968 (43)
Rx#: 2054809/1  ECME#: 000001614676  Date of Service: Jun 08, 2011

Payer Msg: WEBMD: TEST TRANSMISSION. SUCCESSFULLY PAID.

Payer Addl Msg:
ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKL
MNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWX
YZABCDEFHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZ

DUR Response: 1
Reason Code: TD (THERAPEUTIC )
Clinical Significance Code: MINOR
Other Pharmacy Indicator: OTHER PHARMACY SAME CHAIN
+ Enter ?? for more actions

Select Action: Next Screen//

-----------------------------------------example continues-----------------------------------------
### Example: Viewing Additional Reject Information (continued)

<table>
<thead>
<tr>
<th>Additional Reject Info</th>
<th>Aug 02, 2011@12:26:32</th>
<th>Page: 2 of 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division</td>
<td>CHEYENNE VAM&amp;ROC</td>
<td>NPI#: 4020000012</td>
</tr>
<tr>
<td>Patient</td>
<td>ECMETEST,JCH(5454)</td>
<td>Sex: M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOB: JAN 2,1968(43)</td>
</tr>
<tr>
<td>Rx#</td>
<td>2054809/1</td>
<td>ECME#: 1614676</td>
</tr>
<tr>
<td>Date of Service</td>
<td>Jun 08, 2011</td>
<td></td>
</tr>
<tr>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Date of Fill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantity of Previous Fill</td>
<td>99999999987</td>
<td></td>
</tr>
<tr>
<td>Database Indicator</td>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>Other Prescriber Indicator</td>
<td>OTHER PRESCRIBER</td>
<td></td>
</tr>
<tr>
<td>DUR Text</td>
<td>ABCDEFGHIJKLMNOPQRSTUVWXYZABCD</td>
<td></td>
</tr>
<tr>
<td>DUR Add Text:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUR Response</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Reason Code</td>
<td>TD (THERAPEUTIC )</td>
<td></td>
</tr>
<tr>
<td>Clinical Significance Code</td>
<td>MINOR</td>
<td></td>
</tr>
<tr>
<td>Other Pharmacy Indicator</td>
<td>OTHER PHARMACY SAME CHAIN</td>
<td></td>
</tr>
<tr>
<td>Previous Date of Fill</td>
<td>Jul 15, 2011</td>
<td></td>
</tr>
<tr>
<td>Quantity of Previous Fill</td>
<td>000000000000000</td>
<td></td>
</tr>
<tr>
<td>Database Indicator</td>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>Enter ?? for more actions</td>
<td></td>
</tr>
</tbody>
</table>

Select Action:Next Screen

One important advantage of having the additional DUR information is the inclusion of the PPS Response information. The information in red above can be used to calculate the next fill date when resolving DUR rejects where the next date of fill is not returned by the payer. The use of this information eliminates a call to the third party in these cases.
TRICARE Bypass/Override Report

This option provides information in a detail or summary report format that will list prescriptions where the Bypass or Override was performed to enable processing of these TRICARE prescriptions. The user has the ability to list TRICARE (I)npatient; TRICARE (N)on-Billable Product; TRICARE (R)eject Override; or (A)ll. Besides allowing the selection of all types, the report allows the selection of one or two types. For example, the user can select Non-billable and Reject for the same report.

- Date of Action (user-defined date range)
- Summary or Detail
- Subtotals of number of Rxs and bill cost available by Pharmacist or Provider
- Grand total number of Rxs contained in the report
- Grand total bill cost of the Rxs contained in the report

This menu option is locked with the PSO TRICARE MGR security key.

Example: Accessing the TRICARE Bypass/Override Report

Select Rx (Prescriptions) Option: epharmacy Menu

<table>
<thead>
<tr>
<th>IR</th>
<th>Ignored Rejects Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP</td>
<td>ePharmacy Medication Profile (View Only)</td>
</tr>
<tr>
<td>NV</td>
<td>NDC Validation</td>
</tr>
<tr>
<td>PF</td>
<td>ePharmacy Medication Profile Division Preferences</td>
</tr>
<tr>
<td>SP</td>
<td>ePharmacy Site Parameters</td>
</tr>
<tr>
<td>VP</td>
<td>Third Party Payer Rejects - View/Process</td>
</tr>
<tr>
<td>WL</td>
<td>Third Party Payer Rejects - Worklist</td>
</tr>
<tr>
<td>TC</td>
<td>TRICARE Bypass/Override Report</td>
</tr>
</tbody>
</table>

You've got PRIORITY mail!

Select ePharmacy Menu Option: TC  TRICARE Bypass/Override Report

Select one of the following:

D  DIVISION
A  ALL

Select Certain Pharmacy (D)ivisions or (A)LL:
Example: TRICARE Bypass/Override Report Filters and Data Elements

Select one of the following:
- D  DIVISION
- A  ALL

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

Select ECME Pharmacy Division(s): BATTLE CREEK
Selected:
- BATTLE CREEK

Select ECME Pharmacy Division(s): GRAND RAPIDS MI CBOC 515BY VA GRAND RAPIDS OPC
Selected:
- BATTLE CREEK

Select ECME Pharmacy Division(s):
Select one of the following:
- S  Summary
- D  Detail

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

START WITH A ACTION DATE: T-1// T-10  (APR 30, 2010)
GO TO  ACTION DATE: T// T-9  (MAY 01, 2010)

Select one of the following: ** The user will be able to select multiples -- limit of two**
- I  TRICARE INPATIENT
- N  TRICARE NON-BILLABLE
- R  TRICARE REJECT OVERRIDE
- A  ALL

Include TRICARE (I)npatient, TRICARE (N)on-Billable, TRICARE (R)eject or (A)ll: <no default>
Select one of the following:
- S  Specific Pharmacist(s)
- A  ALL Pharmacists

Select Specific Pharmacist(s) or include ALL Pharmacists: ALL//
Select one of the following:
- S  Specific Provider(s)
- A  ALL Providers

Select Specific Provider(s) or include ALL Providers: ALL//

Group/Subtotal Report by Pharmacy (R)Pharmacist or (P)rovider: <no default>

Do you want to capture report data for an Excel document? NO//
WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES
DEVICE: HOME// 0;132;99  INCOMING TELNET
Please wait...

** When selecting from above, Specific Pharmacist (s), the user will be able to continue selecting Pharmacist (s) as necessary. This filter will have the same functionality as the Division/Insurance Company selection filters.

** When selecting from above, Specific Provider (s), the user will be able to continue selecting Provider (s) as necessary. This filter will have the same functionality as the Division/Insurance Company selection filters.
Example of TRICARE Bypass/Override Audit Report Detail

<table>
<thead>
<tr>
<th>BENEFICIARY NAME/ID</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>RX DATE</th>
<th>RX INFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION(S): DIVISION ONE, DIVISION TWO</td>
<td>TC TYPES: INPATIENT, NON-BILLABLE PRODUCT, REJECT OVERRIDE By Division</td>
<td>ALL PRESCRIPTIONS BY ACTION DATE: From 09/01/10 through 09/30/10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIVISION: DIVISION ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>****************** TRICARE INPATIENT ********************</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPATIENT,TRIONE/XXXX</th>
<th>10750XXXX$</th>
<th>0000093000XXX</th>
<th>09/10/10</th>
<th>C RT AC/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSTMASTER</td>
<td>09/10/10</td>
<td>45.00</td>
<td>180</td>
<td>06XXX-3XXX-XX</td>
</tr>
</tbody>
</table>

TRICARE INPATIENT

<table>
<thead>
<tr>
<th>SUBTOTALS</th>
<th>RX COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.00</td>
<td>1</td>
<td>45.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPATIENT,TRITWO/XXXX</th>
<th>1075XXXX$</th>
<th>0000093000XXX</th>
<th>09/10/10</th>
<th>C RT AC/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPHARM,ONE</td>
<td>09/10/10</td>
<td>20.00</td>
<td>180</td>
<td>06XXX-3XXX-XX</td>
</tr>
</tbody>
</table>

TRICARE NON-BILLABLE PRODUCT

<table>
<thead>
<tr>
<th>SUBTOTALS</th>
<th>RX COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.00</td>
<td>1</td>
<td>20.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPATIENT,TRIFOUR/XXXX</th>
<th>107XXXX0B$</th>
<th>0000093000XXX</th>
<th>09/10/10</th>
<th>C RT AC/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPHARM,ONE</td>
<td>09/10/10</td>
<td>20.00</td>
<td>180</td>
<td>06524-3288-09</td>
</tr>
</tbody>
</table>

TRICARE REJECT OVERRIDE

<table>
<thead>
<tr>
<th>SUBTOTALS</th>
<th>RX COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.00</td>
<td>1</td>
<td>20.00</td>
</tr>
<tr>
<td>DIVISION: DIVISION ONE</td>
<td>SUBTOTALS</td>
<td>RX COUNT</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>20.00</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIVISION: DIVISION TWO</th>
<th>SUBTOTALS</th>
<th>RX COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85.00</td>
<td>3</td>
<td>28.33</td>
</tr>
</tbody>
</table>

TRICARE INPATIENT

<table>
<thead>
<tr>
<th>VRX</th>
<th>RX</th>
<th>DESC</th>
<th>UNIT</th>
<th>TOTAL</th>
<th>DATE</th>
<th>BILLING</th>
<th>PCN</th>
<th>ORDER</th>
<th>PAYMENT</th>
<th>PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT,TRISIX/XXXX</td>
<td>107XXXXX$</td>
<td>0/00000930XXXX</td>
<td>09/10/10</td>
<td>C RT AC/N</td>
<td>POSTMASTER</td>
<td>10.00</td>
<td>180</td>
<td>06XXX-XXXX-XX</td>
<td>METFORMIN HCL 500MG TAB</td>
<td>PATIENT IS CURRENTLY ON A WEEKEND PASS AND WILL RETURN ON MONDAY 09/13/2010.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VRX</th>
<th>RX</th>
<th>DESC</th>
<th>UNIT</th>
<th>TOTAL</th>
<th>DATE</th>
<th>BILLING</th>
<th>PCN</th>
<th>ORDER</th>
<th>PAYMENT</th>
<th>PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT,TRISEVEN/XXXX</td>
<td>107XXXXXB$</td>
<td>0/0000093XXXXX</td>
<td>09/10/10</td>
<td>C RT AC/N</td>
<td>POSTMASTER</td>
<td>40.00</td>
<td>180</td>
<td>06XXX-XXXX-XX</td>
<td>METFORMIN HCL 500MG TAB</td>
<td>PATIENT IS CURRENTLY ON A WEEKEND PASS AND WILL RETURN ON MONDAY 09/13/2010.</td>
</tr>
</tbody>
</table>

TRICARE NON-BILLABLE PRODUCT

<table>
<thead>
<tr>
<th>VRX</th>
<th>RX</th>
<th>DESC</th>
<th>UNIT</th>
<th>TOTAL</th>
<th>DATE</th>
<th>BILLING</th>
<th>PCN</th>
<th>ORDER</th>
<th>PAYMENT</th>
<th>PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT,TRIEIGHT/XXXX</td>
<td>107XXXXX$</td>
<td>0/00000930XXXXX</td>
<td>09/10/10</td>
<td>C RT AC/N</td>
<td>OPPHARM,THREE</td>
<td>60.00</td>
<td>180</td>
<td>06XXX-3XXX-XX</td>
<td>DOCUSATE NA 100MG CA</td>
<td>eT TRICARE DRUG NOT BILLABLE Fill Per Provider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VRX</th>
<th>RX</th>
<th>DESC</th>
<th>UNIT</th>
<th>TOTAL</th>
<th>DATE</th>
<th>BILLING</th>
<th>PCN</th>
<th>ORDER</th>
<th>PAYMENT</th>
<th>PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT,THREE</td>
<td>09/10/10 OPPHARM,THREE</td>
<td>60.00</td>
<td>180</td>
<td>06XXX-3XXX-XX</td>
<td>DOCUSATE NA 100MG CA</td>
<td>eT TRICARE DRUG NOT BILLABLE Fill Per Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**TRICARE REJECT OVERRIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Count</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT,TRININE/XXXX</td>
<td>107XXXXX$</td>
<td>0/00000930XXXX</td>
<td>09/10/10</td>
</tr>
<tr>
<td>09/10/10 OPHARM, TWO</td>
<td>20.00</td>
<td>180</td>
<td>20.00</td>
</tr>
<tr>
<td>Claim ID: VA2005-056XXXX-XXXXXX=0007XXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50:Non-Matched Pharmacy Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25:M/I Prescriber ID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPPHARM, TWO</td>
<td></td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>SUBTOTALS</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td></td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>TRICARE REJECT</td>
<td></td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>SUBTOTALS</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td></td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>DIVISION: DIVISION TWO</td>
<td></td>
<td>130.00</td>
<td></td>
</tr>
<tr>
<td>SUBTOTALS</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td></td>
<td>36.67</td>
<td></td>
</tr>
<tr>
<td>GRAND TOTALS</td>
<td></td>
<td>215.00</td>
<td></td>
</tr>
<tr>
<td>RX COUNT</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td></td>
<td>30.71</td>
<td></td>
</tr>
</tbody>
</table>

Report has finished.

Press RETURN to continue:
(This page included for two-sided copying.)
**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:

- **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).
### 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>ECMEIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payer Message:</td>
</tr>
<tr>
<td>2</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTROPINE 2MG TAB</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payer Message:</td>
</tr>
<tr>
<td>3</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payer Message:</td>
</tr>
<tr>
<td>4</td>
<td>OPTRICARE,ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
<td>14 :M/I Eligible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payer Message:</td>
</tr>
<tr>
<td>5</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payer Message:</td>
</tr>
<tr>
<td>6</td>
<td>OPTRICARE,ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
<td>14 :M/I Eligible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payer Message:</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>FA</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//

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>#</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>100739</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTROPINE 2MG TAB</td>
<td>79 :REFILL TOO SO</td>
<td>TRICARE</td>
</tr>
<tr>
<td>2</td>
<td>101960</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
<td>79 :REFILL TOO SO</td>
<td>ZENITH ADMINISTATORS</td>
</tr>
<tr>
<td>3</td>
<td>101238</td>
<td>ECMIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE 1</td>
<td>79 :REFILL TOO SO</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>101981</td>
<td>OPTICARE,ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
<td>79 :REFILL TOO SO</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>101980</td>
<td>OPTICARE,ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
<td>14 :M/I Eligibility</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>101981</td>
<td>OPTICARE,ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
<td>14 :M/I Eligibility</td>
<td></td>
</tr>
</tbody>
</table>

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
- **LS** Last Screen  **SL** Search List
- **GO** Go to Page  **ADFL** Auto Display(On/Off)
- **RD** Re Display Screen  **QU** Quit
- **DN** Down a Line  **PS** Print Screen

Enter RETURN to continue or '^' to exit:

### Example with TRICARE rejects displayed:

<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>ECMIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE 1</td>
<td>79 :REFILL TOO SO</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>100739</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTROPINE 2MG TAB</td>
<td>79 :REFILL TOO SO</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>101960</td>
<td>OPTICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
<td>79 :REFILL TOO SO</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>101980</td>
<td>OPTICARE,ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
<td>14 :M/I Eligibility</td>
<td></td>
</tr>
</tbody>
</table>

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 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 of TRICARE rejects removed from display:

<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>ECMEIBTEST,ONE (5566)</td>
<td>MEDROXYPROGESTRON</td>
<td>1 79 :REFILL TOO SO</td>
</tr>
<tr>
<td>2</td>
<td>100739</td>
<td>ECMEPAT,TWO (8887)</td>
<td>BENZTROPINE 2MG TAB</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td>3</td>
<td>101960</td>
<td>OPTRICARE,ONE (4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
<td>79 :REFILL TOO SO</td>
</tr>
</tbody>
</table>

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

Select: Quit// ??

The following actions are also available:

<table>
<thead>
<tr>
<th>FR</th>
<th>Show/Hide Tricare</th>
<th>PS</th>
<th>First Screen</th>
<th>PT</th>
<th>Print List</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>Next Screen</td>
<td>LS</td>
<td>Last Screen</td>
<td>SL</td>
<td>Search List</td>
</tr>
<tr>
<td>-</td>
<td>Previous Screen</td>
<td>GO</td>
<td>Go to Page</td>
<td>ADPL</td>
<td>Auto Display(On/Off)</td>
</tr>
<tr>
<td>UP</td>
<td>Up a Line</td>
<td>RD</td>
<td>Re Display Screen</td>
<td>QU</td>
<td>Quit</td>
</tr>
<tr>
<td>DN</td>
<td>Down a Line</td>
<td>FS</td>
<td>Print Screen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter RETURN to continue or '^' to exit:

- Processing of TRICARE Rejections - TRICARE Eligible Bypass/Override Functions

A bypass function is provided to allow continued processing of prescriptions for TRICARE eligible inpatients whose Patient status = Inpatient at the time the prescription is issued.

In the following example a patient who has been admitted into a VA hospital (Patient status = Inpatient) is allowed to go on a weekend “pass” and issued outpatient medications such as OTC drugs or supplies for the weekend. The system displays the Non-Billable Reason “TRICARE INPATIENT/DISCHARGE” on the screen. The display of the new Non-Billable Reason is due to the patient having Patient status = Inpatient, the patient is a TRICARE patient with TRICARE Insurance and an outpatient medication, OTC or Supply was issued.
ISSUE DATE: OCT 31,2010//  (OCT 31, 2010)
Nature of Order: WRITTEN// W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No// NO

Rx # XXXX885 10/31/10
TRICARE,ONE(XXX-XX-XXXX) #3
TAKE 1 BY MOUTH 9

ACETAMINOPHEN 160MG/5ML ELIXIR (OZ)
VHAPROVIDER,ONE JOHN,DOE
# of Refills: 5

Is this correct? YES//

TRAICARE INPATIENT/DISCHARGE

Another New Order for TRICARE,ONE? YES//

The following is a sample of the View Prescription ECME Log update. The Non-Billable Reason “TRICARE INPATIENT/DISCHARGE” is now displayed on the View Prescription ECME Log. The TRICARE INPATIENT/DISCHARGE status allows the system to record why a TRICARE Rx was allowed to be bypassed.
Example: View Prescription ECME Log entry: TRICARE INPATIENT/DISCHARGE

Rx View (Active)-Oct 26, 2010@17:07:34 Page: 4 of 4
TRICARE.ONE
<PID: XXX-XX-XXXX
DOB: MAR 16,19xx (xx)
Ht(cm): ______ (____)
Wt(kg): ______ (____)
+

Label Log: # Date Rx Ref Printed By
=============================================================================
There are NO Labels printed.
ECME Log: # Date/Time Rx Ref Initiator Of Activity
==============================================================================
1 10/26/10@16:04:50 ORIGINAL JOHN,DOE
Comments: TRICARE-Not ECME Billable: TRICARE INPATIENT/DISCHARGE

Enter ?? for more actions
Select Action: Quit//

TRICARE Eligible Outpatient Override Function

- An override function is provided to allow continued processing of prescriptions for TRICARE eligible outpatients when a rejected response is received from the TRICARE payer/PBM.
- The Reject Action prompt will default to “Quit”. If the Q (Quit) action is selected, the rejected claim will go to the TRICARE section of the Pharmacy Third Party Payer Rejects – Worklist. If the D (Discontinue) action is selected, the next prompt “Nature of Order” will default to “Service Reject”. The I (Ignore) action is available if the user holds the “PSO TRICARE” security key and if selected, continued processing will occur.
- The Reject Action prompt will be updated to a default of “Quit”.

Example of Reject Notification Screen Non-DUR/RTS with the default action of D (Discontinue)

IN PROGRESS—Transmitting
IN PROGRESS—Parsing response
E REJECTED
21 - M/I Product/Service ID

*** TRICARE — REJECT RECEIVED FROM THIRD PARTY PAYER ***

---------------------------------------
Division : XXXX DIVISION               NPI#: XXXXXXXXX
Patient  : TRICARE,ONE(XXX-XX-XXXX)   Sex: M       DOB: OCT 1,19XX(XX)
Rx/Drug  : XXX5341/0 - AMOXICILLIN 250MG CA   ECME#: 000002345678
Reject(s): M/I Product/Service ID (21) Received on NOV 01, 2010@09:30:03.

Insurance : EXPRESS SCRIPT            Contact:
Group Name : TRICARE                  Group Number: DODA

---------------------------------------
Select one of the following:

I (I)gnore - FILL Rx WITHOUT CLAIM SUBMISSION
D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(I)gnore,(D)iscontinue,(Q)uit: Q//Discontinue

Nature of Order: SERVICE REJECT//

Requesting PROVIDER: VHAPROVIDER,ONE 111 PHYSICIAN

In the following example a prescription is rejected from the Third Party Payer with a reject code of (88) DUR REJECT. The pharmacist has the option to Discontinue, Ignore, Override or Quit.

The Ignore action is only displayed for holders of the PSO TRICARE security key.
Example of Reject Notification Screen DUR/RTS

**88 - DUR Reject Error**

*** TRICARE - REJECT RECEIVED FROM THIRD PARTY PAYER ***

---
Division: XXXXXX  NPI#: XXXXXXXXXX
Patient: OPPATIENT, TRICARE (765-XX-XXXX)  Sex: F  DOB: OCT 17, 19XX(XX)
Rx/Drug: 2718XXX/0 - BALNETAR 7.5 OZ  ECME#: 00000431XXXX
Reject(s): DUR REJECT (88). Received on NOV 01, 2010@07:08:44.

Insurance: EXPRESS SCRIPTS  Contact:
Group Name: TRICARE  Group Number: DODA

---
Select one of the following:

O (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
I (I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION
D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)verride, (I)gnore, (D)iscontinue, (Q)uit: Q// i  (I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION

You are bypassing claims processing. Do you wish to continue? NO// y  YES
(This page included for two-sided copying.)
• For Non-Billable TRICARE rejects, a Non-Billable Notification Screen is provided to allow continued processing of prescriptions. The Reject Action prompt will default to “Discontinue”. If the action D (Discontinue) is selected, the prompt “Nature of Order” will default to “Service Reject”. The I (Ignore) action is available if the user holds the “PSO TRICARE” security key and if selected, continued processing will occur. If the action Q (Quit) is selected, the Non-Billable TRICARE eligible prescription will go to the Pharmacy Third Party Payer Rejects – Worklist utilizing Reject Code “eT” with reject description “TRICARE-DRUG NON BILLABLE.” (The reject code “eT” is for use internal to the VistA system only and has no relation to any NCPDP reject code listing.) The new entry will be displayed in the TRICARE section of the Pharmacy Third Party Payer Rejects – Worklist.

In the following example a TRICARE Active Duty patient with Outpatient status submits an OTC, Non-Billable drug or supplies prescription for dispensing. The pharmacist will have the option of Discontinuing the Rx, Ignoring the Rx or Quitting. Discontinue is the option displayed below.

Example of Non-Billable Notification Screen

Is this correct? YES//
DRUG NOT BILLABLE

*** TRICARE - NON-BILLABLE ***

Division : XXXX DIVISION NPI#: XXXXXXXXXX
Patient : TRICARE,ONE(XXX-XX-XXXX) Sex: M DOB: JAN 1,19XX(XX)
Rx/Drug : XXX5339/0 - DUCUSATE NA 100MG CA
Date/Time: OCT 31, 2010@12:22:10
Reason : Drug not billable

This is a non-billable TRICARE prescription.
Select one of the following:
D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)
I (I)gnore - FILL Rx WITHOUT CLAIM SUBMISSION

(D)iscontinue, (Q)uit, (I)gnore: D// Discontinue

Nature of Order: SERVICE REJECT//
Requesting PROVIDER: VHAPROVIDER,ONE 111 PHYSICIAN

In the following example a TRICARE Active Duty patient with Outpatient status submitted an OTC, Non-Billable drug or Supplies prescription for dispensing. The pharmacist selected the Quit option to send the prescription to the worklist for further review. The Non-Billable drug is displayed on the Pharmacy Third Party Payer Rejects – Worklist with a reason code “eT”.

...
### Example of Pharmacy Third Party Payer Rejects – Worklist

<table>
<thead>
<tr>
<th># Rx#</th>
<th>PATIENT(ID)</th>
<th>DRUG</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>102xxxx</td>
<td>OPTRICARE,ONE(4789) DIAZoxide 300mg inj</td>
<td>TRICARE - Non-DUR/RTS</td>
</tr>
<tr>
<td>14</td>
<td>102xxxx</td>
<td>OPTRICARE,ONE(4789) MANNITOL 15% S.S. LV 22</td>
<td>M/I Dispense</td>
</tr>
<tr>
<td>15</td>
<td>1028xxx</td>
<td>OPTICARE,ONE(4789) METHOCARBAMOL 750mg 34</td>
<td>M/I Submissio</td>
</tr>
<tr>
<td>16</td>
<td>103xxx</td>
<td>OPTICARE,ONE(4789) BENZTROPINE 2mg tab 07</td>
<td>M/I Cardholde</td>
</tr>
<tr>
<td>17</td>
<td>103xxx</td>
<td>OPTICARE,ONE(4789) DEXAMETHASONE 0.5mg 07</td>
<td>M/I Cardholde</td>
</tr>
<tr>
<td>18</td>
<td>102xxx</td>
<td>TRICARE,ONLYTRICAR(3939) NEODECADRON OPHTALMI 07</td>
<td>M/I Cardholde</td>
</tr>
<tr>
<td>19</td>
<td>102xxx</td>
<td>TRICARE,ONLYTRICAR(3939) GENTAMICIN OPHTHALMI 07</td>
<td>M/I Cardholde</td>
</tr>
</tbody>
</table>

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

**Sorts:**
- DR Sort by Drug
- RE Sort by Reason
- RX Sort by Prescription
- PA Sort by Patient
- RF Screen Refresh
- GI Group by Insurance

- **The Non-Billable TRICARE prescriptions will appear on the Reject Information screen shown in the example below once the TRICARE Non-Billable claim has been selected from the Pharmacy Third Party Payer Rejects – Worklist.** The screen will display:
  - **ECME# field** – will be blank
  - **Insurance Information** – will be blank
  - **Reject code section** will have the reject code eT and status will state “NO CLAIM SUBMITTED”
  - **Available Actions** will be DC – Discontinue Rx, VW - View Rx, MP – Medication Profile, FIL – Fill Rx and IGN Ignore Reject (FIL and IGN will require PSO TRICARE Security key)
  - **Available Hidden Actions** will be COM – Add Comments ED – Edit Rx and all other standard List Manager hidden actions
  - If the action DC is chosen, the system will discontinue the prescription and the prompt “Nature of Order” will default to “SERVICE REJECT”
  - The following actions, Resubmit Claim (RES), Change Suspense Date (CSD) and Submit Override Codes (OVR) actions are not available for processing a TRICARE eligible Non-Billable reject. If selected, an error message will appear: “RES not allowed for TRICARE Non-Billable claim”, “CSD not allowed for TRICARE Non-Billable claim” or “OVR not allowed for TRICARE Non-Billable claim”. The only actions available are to Discontinue, Fill the prescription, View prescription or Medication Profile”
Example of Non-Billable Product Reject Information Screen

Reject Information (TRICARE)  Oct 30, 2010@10:15:01  Page: 1 of 1
Division : ECME DIVISION  NPI#: XXXXXXXXXXX
Patient : TRICARE,TWO(XXX-XX-XXXX)  Sex: M  DOB: JUL 1,19XX(XX)
Rx#:  ###4928/0  ECME#:  Fill Date: Mar 16, 2009
CMOP Drug: DOCUSATE NA 100MG CAP  NDC Code: 54629-8600-01

REJECT Information (TRICARE)
Date/Time : OCT 17, 2010@13:19:22
Reject(s) : TRICARE DRUG NOT BILLABLE (eT)
Status : NO CLAIM SUBMITTED

COMMENTS
- AUG 25, 2010@13:25:07 - Transferred by OPECC. (OPCLERK,ONE)

INSURANCE Information
Insurance :  
Contact :  
Group Name :  
Group Number :  
Cardholder ID :

Enter ?? for more actions
VW View Rx FIL Fill Rx CSD Change Suspense Date
MP Medication Profile DC Discontinue Rx IGN Ignore Reject
RES Resubmit Claim OVR Submit Override Codes
Select Item(s): DC//

Example of Non-Billable Product Reject Information Screen displaying the action RES (Resubmit Claim) error message

Reject Information (TRICARE)  Nov 11, 2010@12:37:30  Page: 1 of 2
Division : ECME DIVISION  NPI#:
Patient : OPPATIENT,TRICARE(XXX-XX-XXXX)  Sex: F  DOB: OCT 7,19XX(XX)
Rx# : 27XXXXX/0  ECME#:  Fill Date: Sep 16, 2010
Drug : ALUMINUM HYDROXIDE GEL 320MG/5ML SUSP  NDC Code: 00054-3035-63

REJECT Information (TRICARE)
Date/Time : SEP 16, 2010@13:07:12
Reject(s) : TRICARE-DRUG NON BILLABLE (eT)
Status : NO CLAIM SUBMITTED

COMMENTS
- SEP 16, 2010@13:07:12 - Transferred by (XXXXXXXX,XXXX)

INSURANCE Information
Insurance :  
Contact :  
Group Name :  
Group Number :

RES not allowed for TRICARE Non-Billable claim.

VW View Rx FIL Fill Rx CSD Change Suspense Date
MP Medication Profile DC Discontinue Rx IGN Ignore Reject
RES Resubmit Claim OVR Submit Override Codes
Select Item(s): Next Screen//

Reject Information Screen – Electronic Signature and TRICARE Justification

This action requires the security key PSO TRICARE.
A user must hold the “PSO TRICARE” security key for certain actions on the Third Party Payer Rejects – Worklist and the “Ignore” action on the TRICARE Reject Notification screen. If the user holds the security key “PSO TRICARE”, the prompt will display: “You are bypassing claims processing. Do you wish to continue?” If the user enters (No=Default), the user will return to the reject notification screen. If the user selects Yes to continue, the system will mimic the current Ignore action/functionality. The user will be prompted to enter their electronic signature code and asked to enter data into the TRICARE Justification field which is required. The user will be allowed to “^” out of the process. If the user opts to “^” out of the process, they will be taken back to the Reject Information screen prompt.

In the following example a TRICARE patient with Outpatient status submits a prescription for processing and a rejected response is received from the TRICARE payer/PBM. The pharmacist initially sends the prescription to the Third Party Payer Rejects – Worklist then later decides to finish processing the prescription and chooses the FIL action.

Example of Reject Information Screen – Electronic Signature and TRICARE Justification

If the user does not hold the security key “PSO TRICARE”, an on screen alert to the user will display “Action Requires <PSO TRICARE> security key” as displayed in the below example. The user will need to press any key to return to the reject information screen.
**Example of Reject Information Screen – Security Key – ALERT**

<table>
<thead>
<tr>
<th>Reject Information (TRICARE) May 15, 2010@11:45:23</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division : ECME DIVISION</td>
<td>NPI#: XXXXXXXX</td>
</tr>
<tr>
<td>Patient : TRICARE, TWO(XXX-XX-XXXX) Sex: M</td>
<td>DOB: JAN 1, 19XX(XX)</td>
</tr>
<tr>
<td>RX# : XXX4928/0</td>
<td>Fill Date: Mar 10, 2009</td>
</tr>
<tr>
<td>CMOP Drug: ACARBOSE 25MG TAB</td>
<td>NDC Code: 00026-2863-52</td>
</tr>
</tbody>
</table>

REJECT Information (TRICARE)

Date/Time : APR 29, 2010@09:25:03
Reject(s) : M/I Cardholder ID (07)
Status : OPEN/UNRESOLVED - E REJECTED

INSURANCE Information

Insurance : EXPRESS SCRIPTS
Contact :
Group Name : TRICARE
Group Number : DODA
Cardholder ID : XXXXXXXX

Action Requires <PSO TRICARE> Security Key

<table>
<thead>
<tr>
<th>VW View Rx</th>
<th>FIL Fill Rx</th>
<th>CSD Change Suspense Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP Medication Profile</td>
<td>DC Discontinue Rx</td>
<td>IGN Ignore Reject</td>
</tr>
<tr>
<td>RES Resubmit Claim</td>
<td>OVR Submit Override Codes</td>
<td></td>
</tr>
</tbody>
</table>

Select Item(s): Quit/

- The 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 that 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>Reject Information (TRICARE) Aug 27, 2008@17:16:27</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division : ALBANY ISC</td>
<td>NPI#: 5000000021</td>
</tr>
<tr>
<td>RX# : 102059/0</td>
<td>Fill Date: Aug 27, 2008</td>
</tr>
<tr>
<td>Drug : IMIPRAMINE 25MG TAB</td>
<td>NDC Code: 00779-0588-30</td>
</tr>
</tbody>
</table>

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 : EXPRESS SCRIPTS
Contact :
Group Name : TRICARE
Group Number : DODA
Cardholder ID : XXXXXXXX

Enter ?? for more actions

<table>
<thead>
<tr>
<th>VW View Rx</th>
<th>FIL Fill Rx</th>
<th>OVR Submit Override Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP Medication Profile</td>
<td>DC Discontinue Rx</td>
<td>CSD Change Suspense Date</td>
</tr>
</tbody>
</table>

Select Item(s): Quit// FIL Fill Rx

[Closing all rejections for prescription 102059: 07 - ...OK]

Print Label? ? YES/

Select LABEL PRINTER: HOME// UTX/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.
Other Rejects

[PSO REJECTS WORKLIST]

Rejects under the OTHER REJECTS section of the screen are resolved in the same manner as DUR/RTS rejects. The comments section will denote whether the reject was transferred automatically as is the case in the example below or “Transferred by OPECC” would denote those rejects where the OPECC manually transferred them to pharmacy for resolution.

The following example shows the user selecting to resolve sequence 16 from the Third Party Payer Rejects - Worklist option shown above. The user selects ED to edit the DAW code for the prescription, then resubmits the claim afterward. Since the claim was payable, both the RTS reject in sequence 13 and the DAW reject in sequence 16 were marked resolved. Also both are removed from the worklist after submission. The user then proceeds to Patient Prescription Processing option to view the ECME logs which show that claim resubmission was payable and that both rejects have been resolved.

Example: Resolving Other Rejects

Reject Information(UNRESOLVED)Jul 30, 2008@14:54:51 Page: 1 of 2
Division : CHEYENNE VAM&ROC NPI#: 1164471991
Rx# : 2055203/1 ECME#: 000001615102 Date of Service: Jul 15, 2008

REJECT Information
Reject Type : 22 - M/I Dispense As Written- received on JUL 30, 2008@14:32:16
Reject Status : OPEN/UNRESOLVED
Payer Addl Msg :
Reason Code :
DUR Text :
OTHER REJECTS
79 - Refill Too Soon

COMMENTS
- JUL 30, 2008@14:32:16 - Automatically transferred due to override for reject code. (OPHARM,ONE)

+ Enter ?? for more actions

VW View Rx IGN Ignore Reject OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim CSD Change Suspense Date
Select: Next Screen// ed ED

Jul 30, 2008@14:54:53

---------------------------example continues---------------------------
Example: Resolving Other Rejects (continued)

Rx #: 2055203$e
(1) *Orderable Item: DANAZOL CAP, ORAL
(2) CMOP Drug: DANAZOL 50MG CAP
(3) *Dosage: 50 (MG)
    Verb: TAKE
    Dispense Units: 1
    Noun: CAPSULE
    *Route: ORAL (BY MOUTH)
    *Schedule: BID
(4) Pat Instructions:
    SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY
(5) Patient Status: OUTPT NON-SC
(6) Issue Date: 07/11/08
    Fill Date: 07/11/08
    Last Fill Date: 07/15/08 (Window)
Select Action: Next Screen

Last Release Date: 07/12/09
Expires: 07/12/09
MFG:
(9) Days Supply: 3
(10) QTY (CAP): 6
(11) # of Refills: 11
    Remaining: 10
(12) Provider: OPPROVIDER, ONE
(13) Routing: MAIL
    Copies: 1
(15) Clinic: Not on File
(16) Division: CHEYENNE VAM&ROC (442)
(17) Pharmacist:
    Remarks: New Order Created by copying Rx # 2055182.
(19) Counseling: NO
(20) Refill Data
    DAW Code: 0 - NO PRODUCT SELECTION INDICATED
    Finished By: OPHARM, ONE
+ Enter ?? for more actions
DC (Discontinue) PR (Partial) RL (Release)
ED Edit RF (Refill) RN (Renew)
Select Action: Next Screen// 21
DAW CODE: 0// ?

Answer with BPS NCPDP DAW CODE
Choose from:
0 NO PRODUCT SELECTION INDICATED
1 SUBSTITUTION NOT ALLOWED BY PRESCRIBER
2 SUBSTITUTION ALLOWED-PATIENT REQUESTED PRODUCT DISPENSED
3 SUBSTITUTION ALLOWED-PHARMACIST SELECTED PRODUCT DISPENSED
4 SUBSTITUTION ALLOWED-GENERIC DRUG NOT IN STOCK
5 SUBSTITUTION ALLOWED-BRAND DRUG DISPENSED AS A GENERIC
6 OVERRIDE
7 SUBSTITUTION NOT ALLOWED-BRAND DRUG MANDATED BY LAW
8 SUBSTITUTION ALLOWED-GENERIC DRUG NOT AVAILABLE IN MARKETPLACE
9 OTHER

DAW CODE: 0// 1 - SUBSTITUTION NOT ALLOWED BY PRESCRIBER
Are You Sure You Want to Update Rx 2055203? Yes// YES

---------------------------------
 example continues

-----------------------
-----------------------
Example: Resolving Other Rejects (continued)

OP Medications (SUSPENDED)  Jul 30, 2008@14:55:21  Page: 2 of 3

OPPATIENT,FOUR

<table>
<thead>
<tr>
<th>PID: 666-55-9987</th>
<th>Ht(cm): ______ (______)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: OCT 20,1965 (42)</td>
<td>Wt(kg): ______ (______)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Release Date:</th>
<th>Lot #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expires: 07/12/09</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Days Supply: 3</th>
<th>QTY (CAP): 6</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th># of Refills: 11</th>
<th>Remaining: 10</th>
</tr>
</thead>
</table>

(9) Provider: OPPROVIDER,ONE

(10) Routing: MAIL

<table>
<thead>
<tr>
<th>Clinic: Not on File</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Division: CHEYENNE VAM&amp;ROC (442)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pharmacist:</th>
</tr>
</thead>
</table>

Remarks: New Order Created by copying Rx # 2055182.

<table>
<thead>
<tr>
<th>Counseling: NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Refill Data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DAW Code: 1 - SUBSTITUTION NOT ALLOWED BY PRESCRIBER</th>
</tr>
</thead>
</table>

Finished By: OPHARM,ONE

+ Enter ?? for more actions

DC (Discontinue)  PR (Partial)  RL (Release)
ED Edit  RF (Refill)  RN (Renew)

Select Action: Next Screen// ^


<table>
<thead>
<tr>
<th>Division: CHEYENNE VAM&amp;ROC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient: OPPATIENT,FOUR(666-55-9987) Sex: M</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rx#: 2055203/1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ECME#: 000001615102 Date of Service: Jul 15, 2008</th>
</tr>
</thead>
</table>

REJECT Information

<table>
<thead>
<tr>
<th>Reject Type: 22 - M/I Dispense As Written- received on JUL 30, 2008@14:32:16</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reject Status: OPEN/UNRESOLVED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Payer Addl Msg:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reason:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DUR Text:</th>
</tr>
</thead>
</table>

OTHER REJECTS

79 - Refill Too Soon

COMMENTS

JUL 30, 2008@14:32:16 - Automatically transferred due to override for reject code. (OPHARM,ONE)

+ Enter ?? for more actions

<table>
<thead>
<tr>
<th>View Rx</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IGN Ignore Reject</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OVR Submit Override Codes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medication Profile</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RES Resubmit Claim</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CSD Change Suspense Date</th>
</tr>
</thead>
</table>

Select: Next Screen// RES Resubmit Claim

When you confirm, a new claim will be submitted for the prescription and this REJECT will be marked resolved.

Confirm? YES//

-------------------------------------------------------------------example continues-------------------------------------------------------------------
Example: Resolving Other Rejects (continued)

Prescription 2055203 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Transmitting
E PAYABLE

Please wait...

Insurance Rejects-Worklist Jul 30, 2008@14:38:38 Page: 2 of 3
Division : CHEYENNE VAM&ROC
Selection : ALL UNRESOLVED REJECTS

<table>
<thead>
<tr>
<th># RX#</th>
<th>PATIENT(ID) [v]</th>
<th>DRUG</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 2055202</td>
<td>OPPATIENT,FOUR(9987)</td>
<td>BACLOFEN 10MG TAB</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td>14 2055155</td>
<td>OPPATIENT,FOUR(9987)</td>
<td>BENZAEPRL HCL 40MG</td>
<td>79 :REFILL TOO SO</td>
</tr>
</tbody>
</table>

Below is taken from Patient Prescription Processing option for the Rx in this example:

Medication Profile Jul 30, 2008@15:03:25 Page: 1 of 2
OPPATIENT,FOUR
PID: 666-55-9987
DOB: OCT 20,1965 (42)
SEX: MALE

<table>
<thead>
<tr>
<th># RX#</th>
<th>DRUG</th>
<th>QTY</th>
<th>ST</th>
<th>DATE</th>
<th>FILL REM SUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2055202$e</td>
<td>BACLOFEN 10MG TAB</td>
<td>14</td>
<td>S&gt;</td>
<td>07-08 12-12</td>
<td>11 3</td>
</tr>
<tr>
<td>2 2055155$e</td>
<td>BENZAEPRL HCL 40MG TAB</td>
<td>1</td>
<td>S&gt;</td>
<td>06-24 06-26</td>
<td>10 1</td>
</tr>
<tr>
<td>3 2055134$e</td>
<td>CALCUL GLUCONATE 650MG TAB</td>
<td>4</td>
<td>A&gt;</td>
<td>06-16 07-30</td>
<td>10 2</td>
</tr>
<tr>
<td>4 2055174$e</td>
<td>ACEBUTOLOL HCL 200MG CAP</td>
<td>1</td>
<td>S&gt;</td>
<td>06-26 06-27</td>
<td>11 1</td>
</tr>
<tr>
<td>5 2055123$e</td>
<td>BACITRACIN 500 UNT/GM OPHTHALMIC OINT</td>
<td>1</td>
<td>AT</td>
<td>06-13 06-14</td>
<td>10 30</td>
</tr>
<tr>
<td>6 2055203$e</td>
<td>DANAZOL 50MG CAP</td>
<td>6</td>
<td>S&gt;</td>
<td>07-11 07-15</td>
<td>10 3</td>
</tr>
<tr>
<td>7 2055183$e</td>
<td>FAMCICLOVIR 125MG TAB</td>
<td>2</td>
<td>AT</td>
<td>06-26 06-26</td>
<td>11 2</td>
</tr>
<tr>
<td>8 2055215$e</td>
<td>GABAPENTIN 100MG CAP</td>
<td>6</td>
<td>S&gt;</td>
<td>07-30 07-30</td>
<td>11 3</td>
</tr>
<tr>
<td>9 2055186$e</td>
<td>HALOPERIDOL 0.5MG TAB</td>
<td>2</td>
<td>AT</td>
<td>06-26 06-26</td>
<td>11 4</td>
</tr>
</tbody>
</table>

---example continues---
Example: Resolving Other Rejects (continued)

Select Action: Next Screen // AL  AL
OP Medications (SUSPENDED)  Jul 30, 2008@15:03:25  Page: 1 of 3
OPPATIENT, FOUR

Rx #: 2055203$e
(1) *Orderable Item: DANAZOL CAP, ORAL
(2) CMOP Drug: DANAZOL 50MG CAP
(3) *Dosage: 50 (MG)
  Verb: TAKE
Dispense Units: 1
  Noun: CAPSULE
*Route: ORAL (BY MOUTH)
*Schedule: BID
(4) Pat Instructions:
  SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY
(5) Patient Status: OUTPT NON-SC
(6) Issue Date: 07/11/08  (7) Fill Date: 07/11/08
  Last Fill Date: 07/15/08 (Window) +

Enter ?? for more actions

Select Activity Log by number
5. Copay  6. ECME  7. CMOP Events  8. All Logs: (1-8): 8// 6

Rx #: 2055203 Original Fill Released:
Routing: Mail  Finished by: OPPHARM, ONE

ECME Log:
#  Date/Time  Rx Ref  Initiator Of Activity
-----------------------------------------------
1  7/11/08@10:13:11 ORIGINAL OPPHARM, ONE
  Comments: ECME:PULLED FROM SUSPENSE (NDC:00024-0303-06) -E PAYABLE-pOPP INSURANCE
2  7/30/08@14:32:17 REFILL 1 OPPHARM, TWO
  Comments: ECME:PULLED FROM SUSPENSE (NDC:00024-0303-06) -E REJECTED-pOPP INSURANCE
3  7/30/08@14:55:56 REFILL 1 OPPHARM, TWO
  Comments: ECME:REJECT WORKLIST-E PAYABLE-pOPP INSURANCE

ECME REJECT Log:
#  Date/Time Rcvd  Rx Ref  Reject Type  STATUS  Date/Time Resolved
-----------------------------------------------
1  7/30/08@14:32:16 REFILL 1 M/I Dispense AS RESOLVED  7/30/08@14:55:40
  Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)
2  7/30/08@14:32:16 REFILL 1 REFILL TOO SOON RESOLVED  7/30/08@14:55:40
  Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)

Enter ?? for more actions

Select Action: Quit //
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Schedule</strong></td>
<td>The frequency by which the doses are to be administered, such as Q8H, BID, NOW, etc.</td>
</tr>
<tr>
<td><strong>Sig</strong></td>
<td>The instructions printed on the label.</td>
</tr>
<tr>
<td><strong>Significant</strong></td>
<td>The potential for harm is either rare or generally known so that it is reasonable to expect that all prescribers have taken this information into account.</td>
</tr>
<tr>
<td><strong>Speed Actions</strong></td>
<td>See Actions.</td>
</tr>
<tr>
<td><strong>Suspense</strong></td>
<td>A prescription may not be able to be filled on the day it was requested. When the prescription is entered, a label is not printed. Rather, the prescription is put in the RX SUSPENSE file to be printed at a later date.</td>
</tr>
<tr>
<td><strong>Third (3rd) Party Claims</strong></td>
<td>Health care insurance claims submitted to an entity for reimbursement of health care bills.</td>
</tr>
<tr>
<td><strong>Time In</strong></td>
<td>This is the time that the patient's name was entered in the computer.</td>
</tr>
<tr>
<td><strong>Time Out</strong></td>
<td>This is the time that the patient's name was entered on the bingo board monitor.</td>
</tr>
<tr>
<td><strong>TIU</strong></td>
<td>Text Integration Utilities; a package for document handling, that includes Consults, Discharge summary, and Progress Notes, and will later add other document types such as surgical pathology reports. TIU components can be accessed for individual patients through the CPRS, or for multiple patients through the TIU interface.</td>
</tr>
</tbody>
</table>
| **TRICARE**          | TRICARE is the uniformed service health care program for:  
  - active duty service members and their families  
  - retired service members and their families  
  - members of the National Guard and Reserves and their families  
  - survivors, and  
  - others who are eligible  
  There are differences in how prescriptions for TRICARE beneficiaries are processed versus how prescriptions are processed for Veterans. |
| **Units per Dose**   | The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted for medications that can be split.                                                  |
| **VistA**            | Acronym for Veterans Health Information Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).                                                           |
| **Wait Time**        | This is the amount of time it took to fill the prescription. It is the difference between Time In and Time Out. For orders with more than one prescription, the wait time is the same for each. |
(This page included for two-sided copying.)
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