OUTPATIENT PHARMACY (PSO)

PHARMACIST’S USER MANUAL

Version 7.0
December 2007

(Revised October 2011)

Department of Veterans Affairs
Product Development
# Revision History

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Revised Pages</th>
<th>Patch Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/11</td>
<td>i, vi-vii, 30a-30f</td>
<td>PSO<em>7</em>382</td>
<td>Added information regarding the new [PSO HRC PROFILE/REFILL] option. (N. Goyal, PM; J. Owczarzak, Tech Writer)</td>
</tr>
<tr>
<td>04/11</td>
<td>i, viii, 8, 170a-170d, 177-179</td>
<td>PSO<em>7</em>343</td>
<td>To add functionality to Outpatient Pharmacy for the On-Demand Displaying of FDA Medication Guides. Display FDA Medication Guide [MG] added to Other OP Actions [OTH] Updates to Index (T. Leggett, PM; B. Thomas, Tech Writer)</td>
</tr>
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</tbody>
</table>
| 04/11  | i, vi, vii, viii, 5, 8, 10, 27-27b, 28, 30, 39-39nnn, 40, 54-54t, 58, 59, 60-60l, 78, 82, 159, 163, 167-180 | PSO*7*251 | The following changes are included in this patch:  
- Outpatient List Manager Screen Views  
- Added HP and H to Hold Status  
- Removed DC code; Added DF, DE, DP, DD and DA  
- Added to Hidden Action List: IN  
- Removed DC code; Added DF, DE, DP, DD and DA, and  
- Added HP and H to Hold Status  
- Replaced Medication Short Profile  
- Inserted enhanced Order checks, Outpatient Pharmacy generated order checks  
- Added IN to Screen Scrape  
- Modified New Order Screen Scrape  
- Inserted Drug Allergy Screens  
- Updated Glossary and Index to start on odd pages  
(G. Tucker, PM; G. Scorca, Tech Writer) |
| 11/10  | All           | PSO*7*358    | Added information regarding TRICARE Active Duty Bypass/Override details  
(S. Spence, PM; G. Johnson, Tech Writer) |
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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 05-22</td>
<td>05-22</td>
<td>3</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>503886$</td>
<td>DIGOXIN (LANOXIN) 0.2MG CAP</td>
<td>60</td>
<td>A&gt; 05-07</td>
<td>05-07</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>503871$</td>
<td>HISTOPLASMIN 1ML</td>
<td>1</td>
<td>A 03-14</td>
<td>03-14</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>100002042$e</td>
<td>NALBUPHINE HCL INJ 10MG/ML</td>
<td>1</td>
<td>A 03-14</td>
<td>03-14</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>100002040$</td>
<td>SALICYLIC ACID 40% OINT (0Z)</td>
<td>1</td>
<td>S 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</td>
<td>DC 04-07</td>
<td>05-01</td>
<td>2</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>100002020A$</td>
<td>TIMOLOL 0.25% OPTH SOL 10ML</td>
<td>1</td>
<td>DE 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</td>
<td>H 09-28</td>
<td>09-28</td>
<td>5</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>100002039S</td>
<td>BACLOFEN 10MG TABS</td>
<td>30</td>
<td>N 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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Enter ?? for more actions**

<table>
<thead>
<tr>
<th>PU</th>
<th>Patient Record Update</th>
<th>NO</th>
<th>New Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI</td>
<td>Patient Information</td>
<td>SO</td>
<td>Select Order</td>
</tr>
</tbody>
</table>

**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>IN</td>
<td>Intervention Menu</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:</td>
</tr>
<tr>
<td></td>
<td>Progress Note [PN],</td>
</tr>
<tr>
<td></td>
<td>Action Profile [AP],</td>
</tr>
<tr>
<td></td>
<td>Print Medication Instructions [MI],</td>
</tr>
<tr>
<td></td>
<td>Display Orders' Statuses [DO],</td>
</tr>
<tr>
<td></td>
<td>Non-VA Meds Report [NV],</td>
</tr>
<tr>
<td></td>
<td>Display FDA Medication Guide [MG].</td>
</tr>
<tr>
<td>Action</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Patient Information [PI]</td>
<td>Shows patient information, allergies, adverse reactions, and pending clinic appointments.</td>
</tr>
<tr>
<td>Pull Rx [PP]</td>
<td>Action taken to pull prescription(s) early from suspense.</td>
</tr>
<tr>
<td>Reprint [RP]</td>
<td>Reprints the label.</td>
</tr>
<tr>
<td>View Reject [REJ]</td>
<td>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.</td>
</tr>
<tr>
<td>Unhold [UH]</td>
<td>Removes an order from a hold status.</td>
</tr>
<tr>
<td>Verify [VF]</td>
<td>Allows the pharmacist to verify an order a pharmacy technician has entered.</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reprint [RP]</td>
<td>Reprints the label.</td>
</tr>
<tr>
<td>Renew [RN]</td>
<td>A continuation of a medication authorized by the provider.</td>
</tr>
<tr>
<td>Refill [RF]</td>
<td>A second or subsequent filling authorized by the provider.</td>
</tr>
<tr>
<td>Reprint Signature [RS]</td>
<td>Reprints the signature log.</td>
</tr>
<tr>
<td>Discontinue [DC]</td>
<td>Status used when an order was made inactive either by a new order or by the request of a physician.</td>
</tr>
<tr>
<td>Release [RL]</td>
<td>Action taken at the time the order is filled and ready to be given to the patient.</td>
</tr>
<tr>
<td>Pull Rx [PP]</td>
<td>Action taken to pull prescription(s) early from suspense.</td>
</tr>
<tr>
<td>CM</td>
<td>Action taken to manually queue to CMOP.</td>
</tr>
<tr>
<td>Fill/Rel Date Disply [RDD]</td>
<td>Switch between displaying the FILL DATE column and the LAST RELD column.</td>
</tr>
<tr>
<td>Display Remote [DR]</td>
<td>Action taken to display a patient’s remote prescriptions.</td>
</tr>
</tbody>
</table>
### 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>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>
Chapter 2: Print from Suspense File

This chapter describes the Print from Suspense File option used for printing suspended prescriptions.

Print from Suspense File
[PSO PNDLBL]

This option allows the user to print labels from the RX SUSPENSE file. First, enter the “Print Through” date. Any prescriptions with a suspense date on or before the date entered will print. Additionally, if a patient has at least one prescription on or before the date entered, any other prescriptions for that patient that are in suspense will be printed for the site parameter specified number of days to be pulled from suspense.

For example, if today’s date is entered and Patient A has a prescription to be printed through the that date, all of Patient A’s prescriptions between the date entered plus the number of days set in the local site parameter will be printed. If there are no prescriptions for Patient A through the date entered, no labels will print.

Labels can be sorted by the patient name, the SSN, or the DEA Special Handling code. If sorted by DEA, the labels must then sort by patient name or SSN. Sorting by DEA will send the labels to the printer in three groups:

- **First group** – will contain all the prescriptions with drugs that contain an “A” (narcotics and alcoholics) or a “C” (controlled substances-non narcotic) in the DEA Special Handling field.
- **Second group** – will contain all the prescriptions with drugs containing an “S” (supply) in the DEA Special Handling field.
- **Third group** – will contain all others. If a patient has prescriptions in suspense that fall in all three categories, that patient’s labels will be printed three times, once in each group.

Only one job is tasked for all of the prescriptions in the batch; therefore, if the job is queued by mistake, only one tasked job must be undone. Any prescription that is put in suspense for the "Print Through Date" between the times the job was queued until the time it actually runs will be included in the job.

Labels for each job printed from suspense will be part of a batch. Each batch is identified by the Division, the user who queued the batch, and the date/time that the job was queued to begin.

Prescriptions pulled early from suspense will not be part of a batch, so they will not be able to be reprinted through the Reprint Batches from Suspense option.

A short profile for every patient for whom a label for a new prescription is being printed will also be printed if the local Profile with New Prescriptions site parameter is set to Yes.

If a patient has partial prescriptions with regular fills, only one set of trailing documents will print for that patient. (In V. 6.0 trailer documents were printed after each partial.)
If a prescription is determined to be an ePharmacy prescription (e.g., third party electronically billable), an electronic claim will be sent by the Electronic Claims Management Engine (ECME) to the third party payer. The communication events between Outpatient Pharmacy and ECME are recorded in the ECME Log section of each prescription. The ECME log can be viewed in the patient Medication Profile screen (Activity Log option - AL) and also from the View Prescriptions option. If the claim submission returns a Refill Too Soon (79) or Drug Utilization Review (88) reject, the label is not printed for the prescription and it is moved to the Refill Too Soon/DUR section of the patient Medication Profile screen until the user resolves the reject. The prescription will also display on the Third Party Payer Reject worklist.

¾ Days Supply Hold

Sites were seeing a great number of refill-too-soon third party claim rejections due to prescriptions being filled too early. To help prevent this for ePharmacy prescriptions, the system will now verify that ¾ of the days supply has elapsed on the previous fill before the prescription may be refilled. The following list describes the changes.

- ePharmacy prescriptions are delayed from being sent to CMOP and printed for local mail until ¾ of the days supply has elapsed.
- An activity log entry will state the date/time that the Rx will be allowed to be removed from suspense. The activity log will be defined on the initial evaluation. The following is an example of the log entry:

<table>
<thead>
<tr>
<th>4</th>
<th>06/18/08</th>
<th>SUSPENSE</th>
<th>REFILL 2</th>
<th>OPHARM,ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td>3/4 of Days Supply SUSPENSE HOLD until 6/20/08.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The Pull Early from Suspense function is not impacted by this added functionality. Users may pull these type prescriptions early from suspense.

Host Errors

Prescriptions (ePharmacy only) will be prevented from being filled/sent to CMOP when a host processing error occurs as a claim is submitted through ECME. Host processing errors are identified by reject codes M6, M8, NN, and 99 which are returned by the third party payer. The following conditions apply when this scenario occurs.

- The transmission of the prescription fill will be delayed 1 day in hopes that the host processing issues will be resolved by the third party payer.
- An activity log entry will state the date/time along with a comment stating that the Rx/fill was left in suspense hold due to a host processing error. The following is an example of the log entry:

<table>
<thead>
<tr>
<th>2</th>
<th>06/25/08</th>
<th>SUSPENSE</th>
<th>ORIGINAL</th>
<th>OPPHARM, TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td>SUSPENSE HOLD until 6/26/08 due to host reject error.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The Pull Early from Suspense function is not impacted by this added functionality. Users may pull these type prescriptions early from suspense.
remote prescription statuses will be included in order checking for a new order being processed from within backdoor outpatient pharmacy and for new orders being placed by CPRS or by Inpatient Medications. Any remote Outpatient order that has been expired or discontinued for 30 days or less will be included in the list of medications to be checked.

The check for remote data availability is performed upon entering the patient’s profile, rather than on each order, to ensure that both remote data and local data are used for order checking.

**Note:** Once the above patches have been installed, a new comment for remote order checks, "Now doing remote order checks. Please wait…" has been added to the screen. The previous comment, "Now doing order checks. Please wait…" is replaced by: "Now doing drug interaction and allergy checks. Please wait…"

The following will not be included in order checks (after patch PSO*7*243):

- Prescriptions with a status of “DELETED” in the STATUS field in the PRESCRIPTION file from a remote facility
- Prescriptions with a missing expiration date, unless the ISSUE DATE field of the PRESCRIPTION file is within the past year

Remote order checking added (after patch PSO*7*243):

- For drug class when orders are placed for locally defined drugs
- allergy Analgesic class order checks only match against the specific 5-character class if the class begins with “CN10”

If for any reason remote order checks cannot be performed, the following message displays:

Remote data not available - Only local order checks processed.

**Note:** For remote order checking, if the remote order does not have a VA PRODUCT file VUID, then it will not be included in drug-drug order checks. However, future patches are planned to send/receive the drug class to the HDR, and then it will be possible to use non-standardized remote orders for duplicate drug class checks.
When an order is an ePharmacy order (determined to be third party billable), the billing data is sent to the Electronic Claims Management Engine (ECME) when an order is finished. ECME sends a message back to Outpatient Pharmacy displaying the status of the claim. This message displays for new, edited, copied, and renewed ePharmacy orders.

Is this correct? YES//<Enter>
-Rx 100003869A has been discontinued...

Prescription 100003919 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
E PAYABLE
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 one of the hidden actions is selected and it is invalid, a message will display in the message window.

Example: Entering a New Order

<table>
<thead>
<tr>
<th>Select Option: <strong>RX</strong> (Prescriptions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orders to be completed for all divisions: 14</td>
</tr>
<tr>
<td>Do you want an Order Summary? No//</td>
</tr>
</tbody>
</table>

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: **PAT**ient Prescription Processing

Select **PATIENT NAME**: OPPATIENT16,ONE OPPATIENT16,ONE 4-3-41 000246802
YES SC VETERAN
Patient is enrolled to receive ScripTalk ‘talking’ prescription labels.

Eligibility: SC
RX PATIENT STATUS: SERVICE CONNECTED///<Enter>
-------------------------------------------------------------------
A detailed explanation of the different parts of the screen can be found under “List Manager Options” at the beginning of this manual. The Patient Information screen displays the information on two pages. Only the second screen is shown in this example.
Example: Entering a New Order (continued)

Patient Information  May 22, 2001 10:44:38  Page:  2 of  2
OPPATIENT16,ONE

PID: 000-24-6802     Ht(cm): 177.80 (02/08/1999)
DOB: APR 3,1941 (60)  Wt(kg): 90.45 (02/08/1999)
SEX: MALE

+ Allergies:
  Remote: ASPIRIN, NON-OPIOID ANALGESICS

Adverse Reactions:
Enter ?? for more actions

EA Enter/Edit Allergy/ADR Data    PU Patient Record Update
DD Detailed Allergy/ADR List      EX Exit Patient List

Select Action: Quit// <Enter>

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.

Medication Profile  May 22, 2001 10:44:56  Page:  1 of  1
OPPATIENT16,ONE

PID: 000-24-6802     Ht(cm): 177.80 (02/08/1999)
DOB: APR 3,1941 (60)  Wt(kg): 90.45 (02/08/1999)

#  RX #  DRUG              QTY ST  DATE  FILL REM SUP
------------------------------------
ACTIVE
----------------------------------
1 503902   ACETAMINOPHEN 500MG TAB          60 A> 05-22 05-22   3  30
2 503886$  DIGOXIN (LANOXIN) 0.2MG CAP        60 A> 05-07 05-07   5  30

PENDING
------------------------------------
3 AMPICILLIN 250MG CAP                      QTY: 40 ISDT: 05-29 REF: 0

Enter ?? for more actions

PU Patient Record Update    NO New Order
PI Patient Information      SO Select Order

Select Action: Quit//

If a double question mark (??) is entered at the above “Select Action” prompt, the following hidden actions display in the action area.

The following actions are also available:
RP  Reprint (OP)              OTH Other OP Actions              DR Display Remote
RN  Renew (OP)               DN Down a Line               QU Quit
DC  Discontinue (OP)         RD Re Display Screen      LS Last Screen
RL  Release (OP)             PT Print List              FS First Screen
RF  Refill (OP)              PS Print Screen               GO Go to Page
PP  Pull Rx (OP)             > Shift View to Right    + Next Screen
IP  Inpat. Profile (OP)      < Shift View to Left     - Previous Screen
RS  Reprint Sig Log          SL Search List              ADPL Auto Display(On/Off)
IN  Intervention Menu        CM Manual Queue to CMOP RDD Fill/Rel Date Display
UP  Up a Line                Select Action: Quit// OTH OTH

--- Other OP Actions ---

example continues
Medications with non-numeric dosages, such as ointments and creams, will display non-numeric possible dosages as a default. Because the dosage is non-numeric, values for dispense units per dose and quantity cannot be calculated.

Example: Entering a New Order (continued)

| DRUG: HYDROCORTISONE 0.5% CREAM DE200 VISM FORM; 30 GM/TUBE (IEN) |
| ...OK? Yes/ (Yes) |
| Now doing order checks. Please wait... |
| Available Dosage(s) |
| 1. SMALL AMOUNT |
| 2. MODERATE AMOUNT |
| 3. LIBERALLY |
| 4. LARGE AMOUNT |

Select from list of Available Dosages, Enter Free Text Dose or Enter a Question Mark (?) to view list: 2 MODERATE AMOUNT

You entered MODERATE AMOUNT is this correct? Yes/ <Enter> YES |
| ROUTE: TOPICAL// <Enter> TOPICAL |
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 happens 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

DRUG: PREDNISONE  
Lookup: GENERIC NAME
1  PREDNISONE 1MG TAB    HS051  
2  PREDNISONE 20MG S.T.  HS051  
3  PREDNISONE 5MG TAB    HS051
CHOOSE 1-3: 3  PREDNISONE 5MG TAB    HS051
Now doing order checks. Please wait...

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-----------------------------------
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 11/02/05
OPPATIENT,FOUR #30
TAKE ONE 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
E PAYABLE

Another New Order for OPPATIENT,FOUR? YES// NO
View of RX:

Medication Profile  

OPPATIENT,FOUR  

PID: 000-01-1322P  
DOB: JAN 13,1922 (83)  
SEX: MALE  

### Issue Last Ref Day  

<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>100003840e</td>
<td>PREDNISONE 5MG TAB</td>
<td>30</td>
<td>A&gt; 11-02 11-02</td>
<td>5 30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Denotes ePharmacy Rx

Enter ?? for more actions  

PU  Patient Record Update  
PI  Patient Information  
Select Action: Quit//

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 before continuing.

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

**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  
Patient : OPPATIENT,FOUR(000-01-1322P)  
DOB: JAN 13,1922(83)  
NPI#: 39393939  
Prescription : 99999999/0 - TESTOSTERONE (ANDRODERM)  
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---
Complete Orders from OERR
[PSO LMOE FINISH]

When a clinician has created an order for a patient, the pharmacist then completes and verifies the order. The Complete Orders from OERR option is used to complete orders entered into the patient record through Order Entry Results Reporting (OERR) V. 3.0. This option uses the List Manager features.

Orders may be selected by patient, route, priority, clinic, or flag. “E” can be entered at the “Select By:” prompt to stop processing orders.

If a temporary address has no end date, the following text is now displayed: “(Temp address from XXX 99,9999 till (no end date))”.

For ePharmacy orders, after an order is 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 an example, see “Finishing an ePharmacy Order” in this section.

Example: Finishing an Order from OERR

Select Outpatient Pharmacy Manager Option: RX (Prescriptions)

Orders to be completed for all divisions: 16

Do you want an Order Summary? No// <Enter> NO

Patient Prescription Processing
Barcode Rx Menu ...
Complete Orders from OERR
Discontinue Prescription(s)
Edit Prescriptions
ePharmacy Menu...
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: Complete Orders from OERR

There are multiple Institutions associated with this Outpatient Site for finishing orders entered through CPRS. Select the Institution for which to finish orders from. Enter '?' to see all choices.

Select CPRS ORDERING INSTITUTION: ALBANY// <Enter> NY VAMC 500

You have selected ALBANY.
After completing these orders, you may re-enter this option and select again.

Select By: (PA/RT/PR/CL/FL/E): PATIENT// <Enter>
All Patients or Single Patient: (A/S/E): SINGLE// <Enter>
Select Patient: OPPATIENT16,ONE OPPATIENT16,ONE 4-3-41 000246802
YES SC VETERAN

Do you want to see Medication Profile? Yes//

----------------------------------------example continues----------------------------------------
The user may enter a question mark at the “Select Patient” prompt to view a list of patients with pending orders. A single patient may be selected for processing, or pending orders for all patients may be processed in sequence by the time of each order’s entry into the system.

Flagged orders will not be processed. They are not a part of any pending orders. To process flagged orders, you should enter FL at the “Select By” prompt. This ensures you will view all patients with flagged pending orders, allowing you to address their flagged orders; however, if you know which patients have flagged orders, you can access the flagged orders through the Medication Profile.

If the user answers YES to “Do you want to see Medication Profile?” and the patient has remote prescription(s), the following prompt appears.

REMOTE PRESCRIPTIONS AVAILABLE!
Display Remote Data? N/

If the user answers YES to “Display Remote Data?” then the “Remote Facilities Visited” screen appears, allowing the user to see what facilities the patient has prescriptions at and what those prescriptions are.

After the user answers the medication profile prompt, a warning displays if no allergy assessment has been made. The patient’s eligibility and RX patient status also displays.
ePharmacy Medication Profile Division Preferences

[PSO PMP SITE PREFERENCES]

This option allows the user to specify certain settings that will control how the *ePharmacy Medication Profile* option works for that user. Below is the list of settings that can be specified through this option:

- **EXP/CANCEL CUTOFF**: Indicates the maximum number of days for an expired and/or discontinued prescription to be cut from the profile.
- **SORT BY**: Indicates the default sorting column. The options are: Rx#, Drug Name, Issue Date or Last Fill Date.
- **SORT ORDER**: Indicates the order in which the column above will be sorted: Ascending or Descending.
- **DISPLAY SIG**: Indicates whether the SIG should be displayed under each prescription or if it should be hidden.
- **GROUP BY STATUS**: Indicates whether the list should be grouped by status (Active, Discontinued, Hold, etc…) or not.
- **DISPLAY ORDER COUNT**: Indicates whether the number of orders under each group should be displayed besides the group name. Example ______ACTIVE (3 orders)_____

Select ePharmacy Menu Option: PF ePharmacy Medication Profile Division Preferences

ALBANY ISC's current default view:

<table>
<thead>
<tr>
<th>Setting</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXP/CANCEL CUTOFF</td>
<td>200 DAYS</td>
</tr>
<tr>
<td>SORT BY</td>
<td>Rx#</td>
</tr>
<tr>
<td>SORT ORDER</td>
<td>ASCENDING</td>
</tr>
<tr>
<td>DISPLAY SIG</td>
<td>ON</td>
</tr>
<tr>
<td>GROUP BY STATUS</td>
<td>OFF</td>
</tr>
<tr>
<td>DISPLAY ORDER COUNT</td>
<td>OFF</td>
</tr>
</tbody>
</table>

Delete this default view? NO// <Enter>

EXP/CANCEL CUTOFF: 200// <Enter> DAYS
SORT BY: Rx// <Enter> Rx#
SORT ORDER: ASCENDING// ^EXP
EXP/CANCEL CUTOFF: 200// 120 DAYS
SORT BY: Rx// <Enter> Rx#
SORT ORDER: ASCENDING// <Enter>
DISPLAY SIG: ON// <Enter>
GROUP BY STATUS: OFF// <Enter>
DISPLAY ORDER COUNT: OFF/<Enter>

Saving...OK!

If there is a set of preferences already on file for the division the user is logged under, the option to delete such preferences is presented to the user as seen above.

ePharmacy Site Parameters

The ePharmacy Site Parameters file (#52.86) has been added to store ePharmacy Site parameters by division. Along with this, a new EPHARMACY SITE PARAMETERS [PSO ePHARM SITE 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 rejects 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: ?
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 Co  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 PATIENT
- D DRUG
- R Rx
- I INSURANCE

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

Select one of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>UNRESOLVED</td>
</tr>
<tr>
<td>R</td>
<td>RESOLVED</td>
</tr>
<tr>
<td>B</td>
<td>BOTH</td>
</tr>
</tbody>
</table>

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

--------------------------------------------------------------example continues--------------------------------------------------------------
Example: Viewing and Resolving Open Rejects (continued)

<table>
<thead>
<tr>
<th>#: Rx#</th>
<th>PATIENT(ID)[^]</th>
<th>DRUG</th>
<th>REASON</th>
<th>Payer Message:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 100003872</td>
<td>OPPATIENT,FOUR(1322P</td>
<td>A AND Z OINTMENT</td>
<td>DUR:</td>
<td></td>
</tr>
<tr>
<td>2 100003873</td>
<td>OPPATIENT,FOUR(1322P</td>
<td>PHYTONADIONE 5MG TAB 79:REFILL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 100003873</td>
<td>OPPATIENT,FOUR(1322P</td>
<td>PHYTONADIONE 5MG TAB DUR:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 100003785</td>
<td>OPPATIENT,TEN(3222)</td>
<td>ALBUMIN 5% 250ML</td>
<td>DUR:</td>
<td></td>
</tr>
<tr>
<td>5 100003882</td>
<td>OPPATIENT,TEN(3222)</td>
<td>ALBUTEROL INHALER</td>
<td>DUR:</td>
<td></td>
</tr>
<tr>
<td>6 100003884</td>
<td>OPPATIENT,TEN(3222)</td>
<td>TEMAZEPAM 15MG CAP</td>
<td>DUR:</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Select: Quit//

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 Rejects (continued)

<table>
<thead>
<tr>
<th>Reject Information (UNRESOLVED)</th>
<th>Page: 1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 21, 2005:29:30</td>
<td></td>
</tr>
<tr>
<td>Division: ALBANY</td>
<td>NPI#: 17128842</td>
</tr>
<tr>
<td>Patient: OPPATIENT, FOUR (000-01-1322P)</td>
<td>Sex: M</td>
</tr>
<tr>
<td>Rx#: 100003873/0</td>
<td>ECME#: 00000504455 Date of Service: Nov 15, 2005</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
- **DUR Add Msg**: THIS IS THE DUR ADDITIONAL TEXT.

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

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.

**Hidden actions:**

- **COM (Add Comments)** – Allows the user to add reject specific comments. This 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**

<table>
<thead>
<tr>
<th>Rx Activity Log</th>
<th>Nov 21, 2005@09:33:33</th>
<th>Page: 3 of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT, FOUR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PID: 000-01-1322P</td>
<td>Ht(cm): _______ (______)</td>
<td></td>
</tr>
<tr>
<td>DOB: JAN 13,1922 (83)</td>
<td>Wt(kg): _______ (______)</td>
<td></td>
</tr>
<tr>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 11/15/05@14:13:52 ORIGINAL OPPHARMACIST4,THREE</td>
<td>Comments: Submitted to ECME:REJECT WORKLIST-DUR OVERRIDE CODES(DD/MO/1B)-E PAYABLE</td>
<td></td>
</tr>
<tr>
<td>ECME REJECT Log:</td>
<td># Date/Time Rcvd Rx Ref Reject Type STATUS Date/Time Resolved</td>
<td></td>
</tr>
<tr>
<td></td>
<td># Date/Time Rcvd Rx Ref Reject Type STATUS Date/Time Resolved</td>
<td></td>
</tr>
<tr>
<td>1 12/11/05@19:03:31 ORIGINAL DUR RESOLVED 12/12/05@16:45:21 Comments: CLAIM SUBMITTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 5/30/06@19:13:57 REFILL 2 DUR RESOLVED 5/31/06@15:58:32 Comments: CLAIM SUBMITTED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

Select Rx (Prescriptions) Option: EPHARMACY Menu

```
IR     Ignored Rejects Report
MP     ePharmacy Medication Profile (View Only)
NV     NDC Validation
PF     ePharmacy Medication Profile Division Preferences
SP     ePharmacy Site Parameters
VP     Third Party Payer Rejects - View/Process
WL     Third Party Payer Rejects - Worklist
TC     TRICARE Bypass/Override Report
```

Select ePharmacy Menu Option: WL  Third Party Payer Rejects - Worklist

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

DIVISION: ^ALL

<table>
<thead>
<tr>
<th>Insurance Rejects - Worklist</th>
<th>Nov 09, 2010@11:24:10</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divisions: ALL</td>
<td>Selection: ALL UNRESOLVED REJECTS</td>
<td></td>
</tr>
<tr>
<td># Rx# PATIENT (ID) [^]</td>
<td>DRUG</td>
<td>REASON</td>
</tr>
<tr>
<td>1 100003521 OPPATIENT,TWELVE(5444) ACETYLCYSTEINE 20% 3 79 :REFILL TOO SO Payer Message: PLAN = 8906 NEXT FILL: 20050429</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 100003872 OPPATIENT,FOUR(1322P) A AND Z OINTMENT DUR: Payer Message: DUR Reject Error</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TRICARE - Non-DUR/RTS**

| 4 101359 OPTRICARE,ONE(7894) BACLOFEN 10MG TABS 07 :M/I Cardholder Payer Message: |
| 5 100924 OPTRICARE,TRI(4932) LORAZEPAM 1MG TAB 07 :M/I Cardholder Payer Message: |

**OTHER REJECTS**

| 6 101173 IBPATIENT,ONE(9877) FENOPROFEN 300MG CAP 08 :M/I Person Co Payer Message: |
| 7 101130 OPPATIENT,ONE(4589) CHLORAMBUCIL 2MG TAB NN :Transaction R Payer Message: |

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

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

Select: Quit// 3
### Hidden actions:

- **TRI (Show/Hide Tricare)** - When toggled to Show, TRICARE Non-DUR/RTS rejects will be automatically displayed at the end of the listing. Toggling the TRI action to Hide will remove them from the screen.
These options are available on the following screen:

- VW (View Rx) – 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. This option is active for DUR rejects only.
- CSD (Change Suspense Date) – Allows the user to change the fill date for suspended prescriptions.

**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: 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 #: 17128842</td>
</tr>
<tr>
<td>Patient : OPPATIENT, FOUR (000-01-1322P)</td>
<td>Sex: M DOB: JAN 13, 1922 (83)</td>
</tr>
<tr>
<td>Rx#: 100003872/0</td>
<td>ECME#: 00000504454</td>
</tr>
<tr>
<td>Date of Service: Nov 15, 2005</td>
<td></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: 
- DUR Text: 

**INSURANCE Information**

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

Enter ?? for more actions

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

Select: Quit// OVR Override Reject
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”.

Available codes for “Professional Service Code” include:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>NO INTERVENTION</td>
</tr>
<tr>
<td>AS</td>
<td>PATIENT ASSESSMENT</td>
</tr>
<tr>
<td>CC</td>
<td>COORDINATION OF CARE</td>
</tr>
<tr>
<td>DE</td>
<td>DOSING EVALUATION/DETERMINATION</td>
</tr>
<tr>
<td>FE</td>
<td>FORMULARY ENFORCEMENT</td>
</tr>
<tr>
<td>GP</td>
<td>GENERIC PRODUCT SELECTION</td>
</tr>
<tr>
<td>M0</td>
<td>PRESCRIBER CONSULTED</td>
</tr>
<tr>
<td>MA</td>
<td>MEDICATION ADMINISTRATION</td>
</tr>
<tr>
<td>MR</td>
<td>MEDICATION REVIEW</td>
</tr>
<tr>
<td>P0</td>
<td>PATIENT CONSULTED</td>
</tr>
<tr>
<td>PE</td>
<td>PATIENT EDUCATION/INSTRUCTION</td>
</tr>
<tr>
<td>PF</td>
<td>PATIENT REFERRAL</td>
</tr>
<tr>
<td>PH</td>
<td>PATIENT MEDICATION HISTORY</td>
</tr>
<tr>
<td>PM</td>
<td>PATIENT MONITORING</td>
</tr>
<tr>
<td>R0</td>
<td>PHARMACIST CONSULTED OTHER SOURCE</td>
</tr>
<tr>
<td>RT</td>
<td>RECOMMENDED LABORATORY TEST</td>
</tr>
<tr>
<td>SC</td>
<td>SELF-CARE CONSULTATION</td>
</tr>
<tr>
<td>SW</td>
<td>LITERATURE SEARCH/REVIEW</td>
</tr>
<tr>
<td>TC</td>
<td>PAYER/PROCESSOR CONSULTED</td>
</tr>
<tr>
<td>TH</td>
<td>THERAPEUTIC PRODUCT INTERCHANGE</td>
</tr>
</tbody>
</table>

Available codes for “Result of Service Code” include:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>NOT SPECIFIED</td>
</tr>
<tr>
<td>1A</td>
<td>FILLED AS IS, FALSE POSITIVE</td>
</tr>
<tr>
<td>1B</td>
<td>FILLED PRESCRIPTION AS IS</td>
</tr>
<tr>
<td>1C</td>
<td>FILLED, WITH DIFFERENT DOSE</td>
</tr>
<tr>
<td>1D</td>
<td>FILLED, WITH DIFFERENT DIRECTIONS</td>
</tr>
<tr>
<td>1E</td>
<td>FILLED, WITH DIFFERENT DRUG</td>
</tr>
<tr>
<td>1F</td>
<td>FILLED, WITH DIFFERENT QUANTITY</td>
</tr>
<tr>
<td>1G</td>
<td>FILLED, WITH PRESCRIBER APPROVAL</td>
</tr>
<tr>
<td>1H</td>
<td>BRAND-TO-GENERIC CHANGE</td>
</tr>
<tr>
<td>1J</td>
<td>RX-TO-OTC CHANGE</td>
</tr>
<tr>
<td>1K</td>
<td>FILLED, WITH DIFFERENT DOSAGE FORM</td>
</tr>
<tr>
<td>2A</td>
<td>PRESCRIPTION NOT FILLED</td>
</tr>
<tr>
<td>2B</td>
<td>NOT FILLED, DIRECTIONS CLARIFIED</td>
</tr>
<tr>
<td>3A</td>
<td>RECOMMENDATION ACCEPTED</td>
</tr>
<tr>
<td>3B</td>
<td>RECOMMENDATION NOT ACCEPTED</td>
</tr>
<tr>
<td>3C</td>
<td>DISCONTINUED DRUG</td>
</tr>
<tr>
<td>3D</td>
<td>REGIMEN CHANGED</td>
</tr>
<tr>
<td>3E</td>
<td>THERAPY CHANGED</td>
</tr>
<tr>
<td>3F</td>
<td>THERAPY CHANGED - COST INCREASE ACKNOWLEDGED</td>
</tr>
</tbody>
</table>
3G  DRUG THERAPY UNCHANGED
3H  FOLLOW-UP REPORT
3J  PATIENT REFERRAL
3M  COMPLIANCE AID PROVIDED
(This page included for two-sided copying.)
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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TC TYPES: INPATIENT, NON-BILLABLE PRODUCT, REJECT OVERRIDE By Division</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL PRESCRIPTIONS BY ACTION DATE: From 09/01/10 through 09/30/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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: DIVISION ONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>****************************** TRICARE INPATIENT ****************************</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPPPATIENT,TRIONE/XXXX 10750XXXX$ 0/00009300XXXXX 09/10/10  C RT AC/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/10/10 POSTMASTER 45.00 180 06XXX-3XXX-XX METFORMIN HCL 500MG TAB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRICARE Inpatient/Discharge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRICARE INPATIENT SUBTOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX COUNT 1 MEAN 45.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| DIVISION: DIVISION ONE |
| ****************************** TRICARE NON-BILLABLE PRODUCT **************************** |
| OPPPATIENT,TRITWO/XXXX 1075XXXX$ 0/00009300XXXXX 09/10/10  C RT AC/N |
| 09/10/10 OPPHARM,ONE 20.00 180 06XXX-3XXX-XX DOCUSATE NA 100MG CA |
| TRICARE DRUG NOT BILLABLE Fill Per Provider |
| OPPHARM,ONE SUB-TOTALS 20.00 RX COUNT 1 MEAN 20.00 |

| DIVISION: DIVISION ONE |
| ****************************** TRICARE REJECT OVERRIDE **************************** |
| OPPPATIENT,TRIFOUR/XXXX 107XXXX0B$ 0/00009300XXXXX 09/10/10  C RT AC/N |
| 09/10/10 OPPHARM,ONE 20.00 180 06524-3288-09 DOCUSATE NA 100MG CA |
| 50:Non-Matched Pharmacy Number 25:M/I Prescriber ID |
OPHARM, ONE

SUB-TOTALS 20.00
RX COUNT 1
MEAN 20.00

TRICARE REJECT
SUBTOTALS 20.00
RX COUNT 1
MEAN 20.00

DIVISION: DIVISION ONE

SUBTOTALS 85.00
RX COUNT 3
MEAN 28.33

DIVISION: DIVISION TWO

*****************************   TRICARE INPATIENT   **********************************
OPPATIENT, TRISIX/XXXX 107XXXXXX$ 0/00000930XXXX 09/10/10 C RT AC/N
09/10/10 POSTMASTER 10.00 180 06XXX-XXXX-XX METFORMIN HCL 500MG TAB
PATIENT IS CURRENTLY ON A WEEKEND PASS AND WILL RETURN ON MONDAY 09/13/2010.

OPPATIENT, TRISEVEN/XXXX 107XXXXXXB$ 0/00000930XXXX 09/10/10 C RT AC/N
09/10/10 POSTMASTER 40.00 180 06XXX-XXXX-XX METFORMIN HCL 500MG TAB
PATIENT IS CURRENTLY ON A WEEKEND PASS AND WILL RETURN ON MONDAY 09/13/2010.

TRICARE INPATIENT
SUB-TOTALS 50.00
RX COUNT 2
MEAN 50.00

*****************************   TRICARE NON-BILLABLE PRODUCT   ***********************
OPPATIENT, TRIEIGHT/XXXX 107XXXXXX$ 0/00000930XXXX 09/10/10 C RT AC/N
09/10/10 OPHARM, THREE 60.00 180 06XXX-3XX-XX DOCUSATE NA 100MG CA
et TRICARE DRUG NOT BILLABLE
Fill Per Provider

OPHARM, THREE
SUBTOTALS 60.00
RX COUNT 1
MEAN 60.00

TRICARE NON-BILLABLE PRODUCT
SUBTOTALS 60.00
RX COUNT 1
MEAN 60.00
<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT, TRININE/XXXX</td>
<td>107XXXXX$</td>
</tr>
<tr>
<td>09/10/10 OPHARM, TWO</td>
<td>20.00</td>
</tr>
<tr>
<td>Claim ID: VA2005-056XXXX-XXXXXX-0007XXX</td>
<td></td>
</tr>
<tr>
<td>50:Non-Matched Pharmacy Number</td>
<td></td>
</tr>
<tr>
<td>25:M/I Prescriber ID</td>
<td></td>
</tr>
<tr>
<td>SUBTOTALS</td>
<td>20.00</td>
</tr>
<tr>
<td>RX COUNT</td>
<td>1</td>
</tr>
<tr>
<td>MEAN</td>
<td>20.00</td>
</tr>
<tr>
<td>TRICARE REJECT</td>
<td></td>
</tr>
<tr>
<td>SUBTOTALS</td>
<td>20.00</td>
</tr>
<tr>
<td>RX COUNT</td>
<td>1</td>
</tr>
<tr>
<td>MEAN</td>
<td>20.00</td>
</tr>
<tr>
<td>DIVISION: DIVISION TWO</td>
<td></td>
</tr>
<tr>
<td>SUBTOTALS</td>
<td>130.00</td>
</tr>
<tr>
<td>RX COUNT</td>
<td>4</td>
</tr>
<tr>
<td>MEAN</td>
<td>36.67</td>
</tr>
<tr>
<td>GRAND TOTALS</td>
<td></td>
</tr>
<tr>
<td>RX COUNT</td>
<td>7</td>
</tr>
<tr>
<td>MEAN</td>
<td>30.71</td>
</tr>
</tbody>
</table>

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:

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

   - Non-DUR/RTS TRICARE rejections will be segregated at the end of the displayed information. They will be denoted with a "TRICARE - Non-DUR/RTS" header. This header remains regardless of whether the GI - Group by Insurance action is toggled on or off. The TRICARE section sorts in the same manner as the main sort for non-TRICARE prescriptions (by Rx, drug, patient).
<table>
<thead>
<tr>
<th># 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>MEROXYPROGESTRONE 1 79 :REFILL TOO SO</td>
</tr>
<tr>
<td>2</td>
<td>100739</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTOPINE 2MG TAB 79 :REFILL TOO SO</td>
</tr>
<tr>
<td>3</td>
<td>101960</td>
<td>OTRICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG 79 :REFILL TOO SO</td>
</tr>
<tr>
<td>4</td>
<td>101980</td>
<td>OTRICARE,ONE(4789)</td>
<td>DANTREL 50MG CAP 14 :M/I Eligibility</td>
</tr>
</tbody>
</table>

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>4</td>
<td>101981</td>
<td>OTRICARE,ONE(4789)</td>
<td>ATENOLOL 100MG TAB 79 :REFILL TOO SO</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Rx#</th>
<th>PATIENT(ID)</th>
<th>DRUG</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTROPINE 2MG TAB</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TRICARE</td>
</tr>
<tr>
<td>2</td>
<td>OPTICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ZENITH ADMINISTRATORS</td>
</tr>
<tr>
<td>2</td>
<td>ECMEIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE 1</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td>4</td>
<td>OPTICARE,ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TRICARE - Non-DUR/RTS</td>
</tr>
<tr>
<td>5</td>
<td>OPTICARE,ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
<td>14 :M/I Eligibili</td>
</tr>
<tr>
<td>6</td>
<td>OPTICARE,ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
<td>14 :M/I Eligibili</td>
</tr>
</tbody>
</table>

The new TRI - Show/Hide Tricare toggle action has been added to the hidden menu on the Insurance Rejects screen. When toggled to Show, TRICARE Non-DUR/RTS rejects will automatically display at the end of the listing. Toggling the TRI action to Hide will remove them from the screen.

Example with TRICARE rejects displayed:

<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 1</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TRICARE - Non-DUR/RTS</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>3</td>
<td>OPTICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td>4</td>
<td>OPTICARE,ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
<td>14 :M/I Eligibili</td>
</tr>
</tbody>
</table>

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

The following actions are also available:

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

Enter RETURN to continue or '^' to exit:
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>MEDROXYPROGESTRONE 1</td>
<td>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>

Payer Message:

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

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

Select: Quit/??

The following actions are also available:

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

Enter RETURN to continue or '^' to exit:
2. Processing of TRICARE Rejections - TRICARE Eligible Bypass/Override Functions

- A bypass function is provided to allow continued processing of prescriptions for TRICARE eligible inpatients who’s 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.

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
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#: XXXXXXXXXX
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
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 : O Patricia, 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)IGNORE - FILL Rx WITHOUT CLAIM SUBMISSION
D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)vertical,(I)gnore,(D)iscontinue,(Q)uit: Q// (I)gnore - FILL Rx WITHOUT CLAIM SUBMISSION
You are bypassing claims processing. Do you wish to continue? NO// y  YES

- 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 - DOCUSATE 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”.

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 - DOCUSATE 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”.

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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 - DOCUSATE 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”.

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 - DOCUSATE 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>OPTRICARE,ONE(4789)</td>
<td>DIAZoxide 300MG INJ</td>
<td>eT:TRICARE-DRUG NON</td>
</tr>
<tr>
<td>14</td>
<td>OPTRICARE,ONE(4789)</td>
<td>MANNITOL 15% S.S. LV 22</td>
<td>M/I Dispense</td>
</tr>
<tr>
<td>15</td>
<td>OPTRICARE,ONE(4789)</td>
<td>METHOCARBAMOL 750MG</td>
<td>34 :M/I Submissio</td>
</tr>
<tr>
<td>16</td>
<td>OPTRICARE,ONE(4789)</td>
<td>BENETROPINE 2MG TAB</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>17</td>
<td>OPTRICARE,ONE(4789)</td>
<td>DEXAMETHASONE 0.5MG</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>18</td>
<td>TRICARE,ONLYTRICAR(3939)</td>
<td>NEODECADRON OPHTMALI</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>19</td>
<td>TRICARE,ONLYTRICAR(3939)</td>
<td>GENTAMICIN OPHTHALMI</td>
<td>07 :M/I Cardholde</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Reject Information (TRICARE) Oct 30, 2010@10:15:01</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 DOB: JUL 1,19XX(XX)</td>
<td></td>
</tr>
<tr>
<td>Rx#: 4928/0</td>
<td>ECME#: Fill Date: Mar 16, 2009</td>
</tr>
<tr>
<td>CMOP Drug: DOCUSATE NA 100MG CA</td>
<td>NDC Code: 54629-0600-01</td>
</tr>
</tbody>
</table>

REJECT Information (TRICARE)
Reject Type: TRICARE DRUG NOT BILLABLE(eT) received on OCT 17, 2010@13:19:22
Reject Status: NO CLAIM SUBMITTED
Payer Message:
Reason:
DUR Text:

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

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

REJECT Information (TRICARE)
Reject Type: TRICARE DRUG NOT BILLABLE(eT) received on SEP 16, 2010@13:07:12
Reject Status: NO CLAIM SUBMITTED
Payer Message:
Reason:
DUR Text:

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

INSURANCE Information
Insurance:
Contact:
Group Name:
Group Number:
RES not allowed for TRICARE Non-Billable claim.
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): Next Screen//
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

---

**Example of Reject Information Screen – Electronic Signature and TRICARE Justification**

<table>
<thead>
<tr>
<th>Reject Information (TRICARE)</th>
<th>Sep 30, 2010@10:25:13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division: ECME DIVISION</td>
<td>NPI#: XXXXXXXXXX</td>
</tr>
<tr>
<td>Patient: TRICARE,TWO(XXX-XX-XXXX)</td>
<td>Sex: M</td>
</tr>
<tr>
<td>Rx#: XXX4928/O</td>
<td>ECME#: 000001231234</td>
</tr>
<tr>
<td>CMOP Drug: ACARBOSE 25MG TAB</td>
<td>NDC Code: 00026-2863-52</td>
</tr>
</tbody>
</table>

REJECT Information (TRICARE)
Reject Type: M/I Cardholder ID (07) received on JUL 10, 2010@12:22:10
Reject Status: OPEN/UNRESOLVED - E REJECTED
Payer Message:
DUR Text: ______________________________________________________________________

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

INSURANCE Information
Insurance: EXPRESS SCRIPTS
Contact: 
Group Name: TRICARE
Group Number: DGDA
Cardholder ID: XXXXXXX

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): Quit/FIL

You are bypassing claims processing. Do you wish to continue (Y/N)? No/Yes

Enter your Current Signature Code: SIGNATURE VERIFIED
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)</th>
<th>Sep 30, 2010@10:25:13</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division</td>
<td>ECME DIVISION</td>
<td>NPI#: XXXXXXXXX</td>
</tr>
<tr>
<td>Patient</td>
<td>TRICARE,TWO(XXX-XX-XXXX)</td>
<td>Sex: M</td>
</tr>
<tr>
<td>Rx#</td>
<td>XXX4928/0</td>
<td>ECME#: 000001231234</td>
</tr>
<tr>
<td>CMOP Drug</td>
<td>ACARBOSE 25MG TAB</td>
<td>NDC Code: 00026-2863-52</td>
</tr>
<tr>
<td>REJECT Information (TRICARE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reject Type</td>
<td>M/I Cardholder ID (07)</td>
<td>received on JUL 10, 2010@12:22:10</td>
</tr>
<tr>
<td>Reject Status</td>
<td>OPEN/UNRESOLVED - E REJECTED</td>
<td></td>
</tr>
<tr>
<td>Payer Message</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUR Text</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- AUG 25, 2010@13:25:07 - Transferred by OPECC. (OPCLERK,ONE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSURANCE Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>EXPRESS SCRIPTS</td>
<td></td>
</tr>
<tr>
<td>Contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Name</td>
<td>TRICARE</td>
<td></td>
</tr>
<tr>
<td>Group Number</td>
<td>DODA</td>
<td></td>
</tr>
<tr>
<td>Cardholder ID</td>
<td>XXXXXXXX</td>
<td></td>
</tr>
<tr>
<td>VW View Rx</td>
<td>FIL Fill Rx</td>
<td>TBD Change Suspense Date</td>
</tr>
<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>
<tr>
<td>Select Item(s):</td>
<td>Next Screen//</td>
<td></td>
</tr>
</tbody>
</table>

- 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 which results in a claims resubmission. Other insurance related rejects (missing eligibility or cardholder ID number) are resolved by the Outpatient Pharmacy Electronic Claims Coordinator (OPECC). Once the rejection has been resolved, the Reject Information screen under the pharmacy reject worklist shows the status of the prescription as E PAYABLE. At this point the user may select the FIL action that will prompt for label print.
**Reject Information (TRICARE)**

<table>
<thead>
<tr>
<th>Reject Type</th>
<th>M/I Cardholder ID (07) received on JUL 10, 2010@12:22:10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reject Status</td>
<td>OPEN/UNRESOLVED - E REJECTED</td>
</tr>
<tr>
<td>Payer Message</td>
<td></td>
</tr>
<tr>
<td>Reason</td>
<td></td>
</tr>
<tr>
<td>DUR Text</td>
<td></td>
</tr>
</tbody>
</table>

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

**INSURANCE Information**

- **Insurance**: EXPRESS SCRIPTS
- **Contact**: 
- **Group Name**: TRICARE
- **Group Number**: DODA
- **Cardholder ID**: XXXXXXX

**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// UCX/TELNET**

- Right Margin: 80//

---

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

Rejects under the OTHER REJECTS section of the screen contain non-clinical rejects and are resolved in the same manner as DUR/RTS rejects. The comments section denotes whether the reject was transferred automatically as is the case in the example below or “Transferred by OPECC” will 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.
Reject Information (UNRESOLVED)

Jul 30, 2008@14:55:28

Page: 1 of 2

Division: CHEYENNE VAM&ROC
NPI#: 1164471991

Patient: OPPATIENT, FOUR (666-55-9987)
Sex: M
DOB: OCT 20, 1965 (42)

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: 79
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

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

Confirm? YES/

Prescription 2055203 successfully submitted to ECME for claim generation.

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

$ PAYABLE

Please wait...

Insurance Rejects - Worklist

Jul 30, 2008@14:38:38

Page: 2 of 3

Division: CHEYENNE VAM&ROC

Selection: ALL UNRESOLVED REJECTS

# Rx# PATIENT (ID) [v] DRUG REASON

Payer Message:
13 2055202 OPPATIENT, FOUR (9987) BACLOFEN 10MG TAB 79:REFILL TOO SO

Payer Message:
14 2055155 OPPATIENT, FOUR (9987) BENAZEPRIL HCL 40MG 79:REFILL TOO SO

Payer Message:
15 2055134A OPPATIENT, FOUR (9987) CALCIUM GLUCONATE 65 22:M/I Dispense

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

DR Sort by Drug
RE Sort by Reason
RX Sort by Prescription
<table>
<thead>
<tr>
<th>PA</th>
<th>Sort by Patient</th>
<th>RF</th>
<th>Screen Refresh</th>
<th>GI</th>
<th>Group by Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Select: Next Screen/^</td>
<td></td>
<td></td>
<td></td>
<td></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  Ht(cm): _______ (______)
DOB: OCT 20,1965 (42)  Wt(kg): _______ (______)
SEX: MALE

# RX #  DRUG  QTY ST  DATE  FILL REM SUP
------------------------------
1 2055202$e  BACLOFEN 10MG TAB 14 S> 07-08 12-12 11 3
2 2055155$e  BENAZEPRIL HCL 40MG TAB 1 S> 06-24 06-26 10 1
3 2055134A$e  CALCIUM GLUCONATE 650MG TAB 4 A> 06-16 07-30 10 2
------------------------------
ACTIVE-----------------------------
4 2055174$e  ACEBUTOLOL HCL 200MG CAP 1 S> 06-26 06-27 11 1
5 2055123$e  BACITRACIN 500 UNIT/GM OPHTHALMIC OINT 1 AT 06-13 06-14 10 30
6 2055203$e  DANAZOL 50MG CAP 6 S> 07-11 07-15 10 3
7 2055183$e  FAMCICLOVIR 125MG TAB 2 AT 06-26 06-26 11 2
8 2055215$e  GABAPENTIN 100MG CAP 6 S> 07-30 07-30 11 3
9 2055186$e  HALOPERIDOL 0.5MG TAB 2 AT 06-26 06-26 11 4
+ Enter ?? for more actions

OP Mediations (SUSPENDED)  Jul 30, 2008@15:03:25  Page:  1 of  3
OPPATIENT,FOUR
PID: 666-55-9987  Ht(cm): _______ (______)
DOB: OCT 20,1965 (42)  Wt(kg): _______ (______)

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)

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:FILLED FROM SUSPENSE(NDC:00024-0303-06)~E PAYABLE~p OPP INSURANCE
2 7/30/08@14:32:17 REFILL 1  OPPHARM,ONE
Comments: ECME:FILLED FROM SUSPENSE(NDC:00024-0303-06)~E REJECTED+p OPP INSURANCE
3 7/30/08@14:55:56 REFILL 1  OPPHARM,ONE
Comments: Submitted to ECME:REJECT WORKLIST~E PAYABLE

ECME REJECT Log:
<table>
<thead>
<tr>
<th>#</th>
<th>Date/Time Rcvd</th>
<th>Rx Ref</th>
<th>Reject Type</th>
<th>STATUS</th>
<th>Date/Time Resolved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7/30/08@14:32:16</td>
<td>REFILL 1</td>
<td>M/I Dispensee As RESOLVED</td>
<td>AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)</td>
<td>7/30/08@14:55:40</td>
</tr>
<tr>
<td>2</td>
<td>7/30/08@14:32:16</td>
<td>REFILL 1</td>
<td>REFILL TOO SOON RESOLVED</td>
<td>AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)</td>
<td>7/30/08@14:55:40</td>
</tr>
</tbody>
</table>

Enter ?? for more actions

Select Action: Quit//
Non-Verified Counts
[PSO NVCNT]

This option allows the user to obtain a count of the number of prescriptions remaining in a status of non-verified.

Example: Total of Non-verified prescriptions

Select Verification Option: NON-Verified Counts
DEVICE: HOME// [Select Print Device]

NON-VERIFIED PRESCRIPTION COUNTS
JUL 16,2007@14:57:34

TOTAL NUMBER OF NON-VERIFIED PRESCRIPTIONS : 12
NUMBER OF PATIENTS WITH ONE OR MORE NON-VERIFIED PRESCRIPTIONS : 9

(NOTE: Total number of patients listed here may not always equal the number at the bottom, since some patients at the bottom may be counted more than once, possibly having non-verified Rx's entered on different days.)

<table>
<thead>
<tr>
<th>Date</th>
<th># of Non-verified Rx's</th>
<th># of Different Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>07-27-98</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>05-18-99</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>06-22-00</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Enter RETURN to continue or '^' to exit:

Rx Verification by Clerk
[PSO VR]

This option verifies prescriptions in the non-verified status by entering the clerk.
Verifying ePharmacy Orders

Verifying an ePharmacy order is similar to finishing an order. After the user reviews the ePharmacy order and chooses to accept the order, the billing data is sent to ECME, which sends a message back to Outpatient Pharmacy displaying the status of the claim. The ECME section of the Activity Log is also updated.

RX: 101435   PATIENT: OPPATIENT,FOUR (000-01-1322P)
STATUS: Non-Verified
DRUG: ENTEX CAP
QTY: 10     10 DAY SUPPLY
SIG: TAKE 25MG BY BY MOUTH EVERY DAY FOR 10 DAYS WITH FOOD
LATEST: 11/05/2005   # OF REFILLS: 0   REMAINING: 0
ISSUED: 11/05/2005   PROVIDER: 
LOGGED: 11/05/2005   CLINIC: NOT ON FILE
EXPIRES: 11/15/2005   DIVISION: ALBANY ISC (500)
CAP: NON-SAFETY   ROUTING: WINDOW
ENTRY BY: OPPHARMACIST,ONE   VERIFIED BY: 

PATIENT STATUS : SC LESS THAN 50%   COPIES : 1
EDIT: (Y/N/P): N// NO
VERIFY FOR OPPHARMACIST4, THREE ? (Y/N/Delete/Quit): Y// <Enter>

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
E PAYABLE

Another New Order for OPPATIENT,FOUR? YES//
| **Provider** | The person who authorized an order. Only users identified as providers who are authorized to write medication orders may be selected. |
| **Reprinted Label** | Unlike a partial prescription, a reprint does not count as workload. |
| **Questionnaire** | An entry in the DUE QUESTIONNAIRE file. This file entry contains the set of questions related to a DUE as well as the drugs being evaluated. |
| **Schedule** | The frequency by which the doses are to be administered, such as Q8H, BID, NOW, etc. |
| **Sig** | The instructions printed on the label. |
| **Significant** | 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. |
| **Speed Actions** | See Actions. |
| **Suspense** | 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. |
| **Third (3rd) Party Claims** | Health care insurance claims submitted to an entity for reimbursement of health care bills. |
| **Time In** | This is the time that the patient's name was entered in the computer. |
| **Time Out** | This is the time that the patient's name was entered on the bingo board monitor. |
| **TIU** | 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. |
| **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. |
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