OUTPATIENT PHARMACY (PSO)

MANAGER’S USER MANUAL

Version 7.0
December 1997

(Revised February 2012)
## 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>
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</table>
| 02/2012 | i-ii, iiia-iiib, v-xi, 12, 18, 30-31, 107, 126a-126b, 128, 133, 150, 150a-150n, 159, 198, 204-206, 209-211, 211a-211b, 212-213, 213a-213b, 215-216, 218, 218a-218b, 219-220, 220a-220b, 221-222, 222a-222b, 223-226, 226a-226b, 227-229, 229a-229b, 230-233, 234-236, 236a-236b, 237, 237a-237b, 238-240, 242-243, 244a-244b, 245-246, 276-277, 277a-277b, 278, 292s-292t, 293-297, 300-301 | PSO*7*385 | Removed incorrect listing of View Additional Reject Info (ARI) action  
Added new actions Submit Multiple Actions (SMA) and Suspense Date Calculation (SMA)  
Added new option View ePharmacy Rx (VER)  
Added TRICARE and CHAMPVA examples of rejects on a new order  
Corrected earlier formatting errors  
Added signature alert  
Corrected typos  
Updated Service Code values  
Updated changed security key names  
Updated name of TRICARE CHAMPVA Bypass/Override Report  
Updated screen shots related to patch changes  
Updated wording based on reviewer feedback  
Added CHAMPVA functionality  
Added separate section to list changes to security keys  
Updated wording for ¾ Days Supply Hold  
Added rounding functionality for ¾ Days Supply Hold  
Added CHAMPVA to Glossary  
(S. Spence, PM; C. Smith, Tech Writer) |
| 02/12   | i, 59, 62, 195a-195b, 248a-248b, 269, 270, 270a – 270b                       | PSO*7*354    | Add an option to the Maintenance menu  
Added Site Parameter  
A file named PHARMACY AUTOMATED DISPENSING DEVICES added.  
A new multiple named OPAI added to DISPENSING SYSTEM PRINTER sub-file.  
(Niha Goyal, PM; John Owczarzak, Tech Writer) |
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</table>
Expanded ECME Numbers to twelve digits  
Updated screen shots related to patch changes  
Added TRICARE to Glossary  
Corrected typos  
Corrected formatting errors from 11/10 reissue  
(S. Spence, PM; C. Smith, Tech Writer) |
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<th>Pages/Sections</th>
<th>Revision Numbers</th>
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</thead>
</table>
| 09/11  | i, ii, v-xii, 85a-85f | PSO*7*382 | Added information regarding the new [PSO HRC PROFILE/REFILL] option.  
(N. Goyal, PM; J. Owczarzak, Tech Writer) |
| 04/11  | i | PSO*7*251 | Updated Revision History  
    Updated Table of Contents  
    Added Order Status  
    Added the word “prompt”  
    New OP Hidden Action  
    Added site parameter  
    Added example of site parameter  
    Added codes  
    New example  
    Added information regarding Intervention Menu Hidden Actions  
    Added blank page  
    Added blank page  
    Allergy/ADR Order Checks and Drug-Drug Interaction Enhancements  
    Enhanced Order Checks  
    Added remote order checking note  
    CPRS Order Checks  
    Added Intervention Menu to the screen example  
    Incorporate dosing checks in verification process  
    Incorporate dosing checks in verification process examples  
    Verifying ePharmacy Orders  
    Updated screens for Process Checks and Rx Verification  
    CPRS Order Checks – How They Work  
    Error Messages and Order Check  
    Added API, DATUP, DIF, & FDB to the Glossary, and updated page numbering  
    Updated Index to include Enhanced Drug-Drug Interactions, Duplicate Drug Order Check, Allergy/ADR Order Check Display and CPRS Order Checks, and updated page numbering  
(G. Tucker, PM, H. Whitney, Developer, S. Heiress and 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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</tr>
</thead>
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<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 Display [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>
## Other Outpatient Pharmacy ListMan Actions

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

## Other Screen Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit/Enter Allergy/ADR Data [EA]</td>
<td>Provides access to the Adverse Reaction Tracking package to allow entry and/or edit of allergy adverse reaction data for the patient. See the Adverse Reaction Tracking package documentation for more information on allergy/ADR processing.</td>
</tr>
<tr>
<td>Detailed Allergy Display [DA]</td>
<td>Displays a detailed listing of the selected item from the patient's allergy/ADR list. Entry to the Edit Allergy/ADR Data action is provided with this list also.</td>
</tr>
<tr>
<td>Patient Record Update [PU]</td>
<td>Allows editing of patient data such as SSN, birth date, address, phone, and outpatient narrative. Patient data can also be updated using the Update Patient Record menu option. If implementing Other Language Modifications, either can be used to set a patient's other language preference.</td>
</tr>
<tr>
<td>New Order [NO]</td>
<td>Allows new orders to be entered for the patient.</td>
</tr>
<tr>
<td>Exit Patient List [EX]</td>
<td>Exit patient’s Patient Information screen so that a new patient can be selected.</td>
</tr>
</tbody>
</table>
File Retrieval
[PSO ARCHIVE FILE RETRIEVE]

This option reads information from the HFS file and prints a summary of all prescriptions for the selected patient. This printed copy should be directed to a printer with 132-column width. It should be emphasized that the file must be copied from the long-term storage medium back onto the system and that this retrieval simply prints the information about the prescriptions. It does not restore this information to the on-line database.

Example: File Retrieval

Select Archiving Option: FILE Retrieval

Host File Server Device: [Select Host File Server Device]
HOST FILE NAME: [Enter the unique name for the file.]

Output Device: [Select Print Device]

Do you want to print the file index? YES &^NEW

OPPATIENT10,ONE%000987654^4541C,5107A,
OPPATIENT6,ONE%000135790^5269A,
OPPATIENT16,ONE%000246802^4713,
OPPATIENT17,ONE%000123456^628,629,630,631,981B,
OPPATIENT2,ONE%000234567^4778,
OPPATIENT29,ONE%000876543^916A,
OPPATIENT31,ONE%000357901^4631,
OPPATIENT11,ONE%000468024^450,

Enter Patient Name: OPPATIENT17,ONE 01-01-09 000123456 NO NSC VETERAN

THE FOLLOWING SCRIPTS WERE ARCHIVED FOR:

OPPATIENT17,ONE (000123456) - 628,629,630,631,981B,

OPPATIENT17,ONE ID#: 000123456 ELIG:
456 STREET
PHONE: 5556789
CARBON HILL
ALABAMA 32423
CANNOT USE SAFETY CAPS.
DISABILITIES:
REATIONS: UNKNOWN

-----------------------------report continues-----------------------------
Example: File Retrieval (continued)

07/17/07 PAGE 1

Rx: 628  DRUG: ACETAMINOPHEN W/Codeine 15mg Tab  TRADE NAME: QTY: 90
30 DAY SUPPLY
SIG: T1 TAB 23D PRN
LATEST: JUN 8, 2007  # OF REFILLS: 5  REMAINING: 5  PROVIDER:
OP PROVIDER 30, TWO
ISSUED: JUN 8, 2007  CLINIC: DR. ALBANY  DIVISION:
GENERAL HOSPITAL
LOGGED: JUN 8, 2007  ROUTING: Window  CLERK CODE:
OPCLERK2, FOUR
EXPIRES:  CAP: NON-SAFETY  STATUS:  Active
FILLED: JUN 8, 2007  PHARMACIST:  VERIFYING PHARMACIST:
LOT #:  NEXT: JUN 28, 2007  COPAY TYPE: PSO NSC RX COPAY NEWCOPAY
TRANSACTION #:  
REMARKS: New Order Created due to the editing of Rx # 479

07/17/07 PAGE 2

Rx: 629  DRUG: ACETAMINOPHEN W/Codeine 15mg Tab  TRADE NAME:
QTY: 90  30 DAY SUPPLY
SIG: T1 TAB 23D PRN
LATEST: JUN 8, 2007  # OF REFILLS: 5  REMAINING: 5  PROVIDER:
OP PROVIDER 30, TWO
ISSUED: JUN 8, 2007  CLINIC: DR. ALBANY  DIVISION:
GENERAL HOSPITAL
LOGGED: JUN 8, 2007  ROUTING: Window  CLERK CODE:
OPCLERK2, FOUR
EXPIRES:  CAP: NON-SAFETY  STATUS:  Active
FILLED: JUN 8, 2007  PHARMACIST:  VERIFYING PHARMACIST:
LOT #:  NEXT: JUN 28, 2007  COPAY TYPE: PSO NSC RX COPAY NEWCOPAY
TRANSACTION #:  
REMARKS: New Order Created due to the editing of Rx # 479

LABEL LOG
#  DATE       REFERENCE  PRINTED BY  COMMENT
===============================================================================
1  JUN 8, 2007  ORIGINAL  OPCLERK2, FOUR  From RX number 629

[This report has been abbreviated to save space.]
The Start Bingo Board Display option has been changed so that the bingo board can be started without tying up a terminal or requiring the user who starts it to have multiple sign-on capability. A site parameter has been added to indicate whether a dedicated device has been reserved. If so, the user is prompted to enter the device name. If a dedicated device is set up, the user is able to automatically start or stop the board via TaskMan. The user is also prompted for a Display Group that is saved as a site parameter. This option requires working with local IRMS to complete its setup.

Use this option to start the bingo board display. If there are no prescription entries yet, the message typed in the GROUP DISPLAY will cycle. When the entries begin, the message will be displayed and held for a period of time, then pages of numbers or names will be displayed until all the names have been shown. Then the cycle starts over.

The terminal that executes the option may or may not be the display terminal.

Stop Bingo Board Display
[PSO BINGO STOP]

This option is used to stop the bingo board display. The bingo board can be stopped and started as often as desired. It must be stopped if any changes are made to the display group currently being used. This option can be accessed from any terminal.

When the display is stopped and “Yes” entered at the purge prompt, a second prompt displays and allows either all of the display groups or a specific display group to be selected for purging.
**Bingo Board User (BU)**

[PSO BINGO USER]

The *Bingo Board User* menu enables use of the bingo board display. The options on this menu allow a patient’s name or a number to be displayed, entered, or removed from the bingo board display located in the pharmacy area.

When the routing for an order is set to “Window”, the entering of prescription orders stores information in the bingo board PATIENT NOTIFICATION (Rx READY) file. For new, renew, pull early from suspense, refill orders, barcode refill/renew, and finish process for orders entered via CPRS, the date and time is captured when the order is stored in this file. The same occurs for partials, except the time is captured when a prescription number is entered.

Releasing the prescription places the name or ticket number of the patient on the bingo board monitor if a display group exists and stores data in the WAITING TIME file. The options on this menu are used to manually enter, display, or remove a patient’s name or number from the monitor.

The following options are available on the *Bingo Board User* menu:

- **Enter New Patient**
- **Display Patient’s Name on Monitor**
- **Remove Patient’s Name from Monitor**
- **Status of Patient’s Order**

**Enter New Patient**

[PSO BINGO NEW PATIENT]

Use this option to manually enter the name of a new patient on the bingo board. Each prescription number for the patient’s order must also be entered.

A “Ticket #” prompt displays if ticket number was chosen as the method of display in the *Enter/Edit Display* option on the *Bingo Board Manager* menu. The ticket number will be entered first, and at the next prompt each of the prescription numbers for that patient will be entered.

**Display Patient’s Name on Monitor**

[PSO BINGO DISPLAY PATIENT]

Use this option to begin displaying the name or number of a patient whose prescription is ready. The message, "PRESCRIPTIONS ARE READY FOR:” appears as fixed text on the display screen. This option displays the following reminder for ECME billable prescriptions: “*** This Pharmacy Rx requires a patient signature! ***"
Remove Patient's Name from Monitor
[PSO BINGO DELETE PATIENT]

After the patient picks up the prescription, the name or ticket number can be removed from the display either manually or through the barcode reader. This option displays the following reminder for ECME billable prescriptions: “*** This ePharmacy Rx requires a patient signature! ***”

It is recommended that a patient’s name be removed from the monitor as soon as the prescription is picked up.

Status of Patient's Order
[PSO BINGO STATUS]

This option enables checking of the number of prescriptions a patient has ready, the division, time in/time out, and the prescription number(s). There are four possible statuses:

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending</td>
<td>Active order input via CPRS that is in the PENDING OUTPATIENT ORDERS file.</td>
</tr>
<tr>
<td>Being Processed</td>
<td>Order that is in the PATIENT NOTIFICATION (Rx READY) file, but not displayed.</td>
</tr>
<tr>
<td>Ready For Pickup</td>
<td>Order that is in the PATIENT NOTIFICATION (Rx READY) file and is being displayed.</td>
</tr>
<tr>
<td>Picked Up</td>
<td>Order that has been picked up.</td>
</tr>
</tbody>
</table>

Example: Status of Patient's Order

Select Bingo Board User Option: Status of Patient's Order

Enter Patient Name: OPPATIENT17,ONE 08-30-48 000123456 NO NSC VETERAN

OPPATIENT17,ONE has the following orders for 10/31/06

Being Processed: ***Entered on OCT 31, 2006***
Division: GENERAL HOSPITAL Time In: 10:27 Time Out:
Rx #: 500416,

Pending:
Orderable Item: ACETAMINOPHEN Provider: OPPROVIDER24, TWO
Entered By: OPPHARMACIST28,THREE Time In: 10/31/06@06:46
Drug: ACETAMINOPHEN 325MG TAB UD Routing: MAIL

Ready For Pickup:
Division: GENERAL HOSPITAL Time In: 10:36 Time Out: 10:46
Rx #: 1022731,

Enter Patient Name:
(This page included for two-sided copying.)
List of Patients/Prescriptions for Recall Notice
[PSO RECALL LIST]

This report lists prescriptions containing medications associated with specific recall criteria, such as lot numbers and/or National Drug Code (NDC) numbers.

This new option has been placed under the Output Reports [PSO OUTPUTS] menu and prompts the user for the following criteria:

- **Division**
- **Prescription Release Date Range**
- **Inclusion/Exclusion of Deceased Patients**
- **Medication Identifier**

One of the following four medication identifiers may be selected:

1. **NDC code**
2. **Dispense Drug and Lot Number**
3. **Dispense Drug only**
4. **Drug Name (VA Generic or Orderable Item)**

**Example: List of Patients/Prescriptions for Recall Notice – Input**

```
Division: ^ALL
From Release Date: T-90//  (OCT 30, 2009)
To Release Date: T//  (JAN 28, 2010)
Exclude Deceased Patients? YES//
Select one of the following:
    1   NDC
    2   DISPENSE DRUG AND LOT NUMBER
    3   DISPENSE DRUG
    4   DRUG NAME (VA GENERIC OR ORDERABLE ITEM)

Select 1-4 : 4  DRUG NAME (VA GENERIC OR ORDERABLE ITEM)

VA GENERIC DRUG: PREDNISONE

Dispense Drugs
---------------
1 - PREDNISONE 1MG TAB
2 - PREDNISONE 5MG TAB
3 - PREDNISONE 20MG S.T.

Enter a list or range of numbers (1-3): 1-3

VA GENERIC DRUG:

** To avoid undesired wrapping of the output data, **
** please enter '0;256;999' at the 'DEVICE:' prompt. **
```

```
Before continuing, please set up your terminal to capture the detailed report data. On some terminals, this can be done by clicking on the 'Tools' menu above, then click on 'Capture Incoming Data' to save to Desktop. This report may take a while to run.

The output of this report is in a delimited output format suitable for export to MS Excel and includes data from original prescription fills, refills, partial fills, and Consolidated Mail Outpatient Pharmacy (CMOP) fills. The report output is sorted primarily by patient name and secondarily by prescription number.

Each fill of the prescription is printed on a separate line preceded by a "HEADER" line containing patient demographic information. Each prescription detail line starts with a double backslash followed by an identifier to denote the type of fill (ORIGINAL, REFILL, PARTIAL, or CMOP).

**Example: List of Patients/Prescriptions for Recall Notice – Output**

```plaintext
\HE^RX #^DRUG NAME^PATIENT^SSN^ADDRESS 1^ADDRESS 2^ADDRESS
CITY^STATE^ZIP^PHONE (HOME)^PHONE (WORK)^PHONE (CELL)^DECEASED?^ORIGINAL
\RX #^ISSUE DATE^FILL DATE^RELEASED DATE/TIME^EXPIRATION DATE^LOT #^NDC^DIVISION^PHARMACIST^PROVIDER^RETURNED TO STOCK^PATIENT STATUS^QTY PER DAY^# OF REFILLS^MAIL/WINDOW
\REFILL\RX #^REFILL DATE^RELEASED DATE/TIME^QTY PER DAY^LOT #^NDC^DIVISION^RETURNED TO STOCK^PROVIDER^PHARMACIST NAME^MAIL/WINDOW
\PARTIAL\RX #^PARTIAL DATE^RELEASED DATE/TIME^NDC^LOT #^QTY PER DAY^DIVISION^RETURNED TO STOCK^PROVIDER^PHARMACIST NAME^FILLING PERSON^REMARKS^MAIL/WINDOW
\CMOP\RX #^TRANSMISSION NUMBER^SEQUENCE #^NDC SENT^NDC RECEIVED^RX INDICATOR^STATUS^CANCELLED DATE/TIME^CANCELLED REASON^RESUBMIT STATUS^DATE SHIPPED^CARRIER^PACKAGE ID

\HE^301188^PREDNISONE 20MG S.T.^SURPAT,RODNEY^666000148^123^TROY^NEW YORK^12180^ADDRESS
\HE^100002832^PREDNISONE 20MG S.T.^TRAPATNM,STEVE^666000187^12345^TROY^NEW YORK^518-472-4307
\HE\100002832^2/8/10^2/8/10^2/8/10 15:16:51^EXT^TESTMAN,PHARM^TESTMAN,PROV^SC LESS THAN 50%^102^W
```

**List Prescriptions on Hold**

[PSO HOLDRPT]

This report lists prescriptions that have a hold status.
Changes to Releasing Orders Function – Signature Alert

With Patch PSO*7*385, the release function in the Patient Prescription Processing option has been modified to display a message to the user when an ECME-billable prescription is being released as a window fill. This message will alert the user that the patient’s signature must be obtained. The user is not required to press <Enter> to continue or respond to the alert in any other manner.

Example: Releasing an ePharmacy Window Fill

Prescription Number 100003853 Released
No Refill(s) to be Released
No Partial(s) to be Released

@Pharmacy Rx – Obtain Signature
(This page included for two-sided copying.)
Changes to Releasing Orders Function – HIPAA NCPDP Global

The release function has been modified with patch PSO*7*148 to perform National Drug Code (NDC) validation for ePharmacy prescriptions. These changes also affect the Controlled Substance prescription release, which is performed through the Controlled Substances package.

The user releasing the third-party electronically billable prescription will be prompted for the NDC for the drug being dispensed to the patient. The NDC code previously retrieved when the prescription was finished will be presented as the current (default) NDC for the prescription. The other possible values that the user will be able to choose from are:

- NDC field value in the DRUG file, if valid and different than the current prescription NDC.
- LAST LOCAL NDC field value in NDC BY OUTPATIENT SITE sub-file in the DRUG file for the division filling the prescription, if valid and different that the current prescription NDC.
- NDC CODE field values in the SYNONYM sub-file in the DRUG file, if valid and different that the current prescription NDC.

If the NDC dispensed is not on the list to select, the user must contact the ADPAC or other designated person to add the NDC in a synonym multiple for that drug in the DRUG file.

If the NDC code selected matches the current NDC in the prescription no further NDC processing is required. However, if the user selects a different NDC, the following steps will occur:

1. Outpatient Pharmacy V. 7.0 will instruct the Electronic Claims Management Engine (ECME) to reverse the previous claim for the previous NDC code and submit a new claim for the newly selected NDC code.

2. The newly selected NDC code will be saved in the LAST LOCAL NDC field in NDC BY OUTPATIENT SITE sub-file in the DRUG file for the division filling the prescription.
The following examples show the new prompt for NDC validation during the release process.

**Example: Releasing an ePharmacy Order – Selecting Default NDC**

Select Outpatient Pharmacy Manager Option: **RELEASE** Medication

Enter PHARMACIST: **OPPHARMACIST4**,THREE

Enter/Wand PRESCRIPTION number: **100003853**

NDC: 00580-0277-10// ?

Select one of the following valid NDC code(s) below:

1 - 00580-0277-10

NDC: 00580-0277-10// <Enter> 00580-0277-10

Prescription Number 100003853 Released
No Refill(s) to be Released
No Partial(s) to be Released

ePharmacy Rx – Obtain Signature

**Example: Releasing an ePharmacy Order – Selecting Different NDC**

Select Outpatient Pharmacy Manager Option: **RELEASE** Medication

Enter PHARMACIST: **OPPHARMACIST4**,THREE

Enter/Wand PRESCRIPTION number: **100003853**

NDC: 00580-0277-10// ?

Select one of the following valid NDC code(s) below:

1 - 00580-0277-10
2 - 00580-0277-14

NDC: 00580-0277-10// 2

00580-0277-14

Prescription 100003853 successfully submitted to ECME for claim generation.

Claim Status:
Reversing and Rebilling a previously submitted claim...
Reversing...
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
Resubmitting...
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
IN PROGRESS-Waiting to process response
E PAYABLE

Prescription Number 100003853 Released
No Refill(s) to be Released
No Partial(s) to be Released
For the *Patient Prescription Processing*, if a temporary address has no end date, the following text is displayed in the Status column: “(Temp address from XXX 99,9999 till (no end date))”.

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 processing Enhanced Order Checks! Please wait...” has been added to the screen. The previous comment, “Now doing order checks. Please wait...” is replaced by: “Now doing 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.
This option also prompts for International Classification of Diseases--9th edition (ICD-9) Diagnosis Codes (maximum of eight). Along with the PROVIDER key, the VistA Outpatient Pharmacy application evaluates the IBB Clinical Indicator Data Capture (CIDC) Insurance Switch to determine if CIDC prompts appear. This allows sites to choose whether to collect CIDC data.

These new ICD-9 Diagnosis Code prompts only appear when the:

1. User entering the prescription holds the PROVIDER key.
2. IBB CIDC Insurance Switch is set to ‘YES’ (Yes = Prompt user for ICD-9 Diagnosis Codes)

User response to the ICD-9 Diagnosis Code prompts is optional.

This option is also found on the Pharmacy Technician’s Menu, but with limited actions. A pharmacy technician can only enter a new order, refill, copy, renew, reprint, release, order a partial, or pull early from suspense.

When an order is an ePharmacy order (determined to be third party billable), the billing data is sent to 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
If a new order is rejected due to a Drug Utilization Review (DUR) or Refill Too Soon, the prescription will be marked as “REJECTED”, and the user will have the opportunity to resolve the reject before continuing.

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

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

Prescription 999999 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS—Waiting to start
IN PROGRESS—Waiting for packet build
IN PROGRESS—Waiting for transmit
IN PROGRESS—Transmitting
E REJECTED

*** REJECT RECEIVED FROM THIRD PARTY PAYER ***

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

---example continues---
Example: Handling a Rejected New Order for ePharmacy Billing (continued)

Select one of the following:

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

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

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

<table>
<thead>
<tr>
<th>Reason for Service Code</th>
<th>Professional Service Code</th>
<th>Result of Service Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER - OVERUSE</td>
<td>RT - RECOMMENDED LABORATORY TEST</td>
<td>1G - FILLED, WITH PRESCRIBER APPROVAL</td>
</tr>
</tbody>
</table>

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

Confirm? ? YES/ <Enter>

Prescription 99999999 successfully submitted to ECME for claim generation.

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

For Refill Too Soon rejects, the same choices apply.
Example: Handling a TRICARE Rejected New Order for ePharmacy Billing

Rejected TRICARE claims will be denoted with “TRICARE” during submission to ECME and within the subsequent reject notification screen. Also, the reject codes will be displayed in both places. The following example shows a prescription being submitted to ECME and this process occurs directly following the “Is this correct? YES/” prompt during finish. Where DUR or RTS are one of the reject codes, the user will be able to select from (D)iscontinue the prescription, submit (O)verride codes, or (Q)uit which sends the rejection to the Third Party Payer Rejects - Worklist. A TRICARE rejection may not be (I)gnored.

TRICARE Prescription 101110 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Processing response
E REJECTED
79 - Refill Too Soon
14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR TRICARE PATIENT ***

---------------------------------------------
Division : ALBANY ISC          NPI#: 5000000021
Rx/Drug  : 101110/0 - NAPROXEN 250MG S.T.      ECME#: 00000112303
Reject(s): REFILL TOO SOON (79), 14 - M/I Eligibility Clarification Code (14).
Received on MAR 03, 2000@14:40:57.

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

---------------------------------------------
Select one of the following:
O (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)override,(D)iscontinue,(Q)uit: Q//
Example: Handling a non-DUR/RTS or non-clinical TRICARE rejected New Order for ePharmacy Billing

For TRICARE prescription rejections that have non-DUR/RTS or non-clinical rejects, the user will be able to select from (D)iscontinue the prescription or (Q)uit which sends it to the Third Party Payer Rejects - Worklist. TRICARE prescriptions with these type rejects cannot be filled until the rejection is resolved. Example:

```
TRICARE Prescription 101113 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting
E REJECTED
 07 - M/I Cardholder ID Number
 14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR TRICARE PATIENT ***
-------------------------------------------------------------------------
Division : ALBANY ISC                  NPI#: 5000000021
Patient : Optricare,ONE(666-55-4789) Sex: M    DOB: OCT 18,1963(44)
Rx/Drug : 101113/0 - SIMETHICONE 40MG TAB     ECME#: 000000112306
Reject(s): M/I Eligibility Clarification Code (14), M/I Cardholder ID Number (07). Received on MAR 03, 2008@14:43:42.
Insurance : TRICARE                        Contact: 
Group Name : TRICARE PRIME        Group Number: 123123
Cardholder ID: SI9844532
---------------------------------------------------

Select one of the following:

D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(D)iscontinue, (Q)uit: Q//
```
For non-billable TRICARE prescriptions, an abbreviated version of the reject notification screen will be displayed. Because the prescription is non-billable, the insurance and ECME information that's currently provided for DUR/RTS rejects will not be displayed (i.e. insurance, group name, group #, ECME #, contact, cardholder ID). In this case, the prescription must be discontinued.

Is this correct? YES// ...

*** TRICARE - NON-BILLABLE ***

Division : ALBANY ISC
Rx/Drug : 102058/0 - ABSORBABLE GELATIN S
Date/Time: AUG 27, 2008@16:49:46
Reason : Drug not billable.

This is a non-billable TRICARE prescription. It cannot be filled or sent to the reject worklist. It must be discontinued.

Press <RETURN> to continue...

Nature of Order: SERVICE CORRECTION//

Requesting PROVIDER: OPHARM OPPHARM,ONE

Labels will not print for discontinued TRICARE prescriptions, and reprint label will not be allowed for TRICARE rejected prescriptions.

Select Rx (Prescriptions) Option: REPrint an Outpatient Rx Label

Reprint Prescription Label: 101113 SIMETHICONE 40MG TAB
Number of Copies? : (1-99): 1/
Print adhesive portion of label only? ? No// NO
Do you want to resend to Dispensing System Device? No// NO
Comments: REPRINT

Rx # 101113 03/03/08
OPTRICARE,ONE #180
ONE MOUTH TWICE A DAY
SIMETHICONE 40MG TAB
OPPHARM,ONE OPPHARM,ONE
# of Refills: 3

Select LABEL DEVICE: NULL Bit Bucket

No Label(s) printed.

Reprint Prescription Label:
Suspended TRICARE prescriptions will remain on suspense when a reject occurs, when the prescription is non-billable, or when the third party claim remains in an 'IN PROGRESS' status in ECME. Labels will not print. Once the reject is resolved, the user may pull the prescription early from suspense or wait for the next scheduled Print from Suspense option runs at which time labels will print accordingly. This includes CMOP and local suspense.

---

TRICARE Prescription 101607 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response

*** TRICARE - 'IN PROGRESS' ECME status ***

---------------------------------------------------------------------
Division : ALBANY ISC  NPI#: 5000000021
Rx/Drug  : 101607/0 - ACETAZOLAMIDE 250MG
Date/Time: APR 20, 2008@20:11:17
Reason  : ECME Status is in an 'IN PROGRESS' state and cannot be filled
---------------------------------------------------------------------

This prescription will be suspended. After the third party claim is resolved, it may be printed or pulled early from suspense.

Press <RETURN> to continue...
A rejected TRICARE prescription may not have a partial fill ordered until the reject is resolved.

<table>
<thead>
<tr>
<th>PID: 666-55-4789</th>
<th>Ht(cm): _____ (______)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: OCT 18,1963 (44)</td>
<td>Wt(kg): _____ (______)</td>
</tr>
</tbody>
</table>

Rx #: 101526e

(1) *Orderable Item: ACETAZOLAMIDE PILL

(2) Drug: ACETAZOLAMIDE 500MG SEQUELS

(3) *Dosage: 1 PILL

(4) Pat Instructions:

SIG: TAKE 1 PILL BY MOUTH TWICE A DAY

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

Select Action: Next Screen//

Partial cannot be filled on TRICARE non-payable Rx
If ECME's status on the claim remains in an "In Progress" state past the processing timeout during finish of the prescription, TRICARE prescriptions will not be allowed to be filled. Instead it will be placed on suspense until the rejection is resolved. Below is an example of this screen:

```
TRICARE Prescription 101607 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response

*** TRICARE - 'IN PROGRESS' ECME status ***
-------------------------------------------------------------------
Division : ALBANY ISC NPI#: 5000000021
Rx/Drug : 101607/0 - ACETAZOLAMIDE 250MG
Date/Time: APR 20, 2008@20:11:17
Reason : ECME Status is in an 'IN PROGRESS' state and cannot be filled
-------------------------------------------------------------------

This prescription will be suspended. After the third party claim is resolved, it may be printed or pulled early from suspense.

Press <RETURN> to continue...
```
If a pharmacy is active for ePharmacy processing but an insurance plan is not linked or not active, TRICARE prescription will be allowed to be filled without third party claim submission. The phrase "Inactive ECME TRICARE" will be displayed during Finish and an ECME log entry will be added stating such.

Example of message during finish:

Do you want to enter a Progress Note? No// NO
Rx # 102046 08/27/08
OPTRICARE, TEST #180
ONE MOUTH TWICE A DAY

DANTROLENE 25MG CAP
OPPROVIDER, ONE OPPHAR, ONE
# of Refills: 3

Is this correct? YES// ...
-Rx 101921 has been discontinued...

Inactive ECME TRICARE

Example of ECME Activity Log entry:

<table>
<thead>
<tr>
<th>#</th>
<th>Date/Time</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8/27/08@11:07:45</td>
<td>ORIGINAL</td>
<td>OPPHARM, ONE</td>
</tr>
</tbody>
</table>

Comments: TRICARE-Inactive ECME TRICARE
Example: Handling a CHAMPVA Rejected New Order for ePharmacy Billing

Rejected CHAMPVA claims will be denoted with “CHAMPVA” during submission to ECME and within the subsequent reject notification screen. Also, the reject codes will be displayed in both places. The following example shows a prescription being submitted to ECME and this process occurs directly following the “Is this correct? YES//” prompt during finish. Where DUR or RTS are one of the reject codes, the user will be able to select from (D)iscontinue the prescription, submit (O)verride codes, or (Q)uit which sends the rejection to the Third Party Payer Rejects - Worklist. A CHAMPVA rejection may not be (I)gnored.

**CHAMPVA** Prescription 101110 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Processing response
E REJECTED
79 - Refill Too Soon
14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR CHAMPVA PATIENT ***

Division : ALBANY ISC NPI#: 5000000021
Patient : OPCHAMPAV,AONE(666-55-4789) Sex: M DOB: OCT 18,1963(44)
Rx/Drug : 101110/O - NAPROXEN 250MG S.T. ECME#: 000000112303
Reject(s): REFILL TOO SOON (79), 14 - M/I Eligibility Clarification Code (14).
Received on MAR 03, 2008@14:40:57.

Insurance : CHAMPVA Contact:
Group Name : CHAMPVA PRIME Group Number: 123123
Cardholder ID: SI9844532

Select one of the following:

O (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)override, (D)iscontinue, (Q)uit: Q//
Example: Handling a non-DUR/RTS or non-clinical CHAMPVA rejected New Order for ePharmacy Billing

For CHAMPVA prescription rejections that have non-DUR/RTS or non-clinical rejects, the user will be able to select from (D)iscontinue the prescription or (Q)uit which sends it to the Third Party Payer Rejects - Worklist. CHAMPVA prescriptions with these type rejects cannot be filled until the rejection is resolved. Example:

CHAMPVA Prescription 101113 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting

E REJECTED
07 - M/I Cardholder ID Number
14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR CHAMPVA PATIENT ***

Division : ALBANY ISC                               NPI#: 5000000021
Patient : OCHAMPVA,ONE(666-55-4789) Sex: M        DOB: OCT 18,1963(44)
Rx/Drug  : 101113/0 - SIMETHICONE 40MG TAB         ECME#: 000000112306
Reject(s): M/I Eligibility Clarification Code (14), M/I Cardholder ID Number (07). Received on MAR 03, 2008@14:43:42.

Insurance    : CHAMPVA                            Contact:
Group Name   : CHAMPVA PRIME                       Group Number: 123123
Cardholder ID: SI9844532

Select one of the following:

[D](D)iscontinue - DO NOT FILL PRESCRIPTION
[Q](Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(D)iscontinue, (Q)uit: Q//
For non-billable CHAMPVA prescriptions, an abbreviated version of the reject notification screen will be displayed. Because the prescription is non-billable, the insurance and ECME information that's currently provided for DUR/RTS rejects will not be displayed (i.e. insurance, group name, group #, ECME #, contact, cardholder ID). In this case, the prescription must be discontinued.

Is this correct? YES/... 

*** CHAMPVA - NON-BILLABLE ***
-------------------------------------------------------------------------
Division : ALBANY ISC NPI#: 
Patient : OPCHAMPVA,ONE (666-55-4789) Sex: M DOB: OCT 18, 1963 (44)
Rx/Drug : 102058/0 - ABSORBABLE GELATIN S 
Date/Time: AUG 27, 2008@16:49:46 Reason : Drug not billable.
-------------------------------------------------------------------------
This is a non-billable CHAMPVA prescription. It cannot be filled or sent to the reject worklist. It must be discontinued.
Press <RETURN> to continue...
Nature of Order: SERVICE CORRECTION/ S
Requesting PROVIDER: OPHARM OPPHARM, ONE O0

Labels will not print for discontinued CHAMPVA prescriptions, and reprint label will not be allowed for CHAMPVA rejected prescriptions.

Select Rx (Prescriptions) Option: REPrint an Outpatient Rx Label

Reprint Prescription Label: 101113 SIMETHICONE 40MG TAB
Number of Copies? : (1-99): 1/
Print adhesive portion of label only? ? No// NO
Do you want to resend to Dispensing System Device? No// NO Comments: REPRINT
Rx # 101113 03/03/08
OPCHAMPVA, ONE #180
ONE MOUTH TWICE A DAY
SIMETHICONE 40MG TAB
OPPHARM, ONE OPPHARM, ONE
# of Refills: 3
Select LABEL DEVICE: NULL Bit Bucket

No Label(s) printed.

Reprint Prescription Label:
Suspended CHAMPVA prescriptions will remain on suspense when a reject occurs, when the prescription is non-billable, or when the third party claim remains in an 'IN PROGRESS' status in ECME. Labels will not print. Once the reject is resolved, the user may pull the prescription early from suspense or wait for the next scheduled Print from Suspense option runs at which time labels will print accordingly. This includes CMOP and local suspense.

CHAMPVA Prescription 101607 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response

*** CHAMPVA - 'IN PROGRESS' ECME status ***
-------------------------------------------------------------------------
Division : ALBANY ISC NPI#: 5000000021
Patient : OPCHAMPVA,ONE(666-55-4789) Sex: M DOB: OCT 18,1963(44)
Rx/Drug : 101607/0 - ACETAZOLAMIDE 250MG
Date/Time: APR 20, 2008@20:11:17
Reason : ECME Status is in an 'IN PROGRESS' state and cannot be filled
-------------------------------------------------------------------------

This prescription will be suspended. After the third party claim is resolved, it may be printed or pulled early from suspense.

Press <RETURN> to continue...
A rejected CHAMPVA prescription may not have a partial fill ordered until the reject is resolved.
If ECME's status on the claim remains in an "In Progress" state past the processing timeout during finish of the prescription, a CHAMPVA prescription will not be allowed to be filled. Instead it will be placed on suspense until the rejection is resolved. Below is an example of this screen:

```
CHAMPVA Prescription 101607 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Sending
IN PROGRESS-Parsing response

*** CHAMPVA - 'IN PROGRESS' ECME status ***
-------------------------------------------------------------------------
Division : ALBANY ISC                                NPI#: 5000000211
Patient  : OPCHAMPVA,ONE(666-55-4789)  Sex: M        DOB: OCT 18,1963(44)
Rx/Drug  : 101607/A - ACETAZOLAMIDE 250MG
Date/Time: APR 20, 2008@20:11:17
Reason   : ECME Status is in an 'IN PROGRESS' state and cannot be filled
-------------------------------------------------------------------------

This prescription will be suspended. After the third party claim is resolved, it may be printed or pulled early from suspense.

Press <RETURN> to continue...
```
If a pharmacy is active for ePharmacy processing but an insurance plan is not linked or not active, the CHAMPVA prescription will be allowed to be filled without third party claim submission. The phrase "Inactive ECME CHAMPVA" will be displayed during Finish and an ECME log entry will be added stating such.

**Example of message during finish:**

Do you want to enter a Progress Note? No// NO
Rx # 102046 08/27/08
OPCHAMPVA,TEST #180
ONE MOUTH TWICE A DAY
DANTROLENE 25MG CAP
OPPROVIDER,ONE OPPHAR,ONE
# of Refills: 3

Is this correct? YES// ...
-Rx 101921 has been discontinued...

Inactive ECME CHAMPVA

**Example of ECME Activity Log entry:**

<table>
<thead>
<tr>
<th>#</th>
<th>Date/Time</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8/27/08@11:07:45</td>
<td>ORIGINAL</td>
<td>OPPHARM,ONE</td>
</tr>
</tbody>
</table>

Comments: CHAMPVA -Inactive ECME CHAMPVA

**Displaying a Patient’s Remote Prescriptions**

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

REMOTE PRESCRIPTIONS AVAILABLE!
Display Remote Data? N//

If the user responds NO, then the normal procedure occurs for entering prescriptions. If the user responds YES, the “Remote Facilities Visited” screen appears such as the following example.
The field is updated and displayed in the Medication Profile.

<table>
<thead>
<tr>
<th>OP Medications (ACTIVE)</th>
<th>Nov 03, 2005@12:51:52</th>
<th>Page: 1 of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT,FOUR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PID: 000-01-1322P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB: JAN 13,1922 (83)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) Counseling: YES</td>
<td>Was Counseling Understood: YES</td>
<td></td>
</tr>
<tr>
<td>(20) Refill Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) DAW Code: 0 - NO PRODUCT SELECTION INDICATED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Entry By: OPPHARMACIST4,THREE

Entry Date: 11/03/05 12:50:51

+ Enter ?? for more actions

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

Select Action: Quit/

New OP Order (ROUTINE) | Nov 04, 2005@08:36:29 | Page: 2 of 2 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT,FOUR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PID: 000-01-1322P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB: JAN 13,1922 (83)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Days Supply: 30</td>
<td>(8) QTY (TAB): 30</td>
<td></td>
</tr>
<tr>
<td>(9) # of Refills: 5</td>
<td>(10) Routing: WINDOW</td>
<td></td>
</tr>
<tr>
<td>(11) Clinic:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) Provider: OPPROVIDER4,TWO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) Copies: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) Remarks: New Order Created by editing Rx # 100003840.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Entry By: OPPHARMACIST4,THREE

Entry Date: NOV 4,2005 08:36:06

This change will create a new prescription!

AC Accept
ED Edit

Select Action: Edit// AC Accept

Nature of Order: SERVICE CORRECTION// <Enter> S
WAS THE PATIENT COUNSELED: NO// YES
WAS COUNSELING UNDERSTOOD: NO// YES

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

--- example continues ---

February 2012   Outpatient Pharmacy V. 7.0
Manager’s User Manual
PSO*7*385
Rx # 100003852         11/04/05
OPPATIENT,FOUR         #30
TAKE ONE TABLET BY BY MOUTH FOUR TIMES A DAY FOR 30 DAYS WITH FOOD
AVOIDING DAIRY FOODS

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

Is this correct? YES// <Enter> YES...
Claim has status E REJECTED. Not reversed.

Prescription 100003852 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

DAW/NDC Edit

The Dispensed As Written(DAW)/National Drug Code (NDC) field for discontinued and expired orders can be edited.

For ePharmacy prescriptions, the DAW/NDC field for discontinued and expired orders can be edited. The following statuses are editable.

- 11 – EXPIRED
- 12 – DISCONTINUED
- 14 - DISCONTINUED BY PROVIDER
- 15 - DISCONTINUED (EDIT).

Status’s 14 and 15 above result from the prescription being discontinued from CPRS. For status 14 - DISCONTINUED BY PROVIDER, the user can choose to discontinue the prescription in CPRS by selecting “Requesting Physician Cancelled” for the reason.

The following is an example of the activity log entry stored on the prescription for this type of discontinue:

1 06/20/08 DISCONTINUED ORIGINAL OPPHARM,ONE
Comments: Discontinued by OE/RR.

For status 15 - DISCONTINUED (EDIT), the user can edit a prescription in CPRS which discontinues the prescription being edited resulting in status 15 in the Outpatient Pharmacy package. The following is an example of the activity log entry on the prescription in OP:

2 06/05/08 DISCONTINUED ORIGINAL OPPHARM,ONE
Comments: Discontinued due to CPRS edit
When a prescription is discontinued, the software checks for any unresolved ECME rejections for that prescription. If a DUR REJECT or REFILL TOO SOON REJECT is found, it will be marked resolved with the reason PRESCRIPTION DISCONTINUED.

When an ePharmacy prescription is discontinued, the software checks for any unreleased fills with a PAYABLE claim. If found, a reversal request is sent to ECME, which forwards it on to the third party payer.

When a pending renewal order is discontinued, Outpatient Pharmacy verifies if there is an active prescription for the same drug. If an active prescription is found, you are prompted with “There is an active Rx for this pending order, Discontinue both (Y/N)?” If you respond YES, both the pending order and the active order are discontinued. If you respond NO, only the pending order is discontinued and the active order is not discontinued.

**Edit Prescriptions**

**[PSO RXEDIT]**

This option allows changes to be made to entered orders. Newly entered orders can be edited before release by typing in the corresponding field number. Previously entered orders can be edited by entering the prescription number, then specifying the field to be edited. An asterisk or star (*) is shown in front of each field that will create a new order if it is changed. See the section “Editing an Order” for an example.

When editing fields preceded by an asterisk (*) in an ePharmacy order (or electronically third party billable prescription), upon acceptance of the edited order the original prescription will be discontinued and a new order created. If the latest fill of the original order has not been released and is E Payable, the claim for that fill will be reversed. A new claim is submitted for the new prescription. See “Editing an ePharmacy Order” for an example of editing ePharmacy orders.
ePharmacy Menu

[PSO EPHARMACY MENU]

The following menu items are locked with the PSORPH key: ePharmacy Medication Profile Division Preferences, ePharmacy Site Parameters, Third Party Payer Rejects – View/Process and Third Party Payer Rejects – Worklist. The following menu item is locked with the PSO TRICARE/CHAMPVA MGR key: TRICARE CHAMPVA Bypass/Override Report.

These menu items allow the user to perform ePharmacy specific functions including rejections by third party payers including DUR/RTS and has the following options:

- Ignored Rejects Report
- ePharmacy Medication Profile (View Only)
- NDC Validation
- ePharmacy Medication Profile Division Preferences
- ePharmacy SiteParameters
- Third Party Payer Rejects – View/Process
- Third Party Payer Rejects – Worklist
- TRICARE CHAMPVA Bypass/Override Report
- View ePharmacy Rx

DURs can occur when a third party determines there are safety issues involved with an Rx claim submission, and they can be due to high dose, drug interaction, and excessive utilization. The third party payer returns an NCPDP rejection code of 88 to indicate a DUR.

Refill Too Soon rejections happen when a third party payer determines that a prescription is being processed too early compared to the last time the prescription was filled. This can occur for several reasons, including third party payer’s policy differs from VA policy, patient receiving medication at another pharmacy, or the provider may have increased the dosage or frequency of the medication. The third party payer returns an NCPDP rejection code of 79 to indicate a Refill Too Soon.

Prescriptions rejected as DUR and Refill Too Soon are moved to the REFILL TOO SOON/DUR REJECTS (Third Party) section of the Medication Profile. The user must resolve a rejected prescription before other actions such as release, label print, renew, and refill, among others, can be performed on it. Actions may still be taken on these prescriptions through CPRS.

Ignored Rejects Report

[PSO IGNORED REJECTS REPORT]

This option gives the user the ability to run a report for third-party rejects that have been ignored and consequently closed by the pharmacy users.

The user can select one of the following parameters to filter the data in the report:

- **DIVISION**: Allows the user to select one, some or all divisions.
- **DATE RANGE**: Allows the user to select a date range.
NDC Validation

The initial validation of the NDC can be performed by a pharmacy technician. This functionality only applies to local fills that are not sent to OPAI. This function provides a pharmacy technician the ability to manually enter the prescription number or scan the bar code of the existing prescription label. Then the user may manually enter or scan the NDC of the stock bottle used to fill the prescription. When the system matches the NDC, confirmation is provided to the pharmacy tech and allows the technician to continue processing. However, if the system detects a mismatch and the NDC of the stock bottle has an associated entry in the synonym file, the NDC will be updated in Prescription file (#52) for the fill. The system will then prompt the technician to press enter to continue, a new label will be printed, the original electronic claim reversed, and a new claim submission will be transmitted with the new NDC. In the event that the revised NDC prompts a RTS/DUR rejection, the system will immediately send the item to the Reject Worklist.

In a case where the NDC entered is not defined for the drug in the Drug File, the system prompts the technician that a mismatch has occurred and the prescription needs to be validated by a pharmacist. The system notes that the NDC had not been validated and allows the pharmacy tech to move to the next prescription. In the event of a change of NDC prompted a rejection, the system immediately sends the item to the Reject Worklist.

The releasing pharmacist will receive a notation that NDC has been validated by technician when processing. If the NDC change has prompted a claim reversal and produced a RTS/DUR rejection, the pharmacist will be presented with a Reject Processing screen at release.

Example: Matched NDC:

Select ePharmacy Menu Option: NV   NDC Validation

Prescription: 101310      DIPYRIDAMOLE 25MG TAB
Rx: 101310          Fill: 0      Patient: OPPATIENT,ONE
Drug: DIPYRIDAMOLE 25MG TAB   NDC: 00597-0017-10
Prescription label NDC: 00597-0017-10
Stock NDC: 00597001710

NDC match confirmed

Example: Non-matched NDC:

Prescription: 101341      BIPERIDEN 2MG TAB
Rx: 101341          Fill: 0      Patient: OPPATIENT,ONE
Drug: BIPERIDEN 2MG TAB   NDC: 00044-0120-05
Prescription label NDC: 00044-0120-05
Stock NDC: 00044012006
Due to a change in NDC, a claims reversal and resubmission will be performed.

Prescription 101341 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E PAYABLE
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 beside the group name. Example ______ACTIVE (3 orders)_____

Select ePharmacy Menu Option: **PF** ePharmacy Medication Profile Division Preferences

<table>
<thead>
<tr>
<th>ALBANY ISC's current default view:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXP/CANCEL CUTOFF : 200 DAYS</td>
</tr>
<tr>
<td>SORT BY : Rx#</td>
</tr>
<tr>
<td>SORT ORDER : ASCENDING</td>
</tr>
<tr>
<td>DISPLAY SIG : ON</td>
</tr>
<tr>
<td>GROUP BY STATUS : OFF</td>
</tr>
<tr>
<td>DISPLAY ORDER COUNT : 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// <Enter>
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...
The 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), CHAMPVA rejects 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), CHAMPVA 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: 7
Select REJECT CODE: DAW ??
Select REJECT CODE: ??

Choose from: (The following are previously defined reject code(s))
22  M/I Dispense As Written (DAW)/Product Selection 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:
The following two sets of characters denote the order by which the list is being sorted: [^] 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>Division : ALBANY</td>
<td></td>
</tr>
<tr>
<td>NPI #: 1712884</td>
<td></td>
</tr>
<tr>
<td>Patient : OPPATIENT, FOUR (000-01-1322P)</td>
<td>Sex: M</td>
</tr>
<tr>
<td>DOB: JAN 13, 1922 (83)</td>
<td></td>
</tr>
<tr>
<td>Rx#: 100003873/0</td>
<td></td>
</tr>
<tr>
<td>ECME#: 000000504455</td>
<td></td>
</tr>
<tr>
<td>Date of Service: Nov 15, 2005</td>
<td></td>
</tr>
<tr>
<td>CMOP Drug: DOCUSATE NA 100MG CA</td>
<td>NDC: 54629-0600-01</td>
</tr>
</tbody>
</table>

**REJECT Information**

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

**OTHER REJECTS**

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

**INSURANCE Information**

- Insurance: TEST INS
- Contact: 1-800-555-5050
- BIN: RXINS

* + Enter ?? for more actions

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

These options are available on the screen above:

- **VW (View)** – Takes the user to the View Prescription option to review details for that prescription.
- **MP (Medication Profile)** – Invokes the patient’s list of medication.
- **IGN (Ignore Reject)** – Allows the user to close or resolve the DUR/REFILL TOO SOON Reject without resubmission to the payer. The user will be required to enter a free-text comment and his/her electronic signature.
- **RES (Resubmit Claim)** – Allows the user to re-submit the claim to the payer. This will automatically mark the reject resolved.
- **OVR (Submit Override Codes)** – Allows the user to re-submit the claim by entering NCPDP override codes, which shall trigger a new claim submission be sent to the payer.
- **CSD (Change Suspense Date)** – Allows the user to change the fill date for suspended prescriptions. The user will not be allowed to enter a suspense date that is greater than the fill date plus 90 days. Dates where the fill date plus 90 days is greater than the expiration date will not be allowed entry, and dates prior to issue date will not be allowed.
Hidden actions:
- COM (Add Comments) – Allows the user to add reject-specific comments. These comments are local to the Reject Worklist and View/Process options and are not transmitted to ECME.
- CLA (Submit Clarif. Code) – Allows the user to re-submit a claim with Clarification Codes.
- ED (Edit Rx) – Allows the user to edit the prescription.
- PA (Submit Prior Auth.) – Allows the user to re-submit a claim with Prior Authorization information.
- ARI (View Addtnl Rej Info) – Allows the user to display additional reject information from the payer, if available.
- SMA (Submit Multiple Actions) – Allows the user to resubmit a claim with multiple actions, including the following information: Prior Authorization, Submission Clarification Code, Reason for Service Code, Professional Service Code, and Result of Service Code.
- SDC (Suspense Date Calculation) – Allows the user to calculate a new suspense date based on Last Date of Service and Last Days Supply.

Example: Viewing and Resolving Open Rejects (continued)

Enter your Current Signature Code: SIGNATURE VERIFIED

Comments: Changed quantity

When you confirm this REJECT will be marked RESOLVED.

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

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

Example: ECME Activity Log entry: Reject Resolved

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

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

ECME REJECT Log:
# Date/Time Rcvd Rx Ref Reject Type STATUS Date/Time Resolved
===============================================================================
1 12/11/05@19:03:31 ORIGINAL DUR RESOLVED 12/12/05@16:45:21
Comments: CLAIM RE-SUBMITTED

2 5/30/06@19:13:57 REFILL 2 DUR RESOLVED 5/31/06@15:58:32
Comments: CLAIM RE-SUBMITTED

Enter ?? for more actions

Select Action:Quit//
Third Party Payer Rejects - Worklist
[PSO REJECTS WORKLIST]

This option gives the user the ability to process Third Party Payer Rejects, CHAMPVA Non-billable 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 CHAMPVA 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

Insurance Rejects - Worklist  Nov 09, 2010@11:24:10          Page: 1 of 1
Divisions: ALL  Selection: ALL UNRESOLVED REJECTS

<table>
<thead>
<tr>
<th>#</th>
<th>Rx#</th>
<th>PATIENT(ID) [^]</th>
<th>DRUG</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100003521</td>
<td>OPPATIENT,TWELVE(5444)</td>
<td>ACETYLCYSTEINE 20% 3 79 :REFILL TOO SOON</td>
<td>Payer Message: PLAN = 8906 NEXT FILL: 20050429</td>
</tr>
<tr>
<td>3</td>
<td>100003872</td>
<td>OPPATIENT,FOUR(1322P)</td>
<td>A AND Z OINTMENT</td>
<td>DUR: DUR Reject Error CHAMPVA - Non-DUR/RTS</td>
</tr>
<tr>
<td>4</td>
<td>101358</td>
<td>OPCVACARE,ONE(7895)</td>
<td>BACLOFEN 10MG TABS</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>5</td>
<td>100923</td>
<td>OPCVACARE, two(4933)</td>
<td>LORAZEPAM 1MG TAB</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>6</td>
<td>101359</td>
<td>OPRICARE,ONE(7894)</td>
<td>BACLOFEN 10MG TABS</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>7</td>
<td>100924</td>
<td>OPRICARE,TRI(4932)</td>
<td>LORAZEPAM 1MG TAB</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>8</td>
<td>101173</td>
<td>OPPATIENT,THREE(9877)</td>
<td>FENOPROFEN 300MG CAP</td>
<td>08 :M/I Person Co</td>
</tr>
</tbody>
</table>

Other Rejects

Payer Message:
<table>
<thead>
<tr>
<th>9 101130 OPPATIENT,ONE(4589) CHLORAMBUCIL 2MG TAB NN :Transaction R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payer Message:</td>
</tr>
<tr>
<td>Select the entry # to view or ?? for more actions</td>
</tr>
<tr>
<td>DR Sort by Drug                           RE Sort by Reason    RX Sort by Prescription</td>
</tr>
<tr>
<td>PA Sort by Patient                        RF Screen Refresh   GI Group by Insurance</td>
</tr>
<tr>
<td>Select: Quit/ 3</td>
</tr>
</tbody>
</table>
These options are available on the following screen:

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

Example: Resolving Open Rejects (continued)

When a claim is rejected, typically the Payer returns a “Reason for Service Code”, which becomes the default for the “Reason for Service Code” prompt. The user can use this reason to then select which code is entered for “Professional Service Code” and “Result of Service Code”.  

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>

---

*-example continues*
### 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>DP</td>
<td>DOSAGE EVALUATED</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>MB</td>
<td>OVERRIDING BENEFIT</td>
</tr>
<tr>
<td>MP</td>
<td>PATIENT WILL BE MONITORED</td>
</tr>
<tr>
<td>MR</td>
<td>MEDICATION REVIEW</td>
</tr>
<tr>
<td>P0</td>
<td>PATIENT CONSULTED</td>
</tr>
<tr>
<td>PA</td>
<td>PREVIOUS PATIENT TOLERANCE</td>
</tr>
<tr>
<td>PE</td>
<td>PATIENT EDUCATION/INSTRUCTION</td>
</tr>
<tr>
<td>PH</td>
<td>PATIENT MEDICATION HISTORY</td>
</tr>
<tr>
<td>PM</td>
<td>PATIENT MONITORING</td>
</tr>
<tr>
<td>PT</td>
<td>PERFORM LABORATORY REQUEST</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>
<tr>
<td>ZZ</td>
<td>OTHER ACKNOWLEDGEMENT</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>Code</td>
<td>Description</td>
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<tr>
<td>------</td>
<td>--------------------------------------------------</td>
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<tr>
<td>AD</td>
<td>ADDITIONAL DRUG NEEDED</td>
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<tr>
<td>AN</td>
<td>PRESCRIPTION AUTHENTICATION</td>
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<tr>
<td>AR</td>
<td>ADVERSE DRUG REACTION</td>
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<td>AT</td>
<td>ADDITIVE TOXICITY</td>
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<tr>
<td>CD</td>
<td>CHRONIC DISEASE MANAGEMENT</td>
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<tr>
<td>CH</td>
<td>CALL HELP DESK</td>
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<tr>
<td>CS</td>
<td>PATIENT COMPLAINT/SYMPTOM</td>
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<tr>
<td>DA</td>
<td>DRUG-ALLERGY</td>
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<tr>
<td>DC</td>
<td>DRUG-DISEASE (INFERRED)</td>
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<tr>
<td>DD</td>
<td>DRUG-DRUG INTERACTION</td>
</tr>
<tr>
<td>DF</td>
<td>DRUG-FOOD INTERACTION</td>
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<tr>
<td>DI</td>
<td>DRUG INCOMPATIBILITY</td>
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<td>DL</td>
<td>DRUG-LAB CONFLICT</td>
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<td>APPARENT DRUG MISUSE</td>
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<td>DR</td>
<td>DOSE RANGE CONFLICT</td>
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<td>DS</td>
<td>TOBACCO USE</td>
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<td>ED</td>
<td>PATIENT EDUCATION/INSTRUCTION</td>
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<td>OVERUSE</td>
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<td>HIGH DOSE</td>
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<td>LK</td>
<td>LOCK IN RECIPIENT</td>
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<td>LR</td>
<td>UNDERUSE</td>
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<td>MC</td>
<td>DRUG-DISEASE (REPORTED)</td>
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<td>MN</td>
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<td>MISSING INFORMATION/CLARIFICATION</td>
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<td>MX</td>
<td>EXCESSIVE DURATION</td>
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<td>DRUG NOT AVAILABLE</td>
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<td>NC</td>
<td>NON-COVERED DRUG PURCHASE</td>
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<td>NEW DISEASE/DIAGNOSIS</td>
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<tr>
<td>NF</td>
<td>NON-FORMULARY DRUG</td>
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<td>NN</td>
<td>UNNECESSARY DRUG</td>
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<tr>
<td>NP</td>
<td>NEW PATIENT PROCESSING</td>
</tr>
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<td>NR</td>
<td>LACTATION/NURSING INTERACTION</td>
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<td>PA</td>
<td>DRUG-AGE</td>
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<tr>
<td>PC</td>
<td>PATIENT QUESTION/CONCERN</td>
</tr>
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<td>PG</td>
<td>DRUG-PREGNANCY</td>
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<td>PLAN PROTOCOL</td>
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<td>PRIOR ADVERSE REACTION</td>
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<td>PRODUCT SELECTION OPPORTUNITY</td>
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<td>SUSPECTED ENVIRONMENTAL RISK</td>
</tr>
<tr>
<td>RF</td>
<td>HEALTH PROVIDER REFERRAL</td>
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<tr>
<td>SC</td>
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<td>SIDE EFFECT</td>
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<td>SR</td>
<td>SUBOPTIMAL REGIMEN</td>
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<td>DRUG-GENDER</td>
</tr>
<tr>
<td>TD</td>
<td>THERAPEUTIC</td>
</tr>
<tr>
<td>TN</td>
<td>LABORATORY TEST NEEDED</td>
</tr>
<tr>
<td>TP</td>
<td>PAYER/PROCESSOR QUESTION</td>
</tr>
<tr>
<td>UD</td>
<td>DUPLICATE DRUG</td>
</tr>
</tbody>
</table>
Example: Resolving Open Rejects (continued)

Professional Service Code: **MR**  MEDICATION REVIEW
Result of Service Code : **1D**  FILLED, WITH DIFFERENT DIRECTIONS

Reason for Service Code : **NN**  - UNNECESSARY DRUG
Professional Service Code: **MR**  - MEDICATION REVIEW
Result of Service Code : **1D**  - FILLED, WITH DIFFERENT DIRECTIONS

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

Confirm?  ? YES// <Enter>

Prescription 100003872 successfully submitted to ECME for claim generation.

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

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

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

```
Rx Activity Log               Nov 21, 2005@11:11:53          Page:    3 of    3
OPPATIENT,FOUR
PID: 000-01-1322P                                Ht(cm): _______ (______)
DOB: JAN 13,1922 (83)                            Wt(kg): _______ (______)
+
#   Date/Time           Rx Ref          Initiator Of Activity
ECME Log:
1   11/15/05@14:08:35   ORIGINAL        OPPHARMACIST4,THREE
Comments: ECME: WINDOW FILL(NDC: 00085-0096-04)-pOPP INSURANCE
2   11/21/05@11:01:37   ORIGINAL        OPPHARMACIST4,THREE
Comments: ECME: DUR OVERRIDE CODES(MR/NN/1D)-pOPP INSURANCE

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

Enter ?? for more actions

Select Action: Quit//
```
The following is an example of a prescription being resolved for prior authorization submission.

Example: Prior Authorization Submission

Reject Information (UNRESOLVED) Nov 21, 2005@09:51:15  Page: 1 of 1
Division: ALBANY  NPI#: 1712884
Patient: OPPATIENT, FOUR (000-01-1322P)  Sex: M  DOB: JAN 13, 1922 (83)
Rx#: 100003872/0  ECME#: 00000504454  Date of Service: Nov 15, 2005
CMOP Drug: DOCUSATE NA 100MG CA  NDC Code: 54629-0600-01

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

INSURANCE Information
Insurance: TEST INS
Contact:
BIN: 741852
Group Number: 12454
Cardholder ID: 000011322P

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

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

Prior Authorization Type: 0// ?

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

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

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

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

Confirm? ? YES/<Enter>

Prescription 787480 successfully submitted to ECME for claim generation.

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

Example: Clarification Code Submission

The following is an example of a prescription being resolved for clarification code submission.
**Example: Clarification Code Submission (continued)**

<table>
<thead>
<tr>
<th>Select:</th>
<th>Quit// CLA  Submit Clarif. Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission Clarification Code 1:</td>
<td>?</td>
</tr>
<tr>
<td>Choose from:</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>NOT SPECIFIED</td>
</tr>
<tr>
<td>1</td>
<td>NO OVERRIDE</td>
</tr>
<tr>
<td>2</td>
<td>OTHER OVERRIDE</td>
</tr>
<tr>
<td>3</td>
<td>VACATION SUPPLY</td>
</tr>
<tr>
<td>4</td>
<td>LOST PRESCRIPTION</td>
</tr>
<tr>
<td>5</td>
<td>THERAPY CHANGE</td>
</tr>
<tr>
<td>6</td>
<td>STARTER DOSE</td>
</tr>
<tr>
<td>7</td>
<td>MEDICALLY NECESSARY</td>
</tr>
<tr>
<td>8</td>
<td>PROCESS COMPOUND</td>
</tr>
<tr>
<td>9</td>
<td>ENCOUNTERS</td>
</tr>
<tr>
<td>99</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

Submission Clarification Code 1: 3 VACATION SUPPLY

Submission Clarification Code 2: 5 THERAPY CHANGE

Submission Clarification Code 3: 4 LOST PRESCRIPTION

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

Confirm? ? YES// <Enter>

Prescription 787480 successfully submitted to ECME for claim generation.

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

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

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

Select: Quit// ??

The following actions are also available:

Select: Quit// COM Add Comments

Comment: ALREADY CALLED INSURANCE COMPANY AND THEY WILL GET BACK TO ME ON MONDAY.
Example: Viewing Additional Reject Information

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

Select: Quit// ??

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

Additional Reject Info Aug 02, 2011@12:24:51 Page: 1 of 8
Division : CHEYENNE VAM&ROC NPI#: 4020000012
Patient : ECMETEST,JCH(5454) Sex: M DOB: JAN 2,1968(43)
Rx# : 2054809/1 ECME#: 000001614676 Date of Service: Jun 08, 2011
CMOP Drug: DOCUSATE NA 100MG CA NDC Code: 54629-0600-01

Payer Msg: THIS PRESCRIPTION CANNOT BE FILLED BECAUSE IT IS A DISCONTINUED DRUG. RECOMMEND GENERIC VERSION.
Payer Addl Msg: POSSIBLE REPLACEMENTS ARE THE FOLLOWING:
1. DRUG A
2. DRUG B

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

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

<table>
<thead>
<tr>
<th>Division</th>
<th>CHEYENNE VAM&amp;ROC</th>
<th>NPI#: 4020000012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>ECMETEST,JCH(5454)</td>
<td>Sex: M DOB: JAN 2,1968(43)</td>
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<tr>
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<td>2054809/1</td>
<td>ECME#: 000001614676 Date of Service: Jun 08, 2011</td>
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<td>CMOP Drug</td>
<td>DOCUSATE NA 100MG CA</td>
<td>NDC Code: 54629-0600-01</td>
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<tr>
<td>Previous Date of Fill:</td>
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<tr>
<td>Quantity of Previous Fill:</td>
<td>9999999987</td>
<td></td>
</tr>
<tr>
<td>Database Indicator:</td>
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<td></td>
</tr>
<tr>
<td>Other Prescriber Indicator:</td>
<td>OTHER PRESCRIBER</td>
<td></td>
</tr>
<tr>
<td>DUR Text:</td>
<td>POSSIBLE DRUG INTERACTION</td>
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<tr>
<td>DUR Add Text:</td>
<td>CHECK MEDICATION HISTORY</td>
<td></td>
</tr>
<tr>
<td>DUR Response:</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Reason Code:</td>
<td>TD (THERAPEUTIC )</td>
<td></td>
</tr>
<tr>
<td>Clinical Significance Code:</td>
<td>MINOR</td>
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<tr>
<td>Other Pharmacy Indicator:</td>
<td>OTHER PHARMACY SAME CHAIN</td>
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<td></td>
</tr>
<tr>
<td>Database Indicator:</td>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>+ Enter ?? for more actions</td>
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<td></td>
</tr>
<tr>
<td>Select Action:</td>
<td>Next Screen//</td>
<td></td>
</tr>
</tbody>
</table>

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

[PSO Bypass/Override Report]

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

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

Example: Accessing the TRICARE CHAMPVA Bypass/Override Report

<table>
<thead>
<tr>
<th>Select Rx (Prescriptions) Option: epharmacy Menu</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
</tr>
<tr>
<td>MP</td>
</tr>
<tr>
<td>NV</td>
</tr>
<tr>
<td>PF</td>
</tr>
<tr>
<td>SP</td>
</tr>
<tr>
<td>VP</td>
</tr>
<tr>
<td>WL</td>
</tr>
<tr>
<td>TC</td>
</tr>
</tbody>
</table>

You've got PRIORITY mail!

Select ePharmacy Menu Option: TC TRICARE CHAMPVA Bypass/Override Report

Select one of the following:

D      DIVISION
A      ALL

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

Select one of the following:
  D  DIVISION
  A  ALL
Select Certain Pharmacy (D)ivisions or (A)LL: DIVISION
Select ECME Pharmacy Division(s): BATTLE CREEK
  Selected:
  BATTLE CREEK
Select ECME Pharmacy Division(s): GRAND RAPIDS MI CBOC 515BY VA GRAND RAPIDS OPC 515BY
  Selected:
  BATTLE CREEK
  VA GRAND RAPIDS OPC
Select ECME Pharmacy Division(s):

Select one of the following:
  T  TRICARE
  C  CHAMPVA
  A  ALL
Display (T)RICARE, (C)HAMPVA or (A)LL Entries: ALL// ALL

Select one of the following:
  S  Summary
  D  Detail
Display (S)ummary or (D)etail Format: Detail//

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

Select one of the following:
  I  INPATIENT
  N  NON-BILLABLE PRODUCT
  R  REJECT OVERRIDE
  P  PARTIAL FILL
  A  ALL
Select one of the following: **Can select multiples - limit of 2** : <no default> ALL

Select one of the following:
  S  SPECIFIC PHARMACIST(S)
  A  ALL PHARMACISTS
Select Specific Pharmacist(s) or ALL Pharmacists: ALL//

Select one of the following:
  S  SPECIFIC PROVIDER(S)
  A  ALL PROVIDERS
Select Specific Provider(s) or include ALL Providers: ALL//

Select one of the following:
  R  Pharmacist
  P  Provider/Prescriber Name
Group/Subtotal Report by Pharmacy (R)Pharmacist or (P)rovider: <no default> Pharmacist
Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
** When selecting from above, Specific Pharmacist(s), the user will be able to continue selecting Pharmacist(s) as necessary. This filter will have the same functionality as the Division/Insurance Company selection filters.

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

**TRICARE CHAMPVA BYPASS/OVERRIDE AUDIT REPORT - SUMMARY**  
Print Date: NOV 10, 2010@10:05:26  
PAGE: 1

**DIVISION(S): ALL**  
**ELIGIBILITY: ALL**  
**TC TYPES: INPATIENT, NON-BILLABLE PRODUCT, PARTIAL FILL, REJECT OVERRIDE**  
**ALL PRESCRIPTIONS BY AUDIT DATE: From 10/31/10 through 11/10/10**

---

**DIVISION: DIVISION ONE**

<table>
<thead>
<tr>
<th>PHARMACIST: PHARMACIST,ONE</th>
<th>SUB-TOTALS</th>
<th>RX COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45.00</td>
<td>1</td>
<td>10.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHARMACIST: PHARMACIST,TWO</th>
<th>SUB-TOTALS</th>
<th>RX COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30.00</td>
<td>1</td>
<td>30.00</td>
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</table>

**CHAMPVA INPATIENT SUBTOTALS**  
75.00  
**RX COUNT**  
2  
**MEAN**  
37.50

<table>
<thead>
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<th>PHARMACIST: PHARMACIST,THREE</th>
<th>SUB-TOTALS</th>
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<th>MEAN</th>
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<tbody>
<tr>
<td></td>
<td>20.00</td>
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<td>20.00</td>
</tr>
</tbody>
</table>

**CHAMPVA NON-BILLABLE PRODUCT SUBTOTALS**  
20.00  
**RX COUNT**  
1  
**MEAN**  
20.00

<table>
<thead>
<tr>
<th>PHARMACIST: PHARMACIST,FOUR</th>
<th>SUB-TOTALS</th>
<th>RX COUNT</th>
<th>MEAN</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>16.20</td>
<td>2</td>
<td>8.10</td>
</tr>
<tr>
<td>Pharmacist: Pharmacist, Five</td>
<td>Sub-Totals</td>
<td>RX Count</td>
<td>Mean</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------</td>
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<tr>
<td></td>
<td>8.00</td>
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<table>
<thead>
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<th>RX Count</th>
<th>Mean</th>
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<tbody>
<tr>
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<td>23.58</td>
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CHAMPVA Partial Fill

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<th>Sub-Totals</th>
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<tbody>
<tr>
<td>Champva Partial Fill</td>
<td>47.78</td>
<td>4</td>
<td>11.95</td>
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**CHAMPVA Reject Override**

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<tbody>
<tr>
<td>Champva Reject Override</td>
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TRICARE Inpatient

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**TRICARE Non-Billable Product**

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<th>Pharmacist: OPPHARM, One</th>
<th>Sub-Totals</th>
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<tbody>
<tr>
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TRICARE Non-Billable Product

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<th>Sub-Totals</th>
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<tbody>
<tr>
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**TRICARE Partial Fill**

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<th>Sub-Totals</th>
<th>RX Count</th>
<th>Mean</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Pharmacist: OPPHARM,FIVE</td>
<td>Sub-Totals</td>
<td>Rx Count</td>
<td>Mean</td>
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<tr>
<td>--------------------------</td>
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<tr>
<td></td>
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<td>16.20</td>
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<table>
<thead>
<tr>
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<table>
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<table>
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<table>
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<td>154.51</td>
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</table>

Report has finished.
Press Return to continue, '^' to exit:
(This page included for two-sided copying.)
**Example of TRICARE CHAMPVA Bypass/Override 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>
<th>ACTION DATE</th>
<th>USER NAME</th>
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<td>DIVISION: DIVISION ONE</td>
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<tr>
<td></td>
<td>CHAMPVA INPATIENT</td>
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<tr>
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<td>C  RT AC/N</td>
<td>02/13/10</td>
<td>POSTMASTER</td>
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<td>METFORMIN HCL 500MG TAB</td>
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<td>60</td>
<td>51111048893</td>
<td>ACETAMINOPHEN 325MG TAB</td>
<td>CHAMPVA Partial Fill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/27/11</td>
<td>PSouser, Three</td>
<td>8.02</td>
<td>1</td>
<td>58177032404</td>
<td>NITROGLYCERIN 0.4MG SL</td>
<td>CHAMPVA Partial Fill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/08/11</td>
<td>PSouser, Four</td>
<td>8.00</td>
<td>1</td>
<td>51111048893</td>
<td>ACETAMINOPHEN 325MG TAB</td>
<td>CHAMPVA Partial Fill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/08/11</td>
<td>PSouser, Four</td>
<td>23.58</td>
<td>30</td>
<td>00052047260</td>
<td>CALCIFEDIOL 20MCG CAPS</td>
<td>CHAMPVA Partial Fill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/08/11</td>
<td>PSouser, Five</td>
<td>23.58</td>
<td>1</td>
<td>11.95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CHAMPVA PARTIAL FILL
<table>
<thead>
<tr>
<th>SUBTOTALS</th>
<th>RX COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>47.78</td>
<td>4</td>
<td>11.95</td>
</tr>
</tbody>
</table>

CHAMPVA REJECT OVERRIDE
<table>
<thead>
<tr>
<th>SUBTOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
</tr>
<tr>
<td>RX COUNT</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

------------------- TRICARE INPATIENT -------------------

<table>
<thead>
<tr>
<th>OPPATIENT, TRIONE/XXXX</th>
<th>10750XXXX$</th>
<th>0/0000930000XX</th>
<th>09/10/10</th>
<th>C</th>
<th>RT</th>
<th>AC/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/10/10 POSTMASTER</td>
<td>45.00</td>
<td>180</td>
<td>06XXX3XXXX</td>
<td>METFORMIN HCL 500MG TAB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TRICARE INPATIENT

SUBTOTALS: 45.00
RX COUNT: 1
MEAN: 45.00

------------------- TRICARE NON-BILLABLE PRODUCT -------------------

<table>
<thead>
<tr>
<th>OPPATIENT, TRITWO/XXXX</th>
<th>1075XXXX$</th>
<th>0/0000930000XX</th>
<th>09/10/10</th>
<th>C</th>
<th>RT</th>
<th>AC/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/10/10 OPPHARM, ONE</td>
<td>20.00</td>
<td>180</td>
<td>06XXX3XXXX</td>
<td>DOCUSATE NA 100MG CA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fill Per Provider

OPPHARM, ONE
SUB-TOTALS: 20.00
RX COUNT: 1
MEAN: 20.00

TRICARE NON-BILLABLE PRODUCT

SUBTOTALS: 20.00
RX COUNT: 1
MEAN: 20.00

------------------- TRICARE REJECT OVERRIDE -------------------

<table>
<thead>
<tr>
<th>OPPATIENT, TRIFOUR/XXXX</th>
<th>107XXX0XX$</th>
<th>0/0000930000XX</th>
<th>09/10/10</th>
<th>C</th>
<th>RT</th>
<th>AC/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/10/10 OPPHARM, ONE</td>
<td>20.00</td>
<td>180</td>
<td>06524328809</td>
<td>DOCUSATE NA 100MG CA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

50: Non-Matched Pharmacy Number
25: M/I Prescriber ID

OPPHARM, 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

---
<table>
<thead>
<tr>
<th>SUBTOTALS</th>
<th>180.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>RX COUNT</td>
<td>6</td>
</tr>
<tr>
<td>MEAN</td>
<td>30.00</td>
</tr>
</tbody>
</table>

DIVISION: DIVISION TWO

<table>
<thead>
<tr>
<th>**********************</th>
<th>CHAMPVA INPATIENT</th>
<th>**********************</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVAPATIENT, TWO/xxxx</td>
<td>10750570B$</td>
<td>0/00009300476</td>
</tr>
<tr>
<td></td>
<td>02/13/10</td>
<td>06524328809</td>
</tr>
<tr>
<td></td>
<td>POSTMASTER</td>
<td>CHAMPVA INPATIENT/DISCHARGE</td>
</tr>
<tr>
<td></td>
<td>10.00</td>
<td>SUB-TOTALS</td>
</tr>
<tr>
<td></td>
<td>180</td>
<td>RX COUNT</td>
</tr>
<tr>
<td></td>
<td>60524328809</td>
<td>MEAN</td>
</tr>
<tr>
<td></td>
<td>METFORMIN HCL 500MG TAB</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHAMPVA NON-BILLABLE PRODUCT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| OPCVA, TWO/272P                 | 2719140           | 0/0/A                             |
|                                  | 07/27/11          | 07/27/11                           |
|                                  | OPUSER, THREE     | 8.18                              |
|                                  | 5111048893        | ACETAMINOPHEN 325MG TAB            |
|                                  |                    |                                  |
### CHAMPVA Partial Fill

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refill Too Soon</td>
<td>1</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Subtotals**

- **CHAMPVA Partial Fill**
  - Subtotals: 16.20
  - Rx Count: 2
  - Mean: 8.10

**CHAMPVA Partial Fill**

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refill Too Soon</td>
<td>1</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Subtotals**

- **CHAMPVA Partial Fill**
  - Subtotals: 16.20
  - Rx Count: 2
  - Mean: 8.10

### CHAMPVA REJECT OVERRIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refill Too Soon</td>
<td>1</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Subtotals**

- **CHAMPVA REJECT OVERRIDE**
  - Subtotals: 0.00
  - Rx Count: 0
  - Mean: 0.00

### TRICARE INPATIENT

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin HCL 500MG Tab</td>
<td></td>
<td></td>
<td>10.00</td>
</tr>
</tbody>
</table>

**Subtotals**

- **TRICARE INPATIENT**
  - Subtotals: 50.00
  - Rx Count: 2
  - Mean: 50.00

### TRICARE NON-BILLABLE PRODUCT

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Docusate NA 100MG CA</td>
<td></td>
<td></td>
<td>60.00</td>
</tr>
</tbody>
</table>

**Subtotals**

- **TRICARE NON-BILLABLE PRODUCT**
  - Subtotals: 60.00
  - Rx Count: 1
MEAN                                    60.00
TRICARE NON-BILLABLE PRODUCT
SUBTOTALS                              60.00
RX COUNT                                1
MEAN                                    60.00

*****************************   TRICARE REJECT OVERRIDE   ********************

OPPATIENT,TRININE/XXX                  107XXXXXX$        0/00000930XXXX     09/10/10         C  RT   AC/N
09/10/10 OPHARM,TWO                   20.00          180      06XXXXXXXXX    METFORMIN HCL 500MG TAB
Claim ID: VA2005-056XXXX-XXXXXX-0007XXX
50:Non-Matched Pharmacy Number
25:M/I Prescriber ID

OPPHARM,TWO                            20.00
SUBTOTALS                              20.00
RX COUNT                                1
MEAN                                    20.00

TRICARE REJECT
SUBTOTALS                              20.00
RX COUNT                                1
MEAN                                    20.00

DIVISION: DIVISION TWO
SUBTOTALS                              200.00
RX COUNT                                7
MEAN                                    28.57

GRAND TOTALS                           380.00
RX COUNT                                13
MEAN                                    29.23

REPORT HAS FINISHED

Press RETURN to continue, '^' to exit:
TRICARE/CHAMPVA Reject Processing

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

Display of non-DUR/RTS rejects

- Non-DUR/RTS TRICARE and CHAMPVA rejections each will be segregated into distinct sections. They will be denoted with a "TRICARE - Non-DUR/RTS" or "CHAMPVA - Non-DUR/RTS" header. This header remains regardless of whether the GI - Group by Insurance action is toggled on or off. The TRICARE and CHAMPVA sections sort in the same manner as the main sort for non-TRICARE/CHAMPVA prescriptions (by Rx, drug, patient).

- TRICARE and CHAMPVA DUR/RTS rejects display with all other DUR/RTS rejects. See the boxed text in the example below. Sequences 5 and 9 are rejections for the same prescription. Also note that in the following example GI - Group by Insurance action is toggled OFF.

<table>
<thead>
<tr>
<th>Insurance Rejects-Worklist</th>
<th>Aug 13, 2008@16:04:05</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division: ALBANY ISC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selection: ALL UNRESOLVED REJECTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Rx#</td>
<td>PATIENT(ID) [*]</td>
<td>DRUG</td>
</tr>
<tr>
<td>1 101238</td>
<td>ECMIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE 1 79 :REFILL TOO SO</td>
</tr>
<tr>
<td>2 100739</td>
<td>ECMEPAT, TWO(8887)</td>
<td>BENZTROPINE 2MG TAB 79 :REFILL TOO SO</td>
</tr>
<tr>
<td>3 101960</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG 79 :REFILL TOO SO</td>
</tr>
<tr>
<td>4 101358</td>
<td>OPCVACARE,ONE(7895)</td>
<td>BACLOFEN 10MG TABS 07 :M/I Cardholde</td>
</tr>
<tr>
<td>5 100923</td>
<td>OPCVACARE, TWO(4933)</td>
<td>LORAZEPAM 1MG TAB 07 :M/I Cardholde</td>
</tr>
<tr>
<td>6 101980</td>
<td>OPTRICARE,ONE(4789)</td>
<td>DANTROLENE 25MG CAP 14 :M/I Eligibili</td>
</tr>
<tr>
<td>7 100923</td>
<td>OPCVACARE, TWO(4933)</td>
<td>LORAZEPAM 1MG TAB 07 :M/I Cardholde</td>
</tr>
</tbody>
</table>

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

Select: Quit//
When GI - Group by Insurance action is toggled ON, the headers "TRICARE" and “CHAMPVA” display, and these "TRICARE" and “CHAMPVA” sections sort alphabetically within RTS/DUR insurances. These TRICARE/CHAMPVA sections are separate from the Non-DUR/RTS section.
Example with GI action toggled on:

<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>100739</td>
<td>ECMEPAT, TWO(8887)</td>
<td>BENZTROPINE 2MG TAB</td>
<td>79 : REFILL TOO SO</td>
</tr>
<tr>
<td>2</td>
<td>101358</td>
<td>OPCVACARE, ONE(7895)</td>
<td>BACLOFEN 10MG TABS</td>
<td>07 : 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>
<tr>
<td>4</td>
<td>101238</td>
<td>ECMEIBTEST, ONE(5566)</td>
<td>MEDROXYPROGESTRONE 1</td>
<td>79 : REFILL TOO SO</td>
</tr>
<tr>
<td>5</td>
<td>101981</td>
<td>OPTRICARE, ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
<td>79 : REFILL TOO SO</td>
</tr>
<tr>
<td>6</td>
<td>101358</td>
<td>OPCVACARE, ONE(7895)</td>
<td>BACLOFEN 10MG TABS</td>
<td>07 : M/I Cardholde</td>
</tr>
<tr>
<td>7</td>
<td>100923</td>
<td>OPCVACARE, TWO(4933)</td>
<td>LORAZEPAM 1MG TAB</td>
<td>07 : M/I Cardholde</td>
</tr>
<tr>
<td>8</td>
<td>101980</td>
<td>OPTRICARE, ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
<td>14 : M/I Eligibili</td>
</tr>
<tr>
<td>9</td>
<td>101981</td>
<td>OPTRICARE, ONE(4789)</td>
<td>ATENOLOL 100MG TAB</td>
<td>14 : M/I Eligibili</td>
</tr>
</tbody>
</table>

Payer Message:

- CHAMPVA
- TRICARE
- ZENITH ADMINISTRATORS

The TRI - Show/Hide TRICARE and CVA - Show/Hide CHAMPVA toggle actions can be found on the hidden menu on the Insurance Rejects screen. When the TRI action is toggled to Show, TRICARE Non-DUR/RTS rejects will automatically display in the listing. Toggling the TRI action to Hide will remove them from the screen. The CVA action behaves likewise for CHAMPVA Non-DUR/RTS rejects.
### Example with TRICARE and CHAMPVA rejects displayed:

<table>
<thead>
<tr>
<th>#</th>
<th>Rx#</th>
<th>PATIENT(ID) [^]</th>
<th>DRUG</th>
<th>REASON</th>
<th>Payer Message:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>101238</td>
<td>ECMEIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE 1</td>
<td>79 :REFILL TOO</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>100739</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTROPINE 2MG TAB</td>
<td>79 :REFILL TOO</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>101960</td>
<td>Optricare,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
<td>79 :REFILL TOO</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>101358</td>
<td>OPCVACare,ONE(7895)</td>
<td>BACLOFEN 10MG TABS</td>
<td>07 :M/I Cardholde</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>101980</td>
<td>Optricare,ONE(4789)</td>
<td>DANTROLENE 25MG CAP</td>
<td>14 :M/I Eligibili</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Select: Quit// ??

The following actions are also available:

- **TRI** Show/Hide TRICARE
- **CVA** Show/Hide CHAMPVA
- **FS** First Screen
- **+** 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
- **PT** Print List
- **DN** Down a Line
- **PS** Print Screen
- **QU** Quit

Enter RETURN to continue or '"' to exit:
(This page included for two-sided copying.)
Example of TRICARE and CHAMPVA rejects removed from display:

<table>
<thead>
<tr>
<th># Rx#</th>
<th>PATIENT(ID)</th>
<th>DRUG</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEIBTEST,ONE(5566)</td>
<td>MEDROXYPROGESTRONE</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payer Message:</td>
</tr>
<tr>
<td>2</td>
<td>ECMEPAT,TWO(8887)</td>
<td>BENZTROPINE 2 MG TAB</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payer Message:</td>
</tr>
<tr>
<td>3</td>
<td>OPTRICARE,ONE(4789)</td>
<td>ACETAZOLAMIDE 250MG</td>
<td>79 :REFILL TOO SO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payer Message:</td>
</tr>
</tbody>
</table>

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

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

The following actions are also available:

<table>
<thead>
<tr>
<th>TRI</th>
<th>Show/Hide TRICARE</th>
<th>CVA</th>
<th>Show/Hide CHAMPVA</th>
<th>FS</th>
<th>First Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Previous Screen</td>
<td>GO</td>
<td>Go to Page</td>
<td>ADPL</td>
<td>Auto Display(On/Off)</td>
</tr>
<tr>
<td>UP</td>
<td>Up a Line</td>
<td>RD</td>
<td>Re Display Screen</td>
<td>PT</td>
<td>Print List</td>
</tr>
<tr>
<td>DN</td>
<td>Down a Line</td>
<td>FS</td>
<td>Print Screen</td>
<td>QU</td>
<td>Quit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter RETURN to continue or '"' to exit:

### Processing of TRICARE and CHAMPVA Rejections - TRICARE/CHAMPVA Eligible Bypass/Override Functions

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

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

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

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

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

Is this correct? YES //

TRICARE INPATIENT/DISCHARGE

Another New Order for TRICARE, ONE? YES //

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

<table>
<thead>
<tr>
<th>Rx View (Active)</th>
<th>Oct 26, 2010@17:34</th>
<th>Page: 4 of 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRICARE,ONE</td>
<td>&lt;NO ALLERGY ASSESSMENT&gt;</td>
<td></td>
</tr>
<tr>
<td>PID: XXX-XX-XXXX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB: MAR 16,19xx (xx)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Label Log:

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Rx Ref</th>
<th>Printed By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ECME Log:

<table>
<thead>
<tr>
<th>#</th>
<th>Date/Time</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/26/10@16:04:50</td>
<td>ORIGINAL</td>
<td>JOHN,DOE</td>
</tr>
</tbody>
</table>

Comments: TRICARE-Not ECME Billable: TRICARE INPATIENT/DISCHARGE

Enter ?? for more actions

Select Action: Quit//

In a similar situation where a prescription is issued to a CHAMPVA patient with Patient status = Inpatient, the Non-Billable Reason “CHAMPVA INPATIENT/DISCHARGE” would be displayed on the reject processing screen and in the View Prescription ECME Log.

TRICARE/CHAMPVA Eligible Outpatient Override Function

- An override function is provided to allow continued processing of prescriptions for TRICARE or CHAMPVA eligible outpatients when a rejected response is received from the TRICARE or CHAMPVA 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 or CHAMPVA section, as appropriate, 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/CHAMPVA” security key and if selected, continued processing will occur.
Example of Reject Notification Screen Non-DUR/RTS with the 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
D (D)iscontinue – DO NOT FILL PRESCRIPTION
Q (Q)UIT – SEND TO WORKLIST (REQUIRES INTERVENTION)

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

Nature of Order: SERVICE REJECT//

Requesting PROVIDER: VHAPROVIDER,ONE  111  PHYSICIAN

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

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

88 - DUR Reject Error

DUR Reject Error

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

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

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

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

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

(O)verride, (I)gnore, (D)iscontinue, (Q)uit: Q//  i  (I)GNORE - FILL Rx WITHOUT CLAI
You are bypassing claims processing. Do you wish to continue? NO// y  YES
(This page included for two-sided copying.)
For Non-Billable TRICARE or CHAMPVA 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/CHAMPVA” security key and if it is selected, continued processing will occur. If the action Q (Quit) is selected, the Non-Billable TRICARE or CHAMPVA eligible prescription will go to the Pharmacy Third Party Payer Rejects – Worklist utilizing either Reject Code “eT” with reject description “TRICARE-DRUG NON BILLABLE” or Reject Code “eC” with reject description “CHAMPVA-DRUG NON BILLABLE.” (The reject codes “eT” and “eC” are for use internal to the VistA system only and have no relation to any NCPDP reject code listing.) The new entry will be displayed in the TRICARE or CHAMPVA section of the Pharmacy Third Party Payer Rejects – Worklist, as applicable.

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#: 9999999999
Patient : TRICARE,ONE(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 SUBMIT

(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>Insurance Rejects-Worklist</th>
<th>Oct 31, 2010@09:15:58</th>
<th>Page: 2 of 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division</td>
<td>ALBANY ISC</td>
<td></td>
</tr>
<tr>
<td>Selection</td>
<td>ALL UNRESOLVED REJECTS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rx#</th>
<th>Patient(ID)</th>
<th>Drug</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Opticare,One(4789)</td>
<td>Diazoxide 300mg inj</td>
<td>eT - TRICARE-DRUG NON</td>
</tr>
<tr>
<td>14</td>
<td>Opticare,One(4789)</td>
<td>Mannitol 15% s.s. LV 22</td>
<td>M/I Dispense</td>
</tr>
<tr>
<td>15</td>
<td>Opticare,One(4789)</td>
<td>Methocarbamol 750mg</td>
<td>M/I Submission</td>
</tr>
<tr>
<td>16</td>
<td>Opticare,One(4789)</td>
<td>Benztropine 2mg Tab</td>
<td>M/I Cardholde</td>
</tr>
<tr>
<td>17</td>
<td>Opticare,One(4789)</td>
<td>Dexamethasone 0.5mg</td>
<td>M/I Cardholde</td>
</tr>
<tr>
<td>18</td>
<td>Opticare,Onlytricare(3939)</td>
<td>Neodecadron Ophthali</td>
<td>M/I Cardholde</td>
</tr>
<tr>
<td>19</td>
<td>Opticare,Onlytricare(3939)</td>
<td>Gentamicin Ophthali</td>
<td>M/I Cardholde</td>
</tr>
</tbody>
</table>

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

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

Select: Next Screen//

- 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/CHAMPVA 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 will not be selectable when processing a TRICARE or CHAMPVA eligible Non-Billable reject: Resubmit Claim (RES)/Change Suspense Date (CSD)/Submit Override Codes (OVR)/Submit Clairf Code (CLA)/Submit Prior Auth (PA)/Suspense Date Calculation (SDC)/Submit Mult Actions (SMA). If selected for a TRICARE reject, an error message will appear: “[action] not allowed for TRICARE Non-Billable claim”. If selected for a CHAMPVA reject, an error message will appear: “[action] not allowed for CHAMPVA 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>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reject Information (TRICARE)</strong></td>
<td>Oct 30, 2010@10:15:01</td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td>ECME DIVISION</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>TRICARE, TWO(XXX-XX-XXXX)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>M</td>
</tr>
<tr>
<td><strong>DOB</strong></td>
<td>JUL 1, 19XX(XX)</td>
</tr>
<tr>
<td><strong>Rx#</strong></td>
<td>###4928/0</td>
</tr>
<tr>
<td><strong>ECME#</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Service</strong></td>
<td>Mar 16, 2009</td>
</tr>
<tr>
<td><strong>CMOP Drug</strong></td>
<td>Docusate NA 100MG CAP</td>
</tr>
<tr>
<td><strong>NDC Code</strong></td>
<td>54629-0600-01</td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td>ECME DIVISION</td>
</tr>
<tr>
<td><strong>NPI#</strong></td>
<td>XXXXXXXXXX</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>TRICARE, TWO(XXX-XX-XXXX)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>M</td>
</tr>
<tr>
<td><strong>DOB</strong></td>
<td>JUL 1, 19XX(XX)</td>
</tr>
<tr>
<td><strong>Rx#</strong></td>
<td>###4928/0</td>
</tr>
<tr>
<td><strong>ECME#</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Service</strong></td>
<td>Mar 16, 2009</td>
</tr>
<tr>
<td><strong>CMOP Drug</strong></td>
<td>Docusate NA 100MG CAP</td>
</tr>
<tr>
<td><strong>NDC Code</strong></td>
<td>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 Addl Msg**: Not ECME Billable: DRUG NOT BILLABLE
- **Reason Code**: 

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

**INSURANCE Information**
- **Insurance**: 
- **Contact**: 
- **BIN**: 
- **Group Number**: 
- **Cardholder ID**: 

**Select Item(s):** Next Screen/

---

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reject Information (TRICARE)</strong></td>
<td>Nov 11, 2010@12:37:30</td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td>ECME DIVISION</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>OPPATIENT, TRICARE(XXX-XX-XXXX)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>F</td>
</tr>
<tr>
<td><strong>DOB</strong></td>
<td>OCT 7, 19XX(XX)</td>
</tr>
<tr>
<td><strong>Rx#</strong></td>
<td>27XXXXX/0</td>
</tr>
<tr>
<td><strong>ECME#</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Service</strong></td>
<td>Sep 16, 2010</td>
</tr>
<tr>
<td><strong>Drug</strong></td>
<td>Aluminum Hydroxide Gel 320MG/5ML SUSP</td>
</tr>
<tr>
<td><strong>NDC Code</strong></td>
<td>00054-3035-63</td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td>ECME DIVISION</td>
</tr>
<tr>
<td><strong>NPI#</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>OPPATIENT, TRICARE(XXX-XX-XXXX)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>F</td>
</tr>
<tr>
<td><strong>DOB</strong></td>
<td>OCT 7, 19XX(XX)</td>
</tr>
<tr>
<td><strong>Rx#</strong></td>
<td>27XXXXX/0</td>
</tr>
<tr>
<td><strong>ECME#</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Service</strong></td>
<td>Sep 16, 2010</td>
</tr>
<tr>
<td><strong>Drug</strong></td>
<td>Aluminum Hydroxide Gel 320MG/5ML SUSP</td>
</tr>
<tr>
<td><strong>NDC Code</strong></td>
<td>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 Addl Msg**: Not ECME Billable: DRUG NOT BILLABLE
- **Reason Code**: 

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

**INSURANCE Information**
- **Insurance**: 
- **Contact**: 
- **BIN**: 
- **Group Number**: 
- **Cardholder ID**: 

**RES not allowed for TRICARE Non-Billable claim.**

**Select Item(s):** Next Screen/
Reject Information Screen – Electronic Signature and TRICARE/CHAMPVA Justification

This action requires the security key PSO TRICARE/CHAMPVA.
A user must hold the “PSO TRICARE/CHAMPVA” security key to perform the Fill Rx (FIL) and Ignore Reject (IGN) actions on the Third Party Payer Rejects – Worklist and the “Ignore” action on the TRICARE or CHAMPVA Reject Notification screen. If the user holds the security key “PSO TRICARE/CHAMPVA”, 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 and allow processing of the prescription. The user will be prompted to enter their electronic signature code and asked to enter data into the TRICARE Justification or CHAMPVA 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**

```
Reject Information (TRICARE) Sep 30, 2010@10:25:13 Page: 1 of 1
Division: ECME DIVISION NPI#: XXXXXXXX
Patient: TRICARE, TWO(XXX-XX-XXXX) Sex: M DOB: JAN 1, 19XX(XX)
Rx#: XXX4928/0 ECME#: 000001231234 Date of Service: Feb 08, 2009
CMOP Drug: ACARBOSE 25MG TAB NDC Code: 00026-2863-52
REJECT Information (TRICARE)
Reject Type: M/I Cardholder ID (07) Reject Status: OPEN/UNRESOLVED - E REJECTED
Payer Addl Msg:
Reason Code:
DUR Text:
COMMENTS
- AUG 25, 2010@13:25:07 - Transferred by OPECC. (OPCLERK, ONE)
INSURANCE Information
Insurance: EXPRESS SCRIPTS Contact:
BIN: 741852 Group Number: DODA
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
TRICARE Justification: Patient required medication
```
If the user does not hold the security key “PSO TRICARE/CHAMPVA”, an on-screen alert to the user will display “Action Requires <PSO TRICARE/CHAMPVA> security key” as displayed in the below example. The user will need to press any key to return to the Reject Information screen.
The person that resolves TRICARE and CHAMPVA non-DUR/RTS rejects is dependent upon the type of reject. Dispense As Written (DAW) reject code 22 can be resolved by the pharmacy staff by editing the prescription and entering the appropriate DAW code that results in a claims resubmission. Other insurance-related rejects (missing eligibility or cardholder ID number) are resolved by the Outpatient Pharmacy Electronic Claims Coordinator (OPECC). Once the rejection has been resolved, the Reject Information screen under the pharmacy reject worklist shows the status of the prescription as E PAYABLE. At this point the user may select the FIL action which will prompt for label print.
For rejects that remain in suspense, the user will be allowed to process the rejection as indicated above, however no labels will be printed until the prescription is pulled early or printed from suspense. Upon resolving the reject, the user will be notified of this information. CMOP prescriptions will function in the same manner.
Other Rejects
[PSO REJECTS WORKLIST]

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

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

Example: Resolving Other Rejects

Reject Information (UNRESOLVED) Jul 30, 2008@14:54:51 Page: 1 of 2
Division: CHEYENNE VAM&ROC NPI#: 1164471991
Patient: OPPATIENT,FOUR (XXXX) Sex: M DOB: OCT 20, 1965 (42)
Rx#: 2055203/1 ECME#: 000001615102 Date of Service: Jul 15, 2008
CMOP Drug: DANAZOL 50MG CAP NDC Code: 0024-0304-06

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

OTHER REJECTS
79 - Refill Too Soon

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

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

Jul 30, 2008@14:54:53

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

Rx #: 2055203$e
(1) *Orderable Item: DANAZOL CAP, ORAL
(2) CMOP Drug: DANAZOL 50MG CAP
(3) *Dosage: 50 (MG)
   Verb: TAKE
   Dispense Units: 1
   Noun: CAPSULE
   *Route: ORAL (BY MOUTH)
   *Schedule: BID
(4) Pat Instructions:
   SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY
(5) Patient Status: OUTPT NON-SC
(6) Issue Date: 07/11/08
   Fill Date: 07/11/08
   Last Fill Date: 07/15/08 (Window)
Select Action: Next Screen// NEXT SCREEN
Last Release Date:
(8) Lot #:
   Expires: 07/12/09
   MFG:
(9) Days Supply: 3
   (10) QTY (CAP): 6
(11) # of Refills: 11
   Remaining: 10
(12) Provider: OPPROVIDER, ONE
(13) Routing: MAIL
   (14) Copies: 1
(15) Clinic: Not on File
(16) Division: CHEYENNE VAM&ROC (442)
(17) Pharmacist:
(18) Remarks: New Order Created by copying Rx # 2055182.
(19) Counseling: NO
(20) Refill Data
(21) DAW Code: 0 - NO PRODUCT SELECTION INDICATED
   Finished By: OPHARM, ONE
   Enter ?? for more actions
DC (Discontinue) PR (Partial) RL (Release)
ED Edit RF (Refill) RN (Renew)
Select Action: Next Screen// 21
DAW CODE: 0// ?

OP Medications (SUSPENDED) Jul 30, 2008@14:54:55

OPPATIENT, FOUR
   PID: 666-55-9987
   Ht(cm): ______ (______)
   DOB: OCT 20,1965 (42)
   Wt(kg): ______ (______)

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

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

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

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

OPPATIENT,FOUR
PID: 666-55-9987  Ht(cm): _______ (______)
DOB: OCT 20,1965 (42)  Wt(kg): _______ (______)

Last Release Date: (8) Lot #:
Expires: 07/12/09  MFG:
Days Supply: 3  (10) QTY (CAP): 6
# of Refills: 11  Remaining: 10
Provider: OPPROVIDER,ONE
Routing: MAIL  (14) Copies: 1
Clinic: Not on File
Division: CHEYENNE VAM&ROC (442)
Pharmacist:
Remarks: New Order Created by copying Rx # 2055182.
Copies: 1
Refill Data
DAW Code: 1 - SUBSTITUTION NOT ALLOWED BY PRESCRIBER
Finished By: OPHARM,ONE

DC (Discontinue)  PR (Partial)  RL (Release)
ED Edit  RF (Refill)  RN (Renew)
Select Action: Next Screen// ^


Division : CHEYENNE VAM&ROC  NPI#: 1164471991
Patient : OPPATIENT,FOUR(XXXX)  Sex: M  DOB: OCT 20,1965(42)
Rx# : 2055203/1  ECME#: 000001615102 Date of Service: Jul 15, 2008
CMOP Drug: DANAZOL 50MG CAP  NDC Code: 00024-0304-06

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

OTHER REJECTS
79 - Refill Too Soon

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

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

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

Confirm? YES//

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

Prescription 2055203 successfully submitted to ECME for claim generation.

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

Please wait...

Insurance Rejects-Worklist
Division : CHEYENNE VAN&ROC
Selection : ALL UNRESOLVED REJECTS

<table>
<thead>
<tr>
<th>Rx#</th>
<th>PATIENT(ID) [v]</th>
<th>DRUG</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>OPPATIENT,FOUR(9987)</td>
<td>BACLOFEN 10MG TAB</td>
<td>79:REFILL TOO SO</td>
</tr>
<tr>
<td>14</td>
<td>OPPATIENT,FOUR(9987)</td>
<td>BENAZEPRIL HCL 40MG TAB</td>
<td>79:REFILL TOO SO</td>
</tr>
<tr>
<td>15</td>
<td>OPPATIENT,FOUR(9987)</td>
<td>CALCIUM GLUCONATE 650MG TAB</td>
<td>OTHER REJECTS</td>
</tr>
</tbody>
</table>

Select the entry # to view or ?? for more actions
DR Sort by Drug RE Sort by Reason RX Sort by Prescription
PA Sort by Patient RF Screen Refresh GI Group by Insurance
Select: Next Screen//^

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

Medication Profile

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

+ Enter ?? for more actions
DC Discontinue PR Partial RL Release
ED Edit RF (Refill) RN RenewSelect Action: Next

---------------------------------------

Example continues
**Example: Resolving Other Rejects (continued)**

Select Action: Next Screen// AL AL

OP Medications (SUSPENDED) Jul 30, 2008@15:03:25 Page: 1 of 3

OPPATIENT, FOUR

- PID: 666-55-9987
- DOB: OCT 20, 1965 (42)
- Ht(cm): _______ (______)
- 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
  - **Last Fill Date:** 07/15/08 (Window)
  - **Fill Date:** 07/11/08

+ Enter ?? for more actions

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

Select Action: Next Screen// AL AL

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:

<table>
<thead>
<tr>
<th>#</th>
<th>Date/Time</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7/11/08@10:13:11</td>
<td>ORIGINAL OPPHARM, ONE</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>7/30/08@14:32:17</td>
<td>REFILL 1 OPPHARM, TWO</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>7/30/08@14:55:55</td>
<td>REFILL 1 OPPHARM, TWO</td>
<td></td>
</tr>
</tbody>
</table>

Comments: ECME:PULLED FROM SUSPENSE (NDC:00024-0303-06) - E PAYABLE - pOPP INSURANCE

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 M/I Dispense As RESOLVED</td>
<td>7/30/08@14:55:40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)

<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>2</td>
<td>7/30/08@14:32:16</td>
<td>REFILL 1 REFILL TOO SOON RESOLVED</td>
<td>7/30/08@14:55:40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)

Enter ?? for more actions

Select Action: Quit//
View ePharmacy Rx
[BPS RPT VIEW ECME RX]

The View ePharmacy Rx option allows you to view information for one prescription, combining information from Outpatient Pharmacy, Integrated Billing and ECME. More information on this report is available in the Electronic Claims Management Engine (ECME) User Manual.
(This page included for two-sided copying.)
MailMan Message for Open/Unresolved Rejects

When prescriptions remain on the Third Party Payer Reject – Worklist over the specified number of days, the system will send a Mailman Message. This message will be sent to the PSO REJECTS BACKGROUND MESSAGE mail group. Those users needing access to this information will need to be added manually to this mail group.

The specified number of days referred to above 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 number of days are defined in the EPHARMACY SITE PARAMETERS file (#52.86) as described in the EPHARMACY SITE PARAMETERS FILE section of this document.

The following are the criteria for generating a Mailman message regarding a rejected claim:

- Prescription is active
- Prescription is unreleased
- Claim is on the Reject Worklist for specified number of days or greater
- Claim has no comments added within date range.

Adding a comment to the reject will automatically reset the clock for the alert. The specified number of days will be site configurable and stored in EPHARMACY SITE PARAMETERS file (#52.86). The initial patch default setting will be five (5) days; however, the site will be able to reset the parameter between one (1) and thirty (30) to generate the alert message. MailMan message will be sent as a Priority message, and there will be a separate MailMan message for each division. The following is an example of the message:

```
Subj: ePharmacy - OPEN/UNRESOLVED REJECTS LIST for ALBANY ISC  [#2680833]
07/25/08@11:52  53 lines
From: OUTPATIENT PHARMACY PACKAGE  In 'IN' basket.   Page 1  *New*
-------------------------------------------------------------------------------
The prescriptions listed below are third party electronically billable and cannot be filled until the rejection is resolved. No action to resolve the rejection has taken place within the past 1 days.

Please use the THIRD PARTY PAYER REJECTS WORKLIST option to resolve the rejection or add a comment to the rejection.

Unresolved rejects will not be sent to CMOP or the local print queue for filling. They will continue to show on the rejects list until acted upon.

<table>
<thead>
<tr>
<th>RX/FILL</th>
<th>PATIENT(ID)</th>
<th>DRUG</th>
<th>FILL DATE</th>
<th>REJECT DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 100805/1</td>
<td>IBSCDC,TWO(2828)</td>
<td>SIMETHICONE 40MG TAB</td>
<td>6/5/08</td>
<td>6/5/08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reason:  79 :Refill Too Soon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 101149/0</td>
<td>OPPATIENT,TH(7789)</td>
<td>DIAZEPAM 10MG S.T.</td>
<td>6/9/08</td>
<td>6/9/08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reason:  75 :Prior Authorization Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>COMMENT: JUN 09, 2008@18:04:35 - Automatically transferred due to Override for reject code. (PHARM,ONE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 100928/0</td>
<td>IBPATIENT,QFO(567)</td>
<td>ETHACRYNIC ACID 50MG S.</td>
<td>5/7/08</td>
<td>6/23/08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reason:  31 :Submission Clarification Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>COMMENT: JUN 23, 2008@15:02:11 - Transferred by OPECC. (OPECC,ONE)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

Enter RETURN to continue or '^' to exit:
Alerts for Discontinued CMOP Prescription

Discontinued by a Background Process

When a CMOP prescription with a status of Transmitted or Retransmitted is discontinued by a background process to the Outpatient Pharmacy options, e.g. CPRS or Registration V. 5.3 packages, an email will be sent to the PSX EXTERNAL DISPENSE ALERTS mail group. If no recipients are defined in the new mail group, the message will be sent to PSXCMOPMGR key holders stating that a prescription was just discontinued and that the CMOP status for the discontinued prescription was either Transmitted or Retransmitted.

<p>| Subj: TROY – DC Alert on CMOP Rx 123456789 TRANSMITTED [#90494] |
| 03/03/09@17:37 8 lines |</p>
<table>
<thead>
<tr>
<th>From: POSTMASTER In 'IN' basket. Page 1 <em>New</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx #: 123456789 Fill: 0</td>
</tr>
<tr>
<td>Patient: OUTPATIENT,DCONE (6660)</td>
</tr>
<tr>
<td>Drug: TAMOXIFEN CITRATE 10MG TABS</td>
</tr>
<tr>
<td>Rx Status: DISCONTINUED BY PROVIDER</td>
</tr>
<tr>
<td>Processing Status: TRANSMITTED to CMOP on 02/27/09</td>
</tr>
<tr>
<td>Provider: OPPROVIDER, PROV</td>
</tr>
<tr>
<td><strong>Please contact CMOP or take appropriate action</strong></td>
</tr>
</tbody>
</table>

Enter message action (in IN basket): Ignore//

Discontinued by a Foreground Pharmacy Process

When a CMOP prescription with a status of Transmitted or Retransmitted is discontinued by a foreground Pharmacy process due to a duplicate drug scenario that would trigger the duplicate to be discontinued, then the Processing Status field of the duplicate drug message is highlighted to alert the user.

<table>
<thead>
<tr>
<th>Duplicate Drug A AND Z OINTM in Prescription: 123456789</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status: Active Issued: 11/27/09</td>
</tr>
<tr>
<td>Processing Status: Transmitted to CMOP on 11/27/09</td>
</tr>
<tr>
<td>SIG: APPLY 1 TUBE TO AFFECTED AREA TWICE A DAY</td>
</tr>
<tr>
<td>QTY: 1 # of refills: 5</td>
</tr>
<tr>
<td>Provider: OPPROVIDER, PROV Refills remaining: 5</td>
</tr>
<tr>
<td>Last filled on: 11/27/09 Days Supply: 5</td>
</tr>
</tbody>
</table>

Discontinue RX # 123456789?

In the above example, the line “Processing Status: Transmitted to CMOP on 11/27/09” is bold.
Delete Printed Rx’s from Suspense
[PSO PNDPRI]

With this option printed prescriptions can be deleted from suspense manually. Basically, it does the same thing as the Auto-delete from Suspense option, but it prompts the user to delete a single prescription, all prescriptions for one patient, all prescriptions for a given date range, or all prescriptions that have printed in a batch.

A batch is the group of labels that printed for a particular Print from Suspense File job. For example, if for one day, the Print from Suspense File option is queued 3 times, three batches will be printed for that day. (See the Print from Suspense File option.)

If it is necessary to reset and reprint the suspense labels and only selected labels are wanted, those not wanted can be deleted from the batch. The deleted labels will not be reprinted as part of the batch.

Log of Suspended Rx’s by Day (this Division)
[PSO PNDLOG]

Using this option, the manager can print a report by division of all suspended prescriptions sorted either by patient or identification number. The log contains the prescription number, patient name, drug name, type, and print status.

The Log of Suspended Rx’s by Day (this Division) [PSO PNDLOG] option is updated to add a new column showing the B/D/F (Bad Address Indicator/ Do Not Mail/ Foreign Address) status of the prescription.

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 date entered, 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 the patient has remote prescriptions, then the text “THIS PATIENT HAS PRESCRIPTIONS AT OTHER FACILITIES” will appear on the report as shown in the following example.

<table>
<thead>
<tr>
<th>PRESCRIPTION PROFILE AS OF 12/30/2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: PSOPATIENT,ONE</td>
</tr>
<tr>
<td>THIS PATIENT HAS PRESCRIPTIONS AT OTHER FACILITIES</td>
</tr>
<tr>
<td>PHARMACIST: _______________ DATE: __________</td>
</tr>
</tbody>
</table>

If a prescription is determined to be an ePharmacy prescription (e.g., third party electronically billable), an electronic claim will be sent by ECME to the third party payer. TRICARE and CHAMPVA prescriptions are exceptions, as noted in the TRICARE and CHAMPVA section. 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

Because of the great number of refill-too-soon third party claim rejections that can occur due to prescriptions being filled too early, the system verifies that ¾ of the days supply has elapsed on the previous fill before the ePharmacy prescription may be refilled. The following list describes this functionality.

- ePharmacy prescriptions are delayed from being sent to CMOP and printed for local mail until ¾ of the days supply has elapsed. For CMOP suspense, a partial day will be rounded up (ex.: ¾ of 30 days will be 23 days). With the release of PSO*7*367, this rounding functionality will also be available for local mail suspense.
- An activity log entry states the date/time that the prescription will be allowed to be removed from suspense. The activity log is defined on the initial evaluation. The following is an example of the log entry:

```
4  06/18/08  SUSPENSE  REFILL 2  OPHARM,ONE
Comments: 3/4 of Days Supply SUSPENSE HOLD until 6/20/08.
```

- To fill the prescription earlier, users may pull these types of 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:

```
2  06/25/08  SUSPENSE  ORIGINAL  OPPHARM,TWO
Comments: SUSPENSE HOLD until 6/26/08 due to host reject error.
```

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

There is no user interaction for this function. It initiates when the Print from Suspense [PSO PNDLBL] option is initiated for CMOP prescriptions.

TRICARE and CHAMPVA

If there is an override or bypass for a TRICARE or CHAMPVA prescription and there are no open claim rejections for that prescription, then an electronic claim is not generated from suspense, and the label will be printed when the prescription is processed from suspense. This
exception applies to TRICARE and CHAMPVA ePharmacy billable prescriptions and non-billable prescriptions.

If a claim is submitted from suspense for a TRICARE or CHAMPVA prescription, the prescription will be displayed on the Third Party Payer Reject worklist if the claim submission returns any type of reject. Also, non-billable TRICARE and CHAMPVA prescriptions will be displayed on the Third Party Payer Reject worklist. A user must resolve the reject or submit an override before the prescription can be processed through suspense.
(This page included for two-sided copying.)
Pull Early from Suspense
[PSO PNDRX]

This option is used to pull a specific prescription or all prescriptions for a patient early. If a prescription is pulled early using this option, it will not be associated with any printed batch, and the user will not be able to reprint a label with the Reprint Batches from Suspense option. Since prescriptions that are pulled early from suspense do not belong to any printed batch and cannot be reprinted from suspense, there is no reason to leave them in suspense.

The user may also edit the “Method of Pickup”. For the prompt "Pull Rx(s) and delete from Suspense", the user should answer YES to pull the prescriptions, and they will always be deleted from suspense.

If the routing is changed to “Window” when pulling from suspense early and the bingo board is being used, those prescriptions will be sent to the bingo board.

If a prescription is determined to be an ePharmacy prescription (e.g., third party electronically billable), an electronic claim will be sent by 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.

Queue CMOP Prescription
[PSO RX QUEUE CMOP]

The Queue CMOP Prescription option allows the users (including pharmacy technicians) to put mail-routed prescription(s) for CMOP drugs on suspense for CMOP.

Example: Queue CMOP Prescription

Select Suspense Functions Option: QUEUE CMOP Prescription
Enter the Rx # to queue to CMOP: 300486

If the prescription does not have a routing of Mail, has already been released, or is not for a CMOP drug, and does not pass all the other normal checks for CMOP, it will not be put on suspense for CMOP.
Chapter 1: Security Keys

A security key is a unique entry in the Security Key file (^DIC(19.1,) which may prevent access to a specific option or action by including the key as part of the option’s entry in the Option file (^DIC(19,). Only users entered in the Holder field of the Security Key file may access the option or action.

New or Modified Security Keys

PSO TRICARE/CHAMPVA
PSO*7*385 renamed the PSO TRICARE security key to PSO TRICARE/CHAMPVA. Please see TRICARE/CHAMPVA Eligible Outpatient Override Function for further information on this security key.

PSO TRICARE/CHAMPVA MGR
PSO*7*385 renamed the PSO TRICARE MGR security key to PSO TRICARE/CHAMPVA MGR. Please see TRICARE CHAMPVA Bypass/Override Report for further information on this security key.
# Glossary

The following table provides definitions for common acronyms and terms used in this manual.

<table>
<thead>
<tr>
<th>Acronym/Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Profile</strong></td>
<td>A list of all active and recently canceled or expired prescriptions for a patient sorted by classification. This profile also includes a signature line for each prescription to allow the physician to cancel or renew it.</td>
</tr>
<tr>
<td><strong>Activity Log</strong></td>
<td>A log, by date, of changes made to or actions taken on a prescription. An entry is made in this log each time the prescription is edited, canceled, reinstated after being canceled, or renewed. An entry will be made into this log each time a label is reprinted. A CMOP activity log will contain information related to CMOP dispensing activities.</td>
</tr>
<tr>
<td><strong>Allergy/ADR Information</strong></td>
<td>Includes non-verified and verified allergy and/or adverse reaction information as defined in the Adverse Reaction Tracking (ART) package. The allergy data is sorted by type (DRUG, OTHER, FOOD). If no data is found for a category, the heading for that category is not displayed.</td>
</tr>
<tr>
<td><strong>AMIS</strong></td>
<td>Automated Management Information System</td>
</tr>
<tr>
<td><strong>Answer Sheet</strong></td>
<td>An entry in the DUE ANSWER SHEET file. It contains the questions and answers of a DUE questionnaire. This term is also used to refer to the hard copy representation of a DUE ANSWER SHEET entry.</td>
</tr>
<tr>
<td><strong>API</strong></td>
<td>Application Programming Interfaces</td>
</tr>
<tr>
<td><strong>APSP</strong></td>
<td>Originally Indian Health Service Pharmacy's name space now owned by the Outpatient Pharmacy software.</td>
</tr>
<tr>
<td><strong>Bypass</strong></td>
<td>Take no action on a medication order.</td>
</tr>
<tr>
<td><strong>CHAMPVA</strong></td>
<td>CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) is a cost-shared health benefits program established for the dependents and survivors of certain severely disabled and/or deceased veterans.</td>
</tr>
<tr>
<td><strong>CMOP</strong></td>
<td>Consolidated Mail Outpatient Pharmacy.</td>
</tr>
<tr>
<td><strong>CPRS</strong></td>
<td>Computerized Patient Record System. CPRS is an entry point in VistA that allows the user to enter all necessary orders for a patient in different packages (e.g., Outpatient Pharmacy, Inpatient Pharmacy, etc.) from a single entry point.</td>
</tr>
<tr>
<td><strong>Critical</strong></td>
<td>Interactions with severe consequences that require some type of action (finding facts, contacting prescribers) to prevent potential serious harm.</td>
</tr>
<tr>
<td><strong>DATUP</strong></td>
<td>Data Update (DATUP). Functionality that allows the Pharmacy Enterprise Customization System (PECS) to send out custom and standard commercial-off-the-shelf (COTS) vendor database changes to update the two centralized databases at Austin and Martinsburg.</td>
</tr>
<tr>
<td><strong>DEA</strong></td>
<td>Drug Enforcement Agency</td>
</tr>
</tbody>
</table>

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<th>Definition</th>
</tr>
</thead>
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<td><strong>DEA Special Handling</strong></td>
<td>The Drug Enforcement Agency special Handling code used for drugs to designate if they are over-the-counter, narcotics, bulk compounds, supply items, etc.</td>
</tr>
<tr>
<td><strong>DHCP</strong></td>
<td>See VistA.</td>
</tr>
<tr>
<td><strong>DIF</strong></td>
<td>Drug Information Framework</td>
</tr>
<tr>
<td><strong>Dispense Drug</strong></td>
<td>The Dispense Drug name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without a strength attached is the Orderable Item name.</td>
</tr>
<tr>
<td><strong>Dosage Ordered</strong></td>
<td>After the user has selected the drug during order entry, the dosage ordered prompt is displayed.</td>
</tr>
<tr>
<td><strong>Drug/Drug Interaction</strong></td>
<td>The pharmacological or clinical response to the administration of a drug combination different from that anticipated from the known effects of the two agents when given alone.</td>
</tr>
<tr>
<td><strong>DUE</strong></td>
<td>Drug Usage Evaluation</td>
</tr>
<tr>
<td><strong>Expiration/Stop</strong></td>
<td>The date on which a prescription is no longer active. Typically, this date is 30 days after the issue date for narcotics, 365 days after the issue date for other medications and 365 days after the issue date for supplies.</td>
</tr>
<tr>
<td><strong>FDB</strong></td>
<td>First DataBank</td>
</tr>
<tr>
<td><strong>Finish</strong></td>
<td>Term used for completing orders from Order Entry/Results Reporting V. 3.0.</td>
</tr>
<tr>
<td><strong>GUI</strong></td>
<td>Acronym for Graphical User Interface.</td>
</tr>
<tr>
<td><strong>Issue Date</strong></td>
<td>The date on which the prescription was written. This date is usually, but not always, the same as the first fill date. This date cannot be later than the first fill date.</td>
</tr>
<tr>
<td><strong>HFS</strong></td>
<td>Host File Server.</td>
</tr>
<tr>
<td><strong>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</strong></td>
<td>A Federal law that makes a number of changes that have the goal of allowing persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.</td>
</tr>
<tr>
<td><strong>JCAHO</strong></td>
<td>Acronym for Joint Commission on Accreditation of Healthcare Organizations</td>
</tr>
<tr>
<td><strong>Label/Profile Monitor</strong></td>
<td>A file for each printer which records, in the order in which they were printed, the last 1000 labels or profiles printed on that printer. This allows a rapid reprint of a series of labels or profiles that were damaged by a printer malfunction or other event.</td>
</tr>
<tr>
<td>Acronym/Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Local Possible Dosages</td>
<td>Free text dosages that are associated with drugs that do not meet all of the criteria for Possible Dosages.</td>
</tr>
<tr>
<td>Medication Instruction File</td>
<td>The MEDICATION INSTRUCTION file is used by Unit Dose and Outpatient Pharmacy. It contains the medication instruction name, expansion and intended use.</td>
</tr>
<tr>
<td>Medication Order</td>
<td>A prescription.</td>
</tr>
<tr>
<td>Medication Profile</td>
<td>A list of all active or recently canceled or expired prescriptions for a patient sorted either by date, drug, or classification. Unlike the action profile, this profile is for information only and does not provide a signature line for a physician to indicate action to be taken on the prescription.</td>
</tr>
<tr>
<td>Medication Routes File</td>
<td>The MEDICATION ROUTES file contains medication route names. The user can enter an abbreviation for each route to be used at the local site. The abbreviation will most likely be the Latin abbreviation for the term.</td>
</tr>
<tr>
<td>Med Route</td>
<td>The method in which the prescription is to be administered (e.g., oral, injection).</td>
</tr>
<tr>
<td>NCCC</td>
<td>Acronym for National Clozapine Coordinating Center.</td>
</tr>
<tr>
<td>Non-Formulary Drugs</td>
<td>The medications, which are defined as commercially available drug products not included in the VA National Formulary.</td>
</tr>
<tr>
<td>Non-VA Meds</td>
<td>Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients’ medical records.</td>
</tr>
<tr>
<td>Order</td>
<td>Request for medication.</td>
</tr>
<tr>
<td>Orderable Item</td>
<td>An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense drug name (e.g., Acetaminophen 325mg).</td>
</tr>
<tr>
<td>Partial Prescription</td>
<td>A prescription that has been filled for a quantity smaller than requested. A possible reason for a partial fill is that a patient is to return to the clinic in ten days but the prescription calls for a thirty-day supply. Partials do count as workload but do not count against the total number of refills for a prescription.</td>
</tr>
<tr>
<td>Payer</td>
<td>In health care, an entity that assumes the risk of paying for medical treatments. This can be an uninsured patient, a self-insured employer, or a health care plan or Health Maintenance Organization (HMO).</td>
</tr>
<tr>
<td>Pending Order</td>
<td>A pending order is one that has been entered by a provider through CPRS without Pharmacy finishing the order. Once Pharmacy has finished the order, it will become active.</td>
</tr>
<tr>
<td>Pharmacy Narrative</td>
<td>OUTPATIENT NARRATIVE field that may be used by pharmacy staff to display information specific to the patient.</td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>The administration of many drugs together.</td>
</tr>
<tr>
<td>Acronym/Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>POE</td>
<td>Acronym for Pharmacy Ordering Enhancements (POE) project. Patch PSO<em>7</em>46 contains all the related changes for Outpatient Pharmacy.</td>
</tr>
<tr>
<td>Possible Dosages</td>
<td>Dosages that have a numeric dosage and numeric dispense units per dose appropriate for administration. For a drug to have possible dosages, it must be a single ingredient product that is matched to the DRUG file. The DRUG file entry must have a numeric strength and the dosage form/unit combination must be such that a numeric strength combined with the unit can be an appropriate dosage selection.</td>
</tr>
<tr>
<td>Prescription</td>
<td>This term is now referred to throughout the software as medication orders.</td>
</tr>
</tbody>
</table>
| Prescription Status | A prescription can have one of the following statuses.  
- **Active** - A prescription with this status can be filled or refilled.  
- **Canceled** - This term is now referred to throughout the software as Discontinued. (See Discontinued.)  
- **Discontinued** - This status is used when a prescription was made inactive either by a new prescription or by the request of a physician.  
- **Discontinued (Edit)** - Discontinued (Edit) is the status used when a medication order has been edited and causes a new order to be created due to the editing of certain data elements.  
- **Deleted** - This status is used when a prescription is deleted. Prescriptions are no longer physically deleted from the system, but marked as deleted. Once a prescription is marked deleted no access is allowed other than view.  
- **Expired** - This status indicates the expiration date has passed.  
*Note: A prescription that was canceled or has expired more recently than the date specified by the cutoff date, typically 120 days in the past, can still be acted upon.  
- **Hold** - A prescription that was placed on hold due to reasons determined by the pharmacist.  
- **Non-verified** - There are two types of non-verified statuses. Depending on a site parameter, prescriptions entered by a technician do not become active until a pharmacist reviews them. Until such review, they remain non-verified and cannot be printed, canceled or edited except through the Verification menu.  
The second non-verified status is given to prescriptions when a drug/drug interaction is encountered during the new order entry or editing of a prescription.  
- **Pending** - A prescription that has been entered through OERR.  
- **Refill** - A second or subsequent filling authorized by the provider.  
- **Suspended** - A prescription that will be filled at some future date. |
<p>| Progress Notes | A component of Text Integration Utilities (TIU) that can function as part of CPRS. |
| 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 |</p>
<table>
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<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUE</td>
<td>Questions related to a DUE as well as the drugs being evaluated.</td>
</tr>
<tr>
<td>Schedule</td>
<td>The frequency by which the doses are to be administered, such as Q8H, BID, NOW, etc.</td>
</tr>
<tr>
<td>Sig</td>
<td>The instructions printed on the label.</td>
</tr>
<tr>
<td>Significant</td>
<td>The potential for harm is either rare or generally known so that it is reasonable to expect that all prescribers have taken this information into account.</td>
</tr>
<tr>
<td>Speed Actions</td>
<td>See Actions.</td>
</tr>
<tr>
<td>Suspense</td>
<td>A prescription may not be able to be filled on the day it was requested.</td>
</tr>
<tr>
<td></td>
<td>When the prescription is entered, a label is not printed. Rather, the prescription is put in the RX SUSPENSE file to be printed at a later date.</td>
</tr>
<tr>
<td>Third (3rd) Party Claims</td>
<td>Health care insurance claims submitted to an entity for reimbursement of health care bills.</td>
</tr>
<tr>
<td>Time In</td>
<td>This is the time that the patient's name was entered in the computer.</td>
</tr>
<tr>
<td>Time Out</td>
<td>This is the time that the patient's name was entered on the bingo board monitor.</td>
</tr>
<tr>
<td>TIU</td>
<td>Text Integration Utilities; a package for document handling, that includes Consults, Discharge summary, and Progress Notes, and will later add other document types such as surgical pathology reports. TIU components can be accessed for individual patients through the CPRS, or for multiple patients through the TIU interface.</td>
</tr>
<tr>
<td>TRICARE</td>
<td>TRICARE is the uniformed service health care program for:</td>
</tr>
<tr>
<td></td>
<td>• active duty service members and their families</td>
</tr>
<tr>
<td></td>
<td>• retired service members and their families</td>
</tr>
<tr>
<td></td>
<td>• members of the National Guard and Reserves and their families</td>
</tr>
<tr>
<td></td>
<td>• survivors, and</td>
</tr>
<tr>
<td></td>
<td>• others who are eligible</td>
</tr>
<tr>
<td></td>
<td>There are differences in how prescriptions for TRICARE beneficiaries are processed versus how prescriptions are processed for Veterans.</td>
</tr>
<tr>
<td>Units per Dose</td>
<td>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.</td>
</tr>
<tr>
<td>VistA</td>
<td>Acronym for Veterans Health Information Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).</td>
</tr>
<tr>
<td>Wait Time</td>
<td>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.</td>
</tr>
</tbody>
</table>
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