ELECTRONIC CLAIMS MANAGEMENT ENGINE (ECME)
Version 1.0

USER MANUAL

January 2019

Department of Veterans Affairs
Office of Information and Technology (OIT)
Product Development
## Revision History

<table>
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<tr>
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<th>Description (Patch # if applicable)</th>
<th>Project Manager</th>
<th>Technical Writer</th>
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<td>Dana Bennett</td>
<td>Cindy Fawcett</td>
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<td>Dana Bennett</td>
<td>DeAnn Kelly</td>
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<td>05/2017</td>
<td>Updated for BPS<em>1</em>21</td>
<td>Stephanie Kutson</td>
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<td>08/2016</td>
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<td>Therese Tarleton</td>
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<td>Sharon Taubenfeld</td>
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<td>Sookie Spence</td>
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<td>Updated for BPS<em>1</em>10 and consistency</td>
<td>Sookie Spence</td>
<td>Lori Torrance</td>
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<td>Sookie Spence</td>
<td>Christy Smith</td>
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<td>Sookie Spence</td>
<td>Nancy Smith/ Mary Ellen Gray</td>
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<tr>
<td>04/2006</td>
<td>Initial release of the ECME User Manual.</td>
<td>Sookie Spence</td>
<td>Nancy Smith</td>
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1 Introduction

The Electronic Claims Management Engine (ECME) generates electronic claims in National Council for Prescription Drug Programs (NCPDP) V. D.0 formats, based on the Outpatient Pharmacy V. 7.0 workflow. ECME:

- Allows pharmacy claims processing staff to submit, resubmit, and reverse electronic claims;
- Provides reports for end users and management on claims status, transaction history, and system configuration standings;
- Allows Automated Data Processing Application Coordinator (ADPAC) and Information Resources Management Service (IRMS) staff to configure ECME to pharmacy site specifications.
- Allows Eligibility Inquiry and Verification transactions for verification of valid patient pharmacy insurance.

ECME claims processing begins when events within Outpatient Pharmacy V. 7.0 meet specific criteria, based on Integrated Billing (IB) V. 2.0 determination, that indicate the system should generate an electronic claim. To build a claim through ECME, several conditions must be met. First, the patient must be registered and have pharmacy prescription insurance coverage. Second, the patient must be a non-service connected patient or, if service connected; the prescription must not be for the service-connected condition. The patient must not have an environmental indicators condition, unless the patient is Active Duty. (If the patient is Active Duty, all prescriptions are billable). Finally, the drug must be billable. Logic embedded within ECME manages the creation of the electronic claim, which requires integration with IB V. 2.0, Pharmacy Data Management, and National Drug File (NDF) V. 4.0. ECME also generates claims during Consolidated Mail Outpatient Pharmacy (CMOP) V. 2.0 processing for prescriptions that meet billing requirements.

The Veterans Health Administration (VHA) developed ECME software in order to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and updated it to comply with the HIPAA rule of 2009, which requires health care providers to transmit outpatient pharmacy prescription claims to payers electronically in the NCPDP format and to receive responses on a real-time basis. ECME is derived from the Point of Sale (POS) Application developed by the Indian Health Service (IHS) and is assigned to the BPS namespace.

The ECME User Manual helps users submit electronic claims, aids ADPAC and IRMS staff in configuring ECME to pharmacy site specifications, and is a reference manual for all screens and options within ECME. While the ECME User Manual does explain how to use the Electronic Management Claims Engine, it is not intended to show how ECME interacts with Outpatient Pharmacy V. 7.0, IB V. 2.0, the Austin Information Technology Center, and other software packages to build, submit, receive, and process an electronic claim.
The ECME User Manual assumes that you are familiar with the VistA computing environment, including the Outpatient Pharmacy V. 7.0 workflow and the Department of Veterans Affairs (DVA) FileMan data structures and terminology.

The ECME User Manual consists of the following sections.

- **ECME Introduction**: Outlines the history, use, and intent of the ECME software.

- **ECME Orientation**: Shows how to use the menus and options to generate an electronic claim, obtain online help, and find related manuals.

- **ECME Menu Structures**: Lists the complete ECME menu structure. It also lists the ECME User, Manager, and Reports menus.

- **Accessing the ECME Menu**: Describes how to gain access to the ECME main Menu.

- **Accessing the ECME User Screen**: Describes the elements of submitting pharmacy claims to insurers through the ECME system.

- **Accessing the ECME PHARMACY COB menu**: Describes the elements of submitting pharmacy claims to secondary insurers and submitting TRICARE claims.

- **Accessing the Pharmacy ECME Manager Menu**: Describes electronic claims management features that require management level decisions.

- **Accessing the Pharmacy Electronic Claims Reports**: Describes the reports generated by ECME.

- **ECME Background Jobs**: Describes the tasks performed by the Nightly Background Job.

- **Glossary**: Defines common ECME-related terms.

- **Acronyms**: Lists ECME-related acronyms.

- **Index**: Lists subjects, options, and menus alphabetically.
2 Orientation

2.1 Working with the ECME User Manual

The Electronic Claims Management Engine (ECME) User Manual is a menu- and option-oriented manual. In most cases, the manual describes a menu or option, shows how to access it, and uses tables and screen shots to describe its fields.

The ECME User Manual uses the following methods to enhance readability.

- Menu options and screen actions are italicized.
  
  **Example:** The *Add Pharmacy/OPECC Comment* action triggers the system to display the Pharmacy/OPECC Comment on the ECME User Screen.

- Screen prompts are denoted with quotation marks around them.
  
  **Example:** The “Select Action:” prompt will display next.

- Variable names, formal name of options, field and file names, and security keys are completely uppercase.
  
  **Example:** The BPS USER key.

- Screen captures/dialogues are shaded and shown in a non-proportional font.

  (A) User responses to online prompts are in boldface type.
  
  **Example:**
  
  **Select Pharmacy ECME User Menu Option:** **RPT**

  (B) **Example:**
  
  Select Pharmacy ECME User Menu Option: **RPT**

  (C) `<Enter>` indicates you must press the Enter key (or Return key) on the keyboard to proceed to the next prompt. Other keys are represented within `< >` angle brackets.
  
  **Example:**
  
  Select Pharmacy ECME Manager Menu Option: `?<Enter>`
- The following symbols alert you to special information.

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>🚨</td>
<td>Cautions you to notice critical information.</td>
</tr>
<tr>
<td>🆕</td>
<td>Indicates especially important or helpful information.</td>
</tr>
</tbody>
</table>
| 🛠️ | Indicates that you must hold a particular security key to perform a specific task.  
**Example:** You must hold the BPS MANAGER and BPS MENU keys to access the Pharmacy ECME Manager Menu options. |

### 2.2 Obtaining Online Help

The ECME software provides online help and commonly used system default prompts. You can enter question marks at any response prompt. At the end of the help display, VistA (Veterans Health Information Systems and Technology Architecture) immediately returns you to the point from which you started.

To retrieve Online Help in any VistA character-based product:

- Enter a single question mark (?) at a field/prompt to obtain a brief description:
  
  (A) If a field is a pointer, entering one question mark (?) displays the HELP PROMPT field contents and a list of choices, if the list is short.  
  (B) If the list is long, the system will ask you if the entire list should be displayed. A **Y**ES response will invoke the display. By prefacing the starting point with an up-arrow (^) as a response, you can give the display a starting point. For example, ^M starts an alphabetic listing at the letter M instead of the letter A while ^127 starts any listing at the 127th entry.

- Enter two question marks (??) at a field/prompt for a more detailed description. If a field is a pointer, entering two question marks displays the HELP PROMPT field contents and the list of choices.

- Enter three question marks (???) at a field/prompt to invoke any additional Help text stored in Help Frames.
2.3 Finding Related Manuals

To learn more about the ECME V. 1.0 software, please consult the following:


All ECME V. 1.0 documentation can be found at the VistA Documentation Library at [http://www.va.gov/vdl](http://www.va.gov/vdl).

VHA-oriented HIPAA (Health Insurance Portability and Accountability Act) information can be found at [http://vista.med.va.gov/hipaa/](http://vista.med.va.gov/hipaa/).
3 ECME Menu Structures

This section provides a map of the Electronic Claims Management Engine (ECME) menu structure including a list of all options. ECME is a menu-driven system that allows access based on the security keys that you hold.

Currently, ECME has the following security keys: BPSMENU, BPS USER, BPS MANAGER, BPS MASTER, BPS SUPERVISOR, and BPS REPORTS. All users must have the BPSMENU key in addition to the specific keys listed below.

The following table lists the type of users who would need access to a specific menu and the ECME Security Keys you must hold in order to access a particular ECME menu. For example, the OPECC (Outpatient Pharmacy Electronic Claims Coordinator) would need access to all ECME menus, while a Pharmacy Technician might only need access to the Main Menu, ECME User Screen, and Reports menus.

Table 3-1: List of Users with Suggested ECME Menus and Security Keys

<table>
<thead>
<tr>
<th>Type of User</th>
<th>*ECME Menu</th>
<th>ECME Security Keys</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPECC</td>
<td>All ECME Menus</td>
<td>BPSMENU, BPS USER, BPS MANAGER, BPS REPORTS</td>
</tr>
<tr>
<td></td>
<td>ECME Main Menu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ECME User Screen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ECME Pharmacy COB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacy ECME Manager Menu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacy Electronic Claims Menu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reports</td>
<td></td>
</tr>
<tr>
<td>Pharmacist, Pharmacy Technician</td>
<td>ECME Main Menu</td>
<td>BPSMENU, BPS USER, BPS REPORTS</td>
</tr>
<tr>
<td></td>
<td>ECME User Screen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacy Electronic Claims Menu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reports</td>
<td></td>
</tr>
<tr>
<td>ePharmacy Site Manager and back-up</td>
<td>ECME Main Menu</td>
<td>BPSMENU, BPS USER, BPS MANAGER, BPS REPORTS</td>
</tr>
<tr>
<td></td>
<td>ECME User Screen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacy Electronic Claims Menu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reports</td>
<td></td>
</tr>
<tr>
<td>ADPAC (Automated Data Processing Application Coordinator)</td>
<td>ECME Main Menu</td>
<td>BPSMENU, BPS MANAGER, BPS MASTER, BPS REPORTS</td>
</tr>
<tr>
<td></td>
<td>ECME Pharmacy COB</td>
<td>(BPS MASTER is also required to access certain MGR menu options)</td>
</tr>
<tr>
<td></td>
<td>Pharmacy ECME Manager Menu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacy Electronic Claims Menu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reports</td>
<td></td>
</tr>
<tr>
<td>IRMS (Information Resources Management Service)</td>
<td>ECME Main Menu</td>
<td>BPSMENU, BPS MANAGER, BPS REPORTS</td>
</tr>
<tr>
<td></td>
<td>Pharmacy ECME Manager Menu</td>
<td>(BPS MASTER is also required to access certain MGR menu options)</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Electronic Claims Menu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reports</td>
<td></td>
</tr>
<tr>
<td>Type of User</td>
<td>*ECME Menu</td>
<td>ECME Security Keys</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>OPECC Supervisor</td>
<td>Pharmacy Electronic Claims Reports</td>
<td>BPS SUPERVISOR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BPS REPORTS</td>
</tr>
</tbody>
</table>
3.1 The Complete ECME Menu Structure

The complete list of ECME menu options is shown below. The OPECC needs to access all ECME options.

You must hold the BPSMENU and BPS MANAGER keys to view the Pharmacy ECME Manager Menu option. The BPS MASTER key is also required to view the Edit ECME Pharmacy Data (PHAR), Pharmacy ECME Setup Menu (SET), Edit Basic ECME Parameters (BAS), and Register Pharmacy with Austin Information Technology Center (REG) options.

<table>
<thead>
<tr>
<th>U</th>
<th>ECME User Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>COB</td>
<td>ECME Pharmacy COB ...</td>
</tr>
<tr>
<td>SEC</td>
<td>Potential Secondary Rx Claims Report</td>
</tr>
<tr>
<td>TRI</td>
<td>Potential Claims Report for Dual Eligible</td>
</tr>
<tr>
<td>PRO</td>
<td>Process Secondary/TRICARE Rx to ECME</td>
</tr>
<tr>
<td>MGR</td>
<td>Pharmacy ECME Manager Menu ...</td>
</tr>
<tr>
<td>MNT</td>
<td>ECME transaction maintenance options ...</td>
</tr>
<tr>
<td>UNS</td>
<td>View/Unstrand Submissions Not Completed</td>
</tr>
<tr>
<td>ROC</td>
<td>Re Open CLOSED Claim</td>
</tr>
<tr>
<td>SET</td>
<td>Pharmacy ECME Setup Menu ...</td>
</tr>
<tr>
<td>BAS</td>
<td>Edit Basic ECME Parameters</td>
</tr>
<tr>
<td>PHAR</td>
<td>Edit ECME Pharmacy Data</td>
</tr>
<tr>
<td>REG</td>
<td>Register Pharmacy with Austin Information Technology Center</td>
</tr>
<tr>
<td>STAT</td>
<td>Statistics Screen</td>
</tr>
<tr>
<td>RPT</td>
<td>Pharmacy Electronic Claims Reports ...</td>
</tr>
<tr>
<td>CLA</td>
<td>Claim Results and Status ...</td>
</tr>
<tr>
<td>PAY</td>
<td>Payable Claims Report</td>
</tr>
<tr>
<td>REJ</td>
<td>Rejected Claims Report</td>
</tr>
<tr>
<td>ECMP</td>
<td>CMOP/ECME Activity Report</td>
</tr>
<tr>
<td>REV</td>
<td>Reversal Claims Report</td>
</tr>
<tr>
<td>NYR</td>
<td>Claims Submitted, Not Yet Released</td>
</tr>
<tr>
<td>REC</td>
<td>Recent Transactions</td>
</tr>
<tr>
<td>DAY</td>
<td>Totals by Date</td>
</tr>
<tr>
<td>CLO</td>
<td>Closed Claims Report</td>
</tr>
<tr>
<td>NBS</td>
<td>Non-Billable Status Report</td>
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<tr>
<td>SPA</td>
<td>Spending Account Report</td>
</tr>
<tr>
<td>OTH</td>
<td>Other Reports ...</td>
</tr>
<tr>
<td>CRI</td>
<td>ECME Claims-Response Inquiry</td>
</tr>
<tr>
<td>PAY</td>
<td>Payer Sheet Detail Report</td>
</tr>
<tr>
<td>PHAR</td>
<td>ECME Setup - Pharmacies Report</td>
</tr>
<tr>
<td>TAT</td>
<td>Turn-around time statistics</td>
</tr>
<tr>
<td>VER</td>
<td>View ePharmacy Rx</td>
</tr>
<tr>
<td>OPR</td>
<td>OPECC Productivity Report</td>
</tr>
</tbody>
</table>
3.2 ECME User Screen

The ECME User Screen structure is listed below. The ECME User Screen is a List Manager screen that has multiple actions contained within the option. OPECCs must have access to this option. It may be helpful for Pharmacists and the ePharmacy Site Manager to have access also.

You must hold the BPS MENU and BPS USER keys to view the ECME User Screen option.

ECME User Screen

3.3 ECME Pharmacy COB Menu Structure

The ECME Pharmacy COB Menu option structure is listed below. OPECCs must be able to access this menu.

You must hold the BPSMENU keys to view the ECME Pharmacy COB option.

ECME Pharmacy COB

SEC  Potential Secondary Rx Claims Report
TRI  Potential Claims Report for Dual Eligible
PRO  Process Secondary/TRICARE Rx to ECME

3.4 Pharmacy ECME Manager Menu Structure

The Pharmacy ECME Manager Menu option structure is listed below. ADPAC, IRMS (Information Resources Management Service) and OPECC staff must be able to use this menu.

You must hold the BPSMENU and BPS MANAGER keys to view the Pharmacy ECME Manager Menu option.

Pharmacy ECME Manager Menu

ECME transaction maintenance options
UNS  View/Unstrand Submissions Not Completed
ROC  Re Open CLOSED Claim

Pharmacy ECME Setup Menu
BAS  Edit Basic ECME Parameters
PHAR  Edit ECME Pharmacy Data
REG  Register Pharmacy with Austin Automation Center

Statistics Screen
3.5 Pharmacy Electronic Claims Reports Menu Structure

The Pharmacy Electronic Claims Reports menu option structure is listed below. OPECCs and Pharmacy staff involved with the ePharmacy process must be able to access this menu.

You must hold the BPSMENU and BPS REPORT keys to view the Pharmacy Electronic Claims Reports option. The OPECC Productivity Report will only display if the user holds the BPS SUPERVISOR KEY.

RPT Pharmacy Electronic Claims Reports . .
CLA Claim Results and Status . .
- PAY Payable Claims Report
- REJ Rejected Claims Report
- ECMP CMOP/ECME Activity Report
- REV Reversal Claims Report
- NYR Claims Submitted, Not Yet Released
- REC Recent Transactions
- DAY Totals by Date
- CLO Closed Claims Report
- NBS Non-Billable Status Report

SPA Spending Account Report

OTH Other Reports . .
- CRI ECME Claims-Response Inquiry
- PAY Payer Sheet Detail Report
- PHAR ECME Setup - Pharmacies Report
- TAT Turn-around time statistics
- VER View ePharmacy Rx
- OPR OPECC Productivity Report
4  Accessing the ECME Main Menu

The *Electronic Claims Management Engine Main Menu* option is usually accessed through the *Core Applications Menu*.

You must hold the BPSMENU key to view the Electronic Claims Management Engine (ECME) Main Menu.

**Example 4-1: Accessing the Electronic Claims Management Engine Main Menu**

Select Core Applications Option: ?

- Laboratory ...
- PIMS  MAS MANAGER ...
- Mental Health ...
- Military Retirees ...
- Patient Data Log
- Information Management Systems (SWIMS) ...
- Voluntary Services' Menu ...
- AR  Finance AR Manager Menu ...
- BPS  ECME ...
- EN  Engineering Main Menu ...
- FEE  Fee Basis Main Menu ...
- HL7  HL7 Main Menu ...
- IB  Integrated Billing Master Menu ...
- NS  Nursing System Manager's Menu ...
- PSO  Outpatient Pharmacy Manager ...
- VOL  Voluntary Service Master Menu ...

Select Core Applications Option: BPS  ECME
5 Accessing the ECME User Screen

The ECME User Screen provides access to pharmacy claims that have been submitted electronically to third party payers/Pharmacy Benefit Managers (PBM). This option allows you to review, close, reverse, or resubmit electronic claims.

From the ECME User Screen you can access additional actions needed to process electronic pharmacy claims, including the Further Research action, which allows you to research insurance, eligibility and prescription information.

You must hold the BPSMENU AND BPS USER key to view the ECME User Screen option.

This screen is accessed by selecting the U (ECME User Screen) option on the ECME Main Menu screen.

The screen will display nothing the first time you enter this menu option. Select the Change View option, CV, as in section 5.1, and specify preferences to be displayed on the screen. The system will then default to these settings and display current information about active patients and prescriptions for the timeframe requested.

Example 5-1: Accessing the ECME User Screen Option

*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXXX VAMC *
* Main Menu *
*************************************************

<table>
<thead>
<tr>
<th>U</th>
<th>ECME User Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>COB</td>
<td>ECME Pharmacy COB ...</td>
</tr>
<tr>
<td>MGR</td>
<td>Pharmacy ECME Manager Menu ...</td>
</tr>
<tr>
<td>RPT</td>
<td>Pharmacy Electronic Claims Reports ...</td>
</tr>
</tbody>
</table>

Select ECME Option: U  ECME User Screen
Please wait...
Example 5-2: Displaying the ECME User Screen Option

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/FILL/RX#/ECME#</th>
<th>STATUS/LOC/TYP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPatient,FIVE (XXXX) IBINSUR1/</td>
<td>VET Pb:0 Rj:1 AcRv:3 RjRv:0</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>COLCHICINE 0.6MG 00074-3781-01 06/24 101297$</td>
<td>1/000000001653 M RT DS/N</td>
<td></td>
</tr>
</tbody>
</table>

10/19/10 - Clarification Code 8 submitted.
(OPPUSER,TWO)
p-Reversal accepted

Enter ?? for more actions
CV Change View REV Reverse Payable Claim FR Further Research
SO Sort List RES Resubmit Claim VER View ePharmacy Rx
CMT Add/View Comments CLO Close Claim WRK Send to Worklist
Select Action: Next Screen/

This section diagrams and describes the different elements of your ECME User Screen.

Diagram 5-1: ECME User Screen Areas

- **Header Area**
  - Patient/Rx Area
  - Message Window
  - Action Area

Enter ?? for more actions
The table below describes the four areas of the ECME User Screen.

<table>
<thead>
<tr>
<th>Screen Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Header Area</td>
<td>Displays the date/time the screen was built, page status, selected division(s), user and activity date range.</td>
</tr>
<tr>
<td>Patient/Rx Area</td>
<td>Displays information about the patient and prescription:</td>
</tr>
<tr>
<td>#</td>
<td>Line Number. Sequential line number for each patient and associated prescription line(s).</td>
</tr>
<tr>
<td>Patient Lines</td>
<td>The first line is the Patient Summary Information line, which displays the patient's name, (patient ID), insurance company and phone; eligibility indicator for the patient and insurance: VET = Veterans, TRI = TRICARE; CVA = CHAMPVA; claim progress status and a summary status of all claims submitted for this patient within the time frame requested in the ECME User Screen parameters. The codes for the summary status are as follows: Pb = Payable Rj = Rejected AcRv = Reversal Accepted RjRv = Reversal Rejected Example: VET Pb:17 Rj:4 AcRv:0 RjRv:0.</td>
</tr>
</tbody>
</table>
Claim/Prescription Information Line

The Prescription line(s) follow the patient information lines sequentially. For each fill, an ECME claim is sent to the payer and each of these claims is displayed as a separate line on the User Screen (ECME User Screen).

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>NDC</th>
<th>DOS</th>
<th>RX#</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLCHICINE</td>
<td>0.6MG</td>
<td>00074-3781-01</td>
<td>06/24</td>
<td></td>
</tr>
<tr>
<td>101297</td>
<td>/00000001653</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LOC /BillType /RXStatus /Release Status
M/ RT/ DS /N

These show for each claim:
- Drug Name
- NDC (National Drug Code)
- Date of Service
- Rx#
- $ Patient Copay (if applicable)
- Refill#
- ECME#
- Fill Location
  - C = Consolidated Mail Outpatient Pharmacy (CMOP)
  - M = LOCAL MAIL
  - W = WINDOW FILL
- Bill Type
  - BB = Backbill
  - P2 = PRO option
  - RS = Resubmission
  - RT = Real Time Fill
- RX Status
  - AC = Active
  - NV = Non-verified
  - HL = Hold
  - SU = Suspend
  - EX = Expired
  - DS = Discontinued
  - DL = Deleted
  - ?? = Unknown
- Release Status
  - N = Rx NOT Released
  - R = Rx Released
- Coordination of Benefits Indicator
  - p- primary claim
  - s- secondary claim
  - s-Payable (p-Payable)

The status is displayed only for those fill lines (claims) that represent the most recent fill. If there is more than one fill for the same prescription within the time frame requested in the ECME User Screen parameters, the previous fill/claim is indicated with "***" instead of Rx status, and the most current fill will display the RX status. If a fill has been created and put on suspense, the screen displays "***".
The system allows the ECME user to enter comments for any claim displayed on the ECME User Screen. The most recent comment is displayed under the Prescription Information line. If a claim has been resubmitted since the most recent comment, a message displays in place of the most recent comment: “Prior comments suppressed – use CMT action for all comments”.

The Payer Returned Response information is displayed beneath the user-input comments or beneath the patient information line, if no comments were entered. Each response will begin on a separate line. Valid payer-returned responses include Rejected (with a National Council for Prescription Drug Programs (NCPDP) rejection code described in the ePharmacy Rejects & Resolutions Guide on the e-Pharmacy Training Home Page, with additional lines of descriptive error messages), Payable, Reversal Accepted, Reversal Rejected, Stranded, Stranded reversal, Captured, Duplicate, Other, Cancelled, Corrupt, Unknown status and In Progress. If a claim is closed, “Closed” is added to the status, e.g., “Reversal accepted/Closed”.

This section displays a plus (+) sign, minus (-) sign or informational text (i.e., Enter ?? for more actions). The plus and minus signs, entered at the action prompt, are used to jump forward or back a screen.

A list of Claims Data Entry options is available to you as described in Section 5 of this manual. A double question mark (??) may be entered at the "Select Action" prompt for a list of all List Manager options available.

Example 5-2: List of all ECME User Screen Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Enter ?? for more actions</td>
</tr>
<tr>
<td>CV</td>
<td>Change View</td>
</tr>
<tr>
<td>SO</td>
<td>Sort List</td>
</tr>
<tr>
<td>CMT</td>
<td>Add/View Comments</td>
</tr>
<tr>
<td>REV</td>
<td>Reverse Payable Claim</td>
</tr>
<tr>
<td>FR</td>
<td>Further Research</td>
</tr>
<tr>
<td>RES</td>
<td>Resubmit Claim</td>
</tr>
<tr>
<td>VER</td>
<td>View ePharmacy Rx</td>
</tr>
<tr>
<td>WRK</td>
<td>Send to Worklist</td>
</tr>
</tbody>
</table>

List Manager provides generic actions applicable to List Manager Screens. A double question mark (??) may be entered at the "Select Action" prompt for a list of other actions available. Entering the synonym is the quickest way to select an action.
### Example 5-3: Displaying List Manager Actions by Entering “??”

<table>
<thead>
<tr>
<th>Select Action: Next Screen// ??</th>
</tr>
</thead>
</table>

The following actions are also available:

+    Next Screen
-    Previous Screen
UP   Up a Line
DN   Down a Line
>    Shift View to Right
<    Shift View to Left
FS   First Screen
LS   Last Screen
RD   Re Display Screen
GO   Go to Page
FS   Print Screen
PL   Print List
SL   Search List
ADPL Auto Display(On/Off)
Q    Quit

Press RETURN to continue or '^' to exit:

ROC  Reopen Closed Claims
OCN  Open/Close Non Billable Entry
DV   Print Developer Claim Log
REJ  OPECC Reject Information
RER  Resubmit Claim w/o Reversal
EX   Exit
LOG  Print Claim Log
RED  Resubmit Claim w/EDITS
UD   Display Update

Enter RETURN to continue or '^' to exit:

The following actions are not available for non-billable entries: REV Reverse Payable Claim, CLO Close Claim, LOG Print Claim Log, WRK Send to Worklist, ROC Reopen Closed Claims, RED Resubmit Claim w/EDITS, RER Resubmit Claim w/o Reversal, and RH Release Copay (On FR Further Research). After selecting an action, a prompt may display for the user to select an item from the ECME User screen. If the action requires the user to select a patient line, the system will default a value of 1 for the item prompt if there is only one patient displayed. If the action requires the user to select a claim line, the system will default a value of 1.1 for the prompt if there is only one claim displayed.

## 5.1 Change View

The *Change View* action allows you to customize information you want to see displayed on the ECME User Screen.

The action is accessed by entering **CV** at the “Select Action:” prompt on the ECME User Screen. The system gives you the option to “SAVE” these selections as your “preferred view”.
### Example 5.1-1: Accessing the Change View Action

**SELECTED DIVISION(S):** ALL  
**Transmitted by ALL users**  
**Activity Date Range:** within the past 10 days(s)  
**Sorted by:** Patient Name

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
<th>Payable Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>ECMEpatient,Two (XXXX) WEBMD TE/</td>
<td>VET</td>
<td>ALL payable</td>
<td></td>
</tr>
</tbody>
</table>
6.1 | Furosemide 10MG/M 00641-2312-25 04/18 100004065$ 0/000000504691 W RT AC/R |  
| 6.2 | Cholestyramine 4G 00087-0580-01 04/19 100004066$ 0/000000504692 W RT AC/R | p-Reversal rejected  
| | NN:Transaction Rejected At Switch Or Intermediary  
| | NC16-The clearinghouse did not reply in time. |  
| 7 | ECMEpatient,One (XXXX) WEBMD TE/  | VET | ALL payable |  
7.1 | Albuterol Inhaler 55555-4444-22 04/26 100003744$ 0/000000504304 W RT AC/R | p-Payable |  
| 7.2 | Acetylcysteine 20 00087-0570-09 04/21 100004054$ 0/000000504677 W RT AC/N | p-Payable |  
| 8 | ECMEpatient,Three (XXXX) WEBMD TE/  | VET | ALL payable |  
| | Enter ?? for more actions |  

The screen has been updated on **APR 26, 2006@14:50:47.** Press "Q" to quit.

**Select Action:** Next Screen//**CV** Change View
(A) View data by division(s) or all divisions.

Example 5.1-2: Selecting Views by Division

Select one of the following:

<table>
<thead>
<tr>
<th>D</th>
<th>DIVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>ALL</td>
</tr>
</tbody>
</table>

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

Selected:

Select ECME Pharmacy Division(s): BAY PINES

BAY PINES

(B) View data by Eligibility Type of the claim.

Example 5.1-3: Selecting Views by Eligibility Type

Select one of the following:

<table>
<thead>
<tr>
<th>V</th>
<th>VETERAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>TRICARE</td>
</tr>
<tr>
<td>C</td>
<td>CHAMPVA</td>
</tr>
<tr>
<td>A</td>
<td>ALL</td>
</tr>
</tbody>
</table>

Select One or Many Eligibility Types or (A)ll: A// ?

Enter a single response or multiple responses separated by commas.

Example:

T
T,C

(C) View data for one ECME user, many ECME users or all users. The ECME user is defined as the person who last processed/finished/resubmitted, etc., the prescription fill.

Example 5.1-4: Selecting Views from Entries by One User

Select one of the following:

<table>
<thead>
<tr>
<th>U</th>
<th>USER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>ALL</td>
</tr>
</tbody>
</table>

Display One or Many ECME (U)sers or (A)LL: A// USER

Enter a user to select.

Once all users are selected, hit enter without making a selection.

Select User: USER

1  ECMEuser,One        UO    PHARMACIST
2  ECMEuser,Two        UTW   PHARMACIST
3  ECMEuser,Three      UTH   PHARMACIST

CHOOSE 1-3: 1  ECMEuser,One

Selected:

ECMEuser,One

Select User:
**Example 5.1-5: Selecting Views from Entries for One Patient**

Select one of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>PATIENT</td>
</tr>
<tr>
<td>A</td>
<td>ALL</td>
</tr>
</tbody>
</table>

Display One or Many (P)atients or (A)LL: A// PATIENT

Enter a patient to select.
Once all patients are selected, hit enter without making a selection.

Select Patient: ECMEpatient,ONE// ECME

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEpatient,One</td>
<td>1-1-65</td>
<td>666443333</td>
</tr>
<tr>
<td>2</td>
<td>ECMEpatient,Two</td>
<td>1-1-65</td>
<td>666443444</td>
</tr>
<tr>
<td>3</td>
<td>ECMEpatient,Three</td>
<td>1-1-68</td>
<td>666773333</td>
</tr>
</tbody>
</table>

ENTER '^' TO STOP, OR

CHOOSE 1-3: 2 ECMEpatient,Two

Enrollment Priority: GROUP 8g  Category: NOT ENROLLED  End Date: 08/01/2005

Selected: ECMEpatient,Two

Note: If selecting one or many patients, data may be viewed for up to 366 days. If selecting all patients, data may be viewed for up to 180 days.

**Example 5.1-6: Selecting Views from Entries for One Prescription**

Select one of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>RX</td>
</tr>
<tr>
<td>A</td>
<td>ALL</td>
</tr>
</tbody>
</table>

Display One or Many (R)x or (A)LL: A// RX

Enter a prescription to select.
Once all prescriptions are selected, hit enter without making a selection.

Select RX: 123456

Selected: 123456

Note: Choose data for a date range or timeframe of days or hours.

**Example 5.1-7: Selecting Views by Timeframe of the Default of Days**

Select one of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Date Range</td>
</tr>
<tr>
<td>T</td>
<td>Timeframe</td>
</tr>
</tbody>
</table>

Display Activity (D)ate Range or (T)imeframe: T// ?
Date Range will allow a user to specify an activity beginning and ending date. Timeframe will allow a user to specify the activity by days or hours.

Select one of the following:

D  Date Range
T  Timeframe

Display Activity (D)ate Range or (T)imeframe: Date Range

Note: If selecting one or many patients, data may be viewed for up to 366 days. If selecting all patients, data may be viewed for up to 180 days.

(G) (IF BY DATE RANGE) Choose a beginning and ending date.

**Example 5.1-8: Selecting Views by Date Range**
Display Activity (D)ate Range or (T)imeframe: T// d  Date Range
Activity Beginning Date:  T  (JAN 11, 2008)
Activity Ending Date:  ?

Enter a date which is no more than 180 days after the Beginning Date.

Activity Ending Date:

(H) (IF BY TIMEFRAME) Choose data for a period of days or hours.

**Example 5.1-9: Selecting Views by Timeframe of the Default of Days**

Select one of the following:

D  DAYS
H  HOURS

Activity Timeframe (H)ours or (D)ays: D// <Enter> AYS

(I) (IF BY TIMEFRAME) Enter a number for the timeframe value for the number of days, or number of hours, to view.

**Example 5.1-10: Selecting Views by Timeframe Number of Days or Hours**

Activity Timeframe Value: (1-180): 40// 10
(J) Choose which types of claims will display on the User Screen.

**Example 5.1-11: Selecting Types of Claims**

Select one of the following:

- **O** OPEN CLAIMS
- **C** CLOSED CLAIMS
- **A** ALL

Select Open/Closed or All Claims: A// <Enter> LL

(K) Choose which types of non-billable entries will display on the User Screen.

**Example 5.1-12: Selecting Types of Entries**

Select one of the following:

- **O** Open Non-Billable Entries
- **C** Closed Non-Billable Entries
- **A** ALL

Please note this question only applies to TRICARE or CHAMPVA Non-Billable Entries.

Display (O)pen or (C)losed or (A)ll Non-Billable Entries: A//

(L) Choose which types of payer requests will display on the User Screen.

**Example 5.1-13: Selecting Types of Requests**

Select one of the following:

- **B** BILLING REQUESTS
- **R** REVERSALS
- **A** ALL

Select Submission Type: A// <Enter> LL

(M) View rejected claims, payable claims or all claims.

**Example 5.1-14: Selecting Views of Claim Status**

Select one of the following:

- **R** REJECTS
- **P** PAYABLES
- **U** UNSTRANDED
- **A** ALL

Display (R)ejects or (P)ayables or (U)nstranded or (A)LL: A//?

Enter a single response or multiple responses separated by commas. Example:

- P
- P,R

(N) View released claims, non-released claims or all claims.
Example 5.1-15: Selecting Views of Released Claims

Select one of the following:

R  RELEASED
N  NON-RELEASED
A  ALL

Display (R)eleased Rxs or (N)on-Released Rxs or (A)LL: A// RELEASED

(O) View CMOP, Mail, Window or all claims.

Example 5.1-16: Selecting Views of CMOP Claims

Select one of the following:

C  CMOP
M  MAIL
W  WINDOW
A  ALL

Display (C)MOP or (M)ail or (W)indow or (A)LL: A// ?

Enter a single response or multiple responses separated by commas.

Example:
C
C,M

(P) View real time, back bills, bills processed with the PRO option, resubmissions (please see Section 6.3), or all claims.

Example 5.1-17: Selecting Views of Bill Types

Select one of the following:

R  REALTIME
B  BACKBILLS
P  PRO OPTION
S  RESUBMISSION
A  ALL

Display (R)ealTime, (B)ackbills, (P)RO Option, Re(S)ubmission or (A)LL: A// ?

Enter a single response or multiple responses separated by commas.

Example:
B
B,P

(Q) View one reject code, multiple reject codes or all reject codes if the option “REJECTS” was chosen for types of claims to view in (G) Rejected Claims, above. When selecting reject Code, the prompt continues to repeat until the user presses ‘Enter’ without a response.

Example 5.1-18: Selecting Views of One Reject Code

Select one of the following:

R  REJECT CODE
A  ALL

Display Specific (R)eject Code or (A)LL: A// REJECT CODE

Select Reject Code: 29  M/I Number Refills Authorized

Selected:

29  M/I Number Refills Authorized

Select Reject Code:
View data for a specific insurance company or all insurance companies.

**Example 5.1-19: Selecting Views by a Specific Insurance Company**

Select one of the following:
- I: SPECIFIC INSURANCE(S)
- A: ALL

Select Certain (I)NSURANCE or (A)LL: I //<Enter> SPECIFIC INSURANCE(S)

Selected: OPINSUR2

Select INSURANCE: DEVELOPMENT INS 123 HERE STREET SAN FRANCISCO CALIFORNIA Y

Selected: DEVELOPMENT INS OPINSUR2

Select INSURANCE: OPINSUR2 25 INS WAY BIRM ALABAMA Y

Select one of the following:
- Y: YES
- N: NO

Delete OPINSUR2 from your list?: NO //<Enter> Y

Selected: DEVELOPMENT INS

**Example 5.1-20: Entering “Y” to Save Selections as User’s Preferred View**

**DO YOU WANT TO SAVE THIS VIEW AS YOUR PREFERRED VIEW (Y/N)?**: Y

Updating screen...

**Example 5.1-21: Entering “Y” to Restore User’s Preferred View**

**Restore your Preferred View and exit Change View (Y/N)?**: Y

Updating screen...

**5.2 Sort List**

The **Sort List** screen action allows you to customize the sort order of data displayed on the ECME User Screen.

Sort Order (Defaults);
| T | Transaction Date/Time | (descending) |
| D | Division | (ascending) |
| I | Insurance Company | (ascending) |
| C | Reject Code | (ascending) |
| P | Patient Name | (ascending) |
| N | Drug Name | (ascending) |
| B | Bill Type [BB/P2/RT] | (ascending) |
| L | Fill Location | (ascending) |
| R | Released/Non-Release | (ascending) |
| A | Active/Discontinued Rx | (ascending) |

- Transaction Date/Time (descending) is the secondary sort for ALL primary sort selections. Sorting is by PATIENTS (not claims), based on the date/time of their most recent transaction.
- Active/Discontinued Rx option sorts claims by the Rx status.

Access this action by entering **SO** at the “Select Action:” prompt on the ECME User Screen. The system will give you the option to “SAVE” these selections as the User’s “Preferred View”.

Example 5.2-1: Accessing the Sort List Option

PHARMACY ECME  Apr 30, 2005@09:10:18  Page: 1 of 2
SELECTED DIVISION(S): ALL
Transmitted by ALL users  Activity Date Range: within the past 10 day(s)
Sorted by: Patient Name

#  PATIENT/DRUG/COMMENTS  INSURANCE/NDC/RX#/ECME#  LOC/TYP RXINF
6  ECOMEpatient,Two (XXXX) WEBMD /  *89%* Pb:5 Rj:0 AcRv:0 RjRv:0
   6.1  FUROSEMIDE 10MG/H 00641-2312-25 04/21 100004065$ 0/000000504691 W RT AC/R
   p-Payable
6.2  CHOLESTYRAMINE 4G 00087-0580-01 04/21 100004066$ 0/000000504692 W RT AC/R
   p-Reversal rejected
   NN:Transaction Rejected At Switch Or Intermediary
   NC16-The clearinghouse did not reply in time.
7  ECOMEpatient,One  (XXXX) WEBMD TE/
   +         Enter ?? for more actions
CV  Change View  REV Reverse Payable Claim FR Further Research
SO  Sort List  RES Resubmit Claim  VER View ePharmacy Rx
CMT Add/View Comments  CLO Close Claim  WRK Send to Worklist
Select Action: Next Screen//SO  Sort List

Example 5.2-2: Choosing Patient as the User’s Sort Preference

Select one of the following:

T  TRANSACTION DATE
D  DIVISION
I  INSURANCE
C  REJECT CODE
P  PATIENT NAME
N  DRUG NAME
B  BILL TYPE (BB/P2/RT)
L  FILL LOCATION
R  RELEASED/NON-RELEASED
A  ACTIVE/DISCONTINUED

ENTER SORT TYPE: P//  PATIENT NAME

Example 5.2-3: Choosing User’s Sort Preference as the Preferred View

Select one of the following:

Y  YES
N  NO

DO YOU WANT TO SAVE THIS VIEW AS YOUR PREFERRED VIEW (Y/N)?: YES
Updating screen...
5.3 Reverse Payable Claim

The Reverse Payable Claim action allows a user to submit a claim reversal request to the insurer for a claim that was returned as “Payable” or “Reversal Rejected”. A primary claim cannot be reversed if there is a payable secondary claim. The secondary claim must be reversed before the primary claim can be reversed.

Claims that have been closed will be displayed with “/Closed” after the status. Closed claims cannot be reversed until they are first reopened. If you attempt to reverse a claim that is closed, a message is displayed telling you that the claim “is Closed and cannot be Reversed. Reopen the claim and try again.”

Access the action by entering REV at the “Select Action:” prompt on the ECME User Screen.

Example 5.3-1: Accessing and Executing the Reverse Payable Claim Action

<table>
<thead>
<tr>
<th>PHARMACY ECME</th>
<th>Aug 10, 2005@10:31:22</th>
<th>Page: 18 of 42</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELECTED DIVISION(S): ALL</td>
<td>Transmission by ALL users</td>
<td>Activity Date Range: within the past 10 day(s)</td>
</tr>
<tr>
<td>+# PATIENT/DRUG/COMMENTS</td>
<td>INSURANCE/NDC/RX#/ECME#</td>
<td>Sorted by: Patient Name</td>
</tr>
<tr>
<td>ECEMPatient,One</td>
<td>(XXXX) WEBMD TE/</td>
<td>VET ALL payable</td>
</tr>
<tr>
<td>7 ALBUTEROL INHALER 55555-4444-22 08/08 100003744$ 0/000000504304 W RT AC/R</td>
<td>p-Payable</td>
<td></td>
</tr>
<tr>
<td>7.2 ACETYLCYSTEINE 20 00087-0570-09 08/01 100004054$ 0/000000504677 W RT AC/N</td>
<td>p-Payable</td>
<td></td>
</tr>
<tr>
<td>+ Enter ?? for more actions</td>
<td>CV Change View</td>
<td>REV Reverse Payable Claim FR Further Research</td>
</tr>
<tr>
<td>S0 Sort List</td>
<td>RES Resubmit Claim</td>
<td>VER View ePharmacy Rx</td>
</tr>
<tr>
<td>CMT Add/View Comments</td>
<td>CLO Close Claim</td>
<td>WRK Send to Worklist</td>
</tr>
<tr>
<td>Select Action: Next Screen// REV Reverse Payable Claim</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(A) You will see the following message, if you attempt to reverse a primary claim when there is a payable secondary claim.

Example 5.3-2: Entering the Line Item for a Claim with a Payable Secondary Claim

1.12 FLURAZEPAM 15MG C 00140-0065-14 03/04 102322$ 2/000000113596 W RT AC/R cannot be Reversed if the secondary claim is payable.
Please reverse the secondary claim first.

(B) You are prompted for the line item of the payable claim to be reversed. Remember, if you enter the patient line number, a claim reverse request will be created for all of the payable claims for that patient.

Example 5.3-3: Entering the Line Item for the Claim Reversal Request

Enter the line numbers for the Payable claim(s) to be Reversed. 
Select: 7.1

(C) The selected line item is redisplayed and you are required to enter text to explain the reversal reason.

Example 5.3-4: Typing Text for Required Reversal Reason

You've chosen to REVERSE the following prescription for ECEMPatient,Six 
7.1 ALBUTEROL INHALER 55555-4444-22 02/28 100003744$ 0/000000504304 W RT AC/R
Enter REQUIRED REVERSAL REASON: RX IS FOR SC CONDITION

This response must have at least 0 characters and no more than 60 characters and must not contain embedded uparrow

(D) The system asks if you are sure you want to continue with the transaction. You can answer Y or N. If you type in Y, the claim reversal request is submitted.

Example 5.3-5: Entering “Y” to Continue Claim Reversal Request
Enter REQUIRED REVERSAL REASON: Drug is only billable through CMOP
Are you sure?(Y/N)? YES

(E) The system asks if you want to mark the claim as non-billable in Claims Tracking, and therefore release the patient copay (if any). Enter Y or N. If you enter Y, you will be prompted for a Claims Tracking Non-Billable Reason and a Comment. If the reversal is accepted by the payer, the ECME claim will be closed and a close event will then be sent to IB with the non-billable reason and comment provided by the user. IB should mark the episode as non-billable and release the first-party copay.
Example 5.3-6: Entering “Y” to Mark the Claim as Non-billable

Do you want to mark the claim as non-billable in Claims Tracking and release the Patient Copay (if any) (Yes/No)? No/Yes

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: ??

Choose from:
1. NOT INSURED
2. SC TREATMENT
3. AGENT ORANGE
4. IONIZING RADIATION
5. SOUTHWEST ASIA
6. COVERAGE CANCELED
7. INVALID PRESCRIPTION ENTRY
8. PRESCRIPTION DELETED
9. PRESCRIPTION NOT RELEASED
10. DRUG NOT BILLABLE
11. MILITARY SEXUAL TRAUMA
12. HEAD/NECK CANCER
13. COMBAT VETERAN
14. 90 DAY RX FILL NOT COVERED
15. NOT A CONTRACTED PROVIDER
16. INVALID MULTIPLES PER DAY SUPP
17. REFILL TOO SOON
18. INVALID NDC FROM CMOP
19. PROJECT 112/SHAD
20. NON COVERED DRUG PER PLAN
21. FILING TIMEFRAME NOT MET
22. NO PHARMACY COVERAGE
23. NPI/TAXONOMY ISSUES
24. RX DUR REJECT
25. RX PRIOR AUTH NOT OBTAINED
26. RX MEDICARE PART D
27. RX DISCOUNT CARD
28. DATE OF BIRTH MISMATCH
29. OTHER

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: 2 SC TREATMENT
Comment: RX IS FOR SC CONDITION
Are you sure (Y/N)? YES

If the reversal is approved by the third-party payer, the claim will be marked as non-billable.

(F) The system submits a claim reversal request to the payer for each selected claim.

Example 5.3-7: Claim Reversal Request is Submitted

Processing Primary claim...

Claim Status:
Reversing...
IN PROGRESS-Building the transaction
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response
E REVERSAL ACCEPTED

Reversal Accepted
1 claim reversal submitted.
Enter RETURN to continue or ‘^’ to exit:
(G) The payer will either “Accept” or “Reject” the claim reversal request. The payer return status is displayed on the Payer Returned Response line.

### Example 5.3-8: Accepted Payable Claim Reversal Request

**PHARMACY ECME**

**Aug 10, 2005@10:31:22**

**SELECTED DIVISION(S):** ALL

**Transmitted by ALL users**

**Activity Date Range:** within the past XX day(s)

**INSURANCE/NDC/RX#/ECME#**

**LOC/TYP RXINF**

**PAYER RETURNED RESPONSE**

- **ECMEPatient,Six**
  - **WEBMD TE/**
  - **VET**
  - **ALL payable**

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>ALBUTEROL INHALER 55555-4444-22 02/28 100003744$ 0/00000504304 W RT DS/R</td>
<td>(XXXX)</td>
<td>W RT DS/R</td>
</tr>
<tr>
<td>7.1</td>
<td>p-Reversal Accepted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5.4 Resubmit Claim

The *Resubmit Claim* action sends a claim reversal request to the insurer, followed by a new claim for the same prescription, with the new or updated data for these conditions:

- If the claim was initially returned as “Payable”, the system sends a claim reversal request. If the payer “Accepts” the reversal request, the claim resubmission is sent. If the payer “Rejects” the reversal request, the claim is NOT resubmitted.

- If the claim was initially returned as “Rejected” or non-billable, the system immediately sends the claim submission to the payer and the reversal request is NOT sent.

The Resubmit action is accessed by entering **RES** at the “Select Action:” prompt on the ECME User Screen.

### Example 5.6-1: Accessing and Executing the Resubmit Claim Action

**PHARMACY ECME**

**Jul 22, 2008@14:41:55**

**SELECTED DIVISION(S):** ALL

**Transmitted by ALL users**

**Activity Date Range:** within the past 10 day(s)

**INSURANCE/NDC/DOS/RX#/ECME#**

**LOC/TYP RXINF**

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEpatient,One (XXXX) OPINSUR1/</td>
<td>VET Pb:2 Rj:4 AcRv:4 RjRv:0</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>RESERPINE 0.1MG S 00083-0035-40 07/19 100598$</td>
<td>1/000000000520 W RT AC/N</td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>LIDOCAINE 0.5% W/ 00186-0140-01 07/19 100704$</td>
<td>1/000000000623 W RT AC/N</td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>IMIPRAMINE 25MG T 00779-0588-30 07/19 100820$</td>
<td>1/000000000740 W RT **/N</td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>FLURAZEPAM 15MG C 00781-2806-05 07/19 100948$</td>
<td>0/000000000870 W RT **/N</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>DACARBAZINE 100MG 00026-8151-10 07/21 100958$</td>
<td>2/000000000980 W RT **/N</td>
<td></td>
</tr>
</tbody>
</table>

**Select Action: Next Screen// res Resubmit Claim**

(A) You are prompted for the line item(s) of the claim to be resubmitted.
Example 5.4-2: Entering the Line Item for the Claim Resubmission Request

Enter the line numbers for the claim(s) to be resubmitted.
Select item(s): 1.5

Claims that have been closed will be displayed with “/Closed” after the status. Closed claims cannot be resubmitted until they are reopened. If you attempt to resubmit a claim that is closed, a message is displayed telling you that you cannot resubmit.

Example 5.4-3: Resubmitting a Closed Claim

You've chosen to RESUBMIT the following prescription
1.2 AMITRIPTYLINE HCL 00603-2212-32 10/11 2056098 0/000001616051 M RT DS/N
Are you sure?(Y/N)? y YES

>> Cannot Resubmit
1.2 AMITRIPTYLINE HCL 00603-2212-32 10/11 2056098 0/000001616051 M RT DS/N
because the claim is Closed. Reopen the claim and try again.

0 claims have been resubmitted.

The primary claim cannot be resubmitted if there is a payable secondary claim. In these cases, you must reverse the secondary claim.

If you attempt to resubmit a primary claim when there is a payable secondary claim, you will see the following message, which will discontinue the claims resubmission process.

Example 5.4-4: Entering the Line Item for a Claim that has a Payable Secondary Claim

The claim:
1.12 FLURAZEPAM 15MG C 00140-0065-14 03/04 102322$ 2/000000113596 W RT AC/R
cannot be Resubmitted if the secondary claim is payable.
Please reverse the secondary claim first.

(B) Otherwise, the system redispays the line item for resubmission, then asks if you are sure you want to continue with the transaction. You can enter Y or N. If you answer Y, the claim resubmission process continues.

Example 5.4-5: Entering “Y” to Continue Claim Resubmission Request

You've chosen to RESUBMIT the following prescription for ECMEpatient,One
100MG 00026-8151-10 06/26 100958$ 2/00000000880 W RT **/N
Are you sure?(Y/N)? y YES
(C) ECME will allow multiple submissions of the same prescription and fill to be placed on the request queue at the same time. The ECME engine will process all requests in the order that they are received. Note that even though a request may be placed on the queue, whether or not it is processed will depend on the outcome of the previous request. For instance, if there are two entries on the queue and the second is requesting a reversal, it may not be processed if the previous request comes back with an E REVERSAL ACCEPTED status. If there is already a submission in the queue for this prescription and fill, a message is displayed and you are asked if you want to proceed.

Example 5.4-6: Entering “Y” to Place Multiple Submissions in the Queue

The claim is in progress. The request will be scheduled and processed after the previous request(s) are completed. Please be aware that the result of the resubmit depends on the payer's response to the prior incomplete requests.

Do you want to proceed? (Y/N)? y YES

(D) The claim resubmission request is submitted and the progress is displayed.

Example 5.4-7: Displaying a Successfully Resubmitted Claim

Veteran Prescription 100958 successfully submitted to ECME for claim generation. 1 claim has been resubmitted.

Enter RETURN to continue or '^' to exit: <ENTER>

Upgrading screen for resubmitted claims...

(E) The line item will display the status of a claim that was resubmitted and the Bill Type indicator of “RS”. The “RS” indicates a resubmitted claim. The resubmit indicator will also display for a non-billable prescription that has been resubmitted, even if there is no claim because the prescription remained non-billable.

(F) Example 5.4-8: Displaying the Claim Status after a Resubmission

PHARMACY ECME                 Jul 12, 2008@14:42:46               Page:    1 of   29
SELECTED DIVISION(S): ALL
Transmitted by ALL users Activity Date Range: within the past 10 day(s)
Sorted by: Transaction Date

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEpatient,One (XXXX) OPINSUR1/</td>
<td>VET Pb:2 Rj:4 AcRv:4 RjRv:0</td>
<td></td>
</tr>
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<td>1.1</td>
<td>RESERPINE 0.1MG S 00083-0035-40 07/09 100598$</td>
<td>1/0000000000520 W RT AC/N</td>
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<td>1.2</td>
<td>LIDOCAINE 0.5% W/ 00186-0140-01 07/09 100704$</td>
<td>1/000000000623 W RT AC/N</td>
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<td>1/000000000740 W RT **/N</td>
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<td>FLURAZEPAM 15MG C 00781-2806-05 07/08 100948$</td>
<td>0/0000000000870 W RT **/N</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>DACARBazine 100MG 00026-8151-10 07/06 100958$</td>
<td>2/000000000880 W RS **/N</td>
<td></td>
</tr>
</tbody>
</table>

+ Enter ?? for more actions
CV Change View     REV Reverse Payable Claim FR Further Research
5.5 Close Claim

This action allows you to close claims that were initially returned as “Rejected”, and reversals that were “Released and Accepted”.

Claims that have already been closed are displayed with “/Closed” after the status. If you attempt to close a claim that is already closed, the following message is displayed, “This claim is already closed.”

The Close Claim action will prevent a claim from being closed if it is currently open on the Pharmacy Worklist. If you attempt to close a claim that is open in the Pharmacy Worklist, a message will be displayed that the claim cannot be closed because it is open in the Pharmacy Worklist.

Enter the line numbers for the claim(s) to be closed.

Select item(s): 1.1

You've chosen to close the following prescription(s) for
Opatient,ONE:

1.1 ABACAVIR SULFATE 00173066101 07/15 #######0/00000###7412 M RT SU/N
07/15/14 - IGNORED - test of cmop
p-Rejected
NN:Transaction Rejected At Switch Or Intermediary
NC16-The clearinghouse did not reply in time.

ALL Selected Rxs will be CLOSED using the same information gathered in the following prompts.

Are you sure?(Y/N)? y YES

The Prescription is currently open in the pharmacist’s Third Party Payer Reject Worklist. The claim cannot be closed until action is taken by the pharmacist.
Enter ?? for more actions
CU Continuous Update       REV Reverse Payable Claim FR Further Research
UD Display Update          RES Resubmit Claim     LOG Print Claim Log
CV Change View             CLO Close Claim       WRK Send to Worklist
SO Sort List               CMT Add/View Comments EX Exit
Select Action: Quit//

The CLOSE action cannot be applied to the secondary claim if the primary claim has already been closed. The secondary claim is considered closed when the primary claim is closed.

(A) This action is accessed by entering CLO at the “Select Action:” prompt on the ECME User Screen. The system prompts you for the line number(s) for the claim(s) you are closing.

Example 5.5-1: Entering a Prescription Line Item to Close One Rejected Claim

(B) The system redisplays the selected line item(s), then notes that all prescription line items for patient line items will be closed using the same information entered into the non-billable reasons name prompt. You are then asked if you want to continue.

Example 5.5-2: Entering “Y” to Continue Close Claim Request

(C) You are prompted for a non-billable reason code.
Example 5.5-3: Listing Non-Billable Reason Codes

Choose from:
1. NOT INSURED
2. SC TREATMENT
3. AGENT ORANGE
4. IONIZING RADIATION
5. SOUTHWEST ASIA
7. COVERAGE CANCELED
10. INVALID PRESCRIPTION ENTRY
12. PRESCRIPTION DELETED
13. PRESCRIPTION NOT RELEASED
14. DRUG NOT BILLABLE
21. MILITARY SEXUAL TRAUMA
29. HEAD/NECK CANCER
30. COMBAT VETERAN
33. 90 DAY RX FILL NOT COVERED
34. NOT A CONTRACTED PROVIDER
35. INVALID MULTIPLES PER DAY SUPP
36. REFILL TOO SOON
37. INVALID NDC FROM CMOP
38. PROJECT 112/SHAD
39. NON COVERED DRUG PER PLAN
40. FILING TIMEFRAME NOT MET
61. NO PHARMACY COVERAGE
85. NPI/TAXONOMY ISSUES
86. RX DUR REJECT
87. RX PRIOR AUTH NOT OBTAINED
88. RX MEDICARE PART D
89. RX DISCOUNT CARD
91. DATE OF BIRTH MISMATCH
999. OTHER

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: 61 NO PHARMACY COVERAGE

(D) You are prompted for a comment (explanation), and again whether you want to continue.

Example 5.5-4: Entering a Comment and Answering ‘Are You Sure?’ Question

Comment : ECME Reject: Insurance does not cover Rxs
Are you sure?(Y/N)? YES

Closing Claim VA2006=1712884=000010=0006693...OK
1 claim has been closed.

Enter RETURN to continue or '^' to exit: <Enter>

Updating screen for closed claims...
5.5.1 Variations to the Close claim process.

If the Non-Billable Reason selected is “OTHER”, the system prompts you with two choices: ”NON-BILLABLE” or “DROP TO PAPER”.

- If you select (N)ON-BILLABLE EPISODE, the Claims Tracking entry displays the Billable Episode flag = “N” with the Non-Billable Reason that you selected. Note that Billable Episode flag will be changed back to "Y" if a secondary claim is later generated and is returned as payable.

- If you select (D)ROP TO PAPER, the system stores the selected Non-Billable Reason in the Close Claim Comments, updates the Claims Tracking entry to display the Billable Episode flag = “Y”, creates the next bill date as T+1 and stores Claims Tracking comments including the initial Non-billable Reason. The next scheduled billing run will pick up this bill as long as the prescription has been released.

Example 5.5.1-1: Closing a Prescription

You've chosen to close the following prescription(s) for ECEMPatient,FIVE:

- 4.1 COLCHICINE 0.6MG 00074378101 06/24 101297$ 1/000000001653 M RT DS/N

ALL Selected Rxs will be CLOSED using the same information gathered in the following prompts.

Are you sure?(Y/N)? YES

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: OTHER

Select one of the following:

- N NON-BILLABLE
- D DROP TO PAPER

Treat as (N)on-Billable Episode or (D)rop Bill to Paper?: NON-BILLABLE

Comment : **Insurance does not cover Rxs**

Release Patient CoPay(Y/N)? YES

Are you sure?(Y/N)? NO
Example 5.5.1-2: Entering Non-Billable Episode for Reason Code 31

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: 31  90 DAY RX FILL NOT COVERED

Select one of the following:
N      NON-BILLABLE
D      DROP TO PAPER

Treat as (N)on-Billable Episode or (D)rop Bill to Paper?: Select: N Non-billable

(A) The application will prompt you for a comment. The text can be up to 40 characters and must not contain any embedded up-arrows (^).

Example 5.5.1-3: Entering a Comment
Comment : ECME Reject: Plan does not cover 90-day fills

(B) You can enter Y or N to choose to continue the close claim request or not.

Example 5.5.1-4: Entering “Y” to Continue Close Claim Request
Are you sure?(Y/N)? Y  YES

(C) If the Rx# display is followed by a “$”, the ECME user is given the following prompt to answer whether the patient copay can be released also or not. If you select Y, the patient copay bill will be automatically removed from hold status for ALL selected claims.

Example 5.5.1-5: Releasing Patient Copay
Release Patient CoPay(Y/N)? Y YES

(D) When the claim is successfully closed, the display shows that the transaction went through “OK” and states that the claim was closed.

Example 5.5.1-6: Displaying System Closing the Claim
Closing Claim VA2005-111111-123456-0000501...OK
1 claim has been closed.

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

Updating screen for closed claims...

(E) The closed claim transaction may no longer be displayed with the patient’s other prescription line items depending on the filters set in Change View. The system will notify Integrated Billing of the closed claim so that Claims Tracking can be updated.
Example 5.5.1-7: Closed Item is No Longer Displayed

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>CODEINE SULFATE 30 00002-1010-02 08/03 10882$</td>
<td>0/00000504561 W RT EX/N</td>
<td></td>
</tr>
<tr>
<td>8.1</td>
<td>TESTOSTERONE ENTH. 00003-0328-40 08/03 909238$</td>
<td>0/000001105472 M RT AC/N</td>
<td></td>
</tr>
<tr>
<td>9.1</td>
<td>HYDROCODONE 5/ACET 55778-8998-88 08/12 909254$</td>
<td>1/000001105496 C RT AC/N</td>
<td></td>
</tr>
</tbody>
</table>

5.5.2 Special Notes regarding secondary claims
If a primary claim is successfully closed and there is secondary insurance for that claim, a secondary insurance notification is displayed so that the user will know to bill the secondary payer.

Example 5.5.2-1: Secondary Insurance Notification

This patient has ADDITIONAL insurance with Rx Coverage that may be used to bill this claim. The system will change the CT entry to a NON-BILLABLE Episode. If appropriate, please go to the ECME Pharmacy COB menu and use the PRO - Process Secondary/TRICARE Rx to ECME option to create an ePharmacy secondary claim.

Patient:          ECMEpatient,One
Date of service:  JUN 29, 2010
Insurance:        ECMEInsurance,One
Group number:     10001
BISOPROLOL 2.5MG/  51285-0047-02 06/29 2055810$    0/000001615758 W RT AC/R

Do you want to print the information (above) concerning additional insurance? (Y/N)? n NO

5.6 Add/View Comments
The system allows the ECME user to enter comments for any claim displayed on the ECME User Screen. There are two types of comments that can be added: OPECC Comments and Pharmacy/OPECC Comments. More details are in paragraph B. below. The most recent comment will be displayed under the Prescription Information line. If a claim has been resubmitted, a message displays in place of the most recent comment: “Prior comments suppressed – use CMT action for all comments”. The message indicating the prior comments were suppressed is not captured in CMT Add/View Comments.

(A) Access this action by entering CMT at the “Select Action:” prompt on the ECME User Screen. The system prompts you for a line selection to identify the line item(s) to contain a comment. You are allowed to select more than one claim to add the same comment to or can select the patient summary line to add the same comment to all claims that are listed under this patient.
Example 5.6-1: Entering a Prescription Line Item to Add a Comment

(B) The Add/View Comments list manager screen displays with multiple actions. Both comment actions allow the user to enter a comment for display on the ECME User Screen; however, the action to Add Pharmacy/OPECC Comment also displays the comment on the Outpatient Pharmacy Third Party Payer Rejects Worklist. After selecting a comment action, the system displays the selected line item and prompts you to enter a comment.

Example 5.6-2: Displaying the Prescription Line Item to Add a Comment or Quit

(C) The system prompts for the comment and allows you to enter 70 characters of freeform text. The system will track the user who entered the comment.

Example 5.6-3: Adding a comment to a Prescription Line Item

(D) The comment that has been added is displayed with the date of the entry, and a Pharmacy/OPECC Comment is indicated by “(Pharm)”. The system then prompts you for a comment action, to Quit (the default) or Exit.
Example 5.6-4: Displaying the Added Comment and Prompting for Another

ADD/VIEW COMMENTS                 Jul 02, 2005@22:19               Page: 1 of 1
PHARMACY ECME
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
#  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/RX#/ECME#   LOC/TYP RXINF
1.1  DESIPRAMINE HCL 25 00068-0011-10 07/01 909393$   0/000001105635 W ** AC/R
     08/15/05 - This shows a test comment line for a prescription line item.
     (LAST, FIRST NAME)  p-Payable
     07/11/15 (Pharm) - TEST COMMENT FOR PHARMACY/OPECC COMMENT
     (LAST, FIRST NAME)  p-Payable

Enter ?? for more actions
O Add OPECC Comment                   EX Exit
P Add Pharmacy/OPECC Comment
Select action: Next Screen//

(E) Comments can also be generated automatically by the system. The Outpatient Pharmacy system allows prescriptions with specified claim rejections to be sent to the Pharmacy Worklist automatically. There are two types of user-defined rejections for Veteran prescriptions: (1) Transfer Rejects, and (2) Reject Resolution Required Rejects. The Transfer Reject comment is “Auto Send to Pharmacy Worklist due to Transfer Reject Code” and the Reject Resolution Required Reject comment is “Auto Send to Pharmacy Worklist due to Reject Resolution Required”. In addition, TRICARE and CHAMPVA prescriptions are sent to the Pharmacy Worklist if the claim is rejected for any reason. The TRICARE and CHAMPVA comment is “Auto Send to Pharmacy Worklist & OPECC – CVA/TRI”.

5.7 Further Research Screen

The Further Research Screen allows you to access different sets of data within VistA for quick problem resolution. The Further Research Screen allows you to access (or jump to) options in other VistA applications.

(A) Enter FR at the “Select Action:” prompt on the ECME User Screen.

Example 5.7-1: Accessing the Further Research Action

PHARMACY ECME     July 26, 2005@11:31:22               Page: 18 of 42
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
Sort by: Patient Name
#  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/RX#/ECME#   LOC/TYP RXINF
16  ECMEpatient,One      (XXXX) WEBMD   /             VET  ALL payable
16.1  ETANERCEPT 25MG/VI 58406-0425-34 07/22 909504$ 0/000001105747 M RT AC/N  p-Payable
16.2  ETANERCEPT 25MG/VI 58406-0425-34 07/22 909504$ 1/000001105747 M RT AC/N  p-Payable
16.3  DIVALPROEX 125MG T 00074-6212-13 07/22 909505$ 0/000001105748 M RT AC/N  p-Payable
16.4  COLLAGENASE OINT 50484-0527-30 07/22 909506$ 0/000001105749 M RT AC/N  p-Payable
16.5  NAFCILLIN 1 GM. IN 00209-6950-22 07/22 909507$ 0/000001105750 M RT AC/N  p-Payable
5.7.1 Insurance Details

This action allows you to view insurance details for a single patient line item. The Insurance Details action allows you to access the Patient Insurance Info View/Edit option, located on the Patient Insurance Menu in the Integrated Billing software.

(A) Enter INS at the “Select Action” prompt, and a single line item to view the Insurance Details information for a patient.

Example 5.7.1-1: Accessing Insurance Details Option

(B) The system re-displays the ECME User Screen with multiple new “Research” options.
(B) While in Patient Insurance Info View/Edit, you will have access to all of the actions at the bottom of the Insurance Screen. When you enter QUIT, the system will return to the Further Research Screen.

Example 5.7.1-2: Displaying Insurance Details Actions

Patient Insurance Information Aug 09, 2006@12:56:49          Page:    1 of    1
Insurance Management for Patient: ECMEpatient,One 0000

Insurance Co. Type of Policy Group Holder Effect. Expires
1 WEBMD PRESCRIPTION 10000 SELF 01/01/00

Enter ?? for more actions >>>

(A) Enter VE to view eligibility information for a single patient.

Example 5.7.2-1: Accessing View Eligibility Option

The View Eligibility action allows you to view the Patient Eligibility Screen.

The full set of menu options is available only for users with IB INSURANCE SUPERVISOR and IB INSURANCE COMPANY ADD security keys.

(B) Please select a SINGLE Patient Line item for viewing Insurance
Select item: 1.4
While in the View Eligibility action, you will have access to only the EXIT/QUIT action at the bottom of the Patient Eligibility Screen. When you enter QUIT, the system will return to the Further Research Screen.

**Example 5.7.2-2: Displaying View Eligibility Options.**

**Patient Eligibility**  Aug 15, 2005@11:14:12 Page: 1 of 1

ECMEPatient,Six 5959

- Means Test: YES
- Date of Test: 07/29/05
- Co-pay Exemption Test:
- Date of Test:

Patient has agreed to pay deductible

- Primary Elig. Code: NSC
- Service Connected: No
- Rated Disabilities: None

Enter ?? for more actions

**Select Action:** Quit

---

**5.7.3 View Prescription**

This action allows you to view details for a single prescription. It accesses the View Prescription option, located on the Rx Prescriptions Menu in the Outpatient Pharmacy Manager software.

(A) When **VP** is entered at the “Select Action:” field, you will be prompted for the line item of the prescription you wish to display.

**Example 5.7.3-1: Accessing View Prescription Action**

**FURTHER RESEARCH SCREEN**  Nov 03, 2010@15:27:54 Page: 1 of 30

**SELECTED DIVISION(S):** ALL

- Transmitted by ALL users
- Activity Date Range: within the past 10 day(s)
- Sorted by: Transaction date by default

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>STATUS/LOC/TYP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPatient,SIX (XXXX)</td>
<td>OPINSUR2/2055557898</td>
<td>VET Pb:10 Rj:2 AcRv:0 RjRv:1</td>
</tr>
<tr>
<td>1.1</td>
<td>SIMETHICONE 40MG</td>
<td>02587542934 10/06 1100335$</td>
<td>0/00000003119 W RT AC/R p-Rejected</td>
</tr>
<tr>
<td>1.2</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030 10/26 1100337$</td>
<td>0/00000003122 W RT DS/R p-Reversal Other</td>
</tr>
<tr>
<td>1.3</td>
<td>AMYL NITRITE 0.3M</td>
<td>00223700212 10/27 1100337$</td>
<td>0/00000003122 W RT DS/R p-Reversal Other</td>
</tr>
<tr>
<td>1.4</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030 10/27 1100339$</td>
<td>0/00000003124 W RT AC/R p-Payable</td>
</tr>
</tbody>
</table>

Enter ?? for more actions

**Select action:** Next Screen

**Select item:** 1.4

---

(B) Once a single prescription line item is entered, the system displays the following screens for the selected prescription. When you enter QUIT, the system will return you to the Further Research Screen.
Example 5.7.3-2: Displaying View Prescription Options.

Rx Activity Log

ECMEPatient,Six

| PID: XXXX | Ht(cm): _____ (_____)
| DOB: MAY X, XXXX (XX) | Wt(kg): _____ (_____)

Rx #: XXXXXX

Orderable Item: TRIAMTERENE 50MG

CMOP Drug: TRIAMTERENE 50MG TAB
*Dosage: 50MG
*Verb: TAKE
Dispense Units: 1
*Noun: TABLET
*Route: ORAL
*Schedule: 2X

Patient Instructions

SIG: TAKE ONE TABLET BY MOUTH 2X

Patient Status: OPT NSC
Issue Date: 10/07/XX Fill Date: 10/07/XX

Last Fill Date: 10/07/XX (Window)

Last Release Date: Lot #:
Expires: 10/08/XX MFG:
Days Supply: 90 QTY (TAB): 11

# of Refills: 3 Remaining: 3
Provider: OPINSUR2
Routing: Window
Copies: 1

Method of Pickup:
Clinic: Not on File
Division: XXXXXXXXXX
Pharmacist:
Patient Counseling: NO
Remarks:
Finished By: PSOuser,Two
Entry By: PSOuser,Two Entry Date: 10/6/XX 11:45:57

Original Fill Released: Routing: Window

Refill Log:
# Log Date Refill Date Qty Routing Lot # Pharmacist
===============================================================================
There are NO Refills For this Prescription

Partial Fills:
# Log Date Date Qty Routing Lot # Pharmacist
===============================================================================
There are NO Partials for this Prescription

Activity Log:
# Date Reason Rx Ref Initiator Of Activity
===============================================================================
1 08/03/XX EDIT ORIGINAL PSOuser,Two
Comments: FILL DATE (3050801),

Copay Activity Log:
# Date Reason Rx Ref Initiator Of Activity
===============================================================================
There’s NO Copay activity to report

Label Log:
# Date Rx Ref Printed By
===============================================================================
1 08/01/XX ORIGINAL PSOuser,Three
Comments: From RX number XXXXXX
5.7.4 Add/View Comments
When CMT is entered at the “Select Action:” field, you will access the Add/View Comments as described in Section 5.8. The only difference is that when you select QUIT, you will be returned to the Further Research Screen.

5.7.5 Claims Tracking
This action accesses the Claims Tracking Edit Screen of the Claims Tracking Edit for Billing option in the Integrated Billing software.

(A) Enter the CT action and then enter a single prescription line item to track a claim.
Example 5.7.5-1: Accessing Claims Tracking Option

B) While in the Claims Tracking action, you will have menu access to all Claims options at the bottom. Entering EXIT or QUIT will end the Claims Tracking and return you to the Further Research screen.

Example 5.7.5-2: Displaying Claims Tracking Options
5.7.6 Third Party Inquiry

The “TPJI” action allows you to access the Third Party Joint Inquiry option in the Integrated Billing software.

(A) Enter the TPJI action and then enter a single prescription line item to access the Third Party (Joint) Inquiry claim information.
### Example 5.7.6-1: Accessing Third Party (Joint) Inquiry Option

**FURTHER RESEARCH SCREEN**

**Nov 03, 2010@15:27:54**

**SELECTED DIVISION(S): ALL**

**Transmitted by ALL users**

**Activity Date Range: within the past 10 day(s)**

**Sorted by: Transaction date by default**

**# PATIENT/DRUG/COMMENTS INSURANCE/NDC/DOS/RX#/ECME# STATUS/LOC/TYP/RXINF**

1. **ECMEPatient,SIX (XXXX) OPINSUR2/2055557898 VET Pb:10 Rj:2 AcRv:0 RjRv:1**

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>STATUS/LOC/TYP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>SIMETHICONE 40MG 02587542934 10/06 1100335$</td>
<td>0/000000003119 W RT AC/R</td>
<td>p-Rejected</td>
</tr>
<tr>
<td>1.2</td>
<td>TRIAMTERENE 50MG, 00484359030 10/26 1100336$</td>
<td>0/000000003120 W RT DS/R</td>
<td>p-Reversal Other</td>
</tr>
<tr>
<td>1.3</td>
<td>AMYL NITRITE 0.3M 00223700212 10/27 1100337$</td>
<td>0/000000003122 W RT DS/R</td>
<td>p-Reversal Other</td>
</tr>
<tr>
<td>1.4</td>
<td>TRIAMTERENE 50MG, 00484359030 10/27 1100339$</td>
<td>0/000000003124 W RT AC/R</td>
<td>p-Payable</td>
</tr>
</tbody>
</table>

+ Enter ?? for more actions

**INS Insurance details**

**CT Claims Tracking**

**EVNT IB Events Report**

**VE View Eligibility**

**TPJI Third Party Inquiry**

**GRPL Group Plan Menu**

**VP View Prescription**

**OH On Hold Copay List**

**EX Exit**

**CMT Add/View Comments**

**RH Release Copay**

**Select action:**

Next Screen //**TPJI** Third Party Inquiry

Please select a SINGLE Patient Line item when accessing TPJI

Select item:

(B) While in **Third Party (Joint) Inquiry**, you have access to all actions displayed at the bottom of the screen. Enter **QUIT** to return to the main **Further Research Screen**.

### Example 5.7.6-2: Displaying Third Party (Joint) Inquiry Options.

**Third Party Active Bills**

**Nov 03, 2010@15:27:54**

**ECMEPatient,SIX (XXXX)NSC**

**Bill #**

**From**

**To**

**MT?**

**Type**

**Stat Rate**

**Insurer**

**Orig Amt**

**Curr Amt**

<table>
<thead>
<tr>
<th>#</th>
<th>Bill #</th>
<th>From</th>
<th>To</th>
<th>MT?</th>
<th>Type</th>
<th>Stat Rate</th>
<th>Insurer</th>
<th>Orig Amt</th>
<th>Curr Amt</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>K400K9Ce</td>
<td>06/15/05</td>
<td>06/15/05</td>
<td>YES</td>
<td>OP</td>
<td>A</td>
<td>REIM IN</td>
<td>WEARD</td>
<td>45.00</td>
</tr>
<tr>
<td>2</td>
<td>K400K9De</td>
<td>06/15/05</td>
<td>06/15/05</td>
<td>YES</td>
<td>OP</td>
<td>A</td>
<td>REIM IN</td>
<td>WEARD</td>
<td>45.00</td>
</tr>
</tbody>
</table>

... |

[r Referred |* MT on Hold |+ Multi Carriers |

**CI Claim Information**

**IL Inactive Bills**

**PI Patient Insurance**

**CP Change Patient**

**HS Health Summary**

**EL Patient Eligibility**

**Select Action:** Quit //

### 5.7.7 On Hold Copay Listing

This option lists On Hold copay information for a single patient. The **OH** action allows you to access the **List Current/Past Held Charges by Pt** option, located on the **On Hold Menu** (which is located on the Automated Means Test Billing Menu) in Integrated Billing software.

(A) Enter the **OH** action and then enter a single patient line item to access the **On Hold Copay Listing** option.

### Example 5.7.7-1: Accessing On Hold Copay Listing Option

**FURTHER RESEARCH SCREEN**

**Nov 03, 2010@15:27:54**

**SELECTED DIVISION(S): ALL**

**Transmitted by ALL users**

**Activity Date Range: within the past 10 day(s)**

**Sorted by: Transaction date by default**

The **On Hold Copay Listing** requires that a device with 132 column width be used. It will not display correctly using 80 column width devices.

(A) Enter the **OH** action and then enter a single patient line item to access the **On Hold Copay Listing** option.
(B) You are prompted for a start and end date for the report.

**Example 5.7.7-2: Entering On Hold Copay Report Start and End Dates**

Start with DATE: **T-3** (AUG 14, 2005)
Go to DATE: **T** (AUG 17, 2005)

(C) You are prompted to choose whether to include Pharmacy Co-pay charges or not.

**Example 5.7.7-3: Entering “Y” to Include Pharmacy Co-pay Charges on Report**

Include Pharmacy Co-pay charges on this report? NO// **YES**

*** Margin width of this output is 132 ***
*** This output should be queued ***
DEVICE: HOME// **132PRINTER**

(D) Print the report at 132 characters.

**Example 5.9.7-4: printed On Hold Copay Listing Report**

List of all HELD Bills for ECMEPatient,SIX (XXXX) AUG 8, 2006 PAGE 1

<table>
<thead>
<tr>
<th>ACTION ID</th>
<th>TYPE</th>
<th>BILL#</th>
<th>FROM/ TO AR</th>
<th>CHARGE</th>
<th>STATUS</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5062877</td>
<td>NSC</td>
<td>Rx #</td>
<td>10003994 ECME # 000001234579</td>
<td>12/30</td>
<td>0.80</td>
<td>0.80</td>
</tr>
</tbody>
</table>

Enter RETURN to continue or ‘ ’ to exit:

**5.7.8 Release Copay**

This action accesses the Release Charges 'On Hold' option, located on the On Hold Menu (which is located on the Automated Means Test Billing Menu) in the Integrated Billing software. If you select a single Rx Line item, the system defaults the to the REF# of the selected Rx.
Enter **RH** to access the *Release Copay* option. You may select a single Patient line item or a single Rx line item.

**Example 5.7.8-1: Accessing Release Copay Option**

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>STATUS/LOC/TYP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPatient,SIX (XXXX) OPINSUR2/2055557898</td>
<td>VET Pb:10 Rj:2 AcRv:0 RjRv:1</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>SIMETHICONE 40MG 02587542934 10/06 1100335$</td>
<td>0/000000003119 W RT AC/R</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p-Rejected</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>85:Claim Not Processed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NN:Transaction Rejected At Switch Or Intermediary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EV117-D0 IS INVALID VERSION NUMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>TRIAMTERENE 50MG, 00484359030 10/26 1100336$</td>
<td>0/000000003120 W RT DS/R</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>AMYL NITRITE 0.3M 00223700212 10/27 1100337$</td>
<td>0/000000003122 W RT DS/R</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>TRIAMTERENE 50MG, 00484359030 10/27 1100339$</td>
<td>0/000000003124 W RT AC/R</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p-Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>Enter ?? for more actions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Select action:** Next Screen // **RH** Release Copay

Please select a SINGLE Patient Line item or a SINGLE Rx Line item when accessing Release Copay from Hold.

Select item: 9

---

(B) All copay charges on hold for the selected patient or prescription are listed. Select the line number (reference number) of the item for the release of that copay, then answer **Y** to okay the charge to Accounts Receivable. The selection is redisplayed and you are advised that the listed charge has been passed to Accounts Receivable.
Example 5.7.8-2: Listing On Hold Copay Charges for Release Copay Option

ECMEPatient,SIX Pt ID: 000-00-0000

The following IB Actions for this patient are ON HOLD:

<table>
<thead>
<tr>
<th>REF</th>
<th>Action ID</th>
<th>Bill Type</th>
<th>Bill #</th>
<th>Fr/Fl Dt</th>
<th>To/Rls Dt</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>000596570</td>
<td>Rx #: 909708</td>
<td>08/01/05</td>
<td>08/01/05</td>
<td>21.00</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>000596574</td>
<td>Rx #: 909693</td>
<td>08/01/05</td>
<td>08/01/05</td>
<td>21.00</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>000596575</td>
<td>Rx #: 909694</td>
<td>08/01/05</td>
<td>08/01/05</td>
<td>21.00</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>000596580</td>
<td>Rx #: 909728</td>
<td>08/01/05</td>
<td>08/01/05</td>
<td>21.00</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>000596581</td>
<td>Rx #: 909703</td>
<td>08/01/05</td>
<td>08/01/05</td>
<td>21.00</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>000596601</td>
<td>Rx #: 909698</td>
<td>08/01/05</td>
<td>08/01/05</td>
<td>21.00</td>
<td></td>
</tr>
</tbody>
</table>

Select IB Actions (REF #) to release (or '^' to exit): 2

OK to pass this charge to Accounts Receivable? YES

Passing charges to Accounts Receivable...

<table>
<thead>
<tr>
<th>REF</th>
<th>Action ID</th>
<th>Bill Type</th>
<th>Bill #</th>
<th>Fr/Fl Dt</th>
<th>To/Rls Dt</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>000596574</td>
<td>Rx #: 909693</td>
<td>K400KDC</td>
<td>08/01/05</td>
<td>08/01/05</td>
<td>21.00</td>
</tr>
</tbody>
</table>

The charge listed above has been passed to Accounts Receivable.

Enter RETURN to continue or '^' to exit:

5.7.9 IB (Integrated Billing) Events Report

The “EVNT” action allows you to access the IB e-Pharmacy Menu Option, ECME Billing Events Report.

(A) Enter EVNT to access the IB Events Report option. You may select a single Patient line item or a single Rx line item.
Example 5.7.9-1: Accessing IB Events Report Option

You are prompted for a start and end date for this report.

Example 5.7.9-2: Entering Dates to Include in IB Events Report Listing

You are prompted to select M (Mail), W (window), C (CMOP) or A (All) events for the selected line item report.

Example 5.7.9-3: Choosing Default ‘All’ for Types of Events for IB Events Report

You are prompted to select S (SUMMARY REPORT) or D (DETAILED REPORT) and a print device.
Example 5.7.9-4: Selecting Summary Type for IB Events Report

```
(S)UMMARY REPORT, (D)ETAILED REPORT: SUMMARY REPORT// <Enter> SUMMARY REPORT

DEVICE: HOME//

BILLING ECME EVENTS ON 06/23/05 TO 08/22/05  (SUMMARY)  PAGE 1

<table>
<thead>
<tr>
<th>RX#</th>
<th>FILL</th>
<th>DATE</th>
<th>PATIENT NAME</th>
<th>DRUG</th>
<th>PM#</th>
<th>BILLING</th>
<th>REVERSAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>909693 0</td>
<td>08/01/05</td>
<td>ECMEPatient,SIX EPOETIN ALFA,RECOMB 20,000UNT/</td>
<td>FINISH 08/01/05 11:32a Status:ECME Billable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SUBMIT 08/01/05 11:34a Status:OK</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REVERSAL 08/01/05 3:19p Status:ECME Claim reversed, no Bill to cancel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FINISH 08/01/05 3:20p Status:ECME Billable</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SUBMIT 08/01/05 3:20p Status:OK</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RELEASE 08/01/05 3:20p Status:OK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>909694 0</td>
<td>08/01/05</td>
<td>ECMEPatient,Seven CYCLOPHOSPHAMIDE 1000MG INJ</td>
<td>FINISH 08/01/05 11:44a Status:ECME Billable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SUBMIT 08/01/05 11:45a Status:OK</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REVERSAL 08/01/05 3:37p Status:ECME Claim reversed, no Bill to cancel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FINISH 08/01/05 3:38p Status:ECME Billable</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SUBMIT 08/01/05 3:38p Status:OK</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RELEASE 08/01/05 3:38p Status:OK</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BILLING 08/01/05 3:38p Status:Bill# K400KBC created</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REVERSAL 08/05/05 3:09p Status:Bill# K400KBC cancelled</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Press RETURN to continue, '^' to exit:
Example 5.7.9-5: Selecting a Detailed Type for IB Events Report

(S)UMMARY REPORT, (D)ETAILED REPORT: SUMMARY REPORT// DETAILED REPORT

DEVICE: HOME//

BILLING ECME EVENTS ON 07/06/11 TO 09/04/11 (DETAILED) for XXXXXX VAMC DIVISION

<table>
<thead>
<tr>
<th>RX#</th>
<th>FILL DATE</th>
<th>PATIENT NAME</th>
<th>DRUG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>06/08/11</td>
<td>ECMEPATIENT, SIX</td>
<td>CLONAZEPAM 1MG TAB</td>
</tr>
</tbody>
</table>

**FINISH** 08/10/11 6:35p Status: ECME Billable

**ELIGIBILITY:**
- **DRUG:** CLONAZEPAM 1MG TAB
- **NDC:** 57664-0274-08, BILLED QTY:30, COST:.024, DEA: 4CPR
- **PLAN:** INSURANCE: WEBMD

**BILLING RESPONSE:**
- **BILL DATE:** 06/08/11, **RELEASE DATE:** 06/08/11
- **USER:** ECMEuser, Two

**BILLING FEE:** 11.40, **BASIS OF COST DETERM:** COST CALCULATIONS
- **COST:** 12.12, **GROSS AMT DUE:** 12.12, **ADMIN FEE:** 0.00

**SUBMIT** 08/10/11 6:35p Status: OK

**ECME#:** 000001614656, **FILL DATE:** 06/08/11, **RELEASE DATE:** 06/08/11

**ERROR DESCRIPTION:** Cannot establish receivable in AR (secondary ins).

**ECME#:** 000001614656, **FILL DATE:** 06/08/11, **RELEASE DATE:** 06/08/11

**DRUG:** CLONAZEPAM 1MG TAB
- **NDC:** 57664-0274-08, BILLED QTY:30, DAYS SUPPLY: 30
- **BILLED:** 12.12, **PAID:** 68.32
- **PLAN:** INSURANCE: WEBMD

**USER:** ECMEuser, One

**REVERSAL** 08/11/11 1:18p Status: Accepted

**ECME#:** 000001614656, **FILL DATE:** 06/08/11, **RELEASE DATE:** 06/08/11

**PAYER RESPONSE:** PAYABLE

**BILLING FEE:** 11.40, **BASIS OF COST DETERM:** COST CALCULATIONS
- **COST:** 12.12, **GROSS AMT DUE:** 12.12, **ADMIN FEE:** 0.00

**USER:** ECMEuser, Two

**REVERSAL REASON:** TST

**FINISH** 08/11/11 1:20p Status: ECME Billable

**ELIGIBILITY:**
- **DRUG:** CLONAZEPAM 1MG TAB
- **NDC:** 57664-0274-08, BILLED QTY:30, COST:.024, DEA: 4CPR

Press RETURN to continue, "'^' to exit:
5.7.10 Group Plan Menu
The “GRPL” action allows you to access the Group Plan Menu. This menu includes three selections - Edit PLAN APPLICATION Sub-file (EPLA), Match Group Plan to a Pharmacy Plan (MGP), and Match Multiple Group Plans to a Pharmacy Plan (MMGP).

(A) Enter GRPL to access the Group Plan Menu option.
## Example 5.7.10-1: Accessing Group Plan Menu

### Transmitted by ALL users
- Activity Date Range: within the past 10 day(s)
- Sorted by: Transaction date by default

### SELECTED DIVISION(S): ALL

#### # PATIENT/DRUG/COMMENTS INSURANCE/NDC/DOS/RX#/ECME# STATUS/LOC/TYP/RXINF

1. **ECMEPatient,,SIX (XXXX) OPINSUR2/205557898** VET Pb:10 Rj:2 AcRv:0 RjRv:1

   1.1 **SIMETHICONE 40MG 02587542934 10/26 1100335$** 0/000000003119 W RT AC/R p-Rejected

   85:Claim Not Processed
   NN:Transaction Rejected At Switch Or Intermediary
   02:M/I Version/Release Number
   EV117-D0 IS INVALID VERSION NUMBER

   1.2 **TRIAMTERENE 50MG, 00484359030 10/26 1100336$** 0/000000003120 W RT DS/R p-Reversal Other

1.3 **AMYL NITRITE 0.3M 00223700212 10/27 1100337$** 0/000000003122 W RT DS/R p-Reversal Other

1.4 **TRIAMTERENE 50MG, 00484359030 10/27 1100339$** 0/000000003124 W RT AC/R p-Payable

+ Enter ?? for more actions

#### INS Insurance details CT Claims Tracking EVNT IB Events Report

#### TPJI Third Party Inquiry GRPL Group Plan Menu

#### OH On Hold Copay List EX Exit

#### CMT Add/View Comments RH Release Copay

Select action:Next Screen// **GRPL** Group Plan Menu

--- Group Plan Menu ---

#### EPLA Edit PLAN APPLICATION Sub file

#### MGP Match Group Plan to a Pharmacy Plan

#### MMGP Match Multiple Group Plans to a Pharmacy Plan

Select Item(s):

---

### 5.7.11 Eligibility Inquiry Option

The hidden “ELIG” Option accesses the **Eligibility Inquiry Option**, which allows the sites to verify pharmacy insurance for patients by sending an eligibility verification submission to the third party payer.

**(A)** When ELIG is entered at the “Select Action:” field, you will be prompted for the line item of the prescription you wish to display.

**(B)** You can edit the Relationship Code, Person Code, and Insurance Effective Date.
Example 5.7.11-1: Accessing Eligibility Inquiry Option

You've chosen to VERIFY Eligibility of the following prescription for ECOME PATIENT, SIX:

1.1  SIMETHICONE 40MG  02587542934 10/26 1100335$  0/000000003119 W RT AC/R
   p-Rejected
   NN:Transaction Rejected At Switch Or Intermediary
   02:M/I Version/Release Number
   EV117-D0 IS INVALID VERSION NUMBER

Are you sure?(Y/N)? YES
Relationship Code: 1//   CARDHOLDER
Person Code: 01//
Effective Date:  10/06/2010// 11/3/2010

Are you sure?(Y/N)? YES
Not submittable: Eligibility Payer Sheet Not Found.

Enter RETURN to continue or '^' to exit:

(A) When you enter QUIT, the system will return you to the Further Research Screen.

(B) When EX is entered at the “Select Action:” prompt from the Further Research Screen, the system will return to the ECME User Screen.
Example 5.7.11-2: Entering the EXIT Action from Further Research Screen

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/RX#/ECME#</th>
<th>STATUS/LOC/TP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPatient,,SIX (XXXX) OPINSUR2/2055575898</td>
<td>VET Pb:10 Rj:2 AcRv:0 RjRv:1</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>SIMETHICONE 40MG</td>
<td>02587542934</td>
<td>10/06 1100335</td>
</tr>
<tr>
<td></td>
<td>p-Rejected</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>85:Claim Not Processed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NN:Transaction Rejected At Switch Or Intermediary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EV117-D0 IS INVALID VERSION NUMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030</td>
<td>10/26 1100336</td>
</tr>
<tr>
<td></td>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>AMYL NITRITE 0.3M</td>
<td>00223700212</td>
<td>10/27 1100337</td>
</tr>
<tr>
<td></td>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030</td>
<td>10/27 1100339</td>
</tr>
<tr>
<td></td>
<td>p-Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>Enter ?? for more actions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SELECTED DIVISION(S): ALL
Transmitted by ALL users
Activity Date Range: within the past 10 day(s)
Sorted by: Transaction date by default

---

5.8 Print Claim Log (hidden action)

The Print Claim Log option allows you to print a detailed history in reverse chronological order of the third party claims and responses.

(A) Enter the LOG action and a single prescription line item to view the claim log information for a prescription.

Example 5.10-1: Accessing the Print Claim Log Option

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/RX#/ECME#</th>
<th>LOC/TP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPatient,,SIX (XXXX) OPINSUR2/2055575898</td>
<td>VET Pb:10 Rj:2 AcRv:0 RjRv:1</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>SIMETHICONE 40MG</td>
<td>02587542934</td>
<td>10/06 1100335</td>
</tr>
<tr>
<td></td>
<td>p-Rejected</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>85:Claim Not Processed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NN:Transaction Rejected At Switch Or Intermediary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>02:M/I Version/Release Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EV117-D0 IS INVALID VERSION NUMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030</td>
<td>10/06 1100336</td>
</tr>
<tr>
<td></td>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>AMYL NITRITE 0.3M</td>
<td>00223700212</td>
<td>10/07 1100337</td>
</tr>
<tr>
<td></td>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030</td>
<td>10/07 1100339</td>
</tr>
<tr>
<td></td>
<td>p-Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>Enter ?? for more actions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SELECTED DIVISION(S): ALL
Transmitted by ALL users
Activity Date Range: within the past 30 day(s)
Sorted by: Patient Name

---

Enter the line number for which you wish to print claim logs.
Select item: 5.1
(B) As the data pages print to your screen, there are options to print the information to a device (type PRINT and the device name) or exit (type EXIT) or continue to display information, which is the default (press <Enter>).

**Example 5.8-2: Displaying Claim Log Data for a Selected Prescription Line Item**

PHARMACY ECME                Aug 22, 2005@13:58:50          Page:    1 of    7
Claim Log information

Pharmacy ECME Log

<table>
<thead>
<tr>
<th>Rx #: 909393/0</th>
<th>ECME#: 000001105635</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug: AMOXICILLIN 250MG CAP</td>
<td></td>
</tr>
<tr>
<td>Patient: ECMEpatient,One (0000) Sex: M DOB: JAN 1, 1954(57)</td>
<td></td>
</tr>
<tr>
<td>Submitted: JUN 15,2005@15:19:11</td>
<td></td>
</tr>
<tr>
<td>By: ECMEuser,One</td>
<td></td>
</tr>
<tr>
<td>VA Claim #: VA2005=1234567893=123456=0000502</td>
<td></td>
</tr>
</tbody>
</table>

+ Enter ?? for more actions
PR Print Data EX Exit
Select action:Next Screen// <Enter>

PHARMACY ECME                Sep 11, 2005@11:36:14          Page:    2 of    7
Claim Log information

+ Transaction Information (#661)-------------------------------
Created on: JUN 15,2005@15:25:48
Submitted By: ECMEUSER,FOUR
Transaction Type: REQUEST
Date of Service: 06/15/2005
NDC Code: 00068-0011-10
Quantity Submitted on Claim: 60 ( )
Days Supply: 30
Division: ALBANY ISC
NPI#: 4000000016
ECME Pharmacy: XXXXXXXXX
Rx Qty: 90 (EA) Unit Cost: .752 Gross Amt Due: 79.08
Ingredient Cost: 67.68 Dispensing Fee: 11.40
U&C Charge: 79.08 Admin Fee: 0.00

Insurance Name: WEBMD
Rx Coordination of Benefits: PRIMARY
BIN: 123456
PCN: 1123456789
Group ID: WEBMDTEST
Cardholder ID:
Patient Relationship Code: CARDHOLDER
Cardholder First Name: One
Cardholder Last Name: ECMEpatient
Facility ID Qualifier:
+ Enter ?? for more actions
PR Print Data EX Exit
Select action:Next Screen// <Enter>
Claim Log information

Plan ID: 8729
Payer Sheet IEN: WBTESTB1
B2 Payer Sheet IEN: WBTESTB2
B3 Rebill Payer Sheet: WBTESTB1
Certify Mode:
Cert IEN:

+ Enter ?? for more actions
PR Print Data EX Exit
Select action: Next Screen//<Enter>

---

Response Information (#661)----------------------------------------------------
Response Received: JUN 15, 2005@16:25:49
Date of Service: 06/15/2005
Transaction Response Status: Paid
Total Amount Paid: $40.00
Ingredient Cost Paid: $48.00   Dispensing Fee Paid: $1.00
Patient Resp (INS): ($9.00)
Reconciliation ID:
Reject code(s):
Payer Message:
Reason for Service Code: AD
DUR Text: AMOXICILLIN 250MG CAP
DUR Additional Text: The text would display here
+ Enter ?? for more actions
PR Print Data EX Exit
Select action: Next Screen//<Enter>

---

Transaction Information (#659)-------------------------------------------------
Created on: JUN 15, 2005@15:07:34
Transaction Type: REQUEST
Date of Service: 06/15/2005
NDC Code: 00068-0011-10
Quantity Submitted on Claim: 60 (  )
Days Supply: 30
Division: ALBANY ISC
NPI#: 4000000016
ECME Pharmacy: BAY PINES
Rx Qty: 90 (EA)   Unit Cost: .752   Gross Amt Due: 79.08
Ingredient Cost: 67.68   Dispensing Fee: 11.40
U&C Charge: 79.08   Admin Fee: 0.00
Insurance Name: WEBMD
Rx Coordination of Benefits: PRIMARY
BIN: 123456
PCN: 1123456789
Group ID: WEBMTEST
Cardholder ID:
Patient Relationship Code: CARDHOLDER
Cardholder First Name: One
Cardholder Last Name: ECMEpatient
Facility ID Qualifier:
(C) After the last data page has displayed on your screen, pressing <Enter> will default to “QUIT” and the system returns to the ECME User Screen.

5.09 Send to Worklist

The Send to Worklist action allows you to send rejected claims to the Pharmacy Worklist. Depending on Pharmacy settings, all or only claims with certain reject codes may be sent to the Pharmacy Worklist from the ECME User Screen.

Claims that have been closed will be displayed with “/Closed” after the status. Closed claims cannot be sent to the Pharmacy Work List. If you attempt to resubmit a claim that is closed, a message is displayed telling you that the claim “is closed and cannot be sent to the Pharmacy Work List”.

(A) Enter WRK at the Select Action prompt, and a single line item for the claim you wish to send.
**Example 5.09-1: Accessing the Send to Worklist Option, and Entering a Line Item.**

<table>
<thead>
<tr>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEpatient, One</td>
<td>(XXXX) NON TRIC/</td>
<td>VET Pb:0 Rj:6 AcRv:3 RjRv:2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ALBUTEROL 0.5% IN</td>
<td>50383-0741-20</td>
<td>07/03 2054905$ 1/000001614782 W RT **/R</td>
</tr>
<tr>
<td>1.1</td>
<td>ALBUTEROL 0.5% IN</td>
<td>50383-0741-20</td>
<td>07/03 2054905$ 1/000001614782 W RT **/R p-Rejected 07:M/I Cardholder ID</td>
</tr>
<tr>
<td>1.2</td>
<td>JAPANESE ENCEPHAL</td>
<td>49281-0680-30</td>
<td>06/27 2055040$ 0/000001614918 W RT **/N p-In progress- Parsing response</td>
</tr>
<tr>
<td>1.3</td>
<td>JAPANESE ENCEPHAL</td>
<td>49281-0680-30</td>
<td>07/03 2055040$ 1/000001614918 W RT DIS/N p-In progress- Parsing response</td>
</tr>
<tr>
<td>1.4</td>
<td>OLANZAPINE 10MG T</td>
<td>00002-4117-30</td>
<td>06/29 2055048$ 0/000001614926 W RT DIS/N p-In progress- Parsing response</td>
</tr>
<tr>
<td>1.5</td>
<td>OLANZAPINE 10MG T</td>
<td>00002-4117-30</td>
<td>07/03 2055049$ 1/000001614927 W RT **/N p-Reversal accepted/Closed</td>
</tr>
<tr>
<td>1.6</td>
<td>OLANZAPINE 10MG T</td>
<td>00002-4117-30</td>
<td>07/03 2055049$ 1/000001614927 W RT AC/N</td>
</tr>
</tbody>
</table>

Enter ?? for more actions
- CV Change View
- REV Reverse Payable Claim
- FR Further Research
- SO Sort List
- RES Resubmit Claim
- VER View ePharmacy Rx
- CMT Add/View Comments
- CLO Close Claim
- WRK Send to Worklist

Select Action: Next Screen

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.

Select item(s): 1.1

You've chosen to send to Pharmacy Work List the following:

1.1 ALBUTEROL 0.5% IN 50383-0741-20 07/03 2054905$ 1/000001614782 W RT **/R

Comment for Pharmacy: Needs to be resolved in Pharmacy.

Eligible claim(s) will be sent to the Pharmacy Worklist...

Are you sure?(Y/N)? Y  YES

1.1 ALBUTEROL 0.5% IN 50383-0741-20 07/03 2054905$ 1/000001614782 W RT **/R has been sent to the Pharmacy Work List.

Enter RETURN to continue or '^' to exit:

Updating screen...

(B) The system updates the ECME User Screen with the date, the status, any comments entered, and the name of the user who completed the action.
Example 5.09-2: The Updated User Screen

PHARMACY ECME

SELECTED DIVISION(S): ALL

Transmitted by ALL users

Activity Date Range: within the past 10 day(s)

Sorted by: Transaction date by default

#  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/DOS/RX#/ECME#           LOC/TYP RXINF
1  ECMEpatient,One    (XXXX) NON TRIC/          VET Pb:0 Rj:6 AcRv:3 RjRv:2
   1.1   ALBUTEROL 0.5% IN  50383-0741-20 06/03 2054905$    1/000001614782 W RT **/R
07/23/08 - Sent to Pharmacy: Needs to be resolved in Pharmacy.
   (ECMEUSER,FOUR)
p-Rejected
07:M/I Cardholder ID
1.2   JAPANESE ENCEPHAL  49281-0680-30 06/27 2055040$    0/000001614918 W RT **/N
p-In progress- Parsing response
1.3   JAPANESE ENCEPHAL  49281-0680-30 07/03 2055040$    1/000001614926 W RT DS/N
p-In progress- Parsing response
1.4   OLANZAPINE 10MG T  00002-4117-30 06/29 2055048$    0/000001614927 W RT DS/N
p-In progress- Parsing response
1.5   OLANZAPINE 10MG T  00002-4117-30 06/29 2055049$    0/000001614927 W RT **/N
+         Enter ?? for more actions

CV  Change View           REV Reverse Payable Claim FR  Further Research
SO  Sort List             RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments     CLO Close Claim           WRK Send to Worklist
Select Action: Next Screen/

(C) If an invalid claim is selected, other messages may appear.

Example 5.09-3: Selected Claim Already on the Pharmacy Worklist

1.15  TAZAROTENE 0.1% T  00023-0042-03 07/15 2055208$    0/000001615107 W RT AC/N
07/15/08 - Sent to Pharmacy:testing
+         Enter ?? for more actions

CV  Change View           REV Reverse Payable Claim FR  Further Research
SO  Sort List             RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments     CLO Close Claim           WRK Send to Worklist
Select Action: Next Screen/ wrk   Send to Worklist

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist. Select item(s): 1.15
You've chosen to send to Pharmacy Work List the following:
   1.15  TAZAROTENE 0.1% T  00023-0042-03 07/15 2055208$    0/000001615107 W RT AC/N
was ALREADY sent to the Pharmacy Work List.

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist. Select item(s):
Example 5.09-4: Selected Claim Doesn’t Have an Eligible Reject Code

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s):
You've chosen to send to Pharmacy Work List the following:
  1.11 ALLOPURINOL 100MG 00364-0632-02 02/18 788538$ 0/00001459640 W RT AC/N
doesn't have eligible reject code to be sent to the Pharmacy Work List.

Example 5.09-5: Selected Claim Has Not Been Rejected

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s):
You've chosen to send to Pharmacy Work List the following:
  1.11 ACARBOSE 25MG TAB 00026-2863-51 03/03 788628$ 0/00001459751 W RT DS/N
was not rejected and cannot be sent to the Pharmacy Work List.

Example 5.09-6: Selected Claim is Closed

1.22  ERYTHRITYL TETRAN 00223-0916-01 04/03 102028$ 3/00000002403 W RT DL/N
04/06/09 - RX DELETED
  (ECMEmployee, One)
p-Rejected/Closed
88:DUR Reject Error
  1.23  METHANETHYL M 0014-1501-31 03/13 102029$ 0/00000002404 W RT AC/N
p-Rejected
79:Refill Too Soon
+---------Enter ?? for more actions-----------------------------
CV Change View           REV Reverse Payable Claim FR Further Research
SO Sort List             RES Resubmit Claim VER View ePharmacy Rx
CMT Add/View Comments CLO Close Claim LIMIT Limit Add
Select Action: Next Screen// WRK Send to Worklist

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s): 1.22
You've chosen to send to Pharmacy Work List the following:
  1.22 ERYTHRITYL TETRAN 00223-0916-01 04/03 102028$ 3/00000002403 W RT DE/N
is closed and cannot be sent to the Pharmacy Work List.

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s):

5.10 Reopen Closed Claims (hidden action)

The Reopen Closed Claims hidden action allows you to reopen closed claims directly from the User Screen instead of having to access this functionality from the ECME Transaction Maintenance Options menu. The BPS MANAGER security key is required to use this option.

(A) Enter ROC at the “Select Action:” prompt to access the option, and select a line item.
Example 5.10-1: Accessing the Reopen Closed Claims Option

- Example 5.10-1:
- **PHARMACY ECME** Mar 27, 2009@16:26:50 Page: 1 of 41
- **SELECTED DIVISION(S):** ALL
- **Transmitted by ALL users** Activity Date Range: within the past 10 day(s)
- **Sorted by:** Transaction date by default
- `-#--PATIENT/DRUG/COMMENTS INSURANCE/NDC/DOS/RX#/ECME# LOC/TYP RXINF
- 1 ECOMpatient,One (XXXX) OPINSUR2/205557898 VET ALL payable
- 1.1 DOXEPIN 25MG CAP 00839-7221-06 03/27 102105$ 000000002484 W BB AC/R p-Payable
- 1.2 METHAZOLAMIDE 50M 00005-5470-23 03/27 102106$ 000000002485 W BB AC/R p-Payable
- 2.1 MEDROXYPROGESTRON 00009-0050-02 06/20 101171$ 000000001521 W RT DS/N 06/20/08 - Clarification Code 99 submitted.
- (ECMuser,One)
- p-Reversal accepted
- 2.2 RESERPINE 0.1MG S 98521-4587-02 03/26 101237A$ 000000001695 C RT DS/R p- Rejected/Closed
- 2.3 Furosemide 10MG/M 51079-0935-20 03/21 101646$ 000000002014 W RT DS/N +---------Enter ?? for more actions---------------------------------------------
- CV Change View REV Reverse Payable Claim FR Further Research
- SO Sort List RES Resubmit Claim VER View ePharmacy Rx
- CMT Add/View Comments CLO Close Claim WRK Send to Worklist
- Select Action: Next Screen// ROC ROC
- Enter the line number for the claim you want to reopen.
- Select item(s): **2.2**

You've chosen to reopen the following prescriptions(s) for ECOMpatient,One:
- 2.2 RESERPINE 0.1MG S 98521-4587-02 03/26 101237A$ 000000001695 C RT DS/R

All Selected Rxs will be reopened using the same information gathered in the following prompts.

Are you sure?(Y/N)? YES

(B) You are prompted to enter Reopen Comments, after claim information is displayed. Once you enter a comment, you are asked if you want to reopen this claim.

Example 5.10-2: Entering Text Comment for Reopened Closed Claim

REOPEN COMMENTS: Claim reopened for new refill
ARE YOU SURE YOU WANT TO RE-OPEN THIS CLAIM? (Y/N)? No// YES
ReOpening Claim: VA2009=4000000016=105220=0005843 ... OK
1 claim has been reopened.

Enter RETURN to continue or '^' to exit: <Enter>

(C) Once the claim has been successfully reopened, the screen is updated and re-displayed.

Example 5.10-3: The User Screen is Updated and Re-Displayed

Updating screen for reopened claims...
### 5.11 Resubmit with Edits (hidden action)

The Resubmit with Edits hidden action allows you to edit previously rejected electronic pharmacy claims and to resubmit them with the edited information. The data fields that can be edited to enable resubmission are the Pharmacy Relationship Code, Pharmacy Person Code, Prior Authorization Number, Prior Authorization Type Code, up to three Submission Clarification Codes (if the conditions explained below do not exist), Date of Service, Patient Residence Code, Pharmacy Service Type Code, Delay Reason Code, and/or NCPDP Field Name or Number. (The Date of Service prompt is only asked if the prescription has been released.) If the claim selected is for secondary insurance, the Coordination of Benefits information can also be edited.

The relationship code describes the relationship this patient has to the holder of this insurance policy. The standard NCPDP Patient Relationship Code list follows. However, it is important to note that some payers use their own set of codes for this field, so the field should be populated based upon the payer's expectations.

<table>
<thead>
<tr>
<th>Relationship Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not Specified</td>
</tr>
<tr>
<td>1</td>
<td>Cardholder</td>
</tr>
<tr>
<td>2</td>
<td>Spouse</td>
</tr>
<tr>
<td>3</td>
<td>Child</td>
</tr>
<tr>
<td>4</td>
<td>Other</td>
</tr>
</tbody>
</table>

The Person Code is the specific person code assigned to the patient by the payer. The Prior Authorization number is the number submitted by the provider to identify the prior authorization. For more information on the Coordination of Benefits fields, see the Process Secondary/TRICARE Rx to ECME section of this document.

The Submission Clarification Code cannot be edited if either of these conditions exists:
- An unresolved reject is on the pharmacists’ worklist
- A resolved reject of RTS (79-Refill Too Soon) or DUR (88-Drug Utilization Review) is from the last claim response.

If neither condition exists, the Submission Clarification Code is editable. If either condition exists, the Submission Clarification Code prompt is bypassed and a message is displayed on the screen indicating the field cannot be edited.
By answering YES to Submit NCPDP Field Not on Payer Sheet, it becomes possible to submit a NCPDP field that is not on the payer sheet. When prompted for the field name or number, enter “??” for a list of possible choices. Fields already on the payer sheet are excluded from the list of possible choices. Also excluded are any fields that do not have logic to pull data from VistA (i.e. fields that will always be <blank>).

Submit NCPDP Field Not on Payer Sheet (Y/N)? N// YES

Enter a valid NCPDP Field name or number. Enter '??' for a list of possible choices. Fields already on the payer sheet are excluded from the list of possible choices. Also excluded are any fields that do not have logic to pull data from VistA (i.e. fields that will always be <blank>).

NCPDP Field Name or Number: ??

Choose from:

| 498.12 | PRESCRIBER TELEPHONE NUMBER |
| 678   | TIME OF SERVICE             |
| B08   | PATIENT STREET ADDRESS LINE 1 |
| B09   | PATIENT STREET ADDRESS LINE 2 |
| B27   | PRESCRIBER STREET ADDR LINE 1 |
| B28   | PRESCRIBER STREET ADDR LINE 2 |
| B38   | PATIENT ID ASSOC COUNTRY CODE |
| B41   | PRES ID ASSOC COUNTRY CODE   |
| B42   | PRESCRIBER COUNTRY CODE      |
| B98   | RECONCILIATION ID            |

NCPDP Field Name or Number: 678       TIME OF SERVICE

Value to transmit: 085354

Transmit with claim (Y/N)? Y//

Claims that have been closed will be displayed with “/Closed” after the status. Closed claims cannot be resubmitted with edits. If you attempt to resubmit a claim that is closed, a message is displayed telling you that the claim is “Closed and cannot be Resubmitted w/Edits.”

(A) Enter RED at the “Select Action:” prompt to choose the prescription line to resubmit.
Example 5.11-1: Accessing the Resubmit with Edits Option

Select Action: Quit// RED

(B) Enter the line number for the claim to be submitted.

Example 5.11-2: Entering the Line Item for the Claim Resubmission Request

Enter the line number for the claim to be resubmitted:
Select item: 6.2

(C) If you attempt to resubmit a primary claim when there is a payable secondary claim, you will see the following message, which will discontinue the claims resubmission process.

Example 5.11-3: Entering the Line Item for a Claim that has a Payable Secondary Claim

The claim:
1.12 FLURAZEPAM 15MG C 00140-0065-14 03/04 102322$ 2/000000113596 W RT AC/R
cannot be Resubmitted if the secondary claim is payable.
Please reverse the secondary claim first.

(D) You can enter Y or N to the “ARE YOU SURE?” prompt. If you answer Y, the claim resubmission process will continue.

Example 5.11-4: Entering Yes to “Are You Sure” Prompt

You've chosen to RESUBMIT the following prescription for ECMEpatient, One
1.2 LIDOCAINE 0.5% W/ 00186-0140-01 07/09 100704$ 1/0000000623 W RT AC/N
ARE YOU SURE? (Y/N)? No// YES

(E) You can edit the Pharmacy Relationship Code, Pharmacy Person Code, Prior Authorization Number, Prior Authorization Type Code, up to three Submission Clarification Codes (if the conditions explained above are not met), Date of Service, Patient Residence Code, Pharmacy Service Type Code and/or Delay Reason Code.
Example 5.11-5: Editing Prompts

Pharmacy Relationship Code: <Enter>
Pharmacy Person Code: 23
Prior Authorization Number: 000000000000/
Prior Authorization Type Code: 0/ NOT SPECIFIED
Submission Clarification Code 1: 5/ THERAPY CHANGE
Submission Clarification Code 2:
  Select one of the following:
1. 01/19/2010 Current Date of Service
2. 01/19/2010 Fill Date
3. 01/20/2010 Release Date

Date of Service: 1/2 01/19/2010 Fill Date
Patient Residence Code: 1/ HOME
Pharmacy Service Type Code: 1/ RETAIL
Delay Reason Code:

The Resubmit with Edits (RED) option will display the information that will be used to populate the Coordination of Benefit fields in the secondary claim. If any of the information is missing, the user will be required to edit the secondary claim information. If all the information is present, the user is given the option to edit the data that will be sent on the secondary claim. The user will also be able to enter the rate type for the secondary claim.

Example 5.11-6: Entering the secondary claim information with payment information

Data for Secondary Claim
------------------------
Insurance: ECME INSURANCE2 COB: SECONDARY
Rate Type: REIMBURSABLE INS.
Other Coverage Code: 02 (OTHER COVERAGE EXISTS - PAYMENT COLLECTED)
Other Payer Coverage Type: 01 (PRIMARY)
Other Payer ID Qualifier: 03 (BANK INFORMATION NUMBER (BIN))
Other Payer ID: 123456
Other Payer Date: Jun 28, 2010
Other Payer Paid Qualifier: 08 (SUM OF ALL REIMBURSEMENT)
Other Payer Amount Paid: 40.00

Do you want to edit this Secondary Claim Information (Y/N)? N// y YES

<table>
<thead>
<tr>
<th>Insurance</th>
<th>COB</th>
<th>Subscriber ID Group</th>
<th>Holder</th>
<th>Effective</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECME INSURANCE2 PRI</td>
<td>12340987</td>
<td>T-GROUP1</td>
<td>PATIENT</td>
<td>10/20/2006 06/00/2011</td>
</tr>
<tr>
<td>2</td>
<td>ECME INSURANCE2 SEC</td>
<td>12340987</td>
<td>D-GROUP1</td>
<td>PATIENT</td>
<td>07/09/2006 06/00/2011</td>
</tr>
</tbody>
</table>

SECONDARY INSURANCE POLICY: 2// ECME INSURANCE2 (SECONDARY) - D-GROUP1
SELECT RATE TYPE: REIMBURSABLE INS.// Who's Responsible: INSURER
OTHER COVERAGE CODE: 02// OTHER COVERAGE EXISTS - PAYMENT COLLECTED
OTHER PAYER ID: 123456//
OTHER PAYER DATE: Jun 28, 2010//
Edit Paid Amounts or Reject Codes (PAID AMOUNTS/REJECT CODES): PAID AMOUNTS/
OTHER PAYER AMOUNT PAID QUALIFIER: 08// SUM OF ALL REIMBURSEMENT
OTHER PAYER AMOUNT PAID: (0-999999): 40.00// 40.00
OTHER PAYER PATIENT RESPONSIBILITY AMOUNT QUALIFIER: 06 (AMT REPORTED BY PRIOR PAYER)
OTHER PAYER PATIENT RESPONSIBILITY AMOUNT: 12.38
Example 5.11-7: Entering the secondary claim information with reject information

Data for Secondary Claim

<table>
<thead>
<tr>
<th>Insurance</th>
<th>COB</th>
<th>Subscriber ID Group</th>
<th>Holder</th>
<th>Effective</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVE INSURANCE</td>
<td>SEC</td>
<td>SI32432</td>
<td>D-GROUP1</td>
<td>PATIENT</td>
<td>05/09/2007</td>
</tr>
</tbody>
</table>

SECONDARY INSURANCE POLICY: 1/ DAVE INSURANCE (SECONDARY) - D-GROUP1
SELECT RATE TYPE: REIMBURSABLE INS.// Who's Responsible: INSURER
OTHER COVERAGE CODE: 03// OTHER COVERAGE EXISTS - THIS CLAIM NOT COVERED
OTHER PAYER ID: 610459/
OTHER PAYER DATE: Aug 16, 2010/
Edit Paid Amounts or Reject Codes (PAID AMOUNTS/REJECT CODES): REJECT CODES/
OTHER PAYER REJECT CODE: 34// M/I Submission Clarification Code
OTHER PAYER REJECT CODE: 07// M/I Cardholder ID
OTHER PAYER REJECT CODE: JE// M/I Percentage Sales Tax Basis Submitted
OTHER PAYER REJECT CODE:

The Resubmit with Edits (RED) option will prompt if the claim is correct and if the claim should be submitted to the third party insurance. If the user answers 'Yes' to both of these prompts, the claim will be submitted. If the user chooses “No”, the action will be cancelled.

Example 5.11-8: Answering “Is the Claim Correct?” Prompt

IS THIS CLAIM CORRECT?(Y/N)? Y// ES
SUBMIT CLAIM TO ECME INSURANCE1 ?(Y/N)? Y// ES

Veteran Prescription 103689 successfully submitted to ECME for claim generation.
Example 5.11-9: Answering “Are you sure?” Prompt

Are you sure?(Y/N)? YES

Veteran Prescription 100003433A 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-Transmitting
E PAYABLE

Veteran Prescription 100003433A successfully submitted to ECME for claim generation.
1 claim has been resubmitted.

Enter RETURN to continue or '^^' to exit: <Enter>

Updating screen for resubmitted claim...

5.12 OPECC Reject Information (hidden action)
The OPECC Reject Information hidden action allows the user to view details associated with a rejected claim. This action is only available for claims with open rejections and non-billable prescriptions with pseudo-rejections of eC or eT.

Access the action by entering REJ at the “Select Action:” prompt on the ECME User Screen.

Example 5.12-1: Accessing and Executing the OPECC Reject Information Action

(A) You will see the following message, if you attempt to select a claim when there is no rejection.

Example 5.12-2: Entering the Line Item for a Claim with no rejection

This claim is not a valid selection for the OPECC Reject Information screen. This screen is for either rejected claims or non-billable claims.

Enter RETURN to continue or '^^' to exit:
(B) You are prompted for the line item of the rejected claim or non-billable prescription entry.

**Example 5.12-3: Entering the Line Item for the OPECC Reject Information Action**

Select Action: Next Screen// REJ REJ OPECC Reject Information
Select item: 7.1

(C) The OPECC Reject Information Screen displays.

**Example 5.12-4: OPECC Reject Information Screen Display**

<table>
<thead>
<tr>
<th>OPECC Reject Information</th>
<th>Oct 28, 2015@14:45:42</th>
<th>Page: 1 of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division: XXXXXX</td>
<td>NPI: 1110099999</td>
<td>NCPDP: 5310000XX</td>
</tr>
<tr>
<td>Patient: PATIENT,ONE (XXXP)</td>
<td>Sex: M</td>
<td>DOB: JUL XX, 19XX (XX)</td>
</tr>
<tr>
<td>Rx#: 100XXX/0</td>
<td>ECME#: 000000111872</td>
<td>Date of Service: Sep 16, 2015</td>
</tr>
<tr>
<td>Drug: PREDNISONE 1MG TAB</td>
<td>NDC Code: 00242-0744-75</td>
<td></td>
</tr>
</tbody>
</table>

REJECT Information (Veteran) RESUBMISSION

Current ECME Status: E REJECTED

Rejects received from Payer on 09/16/2015 5:26:39 pm.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>79</td>
<td>Refill Too Soon</td>
</tr>
</tbody>
</table>

Next Avail Fill: 10/31/2015

Payer Message: EMD 1000: CLAIM PAID

Payer Addl Msg: EMD 1000: CLAIM PAID RX:00000010XXXFILL:2015-09-16
BIN: 610144 PCN: TEST

OPECC COMMENTS
- 09/10/15 5:17 pm - First comment for OPECC screen (USER,ONE)

PHARMACIST COMMENTS
- 05/12/15 8:23 am - Second comment for Pharmacist (USER,TWO)

**INSURANCE Information**

<table>
<thead>
<tr>
<th>Insurance</th>
<th>VET CNF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>333-444-5555</td>
</tr>
<tr>
<td>BIN</td>
<td>610144</td>
</tr>
<tr>
<td>PCN</td>
<td>TEST</td>
</tr>
<tr>
<td>Group Number</td>
<td>246</td>
</tr>
<tr>
<td>Cardholder ID</td>
<td>1234567890</td>
</tr>
<tr>
<td>Effective Date</td>
<td>01/25/2015</td>
</tr>
</tbody>
</table>

(D) There are four actions available from the OPECC Reject Information screen: VW View Rx, VER View ECME Rx, MP Med Profile, and PI Pat Info.

**Example 5.12-5: Actions Available from the OPECC Reject Information Screen**

+ Enter ?? for more actions

VW View Rx VER View ECME Rx MP Med Profile PI Pat Info
Select: Next Screen//

### 5.13 Resubmit Claim Without Reversal (hidden action)

The Resubmit Claim w/o Reversal action resubmits a claim to the insurer without submitting a reversal first, regardless of the VistA claim status. This action should be used in instances where the payer shows the claim was reversed and VistA shows a payable claim. This action is not available if any non-cancelled bill exists..
The action is accessed by entering **RER** at the “Select Action:” prompt on the ECME User Screen.

**Example 5.13-1: Accessing and Executing the Resubmit Claim W/O Reversal Action**

| Select Action: Next Screen// RER   RER   Resubmit Claim w/o Reversal |

(A) You are prompted for the line item(s) of the claim to be resubmitted.

You may also submit multiple line items separated by commas (e.g. “1.1,1.2”), or a range of line items separated by a hyphen (e.g. “1.1-1.3”).

**Example 5.13-2: Entering the Line Item for the Claim Resubmission Request**

| Note: This action will resubmit claims without performing a reversal. |

| This action should be used in instances where the payer shows the claim was reversed and VistA shows a payable claim. This action will NOT submit a reversal regardless of the current VistA claim status. |

Enter the line numbers for the claim(s) to be resubmitted w/o reversal.

Select item(s):

(B) The system redisplays the line item for resubmission, then asks if you are sure you want to continue with the transaction. You can enter Y or N. If you answer Y, the claim resubmission process continues.

**Example 5.13-5: Entering “Y” to Continue Claim Resubmission Request**

| You've chosen to RESUBMIT W/O REVERSAL the following Rx for PATIENT, TWO |
|-------------------|-------------------|-------------------|-------------------|
| 1.4   PREDNISONE 1MG TA 00242074475 10/28 100XXX 0/00000112XXX W RT AC/N |
| Are you sure?(Y/N)? YES |
ECME will allow multiple submissions of the same prescription and fill to be placed on the request queue at the same time. The ECME engine will process all requests in the order that they are received. If there is already a submission in the queue for this prescription and fill, a message is displayed and you are asked if you want to proceed.

**Example 5.13-6: Entering “Y” to Place Multiple Submissions in the Queue**

The claim is in progress. The request will be scheduled and processed after the previous request(s) are completed. Please be aware that the result of the resubmit depends on the payer’s response to the prior incomplete requests.

Do you want to proceed? (Y/N)?  y  YES

(D) The claim resubmission request is submitted and the progress is displayed.

**Example 5.13-7: Displaying a Successfully Resubmitted Claim**

Veteran Prescription 100958 successfully submitted to ECME for claim generation. 1 claim has been resubmitted.

Enter RETURN to continue or '^' to exit: <ENTER>

Updating screen for resubmitted claims...

(E) The line item will display the status of a claim that was resubmitted and the Bill Type indicator of “RS”. The “RS” indicates a resubmitted claim. The resubmit indicator will also display for a non-billable prescription that has been resubmitted, even if there is no claim because the prescription remained non-billable.

**Example 5.13-8: Displaying the Claim Status after a Resubmission**

5.14 Open/Close Non Billable Entry (hidden action)

The Open/Close Non Billable Entry action marks a non-billable entry as open or closed. The action only applies to non-billable entries, not claims that have been submitted to a third party payer.

The action behaves like a toggle. If the entry is currently Open and the action is selected, the user will Close the entry. If the entry is currently Closed and the action is selected, the user will Open the entry.

The action is accessed by entering **OCN** at the “Select Action:” prompt on the ECME User Screen.
Example 5.14-1: Accessing and Executing the Open/Close Non Billable Entry Action

Select Action: Next Screen // OCN OCN Open/Close Non-Billable Entry

(A) You are prompted for the line item(s) of the claim to be opened or closed.

Example 5.14-2: Entering the Line Item for the Open/Close Non Billable Entry

Enter the line number for the entry to be opened or closed.
Select item:

(B) The system redisplays the line item for resubmission, then prompts for a comment. Next the system asks if the user is sure. You can enter Y or N. If you answer Y, the entry is marked as Open or Closed.

Example 5.14-5: Answer Prompts for Open/Close Non Billable entry

You've chosen to CLOSE the following entry for PATIENT, ONE:
3.1 MILK OF MAGNESIA 00349821742 100SSS 0/ W RS EX/N
p-Non-Billable/Open
eT:TRICARE-RX NOT BILLABLE (DRUG NOT BILLABLE)

The Selected Entry will be CLOSED.

Comment: Enter a comment now
Are you sure? (Y/N)? YES

Closing Entry

Enter RETURN to continue or '^' to exit:

5.15 Display Update (hidden action)

The Display Update action revises the ECME User Screen with the latest information about the status of patients’ prescriptions using the current filter settings. This action updates the ECME User Screen only once.

This hidden action is accessed by entering UD at the “Select Action:” prompt on the ECME User Screen.
### Example 5.15-1: Accessing the Display Update Action

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
<th>Transaction Rejected At Switch Or Intermediary</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>ECMEpatient,Two</td>
<td>(XXXX) WEBMD TE/</td>
<td>VET</td>
<td>PB:1 RJ:0 AC:Rv:0 RJ:Rv:1</td>
</tr>
<tr>
<td>6.1</td>
<td>Furosemide 10MG/M</td>
<td>00641-2312-25</td>
<td>04/22 100004065$</td>
<td>0/00000504691 W RT AC/R</td>
</tr>
<tr>
<td>6.2</td>
<td>Cholestyramine 4G</td>
<td>00087-0580-01</td>
<td>04/22 100004066$</td>
<td>0/00000504692 W RT AC/R</td>
</tr>
<tr>
<td>7</td>
<td>ECMEpatient,One</td>
<td>(XXXX) WEBMD TE/</td>
<td>VET</td>
<td>ALL payable</td>
</tr>
<tr>
<td>7.1</td>
<td>Albuterol Inhaler</td>
<td>55555-4444-22</td>
<td>04/26 100003744$</td>
<td>0/00000504304 W RT AC/R</td>
</tr>
<tr>
<td>7.2</td>
<td>Acetylcysteine 20</td>
<td>00087-0570-09</td>
<td>04/21 100004054$</td>
<td>0/00000504677 W RT AC/N</td>
</tr>
<tr>
<td>8</td>
<td>ECMEpatient,Three</td>
<td>(XXXX) WEBMD TE/</td>
<td>VET</td>
<td>ALL payable</td>
</tr>
</tbody>
</table>

The screen has been updated on APR 26, 2006@14:50:47. Press "Q" to quit.

**Select Action:** Next Screen// UD Display Update

Updating screen...
5.16 Exit (from ECME User Screen)

When **EXIT** or **QUIT** is entered at the “Select Action:” prompt, the system will return the user to the *ECME Main Menu*. 
6. Accessing the ECME Pharmacy COB Menu

The ECME Pharmacy COB Menu option allows users to manually send claims to secondary insurance companies; generate primary claims for patients with dual eligibility; and view reports that support secondary billing and primary billing for TRICARE patients.

Example 6-1: Accessing the ECME Pharmacy COB Menu

*************************************************
* Electronic Claims Management Engine (ECME) V1.0*
* XXXXXX VAMC *
* Main Menu *
*************************************************

U ECME User Screen
COB ECME Pharmacy COB ...
MGR Pharmacy ECME Manager Menu ...
RPT Pharmacy Electronic Claims Reports ...

Select ECME Option: MGR Pharmacy ECME Manager Menu

Example 6-2: Displaying the ECME Pharmacy COB Menu

*************************************************
* Electronic Claims Management Engine (ECME) V1.0*
* XXXXXX VAMC *
* Pharmacy ECME Manager Menu *
*************************************************

SEC Potential Secondary Rx Claims Report
TRI Potential Claims Report for Dual Eligible
PRO Process Secondary/TRICARE Rx to ECME

Select ECME Pharmacy COB Option:

6.1 Potential Secondary Rx Claims Report

The Potential Secondary Rx Claims Report is designed to help the OPECC (Outpatient Pharmacy Electronic Claims Coordinator) to identify potential Rx claims for a secondary insurance payer with pharmacy coverage, including both electronic and paper. This report will include prescription claims where the primary claim is payable or the primary claims has been rejected and closed. Below are some scenarios where a claim will not appear on the report:

- A prescription where the secondary claim is closed in ECME.
- A prescription where the secondary claim is payable in ECME.
- A prescription where the primary payer paid the full amount as there is no more revenue to collect from any other payers.

If a claim is determined to be electronically billable, the OPECC accomplishes this through the Process Secondary/TRICARE Rx to ECME option. If the claim must be billed in paper format, the OPECC follows the current procedures for initiating a secondary bill with the billing staff.
(A) Access the Potential Secondary Rx Claims Report by entering SEC at the “ECME Pharmacy COB Option:” prompt on the ECME Pharmacy COB Menu.

Example 6.1-1: Accessing the Potential Secondary Rx Claims Report

| Electronic Claims Management Engine (ECME) V1.0* |
| *XXXXXX VAMC |
| * Pharmacy Electronic Claims Reports * |

| SEC | Potential Secondary Rx Claims Report |
| TRI | Potential Claims Report for Dual Eligible |
| PRO | Process Secondary/TRICARE Rx to ECME |

Select ECME Pharmacy COB Option: SEC Potential Secondary Rx Claims Report

(B) After you have selected one, many, or all divisions and a date range, choose your primary (required) and secondary (optional) sort criteria.

Example 6.1-2: Generating the Potential Secondary Rx Claims Report

SELECT CRITERIA
Select one of the following:

D DIVISION
A ALL

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

EARLIEST DATE: t (APR 14, 2009)
LATEST DATE: T// <ENTER> (APR 14, 2009)

SORT CRITERIA
Primary Sort: (N/P/S/D): Division// ??

Enter a code from the list to indicate the Primary sort order.
Select one of the following:

N Patient Name
P Payer
S Date Of Service
D Division

Primary Sort: (N/P/S/D): Division// <ENTER>
Secondary Sort: (N/P/S): <ENTER>

DEVICE: HOME// <ENTER> UCX/TELNET Right Margin: 80// <ENTER>

Collecting Potential Secondary data.
Enter RETURN to continue or '^' to exit: <ENTER>
### 6.2 Potential Claims Report for Dual Eligible

The Potential Claims Report for Dual Eligible attempts to identify potential pharmacy claims for TRICARE and CHAMPVA payers. This report includes prescriptions that have been released, but have not yet been billed for any patient with dual eligibility (e.g. Veteran, CHAMPVA and TRICARE) who has an active insurance plan with pharmacy coverage and a Type of Plan of TRICARE or CHAMPVA. If the Claims Tracking entry for the specific prescription/fill is identified as being non-billable, then it will not appear on this report.

If a claim is determined to be electronically billable, the OPECC can submit the prescription through the Process Secondary/TRICARE Rx to ECME option.

(A) Access the Potential Claims Report for Dual Eligible by entering TRI at the “ECME Pharmacy COB Option:” prompt on the ECME Pharmacy COB Menu.

**Example 6.2-1: Accessing the Potential Claims Report for Dual Eligible**

```
********************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*       XXXXX VAMC          *
* Pharmacy Electronic Claims Reports  *
********************************************************
SEC Potential Secondary Rx Claims Report
TRI Potential Claims Report for Dual Eligible
PRO Process Secondary/TRICARE Rx to ECME

Select ECME Pharmacy COB Option: TRI Potential Claims Report for Dual Eligible
```

(B) After you have selected one, many, or all divisions, the patient eligibility criteria (TRICARE, CHAMPVA or all) and a date range, choose your primary (required) and secondary (optional) sort criteria.
Example 6.2-2: Generating the Potential TRICARE Claims Report

Select one of the following:

D         DIVISION
A         ALL

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

Select one of the following:

T         TRICARE
C         CHAMPVA
A         ALL

Display (T)RICARE or (C)HAMPVA or (A)LL Entries: A// LL

EARLIEST DATE: t-10  (APR 06, 2009)
LATEST DATE: T//   (APR 16, 2009)

SORT CRITERIA
Primary Sort:  (N/P/S/D/E): Division//
Secondary Sort: (N/P/S/E):
Tertiary Sort:  (N/P/S/E):

DEVICE: HOME// ;;9999  TELNET TERMINAL

Collecting TRICARE data.
Enter RETURN to continue or '^' to exit:
### 6.3 Process Secondary/TRICARE Rx to ECME

The **Process Secondary/TRICARE Rx to ECME** option allows the OPECC to submit claims for prescriptions/refills that were entered for Secondary claims, TRICARE patients or patients with dual eligibility (e.g. Veteran and TRICARE). These claims are identified using the Potential Secondary Rx Claims Report and Potential Claims Report for Dual Eligible.

This option submits the claim to the third party payer. Any further processing on the claim must then be done through the actions available on the ECME User Screen.

When processing a claim for TRICARE, CHAMPVA and dual eligibility patients, users will be asked for the patient’s name, the fill/refill number from the list provided, and an appropriate billing Rate Type. If the user selects a CHAMPVA Rate Type (CHAMPVA or CHAMPVA REIMB. INS.), the claim will be processed as a CHAMPVA claim. If the user selects a TRICARE Rate Type (TRICARE or TRICARE REIMB. INS.), the claim will be processed as a TRICARE claim. If the user selects a Reimbursable Insurance type, it will be processed as a regular non-TRICARE and non-CHAMPVA claim. The Date of Service is determined based on the date of service algorithm used in Outpatient Pharmacy.

Claims can also be resubmitted using the **Process Secondary/TRICARE RX to ECME** option. Secondary Claims that are rejected by insurance companies because of missing or incorrect data received, or Primary Claims that have been rejected or reversed, may be resubmitted. This option is not intended to use for Payable claims. Payable claims must be reversed using the Reverse Payable Claim Action on the ECME User Screen before they can be resubmitted via this option. Information previously entered for the claim will appear as the defaults.

You must hold the BPSUSER key to use the **Process Secondary/TRICARE Rx to ECME** option.

(A) Access the **Process Secondary/TRICARE Rx to ECME** option by entering **PRO** at the “ECME Pharmacy COB Option:” prompt on the ECME Pharmacy COB Menu.

#### Example 6.3-1: Accessing the Process Secondary/TRICARE Rx to ECME option

```
*Electronic Claims Management Engine (ECME) V1.0*
* XXXXX VAMC *
* Pharmacy Electronic Claims Reports *
******************************************************************************
SEC Potential Secondary Rx Claims Report
```
6.3.1 Submitting Secondary Claims

(A) The Process Secondary/TRICARE Rx to ECME (PRO) option will prompt for a Rx#.
(B) The Process Secondary/TRICARE Rx to ECME (PRO) option will display the Rx information to allow the user to ensure the correct Rx# was entered and prompt the user to confirm they wish to continue.
(C) The Process Secondary/TRICARE Rx to ECME (PRO) option will ask the user to select a fill/refill from the list provided by the software.
(D) The Process Secondary/TRICARE Rx to ECME (PRO) option will ask the user to select the Payer Sequence to bill (primary or secondary).
(E) The Process Secondary/TRICARE Rx to ECME (PRO) option will ask the user if they wish to edit the insurance company data. If the user enters YES to this prompt, they will be able to edit the user's insurance via the Patient Insurance Information Screen.

Example 6.3.1-1: Initial Prompts for the Process Secondary/TRICARE Rx to ECME option

Select PRESCRIPTION RX #: 10030      LIDOCAINE 0.5% W/EPI INJ MDV

<table>
<thead>
<tr>
<th>Patient</th>
<th>RX#</th>
<th>Drug Name</th>
<th>RX Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEPatient, Two</td>
<td>10030</td>
<td>LIDOCAINE 0.5% W/EPI INJ</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

DO YOU WANT TO CONTINUE?(Y/N)? Y// ES

RX #10030 has the following fills:

<table>
<thead>
<tr>
<th>Fill</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>07/02/2010</td>
</tr>
<tr>
<td>1</td>
<td>10/12/2010</td>
</tr>
</tbody>
</table>

SELECT A FILL TO BILL: 07/02/2010

Select payer sequence for billing:

1 PRIMARY
2 SECONDARY

SELECT PAYER SEQUENCE: 2 SECONDARY

<table>
<thead>
<tr>
<th>Drug name</th>
<th>NDC</th>
<th>Date</th>
<th>RX#</th>
<th>REF#</th>
<th>TYPE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIDOCAINE 0.</td>
<td>00186014001</td>
<td>09/10</td>
<td>10030$</td>
<td>0/0003098</td>
<td>W RT **/R REJECTED</td>
<td></td>
</tr>
</tbody>
</table>

There is an existing rejected/reversed secondary e-claim(s) for the RX/refill.
Do you want to submit a new secondary claim(Y/N)? N// YES

DO YOU WISH TO ADD/EDIT INSURANCE COMPANY DATA FOR THIS PATIENT?(Y/N)? N// O

Data for Secondary Claim

------------------------
Insurance: INSURANCE3   COB: SECONDARY
Rate Type: REIMBURSABLE INS.
Other Coverage Code: 02 (OTHER COVERAGE EXISTS = PAYMENT COLLECTED)
Other Payer Coverage Type: 01 (PRIMARY)
Other Payer ID Qualifier: 03 (BANK INFORMATION NUMBER (BIN))
Other Payer ID: 123456
Other Payer Date: Oct 15, 2010
Other Payer Paid Qualifier: 07 (DRUG BENEFIT)
Other Payer Amount Paid: 40.00
Other Payer Patient Responsibility Amount Qualifier: 06 (AMT REPORTED BY PRIOR PAYER)
Other Payer Patient Responsibility Amount: $12.38

Do you want to edit this Secondary Claim Information (Y/N)? N

<table>
<thead>
<tr>
<th>Insurance</th>
<th>COB</th>
<th>Subscriber ID Group</th>
<th>Holder</th>
<th>Effective</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 INSURANCE2</td>
<td>PRI</td>
<td>AAA</td>
<td>INS.</td>
<td>PATIENT</td>
<td>03/10/2010</td>
</tr>
<tr>
<td>2 INSURANCE3</td>
<td>SEC</td>
<td>54873579430</td>
<td>GR</td>
<td>PATIENT</td>
<td>03/26/2010</td>
</tr>
</tbody>
</table>

SECONDARY INSURANCE POLICY: 2
INSURANCE3 (SECONDARY) - BRIAN'S GRP
SELECT RATE TYPE: REIMBURSABLE INS. Who's Responsible: INSURER
OTHER COVERAGE CODE: 02 OTHER COVERAGE EXISTS - PAYMENT COLLECTED
OTHER PAYER ID: 123456
OTHER PAYER DATE: Oct 15, 2010
Edit Paid Amounts or Reject Codes (PAID AMOUNTS/REJECT CODES): PAID AMOUNTS
OTHER PAYER AMOUNT PAID QUALIFIER: 07 DRUG BENEFIT
OTHER PAYER AMOUNT PAID: (0-999999): 40.00
OTHER PAYER AMOUNT PAID QUALIFIER:

SUBMIT CLAIM TO INSURANCE3 ?(Y/N)? Y

Veteran Prescription 10030 successfully submitted to ECME for claim generation.

Processing Secondary claim...

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting
E PAYABLE

6.3.2 Submitting Primary Claims for TRICARE and Dual Eligibility Patients

This section shows an example of how the option can be used to submit claims for prescriptions/refills entered for TRICARE patients or patients with dual eligibility (e.g. Veteran and TRICARE) and that were identified by the Potential Claims Report for Dual Eligible.

When processing a claim for TRICARE and dual eligibility patients, users are asked for patient’s name and the fill/refill from the list provided by the software.
Example 6.3.2-1: Prompt for the Process Secondary/TRICARE Rx to ECME option

Select ECME Pharmacy COB Option: PRO Process Secondary/ TRICARE Rx to ECME
Select PRESCRIPTION RX #: 103027 BETHANECHOL 10MG TAB

<table>
<thead>
<tr>
<th>Patient</th>
<th>RX#</th>
<th>Drug Name</th>
<th>RX Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECME patient, One</td>
<td>103027</td>
<td>BETHANECHOL 10MG TAB</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

DO YOU WANT TO CONTINUE?(Y/N)? Y// ES

RX #103027 has the following fills:

<table>
<thead>
<tr>
<th>Fill</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10/27/2009</td>
</tr>
</tbody>
</table>

SELECT A FILL TO BILL: 0 10/27/2009

Select payer sequence for billing:

1 PRIMARY
2 SECONDARY

SELECT PAYER SEQUENCE: 1 PRIMARY

SELECT RATE TYPE: ?
Answer with RATE TYPE NUMBER, or NAME
Do you want the entire 17-Entry RATE TYPE List? y (Yes)
Choose from:
1 CRIME VICTIM Who's Responsible: INSURER
2 DENTAL Who's Responsible: PATIENT
3 HUMANITARIAN Who's Responsible: PATIENT
4 INTERAGENCY Who's Responsible: OTHER (INSTITUTION)
5 MEANS TEST Who's Responsible: PATIENT
6 MEDICARE ESRD Who's Responsible: OTHER (INSTITUTION)
7 NO FAULT INS. Who's Responsible: INSURER
8 REIMBURSABLE INS. Who's Responsible: INSURER
9 SHARING AGREEMENT Who's Responsible: OTHER (INSTITUTION)
10 TORT FEASOR Who's Responsible: INSURER
11 WORKERS' COMP. Who's Responsible: INSURER
12 CATEGORY C Who's Responsible: PATIENT
13 CHAMPVA REIMB. INS. Who's Responsible: INSURER
14 CHAMPVA Who's Responsible: INSURER
15 TRICARE REIMB. INS. Who's Responsible: INSURER
16 TRICARE Who's Responsible: INSURER
17 INELIGIBLE Who's Responsible: PATIENT

SELECT RATE TYPE: 15 TRICARE REIMB. INS. Who's Responsible: INSURER
DO YOU WISH TO ADD/EDIT INSURANCE COMPANY DATA FOR THIS PATIENT?(Y/N)? N// NO

<table>
<thead>
<tr>
<th>Insurance</th>
<th>COB</th>
<th>Subscriber ID Group</th>
<th>Holder</th>
<th>Effective</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPRESS SCRIP</td>
<td>PRI</td>
<td>XXXXXX</td>
<td>DODA</td>
<td>PATIENT</td>
<td>12/27/2008</td>
</tr>
</tbody>
</table>

PRIMARY INSURANCE POLICY: SH TRICARE (PRIMARY) - TRICARE PLAN
Submit CLAIM TO SH TRICARE ?(Y/N)? Y// y YES

TRICARE Prescription 2055242 submitted to ECME for claim generation.
7 Accessing the Pharmacy ECME Manager Menu

The Pharmacy ECME Manager Menu option allows Automated Data Processing Application Coordinators (ADPAC) and Information Resources Management Service (IRMS) to configure the Electronic Claims Management Engine (ECME) system with pharmacy site-specific options. It is accessed by entering MGR at the “Select ECME Option:” prompt on the ECME Main Menu option.

You must hold the BPS MANAGER key to view the Pharmacy ECME Manager Menu option.

Example 7-1: Accessing the Pharmacy ECME Manager Menu Option

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>ECME User Screen</td>
</tr>
<tr>
<td>COB</td>
<td>ECME Pharmacy COB ...</td>
</tr>
<tr>
<td>MGR</td>
<td>Pharmacy ECME Manager Menu ...</td>
</tr>
<tr>
<td>RPT</td>
<td>Pharmacy Electronic Claims Reports ...</td>
</tr>
</tbody>
</table>

Select ECME Option: **MGR** Pharmacy ECME Manager Menu

Example 7-2: Displaying Pharmacy ECME Manager Menu Options

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNT</td>
<td>ECME transaction maintenance options ...</td>
</tr>
<tr>
<td>SET</td>
<td>Pharmacy ECME Setup Menu ...</td>
</tr>
<tr>
<td>STAT</td>
<td>Statistics Screen</td>
</tr>
</tbody>
</table>

Select Pharmacy ECME Manager Menu Option:

You must hold the BPSMENU and BPS MANAGER keys to view the Statistics Screen (STAT) and ECME transaction maintenance options (MNT) options. You must also hold the BPS MASTER key to view the Edit Basic ECME Parameters (BAS), the Edit ECME Pharmacy Data (PHAR), the Register Pharmacy with Austin Information Technology Center (REG), and the Pharmacy ECME Setup Menu (SET) options.
7.1 ECME Transaction Maintenance Options

This option provides functionality that provides unique programmatic solutions to address ECME processing requirements. The only option identified so far is the functionality to unstrand claims.

Example 7.1-1: Accessing the ECME Transaction Maintenance Options

<table>
<thead>
<tr>
<th>MNT</th>
<th>ECME transaction maintenance options ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>SET</td>
<td>Pharmacy ECME Setup Menu ...</td>
</tr>
<tr>
<td>STAT</td>
<td>Statistics Screen</td>
</tr>
</tbody>
</table>

Select Pharmacy ECME Manager Menu Option: MNT  ECME transaction maintenance options

<table>
<thead>
<tr>
<th>UNS</th>
<th>View/Unstrand Submissions Not Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROC</td>
<td>Re Open CLOSED Claim</td>
</tr>
</tbody>
</table>

Select ECME transaction maintenance options Option:

7.1.1 View/Unstrand Submissions Not Completed

This option provides you with options to override any current transmission status of claims that have not reached the point of completion to a status of “Done”.

When a claim is unstranded via this option, the status of the claim is changed to ‘E UNSTRANDED’ for billing requests and ‘E REVERSAL UNSTRANDED’ for reversals. This status message is displayed on the ECME User Screen, the Further Research menu, the Developer Log action of the ECME user screen, and the Recent Transaction report.

Even though you perform the View/Unstrand Submissions Not Completed option, the final adjudicating payer claim status of either 'Payable' or 'Rejected' will not be known unless further action is taken on the claim. This will require manual intervention for the claim to be resubmitted to the adjudicating payer after this option is run.
(A) Enter UNS at the “Select ECME transaction maintenance options Option:” to access the unstrand options.

Example 7.1.1-1: Accessing the View/Unstrand Submissions Not Completed Option

<table>
<thead>
<tr>
<th>UNS</th>
<th>View/Unstrand Submissions Not Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROC</td>
<td>Re Open CLOSED Claim</td>
</tr>
</tbody>
</table>

Select ECME transaction maintenance options Option: UNS View/Unstrand Submissions Not Completed

Please be aware that if there are submissions appearing on the ECME User Screen with a status of 'In progress - Transmitting', then there may be a problem with HL7 or with system connectivity with the Austin Automation Center (AAC). Please contact your IRM to verify that connectivity to the AAC is working and the HL7 link BPS NCPDP is processing messages before using this option to unstrand submissions with a status of 'In progress - Transmitting'.

Do you want to continue? NO/

(B) You will be prompted for a date range to display all stranded claims. The system will accept a date range with or without a time attached to it.

- **First Transaction Date:** If a date only is entered for a start date, the system will assume the start date is the date entered and the time will be the beginning of the 24 hour clock (0000) otherwise the system will accept the entered time parameter.

- **Last Transaction Date:** If a date only is entered for the ending date range, the system will assume the ending of a 24 hour clock (.2359) except if you enter the current date. If you enter today’s date as the ending date of the date range, the system will automatically assign the ending time to be 30 minutes prior to the current time to ensure that you do not interrupt any transmissions that may be currently processing.

Example 7.1.1-2: Entering Date Range for View/Unstrand Submissions Not Completed Option

FIRST TRANSACTION DATE: // T-120
LAST TRANSACTION DATE: T// T
Please wait...

Example 7.1.1-3: Displaying the View/Unstrand Submissions Not Completed Actions

<table>
<thead>
<tr>
<th>ECME UNSTRAND SUBMISSIONS</th>
<th>Oct 08, 2010@15:12:08</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submissions Stranded from 09/28/2010 through 10/08/2010</td>
<td>Sorted by Transaction Date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trans DT</th>
<th>Patient Name</th>
<th>ID</th>
<th>RX/Fill DOS</th>
<th>Ins Co</th>
<th>*** CLAIMS ***</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/07/2010 ECMEpatient,One</td>
<td>2637</td>
<td>101297/1</td>
<td>6/24/2009</td>
<td>AETNA</td>
</tr>
</tbody>
</table>
7.1.2 REOPEN a CLOSED ECME Claim

The Reopen a Closed Claim option allows you to reopen an electronic claim after it has been Closed. The prescription can be Released or Not Released. You are prompted to enter a patient name and date range to select closed claims by date of service. Once a claim is Reopened, you may resubmit the claim to the payer for payment.

(A) Enter ROC at the “Select ECME transaction maintenance options Option:” to access the Re Open CLOSED Claim option.

Example 7.1.2-1: Accessing the Re Open CLOSED Claim Option

```
UNS    View/Unstrand Submissions Not Completed
ROC    Re Open CLOSED Claim
```

Select ECME transaction maintenance options Option: ROC  Re Open CLOSED Claim

(B) You will be prompted for a patient name.

Example 7.1.2-2: Entering Patient Name to Display Closed Claims for this Option

```
Select PATIENT NAME: ECMEpatient,One  6-1-60  666006666
NSC VETERAN
```

(C) You will be prompted for a date range for the dates of service of closed claims.

Example 7.1.2-3: Entering Dates of Service for Closed Claims Listing

```
START WITH DATE:TODAY//6/13/06 (Jun 13, 2006)
GO TO DATE:TODAY//T (JUL 05, 2006)
```

(D) Enter Reopen and choose the line item of the closed claim that will be reopened.

Example 7.1.2-4: Choosing to Reopen a Closed Claim and Selecting a Line Item

```
REOPEN CLOSED CLAIM           Jul 05, 2006@15:29:21          Page:    1 of    1
PATIENT: ECMEpatient,One     (XXXX)     Closed claims from 07/05/06 to 07/05/06
```
(E) You are prompted to enter a text comment, Reopen Comments, after claim information is displayed.
Example 7.1.2-5: Entering Text Comment for Reopened Closed Claim

<table>
<thead>
<tr>
<th>PATIENT NAME:</th>
<th>ECMEpatient,One</th>
<th>RX#:</th>
<th>100000000$ 0</th>
<th>DRUG: RESERPINE 0.25MG</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLOSED</td>
<td>JUL 5,2006@15:13:42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECME#:</td>
<td>00000504727, DOS: JUL 5,2006, RELEASE DATE: JUL 5,2006@15:12:11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLAN:</td>
<td>HIPPA05 INSURANCE: MEDCO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLOSE REASON:</td>
<td>REFILL TOO SOON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DROP TO PAPER:</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLOSE USER:</td>
<td>ECMEuser,One</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You have selected the CLOSED electronic claim listed above.

REOPEN COMMENTS: Claim reopened for new refill

Example 7.1.2-6: Entering Yes to “Are You Sure” Prompt

ARE YOU SURE YOU WANT TO RE-OPEN THIS CLAIM? (Y/N)? No// YES

ReOpening Claim: VA2006=1712884=000014=0006687 ... OK

1 claim has been reopened.
Enter RETURN to continue or '^^' to exit:

7.2 Pharmacy ECME Setup Menu

The Pharmacy ECME Setup Menu option allows the ADPAC or IRMS to configure ECME to VAMC specifications.

You must hold the BPSMENU, BPS MANAGER, and BPS MASTER keys to view the Pharmacy ECME Setup Menu (SET) option.

Access the menu by entering “SET” at the “Select Pharmacy ECME Setup Menu Option:” prompt in the Pharmacy ECME Manager Menu option.

Example 7.2-1: Accessing the Pharmacy ECME Manager Menu Option

| ******************************************************* |
| *Electronic Claims Management Engine (ECME) V1.0* |
| * XXXX VAMC |
| * Pharmacy ECME Manager Menu |
| ******************************************************* |

MNT  ECME transaction maintenance options ...
SET  Pharmacy ECME Setup Menu ...
STAT  Statistics Screen

Select Pharmacy ECME Manager Menu Option: SET  Pharmacy ECME Setup Menu

You must hold the BPS MASTER key to view the Edit Basic ECME Parameters (BAS), Edit ECME Pharmacy Data (PHAR), and Register Pharmacy with Austin Automation Center (REG) options.

Example 7.2-2: Pharmacy ECME Setup Menu Options

| ******************************************************* |
| *Electronic Claims Management Engine (ECME) V1.0* |
| * XXXXXX VAMC |
| * Pharmacy ECME Setup Menu |
| ******************************************************* |
**7.2.1 Edit Basic ECME Parameters**

The *Edit Basic ECME Parameters* option allows the ADPAC or IRMS to determine how data will be input to ECME.

This option should not be used after the initial setup unless any of the information changes for the pharmacy.

Access the menu by entering **BAS** at the “Select Pharmacy ECME Setup Menu Option:” prompt in the *Pharmacy ECME Setup Menu* option.

**Example 7.2.1-1: Accessing the Edit Basic ECME Parameters Option**

*Electronic Claims Management Engine (ECME) V1.0*
* XXXXXX VAMC *
* Pharmacy ECME Setup Menu *

---

The Edit Basic ECME Parameters option allows you to enter/edit the number of seconds that the Outpatient Pharmacy application waits for a response to come back from the third party payer. As delivered, the system will have a default timeout of 10 seconds but it is up to each site to determine how long their pharmacists wait for a response from the payer. The ECME timeout can be populated once the system is installed. After this amount of time has passed, claims processing will continue but you will not see messages indicating the process.

This option will prompt for the Default Eligibility Pharmacy. Once entered, this Pharmacy will be placed on the NCPDP Eligibility Verification request when it is initiated by the new option in IB.

One important reason for this is DUR (Drug Utilization Review) /79 rejects. If the payer indicates that there is a problem with the drug (e.g., overdose), the pharmacists will have to act on that response.
This option also allows you to set the “Insurer Asleep” interval time and number of retries. The Insurer Asleep Interval parameter allows an input between 0 and 29 minutes with a default of 20. The Insurer Asleep Retries parameter allows an input between 0 and 99 retries with a default of 10. If either the Insurer Asleep Interval or the Insurer Asleep Retries parameter is set to 0, the functionality will be disabled. If the user does disable this functionality, any claims that are in an Insurer Asleep state will automatically be resubmitted to the payer.

Occasionally, Emdeon or the third-party payer will return a reject code indicating that the destination system is not available. As one example, the third-party payer may be down for regular system maintenance and any claims submitted during this time will be rejected. When this situation does occur, Emdeon or the third-party payer will generally return one or more of the NCPDP system processing reject codes shown in the table below. These reject codes are automatically resubmitted by ECME at the intervals specified in the “insurer asleep” parameter.

<table>
<thead>
<tr>
<th>Reject Code</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>Host Hung Up</td>
</tr>
<tr>
<td>91</td>
<td>Host Response Error</td>
</tr>
<tr>
<td>92</td>
<td>System Unavailable/Host Unavailable</td>
</tr>
<tr>
<td>95</td>
<td>Time Out</td>
</tr>
<tr>
<td>96</td>
<td>Scheduled Downtime</td>
</tr>
<tr>
<td>97</td>
<td>Payer Unavailable</td>
</tr>
<tr>
<td>98</td>
<td>Connection To Payer Is Down</td>
</tr>
</tbody>
</table>
Example 7.2.1-2: Entering Edit Basic ECME Parameters

Select Pharmacy ECME Setup Menu Option: BAS Edit Basic ECME Parameters

Edit Pharmacy ECME configuration

ECME timeout? (0 to 30 seconds): 30/
Insurer Asleep Interval (0 to 29 minutes): 5/
Insurer Asleep Retries (0 to 99): 3/
Default Eligibility Pharmacy: PHARMACY-1/

7.2.2 Edit ECME Pharmacy Data

The Edit ECME Pharmacy Data option enables pharmacy users to edit specific parameters that affect the electronic submission of third party prescription claims. The pharmacy site will use this option to control whether the transmission of prescriptions to the CMOP dispensing site will automatically submit electronic third party prescription claims to the insurance payers. This option is also where the pharmacy site will set the parameter of how many days will pass before a reversal is automatically processed for a non-released prescription.

You must hold the BPS MASTER key to view the Edit Basic ECME Parameters (BAS), Edit ECME Pharmacy Data (PHAR), and Register Pharmacy with Austin Automation Center (REG) options.

Access the option by entering PHAR at the “Select Pharmacy ECME Manager Menu Option:” prompt in the Pharmacy ECME Manager Menu option.

Example 7.2.2-1: Accessing the Edit ECME Pharmacy Data Option

```
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXXXX VAMC *
* Pharmacy ECME Setup Menu *
*************************************************
BAS   Edit Basic ECME Parameters
PHAR  Edit ECME Pharmacy Data
REG   Register Pharmacy with Austin Information Technology Center

Select Pharmacy ECME Manager Menu Option: PHAR Edit Pharmacy ECME Pharmacy Data
```
Example 7.2.2-2: Entering Edit ECME Pharmacy Data Options

Select BPS PHARMACIES NAME: XXXXXX VAMC PHARMACY

NAME: XXXXXX VAMC PHARMACY
STATUS: ACTIVE
NCPDP #: 1111111
NPI: 1234567893
Select OUTPATIENT SITE: XXXXXX VAMC PHARMACY // <ENTER>
  OUTPATIENT SITE: XXXXXX VAMC PHARMACY // <ENTER>
Select OUTPATIENT SITE:  <ENTER>
CMOP SWITCH: CMOP ON// <ENTER>
AUTO-REVERSE PARAMETER: 5// 5
DEFAULT DEA #:  AG12345
The following table describes the Edit ECME Pharmacy Data option fields:

**Table 7.2.2-1: Description of Edit ECME Pharmacy Data Option Fields**

<table>
<thead>
<tr>
<th>Entry</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPS PHARMACIES NAME</td>
<td>Pharmacy in a specific VAMC (Department of Veterans Affairs Medical Center) database. The pharmacy user may enter a new BPS pharmacy, which must be 3-30 alphabetical characters.</td>
</tr>
<tr>
<td>NAME</td>
<td>Display-only field that displays the full pharmacy name entered.</td>
</tr>
<tr>
<td>NCPDP #</td>
<td>A 7-digit number assigned to the specified pharmacy by the National Council for Prescription Drug Programs (NCPDP). It is also known as NABP.</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier. A 10-digit number required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to identify individual and organizational providers, such as outpatient sites. The NPI has a usage requirement date beginning May 23, 2008.</td>
</tr>
<tr>
<td>STATUS</td>
<td>The status of the BPS Pharmacy is either ACTIVE or INACTIVE. The STATUS of the pharmacy may be revised through the Register Pharmacy with Austin Information Technology Center option.</td>
</tr>
<tr>
<td>OUTPATIENT SITES</td>
<td>One or more Outpatient Sites (from File 59) may be linked with a single BPS Pharmacy entry. However, an Outpatient Site can only be linked with a single BPS Pharmacy. All of the sites linked with a BPS Pharmacy should have the same NCPDP number. When an Outpatient Site is linked to an active BPS Pharmacy entry, the ECME switch for that site is considered ENABLED. If an Outpatient Site is linked to an incorrect BPS Pharmacy, it must be removed from the incorrect entry before it can be linked to the correct entry.</td>
</tr>
<tr>
<td>CMOP</td>
<td>ON if the transmission of prescriptions to the CMOP (Consolidated Mail Outpatient Pharmacy) dispensing site will automatically submit electronic third party prescription claims to the insurance payers. See note below for explanation of claims generated before and after switch is turned on or off.</td>
</tr>
<tr>
<td>AUTO-REVERSE PARAMETER</td>
<td>Enter numbers from 3 to 10 for the number of days to wait before ECME reverses non-released prescription claims with a PAYABLE payer-returned response. Each site’s business practice will dictate what this value should be.</td>
</tr>
<tr>
<td>DEFAULT DEA #</td>
<td>The pharmacy’s Drug Enforcement Administration (DEA) number.</td>
</tr>
</tbody>
</table>
An Outpatient Site is considered ECME active if the Outpatient Site is linked to a BPS Pharmacy, and if that BPS Pharmacy is ACTIVE. Once an Outpatient Site is ECME active, claims for the Outpatient Site can be transmitted to the third-party payer.

- If an Outpatient Site is activated after a claim is already sent to ECME, ECME will NOT generate an electronic claim.
- If an Outpatient Site is inactivated (by unlinking it from a BPS Pharmacy or by changing the STATUS field), reversals for that site will be processed but new submissions will not.

### 7.2.3 Register Pharmacy with Austin Information Technology Center

The Register Pharmacy with Austin Information Technology Center option allows the ADPAC to register a pharmacy with the Austin Information Technology Center and update the contact information. This registration should only be performed on initialization of the pharmacy with ECME. Once the pharmacy has been set up to use ECME, the Edit ECME Pharmacy Data option should be used to make any changes.

The automated registration process will send an email to the Primary Site Contact if the registration has any errors or warnings to report. The Alternate Site Contact will be used when the email address for the Primary Site contact is missing. If the alternate site contact does not have an email address, the message will be sent to the BPS OPECC mail group. In addition, if either the primary or alternate site contact is missing their email address, it will be reported as a warning during manual registration. Following is a sample email.

**Example 7.2.3-1: ECME Pharmacy Registration Problem Message**

Subj: ECME Registration Problem. [#141587] 06/09/08@15:36 4 lines
From: ECME PACKAGE In 'IN' basket. Page 1 *New*

Source Process: ECME Pharmacy Registration
ECME Pharmacy Registration HL7 Message not created.
PHARMACY NAME: TEST PHARMACY 2
** NPI NUMBER - Missing/Invalid
Enter message action (in IN basket): Delete/

This option should not be used after the initial setup unless any of the information changes for the pharmacy.

You must hold the BPS MASTER key to view the Edit Basic ECME Parameters (BAS), Edit ECME Pharmacy Data (PHAR), and Register Pharmacy with Austin Automation Center (REG) options.
Access the menu by entering **REG** at the “Select Pharmacy ECME Setup Menu Option:” prompt in the *Pharmacy ECME Setup Menu* option. The system will validate the data and then send an ePharmacy message to the Austin Information Technology Center, which notifies them that the prospective site is ready to transmit electronic pharmacy claims.

**Example 7.2.3-2: Accessing the Register Pharmacy with Austin Information Technology Center Option**

```
*Electronic Claims Management Engine (ECME) V1.0*
* XXXX VAMC*
* Pharmacy ECME Setup Menu*
*********************************************************************************
BAS Edit Basic ECME Parameters
PHAR Edit ECME Pharmacy Data
REG Register Pharmacy with Austin Information Technology Center

Select Pharmacy ECME Setup Menu Option: REG Register Pharmacy with Austin Information Technology Center
```

**Example 7.2.3-3: Register Pharmacy with Austin Information Technology Center with Austin Information Technology Center Option**

```
** ECME Site Registration **

-- PRIMARY SITE CONTACT DATA --
SITE CONTACT: ECMEUSER,ONE// <ENTER>
OFFICE PHONE: XXX-XXX-XXXX// <ENTER>
EMAIL ADDRESS: ECMEUSER.ONE@FORUM.VA.GOV// <ENTER>

-- ALTERNATE SITE CONTACT DATA --
ALTERNATE SITE CONTACT: ECMEUSER,TWO// <ENTER>
OFFICE PHONE: XXX-XXX-XXXX// <ENTER>
EMAIL ADDRESS: two.ecmeuser@va.gov// 
Replace <ENTER>

-- Application Registration Validation Results:
DOMAIN NAME - Required - VALID: XXXXXXXXXX.XXXXXX-XXX-XXXX.XXX.XX.XXX
TCP/IP ADDRESS FOR "EPHARM OUT" - Required - VALID: XX.XXX.XXX.XXX
"EPHARM OUT" PORT NUMBER - Required - VALID: XXXX
SITE NUMBER - Required - VALID: XXX
INTERFACE VERSION - Required - VALID: 3
CONTACT NAME - VALID: ECMEUSER,ONE
CONTACT MEANS - VALID: NET INTERNET ECMEUSER.ONE@FORUM.VA.GOV
ALTERNATE CONTACT NAME - VALID: ECMEUSER,TWO
ALTERNATE CONTACT MEANS - VALID: NET INTERNET two.ecmeuser@va.gov

** Application Registration Data VALID **
```
Enter/verify Pharmacy Registration Data

Select BPS PHARMACIES NAME: TEST PHARMACY 3

--SITE DATA

STATUS: INACTIVE// <ENTER>
NCPDP #: XXXXXXX// <ENTER>
DEFAULT DEA #: XXXXXXXX// <ENTER>
SITE ADDRESS NAME: 111 MAIN STR// <ENTER>
SITE ADDRESS 1: 111 MAIN STREET// <ENTER>
SITE ADDRESS 2: <ENTER>
SITE CITY: BROOKLYN// <ENTER>
SITE STATE: NEW YORK// <ENTER>
SITE ZIP CODE: 11223// <ENTER>
REMITTANCE ADDRESS NAME: 111 TEST STR// <ENTER>
REMIT ADDRESS 1: 111 TEST STREET// <ENTER>
REMIT ADDRESS 2: <ENTER>
REMIT CITY: TOPEKA// <ENTER>
REMIT STATE: KANSAS// <ENTER>
REMIT ZIP: 66606// <ENTER>

--PRIMARY CONTACT DATA

VA CONTACT: ECMEUSER,ONE// <ENTER>
  OFFICE PHONE: XXX-XXX-XXXX// <ENTER>
  EMAIL ADDRESS: ECMEUSER.ONE@FORUM.VA.GOV
  Replace <ENTER>
  TITLE: OI&T STAFF// <ENTER>

--ALTERNATE CONTACT DATA

VA ALTERNATE CONTACT: ECMEUSER,THREE L// <ENTER>
  OFFICE PHONE: XXX-XXX-XXXX// <ENTER>
  EMAIL ADDRESS: three.ecmeuser@med.va.gov Replace <ENTER>
  TITLE: OI&T STAFF// <ENTER>

--PHARMACIST DATA

VA LEAD PHARMACIST: ECMEUSER,FOUR// <ENTER>
  OFFICE PHONE: XXX-XXX-XXXX // <ENTER>
  EMAIL ADDRESS: <ENTER>
  TITLE: OI&T STAFF// <ENTER>
VA LEAD PHARMACIST LICENSE #: XXXXXXX// <ENTER>

-- Pharmacy Registration Validation Results --

PHARMACY NAME: TEST PHARMACY 3

-- Pharmacy Registration Data VALID. --

Enter/verify Pharmacy Registration Data
Select BPS PHARMACIES NAME: <ENTER>

Application Registration Data is VALID
Pharmacy Registration Data is:
VALID for TEST PHARMACY 1 and will be transmitted.
*INVALID for TEST PHARMACY 2 and will NOT be transmitted.
VALID for TEST PHARMACY 3 and will be transmitted.

Send Application Registration: Y/N ? n NO

Press RETURN to continue...

7.3 Statistics Screen

The Statistics Screen option allows ADPACS and IRMS to view statistics and transmission progress for all ECME claims.

You must hold the BPSMENU and BPS MANAGER keys to view the Statistics Screen option.

Access the menu by entering STAT at the “Select Pharmacy ECME Manager Menu Option:” prompt in the Pharmacy ECME Manager Menu option.

Statistics collection begins at the moment of ECME installation and continues until either you use the Z (clear) action or ECME is uninstalled. It depends on the each site's business practice as far as how often or if the stats are cleared.

Example 7.3-1: Accessing the Statistics Screen Option

```
********************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXXXX VAMC *
* Pharmacy ECME Manager Menu *
********************************************

MNT    ECME transaction maintenance options ...
SET    Pharmacy ECME Setup Menu ...
STAT   Statistics Screen

Select Pharmacy ECME Manager Menu Option: STAT Statistics Screen
```
Example 7.3-2: Statistics Screen

Communications statistics last cleared on AUG 18,2003@16:36:28

* CLAIM STATUS * * CLAIM RESULTS *
Waiting to start 0 Paid claims 2,934
Building the transaction 0 Rejected claims 2,171
Building the claim 0 Dropped to Paper 15
Building the HL7 packet 1 Duplicate claims 0
Preparing for transmit 0 Captured claims 0
Transmitting 0 Accepted Reversals 2,067
Parsing response 0 Rejected Reversals 166
Processing response 0 Accepted Eligibility 7
Rejected Eligibility 44
Errors 14

Enter ?? for more actions
UC Update continuously Z Zero (clear) stats
U1 Display update EX Exit
Select Action:U1//

This section diagrams and describes the different elements of the Statistics Screen.

Diagram 7.3-1: Statistics Option Areas

<table>
<thead>
<tr>
<th>Header Area</th>
<th>Stats Area</th>
<th>Message Window</th>
<th>Action Area</th>
</tr>
</thead>
</table>
| ECME STATISTICS Nov 03, 2010@16:50:30 | * CLAIM STATUS * * CLAIM RESULTS *
| Communications statistics last cleared on AUG 18,2003@16:36:28 | Waiting to start 0 Paid claims 2,934
| | Building the transaction 0 Rejected claims 2,171
| | Building the claim 0 Dropped to Paper 15
| | Building the HL7 packet 1 Duplicate claims 0
| | Preparing for transmit 0 Captured claims 0
| | Transmitting 0 Accepted Reversals 2,067
| | Parsing response 0 Rejected Reversals 166
| | Processing response 0 Accepted Eligibility 7
| | Rejected Eligibility 44
| | Errors 14
| | Enter ?? for more actions
| | UC Update continuously Z Zero (clear) stats
| | U1 Display update EX Exit
| | Select Action:U1//

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The table below describes the Statistics Screen option areas:

Table 7.3-1: Description of Statistics Screen Option

<table>
<thead>
<tr>
<th>Screen Areas</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Header Area</td>
<td>Displays the date for which you requested the Statistics Screen option.</td>
</tr>
<tr>
<td>Stats Area</td>
<td>Displays statistics for all ECME claims. Claim Status reports statistics of ECME transactions in progress. Claim Results gives statistics about completed ECME transactions.</td>
</tr>
<tr>
<td>Message Window</td>
<td>This section displays informational text (i.e., Enter ?? for more actions).</td>
</tr>
<tr>
<td>Action Area</td>
<td>Available options. A double question mark (??) may be entered at the &quot;Select Action:&quot; prompt for a list of all List Manager options available.</td>
</tr>
</tbody>
</table>

7.3.1 Update Continuously

The system can update the claims statistics every 3 seconds.

(A) Enter UC to display statistics that will be updated every 3 seconds.

Example 7.3.1-1: Accessing Update Continuously Option

Enter ?? for more actions
UC Update continuously Z Zero (clear) stats
U1 Display update EX Exit
Select Action:U1//UC Update continuously

(B) Press ^ or Q to stop the updating. The system will go back to the Statistics Screen.
Example 7.3.1-2: Displaying Claims Status and Results in Update Continuously Mode

<table>
<thead>
<tr>
<th>* CLAIM STATUS *</th>
<th>* CLAIM RESULTS *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting to start</td>
<td>0</td>
</tr>
<tr>
<td>Building the transaction</td>
<td>0</td>
</tr>
<tr>
<td>Building the claim</td>
<td>0</td>
</tr>
<tr>
<td>Building the HL7 packet</td>
<td>1</td>
</tr>
<tr>
<td>Preparing for transmit</td>
<td>0</td>
</tr>
<tr>
<td>Transmitting</td>
<td>0</td>
</tr>
<tr>
<td>Parsing response</td>
<td>0</td>
</tr>
<tr>
<td>Processing response</td>
<td>0</td>
</tr>
</tbody>
</table>

| Waiting to start | 0     |
| Rejected claims  | 2,171 |
| Dropped to Paper | 15    |
| Duplicate claims | 0     |
| Captured claims  | 0     |
| Accepted Reversals | 2,067 |
| Rejected Reversals | 166  |
| Accepted Eligibility | 7     |
| Rejected Eligibility | 44   |
| Errors           | 14    |

In continuous update mode: press Q to Quit

Q Quit

7.3.2 Display Update
You can update the statistics once every time the option U1 is entered.

Example 7.3.2-1: Accessing Display Update Option

<table>
<thead>
<tr>
<th>* CLAIM STATUS *</th>
<th>* CLAIM RESULTS *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting to start</td>
<td>0</td>
</tr>
<tr>
<td>Building the transaction</td>
<td>0</td>
</tr>
<tr>
<td>Building the claim</td>
<td>0</td>
</tr>
<tr>
<td>Building the HL7 packet</td>
<td>1</td>
</tr>
<tr>
<td>Preparing for transmit</td>
<td>0</td>
</tr>
<tr>
<td>Transmitting</td>
<td>0</td>
</tr>
<tr>
<td>Parsing response</td>
<td>0</td>
</tr>
<tr>
<td>Processing response</td>
<td>0</td>
</tr>
</tbody>
</table>

| Waiting to start | 0     |
| Rejected claims  | 2,171 |
| Dropped to Paper | 15    |
| Duplicate claims | 0     |
| Captured claims  | 0     |
| Accepted Reversals | 2,067 |
| Rejected Reversals | 166  |
| Accepted Eligibility | 7     |
| Rejected Eligibility | 44   |
| Errors           | 14    |

Enter ?? for more actions

UC Update continuously Z Zero (clear) stats
U1 Display update EX Exit
Select Action:U1//U1 Display update

7.3.3 Zero (clear) Statistics
The system can reset the displayed claims statistics to zero. This is useful for looking at short-term averages, such as during a time of heavy activity.

(A) Enter Z to access the Zero (clear) stats option.
Example 7.3.3-1: Accessing Zero (clear) stats Option

Enter ?? for more actions
UC Update continuously  Z Zero (clear) stats
U1 Display update     EX Exit
Select Action:U1/Z Z (clear) stats

(B) You may choose to either zero out (refresh) the displayed copy of the statistics by entering L (Local) or to zero out the permanent copy by entering P.

Choosing Permanent Copy will permanently zero out the statistics in the database. You need to realize that if this selection is chosen, there will no longer be activity history.

Example 7.3.3-2: Entering Zero (clear) stats Option to Delete Local Claim Results Statistics

Select one of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>Local Copy</td>
</tr>
<tr>
<td>P</td>
<td>Permanent Copy</td>
</tr>
</tbody>
</table>

Delete (L)ocal Copy or (P)ermanent Copy of the statistics: Local Copy// L
Local Copy

(C) When the system asks if you are sure, enter Y to continue or N to stop the deletion.

Example 7.3.3-3: Entering Yes to “Are You Sure” Prompt

Are you sure? N// YES

(D) Enter Z to access the Zero (clear) stats option.
Example 7.3.3-4: Displaying Zeroed Claims Statistics

Enter EX or Q to exit out of the Statistics Screen and return to the Pharmacy ECME Manager Menu.

Example 7.3.4-1: Accessing Exit Option
8 Accessing the Pharmacy Electronic Claims Reports

The Pharmacy Electronic Claims Reports option is a menu that allows you to obtain detailed information about claims, transactions, Electronic Claims Management Engine (ECME) activities, and system configurations.

You must hold the BPSMENU and BPS REPORTS keys to view the Pharmacy Electronic Claims Reports option.

Access it by entering RPT at the “Select ECME Option:” prompt on the ECME Main Menu option screen.

Example 8-1: Accessing the Pharmacy Electronic Claims Reports Option

```
*******************************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*     XXXXX VAMC                    *
*     Main Menu                   *
*******************************************************************************

U      ECME User Screen
COB    ECME Pharmacy COB ... 
MGR    Pharmacy ECME Manager Menu ...
RPT    Pharmacy Electronic Claims Reports ...

Select ECME Option: RPT  Pharmacy Electronic Claims Reports
```

Example 8-2: Displaying Pharmacy Electronic Claims Reports Options

```
*******************************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*     XXXXX VAMC                    *
*     Pharmacy Electronic Claims Reports *
*******************************************************************************

CLA    Claim Results and Status ...
OTH    Other Reports ...

Select Pharmacy Electronic Claims Reports Option:
```
8.1 Claim Results and Status

The Claim Results and Status option is a menu that allows you to obtain reports about the statuses of claims.

(A) Access Claim Results and Status by entering CLA at the “Select Pharmacy Electronic Claims Reports Option:” prompt on the Pharmacy Electronic Claims Reports option screen.

Example 8.1-1: Accessing the Claim Results and Status Option

*************************************************  
*Electronic Claims Management Engine (ECME) V1.0*  
* XXXXX VAMC  
* Pharmacy Electronic Claims Reports  
*************************************************  

CLA    Claim Results and Status ...  
OTH    Other Reports ...

Select Pharmacy Electronic Claims Reports Option: CLA  Claim Results and Status

(B) You have a choice of Claims Results and Status reports to choose from.

Example 8.1-2: Displaying All Claims Results and Status Options

*************************************************  
*Electronic Claims Management Engine (ECME) V1.0*  
* XXXXX VAMC  
* Claim Results and Status  
*************************************************  

PAY    Payable Claims Report  
REJ    Rejected Claims Report  
ECMP   CMOP/ECME Activity Report  
REV    Reversal Claims Report  
NYR    Claims Submitted, Not Yet Released  
REC    Recent Transactions  
DAY    Totals by Date  
CLO    Closed Claims Report  
NBS    Non-Billable Status Report  
SPA    Spending Account Report

Select Claim Results and Status Option:

(C) Items/filters that pertain to ALL ECME Claims Results and Status REPORTS will be displayed for every option chosen. You can select these options using the same method as in other VistA applications and as described in the Change View section.
Example 8.1-3: Displaying ECME Report Item/Filter Options for ALL REPORTS

Select one of the following:

D  DIVISION
A  ALL

Select Certain Pharmacy (D)ivisions or (A)LL: <Enter>  ALL

Select one of the following:

S  Summary
D  Detail

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

Select one of the following:

I  SPECIFIC INSURANCE(S)
A  ALL

Select Certain (I)NSURANCE or (A)LL: A// I  SPECIFIC INSURANCES(S)

Select INSURANCE: IBINSURL  123 ANYWHERE ST    HERNDON   VIRGINIA
Y
Selected:
IBINSURL

Select INSURANCE: DEVELOPMENT INS  123 HERE STREET    SAN FRANCISCO
CALIFORNIA
Y
Selected:
DEVELOPMENT INS
IBINSURL

Select INSURANCE: <Enter>

Select one of the following:

C  CMOP
M  Mail
W  Window
A  ALL

Display (C)MOP or (M)ail or (W)indow or (A)LL: ALL// <Enter>  ALL

Select one of the following:

R  Real Time Fills
B  Backbill
P  PRO Option
S  Resubmission
A  ALL

Display (R)ealTime, (B)ackbills, (P)RO Option, Re(S)ubmission or (A)LL: A// <Enter>  ALL

Select one of the following:

D  Drug
C  Drug Class
A  ALL

Most of the Claim Results and Status reports require that a device with 256 column width be used. They will not display correctly using 80 column width devices.
Display Specific (D)rug or Drug (C)lass or (A)LL: ALL/ <Enter> ALL
(D) In addition to the “ALL REPORTS” prompts, all of the Claims Results and Status REPORTS except the ECMP report display another prompt that will allow you to capture the report data in Excel spreadsheet format. If you answer Y, additional directions are supplied.

Example 8.1-4: Requesting Report Data in Excel Spreadsheet Format

Do you want to capture report data for an Excel document? NO// YES

Before continuing, please set up your terminal to capture the detail report data and save the detail report data in a text file to a local drive. This report may take a while to run.

Note: To avoid undesired wrapping of the data saved to the file, please enter '0;256;99999' at the 'DEVICE:' prompt.

8.1.1 Payable Claims Report

The Payable Claims Report option produces a report that lists PAYABLE electronic claims that have been successfully transmitted to the payer and have not been reversed.

You must hold the BPSMENU and BPS REPORTS keys to view the Payable Claims Report option.

The Payable Claims Report option has the most accessible information on payable claims from the BPS Claims File. A FileMan inquiry into the BPS Claims File will find that the information is in NCPDP (National Council for Prescription Drug Programs) V. D.0 formats.

(A) Access the report by entering PAY at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.
Example 8.1.1-1: Accessing the Payable Claims Report Option

*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*       XXXX VAMC    *
* Claim Results and Status        *
*************************************************

PAY    Payable Claims Report
REJ    Rejected Claims Report
ECMP   CMOP/ECME Activity Report
REV    Reversal Claims Report
NYR    Claims Submitted, Not Yet Released
REC    Recent Transactions
DAY    Totals by Date
CLO    Closed Claims Report
NBS    Non-Billable Status Report
SPA    Spending Account Report

Select Claim Results and Status Option: PAY Payable Claims Report

(B) After you have made selections from the “ALL REPORTS” prompts, you will be prompted to select a report date range; Released, Not Released or All claims; Certain Eligibility Type or All; Selected Patients or All; Selected Range for Billed Amount or All; and Excel display format and device selection.

Example 8.1.1-2: Additional prompts asked by the Payable Claims Report Option

START WITH TRANSACTION DATE: T-1// T-99
GO TO TRANSACTION DATE: T// <Enter>

Select one of the following:
R       RELEASED
N       NOT RELEASED
A       ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

Select one of the following:
V       VETERAN
T       TRICARE
C       CHAMPVA
A       ALL

Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: A// ALL

Select one of the following:
P       Patient
A       ALL

Display Selected (P)atients or (A)LL: ALL//

Select one of the following:
R       Range
A       ALL

Select (R)ange for Billed Amount or (A)LL: ALL//
Data fields VA Ingredient Cost, VA Dispensing Fee, Ingredient Cost Paid, Dispensing Fee Paid and Patient Responsibility (INS) will only be included when the report is captured for an Excel document. All additional data fields may not be present for all reports. Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter> IP network
Please wait...
### Example 8.1.1-3: Payable Claims Report

**ECME PAYABLE CLAIMS DETAIL REPORT**

- **Division(s):** ALL
- **Fill Locations:** C,M,W
- **Fill type:** RT, BB, RS
- **Insurance:** SELECTED
- **Drugs/Classes:** ALL
- **Eligibility:** CVA, TRI, VET
- **Patient:** ALL

**All Prescriptions by Transaction Date:** From 02/12/08 through 05/21/08

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Subtotals for INS: DEVELOPMENT INS**

- **Count:** 2
- **Mean:** 51.00

**Subtotals for INS: IBINSUR1**

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

- **Count:** 42
- **Mean:** 51.00

**Subtotals for DIV: PHARMACY-1**

- **Count:** 44
- **Mean:** 51.00

**Grand Totals**

- **Count:** 44
- **Mean:** 51.00

Press RETURN to continue:
8.1.2 Rejected Claims Report

The Rejected Claims Report option produces a report that lists electronic claims that have been successfully transmitted to the payer and have been rejected.

You must hold the BPSMENU and BPS REPORTS keys to view the Rejected Claims Report option.

The Rejected Claims Report option has the most accessible information on rejected claims from the BPS Claims File. A FileMan inquiry into the BPS Claims File will find that the information is in NCPDP V. D.0 formats.

(A) Access the report by entering REJ at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.2-1: Accessing the Rejected Claims Report Option

******************************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXXX VAMC *
* Claim Results and Status *
******************************************************************************

PAY Payable Claims Report
REJ Rejected Claims Report
ECMP CMOP/ECME Activity Report
REV Reversal Claims Report
NYR Claims Submitted, Not Yet Released
REC Recent Transactions
DAY Totals by Date
CLO Closed Claims Report
NBS Non-Billable Status Report
SPA Spending Account Report

Select Claim Results and Status Option: REJ Rejected Claims Report

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All claims, All/Specific Reject Codes, VETERAN/TRICARE/CHAMPVA/All Eligibility, Selected Patients or All, Selected Range for Billed Amount or All, Excel display format and device selection.
Example 8.1.2-2: Additional prompts asked by the Rejected Claims Report Option

START WITH TRANSACTION DATE: T-1// T-30
GO TO TRANSACTION DATE: T// <Enter>

Select one of the following:

R      RELEASED
N      NOT RELEASED
A      ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

Select one of the following:

S      Specific Reject Code
A      ALL

Include (S)pecific Reject Code or (A)LL: ALL// <Enter>

Select one of the following:

O      OPEN
C      CLOSED
A      ALL

Include (O)pen, (C)losed, or (A)ll Claims: O// ALL

Select one of the following:

V      VETERAN
T      TRICARE
C      CHAMPVA
A      ALL

Include Certain Eligibility Type or (A)ll: V// ALL

Select one of the following:

O      OPEN
C      CLOSED
A      ALL

Include (O)pen, (C)losed, or (A)ll Claims: O// PEN

Select one of the following:

S      SPECIFIC PRESCRIBER(S)
A      ALL PRESCRIBERS

Select Specific Prescriber(s) or include ALL Prescribers: A// LL PRESCRIBERS

Select one of the following:

P      Patient
A      ALL

Display Selected (P)atients or (A)LL: ALL//
Select (R)ange for Billed Amount or (A)LL: ALL//

Data fields VA Ingredient Cost, VA Dispensing Fee, Ingredient Cost Paid, Dispensing Fee Paid and Patient Responsibility (INS) will only be included when the report is captured for an Excel document. All additional data fields may not be present for all reports.

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter> IP network

Please wait...
**Example 8.1.2-3: Rejected Claims Report**

**ECME REJECTED CLAIMS DETAIL REPORT**

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>RELEASED ON</th>
<th>RX INFO</th>
<th>COB</th>
<th>OPEN/CLOSED</th>
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</tbody>
</table>

**DIVISION: PHARMACY-1**

**IBINSUR1 - 123456**

**ECMEPATIENT, ONE**

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<tr>
<th>(XXXX)</th>
<th>VET</th>
<th>100888$</th>
<th>0/000000000808</th>
<th>05/04/08</th>
<th>05/04/08</th>
<th>W</th>
<th>RT</th>
<th>DS/R</th>
<th>s</th>
<th>Open</th>
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<tbody>
<tr>
<td>123456</td>
<td>555</td>
<td>51.00</td>
<td>90</td>
<td>00777-0877-03</td>
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<td>ECMEPRESCRIBER, ONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FENOPROFEN 300MG CAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<table>
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<tr>
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<th>100892$</th>
<th>0/000000000812</th>
<th>05/04/08</th>
<th>05/04/08</th>
<th>W</th>
<th>RT</th>
<th>DS/R</th>
<th>s</th>
<th>Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>555</td>
<td>51.00</td>
<td>90</td>
<td>00777-0877-03</td>
<td>9998887777</td>
<td>ECMEPRESCRIBER, ONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FENOPROFEN 300MG CAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<table>
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<th>RT</th>
<th>DS/R</th>
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<th>Closed</th>
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<td>51.00</td>
<td>90</td>
<td>00777-0877-03</td>
<td>9998887777</td>
<td>ECMEPRESCRIBER, ONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FENOPROFEN 300MG CAP</td>
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**SUBTOTALS for INS: IBINSUR1**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>MEAN</th>
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<tbody>
<tr>
<td>3</td>
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**OPINSUR1 - 654321**

**ECMEPATIENT, TWO**

<table>
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<tr>
<th>(XXXX)</th>
<th>VET</th>
<th>100896$</th>
<th>0/000000000816</th>
<th>05/06/08</th>
<th>W</th>
<th>RT</th>
<th>DS/N</th>
<th>p</th>
<th>Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
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<td>180</td>
<td>00003-0626-50</td>
<td>9995552277</td>
<td>ECMEPRESCRIBER, FIVE</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORAL HYDRATE 500MG CAP</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
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<th>100899$</th>
<th>0/000000000819</th>
<th>05/06/08</th>
<th>W</th>
<th>RT</th>
<th>DS/N</th>
<th>p</th>
<th>Open</th>
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<tr>
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<td>180</td>
<td>00149-0030-66</td>
<td>9995552277</td>
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<tr>
<td>DANTROLENE 25MG CAP</td>
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<table>
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<th>VET</th>
<th>100901$</th>
<th>0/000000000821</th>
<th>05/06/08</th>
<th>W</th>
<th>RT</th>
<th>DS/N</th>
<th>p</th>
<th>Open</th>
</tr>
</thead>
<tbody>
<tr>
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<td>51.00</td>
<td>90</td>
<td>00591-5521-04</td>
<td>9995552277</td>
<td>ECMEPRESCRIBER, FIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENYLButAZONE 100MG TAB</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Print Date: MAY 21, 2008@17:20:35**  **Page: 1**  **Fill Locations: C,M,W**  **Fill type: RT,BB,RS**
05/06/08 - Prior Authorization Code (8/32432242) submitted.  
75:Prior Authorization Required  
ECMEPATIENT,TWO  (XXX) VET 100902$ 0/00000000822 05/06/08  W RT DS/N p Open  
111 51.00 180 00023-4534-67 9995552277 ECMEPRESCRIBER,FIVE  
BACLOFEN 10MG TABS  
05/06/08 - Clarification Code 4,3 submitted.  
79:Refill Too Soon  
ECMEPATIENT,TWO  (XXX) VET 100903$ 0/00000000823 05/06/08  W RT DS/N s Open  
111 51.00 180 00023-4534-67 9995552277 ECMEPRESCRIBER,FIVE  
BACLOFEN 10MG TABS  
05/06/08 - Clarification Code 4,3 submitted.  
79:Refill Too Soon  
ECMEPATIENT,TWO  (XXX) VET 100906$ 0/00000000827 05/06/08  M RT DS/N p Open  
111 51.00 180 00023-4534-67 9995552277 ECMEPRESCRIBER,FIVE  
DOXEPIN 25MG CAP  
05/06/08 - Clarification Code 4,3 submitted.  
79:Refill Too Soon  
ECMEPATIENT,TWO  (XXX) VET 100907$ 0/00000000827 05/06/08  M RT AC/N p Open  
111 51.00 180 00081-0635-35 9995552277 ECMEPRESCRIBER,FIVE  
CHLORAMBUCIL 2MG TAB  
79:Refill Too Soon  
ECMEPATIENT,TWO  (XXX) VET 100915$ 0/00000000835 05/07/08  W RT DS/N p Open  
111 51.00 180 00023-4534-67 9995552277 ECMEPRESCRIBER,FIVE  
BACLOFEN 10MG TABS  
05/07/08 - DAFASFDADASFDASFAS  
75:Prior Authorization Required  
ECMEPATIENT,TWO  (XXX) VET 100938$ 0/00000000859 05/08/08  W RT AC/N p Open  
111 51.00 30 00024-2253-04 9995552277 ECMEPRESCRIBER,FIVE  
CHLORAMBUCIL 2MG  
75:Prior Authorization Required  
ECMEPATIENT,TWO  (XXX) VET 100939$ 0/00000000879 05/08/08  W RT DS/N p Open  
111 51.00 180 00078-0005-10 9995552277 ECMEPRESCRIBER,FIVE  
THIORIDAZINE 100MG TAB  
05/08/08 - FDSDSFDASDFA  
75:Prior Authorization Required  
ECMEPATIENT,TWO  (XXX) VET 100942$ 0/00000000862 05/08/08  W RT AC/N p Open  
111 51.00 180 00028-0105-10 9995552277 ECMEPRESCRIBER,FIVE  
TERBUTALINE 5MG TABS  
75:Prior Authorization Required  
79:Refill Too Soon  
ECMEPATIENT,TWO  (XXX) VET 100945$ 0/00000000865 05/08/08  W RT DS/N p Open  
111 51.00 180 00045-0412-60 9995552277 ECMEPRESCRIBER,FIVE  
TOLMETIN 200MG TABS  
75:Prior Authorization Required  
79:Refill Too Soon  
ECMEPATIENT,TWO  (XXX) VET 101002$ 0/00000000926 05/14/08  W RT DS/N p Open  
111 51.00 180 00023-4534-67 9995552277 ECMEPRESCRIBER,FIVE
### BACLOFEN 10MG TABS

64: Claim Submitted Does Not Match Prior Authorization

<table>
<thead>
<tr>
<th>ECMPATIENT, TWO</th>
<th>(XXXX)</th>
<th>VET 101011</th>
<th>0/00000000935</th>
<th>05/14/08</th>
<th>W RT DS/N p</th>
<th>Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
<td>51.00</td>
<td>180</td>
<td>00781-1367-10</td>
<td>9995552277</td>
<td>ECMPRESCRIBER, FIVE</td>
<td></td>
</tr>
</tbody>
</table>

### BENZTROPINE 2MG TAB

12:M/I Patient Location

Press RETURN to continue, `'^'` to exit:
(This page included for two-sided copying.)
8.1.3 CMOP/ECME Activity Report

The *CMOP/ECME Activity Report* option produces a report used for monitoring Consolidated Mail Outpatient Pharmacy (CMOP) activity during both the Controlled Substances and General CMOP Transmissions. The report contains reference information from multiple VistA sources. You will not be prompted for selections from the “ALL REPORTS” section, but you need to select a report date range, a division or all divisions and a printer device. This report is not a 132 column report and you can choose to display it on the screen.

You must hold the BPSMENU and BPS REPORTS keys to view the *CMOP/ECME Activity Report* option.

Access the report by entering **ECMP** at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.
Example 8.1.3-1: Accessing the CMOP/ECME Activity Report Option

*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXX VAMC *
* Claim Results and Status *
*************************************************

PAY  Payable Claims Report
REJ  Rejected Claims Report
ECMP  CMOP/ECME Activity Report
REV  Reversal Claims Report
NYR  Claims Submitted, Not Yet Released
REC  Recent Transactions
DAY  Totals by Date
CLO  Closed Claims Report
NBS  Non-Billable Status Report
SPA  Spending Account Report

Select Claim Results and Status Option: **ECMP**  CMOP/ECME Activity Report

ENTER BEGINNING TRANSMISSION DATE: **8/31**
ENTER ENDING TRANSMISSION DATE: **9/1**

SELECTION OF DIVISION(S)

Select one of the following:

A  ALL DIVISIONS
S  SELECT DIVISIONS

Enter response: **S**  ELECT DIVISIONS

1  XXXXXXXXXXX
2  YYYYYYYYYYY
3  ZZZZZZZZZZ

Select Division(s) : (1-4): **1**

You have selected:

1  XXXXXXXXXXX

Is this correct? **YES**// <Enter>

Do you want to capture report data for an Excel document? **NO**// <Enter>

Select Printer: **HOME;132;999**  IP network

Example 8.1.3-2: CMOP/ECME Activity Report

CMOP/ECME ACTIVITY REPORT for XXXXXXXXXXX
For AUG 31,2005 thru SEP 1,2005  Printed: NOV 23,2005@10:25:49

<table>
<thead>
<tr>
<th>NAME</th>
<th>ECME#/RX#/FL#</th>
<th>NDC SENT</th>
<th>NDC RECVD</th>
<th>CMOP-STAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATORVASTATIN</td>
<td>CALCI WEBMD</td>
<td>E PAYAB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example 8.1.3-2: CMOP/ECME Activity Report

CMOP/ECME ACTIVITY REPORT for XXXXXXXXXXX
For AUG 31,2005 thru SEP 1,2005  Printed: NOV 23,2005@10:25:49

<p>| TRANSMISSION: | 2671 |
| STATUS: | TRANSMITTED |
| DIVISION: | XXXXXXXXXXX |
| CMOP SYSTEM: | LEAVENWORTH |
| TRANSMISSION DATE/TIME: | AUG 31, 2005@16:17:14 |
| TOTAL PATIENTS: | 3 |
| TOTAL RXS: | 3 |</p>
<table>
<thead>
<tr>
<th>DRUG</th>
<th>ECME#/RX#/FL#</th>
<th>NDC SENT</th>
<th>NDC RECVD</th>
<th>CMOP-STAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATORVASTATIN</td>
<td>CALCI WEBMD</td>
<td>E PAYAB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8.1.4 Reversal Claims Report
The *Reversal Claims Report* option lists claims that have been successfully transmitted to the payer to REVERSE a previously PAYABLE claim and have not been RESUBMITTED.

You must hold the BPSMENU and BPS REPORTS keys to view the *Reversal Claims Report* option.

(A) Access the report by entering **REV** at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

**Example 8.1.4-1: Accessing the Reversal Claims Report Option**

```
********************************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*                  XXXXX VAMC                     *
*      Claim Results and Status              *
********************************************************************************
PAY    Payable Claims Report
REJ    Rejected Claims Report
ECMP   CMOP/ECME Activity Report
REV    Reversal Claims Report
NYR    Claims Submitted, Not Yet Released
REC    Recent Transactions
DAY    Totals by Date
CLO    Closed Claims Report
NBS    Non-Billable Status Report
SPA    Spending Account Report

Select Claim Results and Status Option: **REV**  Reversal Claims Report
```

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All Claims, Auto-Reversed/All Claims, Accepted/Rejected/All Claims, Veteran/TRICARE/CHAMPVA/All Eligibility, Selected Patients or All, Selected Range for Billed Amount or All, Excel display format and device selection.
Example 8.1.4-2: Additional Prompts for the Reversal Claims Report Option

START WITH TRANSACTION DATE: T-1// T-30

GO TO TRANSACTION DATE: T// <Enter>

Select one of the following:
R       RELEASED
N       NOT RELEASED
A       ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

Select one of the following:
R       AutoReversed
A       ALL

Include Auto(R)eversed or (A)LL: ALL// <Enter>

Select one of the following:
C       Accepted
R       Rejected
A       ALL

Include A(C)cepted or (R)ejected or (A)LL: Rejected// ALL

Select one of the following:
V       VETERAN
T       TRICARE
C       CHAMPVA
A       ALL

Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: A// ALL

Select one of the following:
P       Patient
A       ALL

Display Selected (P)atients or (A)LL: ALL// <Enter>

Select one of the following:
R       Range
A       ALL

Select (R)ange for Billed Amount or (A)LL: ALL// <Enter>

Data fields VA Ingredient Cost, VA Dispensing Fee, Ingredient Cost Paid, Dispensing Fee Paid and Patient Responsibility (INS) will only be included when the report is captured for an Excel document. All additional data fields may not be present for all reports.

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter> IP network
Please wait...
## Example 8.1.4-3: Reversal Claims Report

### ECME REVERSED CLAIMS DETAIL REPORT

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DIVISION(S): ALL

### Insurance: ALL

### Eligibility: ALL

### ALL PRESCRIPTIONS BY TRANSACTION DATE: From 03/18/09 through 04/17/09

<table>
<thead>
<tr>
<th>DIVISION(S): YYYYYYYY</th>
<th></th>
</tr>
</thead>
</table>

### Example 1:

<table>
<thead>
<tr>
<th>DRUG</th>
<th>NDC</th>
<th>RX INFO</th>
<th>COB</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXYTOCIN 10 UNIT INJ</td>
<td>0071-4160-03</td>
<td>W  RT  AC/R</td>
<td>s</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELEASED ON     REVERSAL METHOD/RETURN STATUS/REASON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/18/09        REGULAR/ACCEPTED/2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Example 2:

<table>
<thead>
<tr>
<th>DRUG</th>
<th>NDC</th>
<th>RX INFO</th>
<th>COB</th>
</tr>
</thead>
<tbody>
<tr>
<td>DACARBAZINE 100MG INJ</td>
<td>0026-8151-10</td>
<td>W  RT  DS/R</td>
<td>s</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELEASED ON     REVERSAL METHOD/RETURN STATUS/REASON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/20/09        REGULAR/ACCEPTED/REVERSING PRIMARY CLAIM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Example 3:

<table>
<thead>
<tr>
<th>DRUG</th>
<th>NDC</th>
<th>RX INFO</th>
<th>COB</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENTAMICIN OPHTHALMIC OINT.</td>
<td>00719-7058-61</td>
<td>W  RT  DS/N</td>
<td>p</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELEASED ON     REVERSAL METHOD/RETURN STATUS/REASON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/20/09        REGULAR/ACCEPTED/RX DISCONTINUED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Example 4:

<table>
<thead>
<tr>
<th>DRUG</th>
<th>NDC</th>
<th>RX INFO</th>
<th>COB</th>
</tr>
</thead>
<tbody>
<tr>
<td>METHOXAMINE 10MG/CC INJ</td>
<td>00081-0957-10</td>
<td>W  RT  AC/N</td>
<td>p</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELEASED ON     REVERSAL METHOD/RETURN STATUS/REASON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/06/09        REGULAR/ACCEPTED/ RX DISCONTINUED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Value1</td>
<td>Value2</td>
<td>Value3</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>SUBTOTALS for INS:ECME1 INSURANCE</td>
<td>0.00</td>
<td>108.32</td>
<td>0.00</td>
</tr>
<tr>
<td>COUNT</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>MEAN</td>
<td>0.00</td>
<td>54.16</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTALS for DIV:YYYYYYYY</td>
<td>32.88</td>
<td>188.32</td>
<td>0.00</td>
</tr>
<tr>
<td>COUNT</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>MEAN</td>
<td>8.22</td>
<td>47.08</td>
<td>0.00</td>
</tr>
<tr>
<td>GRAND TOTALS</td>
<td>32.88</td>
<td>188.32</td>
<td>0.00</td>
</tr>
<tr>
<td>COUNT</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>MEAN</td>
<td>8.22</td>
<td>47.08</td>
<td>0.00</td>
</tr>
</tbody>
</table>
8.1.5 Claims Submitted, Not Yet Released

The Claims Submitted, Not Yet Released option lists all prescription claims that have been successfully submitted to the payer, have been returned PAYABLE but the prescriptions have not been released.

You must hold the BPSMENU and BPS REPORTS keys to view the Claims Submitted, Not Yet Released Report option.

(A) Access the report by entering **NYR** at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.5-1: Accessing Claims Submitted, Not Yet Released Option

******************************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXX VAMC *
* Claim Results and Status *
******************************************************************************

PAY  Payable Claims Report
REJ  Rejected Claims Report
ECMP CMOP/ECME Activity Report
REV  Reversal Claims Report
NYR  Claims Submitted, Not Yet Released
REC  Recent Transactions
DAY  Totals by Date
CLO  Closed Claims Report
NBS  Non-Billable Status Report
SPA  Spending Account Report

Select Claim Results and Status Option: **NYR** Claims Submitted, Not Yet Released

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Selected Patients or All, Selected Range for Billed Amount or All, Excel display format and device selection.

Example 8.1.5-2: Additional prompts to Claims Submitted, Not Yet Released Option

START WITH TRANSACTION DATE: T-1/ T
GO TO TRANSACTION DATE: T/ T

Select one or more of the following:

V  VETERAN
T  TRICARE
C  CHAMPVA
A  ALL

Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: A//

Select one of the following:
P  Patient
A  ALL
Display Selected (P)atients or (A)LL: ALL/

Select one of the following:

R       Range
A       ALL

Select (R)ange for Billed Amount or (A)LL: ALL/

Data fields VA Ingredient Cost, VA Dispensing Fee, Ingredient Cost Paid, Dispensing Fee Paid and Patient Responsibility (INS) will only be included when the report is captured for an Excel document. All additional data fields may not be present for all reports.

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter>  IP network
Example 8.1.5-3: Claims Submitted, Not Yet Released Report

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>DRUG</th>
<th>NDC</th>
<th>RX INFO</th>
<th>COB</th>
<th>ELIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEBMD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROTAMINE SULFATE 5ML INJ</td>
<td>00000-0000-0000-00</td>
<td>W</td>
<td>RT</td>
<td>AC/N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VET</td>
</tr>
</tbody>
</table>

SUBTOTALS for INS:WEBMD
COUNT 1
MEAN 45.00 40.00

SUBTOTALS for DIV:ZZZZZZZ
COUNT 1
MEAN 45.00 40.00

Grand Totals
COUNT 1
MEAN 45.00 40.00

8.1.6 Recent Transactions

The Recent Transactions option lists claims that have been successfully transmitted to the payer. These claims include submissions, reversals and resubmissions. Closed Claims will NOT show up on this report since this report displays activity between ECME and the payer only.

You must hold the BPSMENU and BPS REPORTS keys to view the Recent Transactions Report option.

(A) Access the report by entering REC at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.
Example 8.1.6-1: Recent Transactions Option

*******************************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*        XXXXX VAMC         *
*Claim Results and Status        *
*******************************************************************************

PAY    Payable Claims Report
REJ    Rejected Claims Report
ECMP   CMOP/ECME Activity Report
REV    Reversal Claims Report
NYR    Claims Submitted, Not Yet Released
REC    Recent Transactions
DAY    Totals by Date
CLO    Closed Claims Report
NBS    Non-Billable Status Report
SPA    Spending Account Report

Select Claim Results and Status Option: REC  Recent Transactions

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All Claims, Excel display format and device selection.

Example 8.1.6-2: Additional prompts asked by the Recent Transactions Option

START WITH TRANSACTION DATE: T-1//T
GO TO TRANSACTION DATE: T//T

Select one of the following:

R    RELEASED
N    NOT RELEASED
A    ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED//ALL

Do you want to capture report data for an Excel document? NO//<Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME//<Enter> IP network
Please wait...
### Example 8.1.6-3: Recent Transactions Report

**ECME RECENT TRANSACTIONS DETAIL REPORT**

**Print Date:** NOV 03, 2010@17:10:39  **Page:** 1  
**DIVISION(S):** ALL  
**Fill Locations:** C,M,W  
**Fill type:** RT,BB,RS  
**Drugs/Classes:** ALL  

**PRESCRIPTIONS BY TRANSACTION DATE:** From 10/04/10 through 11/03/10

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>COMPLETED</th>
<th>TRANS TYPE</th>
<th>PAYER RESPONSE</th>
<th>ELAP TIME IN SECONDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIVISION: XXXXXXXX</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,THREE</td>
<td>(XXXX)</td>
<td>102128$</td>
<td>1/000000002509</td>
<td>10/04/10 02:52PM</td>
<td>SUBMIT</td>
<td>E REJECTED</td>
<td>9</td>
</tr>
<tr>
<td>DIAZEPAM 10MG S.T.</td>
<td>00555-0164-04</td>
<td>M  RT EX/N REJ</td>
<td>OPINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,THREE</td>
<td>(XXXX)</td>
<td>1100249$</td>
<td>1/</td>
<td>10/06/10 11:29AM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>502339</td>
</tr>
<tr>
<td>GENTAMICIN OPHTHALMIC O</td>
<td>00719-7058-61</td>
<td>W  RT AC/N</td>
<td>OPINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,SIX</td>
<td>(XXXX)</td>
<td>1100341$</td>
<td>0/000000003126</td>
<td>10/07/10 12:06AM</td>
<td>SUBMIT</td>
<td>E REJECTED</td>
<td>7</td>
</tr>
<tr>
<td>DOXEPIN 25MG CAP</td>
<td>00839-7221-06</td>
<td>W  RT AC/R REJ</td>
<td>OPINSUR2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,SIX</td>
<td>(XXXX)</td>
<td>1100342S</td>
<td>0/000000003127</td>
<td>10/07/10 01:59PM</td>
<td>SUBMIT</td>
<td>E PAYABLE</td>
<td>p</td>
</tr>
<tr>
<td>CORTICOTROPIN 40UNIT HP</td>
<td>00053-1330-01</td>
<td>W  RT AC/R</td>
<td>OPINSUR2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,SIX</td>
<td>(XXXX)</td>
<td>1100336S</td>
<td>0/000000003120</td>
<td>10/07/10 03:05PM</td>
<td>REVERSAL</td>
<td>E REVERSAL OTHER</td>
<td>p</td>
</tr>
<tr>
<td>TRIAMTERENE 50MG, HCTZ</td>
<td>00484-3590-30</td>
<td>W  RT DE/R</td>
<td>OPINSUR2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>100952$</td>
<td>0/000000000874</td>
<td>10/07/10 05:29PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>76220585</td>
</tr>
<tr>
<td>MEDROXYPROGESTRONE 10MG</td>
<td>00009-0050-02</td>
<td>W  RT DS/N</td>
<td>OPINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>100933$</td>
<td>0/000000000853</td>
<td>10/07/10 07:45PM</td>
<td>SUBMIT</td>
<td>E REJECTED</td>
<td>p</td>
</tr>
<tr>
<td>DOXEPIN 25MG CAP</td>
<td>00839-7221-06</td>
<td>M  RT DS/N REJ</td>
<td>OPINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>101814$</td>
<td>0/000000002181</td>
<td>10/08/10 04:11PM</td>
<td>REVERSAL</td>
<td>E REVERSAL UNSTRANDED</td>
<td>p</td>
</tr>
<tr>
<td>IMIPRamine 25MG TAB</td>
<td>00779-0588-30</td>
<td>W  RT DE/N</td>
<td>OPINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>100954$</td>
<td>0/000000000876</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>57199104</td>
</tr>
<tr>
<td>DOXEPIN 25MG CAP</td>
<td>00839-7221-06</td>
<td>M  RT DS/N</td>
<td>OPINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>101991$</td>
<td>0/00000000915</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>75772098</td>
</tr>
<tr>
<td>BACLOFEN 10MG TAB</td>
<td>00023-4534-67</td>
<td>W  RT DS/N</td>
<td>OPINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>101860$</td>
<td>0/000000002228</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>57199347</td>
</tr>
<tr>
<td>IMIPRamine 25MG TAB</td>
<td>00779-0588-30</td>
<td>W  RT EX/N</td>
<td>OPINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>101861$</td>
<td>0/000000002229</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>57199249</td>
</tr>
<tr>
<td>CHLORAL HYDRATE 500MG C</td>
<td>00003-0626-51</td>
<td>W  RT DS/N</td>
<td>OPINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>101959$</td>
<td>0/000000002331</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>p</td>
</tr>
<tr>
<td>LIDOCAINE 2% 50ML INJ M</td>
<td>00186-0240-02</td>
<td>W  RT DS/N</td>
<td>OPINSUR1</td>
<td></td>
<td></td>
<td></td>
<td>51602609</td>
</tr>
<tr>
<td>ECMEPATIENT,THREE</td>
<td>(XXXX)</td>
<td>102225$</td>
<td>0/000000002607</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>46160110</td>
</tr>
</tbody>
</table>
8.1.7 Totals by Date

The Totals by Date option totals the daily ECME activity claims that have been successfully transmitted to the payer, have been returned PAYABLE or REJECTED but have not been REVERSED.

You must hold the BPSMENU and BPS REPORTS keys to view the Totals by Day Report option.

(A) Access the report by entering DAY at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.7-1: Totals by Date Option

```
***********************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*Xxxxxx VAMC*
*Claim Results and Status*
***********************************************************************
PAY    Payable Claims Report
REJ    Rejected Claims Report
ECMP   CMOP/ECME Activity Report
REV    Reversal Claims Report
NYR    Claims Submitted, Not Yet Released
REC    Recent Transactions
DAY    Totals by Date
CLO    Closed Claims Report
NBS    Non-Billable Status Report
SPA    Spending Account Report

Select Claim Results and Status Option: DAY Totals by Date
```

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All Claims, Excel display format and device selection.

Example 8.1.7-2: Additional prompts asked by the Totals by Day Option

```
START WITH TRANSACTION DATE: T-1// T-30
GO TO TRANSACTION DATE: T// <Enter>

Select one of the following:
R       RELEASED
N       NOT RELEASED
A       ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT Requires THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter> IP network
Please wait...
```
8.1.8 Closed Claims Report

The Closed Claims Report option lists claims that have been successfully transmitted to the payer, have been returned REJECTED and have been CLOSED using the Close Claim action within the ECME User Screen. The Excel display format of the report displays the Amount Billed and the Amount Billed is only on the Excel display format.

(A) Access the report by entering CLO at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.8-1: Accessing the Closed Claims Report Option

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All claims,
All/Specific Close Claim Reason, Veteran/TRICARE/CHAMPVA/All Eligibility, Selected Patients or All, Excel display format and device selection.
Example 8.1.8-2: Selecting Specific Close Claim Reason Option

START WITH CLOSE DATE: T-1/ T-50
GO TO CLOSE DATE: T/ <Enter>

Select one of the following:

R       RELEASED
N       NOT RELEASED
A       ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

Select one of the following:

S       Specific Close Claim Reason
A       ALL

Include (S)pecific Close Claim Reason or (A)LL: ALL// <Enter>

Select one of the following:

V       VETERAN
T       TRICARE
C       CHAMPVA
A       ALL

Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: A// ALL

Select one of the following:

P       Patient
A       ALL

Display Selected (P)atients or (A)LL: ALL// ALL

Data field for billed amount will only be included when the report is captured for an Excel document. All additional data fields may not be present for all reports.

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter> IP network
Please wait...
Example 8.1.8-2: Closed Claims Report

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Pt.ID</th>
<th>Elig</th>
<th>Rx#</th>
<th>Ref/ECME#</th>
<th>Rx Info</th>
<th>Drug</th>
<th>NDC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIVISION: YYYYYYYY**

**ECME1 INSURANCE**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Pt.ID</th>
<th>Elig</th>
<th>Rx#</th>
<th>Ref/ECME#</th>
<th>Rx Info</th>
<th>Drug</th>
<th>NDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEPATIENT, TWO</td>
<td>(XXXX)</td>
<td>TRI</td>
<td>1024465</td>
<td>0/0000000113727</td>
<td>W</td>
<td>RT</td>
<td>DS/R</td>
</tr>
<tr>
<td>12340987</td>
<td>10001</td>
<td>03/20/09 03:55PM</td>
<td>ECMEUSER,ONE</td>
<td>INVALID NDC FROM CMOP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim ID: VA2009=5000000021-000010-0005494</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

54: Non-Matched Product/Service ID Number

**SUBTOTALS for INS: ECMEUSER,ONE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**CLOSED CLAIMS SUBTOTAL**

1

**SUBTOTALS for DIV: YYYYYYYY**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**CLOSED CLAIMS SUBTOTAL**

1

**GRAND TOTALS (ALL DIVISIONS) BY BILLER**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**CLOSED CLAIMS GRAND TOTAL**

1
8.1.9 Non-Billable Status Report
The ECME Reports menu includes a Non-Billable Status Report for ECME Rxs. This report provides users with a tool to easily identify prescriptions that the ePharmacy software determines are not being billed (e.g., OTC products, no insurance on file or not active). The report ensures that prescriptions are billed for TRICARE and/or CHAMPVA patients in a timely manner.

You must hold the BPSMENU and BPS REPORTS keys to view the Non-Billable Status Report option.

(A) Access the report by entering **NBS** at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.9-1: Accessing the Non-Billable Status Report Option

```
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*             XXXXX VAMC                        *
*     Claim Results and Status                *
*************************************************

PAY    Payable Claims Report
REJ    Rejected Claims Report
ECMP   CMOP/ECME Activity Report
REV    Reversal Claims Report
NYR    Claims Submitted, Not Yet Released
REC    Recent Transactions
DAY    Totals by Date
CLO    Closed Claims Report
NBS    Non-Billable Status Report
SPA    Spending Account Report

Select Claim Results and Status Option: **NBS**  Non-Billable Status Report
```

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given a series of prompts as shown below:
Example 8.1.9-2: Selecting Non-Billable Status Report option

START WITH TRANSACTION DATE: T-1// T-10  (MAY 29, 2015)
GO TO TRANSACTION DATE: T// T  (JUN 08, 2015)

Select one of the following:

- R  RELEASED
- N  NOT RELEASED
- A  ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: ALL//

- R  Most Recent
- A  ALL

Select Most (R)ecent or (A)ll: MOST RECENT//

Select one or more of the following:

- V  VETERAN
- T  TRICARE
- C  CHAMPVA
- A  ALL

Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: ALL//

Select one of the following:

- P  Patient
- A  ALL

Display Selected (P)atients or (A)LL: ALL//

Select one of the following:

- R  Range
A  ALL

Select (R)ange for Billed Amount or (A)LL: ALL//

Select one of the following:

   S  NON-BILLABLE STATUS
   A  ALL

Select Certain Non-Billable (S)tatus or (A)ll: ALL//

Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME//   HOME (CRT)   Right Margin: 80//132
Please wait...
Example 8.1.9-3: Non-Billable Status Report
### ECME RXs WITH Non-Billable STATUS REPORT

**Date Printed**: Sept 26, 2014@11:41:54  
**Page**: 1

**DIVISION(S)**: GENERIC  
**Fill Locations**: C,M,W

**Insurance**: ALL  
**Drugs/Classes**: ALL

**Eligibilities**: ALL  
**Patient Name**: ALL

**NON-BILLABLE STATUS**: ALL

**ALL PRESCRIPTIONS BY TRANSACTION DATE**: From 2/22/09 through 09/23/14

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF</th>
<th>DATE</th>
<th>NON-BILLABLE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### GENERIC INS

<table>
<thead>
<tr>
<th>DIVISION: GENERIC DIVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>ECMEpatient, One</td>
</tr>
<tr>
<td>AMITRIPTYLINE 10MG TAB</td>
</tr>
<tr>
<td>ECMEpatient, Three</td>
</tr>
<tr>
<td>METHADONE 10MG TAB</td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS: GENERIC INS**: 102.00  
**COUNT**: 2  
**MEAN**: 51.00

Press RETURN to continue

#### GENERIC INSURANCE 2

<table>
<thead>
<tr>
<th>DIVISION: GENERIC DIVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>ECMEpatient, Two</td>
</tr>
<tr>
<td>NEODECADRON OPHTMALIC SOL.</td>
</tr>
<tr>
<td>ECMEpatient, Two</td>
</tr>
<tr>
<td>PENTAERYTHRITOL 10MG TAB</td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS: GENERIC INSURANCE 2**: 214.00  
**COUNT**: 42  
**MEAN**: 51.00

Press RETURN to continue
<table>
<thead>
<tr>
<th></th>
<th>SUBTOTALS for DIV: GENERIC DIVISION</th>
<th>GRAND TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COUNT</td>
<td>COUNT</td>
</tr>
<tr>
<td></td>
<td>MEAN</td>
<td>MEAN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2244.00</td>
</tr>
<tr>
<td></td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>51.00</td>
<td>51.00</td>
</tr>
</tbody>
</table>

Press RETURN to continue:
(This page included for two-sided copying.)
8.1.10 Spending Account Report

The Spending Account Report option lists the balance from the patient’s spending account after the specific transaction was applied, the amount from the health plan-funded assistance account that was applied to the Patient Pay Amount and the various amounts still to be collected from the patient.

(A) Access the report by entering SPA at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.10-1: Accessing the Spending Account Report Option

********************************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXXX VAMC *
* Claim Results and Status *
********************************************************************************

PAY Payable Claims Report
REJ Rejected Claims Report
ECMP CMOP/ECME Activity Report
REV Reversal Claims Report
NYR Claims Submitted, Not Yet Released
REC Recent Transactions
DAY Totals by Date
CLO Closed Claims Report
NBS Non-Billable Status Report
SPA Spending Account Report

Select Claim Results and Status Option: SPA Spending Account Report

Example 8.1.10-2: Selecting Spending Account Report Option

Select one of the following:

D DIVISION
A ALL

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

Select ECME Pharmacy Division(s): XXXXXX
Selected:
XXXXXXX

Select ECME Pharmacy Division(s): YYYYYY CBOC XXX
Selected:
XXXXXXX
XXXX

Select ECME Pharmacy Division(s):

Select one of the following:

S Summary
D Detail

Display (S)ummary or (D)etail Format: Detail/
Select one of the following:
I SPECIFIC INSURANCE(S)
A         ALL
Select Certain (I)NSURANCE or (A)LL): A// ALL

Select one of the following:

C         CMOP
M         Mail
W         Window
A         ALL

Display (C)MOP or (M)ail or (W)indow or (A)LL: ALL/

Select one of the following:

R         Real Time Fills
B         Backbill
S         ReSubmission
A         ALL

Display (R)ealTime, (B)ackbills, (P)RO Option, Re(S)ubmission or (A)LL: A/

Select one of the following:

D         Drug
C         Drug Class
A         ALL

Display Specific (D)rug or Drug (C)lass or (A)LL: ALL/

START WITH TRANSACTION DATE: T-1/
GO TO TRANSACTION DATE: T/

Select one of the following:

R         RELEASED
N         NOT RELEASED
A         ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED/

Select one of the following:

S         Specific Reject Code
A         ALL

Include (S)pecific Reject Code or (A)LL: ALL/

Do you want to capture report data for an Excel document? NO/

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME/
Please wait...
### Example 8.1.10-3: Spending Account Report – Summary

**ECME SPENDING ACCOUNT REPORT SUMMARY REPORT**

**Print Date:** DEC 02, 2011@16:51:34  **Page:** 1  
**Fill Locations:** C,M,W  **Fill type:** RT,BB,P2,RS  
**Insurance:** ALL  
**Drugs/Classes:** ALL

**ALL PRESCRIPTIONS BY TRANSACTION DATE:** From 06/05/11 through 12/02/11

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRUG</td>
<td>RX INFO</td>
<td>INS GROUP#</td>
<td>INS GROUP NAME</td>
<td>BILL#</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROVIDER NETWORK</td>
<td>BRAND DRUG</td>
<td>NON-PREF FORM</td>
<td>BRAND NON-PREF FORM</td>
<td>COVERAGE GAP</td>
<td>HEALTH ASST</td>
<td>SPEND ACCT REMAINING</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
<td>-------------</td>
<td>-----------------</td>
<td>---------</td>
<td>-----------</td>
<td>---------------</td>
<td>----------</td>
</tr>
</tbody>
</table>

**DIVISION:** XXXXXX

<table>
<thead>
<tr>
<th>SUBTOTALS for INS: EPHARM INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.00</td>
</tr>
<tr>
<td>COUNT</td>
</tr>
<tr>
<td>MEAN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBTOTALS for INS: EXPRESS SCRIPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>999999.99</td>
</tr>
<tr>
<td>COUNT</td>
</tr>
<tr>
<td>MEAN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBTOTALS for DIV: XXXXXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000011.99</td>
</tr>
<tr>
<td>COUNT</td>
</tr>
<tr>
<td>MEAN</td>
</tr>
</tbody>
</table>

**GRAND TOTALS**

<table>
<thead>
<tr>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000011.99</td>
<td>1999999.98</td>
<td>0.00</td>
</tr>
<tr>
<td>COUNT</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>MEAN</td>
<td>500006.00</td>
<td>999999.99</td>
</tr>
</tbody>
</table>
### Example 8.1.10-4: Spending Account Report – Detail

**ECME SPENDING ACCOUNT REPORT DETAIL REPORT**

**DIVISION(S):** ALL  
**Insurance:** ALL  
**Drugs/Classes:** ALL  
**ALL PRESCRIPTIONS BY TRANSACTION DATE:** From 06/05/11 through 12/02/11

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
<th>PROVIDER NETWORK</th>
<th>BRAND DRUG</th>
<th>NON-PREF FORM</th>
<th>BRAND NON-PREF FORM</th>
<th>COVERAGE GAP</th>
<th>HEALTH ASST</th>
<th>SPEND ACCT REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**DIVISION: XXXXXX**

**EPHARM INSURANCE**

<table>
<thead>
<tr>
<th>OPCOB, ONECNF</th>
<th>(166P)</th>
<th>2719307</th>
<th>0/4316136</th>
<th>08/24/11</th>
<th>12.00</th>
<th>999999.99</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATENOLOL 25MG TAB</td>
<td>W P2 EX/R</td>
<td>T00010</td>
<td>EPHARM INSURANCE</td>
<td>K1000F7</td>
<td>0.00</td>
<td>0.00</td>
<td>12.30</td>
</tr>
</tbody>
</table>

**EXPRESS SCRIPTS**

<table>
<thead>
<tr>
<th>OPCOB, ONECNF</th>
<th>(166P)</th>
<th>2719307</th>
<th>0/4316136</th>
<th>08/24/11</th>
<th>999999.99</th>
<th>999999.99</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATENOLOL 25MG TAB</td>
<td>W P2 EX/R</td>
<td>T100000</td>
<td>EXPRESS SCRIPTS</td>
<td>K1000F6</td>
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<td>0.00</td>
<td>15.41</td>
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</tbody>
</table>

**SUBTOTALS for INS: EPHARM INSURANCE**

<p>| | | | | | | | |</p>
<table>
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<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBTOTALS</td>
<td>$BILLED</td>
<td>$INS RESPONSE</td>
<td>$COLLECT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.00</td>
<td>999999.99</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>COUNT</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>12.00</td>
<td>999999.99</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS: EXPRESS SCRIPTS**

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBTOTALS</td>
<td></td>
<td></td>
<td></td>
<td>999999.99</td>
<td>999999.99</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>COUNT</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>999999.99</td>
<td></td>
<td>999999.99</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBTOTALS for DIV:XXXXXX</td>
<td>1000011.99</td>
<td>1999999.98</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------</td>
<td>------------</td>
<td>------</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
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<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>500006.00</td>
<td>999999.99</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COUNT</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>500006.00</td>
<td>999999.99</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Press RETURN to continue:
8.2 Other Reports

The *Other Reports* option allows you to access lists of electronic claims formats and NCPDP V. D0 fields.

Access the *Other Reports* option by entering **OTH** at the “Select Pharmacy Electronic Claims Reports Option:” prompt on the Pharmacy Electronic Claims Reports option screen.

**Example 8.2-1: Accessing the Other Reports Option**

```
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
  * XXXXX  *
  * Pharmacy Electronic Claims Reports  *
*************************************************

CLA    Claim Results and Status ...
OTH    Other Reports ...

Select Pharmacy Electronic Claims Reports Option: **OTH**  Other Reports
```

**Example 8.2-2: Displaying Other Reports Options**

```
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
  * XXXXX  *
  * Other Reports  *
*************************************************

CRI    ECME Claims-Response Inquiry
PAY    Payer Sheet Detail Report
PHAR   ECME Setup - Pharmacies Report
TAT    Turn-around time statistics
VER    View ePharmacy Rx
OPR    OPECC Productivity Report

Select Other Reports Option:
```

8.2.1 ECME Claims-Response Inquiry Option

The *ECME Claims-Response Inquiry* option allows the user to enter a VA Claim ID and see the transaction data, the claim data sent to the third-party payer and the response data that was returned. This option may assist the sites and/or the VistA Maintenance Project (VMP) team in determining the cause of a reject that is received from a payer.
Access the **ECME Claims-Response Inquiry** option by entering **CRI** at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

**Example 8.2.1-1: Accessing the ECME Claims-Response Inquiry Option**

```
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*                    XXXXX                      *
*                Other Reports                  *
*************************************************

CRI    ECME Claims-Response Inquiry
PAY    Payer Sheet Detail Report
PHAR   ECME Setup - Pharmacies Report
TAT    Turn-around time statistics
VER    View ePharmacy Rx
OPR    OPECC Productivity Report

Select Other Reports Option: CRI  ECME Claims-Response Inquiry
```

**Example 8.2.1-2: ECME Claims-Response Inquiry Option**

Select VA Claim ID: **VA2009=5000000021=105220=0005524**

Note: This report contains three separate sections – transaction data, claims data, and response data. There will be a page break/form feed after each section regardless of the page length specified in the device input.

```
DEVICE: HOME// <Enter> UCX/TELNET Right Margin: 80// <Enter>

ECME Claims-Response Inquiry Report  Print Date: 04/17/09
VA CLAIM ID: VA2009=5000000021=105220=0005524

BPS TRANSACTION/BPS LOG OF TRANSACTION DATA:

ENTRY#: 113414.00042  STATUS: 99
PHARMACY: PHARM1  PRESCRIPTION #: 102179
RXI-INTERNAL (c): 113414  PHARMACY PLAN ID: VA105220
PLAN NAME: COB INSURANCE
CLAIM IEN (c): 5524  RESPONSE IEN (c): 5369

Press RETURN to continue, '^' to exit:

BPS CLAIMS FILE DATA:

CLAIM ID: VA2009=5000000021=105220=0005524
ELECTRONIC PAYER: MNMEDB1  TRANSMIT FLAG: YES (POINT OF SALE)
TRANSMITTED ON: APR 17,2009@14:54:27  CREATED ON: APR 17,2009@14:54:27
TRANSACTION: 113414.00042  PATIENT NAME: ECMEpatient,One
GROUP INSURANCE PLAN: COB INSURANCE  BIN NUMBER: 610459
VERSION RELEASE NUMBER: D0  TRANSACTION CODE: B1
PROCESSOR CONTROL NUMBER: MHCP  TRANSACTION COUNT: 1
SOFTWARE VENDER CERT ID:  SERVICE PROVIDER ID: 5000000021
SERVICE PROVIDER ID QUAL: 01  GROUP ID: C19977
CARDHOLDER ID: C2XXXXXX  PERSON CODE: C301
DATE OF BIRTH: C4XXXXXXXX  PATIENT GENDER CODE: MALE
PATIENT RELATIONSHIP CODE: CARDHOLDER
```
PLACE OF SERVICE: C700
ELIGIBILITY CLARIFICATION CODE: C90
PATIENT FIRST NAME: CAONE
PATIENT LAST NAME: CBECMEPATIENT
CARDHOLDER FIRST NAME: CCONE
CARDHOLDER LAST NAME: CDECMEPATIENT
HOME PLAN: CE36
PATIENT STREET ADDRESS: CM13 DFG
PATIENT CITY ADDRESS: CNXXXXXXX
PATIENT STATE PROV ADDRESS: COXX
PATIENT PHONE NUMBER: CQXXXXXXXX
PATIENT ID: CYXXXXXXXX
SMOKER INDICATOR: 1C
PREGNANCY INDICATOR: 2C
FACILITY ID: 8C
MEDICATION ORDER: 1
PRESCRIPTION NUMBER: 102179
OTHER COVERAGE CODE: C800
ALTERNATE ID: CW00000000000000000000
COB OTHER PAYMENT COUNTER: 4C1
OTHER PAYER ID QUALIFIER: 6C03
OTHER PAYER ID: 7C123456
OTHER PAYER DATE: APR 14,2009
OTHER PAYER AMOUNT PAID COUNT: HB1
OTHER PAYER REJECT COUNT: 5E00
OTHER PAYER AMT PAID QUALIFIER: HC08
OTHER PAYER AMOUNT PAID: DV00400{
DATE OF SERVICE: APR 14,2009
PRESCRIPTION REFERENCE NUMBER: D20113414
FILL NUMBER: D304
DAYS SUPPLY: D5001
COMPOUND CODE: D61
PRODUCT SERVICE ID: D700002143916
INGREDIENT COST SUBMITTED: D90000510{
PRESCRIPTION SERVICE REFERENCE: EM1
SPECIAL PACKAGING INDICATOR: DT0
USUAL AND CUSTOMARY CHARGE: DQ0000510{
PRESCRIBER ID QUALIFIER: EZ01
PRESCRIBER LOCATION CODE: 1E
PRESCRIBER PHONE NUMBER: PMXXXXXXXXXX
DATE OF SERVICE: 20090414
PLAN ID: FOECME INS
RAW DATA SENT:
61045951B1MHCP      1015000000021     20090414
AM01CX01CYXXXXXXXXX C419600101C51CAONECBECMEPATIENT CM13
DFG CNXXXXXXX COXXCPXXXXX
CQXXXXX700
CZ 1C 2C
AM04C2234234CONECDECMEPATIENT CE36 FOECME INSC908C C19977
C031 C61
AM07EM1D20113414E103D7000002143916
E70000001000D304D501D61D80DE20090112D
F05D1DK00ET000001000C800D0E0B000001000CW00000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000000
Press RETURN to continue, '^' to exit:

BPS RESPONSE FILE DATA:

BPS CLAIM: VA2009=50000000021=105220=0005524
   DATE RESPONSE RECEIVED: APR 17, 2009@14:54:30
   VERSION RELEASE NUMBER: D0
   TRANSACTION COUNT: 1
   SERVICE PROVIDER ID: XXXXXXXXXX
   SERVICE PROVIDER ID QUALIFIER: 01
   DATE OF SERVICE: APR 14, 2009
   RESPONSE STATUS: REJECTED
   MESSAGE: EV161-MANDATORY FIELD HC MISSING IN SEG 05
   MEDICATION ORDER: 1
   TRANSACTION RESPONSE STATUS: REJECTED
   PRESCRIPTION RESPONSE STATUS: REJECTED CLAIM
   REJECT COUNT: 04
   REJECT CODE: 85 (Claim Not Processed)
   REJECT CODE: NN (Transaction Rejected At Switch Or Intermediary)
   REJECT CODE: R8 (Syntax Error)
   REJECT CODE: HC (M/I Other Payer Amount Paid Qualifier)
   NEXT AVAIL FILL DATE: APR 20, 2009
   RAW DATA RECEIVED:
   VA2009=XXXXXXXXXX=105220=000xxxxxxB11R01XXXXXXXXXX
   20090414\X1E\X1C\AM20\X1C\F4EV161-MANDATORY FIELD HC MISSING IN SEG
   05\X1D\X1E\X1C\AM21\X1C\ANR\X1C\FA04\X1C\FB85\X1C\FBNN\X1C\FBR8\X1C\FBHC

Press RETURN to continue:

8.2.2 Payer Sheet Detail Report Option

The *Payer Sheet Detail Report* option allows you to list the information on payer sheets used for electronic claims. Payer sheets are templates defined by each payer used to create NCPDP transmissions. The sheets indicate which fields to send in the transmissions, as well as the acceptable values that may appear in the fields. You may also express conditions for when particular values are to be used.

Access the *Payer Sheet Detail Report* option by entering **PAY** at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.
Example 8.2.2-1: Accessing the Payer Sheet Detail Report Option

*Electronic Claims Management Engine (ECME) V1.0*
* XXXX VAMC *
* Other Reports *

**Electronic Claims Management Engine (ECME) V1.0**
** XXXX VAMC **
** Other Reports **

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<td>ECME Setup - Pharmacies Report</td>
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<tr>
<td>TAT</td>
<td>Turn-around time statistics</td>
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<tr>
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<td>View ePharmacy Rx</td>
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<tr>
<td>OPR</td>
<td>OPECC Productivity Report</td>
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Select Other Reports Option: **PAY** Payer Sheet Detail Report

Example 8.2.2-2: Payer Sheet Detail Report Option

Select Payer Sheet: ABCTEST1

DEVICE: HOME// IP network

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<td>252</td>
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<td>FLAT SALES TAX AMOUNT SUBMIT</td>
<td>S</td>
</tr>
<tr>
<td>255</td>
<td>482-GE</td>
<td>PERCENTAGE SALES TAX AMT SUB</td>
<td>S</td>
</tr>
<tr>
<td>258</td>
<td>484-JE</td>
<td>PERCENT SALES TAX BASIS SUB</td>
<td>S</td>
</tr>
<tr>
<td>261</td>
<td>426-DQ</td>
<td>USUAL &amp; CUSTOMARY CHARGE</td>
<td>S</td>
</tr>
<tr>
<td>264</td>
<td>430-DU</td>
<td>GROSS AMOUNT DUE</td>
<td>S</td>
</tr>
<tr>
<td>266</td>
<td>423-DN</td>
<td>BASIS OF COST DETERMINATION</td>
<td>S</td>
</tr>
</tbody>
</table>

*** Coupon Segment ***

<table>
<thead>
<tr>
<th>Seq</th>
<th>Field</th>
<th>Field Name</th>
<th>Proc Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>275</td>
<td>111-AM</td>
<td>SEGMENT IDENTIFICATION</td>
<td>S</td>
</tr>
<tr>
<td>277</td>
<td>485-KE</td>
<td>COUPON TYPE</td>
<td>S</td>
</tr>
<tr>
<td>278</td>
<td>486-ME</td>
<td>COUPON NUMBER</td>
<td>S</td>
</tr>
<tr>
<td>279</td>
<td>487-NE</td>
<td>COUPON VALUE AMOUNT</td>
<td>S</td>
</tr>
</tbody>
</table>
8.2.3 ECME Setup – Pharmacies Report

This option will produce a report that displays setup information for each pharmacy configured for a facility.

Access the report by entering PHAR at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.3-1: Accessing ECME Setup – Pharmacies Report Option

<table>
<thead>
<tr>
<th>Seq</th>
<th>Field</th>
<th>Field Name</th>
<th>Proc Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>288</td>
<td>111-AM</td>
<td>SEGMENT IDENTIFICATION</td>
<td>S</td>
</tr>
<tr>
<td>290</td>
<td>450-EF</td>
<td>Compound Dose Form Desc Code</td>
<td>S</td>
</tr>
<tr>
<td>293</td>
<td>451-EG</td>
<td>Compound Dispense Unt Form Ind</td>
<td>S</td>
</tr>
<tr>
<td>295</td>
<td>452-EH</td>
<td>Compound Route of Admin</td>
<td>S</td>
</tr>
<tr>
<td>297</td>
<td>447-EC</td>
<td>Compound Ingred Comp Count</td>
<td>S</td>
</tr>
<tr>
<td>299</td>
<td>488-RE</td>
<td>Compound Product ID Qualifier</td>
<td>S</td>
</tr>
<tr>
<td>301</td>
<td>489-TE</td>
<td>Compound Product ID</td>
<td>S</td>
</tr>
<tr>
<td>302</td>
<td>448-ED</td>
<td>Compound Ingredient Quantity</td>
<td>S</td>
</tr>
<tr>
<td>304</td>
<td>449-EE</td>
<td>Compound Ingredient Drug Cost</td>
<td>S</td>
</tr>
<tr>
<td>307</td>
<td>490-UE</td>
<td>Comp Ingred Basis Cost Determ</td>
<td>S</td>
</tr>
</tbody>
</table>

Press RETURN to continue:

CRI    ECME Claims-Response Inquiry
PAY    Payer Sheet Detail Report
PHAR   ECME Setup – Pharmacies Report
TAT    Turn-around time statistics
VER    View ePharmacy Rx
OPR    OPECC Productivity Report

Select Setup (Configuration) Reports Option: PHAR ECME Setup – Pharmacies Report
DEVICE: IP network
### Example 8.2.3-2: ECME Setup - Pharmacies Report Option

#### BPS PHARMACIES LIST

<table>
<thead>
<tr>
<th>NUMBER: 2</th>
</tr>
</thead>
</table>

**NAME:** XXXXXXXXX  
**NCPDP #:** XXXXXXX  
**DEFAULT DEA #:** AGXXXXX  
**AUTO-REVERSE PARAMETER:** 0  
**CMOP SWITCH:** CMOP ON  
**SITE ADDRESS 1:** 101 MAIN STREET  
**SITE CITY:** XXXXXXXXX  
**SITE ZIP CODE:** XXXXX  
**HOURS OF OPERATION:** 24  
**SITE STATE:** XXXXX  
**SITE ADDRESS NAME:** 101 MAIN STREET  
**END DAY RANGE:** MON  
**END HOUR RANGE:** 1600~TUE  
**START HOUR RANGE:** 0800  
**NPI:** XXXXXXXXXX  
**DATE/TIME OF LAST NPI CHANGE:** OCT 10, 2006@15:05:05  
**OUTPATIENT SITE:** XXXXXXXXXXXX  
**REMITTANCE ADDRESS NAME:** MAIN  
**REMIT ADDRESS 1:** 101 MAIN STREET  
**REMIT CITY:** XXXXXXXXX  
**REMIT STATE:** XXXXX  
**REMIT ZIP:** XXXXX  
**VA CONTACT:** CONTACT,ONE  
**VA ALTERNATE CONTACT:** CONTACT,ONE  
**VA LEAD PHARMACIST:** CONTACT,ONE  
**VA LEAD PHARMACIST LICENSE #:** XXXXXXXX  
**Monday Close Time:** 1600  
**Tuesday Close Time:** 1600  
**Wednesday Close Time:** 1600  
**Thursday Close Time:** 1600  
**Friday Close Time:** 1600  
**Saturday Close Time:** 1600  
**Monday Open Time:** 0800  
**Tuesday Open Time:** 0800  
**Wednesday Open Time:** 0800  
**Thursday Open Time:** 0800  
**Friday Open Time:** 0800  

**NUMBER: 3**

<table>
<thead>
<tr>
<th>NAME: XXXXXXXXXXX</th>
<th>NCPDP #: XXXXXXX</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFAULT DEA #:</strong> AGXXXXX</td>
<td><strong>CMOP SWITCH:</strong> CMOP ON</td>
</tr>
<tr>
<td><strong>AUTO-REVERSE PARAMETER:</strong> 2</td>
<td><strong>STATUS:</strong> ACTIVE</td>
</tr>
<tr>
<td><strong>SITE ADDRESS 1:</strong> 101 MAIN AVE</td>
<td><strong>SITE STATE:</strong> XXXXX</td>
</tr>
<tr>
<td><strong>SITE CITY:</strong> XXXXXXXXXXX</td>
<td><strong>SITE ZIP CODE:</strong> XXXXX</td>
</tr>
<tr>
<td><strong>HOURS OF OPERATION:</strong> 24</td>
<td><strong>SITE ADDRESS NAME:</strong> 101 MAIN AVE</td>
</tr>
<tr>
<td><strong>END DAY RANGE:</strong> MON</td>
<td><strong>START DAY RANGE:</strong> MON</td>
</tr>
<tr>
<td><strong>END HOUR RANGE:</strong> 1600~TUE</td>
<td><strong>START HOUR RANGE:</strong> 0800</td>
</tr>
<tr>
<td><strong>NPI:</strong> 0000000006</td>
<td><strong>DATE/TIME OF LAST NPI CHANGE:</strong> OCT 10, 2006@15:05:05</td>
</tr>
<tr>
<td><strong>OUTPATIENT SITE:</strong> XXXXXXXXXX VA</td>
<td><strong>OUTPATIENT SITE:</strong> XXXXXXXX CBOC</td>
</tr>
<tr>
<td><strong>OUTPATIENT SITE:</strong> XXXXX VA CBOC</td>
<td><strong>REMITTANCE ADDRESS NAME:</strong> XXXXXXXXXXX XXXXX</td>
</tr>
<tr>
<td><strong>REMITTANCE ADDRESS 1:</strong> 101 XXXXXXXXXXXXXXXXXX</td>
<td><strong>REMIT ADDRESS 1:</strong> 101 XXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td><strong>REMIT CITY:</strong> XXXXXXXXX</td>
<td><strong>REMIT STATE:</strong> XXXXXXX</td>
</tr>
<tr>
<td><strong>REMIT ZIP:</strong> XXXXX</td>
<td><strong>VA CONTACT:</strong> CONTACT,ONE</td>
</tr>
<tr>
<td><strong>VA ALTERNATE CONTACT:</strong> CONTACT,TWO</td>
<td><strong>VA LEAD PHARMACIST:</strong> PHARMACIST,ONE</td>
</tr>
<tr>
<td><strong>VA LEAD PHARMACIST LICENSE #:</strong> XXXXXXXX</td>
<td><strong>Monday Close Time:</strong> 1600</td>
</tr>
<tr>
<td></td>
<td><strong>Tuesday Close Time:</strong> 1600</td>
</tr>
<tr>
<td></td>
<td><strong>Wednesday Close Time:</strong> 1600</td>
</tr>
<tr>
<td></td>
<td><strong>Thursday Close Time:</strong> 1600</td>
</tr>
<tr>
<td></td>
<td><strong>Friday Close Time:</strong> 1600</td>
</tr>
<tr>
<td></td>
<td><strong>Saturday Close Time:</strong> 1600</td>
</tr>
<tr>
<td></td>
<td><strong>Sunday Close Time:</strong> 1600</td>
</tr>
<tr>
<td></td>
<td><strong>Monday Open Time:</strong> 0800</td>
</tr>
<tr>
<td></td>
<td><strong>Tuesday Open Time:</strong> 0800</td>
</tr>
<tr>
<td></td>
<td><strong>Wednesday Open Time:</strong> 0800</td>
</tr>
<tr>
<td></td>
<td><strong>Thursday Open Time:</strong> 0800</td>
</tr>
<tr>
<td></td>
<td><strong>Friday Open Time:</strong> 0800</td>
</tr>
</tbody>
</table>
8.2.4 Turn-around time statistics

The Turn-around time statistics option shows the length of time for claims to complete, including breakouts for various steps of claims creation. The end of the report has the average time for the claims displayed.

Access the Turn-around time statistics option by entering TAT at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.4-1: Accessing the Turn-around time statistics Report Option

<table>
<thead>
<tr>
<th>CRI</th>
<th>ECME Claims-Response Inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAY</td>
<td>Payer Sheet Detail Report</td>
</tr>
<tr>
<td>PHAR</td>
<td>ECME Setup - Pharmacies Report</td>
</tr>
<tr>
<td>TAT</td>
<td>Turn-around time statistics</td>
</tr>
<tr>
<td>VER</td>
<td>View ePharmacy Rx</td>
</tr>
<tr>
<td>OPR</td>
<td>OPECC Productivity Report</td>
</tr>
</tbody>
</table>

Select Other Reports Option: **TAT** Turn-around time statistics
Example 8.2.4-2: Displaying the Turn-around time statistics Report

START WITH DATE: T-1// <Enter> (SEP 08, 2005)
GO TO DATE: T// <Enter> (SEP 09, 2005)

For Prescription: 1106378.00001 (Rx#: 382992)
Begin 08:19:48
Gathering information 08:19:52
Claim ID created 08:19:55
Claim Sent 08:19:56
Response stored 08:20:04
Completed at: 08:20:04
Turn-around time 16

For Prescription: 1106380.00001 (Rx#: 382994)
Begin 08:19:48
Gathering information 08:19:52
Claim ID created 08:19:55
Claim Sent 08:20:16
Response stored 08:20:18
Completed at: 08:20:18
Turn-around time 30

For Prescription: 1106379.00001 (Rx#: 382993)
Begin 08:19:48
Gathering information 08:19:52
Claim ID created 08:19:55
Claim Sent 08:20:06
Response stored 08:20:08
Completed at: 08:20:08
Turn-around time 20

For Prescription: 1106384.00001 (Rx#: 909952)
Begin 11:27:13
Gathering information 11:27:15
Claim ID created 11:27:16
Claim Sent 11:27:17
Response stored 11:27:23
Completed at: 11:27:23
Turn-around time 10

For Prescription: 1106386.00001 (Rx#: 909954)
Begin 11:27:13
Gathering information 11:27:15
Claim ID created 11:27:17
Claim Sent 11:27:37
Response stored 11:27:39
Completed at: 11:27:39
Turn-around time 26

Average Turn-around time: 13

8.2.5 View ePharmacy Rx

The View ePharmacy Rx option allows you to view information for one prescription, combining information from Outpatient Pharmacy, Integrated Billing and ECME.
Access the View ePharmacy Rx option by entering **VER** at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

**Example 8.2.5-1: Accessing the View ePharmacy Rx Report Option**

<table>
<thead>
<tr>
<th>Select Other Reports Option: VER View ePharmacy Rx</th>
</tr>
</thead>
</table>

---

### Electronic Claims Management Engine (ECME) V1.0

*ALASKA VAHSRO*

*Other Reports*

---

- **CRI**: ECME Claims-Response Inquiry
- **PAY**: Payer Sheet Detail Report
- **PHAR**: ECME Setup - Pharmacies Report
- **TAT**: Turn-around time statistics
- **VER**: View ePharmacy Rx
- **OPR**: OPECC Productivity Report
Example 8.2.5-2: Displaying the View ePharmacy Rx Report

Select Prescription: 2055346
ATENOLOL 25MG TAB

<table>
<thead>
<tr>
<th>Patient</th>
<th>Rx#</th>
<th>Drug Name</th>
<th>Rx Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>2055346</td>
<td>TAMOXIFEN CITRATE 10MG TA</td>
<td>DISCONTINUED</td>
</tr>
</tbody>
</table>

OK to continue? Yes// YES

Rx# 2055346 has the following fills:

<table>
<thead>
<tr>
<th>Fill#</th>
<th>Fill Date</th>
<th>Release Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>01/29/2009</td>
<td>01/29/2009</td>
</tr>
<tr>
<td>1</td>
<td>02/26/2009</td>
<td>02/25/2009</td>
</tr>
</tbody>
</table>

Select Fill Number: 1 02/26/2009 02/26/2009

Select one of the following:

M Most recent transaction for each payer
A All transactions

There are 2 ECME transactions for this Rx/fill.
1 for the primary payer, 1 for the secondary payer.

Select Most recent transaction for each payer or All transactions: M// All transactions

Compiling data for View Prescriptions ...
Compiling data for the ECME Claim Log ...
Compiling data for the ECME Billing Events Report ...
Compiling data for the ECME Claims-Response Inquiry (CRI) Report ...
Compiling data for View Insurance Policies ................
Compiling the list of TPJI bills ...
Compiling data for TPJI Claim Information ...
Compiling data for TPJI AR Account Profile ...
Compiling data for TPJI AR Comment History ...
Compiling data for TPJI ECME Rx Response ...
Compiling data for View Registration Eligibility Status ...
Compiling data for View Registration Eligibility Verification ...

View Prescription
Rx View (Discontinued)                      Feb 08, 2011@13:59:27
Page: 1 of 1
ECMEPATIENT,ONE
PID: 666-87-4529                             Ht(cm): _______ (______)
DOB: OCT 18,1963 (47)                        Wt(kg): _______ (______)
+-------------------------------------------------------------------------------
Rx #: 2055346$e (ECME#: 000001615253)
Orderable Item: TAMOXIFEN CITRATE TAB
CMOP Drug: TAMOXIFEN CITRATE 10MG TAB
NDC: 00378-0144-93
*Dosage: 10MG
Verb: TAKE
Dispense Units: 1
Noun: TABLET
*Route: ORAL (BY MOUTH)
*Schedule: BID

Patient Instructions:
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY

Patient Status: OUTPT NON-SC
Issue Date: 01/29/09 Fill Date: 01/29/09
Last Fill Date: 02/26/09 (Mail, Transmitted)
Last Release Date: 02/25/09 Lot #:
Expires: 01/30/10 MFG:
Days Supply: 3 QTY (TAB): 60
# of Refills: 11 Remaining: 9

Provider: ECMEPROVIDER,ONE
Routing: Window
Copies: 1

Method of Pickup:
Clinic: Not on File
Division: CHEYENNE VAM&ROC (442)
Pharmacist: ECMEPROVIDER,ONE

Patient Counseling: NO
Remarks: New Order Created by copying Rx # 2055345.
Finished By: ECMEPROVIDER,ONE

Entry By: ECMEPROVIDER,ONE Entry Date: 01/29/09 12:59:38
Original Fill Released: 02/25/09 Routing: Window

Refill Log:
# Log Date Refill Date Qty Routing Lot # Pharmacist
===============================================================================
1 02/25/09 02/25/09 60 Mail Division: 442 Dispensed: 02/25/09 Released: 02/25/09 NDC: 00378-0144-91
2 02/25/09 02/26/09 60 Mail Division: 442

Partial Fills:
# Log Date Date Qty Routing Lot # Pharmacist
===============================================================================
There are NO Partials for this Prescription

Activity Log:
# Date Reason Rx Ref Initiator Of Activity
===============================================================================
1 02/25/09 SUSPENSE REFILL 1 ECMEPROVIDER,ONE Comments: RX Placed on Suspense for CMOP until 02-25-09
2 02/25/09 PROCESSED REFILL 1 ECMEPROVIDER,ONE Comments: Transmitted to DALLAS CMOP
3 02/25/09 SUSPENSE REFILL 2 ECMEPROVIDER,ONE Comments: RX Placed on Suspense for CMOP until 02-26-09
5 03/01/09 PROCESSED REFILL 2 ECMEPROVIDER,ONE Comments: Transmitted to DALLAS CMOP
6 06/11/09 DISCONTINUED REFILL 2 ECMEPROVIDER, TWO Comments: Discontinued During New Prescription Entry - Duplicate Drug

Copay Activity Log:
# Date Reason Rx Ref Initiator Of Activity
===============================================================================
There's NO Copay activity to report

Label Log:
# Date Rx Ref Printed By
===============================================================================
1 02/25/09 ORIGINAL ECMEPROVIDER,ONE Comments: From RX number 2055346

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>1/29/09@12:59:55</td>
<td>ORIGINAL</td>
<td>ECMEPROVIDER,ONE</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
<td></td>
<td>Submitted to ECME:WINDOW FILL (NDC:00378-0144-93)-E REJECTED</td>
</tr>
<tr>
<td>2</td>
<td>2/25/09@16:49:16</td>
<td>ORIGINAL</td>
<td>ECMEPROVIDER,ONE</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
<td></td>
<td>Submitted to ECME:REJECT WORKLIST-E PAYABLE</td>
</tr>
<tr>
<td>3</td>
<td>2/25/09@16:51:03</td>
<td>REFILL 1</td>
<td>ECMEPROVIDER,ONE</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
<td></td>
<td>Submitted to ECME:CMOP TRANSMISSION (NDC:00378-0144-91)</td>
</tr>
<tr>
<td>4</td>
<td>3/1/09@14:00:05</td>
<td>REFILL 2</td>
<td>ECMEPROVIDER,ONE</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
<td></td>
<td>Submitted to ECME:CMOP TRANSMISSION (NDC:00378-0144-91)</td>
</tr>
</tbody>
</table>

**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>1/29/09@12:59:54</td>
<td>ORIGINAL</td>
<td>REFILL TOO SOON RESOLVED</td>
<td>AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)</td>
<td>2/25/09@16:49:04</td>
</tr>
</tbody>
</table>

**CMOP Event Log:**
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Rx Ref</th>
<th>TRN-Order</th>
<th>Stat</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/25/09@1656</td>
<td>Ref 1</td>
<td>16346-1</td>
<td>DISP</td>
<td>NDC: 00378014491</td>
</tr>
<tr>
<td>03/01/09@1403</td>
<td>Ref 2</td>
<td>16360-1</td>
<td>TRAN</td>
<td></td>
</tr>
</tbody>
</table>

**CMOP Lot#/Expiration Date Log:**
<table>
<thead>
<tr>
<th>Rx Ref</th>
<th>Lot #</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref 1</td>
<td>A87904</td>
<td>03/22/07</td>
</tr>
</tbody>
</table>

---

**ECME Claim Log**

**PHARMACY ECME**

Feb 08, 2011@14:06:41

Page: 1 of 1

Claim Log information

---

**Pharmacy ECME Log**

VA Rx #: 20553468 Fill #: 1 ECME #: 1615253

Patient Name: ECMEPATIENT,ONE (4529)

Transaction Number: 1615253.00011

Last Submitted: FEB 25,2009@16:51:03

Last Submitted By: ECMEPROVIDER,ONE

Last VA Claim #: VA2009=1164471991=000010=0001235

Transmission Information (CLAIM REQUEST) (#1236)-----------------------------

Created on: FEB 25,2009@16:51:04

VA Claim ID: VA2009=1164471991=000010=0001235

Submitted By: ECMEPROVIDER,ONE

Transaction Type: REQUEST

Date of Service: 02/25/2009

NDC: 00378-0144-91

ECME Pharmacy: CHEY9-BOTH NPI & NCPDP

Days Supply: 3

Qty: 60 Unit Cost: .928 Total Price: 68.20

Insurance Name: BLUE MOON INSURANCE

Group Name: T-GROUP1

Rx Coordination of Benefits: PRIMARY

BIN: 123456

PCN: 1123456789

NCPDP Version: D.0

Group ID: 10001
Cardholder ID: CARDHOLDER
Patient Relationship Code: CARDHOLDER
Cardholder First Name: ONE
Cardholder Last Name: OPPATIENT
Facility ID Qualifier: WBTESTB1
Billing Request Payer Sheet: WBTESTB1
Reversal Payer Sheet: WBTESTB2

Response Information (CLAIM REQUEST) (#1213)
Response Received: FEB 25, 2009@16:51:10
Date of Service: 02/25/2009
Total Amount Paid: $58.20
Reconciliation ID:
Reject code(s):
Message:
Additional Message:
DUR Response Info:
DUR Additional Text:

ECME CRI REPORT DATA

ECME Claims-Response Inquiry Report
Print Date: 02/08/11
VA CLAIM ID: VA2009=1164471991=000010=0001235

BPS TRANSACTION/BPS LOG OF TRANSACTION DATA:
ENTRY#: 1615253.00011
PHARMACY: CHEY9-BOTH NPI & NCPDP
RXI-INTERNAL (c): 1615253
PLAN NAME: BLUE MOON INSURANCE
CLAIM IEN (c): 1236
RESPONSE IEN (c): 1213

BPS CLAIMS FILE DATA:
CLAIM ID: VA2009=1164471991=000010=0001235
ELECTRONIC PAYER: WBTESTB1
TRANSMIT FLAG: YES (POINT OF SALE)
TRANSMITTED ON: FEB 25, 2009@16:51:04
PATIENT NAME: ECMEPATIENT, ONE
GROUP INSURANCE PLAN: BLUE MOON INSURANCE
BIN NUMBER: 123456
TRANSACTION CODE: B1
SERVICE PROVIDER ID: 1164471991
GROUP ID: C110001
DATE OF BIRTH: C419631018
PATIENT FIRST NAME: CAONE
PATIENT STREET ADDRESS: CM32 OAK STREET
PATIENT CITY ADDRESS: CNBIRMINGHAM
PATIENT STATE PROV ADDRESS: COAL
PATIENT PHONE NUMBER: CQ2055559874
PATIENT ID: CY666874529

TRANSACTION ORDER: 1
MEDICATION NAME: TAMOXIFEN CITRATE 10MG TAB
PRESCRIPTION NUMBER: 2055346
SUBMISSION CLARIFICATION CODE CNTR: 1
SUBMISSION CLARIFICATION CODE: DK02
DATE OF SERVICE: FEB 25, 2009
FILL NUMBER: D301
COMPOUND CODE: D61
PRODUCT SERVICE ID: D700378014491
DISPENSE AS WRITTEN: D80
PRESCRIBER ID: DB
INGREDIENT COST SUBMITTED: D90000510
DATE PRESCRIPTION WRITTEN: DE20090129
NUMBER OF REFILLS AUTHORIZED: DF11
*SUBMISSION CLARIFICATION CODE: DK02
BASIS OF COST DETERMINATION: DN07
USUAL AND CUSTOMARY CHARGE: DQ0000510
GROSS AMOUNT DUE: DU0000510
PATIENT PAID AMOUNT SUBMITTED: DX0000000
PRODUCT SERVICE ID QUALIFIER: E103
PRESCRIPTION SERVICE REFERENCE: EM1
PRESCRIPTION ID QUALIFIER: E201
PRESCRIBER LOCATION CODE: IE
PC PROVIDER LOCATION CODE: H5001
PRESCRIPTION PHONE NUMBER: PM000123567
DATE OF SERVICE: 20090225
RAW DATA SENT:
12345651B111234567891011164471991 20090225TATP
AM01CX01CY66687452 C419631018C51CAONE CBOPPATIENT CM32
OAK STREET CNBIRMINGHAM COALCP35209 CQ2055559874
AM04C2C110001
AM07EM1D21615253E103D700378014491 E70000060000D301D5003D61D80DE20090129D
F11D1DK02ET0000600000C800
AM02
AM03EZ01DB IE DROPPROVIDER H50014EOPPROVIDER
AMID90000510{DC00000000DX0000000{DQ0000510{DU0000510{DN07
BPS RESPONSE FILE DATA:
BPS CLAIM: VA2009=1164471991=000010=0001235
DATE RESPONSE RECEIVED: FEB 25, 2009@16:51:10
VERSION RELEASE NUMBER: D.0
TRANSACTION COUNT: 1
SERVICE PROVIDER ID: 1164471991
SERVICE PROVIDER ID QUALIFIER: 01
RESPONSE STATUS: ACCEPTED
TRANSACTION ORDER: 1
PRESCRIPTION REFERENCE NUMBER: 1615253
RX REFERENCE NUMBER QUALIFIER: RX BILLING
HEADER RESPONSE STATUS: CLAIM PAYABLE
AUTHORIZATION NUMBER: WEBMD: PAID
INGREDIENT COST PAID: $ 55.70
TOTAL AMOUNT PAID: $ 58.20
BASES OF REIMB DETERMINATION: 08
FLAT SALES TAX PAID: $ 1.00
OTHER AMOUNT PAID COUNT: 1
PATIENT PAY AMOUNT: $ 10.00
DISPENSING FEE PAID: $ 12.50
INCENTIVE AMOUNT PAID: $ 1.25
PROFESSIONAL SERVICE FEE PAID: $ 4.54
OTHER PAYER AMOUNT RECOGNIZED: $ 0.00
RAW DATA RECEIVED:
VA2009=1164471991=000010=000123551B11A011164471991
20090225\X1D\X1E\X1C\AM21\X1C\ANP\X1C\F3WEBMD:
PAID\X1E\X1C\AM22\X1E\EM1\X1C\D1615253\X1E\X1C\AM23\X1C\F50000100\X1C\F60000557\X1C\F70000125\X1C\AV2\X1C\AW0000010\X1C\FL0000012E\X1C\J10000045D\X1C\J21\X1C\J301\X1C\J40000033C\X1C\J50000000\X1C\J60000683B\X1C\FM08
ECME BILLING EVENTS REPORT

BILLING ECME EVENTS (DETAILED) for ALL DIVISIONS
SINGLE PRESCRIPTION – 2055346 FILL# 1
RX# FILL DATE PATIENT NAME DRUG
1 2055346 1 02/25/09 ECMEPATIENT,ONE TAMOXIFEN CITRATE 10MG TAB
FINISH 02/25/09 4:51p Status:ECME Billable
ELIGIBILITY: CV:No
DRUG:TAMOXIFEN CITRATE 10MG TAB
NDC:00378-0144-91, BILLED QTY:60, COST:.928, DEA:6PR
PLAN:GROUP1 INSURANCE: BLUE MOON INSURANCE
BIN:123456, PCN:1123456789, PAYER SHEET B1:WBTESTB1
PAYER SHEET B2:WBTESTB2, PAYER SHEET B3:WBTESTB1
DISPENSING FEE:0, BASIS OF COST DETERM:USUAL & CUSTOMARY
COST:68.20, GROSS AMT DUE:68.20, ADMIN FEE:12.50
USER:POSTMASTER

SUBMIT 02/25/09 4:51p Status:OK
ECME#:000001615253, FILL DATE:02/25/09
PAYER RESPONSE: PAYABLE
PLAN:T-GROUP1, INSURANCE: BLUE MOON INSURANCE
USER:POSTMASTER

RELEASE 02/25/09 4:56p Status:OK
ECME#:000001615253, FILL DATE:02/25/09
USER:POSTMASTER

BILLING 02/25/09 4:56p Status:Bill# K90007W created
ECME#:000001615253, FILL DATE:02/25/09,RELEASE DATE:02/25/09
DRUG:TAMOXIFEN CITRATE 10MG TAB
NDC:00378-0144-91, BILLED QTY:60, DAYS SUPPLY:3
BILLED:68.20, PAID:58.20
PLAN:T-GROUP1, INSURANCE: BLUE MOON INSURANCE
USER:POSTMASTER

List of all bills for this Rx (all fills)

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Medication Profile

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View Patient Insurance

Patient Policy Information
Page: 1 of 1
Expanded Policy Information for: ECMEPATIENT,ONE 666-20-4589
OPINSUR1 Insurance Company ** Plan Currently Active **
Plan Information
Is Group Plan: YES
Group Name: DRUG INS
Group Number: 111
BIN: 
PCN: 
Type of Plan: PRESCRIPTION
Electronic Type: COMMERCIAL
Plan Filing TF:
- ePharmacy Plan ID: VA105220
- ePharmacy Plan Name: MINNESOTA MEDICAID
- ePharmacy Natl Status: ACTIVE
- ePharmacy Local Status: ACTIVE

Utilization Review Info
- Effective Dates & Source
  - Effective Date: 10/12/07
- Expiration Date:
- Source of Info: INTERVIEW
- Policy Not Billable: NO
- Benefits Assignable: YES
### Subscriber Information
- Whose Insurance: VETERAN
- Subscriber Name: ECMEPATIENT, ONE
- Relationship: SELF
- Primary ID: 543252
- Coord. Benefits: PRIMARY

### Subscriber's Employer Information
- Emp Sponsored Plan: No
- Employer:
- Employment Status:
- Retirement Date:

### Insured Person's Information (use Subscriber Update Action)
- Insured's DOB: 10/18/1963
- Insured's Sex: MALE
- Insured's Branch: ARMY
- Insured's Rank:

### Insured Person's Address
- Street 1: 1225 OAK LANE
- City: HOMEWOOD
- St/Zip: AL 35209
- Phone: 2055555555

### Insurance Company ID Numbers (use Subscriber Update Action)
- Subscriber Primary ID: 543252

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06/19/2007       YES
04/13/2007       YES
01/09/2007       YES
06/17/2006       YES

LONG TERM CARE
BY DEFAULT

User Information
Insurance Contact (last)
Entered By: ELLZEY,LINDA
Person Contacted:
Entered On: 10/12/07
Method of Contact: PHONE
Last Verified By: ELLZEY,LINDA
Contact's Phone:
Last Verified On: 02/07/08
Call Ref. No.:
Last Updated By: ELLZEY,LINDA
Contact Date: APR 15, 2009
Last Updated On: 04/15/09

Comment -- Patient Policy
None

Comment -- Group Plan

Personal Riders

---

Insurance Demographics
Bill Payer: BLUE MOON INSURANCE
Group Number: 10001
Claim Address: 321 MOON DRIVE
Group Name: T-GROUP1
BIRMINGHAM, AL 35209
Subscriber ID:
Claim Phone:
Employer: USA ARMY CONSULTANTS
Insured's Name: ECMEPATIENT,ONE
Relationship: PATIENT

Claim Information
Bill Type: OUTPATIENT
Charge Type:
Time Frame: ADMIT THRU DISCHARGE
Service Dates: 02/25/09 - 02/25/09
Rate Type: REIMBURSABLE INS.
Orig Claim: 68.20
AR Status: ACTIVE
Balance Due: 10.00
Sequence: PRIMARY

Purch Svc: NO
ECME No: 1615253
ECME Ap No: WEBMD: PAID
NPI: 1164471991
Providers: NONE
Entered: 02/25/09 by POSTMASTER

---
TPJI – AR Account Profile

AR Account Profile                      Feb 08, 2011@14:46:24
Page:    1 of    1
K90007We  ECMEPATIENT,ONE  04529          DOB: 10/18/63   Subsc ID:
AR Status: ACTIVE                   Orig Amt: 68.20      Balance Due: 10.00

--------------------------------------------------------------------------------
02/25/09   IB Status: PRINTED (First)            68.20       10.00

Total Collected:  58.20

TPJI – AR Comment History

Comment History               Feb 08, 2011@14:47:10          Page:    1 of    1
K90007We  ECMEPATIENT,ONE  04529          DOB: 10/18/63   Subsc ID:
AR Status: ACTIVE                   Orig Amt: 68.20      Balance Due: 10.00

No Comment Transactions Exist For This Account.

TPJI – ECME Claim Information

ECME Claim Information                 Feb 08, 2011@14:48:16
Page:    1 of    1
K90007We  ECMEPATIENT,ONE  04529          DOB: 10/18/63   Subsc ID:

--------------------------------------------------------------------------------
ECME No: 1615253                      Pharmacy NPI: 1164471991
ECME Ap No: WEBMD: PAID                  Provider NPI: No NPI on file
Rx No: 2055346 / 1                     Fill Date: 02/25/09
Drug Name: TAMOXIFEN CITRATE 10MG TAB          NDC #: 00378-0144-91
Billed Amt:    68.20                              COB: Primary
IB Status:  CANCELLED (02/25/09)  Reason:  ECME PRESCRIPTION REVERSED

Payment Information
Expected Payment Amount:    58.20
Ingredient Cost Reim Amt:  0.00          Dispensing Fee Reim Amt:  0.00

Patient Responsibility Amounts
Deductible:  0.00     Coinsurance:  0.00      Amount of Copay:  0.00
Coverage Gap:  0.00     Processor Fee:  0.00      Exceed Benefit Max:  0.00
Health Plan-funded Assistance Amount:  0.00

Product Selection Amounts
Prod Sel Amt:  0.00          Prod Sel /Non-Pref Formulary:  0.00
Prod Sel/Brand Drug:  0.00     Prod Sel/Brand Non-Pref Formulary:  0.00
Provider Network Adj:  0.00

No COB/Other Payer Data on file in the ECME Response.
There are thirteen actions at the bottom of the screen. Twelve of these actions allow the user to jump to any one of the twelve sections comprising the View ePharmacy Rx report. The thirteenth action, PR Print Report(s), allows the user to print one or more sections of the report.

8.2.6 OPECC Productivity Report

The OPECC Productivity Report option allows you to track the claims for users by transaction date, with the option of a summary view, detail view or Excel download format. If the claim has been submitted multiple times in the report date range, it will appear on the report only once with the appropriate count of transactions displayed under the header: # of Transactions. The status displayed on the report reflects the status of the most recent transaction. A transaction is anything that results in a claim submission from the ECME User Screen or any back billing claim submission from Claims Tracking or the PRO Process Secondary/TRICARE Rx to ECME option.
An OPECC action of open/close claim is not considered a transaction for the OPECC productivity report.

You must hold the BPS SUPERVISOR key to view the OPECC Productivity Report option.

Access the OPECC Productivity Report option by entering OPR at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.6-1: Accessing the OPECC Productivity Report Option

*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*   ALASKA VAHSRO    *
* Other Reports     *
*************************************************

CRI    ECME Claims-Response Inquiry
PAY    Payer Sheet Detail Report
PHAR   ECME Setup - Pharmacies Report
TAT    Turn-around time statistics
VER    View ePharmacy Rx
OPR    OPECC Productivity Report

Select Other Reports Option: VER View ePharmacy Rx
Example 8.2.6-2: Prompts for the OPECC Productivity Report

Select Other Reports <TEST ACCOUNT> Option: OPR  OPECC Productivity Report

Select one of the following:

D         DIVISION
A         ALL

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

Select one of the following:

V         VETERAN
T         TRICARE
C         CHAMPVA
A         ALL

Include Certain Eligibility Type or (A)ll: A// LL

Select one of the following:

U         USER
A         ALL

Display ECME (U)ser or (A)LL: A// LL

START WITH TRANSACTION DATE: T-1//   (OCT 28, 2015)
GO TO TRANSACTION DATE: T//   (OCT 29, 2015)

Select one of the following:

S         Summary
D         Detail

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

Enter a code from the list to indicate the sort order.

Select one of the following:

D         Division
U         User Name

Sort:   (D/U): User Name// Division

Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME//0;132
Example 8.2.6-3: Display of the Detailed OPECC Productivity Report

OPECC PRODUCTIVITY DETAIL REPORT  Print Date: Oct 29, 2015@10:15:57  Page:  1
DIVISION(S): ALL
ELIGIBILITY: ALL
USERS: ALL

ALL PRESCRIPTIONS BY TRANSACTION DATE: From 9/29/15 through 10/29/15

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</tr>
<tr>
<td>USER,FOUR</td>
<td>REJECTED</td>
<td>1</td>
<td>1</td>
<td>TRI 100923</td>
<td>0/000000111937</td>
<td>09/25/15</td>
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<td>TRI 100938</td>
<td>0/000000112070</td>
<td>10/28/15</td>
<td>10/28/15</td>
<td>10.00</td>
</tr>
</tbody>
</table>

SUBTOTALS FOR DIVISION ONE PHARMACY

<table>
<thead>
<tr>
<th>USER</th>
<th>RESOLVED TO PAYABLE</th>
<th>TRANS IN DT RANGE</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>USER,EIGHT</td>
<td>4</td>
<td>36.62</td>
<td></td>
</tr>
<tr>
<td>USER,THREE</td>
<td>1</td>
<td>10.00</td>
<td></td>
</tr>
<tr>
<td>USER,FOUR</td>
<td>6</td>
<td>0.00</td>
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</tr>
<tr>
<td>USER,NINE</td>
<td>14</td>
<td>124.95</td>
<td></td>
</tr>
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</table>

GRAND TOTAL

<table>
<thead>
<tr>
<th>USER</th>
<th>RESOLVED TO PAYABLE</th>
<th>TRANS IN DT RANGE</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>USER,EIGHT</td>
<td>4</td>
<td>36.62</td>
<td></td>
</tr>
</tbody>
</table>
### Example 8.2.6-4: Display of the Summary OPECC Productivity Report

**OPECC PRODUCTIVITY SUMMARY REPORT**

**Print Date:** Oct 29, 2015@10:32:13  **Page:** 1

**DIVISION(S):** ALL  
**ELIGIBILITY:** ALL  
**USERS:** ALL  
**ALL PRESCRIPTIONS BY TRANSACTION DATE:** From 9/29/15 through 10/29/15

---

<table>
<thead>
<tr>
<th>USER</th>
<th>STATUS</th>
<th>DT RANGE</th>
<th>TOTAL</th>
<th>ELIG RX#</th>
<th>REF/ECME#</th>
<th>DOS</th>
<th>TRANS DATE</th>
<th>PAID AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>USER,ONE</td>
<td>0</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>36.62</td>
</tr>
<tr>
<td>USER,THREE</td>
<td>0</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>USER,FIVE</td>
<td>2</td>
<td></td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>124.95</td>
</tr>
</tbody>
</table>

**GRAND TOTAL**

<table>
<thead>
<tr>
<th>USER</th>
<th>STATUS</th>
<th>DT RANGE</th>
<th>TOTAL</th>
<th>ELIG RX#</th>
<th>REF/ECME#</th>
<th>DOS</th>
<th>TRANS DATE</th>
<th>PAID AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>USER,ONE</td>
<td>0</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36.62</td>
</tr>
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<td>USER,THREE</td>
<td>0</td>
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<td>6</td>
<td></td>
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<td>0.00</td>
</tr>
<tr>
<td>USER,FIVE</td>
<td>2</td>
<td></td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>124.95</td>
</tr>
</tbody>
</table>
9 BPS Nightly Background Job

The *BPS Nightly Background Job* is scheduled to run daily at the sites during off-hours at intervals defined by the site staff. One of the functions of this job is to identify claims to be reversed and then to automatically submit the Reversal Request to the payer.

For inpatient claims reversals, the program will go through all WINDOW fills for the date 5 days prior to the current date (T-5) and check to see if the patient is a current inpatient. If so, the reversal would be given the reason CURRENT INPATIENT to differentiate between non-released prescriptions and inpatient reversals.

The auto-reversal process for outpatient claims is dependent on whether the site sets the Auto-Reversal parameter to anything but 0 (see Auto-Reversal parameter in the Edit ECME Pharmacy Data option on the ECME Setup menu). All non-released outpatient prescriptions that were initially returned as PAYABLE and are not currently REVERSED and have a date older than the number of days set in the Auto-Reversal parameter would be reversed.

After the *BPS Nightly Background Job* identifies claims to auto-reverse and processes the Reversal Request, the system sends a bulletin to the members of the “BPS OPECC” mail group listing both reversals from the parameter setting and the inpatient claims. This mail group needs to be created at the site and should include all OPECC resources.

Example 9.1-1 Displaying the Auto-Reversal Bulletin

<table>
<thead>
<tr>
<th>Subj:</th>
<th>ECME AUTO-REVERSAL PROCESS [#2473] 03/05/05@01:00 29 lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>BPS PACKAGE In 'IN' basket. Page 1 <em>New</em></td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------</td>
</tr>
</tbody>
</table>

The ECME Nightly Process completed auto-reversing e-Pharmacy claims for prescriptions not released within the specified timeframe.

TOTAL AUTO-REVERSED CLAIMS: 3

Claims Auto-Reversed on 03/06/05:

<table>
<thead>
<tr>
<th>#</th>
<th>RX/FILL</th>
<th>STATUS DATE</th>
<th>ELIG PATIENT</th>
<th>BPS PHARM</th>
<th>DRUG NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>908955/1</td>
<td>W/NR 03/01/06</td>
<td>ECMEpatient,One</td>
<td>ANC</td>
<td>DRUG NAME ONE</td>
</tr>
<tr>
<td>2</td>
<td>909225/1</td>
<td>W/NR 03/04/06</td>
<td>ECMEpatient,Two</td>
<td>ANC</td>
<td>DRUG NAME TWO</td>
</tr>
<tr>
<td>3</td>
<td>41581/0</td>
<td>W/NR 03/04/06</td>
<td>ECMEpatient,Three</td>
<td>ANC</td>
<td>DRUG NAME THREE</td>
</tr>
</tbody>
</table>
## 10 Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accredited Standards Committee (ASC)</td>
<td>An organization that has been accredited by American National Standards Institute (ANSI) for the development of American National Standards.</td>
</tr>
<tr>
<td>Administrative Code Sets</td>
<td>Code sets that characterize a general business situation rather than a medical condition or service.</td>
</tr>
<tr>
<td>Administrative Simplification (A/S)</td>
<td>Title II, Subtitle F, of HIPAA, which gives the Department Of Health And Human Services (DHHS) 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.</td>
</tr>
<tr>
<td>American Medical Association (AMA)</td>
<td>A professional association that represents the voice of the American medical profession and constitutes the partnership of physicians and their professional associations dedicated to promoting the art and science of medicine and the betterment of public health.</td>
</tr>
<tr>
<td>American National Standards (ANS)</td>
<td>Standards developed and approved by organizations accredited by ANSI.</td>
</tr>
<tr>
<td>American National Standards Institute (ANSI)</td>
<td>An organization that accredits various standards-setting committees, and monitors their compliance with the open rule-making process that they must follow to qualify for ANSI accreditation.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>American Society for Testing and Materials (ASTM)</strong></td>
<td>A standards group that has published general guidelines for the development of standards, including those for health care identifiers.</td>
</tr>
<tr>
<td><strong>Back Door</strong></td>
<td>System access via the roll and scroll, character and Mumps based VistA application.</td>
</tr>
<tr>
<td><strong>Blue Cross and Blue Shield Association (BCBSA)</strong></td>
<td>An association that represents the common interest of Blue Cross and Blue Shield health plans. The BCBSA maintains the Claim Adjustment Reason Codes code set.</td>
</tr>
<tr>
<td><strong>Business Model</strong></td>
<td>A model of a business organization or process.</td>
</tr>
<tr>
<td><strong>CHAMPVA Patient</strong></td>
<td>A CHAMPVA patient is a patient that is receiving services due to being eligible for the CHAMPVA health benefits program. His/her CHAMPVA health benefit program will be billed for the prescription.</td>
</tr>
<tr>
<td><strong>Clean Claim</strong></td>
<td>An insurance claim that has no defect, impropriety (including any lack of any substantial documentation) or particular circumstance requiring special treatment that prevents timely payment from being made.</td>
</tr>
<tr>
<td><strong>Clearinghouse (or Health Care Clearinghouse)</strong></td>
<td>For health care, an organization that translates health care data to or from a standard format.</td>
</tr>
<tr>
<td><strong>Centers for Medicare &amp; Medicaid Services (CMS)</strong></td>
<td>Centers for Medicare &amp; Medicaid Services, formerly Health Care Financing Administration (HCFA). The administration within the Department of Health and Human Services (HHS) that is responsible for the national administration of the Medicaid and Medicare programs.</td>
</tr>
<tr>
<td><strong>CMS-1450</strong></td>
<td>CMS’s name for the institutional uniform claim form, or UB-92.</td>
</tr>
<tr>
<td><strong>CMS-1500</strong></td>
<td>CMS’s name for the professional uniform claim form. Also known as the UCF-1500.</td>
</tr>
<tr>
<td><strong>Coordination of Benefits (COB)</strong></td>
<td>A provision that is intended to avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental or other care or treatment.</td>
</tr>
<tr>
<td><strong>Code Set</strong></td>
<td>Under HIPAA &quot;codes used to encode data elements, tables of terms, medical concepts, diagnostic codes, or medical procedures. A code set includes the codes and descriptors of the codes.&quot; [45 CFR 162.103]</td>
</tr>
<tr>
<td><strong>Covered Entity</strong></td>
<td>Under HIPAA, a health plan, healthcare clearinghouse or health care provider who transmits information in electronic form in connection with a transaction covered by this subchapter 160.103 of 45 CFR.</td>
</tr>
<tr>
<td><strong>Current Procedural Terminology</strong></td>
<td>A procedure code set maintained and copyrighted by the AMA and that has been selected for use under HIPAA for non-institutional and non-dental professional transactions.</td>
</tr>
<tr>
<td><strong>Data Dictionary (DD)</strong></td>
<td>A document or system that characterizes the data content of a system.</td>
</tr>
<tr>
<td><strong>Data Element</strong></td>
<td>Under HIPAA, this is &quot;...the smallest named unit of information in a transaction.&quot; [45 CFR 162.103]</td>
</tr>
<tr>
<td><strong>Data Mapping</strong></td>
<td>The process of matching one set of data elements or individual code values to their closest equivalents in another set of them.</td>
</tr>
<tr>
<td><strong>Data Model</strong></td>
<td>A conceptual model of the information needed to support a business function or process.</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Data Set</strong></td>
<td>Under HIPAA, this is &quot;...a semantically meaningful unit of information exchanged between two parties to a transaction.&quot; [45 CFR 162.103]</td>
</tr>
<tr>
<td><strong>Designated Code Set</strong></td>
<td>A medical or administrative code set, which DHHS has designated for use in one or more of the HIPAA standards.</td>
</tr>
<tr>
<td><strong>Designated Data Content Committee or Designated DCC</strong></td>
<td>An organization, which DHHS has designated for oversight of the business data content of one or more of the HIPAA-mandated transaction standards.</td>
</tr>
<tr>
<td><strong>Designated Standard</strong></td>
<td>A standard that DHHS has designated for use under the authority provided by HIPAA.</td>
</tr>
<tr>
<td><strong>Department of Health and Human Services (DHHS) or (HHS)</strong></td>
<td>Per the website address provided below, 'The Department Of Health And Human Services is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.' The website is available at <a href="http://www.os.dhhs.gov/">http://www.os.dhhs.gov/</a>.</td>
</tr>
<tr>
<td><strong>Electronic Commerce (EComm)</strong></td>
<td>The exchange of business information by electronic means.</td>
</tr>
<tr>
<td><strong>Electronic Data Interchange (EDI)</strong></td>
<td>The transfer of data between different companies using networks, such as the Internet. As more and more companies are connected to the Internet, EDI is becoming increasingly important as an industry standard for companies to buy, sell, and trade information. ANSI has approved a set of EDI standards known as the X12 standards.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------</td>
<td>------------</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>‘Finish’ a Prescription</strong></td>
<td>This process within VistA Outpatient Pharmacy V. 7.0 where a pharmacy prescription order has been reviewed by either a pharmacy technician or pharmacist and is the first step in processing a prescription in Pharmacy. If performed by a pharmacist with the appropriate security key, the prescription can be ‘Verified’ as well. See ‘Verify a Prescription’ for more information.</td>
</tr>
<tr>
<td><strong>Flat File</strong></td>
<td>This term usually refers to a file that consists of a series of fixed-length records that include some sort of record type code.</td>
</tr>
<tr>
<td><strong>Front Door</strong></td>
<td>System access via the Delphi, Graphical User Interface (GUI) based VistA application.</td>
</tr>
<tr>
<td><strong>Graphical User Interface (GUI)</strong></td>
<td>A graphical method of controlling how a user interacts with a computer to perform various tasks.</td>
</tr>
<tr>
<td><strong>HCFA Common Procedural Coding System (HCPCS)</strong></td>
<td>A medical code set that identifies health care procedures, equipment, and supplies for claim submission purposes. It is maintained by Health Care Financing Administration (HCFA), and has been selected for use in the HIPAA transactions. HCPCS Level I contain numeric CPT-4 codes, which are maintained by the AMA. HCPCS Level II contains alphanumeric codes used to identify various items and services that are not included in the CPT-4 code set. These are maintained by HCFA, BCBSA, and Health Insurance Association of America (HIAA). HCPCS Level III contains alphanumeric codes that are assigned by Medicaid State agencies to identify additional items and services not included in levels I and II. These are usually called &quot;local codes&quot;, and must have &quot;W&quot;, &quot;X&quot;, &quot;Y&quot;, or &quot;Z&quot; in the first position. They are not named as HIPAA standard codes. HCPCS Procedure Modifier Codes can be used with all three levels, with the WA-ZY range used for locally assigned procedure modifiers.</td>
</tr>
</tbody>
</table>
Health Care Clearinghouse

Under HIPAA, this is "… a public or private entity that does either of the following: (1) processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction, or (2) receives a standard transaction from another entity and processes or facilitates the processing of [that] information into nonstandard format or nonstandard data content for a receiving entity." [45 CFR 160.103]

Health Care Financing Administration (HCFA)

The DHHS agency responsible for Medicare and parts of Medicaid. HCFA has historically maintained the UB-92 institutional Electronic Media Claims (EMC) format specifications, the professional EMC National Standard Format (NSF) specifications, as well as specifications for various certifications and authorizations used by the Medicare and Medicaid programs. HCFA also maintains the HCPCS medical code set.

Health Care Provider

Under HIPAA, this is "...a provider of services as defined in the section 1861(u) of the [Social Security] Act, 42 USC 1395x(u), a provider of medical or other health services as defined in section 1861(s) of the Act, 42 USC 1395(s), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business." [45 CFR 160.103]

Health Information

Under HIPAA this is "... any information, whether oral or recorded in any form or medium that (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (b) related to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual." [45 CFR 160.103]
<p>| <strong>Health Insurance Association of America (HIAA)</strong> | An industry association that represents the interests of commercial health care insurers. The HIAA participates in the maintenance of some code sets, including HCPCS Level II codes. |
| <strong>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</strong> | 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. |
| <strong>Health Plan</strong> | Under HIPAA this is &quot;…an individual or group plan that provides, or pay the cost of, medical care&quot;. [45 CFR 160.103] |
| <strong>Healthcare Financial Management Association (HFMA)</strong> | An organization for the improvement of the financial management of healthcare-related organizations. The HFMA sponsors some HIPAA educational seminars. |
| <strong>Health Level Seven (HL7)</strong> | An ANSI-accredited group that defines standards for the cross-platform exchange of information within a health care organization. HL7 is responsible for specifying the Level Seven Open System Interconnection (OSI) standards for the health industry. Some HL7 standards will be encapsulated in the X12 standards used for transmitting claim attachments. |
| <strong>HIPAA Data Dictionary</strong> or <strong>HIPAA DD</strong> | A data dictionary that defines and cross-references the contents of all X12 transactions included in the HIPAA mandate. It is maintained by X12N/TG3. |
| <strong>Implementation Guide (IG)</strong> | A document explaining the proper use of a standard for a specific business purpose. The X12N HIPAA IGs are the primary reference documents used by those implementing the associated transactions, and are incorporated into the HIPAA regulations by reference. |
| <strong>Implementation Specification</strong> | Under HIPAA, this is &quot;… the specific instructions for implementing a standard [45 CFR 160.103]&quot; |
| <strong>Information Model</strong> | A conceptual model of the information needed to support a business function or process. |
| <strong>International Classification of Diseases (ICD)</strong> | A medical code set maintained by the World Health Organization (WHO). The primary purpose of this code set is to classify causes of death. A United States (US) extension of this coding system, maintained by the National Center for Health Statistics (NCHS) within the Centers for Disease Control (CDC), is used to identify morbidity factors, or diagnoses. The ICD-9-CM (Revision 9 Clinical Modification) codes have been selected for use in the HIPAA transactions. |
| <strong>International Standards Organization (ISO) or International Organization for Standardization</strong> | An organization that coordinates the development and adoption of numerous international standards. |
| <strong>Joint Commission on Accreditation of Healthcare Organizations (JCAHO)</strong> | In the future, the JCAHO may play a role in certifying these organizations compliance with the HIPAA A/S requirements. |
| <strong>J-Codes</strong> | Previously HCPCS Level II has contained a set of codes with a high-order value of &quot;J&quot; to identify some drugs and some other items. The final HIPAA transactions and code set rule states that any J-codes identifying drugs will be dropped from the HCPCS and NDC codes will be used to identify all drug products. |
| <strong>Maintain or Maintenance</strong> | Under HIPAA, this is &quot;...activities necessary to support the use of a standard adopted by the Secretary, including technical corrections to an implementation specification, and enhancements or expansion of a code set. This term excludes the activities related to the adoption of a new standard or implementation specification, or modification to an adopted standard or implementation specification.&quot; [45 CFR 162.103] |
| <strong>Maximum Defined Data Set</strong> | Under HIPAA, this is &quot;... all of the required data elements for a particular standard based on a specific implementation specification.&quot; [45 CFR 162.103]. A framework under HIPAA whereby an entity creating a transaction is free to include whatever data any receiver might want or need. The recipient of a maximum data set is free to ignore any portion of the data not needed to conduct their part of the associated business transaction, unless the nonessential data is needed for coordination of benefits. |
| <strong>Medical Code Sets</strong> | Codes that characterize a medical condition or treatment. The code sets are usually maintained by professional societies and public health organizations. |
| <strong>Memorandum of Understanding (MOU)</strong> | A document providing a general description of the kinds of responsibilities that are to be assumed by two or more parties in their pursuit of some goal(s). More specific information may be provided in an associated Statement Of Work (SOW). |
| <strong>Modify or Modification</strong> | Under HIPAA, refers to &quot;a change adopted by the Secretary, through regulation, to a standard or an implementation specification.&quot; [45 CFR 160.102] |
| <strong>National Center for Health Statistics (NCHS)</strong> | An administration of HHS and CDC that oversees ICD coding. |
| <strong>National Council for Prescription Drug Programs (NCPDP)</strong> | An ANSI-accredited group that maintains a number of standard formats for use by the retail pharmacy industry, some of which are included in the HIPAA mandates. |
| <strong>National Drug Code (NDC)</strong> | A medical code set that has been selected for use in the HIPAA transactions. |
| <strong>National Employer ID</strong> | A system for uniquely identifying all sponsors of health care benefits. |
| <strong>National Patient ID</strong> | A system for uniquely identifying all recipients of health care services. |
| <strong>National Payer ID</strong> | A system for uniquely identifying all organizations that pays for health care services. Also known as Health Plan ID or Plan ID. |
| <strong>National Provider File (NPF)</strong> | The database envisioned for use in maintaining a national provider registry. |
| <strong>National Provider ID</strong> | A system for uniquely identifying all providers of health care services, supplies, and equipment. |
| <strong>National Provider Registry</strong> | The organization envisioned for assigning the National Provider IDs. |</p>
<table>
<thead>
<tr>
<th><strong>National Provider System (NPS)</strong></th>
<th>The administrative system envisioned for supporting a national provider registry.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Standard Format (NSF)</strong></td>
<td>Generically, this applies to any national standard format, but it is often used in a more limited way to designate the Professional EMC NSF, a 320-byte flat file record format used to submit professional claims.</td>
</tr>
<tr>
<td><strong>National Uniform Billing Committee (NUBC)</strong></td>
<td>The committee established by the American Hospital Association (AHA) to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling health care claims.</td>
</tr>
<tr>
<td><strong>NCPDP Batch Standard</strong></td>
<td>An NCPDP standard designed for use by low-volume dispensers of pharmaceuticals, such as nursing homes. Version 1.0 of this standard has been mandated under HIPAA.</td>
</tr>
<tr>
<td><strong>NCPDP Telecommunication Standards</strong></td>
<td>An NCPDP standard designed for use by high-volume dispensers of pharmaceuticals, such as retail pharmacies. Version D0 is the transaction standard under HIPAA.</td>
</tr>
<tr>
<td><strong>Non-Formulary Drugs</strong></td>
<td>The medications, which are defined as commercially available drug products not included in the VA National Formulary.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td>Notice of Intent (NOI)</td>
<td>A document that describes a subject area for which the Federal Government is considering developing regulations. It may describe what the government considers to be the relevant considerations and invite comments from interested parties. These comments can then be used in developing a Notice of Proposed Rulemaking (NPRM) or a final regulation.</td>
</tr>
<tr>
<td>Notice of Proposed Rulemaking (NPRM)</td>
<td>A document that describes and explains regulations that the Federal Government proposes to adopt at some future date, and invites interested parties to submit comments related to them. These comments can then be used in developing the final rules.</td>
</tr>
<tr>
<td>Office of Management &amp; Budget (OMB)</td>
<td>A Federal Government agency that has a major role in reviewing proposed Federal regulations.</td>
</tr>
<tr>
<td>Open System Interconnection (OSI)</td>
<td>A multi-layer ISO data communications standard. Level Seven of this standard is industry-specific, and HL7 is responsible for specifying the level seven OSI standards for the health industry.</td>
</tr>
<tr>
<td>Outpatient Pharmacy Electronic Claims Coordinator (OPECC)</td>
<td>This is a designated individual at each site who will be responsible for monitoring NCPDP claims using the ECME module. The OPECC will resolve claim rejection issues with the appropriate parties, make data corrections, and resubmit claims.</td>
</tr>
<tr>
<td>Orderable Item</td>
<td>An Orderable Item name and dosage form that has no strength attached to it (e.g., Acetaminophen). The name with a strength attached is the Dispense Drug name (e.g., Acetaminophen 325mg).</td>
</tr>
<tr>
<td><strong>Payer</strong></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><strong>PAYERID</strong></td>
<td>HCFA’s term for their National Payer ID initiative.</td>
</tr>
<tr>
<td><strong>PBM</strong></td>
<td>A Pharmacy Benefit Manager (PBM) is a third party administrator of prescription drug programs. They are primarily responsible for processing and paying prescription drug claims.</td>
</tr>
<tr>
<td><strong>Placeholders</strong></td>
<td>Physical and/or logical data elements that are referenced and placed within a data structure that have a data definition but may or may not currently exist within the system. The value of these data elements are not currently maintained by the software but are established for future iterations of system development related to Billing Aware.</td>
</tr>
<tr>
<td><strong>Potentially Billable Event</strong></td>
<td>A service, which has all required data elements associated with it. These data elements are collected in the VistA Clinical Application.</td>
</tr>
<tr>
<td><strong>Professional Component</strong></td>
<td>Charges for physician services. Examples include physician who reads the Electrocardiogram (EKG) and an Emergency Room physician who provides treatment.</td>
</tr>
<tr>
<td><strong>Provider Taxonomy Codes</strong></td>
<td>A code set for identifying the provider type and area of specialization for all health care providers. A given provider can have several Provider Taxonomy Codes. The BCBSA maintains this code set.</td>
</tr>
<tr>
<td><strong>Secretary</strong></td>
<td>Under HIPAA, this refers to the Secretary of the US Department of Health and Human Services or his/her designated representatives. [45 CFR 160.103].</td>
</tr>
<tr>
<td><strong>Segment</strong></td>
<td>Under HIPAA, this is &quot;...a group of related data elements in a transaction&quot;. [45 CFR 162.103]</td>
</tr>
<tr>
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<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Service</strong></td>
<td>Medical care and items such as medical diagnosis and treatment, drugs and biologicals, supplies, appliances, and equipment, medical social services, and use of hospital Regional Primary Care Hospital (RPCH) or Skilled Nursing Facility (SNF) facilities.</td>
</tr>
<tr>
<td><strong>Standard</strong></td>
<td>Under HIPAA, this is &quot;... a prescribed set of rules, conditions, or requirements describing the following information for products, systems, services or practices (1) Classification of components, (2) Specification of Materials, performance or operations, (3) Delineation of procedures. [45 CFR 160.103]</td>
</tr>
<tr>
<td><strong>Standard Setting Organization (SSO)</strong></td>
<td>Under HIPAA, this is &quot;...an organization accredited by ANSI that develops and maintains standards for information transactions or data elements, or any other standard that is necessary for, or will facilitate the implementation of this part.&quot; [45 CFR 160.103]</td>
</tr>
<tr>
<td><strong>Standard Transaction</strong></td>
<td>Under HIPAA, this is &quot;... a transaction that complies with the applicable standard adopted under this part.&quot; [45 CFR 162.103]</td>
</tr>
<tr>
<td><strong>Statement of Work (SOW)</strong></td>
<td>A document describing the specific tasks and methodologies that will be followed to satisfy the requirements of an associated contract or MOU.</td>
</tr>
<tr>
<td><strong>Third Party Administrator (TPA)</strong></td>
<td>An entity that processes health care claims and performs related business functions for a health plan.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>---------------------------------------------------------</td>
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<tr>
<td>Third (3rd) Party Claims Transaction</td>
<td>Health care insurance claims submitted to an entity for reimbursement of health care bills. Under HIPAA, this is &quot;...the exchange of information between two parties to carry out financial or administrative activities related to health care.&quot; [45 CFR 160.103]</td>
</tr>
<tr>
<td>TRICARE Patient</td>
<td>A TRICARE patient is a patient that is receiving services due to being covered by TRICARE. His/her TRICARE insurance will be billed for the prescription.</td>
</tr>
<tr>
<td>UB-92</td>
<td>A uniform institutional claim form developed by the National Uniform Billing Committee (NUBC) that has been in use since 1993.</td>
</tr>
<tr>
<td>Unstructured Data</td>
<td>This term usually refers to data that is represented as free-form text, as an image, etc., where it is not practical to predict exactly what data will appear where.</td>
</tr>
<tr>
<td>‘Verify’ a Prescription</td>
<td>After a prescription order has been ‘Finished’ the prescription must be ‘Verified’ by an authorized VistA user, through the administration of the system security key SOP. This is a critical step in the process of generating an electronic claim.</td>
</tr>
<tr>
<td>Veterans Health Information Systems and Technology Architecture (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>Workgroup for Electronic Data Interchange (WEDI)</td>
<td>A health care industry group that lobbied for HIPAA A/S, and that has a formal consultative role under the HIPAA legislation.</td>
</tr>
</tbody>
</table>
# 11 Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AITC</td>
<td>Austin Information Technology Center</td>
</tr>
<tr>
<td>ADPAC</td>
<td>Automated Data Processing Application Coordinator</td>
</tr>
<tr>
<td>AMA</td>
<td>American Medical Association</td>
</tr>
<tr>
<td>ANS</td>
<td>American National Standards</td>
</tr>
<tr>
<td>ANSI</td>
<td>American National Standards Institute</td>
</tr>
<tr>
<td>A/S</td>
<td>Administrative Simplification</td>
</tr>
<tr>
<td>ASC</td>
<td>Accredited Standards Committee</td>
</tr>
<tr>
<td>ASTM</td>
<td>American Society for Testing and Materials</td>
</tr>
<tr>
<td>BCBSA</td>
<td>Blue Cross and Blue Shield Association</td>
</tr>
<tr>
<td>CDES</td>
<td>ECME User Screen</td>
</tr>
<tr>
<td>CMOP</td>
<td>Consolidated Mail Outpatient Pharmacy</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid</td>
</tr>
<tr>
<td>COB</td>
<td>Coordination of Benefits</td>
</tr>
<tr>
<td>DD</td>
<td>Data Dictionary</td>
</tr>
<tr>
<td>DEA</td>
<td>Drug Enforcement Administration</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>DUR</td>
<td>Drug Utilization Review</td>
</tr>
<tr>
<td>ECME</td>
<td>Electronic Claims Management Engine</td>
</tr>
<tr>
<td>EComm</td>
<td>Electronic Commerce</td>
</tr>
<tr>
<td>EDI</td>
<td>Electronic Data Interchange</td>
</tr>
<tr>
<td>FILEMAN</td>
<td>VistA FileMan</td>
</tr>
<tr>
<td>GUI</td>
<td>Graphical User Interface</td>
</tr>
<tr>
<td>HCFA</td>
<td>Health Care Financing Administration</td>
</tr>
<tr>
<td>HPCS</td>
<td>HCFA Common Procedural Coding System</td>
</tr>
<tr>
<td>HFMA</td>
<td>Healthcare Financial Management Association</td>
</tr>
<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>HIAA</td>
<td>Health Insurance Association of America</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HL7</td>
<td>Health Level Seven</td>
</tr>
<tr>
<td>IB</td>
<td>Integrated Billing</td>
</tr>
<tr>
<td>ICD</td>
<td>International Classification of Disease</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>International Classification of Disease, 9th revision, Clinical Modification</td>
</tr>
<tr>
<td>ICD-9-PCS</td>
<td>International Classification of Disease, 9th revision, Procedure Coding System</td>
</tr>
<tr>
<td>IG</td>
<td>Implementation Guide</td>
</tr>
<tr>
<td>IRMS</td>
<td>Information Resources Management Service</td>
</tr>
<tr>
<td>ISO</td>
<td>International Standards Organization</td>
</tr>
<tr>
<td>JCAHO</td>
<td>Joint Commission on Accreditation of Healthcare Organizations</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
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</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NCHS</td>
<td>National Center for Health Statistics</td>
</tr>
<tr>
<td>NCPDP</td>
<td>National Council for Prescription Drug Programs</td>
</tr>
<tr>
<td>NDC</td>
<td>National Drug Code</td>
</tr>
<tr>
<td>NDF</td>
<td>National Drug File</td>
</tr>
<tr>
<td>NOI</td>
<td>Notice of Intent</td>
</tr>
<tr>
<td>NPF</td>
<td>National Provider File</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>NPRM</td>
<td>Notice of Proposed Rulemaking</td>
</tr>
<tr>
<td>NPS</td>
<td>National Provider System</td>
</tr>
<tr>
<td>NSF</td>
<td>National Standard Format</td>
</tr>
<tr>
<td>NUBC</td>
<td>National Uniform Billing Committee</td>
</tr>
<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>OPECC</td>
<td>Outpatient Pharmacy Electronic Claims Coordinator</td>
</tr>
<tr>
<td>OSI</td>
<td>Open System Interconnection</td>
</tr>
<tr>
<td>OTC</td>
<td>Over the Counter</td>
</tr>
<tr>
<td>POS</td>
<td>Point of Sale</td>
</tr>
<tr>
<td>SOW</td>
<td>Statement of Work</td>
</tr>
<tr>
<td>SSO</td>
<td>Standard Setting Organization</td>
</tr>
<tr>
<td>TPA</td>
<td>Third Party Administration</td>
</tr>
<tr>
<td>VA</td>
<td>Department of Veterans Affairs</td>
</tr>
<tr>
<td>VAMC</td>
<td>Department of Veterans Affairs Medical Center</td>
</tr>
<tr>
<td>VHA</td>
<td>Veterans Health Administration</td>
</tr>
<tr>
<td>VistA</td>
<td>Veterans Health Information Systems and Technology Architecture</td>
</tr>
<tr>
<td>WEDI</td>
<td>Workgroup for Electronic Data Interchange</td>
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