

Electronic Claims Management Engine (ECME)

Version 1.0

User Manual



January 2022

Department of Veterans Affairs

Office of Information and Technology (OIT)

Revision History

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
01/2022	Updated for BPS*1*30 Updated Title Page date and footers Added Code 943 to DUR Rejects Added Note for Non-Billable Reasons Examples	MCCF EDI TAS ePharmacy Development Team	MCCF EDI TAS ePharmacy Development Team
05/2021	Updated for BPS*1*28 Updated Title Page date and footers Added Section 6.3.3 SC Prescriptions for Active Duty Prescriptions Added Section 8.1.11 Duplicate Claims Report	MCCF EDI TAS ePharmacy Development Team	MCCF EDI TAS ePharmacy Development Team
12/2020	Updated for BPS*1*27 Updated Potential Secondary Rx Claims Report Screen Display Updated Title Page date and footers	MCCF EDI TAS ePharmacy Development Team	MCCF EDI TAS ePharmacy Development Team
04/2020	Updated for BPS*1*26 Updated section 5.6 Add/View Comments Updated Title Page date and footers	REDACTED	REDACTED
1/2019	Updated for BPS*1*24 Change label on Claim Log, Modify Change View (CV), Enhance Claim Reports	REDACTED	REDACTED
08/2018	Updated for BPS*1*23 Update Title page date, footer date Modification filter questions CV Change View action, Rx Activity Log to add Date of Service to ECME Log, Resubmit with Edits action, Process Secondary/TRICARE Rx to ECME option, Payable Claims Report, Rejected Claims Report, Reversal Claims Report, Claims Submitted Not Yet Released	REDACTED	REDACTED

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
	Report, Recent Transactions Report, Closed Claims Report, View ePharmacy Rx Report Option		
11/2017	Updated for BPS*1*22 Update Title page date, modification to Change View action; change auto-reverse parameter and auto-reversal bulletin; add Facility ID Qualifier and Reconciliation ID to Claim Log and Claim Response Inquiry; add new action PR Print Reports to VER View ePharmacy Rx.	REDACTED	REDACTED
05/2017	Updated for BPS*1*21	REDACTED	REDACTED
08/2016	Updated for BPS*1*20	REDACTED	REDACTED
06/2016	Updated Title Page to current OI&T standards. Updated for BPS*1*19 to reflect customer requested revisions throughout screenshots including numerous changes throughout to update for inclusion of the Close Claim functionality and the new Non-Billable Status Report (NBS)	REDACTED	REDACTED
10/2015	Updated for BPS*1*18	REDACTED	REDACTED
11/2013	Updated for BPS*1*15 (made numerous minor changes throughout; fixed defective page breaks)	REDACTED	FirstView Team
02/2012	Updated for BPS*1*11	REDACTED	REDACTED
10/2011	Updated for BPS*1*10	REDACTED	REDACTED
06/2011	Updated for BPS*1*10 and consistency	REDACTED	REDACTED
12/2010	Reviewed and updated revisions; inserted TRICARE disclaimer	REDACTED	REDACTED
10/2010	Updated for accuracy changes per CBO	REDACTED	REDACTED
08/2010	Updated for BPS*1*8 and Addendum	REDACTED	REDACTED

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
10/2009	Updated for patch BPS*1.0*8 ePharmacy COB Support	REDACTED	REDACTED
04/2009	Updated for patch BPS*1.0*7	REDACTED	REDACTED
02/2007	Updated for patch BPS*1.0*2	REDACTED	REDACTED
08/2006	Updated for interim patch BPS*1.0*3	REDACTED	REDACTED
04/2006	Initial release of the ECME User Manual.	REDACTED	REDACTED

Table of Contents

1	Introduction.....	1
2	Orientation.....	2
2.1	Working with the ECME User Manual	2
2.2	Obtaining Online Help	3
2.3	Finding Related Manuals	4
3	ECME Menu Structures.....	4
3.1	The Complete ECME Menu Structure	5
3.2	ECME User Screen.....	6
3.3	ECME Pharmacy COB Menu Structure.....	7
3.4	Pharmacy ECME Manager Menu Structure.....	7
3.5	Pharmacy Electronic Claims Reports Menu Structure	7
4	Accessing the ECME Main Menu	8
5	Accessing the ECME User Screen.....	9
5.1	Change View	14
5.2	Sort List	19
5.3	Reverse Payable Claim	20
5.4	Resubmit Claim	23
5.5	Close Claim	25
5.5.1	Variations to the Close Claim Process	28
5.5.2	Special Notes Regarding Secondary Claims	30
5.6	Add / View Comments	30
5.7	Further Research Screen	32
5.7.1	Insurance Details	33
5.7.2	View Eligibility	34
5.7.3	View Prescription	35
5.7.4	Add / View Comments	37
5.7.5	Claims Tracking	37
5.7.6	Third Party Inquiry	38
5.7.7	On Hold Copay Listing.....	39
5.7.8	Release Copay	41
5.7.9	IB (Integrated Billing) Events Report	42
5.7.10	Group Plan Menu.....	44
5.7.11	Eligibility Inquiry Option	45
5.8	Print Claim Log (Hidden Action).....	46
5.9	Send to Worklist	49
5.10	Reopen Closed Claims (Hidden Action)	52
5.11	Resubmit with Edits (Hidden Action).....	53
5.12	OPECC Reject Information (Hidden Action)	57
5.13	Resubmit Claim Without Reversal (Hidden Action)	59

5.14	Open / Close Non-Billable Entry (Hidden Action)	60
5.15	Display Update (Hidden Action)	61
5.16	Exit (From ECME User Screen)	61
6	Accessing the ECME Pharmacy COB Menu	62
6.1	Potential Secondary Rx Claims Report	62
6.2	Potential Claims Report for Dual Eligible	64
6.3	Process Secondary / TRICARE Rx to ECME	65
6.3.1	Submitting Secondary Claims	66
6.3.2	Submitting Primary Claims for TRICARE and Dual Eligibility Patients	67
6.3.3	SC Prescriptions for Active Duty Patients	67
7	Accessing the Pharmacy ECME Manager Menu	68
7.1	ECME Transaction Maintenance Options	69
7.1.1	View / Unstrand Submissions Not Completed	70
7.1.2	REOPEN a CLOSED ECME Claim	71
7.2	Pharmacy ECME Setup Menu	72
7.2.1	Edit Basic ECME Parameters	73
7.2.2	Edit ECME Pharmacy Data	74
7.2.3	Register Pharmacy with Austin Information Technology Center	76
7.3	Statistics Screen	78
7.3.1	Update Continuously	80
7.3.2	Display Update	81
7.3.3	Zero (Clear) Statistics	81
7.3.4	Exiting the Statistics Screen	82
8	Accessing the Pharmacy Electronic Claims Reports	83
8.1	Claim Results and Status	83
8.1.1	Payable Claims Report	85
8.1.2	Rejected Claims Report	88
8.1.3	CMOP / ECME Activity Report	93
8.1.4	Reversal Claims Report	94
8.1.5	Claims Submitted, Not Yet Released	98
8.1.6	Recent Transactions	99
8.1.7	Totals by Date	103
8.1.8	Closed Claims Report	104
8.1.9	Non-Billable Status Report	106
8.1.10	Spending Account Report	109
8.1.11	Duplicate Claims Report	114
8.2	Other Reports	119
8.2.1	ECME Claims-Response Inquiry Option	119
8.2.2	Payer Sheet Detail Report Option	121
8.2.3	ECME Setup – Pharmacies Report	124
8.2.4	Turn-around time statistics	126
8.2.5	View ePharmacy Rx	127

8.2.6	OPECC Productivity Report	135
9	BPS Nightly Background Job.....	139
10	Glossary	140
11	Acronyms and Abbreviations.....	150

List of Tables

Table 1: List of Users with Suggested ECME Menus and Security Keys	4
Table 2: Reject Codes	74
Table 3: Description of Edit ECME Pharmacy Data Option Fields	75
Table 4: Description of Statistics Screen Option.....	80
Table 5: Glossary.....	140
Table 6: Acronyms and Abbreviations	150

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 the user is 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.

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. **<Enter>** indicates the user 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 alerts the user to special information.
 - **IMPORTANT** cautions the user to notice critical information. Example:

IMPORTANT: Cautions the user to notice critical information.

- **NOTE** indicates important or helpful information. Example:

Note: Important or helpful information.

- Key options are locked with a particular security key. The user must hold the particular security key to be able to perform the menu option. Example:



The user 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. The user 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 the user to the starting point.

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 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, the user 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:
- *Electronic Claims Management Engine (ECME) V. 1.0 Technical Manual / Security Guide*

All ECME V. 1.0 documentation can be found at the VistA Documentation Library.

VHA-oriented HIPAA (Health Insurance Portability and Accountability Act) information can be found at REDACTED

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 the user holds.

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 the user must hold 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 1: List of Users with Suggested ECME Menus and Security Keys

Type of User	*ECME Menu	ECME Security Keys
OPECC	All ECME Menus: <ul style="list-style-type: none"> • ECME Main Menu • ECME User Screen • ECME Pharmacy COB • Pharmacy ECME Manager Menu • Pharmacy Electronic Claims Reports 	<ul style="list-style-type: none"> • BPSMENU • BPS USER • BPS MANAGER • BPS REPORTS
Pharmacist, Pharmacy Technician	<ul style="list-style-type: none"> • ECME Main Menu • ECME User Screen • Pharmacy Electronic Claims Reports 	<ul style="list-style-type: none"> • BPSMENU • BPS USER • BPS REPORTS

Type of User	*ECME Menu	ECME Security Keys
ePharmacy Site Manager and Back-up	<ul style="list-style-type: none"> • ECME Main Menu • ECME User Screen • Pharmacy ECME Manager Menu • Pharmacy Electronic Claims Reports 	<ul style="list-style-type: none"> • BPSMENU • BPS USER • BPS MANAGER • BPS MASTER • BPS REPORTS
ADPAC (Automated Data Processing Application Coordinator)	<ul style="list-style-type: none"> • ECME Main Menu • ECME Pharmacy COB • Pharmacy ECME Manager Menu • Pharmacy Electronic Claims Reports 	<ul style="list-style-type: none"> • BPSMENU • BPS MANAGER • (BPS MASTER is also required to access certain MGR menu options) • BPS REPORTS
IRMS (Information Resources Management Service)	<ul style="list-style-type: none"> • ECME Main Menu • Pharmacy ECME Manager Menu • Pharmacy Electronic Claims Reports 	<ul style="list-style-type: none"> • BPSMENU • BPS MANAGER (BPS MASTER is also required to access certain MGR menu options) • BPS REPORTS
OPECC Supervisor	Pharmacy Electronic Claims Reports	<ul style="list-style-type: none"> • BPS SUPERVISOR • BPS REPORTS

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.



The user 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.

- **U ECME User Screen**
- **COB ECME Pharmacy COB**
 - SEC Potential Secondary Rx Claims Report
 - TRI Potential Claims Report for Dual Eligible
 - PRO Process Secondary / TRICARE Rx to ECME

- **MGR Pharmacy ECME Manager Menu**
 - **MNT ECME transaction maintenance options**
 - UNS View / Unstrand Submissions Not Completed
 - ROC Re Open CLOSED Claim
 - **SET Pharmacy ECME Setup Menu**
 - BAS Edit Basic ECME Parameters
 - PHAR Edit ECME Pharmacy Data
 - REG Register Pharmacy with Austin Information Technology Center
 - **STAT Statistics Screen**
- **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

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.



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

- **U 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.



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

- **COB 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.



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

- **MGR Pharmacy ECME Manager Menu**
 - **MNT ECME transaction maintenance options**
 - UNS View / Unstrand Submissions Not Completed
 - ROC Re Open CLOSED Claim
 - **SET Pharmacy ECME Setup Menu**
 - BAS Edit Basic ECME Parameters
 - PHAR Edit ECME Pharmacy Data
 - REG Register Pharmacy with Austin Automation Center
 - **STAT 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.



The user 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.



The user 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 the user to review, close, reverse, or resubmit electronic claims.

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

 The user 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.

Note: The screen will display nothing the first time this menu option is entered. 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                  *
*****
U      ECME User Screen
COB    ECME Pharmacy COB ...
MGR    Pharmacy ECME Manager Menu ...
RPT    Pharmacy Electronic Claims Reports ...
Select ECME Option: U  ECME User Screen
Please wait...
```

Example 5-2: Displaying the ECME User Screen Option

```
PHARMACY ECME          Jul 03, 2010@14:55:01          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
#  PATIENT/DRUG/COMMENTS  INSURANCE/NDC/DOS/RX#/ECME#
STATUS/LOC/TYP/RXINF
1  ECMEPatient,FIVE  (XXXX) IBINSUR1/          VET Pb:0 Rj:1 AcRv:3 RjRv:0
  1.1  COLCHICINE 0.6MG 00074-3781-01 06/24 101297$  1/000000001653  M RT
DS/N
    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 the ECME User Screen.

Diagram 5-1: ECME User Screen Areas

PHARMACY ECME		Jul 03, 2010@14:55:01	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	
#	PATIENT/DRUG/COMMENTS	INSURANCE/NDC/FILL/RX#/ECME#	STATUS/LOC/TYP/RXINF
1	ECMEPatient,FIVE (XXXX) IBINSUR1/		Vet Pb:0 Rj:1 AcRv:3 RjRv:0
1.1	COLCHICINE 0.6MG 00074-3781-01 06/24 101297\$	1/000000001653	M RT
DS/N			
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//			

The list below describes the four areas of the ECME User Screen.

- 1. Header Area** - Displays the date / time the screen was built, page status, selected division(s), user, and activity date range.
- 2. Patient / Rx Area:** Displays information about the patient and prescription:
 - #: Line Number: Sequential line number for each patient and associated prescription line(s).
 - Patient Lines:

#	PATIENT	(Patient ID)	INSURANCE/	EligIndicator	SummaryStatus
1	ECMEPatient,FIVE	(XXXX)	IBINSUR1/	VET Pb:0 Rj:1 AcRv:3 RjRv:0	

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.

- **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).

Drug Name	NDC	DOS	RX#	Copay	Refill /ECME#	COLCHICINE
0.6MG	00074-3781-01	06/24	101297	\$ 1	/000000001653	
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 "****."

- **User-Input Comments** - 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.”
 - **Payer Returned Responses** - 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.”
3. **Message Window** - 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.
 4. **Action Area** - A list of *Claims Data Entry* options is available 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.

Note: *An option chosen at the patient information level is performed on all claim items for that patient.*

The ECME User Screen also displays non-billable entries in addition to billable claims. TRICARE and CHAMPVA prescriptions with pseudo-rejection codes of eT and eC display with a few differences. The display for non-billable entries does not include date of service or an ECME number. Also, an open / closed indicator displays for each pseudo-rejection entry and the open / closed status is only for display purposes. The user can filter based on the status by using the Change View action.

The ECME User Screen has several actions to help navigate, as shown below. Actions are entered at the "Select Action" prompt by typing the synonym for the action (e.g., CV for Change View), the first unique letter(s) of the action name (e.g., CL for Close) or the full name of the action (e.g., Sort List for Sort List).

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

+ 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

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 “??”

```
Select Action: Next Screen// ??
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
GO  Go to Page
RD  Re Display Screen
PS  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
- 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 the user to customize information 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 the user the option to “SAVE” these selections as a “preferred view.”

Example 5.1-1: Accessing the Change View Action

PHARMACY ECME	Apr 26, 2006@11:44:45	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#
6	ECMEpatient,Two (XXXX) WEBMD TE/	VET Pb:1 Rj:0 AcRv:0 RjRv:1
6.1	FUROSEMIDE 10MG/M 00641-2312-25 04/18 XXXXXXXXXX\$	0/ REDACTED W RT AC/R
	p-Payable	
6.2	CHOLESTYRAMINE 4G 00087-0580-01 04/19 XXXXXXXXXX\$	0/ REDACTED 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 XXXXXXXXXX\$	0/ REDACTED W RT AC/R
	p-Payable	
7.2	ACETYLCYSTEINE 20 00087-0570-09 04/21 XXXXXXXXXX\$	0/ REDACTED 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.		
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//CV Change View		

- View data by division(s) or all divisions.

Example 5.1-2: Selecting Views by Division

Select one of the following:	
D	DIVISION
A	ALL
Select Certain Pharmacy (D)ivisions or (A)LL: A// DIVISION	
Selected:	
Select ECME Pharmacy Division(s): BAY PINES	
BAY PINES	

- View data by Eligibility Type of the claim.

Example 5.1-3: Selecting Views by Eligibility Type

Select one of the following:	
V	VETERAN
T	TRICARE
C	CHAMPVA
A	ALL
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:
    U      USER
    A      ALL
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    UO      PHARMACIST
Selected:
    ECMEuser,One
Select User:

```

- d. View data on one patient, many patients, or all patients.

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

```

Select one of the following:
    P      PATIENT
    A      ALL
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
    1  ECMEpatient,One      1-1-65    666443333    NO      NSC VETERAN
    2  ECMEpatient,Two      1-1-65    666443444    NO      NSC VETERAN
    3  ECMEpatient,Three    1-1-68    666773333    YES     SC VETERAN
ENTER '^' TO STOP, OR
CHOOSE 1-3: 2 ECMEpatient,Two      1-1-65    666443444    NO      NSC VETERAN
Enrollment Priority: GROUP 8g  Category: NOT ENROLLED  End Date: 08/01/2005
Selected:
    ECMEpatient,Two
Select Patient:

```

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.*

- e. View data about one prescription, many prescriptions, or all prescriptions.

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

```

Select one of the following:
    R      RX
    A      ALL
Display One or Many (R)x or (A)LL: A// R RX
Enter a prescription to select.
Once all prescriptions are selected, hit enter without making a selection.
Select RX: REDACTED
Selected:
    REDACTED
Select RX:

```

- f. 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:	
D	Date Range
T	Timeframe
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:
```

- r. 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      ANYTOWN
CALIFORNIA      Y
Selected: DEVELOPMENT INS
OPINSUR2
Select INSURANCE: OPINSUR2      25 INS WAY      ANYTOWN      ST      Y
Select one of the following:
Y      YES
N      NO
Delete OPINSUR2 from your list?: NO// Y YES
Selected: DEVELOPMENT INS
Select INSURANCE:
```

- s. Answer Y or N to keep the *Change View* action selections as the preferred view. If Y is entered, the preferred view is stored in ECME for use when the user enters the ECME User Screen. If N is entered, the display will only show the selected views until the user quits the ECME User Screen or uses the *Change View* action again.

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)? : YES
Updating screen...
```

- t. If a user accesses *Change View* and they are not currently viewing the saved preferred view, the user is asked if they want to Restore the Preferred View. The user must answer Y or N when asked to restore the preferred view.
1. A response of Y will automatically restore the view of the ECME User Screen to the previously saved view without the user answering all the *Change View* filters.

2. A response of N will prompt the user with all the Change View filters.

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 the user 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

Access this action by entering **SO** at the “Select Action:” prompt on the ECME User Screen. The system will give 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 ECMEpatient,Two (XXXX) WEBMD /	*89%*	Pb:5 Rj:0 AcRv:0 RjRv:0
6.1 FUROSEMIDE 10MG/M	00641-2312-25 04/21 XXXXXXXXXX\$	0/ REDACTED W RT AC/R
p-Payable		
6.2 CHOLESTYRAMINE 4G	00087-0580-01 04/21 XXXXXXXXXX\$	0/ REDACTED 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

```

+          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// 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 the user attempts to reverse a claim that is closed, a message is displayed 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

```

PHARMACY ECME          Aug 10, 2005@10:31:22          Page: 18 of 42
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
7  ECMEpatient,One          (XXXX) WEBMD TE/          VET ALL payable
  7.1 ALBUTEROL INHALER  55555-4444-22 08/08 XXXXXXXXXX$  0/ REDACTED W RT AC/R
    p-Payable
  7.2 ACETYLCYSTEINE 20  00087-0570-09 08/01 XXXXXXXXXX$  0/ REDACTED W RT AC/N
    p-Payable
+          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// REV Reverse Payable Claim

```

- a. The user will see the following message if there is an 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 XXXXXX$ 2/ REDACTED W RT AC/R
cannot be Reversed if the secondary claim is payable.
Please reverse the secondary claim first.
```

- b. The user is prompted for the line item of the payable claim to be reversed. Remember, if the user enters the patient line number, a claim reverse request will be created for all 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 the user is 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 ECMEpatient,Six
7.1 ALBUTEROL INHALER 55555-4444-22 02/28 XXXXXXXXXX$ 0/ REDACTED 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. The user can answer Y or N. If the user types 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 want to mark the claim as non-billable in Claims Tracking, and therefore release the patient copay (if any). Enter Y or N. If the user enters Y, it will prompt 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

Note: *Non-Billable Reasons are continuously reviewed and updated. The list shown below is for display purposes and is subjected to change.*

```
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
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:  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          Page:  18 of  42
SELECTED DIVISION(S): ALL
Transmitted by ALL users          Activity Date Range: within the past XX day(s)
                                   Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS          INSURANCE/NDC/RX#/ECME#          LOC/TYP RXINF
7   ECMEPatient,Six                (XXXX) WEBMD TE/                VET ALL payable
7.1  ALBUTEROL INHALER  55555-4444-22 02/28 XXXXXXXXXX$  0/ REDACTED W RT DS/R
    p-Reversal Accepted

```

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		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					
#	PATIENT/DRUG/COMMENTS	INSURANCE/NDC/DOS/RX#/ECME#	LOC/TYP		
RXINF					
1	ECMEpatient,One (XXXX) OPINSUR1/	VET Pb:2 Rj:4 AcRv:4 RjRv:0			
1.1	RESERPINE 0.1MG S 00083-0035-40 07/19 XXXXXX\$	1/ REDACTED	W RT	AC/N	
p-In progress- Waiting to start					
1.2	LIDOCAINE 0.5% W/ 00186-0140-01 07/19 XXXXXX\$	1/ REDACTED	W RT	AC/N	
p-In progress- Transmitting					
1.3	IMIPRAMINE 25MG T 00779-0588-30 07/19 XXXXXX\$	1/ REDACTED	W RT	**/N	
p-Rejected					
07:M/I Cardholder ID					
1.4	FLURAZEPAM 15MG C 00781-2806-05 07/18 XXXXXX\$	0/ REDACTED	W RT	**/N	
p-Rejected					
07:M/I Cardholder ID					
1.5	DACARBAZINE 100MG 00026-8151-10 07/21 XXXXXX\$	2/ REDACTED	W RT	**/N	
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// res Resubmit Claim					

- The user is prompted for the line item(s) of the claim to be resubmitted.

Note: The user can 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 5.4-2: 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 the user attempts to resubmit a claim that is closed, a message will display that the user 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 XXXXXXXX      0/ REDACTED  M RT DS/N
Are you sure?(Y/N)? y  YES
>> Cannot Resubmit
1.2  AMITRIPTYLINE HCL  00603-2212-32 10/11 XXXXXXXX      0/ REDACTED  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, the user must reverse the secondary claim.

If the user attempts to resubmit a primary claim when there is a payable secondary claim, a message will display, 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 XXXXXX$ 2/ REDACTED  W RT AC/R
cannot be Resubmitted if the secondary claim is payable.
Please reverse the secondary claim first.
```

- b. Otherwise, the system redisplay the line item for resubmission, then asks if are sure you want to continue with the transaction. Enter Y or N. If 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 XXXXXX$ 2/ REDACTED  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: *Even though a request may be placed on the queue, whether 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 asks 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

```

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E PAYABLE
Veteran Prescription XXXXXX 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 5.4-8: 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
# PATIENT/DRUG/COMMENTS  INSURANCE/NDC/DOS/RX#/ECME#  LOC/TYP RXINF
1  ECMEpatient,One (XXXX) OPINSUR1/          VET Pb:2 Rj:4 AcRv:4 RjRv:0
  1.1 RESERPINE 0.1MG S 00083-0035-40 07/09 XXXXXX$ 1/ REDACTED W RT AC/N
     p-In progress- Waiting to start
  1.2 LIDOCAINE 0.5% W/ 00186-0140-01 07/09 XXXXXX$ 1/ REDACTED W RT AC/N
     p-In progress- Waiting to start
  1.3 IMIPRAMINE 25MG T 00779-0588-30 07/09 XXXXXX$ 1/ REDACTED W RT **/N
     p-Rejected
     07:M/I Cardholder ID
  1.4 FLURAZEPAM 15MG C 00781-2806-05 07/08 XXXXXX$ 0/ REDACTED W RT **/N
     p-Rejected
     07:M/I Cardholder ID
  1.5 DACARBAZINE 100MG 00026-8151-10 07/06 XXXXXX$ 2/ REDACTED W RS **/N
     p-Payable
+ 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//

```

5.5 Close Claim

This action allows the user 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 the user attempts 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 the user attempts 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.

```

PHARMACY ECME          Jul 15, 2014@18:43:02          Page:    1 of    1
SELECTED DIVISION(S):  GENERIC CITY
Transmitted by Transmitter, Person    Activity Date Range: within the past 365
day(s)

Sorted by: Transaction date by default
#  PATIENT/DRUG/COMMENTS    INSURANCE/NDC/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1
  1.1  ABACAVIR SULFATE 00173066101 07/15 #####0/ REDACTED 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.
        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: Quit//CLO
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
Oppatient,ONE :
  1.1  ABACAVIR SULFATE 00173066101 07/15 #####0/ REDACTED M RT SU/N
        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.
PHARMACY ECME          Jul 15, 2014@18:43:02          Page:    1 of    1
SELECTED DIVISION(S):  GENERIC CITY
Transmitted by Transmitter, Person    Activity Date Range: within the past 365
day(s)

Sorted by: Transaction date by default
#  PATIENT/DRUG/COMMENTS    INSURANCE/NDC/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1
  1.1  ABACAVIR SULFATE 00173066101 07/15 #####0/ REDACTED 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.
        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 the user for the line number(s) for the claim(s) being closed.

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

```

PHARMACY ECME          Aug 02, 2005@12:19          Page:    1 of    70
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

```

```

7  ECMEpatient,Two (XXXX) WEBMD / VET Pb:3 Rj:1 AcRv:0 RjRv:0
7.1  DESIPRAMINE 25MG T 00068-0011-10 08/02 XXXXXXXXXX$ 0/ REDACTED W RT **/N
    p-Rejected
    07:M/I Cardholder ID Number
    22:M/I Dispense As Written(DAW)/Product Selection Code
    34:M/I Submission Clarification Code
7.2  CODEINE SULFATE 30 00002-1010-02 08/02 XXXXX$ 0/ REDACTED W RT EX/N
    p-Rejected
    07:M/I Cardholder ID Number
    23:M/I Ingredient Cost Submitted
8  ECMEpatient,Two (XXXX) WEBMD / VET ALL payable
8.1  TESTOSTERONE ENTH. 00003-0328-40 07/30 XXXXXX$ 0/ REDACTED M RT AC/N
    p-Payable
+    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 Line Item(s): Next Screen// CLO Close Claim
Enter the line numbers for the claim(s) to be closed.
Select Line Item(s): 7.1

```

- b. The system redisplay 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. The user is asked to continue.

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

```

You've chosen to close the following prescription(s) for
ECMEpatient,Two:
7.1  DESIPRAMINE 25MG T 00068-0011-10 03/20 XXXXXXXXXX$ 0/ REDACTED W RT **/N
    07:M/I Cardholder ID Number
    22:M/I Dispense As Written(DAW)/Product Selection Code
    34:M/I Submission Clarification Code
ALL Selected Rxs will be CLOSED using the same information gathered in the
following prompts.
Are you sure?(Y/N)? YES

```

- c. The user is prompted for a non-billable reason code.

Example 5.5-3: Listing Non-Billable Reason Codes

```

PHARMACY ECME          Aug 12, 2005@12:19          Page: 1 of 70
Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: ??
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. The user is prompted for a comment (explanation), and to continue.

Example 5.5-4: Entering a Comment and Answering, 'Are You Sure?' Question

```

Comment : ECME Reject: Insurance does not cover Rx
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 will prompt with two choices: “NON-BILLABLE” or “DROP TO PAPER.”

- If the user selects (N)ON-BILLABLE EPISODE, the Claims Tracking entry displays the Billable Episode flag=“N” with the Non-Billable Reason selected.

Note: *The Billable Episode flag will be changed back to "Y" if a secondary claim is later generated and is returned as payable.*

- If the user selects (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 if the prescription has been released.

Example 5.5.1-1: Closing a Prescription

```

You've chosen to close the following prescription(s) for
ECMEPatient,FIVE :
  4.1 COLCHICINE 0.6MG 00074378101 06/24 XXXXXX$ 1/ REDACTED M RT DS/N
ALL Selected Rx's 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 Rx
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 the user 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. The user 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 Y is selected, 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 VA2005-1111111-123456-0000501...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

```
PHARMACY ECME          Aug 12, 2005@13:13:15          Page: 1 of 69
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
7  ECMEpatient,Two (XXXX) WEBMD /          VET  Pb:3 Rj:1 AcRv:0 RjRv:0
   7.1  CODEINE SULFATE 30 00002-1010-02 08/03 XXXXX$      0/ REDACTED W RT EX/N
       p-Rejected
       07:M/I Cardholder ID Number
       23:M/I Ingredient Cost Submitted
8  ECMEpatient, Three (XXXX) WEBMD /          VET  ALL payable
```

```

8.1 TESTOSTERONE ENTH. 00003-0328-40 08/03 XXXXXX$ 0/ REDACTED M RT AC/N
p-Payable
9 ECMEpatient,22 (XXXX) WEBMD / VET ALL payable
9.1 HYDROCODONE 5/ACET 55778-8998-88 08/12 XXXXXX$ 1/ REDACTED C RT AC/N
+ Enter ?? for more actions

```

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 XXXXXXXX$ 0/ REDACTED 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 the user for a line selection to identify the line item(s) to contain a comment. The user can 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

```

PHARMACY ECME Jul 02, 2005@22:19 Page: 1 of 70
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
1 ECMEpatient,Two (XXXX) WEBMD / VET Pb:3 Rj:1 AcRv:0 RjRv:0
1.1 TAMOXIFEN CITRATE 00093-0784-86 07/01 XXXXXX$ 0/ REDACTED W ** DS/R
p-Rejected
NN:Transaction Rejected At Switch Or Intermediary
NC40-Request from an unknown site. Registration is required
1.2 DESIPRAMINE HCL 25 00068-0011-10 07/01 XXXXXX$ 0/ REDACTED W ** AC/R
p-Payable
1.3 DIAZEPAM 5MG/ML IN 00140-1933-06 07/01 XXXXXX$ 0/ REDACTED W ** AC/N
p-Payable

```

```

+          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// CMT Add/View Comments
Enter the line number for which you wish to Add/View comments.
Select: 1.2

```

- 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 the user to enter a comment.

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

```

O Add OPECC Comment          EX Exit
P Add Pharmacy/OPECC Comment
Select action: Next Screen// O Add OPECC Comment
Enter the line number for which you wish to Add comments.

Select item: 12.1//

```

- c. The system prompts for the comment and allows up to 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

```

Enter Comment: This shows a test comment line for 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 the user 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 XXXXXX$      0/ REDACTED 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.
- For Veterans, there are two types of user-defined rejections that are automatically sent to the Pharmacy Worklist:
 - Transfer Rejects.

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.”
- TRICARE and CHAMPVA prescriptions are sent to the Pharmacy Worklist if the claim is rejected for any reason. The TRICARE and CHAMPVA comment are “Auto Send to Pharmacy Worklist & OPECC – CVA/TRI.”
 - Auto-resolved rejects will display the comment “Not Transferred to Pharmacy – Unable to Resolve Backbill/Resubmission (POSTMASTER).”
 - There are two comments displayed when the pharmacist attempts to resolve a reject, but the claim cannot transmit:
 1. OPECC to Cancel Existing Bill in IB & Resubmit Claim.
 2. Reason Not Billable (RNB) must be removed from Claims Tracking prior to resubmitting.

5.7 Further Research Screen

The *Further Research* Screen allows the user to access different sets of data within VistA for quick problem resolution. The *Further Research* Screen allows the user 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)			
				Sorted 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 XXXXXX\$		0/	REDACTED	M RT AC/N
	p-Payable				
16.2	ETANERCEPT 25MG/VI 58406-0425-34 07/22 XXXXXX\$		1/	REDACTED	M RT AC/N
	p-Payable				
16.3	DIVALPROEX 125MG T 00074-6212-13 07/22 XXXXXX\$		0/	REDACTED	M RT AC/N
	p-Payable				
16.4	COLLAGENASE OINT 50484-0527-30 07/22 XXXXXX\$		0/	REDACTED	M RT AC/N
	p-Payable				
16.5	NAFCILLIN 1 GM. IN 00209-6950-22 07/22 XXXXXX\$		0/	REDACTED	M RT AC/N
	p-Payable				
+	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// FR Further Research					

- b. The system re-displays the ECME User Screen with multiple new “Research” options.

Example 5.7-2: Displaying Multiple Further Research Menu Options

```

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
#  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
   1.1  SIMETHICONE 40MG    02587542934 10/06 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 XXXXXXXX$        0/ REDACTED W RT DS/R
       p-Reversal Other
   1.3  AMYL NITRITE 0.3M  00223700212 10/27 XXXXXXXX$        0/ REDACTED W RT DS/R
       p-Reversal Other
   1.4  TRIAMTERENE 50MG,   00484359030 10/27 XXXXXXXX$        0/ REDACTED W RT AC/R
       p-Payable
+      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//

```

5.7.1 Insurance Details

This action allows the user to view insurance details for a single patient line item. The *Insurance Details* action allows the user 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

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				
#	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	
1.1	SIMETHICONE 40MG	02587542934 10/06 XXXXXXXX\$	0/ REDACTED 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 XXXXXXXX\$	0/ REDACTED W RT DS/R	
	p-Reversal Other			
1.3	AMYL NITRITE 0.3M	00223700212 10/27 XXXXXXXX\$	0/ REDACTED W RT DS/R	
	p-Reversal Other			
1.4	TRIAMTERENE 50MG,	00484359030 10/27 XXXXXXXX\$	0/ REDACTED W RT AC/R	
	p-Payable			
+	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// INS Insurance details
Please select a SINGLE Patient Line item for viewing Insurance
Select item: 1.4

```

- b. While in Patient Insurance Info View / Edit, the user will have access to all the actions at the bottom of the Insurance Screen. When the user enters **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 >>>
VP View Policy Info BU Benefits Used EX Exit
AB Annual Benefits INS View Insurance Co.
Select Action:Quit// QUIT

```

5.7.2 View Eligibility

The *View Eligibility* action allows the user 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.

- a. Enter **VE** to view eligibility information for a single patient.

Example 5.7.2-1: Accessing View Eligibility Option

```

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
# 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
  1.1 SIMETHICONE 40MG 02587542934 10/06 XXXXXXXX$      0/ REDACTED 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 XXXXXXXX$      0/ REDACTED W RT DS/R
    p-Reversal Other
  1.3 AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXXX$      0/ REDACTED W RT DS/R
    p-Reversal Other
  1.4 TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXXX$      0/ REDACTED W RT AC/R
    p-Payable
+ 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// VE View Eligibility
Please select a SINGLE Patient Line item for viewing Eligibility
Select item: 1.4

```

- b. While in the View Eligibility action, the user will have access to only the EXIT / QUIT action at the bottom of the Patient Eligibility Screen. When the user enters **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		DOB: REDACTED
Means Test: YES		Insured: Yes
Date of Test: 07/29/05		A/O Exposure:
Co-pay Exemption Test:		Rad. Exposure:
Date of Test:		
Patient has agreed to pay deductible		
Primary Elig. Code: NSC		
Service Connected: No		
Rated Disabilities: None		
Enter ?? for more actions		
EX Exit		
Select Action: Quit//		

5.7.3 View Prescription

This action allows the user 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, the user will be prompted for the line item of the prescription 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	
#	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
1.1	SIMETHICONE 40MG	02587542934 10/06 XXXXXXXX\$	0/ REDACTED 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 XXXXXXXX\$	0/ REDACTED W RT DS/R
	p-Reversal Other		
1.3	AMYL NITRITE 0.3M	00223700212 10/27 XXXXXXXX\$	0/ REDACTED W RT DS/R
	p-Reversal Other		
1.4	TRIAMTERENE 50MG,	00484359030 10/27 XXXXXXXX\$	0/ REDACTED W RT AC/R
	p-Payable		
+	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// VP View Prescription			
Please select a SINGLE Rx Line item for viewing a Prescription			
Select item: 1.4			

- b. Once a single prescription line item is entered, the system displays the following screens for the selected prescription. When **QUIT** is entered, the system will return the user to the *Further Research* Screen.

Example 5.7.3-2: Displaying View Prescription Options

Rx Activity Log	Nov 03, 20XX@15:27:54	Page: 1 of 5
-----------------	-----------------------	--------------

ECMEPatient,Six

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

Rx #: XXXXXXX\$

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:

Expires: 10/08/XX

Days Supply: 90

of Refills: 3

Provider: OPINSUR2

Routing: Window

Copies: 1

Method of Pickup:

Clinic: Not on File

Division: XXXXXXXXXXXX

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 Partial 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			
2	08/03/05	ORIGINAL	PSOuser,Three
Comments: From RX number XXXXXX (Reprint)			

Rx Activity Log	Nov 03, 2010@15:27:54	Page: 5 of 5
-----------------	-----------------------	--------------

ECMEPatient,Six

PID: XXXX	Ht (cm): _____ (_____)
DOB: JAN X, XXXX (XX)	Wt (kg): _____ (_____) +

ECME Log:

#	Date	Rx Ref	Initiator Of Activity		
=====					
1	5/22/06@19:00:24	ORIGINAL	PSOuser,Three		
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00049-3980-60)					
2	7/6/06@19:01:04	REFILL 1	PSOuser,Three		
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00049-3980-60)					
3	7/7/06@14:39:19	REFILL 1	PSOuser,Three		
Comments: Submitted to ECME:REJECT WORKLIST-DUR OVERRIDE CODES (DD/M0/1B)-E PAYABLE-pMEDCO					
4	7/8/06@12:48:02	REFILL 1	PSOuser,Three		
Comments: CHAMPVA-ECME RED Resubmit Claim w/Edits: Date of Service (7/6/2006)-pMEDCO					
ECME REJECT Log:					
#	Date/Time Rcvd	Rx Ref	Reject Type	STATUS	Date/Time Resolved
=====					
1	7/6/06@19:02:08	REFILL 1	DUR	RESOLVED	7/7/06@14:39:19
Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)					
Enter ?? for more actions					
Select Action:Quit//					

5.7.4 Add / View Comments

When **CMT** is entered at the “Select Action:” field, the user will access the *Add/View Comments* as described in Section 5.8. The only difference is that when **QUIT** is selected, the user 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.

- 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

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 11 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
1.1	SIMETHICONE 40MG	02587542934 10/06 XXXXXXXX\$	0/ REDACTED 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 10/06 XXXXXXXX\$	0/ REDACTED W RT DS/R
	p-Reversal Other		
1.3	AMYL NITRITE 0.3M	00223700212 10/07 XXXXXXXX\$	0/ REDACTED W RT DS/R
	p-Reversal Other		
1.4	TRIAMTERENE 50MG,	00484359030 10/07 XXXXXXXX\$	0/ REDACTED W RT AC/R
	p-Payable		

+ 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// **CT** Claims Tracking

Please select a SINGLE Rx Line item when accessing Claims Tracking.

Select item: 1.1.....

- b. While in the *Claims Tracking* action, the user will have menu access to all Claims options at the bottom. Entering **EXIT** or **QUIT** will end the *Claims Tracking* and return the user to the *Further Research* screen.

Example 5.7.5-2: Displaying Claims Tracking Options

```

CLAIMS TRACKING EDIT      Nov 03, 2010@15:27:54      Page: 1 of 3
Expanded Claims Tracking Info for: ECMEPatient, Two ROI:
For: PRESCRIPTION REFILL on 11/04/05

+
  Visit Type: PRESCRIPTION REFILL      Authorization #:
  Prescription #: XXXXXXXX      No. Days Approved: 0
  Fill Date: Nov 04, 2005      Second Opinion Required:
  Drug: ALLOPURINOL 300MG, 30'S      Second Opinion Obtained:
  Quantity: 1
  Days Supply: 1
  NDC#: 51079-0206-20      Review Information
  Physician: ECMEProvider,Two      Insurance Claim: YES
                                      Follow-up Type:
                                      Random Sample:
                                      Special Condition:
                                      Local Addition:
                                      Ins. Reviewer:
                                      Hospital Reviewer:

      Billing Information
+      Enter ?? for more actions
BI Billing Info Edit      TA Treatment Auth. EX Exit
RI Review Info      SE Submit Claim to ECME
Select Action:Next Screen// <Enter>
CLAIMS TRACKING EDIT      Nov 03, 2010@15:27:      Page: 2 of 3
Expanded Claims Tracking Info for: ECMEpatient,Two ROI:
For: PRESCRIPTION REFILL on 11/04/05

+
  Episode Billable: NO      Total Charges: $ 0
  Non-Billable Reason: PRESCRIPTION NOT REL Estimated Recv (Pri): $
  Next Bill Date:      Estimated Recv (Sec): $
  Work. Comp/OWCP/Tort:      Estimated Recv (ter): $
  Initial Bill:      Means Test Charges: $
  Bill Status:      Amount Paid: $ 0
  Hospital Reviews Entered
  Insurance Reviews Entered
  Service Connected Conditions:
  Service Connected: NO
+      Enter ?? for more actions
BI Billing Info Edit      TA Treatment Auth. EX Exit
RI Review Info      SE Submit Claim to ECME
Select Action:Next Screen//<Enter>
CLAIMS TRACKING EDIT      Nov 03, 2010@15:27:      Page: 3 of 3
Expanded Claims Tracking Info for: ECMEpatient,Two ROI:
For: PRESCRIPTION REFILL on 11/04/05

+
  NONE STATED
      Enter ?? for more actions
BI Billing Info Edit      TA Treatment Auth. EX Exit
RI Review Info      SE Submit Claim to ECME
Select Action:Quit//

```

5.7.6 Third Party Inquiry

The “TPJI” action allows the user 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:          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
#  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
   1.1  SIMETHICONE 40MG 02587 2934 10/06 XXXXXX$          0/ REDACTED 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 XXXXXX$          0/ REDACTED W RT DS/R
       p-Reversal Other
   1.3  AMYL NITRITE 0.3M 00223700212 10/27 XXXXXX$          0/ REDACTED W RT DS/R
       p-Reversal Other
   1.4  TRIAMTERENE 50MG, 00484359030 10/27 XXXXXX$          0/ REDACTED W RT AC/R
       p-Payable
+      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*, the user has 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:		Page: 1 of 1	
ECMEPatient,SIX (XXXX) NSC										
	Bill #	From	To	MT?	Type	Stat	Rate	Insurer	Orig Amt	Curr Amt
1	K400K9Ce	06/15/05	06/15/05	YES	OP	A	REIM IN	WEBMD	45.00	45.00
2	K400K9De	06/15/05	06/15/05	YES	OP	A	REIM IN	WEBMD	45.00	45.00
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 the user to access the *List Current/Past Held Charges by Pt* option, located on the On Hold Menu (that is located on the Automated Means Test Billing Menu) in Integrated Billing software.

Note: 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.

Example 5.7.7-1: Accessing On Hold Copay Listing Option

```
FURTHER RESEARCH SCREEN      Nov 03, 2010@15:27:      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
# 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
  1.1 SIMETHICONE 40MG 02587 2934 10/26 XXXXXXXX$      0/ REDACTED 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 XXXXXXXX$      0/ REDACTED W RT DS/R
      p-Reversal Other
  1.3 AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXXX$      0/ REDACTED W RT DS/R
      p-Reversal Other
  1.4 TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXXX$      0/ REDACTED W RT AC/R
      p-Payable
+      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//      OH On Hold Copay Listing
Please select a SINGLE Patient Line item when accessing On Hold Copay Listing
Select item: 1
```

- b. The user is 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. The user is 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
PATIENT CHARGES
CORRESPONDING THIRD PARTY BILLS
=====|=====
From/      Date      AR      IB      ||
AR
Action ID      Type      Bill#      Fill Dt      to AR      Charge      Status      Status||
Bill# Classf($Typ) ST      Charge      % Paid
=====|=====
'*' = outpt visit on same day as Rx fill date      ||
```

```

=====|=====
=====
5002877      NSC RX      Rx #: REDACTED      ECME # REDACTED ||
              12/30/05      8.00      ON HOLD||
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 (that is located on the Automated Means Test Billing Menu) in the Integrated Billing software. If The user selects a single Rx Line item, the system defaults the to the REF# of the selected Rx.

- a. Enter **RH** to access the *Release Copay* option. The user may select a single Patient line item or a single Rx line item.

Example 5.7.8-1: Accessing Release Copay Option

```

FURTHER RESEARCH SCREEN      Nov 03, 2010@15:27:      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
# 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
  1.1  SIMETHICONE 40MG 02587 2934 10/06 XXXXXXXX$      0/ REDACTED 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 XXXXXXXX$      0/ REDACTED W RT DS/R
      p-Reversal Other
  1.3  AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXXX$      0/ REDACTED W RT DS/R
      p-Reversal Other
  1.4  TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXXX$      0/ REDACTED W RT AC/R
      p-Payable
+      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// 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 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:
=====
REF  Action ID  Bill Type      Bill #      Fr/FI Dt  To/Rls Dt Charge
=====

```

```

1 000596570 Rx #: REDACTED 08/01/05 08/01/05 21.00
ECME #: 000000000000
2 000596574 Rx #: REDACTED 08/01/05 08/01/05 21.00
ECME #: 000000000000
3 000596575 Rx #: REDACTED 08/01/05 08/01/05 21.00
ECME #: 000000000000
4 000596580 Rx #: REDACTED 08/01/05 08/01/05 21.00
ECME #: 000000000000
5 000596581 Rx #: REDACTED 08/01/05 08/01/05 21.00
ECME #: 000000000000
6 000596601 Rx #: REDACTED 08/01/05 08/03/05 21.00
ECME #: 000000000000
Select IB Actions (REF #) to release (or '^' to exit): 2
OK to pass this charge to Accounts Receivable? YES
Passing charges to Accounts Receivable...
=====
REF Action ID Bill Type Bill # Fr/FI Dt To/Rls Dt Charge
=====
2 000596574 Rx #: REDACTED K400KDC 08/01/05 08/01/05 21.00
ECME #: 000000000000
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 the user to access the *IB e-Pharmacy Menu* Option, ECME Billing Events Report.

- a. Enter **EVNT** to access the *IB Events Report* option. The user may select a single Patient line item or a single Rx line item.

Example 5.7.9-1: Accessing IB Events Report Option

```

FURTHER RESEARCH SCREEN Nov 03, 2010@15:27: 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
# 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
1.1 SIMETHICONE 40MG 02587 2934 10/06 XXXXXXXX$ 0/ REDACTED 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 XXXXXXXX$ 0/ REDACTED W RT DS/R
p-Reversal Other
1.3 AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXXX$ 0/ REDACTED W RT DS/R
p-Reversal Other
1.4 TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXXX$ 0/ REDACTED W RT AC/R
p-Payable
+ 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// EVNT IB Events Report
Please select a SINGLE Patient Line item or a SINGLE Rx Line item when accessing
The IB Events Report.
Select item: 2

```

- b. The user is prompted for a start and end date for this report.

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

```
START WITH DATE: TODAY//T-60 (JUN 23, 2005)
GO TO DATE: TODAY//T (AUG 22, 2005)
```

- c. The user is 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

```
Select one of the following:
M      MAIL
W      WINDOW
C      CMOP
A      ALL
(M)AIL, (W)INDOW, (C)CMOP, (A)LL: ALL// <Enter>  ALL
```

- d. The user is 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      SUMMARY REPORT
D      DETAILED REPORT
(S)UMMARY REPORT, (D)ETAILED REPORT: SUMMARY REPORT// <Enter> SUMMARY REPORT
DEVICE: HOME//

                                     PAGE 1
BILLING ECME EVENTS ON 06/23/05 TO 08/22/05 (SUMMARY)
RX#  FILL  DATE      PATIENT NAME      DRUG
=====
1  909693  0   08/01/05  ECMEPatient,SIX EPOETIN ALFA, RECOMB 20,000UNT/
    FINISH  08/01/05  11:32a Status:ECME Billable
    SUBMIT  08/01/05  11:34a Status:OK
    REVERSAL 08/01/05  3:19p Status:ECME Claim reversed, no Bill to cancel
    FINISH  08/01/05  3:20p Status:ECME Billable
    SUBMIT  08/01/05  3:20p Status:OK
    RELEASE 08/01/05  3:20p Status:OK
-----
2  909694  0   08/01/05  ECMEPatient,Seven CYCLOPHOSPHAMIDE 1000MG INJ
    FINISH  08/01/05  11:44a Status:ECME Billable
    SUBMIT  08/01/05  11:45a Status:OK
    REVERSAL 08/01/05  3:37p Status:ECME Claim reversed, no Bill to cancel
    FINISH  08/01/05  3:38p Status:ECME Billable
    SUBMIT  08/01/05  3:38p Status:OK
    RELEASE 08/01/05  3:38p Status:OK
    BILLING 08/01/05  3:38p Status:Bill# K400KBC created
    REVERSAL 08/05/05  3:09p Status:Bill# K400KBC cancelled
Press RETURN to continue, '^' to exit:
```

Example 5.7.9-5: Selecting a Detailed Type for IB Events Report

```

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

                                     PAGE 1
BILLING ECME EVENTS ON 07/06/11 TO 09/04/11 (DETAILED) for XXXXXX VAMC DIVISIO
RX#  FILL  DATE      PATIENT NAME      DRUG
=====
1  20 789  0   06/08/11  ECMEPATIENT,SIX      CLONAZEPAM 1MG TAB
    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 COB: S
BIN:123456, PCN:1123456789, PAYER SHEET B1:WBTESTB1
PAYER SHEET B2:WBTESTB2, PAYER SHEET B3:WBTESTB1
DISPENSING FEE:11.40, BASIS OF COST DETERM:COST CALCULATIONS
COST:12.12, GROSS AMT DUE:12.12, ADMIN FEE:0.00
USER:ECMEuser,Two
SUBMIT 08/10/11 6:35p Status:OK
ECME#:000001614656, FILL DATE:06/08/11, RELEASE DATE:06/08/11
PAYER RESPONSE: PAYABLE
PLAN:, INSURANCE: WEBMD
USER:ECMEuser,Three
BILLING 08/10/11 6:35p Status:Bill K10004V created with ERRORS
Press RETURN to continue, '^' to exit:

PAGE 2
BILLING ECME EVENTS ON 07/06/11 TO 09/04/11 (DETAILED) for XXXXXX VAMC DIVISIO
RX#  FILL  DATE          PATIENT NAME          DRUG
=====
ERROR DESCRIPTION: Cannot establish receivable in AR (secondary
ins).  ECME#:00000XXXXXXX, 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:
ECME#:00000XXXXXXX, FILL DATE:06/08/11, RELEASE
DATE:06/08/11  PAYER RESPONSE: ACCEPTED
PLAN:, INSURANCE: WEBMD
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:

PAGE 3
BILLING ECME EVENTS ON 07/06/11 TO 09/04/11 (DETAILED) for CHEYENNE VAMC DIVISIO
RX#  FILL  DATE          PATIENT NAME          DRUG
=====
PLAN:  INSURANCE: WEBMD COB: S
BIN:123456, PCN:1123456789, PAYER SHEET B1:WBTESTB1
PAYER SHEET B2:WBTESTB2, PAYER SHEET B3:WBTESTB1
DISPENSING FEE:11.40, BASIS OF COST DETERM:COST CALCULATIONS
COST:12.12, GROSS AMT DUE:12.12, ADMIN FEE:0.00
USER:ECMEuser,Two
SUBMIT 08/11/11 1:20p Status:OK
ECME#:00000XXXXXXX, FILL DATE:06/08/11, RELEASE
DATE:06/08/11  PAYER RESPONSE: REJECTED
PLAN:, INSURANCE: WEBMD
USER:ECMEuser,One
-----
2  20 803 0   05/06/11   ECMEPATIENT,SIX      LIDOCAINE 0.5% (5MG/ML) 50ML M
FINISH 08/10/11 6:07p Status:ECME Billable
ELIGIBILITY:
DRUG:LIDOCAINE 0.5% (5MG/ML) 50ML MDV
NDC:00409-4278-01, BILLED QTY:30, COST:1.486, DEA:6P
Press RETURN to continue, '^' to exit:

```

5.7.10 Group Plan Menu

The “GRPL” action allows the user 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

```

FURTHER RESEARCH SCREEN      Nov 03, 2010@15:27:      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
#  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
  1.1  SIMETHICONE 40MG 02587 2934 10/26 XXXXXXXX$    0/ REDACTED 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 XXXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
  1.3  AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
  1.4  TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXXX$    0/ REDACTED W RT AC/R
      p-Payable
+      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//  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* that 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, the user will be prompted for the line item of the prescription to display.
- b. The user can edit the Relationship Code, Person Code, and Insurance Effective Date.

Example 5.7.11-1: Accessing Eligibility Inquiry Option

```

FURTHER RESEARCH SCREEN      Nov 03, 2010@15:27:      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
#  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
  1.1  SIMETHICONE 40MG 02587 2934 10/06 XXXXXXXX$    0/ REDACTED 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 XXXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
  1.3  AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other

```

```

1.4 TRIAMTERENE 50MG, 00484359030 10/27 XXXXXX$ 0/ REDACTED W RT AC/R
p-Payable
+ 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// ELIG ELIG
Enter the line number for the claim to be submitted for Eligibility Verification
Select item: 1.1
You've chosen to VERIFY Eligibility of the following prescription for ECMEPATIENT,
SIX
1.1 SIMETHICONE 40MG 02587 2934 10/26 XXXXXX$ 0/ REDACTED W RT AC/R
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:

```

- c. When the user enters **QUIT**, the system will return to the *Further Research Screen*.
- d. 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

```

FURTHER RESEARCH SCREEN Nov 03, 2010@15:27: 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
# 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
1.1 SIMETHICONE 40MG 02587 2934 10/06 XXXXXX$ 0/ REDACTED 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 XXXXXX$ 0/ REDACTED W RT DS/R
p-Reversal Other
1.3 AMYL NITRITE 0.3M 00223700212 10/27 XXXXXX$ 0/ REDACTED W RT DS/R
p-Reversal Other
1.4 TRIAMTERENE 50MG, 00484359030 10/27 XXXXXX$ 0/ REDACTED W RT AC/R
p-Payable
+ 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// EX Exit

```

5.8 Print Claim Log (Hidden Action)

The *Print Claim Log* option allows the user 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

```
PHARMACY ECME                               Aug 12, 2005@02:40:34           Page:    1 of    81
SELECTED DIVISION(S): ALL
Transmitted by ALL users                     Activity Date Range: within the past 30 day(s)
                                           Sorted by: Patient Name
#  PATIENT/DRUG/COMMENTS                     INSURANCE/NDC/RX#/ECME#                     LOC/TYP RXINF
1  ECMEPatient,,SIX (XXXX) OPINSUR2/2055557898  VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1  SIMETHICONE 40MG 02587 2934 10/06 XXXXXXXX$ 0/ REDACTED 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 10/06 XXXXXXXX$ 0/ REDACTED W RT DS/R
      p-Reversal Other
  1.3  AMYL NITRITE 0.3M 00223700212 10/07 XXXXXXXX$ 0/ REDACTED W RT DS/R
      p-Reversal Other
  1.4  TRIAMTERENE 50MG, 00484359030 10/07 XXXXXXXX$ 0/ REDACTED W RT AC/R
      p-Payable
+      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// LOG Print Claim Log
Enter the line number for which you wish to print claim logs.
Select item: 5.1
```

- b. As the data pages print on the 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
      Rx #: REDACTED      ECME#: REDACTED
      Drug: AMOXICILLIN 250MG CAP
      Patient: ECMEpatient,One (0000) Sex: M      DOB: REDACTED
      Submitted: JUN 15,2005@15:19:11
      By: ECMEuser,One
      VA Claim #: VA2005=1234567893=123456=0000502
+      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@16:25:48
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 : REDACTED
NPI#: REDACTED
ECME Pharmacy: XXXXXXXXXX
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>
PHARMACY ECME          Sep 11, 2005@11:39:07          Page:  3 of   7
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>
PHARMACY ECME          Sep 11, 2005@11:39:51          Page:  4 of   7
Claim Log information
+
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:
Payer Additional 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>
PHARMACY ECME          Sep 11, 2005@11:39:51          Page:  5 of   7
Claim Log information
+
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 : REDACTED
NPI#: REDACTED
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: 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>
PHARMACY ECME          Sep 11, 2005@11:42:41          Page:  6 of   7
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>

```

- c. After the last data page has displayed on the screen, pressing <Enter> will default to “QUIT” and the system returns to the ECME User Screen.

```

PHARMACY ECME          Sep 11, 2005@11:43:01          Page:  7 of   7
Claim Log information
+
Response Information (#659)-----
Response Received: JUN 15,2005@15:18:30
Date of Service: 06/15/2005
Transaction Response Status: Rejected
Total Amount Paid: $0
Ingredient Cost Paid:      Dispensing Fee Paid:
Patient Resp (INS):
Reconciliation ID:
Reject code(s):
  NN:Transaction Rejected At Switch Or Intermediary
Payer Message: NC40-Request from an unknown site.  Registration is required
Payer Additional 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:Quit// <Enter>  QUIT

```

5.9 Send to Worklist

The *Send to Worklist* action allows the user 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 the user attempts to resubmit a claim that is closed, a message is displayed indicating 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 to send.

Example 5.09-1: Accessing the Send to Worklist Option, and Entering a Line Item

```

PHARMACY ECME          Jul 03, 2008@12:04:02          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 ECMEpatient,One (XXXX) NON TRIC/ VET Pb:0 Rj:6 AcRv:3 RjRv:2
1.1 ALBUTEROL 0.5% IN 50383-0741-20 07/03 20 XXX$ 1/ REDACTED W RT **/R
    p-Rejected
    07:M/I Cardholder ID
1.2 JAPANESE ENCEPHAL 49281-0680-30 06/27 XXXXXXXX$ 0/ REDACTED W RT **/N
    p-In progress- Parsing response
1.3 JAPANESE ENCEPHAL 49281-0680-30 07/03 XXXXXXXX$ 1/ REDACTED W RT DIS/N
    p-In progress- Parsing response
1.4 OLANZAPINE 10MG T 00002-4117-30 06/29 XXXXXXXX$ 0/ REDACTED W RT DIS/N
    p-In progress- Parsing response
1.5 OLANZAPINE 10MG T 00002-4117-30 06/29 XXXXXXXX$ 0/ REDACTED W RT **/N
    p-Reversal accepted/Closed
1.6 OLANZAPINE 10MG T 00002-4117-30 07/03 XXXXXXXX$ 1/ REDACTED W RT AC/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// wrk Send to Worklist
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 06/03 20 XXX$ 1/ REDACTED 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 20 XXX$ 1/ REDACTED 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 Jul 03, 2008@12:04:48 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 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 20 XXX$ 1/ REDACTED 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 XXXXXXXX$ 0/ REDACTED W RT **/N
    p-In progress- Parsing response
1.3 JAPANESE ENCEPHAL 49281-0680-30 07/03 XXXXXXXX$ 1/ REDACTED W RT DS/N
    p-In progress- Parsing response
1.4 OLANZAPINE 10MG T 00002-4117-30 06/29 XXXXXXXX$ 0/ REDACTED W RT DS/N
    p-In progress- Parsing response
1.5 OLANZAPINE 10MG T 00002-4117-30 06/29 XXXXXXXX$ 0/ REDACTED 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 XXXXXX$  0/ REDACTED 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 XXXXXX$  0/ REDACTED 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 XXXXXX$  0/ REDACTED 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 XXXXXX$  0/ REDACTED 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 TETRA 00223-0916-01 04/03 XXXXXX$  3/ REDACTED W RT DL/N
04/06/09 - RX DELETED
(ECMEEmployee, One)
p-Rejected/Closed
88:DUR Reject Error
1.23  METHANTHELINE 50M 00014-1501-31 03/13 XXXXXX$  0/ REDACTED 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           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): 1.22
You've chosen to send to Pharmacy Work List the following:
1.22  ERYTHRITYL TETRA 00223-0916-01 04/03 XXXXXX$  3/ REDACTED 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 the user 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

```
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  ECMEpatient,One (XXXX) OPINSUR2/2055557898  VET ALL payable
  1.1 DOXEPIN 25MG CAP 00839-7221-06 03/27 XXXXXX$ 0/ REDACTED W BB AC/R
     p-Payable
  1.2 METHAZOLAMIDE 50M 00005- 70-23 03/27 XXXXXX$ 0/ REDACTED W BB AC/R
     p-Payable
2  ECMEpatient,Two (XXXX) OPINSUR1/          VET Pb:53 Rj:28 AcRv:21 RjRv:6
  2.1 MEDROXYPROGESTRON 00009-0050-02 06/20 XXXXXX$ 0/ REDACTED W RT DS/N
     06/20/08 - Clarification Code 99 submitted.
     (ECMEuser,One)
     p-Reversal accepted
  2.2 RESERPINE 0.1MG S 98521-4587-02 03/26 XXXXXX$ 0/ REDACTED C RT DS/R
     p- Rejected/Closed
  2.3 FUROSEMIDE 10MG/M 51079-0935-20 03/21 XXXXXX$ 0/ REDACTED 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
ECMEpatient,One:
  2.2 RESERPINE 0.1MG S 98521-4587-02 03/26 XXXXXX$ 0/ REDACTED 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. The user is prompted to enter Reopen Comments, after claim information is displayed. Once a comment is entered, the user is asked 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>
```


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 Refill Too Soon (code 79) or Drug Utilization Review (DUR – code 88 or code 943) 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.

```
You've chosen to RESUBMIT the following prescription for ECMEpatient,four
1.2  ALBUTEROL 0.5% IN 24208034720 02/22 0000000 0/ REDACTED W RT DS/N
Are you sure?(Y/N)? YES
Pharmacy Relationship Code: 1//          CARDHOLDER
Pharmacy Person Code: 125//
Prior Authorization Number: 00000000000//
Prior Authorization Type Code: 0//          NOT SPECIFIED
Submission Clarification Code 1: 1          NO OVERRIDE
**OPECC cannot edit Sub. Clar. Code field for this reject - refer to Pharmacist
Patient Residence Code: 1//
```

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: 0853
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 the user attempts to resubmit a claim that is closed, a message is displayed 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

PHARMACY ECME		Aug 12, 2011@02:40:34		Page: 1 of 81	
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	
5	ECMEpatient,Two (XXXX)	WEBMD /	VET	ALL payable	
5.1	LEUCOVORIN 5MG/ML	00703-5140-01 08/12 XXXXXXXX\$	0/	REDACTED W RT AC/N	
	p-Reversal rejected				
6	ECMEpatient,One (XXXX)	WEBMD /	VET	Pb:3 Rj:1 AcRv:1 RjRv:0	
6.1	GRANULEX SPRAY 40	00514-0001-01 08/12 XXXXXXXX	0/	REDACTED W RT AC/R	
	p-Payable				
6.2	ACARBOSE 100MG TA	00026-2862-51 08/12 XXXXXXXX	1/	REDACTED W RT DS/N	
	03/20/06 - RX DISCONTINUED				
	p-Rejected				
	08:M/I Person Code				
+ 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: Quit// RED 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 the user attempts to resubmit a primary claim when there is a payable secondary claim, the following message displays that 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 XXXXXX\$ 2/ REDACTED W RT AC/R
cannot be Resubmitted if the secondary claim is payable.
Please reverse the secondary claim first.

- d. The user can enter Y or N to the “ARE YOU SURE?” prompt. If 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 XXXXXX\$ 1/ REDACTED W RT AC/N
ARE YOU SURE? (Y/N)? No// YES

- e. The user 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
Insurance COB Subscriber ID Group Holder Effective Expires
=====
1 ECME INSURAN PRI 12340987 T-GROUP1 PATIENT 10/20/2006 06/00/2011
2 ECME INSURAN SEC D-GROUP1 PATIENT 07/09/2006 06/00/2011
SECONDARY INSURANCE POLICY: 2// ECME INSURANCE1 (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
-----
Insurance: DAVE INSURANCE COB: SECONDARY
Rate Type: REIMBURSABLE INS.
Other Coverage Code: 03 (OTHER COVERAGE EXISTS - THIS CLAIM NOT COVERED)
Other Payer Coverage Type: 01 (PRIMARY)
Other Payer ID Qualifier: 03 (BANK INFORMATION NUMBER (BIN))
Other Payer ID: 610459
```

```

Other Payer Date: Aug 16, 2010
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
Do you want to edit this Secondary Claim Information (Y/N)? N// y YES
Insurance COB Subscriber ID Group Holder Effective Expires
=====
1 DAVE INSURANC SEC SI32432 D-GROUP1 PATIENT 05/09/2007
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 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 XXXXXXXXA 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 XXXXXXXXA 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

```

PHARMACY ECME Aug 10, 2005@10:31:22 Page: 18 of 42
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
7  ECMEpatient,One                (XXXX) WEBMD TE/          VET ALL payable
  7.1  PREDNISONE 1MG TA 00242074475 09/16 XXXXXX          0/ REDACTED W RS AC/N
      09/10/15 - The comment goes here.
      (USER, ONE)
      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            WRK Send to Worklist
Select Action: Next Screen// REJ  REJ  OPECC Reject Information

```

- a. The user will see the following message, when attempting to select a claim with 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. The user is 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

```

OPECC Reject Information          Oct 28, 2015@14:45:42          Page: 1 of 3
Division : XXXXXX NPI: REDACTED NCPDP: 5310000XX TAX ID: XX-XXXXXXX
Patient  : PATIENT,ONE (XXXP) Sex: M          DOB: JUL XX,19XX (XX)
Rx#      : XXXXXX/0          ECME#: REDACTED          Date of Service: Sep 16, 2015
Drug     : PREDNISONE 1MG TAB          NDC Code: 00242 -0744-75

REJECT Information (Veteran) RESUBMISSION
Current ECME Status: E REJECTED
Rejects received from Payer on 09/16/2015 5:26:39 pm.

Code   Description
  79 - Refill Too Soon

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
Insurance      : VET CNF
Contact       : XXX-XXX-XXX
BIN           : 610144

```

```
PCN           : TEST
Group Number  : 246
Cardholder ID : REDACTED
Effective Date : 01/25/2015
```

- 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. The user is prompted for the line item(s) of the claim to be resubmitted.

Note: The user 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 redisplay the line item for resubmission, then asks are sure you want to continue with the transaction. Enter Y or N. If 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 XXXXXX      0/ REDACTED W RT AC/N
Are you sure?(Y/N)? 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. If there is already a submission in the queue for this prescription and fill, a message is displays 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

```
Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E PAYABLE
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

```
PHARMACY ECME Oct 28, 2015@16:29:32 Page: 2 of 52
SELECTED DIVISION(S): ALL
Transmitted by ALL users Activity Date Range: within the past 999 day(s)
Sorted by: Transaction date by default
+# PATIENT/DRUG/COMMENTS INSURANCE/NDC/DOS/RX#/ECME# STATUS/LOC/TYP/RXINF
1.4 PREDNISONE 1MG TA 00242074475 10/28 XXXXXX 0/ REDACTED W RS AC/N
p-Payable
```

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. The user is 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 redisplay the line item for resubmission, then prompts for a comment. Next the system asks if the user is sure. Enter Y or N. If 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

```

PHARMACY ECME                      Apr 26, 2006@11:44:45                      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  ECMEpatient,Two (XXXX) WEBMD TE/ VET  Pb:1 Rj:0 AcRv:0
RjRv:1
  6.1  FUROSEMIDE 10MG/M  00641-2312-25 04/22 XXXXXXXXX$  0/ REDACTED W RT AC/R
      p-Payable
  6.2  CHOLESTYRAMINE 4G  00087-0580-01 04/22 XXXXXXXXX$  0/ REDACTED W RT AC/R
      p-Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NCl6-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 XXXXXXXXX$  0/ REDACTED W RT AC/R
      p-Payable
  7.2  ACETYLCYSTEINE 20  00087-0570-09 04/21 XXXXXXXXX$  0/ REDACTED W RT AC/N
      s-Payable (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.
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// 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*
*          XXXXXXX 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 the user has selected one, many, or all divisions and a date range, choose the primary (required) and secondary (optional) sort criteria.

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

```
SELECTION 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>
Tertiary Sort: (N/P/S): <ENTER>
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.
DEVICE: HOME// 0;256;99999
Collecting Potential Secondary data.
Enter RETURN to continue or '^' to exit: <ENTER>
=====
Potential Secondary Rx Claims Report      4/14/09 - 4/14/09      Page: 1
Selected Divisions: ALL
Sorted By: Division;
Bill#    RX#      Fill Patient          PatID  COB Date      Payers
-----
Division: XXXXXX
K9000LG   XXXXXX    4    ECMEpatient,One    0000   p   4/14/09    ECME INSURANCE1
                                     t                                     ECME INSURANCE2
K0000QD   XXXXXXXX   0    ECMEpatient,One    0000   p   7/13/10    ECME INSURANCE1
                                     s                                     ECME INSURANCE2
                                     -                                     ECME INSURANCE3
(P) Rej   XXXXXXXX   0    ECMEpatient,One    0000   p   7/13/10    ECME INSURANCE1
                                     s                                     ECME INSURANCE2
                                     t                                     ECME INSURANCE3
(P) Rej   XXXXXXXX   0    ECMEpatient,Two    0000   p   7/14/10    ECME INSURANCE1
                                     s                                     ECME INSURANCE2
Bill# "(P) Rej" indicates a rejected/closed primary ECME claim
COB "-" indicates a blank COB field in the pt. ins. policy
```

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 the user has selected one, many, or all divisions, the patient eligibility criteria (TRICARE, CHAMPVA or all) and a date range, choose the 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:
=====
Potential TRICARE Rx Claims Report      8/1/80 - 7/28/14      Page: 1
Selected Divisions: ALL
Selected Patient Eligibility: ALL
Sorted By: Division;
'*' indicates the HPID/OEID failed validation checks
```

RX#	Fill Date	Patient	PatID	COB	Elig	Payers	HPID/OEID

Division: XXXXX VAMC							
100407	2 9/9/10	OPTRICARE,ONE	160P	p	TRIC	TRICARE-23 TEST	6999999999*
100408	1 9/9/10	OPTRICARE,ONE	160P	p	TRIC	TRICARE-23 TEST	6999999999*

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.



The user 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*
*          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: PRO   Process Secondary/TRICARE Rx to ECME

```

6.3.1 Submitting Secondary Claims

- The Process Secondary / TRICARE Rx to ECME (PRO) option will prompt for a Rx#.
- 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.
- 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.
- The Process Secondary / TRICARE Rx to ECME (PRO) option will ask the user to select the Payer Sequence to bill (primary or secondary).
- 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 #: REDACTED      LIDOCAINE 0.5% W/EPI INJ MDV
Patient                                RX#      Drug Name      RX Status
ECMEPatient, Two                      REDACTED  LIDOCAINE 0.5% W/EPI INJ  ACTIVE
DO YOU WANT TO CONTINUE?(Y/N)? Y// ES
RX # REDACTED has the following fills:
  Fill    Date
  ====    =====
    0      07/02/2010
    1      10/12/2010
SELECT A FILL TO BILL: 07/02/2010
Select payer sequence for billing:
  1  PRIMARY
  2  SECONDARY
SELECT PAYER SEQUENCE: 2  SECONDARY
Drug name      NDC      Date  RX#      REF#      TYPE      STATUS
=====
LIDOCAINE 0.   00186014001   09/10 REDACTED $    0/0003098      W RT **/R REJECTED
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// YES
  Insurance      COB      Subscriber ID Group      Holder      Effective      Expires
  =====      ==      =====      =====      =====      =====
    1  INSURANC2      PRI      AAA      INS.      PATIENT      03/10/2010
    2  INSURAN3      SEC      REDACTED      GR      PATIENT      03/26/2010
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// ES
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 #: REDACTED BETHANECHOL 10MG TAB
Patient RX# Drug Name RX Status
ECMEpatient,One REDACTED BETHANECHOL 10MG TAB ACTIVE
DO YOU WANT TO CONTINUE?(Y/N)? Y// ES
RX # REDACTED has the following fills:
Fill Date
=====
0 10/27/2009
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: 40 TRICARE PHARMACY Who's Responsible: INSURER
DO YOU WISH TO ADD/EDIT INSURANCE COMPANY DATA FOR THIS PATIENT?(Y/N)? N// NO
Insurance COB Subscriber ID Group Holder Effective Expires
=====
EXPRESS SCRIP PRI XXXXXX DODA PATIENT 12/27/2008
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.

```

6.3.3 SC Prescriptions for Active Duty Patients

This section shows an example of how the option can be used to submit claims for prescriptions / refills entered for patients with TRICARE dual eligibility (e.g. Veteran and TRICARE) with SC prescriptions.

The prescription must be marked as related to an Environmental Indicator / Special Authority and must be one of the following:

- SC TREATMENT
- AGENT ORANGE
- IONIZING RADIATION
- SOUTHWEST ASIA
- MILITARY SEXUAL TRAUMA
- COMBAT VETERAN

When processing a claim for TRICARE dual eligibility patients that have one of the above Environmental Indicator / Special Authority codes, users are asked to verify that the patient was active duty on the date of service and to enter an Electronic Signature code.

Example 6.3.3-1: 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 #: 9999999 BETHANECHOL 10MG TAB
Patient          RX#          Drug Name          RX Status
ECMEpatient,One  9999999  BETHANECHOL 10MG TAB  ACTIVE
DO YOU WANT TO CONTINUE?(Y/N)? Y// ES
RX # REDACTED has the following fills:
Fill    Date
=====
0       10/27/2020
SELECT A FILL TO BILL: 0 10/27/2020
Select payer sequence for billing:
1 PRIMARY
2 SECONDARY
SELECT PAYER SEQUENCE: 1 PRIMARY
SELECT RATE TYPE: 40 TRICARE PHARMACY Who's Responsible: INSURER
DO YOU WISH TO ADD/EDIT INSURANCE COMPANY DATA FOR THIS PATIENT?(Y/N)? N// NO
Insurance      COB  Subscriber ID Group  Holder  Effective  Expires
=====
EXPRESS SCRIP PRI XXXXXX          DODA  PATIENT  12/27/2018
PRIMARY INSURANCE POLICY: SH TRICARE (PRIMARY) - TRICARE PLAN
SUBMIT CLAIM TO SH TRICARE ?(Y/N)? Y// y YES
Was the patient Active Duty on 10/27/2020? No// YES
Enter your Current Signature Code: SIGNATURE VERIFIED
Veteran Prescription 9999999 successfully 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.



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

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

```
*****
*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 7-2: Displaying Pharmacy ECME Manager Menu Options


```
*****
*Electronic Claims Management Engine (ECME) V1.0*
*          XXXXXXX VAMC          *
*          Pharmacy ECME Manager Menu          *
*****
MNT    ECME transaction maintenance options ...
SET    Pharmacy ECME Setup Menu ...
STAT   Statistics Screen
Select Pharmacy ECME Manager Menu Option:
```

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

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

 *The user must hold the BPSMENU and BPS MANAGER keys to view the Statistics Screen (STAT) and ECME transaction maintenance options (MNT) options. 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.*

```
MNT    ECME transaction maintenance options ...
SET    Pharmacy ECME Setup Menu ...
STAT   Statistics Screen
Select Pharmacy ECME Manager Menu Option: MNT ECME transaction maintenance options
*****
* Electronic Claims Management Engine (ECME) v1.0 *
*          XXXXXX VAMC          *
*          BPS MENU MAINTENANCE          *
*****
UNS    View/Unstrand Submissions Not Completed
ROC    Re Open CLOSED Claim
Select ECME transaction maintenance options Option:
```

7.1.1 View / Unstrand Submissions Not Completed

This option provides the user 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.

Note: *Even though the user performs 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

```
UNS    View/Unstrand Submissions Not Completed
ROC    Re Open CLOSED Claim
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. The user 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 (.0001) 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 the current date is entered. If the user enters 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 a transmissions that may be currently processing is not interrupted.

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

ECME UNSTRAND SUBMISSIONS			Oct 08, 2010@15:12:08		Page:	1 of 1
Submissions Stranded from 09/28/2010 through 10/08/2010						
Sorted by Transaction Date						
##	Trans DT	Patient Name	ID	RX/Fill DOS	Ins Co	
*** CLAIMS ***						
1	10/07/2010	ECMEpatient,One	2637	XXXXXX/1 06/24/2009	AETNA	
In Progress - Done						
2	10/07/2010	ECMEpatient,One	2637	XXXXXX/1 04/27/2009	AETNA	
In Progress - Done						
3	10/07/2010		2637	XXXXXXX/0 10/07/2010	AETNA	
In Progress - Processing request						
*** REVERSALS ***						
4	10/07/2010	ECMEpatient,One	2637	XXXXXX/1 06/25/2009	AETNA	
In Progress - Done						
*** ELIGIBILITY INQUIRIES ***						
5	10/08/2010	ECMEpatient,One	2637		10/08/2010	AETNA
In Progress - Parsing response						
Enter ?? for more actions						>>>
ALL Unstrand Current Submissions				PRT Print Current Submissions		
SEL Select Submissions to Unstrand				EX Exit		

7.1.2 REOPEN a CLOSED ECME Claim

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

- 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				

- The user 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	REDACTED
NSC VETERAN		

- The user 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
#   DRUG                      NDC          DOS   RX#          REF/ECME#      LOC RX INFO
1   RESERPINE 0.25MG          00083-0036-45 07/05 XXXXXXXXXX$  0/ REDACTED    W   RT AC/R
      Enter ?? for more actions
RE Reopen Claim              EX Exit
Select action: Quit// R   Reopen Claim
Select item: 1
```

- e. The user is 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

```
PATIENT NAME: ECMEpatient,One      RX#: XXXXXXXXXX$ 0      DRUG: RESERPINE 0.25MG
CLOSED JUL 5,2006@15:13:42
ECME#: REDACTED, DOS: JUL 5,2006, RELEASE DATE: JUL 5,2006@15:12:11
PLAN: HIPPA05 INSURANCE: MEDCO
CLOSE REASON: REFILL TOO SOON
DROP TO PAPER: NO
CLOSE USER: ECMEuser,One
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.



The user 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
```



The user 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          *
*****
BAS    Edit Basic ECME Parameters
PHAR   Edit ECME Pharmacy Data
REG    Register Pharmacy with Austin Information Technology Center
Select Pharmacy ECME Setup Menu Option:

```

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.

Note: *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          *
*****
BAS    Edit Basic ECME Parameters
PHAR   Edit ECME Pharmacy Data
REG    Register Pharmacy with Austin Information Technology Center
Select Pharmacy ECME Setup Menu Option: BAS Edit Basic ECME Parameters

```

The Edit Basic ECME Parameters option allows the user 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 not display messages indicating 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.

Note: *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 the user 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 2: Reject Codes

Reject Code	Explanation
90	Host Hung Up
91	Host Response Error
92	System Unavailable / Host Unavailable
95	Time Out
96	Scheduled Downtime
97	Payer Unavailable
98	Connection to Payer Is Down

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.



The user 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: REDACTED
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 3: Description of Edit ECME Pharmacy Data Option Fields

Entry	Description
BPS PHARMACIES NAME	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.
NAME	Display-only field that displays the full pharmacy name entered.
NCPDP #	A 7-digit number assigned to the specified pharmacy by the National Council for Prescription Drug Programs (NCPDP). It is also known as NABP.
NPI	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.
STATUS	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.

Entry	Description
OUTPATIENT SITES	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 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.
CMOP	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.
AUTO-REVERSE PARAMETER	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.
DEFAULT DEA #	The pharmacy's Drug Enforcement Administration (DEA) number.

Note: *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.*

Note: *If an Outpatient Site is activated after a claim is already sent to ECME, ECME **will NOT** generate an electronic claim.*

Note: *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

```
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//
```

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



The user 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*
*          XXXXX 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: XXXXXXXX.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 RETURN to continue or '^' to exit: <ENTER>
Enter/verify Pharmacy Registration Data
Select BPS PHARMACIES NAME: TEST PHARMACY 3
--SITE DATA
STATUS: INACTIVE// <ENTER>
NCPDP #: XXXXXXX// <ENTER>
DEFAULT DEA #: XXXXXXX// <ENTER>
SITE ADDRESS NAME: 111 MAIN STR// <ENTER>
SITE ADDRESS 1: 111 MAIN STREET// <ENTER>
SITE ADDRESS 2: <ENTER>
SITE CITY: ANYTOWN// <ENTER>
SITE STATE: NEW YORK// <ENTER>
SITE ZIP CODE: XXXXX// <ENTER>
REMITTANCE ADDRESS NAME: 1111 TEST STR// <ENTER>
REMIT ADDRESS 1: 111 TEST STREET// <ENTER>
REMIT ADDRESS 2: <ENTER>
REMIT CITY: ANYTOWN// <ENTER>
REMIT STATE: KANSAS// <ENTER>
REMIT ZIP: XXXXXX// <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.



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

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

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

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

```

ECME STATISTICS          Nov 03, 2010@16:50:30          Page:1 of 1
Communications statistics last cleared on AUG 18,2003@16:36:28
* CLAIM STATUS *
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

```

ECME STATISTICS          Nov 03, 2010@16:50:30          Page:  1 of  1
Communications statistics last cleared on AUG 18,2003@16:36:28
* CLAIM STATUS *
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//

```

The table below describes the Statistics Screen option areas:

Table 4: Description of Statistics Screen Option

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

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

ECME STATISTICS	Nov 03, 2010@16:50:30	Page: 1 of 1
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//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

ECME STATISTICS	Nov 03, 2010@16:50:30	Page: 1 of 1
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
In continuous update mode: press Q to Quit	
Q Quit	

7.3.2 Display Update

The user can update the statistics once every time the option U1 is entered.

Example 7.3.2-1: Accessing Display Update Option

ECME STATISTICS	Nov 03, 2010@16:50:30	Page: 1 of 1
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//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.

- Enter **Z** to access the *Zero (clear) stats* option.

Example 7.3.3-1: Accessing Zero (clear) stats Option

ECME STATISTICS	Nov 03, 2010@16:50:30	Page: 1 of 1
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// Z Z (clear) stats		

- b. The user 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**.

IMPORTANT: Choosing Permanent Copy will permanently zero out the statistics in the database. The user needs 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:
      L           Local Copy
      P           Permanent Copy
Delete (L)ocal Copy or (P)ermanent Copy of the statistics: Local Copy// L Local
Copy
```

- c. When the system asks if the user is 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

```
ECME STATISTICS           Nov 03, 2010@16:50:30           Page:    1 of    1
Communications statistics last cleared on AUG 18,2003@16:36:28
* CLAIM STATUS *
Waiting to start           0
Building the transaction    0
Building the claim         0
Building the HL7 packet    1
Preparing for transmit     0
Transmitting               0
Parsing response           0
Processing response        0
* CLAIM RESULTS *
Paid claims                2,934
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// Z Zero (clear) stats
Delete (L)ocal Copy or (P)ermanent Copy of the statistics: Local Copy// L Local Copy
Are you sure? N// YES
```

7.3.4 Exiting the Statistics Screen

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

```
ECME STATISTICS           Nov 03, 2010@16:50:30           Page:    1 of    1
Communications statistics last cleared on AUG 18,2003@16:36:28
* CLAIM STATUS *
Waiting to start           0
Building the transaction    0
Building the claim         0
Building the HL7 packet    1
* CLAIM RESULTS *
Paid claims                2,934
Rejected claims            2,171
Dropped to Paper           15
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// EX Exit			

8 Accessing the Pharmacy Electronic Claims Reports

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



The user 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 the user to obtain reports about the statuses of claims.

- 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. The user has a selection 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*
*          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      Pending 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. The user can select these options using the same method as in other VistA applications and as described in the [Change View](#) section.

Note: 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.

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: IBINSUR1      123 ANYWHERE ST      ANYTOWN      VIRGINIA
Y
Selected:
      IBINSUR1
Select INSURANCE: DEVELOPMENT INS      123 HERE STREET      ANYTOWN
CALIFORNIA      Y
Selected:
```

```

      DEVELOPMENT INS
      IBINSUR1
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
Display Specific (D)rug or Drug (C)lass or (A)LL: ALL// <Enter>  ALL

```

- d. In addition to the “ALL REPORTS” prompts, all the Claims Results and Status REPORTS except the ECMP report display another prompt that will allow the user to capture the report data in Excel spreadsheet format. If the answer is 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.



The user must hold the BPSMENU and BPS REPORTS keys to view the Payable Claims Report option.

Note: *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*
*                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: PAY Payable Claims Report	

- b. After a selection has been made from the “ALL REPORTS” prompt, the user 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						Print Date: MAY 21, 2008@11:41: Page: 1			
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									
=====									
PATIENT NAME	Pt.ID	ELIG	RX#	REF/ECME#	DATE	\$BILLED	\$INS	RESPONSE	\$COLLECT
DRUG		NDC		RELEASED ON	RX INFO			BILL#	COB
=====									
DIVISION: PHARMACY-1									

DEVELOPMENT INS									

ECMEpatient,One	(XXXX)	TRI	XXXXXX\$	2/ REDACTED	04/15/08	51.00		40.00	
AMITRIPTYLINE 10MG TAB		00182-1018-10		04/15/08	W RT AC/R			K8000K9	p
ECMEpatient, Three	(XXXX)	VET	XXX\$	0/ REDACTED	03/10/08	51.00		68.32	
METHADONE 10MG TAB				W RT EX/N					
						-----	-----		
SUBTOTALS for INS:DEVELOPMENT INS						102.00		108.32	0.00
COUNT						2		2	2
MEAN						51.00		.16	0.00

IBINSUR1									

ECMEpatient, Two	(XXXX)	VET	XXXXXX\$	0/ REDACTED	03/05/08	51.00		40.00	
NEODECADRON OPHTMALIC SOL.		00006-7639-03		03/05/08	W RT AC/R			K8000 H6	p
ECMEpatient, Two	(XXXX)	VET	XXXXXX\$	0/ REDACTED	03/05/08	51.00		40.00	
PENTAERYTHRITOL 10MG TAB		00725-2064-10		03/05/08	W RT AC/R			K8000H7	p
SUBTOTALS for INS:IBINSUR1						2142.00		1652.28	5.00
COUNT						42		42	42
MEAN						51.00		39.34	0.12
						-----	-----	-----	
SUBTOTALS for DIV:PHARMACY-1						22 44.00		1760.60	5.00
COUNT						44		44	44
MEAN						51.00		40.01	0.11
						-----	-----	-----	
GRAND TOTALS						2244.00		1760.60	5.00
COUNT						44		44	44
MEAN						51.00		40.01	0.11
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.



The user must hold the BPSMENU and BPS REPORTS keys to view the Rejected Claims Report option.

Note: 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 the user has made selections from the “ALL REPORTS” prompt, the user 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 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 8.1.2-3: Rejected Claims Report

ECME REJECTED CLAIMS DETAIL REPORT

Print Date: MAY 21, 2008@17:20:35 Page: 1

DIVISION(S): ALL

Fill Locations: C,M,W Fill type: RT,BB,RS

Insurance: SELECTED

Drugs/Classes: ALL

Reject Code: ALL

Eligibility: ALL

Open/Closed: ALL

Prescriber: ALL

Patient: ALL

ALL PRESCRIPTIONS BY TRANSACTION DATE: From 05/01/08 through 05/21/08

PATIENT NAME	Pt.ID	ELIG	RX#	REF/ECME#	DATE	RELEASED ON	RX INFO	COB	OPEN/CLOSED
CARDHOLD.ID	GROUP ID		\$BILLED	QTY	NDC#	PRESCRIBER ID	NAME		

DIVISION: PHARMACY-1

IBINSUR1 - 123456

ECMEPATIENT,ONE	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/04/08	05/04/08	W RT DS/R	s Open
REDACTED		555	51.00	90	00777-0877-03	REDACTED		ECMEPRESCRIBER,ONE	
FENOPROFEN 300MG CAP									
07:M/I Cardholder ID Number									
ECMEPATIENT,ONE	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/04/08	05/04/08	W RT DS/R	s Closed
REDACTED		555	51.00	90	00777-0877-03	REDACTED		ECMEPRESCRIBER,ONE	
FENOPROFEN 300MG CAP									
07:M/I Cardholder ID Number									
ECMEPATIENT,ONE	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/04/08	05/04/08	W RT DS/R	p Closed
REDACTED		555	51.00	90	00777-0877-03	REDACTED		ECMEPRESCRIBER,ONE	
FENOPROFEN 300MG CAP									
07:M/I Cardholder ID Number									

SUBTOTALS for INS:IBINSUR1			153.00						
COUNT			3						
MEAN			51.00						

OPINSUR1 - 6 321									

ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/06/08		W RT DS/N	p Open
		111	51.00	180	00003-0626-50	REDACTED		ECMEPRESCRIBER,FIVE	
CHLORAL HYDRATE 500MG CAP									
12:M/I Patient Location									
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/06/08		W RT DS/N	p Open
		111	51.00	180	00149-0030-66	REDACTED		ECMEPRESCRIBER,FIVE	
DANTROLENE 25MG CAP									
75:Prior Authorization Required									

ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/06/08	W	RT	DS/N	p	Open
		111	51.00	90	00591-5521-04	REDACTED	ECMEPRESCRIBER,FIVE				
PHENYLBUTAZONE 100MG TAB											
05/06/08 - Prior Authorization Code (8/32432242) submitted.											
75:Prior Authorization Required											
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED 2	05/06/08	W	RT	DS/N	p	Open
		111	51.00	180	00023-4534-67	REDACTED	ECMEPRESCRIBER,FIVE				
BACLOFEN 10MG TABS											
05/06/08 - Clarification Code 4,3 submitted.											
79:Refill Too Soon											
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/06/08	W	RT	DS/N	s	Open
		111	51.00	180	00023-4534-67	REDACTED	ECMEPRESCRIBER,FIVE				
BACLOFEN 10MG TABS											
05/06/08 - Clarification Code 4,3 submitted.											
79:Refill Too Soon											
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/06/08	M	RT	DS/N	p	Open
		111	51.00	180	00839-7221-06	REDACTED	ECMEPRESCRIBER,FIVE				
DOXEPIIN 25MG CAP											
05/06/08 - Clarification Code 4,3 submitted.											
79:Refill Too Soon											
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/06/08	M	RT	AC/N	p	Open
		111	51.00	180	00081-0635-35	REDACTED	ECMEPRESCRIBER,FIVE				
CHLORAMBUCIL 2MG TAB											
79:Refill Too Soon											
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/07/08	W	RT	DS/N	p	Open
		111	51.00	180	00023-4534-67	REDACTED	ECMEPRESCRIBER,FIVE				
BACLOFEN 10MG TABS											
05/07/08 - DAFASFDAFDASFDASFAS											
75:Prior Authorization Required											
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/08/08	W	RT	AC/N	p	Open
		111	51.00	30	00024-2253-04	REDACTED	ECMEPRESCRIBER,FIVE				
STANOZOLOL 2MG											
75:Prior Authorization Required											
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/08/08	W	RT	DS/N	p	Open
		111	51.00	180	00078-0005-10	REDACTED	ECMEPRESCRIBER,FIVE				
THIORIDAZINE 100MG TAB											
05/08/08 - FDDSFADFA											
75:Prior Authorization Required											
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/08/08	W	RT	AC/N	p	Open
		111	51.00	180	00028-0105-10	REDACTED	ECMEPRESCRIBER,FIVE				
TERBUTALINE 5MG TABS											
75:Prior Authorization Required											
79:Refill Too Soon											

ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/08/08	W	RT	DS/N	p	Open
		111	51.00	180	00045-0412-60	REDACTED					ECMEPRESCRIBER,FIVE
TOLMETIN 200MG TABS											
75:Prior Authorization Required											
79:Refill Too Soon											
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/14/08	W	RT	DS/N	p	Open
		111	51.00	180	00023-4534-67	REDACTED					ECMEPRESCRIBER,FIVE
BACLOFEN 10MG TABS											
64:Claim Submitted Does Not Match Prior Authorization											
ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/	REDACTED	05/14/08	W	RT	DS/N	p	Open
		111	51.00	180	00781-1367-10	REDACTED					ECMEPRESCRIBER,FIVE
BENZTROPINE 2MG TAB											
12:M/I Patient Location											
Press RETURN to continue, '^' to exit:											

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. The user will not be prompted for selections from the “ALL REPORTS” section, but will 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 the user can choose to display it on the screen



The user 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*
*          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: 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: SELECT DIVISIONS
1  XXXXXXXXXX
2  YYYYYYYYYY
3  ZZZZZZZZZZ
Select Division(s) :  (1-4) : 1
You have selected:
1  XXXXXXXXXX
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 XXXXXXXXXX
For AUG 31,2005 thru SEP 1,2005      Printed: NOV 23,2005@10:25:49
=====
TRANSMISSION:                2671
STATUS:                      TRANSMITTED
DIVISION:                    XXXXXXXXXX
```

CMOP SYSTEM:		LEAVENWORTH	
TRANSMISSION DATE/TIME:		AUG 31, 2005@16:17:14	
TOTAL PATIENTS:		3	
TOTAL RXS:		3	
NAME	ECME#/RX#/FL#	NDC SENT	NDC RECVD CMOP-STAT
DRUG	INSURANCE	PAY-STAT BILL#	REL-DATE
=====			
ECMEpatient,One (XXXX)	0000011062 /909911\$e/0	00000-0158-23	TRANSMI
ATORVASTATIN	CALCI WEBMD	E PAYAB	

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.



The user must hold the BPSMENU and BPS REPORTS keys to view the Reversal Claims Report option.

- 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

```

- After the user has made selections from the “ALL REPORTS” prompt, the user 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

Print Date: APR 17, 2009@14:17:15 Page: 1

DIVISION(S) : ALL

Fill Locations: C,M,W Fill type: RT,BB,RS

Insurance: ALL

ALL Reversals

ALL Returned Status

Drugs/Classes: ALL

Eligibility: ALL

Patient: ALL

ALL PRESCRIPTIONS BY TRANSACTION DATE: From 03/18/09 through 04/17/09

PATIENT NAME	Pt.ID	ELIG	RX#	REF/ECME#	DATE	\$BILLED	\$INS RESPONSE	\$COLLECT
DRUG			NDC		RX INFO	COB		
RELEASED ON	REVERSAL METHOD/RETURN STATUS/REASON							

DIVISION: YYYYYYYY

COB INSURANCE

ECMEPATIENT,ONE	(XXXX)	TRI	XXXXXX\$	0/ REDACTED	03/20/09	21.88	40.00	0.00
OXYTOCIN 10 UNIT INJ			00071-4160-03		W RT AC/R	s		
03/18/09	REGULAR/ACCEPTED/2							
SUBTOTALS for INS:COB INSURANCE						21.88	40.00	0.00
COUNT						1	1	1
MEAN						21.88	40.00	0.00

ECME INSURANCE

ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	0/ REDACTED	03/20/09	11.00	40.00	0.00
DACARBAZINE 100MG INJ			00026-8151-10		W RT DS/R	s		
03/20/09	REGULAR/ACCEPTED/REVERSING PRIMARY CLAIM							
SUBTOTALS for INS:ECME INSURANCE						11.00	40.00	0.00
COUNT						1	1	1
MEAN						11.00	40.00	0.00

ECME1 INSURANCE

ECMEPATIENT,TWO	(XXXX)	VET	XXXXXX\$	1/ REDACTED	03/20/09	0.00	68.32	0.00
GENTAMICIN OPHTHALMIC OINT.			00719-7058-61		W RT DS/N	p		
	REGULAR/ACCEPTED/RX DISCONTINUED							
ECMEPATIENT,ONE	(XXXX)	TRI	XXXXXX\$	0/ REDACTED	04/06/09	0.00	40.00	0.00
METHOXAMINE 10MG/CC INJ			00081-0957-10		W RT AC/N	p		
	REGULAR/ACCEPTED/ RX DISCONTINUED							

SUBTOTALS for INS:ECME1 INSURANCE	0.00	108.32	0.00
COUNT	2	2	2
MEAN	0.00	.16	0.00
	-----	-----	-----
SUBTOTALS for DIV:YYYYYYYY	32.88	188.32	0.00
COUNT	4	4	4
MEAN	8.22	47.08	0.00
	-----	-----	-----
GRAND TOTALS	32.88	188.32	0.00
COUNT	4	4	4
MEAN	8.22	47.08	0.00

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.



The user 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*
*                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: NYR Claims Submitted, Not Yet Released
```

- b. After the user has made selections from the “ALL REPORTS” prompt, the user 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

```
ECME SUBMIT,NOT RELEASED CLAIMS DETAIL REPORT Print Date: SEP 23, 2005@15:01:21
Page: 1
DIVISION(S): ALL                               Fill Locations: C,M,W Fill type:
RT,BB,RS
Insurance: ALL
Drugs/Classes: ALL
Eligibility: CVA,TRI,VET                       Patient: ALL
PRESCRIPTIONS (NOT RELEASED) BY TRANSACTION DATE: From 09/23/05 through 09/23/05
=====
PATIENT NAME      Pt.ID  RX#      REF/ECME#      DATE      $BILLED  $INS
RESPONSE
  DRUG                                NDC            RX INFO      COB ELIG
=====
DIVISION: ZZZZZZZ
-----
WEBMD
-----
ECMEpatient,One (XXXX) XXXXXX$ 0/ REDACTED      09/23/05      45.00 40.00
  PROTAMINE SULFATE 5ML INJ  00000-0000-00      W RT AC/N      p VET
----- SUBTOTALS for INS:WEBMD                                45.00
40.00
COUNT                                1          1
MEAN                                45.00      40.00
----- SUBTOTALS
for DIV:ZZZZZZZ      45.00      40.00
COUNT                                1          1
MEAN                                45.00      40.00
GRAND TOTALS      45.00      40.00
COUNT                                1          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.

 The user must hold the BPSMENU and BPS REPORTS keys to view the Recent Transactions Report option.

- 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 the user has made selections from the “ALL REPORTS” prompt, the user 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						
Insurance: ALL				Drugs/Classes: ALL		
PRESCRIPTIONS BY TRANSACTION DATE: From 10/04/10 through 11/03/10						
=====						
PATIENT NAME	Pt.ID	RX#	REF/ECME#	COMPLETED	TRANS TYPE	PAYER RESPONSE
COB						
DRUG	NDC		RX INFO	INSURANCE		ELAP TIME IN
SECONDS						
=====						
DIVISION: XXXXXXXX						

ECMEPATIENT,THREE	(XXXX)	XXXXXX\$	1/ REDACTED	10/04/10 02:52PM	SUBMIT	E REJECTED
P						
9 DIAZEPAM 10MG S.T.	00555-0164-04		M RT EX/N REJ	OPINSUR1		
ECMEPATIENT,THREE	(XXXX)	XXXXXXX\$	1/	10/06/10 11:29AM	SUBMIT	E UNSTRANDED
P						
502339 GENTAMICIN OPHTHALMIC O	00719-7058-61		W RT AC/N	OPINSUR1		
ECMEPATIENT,SIX	(XXXX)	XXXXXXX\$	0/ REDACTED	10/07/10 12:06AM	SUBMIT	E REJECTED
P						
7 DOXEPIN 25MG CAP	00839-7221-06		W RT AC/R REJ	OPINSUR2		
ECMEPATIENT,SIX	(XXXX)	XXXXXXX\$	0/ REDACTED	10/07/10 01:59PM	SUBMIT	E PAYABLE
P						
4 CORTICOTROPIN 40UNIT HP	00053-1330-01		W RT AC/R	OPINSUR2		
ECMEPATIENT,SIX	(XXXX)	XXXXXXX\$	0/ REDACTED	10/07/10 03:05PM	REVERSAL	E REVERSAL OTHER
P						
3 TRIAMTERENE 50MG, HCTZ	00484-3590-30		W RT DS/R	OPINSUR2		
ECMEPATIENT,ONE	(XXXX)	XXXXXX\$	0/ REDACTED	10/07/10 05:29PM	SUBMIT	E UNSTRANDED
P						
76220585 MEDROXYPROGESTRONE 10MG	00009-0050-02		W RT DS/N	OPINSUR1		

ECMEPATIENT,ONE	(XXXX) XXXXXX\$	0/ REDACTED	10/07/10 07:45PM	SUBMIT	E REJECTED
P DOXEPIN 25MG CAP	00839-7221-06	M RT DS/N REJ	OPINSUR1		
7					
ECMEPATIENT,ONE	(XXXX) XXXXXX\$	0/ REDACTED	10/08/10 04:11PM	REVERSAL	E REVERSAL UNSTRANDED
P IMIPRAMINE 25MG TAB	00779-0588-30	W RT DS/N	OPINSUR1		
57199104					
ECMEPATIENT,ONE	(XXXX) XXXXXX\$	0/ REDACTED	10/08/10 04:16PM	SUBMIT	E UNSTRANDED
P DOXEPIN 25MG CAP	00839-7221-06	M RT DS/N	OPINSUR1		
76194694					
ECMEPATIENT,ONE	(XXXX) XXXXXX\$	0/ REDACTED	10/08/10 04:16PM	SUBMIT	E UNSTRANDED
P BACLOFEN 10MG TABS	00023-4534-67	W RT DS/N	OPINSUR1		
75772098					
ECMEPATIENT,ONE	(XXXX) XXXXXX\$	0/ REDACTED	10/08/10 04:16PM	SUBMIT	E UNSTRANDED
P IMIPRAMINE 25MG TAB	00779-0588-30	W RT EX/N	OPINSUR1		
57199347					
ECMEPATIENT,ONE	(XXXX) XXXXXX\$	0/ REDACTED	10/08/10 04:16PM	SUBMIT	E UNSTRANDED
P CHLORAL HYDRATE 500MG C	00003-0626-51	W RT DS/N	OPINSUR1		
57199249					
ECMEPATIENT,ONE	(XXXX) XXXXXX\$	0/ REDACTED	10/08/10 04:16PM	SUBMIT	E UNSTRANDED
P LIDOCAINE 2% 50ML INJ M	00186-0240-02	W RT DS/N	OPINSUR1		
51602609					
ECMEPATIENT,THREE	(XXXX) XXXXXX\$	0/ REDACTED	10/08/10 04:16PM	SUBMIT	E UNSTRANDED
P BIPERIDEN 2MG TAB	00044-0120-04	M RT DS/N	OPINSUR1		
46160110					

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.



The user 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*
*                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: DAY Totals by Date
```

- b. After the user has made selections from the “ALL REPORTS” prompt, the user 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...
```

Example 8.1.7-3: Totals by Date Report (Compacted to fit into document)

```
ECME TOTALS DETAIL REPORT                      Print Date: SEP 23, 2005@15:18:52 Page:
1
DIVISION(S) : ALL                               Fill Locations: C,M,W Fill type:
RT,BB,RS
Insurance: DEVELOPMENT INS, OPINSUR1           Drugs/Classes:
ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 09/23/05 through 09/23/05
=====
```

DATE DIFFERENCE	#CLAIMS	AMOUNT SUBMITTED	RETURNED REJECTED	RETURNED PAYABLE	AMOUNT TO RECEIVE
=====					
DIVISION: ZZZZZZZ					

09/23/05 5.00	2	90.00	45.00	4 5.00	40.00

TOTALS 5.00	2	90.00	45.00	45.00	40.00

GRAND TOTALS 5.00	2	90.00	45.00	45.00	40.00
Press RETURN to continue:					

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.



The user must hold the BPSMENU and BPS REPORTS keys to view the Closed Claims Report option.

- 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

```

*****
*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: CLO  Closed Claims Report

```

- b. After the user has made selections from the “ALL REPORTS” prompts, the user 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

```
ECME CLOSED CLAIMS DETAIL REPORT                                Print Date: APR 17,
2009@14:21:22 Page: 1                                           Fill Locations:
DIVISION(S): ALL
C,M,W Fill type: RT,BB,RS                                       Close Reason: ALL
Insurance: ALL
Drugs/Classes: ALL
Eligibility: ALL                                               Patient:
ALL
RELEASED PRESCRIPTIONS BY CLOSE DATE: From 03/18/09 through 04/17/09
=====
PATIENT NAME          Pt.ID  ELIG  RX#      REF/ECME#    RX INFO      DRUG
NDC
  CARDHOLD.ID          GROUP ID  CLOSE DATE/TIME  CLOSED BY    CLOSE REASON
  COB
=====
DIVISION: YYYYYYYY
-----
ECME1  INSURANCE
-----
ECMEPATIENT,TWO      (XXXX) TRI  XXXXXX$  0/ REDACTED    W  RT  DS/R  DACARBAZINE
100MG INJ  00026-8151-10
  REDACTED              10001      03/20/09 03:55PM  ECMEUSER,ONE  INVALID
NDC FROM CMOP
  P
    Claim ID: REDACTED
    :Non-Matched Product/Service ID Number SUBTOTALS
for INS: ECMEUSER,ONE
  ECMEPAT,ONE
                                           1
                                           -----
```

CLOSED CLAIMS SUBTOTAL	1
SUBTOTALS for DIV:YYYYYYY	
ECMEUSER,ONE	1

CLOSED CLAIMS SUBTOTAL	1
GRAND TOTALS (ALL DIVISIONS) BY BILLER	
ECMEUSER,ONE	1

CLOSED CLAIMS GRAND TOTAL	1

8.1.9 Non-Billable Status Report

The *ECME Reports* menu includes a Non-Billable Status Report for ECME Rx's. 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.

 The user must hold the BPSMENU and BPS REPORTS keys to view the Non-Billable Status Report option.

- 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

```

- After the user has made selections from the “ALL REPORTS” prompt, the user 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 Rx's - (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
DIVISION(S): GENERIC
Insurance: ALL
Eligibilities: ALL
NON-BILLABLE STATUS: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 2/22/09 through 09/23/14

Print Date: Sept 26, 2014@11:41:   Page: 1
Fill Locations: C,M,W
Drugs/Classes: ALL
Patient Name: ALL
=====
PATIENT NAME      Pt.ID  ELIG   RX#      REF      DATE      $DRUG COST
DRUG              NDC      RELEASED ON  RX INFO    NON-BILLABLE STATUS
=====
DIVISION: GENERIC DIVISION
-----
GENERIC INS
-----
ECMEpatient,One   (XXXX) TRI XXXXXX$    2      04/15/09      51.00
  AMITRIPTYLINE 10MG TAB      00182-1018-10 04/15/09      W AC/R      Plan not active, local
ECMEpatient, Three (XXXX) VET XXXXXX$    0      03/10/09      51.00
  METHADONE 10MG TAB      0000 -85 -2 03/10/09      W EX/N      Plan not linked to Payer
-----
SUBTOTALS for INS:GENERIC INS      102.00
COUNT      2
MEAN      51.00
Press RETURN to continue
-----
GENERIC INSURANCE 2
-----
ECMEpatient, Two   (XXXX) VET XXXXXX$    0      03/05/09      51.00
  NEODECADRON OPHTMALIC SOL. 00006-7639-03 03/05/08      W AC/R      Plan not found
ECMEpatient, Two   (XXXX) VET XXXXXX$    0      03/05/09      51.00
  PENTAERYTHRITOL 10MG TAB 00725-2064-10 03/05/08      W AC/R      Plan Deactivated
SUBTOTALS for INS:GENERIC INSURANCE 2      2142.00
COUNT      42
MEAN      51.00
-----
SUBTOTALS for DIV:GENERIC DIVISION      2244.00
COUNT      44
MEAN      51.00
-----
GRAND TOTALS      2244.00
COUNT      44
MEAN      51.00
Press RETURN to continue:

```

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.

- 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): XXXXXXXX
Selected:
  XXXXXXXX
Select ECME Pharmacy Division(s): YYYYYYY CBOC XXX
Selected:
  XXXXXXXX
  XXXXX
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			
DIVISION(S): ALL					Fill Locations: C,M,W Fill type:			
RT,BB,P2,RS					Drugs/Classes: ALL			
Insurance: ALL								
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 06/05/11 through 12/02/11								
=====								
PATIENT NAME	Pt.ID	RX#	REF/ECME#	DATE	\$BILLED	\$INS RESPONSE	\$COLLECT	
DRUG							BILL#	
\$PROVIDER NETWORK	\$BRAND DRUG	\$NON-PREF FORM	\$BRAND NON-PREF FORM		\$COVERAGE GAP	\$HEALTH ASST	\$SPEND ACCT	REMAINING
=====								
DIVISION: XXXXXX								

SUBTOTALS for INS:EPHARM INSURANCE					12.00	999999.99	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.30	
COUNT					1	1	1	
1	1	1	1	1	1	1	1	
MEAN					12.00	999999.99	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.30	
SUBTOTALS for INS:EXPRESS SCRIPTS					999999.99	999999.99	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.41	
COUNT					1	1	1	
1	1	1	1	1	1	1	1	
MEAN					999999.99	999999.99	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.41	
SUBTOTALS for DIV:XXXXXX					1000011.99	1999999.98	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	27.71	
COUNT					2	2	2	
2	2	2	2	2	2	2	2	
MEAN					500006.00	999999.99	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	13.86	
GRAND TOTALS					1000011.99	1999999.98	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	27.71	
COUNT					2	2	2	
2	2	2	2	2	2	2	2	
MEAN					500006.00	999999.99	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	13.86	
Press RETURN to continue:								

Example 8.1.10-4: Spending Account Report – Detail

ECME SPENDING ACCOUNT REPORT DETAIL REPORT									
DIVISION(S): ALL									
RT,BB,P2,RS									
Insurance: ALL									
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 06/05/11 through 12/02/11									
=====									
PATIENT NAME	Pt.ID	RX#	REF/ECME#	DATE	\$BILLED	\$INS RESPONSE	\$COLLECT		
DRUG		RX INFO	INS GROUP#		INS GROUP NAME		BILL#		
\$PROVIDER NETWORK	\$BRAND DRUG	\$NON-PREF FORM	\$BRAND NON-PREF FORM		\$COVERAGE GAP	\$HEALTH ASST	\$SPEND ACCT	REMAINING	
=====									
DIVISION: XXXXXX									

EPHARM INSURANCE									

OPCOB,ONECNF	(166P)	XXXXXXX	0/ REDACTED	08/24/11	12.00	999999.99		0.00	
ATENOLOL 25MG TAB		W P2	EX/R T00010		EPHARM INSURANCE		K1000F7		
0.00	0.00	0.00	0.00		0.00	0.00	12.30		
Claim ID: REDACTED									

SUBTOTALS for INS:EPHARM INSURANCE					12.00	999999.99		0.00	
0.00	0.00	0.00	0.00		0.00	0.00	12.30		
COUNT					1	1		1	
1	1	1	1		1	1	1		
MEAN					12.00	999999.99		0.00	
0.00	0.00	0.00	0.00		0.00	0.00	12.30		
EXPRESS SCRIPTS									

OPCOB,ONECNF	(166P)	XXXXXXX	0/ REDACTED	08/24/11	999999.99	999999.99		0.00	
ATENOLOL 25MG TAB		W P2	EX/R T100000		EXPRESS SCRIPTS		K1000F6		
0.00	0.00	0.00	0.00		0.00	0.00	15.41		
Claim ID: REDACTED									

SUBTOTALS for INS:EXPRESS SCRIPTS					999999.99	999999.99		0.00	
0.00	0.00	0.00	0.00		0.00	0.00	15.41		
COUNT					1	1		1	
1	1	1	1		1	1	1		
MEAN					999999.99	999999.99		0.00	
0.00	0.00	0.00	0.00		0.00	0.00	15.41		

SUBTOTALS for DIV:XXXXXX					1000011.99	1999999.98		0.00	
0.00	0.00	0.00	0.00		0.00	0.00	27.71		
COUNT					2	2		2	
2	2	2	2		2	2	2		

MEAN	0.00	0.00	0.00	0.00	500006.00	999999.99	0.00
					0.00	0.00	13.86
					-----	-----	-----
GRAND TOTALS					1000011.99	1999999.98	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	27.71
COUNT	2	2	2	2	2	2	2
					2	2	2
MEAN	0.00	0.00	0.00	0.00	500006.00	999999.99	0.00
					0.00	0.00	13.86

Press RETURN to continue:

8.1.11 Duplicate Claims Report

- The *Duplicate Claims Report* option lists claims with status of Duplicate of Approved, Duplicate of Paid, and Duplicate of Capture.
 - Access the report by entering **DUP** at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.11-1: Accessing the Duplicate 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
DUP    Duplicate Claims Report
Select Claim Results and Status Option: DUP Duplicate Claims Report
```

Example 8.1.11-2: Selecting Duplicate Claims 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): XXXXXXXX
Selected:
XXXXXXX
Select ECME Pharmacy Division(s): YYYYYYY CBOC XXX
Selected:
XXXXXXXXX
XXXXX
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
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 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 or more of the following:
  S      DUPLICATE OF APPROVED
  D      DUPLICATE OF PAID
  Q      DUPLICATE OF CAPTURED
  A      ALL
Display (S)Dup of Approved or (D)Dup of Paid or (Q)Dup of Capture 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
and Dispensing Fee Paid 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//
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 8.1.11-3: Duplicate Claims Report – Summary

ECME DUPLICATE CLAIMS SUMMARY REPORT

DIVISION(S): ALL

Insurance: ALL

Eligibility: CVA,TRI,VET

Status: ALL

ALL PRESCRIPTIONS BY TRANSACTION DATE: From 01/01/15 through 10/01/20

Status Codes: S= Duplicate of Approved, D= Duplicate of Paid, Q= Duplicate of Capture

Print Date: NOV 12, 2020@11:44:51 Page: 1

Fill Locations: ALL

Drugs/Classes: ALL

Patient: ALL

Fill Type: ALL

PATIENT NAME

DRUG

Pt.ID

ELIG

REF/ECME#

DATE

\$BILLED

\$INS RESPONSE

\$COLLECT

Pt.RESP (INS)

NDC

RELEASED ON

RX INFO

BILL#

COB

STATUS

DIVISION: XXXXXXXX XXXX

SUBTOTALS for INS:CAREMARK (610029)

COUNT

MEAN

99.99

1

99.99

9.99

1

9.99

9.99

1

9.99

SUBTOTALS for INS:CAREMARK FEP (610239)

COUNT

MEAN

99.99

1

99.99

9.99

1

9.99

9.99

1

9.99

SUBTOTALS for INS:MEDIMPACT

COUNT

MEAN

99.99

1

99.99

9.99

1

9.99

9.99

1

99.99

SUBTOTALS for DIV:XXXXXXXX XXXX

COUNT

MEAN

99.99

3

99.99

99.99

3

9.99

99.99

3

9.99

GRAND TOTALS

COUNT

MEAN

999999.99

3

99.99

999999.9

3

9.99

999999.99

3

9.99

Press RETURN to continue:

Example 8.1.11-4: Duplicate Claims Report – Detail

ECME DUPLICATE CLAIMS DETAIL REPORT			Print Date: NOV 12, 2020@12:45:40 Page: 1		
DIVISION(S): ALL			Fill Locations: ALL		Fill Type: ALL
Insurance: ALL			Drugs/Classes: ALL		
Eligibility: CVA,TRI,VET			Patient: ALL		
Status: ALL					
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 01/01/15 through 10/01/20					
Status Codes: S= Duplicate of Approved, D= Duplicate of Paid, Q= Duplicate of Capture					

PATIENT NAME DRUG	Pt.ID	ELIG NDC	REF/ECME# RELEASED ON	DATE RX INFO	\$BILLED	\$INS RESPONSE BILL#	\$COLLECT COB	Pt.RESP (INS) STATUS
=====								
DIVISION: XXXXXXXX XXXX								

CAREMARK (610029)								

XXXXX,XXXXXX PREDNISONE 20MG TAB	(9999)	VET	0/ REDACTED 00099-0099-99 03/09/15	03/09/15 W RT EX/R	99.99	0.99 XXXXXXX	0.99 p	9.99 D
					-----	-----	-----	-----
SUBTOTALS for INS:CAREMARK (610029)					99.99	0.99	0.99	9.99
COUNT					1	1	1	1
MEAN					99.99	0.99	0.99	9.99

CAREMARK FEP (610239)								

XXXXXXXX,XXXXX PRECISION XTRA (GLUCOSE) TE	(9999)	VET	1/ REDACTED 99999-9999-99 06/18/15	06/22/15 C RS AC/R	99.99	9.99 XXXXXXX	9.99 p	9.99 D
					-----	-----	-----	-----
SUBTOTALS for INS:CAREMARK FEP (610239)					99.99	9.99	9.99	9.99
COUNT					1	1	1	1
MEAN					99.99	9.99	9.99	9.99
Press RETURN to continue, '^' to exit:								
ECME DUPLICATE CLAIMS DETAIL REPORT						Print Date: NOV 12, 2020@12:45:40 Page: 2		
DIVISION(S): ALL						Fill Locations: ALL Fill Type: ALL		
Insurance: ALL						Drugs/Classes: ALL		
Eligibility: CVA,TRI,VET						Patient: ALL		
Status: ALL								
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 01/01/15 through 10/01/20								
Status Codes: S= Duplicate of Approved, D= Duplicate of Paid, Q= Duplicate of Capture								
=====								
PATIENT NAME DRUG	Pt.ID	ELIG NDC	REF/ECME# RELEASED ON	DATE RX INFO	\$BILLED	\$INS RESPONSE BILL#	\$COLLECT COB	Pt.RESP (INS) STATUS
=====								
DIVISION: XXXXXXXX XXXX								

MEDIMPACT								

XXXXXX,XXX XXXXXX BUPROPION HCL 150MG 12HR SA	(9999)	VET	1/ REDACTED 99999-9999-99 01/12/15	01/10/15 C RT **/R	99.99	9.99 XXXXXXX	9.99 p	99.99 D
					-----	-----	-----	-----
SUBTOTALS for INS:MEDIMPACT					99.99	9.99	9.99	99.99
COUNT					1	1	1	1
MEAN					99.99	9.99	9.99	99.99
					-----	-----	-----	-----

SUBTOTALS for DIV:XXXXXXXX XXXX	99.99	99.99	99.99	99.99
COUNT	3	3	3	3
MEAN	99.99	9.99	9.99	9.99
	-----	-----	-----	-----
GRAND TOTALS	999999.99	999999.99	999999.99	999999.99
COUNT	3	3	3	3
MEAN	99.99	9.99	9.99	9.99
Press RETURN to continue:				

8.2 Other Reports

The *Other Reports* option allows the user 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: REDACTED REDACTED

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: REDACTED
BPS TRANSACTION/BPS LOG OF TRANSACTION DATA:
ENTRY#: 113414.00042 STATUS: 99
PHARMACY: PHARM1 PRESCRIPTION #: REDACTED
RXI-INTERNAL (c): 113414
PLAN NAME: COB INSURANCE PHARMACY PLAN ID: VA105220
CLAIM IEN (c): 5524 RESPONSE IEN (c): 5369
Press RETURN to continue, '^' to exit:
BPS CLAIMS FILE DATA:
CLAIM ID: REDACTED
ELECTRONIC PAYER: MNMEDB1 TRANSMIT FLAG: YES (POINT OF SALE)
TRANSMITTED ON: APR 17,2009@14: :27 CREATED ON: APR 17,2009@14: :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: C4XXXXXXXXX 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: REDACTED
CARDHOLDER LAST NAME: CDECMEPATIENT
HOME PLAN: CE36
PATIENT STREET ADDRESS: CM13 DFG
PATIENT CITY ADDRESS: CNXXXXXXXXX
PATIENT STATE PROV ADDRESS: COXX PATIENT ZIP POSTAL ZONE: CPXXXXXX
PATIENT PHONE NUMBER: CQXXXXXXXXX PATIENT ID QUALIFIER: CX01
PATIENT ID: CYXXXXXXXXX EMPLOYER ID: CZ
SMOKER INDICATOR: 1C PREGNANCY INDICATOR: 2C
FACILITY ID: 8C
MEDICATION ORDER: 1 MEDICATION NAME: BETAZOLE 50MG/ML INJ
PRESCRIPTION NUMBER: XXXXXX OTHER COVERAGE CODE: C800
ALTERNATE ID: CW00000000000000000000
COB OTHER PAYMENT COUNTER: 4C1 OTHER PAYER COVERAGE TYPE: 5C01
OTHER PAYER ID QUALIFIER: 6C03 OTHER PAYER ID: REDACTED
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: REDACTED
FILL NUMBER: D304 DAYS SUPPLY: D5001
COMPOUND CODE: D61
PRODUCT SERVICE ID: D700002143916
DISPENSE AS WRITTEN: D80 INGREDIENT COST SUBMITTED: D90000510{
PRESCRIBER ID: DBXXXXXXXXX DISPENSING FEE SUBMITTED: DC00000000
DATE PRESCRIPTION WRITTEN: DE20090112
NUMBER OF REFILLS AUTHORIZED: DF05 LEVEL OF SERVICE: DI00
PRESCRIPTION ORIGIN CODE: DJ1 SUBMISSION CLARIFICATION CODE: DK00
BASIS OF COST DETERMINATION: DN07 USUAL AND CUSTOMARY CHARGE: DQ0000510{
SPECIAL PACKAGING INDICATOR: DT0 GROSS AMOUNT DUE: DU0000510{
PRESCRIBER LAST NAME: ECMEPRESCRIBER
OTHER PAYER AMOUNT: DV00400{
PATIENT PAID AMOUNT SUBMITTED: DX0000000{
PRODUCT SERVICE ID QUALIFIER: E103 QUANTITY DISPENSED: E70000001000
ORIGINALLY PRESCRIBED QUANTITY: EB0000001000
SCHEDULED RX ID NUMBER: REDACTED
```

8.2.2 Payer Sheet Detail Report Option

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*
*          XXXXX VAMC          *
*          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: PAY Payer Sheet Detail Report
```

Example 8.2.2-2: Payer Sheet Detail Report Option

```
Select Payer Sheet: ABCTEST1
DEVICE: HOME//      IP network
Payer Sheet Detail Report          Print Date: 09/09/05    Page: 1
  Payer Sheet Name: ABCTEST1      Version Number: 7
    Status: PRODUCTION            NCPDP Version: Version D.0

Seq  Field      Field Name      Proc Mode
---  -
*** Transaction Header Segment ***

1    101-A1      BIN NUMBER                      S
2    102-A2      VERSION/RELEASE NUMBER          S
3    103-A3      TRANSACTION CODE                S
5    104-A4      PROCESSOR CONTROL NUMBER        S
17   202-B2      SERV PROVIDER ID QUALIFIER       S
19   201-B1      SERVICE PROVIDER ID              S
21   401-D1      DATE FILLED                      S
Press RETURN to continue, '^' to exit: <Enter>
Payer Sheet Detail Report          Print Date: 09/09/05    Page: 2
  Payer Sheet Name: ABCTEST1      Version Number: 7

Seq  Field      Field Name      Proc Mode
---  -
*** Transaction Header Segment ***

22   110-AK      SOFTWARE VENDOR/CERT ID          S
*** Patient Segment ***

31   111-AM      SEGMENT IDENTIFICATION           S
33   331-CX      PATIENT ID QUALIFIER             S
35   332-CY      PATIENT ID                       S
36   304-C4      DATE OF BIRTH                   S
37   305-C5      SEX CODE                         S
39   307-C7      CUSTOMER LOCATION               S
40   335-2C      PREGNANCY INDICATOR             S
*** Insurance Segment ***

49   111-AM      SEGMENT IDENTIFICATION           S
51   302-C2      CARDHOLDER ID NUMBER            S
53   301-C1      GROUP NUMBER                    S
Press RETURN to continue, '^' to exit: <Enter>
Payer Sheet Detail Report          Print Date: 09/09/05    Page: 3
  Payer Sheet Name: ABCTEST1      Version Number: 7

Seq  Field      Field Name      Proc Mode
---  -
*** Insurance Segment ***

    306-C6      RELATIONSHIP CODE                S
*** Claim Segment ***

64   111-AM      SEGMENT IDENTIFICATION           S
66   455-EM      RX/SERVICE REF NUMBER QUAL      S
69   402-D2      PRESCRIPTION NUMBER             S
71   436-E1      PRODUCT/SERV ID QUAL            S
73   407-D7      PRODUCT/SERVICE ID              S
75   442-E7      QUANTITY DISPENSED              S
77   403-D3      NEW/REFILL CODE                 S
78   405-D5      DAYS SUPPLY                     S
```

```
Press RETURN to continue, '^' to exit: <Enter>
Payer Sheet Detail Report                      Print Date: 09/09/05    Page: 4
Payer Sheet Name: ABCTEST1                     Version Number: 7
```

*** Claim Segment ***

127	111-AM	*** Pharmacy Provider Segment *** SEGMENT IDENTIFICATION	S
-----	--------	---	---

Seq	Field	Field Name	Proc Mode
---	-----	-----	-----

129	463-E1	PROVIDER ID QUALIFIER	S
131	444-E9	PROVIDER ID	S

Press RETURN to continue, '^' to exit: <Enter>
Payer Sheet Detail Report Print Date: 09/09/05 Page: 6

Seq	Field	Field Name	FIOC Mode
---	-----	-----	-----
		*** END ***	

*** Workers' Compensation Segment ***

```
Press RETURN to continue, '^' to exit: <Enter>
```

Payer Sheet Detail Report			Print Date: 09/09/05	Page: 7
Payer Sheet Name: ABCTEST1			Version Number: 7	
Seq	Field	Field Name		Proc Mode
---	-----	-----		-----
*** Workers' Compensation Segment ***				
*** DUR/PPS Segment ***				
213	111-AM	SEGMENT IDENTIFICATION		S
215	473-7E	DUR/PPS CODE COUNTER		S
218	439-E4	DUR CONFLICT CODE		S
220	440-E5	DUR INTERVENTION CODE		S
222	441-E6	DUR OUTCOME CODE		S
224	474-8E	DUR/PPS LEVEL OF EFFORT		S
227	475-J9	DUR CO-AGENT ID QUALIFIER		S
230	476-H6	DUR CO-AGENT ID		S
*** Pricing Segment ***				
240	111-AM	SEGMENT IDENTIFICATION		S
242	409-D9	INGREDIENT COST		S
244	412-DC	DISPENSING FEE SUBMITTED		S
Press RETURN to continue, '^' to exit: <Enter>				
Payer Sheet Detail Report			Print Date: 09/09/05	Page: 8
Payer Sheet Name: ABCTEST1			Version Number: 7	
Seq	Field	Field Name		Proc Mode
---	-----	-----		-----
*** Pricing Segment ***				
246	477-BE	PROFESSIONAL SERV FEE SUBMIT		S
249	433-DX	PATIENT PAID AMOUNT		S
252	481-HA	FLAT SALES TAX AMOUNT SUBMIT		S
255	482-GE	PERCENTAGE SALES TAX AMT SUB		S
258	484-JE	PERCENT SALES TAX BASIS SUB		S
261	426-DQ	USUAL & CUSTOMARY CHARGE		S
264	430-DU	GROSS AMOUNT DUE		S
266	423-DN	BASIS OF COST DETERMINATION		S
*** Coupon Segment ***				
275	111-AM	SEGMENT IDENTIFICATION		S
277	485-KE	COUPON TYPE		S
278	486-ME	COUPON NUMBER		S
279	487-NE	COUPON VALUE AMOUNT		S
Press RETURN to continue, '^' to exit: <Enter>				
Payer Sheet Detail Report			Print Date: 09/09/05	Page: 9
Payer Sheet Name: ABCTEST1			Version Number: 7	
Seq	Field	Field Name		Proc Mode
---	-----	-----		-----
*** Compound Segment ***				
288	111-AM	SEGMENT IDENTIFICATION		S
290	450-EF	Compound Dose Form Desc Code		S
293	451-EG	Compound Dispense Unt Form Ind		S
295	452-EH	Compound Route of Admin		S
297	447-EC	Compound Ingred Comp Count		S
299	488-RE	Compound Product ID Qualifier		S
301	489-TE	Compound Product ID		S
302	448-ED	Compound Ingredient Quantity		S
304	449-EE	Compound Ingredient Drug Cost		S
307	490-UE	Comp Ingred Basis Cost Determ		S
Press RETURN to continue:				

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

```
*****
*Electronic Claims Management Engine (ECME) V1.0*
*          XXXXX VAMC          *
*          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 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                      SEP 9, 2005 07:17  PAGE 1
-----
      NUMBER: 2
NAME: XXXXXXXXXX                      NCPDP #: XXXXXXXX
DEFAULT DEA #: AGXXXXX                CMOP SWITCH: CMOP ON
AUTO-REVERSE PARAMETER: 0             STATUS: ACTIVE
SITE ADDRESS 1: 101 MAIN STREET
SITE CITY: XXXXXXXXX                  SITE STATE: XXXXX
SITE ZIP CODE: XXXXX                  SITE ADDRESS NAME: 101 MAIN STREET
HOURS OF OPERATION: 24                START DAY RANGE: MON
END DAY RANGE: MON                    START HOUR RANGE: 0800
END HOUR RANGE: 1600~TUE              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: XXXXXX
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
BPS PHARMACIES LIST                      SEP 09, 2005@17:17  PAGE 2
-----
Wednesday Open Time: 0800              Thursday Open Time: 0800
Friday Open Time: 0800                 Saturday Open Time: 0800
      NUMBER: 3
NAME: XXXXXXXXXX                      NCPDP #: XXXXXXXX
DEFAULT DEA #: AGXXXXX                CMOP SWITCH: CMOP ON
AUTO-REVERSE PARAMETER: 2             STATUS: ACTIVE
SITE ADDRESS 1: 101 MAIN AVE
SITE CITY: XXXXXXXXX                  SITE STATE: XXXXXX
SITE ZIP CODE: XXXXX                  SITE ADDRESS NAME: 101 MAIN AVE
HOURS OF OPERATION: 24                START DAY RANGE: MON
END DAY RANGE: MON                    START HOUR RANGE: 0800
END HOUR RANGE: 1600~TUE              NPI: REDACTED
DATE/TIME OF LAST NPI CHANGE: OCT 10, 2006@15:05:05
OUTPATIENT SITE: XXXXXXXXXXXX VA
OUTPATIENT SITE: XXXXXXXXXXXX CBOC
OUTPATIENT SITE: XXXXX VA CBOC
REMITTANCE ADDRESS NAME: XXXXXXXXXXXX XXXXXX
REMIT ADDRESS 1: 101 XXXXXXXXXXXXXXXXX
REMIT CITY: XXXXXXXXX                 REMIT STATE: XXXXXXXX
REMIT ZIP: XXXXX                       VA CONTACT: CONTACT,ONE
VA ALTERNATE CONTACT: CONTACT,TWO
VA LEAD PHARMACIST: PHARMACIST,ONE    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
Saturday Open Time: 0800
Press ENTER to continue

```

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

```

*****
*Electronic Claims Management Engine (ECME) V1.0*
*          XXXXX VAMC          *
*          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: 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#: 9099)
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 the user 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

```

*****
*Electronic Claims Management Engine (ECME) V1.0*
*          XXXXXX 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 8.2.5-2: Displaying the View ePharmacy Rx Report

```

Select Prescription: XXXXXXXX
      ATENOLOL 25MG TAB
Patient      Rx#      Drug Name      Rx Status
ECMEPATIENT,ONE  XXXXXX  TAMOXIFEN CITRATE 10MG TA DISCONTINUED
OK to continue? Yes//  YES
Rx# 2055346 has the following fills:
  Fill#  Fill Date  Release Date
  ----  -
    0    01/29/2009  01/29/2009
    1    02/26/2009  02/25/2009
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 trans
actions
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: REDACTED                                     Ht (cm) : _____ (_____)
  DOB: REDACTED                                    Wt (kg) : _____ (_____)
+-----+
          Rx #: XXXXXXSe (ECME#: REDACTED)
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: REDACTED VAM&ROC (442)
    Pharmacist: ECMEPROVIDER,ONE
  Patient Counseling: NO
    Remarks: New Order Created by copying Rx # REDACTED.
    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: 2/25/09   NDC: 00378-0144-91
2   02/25/09   02/26/09     60           Mail
Division: 442      Dispensed: 02/26/09   Released:
Partial Fills:
#   Log Date   Date       Qty           Routing   Lot #       Pharmacist
=====
There are NO Partial Fills 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

```

4 02/25/09 SUSPENSE REFILL 2 ECMEPROVIDER, ONE
 Comments: 3/4 of Days Supply SUSPENSE HOLD until 2/28/09.
 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 XXXXXXXX			

ECME Log:

#	Date/Time	Rx Ref	Initiator Of Activity
1	1/29/09@12:59:55	ORIGINAL	ECMEPROVIDER, ONE
Comments: Submitted to ECME:WINDOW FILL(NDC:00378-0144-93)-E REJECTED			
2	2/25/09@16:49:16	ORIGINAL	ECMEPROVIDER, ONE
Comments: Submitted to ECME:REJECT WORKLIST-E PAYABLE			
3	2/25/09@16:51:03	REFILL 1	ECMEPROVIDER, ONE
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00378-0144-91)			
4	3/1/09@14:00:05	REFILL 2	ECMEPROVIDER, ONE
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00378-0144-91)			

ECME REJECT Log:

#	Date/Time Rcvd	Rx Ref	Reject Type	STATUS	Date/Time Resolved
1	1/29/09@12:59:	ORIGINAL	REFILL TOO SOON	RESOLVED	2/25/09@16:49:04
Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)					

CMOP Event Log:

Date/Time	Rx Ref	TRN-Order	Stat	Comments
02/25/09@1656	Ref 1	XXXXX-1	DISP	NDC: 00378014491
Carrier: USPS		Pkg ID: PGKID999		
03/01/09@1403	Ref 2	XXXXX-1	TRAN	

CMOP Lot#/Expiration Date Log:

Rx Ref	Lot #	Expiration Date
Ref 1	A87904	03/22/07

ME Claim Log

PHARMACY ECME Feb 08, 2011@14:06:41 Page: 1 of 1
 Claim Log information

Pharmacy ECME Log

VA Rx #: XXXXXXXX\$ Fill #: 1 ECME #: REDACTED
 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 #: REDACTED
 Transmission Information (CLAIM REQUEST) (#XXXX) -----
 Created on: FEB 25, 2009@16:51:04
 VA Claim ID: REDACTED
 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:
 Patient Relationship Code: CARDHOLDER
 Cardholder First Name: ONE
 Cardholder Last Name: OPPATIENT
 Facility ID Qualifier:
 Billing Request Payer Sheet: WBTESTB1
 Reversal Payer Sheet: WBTESTB2
 Response Information (CLAIM REQUEST) (#XXXX) -----
 Response Received: FEB 25,2009@16:51:10
 Date of Service: 02/25/2009
 Transaction Response Status: Paid
 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: VREDACTED
 BPS TRANSACTION/BPS LOG OF TRANSACTION DATA:
 ENTRY#: 1615253.00011 STATUS: 99
 PHARMACY: CHEY9-BOTH NPI & NCPDP PRESCRIPTION #: XXXXXXXX
 RXI-INTERNAL (c): XXXXXXXX
 PLAN NAME: BLUE MOON INSURANCE PHARMACY PLAN ID: T00010
 CLAIM IEN (c): 1236 RESPONSE IEN (c): 1213
 BPS CLAIMS FILE DATA:
 CLAIM ID: REDACTED
 ELECTRONIC PAYER: WBTESTB1 TRANSMIT FLAG: YES (POINT OF SALE)
 TRANSMITTED ON: FEB 25,2009@16:51:04 CREATED ON: FEB 25,2009@16:51:04
 PATIENT NAME: ECMEPATIENT,ONE
 GROUP INSURANCE PLAN: BLUE MOON INSURANCE
 BIN NUMBER: 123456 VERSION RELEASE NUMBER: D.0
 TRANSACTION CODE: B1 PROCESSOR CONTROL NUMBER: 1123456789
 TRANSACTION COUNT: 1 SOFTWARE VENDER CERT ID: TATP
 SERVICE PROVIDER ID: REDACTED SERVICE PROVIDER ID QUAL: 01
 GROUP ID: C110001 CARDHOLDER ID: C2
 DATE OF BIRTH: C419631018 PATIENT GENDER CODE: MALE
 PATIENT FIRST NAME: CAONE PATIENT LAST NAME: CBOPPATIENT
 PATIENT STREET ADDRESS: CM32 OAK STREET
 PATIENT CITY ADDRESS: REDACTED
 PATIENT STATE PROV ADDRESS: COAL PATIENT ZIP POSTAL ZONE: REDACTED
 PATIENT PHONE NUMBER: REDACTED PATIENT ID QUALIFIER: CX01
 PATIENT ID: REDACTED
 TRANSACTION ORDER: 1
 MEDICATION NAME: TAMOXIFEN CITRATE 10MG TAB
 PRESCRIPTION NUMBER: XXXXXXXX OTHER COVERAGE CODE: C800
 SUBM CLARIFICATION CODE COUNT: 1
 SUBMISSION CLRFCTN CODE CNTR: 1 SUBMISSION CLARIFICATION CODE: DK02
 DATE OF SERVICE: FEB 25,2009 PRESCRIPTION/SERVICE REF NO: REDACTED
 FILL NUMBER: D301 DAYS SUPPLY: D5003
 COMPOUND CODE: D61
 PRODUCT SERVICE ID: REDACTED
 DISPENSE AS WRITTEN: D80 INGREDIENT COST SUBMITTED: D90000510{
 PRESCRIBER ID: DB DISPENSING FEE SUBMITTED: DC00000000
 DATE PRESCRIPTION WRITTEN: DE20090129
 NUMBER OF REFILLS AUTHORIZED: DF11 PRESCRIPTION ORIGIN CODE: DJ1
 *SUBMISSION CLARIFICATION CODE: DK02 BASIS OF COST DETERMINATION: DN07

USUAL AND CUSTOMARY CHARGE: DQ0000510{
 GROSS AMOUNT DUE: DU0000510{ PRESCRIBER LAST NAME: DROPPROVIDER
 PATIENT PAID AMOUNT SUBMITTED: DX0000000{
 PRODUCT SERVICE ID QUALIFIER: E103 QUANTITY DISPENSED: E70000060000
 PRESCRIPTION SERVICE REFERENCE: EM1 QUANTITY PRESCRIBED: ET0000060000
 PRESCRIBER ID QUALIFIER: EZ01 PRESCRIBER LOCATION CODE: 1E
 PC PROVIDER LOCATION CODE: H5001 PC PROVIDER LAST NAME: 4EOPPROVIDER
 PRESCRIBER PHONE NUMBER: REDACTED
 DATE OF SERVICE: 20090225
 RAW DATA SENT:
 12345651B111234567891011164471991 20090225TATP
 AM01CX01CY666874529 C419631018C51CAONE CBOPPATIENT CM32
 OAK STREET CNBIRMINGHAM COALCP35209 CQ2055559874
 AM04C2C110001
 AM07EM1D21615253E103D700378014491 E70000060000D301D5003D61D80DE20090129D
 F11DJ1DK02ET0000060000C800
 AM02
 AM03EZ01DB 1E DROPPROVIDER H5001 4EOPPROVIDER
 AM11D90000510{DC00000000DX0000000{DQ0000510{DU0000510{DN07
 BPS RESPONSE FILE DATA:
 BPS CLAIM: REDACTED
 DATE RESPONSE RECEIVED: FEB 25, 2009@16:51:10
 VERSION RELEASE NUMBER: D.0 TRANSACTION CODE: B1
 TRANSACTION COUNT: 1 SERVICE PROVIDER ID: 1164471991
 SERVICE PROVIDER ID QUALIFIER: 01 DATE OF SERVICE: FEB 25,2009
 RESPONSE STATUS: ACCEPTED
 TRANSACTION ORDER: 1 TRANSACTION RESPONSE STATUS: PAID
 PRESCRIPTION REFERENCE NUMBER: XXXXXXX
 RX REFERENCE NUMBER QUALIFIER: RX BILLING
 HEADER RESPONSE STATUS: CLAIM PAYABLE
 AUTHORIZATION NUMBER: WEBMD: PAID PATIENT PAY AMOUNT: \$ 10.00
 INGREDIENT COST PAID: \$ 55.70 DISPENSING FEE PAID: \$ 12.50
 TOTAL AMOUNT PAID: \$ 58.20 INCENTIVE AMOUNT PAID: \$ 1.25
 BASIS OF REIMB DETERMINATION: 08 TAX EXEMPT INDICATOR: NOT TAX EXEMPT
 FLAT SALES TAX PAID: \$ 1.00 PROFESSIONAL SERVICE FEE PAID: \$ 4.
 OTHER AMOUNT PAID COUNT: 1 OTHER PAYER AMOUNT RECOGNIZED: \$ 0.00
 RAW DATA RECEIVED:
 REDACTED
 20090225\X1D\X1E\X1C\AM21\X1C\ANP\X1C\F3WEBMD:
 PAID\X1E\X1C\AM22\X1C\EM1\X1C\D21615253\X1E\X1C\AM23\X1C\F50000100{\X1C\F6000
 0557{\X1C\F70000125{\X1C\AV2\X1C\AW0000010{\X1C\F10000012E\X1C\J10000045D\X1C\J2
 1\X1C\J301\X1C\J40000033C\X1C\J50000000{\X1C\F90000683B\X1C\FM08
 ECME BILLING EVENTS REPORT
 BILLING ECME EVENTS (DETAILED) for ALL DIVISIONS
 SINGLE PRESCRIPTION - XXXXXX FILL# 1

RX#	FILL	DATE	PATIENT NAME	DRUG
1	XXXXXXX 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:T-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#: REDACTED, 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#: REDACTED, FILL DATE:02/25/09			
	USER:POSTMASTER			

BILLING 02/25/09 4:56p Status:Bill# K90007W created
 ECME#: REDACTED, 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)

BILL	RX	DATE	INSURANCE	COB	PATIENT
1	K90007U REDACTED	01/29/09	BLUE MOON INSURANC	P	ECMEPATIENT,ONE
2	K90007W REDACTED	02/25/09	BLUE MOON INSURANC	P	ECMEPATIENT,ONE

Medication Profile

ISSUE	LAST	REF DAY	DRUG [^]	QTY	ST	DATE	FILL	REM	SUP
REFILL TOO SOON/DUR REJECTS (Third Party) (2 orders)									
1	XXXXXXXe		AMOXAPINE 25MG TAB	90	A	11-30-17	11-30-17	3	90
2	XXXXXXXe		AMOXICILLIN 250/CLAV K 62.5	1	A	12-01-17	12-01-17	3	90

View Patient Insurance

Patient Policy Information Feb 23, 2011@13:24:18

Page: 1 of 1

Expanded Policy Information for: ECMEPATIENT,ONE 666-20-4589

OPINSUR1 Insurance Company ** Plan Currently Active **

Plan Information Insurance Company

Is Group Plan: YES Company: OPINSUR1

Group Name: DRUG INS Street: 32 CATASTROPHE WAY

Group Number: 111 City/State: ANYTOWN, AL 35209

BIN: Billing Ph:

PCN: Precert Ph:

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

Require UR: NO Effective Date: 10/12/07

Require Amb Cert: Expiration Date:

Require Pre-Cert: NO Source of Info: INTERVIEW

Exclude Pre-Cond: NO Policy Not Billable: NO

Benefits Assignable: YES

Subscriber Information Subscriber's Employer Information

Whose Insurance: VETERAN Emp Sponsored Plan: No

Subscriber Name: ECMEPATIENT,ONE Employer:

Relationship: SELF Employment Status:

Primary ID: XXXX Retirement Date:

Coord. Benefits: PRIMARY Claims to Employer: No, Send to Insurance Company

Primary Provider: Street:

Prim Prov Phone: City/State:

Phone:

Insured Person's Information (use Subscriber Update Action)

Insured's DOB: REDACTED Str 1: 1225 OAK LANE

Insured's Sex: MALE Str 2:

Insured's Branch: ARMY City: ANYTOWN

Insured's Rank: St/Zip: AL 35209

Phone: REDACTED

Insurance Company ID Numbers (use Subscriber Update Action)

Subscriber Primary ID: XXXX

Plan Coverage Limitations

Coverage	Effective Date	Covered?	Limit Comments
INPATIENT	08/04/2008	YES	
	07/11/2008	YES	
	06/26/2008	YES	

	02/26/2008	YES
	01/28/2008	YES
	10/12/2007	YES
	06/19/2007	YES
	04/13/2007	YES
	01/08/2007	YES
	06/17/2006	YES
OUTPATIENT	08/04/2008	YES
	07/11/2008	YES
	06/26/2008	YES
	02/26/2008	YES
	01/28/2008	YES
	10/12/2007	YES
	08/02/2007	YES
	06/19/2007	YES
	04/13/2007	YES
	01/08/2007	YES
	06/17/2006	YES
PHARMACY	03/17/2009	YES
	08/06/2008	YES
	08/04/2008	YES
	07/11/2008	YES
	06/26/2008	YES
DENTAL	08/04/2008	YES
	07/11/2008	YES
	06/26/2008	YES
	02/26/2008	YES
	01/28/2008	YES
	10/12/2007	YES
	08/02/2007	YES
	06/19/2007	YES
	04/13/2007	YES
	01/08/2007	YES
	06/17/2006	YES
MENTAL HEALTH	08/04/2008	YES
	07/11/2008	YES
	06/26/2008	YES
	02/26/2008	YES
	01/28/2008	YES
	10/12/2007	YES
	08/02/2007	YES
	06/19/2007	YES
	04/13/2007	YES
	01/08/2007	YES
	06/17/2006	YES
LONG TERM CARE		BY DEFAULT
User Information	Insurance Contact (last)	
Entered By:	EXAMPLE, EMPLOYEEPerson Contacted:	
Entered On:	10/12/07	Method of Contact: PHONE
Last Verified By:	EXAMPLE, EMPLOYEE Contact's Phone:	
Last Verified On:	02/07/08	Call Ref. No.:
Last Updated By:	EXAMPLE, EMPLOYEE	Contact Date: APR 15, 2009
Last Updated On:	04/15/09	
Comment -- Patient Policy		
None		
Comment -- Group Plan		
Personal Riders		
TPJI - Claim Information		
Claim Information	Feb 08, 2011@14:36:24	
Page:	1 of 1	
K90007We	ECMEPATIENT,ONE 04529	DOB: REDACTED Subsc ID:
TPJI - Claim Information		
Claim Information	Feb 08, 2011@14:36:24	
Page:	1 of 1	
K90007We	ECMEPATIENT,ONE 04529	DOB: REDACTED Subsc ID:

Insurance Demographics	Subscriber Demographics
Bill Payer: BLUE MOON INSURANCE	Group Number: 10001
Claim Address: 321 MOON DRIVE	Group Name: T-GROUP1
ANYTOWN, 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: REDACTED	
ECME Ap No: WEBMD: PAID	
NPI: REDACTED	
Providers: NONE	
Entered: 02/25/09 by POSTMASTER	
Authorized: 02/25/09 by POSTMASTER	
First Printed: 02/25/09 by POSTMASTER	
Related Prescription Copay Information	
<none found>	

TPJI - AR Account Profile

AR Account Profile Feb 08, 2011@14:46:24

Page: 1 of 1

K90007We	ECMEPATIENT,ONE	O4529	DOB: REDACTED	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	O4529	DOB: REDACTED	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	O4529	DOB: REDACTED	Subsc ID:
----------	-----------------	-------	---------------	-----------

ECME No: REDACTED	Pharmacy NPI: REDACTED
ECME Ap No: WEBMD: PAID	Provider NPI: No NPI on file
Rx No: REDACTED / 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.

ELIGIBILITY STATUS DATA, SCREEN <7>

ECMEPATIENT,ONE; REDACTED ACTIVE DUTY

<1>	Patient Type: ACTIVE DUTY	Veteran: YES
	Svc Connected: YES	SC Percent: 20%
	SC Award Date: OCT 12,2007	Unemployable: NO
	P&T: NO	
	Rated Incomp.: NO	

```

      Claim Number: REDACTED
      Folder Loc.: ALBUQUERQUE
<2>  Aid & Attendance: NO                Housebound: NO
      VA Pension: NO                    VA Disability: NO
      Total Check Amount: NOT APPLICABLE
      GI Insurance: NO                  Amount: UNANSWERED
<3>  Primary Elig Code: SC LESS THAN 50%
      Other Elig Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
      Period of Service: PERSIAN GULF WAR
<3.1> Combat Vet Elig.: EXPIRED End Date: OCT 11, 2009

<4> Service Connected Conditions as stated by applicant
-----
      NONE STATED
ELIGIBILITY VERIFICATION DATA
      ELIGIBILITY VERIFICATION DATA, SCREEN <11>
ECMEPATIENT,ONE; REDACTED                ACTIVE DUTY
=====
<1> Eligibility Status: NOT VERIFIED      Status Date: NOT APPLICABLE
      Status Entered By: NOT APPLICABLE
      Interim Response: UNANSWERED (NOT REQUIRED)
      Verif. Method: NOT APPLICABLE
      Verif. Source: NOT AVAILABLE
<2>  Money Verified: NOT VERIFIED
<3>  Service Verified: NOT VERIFIED
<4> Rated Disabilities: SC%: 20    EFF. DATE OF COMBINED SC%:
                                     Orig      Curr
                                     Eff Dt   Eff Dt
      Rated Disability
      NONE STATED
      Enter ?? for more actions
VW View Rx      CR CRI Report      CI TPJI Claim Info  ER TPJI ECME Rx
CL Claim Log    IN Insurance      AP TPJI Acct Pro   ES Elig Status
BE Billing Events  LB List of Bills  CM TPJI AR Comm   EV Elig Verif
                  MP Med Profile      PR Print Report(s)
Select Action: Quit//

```

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 the user 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.



The user 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									
DIVISION(S): ALL									
ELIGIBILITY: ALL									
USERS: ALL									
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 9/29/15 through 10/29/15									
=====									
USER	STATUS	# TRANSACTIONS		ELIG RX#	REF/ECME#	DOS	TRANS DATE	PAID AMT	
		DT RANGE	TOTAL						
=====									
DIVISION: DIVISION ONE									

USER,EIGHT	REJECTED	1	1	CVA XXXXXX	0/ REDACTED	09/29/15	09/29/15	6.62	
USER,EIGHT	REJECTED	1	1	CVA XXXXXX	0/ REDACTED	09/29/15	09/29/15	10.00	
USER,NINE	PAYABLE	1	1	VET XXXXXXG	0/ REDACTED	09/30/15	09/30/15	10.00	
USER,NINE	REVERSAL REJECTED	1	1	VET XXXXXX	0/ REDACTED	08/25/15	10/01/15	10.00	
USER,NINE	REJECTED	1	1	CVA XXXXXX	0/ REDACTED	10/01/15	10/01/15	7.43	
USER,NINE	REJECTED	1	1	CVA XXXXXXA	0/ REDACTED	10/01/15	10/01/15	7.43	
USER,NINE	REJECTED	1	1	CVA XXXXXXD	0/ REDACTED	10/01/15	10/01/15	7.43	
USER,NINE	REJECTED	1	1	CVA XXXXXX	0/ REDACTED	10/01/15	10/01/15	10.00	
USER,NINE	REJECTED	1	1	CVA XXXXXXF	0/ REDACTED	10/01/15	10/01/15	7.43	
USER,NINE	REVERSAL REJECTED	1	1	VET XXXXXXH	0/ REDACTED	10/01/15	10/01/15	10.00	
USER,EIGHT	REVERSAL ACCEPTED	1	1	VET XXXXXX	0/ REDACTED	10/06/15	10/06/15	10.00	
USER,EIGHT	REJECTED	1	1	VET XXXXXX	0/ REDACTED	10/06/15	10/06/15	10.00	
USER,TWO	REVERSAL ACCEPTED	1	1	TRI XXXXXX	0/ REDACTED	09/23/15	10/08/15	10.00	
USER,NINE	REVERSAL ACCEPTED	1	1	CVA XXXXXXA	0/ REDACTED	10/08/15	10/08/15	10.00	
USER,NINE	REVERSAL ACCEPTED	1	1	TRI XXXXXX	0/ REDACTED	10/14/15	10/14/15	10.00	
USER,NINE	REJECTED	1	1	TRI XXXXXXA	0/ REDACTED	10/14/15	10/14/15	10.00	
USER,NINE	REJECTED	1	1	TRI XXXXXXB	0/ REDACTED	10/14/15	10/14/15	10.00	
USER,NINE	PAYABLE	1	1	CVA XXXXXX	0/ REDACTED	10/15/15	10/15/15	5.23	
USER,FOUR	REJECTED	1	1	TRI XXXXXX	0/ REDACTED	10/15/15	10/15/15		
USER,NINE	REVERSAL REJECTED	1	1	TRI XXXXXX	0/ REDACTED	10/15/15	10/16/15	10.00	
USER,FOUR	REJECTED	1	1	TRI XXXXXX	0/ REDACTED	10/16/15	10/16/15		
USER,FOUR	REJECTED	1	1	TRI XXXXXX	0/ REDACTED	10/16/15	10/16/15		
USER,FOUR	REJECTED	1	1	TRI XXXXXX	0/ REDACTED	10/17/15	10/18/15		
USER,FOUR	REJECTED	1	1	TRI XXXXXX	0/ REDACTED	10/18/15	10/18/15		
USER,FOUR	REJECTED	1	1	TRI XXXXXX	0/ REDACTED	09/25/15	10/20/15		
USER,THREE		1	1	TRI XXXXXX	0/ REDACTED	10/28/15	10/28/15	10.00	
SUBTOTALS FOR DIVISION ONE PHARMACY									
REJECTED AND		NOT REJECTED AND PAYABLE				TRANS IN DT RANGE		AMOUNT PAID	
RESOLVED TO PAYABLE		(POSSIBLE BACK-BILL)							
USER	0	0	0			4		36.62	
USER,EIGHT	0		0			1		10.00	
USER,THREE	0		0			1		10.00	
USER,TWO	0		0						

USER, FOUR	0	0	6	0.00
USER, NINE	2	0	14	124.95
GRAND TOTAL				
USER	REJECTED AND RESOLVED TO PAYABLE	NOT REJECTED AND PAYABLE (POSSIBLE BACK-BILL)	TRANS IN DT RANGE	AMOUNT PAID
USER, EIGHT	0	0	4	36.62
USER, THREE	0	0	1	10.00
USER, TWO	0	0	1	10.00
USER, FOUR	0	0	6	0.00
USER, NINE	2	0	14	124.95

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

USER	STATUS	# TRANSACTIONS DT RANGE TOTAL	ELIG RX#	REF/ECME#	DOS	TRANS DATE	PAID AMT
------	--------	----------------------------------	----------	-----------	-----	------------	----------

DIVISION: DIVISION ONE

SUBTOTALS FOR DIVISION ONE PHARMACY

USER	REJECTED AND RESOLVED TO PAYABLE	NOT REJECTED AND PAYABLE (POSSIBLE BACK-BILL)	TRANS IN DT RANGE	AMOUNT PAID
USER, ONE	0	0	4	36.62
USER, TWO	0	0	1	10.00
USER, THREE	0	0	1	10.00
USER, FOUR	0	0	6	0.00
USER, FIVE	2	0	14	124.95
GRAND TOTAL				
USER	REJECTED AND RESOLVED TO PAYABLE	NOT REJECTED AND PAYABLE (POSSIBLE BACK-BILL)	TRANS IN DT RANGE	AMOUNT PAID
USER, ONE	0	0	4	36.62
USER, TWO	0	0	1	10.00
USER, THREE	0	0	1	10.00
USER, FOUR	0	0	6	0.00
USER, FIVE	2	0	14	124.95

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

```
Subj: ECME AUTO-REVERSAL PROCESS  [#2473] 03/05/05@01:00 29 lines
From: BPS PACKAGE In 'IN' basket. Page 1 *New*
-----
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:
# RX/FILL STATUS DATE ELIG PATIENT BPS PHARM DRUG NAME
-----
1 XXXXXX/1 W/NR 03/01/06 V ECMEpatient,One ANC DRUG NAME ONE
2 XXXXXX/1 W/NR 03/04/06 V ECMEpatient,Two ANC DRUG NAME TWO
3 XXXXX/0 W/NR 03/04/06 V ECMEpatient,Three ANC DRUG NAME THREE
```

10 Glossary

Table 5: Glossary

Term	Definition
Accredited Standards Committee (ASC)	An organization that has been accredited by American National Standards Institute (ANSI) for the development of American National Standards.
Administrative Code Sets	Code sets that characterize a general business situation rather than a medical condition or service.
Administrative Simplification (A/S)	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.
American Medical Association (AMA)	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. Standards developed and approved by organizations accredited by ANSI.
American National Standards (ANS)	Standards developed and approved by organizations accredited by ANSI.
American National Standards Institute (ANSI)	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.
American Society for Testing and Materials (ASTM)	A standards group that has published general guidelines for the development of standards, including those for health care identifiers.
Back Door	System access via the roll and scroll, character and Mumps based VistA application.
Blue Cross and Blue Shield Association (BCBSA)	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.
Business Model	A model of a business organization or process.
CHAMPVA Patient	A CHAMPVA patient is a patient that is receiving services due to being eligible for the CHAMPVA health benefits program. Their CHAMPVA health benefit program will be billed for the prescription.

Term	Definition
Clean Claim	An insurance claim that has no defect, impropriety (including any lack of any substantial documentation) or circumstance requiring special treatment that prevents timely payment from being made.
Clearinghouse (or Health Care Clearinghouse)	For health care, an organization that translates health care data to or from a standard format.
Centers for Medicare & Medicaid Services (CMS)	Centers for Medicare & 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.
CMS-1450	CMS's name for the institutional uniform claim form, or UB-92.
CMS-1500	CMS's name for the professional uniform claim form. Also known as the UCF-1500.
Coordination of Benefits (COB)	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.
Code Set	Under HIPAA "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." [45 CFR 162.103].
Covered Entity	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.
Current Procedural Terminology	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.
Data Dictionary (DD)	A document or system that characterizes the data content of a system.
Data Element	Under HIPAA, this is "...the smallest named unit of information in a transaction." [45 CFR 162.103].
Data Mapping	The process of matching one set of data elements or individual code values to their closest equivalents in another set of them.
Data Model	A conceptual model of the information needed to support a business function or process.
Data Set	Under HIPAA, this is "...a semantically meaningful unit of information exchanged between two parties to a transaction." [45 CFR 162.103].

Term	Definition
Designated Code Set	A medical or administrative code set, which DHHS has designated for use in one or more of the HIPAA standards.
Designated Data Content Committee or Designated DCC	An organization, which DHHS has designated for oversight of the business data content of one or more of the HIPAA-mandated transaction standards.
Designated Standard	A standard that DHHS has designated for use under the authority provided by HIPAA.
Department of Health and Human Services (DHHS) or (HHS)	Department of Health and Human Services
Electronic Commerce (EComm)	The exchange of business information by electronic means.
Electronic Data Interchange (EDI)	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.
Finish	Term used for completing orders from Order Entry / Results Reporting V. 3.0.
'Finish' a Prescription	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.
Flat File	This term usually refers to a file that consists of a series of fixed-length records that include some sort of record type code.
Front Door	System access via the Delphi, Graphical User Interface (GUI) based VistA application.
Graphical User Interface (GUI)	A graphical method of controlling how a user interacts with a computer to perform various tasks.

Term	Definition
HCFA Common Procedural Coding System (HCPCS)	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 "local codes", and must have "W", "X", "Y", or "Z" 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.
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].

Term	Definition
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].
Health Insurance Association of America (HIAA)	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.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	A Federal law that makes several 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.
Health Plan	Under HIPAA this is "...an individual or group plan that provides, or pay the cost of, medical care." [45 CFR 160.103].
Healthcare Financial Management Association (HFMA)	An organization for the improvement of the financial management of healthcare-related organizations. The HFMA sponsors some HIPAA educational seminars.
Health Level Seven (HL7)	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.
HIPAA Data Dictionary or HIPAA DD	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.

Term	Definition
Implementation Guide (IG)	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.
Implementation Specification	Under HIPAA, this is "... the specific instructions for implementing a standard [45 CFR 160.103].
Information Model	A conceptual model of the information needed to support a business function or process.
International Classification of Diseases (ICD)	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.
International Standards Organization (ISO) or International Organization for Standardization	An organization that coordinates the development and adoption of numerous international standards.
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	In the future, the JCAHO may play a role in certifying these organizations compliance with the HIPAA A/S requirements.
J-Codes	Previously HCPCS Level II has contained a set of codes with a high-order value of "J" 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.
Maintain or Maintenance	Under HIPAA, this is "...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." [45 CFR 162.103].

Term	Definition
Maximum Defined Data Set	Under HIPAA, this is "... all of the required data elements for a particular standard based on a specific implementation specification." [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.
Medical Code Sets	Codes that characterize a medical condition or treatment. The code sets are usually maintained by professional societies and public health organizations.
Memorandum of Understanding (MOU)	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).
Modify or Modification	Under HIPAA, refers to "a change adopted by the Secretary, through regulation, to a standard or an implementation specification." [45 CFR 160.102].
National Center for Health Statistics (NCHS)	An administration of HHS and CDC that oversees ICD coding.
National Council for Prescription Drug Programs (NCPDP)	An ANSI-accredited group that maintains several standard formats for use by the retail pharmacy industry, some of which are included in the HIPAA mandates.
National Drug Code (NDC)	A medical code set that has been selected for use in the HIPAA transactions.
National Employer ID	A system for uniquely identifying all sponsors of health care benefits.
National Patient ID	A system for uniquely identifying all recipients of health care services.
National Payer ID	A system for uniquely identifying all organizations that pays for health care services. Also known as Health Plan ID or Plan ID.
National Provider File (NPF)	The database envisioned for use in maintaining a national provider registry.
National Provider ID	A system for uniquely identifying all providers of health care services, supplies, and equipment.
National Provider Registry	The organization envisioned for assigning the National Provider IDs.
National Provider System (NPS)	The administrative system envisioned for supporting a national provider registry.

Term	Definition
National Standard Format (NSF)	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.
National Uniform Billing Committee (NUBC)	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.
NCPDP Batch Standard	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.
NCPDP Telecommunication Standards	An NCPDP standard designed for use by high-volume dispensers of pharmaceuticals, such as retail pharmacies. Version D0 is the transaction standard under HIPAA.
Non-Formulary Drugs	The medications that are defined as commercially available drug products not included in the VA National Formulary.
Notice of Intent (NOI)	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.
Notice of Proposed Rulemaking (NPRM)	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.
Office of Management & Budget (OMB)	A Federal Government agency that has a major role in reviewing proposed Federal regulations.
Open System Interconnection (OSI)	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.
Outpatient Pharmacy Electronic Claims Coordinator (OPECC)	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.
Orderable Item	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).

Term	Definition
Payer	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).
PAYERID	HCFA's term for their National Payer ID initiative.
PBM	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.
Placeholders	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 is not currently maintained by the software but are established for future iterations of system development related to Billing Aware.
Potentially Billable Event	A service that has all required data elements associated with it. These data elements are collected in the VistA Clinical Application.
Professional Component	Charges for physician services. Examples include physician who reads the Electrocardiogram (EKG) and an Emergency Room physician who provides treatment.
Provider Taxonomy Codes	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.
Secretary	Under HIPAA, this refers to the Secretary of the US Department of Health and Human Services or their designated representatives. [45 CFR 160.103].
Segment	Under HIPAA, this is "...a group of related data elements in a transaction." [45 CFR 162.103]
Service	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.
Standard	Under HIPAA, this is "... 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].

Term	Definition
Standard Setting Organization (SSO)	Under HIPAA, this is "...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." [45 CFR 160.103].
Standard Transaction	Under HIPAA, this is "... a transaction that complies with the applicable standard adopted under this part." [45 CFR 162.103].
Statement of Work (SOW)	A document describing the specific tasks and methodologies that will be followed to satisfy the requirements of an associated contract or MOU.
Third Party Administrator (TPA)	An entity that processes health care claims and performs related business functions for a health plan.
Third (3rd) Party Claims Transaction	Health care insurance claims submitted to an entity for reimbursement of health care bills. Under HIPAA, this is "...the exchange of information between two parties to carry out financial or administrative activities related to health care." [45 CFR 160.103].
TRICARE Patient	A TRICARE patient is a patient that is receiving services due to being covered by TRICARE. Their TRICARE insurance will be billed for the prescription.
UB-92	A uniform institutional claim form developed by the National Uniform Billing Committee (NUBC) that has been in use since 1993.
Unstructured Data	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.
'Verify' a Prescription	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.
Veterans Health Information Systems and Technology Architecture (VistA)	Acronym for Veterans Health Information Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).
Workgroup for Electronic Data Interchange (WEDI)	A health care industry group that lobbied for HIPAA A/S, and that has a formal consultative role under the HIPAA legislation.

11 Acronyms and Abbreviations

The following table provides definitions and explanations for terms and acronyms relevant to the content presented within this document. For additional terms and acronyms, include references to other VA acronym and glossary repositories (e.g., VA Acronym Lookup and OIT Master Glossary).

Table 6: Acronyms and Abbreviations

Acronym or Term	Definition / Explanation
AITC	Austin Information Technology Center
ADPAC	Automated Data Processing Application Coordinator
AMA	American Medical Association
ANS	American National Standards
ANSI	American National Standards Institute
A/S	Administrative Simplification
ASC	Accredited Standards Committee
ASTM	American Society for Testing and Materials
BCBSA	Blue Cross and Blue Shield Association
CDES	ECME User Screen
CMOP	Consolidated Mail Outpatient Pharmacy
CMS	Centers for Medicare & Medicaid
COB	Coordination of Benefits
DD	Data Dictionary
DEA	Drug Enforcement Administration
DHHS	Department of Health and Human Services
DUR	Drug Utilization Review
ECME	Electronic Claims Management Engine
EComm	Electronic Commerce
EDI	Electronic Data Interchange
FILEMAN	VistA FileMan
GUI	Graphical User Interface
HCFA	Health Care Financing Administration
HCPCS	HCFA Common Procedural Coding System
HFMA	Healthcare Financial Management Association
HHS	Department of Health and Human Services
HIAA	Health Insurance Association of America
HIPAA	Health Insurance Portability and Accountability Act
HL7	Health Level Seven

Acronym or Term	Definition / Explanation
IB	Integrated Billing
ICD	International Classification of Disease
ICD-9-CM	International Classification of Disease, 9 th revision, Clinical Modification
ICD-9-PCS	International Classification of Disease, 9 th revision, Procedure Coding System
IG	Implementation Guide
IRMS	Information Resources Management Service
ISO	International Standards Organization
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
MOU	Memorandum of Understanding
NCHS	National Center for Health Statistics
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
NDF	National Drug File
NOI	Notice of Intent
NPF	National Provider File
NPI	National Provider Identifier
NPRM	Notice of Proposed Rulemaking
NPS	National Provider System
NSF	National Standard Format
NUBC	National Uniform Billing Committee
OMB	Office of Management and Budget
OPECC	Outpatient Pharmacy Electronic Claims Coordinator
OSI	Open System Interconnection
OTC	Over the Counter
POS	Point of Sale
SOW	Statement of Work
SSO	Standard Setting Organization
TPA	Third Party Administration
VA	Department of Veterans Affairs
VAMC	Department of Veterans Affairs Medical Center
VHA	Veterans Health Administration

Acronym or Term	Definition / Explanation
VistA	Veterans Health Information Systems and Technology Architecture
WEDI	Workgroup for Electronic Data Interchange