Department of Veterans Affairs

ELECTRONIC CLAIMS MANAGEMENT ENGINE (ECME)

USER MANUAL

Version 1.0
April 2006
(January 2015)

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

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<th>Description (Patch # if applicable)</th>
<th>Project Manager</th>
<th>Technical Writer</th>
</tr>
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<td>Updated for BPS<em>1</em>18</td>
<td>Sharon Taubenfeld</td>
<td>FirstView Team</td>
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<td>Updated for BPS<em>1</em>10 and consistency</td>
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<td>Sookie Spence</td>
<td>Jeanne Dodge-Allen</td>
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<td>10/2009</td>
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<td>Mary Anthony/Timothy Holmes</td>
<td>Mary Ellen Gray</td>
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<td>Mary Anthony</td>
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<td>Sookie Spence</td>
<td>Nancy Smith/ Mary Ellen Gray</td>
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<td>04/2006</td>
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<td>Sookie Spence</td>
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1 Introduction

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

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

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

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

The ECME User Manual helps users submit electronic claims, aids ADPAC and IRMS staff in configuring ECME to pharmacy site specifications, and is a reference manual for all screens and options within ECME. While the ECME User Manual does explain how to use the Electronic Management Claims Engine, it is not intended to show how ECME interacts with Outpatient Pharmacy V. 7.0, IB V. 2.0, the Austin Information Technology Center, and other software packages to build, submit, receive, and process an electronic claim.

The ECME User Manual assumes that you are familiar with the VistA computing environment, including the Outpatient Pharmacy V. 7.0 workflow and the Department of Veterans Affairs (DVA) FileMan data structures and terminology.
The ECME User Manual consists of the following sections.

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

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

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

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

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

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

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

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

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

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

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

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

2.1 Working with the ECME User Manual

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

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

- Menu options and screen actions are italicized.
  Example: The *Continuous Update* action redisplay 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.

(B) Example:

```
Select Pharmacy ECME User Menu Option: RPT
```

(C) `<Enter>` indicates you must press the Enter key (or Return key) on the keyboard to proceed to the next prompt. Other keys are represented within `< >` angle brackets.

Example:

```
Select Pharmacy ECME Manager Menu Option: ?<Enter>
```
The following symbols alert you to special information.

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Warning Symbol" /></td>
<td>Cautions you to notice critical information.</td>
</tr>
<tr>
<td><img src="image" alt="Pencil Symbol" /></td>
<td>Indicates especially important or helpful information.</td>
</tr>
</tbody>
</table>
| ![Key Symbol](image) | Indicates that you must hold a particular security key to perform a specific task.  
**Example:** You must hold the BPS MANAGER and BPS MENU keys to access the *Pharmacy ECME Manager Menu* options. |

### 2.2 Obtaining Online Help

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

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

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

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

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

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


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

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

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

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

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

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

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

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

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

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

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

3.3 ECME Pharmacy COB Menu Structure

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

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

COB ECME Pharmacy COB ...
SEC Potential Secondary Rx Claims Report
TRI Potential TRICARE Claims Report
PRO Process Secondary/TRICARE Rx to ECME

3.4 Pharmacy ECME Manager Menu Structure

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

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

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

<table>
<thead>
<tr>
<th>RPT</th>
<th><strong>Pharmacy Electronic Claims Reports</strong> . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLA</td>
<td><strong>Claim Results and Status</strong> . .</td>
</tr>
<tr>
<td>PAY</td>
<td>Payable Claims Report</td>
</tr>
<tr>
<td>REJ</td>
<td>Rejected Claims Report</td>
</tr>
<tr>
<td>ECMP</td>
<td>CMOP/ECME Activity Report</td>
</tr>
<tr>
<td>REV</td>
<td>Reversal Claims Report</td>
</tr>
<tr>
<td>NYR</td>
<td>Claims Submitted, Not Yet Released</td>
</tr>
<tr>
<td>REC</td>
<td>Recent Transactions</td>
</tr>
<tr>
<td>DAY</td>
<td>Totals by Date</td>
</tr>
<tr>
<td>CLO</td>
<td>Closed Claims Report</td>
</tr>
<tr>
<td>SPA</td>
<td>Spending Account Report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTH</th>
<th><strong>Other Reports</strong> . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRI</td>
<td>ECME Claims-Response Inquiry</td>
</tr>
<tr>
<td>PAY</td>
<td>Payer Sheet Detail Report</td>
</tr>
<tr>
<td>PHAR</td>
<td>ECME Setup - Pharmacies Report</td>
</tr>
<tr>
<td>TAT</td>
<td>Turn-around time statistics</td>
</tr>
<tr>
<td>VER</td>
<td>View ePharmacy Rx</td>
</tr>
</tbody>
</table>
4 Accessing the ECME Main Menu

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

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

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

Select Core Applications Option: ?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory ...</td>
<td></td>
</tr>
<tr>
<td>PIMS</td>
<td>MAS MANAGER ...</td>
</tr>
<tr>
<td>Mental Health ...</td>
<td></td>
</tr>
<tr>
<td>Military Retirees ...</td>
<td></td>
</tr>
<tr>
<td>Patient Data Log</td>
<td></td>
</tr>
<tr>
<td>Information Management Systems (SWIMS) ...</td>
<td></td>
</tr>
<tr>
<td>Voluntary Services' Menu ...</td>
<td></td>
</tr>
<tr>
<td>AR</td>
<td>Finance AR Manager Menu ...</td>
</tr>
<tr>
<td>BPS</td>
<td>ECME ...</td>
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<tr>
<td>EN</td>
<td>Engineering Main Menu ...</td>
</tr>
<tr>
<td>FEE</td>
<td>Fee Basis Main Menu ...</td>
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<td>HL7 Main Menu ...</td>
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<td>Integrated Billing Master Menu ...</td>
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<tr>
<td>NS</td>
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<tr>
<td>PSO</td>
<td>Outpatient Pharmacy Manager ...</td>
</tr>
<tr>
<td>VOL</td>
<td>Voluntary Service Master Menu ...</td>
</tr>
</tbody>
</table>

Select Core Applications Option: BPS ECME
(This page included for two-sided copying.)
5 Accessing the ECME User Screen

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

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

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

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

The screen will display nothing the first time you enter this menu option. Select the Change View option, CV, as in section 5.3, 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

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

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

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

**Diagram 5-1: ECME User Screen Areas**

<table>
<thead>
<tr>
<th>Header Area</th>
<th>Patient/Rx Area</th>
<th>Message Window</th>
<th>Action Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHARMACY ECME</td>
<td>Jul 03, 2010</td>
<td>SELECTED DIVISION(S): ALL</td>
<td>Transmitted by ALL users</td>
</tr>
<tr>
<td>Transmitted by ALL users</td>
<td>Activity Date Range: within the past 10 day(s)</td>
<td>Sorted by: Transaction date by default</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>PATIENT/DRUG/COMMENTS</td>
<td>INSURANCE/NDC/FILL/RX#/ECME#</td>
<td>STATUS/LOC/TYP/RXINF</td>
</tr>
<tr>
<td>1</td>
<td>ECMEPatient, FIVE (XXXX)</td>
<td>IBINSUR1/</td>
<td>VET Pb:0 Rj:1 AcRv:3 RjRv:0</td>
</tr>
<tr>
<td></td>
<td>COLCHICINE 0.6MG</td>
<td>00074-3781-01</td>
<td>06/24</td>
</tr>
<tr>
<td>10/19/10</td>
<td>- Clarification Code 8 submitted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(OPPUSER, TWO)</td>
<td>p-Reversal accepted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter ?? for more actions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CU Continuous Update</td>
<td>REV Reverse Payable Claim</td>
<td>FR Further Research</td>
<td></td>
</tr>
<tr>
<td>UD Display Update</td>
<td>RES Resubmit Claim</td>
<td>LOG Print Claim Log</td>
<td></td>
</tr>
<tr>
<td>CV Change View</td>
<td>CLO Close Claim</td>
<td>WRK Send to Worklist</td>
<td></td>
</tr>
<tr>
<td>SO Sort List</td>
<td>CMT Add/View Comments</td>
<td>EX Exit</td>
<td></td>
</tr>
<tr>
<td>Select Action: Next Screen//</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Table 5-1: Description of ECME User Screen Areas

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

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT (Patient ID) INSURANCE/ EligIndicator SummaryStatus</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEPatient,FIVE (XXXX) IBINSUR1/ VET Pb:0 Rj:1 AcRv:3 RjRv:0</td>
<td></td>
</tr>
</tbody>
</table>
Claim/
Prescription
Information
Line

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

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

| Refill/ECME# | 101297 |
| LOC | / |
| Bill TYPE | / |
| 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
  - 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 "***".
<table>
<thead>
<tr>
<th><strong>User-Input Comments</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Payer Returned Responses</strong></td>
<td>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 &amp; 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”.</td>
</tr>
<tr>
<td><strong>Message Window</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Action Area</strong></td>
<td>A list of Claims Data Entry options is available to you as described in Section 5 of this manual. A double question mark (??) may be entered at the &quot;Select Action&quot; prompt for a list of all List Manager options available.</td>
</tr>
</tbody>
</table>

![An option chosen at the patient information level is performed on all claim items for that patient.](image)

The ECME User Screen has several actions that help you navigate it, 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**

<table>
<thead>
<tr>
<th>+ Enter ?? for more actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CU Continuous Update</td>
</tr>
<tr>
<td>UD Display Update</td>
</tr>
<tr>
<td>CV Change View</td>
</tr>
<tr>
<td>SO Sort List</td>
</tr>
<tr>
<td>REV Reverse Payable Claim</td>
</tr>
<tr>
<td>RES Resubmit Claim</td>
</tr>
<tr>
<td>CLO Close Claim</td>
</tr>
<tr>
<td>CMT Add/View Comments</td>
</tr>
<tr>
<td>FR Further Research</td>
</tr>
<tr>
<td>LOG Print Claim Log</td>
</tr>
<tr>
<td>WRK Send to Worklist</td>
</tr>
<tr>
<td>EX Exit</td>
</tr>
</tbody>
</table>

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

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)

Press RETURN to continue or '^' to exit:

Q Quit
ROC Reopen Closed Claims
DV Print Developer Claim Log
VER View ePharmacy Rx
RED Resubmit Claim w/EDITS

Enter RETURN to continue or '^' to exit:

5.1 Continuous Update

The Continuous Update action redisplays the ECM User Screen once every fifteen seconds with the latest information about the status of a patient’s prescriptions. In most cases, this action is only used when monitoring ECM processing for a short amount of time.

The Continuous Update action is accessed by entering the synonym CU at the “Select Action:” prompt. You can stop the continuous updating process by pressing Q to quit.
5.2 Display Update

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, unlike the `Continuous Update` action, updates the ECME User Screen only once.

The action is accessed by entering `UD` at the “Select Action:” prompt on the ECME User Screen.
(This page included for two-sided copying.)
### Example 5.2-1: Accessing the Display Update Action

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

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
<th>PAYABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>ECMEpatient,Two (XXXX) WEBMD TE/ VET</td>
<td>Pb:1 Rj:0 AcRv:0 RjRv:1</td>
<td>Furosemide 10MG/M 00641-2312-25 04/22 100004065$ 0/000000504691 W RT AC/R</td>
<td>Payable</td>
</tr>
<tr>
<td>6.1</td>
<td>CHOLESTYRAMINE 4G</td>
<td></td>
<td>00087-0580-01 04/22 100004066$ 0/000000504692 W RT AC/R</td>
<td>Payable</td>
</tr>
<tr>
<td>6.2</td>
<td></td>
<td></td>
<td>p-Reversal rejected</td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td></td>
<td></td>
<td>Transaction Rejected At Switch Or Intermediary</td>
<td></td>
</tr>
<tr>
<td>6.4</td>
<td></td>
<td></td>
<td>NC16-The clearinghouse did not reply in time.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>ECMEpatient,One (XXXX) WEBMD TE/ VET</td>
<td>ALL Payable</td>
<td>Albuterol Inhaler 15555-4444-22 04/26 100003744$ 0/000000504304 W RT AC/R</td>
<td>Payable</td>
</tr>
<tr>
<td>7.1</td>
<td></td>
<td></td>
<td></td>
<td>Payable</td>
</tr>
<tr>
<td>7.2</td>
<td></td>
<td></td>
<td>Acetylcysteine 20</td>
<td>Payable</td>
</tr>
<tr>
<td>8</td>
<td>ECMEpatient,Three (XXXX) WEBMD TE/ VET</td>
<td>ALL Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>Enter ?? for more actions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Select Action: Next Screen// UD Display Update

Updating screen...
(This page included for two-sided copying.)
5.3 Change View

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

The action is accessed by entering **CV** at the “Select Action:” prompt on the ECME User Screen. The system gives you the option to “SAVE” these selections as your “preferred view”.
### Example 5.3-1: Accessing the Change View Action

<table>
<thead>
<tr>
<th>PHARMACY ECME</th>
<th>Apr 26, 2006@11:44:45</th>
<th>Page: 1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELECTED DIVISION(S): ALL</td>
<td>Transmitted by ALL users</td>
<td>Activity Date Range: within the past 10 day(s)</td>
</tr>
<tr>
<td>Sorted by: Patient Name</td>
<td># PATIENT/DRUG/COMMENTS</td>
<td>INSURANCE/NDC/RX#/ECME#</td>
</tr>
<tr>
<td>6</td>
<td>EMEpatient,Two (XXXX) WEBMD TE/</td>
<td>VET</td>
</tr>
<tr>
<td></td>
<td>FUROSEMIDE 10MG/M 00641-2312-25 04/18 100004065$ 0/00000504691 W RT AC/R</td>
<td>p-Payable</td>
</tr>
<tr>
<td></td>
<td>CHOLESTYRAMINE 4G 00087-0580-01 04/19 100004066$ 0/00000504692 W RT AC/R</td>
<td>p-Reversal rejected</td>
</tr>
<tr>
<td></td>
<td>NN:Transaction Rejected At Switch Or Intermediary</td>
<td>NC16-The clearinghouse did not reply in time.</td>
</tr>
<tr>
<td>7</td>
<td>EMEpatient,One (XXXX) WEBMD TE/</td>
<td>VET</td>
</tr>
<tr>
<td></td>
<td>ALBUTEROL INHALER 55555-4444-22 04/26 100003744$ 0/00000504304 W RT AC/R</td>
<td>p-Payable</td>
</tr>
<tr>
<td></td>
<td>ACETYLCYSTEINE 20 00087-0570-09 04/21 100004054$ 0/00000504677 W RT AC/N</td>
<td>p-Payable</td>
</tr>
<tr>
<td>8</td>
<td>EMEpatient,Three (XXXX) WEBMD TE/</td>
<td>VET</td>
</tr>
<tr>
<td>+</td>
<td>Enter ?? for more actions</td>
<td></td>
</tr>
</tbody>
</table>

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

| 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: Next Screen//CV Change View
(This page included for two-sided copying.)
(A) View data by division(s) or all divisions.

**Example 5.3-2: 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

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

**Example 5.3-3: Selecting Views by Eligibility Type**

Select one of the following:

| V | VETERAN |
| T | TRICARE |
| C | CHAMPVA |
| A | ALL     |

Select Certain Eligibility Type or (A)ll: A// LL

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

**Example 5.3-4: Selecting Views from Entries by One User**

Select one of the following:

| U | ONE USER |
| A | ALL       |

Display One ECME (U)ser or (A)LL: A// U ONE USER

Select User: USER

1. ECMEuser,One
2. ECMEuser,Two
3. ECMEuser,Three

CHOOSE 1-3: 1 ECMEuser,One

CHOOSE 1-3: 1 ECMEuser,One

CHOOSE 1-3: 1 ECMEuser,One
(D) View data from one patient or all patients.

**Example 5.3-5: Selecting Views from Entries for One Patient**

Select one of the following:

- **P** ONE PATIENT
- **A** ALL

Display One (P)atient or (A)LL: A// P ONE PATIENT

Select Patient: ECMEpatient,ONE// ECME

<table>
<thead>
<tr>
<th></th>
<th>ECMEpatient,One</th>
<th>1-1-65</th>
<th>666443333</th>
<th>NO</th>
<th>NSC VETERAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>ECMEpatient,Two</td>
<td>1-1-65</td>
<td>666443444</td>
<td>NO</td>
<td>NSC VETERAN</td>
</tr>
<tr>
<td>3</td>
<td>ECMEpatient,Three</td>
<td>1-1-68</td>
<td>666733333</td>
<td>YES</td>
<td>SC VETERAN</td>
</tr>
</tbody>
</table>

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

(E) View data about one prescription or all prescriptions.

**Example 5.3-6: Selecting Views from Entries for One Prescription**

Select one of the following:

- **R** ONE RX
- **A** ALL

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

Select RX: 123456

(F) Choose data for a period of days or hours.

**Example 5.3-7: 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

(G) Enter a number for the timeframe value for the number of days, or number of hours, to view.

**Example 5.3-8: Selecting Views by Timeframe Number of Days or Hours**

Activity Timeframe Value: (1-999): 40// 10
(H) Choose which types of claims will display on the User Screen.

**Example 5.3-9: 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

Select one of the following:

- B BILLING REQUESTS
- R REVERSALS
- A ALL

Select Submission Type: A// <Enter> LL

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

**Example 5.3-10: 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: R// R REJECTS

(J) View released claims, non-released claims or all claims.

**Example 5.3-11: 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

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

**Example 5.3-12: Selecting Views of CMOPClaims**

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

**Example 5.3-13: Selecting Views of Bill Types**

Select one of the following:

- R  REALTIME
- B  BACKBILLS
- P  PRO OPTION
- A  ALL

Display (R)ealTime Fills or (B)ackbills or (P)RO Option or (A)LL: A// REALTIME

(M) View one reject code or all reject codes if the option “REJECTS” was chosen for types of claims to view in (G) Rejected Claims, above.

**Example 5.3-14: 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

(N) View data for a specific insurance company or all insurance companies.

**Example 5.3-15: Selecting Views by a Specific Insurance Company**

Select one of the following:

- I  SPECIFIC INSURANCES(S)
- A  ALL

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

Selected: OPINSUR2

Select INSURANCE: DEVELOPMENT INS 123 HERE STREET SAN FRANCISCO CALIFORNIA

Selected: DEVELOPMENT INS OPINSUR2

Select INSURANCE: OPINSUR2 25 INS WAY BIRM ALABAMA

Select one of the following:

- Y  YES
- N  NO

Delete OPINSUR2 from your list?: NO// Y  YES

Selected: DEVELOPMENT INS

Select INSURANCE:

(O) You must answer **Y** or **N** to keep the *Change View* action selections as your preferred view. If you enter **Y**, the preferred view is stored in ECME for use when you enter the ECME User Screen. If you enter **N**, the display will only show the selected views until you quit ECME User Screen or use the *Change View* action again.
Example 5.3-16: 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...

5.4 Sort List

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

Sort Order (Defaults):

<table>
<thead>
<tr>
<th>T</th>
<th>Transaction Date/Time</th>
<th>(descending)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Division</td>
<td>(ascending)</td>
</tr>
<tr>
<td>I</td>
<td>Insurance Company</td>
<td>(ascending)</td>
</tr>
<tr>
<td>C</td>
<td>Reject Code</td>
<td>(ascending)</td>
</tr>
<tr>
<td>P</td>
<td>Patient Name</td>
<td>(ascending)</td>
</tr>
<tr>
<td>N</td>
<td>Drug Name</td>
<td>(ascending)</td>
</tr>
<tr>
<td>B</td>
<td>Bill Type [BB/P2/RT]</td>
<td>(ascending)</td>
</tr>
<tr>
<td>L</td>
<td>Fill Location</td>
<td>(ascending)</td>
</tr>
<tr>
<td>R</td>
<td>Released/Non-Release</td>
<td>(ascending)</td>
</tr>
<tr>
<td>A</td>
<td>Active/Discontinued Rx</td>
<td>(ascending)</td>
</tr>
</tbody>
</table>

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

Access this action by entering SO at the “Select Action:” prompt on the ECME User Screen. The system will give you the option to “SAVE” these selections as the User’s “Preferred View”.
Example 5.4-1: 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 100004065$ 0/000000504691 W RT AC/R
   p-Payable
   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
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: Next Screen//SO  Sort List

Example 5.4-2: Choosing Patient as the User’s Sort Preference

Select one of the following:

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

ENTER SORT TYPE: P// PATIENT NAME

Example 5.4-3: 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...
5.5 Reverse Payable Claim

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

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

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

Example 5.5-1: Accessing and Executing the Reverse Payable Claim Action

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

Example 5.5-2: Entering the Line Item for a Claim with a Payable Secondary Claim

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

Example 5.5-3: Entering the Line Item for the Claim Reversal Request

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

Example 5.5-4: Typing Text for Required Reversal Reason
(D) The system asks if you are sure you want to continue with the transaction. You can answer **Y** or **N**. If you type in **Y**, the claim reversal request is submitted.

**Example 5.5-5: Entering “Y” to Continue Claim Reversal Request**

Enter REQUIRED REVERSAL REASON: Drug is only billable through CMOP
Are you sure?(Y/N)? **YES**

(E) The system asks if you want to mark the claim as non-billable in Claims Tracking, and therefore release the patient copay (if any). Enter **Y** or **N**. If you enter **Y**, you will be prompted for a Claims Tracking Non-Billable Reason and a Comment. If the reversal is accepted by the payer, the ECME claim will be closed and a close event will then be sent to IB with the non-billable reason and comment provided by the user. IB should mark the episode as non-billable and release the first-party copay.
Example 5.5-6: Entering “Y” to Mark the Claim as Non-billable
Do you want to mark the claim as non-billable in Claims Tracking and release the Patient Copay (if any) (Yes/No)? No/Yes

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: ??

Choose from:
1            NOT INSURED
2            SC TREATMENT
3            AGENT ORANGE
4            IONIZING RADIATION
5            SOUTHWEST ASIA
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 5.5-7: 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:
The payer will either “Accept” or “Reject” the claim reversal request. The payer return status is displayed on the Payer Returned Response line.

Example 5.5-8: Accepted Payable Claim Reversal Request

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”, 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

(A) You are prompted for the line item(s) of the claim to be resubmitted. You may also submit multiple line items separated by commas (e.g. “1.1,1.2”), or a range of line items separated by a hyphen (e.g. “1.1-1.3”).
### Example 5.6-2: Entering the Line Item for the Claim Resubmission Request

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

Select item(s): **1.5**

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

### Example 5.6-3: Resubmitting a Closed Claim

You've chosen to RESUBMIT the following prescription

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Line Numbers</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>AMITRIPTYLINE HCL</td>
<td>00603-2212-32 10/11 2056098</td>
<td>0/000001616051 M RT</td>
<td>DS/N</td>
</tr>
</tbody>
</table>

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

>> Cannot Resubmit

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Line Numbers</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>AMITRIPTYLINE HCL</td>
<td>00603-2212-32 10/11 2056098</td>
<td>0/000001616051 M RT</td>
<td>DS/N</td>
</tr>
</tbody>
</table>

because the claim is Closed. Reopen the claim and try again.

0 claims have been resubmitted.

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

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

### Example 5.6-4: Entering the Line Item for a Claim that has a Payable Secondary Claim

The claim:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Line Numbers</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.12</td>
<td>FLURAZEPAM 15MG C</td>
<td>00140-0065-14 03/04 102322$ 2/000000113596 W RT AC/R</td>
<td><strong>/N</strong></td>
<td></td>
</tr>
</tbody>
</table>

The claim cannot be Resubmitted if the secondary claim is payable.

Please reverse the secondary claim first.

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

### Example 5.6-5: Entering “Y” to Continue Claim Resubmission Request

You've chosen to RESUBMIT the following prescription for ECMEpaisent,One

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Line Numbers</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>100MG</td>
<td>00026-8151-10 06/26 1009588</td>
<td>2/000000000880 W RT **/N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you sure?(Y/N)? *y* YES
(C) ECME will allow multiple submissions of the same prescription and fill to be placed on the request queue at the same time. The ECME engine will process all requests in the order that they are received. Note that even though a request may be placed on the queue, whether or not it is processed will depend on the outcome of the previous request. For instance, if there are two entries on the queue and the second is requesting a reversal, it may not be processed if the previous request comes back with an E REVERSAL ACCEPTED status. If there is already a submission in the queue for this prescription and fill, a message is displayed and you are asked if you want to proceed.

Example 5.6-6: 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 5.6-7: Displaying a Successfully Resubmitted Claim

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

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.

Example 5.6-8: Displaying the Claim Status after a Resubmission

<table>
<thead>
<tr>
<th>PHARMACY</th>
<th>ECME</th>
<th>Jul 12, 2008</th>
<th>42:46</th>
<th>Page: 1 of 29</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELECTED DIVISION(S): ALL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transmitted by ALL users Activity Date Range: within the past 10 day(s) Sorted by: Transaction Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>PATIENT/DRUG/COMMENTS</td>
<td>INSURANCE/NDC/DOS/RX#/ECME#</td>
<td>LOC/TYP RXINF</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>ECMEpatient,One (XXXX) OPINSUR1/ VET Pb:2 R:j:4 AcRv:4 RjRv:0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>RESERPINE 0.1MG S 00083-0035-40 07/09 100598$ 1/000000000520 W RT AC/N p-In progress- Waiting to start</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>LIDOCAINE 0.5% W/ 00186-0140-01 07/09 100704$ 1/000000000623 W RT AC/N p-In progress- Waiting to start</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>IMIPRAMINE 25MG T 00779-0588-30 07/09 100820$ 1/000000000740 W RT **/N p-Rejected 07:M/I Cardholder ID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>FLURAZEPAM 15MG C 00781-2806-05 07/08 100948$ 0/000000000870 W RT **/N p-Rejected 07:M/I Cardholder ID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>DACARBAZINE 100MG 00026-8151-10 07/06 100958$ 2/000000000880 W RT **/N p-Payable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

+ Enter ?? for more actions

CU Continuous Update REV Reverse Payable Claim FR Further Research
UD Disp/M 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: Next Screen//
5.7 Close Claim

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

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

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

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

Example 5.7-1: Entering a Prescription Line Item to Close One Rejected Claim

(B) The system redisplays the selected line item(s), then notes that all prescription line items for patient line items will be closed using the same information entered into the non-billable reasons name prompt. You are then asked if you want to continue.
Example 5.7-2: Entering “Y” to Continue Close Claim Request
You’ve chosen to close the following prescription(s) for ECMEpatient, Two:
- DESIPRAMINE 25MG T 00068-0011-10 03/20 10003962$ 0/00000504559 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) You are prompted for a non-billable reason code.

Example 5.7-3: Listing Non-Billable Reason Codes

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

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

(D) You are prompted for a comment (explanation), and again whether you want to continue.
Example 5.7-4: Entering a Comment and Answering ‘Are You Sure?’ Question

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

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

Enter RETURN to continue or '^

Updating screen for closed claims...

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

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

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

Example 5.7.1-1: Closing a Prescription

You've chosen to close the following prescription(s) for
ECMEPatient,FIVE:
  4.1 COLCHICINE 0.6MG 00074378101 06/24 101297$     1/00000001653 M RT DS/N

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

Are you sure?(Y/N)? YES
Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: OTHER

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

Treat as (N)on-Billable Episode or (D)rop Bill to Paper?: NON-BILLABLE
Comment : Insurance does not cover Rxs
Release Patient CoPay(Y/N)? YES
Are you sure?(Y/N)? NO
Example 5.7.1-2: Entering Non-Billable Episode for Reason Code 31

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

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

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

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

Example 5.7.1-3: Entering a Comment

Comment: ECME Reject: Plan does not cover 90-day fills

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

Example 5.7.1-4: Entering “Y” to Continue Close Claim Request

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

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

Example 5.7.1-5: 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 5.7.1-6: 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.
5.7.2 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 5.7.2-1: Secondary Insurance Notification
This patient has ADDITIONAL insurance with Rx Coverage that may be used to bill this claim. The system will change the CT entry to a NON-BILLABLE Episode. If appropriate, please go to the ECME Pharmacy COB menu and use the PRO - Process Secondary/TRICARE Rx to ECME option to create an ePharmacy secondary claim.

Patient:          ECMEpatient,One
Date of service:  JUN 29, 2010
Insurance:        ECMEInsurance,One
Group number:     10001
BISOPROLOL 2.5MG/  51285-0047-02  06/29  2055810$  0/00001615758 W RT AC/R

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

5.8 Add/View Comments
The system allows the ECME user to enter comments for any claim displayed on the ECME User Screen. The most recent comment will be displayed under the Prescription Information line.

(A) Access this action by entering CMT at the “Select Action:” prompt on the ECME User Screen. The system prompts you for a line selection to identify the line item(s) to contain a comment. You are allowed to select more than one claim to add the same comment to or can select the patient summary line to add the same comment to all claims that are listed under this patient.
Example 5.8.1: Entering a Prescription Line Item to Add a Comment

(B) The system displays the selected line item and prompts you to enter a comment with a new line number, the same line item number, Quit (default) or Exit.

Example 5.8.2: Displaying the Prescription Line Item to Add a Comment or Quit

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

Example 5.8.3: Adding a comment to a Prescription Line Item

(D) The comment that has been added is displayed with the date of the entry. The system then prompts you for a line selection to identify another line item to Add a comment or to Quit (the default) or Exit.
Example 5.8-4: 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 909398 $ 0000001105635 W ** AC/R
08/15/05 - This shows a test comment line for a prescription line item.
(LAST,FIRST NAME)
p-Payable

Enter ?? for more actions
A Add Comment          EX Exit
Select action: Quit//<Enter>
Updating user screen for new comment(s)...

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

5.9 Further Research Screen

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

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

Example 5.9-1: Accessing the Further Research Action

PHARMACY ECME                July 26, 2005@11:31:22             Page: 18 of 42
SELECTED DIVISION(S): ALL
Transmitted by ALL users       Activity Date Range: within the past 10 day(s)
Sort by: Patient Name
# PATIENT/DRUG/COMMENTS        INSURANCE/NDC/RX#/ECME#     LOC/TYP RXINF
16 ECMEpatient,One             (XXXX) WEBMD / VET ALL payable
16.1 ETANERCEPT 25MG/VI 58406-0425-34 07/22 909504 $ 0000001105747 M RT AC/N
p-Payable
16.2 ETANERCEPT 25MG/VI 58406-0425-34 07/22 909504 $ 0000001105747 M RT AC/N
p-Payable
16.3 DIVALPROEX 125MG T 00074-6212-13 07/22 909505 $ 0000001105748 M RT AC/N
p-Payable
16.4 COLLAGENASE OINT 50484-0527-30 07/22 909506 $ 0000001105749 M RT AC/N
p-Payable
16.5 NAPCILLIN 1 GM. IN 00209-6950-22 07/22 909507 $ 0000001105750 M RT AC/N
p-Payable
+ Enter ?? for more actions
(B) The system re-displays the ECME User Screen with multiple new “Research” options.
5.9.1 Insurance Details
This action allows you to view insurance details for a single patient line item. The *Insurance Details* action allows you to access the Patient Insurance Info View/Edit option, located on the Patient Insurance Menu in the Integrated Billing software.

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

Example 5.9.1-1: Accessing Insurance Details Option

<table>
<thead>
<tr>
<th>FURTHER RESEARCH SCREEN</th>
<th>Nov 03, 2010@15:27:54</th>
<th>Page: 1 of 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELECTED DIVISION(S): ALL</td>
<td>Activity Date Range: within the past 10 day(s)</td>
<td>Sorted by: Transaction date by default</td>
</tr>
<tr>
<td># PATIENT/DRUG/COMMENTS INSURANCE/NDC/DOS/RX#/ECME# STATUS/LOC/TYP/RXINF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ECMEPatient,SIX (XXXX) OPINSUR2/2055557898 VET Pb:10 Rj:2 AcRv:0 RjRv:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 SIMETHIONE 40MG 02587542934 10/06 1100335$ 0/00000003119 W RT AC/R +Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 TRIAMTERENE 50MG, 00484359030 10/26 1100336$ 0/00000003120 W RT DS/R p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 AMYL NITRITE 0.3M 00223700212 10/27 1100337$ 0/00000003122 W RT DS/R p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 TRIAMTERENE 50MG, 00484359030 10/27 1100339$ 0/00000003124 W RT AC/R +Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Enter ?? for more actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INS Insurance details CT Claims Tracking EVNT IB Events Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VE View Eligibility TPJI Third Party Inquiry GRPL Group Plan Menu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VP View Prescription OH On Hold Copay List EX Exit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMT Add/View Comments RH Release Copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select action:Next Screen// INS Insurance details</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Example 5.9.1-2: Displaying Insurance Details Actions

<table>
<thead>
<tr>
<th>Insurance Co.</th>
<th>Type of Policy</th>
<th>Group</th>
<th>Holder</th>
<th>Effect. Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEBMD</td>
<td>PRESCRIPTION</td>
<td>10000</td>
<td>SELF</td>
<td>01/01/00</td>
</tr>
</tbody>
</table>

Enter ?? for more actions >>>

Select Action: Quit // QUIT

5.9.2 View Eligibility

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

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

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

Example 5.9.2-1: 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

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>STATUS/LOC/TYP/RXINFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPatient,SIX (XXXX) OPINSUR2/2055579898</td>
<td>VET Pb:10 Rj:2 AcRv:0 RjRv:1</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>SIMETHICONE 40MG</td>
<td>02587542934 10/06 1100335$</td>
<td>0/00000003119 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td>p-Rejected</td>
<td>85:Claim Not Processed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NNI:Transaction Rejected At Switch Or Intermediary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>02:M/I Version/Release Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EV117-D0 IS INVALID VERSION NUMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030 10/26 1100336$</td>
<td>0/00000003120 W RT DS/R</td>
</tr>
<tr>
<td></td>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>AMYL NITRITE 0.3M</td>
<td>00223700212 10/27 1100337$</td>
<td>0/00000003122 W RT DS/R</td>
</tr>
<tr>
<td></td>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030 10/27 1100339$</td>
<td>0/00000003124 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td>p-Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ Enter ?? for more actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INS</td>
<td>Insurance details</td>
<td>CT Claims Tracking</td>
<td>EVNT IB Events Report</td>
</tr>
<tr>
<td>VE</td>
<td>View Eligibility</td>
<td>TPJI Third Party Inquiry</td>
<td>GRPL Group Plan Menu</td>
</tr>
<tr>
<td>VP</td>
<td>View Prescription</td>
<td>OH On Hold Copay List</td>
<td>EX Exit</td>
</tr>
<tr>
<td>CMT</td>
<td>Add/View Comments</td>
<td>RH Release Copay</td>
<td></td>
</tr>
<tr>
<td>Select action: Next Screen // VE View Eligibility</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please select a SINGLE Patient Line item for viewing Eligibility

Select item: 1.4

(B) While in the View Eligibility action, you will have access to only the EXIT/QUIT action at the bottom of the Patient Eligibility Screen. When you enter QUIT, the system will return to the Further Research Screen.

Example 5.9.2-2: Displaying View Eligibility Options.

<table>
<thead>
<tr>
<th>Patient Eligibility</th>
<th>Aug 15, 2005@11:14:12</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEPatient,Six</td>
<td>5959</td>
<td>DOB: 01/02/66</td>
</tr>
</tbody>
</table>
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//

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

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

Example 5.9.3-1: 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) OINSUR12/2055557898 VET Pb:10 Rj:2 AcRv:0 RjRv:1
1.1 SIMETHICONE 40MG 02587542934 10/06 1100335 W RT AC/R
p-Rejected
85:Claim Not Processed
NN:Transaction Rejected At Switch Or Intermediary
02:M/I Version/Release Number
EV117=DU IS INVALID VERSION NUMBER
1.2 TRIAMTERENE 50MG, 00484359030 10/26 1100336 W RT DS/R
p-Reversal Other
1.3 AMYL NITRITE 0.3M 00223700212 10/27 1100337 W RT DS/R
p-Reversal Other
1.4 TRIAMTERENE 50MG, 00484359030 10/27 1100339 W RT AC/R
p-Payable
+ Enter ?? for more actions
INS Insurance details CT Claims Tracking EVNT IB Events Report
WE 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 you enter QUIT, the system will return you to the Further Research Screen.
Example 5.9.3-2: Displaying View Prescription Options.

Rx Activity Log

ECMEPatient,Six

PID: XXXX
DOB: MAY X, XXXX (XX)
Rx #: XXXXX

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
Last Fill Date: 10/07/XX (Window)
Last Release Date: Lot #:
Expires: 10/08/XX
Days Supply: 90
QTY (TAB): 11
# of Refills: 3
Remaining: 3
Provider: OPINSUR2
Routing: Window
Copies: 1
Method of Pickup:
Clinic: Not on File
Division: XXXXXXXXXX
Pharmacist: 
Patient Counseling: NO
Remarks: 
Finished By: PSOuser,Two
Entry By: PSOuser,Two
Entry Date: 10/6/XX 11:45:57

Original Fill Released: Routing: Window
Refill Log:
# Log Date Refill Date Qty Routing Lot # Pharmacist
===============================================================================
<table>
<thead>
<tr>
<th>#</th>
<th>Log Date</th>
<th>Refill Date</th>
<th>Qty</th>
<th>Routing</th>
<th>Lot #</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are NO Refills For this Prescription

Partial Fills:
# Log Date Date Qty Routing Lot # Pharmacist
===============================================================================
<table>
<thead>
<tr>
<th>#</th>
<th>Log Date</th>
<th>Date</th>
<th>Qty</th>
<th>Routing</th>
<th>Lot #</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are NO Partials for this Prescription

Activity Log:
# Date Reason Rx Ref Initiator Of Activity
===============================================================================
<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Reason</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>08/03/XX</td>
<td>EDIT</td>
<td>ORIGINAL</td>
<td>PSOuser,Two</td>
</tr>
</tbody>
</table>
Comments: FILL DATE (3050801),

Copay Activity Log:
# Date Reason Rx Ref Initiator Of Activity
===============================================================================
<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Reason</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There's NO Copay activity to report

Label Log:
# Date Rx Ref Printed By
===============================================================================
<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Rx Ref</th>
<th>Printed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>08/01/XX</td>
<td>ORIGINAL</td>
<td>PSOuser,Three</td>
</tr>
</tbody>
</table>
Comments: From RX number XXXXXX
5.9.4 Add/View Comments

When CMT is entered at the “Select Action:” field, you will access the Add/View Comments as described in Section 5.8. The only difference is that when you select QUIT, you will be returned to the Further Research Screen.

5.9.5 Claims Tracking

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

(A) Enter the CT action and then enter a single prescription line item to track a claim.
Example 5.9.5-1: Accessing Claims Tracking Option

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

Example 5.9.5-2: Displaying Claims Tracking Options
5.9.6 Third Party Inquiry

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

(A) Enter the TPJI action and then enter a single prescription line item to access the Third Party (Joint) Inquiry claim information.
Example 5.9.6-1: Accessing Third Party (Joint) Inquiry Option

Example 5.9.6-2: Displaying Third Party (Joint) Inquiry Options.

5.9.7 On Hold Copay Listing

Example 5.9.7-1: Accessing On Hold Copay Listing Option
B) You are prompted for a start and end date for the report.

**Example 5.9.7-2: Entering On Hold Copay Report Start and End Dates**

Start with DATE: T-3 (AUG 14, 2005)

Go to DATE: T (AUG 17, 2005)

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

**Example 5.9.7-3: Entering “Y” to Include Pharmacy Co-pay Charges on Report**

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

*** Margin width of this output is 132 ***

*** This output should be queued ***

DEVICE: HOME//132PRINTER

(D) Print the report at 132 characters.

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

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

<table>
<thead>
<tr>
<th>PATIENT CHARGES</th>
<th>CORRESPONDING THIRD PARTY BILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action ID</td>
<td>Type</td>
</tr>
<tr>
<td>5002877</td>
<td>NSC RX</td>
</tr>
</tbody>
</table>

Enter RETURN to continue or ‘^’ to exit:

**5.9.8 Release Copay**

This action accesses the Release Charges ‘On Hold’ option, located on the On Hold Menu (which is located on the Automated Means Test Billing Menu) in the Integrated Billing software. If you select a single Rx Line item, the system defaults the to the REF# of the selected Rx.

(A) Enter RH to access the Release Copay option. You may select a single Patient line item or a single Rx line item.
Example 5.9.8-1: Accessing Release Copay Option

(B) All copay charges on hold for the selected patient or prescription are listed. Select the line number (reference number) of the item for the release of that copay, then answer Y to okay the charge to Accounts Receivable. The selection is redisplayed and you are advised that the listed charge has been passed to Accounts Receivable.
Example 5.9.8-2: Listing On Hold Copay Charges for Release Copay Option

The following IB Actions for this patient are ON HOLD:

<table>
<thead>
<tr>
<th>REF</th>
<th>Action ID</th>
<th>Bill Type</th>
<th>Bill #</th>
<th>Fr/Fl Dt</th>
<th>To/Rls Dt</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>000596570</td>
<td>Rx #: 909708</td>
<td>08/01/05 08/01/05</td>
<td>21.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>000596574</td>
<td>Rx #: 909693</td>
<td>08/01/05 08/01/05</td>
<td>21.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>000596575</td>
<td>Rx #: 909694</td>
<td>08/01/05 08/01/05</td>
<td>21.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>000596580</td>
<td>Rx #: 909728</td>
<td>08/01/05 08/01/05</td>
<td>21.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>000596581</td>
<td>Rx #: 909703</td>
<td>08/01/05 08/01/05</td>
<td>21.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>000596601</td>
<td>Rx #: 909698</td>
<td>08/01/05 08/03/05</td>
<td>21.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Select IB Actions (REF #) to release (or '^' to exit): 2
OK to pass this charge to Accounts Receivable? YES

Passing charges to Accounts Receivable...

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

The charge listed above has been passed to Accounts Receivable.

Enter RETURN to continue or '^' to exit:

5.9.9 IB (Integrated Billing) Events Report

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

(A) Enter EVNT to access the IB Events Report option. You may select a single Patient line item or a single Rx line item.
Example 5.9.9-1: Accessing IB Events Report Option

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

Example 5.9.9-2: Entering Dates to Include in IB Events Report Listing

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

Example 5.9.9-3: Choosing Default ‘All’ for Types of Events for IB Events Report

(D) You are prompted to select S (SUMMARY REPORT) or D (DETAILED REPORT) and a print device.
### Example 5.9.9-4: 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 //

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

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

Press RETURN to continue, '^' to exit:
Example 5.9.9-5: Selecting a Detailed Type for IB Events Report

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

DEVICE: HOME//

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

<table>
<thead>
<tr>
<th>RX#</th>
<th>FILL DATE</th>
<th>PATIENT NAME</th>
<th>DRUG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>06/08/11</td>
<td>ECMEPATIENT,SIX</td>
<td>CLONAZEPAM 1MG TAB</td>
</tr>
<tr>
<td></td>
<td>FINISH 06/10/11 6:35p</td>
<td></td>
<td>Status:ECME Billable</td>
</tr>
<tr>
<td></td>
<td>ELIGIBILITY:</td>
<td></td>
<td>DRUG:CLONAZEPAM 1MG TAB</td>
</tr>
<tr>
<td></td>
<td>NDC:57664-0274-08, BILLED QTY:30, COST:.024, DEA:4CPR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PLAN: INSURANCE: WEBMD COB: S</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIN:123456, PCN:1123456789, PAYER SHEET B1:WBTESTB1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PAYER SHEET B2:WBTESTB2, PAYER SHEET B3:WBTESTB1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DISPENSING FEE:11.40, BASIS OF COST DETERM:COST CALCULATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>COST:12.12, GROSS AMT DUE:12.12, ADMIN FEE:0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>USER:ECMEuser,Two</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SUBMIT 08/10/11 6:35p Status:OK</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ECME#:0000001614656, FILL DATE:06/08/11, RELEASE DATE:06/08/11</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PAYER RESPONSE: PAYABLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PLAN:, INSURANCE: WEBMD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HPID/OEID:7999999999</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>USER:ECMEuser,Three</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BILLING 08/10/11 6:35p Status:Bill K10004V created with ERRORS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Press RETURN to continue, '^' to exit,

PAGE 2

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

<table>
<thead>
<tr>
<th>RX#</th>
<th>FILL DATE</th>
<th>PATIENT NAME</th>
<th>DRUG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ERROR DESCRIPTION: Cannot establish receivable in AR (secondary ins).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ECME#:000001614656, FILL DATE:06/08/11, RELEASE DATE:06/08/11</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DRUG:CLONAZEPAM 1MG TAB</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NDC:57664-0274-08, BILLED QTY:30, DAYS SUPPLY:30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BILLED:12.12, PAID:68.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PLAN:, INSURANCE: WEBMD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>USER:ECMEuser,One</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>REVERSAL 08/11/11 1:18p Status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ECME#:000001614656, FILL DATE:06/08/11, RELEASE DATE:06/08/11</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PAYER RESPONSE: ACCEPTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PLAN:, INSURANCE: WEBMD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HPID/OEID:7999999999</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>USER:ECMEuser,Two</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>REVERSAL REASON:TST</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FINISH 08/11/11 1:20p Status:ECME Billable</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELIGIBILITY:DRUG:CLONAZEPAM 1MG TAB</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NDC:57664-0274-08, BILLED QTY:30, COST:.024, DEA:4CPR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Press RETURN to continue, '^' to exit:
5.9.10 Group Plan Menu

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

(A) Enter GRPL to access the Group Plan Menu option.
### Example 5.9.10-1: Accessing Group Plan Menu

<table>
<thead>
<tr>
<th>FURTHER RESEARCH SCREEN</th>
<th>Nov 03, 2010@15:27:54</th>
<th>Page: 1 of 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmitted by ALL users</td>
<td>Activity Date Range: within the past 10 day(s)</td>
<td></td>
</tr>
<tr>
<td># PATIENT/DRUG/COMMENTS</td>
<td>STATUS/LOC/TYP/RXINFO</td>
<td></td>
</tr>
<tr>
<td>1 ECMEPatient,,SIX (XXXX) OPINSUR2/205557898 VET Pb:10 Rj:2 AcRv:0 RjRv:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 SIMETHICONE 40MG 02587542934 10/26 11003356 000000000319 W RT AC/R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p-Rejected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85:Claim Not Processed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NN:Transaction Rejected At Switch Or Intermediary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02:M/I Version/Release Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EV117-D0 IS INVALID VERSION NUMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 TRIAMTERENE 50MG, 00484359030 10/26 11003366 000000000312 W RT DS/R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 AMYL NITRITE 0.3M 00223700212 10/27 11003376 000000000312 W RT DS/R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 TRIAMTERENE 50MG, 00484359030 10/27 11003396 000000000312 W RT AC/R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p-Payable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

```
+ Enter ?? for more actions
```

<table>
<thead>
<tr>
<th>INS Insurance details</th>
<th>CT Claims Tracking</th>
<th>EVNT IB Events Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>VP View Prescription</td>
<td>OH On Hold Copay List</td>
<td>EX Exit</td>
</tr>
<tr>
<td>CMT Add/View Comments</td>
<td>RH Release Copay</td>
<td></td>
</tr>
<tr>
<td>Select action:Next Screen// GRPL Group Plan Menu</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

--- 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):

---

### 5.9.11 Eligibility Inquiry Option

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

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

(B) You can edit the Relationship Code, Person Code, and Insurance Effective Date.
Example 5.9.11-1: Accessing Eligibility Inquiry Option

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

1.1 SIMETHICONE 40MG 02587542934 10/26 1100335$ 0/000000003119 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:

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

(B) When EX is entered at the “Select Action:” prompt from the Further Research Screen, the system will return to the ECME User Screen.
**Example 5.9.11-2: Entering the EXIT Action from Further Research Screen**

FURTHER RESEARCH SCREEN  Nov 03, 2010105:27:54  Page: 1 of 30
SELECTED DIVISION(S): ALL
Transmitted by ALL users  Activity Date Range: within the past 10 day(s)
Sort 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$  0/00000003119 W RT AC/R
       p-Rejected
       85:Claim Not Processed
       NN:Transaction Rejected At Switch Or Intermediary
       02:M/I Version/Release Number
       EV117-D0 IS INVALID VERSION NUMBER
       1.2  TRIAMTERENE 50MG, 00484359030 10/26 1100336$  0/000000003120 W RT DS/R
       p-Reversal Other
       1.3  AMYL NITRITE 0.3M 00223700212 10/27 1100337$  0/000000003122 W RT DS/R
       p-Reversal Other
       1.4  TRIAMTERENE 50MG, 00484359030 10/27 1100339$  0/000000003124 W RT AC/R
       p-Payable
       +  Enter ?? for more actions

INS  Insurance details  CT  Claims Tracking  EVNT IB Events Report
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

5.10 Print Claim Log

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

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

**Example 5.10-1: Accessing the Print Claim Log Option**

PHARMACY ECME  Aug 12, 2005002:40:34  Page: 1 of 81
SELECTED DIVISION(S): ALL
Transmitted by ALL users  Activity Date Range: within the past 30 day(s)
Sort by: Patient Name

#  PATIENT/DRUG/COMMENTS  INSURANCE/NDC/DOS/RX#/ECME#  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 10/06 1100336$  0/000000003120 W RT DS/R
       p-Reversal Other
       1.3  AMYL NITRITE 0.3M 00223700212 10/07 1100337$  0/000000003122 W RT DS/R
       p-Reversal Other
       1.4  TRIAMTERENE 50MG, 00484359030 10/07 1100339$  0/000000003124 W RT AC/R
       p-Payable
       +  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: 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 to your screen, there are options to print the information to a device (type PRINT and the device name) or exit (type EXIT) or continue to display information, which is the default (press <Enter>).

Example 5.10-2: 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 #: 909393/0     ECME#: 000001105635
Drug: AMOXICILLIN 250MG CAP
Patient: ECMEpatient,One (0000) Sex: M     DOB: JAN 1, 1954(57)
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
NCPDP Qty: 60 ( )
Days Supply: 30
Division : ALBANY ISC
NPI#: 4000000016
ECME Pharmacy: XXXXXXXXXX
Billed 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
+         Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Next Screen// <Enter>
```
Claim Log information

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

Enter ?? for more actions
PR Print Data EX Exit

Select action:Next Screen//<Enter>

Response Information (#661)

Response Received: JUN 15, 2005@16:25:49
Date of Service: 06/15/2005
Transaction Response Status: Paid
Total Amount Paid: $40.00
Ingredient Cost Paid: $48.00 Dispensing Fee Paid: $1.00
Patient Resp (INS): ($9.00)
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
HPID/OEID: 7123561338

Enter ?? for more actions

PR Print Data EX Exit
Select action:Next Screen//<Enter>

Transaction Information (#659)

Created on: JUN 15, 2005@15:07:34
Transaction Type: REQUEST
Date of Service: 06/15/2005
NDC Code: 00068-0011-10
NCPDP Qty: 60 ( )
Days Supply: 30
Division : ALBANY ISC
NPI#: 4000000016
ECME Pharmacy: BAY PINES
Billed 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
(C) After the last data page has displayed on your screen, pressing <Enter> will default to “QUIT” and the system returns to the ECME User Screen.

5.11 Send to Worklist

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

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

(A) Enter WRK at the Select Action prompt, and a single line item for the claim you wish to send.
(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 5.1-1: The Updated User Screen

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

Example 5.1-3: Selected Claim Already on the Pharmacy Worklist

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

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist. 
Select item(s):
Example 5.11-4: Selected Claim Doesn’t Have an Eligible Reject Code

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s):
You've chosen to send to Pharmacy Work List the following:
1.11 ALLOPURINOL 100MG 00364-0632-02 02/18 788538$ 0/000001459640 W RT AC/N
doesn't have eligible reject code to be sent to the Pharmacy Work List.

Example 5.11-5: Selected Claim Has Not Been Rejected

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s):
You've chosen to send to Pharmacy Work List the following:
1.11 ACARBOSE 25MG TAB 00026-2863-51 03/03 788628$ 0/000001459751 W RT DS/N
was not rejected and cannot be sent to the Pharmacy Work List.

Example 5.11-6: Selected Claim is Closed

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 ERYTHRITYL TETRAN 00223-0916-01 04/03 102028$ 3/00000002403 W RT DL/N
04/06/09 - RX DELETED
(ECMEmployee, One)
p-Rejected/Closed
88: DUR Reject Error
1.23 METHANTELINE 50M 00014-1501-31 03/13 102029$ 0/00000002404 W RT AC/N
p-Rejected
79: Refill Too Soon
+--------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: Next Screen// WRK Send to Worklist

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s): 1.22
You've chosen to send to Pharmacy Work List the following:
1.22 ERYTHRITYL TETRAN 00223-0916-01 04/03 102028$ 3/00000002403 W RT DL/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):

5.12 Reopen Closed Claims (hidden action)

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

(A) Enter ROC at the “Select Action:” prompt to access the option, and select a line item.
**Example 5.12-1: Accessing the Reopen Closed Claims Option**

You've chosen to reopen the following prescriptions(s) for ECMEpatient,One:

2.2 RESERPINE 0.1MG S 98521-4587-02 03/26 101237A$ 0/00000001695 C RT DS/R

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

Are you sure?(Y/N)? YES

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

**Example 5.12-2: 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)? Yes// YES

ReOpening Claim: VA2009=4000000016=105220=0005843 ... OK

1 claim has been reopened.

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

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

**Example 5.12-3: The User Screen is Updated and Re-Displayed**

Updating screen for reopened claims...

PHARMACY ECME Mar 27, 2009@16:28:32 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) OPINSUR2/205557898 VET ALL payable
  1.1 DOXEPIN 25MG CAP 00839-7221-06 03/27 102105$ 0/00000002484 W BB AC/R
  p-Payable
  1.2 METHAZOLAMIDE 50M 00005-5470-23 03/27 102106$ 0/00000002485 W BB AC/R
p-Payable
  2.1 MEDROXYPROGESTRON 00009-0050-02 06/20 101171$ 0/00000001521 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 101237A$ 0/00000001695 C RT DS/R
  p-Rejected/Closed
  2.3 FUROSEMIDE 10MG/M 51079-0935-20 03/21 101646$ 0/00000002014 W RT DS/N

----------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: 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 101237A$ 0/00000001695 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
5.13 Resubmit with Edits (hidden action)

The Resubmit with Edits hidden action allows you to edit previously rejected electronic pharmacy claims and to resubmit them with the edited information. The data fields that can be edited to enable resubmission are the Pharmacy Relationship Code, Pharmacy Person Code, Prior Authorization Number, Prior Authorization Type Code, up to three Submission Clarification Codes, Date of Service, Patient Residence Code, Pharmacy Service Type Code and/or Delay Reason Code. (The Date of Service prompt is only asked if the prescription has been released.) If the claim selected is for secondary insurance, the Coordination of Benefits information can also be edited.

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

0 Not Specified
1 Cardholder
2 Spouse
3 Child
4 Other

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.

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

(A) Enter RED at the “Select Action:” prompt to choose the prescription line to resubmit.
Example 5.1: Accessing the Resubmit with Edits Option

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

Example 5.1-2: Entering the Line Item for the Claim Resubmission Request

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

Example 5.1-3: Entering the Line Item for a Claim that has a Payable Secondary Claim

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

Example 5.1-4: Entering Yes to “Are You Sure” Prompt

(E) You can edit the Pharmacy Relationship Code, Pharmacy Person Code, Prior Authorization Number, Prior Authorization Type Code, up to three Submission Clarification Codes, Date of Service, Patient Residence Code, Pharmacy Service Type Code and/or Delay Reason Code.
Example 5.13-5: 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 5.13-6: Entering the secondary claim information with payment information

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

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

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

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//
Example 5.13-7: 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

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

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

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

Example 5.13-8: Answering “Is the Claim Correct?” Prompt

IS THIS CLAIM CORRECT? (Y/N)? Y// ES
SUBMIT CLAIM TO ECME INSURANCE1 ?(Y/N)? Y// ES
Prescription 103689 successfully submitted to ECME for claim generation.
Example 5.13-9: Answering “Are you sure?” Prompt

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

Prescription 100003433A successfully submitted to ECME for claim generation.

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

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

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

Updating screen for resubmitted claim...

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

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

Example 6-1: Accessing the ECME Pharmacy COB Menu

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

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

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

Example 6-2: Displaying the ECME Pharmacy COB Menu

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

| SEC | Potential Secondary Rx Claims Report |
| TRI | Potential TRICARE Claims Report     |
| 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**

<table>
<thead>
<tr>
<th>Electronic Claims Management Engine (ECME) V1.0*</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXX VAMC</td>
</tr>
<tr>
<td>Pharmacy Electronic Claims Reports</td>
</tr>
</tbody>
</table>

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

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

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

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

**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>

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

Collecting Potential Secondary data.
Enter RETURN to continue or '^' to exit: <ENTER>
Potential Secondary Rx Claims Report  1/1/97 - 1/31/97  Page: 1
Selected Divisions: ALL
Sorted By: Division;
'*' indicates the HPID/OEID failed validation checks
Bill#  RX#  Fill Patient  PatID  COB Date  Payers  HPID/OEID
--------------------------------------------------------------------------------
Division: XXXXXX
K700387  100161  1  ECM,INS B  0055  p  1/24/97  ECME INSUR1  7999999999
         p  1/24/97  ECME INSUR2  6999999999*
K700387  196   1  ECM,INS B  0055  p  1/24/97  ECME INSUR1  7999999999
         p  1/24/97  ECME INSUR2  6999999999*
K700232  100159  1  ECME,PAT2- 064P  p  1/25/97  ECME INSUR3
         -  -  123456789*
         -  -  123456789*
         -  -  123456789*
(K) Rej  2055866  0  ECMEpatient  4444  p  1/26/97  ECME INSURANCE1
         s  22222222222
Bill# "(K) Rej" indicates a rejected/closed primary ECME claim
COB "=" indicates a blank COB field in the pt. ins. policy

6.2 Potential TRICARE Claims Report

The Potential TRICARE Claims Report attempts to identify potential pharmacy claims for TRICARE payers. This report includes prescriptions that have been released, but have not yet been billed for any patient with dual eligibility (Veteran and TRICARE) who has an active insurance plan with pharmacy coverage and a Type of Plan of TRICARE. 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 TRICARE Claims Report by entering TRI at the “ECME Pharmacy COB Option:” prompt on the ECME Pharmacy COB Menu.

Example 6.2-1: Accessing the Potential TRICARE Claims Report

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

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

Select ECME Pharmacy COB Option: TRI  Potential TRICARE Claims Report
(B) After you have selected one, many, or all divisions and a date range, choose your primary (required) and secondary (optional) sort criteria.

**Example 6.2-2: Generating the Potential TRICARE Claims Report**

Select one of the following:

```
D DIVISION
A ALL
```

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

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

SORT CRITERIA
Primary Sort: (N/P/S/D): Division//
Secondary Sort: (N/P/S): 
DEVICE: HOME// ;;9999 TELNET TERMINAL

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

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

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 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 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 claim.

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

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

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

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

```
+--------------------------------------------------------+
| Potential TRICARE Rx Claims Report 8/1/80 - 7/28/14 Page: 1 |
+--------------------------------------------------------+
| Selected Divisions: 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* |
+--------------------------------------------------------+
```
6.3.1 Submitting Secondary Claims

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

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

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

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

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

RX #10030 has the following fills:

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

SELECT A FILL TO BILL: 07/02/2010

Select payer sequence for billing:

1 PRIMARY
2 SECONDARY

SELECT PAYER SEQUENCE: 2 SECONDARY

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

There is an existing rejected/reversed secondary e-claim(s) for the RX/refill.
Do you want to submit a new secondary claim(Y/N)? N// YES
DO YOU WISH TO ADD/EDIT INSURANCE COMPANY DATA FOR THIS PATIENT?(Y/N)? N// O

Data for Secondary Claim

Insurance: INSURANCE3   COB: SECONDARY
Rate Type: REIMBURSABLE INS.
Other Coverage Code: 02 (OTHER COVERAGE EXISTS - PAYMENT COLLECTED)
Other Payer Coverage Type: 01 (PRIMARY)
Other Payer ID Qualifier: 03 (BANK INFORMATION NUMBER (BIN))
Other Payer ID: 123456
Other Payer Date: Oct 15, 2010
Other Payer Paid Qualifier: 07 (DRUG BENEFIT)
Other Payer Amount Paid: 40.00
Do you want to edit this Secondary Claim Information (Y/N)? N// YES

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

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

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

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 (Veteran and TRICARE) and that were identified by the Potential TRICARE Claims Report.

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

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

Patient RX# Drug Name RX Status
ECMepatient,One 103027 BETHANECHOL 10MG TAB ACTIVE

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

RX #103027 has the following fills:

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

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

Select payer sequence for billing:

1 PRIMARY
2 SECONDARY

SELECT PAYER SEQUENCE: 1 PRIMARY

SELECT RATE TYPE: ?
Answer with RATE TYPE NUMBER, or NAME
Do you want the entire 17-Entry RATE TYPE List? y (Yes)

Choose from:

1 CRIME VICTIM Who's Responsible: INSURER
2 DENTAL Who's Responsible: PATIENT
3 HUMANITARIAN Who's Responsible: PATIENT
4 INTERAGENCY Who's Responsible: OTHER (INSTITUTION)
5 MEANS TEST Who's Responsible: PATIENT
6 MEDICARE ESRD Who's Responsible: OTHER (INSTITUTION)
7 NO FAULT INS. Who's Responsible: INSURER
8 REIMBURSABLE INS. Who's Responsible: INSURER
9 SHARING AGREEMENT Who's Responsible: OTHER (INSTITUTION)
10 TORT FEASOR Who's Responsible: INSURER
11 WORKERS' COMP. Who's Responsible: INSURER
12 CATEGORY C Who's Responsible: PATIENT
13 CHAMPVA REIMB. INS. Who's Responsible: INSURER
14 CHAMPVA Who's Responsible: INSURER
15 TRICARE REIMB. INS. Who's Responsible: INSURER
16 TRICARE Who's Responsible: INSURER
17 INELIGIBLE Who's Responsible: PATIENT

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

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.
7 Accessing the Pharmacy ECME Manager Menu

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

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

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

******************************************* 
*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* 
* 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:

7.1 ECME Transaction Maintenance Options

You must hold the BPSMENU and BPS MANAGER keys to view the Statistics Screen (STAT) and ECME transaction maintenance options (MNT) options. You must also hold the BPS MASTER key to view the Edit Basic ECME Parameters (BAS), the Edit ECME Pharmacy Data (PHAR), the Register Pharmacy with Austin Information Technology Center (REG), and the Pharmacy ECME Setup Menu (SET) options.
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**
* XXXXX VAMC *
* Pharmacy ECME Manager Menu *
******************************************************************************
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 *
* XXXXX 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 you with options to override any current transmission status of claims that have not reached the point of completion to a status of “Done”.

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

```
Even though you perform the View/Unstrand Submissions Not Completed option, the final adjudicating payer claim status of either 'Payable' or 'Rejected' will not be known unless further action is taken on the claim. This will require manual intervention for the claim to be resubmitted to the adjudicating payer after this option is run.

(A) Enter UNS at the “Select ECME transaction maintenance options Option:” to access the unstrand options.
Example 7.1.1-1: Accessing the View/Unstrand Submissions Not Completed Option

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

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

Do you want to continue? NO/

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

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

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

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

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

Submissions Stranded from 09/28/2010 through 10/08/2010
Sorted by Transaction Date

<table>
<thead>
<tr>
<th>#</th>
<th>Trans DT</th>
<th>Patient Name</th>
<th>ID</th>
<th>RX/Fill DOS</th>
<th>Ins Co</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/07/2010 ECMEpatient,One</td>
<td>2637 101297/1</td>
<td>06/24/2009 AETNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In Progress - Done</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>10/07/2010 ECMEpatient,One</td>
<td>2637 101320/1</td>
<td>04/27/2009 AETNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In Progress - Done</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>10/07/2010</td>
<td></td>
<td></td>
<td>10/07/2010 AETNA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In Progress - Processing request</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>10/07/2010 ECMEpatient,One</td>
<td>2637 101298/1</td>
<td>06/25/2009 AETNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In Progress - Done</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>10/08/2010 ECMEpatient,One</td>
<td>2637</td>
<td>10/08/2010 AETNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In Progress - Parsing response</td>
<td></td>
</tr>
</tbody>
</table>

Enter ?? for more actions

>>>
7.1.2 REOPEN a CLOSED ECME Claim

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

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

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

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

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

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

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

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

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

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

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

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

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

REOPEN CLOSED CLAIM Jul 05, 2006@15:29:21 Page: 1 of 1
PATIENT: ECMEPatient,One (XXXX) Closed claims from 07/05/06 to 07/05/06

<table>
<thead>
<tr>
<th>#</th>
<th>DRUG</th>
<th>NDC</th>
<th>DOS</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>LOC</th>
<th>RX INFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reserpine 0.25MG</td>
<td>00083-0036-45</td>
<td>07/05</td>
<td>100004093$</td>
<td>0/000000054727</td>
<td>W</td>
<td>RT AC/R</td>
</tr>
</tbody>
</table>

Enter ?? for more actions
RE Reopen Claim EX Exit
Select action: Quit// R Reopen Claim
Select item: 1

(E) You are prompted to enter a text comment, Reopen Comments, after claim information is displayed.
Example 7.1.2-5: Entering Text Comment for Reopened Closed Claim

PATIENT NAME: ECMEpatient,One    RX#: 1000000000$ 0    DRUG: RESERPINE 0.25MG
CLOSED JUL 5,2006@15:13:42
ECME#: 00000504727, 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.

You must hold the BPSMENU, BPS MANAGER, and BPS MASTER keys to view the Pharmacy ECME Setup Menu (SET) option. Access the menu by entering “SET” at the “Select Pharmacy ECME Setup Menu Option:” prompt in the Pharmacy ECME Manager Menu option.

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

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

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

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

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

Example 7.2-2: Pharmacy ECME Setup Menu Options

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

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

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*
* 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: BAS    Edit Basic ECME Parameters
```

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

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

One important reason for this is DUR (Drug Utilization Review) /79 rejects. If the payer indicates that there is a problem with the drug (e.g., overdose), the pharmacists will have to act on that response.

This option also allows you to set the “Insurer Asleep” interval time and number of retries. The Insurer Asleep Interval parameter allows an input between 0 and 29 minutes with a default of 20. The Insurer Asleep Retries parameter allows an input between 0 and 99 retries with a default of 10. If either the Insurer Asleep Interval or the Insurer Asleep Retries parameter is set to 0, the
functionality will be disabled. If the user does disable this functionality, any claims that are in an Insurer Asleep state will automatically be resubmitted to the payer.

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

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

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

Edit Pharmacy ECME configuration

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

7.2.2 Edit ECME Pharmacy Data

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

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

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

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

********************************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* 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 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 #: 111111
NPI: 1234567893
Select OUTPATIENT SITE: XXXXXX VAMC PHARMACY // <ENTER>
OUTPATIENT SITE: XXXXXX VAMC PHARMACY // <ENTER>
Select OUTPATIENT SITE: <ENTER>
CMOP SWITCH: CMOP ON// <ENTER>
AUTO-REVERSE PARAMETER: 0// 5
DEFAULT DEA #: AG12345
The following table describes the Edit ECME Pharmacy Data option fields:

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

<table>
<thead>
<tr>
<th>Entry</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPS PHARMACIES NAME</td>
<td>Pharmacy in a specific VAMC (Department of Veterans Affairs Medical Center) database. The pharmacy user may enter a new BPS pharmacy, which must be 3-30 alphabetical characters.</td>
</tr>
<tr>
<td>NAME</td>
<td>Display-only field that displays the full pharmacy name entered.</td>
</tr>
<tr>
<td>NCPDP #</td>
<td>A 7-digit number assigned to the specified pharmacy by the National Council for Prescription Drug Programs (NCPDP). It is also known as NABP.</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier. A 10-digit number required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to identify individual and organizational providers, such as outpatient sites. The NPI has a usage requirement date beginning May 23, 2008.</td>
</tr>
<tr>
<td>STATUS</td>
<td>The status of the BPS Pharmacy is either ACTIVE or INACTIVE. The STATUS of the pharmacy may be revised through the Register Pharmacy with Austin Information Technology Center option.</td>
</tr>
<tr>
<td>OUTPATIENT SITES</td>
<td>One or more Outpatient Sites (from File 59) may be linked with a single BPS Pharmacy entry. However, an Outpatient Site can only be linked with a single BPS Pharmacy. All of the sites linked with a BPS Pharmacy should have the same NCPDP number. When an Outpatient Site is linked to an active BPS Pharmacy entry, the ECME switch for that site is considered ENABLED. If an Outpatient Site is linked to an incorrect BPS Pharmacy, it must be removed from the incorrect entry before it can be linked to the correct entry.</td>
</tr>
<tr>
<td>CMOP</td>
<td>ON if the transmission of prescriptions to the CMOP (Consolidated Mail Outpatient Pharmacy) dispensing site will automatically submit electronic third party prescription claims to the insurance payers. See note below for explanation of claims generated before and after switch is turned on or off.</td>
</tr>
<tr>
<td>AUTO-REVERSE PARAMETER</td>
<td>Enter numbers from 1 to 30 for the number of days to wait before ECME reverses non-released prescription claims with a PAYABLE payer-returned response. Entering a zero, (“0”), the default, disables the Auto-Reverse process. Each site’s business practice will dictate what this value should be.</td>
</tr>
<tr>
<td>DEFAULT DEA #</td>
<td>The pharmacy’s Drug Enforcement Administration (DEA) number.</td>
</tr>
</tbody>
</table>
An Outpatient Site is considered ECME active if the Outpatient Site is linked to a BPS Pharmacy, and if that BPS Pharmacy is ACTIVE. Once an Outpatient Site is ECME active, claims for the Outpatient Site can be transmitted to the third-party payer.

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

7.2.3 Register Pharmacy with Austin Information Technology Center

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

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

Example 7.2.3-1: ECME Pharmacy Registration Problem Message

```
Subj: ECME Registration Problem. [#141587] 06/09/08@15:36  4 lines
From: ECME PACKAGE In 'IN' basket. Page 1 *New*
-------------------------------------------------------------
Source Process: ECME Pharmacy Registration
ECME Pharmacy Registration HL7 Message not created.
  PHARMACY NAME: TEST PHARMACY 2
** NPI NUMBER - Missing/Invalid
Enter message action (in IN basket): Delete//
```

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

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

Access the menu by entering REG at the “Select Pharmacy ECME Setup Menu Option:” prompt in the Pharmacy ECME Setup Menu option. The system will validate the data and then send an ePharmacy message to the Austin Information Technology Center, which notifies them that the prospective site is ready to transmit electronic pharmacy claims.
Example 7.2.3-2: Accessing the Register Pharmacy with Austin Information Technology Center Option

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

BAS   Edit Basic ECME Parameters
PHAR  Edit ECME Pharmacy Data
REG   Register Pharmacy with Austin Information Technology Center

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

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

```

** ECME Site Registration **

--- PRIMARY SITE CONTACT DATA ---

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

--- ALTERNATE SITE CONTACT DATA ---

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

--- Application Registration Validation Results:
- DOMAIN NAME - Required - VALID: XXXXXXXX.XXXXXX-XXX-XXXX.XXX.XX.XX.XX
- 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 #:** XXXXXXXX // <ENTER>

**DEFAULT DEA #:** XXXXXXXX // <ENTER>

**SITE ADDRESS NAME:** 111 MAIN STR // <ENTER>

**SITE ADDRESS 1:** 111 MAIN STREET // <ENTER>

**SITE ADDRESS 2:** <ENTER>

**SITE CITY:** BROOKLYN // <ENTER>

**SITE STATE:** NEW YORK // <ENTER>

**SITE ZIP CODE:** 11223 // <ENTER>

**REMITTANCE ADDRESS NAME:** 1111 TEST STR // <ENTER>

**REMIT ADDRESS 1:** 111 TEST STREET // <ENTER>

**REMIT ADDRESS 2:** <ENTER>

**REMIT CITY:** TOPEKA // <ENTER>

**REMIT STATE:** KANSAS // <ENTER>

**REMIT ZIP:** 66606 // <ENTER>

--PRIMARY CONTACT DATA

**VA CONTACT:** ECMEUSER,ONE // <ENTER>

**OFFICE PHONE:** XXX-XXX-XXXX // <ENTER>

**EMAIL ADDRESS:** ECMEUSER.ONE@FORUM.VA.GOV

Replace <ENTER>

**TITLE:** OI&T STAFF // <ENTER>

--ALTERNATE CONTACT DATA

**VA ALTERNATE CONTACT:** ECMEUSER,THREE // <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 #:** XXXXXXXX // <ENTER>

-- Pharmacy Registration Validation Results --

**PHARMACY NAME:** TEST PHARMACY 3

**Application Registration Data is 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
7.3 Statistics Screen

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

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

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

Example 7.3-1: Accessing the Statistics Screen Option

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

Statistics collection begins at the moment of ECME installation and continues until either you use the Z (clear) action or ECME is uninstalled. It depends on the each site's business practice as far as how often or if the stats are cleared.
Example 7.3-2: Statistics Screen

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/

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

Diagram 7.3-1: Statistics Option Areas

Header Area

Stats Area

Message Window

Action Area

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 7.3-1: Description of Statistics Screen Option**

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

**7.3.1 Update Continuously**

The system can update the claims statistics every 3 seconds.

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

**Example 7.3.1-1: Accessing Update Continuously Option**

```
* 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
UI    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

* 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

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

Example 7.3.2-1: Accessing Display Update Option

* 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.

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

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

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

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

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

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

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

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

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// 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

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

Enter ?? for more actions
UC  Update continuously  Z  Zero (clear) stats
U1  Display update       EX  Exit
Select Action:U1// EX  Exit
(This page included for two-sided copying.)
8 Accessing the Pharmacy Electronic Claims Reports

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

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

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

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

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

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

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

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

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

Example 8.1-1: Accessing the Claim Results and Status Option

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

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

Select Pharmacy Electronic Claims Reports Option: CLA  Claim Results and Status

(B) You have a choice of Claims Results and Status reports to choose from.

Example 8.1-2: Displaying All Claims Results and Status Options

*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*        XXXXX VAMC        *
*  Claim Results and Status          *
*************************************************

PAY    Payable Claims Report
REJ    Rejected Claims Report
ECMP   CMOP/ECME Activity Report
REV    Reversal Claims Report
NYR    Claims Submitted, Not Yet Released
REC    Recent Transactions
DAY    Totals by Date
CLO    Closed Claims Report
SPA    Spending Account Report

Select Claim Results and Status Option:

(C) Items/filters that pertain to ALL ECME Claims Results and Status REPORTS will be displayed for every option chosen. You can select these options using the same method as in other VistA applications and as described in the Change View section.

Most of the Claim Results and Status reports require that a device with 132 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 HERNDON VIRGINIA

Selected: IBINSUR1

Select INSURANCE: DEVELOPMENT INS 123 HERE STREET SAN FRANCISCO CALIFORNIA

Selected: DEVELOPMENT INS

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
A ALL

Display (R)ealTime Fills or (B)ackbills or (P)RO Option or (A)LL: ALL// <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
In addition to the “ALL REPORTS” prompts, all of the Claims Results and Status REPORTS except the ECMP report display another prompt that will allow you to capture the report data in Excel spreadsheet format. If you answer Y, additional directions are supplied.

**Example 8.1-4: Requesting Report Data in Excel Spreadsheet Format**

**Do you want to capture report data for an Excel document? NO//YES**

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

Note: To avoid undesired wrapping of the data saved to the file, please enter '0;256;999' at the 'DEVICE:' prompt.

### 8.1.1 Payable Claims Report

The *Payable Claims Report* option produces a report that lists PAYABLE electronic claims that have been successfully transmitted to the payer and have not been reversed.

You must hold the BPSMENU and BPS REPORTS keys to view the *Payable Claims Report* option.

The Payable Claims Report option has the most accessible information on payable claims from the BPS Claims File. A FileMan inquiry into the BPS Claims File will find that the information is in NCPDP (National Council for Prescription Drug Programs) V. D.0 formats.

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: Accessing the Payable Claims Report Option
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXX VAMC *
* Claim Results and Status *
*************************************************

PAY    Payable Claims Report
REJ    Rejected Claims Report
ECMP   CMOP/ECME Activity Report
REV    Reversal Claims Report
NYR    Claims Submitted, Not Yet Released
REC    Recent Transactions
DAY    Totals by Date
CLO    Closed Claims Report
SPA    Spending Account Report

Select Claim Results and Status Option: PAY  Payable Claims Report

(B) After you have made selections from the “ALL REPORTS” prompts, you will be prompted to select a report date range; Released, Not Released or All claims; Certain Eligibility Type or All; 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

Include Certain Eligibility Type or (A)ll: V// 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...
(This page included for two-sided copying.)
### Example 8.1.1-3: Payable Claims Report

**ECME PAYABLE CLAIMS DETAIL REPORT**

<table>
<thead>
<tr>
<th>DIVISION(S):</th>
<th>ALL</th>
<th>Fill Locations: C,M,W Fill type: RT,BB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance:</td>
<td>DEVELOPMENT INS, IBINSUR1</td>
<td></td>
</tr>
<tr>
<td>Eligibility:</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>ALL PRESCRIPTIONS BY TRANSACTION DATE: From 02/12/08 through 05/21/08</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIVISION: PHARMACY-1**

**DEVELOPMENT INS**

<table>
<thead>
<tr>
<th>Division</th>
<th>PAYABLE CLAIMS DETAIL REPORT</th>
<th>Print Date: MAY 21, 2008@11:41:54</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fill Locations: C,M,W Fill type: RT,BB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drugs/Classes: ALL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALL PRESCRIPTIONS BY TRANSACTION DATE: From 02/12/08 through 05/21/08</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS:DEVELOPMENT INS**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEAN</td>
<td>51.00</td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS:IBINSUR1**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>42</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEAN</td>
<td>51.00</td>
</tr>
</tbody>
</table>

**GRAND TOTALS**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>44</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEAN</td>
<td>51.00</td>
</tr>
</tbody>
</table>

Press RETURN to continue:
(This page included for two-sided copying.)
8.1.2 Rejected Claims Report

The Rejected Claims Report option produces a report that lists electronic claims that have been successfully transmitted to the payer and have been rejected.

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

The Rejected Claims Report option has the most accessible information on rejected claims from the BPS Claims File. A FileMan inquiry into the BPS Claims File will find that the information is in NCPDP V. D.0 formats.

(A) Access the report by entering REJ at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.2-1: Accessing the Rejected Claims Report Option

```
****************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*       XXXX VAMC       *
* Claim Results and Status   *
****************************************************

PAY    Payable Claims Report
REJ    Rejected Claims Report
ECMP   CMOP/ECME Activity Report
REV    Reversal Claims Report
NYR    Claims Submitted, Not Yet Released
REC    Recent Transactions
DAY    Totals by Date
CLO    Closed Claims Report
SPA    Spending Account Report

Select Claim Results and Status Option: REJ  Rejected Claims Report
```

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All claims, All/Specific Reject Codes, Veteran/TRICARE/CHAMPVA/All Eligibility, 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

Data fields VA Ingredient Cost and VA Dispensing Fee 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  
**Drugs/Classes:** ALL  
**Eligibility:** ALL  
**Open/Closed:** ALL

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

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>RELEASED ON</th>
<th>RX INFO</th>
<th>RX COB</th>
<th>OPEN/CLOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION: PHARMACY - 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE (XXXX) VET 100888$ 0/000000000808</td>
<td>05/04/08</td>
<td>05/04/08</td>
<td>W RT DS/R s</td>
<td>Open</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim ID: VA2008=4000000016=000010=0001815</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07:M/I Cardholder ID Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE (XXXX) VET 100892$ 0/000000000812</td>
<td>05/04/08</td>
<td>05/04/08</td>
<td>W RT DS/R s</td>
<td>Closed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim ID: VA2008=4000000016=000010=0001822</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07:M/I Cardholder ID Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE (XXXX) VET 100893$ 0/000000000813</td>
<td>05/04/08</td>
<td>05/04/08</td>
<td>W RT DS/R p</td>
<td>Closed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim ID: VA2008=4000000016=000010=0001823</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07:M/I Cardholder ID Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS:IBINSUR1**  
153.00  
COUNT  
3  
MEAN  
51.00

| OPINSUR1 | | | | | | | | | |
| ECMEPATIENT,TWO (XXXX) VET 100896$ 0/000000000816 | 05/06/08 | W RT DS/N p | Open |
| Claim ID: VA2008=4000000016=000010=0001833 | | | | | |
| 12:M/I Patient Location | | | | | |
| ECMEPATIENT,TWO (XXXX) VET 100899$ 0/000000000819 | 05/06/08 | W RT DS/N p | Open |
| Claim ID: VA2008=4000000016=000010=0001834 | | | | | |
| 75:Prior Authorization Required | | | | | |
| ECMEPATIENT,TWO (XXXX) VET 100901$ 0/000000000821 | 05/06/08 | W RT DS/N p | Open |
| Claim ID: VA2008=4000000016=000010=0001835 | | | | | |

05/06/08 - Prior Authorization Code (8/32432242) submitted.
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Status</th>
<th>Refill Reason</th>
<th>Prescriber</th>
<th>Keys</th>
<th>Claim ID</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/06/08</td>
<td>W</td>
<td>Open</td>
<td>Prior Approval</td>
<td></td>
<td>BACLOFEN 10MG TABS</td>
<td>VA2008=4000000016=000010=0001840</td>
<td></td>
</tr>
<tr>
<td>05/06/08</td>
<td>W</td>
<td>Open</td>
<td>Prior Approval</td>
<td></td>
<td>DOXEPIN 25MG CAP</td>
<td>VA2008=4000000016=000010=0001843</td>
<td></td>
</tr>
<tr>
<td>05/06/08</td>
<td>W</td>
<td>Open</td>
<td>Prior Approval</td>
<td></td>
<td>CHLORAMBUCIL 2MG TAB</td>
<td>VA2008=4000000016=000010=0001845</td>
<td></td>
</tr>
<tr>
<td>05/07/08</td>
<td>W</td>
<td>Open</td>
<td>Prior Approval</td>
<td></td>
<td>BACLOFEN 10MG TABS</td>
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</tr>
<tr>
<td>05/08/08</td>
<td>W</td>
<td>Open</td>
<td>Prior Approval</td>
<td></td>
<td>STANOZOLOL 2MG</td>
<td>VA2008=4000000016=000010=0001892</td>
<td></td>
</tr>
<tr>
<td>05/08/08</td>
<td>W</td>
<td>Open</td>
<td>Prior Approval</td>
<td></td>
<td>THIORIDAZINE 100MG TAB</td>
<td>VA2008=4000000016=000010=0001893</td>
<td></td>
</tr>
<tr>
<td>05/08/08</td>
<td>W</td>
<td>Open</td>
<td>Prior Approval</td>
<td></td>
<td>TOLMETIN 200MG TABS</td>
<td>VA2008=4000000016=000010=0001897</td>
<td></td>
</tr>
</tbody>
</table>

Electronic Claims Management Engine V. 1.0
User Manual
April 2006
Revised January 2015
64: Claim Submitted Does Not Match Prior Authorization

ECM PATIENT, TWO (XXXX) VET 101011$ 0/000000000935 05/14/08 W RT DS/N p Open
111 51.00 180 00781-1367-10 BENZTROPINE 2MG TAB

Claim ID: VA2008-4000000016-000010-0002005
12/M/I Patient Location

Press RETURN to continue, '^' to exit:
(This page included for two-sided copying.)
8.1.3 CMOP/ECME Activity Report

The CMOP/ECME Activity Report option produces a report used for monitoring Consolidated Mail Outpatient Pharmacy (CMOP) activity during both the Controlled Substances and General CMOP Transmissions. The report contains reference information from multiple VistA sources. You will not be prompted for selections from the “ALL REPORTS” section, but you need to select a report date range, a division or all divisions and a printer device. This report is not a 132 column report and you can choose to display it on the screen.

You must hold the BPSMENU and BPS REPORTS keys to view the CMOP/ECME Activity Report option.

Access the report by entering ECMP at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.
Example 8.1.3-1: Accessing the CMOP/ECME Activity Report Option

*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXX VAMC *
* Claim Results and Status *
*************************************************

PAY  Payable Claims Report  
REJ  Rejected Claims Report  
ECMP  CMOP/ECME Activity Report  
REV  Reversal Claims Report  
NYR  Claims Submitted, Not Yet Released  
REC  Recent Transactions  
DAY  Totals by Date  
CLO  Closed Claims Report  
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  XXXXXXXXXXX
2  YYYYYYYYY
3  ZZZZZZZZZZ

Select Division(s) : (1-4): 1

You have selected: 1  XXXXXXXXXXX
Is this correct? YES// <Enter>

Do you want to capture report data for an Excel document? NO// <Enter>

SelectPrinter: 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 23,2005010:25:49

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  ECM#/RX#/FL#  NDC SENT  NDC RECVD  CMOP-STAT
DRUG  INSURANCE  PAY-STAT  BILL#  REL-DATE

ECMEpatient,One (XXXX) 00000116254/909911$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.

(A) Access the report by entering REV at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.4-1: Accessing the Reversal Claims Report Option
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXX VAMC *
* Claim Results and Status *
*************************************************

PAY Payable Claims Report
REJ Rejected Claims Report
ECMP CMOP/ECME Activity Report
REV Reversal Claims Report
NYR Claims Submitted, Not Yet Released
REC Recent Transactions
DAY Totals by Date
CLO Closed Claims Report
SPA Spending Account Report

Select Claim Results and Status Option: REV Reversal Claims Report

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All Claims, Auto-Reversed/All Claims, Accepted/Rejected/All Claims, Veteran/TRICARE/CHAMPVA/All Eligibility, Excel display format and device selection.

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

Include Certain Eligibility Type or (A)ll: V// 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...
### ECME REVERSED CLAIMS DETAIL REPORT

**Print Date:** APR 17, 2009@14:17:15  
**Page:** 1  
**Fill Locations:** C,M,W  
**Fill type:** RT,BB

**DIVISION(S):** ALL  
**Insurance:** ALL  
**Eligibility:** ALL  
**ALL PRESCRIPTIONS BY TRANSACTION DATE:** From 03/18/09 through 04/17/09

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
<th>RELEASED ON</th>
<th>REVERSAL METHOD/RETURN STATUS/REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXX)</td>
<td>TRI</td>
<td>1024456</td>
<td>0/00000113725</td>
<td>03/20/09</td>
<td>21.88</td>
<td>40.00</td>
<td>0.00</td>
<td>03/18/09</td>
<td>REGULAR/ACCEPTED/2</td>
</tr>
<tr>
<td>OXYTOCIN 10 UNIT INJ</td>
<td>00071-4160-03</td>
<td>W RT AC/R</td>
<td>s</td>
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<tr>
<td>DRUG</td>
<td>NDC</td>
<td>RX INFO</td>
<td>RX COB</td>
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</table>

**SUBTOTALS for INS:COB INSURANCE**  
21.88   40.00       0.00

**COUNT**  
1   1   1

**MEAN**  
21.88   40.00       0.00

**ECME INSURANCE**

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<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
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<th>$INS RESPONSE</th>
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<th>REVERSAL METHOD/RETURN STATUS/REASON</th>
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<td>00026-8151-10</td>
<td>W RT DS/R</td>
<td>s</td>
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<td>RX INFO</td>
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**SUBTOTALS for INS:ECME INSURANCE**  
11.00   40.00         0.00

**COUNT**  
1   1   1

**MEAN**  
11.00   40.00         0.00

**ECME1 INSURANCE**

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<th>$COLLECT</th>
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<th>REVERSAL METHOD/RETURN STATUS/REASON</th>
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<td>REGULAR/ACCEPTED/RX DISCONTINUED</td>
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<td>GENITRICIN OPHTHMATIC OINT. 00719-7058-61</td>
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<td>04/06/09</td>
<td>REGULAR/ACCEPTED/RX DISCONTINUED</td>
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<td>W RT AC/N</td>
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<td>MEAN</td>
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<td>47.08</td>
<td>0.00</td>
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<td><strong>GRAND TOTALS</strong></td>
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<td></td>
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<tr>
<td>MEAN</td>
<td>8.22</td>
<td>47.08</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
8.1.5 Claims Submitted, Not Yet Released

The Claims Submitted, Not Yet Released option lists all prescription claims that have been successfully submitted to the payer, have been returned PAYABLE but the prescriptions have not been released.

You must hold the BPSMENU and BPS REPORTS keys to view the Claims Submitted, Not Yet Released Report option.

(A) Access the report by entering NYR at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.5-1: Accessing Claims Submitted, Not Yet Released Option

******************************************************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXX VAMC *
* Claim Results and Status *
******************************************************************************************************

PAY Payable Claims Report
REJ Rejected Claims Report
ECMP CMOP/ECME Activity Report
REV Reversal Claims Report
NYR Claims Submitted, Not Yet Released
REC Recent Transactions
DAY Totals by Date
CLO Closed Claims Report
SPA Spending Account Report

Select Claim Results and Status Option: NYR Claims Submitted, Not Yet Released

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, 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

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
### 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
- **Fill Locations:** C, M, W
- **Fill type:** RT, BB
- **Drugs/Classes:** All
- **Insurance:** All
- **Prescriptions (Not Released) By Transaction Date:** From 09/23/05 through 09/23/05

**Example: Claims Submitted, Not Yet Released Report**

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>From 09/23/05 through 09/23/05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example:**

<table>
<thead>
<tr>
<th>DRUG</th>
<th>RX INFO</th>
<th>RX COB</th>
<th>SUBTOTALS for INS: WEBMD</th>
<th>COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTAMINE SULFATE 5ML INJ</td>
<td>W RT AC/N p</td>
<td></td>
<td>45.00</td>
<td>1</td>
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<td></td>
<td></td>
<td>45.00</td>
<td>1</td>
<td>45.00</td>
</tr>
<tr>
<td>GRAND TOTALS</td>
<td></td>
<td></td>
<td>45.00</td>
<td>1</td>
<td>45.00</td>
</tr>
</tbody>
</table>

**8.1.6 Recent Transactions**

The *Recent Transactions* option lists claims that have been successfully transmitted to the payer. These claims include submissions, reversals and resubmissions. Closed Claims will NOT show up on this report since this report displays activity between ECME and the payer only.

**You must hold the BPSMENU and BPS REPORTS keys to view the *Recent Transactions Report* option.**

**A** Access the report by entering **REC** at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.
**Example 8.1.6-1: Recent Transactions Option**

*****************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXX VAMC*
* Claim Results and Status*
*****************************************************

PAY    Payable Claims Report  
REJ    Rejected Claims Report  
ECMP   CMOP/ECME Activity Report  
REV    Reversal Claims Report  
NYR    Claims Submitted, Not Yet Released  
REC    Recent Transactions  
DAY    Totals by Date  
CLO    Closed Claims Report  
SPA    Spending Account Report

Select Claim Results and Status Option: REC  Recent Transactions

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All Claims, Excel display format and device selection.

**Example 8.1.6-2: Additional prompts asked by the Recent Transactions Option**

START WITH TRANSACTION DATE: T-1// T
GO TO TRANSACTION DATE: T// T

Select one of the following:

R         RELEASED  
N         NOT RELEASED  
A         ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter> IP network
Please wait...
(This page included for two-sided copying.)
### Example 8.1.6-3: Recent Transactions Report

**ECME RECENT TRANSACTIONS DETAIL REPORT**

**Insurance:** ALL  
**DIVISION(S):** ALL  
**Fill Locations:** C,M,W  
**Fill type:** RT,BB  
**Drugs/Classes:** ALL

**PRESCRIPTIONS BY TRANSACTION DATE: From 10/04/10 through 11/03/10**

<table>
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<tr>
<th>PATIENT NAME</th>
<th>DRUG</th>
<th>Pt.ID</th>
<th>NDC</th>
<th>REF/ECME#</th>
<th>RX INFO</th>
<th>COMPLETED</th>
<th>INSURANCE</th>
<th>TRANS TYPE</th>
<th>PAYER RESPONSE</th>
<th>RX COB</th>
<th>ELAP TIME IN SECONDS</th>
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<td>DIAZEPAM 10MG S.T.</td>
<td>(XXXX)</td>
<td>102128$</td>
<td>00555-0164-04</td>
<td>M RT EX/N REJ</td>
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<td>SUBMIT</td>
<td>E REJECTED</td>
<td>p</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>GENTAMICIN OPHTHALMIC O</td>
<td>(XXXX)</td>
<td>1100249$</td>
<td>00719-7058-61</td>
<td>W RT AC/N</td>
<td>10/06/10 11:29AM</td>
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<td>E UNSTRANDED</td>
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</tr>
<tr>
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<td>DOXEPIN 25MG CAP</td>
<td>(XXXX)</td>
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<td>00839-7221-06</td>
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<td>E REJECTED</td>
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<td></td>
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<td></td>
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<td>(XXXX)</td>
<td>00484-3590-30</td>
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<td>OPINSUR2</td>
<td>10/07/10 03:05PM</td>
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<td></td>
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<td>101814$</td>
<td>00779-0588-30</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Print Date:** NOV 03, 2010@17:10:39  
**Page:** 1  
**Fill Locations:** C,M,W  
**Fill type:** RT,BB  
**Drugs/Classes:** ALL  
**Fill Locations:** C,M,W  
**Fill type:** RT,BB  
**Drugs/Classes:** ALL
8.1.7 Totals by Date

The Totals by Date option totals the daily ECME activity claims that have been successfully transmitted to the payer, have been returned PAYABLE or REJECTED but have not been REVERSED.

You must hold the BPSMEN 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*
*       XXXX VAMC    *
*      Claim Results and Status  *
***********************************************************

PAY  Payable Claims Report
REJ  Rejected Claims Report
ECMP CMOP/ECME Activity Report
REV  Reversal Claims Report
NYR  Claims Submitted, Not Yet Released
REC  Recent Transactions
DAY  Totals by Date
CLO  Closed Claims Report
SPA  Spending Account Report

Select Claim Results and Status Option: DAY  Totals by Date

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All Claims, Excel display format and device selection.

Example 8.1.7-2: Additional prompts asked by the Totals by Day Option

START WITH TRANSACTION DATE: T-1// T-30
GO TO TRANSACTION DATE: T// <Enter>

Select one of the following:

R   RELEASED
N   NOT RELEASED
A   ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter> IP network
Please wait...
**Example 8.1.7-3: Totals by Date Report (Compacted to fit into document)**

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>#CLAIMS</th>
<th>AMOUNT</th>
<th>RETURNED</th>
<th>SUBMITTED</th>
<th>REJECTED</th>
<th>PAYABLE</th>
<th>TO RECEIVE</th>
<th>AMOUNT</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/23/05</td>
<td>2</td>
<td>90.00</td>
<td>45.00</td>
<td>45.00</td>
<td>40.00</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>2</td>
<td>90.00</td>
<td>45.00</td>
<td>45.00</td>
<td>40.00</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRAND TOTALS</td>
<td>2</td>
<td>90.00</td>
<td>45.00</td>
<td>45.00</td>
<td>40.00</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

You 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*
*X XXXX VAMC*
*Claim Results and Status*
**************************************************

PAY Payable Claims Report
REJ Rejected Claims Report
ECMP CMOP/ECME Activity Report
REV Reversal Claims Report
NYR Claims Submitted, Not Yet Released
REC Recent Transactions
DAY Totals by Date
CLO Closed Claims Report
SPA Spending Account Report

Select Claim Results and Status Option: CLO Closed Claims Report
```

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All claims, All/Specific Close Claim Reason, Veteran/TRICARE/CHAMPVA/All Eligibility, 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 Rx's - (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

Include Certain Eligibility Type or (A)ll: V//= 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 8.1.8-2: Closed Claims Report

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>RX INFO</th>
<th>DRUG</th>
<th>NDC</th>
<th>RX COB</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEPATIENT, TWO</td>
<td>(XXXX)</td>
<td>TRI 102446$</td>
<td>0/0000000113727</td>
<td>W RT DS/R DACARBAZINE 100MG INJ 00026-8151-10</td>
<td>12340987</td>
<td>10001</td>
<td>03/20/09 03:55PM</td>
<td>ECMEUSER, ONE</td>
</tr>
<tr>
<td>P</td>
<td>Claim ID: VA2009=5000000021=000010=0005494</td>
<td>54:Non-Matched Product/Service ID Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTALS for INS: ECMEUSER, ONE
ECMEPAT, ONE

CLOSED CLAIMS SUBTOTAL
1

SUBTOTALS for DIV: YYYYPPP
ECMEUSER, ONE

CLOSED CLAIMS SUBTOTAL
1

GRAND TOTALS (ALL DIVISIONS) BY BILLER
ECMEUSER, ONE

CLOSED CLAIMS GRAND TOTAL
1
(This page included for two-sided copying.)
8.1.9 Spending Account Report

The Spending Account Report option lists the balance from the patient’s spending account after the specific transaction was applied, the amount from the health plan-funded assistance account that was applied to the Patient Pay Amount and the various amounts still to be collected from the patient.

(A) Access the report by entering SPA at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.

Example 8.1.9-1: Accessing the Spending Account Report Option

```
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*       XXXX VAMC       *
* Claim Results and Status       *
*************************************************
```

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAY</td>
<td>Payable Claims Report</td>
</tr>
<tr>
<td>REJ</td>
<td>Rejected Claims Report</td>
</tr>
<tr>
<td>ECMP</td>
<td>CMOP/ECME Activity Report</td>
</tr>
<tr>
<td>REV</td>
<td>Reversal Claims Report</td>
</tr>
<tr>
<td>NYR</td>
<td>Claims Submitted, Not Yet Released</td>
</tr>
<tr>
<td>REC</td>
<td>Recent Transactions</td>
</tr>
<tr>
<td>DAY</td>
<td>Totals by Date</td>
</tr>
<tr>
<td>CLO</td>
<td>Closed Claims Report</td>
</tr>
<tr>
<td>SPA</td>
<td>Spending Account Report</td>
</tr>
</tbody>
</table>

Select Claim Results and Status Option: SPA Spending Account Report

Example 8.1.9-2: Selecting Spending Account Report Option

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

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

Select ECME Pharmacy Division(s): XXXXXXX
  Selected: XXXXXXX

Select ECME Pharmacy Division(s): YYYYYY CBOC XXX
  Selected: XXXXXXX
    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
- P  PRO Option
- A  ALL

Display (R)ealTime Fills or (B)ackbills or (P)RO Option or (A)LL: 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//

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 8.1.9-3: Spending Account Report – Summary

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
<th>$PROVIDER NETWORK</th>
<th>$BRAND DRUG</th>
<th>$NON-PREF FORM</th>
<th>$BRAND NON-PREF FORM</th>
<th>$COVERAGE GAP</th>
<th>$HEALTH ASST</th>
<th>$Spend ACCT REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIVISION(S): ALL**

**Fill Locations:** C,M,W  **Fill type:** RT, BB, P2

**Insurance:** ALL  **Drugs/Classes:** ALL

**ALL PRESCRIPTIONS BY TRANSACTION DATE:** From 06/05/11 through 12/02/11

---

**DIVISION: XXXXXX**

**SUBTOTALS for INS:EPHARM INSURANCE**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS:EXPRESS SCRIPTS**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS for DIV:XXXXXX**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GRAND TOTALS**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Press RETURN to continue:
Example 8.1.9-4: Spending Account Report – Detail

**ECME SPENDING ACCOUNT REPORT DETAIL REPORT**  
**DIVISION(S):** ALL  
**Insurance:** ALL  
**ALL PRESCRIPTIONS BY TRANSACTION DATE:** From 06/05/11 through 12/02/11

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>DATE</th>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
<th>$COLLECT</th>
<th>DRUG</th>
<th>RX INFO</th>
<th>INS GROUP#</th>
<th>INS GROUP NAME</th>
<th>BILL#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIVISION:** XXXXXX

**EPHARM INSURANCE**

<table>
<thead>
<tr>
<th>OPCOB,ONECNF</th>
<th>(166P)</th>
<th>2719307</th>
<th>0/4316136</th>
<th>08/24/11</th>
<th>12.00</th>
<th>999999.99</th>
<th>0.00</th>
<th>ATENOLOL 25MG TAB</th>
<th>W</th>
<th>P2</th>
<th>EX/R</th>
<th>T00010</th>
<th>EPHARM INSURANCE</th>
<th>K100F7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>12.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS: EPHARM INSURANCE**

<table>
<thead>
<tr>
<th>SUBTOTALS for INS: EPHARM INSURANCE</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNT</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>12.00</td>
<td>999999.99</td>
<td>0.00</td>
<td>0.00</td>
<td>12.30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXPRESS SCRIPTS**

<table>
<thead>
<tr>
<th>OPCOB,ONECNF</th>
<th>(166P)</th>
<th>2719307</th>
<th>0/4316136</th>
<th>08/24/11</th>
<th>999999.99</th>
<th>999999.99</th>
<th>0.00</th>
<th>ATENOLOL 25MG TAB</th>
<th>W</th>
<th>P2</th>
<th>EX/R</th>
<th>T00010</th>
<th>EXPRESS SCRIPTS</th>
<th>K100F6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>15.41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS: EXPRESS SCRIPTS**

<table>
<thead>
<tr>
<th>SUBTOTALS for INS: EXPRESS SCRIPTS</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNT</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>999999.99</td>
<td>999999.99</td>
<td>0.00</td>
<td>0.00</td>
<td>15.41</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Print Date:** DEC 02, 2011 17:16:36  
**User Manual**  
**April 2006**  
**Revised January 2015**
<table>
<thead>
<tr>
<th>Subtotals for DIV: XXXXX</th>
<th>1000011.99</th>
<th>1999999.98</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Count</strong></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grand Totals</th>
<th>------------</th>
<th>------------</th>
<th>------</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Count</strong></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Press RETURN to continue:
8.2 Other Reports

The *Other Reports* option allows you to access lists of electronic claims formats and NCPDP V. D0 fields.

Access the *Other Reports* option by entering **OTH** at the “Select Pharmacy Electronic Claims Reports Option:” prompt on the Pharmacy Electronic Claims Reports option screen.

### Example 8.2-1: Accessing the Other Reports Option

```
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*       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*
*       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
```

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*
*            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

Select Other Reports Option: CRI   ECME Claims-Response Inquiry

Example 8.2.1-2: ECME Claims-Response Inquiry Option

Select VA Claim ID: VA2009=5000000021=105220=0005524
VA2009=5000000021=105220=0005524

Note: This report contains three separate sections - transaction data, claims data, and response data. There will be a page break/form feed after each section regardless of the page length specified in the device input.

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

ECME Claims-Response Inquiry Report Print Date: 04/17/09
VA CLAIM ID: VA2009=5000000021=105220=0005524

BPS TRANSACTION/BPS LOG OF TRANSACTION DATA:

ENTRY#: 113414.00042                     STATUS: 99
PHARMACY: PHARM1                        PRESCRIPTION #: 102179
RXI-INTERNAL (c): 113414                 PLAN NAME: COB INSURANCE
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: VA2009=5000000021=105220=0005524
ELECTRONIC PAYER: MNMEDB1                TRANSMIT FLAG: YES (POINT OF SALE)
TRANSMITTED ON: APR 17,2009@14:54:27    CREATED ON: APR 17,2009@14:54:27
TRANSACTION: 113414.00042               TRANSACTION CODE: B1
GROUP INSURANCE PLAN: COB INSURANCE     TRANSACTION COUNT: 1
VERSION RELEASE NUMBER: D0
PROCESSOR CONTROL NUMBER: MHCP
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: C4XXXXXXX                PATIENT GENDER CODE: MALE
PATIENT RELATIONSHIP CODE: CARDHOLDER
PLACE OF SERVICE: C700                  ELIGIBILITY CLARIFICATION CODE: C90
PATIENT FIRST NAME: CAONE              PATIENT LAST NAME: CBECMEPATIENT
CARDHOLDER FIRST NAME: CCONE
CARDHOLDER LAST NAME: CDECMEPATIENT
HOME PLAN: CE36
PATIENT STREET ADDRESS: CM13 DFG
PATIENT CITY ADDRESS: CNXXXXXXXX
Press RETURN to continue, '^^' to exit:

BPS RESPONSE FILE DATA:

BPS CLAIM: VA2009=5000000021=105220=0005524
DATE RESPONSE RECEIVED: APR 17, 2009@14:54:30
VERSION RELEASE NUMBER: D0 TRANSACTION CODE: B1
TRANSACTION COUNT: 1 SERVICE PROVIDER ID: XXXXXXXXXX
SERVICE PROVIDER ID QUALIFIER: 01 DATE OF SERVICE: APR 14, 2009
RESPONSE STATUS: REJECTED
PAYER ID QUALIFIER: Standard Unique Health Plan Identifier
PAYER ID: 71235618
MESSAGE: EV161-MANDATORY FIELD HC MISSING IN SEG 05
MEDICATION ORDER: 1 TRANSACTION RESPONSE STATUS: REJECTED
PRESCRIPTION RESPONSE STATUS: REJECTED CLAIM
REJECT COUNT: 04
REJECT CODE: 85 (Claim Not Processed)
REJECT CODE: NN (Transaction Rejected At Switch Or Intermediary
REJECT CODE: R8 (Syntax Error)
REJECT CODE: HC (M/I Other Payer Amount Paid Qualifier)
REJECT CODE: 79 (REFILL TOO SOON)
NEXT AVAIL FILL DATE: APR 20, 2009

RAW DATA RECEIVED:
VA2009-XXXXXXXX=105220=0005524
20090414\X1E\X1C\AM20\X1C\F4EV161-MANDATORY FIELD HC MISSING IN SEG
05\X1D\X1E\X1C\AM21\X1C\ANR\X1C\FA04\X1C\FB85\X1C\FBN\X1C\FBR8\X1C\FBHC

Press RETURN to continue:

8.2.2 Payer Sheet Detail Report Option

The Payer Sheet Detail Report option allows you to list the information on payer sheets used for electronic claims. Payer sheets are templates defined by each payer used to create NCPDP transmissions. The sheets indicate which fields to send in the transmissions, as well as the acceptable values that may appear in the fields. You may also express conditions for when particular values are to be used.

Access the Payer Sheet Detail Report option by entering PAY at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.
Example 8.2.2-1: Accessing the Payer Sheet Detail Report Option

*************************************************
* Electronic Claims Management Engine (ECME) V1.0 *
* XXXX VAMC                                      *
* Other Reports                                  *
*************************************************

CRI    ECME Claims-Response Inquiry
PAY    Payer Sheet Detail Report
PHAR   ECME Setup - Pharmacies Report
TAT    Turn-around time statistics
VER    View ePharmacy Rx

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>

<table>
<thead>
<tr>
<th>Seq</th>
<th>Field</th>
<th>Field Name</th>
<th>Proc Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>306-C6</td>
<td>RELATIONSHIP CODE</td>
<td>S</td>
</tr>
<tr>
<td>64</td>
<td>111-AM</td>
<td>SEGMENT IDENTIFICATION</td>
<td>S</td>
</tr>
<tr>
<td>66</td>
<td>455-EM</td>
<td>RX/SERVICE REF NUMBER QUAL</td>
<td>S</td>
</tr>
<tr>
<td>69</td>
<td>402-D2</td>
<td>PRESCRIPTION NUMBER</td>
<td>S</td>
</tr>
<tr>
<td>71</td>
<td>436-E1</td>
<td>PRODUCT/SERV ID QUAL</td>
<td>S</td>
</tr>
<tr>
<td>73</td>
<td>407-D7</td>
<td>PRODUCT/SERVICE ID</td>
<td>S</td>
</tr>
<tr>
<td>75</td>
<td>442-E7</td>
<td>QUANTITY DISPENSED</td>
<td>S</td>
</tr>
<tr>
<td>77</td>
<td>403-D3</td>
<td>NEW/REFILL CODE</td>
<td>S</td>
</tr>
<tr>
<td>78</td>
<td>405-D5</td>
<td>DAYS SUPPLY</td>
<td>S</td>
</tr>
<tr>
<td>79</td>
<td>406-D6</td>
<td>COMPOUND CODE</td>
<td>S</td>
</tr>
<tr>
<td>80</td>
<td>408-D8</td>
<td>OTHER COVERAGE CODE</td>
<td>S</td>
</tr>
<tr>
<td>82</td>
<td>414-DE</td>
<td>DATE PRESCRIPTION WRITTEN</td>
<td>S</td>
</tr>
<tr>
<td>85</td>
<td>308-C8</td>
<td>OTHER COVERAGE CODE</td>
<td>S</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Seq</th>
<th>Field</th>
<th>Field Name</th>
<th>Proc Mode</th>
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<tbody>
<tr>
<td>87</td>
<td>429-DT</td>
<td>UNIT DOSE INDICATOR</td>
<td>S</td>
</tr>
<tr>
<td>89</td>
<td>453-EJ</td>
<td>ORIG PRESCR PROD/SERV ID QUAL</td>
<td>S</td>
</tr>
<tr>
<td>92</td>
<td>445-EA</td>
<td>ORIG PRESCRIBED PROD/SERV CODE</td>
<td>S</td>
</tr>
<tr>
<td>95</td>
<td>446-EB</td>
<td>ORIGINALLY PRESCRIBED QTY</td>
<td>S</td>
</tr>
<tr>
<td>97</td>
<td>418-DI</td>
<td>LEVEL OF SERVICE</td>
<td>S</td>
</tr>
<tr>
<td>99</td>
<td>461-EU</td>
<td>PRIOR AUTHORIZATION TYPE CODE</td>
<td>S</td>
</tr>
<tr>
<td>102</td>
<td>462-EV</td>
<td>PRIOR AUTHORIZATION NUM SUB</td>
<td>S</td>
</tr>
<tr>
<td>106</td>
<td>463-EW</td>
<td>INTERMED AUTH TYPE ID</td>
<td>S</td>
</tr>
<tr>
<td>109</td>
<td>464-EX</td>
<td>INTERMEDIARY AUTHORIZATION ID</td>
<td>S</td>
</tr>
<tr>
<td>112</td>
<td>343-HD</td>
<td>DISPENSING STATUS</td>
<td>S</td>
</tr>
<tr>
<td>114</td>
<td>344-HF</td>
<td>QTY INTENDED TO BE DISPENSED</td>
<td>S</td>
</tr>
<tr>
<td>117</td>
<td>345-HG</td>
<td>DAYS SUPPLY INTEND TO BE DISP</td>
<td>S</td>
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</tbody>
</table>

*** Pharmacy Provider Segment ***

<table>
<thead>
<tr>
<th>Seq</th>
<th>Field</th>
<th>Field Name</th>
<th>Proc Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>127</td>
<td>111-AM</td>
<td>SEGMENT IDENTIFICATION</td>
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Press RETURN to continue, '^^' to exit: <Enter>
## Pharmacy Provider Segment

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<th>Field Name</th>
<th>Proc Mode</th>
</tr>
</thead>
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<td>465</td>
<td>PROVIDER ID QUALIFIER</td>
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</tr>
<tr>
<td>131</td>
<td>444</td>
<td>PROVIDER ID</td>
<td>S</td>
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</tbody>
</table>

## Prescriber Segment

<table>
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<th>Proc Mode</th>
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<td>111</td>
<td>SEGMENT IDENTIFICATION</td>
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</tr>
<tr>
<td>142</td>
<td>466</td>
<td>PRESCRIBER ID QUALIFIER</td>
<td>S</td>
</tr>
<tr>
<td>144</td>
<td>411</td>
<td>PRESCRIBER ID</td>
<td>S</td>
</tr>
<tr>
<td>146</td>
<td>427</td>
<td>PRESCRIBER LAST NAME</td>
<td>S</td>
</tr>
<tr>
<td>148</td>
<td>498</td>
<td>PRESCRIBER TELEPHONE NUMBER</td>
<td>S</td>
</tr>
<tr>
<td>150</td>
<td>468</td>
<td>PRIMARY CARE PROV ID QUAL</td>
<td>S</td>
</tr>
<tr>
<td>153</td>
<td>421</td>
<td>PRIMARY PRESCRIBER</td>
<td>S</td>
</tr>
<tr>
<td>155</td>
<td>469</td>
<td>PRIM CARE PROV LOCATION CODE</td>
<td>S</td>
</tr>
<tr>
<td>158</td>
<td>470</td>
<td>PRIM CARE PROVIDER LAST NAME</td>
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Press RETURN to continue, '^' to exit: <Enter>

## COB/Other Payments Segment

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<th>Field Name</th>
<th>Proc Mode</th>
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<td>SEGMENT IDENTIFICATION</td>
<td>S</td>
</tr>
<tr>
<td>170</td>
<td>337</td>
<td>COB/OTHER PAYMENTS COUNTER</td>
<td>S</td>
</tr>
<tr>
<td>172</td>
<td>338</td>
<td>OTHER PAYER COVERAGE TYPE</td>
<td>S</td>
</tr>
<tr>
<td>174</td>
<td>339</td>
<td>OTHER PAYER ID QUALIFIER</td>
<td>S</td>
</tr>
<tr>
<td>177</td>
<td>340</td>
<td>OTHER PAYER ID</td>
<td>S</td>
</tr>
<tr>
<td>180</td>
<td>443</td>
<td>Other Payer Date</td>
<td>S</td>
</tr>
<tr>
<td>182</td>
<td>341</td>
<td>OTHER PAYER AMOUNT PAID COUNT</td>
<td>S</td>
</tr>
<tr>
<td>185</td>
<td>342</td>
<td>OTH PYR AMOUNT PAID QUAL.</td>
<td>S</td>
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<tr>
<td>188</td>
<td>431</td>
<td>OTHER PAYOR AMOUNT</td>
<td>S</td>
</tr>
<tr>
<td>190</td>
<td>471</td>
<td>OTHER PAYER REJECT COUNT</td>
<td>S</td>
</tr>
<tr>
<td>192</td>
<td>472</td>
<td>OTHER PAYER REJECT CODE</td>
<td>S</td>
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</table>

## Workers' Compensation Segment

<table>
<thead>
<tr>
<th>Seq</th>
<th>Field</th>
<th>Field Name</th>
<th>Proc Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>202</td>
<td>111</td>
<td>SEGMENT IDENTIFICATION</td>
<td>S</td>
</tr>
<tr>
<td>205</td>
<td>434</td>
<td>DATE OF INJURY</td>
<td>S</td>
</tr>
</tbody>
</table>

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

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-DJ GROSS AMOUNT DUE                S
266  423-DN BASIS OF COST DETERMINATION     S

Press RETURN to continue, '^' to exit: <Enter>
### 8.2.3 ECME Setup – Pharmacies Report

This option will produce a report that displays setup information for each pharmacy configured for a facility.

Access the report by entering **PHAR** at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

**Example 8.2.3-1: Accessing ECME Setup – Pharmacies Report Option**

---

<table>
<thead>
<tr>
<th>Seq</th>
<th>Field</th>
<th>Field Name</th>
<th>Proc Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>288</td>
<td>111-AM</td>
<td>SEGMENT IDENTIFICATION</td>
<td>S</td>
</tr>
<tr>
<td>290</td>
<td>450-EF</td>
<td>Compound Dose Form Desc Code</td>
<td>S</td>
</tr>
<tr>
<td>293</td>
<td>451-EG</td>
<td>Compound Dispense Unt Form Ind</td>
<td>S</td>
</tr>
<tr>
<td>295</td>
<td>452-EH</td>
<td>Compound Route of Admin</td>
<td>S</td>
</tr>
<tr>
<td>297</td>
<td>447-EC</td>
<td>Compound Ingred Comp Count</td>
<td>S</td>
</tr>
<tr>
<td>299</td>
<td>488-RE</td>
<td>Compound Product ID Qualifier</td>
<td>S</td>
</tr>
<tr>
<td>301</td>
<td>489-TE</td>
<td>Compound Product ID</td>
<td>S</td>
</tr>
<tr>
<td>302</td>
<td>448-ED</td>
<td>Compound Ingredient Quantity</td>
<td>S</td>
</tr>
<tr>
<td>304</td>
<td>449-EE</td>
<td>Compound Ingredient Drug Cost</td>
<td>S</td>
</tr>
<tr>
<td>307</td>
<td>490-UE</td>
<td>Comp Ingred Basis Cost Determ</td>
<td>S</td>
</tr>
</tbody>
</table>

Press RETURN to continue:

---
### Example 8.2.3-2: ECME Setup - Pharmacies Report Option

| Number | Name | NCPDP # | Default DEA #: | CMOP Switch | Auto-reverse Parameter | Status | Site Address 1 | Site City | Site Zip Code | Site Address Name | Hours of Operation | Start Day Range | Start Hour Range | End Hour Range | Site City | Site State | Site Address Name | Remittance Address Name | Remittance City | Remittance State | Remittance Zip | VA Contact | VA Alternate Contact | VA Lead Pharmacist | VA Lead Pharmacist License # | Monday Close Time | Tuesday Close Time | Wednesday Close Time | Thursday Close Time | Friday Close Time | Saturday Close Time | Sunday Close Time |
|--------|------|---------|----------------|-------------|-------------------------|--------|----------------|----------|---------------|-------------------|------------------|-----------------|------------------|-----------------|----------|---------------|---------------------|---------------------|------------------|----------------|----------------|---------------|----------------|-------------------|-------------------|
| 2      | XXXXXXXXXXX | XXXXXXX | AGXXXXX | CMOP ON | 0 | ACTIVE | 101 MAIN STREET | XXXXXXX | XXXX | 101 MAIN STREET | 24 | MON | 0800 | 1600-1600 | 0000000001 | CONTACT,ONE | CONTACT,ONE | PHARMACIST,ONE | 1600 | 1600 | 1600 | 1600 | 1600 | 1600 | 1600 |
| 3      | XXXXXXXXXXX | XXXXXXX | AGXXXXX | CMOP ON | 2 | ACTIVE | 101 MAIN AVE | XXXXXXX | XXXX | 101 MAIN AVE | 24 | MON | 0800 | 1600-1600 | 0000000006 | CONTACT,ONE | CONTACT,ONE | PHARMACIST,ONE | 1600 | 1600 | 1600 | 1600 | 1600 | 1600 | 1600 |
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* |
| *          XXXX 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         |
+------------------------------------------------------------------------------------------------+
```

Select Other Reports Option: **TAT** Turn-around time statistics
Example 8.2.4-2: Displaying the Turn-around time statistics Report

START WITH DATE: T-1// <Enter> (SEP 08, 2005)
GO TO DATE: T// <Enter> (SEP 09, 2005)

For Prescription: 1106378.00001 (Rx#: 382992)
Begin 08:19:48
Gathering information 08:19:52
Claim ID created 08:19:55
Claim Sent 08:19:56
Response stored 08:20:04
Completed at: 08:20:04
Turn-around time 16

For Prescription: 1106380.00001 (Rx#: 382994)
Begin 08:19:48
Gathering information 08:19:52
Claim ID created 08:19:55
Claim Sent 08:20:16
Response stored 08:20:18
Completed at: 08:20:18
Turn-around time 30

For Prescription: 1106379.00001 (Rx#: 382993)
Begin 08:19:48
Gathering information 08:19:52
Claim ID created 08:19:55
Claim Sent 08:20:06
Response stored 08:20:08
Completed at: 08:20:08
Turn-around time 20

For Prescription: 1106384.00001 (Rx#: 909952)
Begin 11:27:13
Gathering information 11:27:15
Claim ID created 11:27:16
Claim Sent 11:27:17
Response stored 11:27:23
Completed at: 11:27:23
Turn-around time 10

For Prescription: 1106386.00001 (Rx#: 909954)
Begin 11:27:13
Gathering information 11:27:15
Claim ID created 11:27:17
Claim Sent 11:27:37
Response stored 11:27:39
Completed at: 11:27:39
Turn-around time 26

Average Turn-around time: 13

8.2.5 View ePharmacy Rx

The View ePharmacy Rx option allows you to view information for one prescription, combining information from Outpatient Pharmacy, Integrated Billing and ECME.

Access the View ePharmacy Rx option by entering VER at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.
Example 8.2.5-1: Accessing the View ePharmacy Rx Report Option

- Electronic Claims Management Engine (ECME) V1.0
- ALASKA VAHCSRO
- Other Reports

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRI</td>
<td>ECME Claims-Response Inquiry</td>
</tr>
<tr>
<td>PAY</td>
<td>Payer Sheet Detail Report</td>
</tr>
<tr>
<td>PHAR</td>
<td>ECME Setup - Pharmacies Report</td>
</tr>
<tr>
<td>TAT</td>
<td>Turn-around time statistics</td>
</tr>
<tr>
<td>VER</td>
<td>View ePharmacy Rx</td>
</tr>
</tbody>
</table>

Select Other Reports Option: VER View ePharmacy Rx
Example 8.2.5-2: Displaying the View ePharmacy Rx Report

Select Prescription: 2055346
ATENOLOL 25MG TAB

<table>
<thead>
<tr>
<th>Patient</th>
<th>Rx#</th>
<th>Drug Name</th>
<th>Rx Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>2055346</td>
<td>TAMOXIFEN CITRATE 10MG TA</td>
<td>DISCONTINUED</td>
</tr>
</tbody>
</table>

OK to continue? Yes// YES

Rx# 2055346 has the following fills:

<table>
<thead>
<tr>
<th>Fill#</th>
<th>Fill Date</th>
<th>Release Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>01/29/2009</td>
<td>01/29/2009</td>
</tr>
<tr>
<td>1</td>
<td>02/26/2009</td>
<td>02/25/2009</td>
</tr>
</tbody>
</table>

Select Fill Number: 1 02/26/2009  02/26/2009

Select one of the following:

M Most recent transaction for each payer
A All transactions

There are 2 ECME transactions for this Rx/fill.
1 for the primary payer, 1 for the secondary payer.

Select Most recent transaction for each payer or All transactions: M// All transactions

Compiling data for View Prescriptions ...
Compiling data for the ECME Claim Log ...
Compiling data for the ECME Billing Events Report ...
Compiling data for the ECME Claims-Response Inquiry (CRI) Report ...
Compiling data for View Insurance Policies ......................
Compiling the list of TPJI bills ...
Compiling data for TPJI Claim Information ...
Compiling data for TPJI AR Account Profile ...
Compiling data for TPJI AR Comment History ...
Compiling data for TPJI ECME Rx Response ...
Compiling data for View Registration Eligibility Status ...
Compiling data for View Registration Eligibility Verification ...

View Prescription

Rx View (Discontinued)      Feb 08, 2011@13:59:27
Page: 1 of 1
ECMEPATIENT,ONE
PID: 666-87-4529
DOB: OCT 18,1963 (47)

Rx #: 2055346$e  (ECME#: 000001615253)
Orderable Item: TAMOXIFEN CITRATE TAB
CMOP Drug: TAMOXIFEN CITRATE 10MG TAB
NDC: 00378-0144-93
*Dosage: 10MG
Verb: TAKE
Dispense Units: 1
**Noun:** TABLET  
*Route:* ORAL (BY MOUTH)  
*Schedule:* BID  

**Patient Instructions:**  
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY  

**Patient Status:** OUTPT NON-SC  

**Issue Date:** 01/29/09  
**Fill Date:** 01/29/09  
**Last Fill Date:** 02/26/09 (Mail, Transmitted)  
**Last Release Date:** 02/25/09  
**Days Supply:** 3  
**QTY (TAB):** 60  
**Days Supply:** 3  
**QTY (TAB):** 60  

**Provider:** ECMEPROVIDER,ONE  
**Routing:** Window  
**Copies:** 1  

**Method of Pickup:**  
**Clinic:** Not on File  
**Routing:** Window  
**Copies:** 1  

**Patient Counseling:** NO  
**Remarks:** New Order Created by copying Rx # 2055345.  

**Finished By:** ECMEPROVIDER,ONE  

**Entry By:** ECMEPROVIDER,ONE  
**Entry Date:** 01/29/09 12:59:38  

**Original Fill Released:** 02/25/09  
**Routing:** Window  

**Refill Log:**  
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**Partial Fills:**  
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<tbody>
<tr>
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**ECME Claim Log**

**PHARMACY ECME**

Page: 1 of 1

Claim Log information

**Pharmacy ECME Log**

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Cardholder ID:
Patient Relationship Code: CARDHOLDER
Cardholder First Name: ONE
Cardholder Last Name: OPPATIENT
Billing Request Payer Sheet: WBTESTB1
Reversal Payer Sheet: WBTESTB2

Response Information (CLAIM REQUEST) (#1213)  
Response Received: FEB 25, 2009@16:51:10
Date of Service: 02/25/2009
Transaction Response Status: Paid
Total Amount Paid: $58.20
Reject code(s):
Message:
Additional Message:
DUR Response

ECME CRI REPORT DATA

ECME Claims-Response Inquiry Report  Print Date: 02/08/11
VA CLAIM ID: VA2009=1164471991=000010=0001235

BPS TRANSACTION/BPS LOG OF TRANSACTION DATA:

ENTRY#: 1615253.00001  STATUS: 99
PHARMACY: CHEY9-both NPI & NCPDP  PRESCRIPTION #: 2055346
RXI-INTERNAL (c): 1615253
PLAN NAME: BLUE MOON INSURANCE  PHARMACY PLAN ID: T00010
CLAIM IEN (c): 1236  RESPONSE IEN (c): 1213

BPS CLAIMS FILE DATA:

CLAIM ID: VA2009=1164471991=000010=0001235
ELECTRONIC PAYER: WBTESTB1  TRANSMIT FLAG: YES (POINT OF SALE)
TRANSMITTED ON: FEB 25, 2009@16:51:04  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: 1164471991  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: CNBIRMINGHAM
PATIENT STATE PROV ADDRESS: COAL  PATIENT ZIP POSTAL ZONE: CP35209
PATIENT PHONE NUMBER: CQ2055559874  PATIENT ID QUALIFIER: CX01
PATIENT ID: CY666874529

TRANSACTION ORDER: 1
MEDICATION NAME: TAMOXIFEN CITRATE 10MG TAB
PRESCRIPTION NUMBER: 2055346  OTHER COVERAGE CODE: C800
SUBM CLARIFICATION CODE COUNT: 1
SUBMISSION CLARIFICATION CODE CNTR: 1  SUBMISSION CLARIFICATION CODE: DK02
DATE OF SERVICE: FEB 25, 2009  PRESCRIPTION/SERVICE REF NO: D21615253
FILL NUMBER: D301  DAYS SUPPLY: D5003
COMPOUND CODE: D61
PRODUCT SERVICE ID: D700378014491
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(
PATIENT PAID AMOUNT SUBMITTED: DX0000000(
PRODUCT SERVICE ID QUALIFIER: E103  QUANTITY DISPENSED: E7000000000
PRESCRIPTION SERVICE REFERENCE: EM1  QUANTITY PRESCRIBED: ET0000060000
PRESCRIBER ID QUALIFIER: EZ01
PC PROVIDER LOCATION CODE: H5001
PRESCRIBER PHONE NUMBER: PM0001234567
DATE OF SERVICE: 20090225

RAW DATA SENT:
1234561B111234657891011164471991 20090225STATP
AM01CX01CY66674529 C419631018C51CAONE CBOPPATIENT CM32
OAK STREET CNBIRMINGHAM COALCP35209 CQ205559874
AM04C2C110001
AM07EM1D21615253E103D70037801 4491 E70000000003D01D5003D61D80DE20090129D
AM02
AM03EZ01DB
AM11D90000510{DC00000000DX0000000{DQ0000510{DU0000510{DN07
BPS RESPONSE FILE DATA:
BPS CLAIM: VA2009=1164471991=000010=000123551B11A011164471991
DATE RESPONSE RECEIVED: FEB 25, 2009@16:51:10
VERSION RELEASE NUMBER: D.0
TRANSACTION CODE: B1
TRANSACTION COUNT: 1
RESPONSE STATUS: ACCEPTED
TRANSACTION ORDER: 1
PRESCRIPTION REFERENCE NUMBER: 1615253
RX REFERENCE NUMBER QUALIFIER: RX BILLING
HEADER RESPONSE STATUS: CLAIM PAYABLE
AUTHORIZATION NUMBER: WEBMD: PAID
PATIENT PAY AMOUNT: $ 10.00
INGREDIENT COST PAID: $ 55.70
TOTAL AMOUNT PAID: $ 68.20
INCENTIVE AMOUNT PAID: $ 1.25
BASIS OF REIMB DETERMINATION: 08
FLAT SALES TAX PAID: $ 1.00
PROFESSIONAL SERVICE FEE PAID: $ 4.54
OTHER AMOUNT PAID COUNT: 1
OTHER PAYER AMOUNT RECOGNIZED: $ 0.00

ECME BILLING EVENTS REPORT

BILLING ECME EVENTS (DETAILED) for ALL DIVISIONS
SINGLE PRESCRIPTION - 2055346 FILL# 1
RX# FILL DATE PATIENT NAME DRUG
================================================================================
1 2055346 1 02/25/09 ECMEPATIENT, ONE TAMOXIFEN CITRATE 10MG TAB
FINISH 02/25/09 4:51p Status:ECME Billable
ELIGIBILITY: CV:No
DRUG:TAMOXIFEN CITRATE 10MG TAB
NDC:00378-0144-91, BILLED QTY:60, COST:.928, DEA:6PR
PLAN: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
List of all bills for this Rx (all fills)

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Patient Policy Information

Page: 1 of 1

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

OPINSUR1 Insurance Company

** Plan Currently Active **

Plan Information

- Is Group Plan: YES
- Group Name: DRUG INS
- Group Number: 111
- BIN: 
- PCN: 

Type of Plan: PRESCRIPTION

Electronic Type: COMMERCIAL

Plan Filing TF:
- ePharmacy Plan ID: VA105220
- ePharmacy Plan Name: MINNESOTA MEDICAID
- ePharmacy Natl Status: ACTIVE
- ePharmacy Local Status: ACTIVE

Utilization Review Info

- Effective Dates & Source
  - Effective Date: 10/12/07
  - Expiration Date: 
  - Source of Info: INTERVIEW
  - Policy Not Billable: NO

Benefits Assignable: YES

Subscriber Information

- Subscriber's Employer Information
  - Subscriber Name: ECMEPATIENT,ONE
  - Employment Status: 
  - Retirement Date: 
  - Claims to Employer: No, Send to Insurance

Whose Insurance: VETERAN

- Emp Sponsored Plan: No
- Employer: 

Subscriber Information

- Relationship: SELF
- Primary ID: 543252
- Coord. Benefits: PRIMARY

Company

- Primary Provider: 
- Prim Prov Phone: 

View Patient Insurance 
Feb 23, 2011@13:24:18
Table: Insured Person's Information (use Subscriber Update Action)

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Table: Insurance Company ID Numbers (use Subscriber Update Action)

| Subscriber Primary ID: | 543252 |

Table: Plan Coverage Limitations

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<td></td>
</tr>
<tr>
<td></td>
<td>08/02/2007</td>
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<td></td>
</tr>
<tr>
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<td>06/19/2007</td>
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<td>04/13/2007</td>
<td>YES</td>
<td></td>
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<td></td>
<td>01/08/2007</td>
<td>YES</td>
<td></td>
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<td>YES</td>
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<tr>
<td>MENTAL HEALTH</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>08/04/2008</td>
<td>YES</td>
<td></td>
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<td></td>
<td>07/11/2008</td>
<td>YES</td>
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</tr>
<tr>
<td></td>
<td>06/26/2008</td>
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<tr>
<td></td>
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<td>YES</td>
<td></td>
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<tr>
<td></td>
<td>01/28/2008</td>
<td>YES</td>
<td></td>
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<td>10/12/2007</td>
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<td>YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>06/17/2006</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>
LONG TERM CARE

User Information
Entered By: ELLZEY, LINDA
Entered On: 10/12/07
Last Verified By: ELLZEY, LINDA
Last Verified On: 02/07/08
Last Updated By: ELLZEY, LINDA
Last Updated On: 04/15/09

Insurance Contact (last)
Person Contacted: 
Method of Contact: PHONE
Contact's Phone: 
Call Ref. No.: 
Contact Date: APR 15, 2009

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: 10/18/63  Subsc ID:

TPJI - Claim Information
Feb 08, 2011@14:36:24
Page: 1 of 1
K90007We ECMEPATIENT,ONE 04529
DOB: 10/18/63  Subsc ID:

Claim Information

Insurance Demographics
Bill Payer: BLUE MOON INSURANCE
Claim Address: 321 MOON DRIVE
BIRMINGHAM, AL 35209
Claim Phone:

Subscriber Demographics
Group Number: 10001
Group Name: T-GROUP1
Subscriber ID:
Employer: USA ARMY CONSULTANTS
Insured's Name: ECMEPATIENT,ONE
Relationship: PATIENT

Claim Information

Bill Type: OUTPATIENT
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
PurchSvc: NO
ECME No: 1615253
ECME Ap No: WEBMD: PAID
NPI: 1164471991
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

Page: 1 of 1
K90007We  ECMEPATIENT,ONE  04529  DOB: 10/18/63  Subsc ID:
AR Status: ACTIVE  Orig Amt: 68.20  Balance Due: 10.00

Total Collected:  58.20

TPJI - AR Comment History

No Comment Transactions Exist For This Account.

TPJI - ECME Claim Information

ECME Claim Information

Page: 1 of 1
K90007We  ECMEPATIENT,ONE  04529  DOB: 10/18/63  Subsc ID:

ECME No: 1615253  Pharmacy NPI: 1164471991
ECME Ap No: WEBMD: PAID  Provider NPI: No NPI on file
Rx No: 2055346 / 1  Fill Date: 02/25/09
Drug Name: TAMOXIFEN CITRATE 10MG TAB  NDC #: 00378-0144-91
Billed Amt:  68.20  COB: Primary
IB Status: CANCELLED (02/25/09) Reason: ECME PRESCRIPTION REVERSED

Payment Information

Expected Payment Amount: 58.20
Ingredient Cost Reim Amt: 0.00  Dispensing Fee Reim Amt: 0.00

Patient Responsibility Amounts

Deductible: 0.00  Coinsurance: 0.00  Amount of Copay: 0.00
Coverage Gap: 0.00  Processor Fee: 0.00  Exceed Benefit Max: 0.00
Health Plan-funded Assistance Amount: 0.00

Product Selection Amounts

Prod Sel Amt: 0.00  Prod Sel /Non-Pref Formulary: 0.00
Prod Sel/Brand Drug: 0.00  Prod Sel/Brand Non-Pref Formulary: 0.00
Provider Network Adj: 0.00

No COB/Other Payer Data on file in the ECME Response.

ELIGIBILITY STATUS DATA, SCREEN <7>

ECMEPATIENT,ONE; 666-20-4589  ACTIVE DUTY

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: 43243222
Folder Loc.: ALBUQUERQUE
<2> Aid & Attendance: NO
    VA Pension: NO
    Total Check Amount: NOT APPLICABLE
    GI Insurance: NO
<3> Primary Elig Code: SC LESS THAN 50%
    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

ECMEPATIENT,ONE; 666-20-4589

<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%:
    Rated Disability
    Extr Eff Dt Eff Dt
    NONE STATED
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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:

<table>
<thead>
<tr>
<th>#</th>
<th>RX</th>
<th>FILL</th>
<th>FILL DATE</th>
<th>PATIENT</th>
<th>BPS PHARMACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>908955</td>
<td>1</td>
<td>03/01/06</td>
<td>ECMEpatient,One</td>
<td>ANC</td>
</tr>
<tr>
<td>2</td>
<td>909225</td>
<td>1</td>
<td>03/04/06</td>
<td>ECMEpatient,Two</td>
<td>ANC</td>
</tr>
<tr>
<td>3</td>
<td>41581</td>
<td>0</td>
<td>03/04/06</td>
<td>ECMEpatient,Three</td>
<td>ANC</td>
</tr>
</tbody>
</table>
```
(This page included for two-sided copying.)
## 10 Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accredited Standards Committee (ASC)</td>
<td>An organization that has been accredited by American National Standards Institute (ANSI) for the development of American National Standards.</td>
</tr>
<tr>
<td>Administrative Code Sets</td>
<td>Code sets that characterize a general business situation rather than a medical condition or service.</td>
</tr>
<tr>
<td>Administrative Simplification (A/S)</td>
<td>Title II, Subtitle F, of HIPAA, which gives the Department Of Health And Human Services (DHHS) the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information.</td>
</tr>
<tr>
<td>American Medical Association (AMA)</td>
<td>A professional association that represents the voice of the American medical profession and constitutes the partnership of physicians and their professional associations dedicated to promoting the art and science of medicine and the betterment of public health.</td>
</tr>
<tr>
<td>American National Standards (ANS)</td>
<td>Standards developed and approved by organizations accredited by ANSI.</td>
</tr>
<tr>
<td>American National Standards Institute (ANSI)</td>
<td>An organization that accredits various standards-setting committees, and monitors their compliance with the open rule-making process that they must follow to qualify for ANSI accreditation.</td>
</tr>
<tr>
<td><strong>American Society for Testing and Materials (ASTM)</strong></td>
<td>A standards group that has published general guidelines for the development of standards, including those for health care identifiers.</td>
</tr>
<tr>
<td><strong>Back Door</strong></td>
<td>System access via the roll and scroll, character and Mumps based VistA application.</td>
</tr>
<tr>
<td><strong>Blue Cross and Blue Shield Association (BCBSA)</strong></td>
<td>An association that represents the common interest of Blue Cross and Blue Shield health plans. The BCBSA maintains the Claim Adjustment Reason Codes code set.</td>
</tr>
<tr>
<td><strong>Business Model</strong></td>
<td>A model of a business organization or process.</td>
</tr>
<tr>
<td><strong>CHAMPVA Patient</strong></td>
<td>A CHAMPVA patient is a patient that is receiving services due to being eligible for the CHAMPVA health benefits program. His/her CHAMPVA health benefit program will be billed for the prescription.</td>
</tr>
<tr>
<td><strong>Clean Claim</strong></td>
<td>An insurance claim that has no defect, impropriety (including any lack of any substantial documentation) or particular circumstance requiring special treatment that prevents timely payment from being made.</td>
</tr>
<tr>
<td><strong>Clearinghouse</strong></td>
<td>For health care, an organization that translates health care data to or from a standard format.</td>
</tr>
<tr>
<td><strong>Centers for Medicare &amp; Medicaid Services (CMS)</strong></td>
<td>Centers for Medicare &amp; Medicaid Services, formerly Health Care Financing Administration (HCFA). The administration within the Department of Health and Human Services (HHS) that is responsible for the national administration of the Medicaid and Medicare programs.</td>
</tr>
</tbody>
</table>
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.
<table>
<thead>
<tr>
<th><strong>Data Model</strong></th>
<th>A conceptual model of the information needed to support a business function or process.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Set</strong></td>
<td>Under HIPAA, this is &quot;...a semantically meaningful unit of information exchanged between two parties to a transaction.&quot; [45 CFR 162.103]</td>
</tr>
<tr>
<td><strong>Designated Code Set</strong></td>
<td>A medical or administrative code set, which DHHS has designated for use in one or more of the HIPAA standards.</td>
</tr>
<tr>
<td><strong>Designated Data Content Committee or Designated DCC</strong></td>
<td>An organization, which DHHS has designated for oversight of the business data content of one or more of the HIPAA-mandated transaction standards.</td>
</tr>
<tr>
<td><strong>Designated Standard</strong></td>
<td>A standard that DHHS has designated for use under the authority provided by HIPAA.</td>
</tr>
<tr>
<td><strong>Department of Health and Human Services (DHHS) or (HHS)</strong></td>
<td>Per the website address provided below, 'The Department Of Health And Human Services is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.' The website is available at <a href="http://www.os.dhhs.gov/">http://www.os.dhhs.gov/</a>.</td>
</tr>
<tr>
<td><strong>Electronic Commerce (EComm)</strong></td>
<td>The exchange of business information by electronic means.</td>
</tr>
<tr>
<td><strong>Electronic Data Interchange (EDI)</strong></td>
<td>The transfer of data between different companies using networks, such as the Internet. As more and more companies are connected to the Internet, EDI is becoming increasingly important as an industry standard for companies to buy, sell, and trade information. ANSI has approved a set of EDI standards known as the X12 standards.</td>
</tr>
</tbody>
</table>
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.

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]

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 a number of changes that have the goal of allowing persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191. |
| **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**

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.

**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]

**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.
<p>| <strong>Memorandum of Understanding (MOU)</strong> | A document providing a general description of the kinds of responsibilities that are to be assumed by two or more parties in their pursuit of some goal(s). More specific information may be provided in an associated Statement Of Work (SOW). |
| <strong>Modify or Modification</strong> | Under HIPAA, refers to &quot;a change adopted by the Secretary, through regulation, to a standard or an implementation specification.&quot; [45 CFR 160.102] |
| <strong>National Center for Health Statistics (NCHS)</strong> | An administration of HHS and CDC that oversees ICD coding. |
| <strong>National Council for Prescription Drug Programs (NCPDP)</strong> | An ANSI-accredited group that maintains a number of standard formats for use by the retail pharmacy industry, some of which are included in the HIPAA mandates. |
| <strong>National Drug Code (NDC)</strong> | A medical code set that has been selected for use in the HIPAA transactions. |
| <strong>National Employer ID</strong> | A system for uniquely identifying all sponsors of health care benefits. |
| <strong>National Patient ID</strong> | A system for uniquely identifying all recipients of health care services. |
| <strong>National Payer ID</strong> | A system for uniquely identifying all organizations that pays for health care services. Also known as Health Plan ID or Plan ID. |
| <strong>National Provider File (NPF)</strong> | The database envisioned for use in maintaining a national provider registry. |
| <strong>National Provider ID</strong> | A system for uniquely identifying all providers of health care services, supplies, and equipment. |
| <strong>National Provider Registry</strong> | The organization envisioned for assigning the National Provider IDs. |</p>
<table>
<thead>
<tr>
<th><strong>National Provider System (NPS)</strong></th>
<th>The administrative system envisioned for supporting a national provider registry.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Standard Format (NSF)</strong></td>
<td>Generically, this applies to any national standard format, but it is often used in a more limited way to designate the Professional EMC NSF, a 320-byte flat file record format used to submit professional claims.</td>
</tr>
<tr>
<td><strong>National Uniform Billing Committee (NUBC)</strong></td>
<td>The committee established by the American Hospital Association (AHA) to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling health care claims.</td>
</tr>
<tr>
<td><strong>NCPDP Batch Standard</strong></td>
<td>An NCPDP standard designed for use by low-volume dispensers of pharmaceuticals, such as nursing homes. Version 1.0 of this standard has been mandated under HIPAA.</td>
</tr>
<tr>
<td><strong>NCPDP Telecommunication Standards</strong></td>
<td>An NCPDP standard designed for use by high-volume dispensers of pharmaceuticals, such as retail pharmacies. Version D0 is the transaction standard under HIPAA.</td>
</tr>
<tr>
<td><strong>Non-Formulary Drugs</strong></td>
<td>The medications, which are defined as commercially available drug products not included in the VA National Formulary.</td>
</tr>
</tbody>
</table>
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).
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 are not currently maintained by the software but are established for future iterations of system development related to Billing Aware.

Potentially Billable Event

A service, which 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 his/her designated representatives. [45 CFR 160.103].
<table>
<thead>
<tr>
<th><strong>Segment</strong></th>
<th>Under HIPAA, this is &quot;...a group of related data elements in a transaction&quot;. [45 CFR 162.103]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
<td>Medical care and items such as medical diagnosis and treatment, drugs and biologicals, supplies, appliances, and equipment, medical social services, and use of hospital Regional Primary Care Hospital (RPCH) or Skilled Nursing Facility (SNF) facilities.</td>
</tr>
<tr>
<td><strong>Standard</strong></td>
<td>Under HIPAA, this is &quot;... a prescribed set of rules, conditions, or requirements describing the following information for products, systems, services or practices (1) Classification of components, (2) Specification of Materials, performance or operations, (3) Delineation of procedures. [45 CFR 160.103]</td>
</tr>
<tr>
<td><strong>Standard Setting Organization (SSO)</strong></td>
<td>Under HIPAA, this is &quot;...an organization accredited by ANSI that develops and maintains standards for information transactions or data elements, or any other standard that is necessary for, or will facilitate the implementation of this part.&quot; [45 CFR 160.103]</td>
</tr>
<tr>
<td><strong>Standard Transaction</strong></td>
<td>Under HIPAA, this is &quot;... a transaction that complies with the applicable standard adopted under this part.&quot; [45 CFR 162.103]</td>
</tr>
<tr>
<td><strong>Statement of Work (SOW)</strong></td>
<td>A document describing the specific tasks and methodologies that will be followed to satisfy the requirements of an associated contract or MOU.</td>
</tr>
<tr>
<td><strong>Third Party Administrator (TPA)</strong></td>
<td>An entity that processes health care claims and performs related business functions for a health plan.</td>
</tr>
<tr>
<td><strong>Third (3rd) Party Claims Transaction</strong></td>
<td>Health care insurance claims submitted to an entity for reimbursement of health care bills. Under HIPAA, this is &quot;...the exchange of information between two parties to carry out financial or administrative activities related to health care.&quot; [45 CFR 160.103]</td>
</tr>
<tr>
<td><strong>TRICARE Patient</strong></td>
<td>A TRICARE patient is a patient that is receiving services due to being covered by TRICARE. His/her TRICARE insurance will be billed for the prescription.</td>
</tr>
<tr>
<td><strong>UB-92</strong></td>
<td>A uniform institutional claim form developed by the National Uniform Billing Committee (NUBC) that has been in use since 1993.</td>
</tr>
<tr>
<td><strong>Unstructured Data</strong></td>
<td>This term usually refers to data that is represented as free-form text, as an image, etc., where it is not practical to predict exactly what data will appear where.</td>
</tr>
<tr>
<td><strong>‘Verify’ a Prescription</strong></td>
<td>After a prescription order has been ‘Finished’ the prescription must be ‘Verified’ by an authorized VistA user, through the administration of the system security key SOP. This is a critical step in the process of generating an electronic claim.</td>
</tr>
<tr>
<td><strong>Veterans Health Information Systems and Technology Architecture (VistA)</strong></td>
<td>Acronym for Veterans Health Information Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).</td>
</tr>
<tr>
<td><strong>Workgroup for Electronic Data Interchange (WEDI)</strong></td>
<td>A health care industry group that lobbied for HIPAA A/S, and that has a formal consultative role under the HIPAA legislation.</td>
</tr>
</tbody>
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# Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AITC</td>
<td>Austin Information Technology Center</td>
</tr>
<tr>
<td>ADPAC</td>
<td>Automated Data Processing Application Coordinator</td>
</tr>
<tr>
<td>AMA</td>
<td>American Medical Association</td>
</tr>
<tr>
<td>ANS</td>
<td>American National Standards</td>
</tr>
<tr>
<td>ANSI</td>
<td>American National Standards Institute</td>
</tr>
<tr>
<td>A/S</td>
<td>Administrative Simplification</td>
</tr>
<tr>
<td>ASC</td>
<td>Accredited Standards Committee</td>
</tr>
<tr>
<td>ASTM</td>
<td>American Society for Testing and Materials</td>
</tr>
<tr>
<td>BCBSA</td>
<td>Blue Cross and Blue Shield Association</td>
</tr>
<tr>
<td>CDES</td>
<td>ECME User Screen</td>
</tr>
<tr>
<td>CMOP</td>
<td>Consolidated Mail Outpatient Pharmacy</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid</td>
</tr>
<tr>
<td>COB</td>
<td>Coordination of Benefits</td>
</tr>
<tr>
<td>DD</td>
<td>Data Dictionary</td>
</tr>
<tr>
<td>DEA</td>
<td>Drug Enforcement Administration</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>DUR</td>
<td>Drug Utilization Review</td>
</tr>
<tr>
<td>ECME</td>
<td>Electronic Claims Management Engine</td>
</tr>
<tr>
<td>EComm</td>
<td>Electronic Commerce</td>
</tr>
<tr>
<td>EDI</td>
<td>Electronic Data Interchange</td>
</tr>
<tr>
<td>FILEMAN</td>
<td>VistA FileMan</td>
</tr>
<tr>
<td>GUI</td>
<td>Graphical User Interface</td>
</tr>
<tr>
<td>HCFA</td>
<td>Health Care Financing Administration</td>
</tr>
<tr>
<td>HCPCS</td>
<td>HCFA Common Procedural Coding System</td>
</tr>
<tr>
<td>HFMA</td>
<td>Healthcare Financial Management Association</td>
</tr>
<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>HIAA</td>
<td>Health Insurance Association of America</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HL7</td>
<td>Health Level Seven</td>
</tr>
<tr>
<td>HPID</td>
<td>Health Plan Identifier</td>
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<tr>
<td>IB</td>
<td>Integrated Billing</td>
</tr>
<tr>
<td>ICD</td>
<td>International Classification of Disease</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>International Classification of Disease, 9th revision, Clinical Modification</td>
</tr>
<tr>
<td>ICD-9-PCS</td>
<td>International Classification of Disease, 9th revision, Procedure Coding System</td>
</tr>
<tr>
<td>IG</td>
<td>Implementation Guide</td>
</tr>
<tr>
<td>IRMS</td>
<td>Information Resources Management Service</td>
</tr>
<tr>
<td>ISO</td>
<td>International Standards Organization</td>
</tr>
<tr>
<td>JCAH</td>
<td>Joint Commission on Accreditation of Healthcare Organizations</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NCHS</td>
<td>National Center for Health Statistics</td>
</tr>
<tr>
<td>NCPDP</td>
<td>National Council for Prescription Drug Programs</td>
</tr>
<tr>
<td>NDC</td>
<td>National Drug Code</td>
</tr>
<tr>
<td>NDF</td>
<td>National Drug File</td>
</tr>
<tr>
<td>NOI</td>
<td>Notice of Intent</td>
</tr>
<tr>
<td>NPF</td>
<td>National Provider File</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>NPRM</td>
<td>Notice of Proposed Rulemaking</td>
</tr>
<tr>
<td>NPS</td>
<td>National Provider System</td>
</tr>
<tr>
<td>NSF</td>
<td>National Standard Format</td>
</tr>
<tr>
<td>NUBC</td>
<td>National Uniform Billing Committee</td>
</tr>
<tr>
<td>OEID</td>
<td>Other Entity Identifier</td>
</tr>
<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>OPECC</td>
<td>Outpatient Pharmacy Electronic Claims Coordinator</td>
</tr>
<tr>
<td>OSI</td>
<td>Open System Interconnection</td>
</tr>
<tr>
<td>OTC</td>
<td>Over the Counter</td>
</tr>
<tr>
<td>POS</td>
<td>Point of Sale</td>
</tr>
<tr>
<td>SOW</td>
<td>Statement of Work</td>
</tr>
<tr>
<td>SSO</td>
<td>Standard Setting Organization</td>
</tr>
<tr>
<td>TPA</td>
<td>Third Party Administration</td>
</tr>
<tr>
<td>VA</td>
<td>Department of Veterans Affairs</td>
</tr>
<tr>
<td>VAMC</td>
<td>Department of Veterans Affairs Medical Center</td>
</tr>
<tr>
<td>VHA</td>
<td>Veterans Health Administration</td>
</tr>
<tr>
<td>VistA</td>
<td>Veterans Health Information Systems and Technology Architecture</td>
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<tr>
<td>WEDI</td>
<td>Workgroup for Electronic Data Interchange</td>
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