ELECTRONIC CLAIMS MANAGEMENT ENGINE (ECME)
Version 1.0

USER MANUAL

August 2017

Department of Veterans Affairs
Office of Information and Technology (OIT)
Product Development
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<td>Sookie Spence</td>
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<td>08/2010</td>
<td>Updated for BPS<em>1</em>8 and Addendum</td>
<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>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>
<td>Nancy Smith</td>
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1 Introduction

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

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

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

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

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

The ECME User Manual consists of the following sections.

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

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

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

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

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

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

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

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

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

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

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

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

2.1 Working with the ECME User Manual

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

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

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

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

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

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

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

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

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

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

### 2.2 Obtaining Online Help

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

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

- Enter a single question mark (?) at a field/prompt to obtain a brief description:
  
  (A) If a field is a pointer, entering one question mark (?) displays the HELP PROMPT field contents and a list of choices, if the list is short.
  
  (B) If the list is long, the system will ask you if the entire list should be displayed. A **Y** 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/).
ECME Menu Structures

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

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

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

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

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

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

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

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

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

3.4 Pharmacy ECME Manager Menu Structure

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

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

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. The OPECC Productivity Report will only display if the user holds the BPS SUPERVISOR KEY.

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

| SPA | Spending Account Report             |

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

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

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

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

Select Core Applications Option: ?

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

Select Core Applications Option: BPS ECME
(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 5.1, and specify preferences to be displayed on the screen. The system will then default to these settings and display current information about active patients and prescriptions for the timeframe requested.

Example 5-1: Accessing the ECME User Screen Option

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

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

Select ECME Option: U ECME User Screen
Please wait...
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><strong>PHARMACY ECME</strong></td>
<td><strong>SELECTED DIVISION(S): ALL</strong> Transmitted by ALL users</td>
<td><strong>Activity Date Range: within the past 10 day(s)</strong> Sorted by: Transaction date by default</td>
<td><strong>CV</strong> Change View <strong>REV</strong> Reverse Payable Claim <strong>FR</strong> Further Research <strong>SO</strong> Sort List <strong>RES</strong> Resubmit Claim <strong>VER</strong> View ePharmacy Rx <strong>CMT Add/View Comments</strong></td>
</tr>
</tbody>
</table>
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>
</tbody>
</table>

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

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.
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 06/24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101297</td>
<td>1</td>
<td>/000000001653</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| LOC /BillTYPE /RXStatus /Release Status |
| M/ RT/ DS /N |

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

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

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

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>+</th>
<th>Enter ?? for more actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV</td>
<td>Change View</td>
</tr>
<tr>
<td>REV</td>
<td>Reverse Payable Claim</td>
</tr>
<tr>
<td>FR</td>
<td>Further Research</td>
</tr>
<tr>
<td>S0</td>
<td>Sort List</td>
</tr>
<tr>
<td>RES</td>
<td>Resubmit Claim</td>
</tr>
<tr>
<td>VER</td>
<td>View ePharmacy Rx</td>
</tr>
<tr>
<td>CMT</td>
<td>Add/View Comments</td>
</tr>
<tr>
<td>CLO</td>
<td>Close Claim</td>
</tr>
<tr>
<td>WRK</td>
<td>Send to Worklist</td>
</tr>
</tbody>
</table>

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

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
FS   Print Screen
PL   Print List
SL   Search List
ADPL Auto Display(On/Off)
Q    Quit

Press RETURN to continue or '^' to exit:

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

Enter RETURN to continue or '^' to exit:

The following actions are not available for non-billable entries: REV Reverse Payable Claim, CLO Close Claim, LOG Print Claim Log, WRK Send to Worklist, ROC Reopen Closed Claims, RED Resubmit Claim w/EDITS, RER Resubmit Claim w/o Reversal, and RH Release Copay (On FR Further Research).

After selecting an action, a prompt may display for the user to select an item from the ECME User screen. If the action requires the user to select a patient line, the system will default a value of 1 for the item prompt if there is only one patient displayed. If the action requires the user to select a claim line, the system will default a value of 1.1 for the prompt if there is only one claim displayed.

5.1 Change View

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

The action is accessed by entering CV at the “Select Action:” prompt on the ECME User Screen. The system gives you the option to “SAVE” these selections as your “preferred view”.

20 Electronic Claims Management Engine V. 1.0 April 2006
User Manual Revised August 2016
### Example 5.1-1: Accessing the Change View Action

**PHARMACY ECME**  
**Apr 26, 2006@11:44:45**  
**Page: 1 of 2**

**SELECTED DIVISION(S): ALL**

Transmitted by **ALL users**  
Activity Date Range: within the past 10 day(s)

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>ECMepatient,Two (XXXX) WEBMD TE/ VET</td>
<td>Pb:1 Rj:0 AcRv:0 RjRv:1</td>
<td>ALL payable</td>
</tr>
<tr>
<td>6.1</td>
<td>Furosemide 10mg/m</td>
<td>00641-2312-25 04/18 100004065</td>
<td>0/000000504691 W RT AC/R</td>
</tr>
<tr>
<td>6.2</td>
<td>Cholestyramine 4g</td>
<td>00087-0580-01 04/19 100004066</td>
<td>0/000000504692 W RT AC/R</td>
</tr>
</tbody>
</table>

- 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 | Pb:1 Rj:0 AcRv:0 RjRv:1 | ALL payable |
| 7.1 | Albuterol Inhaler | 55555-4444-22 04/26 100003744 | 0/000000504304 W RT AC/R |
| 7.2 | Acetylcysteine 20 | 00087-0570-09 04/21 100004054 | 0/000000504677 W RT AC/R |

- p-Payable

| 8 | ECMepatient,Three (XXXX) WEBMD TE/ VET | Pb:1 Rj:0 AcRv:0 RjRv:1 | ALL payable |
| + | Enter ?? for more actions | | |

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

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

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

**Example 5.1-2: Selecting Views by Division**

Select one of the following:

- D     DIVISION
- A     ALL

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

Selected:

Select ECME Pharmacy Division(s): BAY PINES

BAY PINES

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

**Example 5.1-3: Selecting Views by Eligibility Type**

Select one of the following:

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

Select 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 5.1-4: 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          UO PHARMACIST
2. ECMEuser,Two          UTW PHARMACIST
3. ECMEuser,Three        UTH PHARMACIST

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

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

Select one of the following:

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

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

Select Patient: ECMEpatient,ONE// ECME

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEpatient,One</td>
<td>1-1-65</td>
</tr>
<tr>
<td>2</td>
<td>ECMEpatient,Two</td>
<td>1-1-65</td>
</tr>
<tr>
<td>3</td>
<td>ECMEpatient,Three</td>
<td>1-1-68</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 5.1-6: Selecting Views from Entries for One Prescription**

Select one of the following:

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

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

Select one of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>DAYS</td>
</tr>
<tr>
<td>H</td>
<td>HOURS</td>
</tr>
</tbody>
</table>

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 5.1-8: 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 5.1-9: 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

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

**Example 5.1-10: Selecting Types of Entries**

Select one of the following:

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

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

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

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

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

Select one of the following:

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

Select Submission Type: A// <Enter> LL

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

**Example 5.1-12: 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

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

**Example 5.1-13: 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

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

Example 5.1-14: Selecting Views of CMOP Claims
Select one of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>CMOP</td>
</tr>
<tr>
<td>M</td>
<td>MAIL</td>
</tr>
<tr>
<td>W</td>
<td>WINDOW</td>
</tr>
<tr>
<td>A</td>
<td>ALL</td>
</tr>
</tbody>
</table>

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

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

Example 5.1-15: Selecting Views of Bill Types
Select one of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>REALTIME</td>
</tr>
<tr>
<td>B</td>
<td>BACKBILLS</td>
</tr>
<tr>
<td>P</td>
<td>PRO OPTION</td>
</tr>
<tr>
<td>S</td>
<td>RESUBMISSION</td>
</tr>
<tr>
<td>A</td>
<td>ALL</td>
</tr>
</tbody>
</table>

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

(O) 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 5.1-16: Selecting Views of One Reject Code
Select one of the following:

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

Display Specific (R)eject Code or (A)LL: A// REJECT CODE
Select Reject Code: 29 M/I Number Refills Authorized

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

Example 5.1-17: Selecting Views by a Specific Insurance Company
Select one of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>SPECIFIC INSURANCES(S)</td>
</tr>
<tr>
<td>A</td>
<td>ALL</td>
</tr>
</tbody>
</table>

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
(Q) 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 5.1-18: Entering “Y” to Save Selections as User’s Preferred View

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

Update screen...

5.2 Sort List

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

Sort Order (Defaults):

<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 5.2-1: Accessing the Sort List Option

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

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

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

Select one of the following:

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

ENTER SORT TYPE: P// PATIENT NAME

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

Select one of the following:

Y   YES
N   NO

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

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

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

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

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

<table>
<thead>
<tr>
<th>SELECTED DIVISION(S): ALL</th>
<th>Transmitted by ALL users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Date Range: within the past 10 day(s)</td>
<td>Sorted by: Patient Name</td>
</tr>
<tr>
<td>PATIENT/DRUG/COMMENTS</td>
<td>INSURANCE/NDC/RX#/ECME#</td>
</tr>
<tr>
<td>LOC/TYP RXINF 7</td>
<td>ECMEpatient,One (XXXX) WEBMD TE/ VET ALL payable</td>
</tr>
<tr>
<td>7.1 ALBUTEROL INHALER 55555-4444-22 08/08 100003744$ 0/000000504304 W RT AC/R p-Payable</td>
<td></td>
</tr>
<tr>
<td>7.2 ACETYLCYSTEINE 20 00087-0570-09 08/01 100004054$ 0/000000504677 W RT AC/N p-Payable</td>
<td></td>
</tr>
<tr>
<td>+ Enter ?? for more actions</td>
<td></td>
</tr>
<tr>
<td>CV Change View</td>
<td>REV Reverse Payable Claim</td>
</tr>
<tr>
<td>SO Sort List</td>
<td>RES Resubmit Claim</td>
</tr>
<tr>
<td>CMT Add/View Comments</td>
<td>CLO Close Claim</td>
</tr>
<tr>
<td>Select Action: Next Screen// REV Reverse Payable Claim</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

Example 5.3-4: Typing Text for Required Reversal Reason

You've chosen to REVERSE the following prescription for ECMEpatient,Six
7.1 ALBUTEROL INHALER 55555-4444-22 02/28 100003744$ 0/000000504304 W RT AC/R
(D) The system asks if you are sure you want to continue with the transaction. You can answer **Y** or **N**. If you type in **Y**, the claim reversal request is submitted.

**Example 5.3-5: Entering “Y” to Continue Claim Reversal Request**

Enter **REQUIRED REVERSAL REASON**: Drug is only billable through CMOP

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

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

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

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: ??

Choose from:
1. NOT INSURED
2. SC TREATMENT
3. AGENT ORANGE
4. IONIZING RADIATION
5. SOUTHWEST ASIA
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
87. RX PRIOR AUTH NOT OBTAINED
88. RX MEDICARE PART D
89. RX DISCOUNT CARD
91. DATE OF BIRTH MISMATCH
999. OTHER

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: 2 SC TREATMENT

Comment: RX IS FOR SC CONDITION

Are you sure (Y/N)? YES

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

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

Example 5.3-7: Claim Reversal Request is Submitted

Processing Primary claim...

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

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

Example 5.3-8: Accepted Payable Claim Reversal Request

PHARMACY ECME                 Aug 10, 2005@10:31:22          Page:   18 of   42
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past XX day(s)
+ PATIENT/DRUG/COMMENTS INSURANCE/NDC/RX#/ECME# LOC/TYP RXINF
7 ECMEPatient,Sixx (XXXX) WEBMD TE/ VET ALL payable
7.1 ALBUTEROL INHALER 55555-4444-22 02/28 100003744$ 0/00000054304 W RT DS/R
p-Reversal Accepted

5.4 Resubmit Claim

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

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

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

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

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

PHARMACY ECME                 Jul 22, 2008@14:41:55               Page:    1 of   29
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
+# PATIENT/DRUG/COMMENTS INSURANCE/NDC/DOS/RX#/ECME# LOC/TYP RXINF
1 ECMEpatient,One  (XXXX) OPIINSUR1/ VET Pb:2 Rj:4 AcRv:4 RjRv:0
1.1 RESERPINE 0.1MG S 00083-0035-40 07/19 100598$ 1/000000000520 W RT AC/N
p-In progress- Waiting to start
1.2 LIDOCAINE 0.5% W/ 00186-0140-01 07/19 100704$ 1/000000000623 W RT AC/N
p-In progress- Transmitting
1.3 IMIPRAMINE 25MG T 00779-0588-30 07/19 100820$ 1/000000000740 W RT **/N
p-Rejected
07:M/I Cardholder ID
1.4 FLURAZEPAM 15MG C 00781-2806-05 07/18 100948$ 0/000000000870 W RT **/N
p-Rejected
07:M/I Cardholder ID
1.5 DACARBAZINE 100MG 00026-8151-10 07/21 100958$ 2/000000000880 W RT **/N
p-Reversal accepted
+ Enter ?? for more actions
CV Change View REV Reverse Payable Claim FR Further Research
SO Sort List RES Resubmit Claim VER View ePharmacy Rx
CMT Add/View Comments CLO Close Claim WRK Send to Worklist
Select Action: Next Screen// res Resubmit Claim

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

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

Select item(s): 1.5

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

Example 5.4-3: Resubmitting a Closed Claim

You've chosen to RESUBMIT the following prescription

1.2 AMITRIPTYLINE HCL 00603-2212-32 10/11 2056098 0/000001616051 M RT DS/N
Are you sure?(Y/N)? y YES

>> Cannot Resubmit

1.2 AMITRIPTYLINE HCL 00603-2212-32 10/11 2056098 0/000001616051 M RT DS/N
because the claim is Closed. Reopen the claim and try again.

0 claims have been resubmitted.

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

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

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

The claim:

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

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

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

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

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

**Example 5.4-6: Entering “Y” to Place Multiple Submissions in the Queue**
The claim is in progress. The request will be scheduled and processed after the previous request(s) are completed. Please be aware that the result of the resubmit depends on the payer's response to the prior incomplete requests.
Do you want to proceed? (Y/N)? **Y** YES

**Example 5.4-7: Displaying a Successfully Resubmitted Claim**
Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E PAYABLE
Veteran Prescription 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...

**Example 5.4-8: Displaying the Claim Status after a Resubmission**

<table>
<thead>
<tr>
<th>PHARMACY ECME</th>
<th>Jul 12, 2008@14:42:46</th>
<th>Page: 1 of 29</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</td>
</tr>
<tr>
<td>Transmitted by ALL users</td>
<td></td>
<td></td>
</tr>
<tr>
<td># PATIENT/DRUG/COMMENTS</td>
<td>INSURANCE/NDC/DOS/RX#/ECME#</td>
<td>LOC/TYP RXINF</td>
</tr>
<tr>
<td>1 ECEpatient,One (XXXX)</td>
<td>OPINSUR1/</td>
<td>VET Pb:2 Rj:4 AcRv:4 RjRv:0</td>
</tr>
<tr>
<td>1.1 RESERPINE 0.1MG S</td>
<td>00083-0035-40 07/09 100598$</td>
<td>1/00000000520 W RT AC/N</td>
</tr>
<tr>
<td>p-In progress- Waiting to start</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 LIDOCAINE 0.5% W/</td>
<td>00186-0140-01 07/09 100704$</td>
<td>1/00000000623 W RT AC/N</td>
</tr>
<tr>
<td>p-In progress- Waiting to start</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 IMIPRamine 25MG T</td>
<td>00779-0588-30 07/09 100820$</td>
<td>1/00000000740 W **/N</td>
</tr>
<tr>
<td>p-Rejected</td>
<td>07:M/I Cardholder ID</td>
<td></td>
</tr>
<tr>
<td>1.4 FLURAZEPAM 15MG C</td>
<td>00781-2806-05 07/08 100948$</td>
<td>0/00000000870 W RT **/N</td>
</tr>
<tr>
<td>p-Rejected</td>
<td>07:M/I Cardholder ID</td>
<td></td>
</tr>
<tr>
<td>1.5 DACARBAZINE 100MG</td>
<td>00026-8151-10 07/07 100958$</td>
<td>2/00000000880 W **/N</td>
</tr>
<tr>
<td>p-Payable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
+ Enter ?? for more actions    |                       |              |
CV Change View                  | REV Reverse Payable Claim FR Further Research |

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5.5 Close Claim

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

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

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

Enter the line numbers for the claim(s) to be closed.
Select item(s): 1.1/

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

1.1 ABACAVIR SULFATE 00173066101 07/15 0000#0/00000###7412 M RT SU/N
07/15/14 - IGNORED - test of cmop
p-Rejected
NN:Transaction Rejected At Switch Or Intermediary
NC16-The clearinghouse did not reply in time.

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

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

The Prescription is currently open in the pharmacist’s Third Party Payer Reject Worklist. The claim cannot be closed until action is taken by the pharmacist.
The CLOSE action cannot be applied to the secondary claim if the primary claim has already been closed. The secondary claim is considered closed when the primary claim is closed.

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

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

PHARMACY ECME                     Aug 02, 2005@12:19         Page: 1 of 70
SELECTED DIVISION(S): ALL
Transmitted by ALL users         Activity Date Range: within the past 10 day(s)        Sorted by: Patient Name
#   PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#                 LOC/TYP RXINF
7   ECMEpatient,Two (XXXX) WEBMD /                     VET  Pb:3 Rj:1 AcRv:0 RjRv:0
  7.1   DESIPRAMINE 25MG T 00068-0011-10 08/02 100003962$  0/00000504559 W RT **/N
        p-Rejected
        07:M/I Cardholder ID Number
        22:M/I Dispense As Written(DAW)/Product Selection Code
        34:M/I Submission Clarification Code
  
7.2   CODEINE SULFATE 30 00002-1010-02 08/02 10082$      0/00000504561 W RT EX/N
        p-Rejected
        07:M/I Cardholder ID Number
        23:M/I Ingredient Cost Submitted
8   ECMEpatient,Two (XXXX) WEBMD /                     VET  ALL payable
  8.1  TESTOSTERONE ENTH. 00003-0328-40 07/30  909238$     0/000001105472 M RT AC/N
        p-Payable
+        Enter ?? for more actions

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

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

You've chosen to close the following prescription(s) for
ECMEpatient,Two:
  
7.1   DESIPRAMINE 25MG T 00068-0011-10 03/20 100003962$  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 5.5-3: Listing Non-Billable Reason Codes

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: ??

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

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

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

Example 5.5-4: Entering a Comment and Answering ‘Are You Sure?’ Question
Comment: ECME Reject: Insurance does not cover Rxs
Are you sure?(Y/N)? YES

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

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

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

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

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

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

Example 5.5.1-1: Closing a Prescription

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Start Date</th>
<th>End Date</th>
<th>Amount</th>
<th>Claim Ref</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>COLCHICINE 0.6MG</td>
<td>00074378101</td>
<td>06/24</td>
<td>101297$</td>
<td>1/00000001653</td>
<td>MRT DS/N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Are you sure?(Y/N)? YES

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: OTHER

Select one of the following:

N NON-BILLABLE
D DROP TO PAPER

Treat as (N)on-Billable Episode or (D)rop Bill to Paper?: NON-BILLABLE
Comment : Insurance does not cover Rxs
Release Patient CoPay(Y/N)? YES
Are you sure?(Y/N)? NO
Example 5.5.1-2: Entering Non-Billable Episode for Reason Code 31

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

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

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

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

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

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

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

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

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

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

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

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

Updating screen for closed claims...

(E) The closed claim transaction may no longer be displayed with the patient’s other prescription line items depending on the filters set in Change View. The system will notify Integrated Billing of the closed claim so that Claims Tracking can be updated.
5.5.2 Special Notes regarding secondary claims

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

Example 5.5.2-1: Secondary Insurance Notification

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

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

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

5.6 Add/View Comments

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

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

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

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

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

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

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

ADD/VIEW COMMENTS            Jul 02, 2005@22:19               Page:    1 of 1

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

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

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

5.7 Further Research Screen

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

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

Example 5.7-1: Accessing the Further Research Action

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

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

Example 5.7-2: Displaying Multiple Further Research Menu Options

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>STATUS/LOC/TYP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPatient,SIX (XXXX)</td>
<td>OPINSUR2/2055557898 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$</td>
<td>0/00000003119 W RT AC/R</td>
</tr>
<tr>
<td>1.2</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030 10/26 1100336$</td>
<td>0/00000003120 W RT DS/R</td>
</tr>
<tr>
<td>1.3</td>
<td>AMYL NITRITE 0.3M</td>
<td>00223700212 10/27 1100337$</td>
<td>0/00000003122 W RT DS/R</td>
</tr>
<tr>
<td>1.4</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030 10/27 1100339$</td>
<td>0/00000003124 W RT AC/R</td>
</tr>
</tbody>
</table>

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

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

Example 5.7.1-1: Accessing Insurance Details Option

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>STATUS/LOC/TYP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPatient,SIX (XXXX)</td>
<td>OPINSUR2/2055557898 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$</td>
<td>0/00000003119 W RT AC/R</td>
</tr>
<tr>
<td>1.2</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030 10/26 1100336$</td>
<td>0/00000003120 W RT DS/R</td>
</tr>
<tr>
<td>1.3</td>
<td>AMYL NITRITE 0.3M</td>
<td>00223700212 10/27 1100337$</td>
<td>0/00000003122 W RT DS/R</td>
</tr>
<tr>
<td>1.4</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030 10/27 1100339$</td>
<td>0/00000003124 W RT AC/R</td>
</tr>
</tbody>
</table>
(B) While in Patient Insurance Info View/Edit, you will have access to all of the actions at the bottom of the Insurance Screen. When you enter QUIT, the system will return to the Further Research Screen.

Example 5.7.1-2: Displaying Insurance Details Actions

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

<table>
<thead>
<tr>
<th>Insurance Co. 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 01/01/00</td>
</tr>
</tbody>
</table>

Enter ?? for more actions >>>

Select Action: Quit// QUIT

5.7.2 View Eligibility

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

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

Example 5.7.2-1: Accessing View Eligibility Option

FURTHER RESEARCH SCREEN Nov 03, 2010@15:27:54 Page:  1 of  30
SELECTED DIVISION(S): ALL
Transmitted by ALL users Activity Date Range: within the past 10 day(s)
Sorted by: Transaction date by default
# PATIENT/DRUG/COMMENTS INSURANCE/NDC/DOS/RX#/ECME# STATUS/LOC/TYP/RXINF
1 ECMEpatient,SIX (XXXX) OPINSUR2/2055578988 VET Pb:10 Rj:2 AcRp:0 Rjsp:1
1.1 SIMETHICONE 40MG 02587542934 10/06 1100335$ 0/00000003199 W RT AC/R
p-Rejected
85:Claim Not Processed
NN:Transaction Rejected At Switch Or Intermediary
O2:M/I Version/Release Number
EV117-00 IS INVALID VERSION NUMBER
1.2 TRIAMTERENE 50MG, 00484359030 10/26 1100336$ 0/00000003120 W RT DS/R
p-Reversal Other
1.3 AMYL NITRITE 0.3M 00223700212 10/27 1100337$ 0/00000003122 W RT DS/R
p-Reversal Other
1.4 TRIAMTERENE 50MG, 00484359030 10/27 1100339$ 0/00000003124 W RT AC/R
p-Payable

Enter ?? for more actions

Select item: 1.4

The full set of menu options is available only for users with IB INSURANCE SUPERVISOR and IB INSURANCE COMPANY ADD security keys.
While in the View Eligibility action, you will have access to only the EXIT/QUIT action at the bottom of the Patient Eligibility Screen. When you enter QUIT, the system will return to the Further Research Screen.

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

Patient Eligibility | Aug 15, 2005@11:14:12 | Page: 1 of 1
---|---|---
ECMIPatient,Six | 5959 | DOB: 01/02/66

- Means Test: YES
- Date of Test: 07/29/05
- A/O Exposure: 
- Rad. Exposure: 
- Patient has agreed to pay deductible
- Primary Elig. Code: NSC
- Service Connected: No
- Rated Disabilities: None
- Enter ?? for more actions

**EX Exit**
Select Action: Quit//

---

### 5.7.3 View Prescription

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

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

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

<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>Transmitted by ALL users</td>
<td>Activity Date Range: within the past 10 day(s)</td>
</tr>
<tr>
<td>Sorted by: Transaction date by default</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1 ECMIPatient,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
- 02M/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//**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 5.7.3-2: Displaying View Prescription Options.

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

PID: XXXX  Ht (cm): _______ (______)
DOB: MAY X,XXXX (XX)  Wt (kg): _______ (______)
Rx #: XXXXXX

Orderable Item: TRIAMTERENE 50MG

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

Patient Instructions

SIG: TAKE ONE TABLET BY MOUTH 2X

Patient Status: OPT NSC
Issue Date: 10/07/XX  Fill Date: 10/07/XX
Last Fill Date: 10/07/XX (Window)

Last Release Date:  Lot #:
Expires: 10/08/XX  MFG:
Days Supply: 90  QTY (TAB): 11
# of Refills: 3  Remaining: 3
Provider: OPINSUR2
Routing: Window
Copies: 1

Method of Pickup:
Clinic: Not on File
Division: XXXXXXXXXX
Pharmacist:
Patient Counseling: NO

Remarks:
Finished By: PSOuser,Two
Entry By: PSOuser,Two  Entry Date: 10/6/XX 11:45:57

Original Fill Released: Routing: Window

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

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

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

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

Label Log:
#  Date  Rx Ref  Printed By
===============================================================================
1  08/01/XX  ORIGINAL  PSOuser,Three
Comments: From RX number XXXXXX
5.7.4 Add/View Comments

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

5.7.5 Claims Tracking

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

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

FURTHER RESEARCH SCREEN Nov 03, 2010@15:27:54 Page: 1 of 30
SELECTED DIVISION(S): ALL
Transmitted by ALL users Activity Date Range: within the past 11 day(s)
Sorted by: Transaction date by default

# PATIENT/DRUG/COMMENTS INSURANCE/NDC/DOS/RX#/ECME# STATUS/LOC/TYP/RXINF
1 ECMEPatient.SIX (XXXX) OPINSUR2/2055557898 VET Pb:10 Rj:2 AcRv:0 RjRv:1
   1.1 SIMETHICONE 40MG 02587542934 10/06 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

INS Insurance details CT Claims Tracking EVNT IB Events Report
VE View Eligibility TPJI Third Party Inquiry GRPL Group Plan Menu
VP View Prescription OH On Hold Copay List EX Exit
CMT Add/View Comments RH Release Copay
Select action:Next Screen//
CT Claims Tracking
Please select a SINGLE Rx Line item when accessing Claims Tracking.
Select item: 1.1.......

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

Example 5.7.5-2: Displaying Claims Tracking Options

CLAIMS TRACKING EDIT Nov 03, 2010@15:27:54 Page: 1 of 3
Expanded Claims Tracking Info for: ECMEPatient, Two ROI: For: PRESCRIPTION REFILL on 11/04/05
+
  Visit Type: PRESCRIPTION REFILL Authorization #:
  Prescription #: XXXXXXXX No. Days Approved: 0
  Fill Date: Nov 04, 2005 Second Opinion Required:
  Drug: ALLOPURINOL 300MG, 30'S Second Opinion Obtained:
  Quantity: 1
  Days Supply: 1
  NDC#: 51079-0206-20
  Physician: ECMEProvider,Two

Review Information
Insurance Claim: YES
Follow-up Type:
Random Sample:
Special Condition:
Local Addition:
Ins. Reviewer:
Hospital Reviewer:
Billing Information

+ Enter ?? for more actions
BI Billing Info Edit TA Treatment Auth. EX Exit
RI Review Info SE Submit Claim to ECME
Select Action: Next Screen// <Enter>
Expanded Claims Tracking Info for: ECMEpatient, Two ROI:
For: PRESCRIPTION REFILL on 11/04/05

+ Episode Billable: NO Total Charges: $ 0
  Non-Billable Reason: PRESCRIPTION NOT REL Estimated Recv (Pri): $
  Next Bill Date: Estimated Recv (Sec): $
  Work. Comp/OWCP/Tort: Estimated Recv (ter): $
  Initial Bill: Means Test Charges: $
  Bill Status: Amount Paid: $ 0

Hospital Reviews Entered
Insurance Reviews Entered

Service Connected Conditions:
Service Connected: NO
+ Enter ?? for more actions

BI Billing Info Edit TA Treatment Auth. EX Exit
RI Review Info SE Submit Claim to ECME
Select Action: Next Screen //<Enter>

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

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

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

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

5.7.7 On Hold Copay Listing

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

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

Example 5.7.7-1: Accessing On Hold Copay Listing Option
(B) You are prompted for a start and end date for the report.

Example 5.7.7-2: Entering On Hold Copay Report Start and End Dates
Start with DATE: **T-3** (AUG 14, 2005)
Go to DATE: **T** (AUG 17, 2005)

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

Example 5.7.7-3: Entering “Y” to Include Pharmacy Co-pay Charges on Report
Include Pharmacy Co-pay charges on this report? **NO**// **YES**

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

(D) Print the report at 132 characters.

Example 5.9.7-4: Printed On Hold Copay Listing Report

```
List of all HELD bills for ECMEPatient,SIX (XXXX) AUG 5,2006 PAGE 1

ACTION ID  TYPE  BILL#  FROM/DATE  TO AR  CHARGE  STATUS  STATUS
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5002877</td>
<td>NSC RX</td>
<td>Rx #: 100003994</td>
<td>ECME # 000001234579</td>
<td>12/30/05</td>
<td>8.00</td>
<td>OH HOLD</td>
<td></td>
</tr>
</tbody>
</table>
```

Enter RETURN to continue or ‘^’ to exit:

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

---

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(A) Enter **RH** to access the *Release Copay* option. You may select a single Patient line item or a single Rx line item.

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

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/Rx#/ECME#</th>
<th>STATUS/LOC/TYP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPatient,SIX (XXXX)</td>
<td>OPINSUR2/205557898</td>
<td>VET Pb:10 Rj:2 AcRv:0 RjRv:1</td>
</tr>
<tr>
<td>1.1</td>
<td>SIMETHICONE 40MG</td>
<td>02587542934 10/06 1100335$</td>
<td>0/000000003119 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td>p-Rejected</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>85:Claim Not Processed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NN:Transaction Rejected At Switch Or Intermediary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>02:M/I Version/Release Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EV117-D0 IS INVALID VERSION NUMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030 10/26 1100336$</td>
<td>0/000000003120 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$</td>
<td>0/000000003122 W RT DS/R</td>
</tr>
<tr>
<td></td>
<td>p-Reversal Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>TRIAMTERENE 50MG</td>
<td>00484359030 10/27 1100339$</td>
<td>0/000000003124 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td>p-Payable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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.

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

Please select a SINGLE Patient Line item or a SINGLE Rx Line item when accessing

Release Copay from Hold.

Select item: 9
Example 5.7.8-2: Listing On Hold Copay Charges for Release Copay Option

ECMEPatient:, SIX Pt ID: 000-00-0000

The following IB Actions for this patient are ON HOLD:

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

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

Passing charges to Accounts Receivable...

<table>
<thead>
<tr>
<th>REF</th>
<th>Action ID</th>
<th>Bill Type</th>
<th>Bill #</th>
<th>Fr/Fl Dt</th>
<th>To/Rls Dt</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>000596574</td>
<td>Rx #: 909693</td>
<td>K400KDC</td>
<td>08/01/05</td>
<td>08/01/05</td>
<td>21.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ECME #: 000000000000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The charge listed above has been passed to Accounts Receivable.

Enter RETURN to continue or '^' to exit:

5.7.9 IB (Integrated Billing) Events Report

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

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>Date Range</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>FURTHER RESEARCH SCREEN</td>
<td>Nov 03, 2010@15:27:54</td>
<td>Page: 1 of 30</td>
<td></td>
</tr>
</tbody>
</table>

SELECTED DIVISION(S): ALL

Transmitted by ALL users

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

Sorted by: Transaction date by default

# 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

- **PATIENT**: ECMEPatient
- **DRUG**: SIMETHICONE 40MG
- **COMMENTS**: 02587542934 10/06 1100335$ 0/000000003119 W RT AC/R
- **STATUS**: p-Rejected

- **ID**: 85: Claim Not Processed
- **M/I**: EV117-D0 IS INVALID VERSION NUMBER

1.1.1. SIMETHICONE 40MG 02587542934 10/06 1100335$ 0/000000003119 W RT AC/R

- **PATIENT**: SIMETHICONE 40MG
- **DRUG**: 02587542934 10/06 1100335$ 0/000000003119 W RT AC/R
- **STATUS**: p-Rejected

- **ID**: 85: Claim Not Processed
- **M/I**: EV117-D0 IS INVALID VERSION NUMBER

1.2. TRIAMTERENE 50MG, 00484359030 10/26 1100336$ 0/000000003120 W RT DS/R

- **PATIENT**: TRIAMTERENE 50MG
- **DRUG**: 00484359030 10/26 1100336$ 0/000000003120 W RT DS/R
- **STATUS**: p-Reversal Other

- **ID**: 85: Claim Not Processed
- **M/I**: EV117-D0 IS INVALID VERSION NUMBER

1.3. AMYL NITRITE 0.3M 00223700212 10/27 1100337$ 0/000000003122 W RT DS/R

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

1.4. TRIAMTERENE 50MG, 00484359030 10/27 1100339$ 0/000000003124 W RT AC/R

- **PATIENT**: TRIAMTERENE 50MG
- **DRUG**: 00484359030 10/27 1100339$ 0/000000003124 W RT AC/R
- **STATUS**: 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

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

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

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

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

Select one of the following:

- **M**: MAIL
- **W**: WINDOW
- **C**: CMOP
- **A**: ALL

(M)AIL, (W)INDOW, (C)CMOP, (A)LL: ALL//<Enter> ALL

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

S         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 UNIT/</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FINISH 08/01/05 11:32a Status: ECME Billable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SUBMIT 08/01/05 11:34a Status: OK</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REVERSAL 08/01/05 3:19p Status: ECME Claim reversed, no Bill to cancel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FINISH 08/01/05 3:20p Status: ECME Billable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SUBMIT 08/01/05 3:20p Status: OK</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RELEASE 08/01/05 3:20p Status: OK</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></td>
<td></td>
<td></td>
<td>FINISH 08/01/05 11:44a Status: ECME Billable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SUBMIT 08/01/05 11:45a Status: OK</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REVERSAL 08/01/05 3:37p Status: ECME Claim reversed, no Bill to cancel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FINISH 08/01/05 3:38p Status: ECME Billable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SUBMIT 08/01/05 3:38p Status: OK</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RELEASE 08/01/05 3:38p Status: OK</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BILLING 08/01/05 3:38p Status: Bill # K400KBC created</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REVERSAL 08/05/05 3:09p Status: Bill # K400KBC cancelled</td>
</tr>
</tbody>
</table>

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

**Summary Report (S)**

**Detailed Report (D)**

**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 08/10/11 6:35p</td>
<td>Status: ECME Billable</td>
<td>ELIGIBILITY: DRUG:CLONAZEPAM 1MG TAB</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NDC:57664-0274-08, BILLED QTY:30, COST:.024, DEA:4CPR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PLAN: INSURANCE: WEBMD COB: S</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>BIN:123456, POM:1123456789, PAYER SHEET B1:WBTESTB1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PAYER SHEET B2:WBTESTB2, PAYER SHEET B3:WBTESTB1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>DISPENSING FEE:11.40, BASIS OF COST DETERMINATION: COST CALCULATIONS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COST:12.12, GROSS AMT DUE:12.12, ADMIN FEE:0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>USER:ECMEuser,Two</td>
</tr>
<tr>
<td></td>
<td>SUBMIT 08/10/11 6:35p</td>
<td>Status:OK</td>
<td>ECME#:000001614656, FILL DATE:06/08/11, RELEASE DATE:06/08/11</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PAYER RESPONSE: PAYABLE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PLAN: INSURANCE: WEBMD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>USER:ECMEuser,Three</td>
</tr>
<tr>
<td></td>
<td>BILLING 08/10/11 6:35p</td>
<td>Status:Bill K10004V created with ERRORS</td>
<td>Press RETURN to continue, &quot;^^&quot; to exit:</td>
</tr>
</tbody>
</table>

#### 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</td>
<td>Status:</td>
<td>ECME#:000001614656, FILL DATE:06/08/11, RELEASE DATE:06/08/11</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>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</td>
<td>Status:ECME Billable</td>
<td>ELIGIBILITY: 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>
</tbody>
</table>

Press RETURN to continue, "^^" to exit:
5.7.10 Group Plan Menu

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

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

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

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

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

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DO#RX#/ECME#</th>
<th>STATUS/LOC/TYP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEPatient,,SIX (XXXX) OPINSUR2/205557898</td>
<td>VET Pb:10 Rj:2 AcRv:0 RjRv:1</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>SIMETHICONE 40MG 02587542934 10/06 1100335$ 0/000000003119</td>
<td>W RT AC/R</td>
<td>p-Rejected</td>
</tr>
<tr>
<td>1.2</td>
<td>TRIAMTERENE 50MG, 00484359030 10/26 1100336$ 0/000000003120</td>
<td>W RT DS/R</td>
<td>p-Reversal Other</td>
</tr>
<tr>
<td>1.3</td>
<td>AMYL NITRITE 0.3M 00223700212 10/27 1100337$ 0/000000003122</td>
<td>W RT DS/R</td>
<td>p-Reversal Other</td>
</tr>
<tr>
<td>1.4</td>
<td>TRIAMTERENE 50MG, 00484359030 10/27 1100339$ 0/000000003124</td>
<td>W RT AC/R</td>
<td>p-Payable</td>
</tr>
</tbody>
</table>

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

1.1 SIMETHICONE 40MG 02587542934 10/06 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 submitable: 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.

---

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User Manual Revised August 2016
Example 5.7.11-2: Entering the EXIT Action from Further Research Screen

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/RX#/ECME# STATUS/LOC/TYP/RXINF
1  ECMEPatient,,SIX (XXXX) OPINSUR2/205557898 VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1  SIMETHICONE 40MG 02587542934 10/06 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$ 0/00000003120 W RT DS/R
       p-Reversal Other
  1.3  AMYL NITRITE 0.3M 00223700212 10/27 1100337$ 0/00000003122 W RT DS/R
       p-Reversal Other
  1.4  TRIAMTERENE 50MG, 00484359030 10/27 1100339$ 0/00000003124 W RT AC/R
       p-Payable

+       Enter ?? for more actions

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

5.8 Print Claim Log (hidden action)

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

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

Example 5.10-1: Accessing the Print Claim Log Option

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

#  PATIENT/DRUG/COMMENTS INSURANCE/NDC/RX#/ECME# LOC/TYP RXINF
1  ECMEPatient,,SIX (XXXX) OPINSUR2/205557898 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$ 0/00000003120 W RT DS/R
       p-Reversal Other
  1.3  AMYL NITRITE 0.3M 00223700212 10/07 1100337$ 0/00000003122 W RT DS/R
       p-Reversal Other
  1.4  TRIAMTERENE 50MG, 00484359030 10/27 1100339$ 0/00000003124 W RT AC/R
       p-Payable

+       Enter ?? for more actions

(B) As the data pages print to your screen, there are options to print the information to a device (type PRINT and the device name) or exit (type EXIT) or continue to display information, which is the default (press <Enter>).

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

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

Pharmacy ECME Log

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: XXXXXXXXX
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: WEBMIDTEST
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

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

---

**5.09 Send to Worklist**

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

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

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

PHARMACY ECME                 Jul 03, 2008@12:04:02          Page:    1 of   41
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
Sorted by: Transaction date by default
#  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/DOS/RX#/ECME#           LOC/TYP RXINF
1   ECMEpatient,One    (XXXX) NON TRIC/          VET Pb:0 Rj:6 AcRv:3 RjRv:2
   ALBUTEROL 0.5% IN  50383-0741-20 07/03 2054905$    1/000001614782 W RT **/R
      07:M/I Cardholder ID
1.1   ALBUTEROL 0.5% IN  50383-0741-20 07/03 2054905$    1/000001614782 W RT **/R
      p-Rejected
      07:M/I Cardholder ID
1.2   JAPANESE ENCEPHAL  49281-0680-30 06/27 2055040$    0/000001614918 W RT **/N
      p-In progress- Parsing response
1.3   JAPANESE ENCEPHAL  49281-0680-30 07/03 2055040$    1/000001614918 W RT DIS/N
      p-In progress- Parsing response
1.4   OLANZAPINE 10MG T 00002-4117-30 06/29 2055048$    0/000001614926 W RT DIS/N
      p-In progress- Parsing response
1.5   OLANZAPINE 10MG T 00002-4117-30 07/03 2055049$    0/000001614927 W RT **/N
      p-Reversal accepted/Closed
1.6   OLANZAPINE 10MG T 00002-4117-30 07/03 2055049$    1/000001614927 W RT AC/N
  +         Enter ?? for more actions
CV  Change View           REV Reverse Payable Claim FR  Further Research
SO  Sort List             RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments     CLO Close Claim           WRK Send to Worklist
Select Action: Next Screen//  wrk  Send to Worklist

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s): 1.1
You've chosen to send to Pharmacy Work List the following:

1.1   ALBUTEROL 0.5% IN  50383-0741-20 07/03 2054905$    1/000001614782 W RT **/R
Comment for Pharmacy : Needs to be resolved in Pharmacy.

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

Are you sure?(Y/N)? y  YES
1.1   ALBUTEROL 0.5% IN  50383-0741-20 07/03 2054905$    1/000001614782 W RT **/R
has been sent to the Pharmacy Work List.

Enter RETURN to continue or '^^' to exit:
Updating screen...

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

**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>LOC/TYP RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ECMEpatient,One</td>
<td>(XXXX) NON TRIC/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>VET Pb:0 Rj:6 AcRv:3 RjRv:2</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>ALBUTEROL 0.5% IN</td>
<td>50383-0741-20 06/03 2054905$</td>
<td>1/000001614782 W RT **/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>07/23/08 - Sent to Pharmacy: Needs to be resolved in Pharmacy. (ECMEUSER,FOUR)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>p-Rejected</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>07:M/I Cardholder ID</td>
</tr>
<tr>
<td>1.2</td>
<td>JAPANESE ENCEPHAL</td>
<td>49281-0680-30 06/27 2055040$</td>
<td>0/000001614918 W RT **/N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>p-In progress- Parsing response</td>
</tr>
<tr>
<td>1.3</td>
<td>JAPANESE ENCEPHAL</td>
<td>49281-0680-30 07/03 2055040$</td>
<td>1/000001614926 W RT DS/N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>p-In progress- Parsing response</td>
</tr>
<tr>
<td>1.4</td>
<td>OLANZAPINE 10MG T</td>
<td>00002-4117-30 06/29 2055048$</td>
<td>0/000001614927 W RT **/N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>p-In progress- Parsing response</td>
</tr>
<tr>
<td>1.5</td>
<td>OLANZAPINE 10MG T</td>
<td>00002-4117-30 06/29 2055049$</td>
<td>0/000001614927 W RT **/N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>p-In progress- Parsing response</td>
</tr>
</tbody>
</table>

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

Select Action: Next Screen

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

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

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

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.  
Select item(s): 1.15

You've chosen to send to Pharmacy Work List the following:  
1.15 TAZAROTENE 0.1% T 00023-0042-03 07/15 2055208$ 0/000001615107 W RT AC/N

was ALREADY sent to the Pharmacy Work List.

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

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

Example 5.09-5: Selected Claim Has Not Been Rejected

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

Example 5.09-6: Selected Claim is Closed

1.22 ERYTHRITYL TETRAN  00223-0916-01 04/03 102028$ 3/00000002403 W RT DL/N
  04/06/09 - RX DELETED
  (ECMEmmployee, One)
p-Rejected/Closed
88:DUR Reject Error
1.23 METHANThELINE 50M  00014-1501-31 03/13 102029$ 0/00000002404 W RT AC/N
  p-Rejected
79:Refill Too Soon
+--------Enter ?? for more actions----------------------------------------------------------
CV Change View      REV Reverse Payable Claim FR Further Research
SO Sort List        RES Resubmit Claim    VER View ePharmacy Rx
CMT Add/View Comments CLO Close Claim WRK Send to Worklist
Select Action: Next Screen// WRK Send to Worklist

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

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

5.10 Reopen Closed Claims (hidden action)

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

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

PHARMACY ECME                 Mar 27, 2009@16:26:50          Page:  1 of   41
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
Sorted by: Transaction date by default
-#--PATIENT/DRUG/COMMENTS INSURANCE/NDC/DOS/RX#/ECME#   LOC/TYP RXINF
1  ECMEpatient,One  (XXXX) OPINSUR2/2055557898 VET ALL payable
   1.1  DOXEPIN 25MG CAP 00839-7221-06 03/27 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$    0/000000001695 C RT DS/R
        p-Rejected/Closed
   2.3  FUROSEMIDE 10MG/M 51079-0935-20 03/21 101646$     0/000000002014 W RT DS/N
+---------Enter ?? for more actions---------------------------------------------
CV  Change View           REV Reverse Payable Claim FR  Further Research
SO  Sort List             RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments     CLO Close Claim           WRK Send to Worklist
Select Action: Next Screen// ROC ROC
Enter the line number for the claim you want to reopen.
Select item(s):  2.2

You've chosen to reopen the following prescriptions(s) for
ECMEpatient,One:
   2.2  RESERPINE 0.1MG S 98521-4587-02 03/26 101237A$    0/000000001695 C RT DS/R

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

Are you sure?(Y/N)? YES

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

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

REOPEN COMMENTS: Claim reopened for new refill
ARE YOU SURE YOU WANT TO RE-OPEN THIS CLAIM? (Y/N)? No// YES
ReOpening Claim: VA2009=400000016=105220=0005843 ... OK

1 claim has been reopened.

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

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

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

Updating screen for reopened claims...
2.1 MEDROXYPROGESTRON 00009-0050-02 03/20 101171$ 0/000000001521 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$ 0/000000001695 C RT DS/R
p-Rejected

2.3 FUROSEMIDE 10MG/M 51079-0935-20 03/21 101646$ 0/00000002014 W RT DS/N

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

5.11 Resubmit with Edits (hidden action)

The Resubmit with Edits hidden action allows you to edit previously rejected electronic pharmacy claims and to resubmit them with the edited information. The data fields that can be edited to enable resubmission are the Pharmacy Relationship Code, Pharmacy Person Code, Prior Authorization Number, Prior Authorization Type Code, up to three Submission Clarification Codes (if the conditions explained below do not exist), Date of Service, Patient Residence Code, Pharmacy Service Type Code 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.

The Submission Clarification Code cannot be edited if either of these conditions exists:

• An unresolved reject is on the pharmacists’ worklist
• A resolved reject of RTS (79-Refill Too Soon) or DUR (88-Drug Utilization Review) is from the last claim response.

If neither condition exists, the Submission Clarification Code is editable. If either condition exists, the Submission Clarification Code prompt is bypassed and a message is displayed on the screen indicating the field cannot be edited.

You've chosen to RESUBMIT the following prescription for ECMEpateint,four
1.2 ALBUTEROL 0.5% IN 24208034720 02/22 000000 0/000000000003 W RT DS/N
Are you sure?(Y/N)? YES
Pharmacy Relationship Code: 1// CARDHOLDER
Pharmacy Person Code: 125//
Prior Authorization Number: 000000000000//
Prior Authorization Type Code: 0// NOT SPECIFIED
Submission Clarification Code 1: 1 NO OVERRIDE

April 2006 Electronic Claims Management Engine V. 1.0
Revised August 2016 User Manual
Claims that have been closed will be displayed with “/Closed” after the status. Closed claims cannot be resubmitted with edits. If you attempt to resubmit a claim that is closed, a message is displayed telling you that the claim is “Closed and cannot be Resubmitted w/Edits.”

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

**PHARMACY ECME** Aug 12, 2011@02:40:34 Page: 1 of 81

**SELECTED DIVISION(S):** ALL

**Transmitted by ALL users** Activity Date Range: within the past 10 day(s)

**Sorted by:** Patient

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/RX#/ECME#</th>
<th>LOC/TYP</th>
</tr>
</thead>
<tbody>
<tr>
<td>RXINF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>ECMEpatient,Two (XXXX) WEBMD /</td>
<td>VET ALL payable</td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>LEUCOVORIN 5MG/ML 00703-5140-01 08/12 10958860$</td>
<td>0/000009378798 W RT</td>
<td></td>
</tr>
<tr>
<td>AC/N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p-Reversal rejected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>ECMEpatient,One (XXXX) WEBMD /</td>
<td>VET Pb:3 Rj:1 AcRv:1</td>
<td></td>
</tr>
<tr>
<td>RjRv:0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>GRANULEX SPRAY 4O 00514-0001-01 08/12 10958847</td>
<td>0/000009378705 W RT</td>
<td></td>
</tr>
<tr>
<td>AC/R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p-Payable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>ACARBOSE 100MG TA 00026-2862-51 08/12 52536284</td>
<td>1/000009378782 W RT</td>
<td></td>
</tr>
<tr>
<td>DS/N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/20/06 - RX DISCONTINUED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p-Rejected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08:M/I Person Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Enter ?? for more actions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CV** Change View **REV Reverse Payable Claim** **FR Further Research**

**SO** Sort List **RES Resubmit Claim** **VER View ePharmacy Rx**

**CMT** Add/View Comments **CLO Close Claim** **WRK Send to Worklist**

Select Action: Quit// **RED**

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

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

Enter the line number for the claim to be resubmitted:

Select item: **6.2**

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

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

The claim:

```
1.12 FLURAZEPAM 15MG C 00140-0065-14 03/04 102322$ 2/000000113596 W RT AC/R
```

cannot be Resubmitted if the secondary claim is payable. Please reverse the secondary claim first.

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

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

You’ve chosen to RESUBMIT the following prescription for ECMEpatient, One

```
1.2 LIDOCAINE 0.5% W/ 00186-0140-01 07/09 100704$ 1/00000000623 W RT AC/N
```

ARE YOU SURE? **(Y/N)**? No// **YES**

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Insurance</th>
<th>COB</th>
<th>Subscriber ID</th>
<th>Group</th>
<th>Holder</th>
<th>Effective</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ECME INSURAN PRI</td>
<td>12340987</td>
<td>T-GROUP1</td>
<td>PATIENT</td>
<td>10/20/2006 06/00/2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 ECME INSURAN SEC</td>
<td>12340987</td>
<td>D-GROUP1</td>
<td>PATIENT</td>
<td>07/09/2006 06/00/2011</td>
<td></td>
<td></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 5.11-7: Entering the secondary claim information with reject information

[Data for Secondary Claim]

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

SECONDARY INSURANCE POLICY: 1
SELECT RATE TYPE: REIMBURSABLE INS.
OTHER COVERAGE CODE: 03
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
OTHER PAYER REJECT CODE: 07
OTHER PAYER REJECT CODE: JE

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

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

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

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

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

Veteran Prescription 100003433A successfully submitted to ECME for claim generation.

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

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

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

Updating screen for resubmitted claim...

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

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

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

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

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

This claim is not a valid selection for the OPECC Reject Information screen. This screen is for either rejected claims or non-billable claims.
You are prompted for the line item of the rejected claim or non-billable prescription entry.

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

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

Select item: 7.1

The OPECC Reject Information Screen displays.

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

<table>
<thead>
<tr>
<th>OPECC Reject Information</th>
<th>Oct 28, 201514:45:42</th>
<th>Page: 1 of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division: XXXXX</td>
<td>NPI: 1110999999</td>
<td>NCPDP: 5310000XX</td>
</tr>
<tr>
<td>Patient: PATIENT,ONE(XXX)</td>
<td>Sex: M</td>
<td>DOB: JUL XX,19XX(XX)</td>
</tr>
<tr>
<td>Rx#: 100XXX/0</td>
<td>ECME#: 000000111872</td>
<td>Date of Service: Sep 16, 2015</td>
</tr>
<tr>
<td>Drug: PREDNISONE 1MG TAB</td>
<td>NDC Code: 00242-0744-75</td>
<td></td>
</tr>
</tbody>
</table>

REJECT Information (Veteran) \textbf{RESUBMISSION}

Current ECME Status: E REJECTED

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

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

Next Avail Fll: 10/31/2015

Payer Message: EMD 1000: CLAIM PAID


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

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

**INSURANCE Information**

| Insurance | VET CNF |
| Contact   | 333-444-5555 |
| BIN       | 610144 |
| PCN       | TEST |
| Group Number | 246 |
| Cardholder ID | 1234567890 |
| Effective Date | 01/25/2015 |

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

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

+ Enter ?? for more actions

VW View Rx   VER View ECME Rx   MP Med Profile   PI Pat Info

Select: Next Screen //

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

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

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

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

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

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

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

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

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

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

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

You’ve chosen to RESUBMIT W/O REVERSAL the following Rx for PATIENT, TWO

1.4  PREDNISONE 1MG TA 00242074475 10/28 100XXX 0/00000112XXX W RT AC/N

Are you sure?(Y/N)? YES
(C) ECME will allow multiple submissions of the same prescription and fill to be placed on the request queue at the same time. The ECME engine will process all requests in the order that they are received. If there is already a submission in the queue for this prescription and fill, a message is displayed and you are asked if you want to proceed.

**Example 5.13-6: Entering “Y” to Place Multiple Submissions in the Queue**
The claim is in progress. The request will be scheduled and processed after the previous request(s) are completed. Please be aware that the result of the resubmit depends on the payer's response to the prior incomplete requests. Do you want to proceed? (Y/N)? y YES

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

**Example 5.13-7: Displaying a Successfully Resubmitted Claim**
Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E PAYABLE
Veteran Prescription 100958 successfully submitted to ECME for claim generation. 1 claim has been resubmitted.

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

Updating screen for resubmitted claims...

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

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

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/DOS/RX#/ECME#</th>
<th>STATUS/LOC/TYP/RXINF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4</td>
<td>PREDNISONE 1MG TA 00242074475 10/28 100XXX</td>
<td>0/000000112XXX W RS AC/N</td>
<td>p-Payable</td>
</tr>
</tbody>
</table>

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

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

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

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

Example 5.14-2: Entering the Line Item for the Open/Close Non Billable Entry
Enter the line number for the entry to be opened or closed. Select item:

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

Example 5.14-5: Answer Prompts for Open/Close Non Billable entry
You've chosen to CLOSE the following entry for PATIENT,ONE :
  3.1   MILK OF MAGNESIA  00349821742       100SSS      0/         W RS EX/N
    p-Non-Billable/Open
eT:TRICARE-RX NOT BILLABLE (DRUG NOT BILLABLE)

The Selected Entry will be CLOSED.
Comment : Enter a comment now
Are you sure? (Y/N)? YES
Closing Entry
Enter RETURN to continue or '^' to exit:

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

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

<table>
<thead>
<tr>
<th>#</th>
<th>PATIENT/DRUG/COMMENTS</th>
<th>INSURANCE/NDC/RX#/ECME#</th>
<th>LOC/TYP RXINF</th>
<th>Activity Date Range: within the past 10 day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>ECMEpatient,Two</td>
<td>(XXXX) WEBMD TE/</td>
<td>VET</td>
<td>Pb:1 Rj:0 AcRv:0 RjRv:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Furosemide 10MG/M</td>
<td>00641-2312-25</td>
<td>04/22 100004065$ 0/000000504691 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>p-Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.1</td>
<td>Furosemide 10MG/M</td>
<td>00641-2312-25</td>
<td>04/22 100004065$ 0/000000504691 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHOLESTYRAMINE 4G</td>
<td>00087-0580-01</td>
<td>04/22 100004066$ 0/000000504692 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHOLESTYRAMINE 4G</td>
<td>00087-0580-01</td>
<td>04/22 100004066$ 0/000000504692 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>p-Reversal rejected</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NN:Transaction Rejected At Switch Or Intermediary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NCl6-The clearinghouse did not reply in time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>ECMEpatient,One</td>
<td>(XXXX) WEBMD TE/</td>
<td>VET</td>
<td>ALL payable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACETYLCYSTEINE 20</td>
<td>00087-0570-09</td>
<td>04/21 100004054$ 0/000000504677 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acetylcysteine 20</td>
<td>00087-0570-09</td>
<td>04/21 100004054$ 0/000000504677 W RT AC/N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>p-Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>s-Payable (p-Payable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>ECMEpatient,Three</td>
<td>(XXXX) WEBMD TE/</td>
<td>VET</td>
<td>ALL payable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALBUTEROL INHALER</td>
<td>55555-4444-22</td>
<td>04/26 100003744$ 0/000000504304 W RT AC/R</td>
</tr>
</tbody>
</table>

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

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

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

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

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

Example 6-1: Accessing the ECME Pharmacy COB Menu

<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: MGR Pharmacy ECME Manager Menu

Example 6-2: Displaying the ECME Pharmacy COB Menu

<table>
<thead>
<tr>
<th>SEC</th>
<th>Potential Secondary Rx Claims Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRI</td>
<td>Potential Claims Report for Dual Eligible</td>
</tr>
<tr>
<td>PRO</td>
<td>Process Secondary/TRICARE Rx to ECME</td>
</tr>
</tbody>
</table>

Select ECME Pharmacy COB Option:

6.1 Potential Secondary Rx Claims Report

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

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

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

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

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

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

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

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

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

**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>
### 6.2 Potential Claims Report for Dual Eligible

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

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

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

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

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

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

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

Select one of the following:

D         DIVISION
A         ALL

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

Select one of the following:

T         TRICARE
C         CHAMPVA
A         ALL

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

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

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

DEVICE: HOME// ;;9999  TELNET TERMINAL

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

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

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

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

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

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

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

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

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

(A) The Process Secondary/TRICARE Rx to ECME (PRO) option will prompt for a Rx#.

(B) The Process Secondary/TRICARE Rx to ECME (PRO) option will display the Rx information to allow the user to ensure the correct Rx# was entered and prompt the user to confirm they wish to continue.

(C) The Process Secondary/TRICARE Rx to ECME (PRO) option will ask the user to select a fill/refill from the list provided by the software.

(D) The Process Secondary/TRICARE Rx to ECME (PRO) option will ask the user to select the Payer Sequence to bill (primary or secondary).

(E) The Process Secondary/TRICARE Rx to ECME (PRO) option will ask the user if they wish to edit the insurance company data. If the user enters YES to this prompt, they will be able to edit the user's insurance via the Patient Insurance Information Screen.

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

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

Patient                 RX#         Drug Name                 RX Status
ECMEPatient, Two          10030       LIDOCAINE 0.5% W/EPI INJ ACTIVE

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

RX #10030 has the following fills:

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

SELECT A FILL TO BILL: 07/02/2010

Select payer sequence for billing:

1 PRIMARY
2 SECONDARY

SELECT PAYER SEQUENCE: 2 SECONDARY

<table>
<thead>
<tr>
<th>Drug name</th>
<th>NDC</th>
<th>Date</th>
<th>RX#</th>
<th>REF#</th>
<th>TYPE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIDOCAINE 0.00186014001</td>
<td>09/10</td>
<td>10030</td>
<td>0/0003098</td>
<td>W RT **/R REJECTED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There is an existing rejected/reversed secondary e-claim(s) for the RX/refill.

Do you want to submit a new secondary claim(Y/N)? N// YES
DO YOU WISH TO ADD/EDIT INSURANCE COMPANY DATA FOR THIS PATIENT?(Y/N)? N// O

Data for Secondary Claim

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

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</th>
<th>Group</th>
<th>Holder</th>
<th>Effective</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 INSURANC2</td>
<td>PRI</td>
<td>AAA</td>
<td>INS.</td>
<td>PATIENT</td>
<td>03/10/2010</td>
<td></td>
</tr>
<tr>
<td>2 INSURAN3</td>
<td>SEC</td>
<td>54873579430</td>
<td>GR</td>
<td>PATIENT</td>
<td>03/26/2010</td>
<td></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

Veteran Prescription 10030 successfully submitted to ECME for claim generation.

Processing Secondary claim...

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

6.3.2 Submitting Primary Claims for TRICARE and Dual Eligibility Patients

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

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

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

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 *

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 *

Select Pharmacy ECME Manager Menu Option:

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

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

Example 7.1-1: Accessing the ECME Transaction Maintenance Options

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

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

<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:

7.1.1 View/Unstrand Submissions Not Completed

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

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

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

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

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

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

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

Do you want to continue? NO/

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

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

<table>
<thead>
<tr>
<th>ECME UNSTRAND SUBMISSIONS</th>
<th>Oct 08, 2010@15:12:08</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submissions Stranded from 09/28/2010 through 10/08/2010 Sorted by Transaction Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Trans DT</td>
<td>Patient Name</td>
</tr>
<tr>
<td>---</td>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td>1</td>
<td>10/07/2010 ECEMepatient,One</td>
<td>2637 101297/1</td>
</tr>
</tbody>
</table>

In Progress - Done
7.1.2 REOPEN a CLOSED ECME Claim

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

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

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

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

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

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

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

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

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

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

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

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

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

REOPEN CLOSED CLAIM Jul 05, 2006@15:29:21 Page: 1 of 1

PATIENT: ECMEpatient,One (XXXX) Closed claims from 07/05/06 to 07/05/06
(E) You are prompted to enter a text comment, Reopen Comments, after claim information is displayed.
Example 7.1.2-5: Entering Text Comment for Reopened Closed Claim

PATIENT NAME: ECMEpatient,One RX#: 100000000$ 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* 
* XXXXXX VAMC 
* Pharmacy ECME Setup Menu 
*************************************************  

April 2006

User Manual

Revised August 2016
7.2.1 Edit Basic ECME Parameters

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

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

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

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

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><strong>BPS PHARMACIES NAME</strong></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*
*            XXXXX VAMC                     *
*        Pharmacy ECME Setup Menu          *
*************************************************
BAS       Edit Basic ECME Parameters
PHAR      Edit ECME Pharmacy Data
REG       Register Pharmacy with Austin Information Technology Center

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

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

```
** ECME Site Registration **

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

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

-- Application Registration Validation Results:
DOMAIN NAME - Required - VALID: XXXXXXXX.XXXXXX-XXX-XXXX.XXX.XX.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/verify Pharmacy Registration Data

Select BPS PHARMACIES NAME: TEST PHARMACY 3

--SITE DATA

STATUS: INACTIVE//<ENTER>
NCPDP #: XXXXXXX//<ENTER>
DEFAULT DEA #: XXXXXXXX//<ENTER>
SITE ADDRESS NAME: 111 MAIN STR//<ENTER>
SITE ADDRESS 1: 111 MAIN STREET//<ENTER>
SITE ADDRESS 2: <ENTER>
SITE CITY: BROOKLYN//<ENTER>
SITE STATE: NEW YORK//<ENTER>
SITE ZIP CODE: 11223//<ENTER>
REMITTANCE ADDRESS NAME: 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 L//<ENTER>
OFFICE PHONE: XXX-XXX-XXXX//<ENTER>
EMAIL ADDRESS: three.ecmeuser@med.va.gov Replace <ENTER>
TITLE: OI&T STAFF//<ENTER>

--PHARMACIST DATA

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

-- Pharmacy Registration Validation Results --

PHARMACY NAME: TEST PHARMACY 3

-- Pharmacy Registration Data VALID. --

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

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

Send Application Registration: Y/N ? n NO

Press RETURN to continue...

7.3 Statistics Screen

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

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

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

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

Example 7.3-1: Accessing the Statistics Screen Option

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

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

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

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

Rejected Eligibility | 44
Errors | 14

Enter ?? for more actions

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

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

#### Diagram 7.3-1: Statistics Option Areas

**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><strong>Header Area</strong></td>
<td>Displays the date for which you requested the Statistics Screen option.</td>
</tr>
<tr>
<td><strong>Stats Area</strong></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><strong>Message Window</strong></td>
<td>This section displays informational text (i.e., Enter ?? for more actions).</td>
</tr>
<tr>
<td><strong>Action Area</strong></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 *  * 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
                     0  Rejected Eligibility  44
                     0  Errors  14

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

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

In continuous update mode: press Q to Quit

<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></td>
<td>Paid claims</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>Rejected Eligibility</td>
</tr>
<tr>
<td></td>
<td>Errors</td>
</tr>
</tbody>
</table>

In continuous update mode: press Q to Quit

### 7.3.2 Display Update

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

#### Example 7.3.2-1: Accessing Display Update Option

Enter ?? for more actions

<table>
<thead>
<tr>
<th>UC</th>
<th>Update continuously</th>
<th>Z</th>
<th>Zero (clear) stats</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1</td>
<td>Display update</td>
<td>EX</td>
<td>Exit</td>
</tr>
</tbody>
</table>

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

* 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
                           0    Rejected Eligibility 44
Errors                     14

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

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

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

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

Select one of the following:

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

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

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

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

Are you sure? N// YES

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

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

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

<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: **RPT** Pharmacy Electronic Claims Reports

Example 8-2: Displaying Pharmacy Electronic Claims Reports Options

<table>
<thead>
<tr>
<th>CLA</th>
<th>Claim Results and Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTH</td>
<td>Other Reports</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

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

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

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

Select Claim Results and Status Option:

(C) Items/filters that pertain to ALL ECME Claims Results and Status REPORTS will be displayed for every option chosen. You can select these options using the same method as in other VistA applications and as described in the *Change View* section.
Example 8.1-3: Displaying ECME Report Item/Filter Options for ALL REPORTS

Select one of the following:

D         DIVISION
A         ALL

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

Select one of the following:

S         Summary
D         Detail

Display (S)ummary or (D)etail Format: Detail// Summary

Select one of the following:

I         SPECIFIC INSURANCE(S)
A         ALL

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

Select INSURANCE: IBINSUR1  123 ANYWHERE ST  HERNDON  VIRGINIA

Y

Selected: IBINSUR1

Select INSURANCE: DEVELOPMENT INS  123 HERE STREET  SAN FRANCISCO

CALIFORNIA

Y

Selected: DEVELOPMENT INS

IBINSUR1

Select INSURANCE: <Enter>

Select one of the following:

C         CMOP
M         Mail
W         Window
A         ALL

Display (C)MOP or (M)ail or (W)indow or (A)LL: ALL// <Enter>  ALL

Select one of the following:

R         Real Time Fills
B         Backbill
P         PRO Option
S         Resubmission
A         ALL

Display (R)ealTime, (B)ackbills, (P)RO Option, Re(S)ubmission or (A)LL: A// <Enter>  ALL

Select one of the following:

D         Drug
C         Drug Class
A         ALL

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.
Display Specific (D)rug or Drug (C)lass or (A)LL: ALL // <Enter>  ALL
(D) In addition to the “ALL REPORTS” prompts, all of the Claims Results and Status REPORTS except the ECMP report display another prompt that will allow you to capture the report data in Excel spreadsheet format. If you answer Y, additional directions are supplied.

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

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

Before continuing, please set up your terminal to capture the detail report data. 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.

(A) Access the report by entering PAY at the “Select Claim Results and Status Option:” prompt on the Claim Results and Status option screen.
### Example 8.1.1-1: Accessing the Payable Claims Report Option

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

<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>NBS</td>
<td>Non-Billable Status Report</td>
</tr>
<tr>
<td>SPA</td>
<td>Spending Account Report</td>
</tr>
</tbody>
</table>

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...
<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>BILL# RX COB</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMITRIPTYLINE 10MG TAB</td>
<td>00182-1018-10</td>
<td>W  RT</td>
<td>AC/R</td>
<td>K8000K9 p</td>
<td>03/10/08</td>
<td>51.00</td>
<td>54.16</td>
<td>0.00</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>
<th>BILL# RX COB</th>
</tr>
</thead>
<tbody>
<tr>
<td>METHADONE 10MG TAB</td>
<td>00725-2064-10</td>
<td>W  RT</td>
<td>EX/N</td>
<td>K8000H7 p</td>
<td>03/05/08</td>
<td>51.00</td>
<td>39.34</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>
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.

(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

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.

(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,RS  
**Insurance:** IBINSUR1, OPINSUR1  
**Drugs/Classes:** ALL  
**Reject Code:** 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>CARDHOLD.ID</td>
<td>GROUP ID</td>
<td>$BILLED</td>
<td>QTY</td>
<td>NDC#</td>
<td>DRUG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBINSUR1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>VET</td>
<td>100888$</td>
<td>0/00000000808</td>
<td>05/04/08</td>
<td>05/04/08</td>
<td>W  RT  DS/R  s Open</td>
<td>123456</td>
<td>555</td>
</tr>
<tr>
<td>Claim ID: VA2008=4000000016=000010=0001815</td>
<td>07:M/I Cardholder ID Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>VET</td>
<td>100892$</td>
<td>0/000000000812</td>
<td>05/04/08</td>
<td>05/04/08</td>
<td>W  RT  DS/R  s Closed</td>
<td>123456</td>
<td>555</td>
</tr>
<tr>
<td>Claim ID: VA2008=4000000016=000010=0001822</td>
<td>07:M/I Cardholder ID Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMEPATIENT,ONE</td>
<td>(XXXX)</td>
<td>VET</td>
<td>100893$</td>
<td>0/000000000813</td>
<td>05/04/08</td>
<td>05/04/08</td>
<td>W  RT  DS/R  p Closed</td>
<td>123456</td>
<td>555</td>
</tr>
<tr>
<td>Claim ID: VA2008=4000000016=000010=0001823</td>
<td>07:M/I Cardholder ID Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBTOTALS for INS:IBINSUR1</td>
<td>153.00</td>
<td>3</td>
<td>51.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| OPINSUR1                |       |       |       |               |           |              |                |        |             |
| ECMEPATIENT,TWO         | (XXXX) | VET | 100896$ | 0/000000000816 | 05/06/08 | W  RT  DS/N  p Open | 111 | 51.00 | 180 | 00003-0626-50 | CHLORAL HYDRATE 500MG CAP |
| 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 | 111 | 51.00 | 180 | 00149-0030-66 | DANTROLENE 25MG CAP | 75:Prior Authorization Required |
| Claim ID: VA2008=4000000016=000010=0001834 |
| ECMEPATIENT,TWO         | (XXXX) | VET | 100901$ | 0/000000000821 | 05/06/08 | W  RT  DS/N  p Open | 111 | 51.00 | 90 | 00591-5521-04 | PHENYL BUTAZONE 100MG TAB |
| 05/06/08 - Prior Authorization Code (8/32432242) submitted. | Claim ID: VA2008=4000000016=000010=0001835 |

---

**SUBTOTALS for INS:IBINSUR1**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>51.00</td>
</tr>
<tr>
<td>Date</td>
<td>TAC Code</td>
</tr>
<tr>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>05/06/08</td>
<td>W</td>
</tr>
<tr>
<td>05/06/08</td>
<td>W</td>
</tr>
<tr>
<td>05/06/08</td>
<td>W</td>
</tr>
<tr>
<td>05/06/08</td>
<td>W</td>
</tr>
<tr>
<td>05/06/08</td>
<td>W</td>
</tr>
<tr>
<td>05/06/08</td>
<td>W</td>
</tr>
</tbody>
</table>

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**Electronic Claims Management Engine V. 1.0**
**Revised August 2016**
**User Manual**
<table>
<thead>
<tr>
<th>Claim Submitted Does Not Match Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEPATIENT, TWO (XXXX) VET 101011$ 0/000000000935 05/14/08 W RT DS/N p Open</td>
</tr>
<tr>
<td>111 51.00 180 00781-1367-10 BENZTROPINE 2MG TAB</td>
</tr>
<tr>
<td>Claim ID: VA2008-4000000016-000010-0002005</td>
</tr>
<tr>
<td>12:M/I Patient Location</td>
</tr>
</tbody>
</table>

Press RETURN to continue, '^' to exit:
8.1.3 CMOP/ECME Activity Report

The CMOP/ECME Activity Report option produces a report used for monitoring Consolidated Mail Outpatient Pharmacy (CMOP) activity during both the Controlled Substances and General CMOP Transmissions. The report contains reference information from multiple VistA sources. 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*
*           XXXXX VAMC                        *
*          Claim Results and Status          *
*************************************************

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

Select Claim Results and Status Option: **ECMP**   CMOP/ECME Activity Report

ENTER BEGINNING TRANSMISSION DATE: **8/31**
ENTER ENDING TRANSMISSION DATE: **9/1**

SELECTION OF DIVISION(S)

Select one of the following:

A     ALL DIVISIONS
S     SELECT DIVISIONS

Enter response: **S**   SELECT DIVISIONS
1     XXXXXXXXXX
2     YYYYYYYYYY
3     ZZZZZZZZZZ

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

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

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

Select Printer: HOME;132;999  IP network

Example 8.1.3-2: CMOP/ECME Activity Report

<table>
<thead>
<tr>
<th>NAME</th>
<th>ECME#/RX#/FL#</th>
<th>NDC_SENT</th>
<th>NDC_RECVD</th>
<th>CMOP-STAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMpatient,One (XXXX)</td>
<td>000001106254/909911</td>
<td>e/0</td>
<td>00000-0158-23</td>
<td></td>
</tr>
</tbody>
</table>

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8.1.4 Reversal Claims Report

The *Reversal Claims Report* option lists claims that have been successfully transmitted to the payer to REVERSE a previously PAYABLE claim and have not been RESUBMITTED.

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

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

**Example 8.1.4-1: Accessing the Reversal Claims Report Option**

```
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* XXXXX VAMC *
* Claim Results and Status *
*************************************************
PAY    Payable Claims Report
REJ    Rejected Claims Report
ECMP   CMOP/ECME Activity Report
REV    Reversal Claims Report
NYR    Claims Submitted, Not Yet Released
REC    Recent Transactions
DAY    Totals by Date
CLO    Closed Claims Report
NBS    Non-Billable Status Report
SPA    Spending Account Report

Select Claim Results and Status Option: **REV** Reversal Claims Report
```

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, Released/Not Released/All Claims, Auto-Reversed/All Claims, Accepted/Rejected/All Claims, Veteran/TRICARE/CHAMPVA/All Eligibility, Excel display format and device selection.
Example 8.1.4-2: Additional Prompts for the Reversal Claims Report Option

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

Select one of the following:
R     RELEASED
N     NOT RELEASED
A     ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL
Select one of the following:
R     AutoReversed
A     ALL

Include Auto(R)eversed or (A)LL: ALL// <Enter>
Select one of the following:
C     Accepted
R     Rejected
A     ALL

Include A(C)cepted or (R)ejected or (A)LL: Rejected// ALL

Select one of the following:
V     VETERAN
T     TRICARE
C     CHAMPVA
A     ALL

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...
---

## Example 8.1.4-3: Reversal Claims Report

**ECME REVERSED CLAIMS DETAIL REPORT**

**DIVISION(S):** ALL

**Insurance:** ALL

**Eligibility:** ALL

---

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

---

### DIVISION: YYYYYYYY

---

**COB INSURANCE**

<table>
<thead>
<tr>
<th>ECMEPATIENT, ONE (XXXX) TRI</th>
<th>102445</th>
<th>0/00000113725</th>
<th>03/20/09</th>
<th>21.88</th>
<th>40.00</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXYTOCIN 10 UNIT INJ</td>
<td>00071-4160-03</td>
<td>W</td>
<td>RT</td>
<td>AC/R</td>
<td>s</td>
<td></td>
</tr>
<tr>
<td>03/18/09 REGULAR/ACCEPTED/2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

---

**ECME INSURANCE**

<table>
<thead>
<tr>
<th>ECMEPATIENT, TWO (XXXX) VET</th>
<th>1024465</th>
<th>0/00000113727</th>
<th>03/20/09</th>
<th>11.00</th>
<th>40.00</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>DACARBAZINE 100MG INJ</td>
<td>00026-8151-10</td>
<td>W</td>
<td>RT</td>
<td>DS/R</td>
<td>s</td>
<td></td>
</tr>
<tr>
<td>03/20/09 REGULAR/ACCEPTED/REVERSING PRIMARY CLAIM</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

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**ECME1 INSURANCE**

<table>
<thead>
<tr>
<th>ECMEPATIENT, TWO (XXXX) VET</th>
<th>1024225</th>
<th>1/00000113698</th>
<th>03/20/09</th>
<th>0.00</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENTAMICIN OPHTHALMIC OINT.</td>
<td>00719-7058-61</td>
<td>W</td>
<td>RT</td>
<td>DS/N</td>
<td>p</td>
</tr>
<tr>
<td>REGULAR/ACCEPTED/RX DISCONTINUED</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

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**ECMEPATIENT, ONE (XXXX) TRI | 102435 | 0/00000113713 | 04/06/09 | 0.00 | 40.00 | 0.00 |
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>METHOXAMINE 10MG/CC INJ</td>
<td>00081-0957-10</td>
<td>W</td>
<td>RT</td>
<td>AC/N</td>
<td>p</td>
<td></td>
</tr>
<tr>
<td>REGULAR/ACCEPTED/ RX DISCONTINUED</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

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**SUBTOTALS for INS:COB INSURANCE**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>COUNT</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>21.88</td>
<td>40.00</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**SUBTOTALS for INS:ECME INSURANCE**

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<table>
<thead>
<tr>
<th></th>
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<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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>11.00</td>
<td>40.00</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**SUBTOTALS for INS:ECME1 INSURANCE**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNT</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>11.00</td>
<td>40.00</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

130 Electronic Claims Management Engine V. 1.0

User Manual

April 2006

Revised August 2016
<table>
<thead>
<tr>
<th>Subtotals for Ins: ECME1 Insurance</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Mean</td>
<td>0.00</td>
<td>54.16</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subtotals for Div: YYYYYYYYYY</th>
<th>32.88</th>
<th>188.32</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Mean</td>
<td>8.22</td>
<td>47.08</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grand Totals</th>
<th>32.88</th>
<th>188.32</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Mean</td>
<td>8.22</td>
<td>47.08</td>
<td>0.00</td>
</tr>
</tbody>
</table>
8.1.5 Claims Submitted, Not Yet Released

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

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

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

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

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

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

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

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given the following prompts for date range, 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
**Example 8.1.5-3: Claims Submitted, Not Yet Released Report**

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

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

**PRESCRIPTIONS (NOT RELEASED) BY TRANSACTION DATE:** From 09/23/05 through 09/23/05

---

**WEBMD**

<table>
<thead>
<tr>
<th>ECMEpatient,One  (XXXX) 909716$</th>
<th>0/00001105959</th>
<th>09/23/05</th>
<th>45.00</th>
<th>40.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTAMINE SULFATE SML INJ</td>
<td>W RT AC/N</td>
<td>p</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS:WEBMD**

<table>
<thead>
<tr>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.00</td>
<td>40.00</td>
</tr>
</tbody>
</table>

**COUNT**

| 1 | 1 |

**MEAN**

| 45.00 | 40.00 |

**SUBTOTALS for DIV:ZZZZZZ**

<table>
<thead>
<tr>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.00</td>
<td>40.00</td>
</tr>
</tbody>
</table>

**COUNT**

| 1 | 1 |

**MEAN**

| 45.00 | 40.00 |

**GRAND TOTALS**

<table>
<thead>
<tr>
<th>$BILLED</th>
<th>$INS RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.00</td>
<td>40.00</td>
</tr>
</tbody>
</table>

**COUNT**

| 1 | 1 |

**MEAN**

| 45.00 | 40.00 |

---

**8.1.6 Recent Transactions**

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

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

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

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

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

Select Claim Results and Status Option: REC Recent Transactions

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

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

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

Select one of the following:

R RELEASED
N NOT RELEASED
A ALL

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

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

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

DEVICE: HOME// <Enter> IP network
Please wait...
**Example 8.1.6-3: Recent Transactions Report**

**ECME RECENT TRANSACTIONS DETAIL REPORT**

<table>
<thead>
<tr>
<th>DIVISION(S): ALL</th>
<th>Fill Locations: C,M,W Fill type: RT,BB,RS</th>
<th>Drugs/Classes: ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESCRIPTIONS BY TRANSACTION DATE: From 10/04/10 through 11/03/10</td>
<td>Print Date: NOV 03, 2010@17:10:39 Page: 1</td>
<td>Print Date: NOV 03, 2010@17:10:39 Page: 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>COMPLETED</th>
<th>TRANS TYPE</th>
<th>PAYER RESPONSE</th>
<th>RX COB</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMPATIENT,THREE</td>
<td>(XXXX)</td>
<td>102128$</td>
<td>1/000000002509</td>
<td>10/04/10 02:52PM</td>
<td>SUBMIT</td>
<td>E REJECTED</td>
<td>p</td>
</tr>
<tr>
<td>DIAZEPAM 10MG S.T.</td>
<td>00555-0164-04</td>
<td>M  RT EX/N REJ</td>
<td>OPINSUR1</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,THREE</td>
<td>(XXXX)</td>
<td>1100249$</td>
<td>1/</td>
<td>10/06/10 11:29AM</td>
<td>SUBMIT</td>
<td>E REJECTED</td>
<td>p</td>
</tr>
<tr>
<td>GENTAMICIN OPHTHALMIC O</td>
<td>00719-7058-61</td>
<td>W  RT AC/N</td>
<td>OPINSUR1</td>
<td>502339</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,SIX</td>
<td>(XXXX)</td>
<td>1100341$</td>
<td>0/000000003126</td>
<td>10/07/10 12:06AM</td>
<td>SUBMIT</td>
<td>E REJECTED</td>
<td>p</td>
</tr>
<tr>
<td>DOXEPIN 25MG CAP</td>
<td>00839-7221-06</td>
<td>W  RT AC/R REJ</td>
<td>OPINSUR2</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,SIX</td>
<td>(XXXX)</td>
<td>1100342S</td>
<td>0/000000003127</td>
<td>10/07/10 01:59PM</td>
<td>SUBMIT</td>
<td>E PAYABLE</td>
<td>p</td>
</tr>
<tr>
<td>CORTICOTROPIN 40UNIT HP</td>
<td>00053-1330-01</td>
<td>W  RT AC/R</td>
<td>OPINSUR2</td>
<td>4</td>
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<td></td>
</tr>
<tr>
<td>ECMPATIENT,SIX</td>
<td>(XXXX)</td>
<td>1100336$</td>
<td>0/000000003120</td>
<td>10/07/10 03:05PM</td>
<td>REVERSAL</td>
<td>E REVERSAL OTHER</td>
<td>p</td>
</tr>
<tr>
<td>TRIAMTERENE 50MG, HCTZ</td>
<td>00484-3590-30</td>
<td>W  RT DS/R</td>
<td>OPINSUR2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,ONE</td>
<td>(XXXX)</td>
<td>100952$</td>
<td>0/000000000874</td>
<td>10/07/10 05:29PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>p</td>
</tr>
<tr>
<td>MEDROXYPROGESTRONE 10MG</td>
<td>00009-0050-02</td>
<td>W  RT DS/N</td>
<td>OPINSUR1</td>
<td>76220585</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,ONE</td>
<td>(XXXX)</td>
<td>100933$</td>
<td>0/000000000853</td>
<td>10/07/10 07:45PM</td>
<td>SUBMIT</td>
<td>E REJECTED</td>
<td>p</td>
</tr>
<tr>
<td>DOXEPIN 25MG CAP</td>
<td>00839-7221-06</td>
<td>M  RT DS/N</td>
<td>OPINSUR1</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,ONE</td>
<td>(XXXX)</td>
<td>101814$</td>
<td>0/000000002181</td>
<td>10/08/10 04:11PM</td>
<td>REVERSAL</td>
<td>E REVERSAL UNSTRANDED</td>
<td>p</td>
</tr>
<tr>
<td>IMIPRAMINE 25MG TAB</td>
<td>00779-0588-30</td>
<td>W  RT EX/N</td>
<td>OPINSUR1</td>
<td>57199104</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,ONE</td>
<td>(XXXX)</td>
<td>100954$</td>
<td>0/000000000876</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>p</td>
</tr>
<tr>
<td>DOXEPIN 25MG CAP</td>
<td>00839-7221-06</td>
<td>M  RT DS/N</td>
<td>OPINSUR1</td>
<td>76194694</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,ONE</td>
<td>(XXXX)</td>
<td>100991$</td>
<td>0/000000000915</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>p</td>
</tr>
<tr>
<td>IMIPRAMINE 25MG TAB</td>
<td>00779-0588-30</td>
<td>W  RT EX/N</td>
<td>OPINSUR1</td>
<td>57199347</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,ONE</td>
<td>(XXXX)</td>
<td>101861$</td>
<td>0/000000002229</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>p</td>
</tr>
<tr>
<td>CHLORAL HYDRATE 500MG C</td>
<td>00003-0626-51</td>
<td>W  RT DS/N</td>
<td>OPINSUR1</td>
<td>57199249</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,ONE</td>
<td>(XXXX)</td>
<td>101959$</td>
<td>0/000000002331</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>p</td>
</tr>
<tr>
<td>LIDOCAINE 2% 50ML INJ M</td>
<td>00186-0240-02</td>
<td>W  RT DS/N</td>
<td>OPINSUR1</td>
<td>51602609</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECMPATIENT,THREE</td>
<td>(XXXX)</td>
<td>102225$</td>
<td>0/000000002607</td>
<td>10/08/10 04:16PM</td>
<td>SUBMIT</td>
<td>E UNSTRANDED</td>
<td>p</td>
</tr>
<tr>
<td>BIPERIDEN 2MG TAB</td>
<td>00044-0120-04</td>
<td>M  RT DS/N</td>
<td>OPINSUR1</td>
<td>46160110</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(This page included for two-sided copying.)
8.1.7 Totals by Date

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

You must hold the BPSMENU and BPS REPORTS keys to view the Totals by Day Report option.

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

Example 8.1.7-1: Totals by Date Option

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

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

Select Claim Results and Status Option: 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)

<table>
<thead>
<tr>
<th>DATE</th>
<th>#CLAIMS</th>
<th>AMOUNT SUBMITTED</th>
<th>AMOUNT REJECTED</th>
<th>AMOUNT RETURNED</th>
<th>AMOUNT PAYABLE</th>
<th>AMOUNT TO RECEIVE</th>
<th>AMOUNT 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>40.00</td>
<td>5.00</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>40.00</td>
<td>5.00</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>40.00</td>
<td>5.00</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. The Excel display format of the report displays the Amount Billed and the Amount Billed is only on the Excel display format.

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

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

Select one of the following:
S  Specific Close Claim Reason
A  ALL

Include (S)pecific Close Claim Reason or (A)LL: ALL// <Enter>

Select one of the following:

V  VETERAN
T  TRICARE
C  CHAMPVA
A  ALL

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DACARBAZINE 100MG INJ</td>
<td>00026-8151-10</td>
</tr>
</tbody>
</table>

ECME1 INSURANCE

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF/ECME#</th>
<th>RX INFO</th>
<th>DRUG</th>
<th>NDC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DACARBAZINE 100MG INJ</td>
<td>00026-8151-10</td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS:** ECMEUSER,ONE

- ECMEPAT,ONE: 1

**CLOSED CLAIMS SUBTOTAL:** 1

**SUBTOTALS for DIV:** YYYYYYY

- ECMEUSER,ONE: 1

**CLOSED CLAIMS SUBTOTAL:** 1

**GRAND TOTALS (ALL DIVISIONS) by BILLER**

- ECMEUSER,ONE: 1

**CLOSED CLAIMS GRAND TOTAL:** 1
8.1.9 Non-Billable Status Report
The ECME Reports menu includes a Non-Billable Status Report for ECME Rxs. This report provides users with a tool to easily identify prescriptions that the ePharmacy software determines are not being billed (e.g., OTC products, no insurance on file or not active). The report ensures that prescriptions are billed for TRICARE and/or CHAMPVA patients in a timely manner.

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

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

Example 8.1.9-1: Accessing the Non-Billable Status Report Option

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

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

Select Claim Results and Status Option: NBS Non-Billable Status Report

(B) After you have made selections from the “ALL REPORTS” prompts, you will be given a series of prompts as shown below:
Example 8.1.9-2: Selecting Non-Billable Status Report option

Select one of the following:

D  DIVISION
A  ALL

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

Select ECME Pharmacy Division(s): GENERIC PHARMACY
Selected:
   GENERIC PHARMACY

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// LL
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:

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// T-10  (MAY 29, 2015)
GO TO TRANSACTION DATE: T// T  (JUN 08, 2015)

Select one of the following:

R RELEASED
N NOT RELEASED
A ALL

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

R Most Recent
A ALL

Select Most (R)ecent or (A)ll: MOST RECENT//

Select one of the following:

E ELIGIBILITY
A ALL

Select Certain (E)ligibilities or (A)LL: ALL//

Select one of the following:

S NON-BILLABLE STATUS
A ALL

Select Certain Non-Billable (S)tatus or (A)ll: ALL//

Do you want to capture report data for an Excel document? NO//
WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED. IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// HOME (CRT) Right Margin: 80//132
Please wait...
Example 8.1.9-3: Non-Billable Status Report
<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF</th>
<th>DATE</th>
<th>DRUG</th>
<th>NDC</th>
<th>RELEASED ON</th>
<th>RX INFO</th>
<th>NON-BILLABLE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEpatient, One</td>
<td>(XXXX)</td>
<td>TRI</td>
<td>2</td>
<td>04/15/09</td>
<td>AMITRIPTYLINE 10MG TAB</td>
<td>00182-1018-10</td>
<td>04/15/09</td>
<td>W</td>
<td>AC/R</td>
<td>Plan not active, local</td>
</tr>
<tr>
<td>ECMEpatient, Three</td>
<td>(XXXX)</td>
<td>VET</td>
<td>0</td>
<td>03/10/09</td>
<td>METHADONE 10MG TAB</td>
<td>000054-8554-2</td>
<td>03/10/09</td>
<td>W</td>
<td>EX/N</td>
<td>Plan not linked to Payer</td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS:GENERIC INS**

COUNT

2

MEAN

51.00

Press RETURN to continue

**GENERIC INSURANCE 2**

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Pt.ID</th>
<th>ELIG</th>
<th>RX#</th>
<th>REF</th>
<th>DATE</th>
<th>DRUG</th>
<th>NDC</th>
<th>RELEASED ON</th>
<th>RX INFO</th>
<th>NON-BILLABLE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMEpatient, Two</td>
<td>(XXXX)</td>
<td>VET</td>
<td>0</td>
<td>03/05/09</td>
<td>NEODECADRON OPHTMALIC SOL.</td>
<td>00006-7639-03</td>
<td>03/05/08</td>
<td>W</td>
<td>AC/R</td>
<td>Plan not found</td>
</tr>
<tr>
<td>ECMEpatient, Two</td>
<td>(XXXX)</td>
<td>VET</td>
<td>0</td>
<td>03/05/09</td>
<td>PENTAERYTHRITOL 10MG TAB</td>
<td>00725-2064-10</td>
<td>03/05/08</td>
<td>W</td>
<td>AC/R</td>
<td>Plan Deactivated</td>
</tr>
</tbody>
</table>

**SUBTOTALS for INS:GENERIC INSURANCE 2**

COUNT

42

MEAN

51.00

102.00

2142.00
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUBTOTALS for DIV: GENERIC DIVISION</strong></td>
<td>2244.00</td>
</tr>
<tr>
<td>COUNT</td>
<td>44</td>
</tr>
<tr>
<td>MEAN</td>
<td>51.00</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GRAND TOTALS</strong></td>
<td>2244.00</td>
</tr>
<tr>
<td>COUNT</td>
<td>44</td>
</tr>
<tr>
<td>MEAN</td>
<td>51.00</td>
</tr>
</tbody>
</table>

Press RETURN to continue:
(This page included for two-sided copying.)
8.1.10 Spending Account Report

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

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

Example 8.1.10-1: Accessing the Spending Account Report Option

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

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

Select Claim Results and Status Option: SPA Spending Account Report

Example 8.1.10-2: Selecting Spending Account Report Option

Select one of the following:
    D      DIVISION
    A      ALL

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

Select ECME Pharmacy Division(s): 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)
Select Certain (I)NSURANCE or (A)LL: A// ALL

Select one of the following:

- C CMOP
- M Mail
- W Window
- A ALL

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

Select one of the following:

- R Real Time Fills
- B Backbill
- S ReSubmission
- A ALL

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

Select one of the following:

- D Drug
- C Drug Class
- A ALL

Display Specific (D)rug or Drug (C)lass or (A)LL: ALL//

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

Select one of the following:

- R RELEASED
- N NOT RELEASED
- A ALL

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

Select one of the following:

- S Specific Reject Code
- A ALL

Include (S)pecific Reject Code or (A)LL: ALL//

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

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

DEVICE: HOME//

Please wait...
**Example 8.1.10-3: Spending Account Report – Summary**

<table>
<thead>
<tr>
<th>DIVISION(S): ALL</th>
<th>Fill Locations: C,M,W</th>
<th>Fill type: RT,BB,P2,RS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PRESCRIPTIONS BY TRANSACTION DATE: From 06/05/11 through 12/02/11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIVISION: XXXXXX**

<table>
<thead>
<tr>
<th>SUBTOTALS for INS:EPHARM INSURANCE</th>
<th>---------</th>
<th>----------</th>
<th>-----------</th>
<th>12.00</th>
<th>999999.99</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNT</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>MEAN</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>12.00</td>
<td>999999.99</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBTOTALS for INS:EXPRESS SCRIPTS</th>
<th>---------</th>
<th>----------</th>
<th>-----------</th>
<th>999999.99</th>
<th>999999.99</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNT</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>MEAN</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>999999.99</td>
<td>999999.99</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBTOTALS for DIV:XXXXXX</th>
<th>1000011.99</th>
<th>1999999.98</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNT</td>
<td>2.00</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td>MEAN</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GRAND TOTALS</th>
<th>1000011.99</th>
<th>1999999.98</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNT</td>
<td>2.00</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td>MEAN</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
### Example 8.1.10-4: Spending Account Report – Detail

**ECME SPENDING ACCOUNT REPORT DETAIL REPORT**

**DIVISION(S): ALL**

**Insurance: ALL**

**Drugs/Classes: ALL**

**All Prescriptions by Transaction Date: From 06/05/11 through 12/02/11**

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

<table>
<thead>
<tr>
<th>DRUG</th>
<th>RX INFO</th>
<th>INS GROUP#</th>
<th>INS GROUP NAME</th>
<th>BILL#</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>
</table>

**DIVISION: XXXXXX**

<table>
<thead>
<tr>
<th>EPHARM INSURANCE</th>
<th>OPCOB,ONECNF</th>
<th>(166P)</th>
<th>2719307</th>
<th>0/4316136</th>
<th>08/24/11</th>
<th>12.00</th>
<th>999999.99</th>
<th>0.00</th>
</tr>
</thead>
</table>

| ATENOLOL 25MG TAB | W | P2  | EX/R | T00010 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 12.30 |

| CLAIM ID: VA2011=4050000015=000010=0001047 |

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

<table>
<thead>
<tr>
<th>EXPRESS SCRIPTS</th>
<th>OPCOB,ONECNF</th>
<th>(166P)</th>
<th>2719307</th>
<th>0/4316136</th>
<th>08/24/11</th>
<th>999999.99</th>
<th>999999.99</th>
<th>0.00</th>
</tr>
</thead>
</table>

| ATENOLOL 25MG TAB | W | P2  | EX/R | T00010 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 15.41 |

| CLAIM ID: VA2011=4050000015=000010=0001046 |

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

<table>
<thead>
<tr>
<th>SUBTOTALS for INS:EXPRESS SCRIPTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>999999.99</td>
</tr>
<tr>
<td>COUNT</td>
<td>0.00</td>
</tr>
<tr>
<td>MEAN</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>SUBTOTALS</strong></td>
<td></td>
</tr>
<tr>
<td>for DIV:XXXXXX</td>
<td>1000011.99</td>
</tr>
<tr>
<td><strong>COUNT</strong></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
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<tr>
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</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

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

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

Select Other Reports Option:

8.2.1 ECME Claims-Response Inquiry Option

The ECME Claims-Response Inquiry option allows the user to enter a VA Claim ID and see the transaction data, the claim data sent to the third-party payer and the response data that was returned. This option may assist the sites and/or the VistA Maintenance Project (VMP) team in determining the cause of a reject that is received from a payer.
Access the ECME Claims-Response Inquiry option by entering CRI at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.1-1: Accessing the ECME Claims-Response Inquiry Option

*************************************************
*Electronic Claims Management Engine (ECME) V1.0* *
*            XXXXX                      * *
*                Other Reports                  * *
*************************************************
CRI    ECME Claims-Response Inquiry
PAY    Payer Sheet Detail Report
PHAR   ECME Setup - Pharmaceuticals Report
TAT    Turn-around time statistics
VER    View ePharmacy Rx
OPR    OPECC Productivity Report

Select Other Reports Option: CRI  ECME Claims-Response Inquiry

Example 8.2.1-2: ECME Claims-Response Inquiry Option

Select VA Claim ID: VA2009=5000000021=105220=0005524
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 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 PATIENT NAME: ECMEpatient,One
GROUP INSURANCE PLAN: COB INSURANCE BIN NUMBER: 610459
VERSION RELEASE NUMBER: D0 TRANSACTION CODE: B1
PROCESSOR CONTROL NUMBER: MHCP TRANSACTION COUNT: 1
SOFTWARE VENDER CERT ID: SERVICE PROVIDER ID: 5000000021
SERVICE PROVIDER ID QUAL: 01 GROUP ID: C19977
CARDHOLDER ID: C2XXXXXX PERSON CODE: C301
DATE OF BIRTH: C4XXXXXXXX PATIENT GENDER CODE: MALE
PATIENT RELATIONSHIP CODE: CARDHOLDER
PLACE OF SERVICE: C700
PATIENT FIRST NAME: CAONE
PATIENT LAST NAME: CBECMEPATIENT
CARDHOLDER FIRST NAME: CCONE
CARDHOLDER LAST NAME: CDECMEPATIENT
HOME PLAN: CE36
PATIENT STREET ADDRESS: CM13 DFG
PATIENT CITY ADDRESS: CNXXXXXXX
PATIENT STATE PROV ADDRESS: COXX
PATIENT ZIP POSTAL ZONE: CPXXXXX
PATIENT PHONE NUMBER: CQXXXXXXXX
PATIENT ID QUALIFIER: CX01
SMOKER INDICATOR: 1C
PREGNANCY INDICATOR: 2C
FACILITY ID: 8C
MEDICATION ORDER: 1
PRESCRIPTION NUMBER: 102179
OTHER COVERAGE CODE: C800
COB OTHER PAYMENT COUNTER: 4C1
OTHER PAYER ID QUALIFIER: 6C03
OTHER PAYER DATE: APR 14,2009
OTHER PAYER AMOUNT PAID COUNT: HB1
OTHER PAYER AMT PAID QUALIFIER: HC08
DATE OF SERVICE: APR 14,2009
PRESCRIPTION REFERENCE NUMBER: D20113414
FILL NUMBER: D304
DAYS SUPPLY: D5001
COMPOUND CODE: D61
PRODUCT SERVICE ID: D700002143916
PRESCRIBER ID: DBXXXXXXXXX
DATE PRESCRIPTION WRITTEN: DE20090112
NUMBER OF REFILLS AUTHORIZED: DF05
LEVEL OF SERVICE: DI00
PRESCRIPTION ORIGIN CODE: DJ1
PRIOR AUTHORIZATION TYPE CODE: EU00
INTERMEDIARY AUTH TYPE ID: EW00
INTERMEDIARY AUTHORIZATION ID: EX
PRESCRIBER PHONE NUMBER: PMXXXXXXXXXX
DATE OF SERVICE: 20090414
PLAN ID: FOECME INS
RAW DATA SENT:
61045951B1MHCP 1015000000021 20090414
AM01CX01CYXXXXXXXX C419600101C51CAONECBECMEPATIENT CM13 DFG
CQXXXXXXX
CZ 1C C2
AM04C2234234CONECDECMEPATIENT CE36 FOECME INSC908C C19977
C301 C61
AM07EM1D20113414E103D7000002143916
E7000000010003D4500101D61D80DE20090112D
F05DJ1D00E000001000C800DTE0EB00001000CW0000000000000000E0K00000000000DI0
0EU00EV0000000000EW00EX
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

*Cerebral palsy management engine (ECME) V1.0*

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

Select Other Reports Option: **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**

<table>
<thead>
<tr>
<th>Seq</th>
<th>Field</th>
<th>Field Name</th>
<th>Proc Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>-----</td>
<td>------------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>101-A1</td>
<td>BIN NUMBER</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>102-A2</td>
<td>VERSION/RELEASE NUMBER</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>103-A3</td>
<td>TRANSACTION CODE</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>104-A4</td>
<td>PROCESSOR CONTROL NUMBER</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>202-B2</td>
<td>SERV PROVIDER ID QUALIFIER</td>
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<td></td>
<td>201-B1</td>
<td>SERVICE PROVIDER ID</td>
<td>S</td>
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<tr>
<td></td>
<td>401-D1</td>
<td>DATE FILLED</td>
<td>S</td>
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</table>

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

**Payer Sheet Detail Report**

<table>
<thead>
<tr>
<th>Seq</th>
<th>Field</th>
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<th>Proc Mode</th>
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*** Insurance Segment ***

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<td>33</td>
<td>331-CX</td>
<td>PATIENT ID QUALIFIER</td>
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<tr>
<td>35</td>
<td>332-CY</td>
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<td>36</td>
<td>304-C4</td>
<td>DATE OF BIRTH</td>
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<td>37</td>
<td>305-C5</td>
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<td>39</td>
<td>307-C7</td>
<td>CUSTOMER LOCATION</td>
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<td>40</td>
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<td>PREGNANCY INDICATOR</td>
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### Insurance Segment

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### Claim Segment

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<td>455-EM</td>
<td>RX/SERVICE REF NUMBER QUAL</td>
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<td>69</td>
<td>402-D2</td>
<td>PRESCRIPTION NUMBER</td>
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<td>71</td>
<td>436-E1</td>
<td>PRODUCT/SERV ID QUAL</td>
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<td>73</td>
<td>407-D7</td>
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<td>75</td>
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<td>NEW/REFILL CODE</td>
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<tr>
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<td>405-D5</td>
<td>DAYS SUPPLY</td>
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<td>79</td>
<td>406-D6</td>
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<td>82</td>
<td>414-DE</td>
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<td>441-E6</td>
<td>DUR OUTCOME CODE</td>
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<td>474-8E</td>
<td>DUR/PPS LEVEL OF EFFORT</td>
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<td>475-J9</td>
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<td>412-DC</td>
<td>DISPENSING FEE SUBMITTED</td>
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<td>477-BE</td>
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<td>249</td>
<td>433-DX</td>
<td>PATIENT PAID AMOUNT</td>
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<td>252</td>
<td>481-HA</td>
<td>FLAT SALES TAX AMOUNT SUBMIT</td>
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<td>482-GE</td>
<td>PERCENTAGE SALES TAX AMT SUB</td>
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<td>484-JE</td>
<td>PERCENT SALES TAX BASIS SUB</td>
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<td>426-DQ</td>
<td>USUAL &amp; CUSTOMARY CHARGE</td>
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<td>430-DU</td>
<td>GROSS AMOUNT DUE</td>
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<td>266</td>
<td>423-DN</td>
<td>BASIS OF COST DETERMINATION</td>
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<td>275</td>
<td>111-AM</td>
<td>SEGMENT IDENTIFICATION</td>
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<td>COUPON TYPE</td>
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<td>486-ME</td>
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<tr>
<td>279</td>
<td>487-NE</td>
<td>COUPON VALUE AMOUNT</td>
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</tbody>
</table>
8.2.3 ECME Setup – Pharmacies Report

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

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

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

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

Select Setup (Configuration) Reports Option: PHAR ECME Setup – Pharmacies Report
DEVICE: IP network
Example 8.2.3-2: ECME Setup - Pharmacies Report Option

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<th>NUMBER:</th>
<th>2</th>
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</thead>
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<tr>
<td>NCPDP #:</td>
<td>XXXXXXX</td>
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<tr>
<td>DEFAULT DEA #:</td>
<td>AGXXXXX</td>
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<tr>
<td>AUTO-REVERSE PARAMETER:</td>
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<tr>
<td>CMOP SWITCH:</td>
<td>CMOP ON</td>
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<tr>
<td>SITE ADDRESS 1:</td>
<td>101 MAIN STREET</td>
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<tr>
<td>SITE CITY:</td>
<td>XXXXXXXXX</td>
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<tr>
<td>SITE STATE:</td>
<td>XXXXX</td>
</tr>
<tr>
<td>SITE ZIP CODE:</td>
<td>XXXX</td>
</tr>
<tr>
<td>SITE ADDRESS NAME:</td>
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<tr>
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<tr>
<td>START DAY RANGE:</td>
<td>MON</td>
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<tr>
<td>START HOUR RANGE:</td>
<td>0800</td>
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<tr>
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<td>1600~TUE</td>
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<tr>
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<tr>
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**OUTPATIENT SITE: XXXXXXXXXXXX**
- REMITTANCE ADDRESS NAME: MAIN
- REMITTANCE ADDRESS 1: 101 MAIN STREET
- REMIT ADDRESS 1: 101 MAIN STREET
- REMIT CITY: XXXXXXXXX
- REMIT STATE: XXXXX
- REMIT ZIP: XXXX
- VA CONTACT: CONTACT,ONE
- VA ALTERNATE CONTACT: CONTACT,ONE
- VA LEAD PHARMACIST: CONTACT,ONE
- VA LEAD PHARMACIST LICENSE #: XXXXXXXX

| Monday Close Time: | 1600 |
| Tuesday Close Time: | 1600 |
| Wednesday Close Time: | 1600 |
| Thursday Close Time: | 1600 |
| Friday Close Time: | 1600 |
| Saturday Close Time: | 1600 |
| Monday Open Time: | 0800 |
| Tuesday Open Time: | 0800 |
| Wednesday Open Time: | 0800 |
| Thursday Open Time: | 0800 |

<table>
<thead>
<tr>
<th>NUMBER:</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:</td>
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<tr>
<td>NCPDP #:</td>
<td>XXXXXXX</td>
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<td>DEFAULT DEA #:</td>
<td>AGXXXXX</td>
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<td>AUTO-REVERSE PARAMETER:</td>
<td>2</td>
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<tr>
<td>CMOP SWITCH:</td>
<td>CMOP ON</td>
</tr>
<tr>
<td>SITE ADDRESS 1:</td>
<td>101 MAIN AVE</td>
</tr>
<tr>
<td>SITE CITY:</td>
<td>XXXXXXXXXXX</td>
</tr>
<tr>
<td>SITE STATE:</td>
<td>XXXXX</td>
</tr>
<tr>
<td>SITE ZIP CODE:</td>
<td>XXXX</td>
</tr>
<tr>
<td>SITE ADDRESS NAME:</td>
<td>101 MAIN AVE</td>
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<tr>
<td>HOURS OF OPERATION:</td>
<td>24</td>
</tr>
<tr>
<td>START DAY RANGE:</td>
<td>MON</td>
</tr>
<tr>
<td>START HOUR RANGE:</td>
<td>0800</td>
</tr>
<tr>
<td>END HOUR RANGE:</td>
<td>1600~TUE</td>
</tr>
<tr>
<td>NPI:</td>
<td>0000000006</td>
</tr>
<tr>
<td>DATE/TIME OF LAST NPI CHANGE:</td>
<td>OCT 10, 2006@15:05:05</td>
</tr>
</tbody>
</table>

**OUTPATIENT SITE: XXXXXXXXXXXX VA**
- OUTPATIENT SITE: XXXXXXXXX CBOC
- OUTPATIENT SITE: XXXXX VA CBOC
- REMITTANCE ADDRESS NAME: XXXXXXXXXXX XXXXXX
- REMITTANCE ADDRESS 1: 101 XXXXXXXXXXXXXXXXXX
- REMIT CITY: XXXXXXXXXXXXX
- REMIT STATE: XXXXXXXX
- REMIT ZIP: XXXX
- VA CONTACT: CONTACT,ONE
- VA ALTERNATE CONTACT: CONTACT,TWO
- VA LEAD PHARMACIST: PHARMACIST,ONE
- Monday Close Time: 1600
- Tuesday Close Time: 1600
- Wednesday Close Time: 1600
- Thursday Close Time: 1600
- Friday Close Time: 1600
- Saturday Close Time: 1600
- Sunday Close Time: 1600
- Monday Open Time: 0800
- Tuesday Open Time: 0800
- Wednesday Open Time: 0800
- Thursday Open Time: 0800
- Friday Open Time: 0800
- Saturday Open Time: 0800
- Sunday Open Time: 0800
8.2.4 Turn-around time statistics
The *Turn-around time statistics* option shows the length of time for claims to complete, including breakouts for various steps of claims creation. The end of the report has the average time for the claims displayed.

Access the *Turn-around time statistics* option by entering TAT at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.4-1: Accessing the Turn-around time statistics Report Option

```
*************************************************
*Electronic Claims Management Engine (ECME) V1.0*
*       XXXXX VAMC       *
*   Other Reports   *
*************************************************
CRI   ECME Claims-Response Inquiry
PAY   Payer Sheet Detail Report
PHAR  ECME Setup - Pharmacies Report
TAT   Turn-around time statistics
VER   View ePharmacy Rx
OPR   OPECC Productivity Report

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

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

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

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

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

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

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

Average Turn-around time: 13

8.2.5 View ePharmacy Rx
The View ePharmacy Rx option allows you to view information for one prescription, combining information from Outpatient Pharmacy, Integrated Billing and ECME.
Access the View ePharmacy Rx option by entering **VER** at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

### Example 8.2.5-1: Accessing the View ePharmacy Rx Report Option

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

Select Other Reports Option: **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

ECMEPATIENT,ONE

| PID: 666-87-4529 | Ht(cm): _______ (______)
| DOB: OCT 18,1963 (47) | Wt(kg): _______ (______)

+------------------------------------------------------------------+
| Rx #: 2055346#e (ECME#: 000001615253) | |
| Orderable Item: TAMOXIFEN CITRATE TAB | |
| CMOP Drug: TAMOXIFEN CITRATE 10MG TAB | |
| NDC: 00378-0144-93 | |
| *Dosage: 10MG | |
| Verb: TAKE | |
| Dispense Units: 1 | |

170 Electronic Claims Management Engine V. 1.0
User Manual
April 2006
Revised August 2016
Noun: TABLET
*Route: ORAL (BY MOUTH)
*Schedule: BID

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

Patient Status: OUTPT NON-SC

Issue Date: 01/29/09          Fill Date: 01/29/09
Last Fill Date: 02/26/09 (Mail, Transmitted)
Last Release Date: 02/25/09          Lot #:
Expires: 01/30/10          MFG:
Days Supply: 3          QTY (TAB): 60
# of Refills: 11          Remaining: 9

Provider: ECMEPROVIDER,ONE
Routing: Window
Copies: 1

Method of Pickup:
Clinic: Not on File
Division: CHEYENNE VAM&ROC (442)
Pharmacist: ECMEPROVIDER,ONE

Patient Counseling: NO

Remarks: New Order Created by copying Rx # 2055345.

Finished By: ECMEPROVIDER,ONE

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

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

Refill Log:
#  Log Date   Refill Date  Qty  Routing  Lot #  Pharmacist
===============================================================================
1  02/25/09  02/25/09  60  Mail  ECMEPROVIDER,ONE
Division: 442       Dispensed: 02/25/09   Released: 2/25/09  NDC: 00378-0144-91
2  02/25/09  02/26/09  60  Mail  ECMEPROVIDER,ONE
Division: 442       Dispensed: 02/26/09   Released:

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

Activity Log:
#  Date        Reason         Rx Ref         Initiator Of Activity
===============================================================================
1  02/25/09    SUSPENSE       REFILL 1  ECMEPROVIDER,ONE
Comments: RX Placed on Suspense for CMOP until 02-25-09
2  02/25/09    PROCESSED      REFILL 1  ECMEPROVIDER,ONE
Comments: Transmitted to DALLAS CMOP
3  02/25/09    SUSPENSE       REFILL 2  ECMEPROVIDER,ONE
Comments: RX Placed on Suspense for CMOP until 02-26-09
4  02/25/09    SUSPENSE       REFILL 2  ECMEPROVIDER,ONE
5  03/01/09    PROCESSED      REFILL 2  ECMEPROVIDER,ONE
Comments: Transmitted to DALLAS CMOP
6  06/11/09    DISCONTINUED   REFILL 2  ECMEPROVIDER,TWO
Comments: Discontinued During New Prescription Entry - Duplicate Drug

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

Label Log:
#  Date        Rx Ref         Printed By
===============================================================================
1  02/25/09  ORIGINAL  ECMEPROVIDER,ONE
Comments: From RX number 2055346

ECME Log:
# Date/Time           Rx Ref          Initiator Of Activity
===============================================================================
1 1/29/09@12:59:55    ORIGINAL        ECMEPROVIDER,ONE  
Comments: Submitted to ECME:WINDOW FILL(NDC:00378-0144-93)-E REJECTED

2 2/25/09@16:49:16    ORIGINAL        ECMEPROVIDER,ONE  
Comments: Submitted to ECME:REJECT WORKLIST-E PAYABLE

3 2/25/09@16:51:03    REFILL 1        ECMEPROVIDER,ONE  
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00378-0144-91)

4 3/1/09@14:00:05     REFILL 2        ECMEPROVIDER,ONE  
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00378-0144-91)

ECME REJECT Log:
# Date/Time Rcvd    Rx Ref    Reject Type     STATUS     Date/Time Resolved
===============================================================================
1 1/29/09@12:59:54  ORIGINAL  REFILL TOO SOON RESOLVED   2/25/09@16:49:04
Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)

CMOP Event Log:
Date/Time             Rx Ref  TRN-Order       Stat             Comments
===============================================================================
02/25/09@1656         Ref 1    16346-1            DISP    NDC: 00378014491
Carrier: USPS                  Pkg ID: PGKID999
03/01/09@1403         Ref 2    16360-1            TRAN

CMOP Lot#/Expiration Date Log:
Rx Ref               Lot #               Expiration Date
===============================================================================
Ref 1               A87904              03/22/07

ECME Claim Log
PHARMACY ECME        Feb 08, 2011@14:06:41
Page:    1 of    1
Claim Log information
--------------------------------------------------------------------------------
Pharmacy ECME Log
VA Rx #: 2055346$       Fill #: 1             ECME #: 1615253

Patient Name: ECMEPATIENT,ONE (4529)
Transaction Number: 1615253.00011
Last Submitted: FEB 25,2009@16:51:03
Last Submitted By: ECMEPROVIDER,ONE
Last VA Claim #: VA2009=1164471991=000010=0001235

Transmission Information (CLAIM REQUEST)(#1236)--------------------------------
Created on: FEB 25,2009@16:51:04
VA Claim ID: VA2009=1164471991=000010=0001235
Submitted By: ECMEPROVIDER,ONE
Transaction Type: REQUEST
Date of Service: 02/25/2009
NDC: 00378-0144-91
ECME Pharmacy: CHEY9-BOTH NPI & NCPDP
Days Supply: 3
Qty: 60     Unit Cost: .928     Total Price: 68.20

Insurance Name: BLUE MOON INSURANCE
Group Name: T-GROUP1
Rx Coordination of Benefits: PRIMARY
BIN: 123456
PCN: 1123456789
NCPDP Version: D.0
Group ID: 10001
Cardholder ID: CARDHOLDER
Patient Relationship Code: CARDHOLDER
Cardholder First Name: ONE
Cardholder Last Name: OPPATIENT
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 Info:
DUR Additional Text:

ECME CRI REPORT DATA

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

BPS TRANSACTION/BPS LOG OF TRANSACTION DATA:
ENTRY#: 1615253.00011  STATUS: 99
PHARMACY: CHEY9-both NPI & NCPDP
RXI-INTERNAL (c): 1615253
PLAN NAME: BLUE MOON INSURANCE
CLAIM IEN (c): 1236
RESPONSE IEN (c): 1213

BPS CLAIMS FILE DATA:
CLAIM ID: VA2009=1164471991=000010=0001235
ELECTRONIC PAYER: WBTESTB1
TRANSMIT FLAG: YES (POINT OF SALE)
TRANSMITTED ON: FEB 25, 2009@16:51:04  CREATED ON: FEB 25, 2009@16:51:04
PATIENT NAME: ECMEPATIENT, ONE
GROUP INSURANCE PLAN: BLUE MOON INSURANCE
HIS 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
SUBM CLARIFICATION CODE CNTR: 1
DATE OF SERVICE: FEB 25, 2009
PRESCRIPTION/SERVICE REF NO: D21615253
DAYS SUPPLY: D5003
COMPONENT CODE: D61
PRODUCT SERVICE ID: D700378014491
INGREDIENT COST SUBMITTED: D900005101
DISPENSE AS WRITTEN: D80
DISPENSING FEE SUBMITTED: DCO0000000
DATE PRESCRIPTION WRITTEN: DE20090129
NUMBER OF REFILLS AUTHORIZED: DF11
PRESCRIPTION ORIGIN CODE: DJ1

April 2006 Revised August 2016
Electronic Claims Management Engine V. 1.0 User Manual
SUBMISSION CLARIFICATION CODE: DK02  BASIS OF COST DETERMINATION: DN07
USUAL AND CUSTOMARY CHARGE: DQ0000510
GROSS AMOUNT DUE: DU0000510
PRESCRIBER LAST NAME: POPPROVIDER
PATIENT PAID AMOUNT SUBMITTED: DX0000000
PRODUCT SERVICE ID QUALIFIER: E103
QUANTITY DISPENSED: ET0000060000
PRESCRIPTION SERVICE REFERENCE: EM1
QUANTITY PRESCRIBED: ET0000060000
PRESCRIBER ID QUALIFIER: EZ01
PC PROVIDER LOCATION CODE: H5001
PC PROVIDER LAST NAME: 4EOPPROVIDER
PRESCRIBER PHONE NUMBER: PM0001234567
DATE OF SERVICE: 20090225
RAW DATA SENT:
12345651B1111234567891011164471991 20090225STATP
AM01CX01CY666874529 C419631018C51CAONE CBOPPATIENT CM32
OAK STREET CNBIRMINGHAM COALCP35209 CQ205559874
AM04C2C110001
AM07EMID21615253E103D700378014491 E70000060000D301D5003D61D80DE20090129D
F11D1DK02ET0000060000C800
AM02
AM03EZ01DB 1E DROPPROVIDER H50014EOPPROVIDER
AM11D90000510{DC00000000DX0000000{DQ0000510{DU0000510{DN07
BPS RESPONSE FILE DATA:
BPS CLAIM: VA2009=1164471991=000010=0001235
DATE RESPONSE RECEIVED: FEB 25, 2009@16:51:10
VERSION RELEASE NUMBER: D.0
TRANSACTION COUNT: 1
SERVICE PROVIDER ID: 1164471991
SERVICE PROVIDER ID QUALIFIER: 01
DATE OF SERVICE: FEB 25, 2009
RESPONSE STATUS: ACCEPTED
TRANSACTION ORDER: 1
TRANSACTION RESPONSE STATUS: PAID
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
DISPENSING FEE PAID: $ 12.50
TOTAL AMOUNT PAID: $ 58.20
INCENTIVE AMOUNT PAID: $ 1.25
BASIS OF REIMB DETERMINATION: 08
TAX EXEMPT INDICATOR: NOT TAX EXEMPT
FLAT SALES TAX PAID: $ 1.00
PROFESSIONAL SERVICE FEE PAID: $ 4.54
OTHER AMOUNT PAID COUNT: 1
OTHER PAYER AMOUNT RECOGNIZED: $ 0.00
RAW DATA RECEIVED:
VA2009=1164471991=000010=000123551B11A011164471991
20090225\X1D\X1E\X1C\AM21\X1C\ANP\X1C\F3WEBMD:
PAID\X1C\X1C\AM22\X1C\EM1\X1C\D21615253\X1E\X1C\AM23\X1C\F50000100\X1C\F6000
0557\X1C\F70000125\X1C\AV2\X1C\AMW000010\X1C\FL0000012E\X1C\J10000045D\X1C\J2
1\X1C\J301\X1C\J40000033C\X1C\J500000000\X1C\F90000683B\X1C\FM08

ECME BILLING EVENTS REPORT

BILLING ECME EVENTS (DETAILED) for ALL DIVISIONS
SINGLE PRESCRIPTION - 2055346 FILL# 1

RX#   FILL  DATE       PATIENT NAME               DRUG
================================================================================
1   2055346 1   02/25/09    ECMEPATIENT,ONE         TAMOXIFEN CITRATE 10MG TAB
FINISH    02/25/09 4:51p Status:ECME Billable
ELIGIBILITY: CV:No
DRUG:TAMOXIFEN CITRATE 10MG TAB
NDC:00378-0144-91, BILLED QTY:60, COST:.928, DEA:6PR
PLAN:7-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)

<table>
<thead>
<tr>
<th>BILL</th>
<th>RX</th>
<th>DATE</th>
<th>INSURANCE</th>
<th>COB</th>
<th>PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>K90007U</td>
<td>01/29/09</td>
<td>BLUE MOON INSURANC P</td>
<td>ECMEPATIENT,ONE</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>K90007W</td>
<td>02/25/09</td>
<td>BLUE MOON INSURANC P</td>
<td>ECMEPATIENT,ONE</td>
<td></td>
</tr>
</tbody>
</table>

Patient Policy Information

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

Plan Information
- Is Group Plan: YES
- Group Name: DRUG INS
- Group Number: 111
- BIN: Billing Ph:
- PCN: Pre-cert Ph:

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
  - Emp Sponsored Plan: No
- Employer:
- Employment Status:
- Retirement Date:
- Claims to Employer: No, Send to Insurance

Company
- Primary Provider: Street:
- Prim Prov Phone: City/State:
Phone:

Insurance Person's Information (use Subscriber Update Action)
 Insured's DOB: 10/18/1963
 Insured's Sex: MALE
 Insured's Branch: ARMY
 Insured's Rank:

Insurance Company ID Numbers (use Subscriber Update Action)
 Subscriber Primary ID: 543252

Plan Coverage Limitations

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Effective Date</th>
<th>Covered?</th>
<th>Limit Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT</td>
<td>08/04/2008</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>07/11/2008</td>
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<td></td>
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<tr>
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<td>06/26/2008</td>
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<td>02/26/2008</td>
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<tr>
<td></td>
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<td>YES</td>
<td></td>
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</tbody>
</table>
AR Account Profile

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

02/25/09  IB Status: PRINTED (First)  68.20  10.00

Total Collected: 58.20

TPJI – AR Comment History

No Comment Transactions Exist For This Account.

TPJI – ECME Claim Information

ECME Claim Information

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
8.2.6 OPECC Productivity Report

The OPECC Productivity Report option allows you to track the claims for users by transaction date, with the option of a summary view, detail view or Excel download format. If the claim has been submitted multiple times in the report date range, it will appear on the report only once with the appropriate count of transactions displayed under the header: # of Transactions. The status displayed on the report reflects the status of the most recent transaction. A transaction is anything that results in a claim submission from the ECME User Screen or any back billing claim submission from Claims Tracking or the PRO Process Secondary/TRICARE Rx to ECME option. An OPECC action of open/close claim is not considered a transaction for the OPECC productivity report.

You must hold the BPS SUPERVISOR key to view the OPECC Productivity Report option.

Access the OPECC Productivity Report option by entering OPR at the “Select Other Reports Option:” prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.6-1: Accessing the OPECC Productivity Report Option

```
******************************************************************************
*Electronic Claims Management Engine (ECME) V1.0*
* ALASKA VAHSRO *
* Other Reports *
******************************************************************************
```
<table>
<thead>
<tr>
<th>Code</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>
<tr>
<td>OPR</td>
<td>OPECC Productivity Report</td>
</tr>
</tbody>
</table>

Select Other Reports Option: VER View ePharmacy Rx
Example 8.2.6-2: Prompts for the OPECC Productivity Report

Select Other Reports <TEST ACCOUNT> Option: OPR  OPECC Productivity Report

Select one of the following:
D  DIVISION
A  ALL

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

Select one of the following:
V  VETERAN
T  TRICARE
C  CHAMPVA
A  ALL

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

Select one of the following:
U  USER
A  ALL

Display ECME (U)ser or (A)LL: A// LL

START WITH TRANSACTION DATE: T-1// (OCT 28, 2015)
GO TO TRANSACTION DATE: T// (OCT 29, 2015)

Select one of the following:
S  Summary
D  Detail

Display (S)ummary or (D)etail Format: Detail//

Enter a code from the list to indicate the sort order.

Select one of the following:
D  Division
U  User Name

Sort:  (D/U): User Name// Division

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

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

DEVICE: HOME//0;132
### Example 8.2.6-3: Display of the Detailed OPECC Productivity Report

**OPECC PRODUCTIVITY DETAIL REPORT**

**Print Date:** Oct 29, 2015 10:15:57  Page: 1

- **DIVISION(S):** ALL
- **ELIGIBILITY:** ALL
- **USERS:** ALL
- **ALL PRESCRIPTIONS BY TRANSACTION DATE:** From 9/29/15 through 10/29/15

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<th>TOTAL</th>
<th>ELI G RX#</th>
<th>REF/ECME#</th>
<th>DOS</th>
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**SUBTOTALS FOR DIVISION ONE PHARMACY**

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<th>RESOLVED TO PAYABLE</th>
<th>REJECTED AND NOT REJECTED AND PAYABLE</th>
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</thead>
<tbody>
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</table>

**GRAND TOTAL**

<table>
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<tr>
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<th>RESOLVED TO PAYABLE</th>
<th>REJECTED AND NOT REJECTED AND PAYABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>USER, EIGHT</td>
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User Manual Revised August 2016
### Example 8.2.6-4: Display of the Summary OPECC Productivity Report

#### OPECC PRODUCTIVITY SUMMARY REPORT

**Print Date:** Oct 29, 2015 @ 10:32:13  
**Page:** 1

**DIVISION(S):** ALL  
**ELIGIBILITY:** ALL  
**USERS:** ALL  

All prescriptions by transaction date: From 9/29/15 through 10/29/15

#### DIVISION: DIVISION ONE

---

**SUBTOTALS FOR DIVISION ONE PHARMACY**

<table>
<thead>
<tr>
<th>USER</th>
<th>RESOLVED TO PAYABLE</th>
<th>NOT REJECTED AND PAYABLE</th>
<th>TRANS IN DT RANGE</th>
<th>AMOUNT PAID</th>
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<tr>
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**GRAND TOTAL**

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<th>NOT REJECTED AND PAYABLE</th>
<th>TRANS IN DT RANGE</th>
<th>AMOUNT PAID</th>
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</thead>
<tbody>
<tr>
<td>USER, ONE</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>36.62</td>
</tr>
<tr>
<td>USER, TWO</td>
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<td>10.00</td>
</tr>
<tr>
<td>USER, THREE</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>USER, FOUR</td>
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<td>0.00</td>
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<tr>
<td>USER, FIVE</td>
<td>2</td>
<td>0</td>
<td>14</td>
<td>124.95</td>
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</tbody>
</table>
9 **BPS Nightly Background Job**

The *BPS Nightly Background Job* is scheduled to run daily at the sites during off-hours at intervals defined by the site staff. One of the functions of this job is to identify claims to be reversed and then to automatically submit the Reversal Request to the payer.

For inpatient claims reversals, the program will go through all WINDOW fills for the date 5 days prior to the current date (T-5) and check to see if the patient is a current inpatient. If so, the reversal would be given the reason CURRENT INPATIENT to differentiate between non-released prescriptions and inpatient reversals.

The auto-reversal process for outpatient claims is dependent on whether the site sets the Auto-Reversal parameter to anything but 0 (see Auto-Reversal parameter in the Edit ECME Pharmacy Data option on the ECME Setup menu). All non-released outpatient prescriptions that were initially returned as PAYABLE and are not currently REVERSED and have a date older than the number of days set in the Auto-Reversal parameter would be reversed.

After the *BPS Nightly Background Job* identifies claims to auto-reverse and processes the Reversal Request, the system sends a bulletin to the members of the “BPS OPECC” mail group listing both reversals from the parameter setting and the inpatient claims. This mail group needs to be created at the site and should include all OPECC resources.

### Example 9.1-1 Displaying the Auto-Reversal Bulletin

<p>| Subj: ECME AUTO-REVERSAL PROCESS [#2473] 03/05/0501:00 29 lines |</p>
<table>
<thead>
<tr>
<th>From: BPS PACKAGE In 'IN' basket. Page 1 <em>New</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>The ECME Nightly Process completed auto-reversing e-Pharmacy claims for prescriptions not released within the specified timeframe.</td>
</tr>
<tr>
<td>TOTAL AUTO-REVERSED CLAIMS: 3</td>
</tr>
<tr>
<td>Claims Auto-Reversed on 03/06/05:</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
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</tbody>
</table>
## Glossary

**Accredited Standards Committee (ASC)**
An organization that has been accredited by American National Standards Institute (ANSI) for the development of American National Standards.

**Administrative Code Sets**
Code sets that characterize a general business situation rather than a medical condition or service.

**Administrative Simplification (A/S)**
Title II, Subtitle F, of HIPAA, which gives the Department Of Health And Human Services (DHHS) the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information.

**American Medical Association (AMA)**
A professional association that represents the voice of the American medical profession and constitutes the partnership of physicians and their professional associations dedicated to promoting the art and science of medicine and the betterment of public health.

**American National Standards (ANS)**
Standards developed and approved by organizations accredited by ANSI.

**American National Standards Institute (ANSI)**
An organization that accredits various standards-setting committees, and monitors their compliance with the open rule-making process that they must follow to qualify for ANSI accreditation.
| **American Society for Testing and Materials (ASTM)** | A standards group that has published general guidelines for the development of standards, including those for health care identifiers. |
| **Back Door** | System access via the roll and scroll, character and Mumps based VistA application. |
| **Blue Cross and Blue Shield Association (BCBSA)** | An association that represents the common interest of Blue Cross and Blue Shield health plans. The BCBSA maintains the Claim Adjustment Reason Codes code set. |
| **Business Model** | A model of a business organization or process. |
| **CHAMPVA Patient** | A CHAMPVA patient is a patient that is receiving services due to being eligible for the CHAMPVA health benefits program. His/her CHAMPVA health benefit program will be billed for the prescription. |
| **Clean Claim** | 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. |
| **Clearinghouse (or Health Care Clearinghouse)** | For health care, an organization that translates health care data to or from a standard format. |
| **Centers for Medicare & Medicaid Services (CMS)** | Centers for Medicare & Medicaid Services, formerly Health Care Financing Administration (HCFA). The administration within the Department of Health and Human Services (HHS) that is responsible for the national administration of the Medicaid and Medicare programs. |
CMS-1450  CMS’s name for the institutional uniform claim form, or UB-92.

CMS-1500  CMS’s name for the professional uniform claim form. Also known as the UCF-1500.

Coordination of Benefits (COB)  A provision that is intended to avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental or other care or treatment.

Code Set  Under HIPAA "codes used to encode data elements, tables of terms, medical concepts, diagnostic codes, or medical procedures. A code set includes the codes and descriptors of the codes." [45 CFR 162.103]

Covered Entity  Under HIPAA, a health plan, healthcare clearinghouse or health care provider who transmits information in electronic form in connection with a transaction covered by this subchapter 160.103 of 45 CFR.

Current Procedural Terminology  A procedure code set maintained and copyrighted by the AMA and that has been selected for use under HIPAA for non-institutional and non-dental professional transactions.

Data Dictionary (DD)  A document or system that characterizes the data content of a system.

Data Element  Under HIPAA, this is "...the smallest named unit of information in a transaction." [45 CFR 162.103]

Data Mapping  The process of matching one set of data elements or individual code values to their closest equivalents in another set of them.
<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>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Finish</td>
<td>Term used for completing orders from Order Entry/Results Reporting V. 3.0.</td>
</tr>
<tr>
<td>‘Finish’ a Prescription</td>
<td>This process within VistA Outpatient Pharmacy V. 7.0 where a pharmacy prescription order has been reviewed by either a pharmacy technician or pharmacist and is the first step in processing a prescription in Pharmacy. If performed by a pharmacist with the appropriate security key, the prescription can be ‘Verified’ as well. See ‘Verify a Prescription’ for more information.</td>
</tr>
<tr>
<td>Flat File</td>
<td>This term usually refers to a file that consists of a series of fixed-length records that include some sort of record type code.</td>
</tr>
<tr>
<td>Front Door</td>
<td>System access via the Delphi, Graphical User Interface (GUI) based VistA application.</td>
</tr>
<tr>
<td>Graphical User Interface (GUI)</td>
<td>A graphical method of controlling how a user interacts with a computer to perform various tasks.</td>
</tr>
<tr>
<td>HCFA Common Procedural Coding System (HCPCS)</td>
<td>A medical code set that identifies health care procedures, equipment, and supplies for claim submission purposes. It is maintained by Health Care Financing Administration (HCFA), and has been selected for use in the HIPAA transactions. HCPCS Level I contain numeric CPT-4 codes, which are maintained by the AMA. HCPCS Level II contains alphanumeric codes used to identify various items and services that are not included in the CPT-4 code set. These are maintained by HCFA, BCBSA, and Health Insurance Association of America (HIAA). HCPCS Level III contains alphanumeric codes that are assigned by Medicaid State agencies to identify additional items and services not included in levels I and II. These are usually called “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.</td>
</tr>
</tbody>
</table>
Health Care Clearinghouse  
Under HIPAA, this is "… a public or private entity that does either of the following: (1) processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction, or (2) receives a standard transaction from another entity and processes or facilitates the processing of [that] information into nonstandard format or nonstandard data content for a receiving entity." [45 CFR 160.103]

Health Care Financing Administration (HCFA)  
The DHHS agency responsible for Medicare and parts of Medicaid. HCFA has historically maintained the UB-92 institutional Electronic Media Claims (EMC) format specifications, the professional EMC National Standard Format (NSF) specifications, as well as specifications for various certifications and authorizations used by the Medicare and Medicaid programs. HCFA also maintains the HCPCS medical code set.

Health Care Provider  
Under HIPAA, this is "… a provider of services as defined in the section 1861(u) of the [Social Security] Act, 42 USC 1395x(u), a provider of medical or other health services as defined in section 1861(s) of the Act, 42 USC 1395(s), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business." [45 CFR 160.103]

Health Information  
Under HIPAA this is "… any information, whether oral or recorded in any form or medium that (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (b) related to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual." [45 CFR 160.103]
| **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** or **HIPAA DD** | A data dictionary that defines and cross-references the contents of all X12 transactions included in the HIPAA mandate. It is maintained by X12N/TG3. |
| **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>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Provider System (NPS)</strong></td>
<td>The administrative system envisioned for supporting a national provider registry.</td>
</tr>
<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>
</tbody>
</table>
Third (3rd) Party Claims Transaction

Health care insurance claims submitted to an entity for reimbursement of health care bills. Under HIPAA, this is "...the exchange of information between two parties to carry out financial or administrative activities related to health care." [45 CFR 160.103]

TRICARE Patient

A TRICARE patient is a patient that is receiving services due to being covered by TRICARE. His/her TRICARE insurance will be billed for the prescription.

UB-92

A uniform institutional claim form developed by the National Uniform Billing Committee (NUBC) that has been in use since 1993.

Unstructured Data

This term usually refers to data that is represented as free-form text, as an image, etc., where it is not practical to predict exactly what data will appear where.

‘Verify’ a Prescription

After a prescription order has been ‘Finished’ the prescription must be ‘Verified’ by an authorized VistA user, through the administration of the system security key SOP. This is a critical step in the process of generating an electronic claim.

Veterans Health Information Systems and Technology Architecture (VistA)

Acronym for Veterans Health Information Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).

Workgroup for Electronic Data Interchange (WEDI)

A health care industry group that lobbied for HIPAA A/S, and that has a formal consultative role under the HIPAA legislation.
(This page included for two-sided copying.)
# 11 Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</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>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>
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<tr>
<td>JCAHO</td>
<td>Joint Commission on Accreditation of Healthcare Organizations</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>NCHS</td>
<td>National Center for Health Statistics</td>
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<tr>
<td>NCPDP</td>
<td>National Council for Prescription Drug Programs</td>
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<tr>
<td>NDC</td>
<td>National Drug Code</td>
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<tr>
<td>NDF</td>
<td>National Drug File</td>
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<tr>
<td>NOI</td>
<td>Notice of Intent</td>
</tr>
<tr>
<td>NPF</td>
<td>National Provider File</td>
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<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
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<tr>
<td>NPRM</td>
<td>Notice of Proposed Rulemaking</td>
</tr>
<tr>
<td>NPS</td>
<td>National Provider System</td>
</tr>
<tr>
<td>NSF</td>
<td>National Standard Format</td>
</tr>
<tr>
<td>NUBC</td>
<td>National Uniform Billing Committee</td>
</tr>
<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>OPECC</td>
<td>Outpatient Pharmacy Electronic Claims Coordinator</td>
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<tr>
<td>OSI</td>
<td>Open System Interconnection</td>
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<tr>
<td>OTC</td>
<td>Over the Counter</td>
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<tr>
<td>POS</td>
<td>Point of Sale</td>
</tr>
<tr>
<td>SOW</td>
<td>Statement of Work</td>
</tr>
<tr>
<td>SSO</td>
<td>Standard Setting Organization</td>
</tr>
<tr>
<td>TPA</td>
<td>Third Party Administration</td>
</tr>
<tr>
<td>VA</td>
<td>Department of Veterans Affairs</td>
</tr>
<tr>
<td>VAMC</td>
<td>Department of Veterans Affairs Medical Center</td>
</tr>
<tr>
<td>VHA</td>
<td>Veterans Health Administration</td>
</tr>
<tr>
<td>VistA</td>
<td>Veterans Health Information Systems and Technology Architecture</td>
</tr>
<tr>
<td>WEDI</td>
<td>Workgroup for Electronic Data Interchange</td>
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