ELECTRONIC CLAIMS MANAGEMENT ENGINE (ECME)

USER MANUAL

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1. Introduction

Prior to using the Electronic Claims Management Engine (ECME) package, it is imperative that you utilize the *HIPAA NCPDP Connection for EDI Pharmacy (Dormant Release) Installation Guide* and the *HIPAA NCPDP Connection for EDI Pharmacy (Active Release) Installation Guide* to install and set up the ECME package. Neglecting to properly set up insurance matching and other options will result in some or the entire ECME package failing to perform as expected. Documentation related to the installation of the ECME package can be found at the Veterans Health Information Systems and Technology Architecture (VistA) Documentation Library at http://www.va.gov/vdl.

The Electronic Claims Management Engine (ECME) generates electronic claims in National Council for Prescription Drug Programs (NCPDP) V. 5.1 format, based on the Outpatient Pharmacy V. 7.0 workflow. ECME:

- allows pharmacy users 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.

ECME 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. Finally, the patient must not have an environmental indicators condition. 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 and which are suspended for CMOP fills.

The Veterans Health Administration (VHA) developed ECME software in order to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, which requires health care providers to electronically transmit outpatient pharmacy prescription claims to payers 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 Automation 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 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 are italicized.
  Example: The *Continuous Update* option redisplays the ECME User Screen.

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

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

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

  (A) User responses to online prompts are in boldface type.
  Example:

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

  (B) <Enter> indicates 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.

Symbol	Description
	Cautions you to notice critical information.
	Indicates especially important or helpful information.
	Indicates that you must hold a particular security key to perform a specific task. **Example:** You must hold the BPS MANAGER and BPS MENU keys to access the *Pharmacy ECME Manager Menu* options.

2.2 Obtaining Online Help

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

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

- Enter a single question mark (**?**) at a field/prompt to obtain a brief description:

  (A) If a field is a pointer, entering one question mark (**?**) displays the HELP PROMPT field contents and a list of choices, if the list is short.

  (B) If the list is long, the system will ask you if the entire list should be displayed. A **Y**(ES) response will invoke the display. By prefacing the starting point with an up-arrow (^) as a response, you can give the display a starting point. For example, ^**M** starts an alphabetic listing at the letter M instead of the letter A while ^**127** starts any listing at the 127th entry.

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

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

2.3 Finding Related Manuals

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

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

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

VHA-oriented HIPAA (Health Insurance Portability and Accountability Act) information can be found at http://vaww.va.gov/hipaa/.

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3. ECME Menu Structures

This section provides a map of the Electronic Claims Management Engine (ECME) menu structure including a list of all options. ECME is a menu driven system that contains two sub-menus (MGR, and RPT) that are accessed based on the security keys that you hold.

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

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

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

Type of User	*ECME Menu	ECME Security Keys
OPECC	All ECME Menus Main Menu U MGR RPT	All ECME Security Keys BPSMENU BPS USER BPS MANAGER BPS MASTER BPS REPORTS
Pharmacist, Pharmacy Technician	Main Menu U RPT	BPSMENU BPS USER BPS REPORTS
ADPAC (Automated Data Processing Application Coordinator), IRMS (Information Resources Management Service)	Main Menu MGR RPT	BPSMENU BPS MANAGER (BPS MASTER is also required to access certain MGR menu options) BPS REPORTS

***Table 3-2: List of Each ECME Menu Item with Section Lookup**

ECME Menu	Lookup for Full Listing
All ECME Menus	Section 3.1
U (ECME User Screen)	Section 3.2
MGR (Manager)	Section 3.3
RPT (Reports)	Section 3.4

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 Automation Center (REG)* options.

U **ECME User Screen**
MGR **Pharmacy ECME Manager Menu . . .**
- **MNT** **ECME transaction maintenance options …**
  - UNS View/Unstrand Claims 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**

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
- **OTH** **Other Reports . . .**
  - PAY Payer Sheet Detail Report
  - PHAR ECME Setup - Pharmacies Report
  - TAT Turn-around time statistics

3.2 Pharmacy ECME User Screen

The Pharmacy ECME User Menu structure is listed below. Presently, the user menu only contains the *ECME User Screen* option. Pharmacists, Pharmacy Technicians, and OPECCs must have access to this option.

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

U **ECME User Screen**

3.3 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 Claims 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 WebMD
- **STAT** **Statistics Screen**

3.4 Pharmacy Electronic Claims Reports Menu Structure

The *Pharmacy Electronic Claims Reports* menu option structure is listed below. Pharmacists, Pharmacy Technicians, and OPECCs must be able to access this menu.

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

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 Clams Report
  - NYR Claims Submitted, Not Yet Released
  - REC Recent Transactions
  - DAY Totals by Date
  - CLO Closed Claims Report
- **OTH** **Other Reports . . .**
  - PAY Payer Sheet Detail Report
  - PHAR ECME Setup - Pharmacies Report
  - TAT Turn-around time statistics

4. Accessing the ECME Main Menu

Unless the IRMS at a Department of Veterans Affairs Medical Center (VAMC) changes the menu order, the *Electronic Claims Management Engine Main Menu* option is usually accessed through either the Outpatient Pharmacy V.7.0 menu or through a secondary 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 Systems Manager Menu Option: ?

          Core Applications ...
          Device Management ...
   FM     VA FileMan ...
          Menu Management ...
          Programmer Options ...
          Operations Management ...
          Spool Management ...
          Information Security Officer Menu ...
          Taskman Management ...
          User Management ...
   BPS    ECME ...
          Application Utilities ...
          Capacity Management ...
          Manage Mailman ... ...

Select Systems Manager Menu Option: BPS  ECME
```

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5. Accessing the ECME User Screen

The *ECME User Screen* provides access to the Pharmacy ECME User Menu. This option provides two functions. It displays patients and prescriptions that have been active for a specified length of time; and it allows you to review, print, close, reverse, or resubmit electronic claims.

From the ECME User Screen (ECME User Menu) you can access the *Further Research* Menu option 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** (User Menu) option on the ECME Main Menu screen.

The screen will display nothing the first time you enter this menu option. Select the Change View option, **CV,** as in section 5.3, and specify preferences to be displayed on the screen. The system will then default to these settings and display current information about active patients and prescriptions for the past fifteen minutes.

Example 5-1: Accessing the ECME User Screen Option

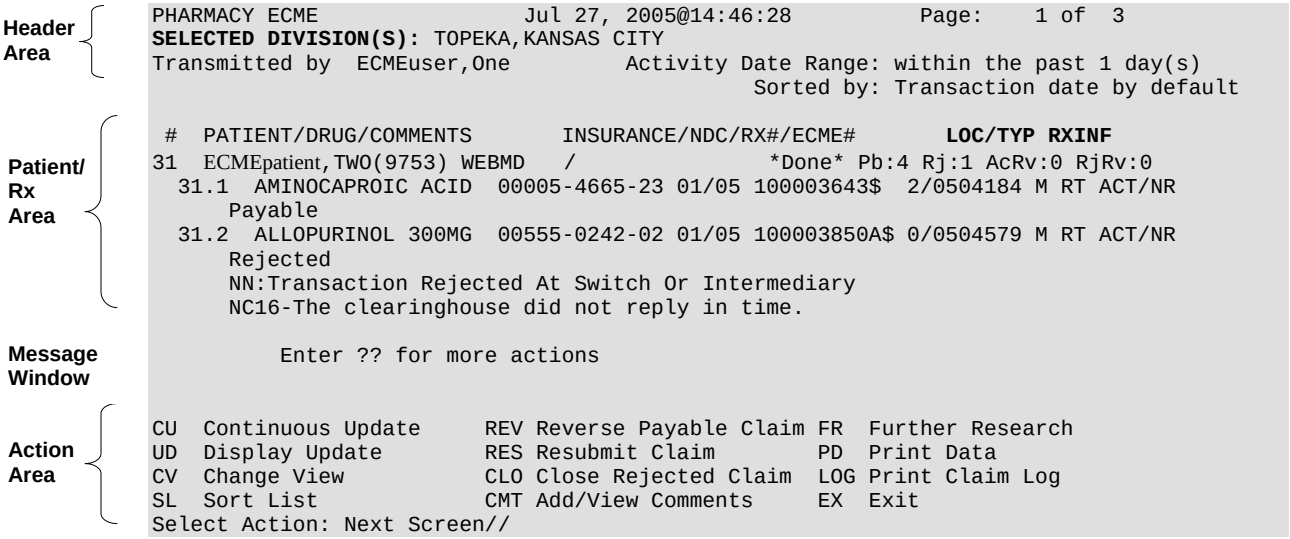
```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 ALASKA VAHSRO                  *
               *                   Main Menu                    *
               ************************************************


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


Select ECME Option: U  ECME User Screen
Please wait...
```

Example 5-2: Displaying the ECME User Screen Option

```
PHARMACY ECME                Jul 28, 2005@14:46:28          Page:    0 of    0
SELECTED DIVISION(S): ALL
Transmitted by                   Activity Date Range: within the past 1 day(s)
                                           Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
31  ECMEpatient,TWO(9753) AETNA   /               *Done* Pb:4 Rj:1 AcRv:0 RjRv:0
  31.1  AMINOCAPROIC ACID  00005-4665-23 01/05 100003643$  2/0504184 M RT ACT/NR
      Payable
  31.2  ALLOPURINOL 300MG  00555-0242-02 01/05 100003850A$ 0/0504579 M RT ACT/NR
      Rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
          Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen//
```

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

Diagram 5-1: ECME User Screen Areas



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

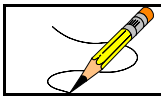
Table 5-1: Description of ECME User Screen Areas

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

Screen Area	Description	
	Patient Lines	The first line is the Patient Summary Information line, which displays the patient's name, (patient ID), insurance company and phone, claim progress status and a summary status of all claims submitted for this patient. The codes for the summary status are as follows: Pb = Payable Rj = Rejected AcRv = Reversal Accepted RjRv = Reversal Rejected Example: Pb:17 Rj:4 AcRv:0 RjRv:0. The system will show the claim progress in increments of 0% to 100% at which point the system will display the word "done" as the claim progress status. • Done = all prescription processing completed for a patient • ##% = Average of the processing progress percentage for all patient's claims The percentage of the claims submitted is based on all claims submitted for a particular patient and tracked through the internal processing of the claim within ECME and documented in a claims log. Each step of the claims process is assigned the following completion values: Comp. Value — Status Message Displayed in the 'Status Area' 0 — 'Waiting to start' 10 — 'Gathering claim info' 19 — 'Special Grouping' 30 — 'Waiting for packet build' 31 — 'Wait for retry (insurer asleep)' 40 — 'Packet being built' 50 — 'Waiting for transmit' 51 — 'Wait for retry (comm error)' 60 — 'Transmitting' 70 — 'Receiving Response' 80 — 'Waiting to process response' 90 — 'Processing response' 99 — 'Done'

Screen Area	Description	
	Claim/ Prescription Information Line	The Prescription line(s) follow the patient information lines sequentially. For each refill, 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). These show the drug name, NDC (National Drug Code), refill date, Rx#, refill#, ECME#, fill location, bill type and release status for each claim. The status is displayed only for those refill lines (claims) that represent the most recent refill. If there is more than one refill for the same prescription, the previous refill/claim is indicated with "***" instead of Rx status, and the most current refill will display the RX status. If a refill has been created and put on suspense, the screen displays "***". Rx# is followed by a "$" to indicate that a patient copay is associated with this claim. Code Legends Fill Location ➔ C = Consolidated Mail Outpatient Pharmacy (CMOP) M = LOCAL MAIL W = WINDOW FILL Bill Type ➔ BB = Backbill RT = Real Time Fill Rx Status ➔ ACT = Active Rx DIS = Discontinued Rx SUS = Suspended Rx Release Status ➔ NR = Rx NOT Released RL = Rx Released
	User-Input Comments	The system allows the ECME user to enter comments for any claim displayed on the ECME User Screen. The most recent comment is displayed under the Prescription Information line.
	Payer Returned Responses	The Payer Returned Response information is displayed beneath the user-input comments or beneath the patient information line, if no comments were entered. Each response will begin on a separate line. Valid payer-returned responses include Rejected (with a National Council for Prescription Drug Programs (NCPDP) rejection code described in reference document 'NCPDP Reject Codes') 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.
Message Window	This section displays a plus (+) sign, minus (-) sign or informational text (i.e., Enter ?? for more actions). The plus and minus signs, entered at the action prompt, are used to jump forward or back a screen.	

Screen Area	Description
Action Area	A list of twelve *Claims Data Entry* options is available to you as described in sections 5.1 through 5.12. A double question mark (**??**) may be entered at the "Select Action" prompt for a list of all List Manager options available.



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

The ECME User Screen has several options that help you navigate from the ECME user screen, as shown below. Options are entered at the "Select Action" prompt by typing the synonym for the option (i.e., **CV** for *Change View*), the first unique letter(s) of the option name (i.e., **CL** for *Close*) or the full name of the option (i.e., **Sort List** for *Sort List*).

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

```
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
```

List Manager provides generic options applicable to List Manager Screens. A double question mark (**??)** may be entered at the "Select Action" prompt for a list of other options available. Entering the synonym is the quickest way to select an option.

Example 5-3: Displaying List Manager Options by Entering "??"

```
Select Action: Next Screen// ??

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

Enter RETURN to continue or '^' to exit:
```

5.1 Continuous Update

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

The *Continuous Update* option is accessed by entering the synonym **CU** at the "Select Action:" prompt. You can stop the continuous updating process by pressing **Q** to quit.

Example 5.1-1: Accessing the Continuous Update Option

```
PHARMACY ECME                 Jul 30, 2005@11:44:45          Page:    1 of    2
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 70 day(s)
                                                        Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
6   ECMEpatient,TWO (1234) WEBMD TE/              *Done* Pb:1 Rj:0 AcRv:0 RjRv:1
  6.1   FUROSEMIDE 10MG/M  00641-2312-25 04/12 100004065$  0/0504691 W RT ACT/RL
      Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/12 100004066$  0/0504692 W RT ACT/RL
      Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
7   ECMEpatient,One    (3444) WEBMD TE/               *Done* ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 02/28 100003744$  0/0504304 W RT ACT/RL
      Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 03/01 100004054$  0/0504677 W RT ACT/NR
      Payable
+         Enter ?? for more actions
The screen has been updated on AUG 5,2005@14:50:47. Press "Q" to quit.
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// CU   Continuous Update
```

Example 5.1-2: ECME User Screen in Continuous Update Mode

```
PHARMACY ECME                 Jun 26, 2006@11:44:45          Page:    1 of    2
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 70 day(s)
                                                        Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
6   ECMEpatient,Two    (1111) WEBMD TE/               *Done* Pb:1 Rj:0 AcRv:0
RjRv:1
  6.1   FUROSEMIDE 10MG/M  00641-2312-25 04/12 100004065$  0/0504691 W RT ACT/RL
      Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/12 100004066$  0/0504692 W RT ACT/RL
      Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
7   ECMEpatient,One    (0000) WEBMD TE/               *Done* ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 02/28 100003744$  0/0504304 W RT ACT/RL
      Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 03/01 100004054$  0/0504677 W RT ACT/NR
      Payable
8   ECMEpatient,Three  (6666) WEBMD TE/               *Done* ALL payable
+         Enter ?? for more actions

The screen has been updated on Jun 26, 2006@11:45:46. Press "Q" to quit.
Press "Q" to quit.
Updating screen.

The screen has been updated on Jun 26, 2006@11:46:03. Press "Q" to quit.
```

5.2 Display Update

The *Display Update* option revises the ECME User Screen with the latest information about the status of patients' prescriptions using the current filter settings. This option, unlike the *Continuous Update* option, updates the ECME User Screen only once.

The option is accessed by entering **UD** at the "Select Action:" prompt on the ECME User Screen.

Example 5.2-1: Accessing the Display Update Option

```
PHARMACY ECME                 Jun 26, 2006@11:44:45          Page:    1 of    2
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 70 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
6   ECMEpatient,Two    (1111) WEBMD TE/               *Done* Pb:1 Rj:0 AcRv:0
RjRv:1
  6.1   FUROSEMIDE 10MG/M  00641-2312-25 04/12 100004065$  0/0504691 W RT ACT/RL
      Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/12 100004066$  0/0504692 W RT ACT/RL
      Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
7   ECMEpatient,One    (0000) WEBMD TE/               *Done* ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 02/28 100003744$  0/0504304 W RT ACT/RL
      Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 03/01 100004054$  0/0504677 W RT ACT/NR
      Payable
8   ECMEpatient,Three  (6666) WEBMD TE/               *Done* ALL payable
+         Enter ?? for more actions
The screen has been updated on AUG 5,2005@14:50:47. Press "Q" to quit.
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// UD   Display Update
Updating screen...
```

5.3 Change View

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

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

Example 5.3-1: Accessing the Change View Option

```
PHARMACY ECME                 Jun 26, 2006@11:44:45          Page:    1 of    2
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 70 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
6   ECMEpatient,Two   (1111) WEBMD TE/               *Done* Pb:1 Rj:0 AcRv:0
RjRv:1
  6.1   FUROSEMIDE 10MG/M  00641-2312-25 04/12 100004065$  0/0504691 W RT ACT/RL
      Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/12 100004066$  0/0504692 W RT ACT/RL
      Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
7   ECMEpatient,One   (0000) WEBMD TE/               *Done* ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 02/28 100003744$  0/0504304 W RT ACT/RL
      Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 03/01 100004054$  0/0504677 W RT ACT/NR
      Payable
8   ECMEpatient,Three (6666) WEBMD TE/               *Done* ALL payable
+         Enter ?? for more actions
The screen has been updated on AUG 5,2005@14:50:47. Press "Q" to quit.
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen//CV Change View
```

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

Example 5.3-2: Selecting Views by Division

```
     Select one of the following:

          D         DIVISION
          A         ALL

Select Certain Pharmacy (D)ivisions or (A)LL: A// DIVISION
  Selected:
Select ECME Pharmacy Division(s): BAY PINES
          BAY PINES
```

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

Example 5.3-3: 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     192     OIFO
     2   ECMEuser,Two                UTW    IRMS    IRM STAFF
     3   ECMEuser,Three              UTH    1302    MEDICAL SERVICES
CHOOSE 1-3: 1  ECMEuser,One          UO     192     OIFO
```

(C) View data from one patient or all patients.

Example 5.3-4: Selecting Views from Entries for One Patient

```
        Select one of the following:

          P         ONE PATIENT
          A         ALL

Display One (P)atient or (A)LL: A// P  ONE PATIENT
Select Patient: ECMEpatient,ONE// ECME
   1   ECMEpatient,One        1-1-65    666443333       NO     NSC VETERAN

   2   ECMEpatient,Two        1-1-65    666443444       NO     NSC VETERAN

   3   ECMEpatient,Three      1-1-68    666773333       YES     SC VETERAN

   4   ECMEpatient,Two        1-1-68    666444232       YES     SC VETERAN

   5   ECMEpatient,One        1-1-68    666774444       YES     SC VETERAN

ENTER '^' TO STOP, OR
CHOOSE 1-5: 2  ECMEpatient,Two        1-1-65    666443444       NO     NSC VETER
AN
 Enrollment Priority: GROUP 8g   Category: NOT ENROLLED  End Date: 08/01/2005
```

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

Example 5.3-5: Selecting Views from Entries for One Prescription

```
        Select one of the following:

          R         ONE RX
          A         ALL

Display One (R)x or (A)LL: A// R  ONE RX
Select RX: 123456
```

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

Example 5.3-6: Selecting Views by Timeframe of the Default of Days

```
     Select one of the following:

          D         DAYS
          H         HOURS

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

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

Example 5.3-7: Selecting Views by Timeframe Number of Days or Hours

```
Activity Timeframe Value: 70// 30
```

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

Example 5.3-8: Selecting Views of Rejected Claims

```
     Select one of the following:

          R         REJECTS
          P         PAYABLES
          A         ALL

Display (R)ejects or (P)ayables or (A)LL: R// R   REJECTS
```

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

Example 5.3-9: Selecting Views of Non-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// NON-RELEASED
```

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

Example 5.3-10: Selecting Views of CMOP Claims

```
     Select one of the following:

          C         CMOP
          M         MAIL
          W         WINDOW
          A         ALL
Display (C)MOP or (M)ail or (W)indow or (A)LL: A// CMOP
```

(J) View real time fills, back bills or all bills.

Example 5.3-11: Selecting Views of Real Time Claims

```
          Select one of the following:

          R         REALTIME
          B         BACKBILLS
          A         ALL

Display (R)ealTime Fills or (B)ackbills or (A)LL: A// REALTIME
```

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

Example 5.3-12: Selecting Views of One Reject Code

```
     Select one of the following:

          R         REJECT CODE
          A         ALL

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

(L) View data for a single insurance company or all insurance companies.

Example 5.3-13: Selecting Views by a Single Insurance Company

```
     Select one of the following:

          I         SINGLE INSURANCE
          A         ALL

Display Single (I)nsurance Company or (A)ll: A// I  SINGLE INSURANCE
Select Insurance: AETNA
     1   AETNA       PO BOX 11111        LEXINGTON     KENTUCKY       **
     2   AETNA       PO BOX 66666        EL PASO       TEXAS       **
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  AETNA     PO BOX 14089         LEXINGTON     KENTUCKY
```

(M) You must answer **Y** or **N** to keep the *Change View* option 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 *(*Pharmacy 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* option again.

Example 5.3-14: Entering "Y" to Save Selections as User's Preferred View

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

5.4 Sort List

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

Sort Order (Defaults);

(T)ransaction Date/Time	(descending)
(D)ivision	(ascending)
(I)nsurance Company	(ascending)
Reject (C)ode	(ascending)
(P)atient Name	(ascending)
Drug (N)ame	(ascending)
(B)ill Type [BB/RT]	(ascending)
Fill (L)ocation [C/M/W]	(ascending)
Non-Release/(R)eleased Rx [NR/RL]	(ascending)
(A)ctive/Discontinued Rx [ACT/DIS]	(ascending)

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

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

Example 5.4-1: Accessing the Sort List Option

```
PHARMACY ECME                 Jul 30, 2005@09:10:18          Page:    1 of    2
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 70 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
6   ECMEpatient,Two (0000) WEBMD   /               *89%* Pb:5 Rj:0 AcRv:0 RjRv:0
  6.1   FUROSEMIDE 10MG/M  00641-2312-25 04/12 100004065$  0/0504691 W RT ACT/RL
      Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/12 100004066$  0/0504692 W RT ACT/RL
      Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
7   ECMEpatient,One    (6666) WEBMD TE/              *Done* ALL payable

+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen//SO   Sort List
```

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

```
     Select one of the following:

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

ENTER SORT TYPE: P// PATIENT NAME
```

Example 5.4-3: Choosing User's Sort Preference as the Preferred View

```
     Select one of the following:

          Y         YES
          N         NO

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

5.5 Reverse Payable Claim

The *Reverse Payable Claim* option sends a claim reversal request to the insurer for a claim that was returned as "Payable", "Reversal Rejected" and "Reversal Stranded".

Access the option by entering **REV** at the "Select Action:" prompt on the ECME User Screen.

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

```
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 120 day(s)
                                                      Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
7   ECMEpatient,One            (3444) WEBMD TE/               *Done* ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 02/28 100003744$  0/0504304 W RT ACT/RL
      Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 03/01 100004054$  0/0504677 W RT ACT/NR
      Payable
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// REV   Reverse Payable Claim
```

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

Example 5.5-2: Entering the Line Item for the Claim Reversal Request

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

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

Example 5.5-3: 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$  0/0504304 W RT ACT/RL

Enter REQUIRED REVERSAL REASON: Drug is only billable through CMOP

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

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

Example 5.5-4: Entering "Y" to Continue Claim Reversal Request

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

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

Example 5.5-6: Claim Reversal Request is Submitted

```
Reversal for RX#909506$ has been submitted.
1 claim reversal in progress.

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

Updating screen for reversed claims...Log of this claim's activity:

Press ENTER to continue:
```

(E) The payer will either "Accept" or "Reject" the claim reversal request. The payer return status is displayed on the Payer Returned Response line.

Example 5.5-7: 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 120 day(s)
                                                      Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
7   ECMEpatient,Six            (3444) WEBMD TE/               *Done* ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 02/28 100003744$  0/0504304 W RT ACT/RL
      Reversal Accepted
```

5.6 Resubmit Claim

The *Resubmit Claim* option 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 first. If the payer "Accepts" the reversal request, the claim resubmission is sent. If the payer "Rejects" the reversal request, the claim is NOT resubmitted.

- If the claim was initially returned as "Rejected", the system immediately sends the claim submission to the payer and the reversal request is NOT sent.

This option 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 Option

```
PHARMACY ECME                  Aug 1, 2005@03:34:59          Page:   44 of   67
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
10  ECMEpatient,20    (165P) WEBMD   /               *Done* ALL payable
  10.1  TESTOSTERONE ENTH. 00003-0328-40 03/11 909238$     0/1105472 M RT ACT/NR
      Payable
11  ECMEpatient,22    (165P) WEBMD   /               *Done* ALL payable
  11.1  HYDROCODONE 5/ACET 55778-8998-88 05/22 909254$     1/1105496 C RT ACT/NR
      Payable
  11.2  DRONABINOL 2.5MG C 00054-2601-11 05/22 909256$     1/1105498 C RT ACT/NR
      Payable
  11.3  HYDROCODONE 2.5/AP 00121-0655-04 06/01 909257$     1/1105499 C RT ACT/NR
      Payable
  11.4  TESTOSTERONE 2.5MG 62109-9133-02 06/23 909258$     1/1105500 C RT ACT/NR
      Payable
12  ECMEpatient,27    (165P) WEBMD   /               *Done* ALL payable
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// RES   Resubmit Claim
```

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

Example 5.6-2: Entering the Line Item for the Claim Resubmission Request

```
Enter the line numbers for the claim(s) to be resubmitted.
Select Line Item(s): 10.1
```

(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 5.6-3: Entering "Y" to Continue Claim Resubmission Request

```
You've chosen to RESUBMIT the following prescription for ECMEpatient,20
  10.1 TESTOSTERONE ENTH. 200  00003-0328-40  909238$     0/1105472 M RT ACT/NR
Are you sure?(Y/N)? YES
```

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

Example 5.6-4: Displaying a Successfully Resubmitted Claim

```
Prescription 909238 successfully submitted to ECME for claim generation.

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


Prescription 909238 successfully submitted to ECME for claim generation.
1 claim has been resubmitted.


Enter RETURN to continue or '^' to exit:

Updating screen for resubmitted claims...
```

(D) The line item will display the status of a claim that was resubmitted.

Example 5.6-5: Displaying the Claim Status after a Resubmission

```
PHARMACY ECME                 Aug 10, 2005@13:34:59          Page:   44 of   67
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                    Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
10  ECMEpatient,20    (165P) WEBMD   /               *Done* ALL payable
  10.1  TESTOSTERONE ENTH. 00003-0328-40 03/11  909238$    0/1105472 M RT ACT/NR
      Payable
11  ECMEpatient,22    (165P) WEBMD   /               *Done* ALL payable
  11.1  HYDROCODONE 5/ACET 55778-8998-88 05/22 909254$     1/1105496 C RT ACT/NR
      Payable
  11.2  DRONABINOL 2.5MG C 00054-2601-11 05/22 909256$     1/1105498 C RT ACT/NR
      Payable
  11.3  HYDROCODONE 2.5/AP 00121-0655-04 06/01 909257$     1/1105499 C RT ACT/NR
      Payable
  11.4  TESTOSTERONE 2.5MG 62109-9133-02 06/23 909258$     1/1105500 C RT ACT/NR
      Payable
12  ECMEpatient,27    (165P) WEBMD   /               *Done* ALL payable
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen//
```

5.7 Close Rejected Claim

This option allows you to close claims that were initially returned as “Rejected”.

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

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

```
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 90 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
7   ECMEpatient,28 (0000) WEBMD   /              *Done* Pb:3 Rj:1 AcRv:0 RjRv:0
  7.1   DESIPRAMINE 25MG T 00068-0011-10 03/20 100003962$  0/0504559 W RT ***/NR
      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 03/20 10082$      0/0504561 W RT EXP/NR
      Rejected
      07:M/I Cardholder ID Number
      23:M/I Ingredient Cost Submitted
8  ECMEpatient,20    (165P) WEBMD   /               *Done* ALL payable
   8.1  TESTOSTERONE ENTH. 00003-0328-40 06/30  909238$     0/1105472 M RT
ACT/NR
      Payable
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Line Item(s): Next Screen// CLO   Close Rejected Claim
Enter the line numbers for the claim(s) to be closed.
Select Line Item(s): 7.1
```

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

Example 5.7-2: Entering “Y” to Continue Close Rejected Claim Request

```
You've chosen to close the following prescription(s) for
ECMEpatient,28:
  7.1   DESIPRAMINE 25MG T 00068-0011-10 03/20 100003962$  0/0504559 W RT ***/NR
      07:M/I Cardholder ID Number
      22:M/I Dispense As Written(DAW)/Product Selection Code
      34:M/I Submission Clarification Code

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

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

(C) You are prompted for a non-billable reason code.

Example 5.7-3: Listing Non-Billable Reason Codes

```
PHARMACY ECME                Aug 12, 2005@12:19          Page:    1 of   70
Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: ??

   Choose from:
   1            NOT INSURED
   6            SERVICE NOT COVERED
   7            COVERAGE CANCELED
   10           INVALID PRESCRIPTION ENTRY
   12           PRESCRIPTION DELETED
   13           PRESCRIPTION NOT RELEASED
   14           DRUG NOT BILLABLE
   31           90 DAY RX FILL NOT COVERED
   32           NOT A CONTRACTED PROVIDER
   33           INVALID MULTIPLES PER DAY SUPP
   34           REFILL TOO SOON
   35           INVALID NDC FROM CMOP
   999          OTHER
Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: 10 Invalid Prescription Entry
```

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

Example 5.7-4: Entering a Comment and Answering 'Are You Sure?' Question

```
Comment : Closed due to prescription entry error.
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...
```

5.7.1 Variations to the Close claim process.

If the Non-Billable Reason selected is "90 DAY RX FILL NOT COVERED" or "NOT A CONTRACTED PROVIDER", the system prompts you with 2 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.
- 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.

ALL other Non-Billable Reasons will be treated as Non-Billable Episodes.

Example 5.7.1-1: Entering Non-Billable Episode for Reason Code 31

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

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

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

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

Example 5.7-4: Entering a Comment

```
Comment : Needs corrected NDC number for insurance
```

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

Example 5.7-5: Entering "Y" to Continue Close Claim Request

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

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

Example 5.7-6: Releasing Patient Copay

```
Release Patient CoPay(Y/N)? Y YES
```

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

Example 5.7-7: Displaying System Closing the Claim

```
Closing Claim VA2005-1111111-123456-0000501...OK
1 claim has been closed.

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

Updating screen for closed claims...
```

(E) The closed claim transaction no longer is displayed with the patient's other prescription line items. The system will notify Integrated Billing of the closed claim so that Claims Tracking can be updated.

Example 5.7-8: Closed Item is No Longer Displayed

```
PHARMACY ECME                Aug 12, 2005@13:13:15          Page:    1 of   69
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                    Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
```

```
7   ECMEpatient,28 (0000) WEBMD   /               *Done* Pb:3 Rj:1 AcRv:0 RjRv:0
  7.1   CODEINE SULFATE 30 00002-1010-02 03/20 10082$      0/0504561 W RT EXP/NR
      Rejected
      07:M/I Cardholder ID Number
      23:M/I Ingredient Cost Submitted
8  ECMEpatient,20    (6666) WEBMD   /               *Done* ALL payable
   8.1  TESTOSTERONE ENTH. 00003-0328-40 06/30  909238$     0/1105472 M RT
ACT/NR
      Payable
9  ECMEpatient,22    (0066) WEBMD   /               *Done* ALL payable
   9.1  HYDROCODONE 5/ACET 55778-8998-88 04/23 909254$     1/1105496 C RT ACT/NR
+         Enter ?? for more actions
```

5.8 Add/View Comments

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

(A) Access this option by entering **CMT** at the "Select Action:" prompt on the ECME User Screen. The system prompts you for a line selection to identify the line item(s) to contain a comment. You are allowed to select more than one claim to add the same comment to or can select the patient summary line to add the same comment to all claims that are listed under this patient.

Example 5.8-1: Entering a Prescription Line Item to Add a Comment

```
PHARMACY ECME                Jul 02, 2005@22:19          Page:    1 of   70
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
1   ECMEpatient,28 (0000) WEBMD   /               *Done* Pb:3 Rj:1 AcRv:0 RjRv:0
  1.1   TAMOXIFEN CITRATE  00093-0784-86 07/01 909392$     0/1105634 W ** DIS/RL
      Rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC40-Request from an unknown site.  Registration is required
  1.2   DESIPRAMINE HCL 25 00068-0011-10 07/01 909393$     0/1105635 W ** ACT/RL
      Payable
  1.3   DIAZEPAM 5MG/ML IN 00140-1933-06 07/01 909394$     0/1105636 W ** ACT/NR
      Payable


+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// CMT   Add/View Comments
Enter the line number for which you wish to Add/View comments.
Select: 1.2
```

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

Example 5.8-2: Displaying the Prescription Line Item to Add a Comment or Quit

```
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 90 day(s)
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
  1.1   DESIPRAMINE HCL 25 00068-0011-10 07/01 909393$     0/1105635 W ** ACT/RL
      Payable


          Enter ?? for more actions
A   Add Comment           EX  Exit
Select action: Quit//Add
Select: 1.1
```

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

Example 5.8-3: Adding a comment to a Prescription Line Item

```
Enter Comment: This shows a test comment line for a prescription line item.
```

(D) The comment that has been added is displayed with the date of the entry. The system then prompts you for a line selection to identify another line item to Add a comment or to Quit (the default) or Exit.

Example 5.8-4: Displaying the Added Comment and Prompting for Another

```
ADD/VIEW COMMENTS             Jul 02, 2005@22:19          Page:    1 of    1
PHARMACY ECME
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
  1.1   DESIPRAMINE HCL 25 00068-0011-10 07/01 909393$     0/1105635 W ** ACT/RL
      08/15/05 - This shows a test comment line for a prescription line item.
      Payable




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

5.9 Further Research Screen

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

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

Example 5.9-1: Accessing the Further Research Option

```
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 120 day(s)
                                                      Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
16  ECMEpatient,One      (0000) WEBMD   /               *Done* ALL payable
  16.1  ETANERCEPT 25MG/VI 58406-0425-34 05/22 909504$     0/1105747 M RT ACT/NR
      Payable
  16.2  ETANERCEPT 25MG/VI 58406-0425-34 05/22 909504$     1/1105747 M RT ACT/NR
      Payable
  16.3  DIVALPROEX 125MG T 00074-6212-13 05/22 909505$     0/1105748 M RT ACT/NR
      Payable
  16.4  COLLAGENASE OINT   50484-0527-30 05/22 909506$     0/1105749 M RT ACT/NR
      Payable
  16.5  NAFCILLIN 1 GM. IN 00209-6950-22 05/22 909507$     0/1105750 M RT ACT/NR
      Payable
  +         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// FR Further Research
```

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

Example 5.9-2: Displaying Multiple Further Research Menu Options

```
FURTHER RESEARCH SCREEN       Aug 16, 2005@10:42:58          Page:   14 of   74
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
16  ECMEpatient,One     (0000) WEBMD   /               *Done* ALL payable
  16.1  ETANERCEPT 25MG/VI 58406-0425-34 05/22 909504$     0/1105747 M RT ACT/NR
      Payable
  16.2  ETANERCEPT 25MG/VI 58406-0425-34 05/22 909504$     1/1105747 M RT ACT/NR
      Payable
  16.3  DIVALPROEX 125MG T 00074-6212-13 05/22 909505$     0/1105748 M RT ACT/NR
      Payable
  16.4  COLLAGENASE OINT   50484-0527-30 05/22 909506$     0/1105749 M RT ACT/NR
      Payable
  16.5  NAFCILLIN 1 GM. IN 00209-6950-22 05/22 909507$     0/1105750 M RT ACT/NR
      Payable
  +         Enter ?? for more options
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  EX   Exit
VP   View Prescription    OH   On Hold Copay Listing
CMT  Add/View Comments    RH   Release Copay
Select option:Next Screen//
```

5.9.1 Insurance Details

This option allows you to view insurance details for a single patient line item. The *Insurance Details* option 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 option: prompt, and a single patient line item to view the *Insurance Details* information for a patient.

Example 5.9.1-1: Accessing Insurance Details Option

```
FURTHER RESEARCH SCREEN       Aug 16, 2005@10:42:58          Page:   14 of   74
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
16  ECMEpatient,One            (165P) WEBMD   /              *Done* ALL payable
  16.1  ETANERCEPT 25MG/VI 58406-0425-34 05/22 909504$     0/1105747 M RT ACT/NR
      Payable
  16.2  ETANERCEPT 25MG/VI 58406-0425-34 05/22 909504$     1/1105747 M RT ACT/NR
      Payable
  16.3  DIVALPROEX 125MG T 00074-6212-13 05/22 909505$     0/1105748 M RT ACT/NR
      Payable
  16.4  COLLAGENASE OINT   50484-0527-30 05/22 909506$     0/1105749 M RT ACT/NR
      Payable
  16.5  NAFCILLIN 1 GM. IN 00209-6950-22 05/22 909507$     0/1105750 M RT ACT/NR
      Payable
+         Enter ?? for more options
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  EX   Exit
VP   View Prescription    OH   On Hold Copay Listing
CMT  Add/View Comments    RH   Release Copay
Select option: Next Screen// INS  Insurance details
Please select a SINGLE Patient Line item for viewing Insurance
Select item: 7.
```

(B) While in the Patient Insurance Info View/Edit option, you will have access to all of the actions at the bottom of the Insurance Screen. When you enter **QUIT**, the system will return to the *Further Research* Screen.

Example 5.9.1-2: Displaying Insurance Details Option.

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

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




          Enter ?? for more actions                                          >>>
VP  View Policy Info      BU  Benefits Used         EX  Exit
AB  Annual Benefits       INS View Insurance Co.
Select Action:Quit// QUIT
```

5.9.2 View Eligibility

The *View Eligibility* Option allows you to view the *Patient Eligibility Screen* in the Third Party Joint Inquiry option of Integrated Billing software.

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

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

Example 5.9.2-1: Accessing View Eligibility Option

```
FURTHER RESEARCH SCREEN       Aug 15, 2005@11:42:58          Page:   14 of   74
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
7   ECMEpatient,One  (5555) WEBMD   /            *Done* Pb:13 Rj:5 AcRv:1 RjRv:1
  7.1   EPOETIN ALFA,RECOM 59676-0320-01 08/13 909693$     0/1105936 W RT ACT/RL
      Rejected
      15:M/I Date of Service
  7.2   CYCLOPHOSPHAMIDE 1 00015-0539-42 08/14 909694$     0/1105937 W RT ACT/RL
      Reversal accepted
  7.3   TAMOXIFEN CITRATE  00093-0784-86 08/14 909695$     0/1105938 W RT ACT/NR
      Rejected
      10:M/I Patient Gender Code

+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  EX   Exit
VP   View Prescription    OH   On Hold Copay Listing
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen// VE   View Eligibility
Please select a SINGLE Patient Line item for viewing Eligibility
Select item: 7.
```

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

Example 5.9.2-2: Displaying View Eligibility Options.

```
Patient Eligibility          Aug 15, 2005@11:14:12          Page:    1 of    1
   ECMEpatient,Two  5959                                          DOB: 01/02/66

            Means Test: YES                            Insured: Yes
          Date of Test: 07/29/05                    A/O Exposure:
  Co-pay Exemption Test:                           Rad. Exposure:
          Date of Test:
Patient has agreed to pay deductible

     Primary Elig. Code: NSC

      Service Connected: No
     Rated Disabilities: None
          Enter ?? for more actions
EX  Exit
Select Action: Quit//
```

5.9.3 View Prescription

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

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

Example 5.9.3-1: Accessing View Prescription Option

```
FURTHER RESEARCH SCREEN       Aug 16, 2005@11:19:11          Page:   14 of   74
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
3   ECMEpatient,One  (5959) WEBMD   /            *Done* Pb:13 Rj:5 AcRv:1 RjRv:1
  3.1   TAMOXIFEN CITRATE  00038-0600-25 06/12 10958862$   0/9378800 W RT ACT/NR
      Payable
  3.2   CYCLOPENTOLATE HC  00065-0395-05 06/13 11028434$   0/9378803 W RT ACT/NR
      Payable
  3.3   IMIPRAMINE HCL 50  00781-1766-00 06/13 11028436$   0/9378805 W RT ACT/RL
      Rejected
      07:M/I Cardholder ID Number
  3.4   ATROPINE SULFATE   00074-4911-01 06/13 11028437$   0/9378806 W RT ACT/RL
      Payable
  3.5   EPHEDRINE SULFATE                06/13 11028439$   0/9378822 W RT ACT/NR
      Payable
  3.6   EPOETIN ALFA,RECO  59676-0302-02 06/13 11028440$   0/9378823 W RT ACT/NR
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  EX   Exit
VP   View Prescription    OH   On Hold Copay Listing
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: 3.1
```

(B) Once a single prescription line item is entered, the system displays the following screens for the selected prescription. When you enter **QUIT**, the system will return you to the *Further Research* Screen.

Example 5.9.3-2: Displaying View Prescription Options.

```
Rx Activity Log              Jul 05, 2006@13:02:28          Page:    1 of    5
ECMEpatient,Two
  PID: 000-77-4444                                    Ht(cm): _______ (______)
  DOB: MAY 1,1956 (50)                                Wt(kg): _______ (______)
               Rx #: 10958862$e
     Orderable Item: TAMOXIFEN TAB
          CMOP Drug: TAMOXIFEN CITRATE 10MG TAB
            *Dosage: 10MG
               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: 08/01/05                 Fill Date: 08/03/05
     Last Fill Date: 08/03/05 (Window)
   Last Release Date:                             Lot #:
           Expires: 08/02/06                        MFG:
       Days Supply: 90                            QTY (TAB): 11
      # of Refills: 3                           Remaining: 3
          Provider: ECMEprovider,ONE T MD
         Routing: Window
            Copies: 1
    Method of Pickup:
            Clinic: Not on File
          Division: ALASKA VA HSRO (463)
        Pharmacist:
  Patient Counseling: NO
           Remarks:
       Finished By: ECMEuser,Two
   Entry By: ECMEuser,Two                   Entry Date: 08/01/05 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   08/03/05    EDIT           ORIGINAL       ECMEuser,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   08/01/05    ORIGINAL                  ECMEuser,Three
Comments: From RX number 909695
2   08/03/05    ORIGINAL                  ECMEuser,Three
Comments: From RX number 909695 (Reprint)
Rx Activity Log              Aug 16, 2005@11:56:44          Page:    5 of    5
ECMEpatient,Two
  PID: 000-11-5959                              Ht(cm): _______ (______)
  DOB: JAN 2,1966 (39)                          Wt(kg): _______ (______)+
 ECME Log:
#   Date        Rx Ref         Initiator Of Activity
================================================================================
1   5/22/06@19:00:24    ORIGINAL        ECMEuser,Three
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00049-3980-60)
2   7/6/06@19:01:04     REFILL 1        ECMEuser,Three
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00049-3980-60)
3   7/7/06@14:39:19     REFILL 1        ECMEuser,Three
Comments: Submitted to ECME:REJECT WORKLIST-DUR OVERRIDE CODES(DD/M0/1B)-E
 PAYABLE

ECME REJECT Log:
#  Date/Time Rcvd    Rx Ref    Reject Type     STATUS     Date/Time Resolved
================================================================================
1  7/6/06@19:02:08   REFILL 1  DUR             RESOLVED   7/7/06@14:39:19
Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)

Enter ?? for more actions

     Select Action:Quit//
```

5.9.4 Add/View Comments

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

5.9.5 Claims Tracking

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

(A) Enter the **CT** option and then enter a single prescription line item to track a claim.

Example 5.9.5-1: Accessing Claims Tracking Option

```
FURTHER RESEARCH SCREEN       Aug 03, 2006@16:31:04          Page:    1 of   17
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 120 day(s)
                                                        Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#       STATUS/LOC/RX INFO
1   ECMEpatient,One(0774)  BC/BS MI/1-999-777-6666 *40%* Pb:0 Rj:0 AcRv:0 RjRv:0
  1.1   ALLOPURINOL 300MG  51079-0206-20 11/04 100003860$  0/0504440 C RT ACT/NR
      In progress - Packet being built
2   ECMEpatient,Two(5444)  WEBMD TE/              *95%* Pb:1 Rj:0 AcRv:1 RjRv:2
  2.1   AMOXAPINE 50MG TA  00005-5390-23 01/26 100003473$  2/0504006 M RT EXP/NR
      In progress - Waiting to process response
  2.2   BENZTROPINE 2MG T  00781-1367-12 01/07 100003637$  2/0504178 M RT ACT/NR
      Reversal accepted
  2.3   ALBUMIN 5% 250ML   00053-7670-01 01/05 100003639$  2/0504180 M RT DIS/NR
      Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
  2.4   AMINOCAPROIC ACID  00005-4665-23 01/05 100003643$  2/0504184 M RT ACT/NR
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  EX   Exit
VP   View Prescription    OH   On Hold Copay Listing
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* option, you will have menu access to all Claims options at the bottom. Entering **EXIT** or **QUIT** will end the *Claims Tracking* and return you to the *Further Research* screen.

Example 5.9.5-2: Displaying Claims Tracking Options

```
CLAIMS TRACKING EDIT          Aug 03, 2006@16:34:20          Page:    1 of    3
Expanded Claims Tracking Info for: ECMEpatient,One B0774   ROI:
                              For: PRESCRIPTION REFILL on 11/04/05
+
     Visit Type: PRESCRIPTION REFILL        Authorization #:
 Prescription #: 100003860                        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                          Review Information
2          NDC#: 51079-0206-20                      Insurance Claim: YES
      Physician: ECMEprovider,Two                    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//
```

```
CLAIMS TRACKING EDIT          Aug 03, 2006@16:36:13          Page:    2 of    3
Expanded Claims Tracking Info for: ECMEpatient,Two   ROI:
                              For: PRESCRIPTION REFILL on 11/04/05
+
     Episode Billable: NO                          Total Charges: $        0
  Non-Billable Reason: PRESCRIPTION NOT REL Estimated Recv (Pri): $
       Next Bill Date:                      Estimated Recv (Sec): $
 Work. Comp/OWCP/Tort:                      Estimated Recv (ter): $
         Initial Bill:                        Means Test Charges: $
          Bill Status:                                Amount Paid: $        0


  Hospital Reviews Entered

  Insurance Reviews Entered

  Service Connected Conditions:
 Service Connected: NO
+         Enter ?? for more actions
BI  Billing Info Edit     TA  Treatment Auth.       EX  Exit
RI  Review Info           SE  Submit Claim to ECME
Select Action:Next Screen//
```

```
CLAIMS TRACKING EDIT          Aug 03, 2006@16:36:43          Page:    3 of    3
Expanded Claims Tracking Info for: ECMEpatient,Two   ROI:
                              For: PRESCRIPTION REFILL on 11/04/05
+
 NONE STATED




          Enter ?? for more actions
BI  Billing Info Edit     TA  Treatment Auth.       EX  Exit
RI  Review Info           SE  Submit Claim to ECME
Select Action:Quit//BI  Billing Info Edit
```

5.9.6 Third Party Inquiry

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

(A) Enter the **TPJI** option and then enter a single prescription line item to access the *Third Party (Joint) Inquiry* claim information.

Example 5.9.6-1: Accessing Third Party (Joint) Inquiry Option

```
FURTHER RESEARCH SCREEN       Aug 17, 2005@06:59:02          Page:    1 of   76
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
1   ECMEpatient,Two(0000)   WEBMD   /             *Done* ALL payable
  1.1   DESIPRAMINE HCL 25 00068-0011-10 06/02 909393$     0/1105635 W ** ACT/RL
      08/15/05 - This shows another line
      Payable
  1.2   DIAZEPAM 5MG/ML IN 00140-1933-06 06/02 909394$     0/1105636 W ** ACT/NR
      Payable
  1.3   TAMOXIFEN CITRATE  00093-0784-86 06/02 909395$     0/1105637 W ** ACT/RL
      Payable
2   ECMEpatient,Three (4444) WEBMD   /           *Done* Pb:25 Rj:1 AcRv:0 RjRv:0
  2.1   BENZOCAINE 20% OTI 00603-7238-73 07/04 909704$     0/1105947 M RT ACT/RL
      Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  EX   Exit
VP   View Prescription    OH   On Hold Copay Listing
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen// TPJI   Third Party Inquiry
Please select a SINGLE Patient Line item when accessing TPJI
Select item: 1
```

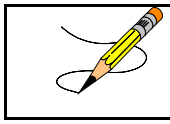
(B) While in the *Third Party (Joint) Inquiry option*, you have access to all options displayed at the bottom of the screen. Enter **QUIT** to return to the main *Further Research* Screen.

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

```
Third Party Active Bills      Aug 14, 2005@19:29:59          Page:    1 of    1
ECMEpatient,Three   0000                                                    NSC
   Bill #    From     To       MT? Type Stat Rate     Insurer  Orig Amt Curr Amt
1  K400K9Ce  06/15/05 06/15/05 YES OP    A   REIM IN  WEBMD   45.00    45.00
2  K400K9De  06/15/05 06/15/05 YES OP    A   REIM IN  WEBMD   45.00    45.00
 …
          |r Referred |* MT on Hold |+ Multi Carriers |
CI  Claim Information     IL  Inactive Bills        PI  Patient Insurance
CP  Change Patient        HS  Health Summary        EL  Patient Eligibility
Select Action: Quit//
```

5.9.7 On Hold Copay Listing

This option lists On Hold copay information for a single patient. The **OH** option 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.



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

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

Example 5.9.7-1: Accessing On Hold Copay Listing Option

```
FURTHER RESEARCH SCREEN       Aug 17, 2005@10:40:40          Page:    1 of   76
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                          Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
1   ECMEpatient,Two (2600) WEBMD   /             *Done* ALL payable
  1.1   DESIPRAMINE HCL 25 00068-0011-10 06/02 909393$     0/1105635 W ** ACT/RL
      08/15/05 - This shows another line
      Payable
  1.2   DIAZEPAM 5MG/ML IN 00140-1933-06 06/02 909394$     0/1105636 W ** ACT/NR
      Payable
  1.3   TAMOXIFEN CITRATE  00093-0784-86 06/02 909395$     0/1105637 W ** ACT/RL
      Payable
2   ECMEpatient,One (3444) WEBMD   /             *Done* Pb:25 Rj:1 AcRv:0 RjRv:0
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  EX   Exit
VP   View Prescription    OH   On Hold Copay Listing
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen// OH   On Hold Copay Listing
Please select a SINGLE Patient Line item when accessing On Hold Copay Listing
Select item: 1
```

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

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

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

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

Example 5.9.7-3: Entering "Y" to Include Pharmacy Co-pay Charges on Report

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

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

(D) Print the report at 132 characters.

Example 5.9.7-4: Printed On Hold Copay Listing Report

```
List of all HELD bills for ECMEpatient,One  SSN: 666-55-5444                                    AUG 8,2006  PAGE 1
PATIENT CHARGES                                                                  CORRESPONDING THIRD PARTY BILLS
==============================================================================||=========================================
                                From/     Date              AR       IB    ||                     AR
Action ID      Type    Bill#     Fill Dt   to AR     Charge   Status   Status|| Bill#  Classf($Typ) ST   Charge  % Paid
==============================================================================||=========================================
                           '*' = outpt visit on same day as Rx fill date    ||
==============================================================================||=========================================
5002877        SC RX            Rx #: 100003994                            ||
                                12/30/05              8.00           ON HOLD||


Enter RETURN to continue or '^' to exit:
```

5.9.8 Release Copay

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

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

Example 5.9.8-1: Accessing Release Copay Option

```
FURTHER RESEARCH SCREEN       Aug 17, 2005@10:40:40          Page:    1 of   76
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
8   ECMEpatient,One (0000) WEBMD   /             *Done* ALL payable
  8.1   DESIPRAMINE HCL 25 00068-0011-10 06/02 909393$     0/1105635 W ** ACT/RL
      08/15/05 - This shows another line
      Payable
  8.2   DIAZEPAM 5MG/ML IN 00140-1933-06 06/02 909394$     0/1105636 W ** ACT/NR
      Payable
  8.3   TAMOXIFEN CITRATE  00093-0784-86 06/02 909395$     0/1105637 W ** ACT/RL
      Payable
9   ECMEpatient,Two (6666) WEBMD   /             *Done* Pb:25 Rj:1 AcRv:0 RjRv:0
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  EX   Exit
VP   View Prescription    OH   On Hold Copay Listing
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen// RH   Release Copay
Please select a SINGLE Patient Line item or a SINGLE Rx Line item when accessing
 Release Copay from Hold.
Select item: 9
```

(B) All copay charges on hold for the selected patient or prescription are listed. Select the line number (reference number) of the item for the release of that copay, then answer **Y** to okay the charge to Accounts Receivable. The selection is redisplayed and you are advised that the listed charge has been passed to Accounts Receivable.

Example 5.9.8-2: Listing On Hold Copay Charges for Release Copay Option

```
ECMEpatient,One     Pt ID: 000-00-0000
--------------------------------------------------------------------------------

The following IB Actions for this patient are ON HOLD:
================================================================================
 REF   Action ID  Bill Type               Bill #   Fr/Fl Dt  To/Rls Dt   Charge
================================================================================
  1    000596570  Rx #: 909708                     08/01/05  08/01/05     21.00
  2    000596574  Rx #: 909693                     08/01/05  08/01/05     21.00
  3    000596575  Rx #: 909694                     08/01/05  08/01/05     21.00
  4    000596580  Rx #: 909728                     08/01/05  08/01/05     21.00
  5    000596581  Rx #: 909703                     08/01/05  08/01/05     21.00
  6    000596601  Rx #: 909698                     08/01/05  08/03/05     21.00

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


Passing charges to Accounts Receivable...
```

```
================================================================================
 REF   Action ID  Bill Type              Bill #   Fr/Fl Dt  To/Rls Dt   Charge
================================================================================
  2    000596574  Rx #: 909693           K400KDC  08/01/05  08/01/05     21.00

The charge listed above has been passed to Accounts Receivable.

Enter RETURN to continue or '^' to exit:
```

5.9.9 IB (Integrated Billing) Events Report

The "EVNT" Option allows you to access the *IB e-Pharmacy Menu* Option, ECME Billing Events Report.

(A) Enter **EVNT** to access the *IB Events Report* option. You may select a single Patient line item or a single Rx line item.

Example 5.9.9-1: Accessing IB Events Report Option

```
FURTHER RESEARCH SCREEN       Aug 17, 2005@10:40:40          Page:    1 of   76
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                     Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
1   ECMEpatient,Two (0000) WEBMD   /             *Done* ALL payable
  1.1   DESIPRAMINE HCL 25 00068-0011-10 06/02 909393$     0/1105635 W ** ACT/RL
      08/15/05 - This shows another line
      Payable
  1.2   DIAZEPAM 5MG/ML IN 00140-1933-06 06/02 909394$     0/1105636 W ** ACT/NR
      Payable
  1.3   TAMOXIFEN CITRATE  00093-0784-86 06/02 909395$     0/1105637 W ** ACT/RL
      Payable
2   ECMEpatient,One (6666) WEBMD   /             *Done* Pb:25 Rj:1 AcRv:0 RjRv:0
  2.1   BENZOCAINE 20% OTI 00603-7238-73 07/04 909704$     0/1105947 M RT ACT/RL
      Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  EX   Exit
VP   View Prescription    OH   On Hold Copay Listing
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen// OH   On Hold Copay Listing
Please select a SINGLE Patient Line item or a SINGLE Rx Line item when accessing
 The IB Events Report.
Select item: 2
```

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

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

```
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 5.9.9-3: 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 5.9.9-4: Selecting Summary Type for IB Events Report

```
          S         SUMMARY REPORT
          D         DETAILED REPORT

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

DEVICE: HOME// IP network

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

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

Example 5.9.9-6: Selecting a Detailed Type for IB Events Report

```
          S         SUMMARY REPORT
          D         DETAILED REPORT

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

DEVICE: HOME// IP network


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

     RX#   FILL  DATE       PATIENT NAME          DRUG
================================================================================
1   909693  0   08/01/05    ECMEpatient,Two       EPOETIN ALFA,RECOMB 20,000UNT/
      FINISH    08/01/05 11:32a Status:ECME Billable
          ELIGIBILITY:
          NDC:59676-0320-01, QTY:3, COST:146.063, DEA:1
          PLAN:WEBMD TEST  INSURANCE: WEBMD
          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:45.00, GROSS AMT DUE:45.00, ADMIN FEE:0.00
          USER: ECMEuser,Two
      SUBMIT    08/01/05 11:34a Status:OK
          ECME# 1105936, FILL DATE:08/01/05
          PAYER RESPONSE: PAYABLE
          PLAN:WEBMD TEST, INSURANCE: WEBMD
          USER: ECMEuser,Three
      REVERSAL  08/01/05 3:19p  Status:ECME Claim reversed, no Bill to cancel
          ECME# 1105936, FILL DATE:08/01/05
Press RETURN to continue, '^' to exit: <Enter>

                                                                    PAGE 2
               BILLING ECME EVENTS ON 06/23/05 TO 08/22/05  (DETAILED)

     RX#   FILL  DATE       PATIENT NAME              DRUG
================================================================================
          PAYER RESPONSE: ACCEPTED
          PLAN:WEBMD TEST, INSURANCE: WEBMD
          USER: ECMEuser,One
          REVERSAL REASON:testing prior reversals
      FINISH    08/01/05 3:20p  Status:ECME Billable
          ELIGIBILITY:
          DRUG:EPOETIN ALFA,RECOMB 20,000UNT/ML INJ
          NDC:59676-0320-01, QTY:3, COST:146.063, DEA:1
          PLAN:WEBMD TEST  INSURANCE: WEBMD
          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:45.00, GROSS AMT DUE:45.00, ADMIN FEE:0.00
          USER: ECMEuser,Two
      SUBMIT    08/01/05 3:20p  Status:OK
          ECME# 1105936, FILL DATE:08/01/05, RELEASE DATE:08/01/05
          PAYER RESPONSE: REJECTED
Press RETURN to continue, '^' to exit: <Enter>
```

```
                                                                        PAGE 3
              BILLING ECME EVENTS ON 06/23/05 TO 08/22/05  (DETAILED)

     RX#   FILL  DATE       PATIENT NAME              DRUG
================================================================================
          PLAN: WEBMD TEST, INSURANCE: WEBMD
          USER: ECMEuser,Two
      RELEASE   08/01/05 3:20p  Status:OK
          ECME# 1105936, FILL DATE:08/01/05, RELEASE DATE:08/01/05
          PLAN: WEBMD TEST, INSURANCE: WEBMD
          USER: ECMEuser,One
--------------------------------------------------------------------------------
2   909694  0   08/01/05    ECMEpatient,One         CYCLOPHOSPHAMIDE 1000MG INJ
      FINISH    08/01/05 11:44a Status:ECME Billable
          ELIGIBILITY:
          NDC:00015-0539-42, QTY:3, COST:5.257, DEA:1A
          PLAN:WEBMD TEST  INSURANCE: WEBMD
          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:45.00, GROSS AMT DUE:45.00, ADMIN FEE:0.00
          USER: ECMEuser,One
Press RETURN to continue, '^' to exit:
```

(E) When **EX** is entered at the "Select Action:" prompt from the Further Research Screen, the system will return to the ECME User Screen.

Example 5.9.9-7: Entering the EXIT Option from Further Research Screen

```
FURTHER RESEARCH SCREEN       Aug 17, 2005@10:40:40          Page:    1 of   76
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
1   ECMEpatient,Two (0000) WEBMD   /               *Done* ALL payable
  1.1   TAMOXIFEN CITRATE  00038-0600-25 06/13 71415362$   0/9378807 W RT ACT/NR
      Reversal rejected
      87:Reversal Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      EV108-NPI 0569333    NOT FOUND
  1.2   IMIPRAMINE HCL 10  00074-1897-19 06/13 71415363$   0/9378808 W RT ACT/NR
      Payable
  1.3   CYCLOBENZAPRINE H  50111-0563-03 06/13 71415364$   0/9378809 W RT ACT/NR
      Payable
  1.4   LEUCOVORIN CALCIU  00054-4496-25 06/13 71415365$   0/9378810 W RT ACT/NR
      Payable
  1.5   KANAMYCIN SO4 1GM               06/13 71415366$   0/9378811 W RT ACT/NR
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  EX   Exit
VP   View Prescription    OH   On Hold Copay Listing
CMT  Add/View Comments    RH   Release Copay
Select action: Next Screen// EX   Exit
```

5.10 Print Data

The *Print Data* option allows you to send a copy of the entire ECME User Screen contents to a selected device.

(A) Access this option by entering **PD** at the "Select Action:" prompt on the ECME User Screen.

Example 5.10-1: Accessing the Print Data Option

```
PHARMACY ECME                 Aug 12, 2005@02:40:34          Page:    1 of   81
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
5   ECMEpatient,Two   (0000) WEBMD   /            *Done* ALL payable
  5.1   LEUCOVORIN 5MG/ML  00703-5140-01 06/12 10958860$   0/9378798 W RT ACT/NR
      Reversal rejected
6   ECMEpatient,Three (6666) WEBMD   /            *Done* Pb:3 Rj:1 AcRv:1 RjRv:0
  6.1   GRANULEX SPRAY 4O  00514-0001-01 03/20 10958847    0/9378705 W RT ACT/RL
      Payable
  6.2   ACARBOSE 100MG TA  00026-2862-51 03/20 52536284    1/9378782 W RT DIS/NR
      03/20/06 - RX DISCONTINUED
      Rejected
      79:Refill Too Soon
  6.3   DIGOXIN (LANOXIN)  00173-0270-55 03/20 52536287    0/9378787 W RT DIS/NR
      Reversal accepted
  6.4   DIGOXIN (LANOXIN)  00173-0270-55 03/20 11028432    0/9378788 W RT ***/RL
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// PD   Print Data
```

(B) You have the option of printing the data to your screen (default) or to a device.

Example 5.10-2: Selecting a Printer Device

```
DEVICE: HOME//   IP network
```

(C) If you print the data to the screen, there is an option to exit (enter "^") or display more than one page (press **<Enter>).**

Example 5.10-2: Displaying Print Data

```
PHARMACY ECME                 Aug 22, 2005@12:46:24          Page:    1 of   56
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
-#--PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
1   ECMEpatient,Two (0000) WEBMD   /              *Done* ALL payable
  1.1   TAMOXIFEN CITRATE  00038-0600-25 06/13 71415362$   0/9378807 W RT ACT/NR
      Reversal rejected
      87:Reversal Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      EV108-NPI 0569333    NOT FOUND
  1.2   IMIPRAMINE HCL 10  00074-1897-19 06/13 71415363$   0/9378808 W RT ACT/NR
      Payable
  1.3   CYCLOBENZAPRINE H  50111-0563-03 06/13 71415364$   0/9378809 W RT ACT/NR
      Payable
  1.4   LEUCOVORIN CALCIU  00054-4496-25 06/13 71415365$   0/9378810 W RT ACT/NR
      Payable
  1.5   KANAMYCIN SO4 1GM               06/13 71415366$   0/9378811 W RT ACT/NR
      Rejected
      07:M/I Cardholder ID Number
Enter RETURN to continue or '^' to exit:
```

5.11 Print Claim Log

The *Print Claim Log* option allows you to print a detailed history of the processing which is useful for diagnosing problems.

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

Example 5.11-1: Accessing the Print Claim Log Option

```
PHARMACY ECME                 Aug 12, 2005@02:40:34          Page:    1 of   81
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
5   ECMEpatient,Two (0000) WEBMD   /              *Done* ALL payable
  5.1   LEUCOVORIN 5MG/ML  00703-5140-01 06/12 10958860$   0/9378798 W RT ACT/NR
      Reversal rejected
6   ECMEpatient,One (6666) WEBMD   /              *Done* Pb:3 Rj:1 AcRv:1 RjRv:0
  6.1   GRANULEX SPRAY 4O  00514-0001-01 03/20 10958847    0/9378705 W RT ACT/RL
      Payable
  6.2   ACARBOSE 100MG TA  00026-2862-51 03/20 52536284    1/9378782 W RT DIS/NR
      03/20/06 - RX DISCONTINUED
      Rejected
      79:Refill Too Soon
  6.3   DIGOXIN (LANOXIN)  00173-0270-55 03/20 52536287    0/9378787 W RT DIS/NR
      Reversal accepted
  6.4   DIGOXIN (LANOXIN)  00173-0270-55 03/20 11028432    0/9378788 W RT ***/RL
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// LOG   Print Claim Log

Enter the line number for which you wish to print claim logs.
Select item: 5.1
```

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

Example 5.11-2: 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

      VA Rx #: 909393$        Fill #: 0    ECME Claim Rx #: 1105635.00001
  Patient Name: ECMEpatient,One (0000)
     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
Transaction Type: REQUEST
Date of Service: 06/15/2005
NDC: 00068-0011-10
ECME Pharmacy: BAY PINES
Days Supply: 1
Qty: 1     Unit Price: .034     Total Price: 45

Insurance Name: WEBMD
BIN: 123456
PCN: 1123456789
Group ID: WEBMDTEST
Cardholder ID:
Patient Relationship Code: CARDHOLDER
Cardholder First Name: One
Cardholder Last Name: ECMEpatient
+         Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Next Screen// <Enter>
```

```
PHARMACY ECME                 Sep 11, 2005@11:39:07          Page:    3 of    7
Claim Log information
+
Plan ID: 8729
Payer Sheet IEN: WBTESTB1
B2 Payer Sheet IEN: WBTESTB2
B3 Rebill Payer Sheet: WBTESTB1
Certify Mode:
Cert IEN:

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

```
PHARMACY ECME                 Sep 11, 2005@11:39:51          Page:    4 of    7
Claim Log information
+
Response Information (#661)----------------------------------------------------

Response Received: JUN 15,2005@16:25:49
Date of Service: 06/15/2005
Transaction Response Status: Paid
Total Amount Paid: $68.32
Reject code(s):
Message:
Additional Message:
DUR Response Info:
 +         Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Next Screen// <Enter>
```

```
PHARMACY ECME                Sep 11, 2005@11:39:51          Page:    5 of    7
Claim Log information
+
Transaction Information (#659)-------------------------------------------------

Created on: JUN 15,2005@15:07:34
Transaction Type: REQUEST
Date of Service: 06/15/2005
NDC: 00068-0011-10
ECME Pharmacy: BAY PINES
Days Supply: 1
Qty: 1     Unit Price: .034     Total Price: 45

Insurance Name: WEBMD
BIN: 123456
PCN: 1123456789
Group ID: WEBMDTEST
Cardholder ID:
Patient Relationship Code: CARDHOLDER
Cardholder First Name: One
Cardholder Last Name: ECMEpatient

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

```
PHARMACY ECME                Sep 11, 2005@11:42:41          Page:    6 of    7
Claim Log information
+
Plan ID: 8729
Payer Sheet IEN: WBTESTB1
B2 Payer Sheet IEN: WBTESTB2
B3 Rebill Payer Sheet: WBTESTB1
Certify Mode:
Cert IEN:

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

(C) After the last data page has displayed on your screen, pressing **<Enter>** will default to "QUIT" and the system returns to the ECME User Screen.

```
PHARMACY ECME                Sep 11, 2005@11:43:01          Page:    7 of    7
Claim Log information
+
Response Information (#659)----------------------------------------------------

Response Received: JUN 15,2005@15:18:30
Date of Service: 06/15/2005
Transaction Response Status: Rejected
Total Amount Paid: $0
Reject code(s):
 NN:Transaction Rejected At Switch Or Intermediary
Message: NC40-Request from an unknown site.  Registration is required
Additional Message:
DUR Response Info:

          Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Quit// <Enter>   QUIT
```

5.12 Resubmit with Edits (hidden option)

The *Resubmit with Edits* hidden option allows you to edit previously rejected electronic claims and to resubmit them with the edited information. The three data fields that can be edited to enable resubmission are the Relationship Code, Person Code and Prior-Authorization Number.

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 Pre-Authorization number is the number submitted by the provider to identify the prior authorization.

(A) Enter **RED** at the "Select Action:" prompt to choose the prescription line to resubmit.

Example 5.12-1: Accessing the Resubmit with Edits Option

```
PHARMACY ECME                Aug 12, 2005@02:40:34          Page:    1 of   81
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 90 day(s)
                                                     Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
5   ECMEpatient,Two (0000)  WEBMD   /              *Done* ALL payable
  5.1   LEUCOVORIN 5MG/ML  00703-5140-01 06/12 10958860$   0/9378798 W RT ACT/NR
      Reversal rejected
6   ECMEpatient,One (6666) WEBMD   /              *Done* Pb:3 Rj:1 AcRv:1 RjRv:0
  6.1   GRANULEX SPRAY 4O  00514-0001-01 03/20 10958847    0/9378705 W RT ACT/RL
      Payable
  6.2   ACARBOSE 100MG TA  00026-2862-51 03/20 52536284    1/9378782 W RT DIS/NR
      03/20/06 - RX DISCONTINUED
      Rejected
      79:Refill Too Soon
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        PD  Print Data
CV  Change View           CLO Close Rejected Claim  LOG Print Claim Log
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Quit// RED   RED
```

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

Example 5.12-1: Accessing the Resubmit with Edits Option

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

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

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

Example 5.12-2: Entering Yes to "Are You Sure" Prompt

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

(D) You can edit the Relationship Code, Person Code and/or Pre-Authorization Number.

Example 5.12-3: Editing Relationship Code, Person Code and Pre-Authorization and Answering "Are you sure?" Prompt

```
Relationship Code: // <Enter>
Person Code: // 23
Pre-Authorization: // 12

Are you sure?(Y/N)? YES

Prescription 100003433A successfully submitted to ECME for claim generation.

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



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


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

Updating screen for resubmitted claim...
```

5.13 Exit (from ECME User Screen)

When **EXIT** or **QUIT** is entered at the "Select Action:" prompt, the system will return you to the *ECME Main Menu*.

6. 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 6-1: Accessing the Pharmacy ECME Manager Menu Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 ALASKA VAHSRO                  *
               *                   Main Menu                    *
               ************************************************


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


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

Example 6-2: Displaying Pharmacy ECME Manager Menu Options

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 ALASKA VAHSRO                  *
               *          Pharmacy ECME Manager Menu            *
               ************************************************


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


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 Automation Center (REG)*, and the *Pharmacy ECME Setup Menu (SET)* options.

6.1 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 6.1-1: Accessing the ECME Transaction Maintenance Options

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                *
               *          Pharmacy ECME Manager Menu         *
               ***********************************************



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



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

6.1.1 View/Unstrand Claims 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".

Even though you perform the *View/Unstrand Claims 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 6.1.1-1: Accessing the View/Unstrand Claims Not Completed Option

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

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

(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 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 6.1.1-2: Entering Date Range for View/Unstrand Claims Not Completed Option

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

Example 6.1.1-3: Displaying the View/Unstrand Claims Not Completed Options

```
PHARMACY ECME UNSTRAND CLAIMS Dec 06, 2005@14:57:05          Page:    1 of    1
Claims Stranded from 09/27/2005 through 12/06/2005
                                                Sorted by: Transaction Date

 ## Trans DT   Patient Name         ID   Extern RX #  RF Fill DT    Ins Co
  1 10/13/2005 ECMEpatient,One      6660 910055        0 10/13/2005 WEBMD
  2 10/28/2005 ECMEpatient,Two      6666 909729        1 10/27/2005 WEBMD
  3 11/03/2005 ECMEpatient,Three    0000 910053        0 10/13/2005 WEBMD
  4 11/03/2005 ECMEpatient,Four     0066 910056        0 10/13/2005 WEBMD
  5 11/03/2005 ECMEpatient,Five     6600 910100        0 11/03/2005 WEBMD









          Enter ?? for more actions                                      >>>
ALL Unstrand Current Claims             PRT Print Current Claims
SEL Select Claims to Unstrand           EX  Exit
Select action: Quit//
```

6.1.2 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 6.1.2-1: Accessing the Re Open CLOSED Claim Option

```
   UNS    View/Unstrand Claims 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 6.1.2-2: 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 6.1.2-3: 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 **R**eopen and choose the line item of the closed claim that will be reopened.

Example 6.1.2-4: 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     (1141)     Closed claims from 07/05/06 to 07/05/06

#    DRUG               NDC           FILL  RX#         REF/ECME# LOC RX INFO
1    RESERPINE 0.25MG   00083-0036-45 07/05 100004093$  0/0504727 W   RT ACT/RL



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

(E) You are prompted to enter a text comment, Reopen Comments, after claim information is displayed.

Example 6.1.2-5: 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#: 504727, FILL DATE: 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 6.1.2-6: 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:
```

6.2 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 6.2-1: Accessing the Pharmacy ECME Manager Menu Option

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                *
               *          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 BPSMENU, BPS MANAGER, and BPS MASTER keys to view the *Edit Basic ECME Parameters (BAS)*, *Edit ECME Pharmacy Data (PHAR)*, and *Register Pharmacy with Austin Automation Center (REG)* options.

Example 6.2-2: Pharmacy ECME Setup Menu Options

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                 *
               *           Pharmacy ECME Setup Menu           *
               ************************************************



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


Select Pharmacy ECME Setup Menu Option:
```

6.2.1 Edit Basic ECME Parameters

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

You must hold the BPSMENU, BPS MANAGER, and BPS MASTER keys to view the *Edit Basic ECME Parameters (BAS)* option.

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 6.2.1-1: Accessing the Edit Basic ECME Parameters Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                 *
               *           Pharmacy ECME Setup Menu           *
               ************************************************

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

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

Enter the maximum 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.

One important reason for this is because of 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.

Example 6.2.1-2: Entering Edit Basic ECME Parameter Timeout Seconds

```
Edit Pharmacy ECME configuration


Answer with '?' for help at any question.

ECME timeout? (0 to 30 seconds)  : 30// <Enter>  30
```

6.2.2 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 BPSMENU, BPS MANAGER, and BPS MASTER keys to view the *Edit ECME Pharmacy Data (PHAR)* option.

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

Example 6.2.2-1: Accessing the Edit ECME Pharmacy Data Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                 *
               *           Pharmacy ECME Setup Menu           *
               ************************************************



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

Select Pharmacy ECME Manager Menu Option: PHAR  Edit Pharmacy ECME Pharmacy
Data
```

Example 6.2.2-2: Entering Edit ECME Pharmacy Data Options

```
Select BPS PHARMACIES NAME: TROY

NAME: TROY
STATUS: ACTIVE
NCPDP #: 1111111
NPI: 1234567893
Select OUTPATIENT SITE: TROY// <ENTER>
  OUTPATIENT SITE: TROY// <ENTER>
Select OUTPATIENT SITE:  <ENTER>
CMOP SWITCH: CMOP ON// <ENTER>
AUTO-REVERSE PARAMETER: 0// <ENTER>
DEFAULT DEA #: AG12345
```

The following table describes the Edit ECME Pharmacy Data option fields:

Table 6.2.2-1: Description of Edit ECME Pharmacy Data Option Fields

Entry	Description
BPS PHARMACIES NAME	Pharmacy in a specific VAMC (Department of Veterans Affairs Medical Center) database. The pharmacy user may enter a new BPS pharmacy, which must be 3-30 alphabetical characters.
NAME	Display-only field that displays the full pharmacy name entered.
NCPDP #	A 7-digit number assigned to the specified pharmacy by the National Council for Prescription Drug Programs (NCPDP). It used to be known as NABP.
NPI	National Provider Identifier. A 10-digit number required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to identify individual and organizational providers, such as outpatient sites. The NPI has a usage requirement date beginning May 23, 2008.
STATUS	The status of the BPS Pharmacy is either ACTIVE or INACTIVE. The STATUS of the pharmacy may be revised through the Register Pharmacy with Austin Automation Center option.
OUTPATIENT SITES	One or more Outpatient Sites (from File 59) may be linked with a single BPS Pharmacy entry. However, an Outpatient Site can only be linked with a single BPS Pharmacy. All 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.
CMOP	ON if the transmission of prescriptions to the CMOP (Consolidated Mail Outpatient Pharmacy) dispensing site will automatically submit electronic third party prescription claims to the insurance payers. See note below for explanation of claims generated before and after switch is turned on or off.
AUTO-REVERSE PARAMETER	Enter numbers from 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.
DEFAULT DEA #	The pharmacy’s Drug Enforcement Administration (DEA) number. Many insurance companies require the prescriber’s DEA number to be part of the claim. The pharmacy’s DEA number will be used if the prescriber does not have one.

	The information in the BPS PHARMACIES NAME field, NCPDP # field and DEFAULT DEA # field reflect data your facility entered following the

	installation of the Health Insurance Portability and Accountability Act (HIPAA) Dormant Release. The data in the OUTPATIENT SITE field, the CMOP SWITCH field and the AUTO REVERSE PARAMETER field must be edited following the installation of the HIPAA Active Release.

- 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.

- If the system is turned ON after a claim is already transmitted to CMOP, ECME **WILL NOT** generate an electronic claim for the return transmission.
- If the system is turned OFF after a claim has already been transmitted to CMOP, ECME **WILL** generate an electronic claim for the return transmission.

6.2.3 Register Pharmacy with Austin Automation Center

The *Register Pharmacy with Austin Automation Center* option allows the ADPAC to register the pharmacy with the Austin Automation 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.

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

You must hold the BPSMENU, BPS MANAGER, and BPS MASTER keys to view the *Register Pharmacy with Austin Automation Center (REG)* option.

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 Automation Center which notifies them that the prospective site is ready to transmit electronic pharmacy claims.

Example 6.2.3-1: Accessing the Register Pharmacy with Austin Automation Center Option

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

```
               *                ALASKA VAHSRO                  *
               *           Pharmacy ECME Setup Menu            *
               ************************************************



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


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

Example 6.2.3-2: Register Pharmacy with Austin Automation Center Option

```
ENTER/VERIFY SITE REGISTRATION DATA.



PRIMARY SITE CONTACT DATA.
VA SITE CONTACT: ECMECONTACT,TWO// <ENTER>
  OFFICE PHONE: 555-555-5555// <ENTER>
  EMAIL ADDRESS: TWO.ECMECONTACT@MED.VA.GOV  Replace <ENTER>

ALTERNATE SITE CONTACT DATA.
VA Alternate Site Contact: ECMECONTACT,ONE// <ENTER>
  OFFICE PHONE: 555-555-5555// <ENTER>
  EMAIL ADDRESS: ONE.ECMECONTACT@MED.VA.GOV  Replace <ENTER>



-- APPLICATION REGISTRATION VALIDATION RESULTS. --


   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: TWO^ECMECONTACT^^^^
   CONTACT MEANS - VALID: ^NET^INTERNET^TWO.ECMECONTACT@MED.VA.GOV
   ALTERNATE CONTACT NAME - VALID: ONE^ECMECONTACT^^^^
   ALTERNATE CONTACT MEANS - VALID: ^NET^INTERNET^ ONE.ECMECONTACT@MED.VA.GOV


-- APPLICATION REGISTRATION DATA VALID. --

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


ENTER/VERIFY PHARMACY REGISTRATION DATA.

PHARMACY SPECIFIC DATA.
Select BPS PHARMACIES NAME: BAY PINES

SITE DATA.
STATUS : ACTIVE// <ENTER>
NCPDP #: 1111111// <ENTER>
DEFAULT DEA #: AG12345// <ENTER>
SITE ADDRESS NAME: 101 MAIN STREET// <ENTER>
SITE ADDRESS 1: 101 MAIN STREET// <ENTER>
SITE ADDRESS 2: <ENTER>
SITE CITY: ARLINGTON// <ENTER>
SITE STATE: TEXAS// <ENTER>
SITE ZIP CODE: 76016// <ENTER>
REMITTANCE ADDRESS NAME: MAIN// <ENTER>
REMIT ADDRESS 1: 101 MAIN STREET// <ENTER>
REMIT ADDRESS 2: <ENTER>
REMIT CITY: ARLINGTON// <ENTER>
```

```
REMIT STATE: TEXAS// <ENTER>
REMIT ZIP: 76016// <ENTER>

DAILY HOURS OF OPERATION
DAY             1-SUN   2-MON   3-TUE   4-WED   5-THU   6-FRI   7-SAT

OPEN TIME               0800    0800    0800    0800    0800    0800
CLOSE TIME              1600    1600    1600    1600    1600    1600

Enter Day to Edit:  (1-7): <ENTER>

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

PRIMARY CONTACT DATA.
VA CONTACT: TWO,ECMECONTACT// <ENTER>
  TITLE: OIFO// <ENTER>
  OFFICE PHONE: 555-555-5993// <ENTER>
  EMAIL ADDRESS: ECMECONTACT.TWO@MED.VA.GOV  Replace <ENTER>
Enter RETURN to continue or '^' to exit: <ENTER>

ALTERNATE CONTACT DATA.
VA ALTERNATE CONTACT: ECMECONTACT,ONE// <ENTER>
  TITLE: OIFO// <ENTER>
  OFFICE PHONE: 555-555-5993// <ENTER>
  EMAIL ADDRESS: ECMECONTACT.ONE@MED.VA.GOV  Replace <ENTER>
Enter RETURN to continue or '^' to exit: <ENTER>

PHARMACIST DATA.
VA LEAD PHARMACIST: ONE,ECMECONTACT// <ENTER>
  TITLE: OIFO// <ENTER>
VA LEAD PHARMACIST LICENSE #: 00066666// <ENTER>


-- PHARMACY REGISTRATION VALIDATION RESULTS. --

   PHARMACY NAME: BAY PINES

-- PHARMACY REGISTRATION DATA VALID. --

Enter RETURN to continue:
```

6.3 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 the **Z** option or ECME gets uninstalled. It depends on the each site's business practice as far as how often or if the stats are cleared.

Example 6.3-1: Accessing the Statistics Screen Option

```
                  ************************************************
```

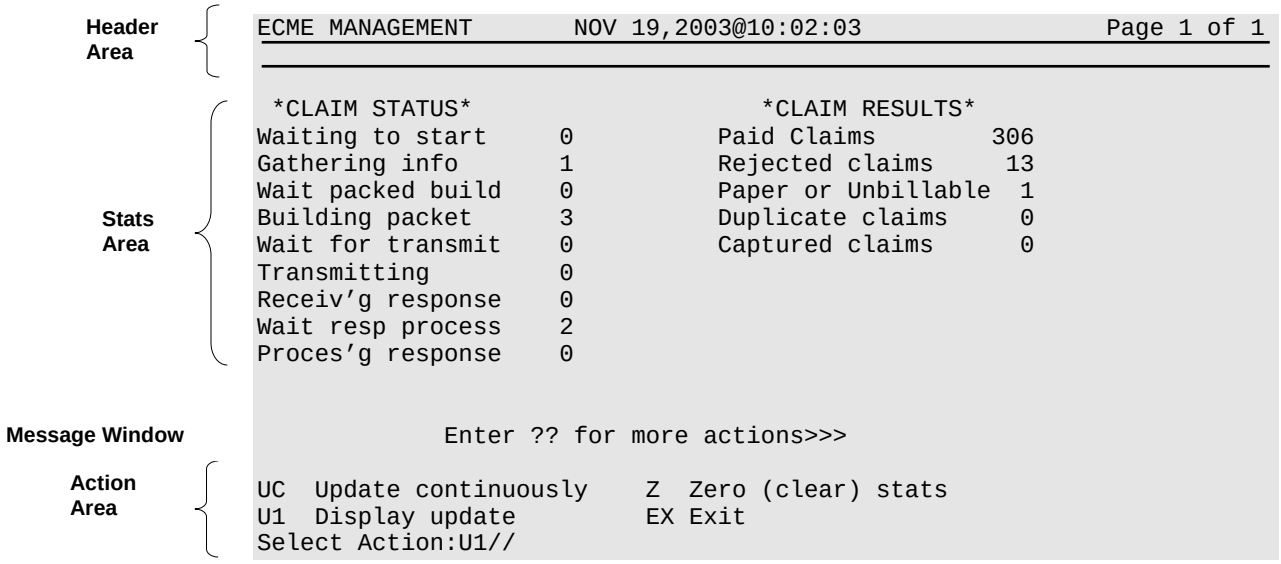
```
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                    *
               *          Pharmacy ECME Manager Menu             *
               ***********************************************



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


Select Pharmacy ECME Manager Menu Option: STAT Statistics Screen
```

Example 6.3-2: Statistics Screen

```
ECME MANAGEMENT               Oct 09, 2003@10:38:59          Page:    1 of    1

  * CLAIM STATUS *                       * CLAIM RESULTS *
  Waiting to start      0              Paid claims                   306
  Gathering info        1              Rejected claims                13
  Wait packet build     0              Paper or Unbillable             1
  Building packet       3              Duplicate claims                0
  Wait for transmit     0              Captured claims                 0
  Transmitting          0
  Receiv'g response     0
  Wait resp process     2
  Proces'g response     0



          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 6.3-1: Statistics Option Areas



The table below describes the Statistics Screen option areas:

Table 6.3-1: Description of Statistics Screen Option

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

6.3.1 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 6.3.1-1: Accessing Update Continuously Option

```
ECME MANAGEMENT               Aug 30, 2005@15:44:16          Page:    1 of    1

  * CLAIM STATUS *                         * CLAIM RESULTS *
  Waiting to start      0              Paid claims                    37
  Gathering info        0              Rejected claims                27
  Wait packet build     2              Paper or Unbillable             0
  Building packet      14              Duplicate claims                0
  Wait for transmit     0              Captured claims                 0
  Transmitting          4
  Receiv'g response     0
  Wait resp process     0
  Proces'g response     0




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

(B) Press ^ or **Q** to stop the updating. The system will go back to the Statistics Screen.

Example 6.3.1-2: Displaying Claims Status and Results in Update Continuously Mode

```
ECME MANAGEMENT               Aug 30, 2005@15:44:16          Page:    1 of    1

  * CLAIM STATUS *                         * CLAIM RESULTS *
  Waiting to start      0              Paid claims                    38
  Gathering info        0              Rejected claims                29
  Wait packet build     2              Paper or Unbillable             0
  Building packet      15              Duplicate claims                0
  Wait for transmit     0              Captured claims                 0
  Transmitting          6
  Receiv'g response     0
  Wait resp process     0
  Proces'g response     0




          In continuous update mode: press Q to Quit

  Q Quit
```

6.3.2 Display Update

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

Example 6.3.2-1: Accessing Display Update Option

```
ECME MANAGEMENT               Aug 30, 2005@15:44:16          Page:    1 of    1

  * CLAIM STATUS *                         * CLAIM RESULTS *
  Waiting to start      0              Paid claims                    47
  Gathering info        0              Rejected claims                27
  Wait packet build     3              Paper or Unbillable             0
  Building packet      16              Duplicate claims                0
  Wait for transmit     0              Captured claims                 0
  Transmitting          6
  Receiv'g response     0
  Wait resp process     0
  Proces'g response     0




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

6.3.3 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 6.3.3-1: Accessing Zero (clear) stats Option

```
ECME MANAGEMENT               Sep 02, 2005@17:11:38          Page:    1 of    1

  * CLAIM STATUS *                         * CLAIM RESULTS *
  Waiting to start      0              Paid claims                    86
  Gathering info        0              Rejected claims               881
  Wait packet build    13              Paper or Unbillable             0
  Building packet      15              Duplicate claims                1
  Wait for transmit     0              Captured claims                 0
  Transmitting         13
  Receiv'g response     1
  Wait resp process     5
  Proces'g response     0




          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 6.3.3-2: Entering Zero (clear) stats Option to Delete Local Claim Results Statistics

```
     Select one of the following:

          L         Local Copy
          P         Permanent Copy

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

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

Example 6.3.3-3: Entering Yes to "Are You Sure" Prompt

```
Are you sure? N// YES
```

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

Example 6.3.3-4: Displaying Zeroed Claims Statistics

```
ECME MANAGEMENT               Sep 02, 2005@17:13:48          Page:    1 of    1

  * CLAIM STATUS *                          * CLAIM RESULTS *
  Waiting to start      0              Paid claims                    0
  Gathering info        0              Rejected claims                0
  Wait packet build    13              Paper or Unbillable            0
  Building packet      15              Duplicate claims               0
  Wait for transmit     0              Captured claims                0
  Transmitting         13
  Receiv'g response     1
  Wait resp process     5
  Proces'g response     0


          Enter ?? for more actions
UC   Update continuously  Z    Zero (clear) stats
U1   Display update       EX   Exit
Select Action:U1//or (P)ermanent Copy of the statistics: Local Copy// Local Copy
Are you sure? N// YES
```

6.3.4 Exiting the Statistics Screen

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

Example 6.3.4-1: Accessing Exit Option

```
ECME MANAGEMENT              Aug 30, 2005@15:12:58          Page:    1 of    1

  * CLAIM STATUS *                        * CLAIM RESULTS *
  Waiting to start      0              Paid claims                    0
  Gathering info        0              Rejected claims                0
  Wait packet build     2              Paper or Unbillable            0
  Building packet      14              Duplicate claims               0
  Wait for transmit     0              Captured claims                0
  Transmitting          4
  Receiv'g response     0
  Wait resp process     0
  Proces'g response     0

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

7. 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 Electronic Claims Management Option:" prompt on the ECME Main Menu option screen.

Example 7-1: Accessing the Pharmacy Electronic Claims Reports Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                 *
               *                  Main Menu                   *
               ************************************************



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


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

Example 7-2: Displaying Pharmacy Electronic Claims Reports Options

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                 *
               *      Pharmacy Electronic Claims Reports      *
               ************************************************



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


Select Pharmacy Electronic Claims Reports Option:
```

7.1 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 7.1-1: Accessing the Claim Results and Status Option

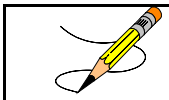
```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                 *
               *      Pharmacy Electronic Claims Reports      *
               ************************************************



   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 7.1-2: Displaying All Claims Results and Status Options

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


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 section 5.3 Change View.



Most of the Claim Results and Status reports require that a device with 132 column width be used. They will not display correctly using 80 column width devices.

Example 7.1-3: 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         Single Insurance
          A         ALL

Display Single (I)nsurance Company or (A)LL: ALL// <Enter>  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// CMOP

     Select one of the following:

          R         Real Time Fills
          B         Backbill
          A         ALL

Display (R)ealTime Fills or (B)ackbills or (A)LL: ALL// REALTIME

     Select one of the following:

          D         Drug
          C         Drug Class
          A         ALL

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

(D) In addition to the "ALL REPORTS" prompts, all 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 7.1-4: 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.
```

7.1.1 Payable Claims Report

The *Payable Claims Report* option produces a report that lists both billed and paid 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. 5.1 format.

(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 7.1.1-1: Accessing the Payable Claims Report Option

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

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 and Excel display format and device selection.

Example 7.1.1-2: Additional prompts asked by the Payable 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

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 7.1.1-3: Payable Claims Report

```
ECME PAYABLE CLAIMS DETAIL REPORT                        Print Date: JUL 10, 2006@11:18:47  Page:  1
DIVISION(S): ALL                                    Fill Locations: C,M,W  Fill type: RT,BB
Insurance: ALL                                       Drugs/Classes: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 03/12/06 through 07/10/06
=============================================================================================================
PATIENT NAME         Pt.ID    RX#       REF/ECME#       DATE     $BILLED    $INS RESPONSE     $COLLECT
    DRUG                                  RELEASED ON     RX INFO                              BILL#
=============================================================================================================
DIVISION: ALBANY
-------------------------------------------------------------------------------------------------------------
ABC
-------------------------------------------------------------------------------------------------------------
ECMEpatient,One     (0000)    300478$   0/504597        06/05/06  51.00     68.32
    BACITRACIN 50,000 UNIT INJ                          W  RT  DIS/NR

ECMEpatient,One     (0000)    1003870$  0/504452        06/30/06  51.00     58.32
    ALBUTEROL INHALER                                   W  RT  DIS/NR
                                                          --------  --------       --------
SUBTOTALS for INS:ABC                                       102.00    126.64          0.00
COUNT                                                            2         2             2
MEAN                                                         51.00     63.32          0.00
                                                          --------  --------       --------
SUBTOTALS for DIV:ALBANY                                    102.00    126.64          0.00
COUNT                                                            2         2             2
MEAN                                                         51.00     63.32          0.00
                                                          --------  --------       --------
GRAND TOTALS                                                102.00    126.64          0.00
COUNT                                                            2         2             2
MEAN                                                         51.00     63.32          0.00
```

7.1.2 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 and not closed.

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. 5.1 format.

(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 7.1.2-1: Accessing the Rejected Claims Report Option

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

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

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

Example 7.1.2-2: 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>

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 7.1.2-3: Rejected Claims Report

```
ECME REJECTED CLAIMS DETAIL REPORT         Print Date: SEP 22, 2005@12:07:48  Page:  1
DIVISION(S): KANSAS                            Fill Locations: C,M,W  Fill type: RT,BB
Insurance: AARP HEALTHCARE OPTIONS      Reject Code: ALL            Drugs/Classes: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 08/23/05 through 09/22/05
================================================================================
PATIENT NAME     Pt.ID  RX#        REF/ECME#  DATE     RELEASED ON  RX INFO
   CARDHOLD.ID          GROUP ID   $BILLED  QTY  NDC#          DRUG
================================================================================
DIVISION: KANSAS
--------------------------------------------------------------------------------
AARP HEALTHCARE OPTIONS
--------------------------------------------------------------------------------
ECMEpatient,One      (4131) 10750570B$  0/9300476 09/13/05   09/13/05    C  RT  ACT/NR
   0574278611           AARPRX1      45.00  180  06524-3288-09 METFORMIN HCL 500MG TAB
          Claim ID: VA2005-0569333-610014-0007275
          50:Non-Matched Pharmacy Number
          25:M/I Prescriber ID

                                  ----------
SUBTOTALS for INS:AARP HEALTH        45.00
COUNT                                    1
MEAN                                 45.00
                                  ----------
SUBTOTALS for DIV:KANSAS             45.00
COUNT                                    1
MEAN                                 45.00

GRAND TOTALS                         45.00
COUNT                                    1
MEAN                                 45.00

Press RETURN to continue:
```

7.1.3 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 and 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 7.1.3-1: Accessing the CMOP/ECME Activity Report Option

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

Select Claim Results and Status Option: ECMP  CMOP/ECME Activity Report
ENTER BEGINNING TRANSMISSION DATE: 8/31
ENTER ENDING TRANSMISSION DATE: 9/1

SELECTION OF DIVISION(S)

     Select one of the following:

          A         ALL DIVISIONS
          S         SELECT DIVISIONS

Enter response: SELECT DIVISIONS
1    ALASKA VA HSRO
2    FAIRBANKS CBOC
3    KENAI VA CBOC

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

You have selected:
1    ALASKA VA HSRO
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 7.1.3-2: CMOP/ECME Activity Report

```
                        CMOP/ECME ACTIVITY REPORT for ALASKA VA HSRO
For AUG 31,2005  thru  SEP 1,2005       Printed: NOV 23,2005@10:25:49
================================================================================================

       TRANSMISSION:                          2671
       STATUS:                                TRANSMITTED
       DIVISION:                              ALASKA VA HSRO
       CMOP SYSTEM:                           LEAVENWORTH
       TRANSMISSION DATE/TIME:                AUG 31, 2005@16:17:14
       TOTAL PATIENTS:             3
       TOTAL RXS:                  3
NAME                     ECME#/RX#/FL#        NDC SENT         NDC RECVD         CMOP-STAT
 DRUG                     INSURANCE            PAY-STAT  BILL#   REL-DATE
================================================================================================
ECMEpatient,One (0000)  1106254/909911$e/0   00000-0158-23                       TRANSMI
        ATORVASTATIN     CALCI WEBMD          E PAYAB
```

7.1.4 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 7.1.4-1: Accessing the Reversal Claims Report Option

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

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, Excel display format and device selection.

Example 7.1.4-2: 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

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 7.1.4-3: Reversal Claims Report (Compacted to fit into document)

```
ECME REVERSED CLAIMS DETAIL REPORT         Print Date: SEP 22, 2005@12:36:17  Page:  1
DIVISION(S): NEW KANSAS BPS PHARMACY           Fill Locations: C,M,W  Fill type: RT,BB
Insurance: ALL                 ALL Reversals   ALL Returned Status  Drugs/Classes: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 08/23/05 through 09/22/05
================================================================================
PATIENT NAME     Pt.ID    RX#       REF/ECME#  DATE     $BILLED $INS RESPONSE    $COLLECT
    DRUG                                      RELEASED ON          RX INFO
      REVERSAL METHOD/RETURN STATUS/REASON
================================================================================
DIVISION: NEW KANSAS BPS PHARMACY
--------------------------------------------------------------------------------
WEBMD
--------------------------------------------------------------------------------
ECMEpatient,One  (0000) 10958833$ 0/9378678  08/26/05   45.00        40.00
    ALBUTEROL 3/IPRATROP 0.5MG/3ML I                                W  RT  DIS/NR
      REGULAR/ACCEPTED/RX DISCONTINUED
ECMEpatient,One  (0000) 10958836$ 0/9378681  08/31/05   45.00        40.00
    HEPARIN NA (PORK) 20000UNT/ML IN                                M  RT  DIS/NR
      REGULAR/ACCEPTED/RX DISCONTINUED
                                           ----------   ----------     ----------
SUBTOTALS for INS:WEBMD                         90.00        80.00          0.00
COUNT                                               2            2             2
MEAN                                            45.00        40.00          0.00

SUBTOTALS for DIV:NEW KANSAS BPS                90.00        80.00          0.00
COUNT                                               2            2             2
MEAN                                            45.00        40.00          0.00

                                           ----------   ----------     ----------
GRAND TOTALS                                    90.00        80.00          0.00
COUNT                                               2            2             2
MEAN                                            45.00        40.00          0.00
```

7.1.5 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 7.1.5-1: Accessing Claims Submitted, Not Yet Released Option

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

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 7.1.5-2: Additional prompts to Claims Submitted, Not Yet Released Option

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

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 7.1.5-3: Claims Submitted, Not Yet Released Report

```
ECME SUBMIT,NOT RELEASED CLAIMS DETAIL REPORT Print Date: SEP 23, 2005@15:01:21  Page: 1
DIVISION(S): ALL                                Fill Locations: C,M,W  Fill type: RT,BB
Insurance: ALL                                                    Drugs/Classes: ALL
PRESCRIPTIONS (NOT RELEASED) BY TRANSACTION DATE: From 09/23/05 through 09/23/05
================================================================================
PATIENT NAME     Pt.ID  RX#      REF/ECME#  DATE           $BILLED         $INS RESPONSE
    DRUG                                          RX INFO
================================================================================
DIVISION: BAY PINES
--------------------------------------------------------------------------------
WEBMD
--------------------------------------------------------------------------------
ECMEpatient,One  (6666) 909716$  0/1105959  09/23/05         45.00              40.00
    PROTAMINE SULFATE 5ML INJ                          W  RT ACT/NR
                                                         ----------          ----------
SUBTOTALS for INS:WEBMD                                       45.00              40.00
COUNT                                                             1                  1
MEAN                                                          45.00              40.00

                                                         ----------          ----------
SUBTOTALS for DIV:BAY PINES                                   45.00              40.00
COUNT                                                             1                  1
MEAN                                                          45.00              40.00

GRAND TOTALS                                                  45.00              40.00
COUNT                                                             1                  1
MEAN                                                          45.00              40.00
```

7.1.6 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 7.1.6-1: Recent Transactions Option

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

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 7.1.6-2: 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 7.1.6-3: Recent Transactions Report (Compacted to fit into document)

```
ECME RECENT TRANSACTIONS DETAIL REPORT     Print Date: SEP 23, 2005@15:57:11  Page:  1
DIVISION(S): ALL                               Fill Locations: C,M,W  Fill type: RT,BB
Insurance: ALL                                                 Drugs/Classes: ALL
PRESCRIPTIONS BY TRANSACTION DATE: From 09/23/05 through 09/23/05
================================================================================
PATIENT NAME     Pt.ID  RX#     REF/ECME#  COMPLETED         TRANS TYPE   PAYER RESPONSE
    DRUG                              RX INFO          INSURANCE  ELAP TIME IN SECONDS
================================================================================
DIVISION: BAY PINES
--------------------------------------------------------------------------------
ECMEpatient,One  (6666) 909716$ 0/1105959  09/23/05 12:49AM  SUBMIT       E PAYABLE
    PROTAMINE SULFATE 5ML INJ         W  RT ACT/NR     WEBMD                      16
ECMEpatient,Two  (0000) 910006$ 0/1106578  09/23/05 01:53PM  SUBMIT       E REJECTED
    SULFADIAZINE 500MG TAB            W  RT ACT/NR REJ WEBMD                      13

SUBTOTALS FOR DIVISION: BAY PINES                                    ---------------
TOTAL CLAIMS                                                                      2
AVERAGE ELAPSED TIME PER CLAIM                                                   14

GRAND TOTALS (ALL DIVISIONS)                                         ---------------
TOTAL CLAIMS                                                                      2
AVERAGE ELAPSED TIME PER CLAIM                                                   14

Press RETURN to continue:
```

7.1.7 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 7.1.7-1: Totals by Date Option

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

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 7.1.7-2: 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 7.1.7-3: Totals by Date Report (Compacted to fit into document)

```
ECME TOTALS DETAIL REPORT                  Print Date: SEP 23, 2005@15:18:52  Page:  1
DIVISION(S): ALL                               Fill Locations: C,M,W  Fill type: RT,BB
Insurance: ALL                                                  Drugs/Classes: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 09/23/05 through 09/23/05
================================================================================
                                AMOUNT    RETURNED  RETURNED      AMOUNT
DATE               #CLAIMS   SUBMITTED    REJECTED   PAYABLE  TO RECEIVE   DIFFERENCE
================================================================================
DIVISION: BAY PINES
--------------------------------------------------------------------------------
09/23/05                 2       90.00       45.00     45.00       40.00         5.00
--------------------------------------------------------------------------------
TOTALS                   2       90.00       45.00     45.00       40.00         5.00
--------------------------------------------------------------------------------
GRAND TOTALS             2       90.00       45.00     45.00       40.00         5.00

Press RETURN to continue:
```

7.1.8 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 ECME Close Claim action option.

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 7.1.8-1: Accessing the Closed Claims Report Option

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

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

(B) After you have made selections from the "ALL REPORTS" prompts, you will be given the following prompts for date range, Released/Not Released/All claims, All/Specific Close Claim Reason, Excel display format and device selection.

Example 7.1.8-2: 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>

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 7.1.8-2: Closed Claims Report

```
ECME CLOSED CLAIMS DETAIL REPORT                          Print Date: JUL 31, 2006@18:47:53  Page:  1
DIVISION(S): ALL                                          Fill Locations: C,M,W  Fill type: RT,BB
Insurance: ALL                          Close Reason: ALL                        Drugs/Classes: ALL
ALL PRESCRIPTIONS BY CLOSE DATE: From 06/01/06 through 07/31/06
================================================================================================================
PATIENT NAME       Pt.ID   RX#              REF/ECME#    RX INFO            DRUG
  CARDHOLD.ID       GROUP ID  CLOSE DATE/TIME   CLOSED BY
CLOSE REASON
================================================================================================================
DIVISION: ALBANY
----------------------------------------------------------------------------------------------------------------
ABC
----------------------------------------------------------------------------------------------------------------
ECMEpatient,One    (6666)  100003985A$ 0/504600          M  RT  DIS/NR REJ  BACITRACIN 50,000 UNIT INJ
   C21234           BMI72696  07/05/06 03:02PM  ECMEuser,Three              90 DAY RX FILL NOT COVERED
         Claim ID: VA2006=1111111=000010=0006624
         07:M/I Cardholder ID Number

SUBTOTALS for INS:ABC
   ECMEprovider,One                                  1
                                                    -----
CLOSED CLAIMS SUBTOTAL                               1
----------------------------------------------------------------------------------------------------------------
ADVANCEPCS
----------------------------------------------------------------------------------------------------------------
ECMEpatient,Two   (0000)  000004044$  0/504665          W  RT  ACT/NR REJ  ALBUTEROL INHALER
  0000907005        SL450001  07/05/06 01:25PM  ECMEuser,Three              INVALID NDC FROM CMOP
         Claim ID: VA2006=1111111=000011=0006653
         NN:Transaction Rejected At Switch Or Intermediary

SUBTOTALS for INS:ADVANCEPCS
   ECMEuser,One                                      1
                                                    -----
CLOSED CLAIMS SUBTOTAL                               1
----------------------------------------------------------------------------------------------------------------

GRAND TOTALS (ALL DIVISIONS) BY BILLER
   ECMEuser,One                                      1
   ECMEuser,Two                                      1
                                                    -----
CLOSED CLAIMS GRAND TOTAL                            2
```

7.2 Other Reports

The *Other Reports* option allows you to access lists of electronic claims formats and NCPDP V. 5.1 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 7.2-1: Accessing the Other Reports Option

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                *
               *      Pharmacy Electronic Claims Reports     *
               ***********************************************


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


Select Pharmacy Electronic Claims Reports Option: OTH  Other Reports
```

Example 7.2-2: Displaying Other Reports Options

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                *
               *                Other Reports                *
               ***********************************************


   PAY    Payer Sheet Detail Report
   PHAR   ECME Setup - Pharmacies Report
   TAT    Turn-around time statistics


Select Other Reports Option:
```

7.2.1 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 7.2.1-1: Accessing the Payer Sheet Detail Report Option

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                  *
               *                Other Reports                  *
               ***********************************************

   PAY    Payer Sheet Detail Report
   PHAR   ECME Setup - Pharmacies Report
   TAT    Turn-around time statistics


Select Other Reports Option: PAY  Payer Sheet Detail Report
```

Example 7.2.1-2: Payer Sheet Detail Report Option

```
Select Payer Sheet: ABCTEST1

DEVICE: HOME//   IP network

Payer Sheet Detail Report                      Print Date: 09/09/05    Page:  1
  Payer Sheet Name: ABCTEST1              Version Number: 7
            Status: PRODUCTION             NCPDP Version: Version 5.1
   Reversal Format:                       Reversal Sheet:
 Transaction Count:                     Certification ID:

Seq  Field       Field Name                                            Proc Mode
---  -----       ----------                                            ---------
                     *** Transaction Header Segment ***
1    101-A1      BIN NUMBER                                                   S
2    102-A2      VERSION/RELEASE NUMBER                                       X
     Special Code: Blackslash: \
                   And: &
                   Tilda: ~
                   Up-Arrow: ^
3    103-A3      TRANSACTION CODE                                             S
5    104-A4      PROCESSOR CONTROL NUMBER                                     S
6    109-A9      TRANSACTION COUNT                                            S
17   202-B2      SERV PROVIDER ID QUALIFIER                                   S
19   201-B1      SERVICE PROVIDER ID                                          S
21   401-D1      DATE FILLED                                                  S

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

```
Payer Sheet Detail Report                    Print Date: 09/09/05    Page:  2
  Payer Sheet Name: ABCTEST1              Version Number: 7

Seq  Field       Field Name                                            Proc Mode
---  -----       ----------                                            ---------
                     *** Transaction Header Segment ***
22   110-AK      SOFTWARE VENDOR/CERT ID                                      S

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

                         *** Insurance Segment ***
49   111-AM      SEGMENT IDENTIFICATION                                       S
51   302-C2      CARDHOLDER ID NUMBER                                         S
53   301-C1      GROUP NUMBER                                                 S

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

```
Payer Sheet Detail Report                    Print Date: 09/09/05    Page:  3
  Payer Sheet Name: ABCTEST1              Version Number: 7

Seq  Field       Field Name                                            Proc Mode
---  -----       ----------                                            ---------
                         *** Insurance Segment ***
54   306-C6      RELATIONSHIP CODE                                            S

                           *** Claim Segment ***
64   111-AM      SEGMENT IDENTIFICATION                                       S
66   455-EM      RX/SERVICE REF NUMBER QUAL                                   S
69   402-D2      PRESCRIPTION NUMBER                                          S
71   436-E1      PRODUCT/SERV ID QUAL                                         S
73   407-D7      PRODUCT/SERVICE ID                                           S
75   442-E7      QUANTITY DISPENSED                                           S
77   403-D3      NEW/REFILL CODE                                              S
78   405-D5      DAYS SUPPLY                                                  S
79   406-D6      COMPOUND CODE                                                S
80   408-D8      OTHER COVERAGE CODE                                          S
82   414-DE      DATE PRESCRIPTION WRITTEN                                    S
85   308-C8      OTHER COVERAGE CODE                                          S

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

```
Payer Sheet Detail Report                    Print Date: 09/09/05    Page:  4
  Payer Sheet Name: ABCTEST1              Version Number: 7

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

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

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

```
Payer Sheet Detail Report                    Print Date: 09/09/05    Page:  5
  Payer Sheet Name: ABCTEST1              Version Number: 7

Seq  Field       Field Name                                            Proc Mode
---  -----       ----------                                            ---------
                      *** Pharmacy Provider Segment ***
129  465-EY      PROVIDER ID QUALIFIER                                        S
131  444-E9      PROVIDER ID                                                  S

                        *** Prescriber Segment ***
140  111-AM      SEGMENT IDENTIFICATION                                       S
142  466-EZ      PRESCRIBER ID QUALIFIER                                      S
144  411-DB      PRESCRIBER ID                                                S
146  427-DR      PRESCRIBER LAST NAME                                         S
148  498-PM      PRESCRIBER TELEPHONE NUMBER                                  S
150  468-2E      PRIMARY CARE PROV ID QUAL                                    S
153  421-DL      PRIMARY PRESCRIBER                                           S
155  469-H5      PRIM CARE PROV LOCATION CODE                                 S
158  470-4E      PRIM CARE PROVIDER LAST NAME                                 S


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

```
Payer Sheet Detail Report                    Print Date: 09/09/05    Page:  6
  Payer Sheet Name: ABCTEST1              Version Number: 7

Seq  Field       Field Name                                            Proc Mode
---  -----       ----------                                            ---------
                     *** COB/Other Payments Segment ***
168  111-AM      SEGMENT IDENTIFICATION                                       S
170  337-4C      COB/OTHER PAYMENTS COUNTER                                   S
172  338-5C      OTHER PAYER COVERAGE TYPE                                    S
174  339-6C      OTHER PAYER ID QUALIFIER                                     S
177  340-7C      OTHER PAYER ID                                               S
180  443-E8      Other Payer Date                                             S
182  341-HB      OTHER PAYER AMOUNT PAID COUNT                                S
185  342-HC      OTH PYR AMOUNT PAID QUAL.                                    S
188  431-DV      OTHER PAYOR AMOUNT                                           S
190  471-5E      OTHER PAYER REJECT COUNT                                     S
192  472-6E      OTHER PAYER REJECT CODE                                      S

                   *** Workers' Compensation Segment ***
202  111-AM      SEGMENT IDENTIFICATION                                       S
205  434-DY      DATE OF INJURY                                               S

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

```
Payer Sheet Detail Report                    Print Date: 09/09/05    Page:  7
  Payer Sheet Name: ABCTEST1              Version Number: 7

Seq  Field       Field Name                                            Proc Mode
---  -----       ----------                                            ---------
                   *** Workers' Compensation Segment ***

                          *** DUR/PPS Segment ***
213  111-AM      SEGMENT IDENTIFICATION                                       S
215  473-7E      DUR/PPS CODE COUNTER                                         S
218  439-E4      DUR CONFLICT CODE                                            S
220  440-E5      DUR INTERVENTION CODE                                        S
222  441-E6      DUR OUTCOME CODE                                             S
224  474-8E      DUR/PPS LEVEL OF EFFORT                                      S
227  475-J9      DUR CO-AGENT ID QUALIFIER                                    S
230  476-H6      DUR CO-AGENT ID                                              S

                          *** Pricing Segment ***
240  111-AM      SEGMENT IDENTIFICATION                                       S
242  409-D9      INGREDIENT COST                                              S
244  412-DC      DISPENSING FEE SUBMITTED                                     S

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

```
Payer Sheet Detail Report                    Print Date: 09/09/05    Page:  8
  Payer Sheet Name: ABCTEST1              Version Number: 7

Seq  Field       Field Name                                          Proc Mode
---  -----       ----------                                          ---------
                         *** Pricing Segment ***
246  477-BE      PROFESSIONAL SERV FEE SUBMIT                              S
249  433-DX      PATIENT PAID AMOUNT                                       S
252  481-HA      FLAT SALES TAX AMOUNT SUBMIT                              S
255  482-GE      PERCENTAGE SALES TAX AMT SUB                              S
258  484-JE      PERCENT SALES TAX BASIS SUB                               S
261  426-DQ      USUAL & CUSTOMARY CHARGE                                  S
264  430-DU      GROSS AMOUNT DUE                                          S
266  423-DN      BASIS OF COST DETERMINATION                               S

                          *** Coupon Segment ***
275  111-AM      SEGMENT IDENTIFICATION                                    S
277  485-KE      COUPON TYPE                                               S
278  486-ME      COUPON NUMBER                                             S
279  487-NE      COUPON VALUE AMOUNT                                       S


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

```
Payer Sheet Detail Report                    Print Date: 09/09/05    Page:  9
  Payer Sheet Name: ABCTEST1              Version Number: 7

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

Press RETURN to continue:
```

7.2.2 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 Setup (Configuration) Reports Option:" prompt on the Setup (Configuration) Reports option screen.

Example 7.2.2-1: Accessing ECME Setup – Pharmacies Report Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                 *
               *                Other Reports                 *
               ************************************************



   PAY    Payer Sheet Detail Report
   PHAR   ECME Setup - Pharmacies Report
   TAT    Turn-around time statistics



Select Setup (Configuration) Reports Option: PHAR ECME Setup - Pharmacies Report
DEVICE:   IP network
```

Example 7.2.2-2: ECME Setup - Pharmacies Report Option

```
BPS PHARMACIES LIST                            SEP  9,2005  07:17    PAGE 1
------------------------------------------------------------------------------

        NUMBER: 2

NAME: BAY PINES                          NCPDP #: 1111111
  DEFAULT DEA #: AG12345                 CMOP SWITCH: CMOP ON
  AUTO-REVERSE PARAMETER: 0              STATUS: ACTIVE
  SITE ADDRESS 1: 101 MAIN STREET
  SITE CITY: ARLINGTON                   SITE STATE: TEXAS
  SITE ZIP CODE: 76016                   SITE ADDRESS NAME: 101 MAIN STREET
  HOURS OF OPERATION: 24                 START DAY RANGE: MON
  END DAY RANGE: MON                     START HOUR RANGE: 0800
  END HOUR RANGE: 1600~TUE               NPI: 1234567893
  DATE/TIME OF LAST NPI CHANGE: OCT 10, 2006@15:05:05
OUTPATIENT SITE: ALASKA VA HSRO
  REMITTANCE ADDRESS NAME: MAIN          REMIT ADDRESS 1: 101 MAIN STREET
  REMIT CITY: ARLINGTON                  REMIT STATE: TEXAS
  REMIT ZIP: 76016                       VA CONTACT: CONTACT,ONE
  VA ALTERNATE CONTACT: CONTACT,ONE   VA LEAD PHARMACIST: CONTACT,ONE
  VA LEAD PHARMACIST LICENSE #: 63456456
  Monday Close Time: 1600                Tuesday Close Time: 1600
  Wednesday Close Time: 1600             Thursday Close Time: 1600
  Friday Close Time: 1600                Saturday Close Time: 1600
  Monday Open Time: 0800                 Tuesday Open Time: 0800
```

```
BPS PHARMACIES LIST                              SEP 09, 2005@17:17    PAGE 2
-------------------------------------------------------------------------------

  Wednesday Open Time: 0800             Thursday Open Time: 0800
  Friday Open Time: 0800                Saturday Open Time: 0800
        NUMBER: 3

NAME: GAINESVILLE                       NCPDP #: 1111111
  DEFAULT DEA #: AG12345                CMOP SWITCH: CMOP ON
  AUTO-REVERSE PARAMETER: 2             STATUS: ACTIVE
  SITE ADDRESS 1: 101 GAINESVILLE AVE
  SITE CITY: GAINESVILLE                SITE STATE: FLORIDA
  SITE ZIP CODE: 76017                  SITE ADDRESS NAME: 101 GAINESVILLE AVE
  HOURS OF OPERATION: 24                START DAY RANGE: MON
  END DAY RANGE: MON                    START HOUR RANGE: 0800
  END HOUR RANGE: 1600~TUE              NPI: 0000000006
  DATE/TIME OF LAST NPI CHANGE: OCT 10, 2006@15:05:05
OUTPATIENT SITE: ALASKA VA HSRO
OUTPATIENT SITE: FAIRBANKS CBOC
OUTPATIENT SITE: KENAI VA CBOC
  REMITTANCE ADDRESS NAME: GAINESVILLE FLORIDA
  REMIT ADDRESS 1: 101 GAINESVILLE FLORIAD
  REMIT CITY: GAINESVILLE               REMIT STATE: FLORIDA
  REMIT ZIP: 76016                      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

BPS PHARMACIES LIST                              SEP 09, 2005@17:17    PAGE 3
-------------------------------------------------------------------------------

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

Press ENTER to continue:
```

7.2.3 Turn-around time statistics

The *Turn-around time statistics* option allows you to list the information on payer sheets used for electronic claims.

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 7.2.3-1: Accessing the Turn-around time statistics Report Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                ALASKA VAHSRO                 *
               *                Other Reports                 *
               ************************************************

   PAY    Payer Sheet Detail Report
   PHAR   ECME Setup - Pharmacies Report
   TAT    Turn-around time statistics
```

```
Select Other Reports Option: TAT  Turn-around time statistics
```

Example 7.2.3-1: 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
```

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8. 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 Department of Veterans Affairs Medical Center (VAMC). 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 section 6.2.2). 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 8.1-1 Displaying the Auto-Reversal Report

```
Subj: ECME AUTO-REVERSAL PROCESS  [#2473] 03/05/05@01:00  29 lines
From: BPS PACKAGE  In 'IN' basket.   Page 1  *New*
------------------------------------------------------------------------------
The ECME Nightly Process completed auto-reversing e-Pharmacy claims for
prescriptions not released within the specified timeframe.

TOTAL AUTO-REVERSED CLAIMS: 3

Claims Auto-Reversed on 03/06/05:

 #    RX         FILL  FILL DATE     PATIENT                      BPS PHARMACY
------------------------------------------------------------------------------
  1 908955       1     03/01/06      ECMEpatient,One              ANC
  2 909225       1     03/04/06      ECMEpatient,Two              ANC
  3 41581        0     03/04/06      ECMEpatient,Three            ANC
```

(This page included for two-sided copying.)

9. 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.
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.

Data Model	A conceptual model of the information needed to support a business function or process.
Data Set	Under HIPAA, this is "…a semantically meaningful unit of information exchanged between two parties to a transaction." [45 CFR 162.103]
Designated Code Set	A medical or administrative code set, which DHHS has designated for use in one or more of the HIPAA standards.
Designated Data Content Committee or Designated DCC	An organization, which DHHS has designated for oversight of the business data content of one or more of the HIPAA-mandated transaction standards.
Designated Standard	A standard that DHHS has designated for use under the authority provided by HIPAA.
Department of Health and Human Services (DHHS) or (HHS)	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 <http://www.os.dhhs.gov/>.
Electronic Commerce (EComm)	The exchange of business information by electronic means.

Electronic Data Interchange (EDI)	The transfer of data between different companies using networks, such as the Internet. As more and more companies get connected to the Internet, EDI is becoming increasingly important as an industry standard for companies to buy, sell, and trade information. ANSI has approved a set of EDI standards known as the X12 standards.
Finish	Term used for completing orders from Order Entry/Results Reporting V. 3.0.
'Finish' a Prescription	This process within VistA Outpatient Pharmacy V.7.0 where a pharmacy prescription order has been reviewed by either a pharmacy technician or pharmacist and is the first step in processing a prescription in Pharmacy. If performed by a pharmacist with the appropriate security key, the prescription can be 'Verified' as well. See 'Verify a Prescription' for more information.
Flat File	This term usually refers to a file that consists of a series of fixed-length records that include some sort of record type code.
Front Door	System access via the Delphi, Graphical User Interface (GUI) based VistA application.
Graphical User Interface (GUI)	A graphical method of controlling how a user interacts with a computer to perform various tasks.

HCFA Common Procedural Coding System (HCPCS)	A medical code set that identifies health care procedures, equipment, and supplies for claim submission purposes. It is maintained by Health Care Financing Administration (HCFA), and has been selected for use in the HIPAA transactions. HCPCS Level I contain numeric CPT-4 codes, which are maintained by the AMA. HCPCS Level II contains alphanumeric codes used to identify various items and services that are not included in the CPT-4 code set. These are maintained by HCFA, BCBSA, and Health Insurance Association of America (HIAA). HCPCS Level III contains alphanumeric codes that are assigned by Medicaid State agencies to identify additional items and services not included in levels I and II. These are usually called "local codes," and must have "W", "X", "Y", or "Z" in the first position. They are not named as HIPAA standard codes. HCPCS Procedure Modifier Codes can be used with all three levels, with the WA-ZY range used for locally assigned procedure modifiers.
Health Care Clearinghouse	Under HIPAA, this is "… a public or private entity that does either of the following: (1) processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction, or (2) receives a standard transaction from another entity and processes or facilitates the processing of [that] information into nonstandard format or nonstandard data content for a receiving entity." [45 CFR 160.103]

Health Care Financing Administration (HCFA)	The DHHS agency responsible for Medicare and parts of Medicaid. HCFA has historically maintained the UB-92 institutional Electronic Media Claims (EMC) format specifications, the professional EMC National Standard Format (NSF) specifications, as well as specifications for various certifications and authorizations used by the Medicare and Medicaid programs. HCFA also maintains the HCPCS medical code set.
Health Care Provider	Under HIPAA, this is "…a provider of services as defined in the section 1861(u) of the [Social Security] Act, 42 USC 1395x(u), a provider of medical or other health services as defined in section 1861(s) of the Act, 42 USC 1395(s), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business." [45 CFR 160.103]
Health Information	Under HIPAA this is "… any information, whether oral or recorded in any form or medium that (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (b) related to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual." [45 CFR 160.103]
Health Insurance Association of America (HIAA)	An industry association that represents the interests of commercial health care insurers. The HIAA participates in the maintenance of some code sets, including HCPCS Level II codes.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)	A Federal law that makes a number of changes that have the goal of allowing persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.
Health Plan	Under HIPAA this is "…an individual or group plan that provides, or pay the cost of, medical care." [45 CFR 160.103]
Healthcare Financial Management Association (HFMA)	An organization for the improvement of the financial management of healthcare-related organizations. The HFMA sponsors some HIPAA educational seminars.
Health Level Seven (HL7)	An ANSI-accredited group that defines standards for the cross-platform exchange of information within a health care organization. HL7 is responsible for specifying the Level Seven Open System Interconnection (OSI) standards for the health industry. Some HL7 standards will be encapsulated in the X12 standards used for transmitting claim attachments.

HIPAA Data Dictionary 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.

Memorandum of Understanding (MOU)	A document providing a general description of the kinds of responsibilities that are to be assumed by two or more parties in their pursuit of some goal(s). More specific information may be provided in an associated Statement Of Work (SOW).
Modify or Modification	Under HIPAA, refers to "a change adopted by the Secretary, through regulation, to a standard or an implementation specification." [45 CFR 160.102]
National Center for Health Statistics (NCHS)	An administration of HHS and CDC that oversees ICD coding.
National Council for Prescription Drug Programs (NCPDP)	An ANSI-accredited group that maintains a number of standard formats for use by the retail pharmacy industry, some of which are included in the HIPAA mandates.
National Drug Code (NDC)	A medical code set that has been selected for use in the HIPAA transactions.
National Employer ID	A system for uniquely identifying all sponsors of health care benefits.
National Patient ID	A system for uniquely identifying all recipients of health care services.
National Payer ID	A system for uniquely identifying all organizations that pays for health care services. Also known as Health Plan ID or Plan ID.
National Provider File (NPF)	The database envisioned for use in maintaining a national provider registry.

National Provider ID	A system for uniquely identifying all providers of health care services, supplies, and equipment.
National Provider Registry	The organization envisioned for assigning the National Provider IDs.
National Provider System (NPS)	The administrative system envisioned for supporting a national provider registry.
National Standard Format (NSF)	Generically, this applies to any national standard format, but it is often used in a more limited way to designate the Professional EMC NSF, a 320-byte flat file record format used to submit professional claims.
National Uniform Billing Committee (NUBC)	The committee established by the American Hospital Association (AHA) to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling health care claims.
NCPDP Batch Standard	An NCPDP standard designed for use by low-volume dispensers of pharmaceuticals, such as nursing homes. Version 1.0 of this standard has been mandated under HIPAA.
NCPDP Telecommunication Standards	An NCPDP standard designed for use by high-volume dispensers of pharmaceuticals, such as retail pharmacies. Version 5.1 is one of the transaction standards under HIPAA.
Non-Formulary Drugs	The medications, which are defined as commercially available drug products not included in the VA National Formulary.

Notice of Intent (NOI)	A document that describes a subject area for which the Federal Government is considering developing regulations. It may describe what the government considers to be the relevant considerations and invite comments from interested parties. These comments can then be used in developing a Notice of Proposed Rulemaking (NPRM) or a final regulation.
Notice of Proposed Rulemaking (NPRM)	A document that describes and explains regulations that the Federal Government proposes to adopt at some future date, and invites interested parties to submit comments related to them. These comments can then be used in developing the final rules.
Office of Management & Budget (OMB)	A Federal Government agency that has a major role in reviewing proposed Federal regulations.
Open System Interconnection (OSI)	A multi-layer ISO data communications standard. Level Seven of this standard is industry-specific, and HL7 is responsible for specifying the level seven OSI standards for the health industry.
Outpatient Pharmacy Electronic Claims Coordinator (OPECC)	This is a designated individual at each site who will be responsible for monitoring NCPDP claims using the ECME module. The OPECC will resolve claim rejection issues with the appropriate parties, make data corrections, and resubmit claims.
Orderable Item	An Orderable Item name and dosage form that has no strength attached to it (e.g., Acetaminophen). The name with a strength attached is the Dispense Drug name (e.g., Acetaminophen 325mg).

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.
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].

Segment	Under HIPAA, this is "…a group of related data elements in a transaction." [45 CFR 162.103]
Service	Medical care and items such as medical diagnosis and treatment, drugs and biologicals, supplies, appliances, and equipment, medical social services, and use of hospital Regional Primary Care Hospital (RPCH) or Skilled Nursing Facility (SNF) facilities.
Standard	Under HIPAA, this is "… a prescribed set of rules, conditions, or requirements describing the following information for products, systems, services or practices (1) Classification of components, (2) Specification of Materials, performance or operations, (3) Delineation of procedures. [45 CFR 160.103]
Standard Setting Organization (SSO)	Under HIPAA, this is "…an organization accredited by ANSI that develops and maintains standards for information transactions or data elements, or any other standard that is necessary for, or will facilitate the implementation of this part." [45 CFR 160.103]
Standard Transaction	Under HIPAA, this is "… a transaction that complies with the applicable standard adopted under this part." [45 CFR 162.103]
Statement of Work (SOW)	A document describing the specific tasks and methodologies that will be followed to satisfy the requirements of an associated contract or MOU.
Third Party Administrator (TPA)	An entity that processes health care claims and performs related business functions for a health plan.

Third (3rd) Party Claims Transaction	Health care insurance claims submitted to an entity for reimbursement of health care bills. Under HIPAA, this is "…the exchange of information between two parties to carry out financial or administrative activities related to health care." [45 CFR 160.103]
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.

10. Acronyms

Acronym	Description
AAC	Austin Automation Center
ADPAC	Automated Data Processing Application Coordinator
AMA	American Medical Association
ANS	American National Standards
ANSI	American National Standards Institute
A/S	Administrative Simplification
ASC	Accredited Standards Committee
ASTM	American Society for Testing and Materials
BCBSA	Blue Cross and Blue Shield Association
CDES	ECME User Screen
CMOP	Consolidated Mail Outpatient Pharmacy
CMS	Centers for Medicare & Medicaid
COB	Coordination of Benefits
DD	Data Dictionary
DEA	Drug Enforcement Administration
DHHS	Department of Health and Human Services
DUR	Drug Utilization Review
ECME	Electronic Claims Management Engine
EComm	Electronic Commerce
EDI	Electronic Data Interchange
GUI	Graphical User Interface
HCFA	Health Care Financing Administration
HCPCS	HCFA Common Procedural Coding System
HFMA	Healthcare Financial Management Association
HHS	Department of Health and Human Services
HIAA	Health Insurance Association of America
HIPAA	Health Insurance Portability and Accountability Act
HL7	Health Level Seven
IB	Integrated Billing
ICD	International Classification of Disease
ICD-9-CM	International Classification of Disease, 9th revision, Clinical Modification
ICD-9-PCS	International Classification of Disease, 9th revision, Procedure Coding System
IG	Implementation Guide
IHS	Indian Health Service
IRMS	Information Resources Management Service
ISO	International Standards Organization
JCAHO	Joint Commission on Accreditation of Healthcare Organizations

Acronym	Description
MOU	Memorandum of Understanding
NCHS	National Center for Health Statistics
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
NDF	National Drug File
NOI	Notice of Intent
NPF	National Provider File
NPI	National Provider Identifier
NPRM	Notice of Proposed Rulemaking
NPS	National Provider System
NSF	National Standard Format
NUBC	National Uniform Billing Committee
OMB	Office of Management and Budget
OPECC	Outpatient Pharmacy Electronic Claims Coordinator
OSI	Open System Interconnection
OTC	Over the Counter
POS	Point of Sale
SOW	Statement of Work
SSO	Standard Setting Organization
TPA	Third Party Administration
VA	Department of Veterans Affairs
VAMC	Department of Veterans Affairs Medical Center
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture
WEDI	Workgroup for Electronic Data Interchange

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