**Medical Care Collection Fund (MCCF)**

**ePharmacy Compliance Phase 3**

System Design Document

BPS\*1.0\*20

IB\*2.0\*550

PSO\*7.0\*448

PSX\*2.0\*79

PSS\*1.0\*192



Department of Veterans Affairs

**May 2015**

Version 3.0

Revision History

| Date | Version | Description | Author |
| --- | --- | --- | --- |
| 5/27/2015 | 3.0 | Additional updates based on Government review |  |
| 5/19/2015 | 2.0 | Updates based on Government review |  |
| 5/1/2015 | 1.0 | Initial Version | , , , , Harmon |

Artifact Rationale

The System Design Document (SDD) is a dual-use document that provides the conceptual design as well as the as-built design. This document will be updated as the product is built, to reflect the as-built product. Per the Project Management Accountability System (PMAS) Guide, the SDD as a conceptual design is required prior to the Milestone 1 Review. (Sections 1, 2, 3, 4, 5, 7, 9 need to be populated, as applicable.) The as-built design for each delivery must be incorporated prior to the Milestone 2 Review. (The entire document needs to be populated or updated, as applicable.)

Note: As of the date of submission, this document template is in compliance with ProPath v20.

Table of Contents

[1. Introduction 1](#_Toc420501084)

[1.1 Purpose of the SDD 1](#_Toc420501085)

[1.2 Identification 1](#_Toc420501086)

[1.3 Scope 1](#_Toc420501087)

[1.4 Constraining Policies, Directives and Procedures 2](#_Toc420501088)

[1.5 User Characteristics 2](#_Toc420501089)

[1.6 Relationship to Other Documents and Plans 3](#_Toc420501090)

[1.7 Definitions, Acronyms, and Abbreviations 3](#_Toc420501091)

[1.7.1 Definitions 3](#_Toc420501092)

[1.7.2 Acronyms 4](#_Toc420501093)

[1.8 References 5](#_Toc420501094)

[2 Background 7](#_Toc420501095)

[2.1 Overview of the System 7](#_Toc420501096)

[2.2 Overview of the Business Process 7](#_Toc420501097)

[2.3 Business Benefits 8](#_Toc420501098)

[2.4 Assumptions and Constraints 8](#_Toc420501099)

[2.4.1 Design Assumptions 8](#_Toc420501100)

[2.4.2 Design Constraints 9](#_Toc420501101)

[2.4.3 Design Trade-offs 9](#_Toc420501102)

[2.5 Overview of the Significant Requirements 9](#_Toc420501103)

[2.5.1 Overview of Significant Functional Requirements 9](#_Toc420501104)

[2.5.2 Overview of Functional Workload / Performance Requirements 9](#_Toc420501105)

[2.5.3 Overview of Operational Requirements 9](#_Toc420501106)

[2.5.4 Overview of the Technical Requirements 9](#_Toc420501107)

[2.5.5 Overview of the Security or Privacy Requirements 9](#_Toc420501108)

[2.5.6 Overview of System Criticality and High Availability Requirements 9](#_Toc420501109)

[2.5.7 Single Sign-on Requirement 10](#_Toc420501110)

[2.5.8 Requirement for Use of Enterprise Portals 10](#_Toc420501111)

[2.5.9 Special Device Requirements 10](#_Toc420501112)

[2.6 Legacy System Retirement 10](#_Toc420501113)

[3 Conceptual Design 11](#_Toc420501114)

[3.1 Conceptual Application Design 11](#_Toc420501115)

[3.1.1 Application Context 11](#_Toc420501116)

[3.1.2 High-Level Application Design 11](#_Toc420501117)

[3.1.3 Application Locations 11](#_Toc420501118)

[3.2 Conceptual Data Design 11](#_Toc420501119)

[3.2.1 Project Conceptual Data Model 11](#_Toc420501120)

[3.2.2 Database Information 11](#_Toc420501121)

[3.2.3 User Interface Data Mapping 11](#_Toc420501122)

[3.3 Conceptual Infrastructure Design 11](#_Toc420501123)

[3.3.1 System Criticality and High Availability 11](#_Toc420501124)

[3.3.2 Special Technology 11](#_Toc420501125)

[3.3.3 Technology Locations 11](#_Toc420501126)

[3.3.4 Conceptual Infrastructure Diagram 12](#_Toc420501127)

[3.3.4.1 Location of Environments and External Interfaces 12](#_Toc420501128)

[3.3.4.2 Conceptual Production String Diagram 12](#_Toc420501129)

[4 System Architecture 13](#_Toc420501130)

[4.1 Hardware Architecture 13](#_Toc420501131)

[4.2 Software Architecture 13](#_Toc420501132)

[4.3 Network Architecture 14](#_Toc420501133)

[4.4 Service Oriented Architecture / ESS 14](#_Toc420501134)

[4.5 Enterprise Architecture 14](#_Toc420501135)

[5 Data Design 15](#_Toc420501136)

[5.1 DBMS Files 15](#_Toc420501137)

[5.2 Non-DBMS Files 15](#_Toc420501138)

[5.3 Data View 15](#_Toc420501139)

[6 Detailed Design 16](#_Toc420501140)

[6.1 Hardware Detailed Design 16](#_Toc420501141)

[6.2 Software Detailed Design 16](#_Toc420501142)

[6.2.1 Conceptual Design 16](#_Toc420501143)

[6.2.1.1 Product Perspective 16](#_Toc420501144)

[6.2.1.1.1 User Interfaces 16](#_Toc420501145)

[6.2.1.1.2 Hardware Interfaces 16](#_Toc420501146)

[6.2.1.1.3 Software Interfaces 16](#_Toc420501147)

[6.2.1.1.4 Communications Interfaces 17](#_Toc420501148)

[6.2.1.1.5 Memory Constraints 18](#_Toc420501149)

[6.2.1.1.6 Special Operations 18](#_Toc420501150)

[6.2.1.2 Product Features 18](#_Toc420501151)

[6.2.1.3 User Characteristics 18](#_Toc420501152)

[6.2.1.4 Dependencies and Constraints 19](#_Toc420501153)

[6.2.2 Specific Requirements 19](#_Toc420501154)

[6.2.2.1 Database Repository 19](#_Toc420501155)

[6.2.2.2 System Features 19](#_Toc420501156)

[6.2.2.2.6 Functional Specifications for Outpatient Pharmacy and CMOP 19](#_Toc420501157)

[6.2.2.2.6.1 System Feature: 3/4 Days’ Supply Calculation 19](#_Toc420501158)

[6.2.2.2.6.1.1 Requirement: Calculate for New Prescriptions for Local Suspense 19](#_Toc420501159)

[6.2.2.2.6.1.2 Requirement: Calculate for New Prescriptions for CMOP Suspense 25](#_Toc420501160)

[6.2.2.2.6.1.3 Requirement: Calculate for New Prescriptions for “SDC Suspense Date Calc” Action 26](#_Toc420501161)

[6.2.2.2.6.1.4 Requirement: Rounding Occurs for Calculation 27](#_Toc420501162)

[6.2.2.2.6.2 System Feature: Claim Processing Message 32](#_Toc420501163)

[6.2.2.2.6.2.1 Requirement: Additional information for Reject Resolution Required (RRR) rejects 32](#_Toc420501164)

[6.2.2.2.6.2.2 Requirement: Reject Notification Default for ROI 34](#_Toc420501165)

[6.2.2.2.6.2.3 Requirement: Veteran Indicator on Claim Processing Messages 36](#_Toc420501166)

[6.2.2.2.6.3 System Feature: Third Party Payer Rejects - Worklist 41](#_Toc420501167)

[6.2.2.2.6.3.1 Requirement: Add the VER action to Third Party Payer Rejects - Worklist 41](#_Toc420501168)

[6.2.2.2.6.4 System Feature: Reject Information Screen 46](#_Toc420501169)

[6.2.2.2.6.4.1 Requirement: Add OPECC Comment to Display on Reject Information screen 46](#_Toc420501170)

[6.2.2.2.6.4.2 Requirement: Resubmit TRICARE Non-billable Prescriptions 50](#_Toc420501171)

[6.2.2.2.6.4.3 Requirement: Resubmit CHAMPVA Non-billable Prescriptions 57](#_Toc420501172)

[6.2.2.2.6.4.4 Requirement: Add Veteran to Heading on Reject Information screen 64](#_Toc420501173)

[6.2.2.2.6.4.5 Requirement: Add Veteran to Reject Section Heading 66](#_Toc420501174)

[6.2.2.2.6.4.6 Requirement: Make Eligibility Match on Reject Information Screen 70](#_Toc420501175)

[6.2.2.2.6.4.7 Requirement: Display for Payable Veteran Prescription on Reject Information Screen 72](#_Toc420501176)

[6.2.2.2.6.4.8 Requirement: Display Resubmission Indicator on Reject Information Screen 74](#_Toc420501177)

[6.2.2.2.6.5 System Feature: OP Medications (ACTIVE) Screen 78](#_Toc420501178)

[6.2.2.2.6.5.1 Requirement: Add the VER action to the Edit screen 78](#_Toc420501179)

[6.2.2.2.6.5.2 Requirement: Add the Resubmit action to the Edit screen 83](#_Toc420501180)

[6.2.2.2.6.5.3 Requirement: Add Reverse Claim Action to Patient Prescription Processing 88](#_Toc420501181)

[6.2.2.2.6.6 System Feature: Productivity/Revenue Report 98](#_Toc420501182)

[6.2.2.2.6.6.1 Requirement: Add Report Name of Productivity/Revenue Report to Menu for User Selection 98](#_Toc420501183)

[6.2.2.2.6.6.2 Requirement: Add Filter Questions for Productivity/Revenue Report 99](#_Toc420501184)

[6.2.2.2.6.6.3 Requirement: Functionality for the Pharmacy Productivity/Revenue Report 100](#_Toc420501185)

[6.2.2.2.6.7 System Feature: Outpatient Pharmacy Resubmit 106](#_Toc420501186)

[6.2.2.2.6.7.1 Requirement: Capture User Name and Origin of Outpatient Pharmacy 106](#_Toc420501187)

[6.2.2.2.6.8 System Feature: Ignored Rejects Report 106](#_Toc420501188)

[6.2.2.2.6.8.1 Requirement: Add Billed Amount to Ignored Rejects Report 106](#_Toc420501189)

[6.2.2.2.7 Functional Specifications for ECME 111](#_Toc420501190)

[6.2.2.2.7.1 System Feature: ECME User Screen Comment 111](#_Toc420501191)

[6.2.2.2.7.1.1 Requirement: Add “Pharmacy/OPECC” Action to List Manager Screen for Add/View Comments 111](#_Toc420501192)

[6.2.2.2.7.1.2 Requirement: Add functionality for “Pharmacy/OPECC” Action 113](#_Toc420501193)

[6.2.2.2.7.1.3 Requirement: Rename “Add Comment” action on List Manager Screen for Add/View Comments 117](#_Toc420501194)

[6.2.2.2.7.1.4 Requirement: Add a Pharmacy Indicator to the Add/View Comments List Manager Screen 118](#_Toc420501195)

[6.2.2.2.7.2 System Feature: ECME Resubmit 121](#_Toc420501196)

[6.2.2.2.7.2.1 Requirement: Capture User Name and Origin of ECME 121](#_Toc420501197)

[6.2.2.2.7.2.2 Requirement: ECME User Screen Resubmit for Non-Billable Prescriptions 121](#_Toc420501198)

[6.2.2.2.7.3 System Feature: ECME User Screen 122](#_Toc420501199)

[6.2.2.2.7.3.1 Requirement: Resubmission Indicator on ECME User Screen 122](#_Toc420501200)

[6.2.2.2.7.3.2 Requirement: Resubmission Display option in Change View of ECME User Screen 128](#_Toc420501201)

[6.2.2.2.7.3.3 Requirement: Create OPECC Reject Information screen for ECME User Screen 131](#_Toc420501202)

[6.2.2.2.7.3.4 Requirement: Actions for OPECC Reject Information screen 141](#_Toc420501203)

[6.2.2.2.7.3.5 Requirement: Create “Resubmit Claim w/o Reversal” action for ECME User Screen 142](#_Toc420501204)

[6.2.2.2.7.3.6 Requirement: Remove “Continuous Update” action from ECME User Screen 152](#_Toc420501205)

[6.2.2.2.7.3.7 Requirement: Hide “Display Update” action on ECME User Screen 153](#_Toc420501206)

[6.2.2.2.7.3.8 Requirement: Hide “Print Claim Log” action on ECME User Screen 154](#_Toc420501207)

[6.2.2.2.7.3.9 Requirement: Hide “Exit” action on ECME User Screen 156](#_Toc420501208)

[6.2.2.2.7.3.10 Requirement: Unhide “View ePharmacy RX” action on ECME User Screen 157](#_Toc420501209)

[6.2.2.2.7.4 System Feature: ECME User Screen Non-Billable Entries 159](#_Toc420501210)

[6.2.2.2.7.4.1 Requirement: Display Non-Billable TRICARE Entries on ECME User Screen 159](#_Toc420501211)

[6.2.2.2.7.4.2 Requirement: Display Non-Billable CHAMPVA Entries on ECME User Screen 179](#_Toc420501212)

[6.2.2.2.7.4.3 Requirement: Add “Open/Close Non-Billable Entry” Action on ECME User Screen 179](#_Toc420501213)

[6.2.2.2.7.4.4 Requirement: Add Open/Closed Display option to Change View on ECME User Screen 190](#_Toc420501214)

[6.2.2.2.7.4.5 Requirement: Unavailable Actions for Non-billable Entries on ECME User Screen 195](#_Toc420501215)

[6.2.2.2.7.5 System Feature: Closed Claims Report 206](#_Toc420501216)

[6.2.2.2.7.5.1 Requirement: Add the Billed Amount to the Closed Claims Report 206](#_Toc420501217)

[6.2.2.2.7.6 System Feature: Potential Claims Report 208](#_Toc420501218)

[6.2.2.2.7.6.1 Requirement: Modify the Name of the Potential Claims Report 208](#_Toc420501219)

[6.2.2.2.7.6.2 Requirement: Modify the Report Data and Filter of the Potential Claims Report 209](#_Toc420501220)

[6.2.2.2.7.6.3 Requirement: Modify the Report Sort of the Potential Claims Report 215](#_Toc420501221)

[6.2.2.2.7.6.4 Requirement: Display Patient Eligibility on the Potential Claims Report 220](#_Toc420501222)

[6.2.2.2.7.7 System Feature: Report Resubmission Indicator 222](#_Toc420501223)

[6.2.2.2.7.7.1 Requirement: Filter and Report Data will Account for the Resubmission Indicator 222](#_Toc420501224)

[6.2.2.2.7.8 System Feature: Date of Service Algorithm 228](#_Toc420501225)

[6.2.2.2.7.8.1 Requirement: Date of Service to Process Secondary Claim 228](#_Toc420501226)

[6.2.2.2.7.9 System Feature: OPECC Productivity Report 228](#_Toc420501227)

[6.2.2.2.7.9.1 Requirement: Add Report Name of OPECC Productivity Report to the Menu for User Selection 228](#_Toc420501228)

[6.2.2.2.7.9.2 Requirement: Add Filter Questions for the OPECC Productivity Report 229](#_Toc420501229)

[6.2.2.2.7.9.3 Requirement: Functionality for the OPECC Productivity Report 233](#_Toc420501230)

[6.2.2.2.7.9.4 Requirement: Security Key for the OPECC Productivity Report 238](#_Toc420501231)

[6.2.2.2.7.10 System Feature: NCPDP Updates 238](#_Toc420501232)

[6.2.2.2.7.10.1 Requirement: Support NCPDP Data Elements and NCPDP Fields 238](#_Toc420501233)

[6.2.2.2.7.10.2 Requirement: Support NCPDP Reject Codes 239](#_Toc420501234)

[6.2.2.2.7.10.3 Requirement: Remove Non-beneficial 5.1 Code 242](#_Toc420501235)

[6.2.2.2.8 Functional Specifications for Integrated Billing 249](#_Toc420501236)

[6.2.2.2.8.1 System Feature: ROI Expiration Date 249](#_Toc420501237)

[6.2.2.2.8.1.1 Requirement: Expand Expiration Date for Action “Add ROI” 249](#_Toc420501238)

[6.2.2.2.8.1.2 Requirement: Expand Expiration Date for Action “ROI View/Edit” 251](#_Toc420501239)

[6.2.2.2.8.1.3 Requirement: Add Report Name of ROI Expiration Report to Menu for User Selection 253](#_Toc420501240)

[6.2.2.2.8.1.4 Requirement: ROI Expiration Report Filters 255](#_Toc420501241)

[6.2.2.2.8.1.5 Requirement: Functionality for ROI Expiration Report 256](#_Toc420501242)

[6.2.2.2.8.2 System Feature: TRICARE Copay 258](#_Toc420501243)

[6.2.2.2.8.2.1 Requirement: Eliminate Duplicate TRICARE Copays 258](#_Toc420501244)

[6.2.2.2.8.3 System Feature: Display VA Plan ID 258](#_Toc420501245)

[6.2.2.2.8.3.1 Requirement: Modify Group Plan Worksheet Report 258](#_Toc420501246)

[6.2.2.2.8.3.2 Requirement: Modify Match Multiple Group Plans 260](#_Toc420501247)

[6.2.2.2.8.3.3 Requirement: Modify Match Group Plan 262](#_Toc420501248)

[6.2.2.2.8.4 System Feature: Billing Determination 263](#_Toc420501249)

[6.2.2.2.8.4.1 Requirement: Determine Billable Status for Pharmacy Claim 263](#_Toc420501250)

[6.2.2.2.8.4.2 Requirement: Determine Sensitive Diagnosis for Pharmacy Claim 271](#_Toc420501251)

[6.2.2.2.8.4.3 Requirement: Don’t Change Reason Non-Billable for ROI Resubmit 283](#_Toc420501252)

[6.2.2.2.8.5 System Feature: Date of Service 284](#_Toc420501253)

[6.2.2.2.8.5.1 Requirement: Date of Service for Back Billing Processes 284](#_Toc420501254)

[6.2.2.2.8.6 System Feature: Billing Event Log 285](#_Toc420501255)

[6.2.2.2.8.6.1 Requirement: Display New Drug File Fields in Billing Event Log 285](#_Toc420501256)

[6.2.2.2.9 Functional Specifications for PSS 291](#_Toc420501257)

[6.2.2.2.9.1 System Feature: Drug File 291](#_Toc420501258)

[6.2.2.2.9.1.1 Requirement: Add ePharmacy Billable Fields to the Drug File 291](#_Toc420501259)

[6.2.2.2.9.1.2 Requirement: Populate ePharmacy Billable Fields in the Drug File 293](#_Toc420501260)

[6.2.2.2.9.1.3 Requirement: Add Sensitive Diagnosis Field to the Drug File 295](#_Toc420501261)

[6.2.2.2.9.1.4 Requirement: Populate the Sensitive Diagnosis Field in the Drug File 295](#_Toc420501262)

[6.2.2.2.9.1.5 Requirement: User Entry of New Drug File Fields 297](#_Toc420501263)

[6.2.2.2.9.1.6 Requirement: Remove Help Text for “E” and “U” in Drug Enter/Edit 299](#_Toc420501264)

[6.2.2.2.9.1.7 Requirement: Add New Drug File Fields to PSS Look 303](#_Toc420501265)

[6.2.2.2.10 Functional Specifications for HL7 305](#_Toc420501266)

[6.2.2.2.10.1 System Feature: HL7 305](#_Toc420501267)

[6.2.2.2.10.1.1 Requirement: Add ePharmacy HL7 Protocol 305](#_Toc420501268)

[6.2.2.2.10.1.2 Requirement: Separate the Plan File and Payer File 310](#_Toc420501269)

[6.2.2.2.10.1.3 Requirement: Send Registration Message to AITC 320](#_Toc420501270)

[6.2.2.2.10.1.4 Requirement: Update Vitria Interface Version 321](#_Toc420501271)

[6.3 Network Detailed Design 322](#_Toc420501272)

[6.4 Service Oriented Architecture / ESS Detailed Design 322](#_Toc420501273)

[7 External System Interface Design 323](#_Toc420501274)

[7.1 Interface Architecture 323](#_Toc420501275)

[7.2 Interface Detailed Design 323](#_Toc420501276)

[8 Human-Machine Interface 324](#_Toc420501277)

[8.1 Interface Design Rules 324](#_Toc420501278)

[8.2 Inputs 324](#_Toc420501279)

[8.3 Outputs 324](#_Toc420501280)

[8.4 Navigation Hierarchy 324](#_Toc420501281)

[8.4.1 Screen [x.1] 324](#_Toc420501282)

[8.4.2 Screen [x.2] 324](#_Toc420501283)

[8.4.3 Screen [x.3] 324](#_Toc420501284)

[9 Security and Privacy 325](#_Toc420501285)

[9.1 Security 325](#_Toc420501286)

[9.2 Privacy 325](#_Toc420501287)

[Attachment A – Approval Signatures 326](#_Toc420501288)

[A. Additional Information 327](#_Toc420501289)

[A.1. RTM 327](#_Toc420501290)

[A.2. Packaging and Installation 327](#_Toc420501291)

[A.3. Design Metrics 327](#_Toc420501292)

[A.4. Acronym List and Glossary 327](#_Toc420501293)

[A.5. Required Technical Documents 328](#_Toc420501294)

[A.6. Attach Documents 328](#_Toc420501295)

# Introduction

The Chief Business Office (CBO) has requested enhancements to the Veterans Health Administration’s (VHA) Veterans Health Integrated Systems Technology Architecture (VistA) ePharmacy module to maintain compliance with legislative and federal mandates and to address gaps and inefficiencies in the current electronic pharmacy claims process.

The name of this VistA project is MCCF ePharmacy Compliance Phase 3.

## Purpose of the SDD

The purpose of this Software Design Document (SDD) is to detail the system design to be constructed that will support the requirements for the MCCF ePharmacy Compliance Phase 3 project for VHA and comply with Health Insurance Portability and Accountability Act (HIPAA) standards and with the National Council for Prescription Drug Programs (NCPDP) standards.

The target audience for this SDD includes Product Development (PD), Product Support, Software Quality Assurance (SQA), Testing Services, and eBusiness Solutions.

## Identification

This project will be implemented with 5 VistA patches to be released together in a Kernel Installation and Distribution (KIDS) host file. The following are the included applications and patch numbers:

* Electronic Claims Management Engine (ECME) application package (BPS); version 1.0. The patch number for this release will be 20 (BPS\*1.0\*20).
* Integrated Billing (IB) application package (IB); version 2.0. The patch number for this release will be 550 (IB\*2.0\*550).
* Outpatient Pharmacy (OP) application package (PSO); version 7.0. The patch number for this release will be 448 (PSO\*7.0\*448).
* Consolidated Mail Outpatient Pharmacy (CMOP) application package (PSX); version 2.0. The patch number for this release will be 79 (PSX\*2.0\*79).
* Pharmacy Data Management (PDM) application package (PSS); version 1.0. The patch number for this release will be 192 (PSS\*1.0\*192).

## Scope

eBusiness Solutions is requesting enhancements to the areas of VistA as listed in the Scope Inclusions table below in order to maintain compliance with legislative and federal mandates and to address gaps and inefficiencies in the current ePharmacy process.

Table : Scope Inclusions

| Includes |
| --- |
| Update National Council for Prescription Drug Programs (NCPDP) fields with annual updates for the External Code List (ECL) values |
| Enhance the Third Party Payer Rejects - Worklist and Reject Information Screen |
| Enhance the OP Medications (Active) Screen |
| Enhance the Electronic Claims Management Engine (ECME) User Screen |
| Create a Pharmacy Productivity/Revenue Report |
| Create an Outpatient Pharmacy Electronic Claims Coordinator (OPECC) Productivity Report |
| Create a Release of Information (ROI) Expiration Report |
| Add a Resubmission Indicator to the ECME User Screen and to ECME Reports |
| Add New Prescriptions to the ¾ days supply calculations |
| Add special ePharmacy fields to the DRUG file (#50) |
| Add new Health Level 7 (HL7) client/server protocols for ePharmacy non-Payer Table update processing |
| Provide General ePharmacy Enhancements |

Table : Scope Exclusion

| Excludes |
| --- |
| There are no scope exclusions. All requirements are included in this SDD. |

## Constraining Policies, Directives and Procedures

The ePharmacy system should be compliant with the regulations mandated in the HIPAA final rule, which is NCPDP Telecommunication standard version D.0, and with subsequent ECL updates.

All ePharmacy documentation should be 508 compliant.

## User Characteristics

The user base of the ePharmacy system includes the following types of users:

| **Type of User** | **Description** | **Responsibilities** |
| --- | --- | --- |
| Primary Users | Outpatient Pharmacy Electronic Coordinator (OPECC) | Ensure electronic pharmacy claims are appropriately adjudicated by third party payers and resubmit rejected claims once reject issues(s) are resolved. |
| Primary Users | Pharmacists | Processes all prescription related activities. |
| Secondary Users | Veterans Integrated Service Network (VISN) Business Implementation Managers, VA Medical Center (VAMC)/Consolidated Patient Account Center (CPAC) Revenue Coordinators | Oversee billing and collection activities at the VISN, VAMC and CPAC level. |
| Secondary Users | Revenue Operations | Oversee revenue cycle operations, national payer relations, and collections. |
| Secondary Users | VAMC Information Resource Managers (IRMs) | Provide on-site support for VistA system at each medical center. |
| Secondary Users | Product Support (PS) | Provide national user support. |
| Secondary Users | Veterans | Receive timely first party statements on recently dispersed prescriptions and medical care. |
| Secondary Users | Insurance  Billing  Accounts Receivable (AR) staff | Receive, confirm, and follow up on pharmacy remittances. |

## Relationship to Other Documents and Plans

**Business Requirements Document:** Medical Care Collection Fund (MCCF) ePharmacy Compliance Phase 3 BRD; New Service Request #20140411

**Requirement Specification Document:** MCCF ePharmacy Compliance Phase 3 Requirements Specification Document

**Requirements Traceability Matrix:** Medical Care Collection Fund (MCCF) ePharmacy Compliance Phase 3 NSR # 20140411 Requirements Traceability Matrix

## Definitions, Acronyms, and Abbreviations

### Definitions

| Term | Definition |
| --- | --- |
| CHAMPVA | The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) program is a cost shared health benefits program established for the dependents and survivors of certain severely disabled and/or deceased veterans. Eligibility for CHAMPVA is based upon the beneficiary’s relationship to the veteran sponsor and the veteran’s status as adjudicated by a VA Regional Office. |
| HL7 | Health Level Seven (HL7) is a standardized application level communications protocol that enables systems to exchange information and to affect requests and responses. HL7 is an agreement between two HL7 compliant systems that specifies where to expect certain data in a stream of characters.  It is also the American National Standards Institute (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. |
| Payer | An insurance company, fiscal intermediary, government agency, other agency, or individual responsible for the payment of health care claims. |
| TRICARE | Department of Defense (DoD) TRICARE program is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. In some cases Veterans can be eligible for both/either program on paper. However, if you are a military retiree or the spouse of a Veteran who was killed in action, you are and will always be a TRICARE beneficiary. |
| User | The person or persons who operate or interact directly with the product. |

### Acronyms

| Term | Definition |
| --- | --- |
| ADPAC | Pharmacy Automated Data Processing Application Coordinators |
| AERB | Architecture & Engineering Review Board |
| AITC | Austin Information Technology Center |
| AR | Accounts Receivable |
| BIM | Business Implementation Managers |
| CBO | Chief Business Office of the VHA |
| CFO | Chief Financial Officer |
| CHAMPVA | Civilian Health and Medical Program of the Department of Veterans Affairs |
| CMOP | Consolidated Mail Outpatient Pharmacy |
| CRI | Claims Response Inquiry |
| DoD | Department of Defense |
| DUR | Drug Utilization Review (reject code 88 – DUR Reject Error) |
| ECL | External Code List |
| ECME | Electronic Claims Management Engine |
| EDI | Electronic Data Interchange |
| ERR | VA Enterprise Requirements Repository |
| FSC | Financial Services Center |
| GUI | Graphical User Interface |
| HAC | Health Administration Center |
| HAPE | Health Administration Product Enhancements |
| HIPAA | Healthcare Insurance Portability and Accountability Act of 1996 |
| HL7 | Health Level Seven |
| IPT | Integrated Project Team |
| IRM | Information Resource Managers |
| MCCF | Medical Care Collection Fund |
| NCPDP | National Council for Prescription Drug Programs |
| NDC | National Drug Code |
| OPD | Office of Product Development |
| OPECC | Outpatient Pharmacy Electronic Claims Coordinator |
| PBM | Pharmacy Benefit Manager |
| PDM | Pharmacy Data Management |
| RSD | Requirements Specification Document |
| RTS | Refill Too Soon (reject code 79 – Refill Too Soon) |
| SQA | Software Quality Assurance |
| VAMC | VA Medical Center |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Service Network |
| VistA | Veterans Health Information Systems and Technology Architecture |

## References

VA Handbook 6500 – Information Security Program

<http://vaww.domain/vapubs/viewPublication.asp?Pub_ID=342&FType=2>

Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)   
<http://aspe.hhs.gov/admnsimp/pl104191.htm>

* HIPAA: New Transaction Standards (5010, D.0); Department of Health and Human Services 45 Code of Federal Regulations (CFR) Part 162 Health Insurance Reform; Modifications to the HIPAA; Final Rules

<http://edocket.access.gpo.gov/2009/pdf/E9-740.pdf>

* HIPAA: New Code Set [International Classification of Diseases, Tenth Edition (ICD-10)]; HHS Office of the Secretary, 45 CFR Part 162 [CMS–0013–F] RIN 0958–AN25 HIPAA Administrative Simplification: Modifications to Medical Data Code Set, Standards To Adopt ICD–10–Clinical Modification (CM), and ICD–10–Procedure Coding System (PCS)

<http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>

* PPACA (Patient Protection and Affordable Care Act)--"Health Care Reform" House of Representatives (H.R.) 3590, Section 1104--Administrative Simplification, Section 10109--Development of Standards for Financial and Administrative Transactions
* Public Law 111–148, The Patient Protection and Affordable Care Act

<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

* PPACA Compliance, Certification, and Penalties

<https://www.cms.gov/Affordable-Care-Act/04_ComplianceCertificationandPenalties.asp>

The Department of Veterans Affairs M Programming Standards and Conventions: <http://vaww.yourserver.domain/communities/app_dev/sac/default.aspx>

VistA Monograph (October 2013): <http://www.ehealth.domain/VistA_Monograph.asp>

NCPDP Documents:

* Emergency Telecommunication ECL Value Addendum
* Data Dictionary
* External Code List
* Data Elements and Reject Codes

# Background

## Overview of the System

The primary function of the ePharmacy system is the electronic submission of pharmacy claims to third party payers, both to increase revenue for the VA but also to get potential safety information (e.g., drug interaction) from the payer. Pharmacy claims are submitted for all electronically billable prescriptions, whether they are locally filled or filled by CMOP.

## Overview of the Business Process

The diagram below has a high-level overview of the electronic pharmacy claims submission process from the Veteran Affairs Medical Center (VAMC) to the third-party payers, including the intermediate systems. It also includes the communications between VAMC and the CMOP host facility, which processes CMOP claims.

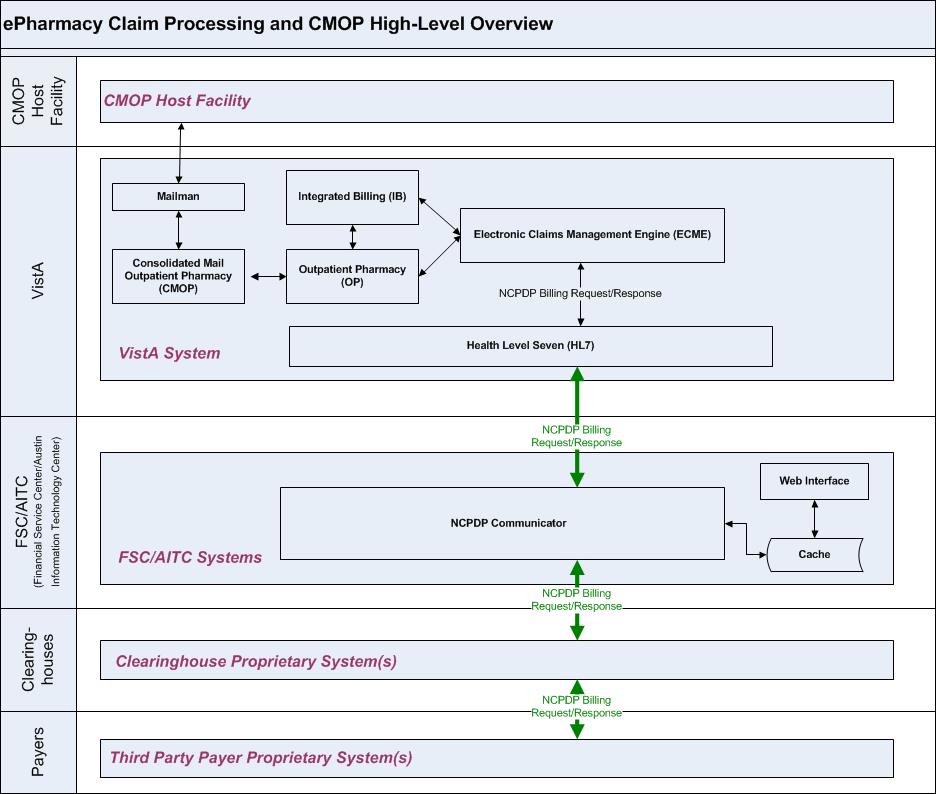


Figure 1: ePharmacy Claims Processing and CMOP High-Level Overview

## Business Benefits

The changes to the Veterans Health Administration’s (VHA) Veterans Health Information Systems and Technology Architecture (VistA) ePharmacy module will maintain compliance with legislative and federal mandates and will address gaps and inefficiencies in the current electronic pharmacy process.

## Assumptions and Constraints

### Design Assumptions

No design assumptions were made related to this project.

### Design Constraints

The ePharmacy system should be compliant with the regulations mandated in the HIPAA final rule, which is NCPDP Telecommunication standard version D.0, and with subsequent ECL updates.

### Design Trade-offs

There are no design trade-offs with the chosen design.

## Overview of the Significant Requirements

### Overview of Significant Functional Requirements

Table 3: Functional Requirements

| ID | Requirement |
| --- | --- |
| 2.6.4.2 | Resubmit TRICARE Non-billable Prescriptions |
| 2.6.4.3 | Resubmit CHAMPVA Non-billable Prescriptions |
| 2.6.6.3 | Functionality for the Pharmacy Productivity/Revenue Report |
| 2.7.4.1 | Display Non-billable TRICARE entries on the ECME User Screen |
| 2.7.4.2 | Display Non-billable CHAMPVA entries on the ECME User Screen |
| 2.7.9.3 | Functionality for the OPECC Productivity Report |
| 2.10.1.1 | Add ePharmacy HL7 Protocol |

### Overview of Functional Workload / Performance Requirements

N/A. This is a VistA ePharmacy patch. There are no Functional Workload/Performance Requirements associated with this project.

### Overview of Operational Requirements

N/A. This is a VistA ePharmacy patch. There are no Operational Requirements associated with this project.

### Overview of the Technical Requirements

N/A. This is a VistA ePharmacy patch. There are no Technical Requirements that drive the conceptual design and thus not applicable for this project.

### Overview of the Security or Privacy Requirements

N/A. This is a VistA ePharmacy patch. There are no Security or Privacy Requirements pertaining to this project. As a VistA patch, security and privacy requirements are inherited from the parent VistA system configuration and thus are not applicable for this project.

### Overview of System Criticality and High Availability Requirements

The ePharmacy system is composed of and is a subset of multiple VistA applications – Outpatient Pharmacy, Integrated Billing, CMOP, Electronic Claims Management Engine, Accounts Receivable, and Pharmacy Data Management. Each of these applications has its own availability and downtime requirements which will be VAMC dependent. The ePharmacy application does not impose any requirement beyond the requirement already specified by each of the applications. Any ePharmacy claim that cannot be submitted due to communication or other issues will be queued and submitted when the systems are available.

### Single Sign-on Requirement

N/A. Access is controlled by the VistA application and the underlying operating system. This application does not mandate any additional access or sign-on requirements.

### Requirement for Use of Enterprise Portals

N/A. No Enterprise Portals are used by the ePharmacy modules.

### Special Device Requirements

N/A. There are no special device requirements.

## Legacy System Retirement

N/A. No VistA modules are being replaced with COTS products as part of this project.

# Conceptual Design

N/A. This project is a VistA ePharmacy patch and there are no conceptual design considerations. The actual software detailed design is presented in Section 6.2.2, Specific Requirements.

## Conceptual Application Design

### Application Context

N/A. This project does not require any changes to the application context.

### High-Level Application Design

N/A. This project does not require any changes to the high-level conceptual application design.

### Application Locations

N/A. This project does not require any changes to the application locations.

## Conceptual Data Design

### Project Conceptual Data Model

N/A. This project does not require any changes to the conceptual data model.

### Database Information

N/A. Any changes to the database structure are documented below in Section 6.2.2, Specific Requirements.

### User Interface Data Mapping

N/A. Any changes to the user interface data mapping are documented below in Section 6.2.2, Specific Requirements.

## Conceptual Infrastructure Design

### System Criticality and High Availability

N/A. This project is a VistA ePharmacy patch. System criticality and High Availability design considerations are inherited from the parent VistA system design which is not changing with our project.

### Special Technology

N/A. This is a VistA patch. No special technology is in use.

### Technology Locations

N/A. This is a VistA patch. There are no changes to technology locations.

### Conceptual Infrastructure Diagram

#### Location of Environments and External Interfaces

N/A. This is a VistA patch. There is no conceptual infrastructure diagram for location of environments and external interfaces.

#### Conceptual Production String Diagram

N/A. This is a VistA patch. There is no conceptual infrastructure diagram for conceptual production string diagram.

# System Architecture

This project is a VistA patch which does not require any changes to the VistA System Architecture. However brief descriptions of these entities will be provided below.

## Hardware Architecture

The ePharmacy application is part of the VistA suite of applications. The VistA Monograph states:

“*VistA is deployed universally across VHA at more than 1,500 sites of care, including each Veterans Affairs Medical Center (VAMC), Community Based Outpatient Clinic (CBOC) and Community Living Center (CLC), as well as at nearly 300 VA Vet Centers. These locations will have a variety of hardware platforms but all meet a minimal standard required to support VistA. See the Software Architecture section for more information related to underlying systems that support VistA”*

## Software Architecture

The ePharmacy system is composed of and is a subset of multiple VistA applications – Outpatient Pharmacy, Integrated Billing, CMOP, Electronic Claims Management Engine, Accounts Receivable, and Pharmacy Data Management. It also interacts with many other VistA standard modules, such as Mailman, Kernel, HL7, and FileMan. The entire VistA application consists of 200+ modules. The VistA monograph includes this description for VistA:

“*VistA is an integrated Electronic Health Record (EHR) information technology system with application packages that share a common data store and common internal services. The data store and VistA kernel are implemented in the MUMPS (or M) computer language, and the Computerized Patient Record System (CPRS) graphical user interface (GUI) is implemented in Delphi. Application clients use a highly-efficient proprietary protocol to access data. VistA is highly configurable and customizable, and in addition to appropriate connectivity amongst VistA modules, VistA supports the integration of best-of-breed applications at multiple levels, including MUMPS API (Application Programming Interface,) Remote Procedure Call (RPC), Medical Domain Web Services (MDWS), HL7 (Health Level 7,) and data exchange via Blue Button or eHealth Exchanges. VistA comprises nearly 200 distinct applications/modules, 15,000 routines, and millions of lines of computer code.*

*The backbone of VHA’s clinical and administrative information technology capability, VistA has historically been built on a client-server architecture, which ties together workstations and personal computers with graphical user interfaces at VA facilities. The CPRS GUI is as highly customizable and runs on workstations, laptops, tablets (including iPads) and smart phones. VistA interoperates with numerous commercial-off-the shelf software applications and with selected information technology systems of other federal agencies and, increasingly, health information exchange networks. At the time of publication of this edition of the Monograph, comprehensive proposed enhancements to VistA were in the initial stages; referred to as “VistA Evolution” these enhancements are will reflect development and architecture enhancements to allow greater interaction with data and greater efficiency for the VistA system.”*

Note that the changes required by this project are based in the MUMPS computer language and do not impact CPRS.

## Network Architecture

N/A. The network architecture is not impacted or modified by this project.

## Service Oriented Architecture / ESS

N/A. This is a VistA ePharmacy patch. The ePharmacy application does not use service oriented architecture.

## Enterprise Architecture

N/A. This is a VistA ePharmacy patch. There are no modifications to the enterprise architecture.

# Data Design

This is a VistA ePharmacy patch. The database management system (DBMS) in use is VA FileMan.

## DBMS Files

The VistA ePharmacy system uses the standard VA FileMan data dictionaries (DDs) and files. Any changes to the DDs will be presented in the Specific Requirements Section 6.2.2 below. This table identifies the VA FileMan databases which are being modified by this VistA ePharmacy project.

|  |  |
| --- | --- |
| Database | File Number |
| BPS Log of Transaction | 9002313.57 |
| BPS Transaction | 9002313.59 |
| Prescription | 52 |
| Drug | 50 |
| IB Billing Event Log | 366.14 |

## Non-DBMS Files

N/A. There are no non-DBMS Files in use.

## Data View

This project is a VistA ePharmacy patch. We have an Entity Relationship Diagram (ERD) as one of the deliverables with this project.

# Detailed Design

## Hardware Detailed Design

N/A. This project is a VistA ePharmacy patch. There are no modifications to any existing hardware.

## Software Detailed Design

### Conceptual Design

#### Product Perspective

The VistA ePharmacy system is a software package that resides in and among multiple VistA packages. These VistA packages include:

* PSO – Outpatient Pharmacy – where patient prescriptions are entered and managed
* PSX – CMOP – where mail order prescriptions are entered and managed
* PSS – Pharmacy Data Management – where tools for managing Pharmacy data resides
* BPS – ECME – where electronic pharmacy data is transmitted/received and managed
* IB – Integrated Billing – where 3rd party (insurance) pharmacy claims are entered and managed
* PRCA – Accounts Receivable – where monies from the pharmacy 3rd party claims are received and managed

##### User Interfaces

User Interface with all ePharmacy application software is performed through existing and new VistA screens. VistA is a character-based application accessible through terminal emulator software resident on networked computers.

The ePharmacy application is a character-based system using VA FileMan as its database manager and Cache/M as the programming language. This software application is part of the VistA suite of applications, which include additional clinical and financial applications. There are no GUIs.

##### Hardware Interfaces

Communications between VistA sites and HIPAA EDI Services pass through the Local Area Networks (LANs) and across the Department of Veterans Affairs (VA) intranet. The Services communicate over the Austin Information Technology Center (AITC) LAN and through the private frame relay to the communications clearinghouse for this project. The clearinghouse communicates with the trading partner processors that are continually designated using previously negotiated contractual terms and conditions.

##### Software Interfaces

The following software must be installed prior to the release of this product.

* Kernel V. 8.0
* MailMan V. 8.0
* VA FileMan V. 22.0
* Health Level Seven (HL7) V. 1.6
* Integrated Billing V. 2.0
* Accounts Receivable V. 4.5
* Visit Tracking V. 2.0
* Order Entry/Results Reporting V. 3.0
* Outpatient Pharmacy V. 7.0
* Consolidated Mail Outpatient Pharmacy (CMOP) V. 2.0
* Pharmacy Data Management V. 1.0
* Drug Accountability V. 3.0
* National Drug File V. 4.0
* Electronic Claims Management Engine V. 1.0

##### Communications Interfaces

For ePharmacy, the primary communication is the submission of an ePharmacy claim from the VistA sites to third-party payers via the Financial Services Center (FSC)/AITC and a clearinghouse and then receiving a response. Secondary communications include table updates and registration messages.

This project includes the separation between ePharmacy and eInsurance for these secondary communications for Integrated Billing (IB) Table updates. Currently, ePharmacy IB table updates are performed using the eInsurance application sending and receiving protocols. This project includes a modification so that the ePharmacy IB table updates will be performed using the ePharmacy application sending and receiving protocols instead. We are not modifying the content or structure of any of the HL7 messages other than this change.

The diagram below shows the overall communication flow with external entities:

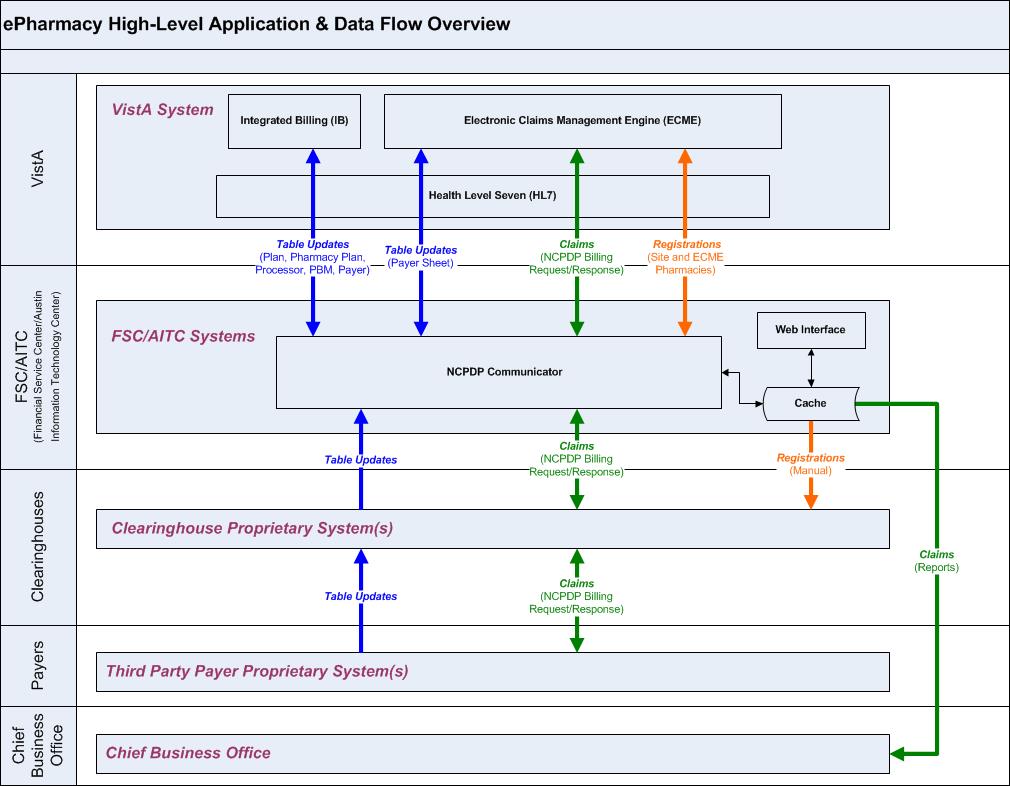


Figure 2: ePharmacy High-Level Application & Data Flow Overview

##### Memory Constraints

N/A. There are no memory constraints associated with this project.

##### Special Operations

N/A. There are no special operations associated with this project.

#### Product Features

Please see Section 1.3 for a list of Scope Inclusions, Section 2.5 for an overview of the significant functional requirements, and Section 6.2.2.2 for a list of all of the functional requirements.

#### User Characteristics

In general, the resources that shall work with ePharmacy software need to be knowledgeable in the area of Outpatient Pharmacy, Integrated Billing, CMOP, pharmacy industry billing practices, and payer help desk communication protocol.

#### Dependencies and Constraints

This project has a dependency on the Austin FSC/AITC team being able to make the necessary changes for the NCPDP ECL updates and also being able to code the software on their side for the separation of eInsurance and ePharmacy.

In addition to this dependency on Austin FSC/AITC, ePharmacy in general has the following dependencies:

* Availability of valid and current clinical code set data to be included on the financial interface transaction sent to billing.
* Capturing all required data at the point of service, either through manual data collection or an automated solution.
* Establishing viable and reliable physical and procedural communication methods between VistA, AITC, the communication clearinghouse, third-party payers, and back.

### Specific Requirements

#### Database Repository

This project is a VistA patch. The database repository is standard VistA database using FileMan files and fields. Any modifications to this database repository are detailed in Section 6.2.2.2.

#### System Features

The following sub-sections of this SDD match the specific functional requirements as presented in the Requirements Specification Document (RSD) for this project. The functional requirement text is presented for each section and the design for each requirement follows immediately.



##### Functional Specifications for Outpatient Pharmacy and CMOP

###### System Feature: 3/4 Days’ Supply Calculation

Requirement: Calculate for New Prescriptions for Local Suspense

The system shall calculate a 3/4 days' supply date for new prescriptions that are locally suspended prescriptions by using the fill date of the most recent prior prescription with the following criteria:

* The prior prescription is for the same patient as the suspended prescription
* The prior prescription is for the same drug as the suspended prescription
* The prior prescription has the same dosage as the suspended prescription where dosage is calculated as quantity divided by days’ supply
* The prior prescription status is not Non-Verified
* The prior prescription has a release date
* The prior prescription has an expiration date that is no earlier than 120 days before the current date
* There is ECME activity for the prior prescription and fill
* There is not an open rejection for the prior prescription and fill

When checking for open rejections, if the prior prescription and fill have an open rejection, then also check the fill before that one.

If there is no prior prescription and fill fitting the criteria, do not calculate a 3/4 days’ supply date for the new prescription.

The 3/4 days’ supply functionality is existing functionality that holds prescriptions in suspense until 75% of the days’ supply of a previous fill of the prescription has been exhausted.

**Design**

When calculating the 3/4 days’ supply date for a new prescription, the system already looks for a previous prescription with the same patient, drug and dosage when the user selects the action PSO REJECT DISPLAY DATE or the action PSO REJECT SUSPENSE DT CALC from a List Manager screen giving these options. When processing the suspense list, the system bypasses that code. To activate this functionality for suspense (both local and CMOP), we will remove a flag indicating suspense or not suspense, and make sure it executes the appropriate code whenever it calculates the 3/4 days’ supply date.

In addition, this design calls for the creation of a new procedure (CHECKIT) to perform several checks on a previous fill or prescription which are currently being performed, in part or in whole, in three different places. Creating this procedure will make the code more readable and easier to maintain.

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP2 | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.1.1 | | | | | | | | |
| **Related Options** | PSO PNDLBL (Print From Suspense File) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | PSOREJP3, PSORXED, PSOSULB1, PSXRPPL2 | | | | | GETDAT^BPSBUTL, DIR, $$FMTE^XLFDT, $$FMADD^XLFDT | | | |
| **Routines** | | | **Activities** | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | | PSO REJECT DISPLAY SUSPENSE DATE (Change Suspense Date)  PSO REJECT SUSPENSE DT CALC (Suspense Date Calc) | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | Reference to ^PSSLOCK supported by IA #2789. | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Current Logic** | | | | | | | | | |
| CALCSD(RX,FIL,COB) ;  ; CALCSD - Prompt the user for Last Date of Service, Last Days Supply and  ; then calculate the suspense date based on these input.  ; Input  ; RX - Prescription IEN  ; FIL - Fill Number  ; COB - Coordination of Benefits  ; Return  ; The calculated suspense date  ;  N DIR,X,Y,DUOUT,DTOUT,DIRUT,DIROUT,LDOS,LDSUP,LDS  I '$G(RX) Q 0  I $G(FIL)="" Q 0  I '$G(COB) S COB=1  ;  D PREVRX(RX,FIL,COB,.LDOS,.LDS,1) ; get the previous Rx last date of service and last days supply  ; Added a parameter at end (1) to identify that this is not a suspense related call  ; Prompt for Last DOS  S DIR(0)="D",DIR("A")="LAST DATE OF SERVICE"  I LDOS S DIR("B")=$$FMTE^XLFDT($G(LDOS))  D ^DIR  I $D(DIRUT) W !,"ACTION NOT TAKEN!" Q 0  S LDOS=Y W " ("\_$$FMTE^XLFDT($G(LDOS))\_")"  ;  ; Prompt for Last Days Supply  S LDSUP=LDS  K DIR  S DIR(0)="N",DIR("A")="LAST DAYS SUPPLY"  I LDSUP]"" S DIR("B")=+LDSUP  D ^DIR  I $D(DIRUT) W !,"ACTION NOT TAKEN!" Q 0  ;  ; Calculate the suspense date to be Last DOS plus 3/4 of the Last Days Supply  ; Fractions are rounded up  S LDSUP=Y\*.75  S:LDSUP["." LDSUP=(LDSUP+1)\1  Q $$FMADD^XLFDT(LDOS,LDSUP)  ;  PREVRX(RX,RFL,COB,LDOS,LDAYS,NONSUS) ; Gather last date of service and last days supply from previous rx  ; input: RX - Current RX  ; RFL - Refill  ; COB - Coordination of benefits  ; NONSUS - Not suspense processing  ; output: LDOS - (pass by reference). Last date of service in fileman format, or ""  ; LDAYS - (pass by reference). Last days supply in numeric format, or ""  ;  S (LDOS,LDAYS)=""  I '$G(RX) G PREVRXQ  I $G(RFL)="" G PREVRXQ  I '$G(COB) S COB=1  S NONSUS=+$G(NONSUS) ; Non-suspense processing flag  ;  I RFL=0 D  . N X,Y  . I NONSUS D  . . S X=$$LAST120(RX,COB) ; other Rx 120 day time window  . . S LDOS=$P(X,U,1) ; last date of service (older rx)  . . S LDAYS=$P(X,U,2) ; last days supply (older rx)  . . Q  . S Y=$$LASTRN(RX,COB) ; check for a renewed prescription  . I $P(Y,U,1)'>LDOS Q ; if DOS from old Rx is earlier than LDOS, then quit  . S LDOS=$P(Y,U,1) ; last date of service (renewal)  . S LDAYS=$P(Y,U,2) ; last day supply (renewal)  . Q  ;  ; refill - same RX. Get previous fill information  I RFL>0 D  . N FL  . F FL=(RFL-1):-1:0 D Q:LDOS ; start with the previous fill (RFL-1)  .. I $$STATUS^PSOBPSUT(RX,FL)="" Q ; no ECME activity - skip  .. I $$FIND^PSOREJUT(RX,FL,,,1) Q ; unresolved reject on worklist - skip  .. D GETDAT^BPSBUTL(RX,FL,COB,.LDOS,.LDAYS) ; DBIA 4719  .. Q  . Q  ;  PREVRXQ ;  Q  ;  LAST120(RX,COB) ;new tag PSO\*7\*421, cnf  ; For the original fill, get the default DOS/Days Supply by getting most recent DOS from  ; the other RXs within a time window for the same patient and drug and dosage  ; Time window - Prescription has an expiration date that is in the future or within the last 120 days  ; Reference to ^PS(55 supported by IA #2228  ; Input  ; RX - Prescription IEN  ; COB - coordination of benefits indicator (defaults to 1 if not passed)  ; Output  ; Last Date of Service ^ Last Days Supply  ;  N LDOS,LDS,PAT,DRUG,EXPDT,RX1,DRUG1,FL,X1,X2,RX0,QTY,DSUP,DOSAGE,QTY1,DSUP1,DOSAGE1  I '$G(COB) S COB=1  S LDOS="",LDS=""  S RX0=$G(^PSRX(RX,0)) ; main 0 node  S PAT=$P(RX0,U,2),DRUG=$P(RX0,U,6),QTY=+$P(RX0,U,7),DSUP=+$P(RX0,U,8),DOSAGE=""  I 'PAT!'DRUG Q LDOS\_U\_LDS  I QTY,DSUP S DOSAGE=QTY/DSUP ; ratio of Qty to Days supply  S EXPDT=$$FMADD^XLFDT(DT,-121)  F S EXPDT=$O(^PS(55,PAT,"P","A",EXPDT)) Q:'EXPDT D  . S RX1="" F S RX1=$O(^PS(55,PAT,"P","A",EXPDT,RX1)) Q:'RX1 I RX'=RX1 D  .. S DRUG1=$P($G(^PSRX(+RX1,0)),U,6)  .. I DRUG'=DRUG1 Q ; not the same drug  .. S FL=$$LSTRFL^PSOBPSU1(RX1),X1="",X2=""  .. S QTY1=$S(FL=0:+$P($G(^PSRX(RX1,0)),U,7),1:+$P($G(^PSRX(RX1,1,FL,0)),U,4)) ; Quantity of other Rx  .. S DSUP1=$S(FL=0:+$P($G(^PSRX(RX1,0)),U,8),1:+$P($G(^PSRX(RX1,1,FL,0)),U,10)) ; Days supply of other Rx  .. S DOSAGE1=""  .. I QTY1,DSUP1 S DOSAGE1=QTY1/DSUP1 ; ratio of Qty to Days Supply for other Rx  .. I DOSAGE'=DOSAGE1 Q ; dosage must be a match also  .. ;  .. I $$STATUS^PSOBPSUT(RX1,FL)="" Q ; no ECME activity - skip  .. I $$FIND^PSOREJUT(RX1,FL,,,1) Q ; unresolved reject on worklist - skip  .. D GETDAT^BPSBUTL(RX1,FL,COB,.X1,.X2) ;IA #4719  .. I X1>LDOS S LDOS=X1,LDS=X2  Q LDOS\_U\_LDS  ;  LASTRN(RX,COB) ;new tag PSO\*7\*421, cnf  ; For a renew, get the default DOS and Days Supply from the earlier fill number of the previous prescription  N RX1,FL,LDOS,LDS,LSTFIL  I '$G(COB) S COB=1  S LDOS="",LDS=""  S RX1=$$GET1^DIQ(52,RX,39.4,"I") ; 39.4 - previous order, rxien renewed from  I 'RX1 G LASTRNX ; not a renewed prescription  S LSTFIL=$$LSTRFL^PSOBPSU1(RX1) ; start with last fill#  F FL=LSTFIL:-1:0 D Q:LDOS ; loop backwards until we find the last date of service  . I $$STATUS^PSOBPSUT(RX1,FL)="" Q ; no ECME activity - skip  . I $$FIND^PSOREJUT(RX1,FL,,,1) Q ; unresolved reject on worklist - skip  . D GETDAT^BPSBUTL(RX1,FL,COB,.LDOS,.LDS) ; IA #4719  . Q  ;  LASTRNX ;  Q LDOS\_U\_LDS  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| CALCSD(RX,FIL,COB) ;  ; CALCSD - Prompt the user for Last Date of Service, Last Days Supply and  ; then calculate the suspense date based on these input.  ; Input  ; RX - Prescription IEN  ; FIL - Fill Number  ; COB - Coordination of Benefits  ; Return  ; The calculated suspense date  ;  N DIR,X,Y,DUOUT,DTOUT,DIRUT,DIROUT,LDOS,LDSUP,LDS  I '$G(RX) Q 0  I $G(FIL)="" Q 0  I '$G(COB) S COB=1  ;  **D PREVRX(RX,FIL,COB,.LDOS,.LDS)** ; get the previous Rx last date of service and last days supply  ; Added a parameter at end (1) to identify that this is not a suspense related call  ; Prompt for Last DOS  S DIR(0)="D",DIR("A")="LAST DATE OF SERVICE"  I LDOS S DIR("B")=$$FMTE^XLFDT($G(LDOS))  D ^DIR  I $D(DIRUT) W !,"ACTION NOT TAKEN!" Q 0  S LDOS=Y W " ("\_$$FMTE^XLFDT($G(LDOS))\_")"  ;  ; Prompt for Last Days Supply  S LDSUP=LDS  K DIR  S DIR(0)="N",DIR("A")="LAST DAYS SUPPLY"  I LDSUP]"" S DIR("B")=+LDSUP  D ^DIR  I $D(DIRUT) W !,"ACTION NOT TAKEN!" Q 0  ;  ; Calculate the suspense date to be Last DOS plus 3/4 of the Last Days Supply  ; Fractions are rounded up  S LDSUP=Y\*.75  S:LDSUP["." LDSUP=(LDSUP+1)\1  Q $$FMADD^XLFDT(LDOS,LDSUP)  ;  **PREVRX(RX,RFL,COB,LDOS,LDAYS)** ; Gather last date of service and last days supply from previous rx  ; input: RX - Current RX  ; RFL - Refill  ; COB - Coordination of benefits  ; output: LDOS - (pass by reference). Last date of service in fileman format, or ""  ; LDAYS - (pass by reference). Last days supply in numeric format, or ""  ;  **; MRD;PSO\*7\*448 – Removed NONSUS as an optional parameter, and removed**  **; references to it. If the NONSUS flag was set, and this is the first**  **; fill on a new Rx, it would look for a previous Rx from the past 120**  **; days when determining last date of service and last days’ supply.**  **;**  S (LDOS,LDAYS)=""  I '$G(RX) G PREVRXQ  I $G(RFL)="" G PREVRXQ  I '$G(COB) S COB=1  S NONSUS=+$G(NONSUS) ; Non-suspense processing flag  ;  I RFL=0 D  . N X,Y  **. S X=$$LAST120(RX,COB) ; other Rx 120 day time window**  **. S LDOS=$P(X,U,1) ; last date of service (older rx)**  **. S LDAYS=$P(X,U,2) ; last days supply (older rx)**  . S Y=$$LASTRN(RX,COB) ; check for a renewed prescription  . I $P(Y,U,1)'>LDOS Q ; if DOS from old Rx is earlier than LDOS, then quit  . S LDOS=$P(Y,U,1) ; last date of service (renewal)  . S LDAYS=$P(Y,U,2) ; last day supply (renewal)  . Q  ;  ; refill - same RX. Get previous fill information  I RFL>0 D  . N FL  . F FL=(RFL-1):-1:0 D Q:LDOS ; start with the previous fill (RFL-1)  **.. D CHECKIT(RX,FL,COB,.LDOS,.LDAYS)**  .. Q  . Q  ;  PREVRXQ ;  Q  ;  LAST120(RX,COB) ;new tag PSO\*7\*421, cnf  ; For the original fill, get the default DOS/Days Supply by getting most recent DOS from  ; the other RXs within a time window for the same patient and drug and dosage  ; Time window - Prescription has an expiration date that is in the future or within the last 120 days  ; Reference to ^PS(55 supported by IA #2228  ; Input  ; RX - Prescription IEN  ; COB - coordination of benefits indicator (defaults to 1 if not passed)  ; Output  ; Last Date of Service ^ Last Days Supply  ;  N LDOS,LDS,PAT,DRUG,EXPDT,RX1,DRUG1,FL,X1,X2,RX0,QTY,DSUP,DOSAGE,QTY1,DSUP1,DOSAGE1, LSTFIL  I '$G(COB) S COB=1  S LDOS="",LDS=""  S RX0=$G(^PSRX(RX,0)) ; main 0 node  S PAT=$P(RX0,U,2),DRUG=$P(RX0,U,6),QTY=+$P(RX0,U,7),DSUP=+$P(RX0,U,8),DOSAGE=""  I 'PAT!'DRUG Q LDOS\_U\_LDS  I QTY,DSUP S DOSAGE=QTY/DSUP ; ratio of Qty to Days supply  S EXPDT=$$FMADD^XLFDT(DT,-121)  F S EXPDT=$O(^PS(55,PAT,"P","A",EXPDT)) Q:'EXPDT D  . S RX1="" F S RX1=$O(^PS(55,PAT,"P","A",EXPDT,RX1)) Q:'RX1 I RX'=RX1 D  .. S DRUG1=$P($G(^PSRX(+RX1,0)),U,6)  .. I DRUG'=DRUG1 Q ; not the same drug  .. S LSTFIL=$$LSTRFL^PSOBPSU1(RX1) ; start with last fill# of this other Rx  .. S X1=””,X2=”” ; for this other Rx, initialize the temp variables for last DOS and last days supply  .. F FL=LSTFIL:-1:0 D Q:X1 ; loop fill# backwards until we find the latest valid DOS  ... S QTY1=$S(FL=0:+$P($G(^PSRX(RX1,0)),U,7),1:+$P($G(^PSRX(RX1,1,FL,0)),U,4)) ; Quantity of other Rx  ... S DSUP1=$S(FL=0:+$P($G(^PSRX(RX1,0)),U,8),1:+$P($G(^PSRX(RX1,1,FL,0)),U,10)) ; Days supply of other Rx  ... S DOSAGE1=""  ... I QTY1,DSUP1 S DOSAGE1=QTY1/DSUP1 ; ratio of Qty to Days Supply for other Rx  ... I DOSAGE'=DOSAGE1 Q ; dosage must be a match also  ... D CHECKIT(RX1,FL,COB,.X1,.X2) ; standard checker for all other checks  ... Q  .. ;  .. ; back to the other Rx. Check if we got a valid last DOS  .. I X1>LDOS S LDOS=X1,LDS=X2  .. Q  . Q  Q LDOS\_U\_LDS  ;  LASTRN(RX,COB) ;new tag PSO\*7\*421, cnf  ; For a renew, get the default DOS and Days Supply from the earlier fill number of the previous prescription  N RX1,FL,LDOS,LDS,LSTFIL  I '$G(COB) S COB=1  S LDOS="",LDS=""  S RX1=$$GET1^DIQ(52,RX,39.4,"I") ; 39.4 - previous order, rxien renewed from  I 'RX1 G LASTRNX ; not a renewed prescription  S LSTFIL=$$LSTRFL^PSOBPSU1(RX1) ; start with last fill#  F FL=LSTFIL:-1:0 D Q:LDOS ; loop backwards until we find the latest valid DOS  . D CHECKIT(RX1,FL,COB,.LDOS,.LDS)  . Q  ;  LASTRNX ;  Q LDOS\_U\_LDS  ;  CHECKIT(RX,FL,COB,.LDOS,.LDAYS) ; check 1 Rx/fill for days supply calc  ;  N EXPDT  S EXPDT=$$GET1^DIQ(52,RX,26,”I”) ; expiration date of Rx  I ‘$$RXRLDT^PSOBPSUT(RX,FL) Q ; not released - skip  I $$GET1^DIQ(52,RX,100,”I”)=1 Q ; Rx status is NON-VERIFIED – skip  I EXPDT,$$FMDIFF^XLFDT(DT,EXPDT)>120 Q ; Rx expiration is older than 120 days ago – skip  I $$STATUS^PSOBPSUT(RX,FL)="" Q ; no ECME activity – skip  I $$FIND^PSOREJUT(RX,FL,,,1) Q ; unresolved reject on worklist – skip  ;  D GETDAT^BPSBUTL(RX,FL,COB,.LDOS,.LDAYS) ; DBIA 4719  Q  ; | | | | | | | | | |

Requirement: Calculate for New Prescriptions for CMOP Suspense

The system shall calculate a 3/4 days' supply date for new prescriptions that are CMOP suspended prescriptions by using the fill date of the most recent prior prescription with the following criteria:

* The prior prescription is for the same patient as the suspended prescription
* The prior prescription is for the same drug as the suspended prescription
* The prior prescription has the same dosage as the suspended prescription where dosage is calculated as quantity divided by days’ supply
* The prior prescription status is not Non-Verified
* The prior prescription has a release date
* The prior prescription has an expiration date that is no earlier than 120 days before the current date
* There is ECME activity for the prior prescription and fill
* There is not an open rejection for the prior prescription and fill

When checking for open rejections, if the prior prescription and fill have an open rejection, then also check the fill before that one.

If there is no prior prescription and fill fitting the criteria, do not calculate a 3/4 days’ supply date for the new prescription.

The 3/4 days’ supply functionality is existing functionality that holds prescriptions in suspense until 75% of the days’ supply of a previous fill of the prescription has been exhausted.

**Design**

See the design for Section 6.2.2.2.6.1.1.

Requirement: Calculate for New Prescriptions for “SDC Suspense Date Calc” Action

The system action of SDC Suspense Date Calc shall calculate a suspense date for new prescriptions by using the fill date of the most recent prior prescription with the following criteria:

* The prior prescription is for the same patient as the suspended prescription
* The prior prescription is for the same drug as the suspended prescription
* The prior prescription has the same dosage as the suspended prescription where dosage is calculated as quantity divided by days’ supply
* The prior prescription status is not Non-Verified
* The prior prescription has a release date
* The prior prescription has an expiration date that is no earlier than 120 days before the current date
* There is ECME activity for the prior prescription and fill
* There is not an open rejection for the prior prescription and fill

When checking for open rejections, if the prior prescription and fill have an open rejection, then also check the fill before that one.

If there is no prior prescription and fill fitting the criteria, do not calculate a 3/4 days’ supply date for the new prescription.

The SDC Suspense Date Calc action is an existing action that calculates a suspense date based on the last date of service and the last days’ supply.

**Design**

See the design for Section 6.2.2.2.6.1.1.

Requirement: Rounding Occurs for Calculation

The system shall round the 3/4 days’ supply calculation to the next whole number for any foreground or background claim submission.

For example, 3.1 days will round to 4 days.

**Design**

The 3/4 days’ supply calculation happens in three different routines. Each must be reviewed and possibly modified to ensure that all fractions of a day are rounded up properly and the 3/4 suspense date is calculated correctly.

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP2 | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.1.4 | | | | | | | | |
| **Related Options** | PSO PNDLBL (Print From Suspense File) | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | $$DSHDT^PSOSULB1, $$DSHDT^PSXRPPL2 | | | | | GETDAT^BPSBUTL, $$LSTRFL^PSOBPSU1, $$STATUS^PSOBPSUT, $$FIND^PSOREJUT | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | | PSO REJECT DISPLAY SUSPENSE DATE,  PSO REJECT SUSPENSE DT CALC | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | Reference to GETDAT^BPSBUTL supported by IA #4719. | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| CALCSD(RX,FIL,COB) ;  ; CALCSD - Prompt the user for Last Date of Service, Last Days Supply and  ; then calculate the suspense date based on these input.  ; Input  ; RX - Prescription IEN  ; FIL - Fill Number  ; COB - Coordination of Benefits  ; Return  ; The calculated suspense date  ;  N DIR,X,Y,DUOUT,DTOUT,DIRUT,DIROUT,LDOS,LDSUP,LDS  I '$G(RX) Q 0  I $G(FIL)="" Q 0  I '$G(COB) S COB=1  ;  D PREVRX(RX,FIL,COB,.LDOS,.LDS,1) ; get the previous Rx last date of service and last days supply  ; Added a parameter at end (1) to identify that this is not a suspense related call  ; Prompt for Last DOS  S DIR(0)="D",DIR("A")="LAST DATE OF SERVICE"  I LDOS S DIR("B")=$$FMTE^XLFDT($G(LDOS))  D ^DIR  I $D(DIRUT) W !,"ACTION NOT TAKEN!" Q 0  S LDOS=Y W " ("\_$$FMTE^XLFDT($G(LDOS))\_")"  ;  ; Prompt for Last Days Supply  S LDSUP=LDS  K DIR  S DIR(0)="N",DIR("A")="LAST DAYS SUPPLY"  I LDSUP]"" S DIR("B")=+LDSUP  D ^DIR  I $D(DIRUT) W !,"ACTION NOT TAKEN!" Q 0  ;  ; Calculate the suspense date to be Last DOS plus 3/4 of the Last Days Supply  ; Fractions are rounded up  S LDSUP=Y\*.75  S:LDSUP["." LDSUP=(LDSUP+1)\1  Q $$FMADD^XLFDT(LDOS,LDSUP)  ;  PREVRX(RX,RFL,COB,LDOS,LDAYS,NONSUS) ; Gather last date of service and last days supply from previous rx  ; input: RX - Current RX  ; RFL - Refill  ; COB - Coordination of benefits  ; NONSUS - Not suspense processing  ; output: LDOS - (pass by reference). Last date of service in fileman format, or ""  ; LDAYS - (pass by reference). Last days supply in numeric format, or ""  ;  S (LDOS,LDAYS)=""  I '$G(RX) G PREVRXQ  I $G(RFL)="" G PREVRXQ  I '$G(COB) S COB=1  S NONSUS=+$G(NONSUS) ; Non-suspense processing flag  ;  I RFL=0 D  . N X,Y  . I NONSUS D  . . S X=$$LAST120(RX,COB) ; other Rx 120 day time window  . . S LDOS=$P(X,U,1) ; last date of service (older rx)  . . S LDAYS=$P(X,U,2) ; last days supply (older rx)  . . Q  . S Y=$$LASTRN(RX,COB) ; check for a renewed prescription  . I $P(Y,U,1)'>LDOS Q ; if DOS from old Rx is earlier than LDOS, then quit  . S LDOS=$P(Y,U,1) ; last date of service (renewal)  . S LDAYS=$P(Y,U,2) ; last day supply (renewal)  . Q  ;  ; refill - same RX. Get previous fill information  I RFL>0 D  . N FL  . F FL=(RFL-1):-1:0 D Q:LDOS ; start with the previous fill (RFL-1)  .. I $$STATUS^PSOBPSUT(RX,FL)="" Q ; no ECME activity - skip  .. I $$FIND^PSOREJUT(RX,FL,,,1) Q ; unresolved reject on worklist - skip  .. D GETDAT^BPSBUTL(RX,FL,COB,.LDOS,.LDAYS) ; DBIA 4719  .. Q  . Q  ;  PREVRXQ ;  Q  ;  LAST120(RX,COB) ;new tag PSO\*7\*421, cnf  ; For the original fill, get the default DOS/Days Supply by getting most recent DOS from  ; the other RXs within a time window for the same patient and drug and dosage  ; Time window - Prescription has an expiration date that is in the future or within the last 120 days  ; Reference to ^PS(55 supported by IA #2228  ; Input  ; RX - Prescription IEN  ; COB - coordination of benefits indicator (defaults to 1 if not passed)  ; Output  ; Last Date of Service ^ Last Days Supply  ;  N LDOS,LDS,PAT,DRUG,EXPDT,RX1,DRUG1,FL,X1,X2,RX0,QTY,DSUP,DOSAGE,QTY1,DSUP1,DOSAGE1  I '$G(COB) S COB=1  S LDOS="",LDS=""  S RX0=$G(^PSRX(RX,0)) ; main 0 node  S PAT=$P(RX0,U,2),DRUG=$P(RX0,U,6),QTY=+$P(RX0,U,7),DSUP=+$P(RX0,U,8),DOSAGE=""  I 'PAT!'DRUG Q LDOS\_U\_LDS  I QTY,DSUP S DOSAGE=QTY/DSUP ; ratio of Qty to Days supply  S EXPDT=$$FMADD^XLFDT(DT,-121)  F S EXPDT=$O(^PS(55,PAT,"P","A",EXPDT)) Q:'EXPDT D  . S RX1="" F S RX1=$O(^PS(55,PAT,"P","A",EXPDT,RX1)) Q:'RX1 I RX'=RX1 D  .. S DRUG1=$P($G(^PSRX(+RX1,0)),U,6)  .. I DRUG'=DRUG1 Q ; not the same drug  .. S FL=$$LSTRFL^PSOBPSU1(RX1),X1="",X2=""  .. S QTY1=$S(FL=0:+$P($G(^PSRX(RX1,0)),U,7),1:+$P($G(^PSRX(RX1,1,FL,0)),U,4)) ; Quantity of other Rx  .. S DSUP1=$S(FL=0:+$P($G(^PSRX(RX1,0)),U,8),1:+$P($G(^PSRX(RX1,1,FL,0)),U,10)) ; Days supply of other Rx  .. S DOSAGE1=""  .. I QTY1,DSUP1 S DOSAGE1=QTY1/DSUP1 ; ratio of Qty to Days Supply for other Rx  .. I DOSAGE'=DOSAGE1 Q ; dosage must be a match also  .. ;  .. I $$STATUS^PSOBPSUT(RX1,FL)="" Q ; no ECME activity - skip  .. I $$FIND^PSOREJUT(RX1,FL,,,1) Q ; unresolved reject on worklist – skip  .. D GETDAT^BPSBUTL(RX1,FL,COB,.X1,.X2) ;IA #4719  .. I X1>LDOS S LDOS=X1,LDS=X2  Q LDOS\_U\_LDS | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| The procedure PREVRX, making use of the function LAST120, determines the Date of Service and the Days’ Supply from the last prescription for the same drug and dosage. Verify that this is being done correctly.  The function CALCSD determines the Suspense Date based on the Date of Service and Days’ Supply of the last prescription for the same drug and dosage. The user may override either the Date of Service or the Days’ Supply. Verify that the 3/4 days’ supply and the Suspense Date are being calculated correctly. | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOSULB1 | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.1.4 | | | | | | | | |
| **Related Options** | PSO PNDLBL (Print From Suspense File) | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | DSH^PSOSULB1 | | | | | PREVRX^PSOREJP2 | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | | None | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | N/A | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| DSHDT(RXIEN,RFL) ; ePharmacy function to determine the 3/4 of the days supply date  ; Input: RXIEN = Prescription file #52 ien  ; RFL = fill#  ; Returns: DATE value of last date of service plus 3/4 of days supply  ;  N FILLDT,DAYSSUP,DSH34  I '$D(^PSRX(RXIEN,0)) Q -1  I $G(RFL)="" Q -1  ;  D PREVRX^PSOREJP2(RXIEN,RFL,,.FILLDT,.DAYSSUP)  I FILLDT="" Q -1  ;  S DSH34=DAYSSUP\*.75 ; 3/4 of Days Supply  S:DSH34["." DSH34=(DSH34+1)\1  Q $$FMADD^XLFDT(FILLDT,DSH34) ; Return last date of service plus 3/4 of Days Supply date | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| The procedure PREVRX^PSOREJP2, making use of the function LAST120^PSOREJP2, determines the Date of Service (FILLDT) and the Days’ Supply (DAYSSUP) from the last prescription for the same drug and dosage. Verify that this is being done correctly.  The function DSHDT determines the 3/4 Days’ Supply date based on the Date of Service and Days’ Supply of the last prescription for the same drug and dosage. Verify that the 3/4 days’ supply (DSH34) and the 3/4 Days’ Supply date are being calculated correctly. | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSXRPPL2 | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.1.4 | | | | | | | | |
| **Related Options** |  | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | DSH^PSXRPPL2 | | | | | PREVRX^PSOREJP2 | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | | None | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | N/A | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| DSHDT(RXIEN,RFL) ; ePharmacy function to determine the 3/4 of the days supply date  ; Input: RXIEN = Prescription file #52 ien  ; RFL = fill#  ; Returns: DATE value of last date of service plus 3/4 of days supply  ;  N FILLDT,DAYSSUP,DSH34  I '$D(^PSRX(RXIEN,0)) Q -1  I $G(RFL)="" Q -1  ;  D PREVRX^PSOREJP2(RXIEN,RFL,,.FILLDT,.DAYSSUP) ; DBIA #5912  I FILLDT="" Q -1  ;  S DSH34=DAYSSUP\*.75 ; 3/4 of Days Supply  S:DSH34["." DSH34=(DSH34+1)\1  Q $$FMADD^XLFDT(FILLDT,DSH34) ; Return last date of service plus 3/4 of Days Supply date | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| The procedure PREVRX^PSOREJP2, making use of the function LAST120^PSOREJP2, determines the Date of Service (FILLDT) and the Days’ Supply (DAYSSUP) from the last prescription for the same drug and dosage. Verify that this is being done correctly.  The function DSHDT determines the 3/4 Days’ Supply date based on the Date of Service and Days’ Supply of the last prescription for the same drug and dosage. Verify that the 3/4 days’ supply (DSH34) and the 3/4 Days’ Supply date are being calculated correctly. | | | | | | | | | |

###### System Feature: Claim Processing Message

Requirement: Additional information for Reject Resolution Required (RRR) rejects

The system shall display the following NCPDP fields after the claim processing message:

* 509-F9 Total amount paid
* 506-F6 Ingredient Cost Paid
* 507-F7 Dispensing Fee Paid
* 518-FI Amount of Copay/Coinsurance
* 513-FD Remaining Deductible Amount
* 517-FH Amount Applied to Periodic Deductible

The fields above will be displayed under the following conditions:

* The claim is resubmitted in the foreground
* The claim response is E PAYABLE
* The prescription has an RRR rejection code

If the conditions are met, the information will always display for a prescription that has an RRR rejection.

Processing Primary claim...

Claim Status:

IN PROGRESS-Building the transaction

IN PROGRESS-Building the claim

IN PROGRESS-Transmitting

E PAYABLE

Total Amount Paid: 10.00 Ingredient Cost Paid: 7:00

Amount of Copay/Coinsurance: 10.00 Dispensing Fee Paid: 5.00

Amount Applied to Periodic Deductible: 2.00

Remaining Deductible Amount: 1.00

Prescription 2720589 successfully submitted to ECME for claim generation.

1 claim has been resubmitted.

**Design**

The user can resubmit an RRR claim from several different places. All of them eventually execute the same code (SEND^PSOREJP3) to resubmit the claim. That procedure will invoke a new procedure to pull and display the additional information, if the conditions given in the requirement are met.

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOBPSU1 | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.2.1 | | | | | | | | |
| **Related Options** | Any option from within Outpatient Pharmacy that leads to the resubmission of a rejected claim. | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | SEND^PSOREJP1 | | | | | $$EN^BPSNCPDP, $$STATUS^PSOBPSUT, SAVNDC^PSONDCUT | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | |  | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | N/A | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| *(ECMESND+54 and following)*  ; - Call to ECME (NEWing STAT because ECME was overwriting it - Important variable for CMOP release PSXVND)  N STAT  I $G(RVTX)="",FROM="ED" S RVTX="RX EDITED"  S RESP=$$EN^BPSNCPDP(RX,RFL,$$DOS(RX,RFL,.DATE),FROM,NDC,$G(RVTX),$G(OVRC),,$G(CLA),  $G(PA),$G(RXCOB))  I $$STATUS^PSOBPSUT(RX,RFL)="E PAYABLE" D SAVNDC^PSONDCUT(RX,RFL,NDC,+$G(CMOP),1,FROM)  ;  ; - Resetting the Re-transmission flag | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| *(ECMESND+54 and following)*  ; - Call to ECME (NEWing STAT because ECME was overwriting it - Important variable for CMOP release PSXVND)  N STAT  I $G(RVTX)="",FROM="ED" S RVTX="RX EDITED"  S RESP=$$EN^BPSNCPDP(RX,RFL,$$DOS(RX,RFL,.DATE),FROM,NDC,$G(RVTX),$G(OVRC),,$G(CLA),  $G(PA),$G(RXCOB))  I $$STATUS^PSOBPSUT(RX,RFL)="E PAYABLE" **D**  **.** D SAVNDC^PSONDCUT(RX,RFL,NDC,+$G(CMOP),1,FROM)  **. If we are in the foreground, and if the variable FROM indicates that this**  **is a resubmission, then Do ADDLINFO.**  **. Q**  ;  ; - Resetting the Re-transmission flag  ...  **;**  **ADDLINFO ; Display additional info for a resubmitted RRR claim.**  **;**  **Use the Rx and fill IEN’s to determine the Response**  **Pull the following fields from the Responses sub-file, #9002313.0301,**  **of the BPS Response file, #9002313.03:**  **Total Amount Paid, field #509**  **Ingredient Cost Paid, field #506**  **Dispensing Fee Paid, field #507**  **Amount of Copay/Coinsurance, field #518 and field #572**  **Remaining Deductible Amount, field #513**  **Amount Applied to Periodic Deductible, field #517**  **;**  **Display the above fields in the format specified in the requirement.**  **;**  **Q**  **;** | | | | | | | | | |

Requirement: Reject Notification Default for ROI

The Reject Notification shall display a default value of Q for Quit if the reject is related to ROI, indicated by one of the following reasons as determined by ECME:

* REFUSES TO SIGN RELEASE (ROI)
* NO ACTIVE ROI ON FILE
* ROI NOT OBTAINED

This requirement only applies to TRICARE and CHAMPVA eligibilities; Veteran eligibility already defaults to a value of Q for Quit.

Select one of the following:

O (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES

I (I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION

D (D)iscontinue - DO NOT FILL PRESCRIPTION

Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)verride,(I)gnore,(D)iscontinue,(Q)uit: Q//

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJU3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.2.2 | | | | | | | | |
| **Related Options** | PSO REJECTS VIEW/PROCESS  PSO REJECTS WORKLIST | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | CLS^PSOREJP1, OVR^PSOREJP1, PA^PSOREJP1, RES^PSOREJP1, SMA^PSOREJP1 | | | | | $$GET1^DIQ, ^DIR, ECMESND^PSOBPSU1, $$STATUS^PSOBPSUT, $$GETNDC^PSONDCUT, $$PSOCOB^PSOREJP3 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** |  | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| TRIC4 S DIR(0)="SO^",DIR("A")="",OPTS="DQ",DEF="D"  ;reference to ^XUSEC( supported by IA 10076  I $D(^XUSEC("PSO TRICARE/CHAMPVA",DUZ)) S OPTS=OPTS\_"I" ;PSO\*7.0\*358, if user has security key, include IGNORE in TRICARE/CHAMPVA options  S:(OPTS["D") DIR(0)=DIR(0)\_"D:(D)iscontinue - DO NOT FILL PRESCRIPTION;",DIR("A")=DIR("A")\_"(D)iscontinue,"  S:(OPTS["Q") DIR(0)=DIR(0)\_"Q:(Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION);",DIR("A")=DIR("A")\_"(Q)uit,"  S:(OPTS["I") DIR(0)=DIR(0)\_"I:(I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION;",DIR("A")=DIR("A")\_"(I)gnore,"  S $E(DIR(0),$L(DIR(0)))="",$E(DIR("A"),$L(DIR("A")))="",DIR("??")="^D HELP^PSOREJU2("""\_OPTS\_""")"  S:$G(DEF)'="" DIR("B")=DEF D ^DIR I $D(DIRUT) S Y="Q" W !  ;  S ACTION=Y  I ACTION="D" S ACTION=$$DC^PSOREJU1(RX,ACTION) ;cnf, PSO\*7\*358  I ACTION="Q" D WRKLST^PSOREJU4(RX,RFL,,DUZ,DT,1,"",RESP) ;cnf, PSO\*7\*358  I ACTION="I" G TRIC4:'$$CONT^PSOREJU1() S COM=$$TCOM^PSOREJP3(RX,RFL) G TRIC4:COM="^" G TRIC4:'$$SIG^PSOREJU1() D  . D CLOSE^PSOREJUT(RX,RFL,REJ,DUZ,6,COM) ;TRICARE/CHAMPVA non-billable should have only 1 reject - eT/eC  . D AUDIT^PSOTRI(RX,RFL,,COM,$S($$PSOET^PSOREJP3(RX,RFL):"N",1:"R"),$P(RESP,"^",3))  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **TRIC4 ;**  **S DIR(0)="SO^",DIR("A")="",OPTS="DQ",DEF="D"**  **N PSORESP**  **S PSORESP=$P(RESP,U,2)**  **I PSORESP="REFUSES TO SIGN RELEASE (ROI)"!(PSORESP=" ROI NOT OBTAINED") S DEF="Q"**  ;reference to ^XUSEC( supported by IA 10076  I $D(^XUSEC("PSO TRICARE/CHAMPVA",DUZ)) S OPTS=OPTS\_"I" ;PSO\*7.0\*358, if user has security key, include IGNORE in TRICARE/CHAMPVA options  S:(OPTS["D") DIR(0)=DIR(0)\_"D:(D)iscontinue - DO NOT FILL PRESCRIPTION;",DIR("A")=DIR("A")\_"(D)iscontinue,"  S:(OPTS["Q") DIR(0)=DIR(0)\_"Q:(Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION);",DIR("A")=DIR("A")\_"(Q)uit,"  S:(OPTS["I") DIR(0)=DIR(0)\_"I:(I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION;",DIR("A")=DIR("A")\_"(I)gnore,"  S $E(DIR(0),$L(DIR(0)))="",$E(DIR("A"),$L(DIR("A")))="",DIR("??")="^D HELP^PSOREJU2("""\_OPTS\_""")"  S:$G(DEF)'="" DIR("B")=DEF D ^DIR I $D(DIRUT) S Y="Q" W !  ;  S ACTION=Y  I ACTION="D" S ACTION=$$DC^PSOREJU1(RX,ACTION) ;cnf, PSO\*7\*358  I ACTION="Q" D WRKLST^PSOREJU4(RX,RFL,,DUZ,DT,1,"",RESP) ;cnf, PSO\*7\*358  I ACTION="I" G TRIC4:'$$CONT^PSOREJU1() S COM=$$TCOM^PSOREJP3(RX,RFL) G TRIC4:COM="^" G TRIC4:'$$SIG^PSOREJU1() D  . D CLOSE^PSOREJUT(RX,RFL,REJ,DUZ,6,COM) ;TRICARE/CHAMPVA non-billable should have only 1 reject - eT/eC  . D AUDIT^PSOTRI(RX,RFL,,COM,$S($$PSOET^PSOREJP3(RX,RFL):"N",1:"R"),$P(RESP,"^",3))  Q | | | | | | | | | |

Requirement: Veteran Indicator on Claim Processing Messages

The Claim Processing Messages shall display the Veteran eligibility, similar to the way TRICARE and CHAMPVA are displayed.

Veteran Prescription 2719943 submitted to ECME for claim generation.

Processing Primary claim...

Claim Status:

IN PROGRESS-Waiting to start

IN PROGRESS-Building the claim

IN PROGRESS-Transmitting

\*\*\* VETERAN - REJECT RECEIVED FROM THIRD PARTY PAYER \*\*\*

-------------------------------------------------------------------------

Division : DAYTON NPI#: 9114113001

Patient : OPPATIENT,FIVE,VETNS(282P) Sex: M DOB: FEB 2,1982(30)

Rx/Drug : 2719943/0 - PREDNISONE 5MG TAB ECME#: 000004316784

Reject(s): DUR REJECT (88). Received on OCT 30, 2012@16:29:08.

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSRX8 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.2.3 | | | | | | | | |
| **Related Options** | N/A. This is a VistA patch and there are Related Options considerations for this requirement. | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | BPSNCPD4, BPSNCPD5, BPSNCPD9, BPSNCPDP | | | | | BPSUTL1 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| RSPCLMS(BPREQTYP,RESPONSE,MOREDATA,BPADDINF) ;  N ELIG  S ELIG=$G(MOREDATA("ELIG"))  I BPREQTYP="C",RESPONSE=0 Q RESPONSE\_U\_$S(ELIG="T":"TRICARE ",ELIG="C":"CHAMPVA ",1:"")\_"Prescription "\_BRX\_$S(ELIG="T":"",ELIG="C":"",1:" successfully")\_" submitted to ECME for claim generation.^D^"  I BPREQTYP="C",RESPONSE>0 Q RESPONSE\_U\_"No claim submission made: "\_$S($G(BPADDINF)'="":BPADDINF,1:"Unable to queue claim submission.")\_"^D"  I BPREQTYP="U",RESPONSE=0 Q RESPONSE\_U\_"Reversing prescription "\_BRX\_".^D^2"  I BPREQTYP="U",RESPONSE>0 Q RESPONSE\_U\_"No claim submission made. Unable to queue reversal.^D^2"  I BPREQTYP="UC",RESPONSE=10 Q RESPONSE\_U\_$S(ELIG="T":"TRICARE ",ELIG="C":"CHAMPVA ",1:"")\_"Prescription "\_BRX\_$S(ELIG="T":"",ELIG="C":"",1:" successfully")\_" submitted to ECME for claim reversal.^D^"  I BPREQTYP="UC",RESPONSE=0 Q RESPONSE\_U\_$S(ELIG="T":"TRICARE ",ELIG="C":"CHAMPVA ",1:"")\_"Prescription "\_BRX\_$S(ELIG="T":"",ELIG="C":"",1:" successfully")\_" submitted to ECME for claim generation.^D^"  I BPREQTYP="UC",RESPONSE>0,RESPONSE'=10 Q RESPONSE\_U\_"No claim submission made: "\_$S($G(BPADDINF)'="":BPADDINF,1:"Unable to queue claim submission.")\_"^D"  Q "" | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| RSPCLMS(BPREQTYP,RESPONSE,MOREDATA,BPADDINF) ;  N ELIG  S ELIG=$G(MOREDATA("ELIG"))  I BPREQTYP="C",RESPONSE=0 Q RESPONSE\_U\_$S(ELIG="T":"TRICARE ",ELIG="C":"CHAMPVA ",**ELIG="V":"Veteran** ",1:"")\_"Prescription "\_BRX\_" submitted to ECME for claim generation.^D^"  I BPREQTYP="C",RESPONSE>0 Q RESPONSE\_U\_"No claim submission made: "\_$S($G(BPADDINF)'="":BPADDINF,1:"Unable to queue claim submission.")\_"^D"  I BPREQTYP="U",RESPONSE=0 Q RESPONSE\_U\_"Reversing prescription "\_BRX\_".^D^2"  I BPREQTYP="U",RESPONSE>0 Q RESPONSE\_U\_"No claim submission made. Unable to queue reversal.^D^2"  I BPREQTYP="UC",RESPONSE=10 Q RESPONSE\_U\_$S(ELIG="T":"TRICARE ",ELIG="C":"CHAMPVA ",**ELIG="V":"Veteran** ",1:"")\_"Prescription "\_BRX\_" submitted to ECME for claim reversal.^D^"  I BPREQTYP="UC",RESPONSE=0 Q RESPONSE\_U\_$S(ELIG="T":"TRICARE ",ELIG="C":"CHAMPVA ",**ELIG="V":"Veteran ",**1:"")\_"Prescription "\_BRX\_" submitted to ECME for claim generation.^D^"  I BPREQTYP="UC",RESPONSE>0,RESPONSE'=10 Q RESPONSE\_U\_"No claim submission made: "\_$S($G(BPADDINF)'="":BPADDINF,1:"Unable to queue claim submission.")\_"^D"  Q "" | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.2.3 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | TRIC^PSOREJP1 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| TRIC(RX,RFL,PSOTRIC) ; - Return 1 for TRICARE, 2 for CHAMPVA or 0 (zero) for not TRICARE or CHAMPVA  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$S(RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="T"):1,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="T":1,RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="C"):2,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="C":2,1:0)  Q PSOTRIC  ; ELIGDISP(RX,RFL) ; Return either CHAMPVA or TRICARE for display  ; purposes, or null if neither  N PSOELIG  S PSOELIG=$$TRIC(RX,RFL)  Q $S(PSOELIG=1:"TRICARE",PSOELIG=2:"CHAMPVA",1:"") | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| TRIC(RX,RFL,PSOTRIC) ; - Return 1 for TRICARE, 2 for CHAMPVA or 0 (zero) for not TRICARE or CHAMPVA  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$S(RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="T"):1,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="T":1,RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="C"):2,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="C":2,1:0)  Q PSOTRIC  ; ELIGDISP(RX,RFL) ; Return either CHAMPVA or TRICARE for display  ; purposes, or null if neither  N PSOELIG  S PSOELIG=$$TRIC(RX,RFL)  Q $S(PSOELIG=1:"TRICARE",PSOELIG=2:"CHAMPVA",1:"") **ELIGTCV(RX,RFL) ;Return either CHAMPVA, TRICARE or Veteran eligibility for display**  **N PSOELIG  S PSOELIG=$$TRIC(RX,RFL)  Q $S(PSOELIG=1:"TRICARE",PSOELIG=2:"CHAMPVA",1:"Veteran")** | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJU3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.2.3 | | | | | | | | |
| **Related Options** | PSO REJECTS VIEW/PROCESS  PSO REJECTS WORKLIST | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | CLS^PSOREJP1, OVR^PSOREJP1, PA^PSOREJP1, RES^PSOREJP1, SMA^PSOREJP1 | | | | | $$GET1^DIQ, ^DIR, ECMESND^PSOBPSU1, $$STATUS^PSOBPSUT, $$GETNDC^PSONDCUT, $$PSOCOB^PSOREJP3 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| HDR ; Display the reject notification screen header  N ELDSP,TAB  S ELDSP=$$ELIGDISP^PSOREJP1(RX,RFL) ; returns CHAMPVA or TRICARE or "" (Veteran)  I $L(ELDSP) S ELDSP=ELDSP\_" - "       ; Add the " - " for CVA/TRI only  ;  I $G(PSONBILL) S TAB=$S($L(ELDSP):24,1:29) W !!?TAB,"\*\*\* "\_ELDSP\_"NON-BILLABLE \*\*\*" Q  I $G(PSONPROG) S TAB=$S($L(ELDSP):18,1:23) W !!?TAB,"\*\*\* "\_ELDSP\_"'IN PROGRESS' ECME status \*\*\*" Q  S TAB=$S($L(ELDSP):11,1:16) W !!?TAB,"\*\*\* "\_ELDSP\_"REJECT RECEIVED FROM THIRD PARTY PAYER \*\*\*"  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| HDR ; Display the reject notification screen header  N ELDSP,TAB  **S ELDSP=$$ELIGTCV^PSOREJP1(RX,RFL) ; returns TRICARE,CHAMPVA, Veteran or null ""**  **I ELDSP="Veteran" S ELDSP=$$UP^XLFSTR(ELDSP)**   I $L(ELDSP) S ELDSP=ELDSP\_" - "       ; Add the " - " for CVA/TRI and VETERAN only  ;  I $G(PSONBILL)S TAB=$S($L(ELDSP):24,1:29) W !!?TAB,"\*\*\* "\_ELDSP\_"NON-BILLABLE \*\*\*" Q  I $G(PSONPROG) S TAB=$S($L(ELDSP):18,1:23) W !!?TAB,"\*\*\* "\_ELDSP\_"'IN PROGRESS' ECME status \*\*\*" Q  S TAB=$S($L(ELDSP):11,1:16) W !!?TAB,"\*\*\* "\_ELDSP\_"REJECT RECEIVED FROM THIRD PARTY PAYER \*\*\*"  Q | | | | | | | | | |

###### System Feature: Third Party Payer Rejects - Worklist

Requirement: Add the VER action to Third Party Payer Rejects - Worklist

The Third Party Payer Rejects – Worklist [PSO REJECTS WORKLIST] shall contain hidden action VER View ePharmacy Rx which prompts for a prescription number and fill.

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP0 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.3.1 | | | | | | | | |
| **Related Options** | [PSO REJECTS WORKLIST] | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | PSOREJP2 | | | | | $$RXSITE^PSOBPSUT, $$CLOSED^PSOREJP1, $$ELIGDISP^PSOREJP1, $$EXP^PSOREJP1, $$REOPN^PSOREJP1, $$TRIC^PSOREJP1, EN^PSOREJP1, SEL^PSOREJU1, GET^PSOREJU2, DEM^VADPT | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | PSO REJECTS VIEW ECME RX | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| New block of code to be inserted at the end of this routine.  ENDT() ; Returns the upper limit for the date range  N ENDT  S ENDT=$P(PSODTRNG,"^",2)  I '$E(ENDT,4,7) Q (ENDT+10000)  I '$E(ENDT,6,7) Q (ENDT+100)  I $P(ENDT,"^",2) Q (ENDT+0.0000001)  Q (ENDT+.25)  ;  {New code inserted here} | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| **VER ; DO VER HIDDEN ACTION IN REJECTS WORKLIST**  **N BPSVRX**  **D ^BPSVRX**  **S VALMBCK=”R”**  **Q**  **;** | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | PSO REJECTS VIEW ECME RX | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | N/A | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A.  This is a VistA patch and there are no Item Text Description considerations for this project. | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | VER^PSOREJP0 | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A. This is a VistA patch and there are no Current Entry Action Logic considerations for this project. | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **D VER^PSOREJP0** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| QUIT | | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | PSO REJECTS HIDDEN ACTIONS #1 | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | PSO REJECTS VIEW ECME RX (action protocol) | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A.  This is a VistA patch and there are no Item Text Description considerations for this project. | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | N/A.  This is a VistA patch and there are no Associated Routine considerations for this project. | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| NAME: PSO REJECTS HIDDEN ACTIONS #1 ITEM TEXT: PSO REJECTS HIDDEN ACTIONS #1  TYPE: menu CREATOR: USER,SEVENTEEN  PACKAGE: OUTPATIENT PHARMACY COLUMN WIDTH: 26  ITEM: VALM NEXT SCREEN MNEMONIC: +  SEQUENCE: 2  ITEM: VALM PREVIOUS SCREEN MNEMONIC: -  SEQUENCE: 3  ITEM: VALM UP ONE LINE MNEMONIC: UP  SEQUENCE: 4  ITEM: VALM DOWN A LINE MNEMONIC: DN  SEQUENCE: 5  ITEM: VALM REFRESH MNEMONIC: RD  SEQUENCE: 11  ITEM: VALM PRINT SCREEN MNEMONIC: PS  SEQUENCE: 12  ITEM: VALM PRINT LIST MNEMONIC: PT  SEQUENCE: 13  ITEM: VALM TURN ON/OFF MENUS MNEMONIC: ADPL  SEQUENCE: 15  ITEM: VALM SEARCH LIST MNEMONIC: SL  SEQUENCE: 14    Enter RETURN to continue or '^' to exit:  ITEM: VALM QUIT MNEMONIC: QU  SEQUENCE: 16  ITEM: VALM LAST SCREEN MNEMONIC: LS  SEQUENCE: 9  ITEM: VALM FIRST SCREEN MNEMONIC: FS  SEQUENCE: 8  ITEM: VALM GOTO PAGE MNEMONIC: GO  SEQUENCE: 10  ITEM: PSO REJECTS TRICARE ON/OFF MNEMONIC: TRI  SEQUENCE: 1  ITEM: PSO REJECTS CHAMPVA ON/OFF MNEMONIC: CVA  SEQUENCE: 1.5  TIMESTAMP: 62865,38343 | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| NAME: PSO REJECTS HIDDEN ACTIONS #1 ITEM TEXT: PSO REJECTS HIDDEN ACTIONS #1  TYPE: menu CREATOR: USER,SEVENTEEN  PACKAGE: OUTPATIENT PHARMACY COLUMN WIDTH: 26  ITEM: VALM NEXT SCREEN MNEMONIC: +  SEQUENCE: 2  ITEM: VALM PREVIOUS SCREEN MNEMONIC: -  SEQUENCE: 3  ITEM: VALM UP ONE LINE MNEMONIC: UP  SEQUENCE: 4  ITEM: VALM DOWN A LINE MNEMONIC: DN  SEQUENCE: 5  ITEM: VALM REFRESH MNEMONIC: RD  SEQUENCE: 11  ITEM: VALM PRINT SCREEN MNEMONIC: PS  SEQUENCE: 12  ITEM: VALM PRINT LIST MNEMONIC: PT  SEQUENCE: 13  ITEM: VALM TURN ON/OFF MENUS MNEMONIC: ADPL  SEQUENCE: 15  ITEM: VALM SEARCH LIST MNEMONIC: SL  SEQUENCE: 14    Enter RETURN to continue or '^' to exit:  ITEM: VALM QUIT MNEMONIC: QU  SEQUENCE: 16  ITEM: VALM LAST SCREEN MNEMONIC: LS  SEQUENCE: 9  ITEM: VALM FIRST SCREEN MNEMONIC: FS  SEQUENCE: 8  ITEM: VALM GOTO PAGE MNEMONIC: GO  SEQUENCE: 10  ITEM: PSO REJECTS TRICARE ON/OFF MNEMONIC: TRI  SEQUENCE: 1  ITEM: PSO REJECTS CHAMPVA ON/OFF MNEMONIC: CVA  SEQUENCE: 1.5  TIMESTAMP: 62865,38343  **ITEM: PSO REJECTS VIEW ECME RX**  **MNEMONIC: VER SEQUENCE: XX** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A | | | | | | | | | | |

###### System Feature: Reject Information Screen

Requirement: Add OPECC Comment to Display on Reject Information screen

The OPECC comments that are marked for pharmacy shall display in the comment section of the Reject Information screen, marked with an OPECC indicator and intermingled with the comments that already display.

Continue to display the comments in reverse chronological order.

Related: (2.7.1.2) The related requirement describes a new action added to the ECME User screen which allows the OPECC to enter a comment for display on the Reject Information screen.

COMMENTS

- FEB 20, 2015@10:02:23 - Automatically transferred due to Reject Resolution

Required reject code (POSTMASTER)

- FEB 22, 2015@11:06:55 (OPECC) - OPECC comment for pharmacist goes here (ECMEUSER,ONE)

**Design**

Requirement 6.2.2.2.7.1.2 (see design below at 6.2.2.2.7.1.2) calls for the addition of a field on the BPS Transaction file to indicate that a comment is for the pharmacist and should appear on the Reject Information screen. Since such comments will be residing in the BPS namespace (ECME), the design below calls for the creation of an API in the BPS namespace which will pull comments from the BPS Transaction file flagged as being for the pharmacist and return them in an array. That procedure will then be called from within Outpatient Pharmacy (PSO namespace), so a new DBIA will be created to allow and to document this.

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP3 | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.4.1 | | | | | | | | |
| **Related Options** | PSO REJECTS WORKLIST  PSO REJECTS VIEW/PROCESS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | INIT^PSOREJP1 | | | | | GET1^DIQ, ^DIWP, SETLN^PSOREJP1, PHARMCOM^BPSSCRU3 | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | |  | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | A new DBIA will be created to govern the use of PHARMCOM^BPSSCRU3, which is a new API with this project. | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| COM ; Builds the Comments section in the Reject Display Screen  I +$O(^PSRX(RX,"REJ",REJ,"COM",0))=0 Q  D SETLN^PSOREJP1()  D SETLN^PSOREJP1("COMMENTS",1,1)  N DIWL,DIWR,LNCNT,MAXLN,PSL  N I,X,PSI,Y,LAST,PSOCOM,TXTLN  S PSI=999999  F S PSI=$O(^PSRX(RX,"REJ",REJ,"COM",PSI),-1) Q:+PSI=0 D  . S PSCOM=$$GET1^DIQ(52.2551,PSI\_","\_REJ\_","\_RX,.01)\_" - "  . S PSCOM=PSCOM\_$$GET1^DIQ(52.2551,PSI\_","\_REJ\_","\_RX,2)  . S PSCOM=PSCOM\_" ("\_$$GET1^DIQ(52.2551,PSI\_","\_REJ\_","\_RX,1)\_")"  . ;display comment  . K ^UTILITY($J,"W") S X=PSCOM,DIWL=1,DIWR=78 D ^DIWP  . F PSL=1:1 Q:('$D(^UTILITY($J,"W",1,PSL,0))) D  . . S LAST=0 I '$D(^UTILITY($J,"W",1,PSL+1)),'$O(^PSRX(RX,"REJ",REJ,"COM",PSI),-1) S LAST=1  . . S TXTLN=$G(^UTILITY($J,"W",1,PSL,0))  . . D SETLN^PSOREJP1($S(PSL=1:"- ",1:" ")\_TXTLN,0,$S(LAST:1,1:0),1)  K ^UTILITY($J,"W")  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| COM ; Builds the Comments section in the Reject Display Screen  I +$O(^PSRX(RX,"REJ",REJ,"COM",0))=0 Q  D SETLN^PSOREJP1()  D SETLN^PSOREJP1("COMMENTS",1,1)  N DIWL,DIWR,LNCNT,MAXLN,PSL  N I,X,PSI,Y,LAST,PSOCOM,TXTLN  **N PSOARRAY,PSOX**  **;**  **; MRD;PSO\*7\*448 – This patch added the ability for an OPECC to flag**  **; a comment on a BPS Transaction as being for pharmacy. A comment**  **; flagged for a pharmacist will appear on the Reject Information screen**  **; intermingled with any other comments on the Reject Information Screen.**  **; All the comments will be sorted in reverse chronological order.**  **;**  **; Determine the BPS Transaction based on Rx, Refill and COB.**  **;**  **S PSOIEN59=$$IEN59^BPSOSRX(RX,Refill,COB)**  **;**  **; Call PHARMCOM^BPSSCRU3 to pull any OPECC comments flagged as**  **; being for pharmacists. That procedure will place any such comments**  **; into the PSOARRAY, passed by reference.**  **;**  **D PHARMCOM^BPSSCRU3(PSOIEN59,.PSOARRAY)**  **;**  **; Pull comments from the Reject sub-file of the Prescription.**  **;**  **S PSI=0**  **F S PSI=$O(^PSRX(RX,"REJ",REJ,"COM",PSI)) Q:’PSI D**  **. S PSODATE=$$GET1^DIQ(52.2551,PSI\_","\_REJ\_","\_RX,.01,“I”)**  **. S PSOUSER=$$GET1^DIQ(52.2551,PSI\_","\_REJ\_","\_RX,1)**  **. S Y=PSODATE**  **. D DD^%DT**  **. S PSOCOM=Y\_" - "\_$$GET1^DIQ(52.2551,PSI\_","\_REJ\_","\_RX,2)\_ " ("\_PSOUSER\_")"**  **. S PSOX=$G(PSOARRAY(PSODATE))+1**  **. S PSOARRAY(PSODATE,PSOX)=PSOCOM**  **. Q**  **;**  **; At this point, all of the comments to be displayed are in the array**  **; PSOARRAY, sorted by date. Loop through them backwards to display**  **; in reverse chronological order.**  **;**  **S PSODATE=“”**  **F S PSODATE=$O(PSOARRAY(PSODATE),-1) Q:’PSODATE D**  **. S PSOX=“”**  **. F S PSOX=$O(PSOARRAY(PSODATE,PSOX)) Q:’PSOX D**  **. . ;**  **. . ; Use ^DIWP utility to put comment into scratch global array,**  **. . ; with lines broken apart intelligently.**  **. . ;**  **. . K ^UTILITY($J,“W”)**  **. . S X=PSOARRA(PSODATE,PSOX)**  **. . S DIWL=1**  **. . S DIWR=78**  **. . D ^DIWP**  **. . ;**  **. . ; Loop through the scratch array and add each line to the ^TMP**  **. . ; global to be displayed on the screen.**  **. . ;**  **. . S LAST=0**  **. . F PSL=1:1 Q:('$D(^UTILITY($J,"W",1,PSL,0))) D**  **. . . S TXTLN=$G(^UTILITY($J,"W",1,PSL,0))**  **. . . ;**  **. . . ; If this line is the last of this comment, and this is the last comment,**  **. . . ; then Set LAST = 1 to make this line underlined on the screen.**  **. . . ;**  **. . . I '$D(^UTILITY($J,"W",1,PSL+1)),$O(PSOARRAY(PSODATE,PSOX))=“”,$O(PSOARRAY(PSODATE),-1)=“” S LAST=1**  **. . . ;**  **. . . ; Use SETLN^PSOREJP1 to add line to ^TMP array to be displayed to screen.**  **. . . ;**  **. . . D SETLN^PSOREJP1($S(PSL=1:"- ",1:" ")\_TXTLN,0,$S(LAST:1,1:0),1)**  **. . . Q**  **. . Q**  **. Q**  **;**  K ^UTILITY($J,"W")  Q | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRU3 | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.4.1 | | | | | | | | |
| **Related Options** | PSO REJECTS WORKLIST  PSO REJECTS VIEW/PROCESS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | COM^PSOREJP3 | | | | | $$GET1^DIQ | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | |  | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | |  | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| New block of code to be inserted at the end of this routine.  I (BPINSNM'="")&(BPHONE="") D  . S BPDOS=+$P($G(^BPST(BP59,12)),U,2)\1  . I BPDOS=0 S BPDOS=+$P($G(^BPST(BP59,0)),U,8)\1  . S BPDFN=+$P($G(^BPST(BP59,0)),U,6)  . S BPHONE=$$GETPHONE(BPDFN,BPDOS,BPINSNM)  Q BPINSNM\_U\_BPHONE  ;  {New code to be inserted here} | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **;**  **PHARMCOM(IEN59,ARRAY) ; Pull comments for pharmacist from the BPS Transaction.**  **;**  **N BPSCOM,BPSDATE,BPSI,BPSUSER,BPSX**  **;**  **S BPSI=0**  **F S BPSI=$O(^BPST(PSOIEN59,11,BPSI)) Q:’BPSI D**  **. ;**  **. ; Quit out (skip this comment) if it is not flagged as being for**  **. ; the pharmacist.**  **. ;**  **. I ‘$$GET1^DIQ(9002313.59111,BPSI\_","\_IEN59,.04,“I”) Q**  **. ;**  **. S BPSDATE=$$GET1^DIQ(9002313.59111,BPSI\_","\_IEN59,.01,“I”)**  **. S BPSUSER=$$GET1^DIQ(9002313.59111,BPSI\_","\_IEN59,.02)**  **. S Y=BPSDATE**  **. D DD^%DT**  **. S BPSCOM=Y\_"(OPECC) - "\_$$GET1^DIQ(9002313.59111,BPSI\_","\_IEN59,.03)\_ " ("\_BPSUSER\_")"**  **. S BPSX=$G(ARRAY(BPSDATE))+1**  **. S ARRAY(BPSDATE,BPSX)=PSOCOM**  **. Q**  **;**  **;** | | | | | | | | | |

Requirement: Resubmit TRICARE Non-billable Prescriptions

The Resubmit action on the Reject Information screen shall allow the user to submit a TRICARE non-billable prescription with an open pseudo-rejection code of eT.

Even though the user will select the resubmit action, the claim submission for a non-billable prescription will not be a resubmitted claim. The claim will be the first claim submitted for the prescription.

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.2 | | | | | | | | |
| **Related Options** | [PSO REJECT DISPLAY RESUBMIT] | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | PSOET^PSOREJP3, SEND^PSOREJP3 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| RES ; - Re-submit a claim action  N PSOET  I $$CLOSED(RX,REJ,1) Q  ;cnf, PSO\*7\*358  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  I PSOET S VALMSG="RES not allowed for "\_$$ELIGDISP^PSOREJP1(RX,FILL)\_" Non-Billable claim.",VALMBCK="R" Q  D FULL^VALM1 W !  D SEND^PSOREJP3()  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **Check if patient's eligibility is TRICARE or CHAMPVA non-billable in PSOET^PSOREJP1 and resubmit claim.**  RES ; - Re-submit a claim action  N PSOET  I $$CLOSED(RX,REJ,1) Q  ;cnf, PSO\*7\*358  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  D FULL^VALM1 W !  D SEND^PSOREJP3(,,,**PSOET**)  Q | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.2 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | RES^PSOREJP1 | | | | | ECMESND^PSOBPSU1, GETNDC^PSONDCUT, PSOCOB^PSOREJP3, PTLBL^PSOREJP2, TRIC^PSOREJP1, STATUS^PSOBPSUT, | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| SEND(OVRCOD,CLA,PA) ; - Sends Claim to ECME and closes Reject  N DIR,RESP,ALTXT,COM,SMA  S DIR(0)="Y",DIR("A")=" Confirm",DIR("B")="YES"  S DIR("A",1)=" When you confirm, a new claim will be submitted for"  S DIR("A",2)=" the prescription and this REJECT will be marked"  S DIR("A",3)=" resolved."  S DIR("A",4)=" "  W ! D ^DIR I $G(Y)=0!$D(DIRUT) S VALMBCK="R" Q  S SMA=0 I $G(OVRCOD)]"",$G(CLA)]"",$G(PA)]"" S SMA=1  S ALTXT=""  I 'SMA D  . S ALTXT="REJECT WORKLIST"  . S:$G(OVRCOD)'="" ALTXT=ALTXT\_"-DUR OVERRIDE CODES("\_$TR(OVRCOD,"^","/")\_")"  . S:$G(CLA)]"" ALTXT=ALTXT\_"-(CLARIF. CODE="\_CLA\_")"  . S:$G(PA)]"" ALTXT=ALTXT\_"-(PRIOR AUTH.="\_$TR(PA,"^","/")\_")"  D ECMESND^PSOBPSU1(RX,FILL,,"ED",$$GETNDC^PSONDCUT(RX,FILL),,,$G(OVRCOD),,.RESP,,ALTXT,$G(CLA),$G(PA),$$PSOCOB^PSOREJP3(RX,FILL,REJ)) | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **If patient is TRICARE or CHAMPVA non-billable then set BWHERE variable to "RSNB", else set BWHERE as "ED".**  **SEND(OVRCOD,CLA,PA,PSOET)** ; - Sends Claim to ECME and closes Reject  N DIR,RESP,ALTXT,COM,SMA  S DIR(0)="Y",DIR("A")=" Confirm",DIR("B")="YES"  S DIR("A",1)=" When you confirm, a new claim will be submitted for"  S DIR("A",2)=" the prescription and this REJECT will be marked"  S DIR("A",3)=" resolved."  S DIR("A",4)=" "  W ! D ^DIR I $G(Y)=0!$D(DIRUT) S VALMBCK="R" Q  S SMA=0 I $G(OVRCOD)]"",$G(CLA)]"",$G(PA)]"" S SMA=1  S ALTXT=""  I 'SMA D  . S ALTXT="REJECT WORKLIST"  . S:$G(OVRCOD)'="" ALTXT=ALTXT\_"-DUR OVERRIDE CODES("\_$TR(OVRCOD,"^","/")\_")"  . S:$G(CLA)]"" ALTXT=ALTXT\_"-(CLARIF. CODE="\_CLA\_")"  . S:$G(PA)]"" ALTXT=ALTXT\_"-(PRIOR AUTH.="\_$TR(PA,"^","/")\_")"  **D ECMESND^PSOBPSU1(RX,FILL,,$S(PSOET:"RSNB",1:"ED"),$$GETNDC^PSONDCUT(RX,FILL),,,$G(OVRCOD),,.RESP,,ALTXT,$G(CLA),$G(PA),$$PSOCOB^PSOREJP3(RX,FILL,REJ))** | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSRX5 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.2 | | | | | | | | |
| **Related Options** |  | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | EN^BPSNCPDP | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| ACTTYPE(BWHR) ;  Q:",AREV,CRLR,CRLX,DC,DE,EREV,HLD,RS,"[(","\_BWHR\_",") "U"  ;UNCLAIM (reversal)  Q:",CRLB,ED,ERES,P2S,"[(","\_BWHR\_",") "UC"  ;UNCLAIM (reversal) + CLAIM (resubmit)  Q:",BB,CRRL,OF,PC,PE,PL,PP,RF,RN,RRL,P2,"[(","\_BWHR\_",") "C"  ;CLAIM (the very first submit OR resubmit only)  Q:BWHR="ELIG" "E"  Q ""  ;unknown | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **The BWHERE variable set to "RSNB" will add TRICARE and CHAMPVA non-billable to submit a claim.**  ACTTYPE(BWHR) ;  Q:",AREV,CRLR,CRLX,DC,DE,EREV,HLD,RS,"[(","\_BWHR\_",") "U"  ;UNCLAIM (reversal)  Q:",CRLB,ED,ERES,P2S,"[(","\_BWHR\_",") "UC"  ;UNCLAIM (reversal) + CLAIM (resubmit)  **Q:",BB,CRRL,OF,PC,PE,PL,PP,RF,RN,RRL,RSNB,P2,"[(","\_BWHR\_",") "C"  ;CLAIM (the very first submit OR resubmit only)**  Q:BWHR="ELIG" "E"  Q ""  ;unknown | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPD3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.2 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| BPSNCPD3 ;BHAM ISC/LJE - Continuation of BPSNCPDP - DUR HANDLING ;06/16/2004  ;;1.0;E CLAIMS MGMT ENGINE;\*\*1,5,6,7,8,10,11,15\*\*;JUN 2004;Build 13  ;;Per VHA Directive 2004-038, this routine should not be modified.  ;  ; Due to space considerations, these comments were moved from BPSNPCPD  ; to this routine.  ;  ; ------------------ Beginning of BPSNCPDP comments ------------------  ;Input  ; BRXIEN = Prescription IEN  ; BFILL = Fill Number  ; DOS = Date of Service  ; BWHERE (RX Action)  ; AREV = Auto-Reversal  ; BB = Back Billing  ; CRLB = CMOP/OPAI Release & Rebill  ; CRLR = CMOP/OPAI Release & Reverse (successful release)  ; CRLX = CMOP/OPAI unsuccessful release & reverse  ; CRRL = CMOP/OPAI Release - Original claim not paid, submit another claim, no reversal  ; DC = Discontinue - only reverse un-released PAYABLE DC's, release date check  ; should be in calling routine.  ; DE = Delete  ; ED = Edit (includes RX release with NDC edit)  ; ERES = Resubmit from ECME user screen  ; EREV = Reversal from ECME user screen  ; HLD = Put prescription on Hold | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| BPSNCPD3 ;BHAM ISC/LJE - Continuation of BPSNCPDP - DUR HANDLING ;06/16/2004  ;;1.0;E CLAIMS MGMT ENGINE;\*\*1,5,6,7,8,10,11,15\*\*;JUN 2004;Build 13  ;;Per VHA Directive 2004-038, this routine should not be modified.  ;  ; Due to space considerations, these comments were moved from BPSNPCPD  ; to this routine.  ;  ; ------------------ Beginning of BPSNCPDP comments ------------------  ;Input  ; BRXIEN = Prescription IEN  ; BFILL = Fill Number  ; DOS = Date of Service  ; BWHERE (RX Action)  ; AREV = Auto-Reversal  ; BB = Back Billing  ; CRLB = CMOP/OPAI Release & Rebill  ; CRLR = CMOP/OPAI Release & Reverse (successful release)  ; CRLX = CMOP/OPAI unsuccessful release & reverse  ; CRRL = CMOP/OPAI Release - Original claim not paid, submit another claim, no reversal  ; DC = Discontinue - only reverse un-released PAYABLE DC's, release date check  ; should be in calling routine.  ; DE = Delete  ; ED = Edit (includes RX release with NDC edit)  ; ERES = Resubmit from ECME user screen  ; EREV = Reversal from ECME user screen  ; HLD = Put prescription on Hold  **; RSNB = Resubmit Non-Billable TRICARE and CHAMPVA from PSO Reject Info Screen** | | | | | | | | | |

Requirement: Resubmit CHAMPVA Non-billable Prescriptions

The Resubmit action on the Reject Information screen shall allow the user to submit a CHAMPVA non-billable prescription with an open pseudo-rejection code of eC.

Even though the user will select the resubmit action, the claim submission for a non-billable prescription will not be a resubmitted claim. The claim will be the first claim submitted for the prescription.

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.3 | | | | | | | | |
| **Related Options** | [PSO REJECT DISPLAY RESUBMIT] | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | CLOSED^PSOREJP1  PSOET^PSOREJP3  SEND^PSOREJP3 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** |  | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| RES ; - Re-submit a claim action  N PSOET  I $$CLOSED(RX,REJ,1) Q  ;cnf, PSO\*7\*358  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  I PSOET S VALMSG="RES not allowed for "\_$$ELIGDISP^PSOREJP1(RX,FILL)\_" Non-Billable claim.",VALMBCK="R" Q  D FULL^VALM1 W !  D SEND^PSOREJP3()  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **Check if patient's eligibility is TRICARE or CHAMPVA non-billable in PSOET^PSOREJP1 and resubmit claim.**  RES ; - Re-submit a claim action  N PSOET  I $$CLOSED(RX,REJ,1) Q  **;cnf, PSO\*7\*358  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  D FULL^VALM1 W !  D SEND^PSOREJP3(,,,PSOET)  Q** | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.3 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | RES^PSOREJP1 | | | | | ECMESND^PSOBPSU1, GETNDC^PSONDCUT, PSOCOB^PSOREJP3, PTLBL^PSOREJP2, TRIC^PSOREJP1, STATUS^PSOBPSUT | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| SEND(OVRCOD,CLA,PA) ; - Sends Claim to ECME and closes Reject  N DIR,RESP,ALTXT,COM,SMA  S DIR(0)="Y",DIR("A")=" Confirm",DIR("B")="YES"  S DIR("A",1)=" When you confirm, a new claim will be submitted for"  S DIR("A",2)=" the prescription and this REJECT will be marked"  S DIR("A",3)=" resolved."  S DIR("A",4)=" "  W ! D ^DIR I $G(Y)=0!$D(DIRUT) S VALMBCK="R" Q  S SMA=0 I $G(OVRCOD)]"",$G(CLA)]"",$G(PA)]"" S SMA=1  S ALTXT=""  I 'SMA D  . S ALTXT="REJECT WORKLIST"  . S:$G(OVRCOD)'="" ALTXT=ALTXT\_"-DUR OVERRIDE CODES("\_$TR(OVRCOD,"^","/")\_")"  . S:$G(CLA)]"" ALTXT=ALTXT\_"-(CLARIF. CODE="\_CLA\_")"  . S:$G(PA)]"" ALTXT=ALTXT\_"-(PRIOR AUTH.="\_$TR(PA,"^","/")\_")"  D ECMESND^PSOBPSU1(RX,FILL,,"ED",$$GETNDC^PSONDCUT(RX,FILL),,,$G(OVRCOD),,.RESP,,ALTXT,$G(CLA),$G(PA),$$PSOCOB^PSOREJP3(RX,FILL,REJ)) | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **If patient is TRICARE or CHAMPVA non-billable then set BWHERE variable to "RSNB", else set BWHERE as "ED".**  **SEND(OVRCOD,CLA,PA,PSOET)** ; - Sends Claim to ECME and closes Reject  N DIR,RESP,ALTXT,COM,SMA  S DIR(0)="Y",DIR("A")=" Confirm",DIR("B")="YES"  S DIR("A",1)=" When you confirm, a new claim will be submitted for"  S DIR("A",2)=" the prescription and this REJECT will be marked"  S DIR("A",3)=" resolved."  S DIR("A",4)=" "  W ! D ^DIR I $G(Y)=0!$D(DIRUT) S VALMBCK="R" Q  S SMA=0 I $G(OVRCOD)]"",$G(CLA)]"",$G(PA)]"" S SMA=1  S ALTXT=""  I 'SMA D  . S ALTXT="REJECT WORKLIST"  . S:$G(OVRCOD)'="" ALTXT=ALTXT\_"-DUR OVERRIDE CODES("\_$TR(OVRCOD,"^","/")\_")"  . S:$G(CLA)]"" ALTXT=ALTXT\_"-(CLARIF. CODE="\_CLA\_")"  . S:$G(PA)]"" ALTXT=ALTXT\_"-(PRIOR AUTH.="\_$TR(PA,"^","/")\_")"  **D ECMESND^PSOBPSU1(RX,FILL,,$S(PSOET:"RSNB",1:"ED"),$$GETNDC^PSONDCUT(RX,FILL),,,$G(OVRCOD),,.RESP,,ALTXT,$G(CLA),$G(PA),$$PSOCOB^PSOREJP3(RX,FILL,REJ))** | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSRX5 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.3 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | EN^BPSNCPDP | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| ACTTYPE(BWHR) ;  Q:",AREV,CRLR,CRLX,DC,DE,EREV,HLD,RS,"[(","\_BWHR\_",") "U"  ;UNCLAIM (reversal)  Q:",CRLB,ED,ERES,P2S,"[(","\_BWHR\_",") "UC"  ;UNCLAIM (reversal) + CLAIM (resubmit)  Q:",BB,CRRL,OF,PC,PE,PL,PP,RF,RN,RRL,P2,"[(","\_BWHR\_",") "C"  ;CLAIM (the very first submit OR resubmit only)  Q:BWHR="ELIG" "E"  Q ""  ;unknown | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **The BWHERE variable set to "RSNB" will add TRICARE and CHAMPVA non-billable to submit a claim.**  ACTTYPE(BWHR) ;  Q:",AREV,CRLR,CRLX,DC,DE,EREV,HLD,RS,"[(","\_BWHR\_",") "U"  ;UNCLAIM (reversal)  Q:",CRLB,ED,ERES,P2S,"[(","\_BWHR\_",") "UC"  ;UNCLAIM (reversal) + CLAIM (resubmit)  **Q:",BB,CRRL,NB,OF,PC,PE,PL,PP,RF,RN,RRL,RSNB,P2,"[(","\_BWHR\_",") "C"  ;CLAIM (the very first submit OR resubmit only)**  Q:BWHR="ELIG" "E"  Q ""  ;unknown | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPD3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.3 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| BPSNCPD3 ;BHAM ISC/LJE - Continuation of BPSNCPDP - DUR HANDLING ;06/16/2004  ;;1.0;E CLAIMS MGMT ENGINE;\*\*1,5,6,7,8,10,11,15\*\*;JUN 2004;Build 13  ;;Per VHA Directive 2004-038, this routine should not be modified.  ;  ; Due to space considerations, these comments were moved from BPSNPCPD  ; to this routine.  ;  ; ------------------ Beginning of BPSNCPDP comments ------------------  ;Input  ; BRXIEN = Prescription IEN  ; BFILL = Fill Number  ; DOS = Date of Service  ; BWHERE (RX Action)  ; AREV = Auto-Reversal  ; BB = Back Billing  ; CRLB = CMOP/OPAI Release & Rebill  ; CRLR = CMOP/OPAI Release & Reverse (successful release)  ; CRLX = CMOP/OPAI unsuccessful release & reverse  ; CRRL = CMOP/OPAI Release - Original claim not paid, submit another claim, no reversal  ; DC = Discontinue - only reverse un-released PAYABLE DC's, release date check  ; should be in calling routine.  ; DE = Delete  ; ED = Edit (includes RX release with NDC edit)  ; ERES = Resubmit from ECME user screen  ; EREV = Reversal from ECME user screen  ; HLD = Put prescription on Hold | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| BPSNCPD3 ;BHAM ISC/LJE - Continuation of BPSNCPDP - DUR HANDLING ;06/16/2004  ;;1.0;E CLAIMS MGMT ENGINE;\*\*1,5,6,7,8,10,11,15\*\*;JUN 2004;Build 13  ;;Per VHA Directive 2004-038, this routine should not be modified.  ;  ; Due to space considerations, these comments were moved from BPSNPCPD  ; to this routine.  ;  ; ------------------ Beginning of BPSNCPDP comments ------------------  ;Input  ; BRXIEN = Prescription IEN  ; BFILL = Fill Number  ; DOS = Date of Service  ; BWHERE (RX Action)  ; AREV = Auto-Reversal  ; BB = Back Billing  ; CRLB = CMOP/OPAI Release & Rebill  ; CRLR = CMOP/OPAI Release & Reverse (successful release)  ; CRLX = CMOP/OPAI unsuccessful release & reverse  ; CRRL = CMOP/OPAI Release - Original claim not paid, submit another claim, no reversal  ; DC = Discontinue - only reverse un-released PAYABLE DC's, release date check  ; should be in calling routine.  ; DE = Delete  ; ED = Edit (includes RX release with NDC edit)  ; ERES = Resubmit from ECME user screen  ; EREV = Reversal from ECME user screen  ; HLD = Put prescription on Hold  **; RSNB = Resubmit Non-Billable TRICARE and CHAMPVA from PSO Reject Info Screen** | | | | | | | | | |

Requirement: Add Veteran to Heading on Reject Information screen

The system shall display the word “Veteran” for Veteran eligibilities at the top of the Reject Information screen, mimicking the display for TRICARE and CHAMPVA.

The word “Resolved” will display under certain conditions and should not be replaced with the Veteran eligibility.

**Reject Information (Veteran)** Mar 11, 2015@17:10:49 Page: 1 of 2

Division : DAYTON NPI: 4050000015 NCPDP: 4150001

Patient : OPPATIENT,THREE(161P)Sex: M DOB: OCT 11,1961(53)

Rx# : 2720171/0 ECME#: 000004317021 Date of Service: May 20, 2013

CMOP Drug: AMITRIPTYLINE HCL 10MG TAB NDC Code: 00603-2212-32

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.4 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | LISTRFL^PSOBPSU1, TRIC^PSOREJP1^ CLOSED^PSOREJP1, GET^PSOREJU2, REJ^PSOREJP1, OTH^PSOREJP1, COM^PSOREJU3, INS^PSOREJP1, CLS^PSOREJP1 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | [PSO VIEW RX REJECT]  [PSO HIDDEN ACTIONS] | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| TRIC(RX,RFL,PSOTRIC) ; - Return 1 for TRICARE, 2 for CHAMPVA or 0 (zero) for not TRICARE or CHAMPVA  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$S(RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="T"):1,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="T":1,RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="C"):2,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="C":2,1:0)  Q PSOTRIC  ; ELIGDISP(RX,RFL) ; Return either CHAMPVA or TRICARE for display  ; purposes, or null if neither  N PSOELIG  S PSOELIG=$$TRIC(RX,RFL)  Q $S(PSOELIG=1:"TRICARE",PSOELIG=2:"CHAMPVA",1:"")  ; INIT ; Builds the Body section  N DATA,LINE  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$$TRIC(RX,RFL,PSOTRIC)  I '$$CLOSED(RX,REJ)&(PSOTRIC) S VALM("TITLE")="Reject Information ("\_$$ELIGDISP(RX,RFL)\_")"  F I=1:1:$G(LASTLN) D RESTORE^VALM10(I)  K ^TMP("PSOREJP1",$J) S VALMCNT=0,LINE=0  D GET^PSOREJU2(RX,FILL,.DATA,REJ,1)  D REJ                   ; Display the REJECT Information  D OTH                   ; Display the Other Rejects Information  D COM^PSOREJP3 ; Display the Comment  D INS                   ; Display the Insurance Information  D CLS                   ; Display the Resolution Information  S VALMCNT=LINE  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **Set the PSOTRIC variable to no contain "V" for Veteran.**  TRIC(RX,RFL,PSOTRIC) ; - Return 1 for TRICARE, 2 for CHAMPVA or 0 (zero) for not TRICARE or CHAMPVA  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$S(RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="T"):1,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="T":1,RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="C"):2,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="C":2,1:0)  Q PSOTRIC  ; ELIGDISP(RX,RFL) ; Return either CHAMPVA or TRICARE for display  ; purposes, or null if neither  N PSOELIG  S PSOELIG=$$TRIC(RX,RFL)  Q $S(PSOELIG=1:"TRICARE",PSOELIG=2:"CHAMPVA",1:"") **ELIGTCV(RX,RFL) ;Return either CHAMPVA, TRICARE or Veteran eligibility for display**  **N PSOELIG  S PSOELIG=$$TRIC(RX,RFL)  Q $S(PSOELIG=1:"TRICARE",PSOELIG=2:"CHAMPVA",1:"Veteran")**  INIT ; Builds the Body section  N DATA,LINE  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$$TRIC(RX,RFL,PSOTRIC) – **remove line of code**  I '$$CLOSED(RX,REJ)&(PSOTRIC) S VALM("TITLE")="Reject Information ("\_**$$ELIGTCV**(RX,RFL)\_")"  F I=1:1:$G(LASTLN) D RESTORE^VALM10(I)  K ^TMP("PSOREJP1",$J) S VALMCNT=0,LINE=0  D GET^PSOREJU2(RX,FILL,.DATA,REJ,1)  D REJ                   ; Display the REJECT Information  D OTH                   ; Display the Other Rejects Information  D COM^PSOREJP3 ; Display the Comment  D INS                   ; Display the Insurance Information  D CLS                   ; Display the Resolution Information  S VALMCNT=LINE  Q | | | | | | | | | |

Requirement: Add Veteran to Reject Section Heading

The system shall display the word “Veteran” for Veteran eligibilities on the heading for Reject Information, mimicking the display for TRICARE and CHAMPVA.

If the reject is resolved, the word Resolved is displayed instead of the eligibility.

REJECT Information (Veteran)

Reject Type : 07 - M/I Cardholder ID- received on MAY 20, 2013@16:05:52

Reject Status : OPEN/UNRESOLVED - E REJECTED

Payer Addl Msg : EMD 1000: CLAIM PAID RX:000004317021FILL:2013-05-20 BIN:610144

PCN:TEST

Reason Code :

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.5 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | LISTRFL^PSOBPSU1, TRIC^PSOREJP1^ CLOSED^PSOREJP1, GET^PSOREJU2, REJ^PSOREJP1, OTH^PSOREJP1, COM^PSOREJU3, INS^PSOREJP1, CLS^PSOR | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | [PSO VIEW RX REJECT]  [PSO HIDDEN ACTIONS] | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| TRIC(RX,RFL,PSOTRIC) ; - Return 1 for TRICARE, 2 for CHAMPVA or 0 (zero) for not TRICARE or CHAMPVA  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$S(RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="T"):1,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="T":1,RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="C"):2,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="C":2,1:0)  Q PSOTRIC  ; ELIGDISP(RX,RFL) ; Return either CHAMPVA or TRICARE for display  ; purposes, or null if neither  N PSOELIG  S PSOELIG=$$TRIC(RX,RFL)  Q $S(PSOELIG=1:"TRICARE",PSOELIG=2:"CHAMPVA",1:"")  ; INIT ; Builds the Body section  N DATA,LINE  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$$TRIC(RX,RFL,PSOTRIC)  I '$$CLOSED(RX,REJ)&(PSOTRIC) S VALM("TITLE")="Reject Information ("\_$$ELIGDISP(RX,RFL)\_")"  F I=1:1:$G(LASTLN) D RESTORE^VALM10(I)  K ^TMP("PSOREJP1",$J) S VALMCNT=0,LINE=0  D GET^PSOREJU2(RX,FILL,.DATA,REJ,1)  D REJ                   ; Display the REJECT Information  D OTH                   ; Display the Other Rejects Information  D COM^PSOREJP3 ; Display the Comment  D INS                   ; Display the Insurance Information  D CLS                   ; Display the Resolution Information  S VALMCNT=LINE  Q  ; REJ ; - DUR Information  N TYPE,PFLDT,TREJ,TDATA,PSOTRIC,PSOET,PSONAF,BBCOB,BBTXT S TDATA=""  S PSOTRIC="",PSOTRIC=$$TRIC(RX,FILL,PSOTRIC)  ; Back Bill indicator - PSO\*7\*421  S BBTXT="",BBCOB=$G(DATA(REJ,"COB")),BBCOB=$S(BBCOB="SECONDARY":2,BBCOB="TERTIARY":3,1:1)  I $$BBILL^BPSBUTL(RX,FILL,BBCOB) S BBTXT=" BACK-BILL"  D SETLN("REJECT Information"\_$S($G(PSOTRIC)=1:" (TRICARE)",$G(PSOTRIC)=2:" (CHAMPVA)",1:"")\_BBTXT,1,1)  S TYPE=$S($G(DATA(REJ,"CODE"))=79:"79 - REFILL TOO SOON",1:"")  I TYPE="" S TYPE=DATA(REJ,"CODE")\_" - "\_$E($$EXP(DATA(REJ,"CODE")),1,23)\_"-"  D SETLN("Reject Type : "\_TYPE\_" received on "\_$$FMTE^XLFDT($G(DATA(REJ,"DATE/TIME"))),,,18)  ;cnf, PSO\*7\*358, if TRICARE/CHAMPVA non-billable then reset Status line  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  I PSOET D SETLN("Status : NO CLAIM SUBMITTED")  I 'PSOET D SETLN("Reject Status : "\_$G(DATA(REJ,"STATUS"))\_" - "\_$$STATUS^PSOBPSUT(RX,FILL),,,18)  S PSONAF=$$NFLDT^BPSBUTL(RX,FILL) ; IA 4719  I PSONAF'="" D SETLN("Next Avail Fill: "\_$$FMTE^XLFDT(PSONAF),,,18) ; PSO\*7\*421  D SET("PAYER MESSAGE",63)  D SET("REASON",63)  S PFLDT=$$FMTE^XLFDT($G(DATA(REJ,"PLAN PREVIOUS FILL DATE")))  D SET("DUR TEXT",63,$S(PFLDT="":1,1:0))  I PFLDT'="" D SETLN("Last Fill Date : "\_PFLDT\_" (from payer)",,1,18)  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| TRIC(RX,RFL,PSOTRIC) ; - Return 1 for TRICARE, 2 for CHAMPVA or 0 (zero) for not TRICARE or CHAMPVA  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$S(RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="T"):1,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="T":1,RFL=0&($$GET1^DIQ(52,RX\_",",85,"I")="C"):2,$$GET1^DIQ(52.1,RFL\_","\_RX\_",",85,"I")="C":2,1:0)  Q PSOTRIC  ; ELIGDISP(RX,RFL) ; Return either CHAMPVA or TRICARE for display  ; purposes, or null if neither  N PSOELIG  S PSOELIG=$$TRIC(RX,RFL)  Q $S(PSOELIG=1:"TRICARE",PSOELIG=2:"CHAMPVA",1:"")  **ELIGTCV(RX,RFL) ;Return either CHAMPVA, TRICARE or Veteran eligibility for display**  **N PSOELIG  S PSOELIG=$$TRIC(RX,RFL)  Q $S(PSOELIG=1:"TRICARE",PSOELIG=2:"CHAMPVA",1:"Veteran")**  ;  INIT ; Builds the Body section  N DATA,LINE  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$$TRIC(RX,RFL,PSOTRIC)  I '$$CLOSED(RX,REJ)&(PSOTRIC) S VALM("TITLE")="Reject Information ("\_$$ELIGDISP(RX,RFL)\_")"  F I=1:1:$G(LASTLN) D RESTORE^VALM10(I)  K ^TMP("PSOREJP1",$J) S VALMCNT=0,LINE=0  D GET^PSOREJU2(RX,FILL,.DATA,REJ,1)  D REJ                   ; Display the REJECT Information  D OTH                   ; Display the Other Rejects Information  D COM^PSOREJP3 ; Display the Comment  D INS                   ; Display the Insurance Information  D CLS                   ; Display the Resolution Information  S VALMCNT=LINE  Q  ;REJ ; - DUR Information  N TYPE,PFLDT,TREJ,TDATA,PSOTRIC,PSOET,PSONAF,BBCOB,BBTXT S TDATA=""  S PSOTRIC="",PSOTRIC=$$TRIC(RX,FILL,PSOTRIC) – **Remove line of code**  ; Back Bill indicator - PSO\*7\*421  S BBTXT="",BBCOB=$G(DATA(REJ,"COB")),BBCOB=$S(BBCOB="SECONDARY":2,BBCOB="TERTIARY":3,1:1)  I $$BBILL^BPSBUTL(RX,FILL,BBCOB) S BBTXT=" BACK-BILL" **D SETLN("REJECT Information ("\_$$ELIGTCV(RX,FILL)\_") "\_BBTXT,1,1)**  S TYPE=$S($G(DATA(REJ,"CODE"))=79:"79 - REFILL TOO SOON",1:"")  I TYPE="" S TYPE=DATA(REJ,"CODE")\_" - "\_$E($$EXP(DATA(REJ,"CODE")),1,23)\_"-"  D SETLN("Reject Type : "\_TYPE\_" received on "\_$$FMTE^XLFDT($G(DATA(REJ,"DATE/TIME"))),,,18)  ;cnf, PSO\*7\*358, if TRICARE/CHAMPVA non-billable then reset Status line  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  I PSOET D SETLN("Status : NO CLAIM SUBMITTED")  I 'PSOET D SETLN("Reject Status : "\_$G(DATA(REJ,"STATUS"))\_" - "\_$$STATUS^PSOBPSUT(RX,FILL),,,18)  S PSONAF=$$NFLDT^BPSBUTL(RX,FILL) ; IA 4719  I PSONAF'="" D SETLN("Next Avail Fill: "\_$$FMTE^XLFDT(PSONAF),,,18) ; PSO\*7\*421  D SET("PAYER MESSAGE",63)  D SET("REASON",63)  S PFLDT=$$FMTE^XLFDT($G(DATA(REJ,"PLAN PREVIOUS FILL DATE")))  D SET("DUR TEXT",63,$S(PFLDT="":1,1:0))  I PFLDT'="" D SETLN("Last Fill Date : "\_PFLDT\_" (from payer)",,1,18)  Q | | | | | | | | | |

Requirement: Make Eligibility Match on Reject Information Screen

The system shall display the same eligibility in the heading at the top of the Reject Information screen and on the heading for the Reject Information section on the screen.

When a resubmit is completed from the ECME User screen and the claim response is payable, the rejection remains open on the Reject Information screen. This existing behavior will remain untouched.

Example of incorrect display:

Reject Information (TRICARE) Feb 23, 2015@09:39:47 Page: 1 of 2

Division : CLINIC NPI: 1111222333 NCPDP: 1112233

Patient : OPPATIENT,ONE Sex: M DOB: JAN 1,19XX(XX)

Rx# : 53735737/0 ECME#: 000023456789 Date of Service: Feb 20, 20XX

CMOP Drug: ESCITALOPRAM OXALATE 10MG TAB NDC Code: 76282-0250-90

REJECT Information (CHAMPVA)

Reject Type : 88 - DUR Reject Error- received on FEB 20, 20XX@13:53:50

Reject Status : OPEN/UNRESOLVED - E REJECTED

Payer Addl Msg : Unit AWP=$4.30 Eff 09/28/12 Refill Payable on or after 04/13/1

5 +

Reason Code : ID (INGREDIENT DUPLICATION )

+DUR Text : ESCITALOPRAM TAB 10MG

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.4.6 | | | | | | | | |
| **Related Options** | Third Party Payer Rejects - Worklist [PSO REJECTS WORKLIST]  Third Party Payer Rejects - View/Process [PSO REJECTS VIEW/PROCESS] | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | PSOREJP0  PSOREJP2 | | | | | Subroutines called within routine PSOREJP1. $$CLOSED^PSOREJP1, $$ELIGTCV^PSOREJP1,  $$TRIC^PSOREJP1 | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| INIT ; Builds the Body section  N DATA,LINE  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$$TRIC(RX,RFL,PSOTRIC)  I '$$CLOSED(RX,REJ)&(PSOTRIC) S VALM("TITLE")="Reject Information ("\_$$ELIGDISP(RX,RFL)\_")"  F I=1:1:$G(LASTLN) D RESTORE^VALM10(I)  K ^TMP("PSOREJP1",$J) S VALMCNT=0,LINE=0  D GET^PSOREJU2(RX,FILL,.DATA,REJ,1)  D REJ ; Display the REJECT Information  D OTH ; Display the Other Rejects Information  D COM^PSOREJP3 ; Display the Comment  D INS ; Display the Insurance Information  D CLS ; Display the Resolution Information  S VALMCNT=LINE  Q  ;  REJ ; - DUR Information  N TYPE,PFLDT,TREJ,TDATA,PSOTRIC,PSOET,PSONAF,BBCOB,BBTXT S TDATA=""  S PSOTRIC="",PSOTRIC=$$TRIC(RX,FILL,PSOTRIC)  ; Back Bill indicator - PSO\*7\*421  S BBTXT="",BBCOB=$G(DATA(REJ,"COB")),BBCOB=$S(BBCOB="SECONDARY":2,BBCOB="TERTIARY":3,1:1)  I $$BBILL^BPSBUTL(RX,FILL,BBCOB) S BBTXT=" BACK-BILL"  D SETLN("REJECT Information"\_$S($G(PSOTRIC)=1:" (TRICARE)",$G(PSOTRIC)=2:" (CHAMPVA)",1:"")\_BBTXT,1,1) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| Add a new function to this routine called $$ELIGTCV which when passed a prescription and fill number will return the eligibility of the fill – either TRICARE, CHAMPVA, or Veteran/VETERAN. Whether or not the word Veteran is returned in all uppercase or mixed case will be determined by the 3rd parameter.  If the variable FILL is missing upon entry to the List Manager INIT section, obtain the fill number from the data in the reject information subfile 52.25, not from the most recent fill.  For the List Manager title, if the reject is Open/Unresolved always display the title as “Reject Information” with the eligibility in parenthesis (with Veteran being in mixed case). If the reject is Closed/Resolved always display the title as “Reject Information (RESOLVED)” as it is currently being done.  For the REJECT Information section heading, always display the eligibility in parenthesis (with Veteran being in mixed case).  The same call to the new function $$ELIGTCV is being made in both the List Manager title and the Reject Information section heading therefore the same eligibility will always be displayed for Open rejections on the Reject Information screen.  ;  **ELIGTCV(RX,RFL,CAPS) ; Return either CHAMPVA, TRICARE, or Veteran/VETERAN for eligibility display (PSO\*7\*448)**  **; if CAPS=1 then return "Veteran" in all caps**  **N PSOELIG,VET**  **S PSOELIG=$$TRIC(RX,RFL),VET="Veteran" I $G(CAPS) S VET="VETERAN"**  **Q $S(PSOELIG=1:"TRICARE",PSOELIG=2:"CHAMPVA",1:VET)**  ;  INIT ; Builds the Body section  N DATA,LINE  **I '$D(FILL) S FILL=+$$GET1^DIQ(52.25,REJ\_","\_RX,5) ; PSO\*7\*448 obtain fill# from 52.25 subfile if not defined**  **I '$$CLOSED(RX,REJ) S VALM("TITLE")="Reject Information ("\_$$ELIGTCV(RX,FILL)\_")"**  **I $$CLOSED(RX,REJ) S VALM("TITLE")="Reject Information (RESOLVED)"**  F I=1:1:$G(LASTLN) D RESTORE^VALM10(I)  K ^TMP("PSOREJP1",$J) S VALMCNT=0,LINE=0  D GET^PSOREJU2(RX,FILL,.DATA,REJ,1)  D REJ ; Display the REJECT Information  D OTH ; Display the Other Rejects Information  D COM^PSOREJP3 ; Display the Comment  D INS ; Display the Insurance Information  D CLS ; Display the Resolution Information  S VALMCNT=LINE  Q  ;  REJ ; - DUR Information  N TYPE,PFLDT,TREJ,TDATA,PSOTRIC,PSOET,PSONAF,BBCOB,BBTXT S TDATA=""  **S PSOTRIC=$$TRIC(RX,FILL)**  ; Back Bill indicator - PSO\*7\*421  S BBTXT="",BBCOB=$G(DATA(REJ,"COB")),BBCOB=$S(BBCOB="SECONDARY":2,BBCOB="TERTIARY":3,1:1)  I $$BBILL^BPSBUTL(RX,FILL,BBCOB) S BBTXT=" BACK-BILL"  **D SETLN("REJECT Information ("\_$$ELIGTCV(RX,FILL)\_")"\_BBTXT,1,1)** | | | | | | | | | |

Requirement: Display for Payable Veteran Prescription on Reject Information Screen

The Reject Information screen shall not display a reject type and shall display “\*\*” around E PAYABLE if the prescription has a payable Veteran claim.

When a resubmit is completed from the ECME User screen and the claim response is payable, the rejection remains open on the Reject Information screen, which is current system behavior.

REJECT Information (Veteran)

Reject Type :

Reject Status : \*\* E PAYABLE \*\*

Payer Addl Msg : EMD 1000: CLAIM PAID RX:000004317021FILL:2013-05-20 BIN:610144

PCN:TEST

Reason Code :

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP1 | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.4.7 | | | | | | | | |
| **Related Options** | PSO REJECT DISPLAY  PSO REJECTS WORKLIST  PSO REJECTS VIEW/PROCESS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | INIT^PSOREJP1 | | | | | $$BBILL^BPSBUTL, $$NFLDT^BPSBUTL, $$TRIC^PSOREJP1, SET^PSOREJP1, SETLN^PSOREJP1, $$EXP^PSOREJP1, $$PSOET^PSOREJP3, $$FMTE^XLFDT, | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | |  | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | Reference to $$BBILL^BPSBUTL and $$NFLDT^BPSBUTL supported by IA 4719. | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| REJ ; - DUR Information  N TYPE,PFLDT,TREJ,TDATA,PSOTRIC,PSOET,PSONAF,BBCOB,BBTXT S TDATA=""  S PSOTRIC="",PSOTRIC=$$TRIC(RX,FILL,PSOTRIC)  ; Back Bill indicator - PSO\*7\*421  S BBTXT="",BBCOB=$G(DATA(REJ,"COB")),BBCOB=$S(BBCOB="SECONDARY":2,BBCOB  ="TERTIARY":3,1:1)  I $$BBILL^BPSBUTL(RX,FILL,BBCOB) S BBTXT=" BACK-BILL"  D SETLN("REJECT Information"\_$S($G(PSOTRIC)=1:" (TRICARE)",$G(PSOTRIC)=  2:" (CHAMPVA)",1:"")\_BBTXT,1,1)  S TYPE=$S($G(DATA(REJ,"CODE"))=79:"79 - REFILL TOO SOON",1:"")  I TYPE="" S TYPE=DATA(REJ,"CODE")\_" - "\_$E($$EXP(DATA(REJ,"CODE")),1,23  )\_"-"  D SETLN("Reject Type : "\_TYPE\_" received on "\_$$FMTE^XLFDT($G(DATA(R  EJ,"DATE/TIME"))),,,18)  ;cnf, PSO\*7\*358, if TRICARE/CHAMPVA non-billable then reset Status line  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  I PSOET D SETLN("Status : NO CLAIM SUBMITTED")  I 'PSOET D SETLN("Reject Status : "\_$G(DATA(REJ,"STATUS"))\_" - "\_$$STA  TUS^PSOBPSUT(RX,FILL),,,18)  S PSONAF=$$NFLDT^BPSBUTL(RX,FILL) ; IA 4719  I PSONAF'="" D SETLN("Next Avail Fill: "\_$$FMTE^XLFDT(PSONAF),,,18) ; P  SO\*7\*421  D SET("PAYER MESSAGE",63)  D SET("REASON",63)  S PFLDT=$$FMTE^XLFDT($G(DATA(REJ,"PLAN PREVIOUS FILL DATE")))  D SET("DUR TEXT",63,$S(PFLDT="":1,1:0))  I PFLDT'="" D SETLN("Last Fill Date : "\_PFLDT\_" (from payer)",,1,18)  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| REJ ; - DUR Information  N TYPE,PFLDT,TREJ,TDATA,PSOTRIC,PSOET,PSONAF,BBCOB,BBTXT**,PSOECME**  S TDATA=""  S PSOTRIC="",PSOTRIC=$$TRIC(RX,FILL,PSOTRIC)  ; Back Bill indicator - PSO\*7\*421  S BBTXT="",BBCOB=$G(DATA(REJ,"COB")),BBCOB=$S(BBCOB="SECONDARY":2,BBCOB  ="TERTIARY":3,1:1)  I $$BBILL^BPSBUTL(RX,FILL,BBCOB) S BBTXT=" BACK-BILL"  D SETLN("REJECT Information"\_$S($G(PSOTRIC)=1:" (TRICARE)",$G(PSOTRIC)=  2:" (CHAMPVA)",1:"")\_BBTXT,1,1)  **;**  **; MRD;PSO\*7\*448 - If this Rx now had an ECME status of ‘E PAYABLE’,**  **; then do not display a Reject Type and display ‘\*\* E PAYABLE \*\*’ for**  **; the Reject Status.**  **;**  **S PSOECME=$$STATUS^PSOBPSUT(RX,FILL)**  **I PSOECME=“E PAYABLE” D**  **. D SETLN("Reject Type : ",,,18)**  **. D SETLN("Reject Status : \*\* E PAYABLE \*\*”,,,18)**  **. Q**  **E D**  **. S TYPE=$S($G(DATA(REJ,"CODE"))=79:"79 - REFILL TOO SOON",1:"")**  **. I TYPE="" S TYPE=DATA(REJ,"CODE")\_" - "\_$E($$EXP(DATA(REJ,"CODE")),1,23)\_"-"**  **. D SETLN("Reject Type : "\_TYPE\_" received on "\_$$FMTE^XLFDT($G(DATA(REJ,"DATE/TIME"))),,,18)**  **. ;cnf, PSO\*7\*358, if TRICARE/CHAMPVA non-billable then reset Status line**  **. S PSOET=$$PSOET^PSOREJP3(RX,FILL)**  **. I PSOET D SETLN("Status : NO CLAIM SUBMITTED")**  **. I 'PSOET D SETLN("Reject Status : "\_$G(DATA(REJ,"STATUS"))\_" - "\_$$STATUS^PSOBPSUT(RX,FILL),,,18)**  **. Q**  S PSONAF=$$NFLDT^BPSBUTL(RX,FILL) ; IA 4719  I PSONAF'="" D SETLN("Next Avail Fill: "\_$$FMTE^XLFDT(PSONAF),,,18) ; P  SO\*7\*421  D SET("PAYER MESSAGE",63)  D SET("REASON",63)  S PFLDT=$$FMTE^XLFDT($G(DATA(REJ,"PLAN PREVIOUS FILL DATE")))  D SET("DUR TEXT",63,$S(PFLDT="":1,1:0))  I PFLDT'="" D SETLN("Last Fill Date : "\_PFLDT\_" (from payer)",,1,18)  Q | | | | | | | | | |

Requirement: Display Resubmission Indicator on Reject Information Screen

The Reject Information screen shall display the word RESUBMISSION where the BACK-BILL indicator currently displays when a claim has been resubmitted from the ECME User Screen.

Related: (Requirement 6.2.2.2.7.3.1) The related requirement describes the display of the RESUBMISSION indicator on the ECME User screen.

Reject Information(UNRESOLVED)Feb 27, 2015@07:55:19 Page: 1 of 2

Division : DAYTON NPI: 4050000015 NCPDP: 4150001

Patient : OPORVET,B-CNF(261P) Sex: M DOB: NOV 12,1961(53)

Rx# : 2720595/0 ECME#: 000004317478 Date of Service: Feb 20, 2015

Drug : ALBUTEROL 0.5% INHL SOLN NDC Code: 24208-0347-20

REJECT Information RESUBMISSION

Reject Type : 21 - M/I Product/Service ID- received on FEB 20, 2015@10:02:23

Reject Status : OPEN/UNRESOLVED - E REJECTED

Payer Addl Msg : EMD 1000: CLAIM PAID RX:000004317478FILL:2015-02-20 BIN:610144

PCN:TEST

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP1 | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.4.8 | | | | | | | | |
| **Related Options** | PSO REJECT DISPLAY  PSO REJECTS WORKLIST  PSO REJECTS VIEW/PROCESS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | INIT^PSOREJP1 | | | | | $$BBILL^BPSBUTL, $$NFLDT^BPSBUTL, $$TRIC^PSOREJP1, SET^PSOREJP1, SETLN^PSOREJP1, $$EXP^PSOREJP1, $$PSOET^PSOREJP3, $$FMTE^XLFDT, | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | |  | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | Reference to $$BBILL^BPSBUTL and $$NFLDT^BPSBUTL supported by IA 4719. | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| REJ ; - DUR Information  N TYPE,PFLDT,TREJ,TDATA,PSOTRIC,PSOET,PSONAF,BBCOB,BBTXT S TDATA=""  S PSOTRIC="",PSOTRIC=$$TRIC(RX,FILL,PSOTRIC)  ; Back Bill indicator - PSO\*7\*421  S BBTXT="",BBCOB=$G(DATA(REJ,"COB")),BBCOB=$S(BBCOB="SECONDARY":2,BBCOB  ="TERTIARY":3,1:1)  I $$BBILL^BPSBUTL(RX,FILL,BBCOB) S BBTXT=" BACK-BILL"  D SETLN("REJECT Information"\_$S($G(PSOTRIC)=1:" (TRICARE)",$G(PSOTRIC)=  2:" (CHAMPVA)",1:"")\_BBTXT,1,1)  S TYPE=$S($G(DATA(REJ,"CODE"))=79:"79 - REFILL TOO SOON",1:"")  I TYPE="" S TYPE=DATA(REJ,"CODE")\_" - "\_$E($$EXP(DATA(REJ,"CODE")),1,23  )\_"-"  D SETLN("Reject Type : "\_TYPE\_" received on "\_$$FMTE^XLFDT($G(DATA(R  EJ,"DATE/TIME"))),,,18)  ;cnf, PSO\*7\*358, if TRICARE/CHAMPVA non-billable then reset Status line  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  I PSOET D SETLN("Status : NO CLAIM SUBMITTED")  I 'PSOET D SETLN("Reject Status : "\_$G(DATA(REJ,"STATUS"))\_" - "\_$$STA  TUS^PSOBPSUT(RX,FILL),,,18)  S PSONAF=$$NFLDT^BPSBUTL(RX,FILL) ; IA 4719  I PSONAF'="" D SETLN("Next Avail Fill: "\_$$FMTE^XLFDT(PSONAF),,,18) ; P  SO\*7\*421  D SET("PAYER MESSAGE",63)  D SET("REASON",63)  S PFLDT=$$FMTE^XLFDT($G(DATA(REJ,"PLAN PREVIOUS FILL DATE")))  D SET("DUR TEXT",63,$S(PFLDT="":1,1:0))  I PFLDT'="" D SETLN("Last Fill Date : "\_PFLDT\_" (from payer)",,1,18)  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| REJ ; - DUR Information  N TYPE,PFLDT,TREJ,TDATA,PSOTRIC,PSOET,PSONAF,**PSOCOB**,**PSOTXT** S TDATA=""  S PSOTRIC="",PSOTRIC=$$TRIC(RX,FILL,PSOTRIC)  **;**  **; MRD;PSO\*7\*448 – Display ‘RESUBMISSION’ where ‘BACK-BILL’ currently**  **; displays if the claim was resubmitted from the ECME User Screen.**  **; To facilitate this, the function $$RESUBMIT^BPSBUTL was created.**  **;**  ; Back Bill indicator - PSO\*7\*421  S **PSO**TXT=""  **S PSO**COB=$G(DATA(REJ,"COB")),**PSO**COB=$S(**PSO**COB="SECONDARY":2,**PSO**COB="TERTIA RY":3,1:1)  I $$BBILL^BPSBUTL(RX,FILL,**PSO**COB) S **PSO**TXT=" BACK-BILL"  **E I $$RESUBMIT^BPSBUTL(RX,FILL,PSOCOB) S PSOTXT=“ RESUBMISSION”**  D SETLN("REJECT Information"\_$S($G(PSOTRIC)=1:" (TRICARE)",$G(PSOTRIC)=2:" (CHAMPVA)",1:"")\_**PSO**TXT,1,1)  S TYPE=$S($G(DATA(REJ,"CODE"))=79:"79 - REFILL TOO SOON",1:"")  I TYPE="" S TYPE=DATA(REJ,"CODE")\_" - "\_$E($$EXP(DATA(REJ,"CODE")),1,23  )\_"-"  D SETLN("Reject Type : "\_TYPE\_" received on "\_$$FMTE^XLFDT($G(DATA(R  EJ,"DATE/TIME"))),,,18)  ;cnf, PSO\*7\*358, if TRICARE/CHAMPVA non-billable then reset Status line  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  I PSOET D SETLN("Status : NO CLAIM SUBMITTED")  I 'PSOET D SETLN("Reject Status : "\_$G(DATA(REJ,"STATUS"))\_" - "\_$$STA  TUS^PSOBPSUT(RX,FILL),,,18)  S PSONAF=$$NFLDT^BPSBUTL(RX,FILL) ; IA 4719  I PSONAF'="" D SETLN("Next Avail Fill: "\_$$FMTE^XLFDT(PSONAF),,,18) ; P  SO\*7\*421  D SET("PAYER MESSAGE",63)  D SET("REASON",63)  S PFLDT=$$FMTE^XLFDT($G(DATA(REJ,"PLAN PREVIOUS FILL DATE")))  D SET("DUR TEXT",63,$S(PFLDT="":1,1:0))  I PFLDT'="" D SETLN("Last Fill Date : "\_PFLDT\_" (from payer)",,1,18)  Q | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSBUTL | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.4.8 | | | | | | | | |
| **Related Options** | PSO REJECT DISPLAY  PSO REJECTS WORKLIST  PSO REJECTS VIEW/PROCESS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | REJ^PSOREJP1 | | | | | $$GET1^DIQ, $$IEN59^BPSOSRX | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | | None | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | N/A | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| New section of code to be inserted at the end of the current, existing routine. | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **RESUBMIT(RX,REFILL,COB) ; Return Resubmit indicator for Pharmacy – BPS\*1\*20.**  **N BPSIEN59,BPSRXACT**  **I '$G(RX) Q 0**  **;**  **; Determine BPS Transaction number. If none, Quit with ‘0’.**  **;**  **S BPSIEN59=$$IEN59^BPSOSRX(RX,$G(REFILL),$G(COB))**  **I '$D(^BPST(BPSIEN59,0)) Q 0**  **;**  **; Pull the RX Action from the BPS Transaction. If it’s not one that**  **; indicates resubmission from the ECME User Screen, then Quit with**  **; ‘0’. Otherwise, Quit with ‘1’.**  **;**  **S BPSRXACT=$$GET1^DIQ(9002313.59,BPSIEN59\_“,”,1201)**  **I “,ERES,ERWV,ERNB,”‘[“,”\_BPSRXACT\_“,” Q 0**  **Q 1**  **;** | | | | | | | | | |

###### System Feature: OP Medications (ACTIVE) Screen

Requirement: Add the VER action to the Edit screen

The edit screen shall contain hidden action VER View ePharmacy RX which will prompt for a prescription number and fill as it does when accessing the VER View ePharmacy RX option directly.

The edit screen is displayed in multiple locations: from the Medication Profile, from the Reject Information action ED Edit Rx, and from menu option Edit Prescriptions. Once the VER action is added to the edit screen, the action will be available in all locations.

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOLMLST | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.5.1 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | BPSVRX | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | [PSO LM BACKDOOR PRTCL USRSCR VIEW]  [PSO HIDDEN ACTIONS] | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| New section of code to be inserted at the end of the current, existing routine. | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **VER ; DO VER HIDDEN ACTION IN EDIT SCREEN**  **N BPSVRX**  **D ^BPSVRX**  **S VALMBCK=”R”**  **Q**  **;** | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | PSO VIEW EPHARMACY RX | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | PSO HIDDEN ACTIONS | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A.  This is a VistA patch and there are no Item Text Description considerations for this project. | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | VER^PSOLMLST | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| Global ^ORD(101,XXXX  ^ORD(101,XXXX,0)=" **PSO VIEW EPHARMACY RX**^View ePharmacy Rx^^A^17^^^^^^^19  8"  ^ORD(101,XXXX,1,0)="^^3^3^3110721^"  ^ORD(101,XXXX,1,1,0)="This is the action protocol for the hidden menu action on  the ECME User "  ^ORD(101,XXXX,1,2,0)="Screen called VER to be able to launch the Verify ePharmacy  Rx ListManager "  ^ORD(101,XXXX,1,3,0)="report."  ^ORD(101,XXXX,4)="^^^VER"  20)=**"D VER^PSOLMLST**"  99)="62503,50421 | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| QUIT | | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | PSO HIDDEN ACTIONS | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | PSO LM BACKDOOR PRTCL USRSCR VERIFY | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A.  This is a VistA patch and there are no Item Text Description considerations for this project. | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | N/A | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| NAME: PSO HIDDEN ACTIONS  ITEM TEXT: Outpatient Pharmacy Hidden Actions  TYPE: menu CREATOR: USER,SEVENTEEN  PACKAGE: OUTPATIENT PHARMACY  DESCRIPTION: This hidden menu is attached to the the active order list.  COLUMN WIDTH: 26  ITEM: VALM NEXT SCREEN MNEMONIC: +  ITEM: VALM PREVIOUS SCREEN MNEMONIC: -  ITEM: VALM UP ONE LINE MNEMONIC: UP  ITEM: VALM DOWN A LINE MNEMONIC: DN  ITEM: VALM REFRESH MNEMONIC: RD  ITEM: VALM PRINT SCREEN MNEMONIC: PS  ITEM: VALM PRINT LIST MNEMONIC: PT  ITEM: VALM RIGHT MNEMONIC: >  ITEM: VALM LEFT MNEMONIC: <  ITEM: VALM SEARCH LIST MNEMONIC: SL  ITEM: VALM QUIT MNEMONIC: QU  ITEM: VALM LAST SCREEN MNEMONIC: LS  ITEM: VALM FIRST SCREEN MNEMONIC: FS  ITEM: VALM GOTO PAGE MNEMONIC: GO  ITEM: PSO ACTIVITY LOGS MNEMONIC: AL  SEQUENCE: 11  ITEM: PSO LM BACKDOOR COPY MNEMONIC: CO  SEQUENCE: 13  ITEM: PSO HOLD MNEMONIC: HD  SEQUENCE: 22  ITEM: PSO UNHOLD MNEMONIC: UH  SEQUENCE: 23  ITEM: PSO VERIFY MNEMONIC: VF  SEQUENCE: 12  ITEM: PSO REPRINT MNEMONIC: RP  SEQUENCE: 21  ITEM: PSO PATIENT INFORMATION MNEMONIC: PI  SEQUENCE: 31  ITEM: PSO PULL ONE RX FROM SUSPENSE MNEMONIC: PP  SEQUENCE: 32  ITEM: PSO LM INPATIENT MEDICATION PROFILE  MNEMONIC: IP SEQUENCE: 33  ITEM: PSO LM HIDDEN OTHER #2 MNEMONIC: OTH  SEQUENCE: 34  ITEM: VALM TURN ON/OFF MENUS MNEMONIC: ADPL  ITEM: PSO DRUG RESTR/GUIDE INFO MNEMONIC: DIN  SEQUENCE: 66  ITEM: PSO REJECT DISPLAY OUTSIDE CALL MNEMONIC: REJ  SEQUENCE: 35  ITEM: PSO L N E V NTION MENU MNEMONIC: IN  SEQUENCE: 36  ITEM: PSO DISPLAY DRUG ALLERGIES MNEMONIC: DA  SEQUENCE: 37  ITEM: PSO LM BACKDOOR TITRATION RX REFILL  MNEMONIC: TR SEQUENCE: 14  ITEM: PSO LM BACKDOOR MARK AS TITRATION  MNEMONIC: TM SEQUENCE: 15  SCREEN: I $$ACTIONS^PSOLMUTL TIMESTAMP: 63432,46510 | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| NAME: PSO HIDDEN ACTIONS  ITEM TEXT: Outpatient Pharmacy Hidden Actions  TYPE: menu CREATOR: USER,SEVENTEEN  PACKAGE: OUTPATIENT PHARMACY  DESCRIPTION: This hidden menu is attached to the the active order list.  COLUMN WIDTH: 26  ITEM: VALM NEXT SCREEN MNEMONIC: +  ITEM: VALM PREVIOUS SCREEN MNEMONIC: -  ITEM: VALM UP ONE LINE MNEMONIC: UP  ITEM: VALM DOWN A LINE MNEMONIC: DN  ITEM: VALM REFRESH MNEMONIC: RD  ITEM: VALM PRINT SCREEN MNEMONIC: PS  ITEM: VALM PRINT LIST MNEMONIC: PT  ITEM: VALM RIGHT MNEMONIC: >  ITEM: VALM LEFT MNEMONIC: <  ITEM: VALM SEARCH LIST MNEMONIC: SL  ITEM: VALM QUIT MNEMONIC: QU  ITEM: VALM LAST SCREEN MNEMONIC: LS  ITEM: VALM FIRST SCREEN MNEMONIC: FS  ITEM: VALM GOTO PAGE MNEMONIC: GO  ITEM: PSO ACTIVITY LOGS MNEMONIC: AL  SEQUENCE: 11  ITEM: PSO LM BACKDOOR COPY MNEMONIC: CO  SEQUENCE: 13  ITEM: PSO HOLD MNEMONIC: HD  SEQUENCE: 22  ITEM: PSO UNHOLD MNEMONIC: UH  SEQUENCE: 23  ITEM: PSO VERIFY MNEMONIC: VF  SEQUENCE: 12  ITEM: PSO REPRINT MNEMONIC: RP  SEQUENCE: 21  ITEM: PSO PATIENT INFORMATION MNEMONIC: PI  SEQUENCE: 31  ITEM: PSO PULL ONE RX FROM SUSPENSE MNEMONIC: PP  SEQUENCE: 32  ITEM: PSO LM INPATIENT MEDICATION PROFILE  MNEMONIC: IP SEQUENCE: 33  ITEM: PSO LM HIDDEN OTHER #2 MNEMONIC: OTH  SEQUENCE: 34  ITEM: VALM TURN ON/OFF MENUS MNEMONIC: ADPL  ITEM: PSO DRUG RESTR/GUIDE INFO MNEMONIC: DIN  SEQUENCE: 66  ITEM: PSO REJECT DISPLAY OUTSIDE CALL MNEMONIC: REJ  SEQUENCE: 35  ITEM: PSO L N E V NTION MENU MNEMONIC: IN  SEQUENCE: 36  ITEM: PSO DISPLAY DRUG ALLERGIES MNEMONIC: DA  SEQUENCE: 37  ITEM: PSO LM BACKDOOR TITRATION RX REFILL  MNEMONIC: TR SEQUENCE: 14  ITEM: PSO LM BACKDOOR MARK AS TITRATION  MNEMONIC: TM SEQUENCE: 15  SCREEN: I $$ACTIONS^PSOLMUTL TIMESTAMP: 63432,46510  **ITEM: PSO LM BACKDOOR PRTCL USRSCR VERIFY**  **MNEMONIC: VER SEQUENCE: XX** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| QUIT | | | | | | | | | | |

Requirement: Add the Resubmit action to the Edit screen

The edit screen shall contain the hidden action to resubmit a claim.

The edit screen is displayed in multiple locations: from the Medication Profile, from the Reject Information action ED Edit Rx, and from menu option Edit Prescriptions. Once the action to resubmit a claim is added to the edit screen, the action will be available in all locations.

We do not allow the user to submit a TRICARE or CHAMPVA non-billable prescription using the resubmit action from the edit screen.

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOBPSU3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.5.2 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | N/A | | | | | CLOSED^PSOREJP1  PSOET^PSOREJP3  SEND^PSOREJP3 | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | [PSO LM BACKDOOR PRTCL USRSCR RESUBMIT]  [PSO HIDDEN ACTIONS] | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| **RES (RX,DFN); - Re-submit a claim action  N FILL,PSOET  I $$CLOSED(RX,REJ,1) Q  ;cnf, PSO\*7\*358**  **S DFN=$$GET1^DIQ(52,RX,2,"I")**  **The following line of code will be redesigned mimicking FILLP^BPSVRX so that PSO variables can be used.**  **S FILL=$$FILLP^BPSVRX(RX,DFN) ;Prompt for fill number  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  I PSOET S VALMSG="RES not allowed for "\_$$ELIGDISP^PSOREJP1(RX,FILL)\_" Non-Billable claim.",VALMBCK="R" Q  D FULL^VALM1 W !  D SEND^PSOREJP3()  Q** | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | PSO LM BACKDOOR PRTCL USRSCR RESUBMIT | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | N/A | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A.  This is a VistA patch and there are no Item Text Description considerations for this project. | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | RES^PSOBPSU3 | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A.  This is a VistA patch and there are no Current Entry Action Logic considerations for this project. | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| Global ^ORD(101,XXXX  ^ORD(101,XXXX,0)=" **PSO LM BACKDOOR PRTCL USRSCR RESUBMIT**^View ePharmacy Rx^^A^17^^^^^^^19  8"  ^ORD(101,XXXX,1,0)="^^3^3^3110721^"  ^ORD(101,XXXX,1,1,0)="This is the action protocol for the hidden menu action on  the ECME User "  ^ORD(101,XXXX,1,2,0)="Screen called RES to be able to re-submit a claim."  ^ORD(101,XXXX,1,3,0)="report."  ^ORD(101,XXXX,4)="^^^VER"  20)=**"D RES^PSOBPSU3(RXN,DFN**)"  99)="62503,50421 | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| QUIT | | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | PSO HIDDEN ACTIONS | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | PSO LM BACKDOOR PRTCL USRSCR RESUBMIT | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A.  This is a VistA patch and there are no Item Text Description considerations for this project. | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| NAME: PSO HIDDEN ACTIONS  ITEM TEXT: Outpatient Pharmacy Hidden Actions  TYPE: menu CREATOR: USER,SEVENTEEN  PACKAGE: OUTPATIENT PHARMACY  DESCRIPTION: This hidden menu is attached to the the active order list.  COLUMN WIDTH: 26  ITEM: VALM NEXT SCREEN MNEMONIC: +  ITEM: VALM PREVIOUS SCREEN MNEMONIC: -  ITEM: VALM UP ONE LINE MNEMONIC: UP  ITEM: VALM DOWN A LINE MNEMONIC: DN  ITEM: VALM REFRESH MNEMONIC: RD  ITEM: VALM PRINT SCREEN MNEMONIC: PS  ITEM: VALM PRINT LIST MNEMONIC: PT  ITEM: VALM RIGHT MNEMONIC: >  ITEM: VALM LEFT MNEMONIC: <  ITEM: VALM SEARCH LIST MNEMONIC: SL  ITEM: VALM QUIT MNEMONIC: QU  ITEM: VALM LAST SCREEN MNEMONIC: LS  ITEM: VALM FIRST SCREEN MNEMONIC: FS  ITEM: VALM GOTO PAGE MNEMONIC: GO  ITEM: PSO ACTIVITY LOGS MNEMONIC: AL  SEQUENCE: 11  ITEM: PSO LM BACKDOOR COPY MNEMONIC: CO  SEQUENCE: 13  ITEM: PSO HOLD MNEMONIC: HD  SEQUENCE: 22  ITEM: PSO UNHOLD MNEMONIC: UH  SEQUENCE: 23  ITEM: PSO VERIFY MNEMONIC: VF  SEQUENCE: 12  ITEM: PSO REPRINT MNEMONIC: RP  SEQUENCE: 21  ITEM: PSO PATIENT INFORMATION MNEMONIC: PI  SEQUENCE: 31  ITEM: PSO PULL ONE RX FROM SUSPENSE MNEMONIC: PP  SEQUENCE: 32  ITEM: PSO LM INPATIENT MEDICATION PROFILE  MNEMONIC: IP SEQUENCE: 33  ITEM: PSO LM HIDDEN OTHER #2 MNEMONIC: OTH  SEQUENCE: 34  ITEM: VALM TURN ON/OFF MENUS MNEMONIC: ADPL  ITEM: PSO DRUG RESTR/GUIDE INFO MNEMONIC: DIN  SEQUENCE: 66  ITEM: PSO REJECT DISPLAY OUTSIDE CALL MNEMONIC: REJ  SEQUENCE: 35  ITEM: PSO L N E V NTION MENU MNEMONIC: IN  SEQUENCE: 36  ITEM: PSO DISPLAY DRUG ALLERGIES MNEMONIC: DA  SEQUENCE: 37  ITEM: PSO LM BACKDOOR TITRATION RX REFILL  MNEMONIC: TR SEQUENCE: 14  ITEM: PSO LM BACKDOOR MARK AS TITRATION  MNEMONIC: TM SEQUENCE: 15  SCREEN: I $$ACTIONS^PSOLMUTL TIMESTAMP: 63432,46510 | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| NAME: PSO HIDDEN ACTIONS  ITEM TEXT: Outpatient Pharmacy Hidden Actions  TYPE: menu CREATOR: USER,SEVENTEEN  PACKAGE: OUTPATIENT PHARMACY  DESCRIPTION: This hidden menu is attached to the the active order list.  COLUMN WIDTH: 26  ITEM: VALM NEXT SCREEN MNEMONIC: +  ITEM: VALM PREVIOUS SCREEN MNEMONIC: -  ITEM: VALM UP ONE LINE MNEMONIC: UP  ITEM: VALM DOWN A LINE MNEMONIC: DN  ITEM: VALM REFRESH MNEMONIC: RD  ITEM: VALM PRINT SCREEN MNEMONIC: PS  ITEM: VALM PRINT LIST MNEMONIC: PT  ITEM: VALM RIGHT MNEMONIC: >  ITEM: VALM LEFT MNEMONIC: <  ITEM: VALM SEARCH LIST MNEMONIC: SL  ITEM: VALM QUIT MNEMONIC: QU  ITEM: VALM LAST SCREEN MNEMONIC: LS  ITEM: VALM FIRST SCREEN MNEMONIC: FS  ITEM: VALM GOTO PAGE MNEMONIC: GO  ITEM: PSO ACTIVITY LOGS MNEMONIC: AL  SEQUENCE: 11  ITEM: PSO LM BACKDOOR COPY MNEMONIC: CO  SEQUENCE: 13  ITEM: PSO HOLD MNEMONIC: HD  SEQUENCE: 22  ITEM: PSO UNHOLD MNEMONIC: UH  SEQUENCE: 23  ITEM: PSO VERIFY MNEMONIC: VF  SEQUENCE: 12  ITEM: PSO REPRINT MNEMONIC: RP  SEQUENCE: 21  ITEM: PSO PATIENT INFORMATION MNEMONIC: PI  SEQUENCE: 31  ITEM: PSO PULL ONE RX FROM SUSPENSE MNEMONIC: PP  SEQUENCE: 32  ITEM: PSO LM INPATIENT MEDICATION PROFILE  MNEMONIC: IP SEQUENCE: 33  ITEM: PSO LM HIDDEN OTHER #2 MNEMONIC: OTH  SEQUENCE: 34  ITEM: VALM TURN ON/OFF MENUS MNEMONIC: ADPL  ITEM: PSO DRUG RESTR/GUIDE INFO MNEMONIC: DIN  SEQUENCE: 66  ITEM: PSO REJECT DISPLAY OUTSIDE CALL MNEMONIC: REJ  SEQUENCE: 35  ITEM: PSO L N E V NTION MENU MNEMONIC: IN  SEQUENCE: 36  ITEM: PSO DISPLAY DRUG ALLERGIES MNEMONIC: DA  SEQUENCE: 37  ITEM: PSO LM BACKDOOR TITRATION RX REFILL  MNEMONIC: TR SEQUENCE: 14  ITEM: PSO LM BACKDOOR MARK AS TITRATION  MNEMONIC: TM SEQUENCE: 15  SCREEN: I $$ACTIONS^PSOLMUTL TIMESTAMP: 63432,46510  **ITEM: PSO LM BACKDOOR PRTCL USRSCR RESUBMIT**  **MNEMONIC: RES SEQUENCE: XX** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| QUIT | | | | | | | | | | |

Requirement: Add Reverse Claim Action to Patient Prescription Processing

The Patient Prescription Processing [PSO LM BACKDOOR ORDERS] OP Medications (ACTIVE) screen shall contain a hidden action to reverse a claim.

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOBPSU3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.5.3 | | | | | | | | |
| **Related Options** | [PSO LM BACKDOOR ORDERS] | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | CLOSED^PSOREJP1  ECMESND^PSOBPSU1  ECMEACT^PSOBPSU1 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | PSO LM BACKDOOR PRTCL USRSCR REVERSE | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| N/A | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **Prompt user for Fill Number. FILLP^BPSVRX will be mimicked so that PSO variables can be used:**  **S BPFIL=$$FILLP^BPSVRX(RX,DFN) ;Prompt for fill number**  **This is written in pseudo code copied from ECME routine BPSSCRRV. Although this code will NOT be used in outpatient pharmacy; it will be mimicked.**  **Check for closed claim. If claim is closed, display message and do not allow user to reverse the claim:**  I $$CLOSED02^BPSSCR03($P($G(^BPST(BP59,0)),U,4)) D S BPQ=$$PAUSE() Q  . W !,"The claim: ",!,$G(@VALMAR@(+$G(BP59ARR(BP59)),0)),!,"is Closed and cannot be Reversed. Reopen the claim and try again."  **Check to see if claim is in progress or if claim is in queue to be submitted:**  S BPDFN=+$P($G(^BPST(BP59,0)),U,6)  S BPSTATS=$P($$CLAIMST^BPSSCRU3(BP59),U) I (BPSTATS="IN PROGRESS")!(BPSTATS="SCHEDULED") S BPINPROG=1  **If there is already a claim in progress or is in the queue to submit, display message to user and ask if they want to proceed:** I BPINPROG=1 D  S BPQ=$$YESNO^BPSSCRRS("Do you want to proceed?(Y/N)") I BPQ<1 S BPQ="^" Q   W !,"The claim you've chosen to REVERSE for "\_$E($$PATNAME^BPSSCRU2(BPDFN),1,13)  W !,$G(@VALMAR@(+$G(BP59ARR(BP59)),0))  W !,"is in progress. The reversal request will be scheduled and processed after"  W !,"the previous request(s) are completed. Please be aware that the result of "  W !,"the reversal depends on the payer's response to the prior incomplete requests."  **Check to see if claim is payable. If claim is NOT payable then display message and do not allow user to reverse the claim:**  I BPINPROG=0,'$$PAYABLE^BPSOSRX5(BPSTATS) D  S BPQ=$$PAUSE() Q  . W !,"The claim: ",!,$G(@VALMAR@(+$G(BP59ARR(BP59)),0)),!,"is NOT Payable and cannot be Reversed."  **Check to see if claim has been deleted in Pharmacy. If so, display message to user and do not allow user to reverse the claim:**  I $$RXDEL^BPSOS(BPRX,BPFIL) D  Q 12\_U\_"Claim has been deleted in Pharmacy."  . W !,"The claim cannot be reversed since it has been deleted in Pharmacy."  **Check to see if there is a secondary claim. If so, display message the message and do not allow user to reverse the selected claim:**  I BPINPROG=0,$P($G(^BPST(BP59,0)),U,14)<2,$$PAYBLSEC^BPSUTIL2(BP59) D  S BPQ=$$PAUSE() Q . W !,"The claim: ",!,$G(@VALMAR@(+$G(BP59ARR(BP59)),0)),!,"cannot be Reversed if the secondary claim is payable.",!,"Please reverse the secondary claim first."  **If the above validations passed, then display prescription and patient's name to the user:**  I BPINPROG=0 D  . W !,"You've chosen to REVERSE the following prescription for "\_$E($$PATNAME^BPSSCRU2(BPDFN),1,13)  . W !,$G(@VALMAR@(+$G(BP59ARR(BP59)),0))  **Prompt the user to enter in a free text message for the required reversal reason. Allow user to abort the reversal with an '^' at the prompt:** F  S BPRVREAS=$$COMMENT^BPSSCRCL("Enter REQUIRED REVERSAL REASON",60) Q:BPRVREAS="^"  Q:($L(BPRVREAS)>0)&(BPRVREAS'="^")&('(BPRVREAS?1" "." ")) D  . W !,"Please provide the reason or enter ^ to abandon the reversal." I BPRVREAS["^" W !,"The claim: ",!,$G(@VALMAR@(+$G(BP59ARR(BP59)),0)),!,"was NOT reversed!" S BPQ=$$PAUSE() Q  **Prompt the user with a "Are you sure?(Y/N)" prompt for required reversal reason. If user answers with a 'No' abort the reversal logic:**  S BPQ=$$YESNO^BPSSCRRS("Are you sure?(Y/N)")  I BPQ=-1 S BPQ="^" Q  I BPQ'=1 Q  **If all above validations have passed, continue with reversal logic:**  I $$REVERSIT(BP59,BPRVREAS)=0 S REVTOTAL=REVTOTAL+1  W:BPIFANY=0 !,"No eligible items selected."  W !,REVTOTAL," claim reversal",$S(REVTOTAL'=1:"s",1:"")," submitted.",!  D PAUSE^VALM1  Q REVTOTAL  **Prompt user to mark claim as non-billable and release patient copay if selected claim is for the Primary Insurer - Check COB INDICATOR = 1, or if COB INDICATOR is null for backward compatibility:**  I $P($G(^BPST(BP59,0)),U,14)'>1 D BILLCLM(.BPSCLOSE) I BPQ="-1" Q 1  **Submit claim to ECME:**  S BPRET=$$ECMESND^PSOBPSU1(BPRX,BPFIL,BPDOS,"OREV",BPNDC,BPRVREAS,"","","","",$$COB59^BPSUTIL2(BP59),"","",.BPSCLOSE)  **Print return value message:**  W !!  W:+BPRET>0 "Not Processed:",!," ",$P(BPRET,U,2)  I +BPRET=0 S BPSTATUS=$$CLAIMST^BPSSCRU3(BP59) I $P(BPSTATUS,U)="E REVERSAL ACCEPTED" W $P(BPSTATUS,U,3)  **The following codes will be passed back from Claims Processing:**   0 Prescription/Fill successfully submitted to ECME for claims processing  1 ECME did not submit prescription/fill  2 IB says prescription/fill is not ECME billable or the data returned from IB is not valid  3 ECME closed the claim but did not submit it to the payer  4 Unable to queue the ECME claim  5 Invalid input  **If the reversal of claim was successful, display message to user:**  N BPSCOB S BPSCOB=$$COB59^BPSUTIL2(BP59) ;get COB for the BPS TRANSACTION IEN  I +BPRET=0 D ECMEACT^PSOBPSU1(+BPRX,+BPFIL,"Claim reversal sent to 3rd party payer: ECME USER's SCREEN-"\_$S(BPSCOB=1:"p",BPSCOB=2:"s",1:"")\_$$INSNAME^BPSSCRU6(BP59))  Q | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSRX5 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.5.3 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | EN^BPSNCPDP | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| ACTTYPE(BWHR) ;  Q:",AREV,CRLR,CRLX,DC,DE,EREV,HLD,RS,"[(","\_BWHR\_",") "U"  ;UNCLAIM (reversal)  Q:",CRLB,ED,ERES,P2S,"[(","\_BWHR\_",") "UC"  ;UNCLAIM (reversal) + CLAIM (resubmit)  Q:",BB,CRRL,OF,PC,PE,PL,PP,RF,RN,RRL,P2,"[(","\_BWHR\_",") "C"  ;CLAIM (the very first submit OR resubmit only)  Q:BWHR="ELIG" "E"  Q ""  ;unknown | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| ACTTYPE(BWHR) ; **Q:",AREV,CRLR,CRLX,DC,DE,EREV,HLD,OREV,RS,"[(","\_BWHR\_",") "U"  ;UNCLAIM (reversal)**  Q:",CRLB,ED,ERES,P2S,"[(","\_BWHR\_",") "UC"  ;UNCLAIM (reversal) + CLAIM (resubmit)  Q:",BB,CRRL,OF,PC,PE,PL,PP,RF,RN,RRL,P2,"[(","\_BWHR\_",") "C"  ;CLAIM (the very first submit OR resubmit only)  Q:BWHR="ELIG" "E"  Q ""  ;unknown | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPD3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.5.3 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| BPSNCPD3 ;BHAM ISC/LJE - Continuation of BPSNCPDP - DUR HANDLING ;06/16/2004  ;;1.0;E CLAIMS MGMT ENGINE;\*\*1,5,6,7,8,10,11,15\*\*;JUN 2004;Build 13  ;;Per VHA Directive 2004-038, this routine should not be modified.  ;  ; Due to space considerations, these comments were moved from BPSNPCPD  ; to this routine.  ;  ; ------------------ Beginning of BPSNCPDP comments ------------------  ;Input  ; BRXIEN = Prescription IEN  ; BFILL = Fill Number  ; DOS = Date of Service  ; BWHERE (RX Action)  ; AREV = Auto-Reversal  ; BB = Back Billing  ; CRLB = CMOP/OPAI Release & Rebill  ; CRLR = CMOP/OPAI Release & Reverse (successful release)  ; CRLX = CMOP/OPAI unsuccessful release & reverse  ; CRRL = CMOP/OPAI Release - Original claim not paid, submit another claim, no reversal  ; DC = Discontinue - only reverse un-released PAYABLE DC's, release date check  ; should be in calling routine.  ; DE = Delete  ; ED = Edit (includes RX release with NDC edit)  ; ERES = Resubmit from ECME user screen  ; EREV = Reversal from ECME user screen  ; HLD = Put prescription on Hold  ; OF = Original Fill  ; P2 = Original submission from PRO Option, no reversal | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| BPSNCPD3 ;BHAM ISC/LJE - Continuation of BPSNCPDP - DUR HANDLING ;06/16/2004  ;;1.0;E CLAIMS MGMT ENGINE;\*\*1,5,6,7,8,10,11,15\*\*;JUN 2004;Build 13  ;;Per VHA Directive 2004-038, this routine should not be modified.  ;  ; Due to space considerations, these comments were moved from BPSNPCPD  ; to this routine.  ;  ; ------------------ Beginning of BPSNCPDP comments ------------------  ;Input  ; BRXIEN = Prescription IEN  ; BFILL = Fill Number  ; DOS = Date of Service  ; BWHERE (RX Action)  ; AREV = Auto-Reversal  ; BB = Back Billing  ; CRLB = CMOP/OPAI Release & Rebill  ; CRLR = CMOP/OPAI Release & Reverse (successful release)  ; CRLX = CMOP/OPAI unsuccessful release & reverse  ; CRRL = CMOP/OPAI Release - Original claim not paid, submit another claim, no reversal  ; DC = Discontinue - only reverse un-released PAYABLE DC's, release date check  ; should be in calling routine.  ; DE = Delete  ; ED = Edit (includes RX release with NDC edit)  ; ERES = Resubmit from ECME user screen  ; EREV = Reversal from ECME user screen  ; HLD = Put prescription on Hold  ; OF = Original Fill  **; OREV = Reversal from Outpatient edit screen** | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | PSO LM BACKDOOR PRTCL USRSCR REVERSE | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** |  | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A.  This is a VistA patch and there are no Item Text Description considerations for this project. | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| Global ^ORD(101,XXXX  ^ORD(101,XXXX,0)=" **PSO LM BACKDOOR PRTCL USRSCR REVERSE**^View ePharmacy Rx^^A^17^^^^^^^19  8"  ^ORD(101,XXXX,1,0)="^^3^3^3110721^"  ^ORD(101,XXXX,1,1,0)="This is the action protocol for the hidden menu action on  the ECME User "  ^ORD(101,XXXX,1,2,0)="Screen called REV to be able to re-submit a claim."  ^ORD(101,XXXX,1,3,0)="report."  ^ORD(101,XXXX,4)="^^^VER"  20**)="D REV^PSOBPSU3(RXN)"**  99)="62503,50421 | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| QUIT | | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | PSO HIDDEN ACTIONS | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | PSO LM BACKDOOR PRTCL USRSCR REVERSE | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A.  This is a VistA patch and there are no Item Text Description considerations for this project.” | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| NAME: PSO HIDDEN ACTIONS  ITEM TEXT: Outpatient Pharmacy Hidden Actions  TYPE: menu CREATOR: USER,SEVENTEEN  PACKAGE: OUTPATIENT PHARMACY  DESCRIPTION: This hidden menu is attached to the the active order list.  COLUMN WIDTH: 26  ITEM: VALM NEXT SCREEN MNEMONIC: +  ITEM: VALM PREVIOUS SCREEN MNEMONIC: -  ITEM: VALM UP ONE LINE MNEMONIC: UP  ITEM: VALM DOWN A LINE MNEMONIC: DN  ITEM: VALM REFRESH MNEMONIC: RD  ITEM: VALM PRINT SCREEN MNEMONIC: PS  ITEM: VALM PRINT LIST MNEMONIC: PT  ITEM: VALM RIGHT MNEMONIC: >  ITEM: VALM LEFT MNEMONIC: <  ITEM: VALM SEARCH LIST MNEMONIC: SL  ITEM: VALM QUIT MNEMONIC: QU  ITEM: VALM LAST SCREEN MNEMONIC: LS  ITEM: VALM FIRST SCREEN MNEMONIC: FS  ITEM: VALM GOTO PAGE MNEMONIC: GO  ITEM: PSO ACTIVITY LOGS MNEMONIC: AL  SEQUENCE: 11  ITEM: PSO LM BACKDOOR COPY MNEMONIC: CO  SEQUENCE: 13  ITEM: PSO HOLD MNEMONIC: HD  SEQUENCE: 22  ITEM: PSO UNHOLD MNEMONIC: UH  SEQUENCE: 23  ITEM: PSO VERIFY MNEMONIC: VF  SEQUENCE: 12  ITEM: PSO REPRINT MNEMONIC: RP  SEQUENCE: 21  ITEM: PSO PATIENT INFORMATION MNEMONIC: PI  SEQUENCE: 31  ITEM: PSO PULL ONE RX FROM SUSPENSE MNEMONIC: PP  SEQUENCE: 32  ITEM: PSO LM INPATIENT MEDICATION PROFILE  MNEMONIC: IP SEQUENCE: 33  ITEM: PSO LM HIDDEN OTHER #2 MNEMONIC: OTH  SEQUENCE: 34  ITEM: VALM TURN ON/OFF MENUS MNEMONIC: ADPL  ITEM: PSO DRUG RESTR/GUIDE INFO MNEMONIC: DIN  SEQUENCE: 66  ITEM: PSO REJECT DISPLAY OUTSIDE CALL MNEMONIC: REJ  SEQUENCE: 35  ITEM: PSO L N E V NTION MENU MNEMONIC: IN  SEQUENCE: 36  ITEM: PSO DISPLAY DRUG ALLERGIES MNEMONIC: DA  SEQUENCE: 37  ITEM: PSO LM BACKDOOR TITRATION RX REFILL  MNEMONIC: TR SEQUENCE: 14  ITEM: PSO LM BACKDOOR MARK AS TITRATION  MNEMONIC: TM SEQUENCE: 15  SCREEN: I $$ACTIONS^PSOLMUTL TIMESTAMP: 63432,46510 | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| NAME: PSO HIDDEN ACTIONS  ITEM TEXT: Outpatient Pharmacy Hidden Actions  TYPE: menu CREATOR: USER,SEVENTEEN  PACKAGE: OUTPATIENT PHARMACY  DESCRIPTION: This hidden menu is attached to the the active order list.  COLUMN WIDTH: 26  ITEM: VALM NEXT SCREEN MNEMONIC: +  ITEM: VALM PREVIOUS SCREEN MNEMONIC: -  ITEM: VALM UP ONE LINE MNEMONIC: UP  ITEM: VALM DOWN A LINE MNEMONIC: DN  ITEM: VALM REFRESH MNEMONIC: RD  ITEM: VALM PRINT SCREEN MNEMONIC: PS  ITEM: VALM PRINT LIST MNEMONIC: PT  ITEM: VALM RIGHT MNEMONIC: >  ITEM: VALM LEFT MNEMONIC: <  ITEM: VALM SEARCH LIST MNEMONIC: SL  ITEM: VALM QUIT MNEMONIC: QU  ITEM: VALM LAST SCREEN MNEMONIC: LS  ITEM: VALM FIRST SCREEN MNEMONIC: FS  ITEM: VALM GOTO PAGE MNEMONIC: GO  ITEM: PSO ACTIVITY LOGS MNEMONIC: AL  SEQUENCE: 11  ITEM: PSO LM BACKDOOR COPY MNEMONIC: CO  SEQUENCE: 13  ITEM: PSO HOLD MNEMONIC: HD  SEQUENCE: 22  ITEM: PSO UNHOLD MNEMONIC: UH  SEQUENCE: 23  ITEM: PSO VERIFY MNEMONIC: VF  SEQUENCE: 12  ITEM: PSO REPRINT MNEMONIC: RP  SEQUENCE: 21  ITEM: PSO PATIENT INFORMATION MNEMONIC: PI  SEQUENCE: 31  ITEM: PSO PULL ONE RX FROM SUSPENSE MNEMONIC: PP  SEQUENCE: 32  ITEM: PSO LM INPATIENT MEDICATION PROFILE  MNEMONIC: IP SEQUENCE: 33  ITEM: PSO LM HIDDEN OTHER #2 MNEMONIC: OTH  SEQUENCE: 34  ITEM: VALM TURN ON/OFF MENUS MNEMONIC: ADPL  ITEM: PSO DRUG RESTR/GUIDE INFO MNEMONIC: DIN  SEQUENCE: 66  ITEM: PSO REJECT DISPLAY OUTSIDE CALL MNEMONIC: REJ  SEQUENCE: 35  ITEM: PSO L N E V NTION MENU MNEMONIC: IN  SEQUENCE: 36  ITEM: PSO DISPLAY DRUG ALLERGIES MNEMONIC: DA  SEQUENCE: 37  ITEM: PSO LM BACKDOOR TITRATION RX REFILL  MNEMONIC: TR SEQUENCE: 14  ITEM: PSO LM BACKDOOR MARK AS TITRATION  MNEMONIC: TM SEQUENCE: 15  SCREEN: I $$ACTIONS^PSOLMUTL TIMESTAMP: 63432,46510  **ITEM: PSO LM BACKDOOR PRTCL USRSCR RESUBMIT**  **MNEMONIC: REV SEQUENCE: XX** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A. | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A. | | | | | | | | | | |

###### System Feature: Productivity/Revenue Report

Requirement: Add Report Name of Productivity/Revenue Report to Menu for User Selection

The ePharmacy Menu [PSO EPHARMACY MENU] shall contain a new report called Pharmacy Productivity/Revenue Report [PSO PRODUCTIVITY REVENUE REPORT].

A security key is not required to select or run the report.

**Design**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Options** | **Activities** | | | | |
| **Option Name** | PSO EPHARMACY MENU | | | | |
| **Enhancement Category** | New | Modify | Delete | | No Change |
| **Associated Menu Options that will invoke this reference** | None | | | | |
| **Data Passing** | Input | Output | Both | Global Reference  Local Reference | |
| **Menu Text Description** | PSO PRODUCTIVITY REVENUE REPORT | | | | |
| **Option Type** | Edit  Action | Print  Run Routine | Menu  Other | | Inquire |
| **Associated Routine** | EN^PSOPROD | | | | |
| **Option Definition** | The PSO Productivity/Revenue Report will display resolved rejected claims according to the filter and sort criteria specified by the user. | | | | |
| **Current Entry Action Logic** | | | | | |
| N/A | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | |
| None | | | | | |
| **Current Exit Action Logic** | | | | | |
| N/A | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | |
| None | | | | | |

Requirement: Add Filter Questions for Productivity/Revenue Report

The Pharmacy Productivity/Revenue Report [PSO PRODUCTIVITY REVENUE REPORT] shall be preceded with the following filter questions, consistent with other pharmacy reports:

* Division
* RRR Revenue or Productivity Report
* Closed/ Resolved rejects that are E Payable, E Rejected, or Both
* Begin Date Resolved
* End Date Resolved
* Select by Patient, Drug, Prescription, Insurance, or Reject Code
* Sort Option
* Show Patient Name
* Export to Excel

The filter question for Closed/Resolved should only appear for the RRR Revenue report, not the Productivity report.

The filter question to select by Patient, Drug, Rx, Insurance, or Reject Code should allow the user to select one, many or all.

Select ePharmacy Menu <TEST ACCOUNT> Option: Pharmacy Productivity/Revenue Report

     Select one of the following:

          D         DIVISION

          A         ALL

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

     Select one of the following:

          R         RRR Revenue

          P         Productivity

Select (R)RR Revenue or (P)roductivity Report: ??

Enter a code from the list to indicate the type of report to run.

Select one of the following:

R RRR Revenue

Includes: All fills for a prescription with a resolved RRR reject

and associated revenue

P Productivity

Includes: Reports only on rejects for the original fills or refills

from the Pharmacy Worklist

Select (R)RR Revenue or (P)roductivity Report: P

Select Status:

P CLOSED/RESOLVED - E PAYABLE

R CLOSED/RESOLVED - E REJECTED

B BOTH

Select (P) Closed/Resolved – ePAYABLE, (R) Closed/Resolved – eREJECTED, (B)oth: B//

BEGIN DATE RESOLVED: T-90// (DEC 25, 2014)

END DATE RESOLVED: T// (MAR 25, 2015)

Select one of the following:

P PATIENT

D DRUG

R Rx

I INSURANCE

C REJECT CODE

By (P)atient, (D)rug, (R)x, (I)nsurance or Reject (C)ode: P// ATIENT

You may select a single or multiple PATIENTS,

or enter ^ALL to select all PATIENTS.

PATIENT: OPPATIENT,ONE

Sort: (D/R/B/N/C): Division// ??

Enter a code from the list to indicate the sort order.

Select one of the following:

D Division

R Date Resolved

B Resolved By

N Drug Name

C Reject Code

Sort: (D/R/B/N/C): Division//

Show PATIENT NAME (Y/N): ? NO//

EXPORT THE REPORT TO Microsoft Excel (Y/N): ? NO//

DEVICE: HOME//   Virtual    Right Margin: 80// 132

**Design**

See section 6.2.2.2.6.6.3 below.

Requirement: Functionality for the Pharmacy Productivity/Revenue Report

The Pharmacy Productivity/Revenue Report [PSO PRODUCTIVITY REVENUE REPORT] shall display the following data fields: Prescription Number, Fill, Release Date, Date Rejected, Date Resolved, Resolved By, Action Taken, Amount Paid, VA Copay Before Third Party, Drug and Rejection.

For the Productivity option, only report the prescription and fill that has a rejection.

Only report the prescriptions that are currently displayed or have been displayed on the Pharmacy Worklist.

In the example below, the report is sorted by date resolved so fill 1 and fill 3 for prescription 2720589 are not displayed consecutively.

The report name is Pharmacy Productivity Report. Only print the “PATIENT NAME” column heading and data if the user chooses to include patient name.

Pharmacy Productivity Report Print Date: MAR 31,2015@15:31 PAGE: 1

Selected Divisions: ALL

Date Reject Resolved: 11/30/14 – 03/12/15 Status: CLOSED/RESOLVED - E PAYABLE, E REJECTED

Select by INSURNACE: ALL

Sort by DIVISION

================================================================================================================

Rx#/FILL REL DATE DT REJECTED DT RESOLVED RESOLVED BY ACTION TAKEN AMT PAID INSURANCE NAME

DRUG REJECTION DIVISION PATIENT NAME

================================================================================================================

2720589/1 11/6/14 11/01/14 11/05/14 USER,ONE RX EDITED 9.99 ABC INS

ALBUTEROL 0.5% INHL S 21 - M/I Product/Service ID DIV ONE PATIENT,ONE

2720999/0 11/10/14 11/02/14 11/06/14 USER,ONE CLAIM RE-SUBMITTED 9.99 XYZ INS

BENZONATATE 100MG CA 79 - REFILL TOO SOON DIV ONE PATIENT,TWO

2720589/3 03/06/15 03/04/15 3/05/15 USER,ONE IGNORED – NO RESUBMISSION 0.00 ONE INS

ALBUTEROL 0.5% INHL S 21 - M/I Product/Service ID DIV TWO PATIENT,THREE

The RRR Revenue option only reports information on prescriptions with an RRR reject that have been resolved to a payable claim. The original fill and all subsequent refills associated with the RRR reject should display.

The system selects prescriptions based on the resolved date. All refills for the prescription should display even if the fill date or release date is outside of the selected date range.

In the example below, the second refill was released 1/6/2015 and the report is run for a date range of 11/30/14 – 12/12/2014. The third refill has not been released yet. Display the original fill and subsequent refills consecutively.

The report name is RRR Revenue Report. Only print the “PATIENT NAME” column heading and data if the user chooses to include patient name.

RRR Revenue Report Print Date: MAR 31,2015@15:31 PAGE: 1

Selected Divisions: ALL

Date Reject Resolved: 11/30/14 – 03/12/15 Status: CLOSED/RESOLVED - E PAYABLE, E REJECTED

Select by INSURNACE: ALL

Sort by DRUG NAME

================================================================================================================

Rx#/FILL REL DATE DT REJECTED DT RESOLVED RESOLVED BY ACTION TAKEN AMT PAID INSURANCE NAME

DRUG REJECTION DIVISION PATIENT NAME

================================================================================================================

2720589/0 11/6/14 11/01/14 11/05/14 USER,ONE RX EDITED 9.99 ABC INS

ALBUTEROL 0.5% INHL S 21 - M/I Product/Service ID DIV ONE PATIENT,ONE

2720589/1 12/6/14 9.99 ABC INS

ALBUTEROL 0.5% INHL S DIV ONE PATIENT,ONE

2720589/2 1/6/15 9.99 ABC INS

ALBUTEROL 0.5% INHL S DIV ONE PATIENT,ONE

2720589/3 9.99 ABC INS

ALBUTEROL 0.5% INHL S DIV ONE PATIENT,ONE

2720999/0 11/10/14 11/02/14 11/06/14 USER,ONE CLAIM RE-SUBMITTED 9.99 XYZ INS

BENZONATATE 100MG CA 21 - M/I Product/Service ID DIV TWO PATIENT,TWO

The user can select answers to the filter questions that will not produce results. For example, select the RRR Revenue Report option, select by Reject Code and only pick a reject code that is not an RRR reject code. If the user picks contradictory filter options, display a message to indicate no data meets the criteria. The same message should display if there is no data for valid filter options.

RRR Revenue Report Print Date: MAR 31,2015@15:31 PAGE: 1

Selected Divisions: ALL

Date Reject Resolved: 11/30/14 – 03/12/15 Status: CLOSED/RESOLVED - E PAYABLE, E REJECTED

Select by REJECT CODE: 79 - REFILL TOO SOON

Sort by DRUG NAME

================================================================================================================

Rx#/FILL REL DATE DT REJECTED DT RESOLVED RESOLVED BY ACTION TAKEN AMT PAID INSURANCE NAME

DRUG REJECTION DIVISION

No data meets the criteria.

Press RETURN to continue:

If the user chooses to export to Excel, the report will display in the following format. Always print the patient name for the Excel version of the report.

EXPORT THE REPORT TO Microsoft Excel (Y/N): ? 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.

Note: To avoid undesired wrapping of the data saved to the

file, please enter '0;256;999' at the 'DEVICE:' prompt.

DEVICE: HOME// 0;256;999 Virtual

Rx#/FILL^REL DATE^DT REJECTED^DT RESOLVED^RESOLVED BY^ACTION TAKEN^AMOUNT PAID^INSURANCE NAME^DRUG^REJECTION^DIVISION^PATIENT NAME

2720589/0^11/6/14^11/01/14^11/05/14^USER,ONE^RX EDITED^9.99^ABC INS^ALBUTEROL 0.5% INHL S^21 - M/I Product/Service ID^DIV ONE^PATIENT ONE

2720589/1^12/6/14^^^^^9.99^ABC INS^ALBUTEROL 0.5% INHL S^^DIV ONE^PATIENT ONE

2720589/2^1/6/15^^^^^9.99^ABC INS^ALBUTEROL 0.5% INHL S^^DIV ONE^PATIENT ONE

2720589/3^^^^^^9.99^ABC INS^ALBUTEROL 0.5% INHL S^^DIV ONE^PATIENT ONE

2720999/0^11/10/14^11/02/14^11/06/14^USER,ONE^CLAIM RE-SUBMITTED^9.99^ABC INS^BENZONATATE 100MG CA^21 - M/I Product/Service ID^DIV TWO^PATIENT TWO

Press Return to continue, '^' to exit:

**Design**

The new Pharmacy Productivity/Revenue Reports will display prescriptions and refills that are currently displayed or were previously displayed on the Pharmacy Worklist. The prescriptions are selected based firstly on the date the rejection was resolved, represented by the field Closed Date/Time, which is field #10, sub-file #52.25 of file #52. To facilitate this, the design calls for adding a cross-reference to the Prescription file that will index prescriptions and rejects by the Closed Date/Time.

|  |
| --- |
| **File Number and Name** |
| #52, PRESCRIPTION, sub-file #52.25, REJECT INFO |
| **Field Number and Name** |
| #10, CLOSED DATE/TIME |
| **New-Style Index** |
| “CLSDAT” |
| **Type** |
| Regular |
| **Root File** |
| #52.25 – Whole file index on sub-file fields |
| **Order #** |
| 1 |
| **Subscript #** |
| 1 |
| **Collation** |
| Forward |
| **Execute** |
| After an index field changes |
| **Use** |
| Lookup & Sorting |
| **Short Description** |
| Cross-reference to sort REJECTs by the CLOSED DATE/TIME |
| **Activity** |
| Fired when installing an entry at a site.  Fired when re-cross-referenced. |
| **Set Logic** |
| S ^PSRX(“CLSDAT”,X,DA(1),DA)=“” |
| **Kill Logic** |
| K ^PSRX(“CLSDAT”,X,DA(1),DA) |
| **Kill Index / Whole Kill** |
| K ^PSRX(“CLSDAT”) |
| **X(1)** |
| CLOSED DATE/TIME (52.25,10) (Subscr 1) (forwards) |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOPROD | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.6.6.2, 2.6.6.3 | | | | | | | | |
| **Related Options** | PSO PRODUCTIVITY REVENUE REPORT | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | None | | | | | This new report will rely on existing API’s, as much as possible, for querying the user, pulling the data and printing the report. | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | | None | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | |  | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| N/A | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| PSOPROD ; ALB/MRD – Pharmacy Productivity/Revenue Report ;4/9/2015  ;;7.0;OUTPATIENT PHARMACY;\*\*448\*\*;DEC 1997;  ;  ;  EN ; Main entry point.  ;  K ^TMP(“PSOPROD”,$J)  ;  ; Do FILTER, which prompts the user for a variety of filter options  ; which will determine what to include in the report.  ;  D FILTER  ;  ; Compile the report.  ;  D COMPILE  ;  ; Print the report.  ;  D PRINT  ;  Q  ;  FILTER ; Allow user to indicate the filter parameters.  ;  ; Ask user enter specific Divisions or indicate All divisions.  ;  ; Run RRR Revenue Report or Productivity Report?  ;  ; Include Closed/Resolved rejects that are Payable, Rejected or both?  ;  ; Prompt user for begin and end dates of report, according to  ; the date each reject was resolved.  ;  ; Allow user to select specific Patients, Drugs, Rx’s, Insurances  ; and Reject Code to be included in the report.  ;  ; Allow user to indicate how the report should be sorted.  ;  ; Ask the user if the results should be formatted for import into  ; an MS Excel document.  ;  Q  ;  COMPILE ; Compile the data to include on the report.  ;  ; To gather the data for the report, this procedure will loop  ; through closed/resolved rejects by date closed using the new  ; cross-reference:  ; ^PSRX(“CLSDAT”,Closed Date/Time,Prescriptiton,Reject)  ;  ; Each reject must be currently displayed or have been displayed  ; on the Pharmacy Worklist and meet the filter criteria to be included on  ; the report. Fields to be used in filtering and sorting the  ; rejects may include the following:  ; Division – file #52, field #20.  ; Status – file #9002313.59, field #202, or  ; file #9002313.57, field #202, either way pulled via  ; existing API’s, including:  ; $$STATUS^PSOBPSUT(Prescription,Refill).  ; Patient – file #52, field #2.  ; Drug – file #52, field #6.  ; Prescription – file #52, field #.01.  ; Insurance – sub-file #52.25, field #20.  ; Reject Code – sub-file #52.25, field #.01.  ; Date Resolved – sub-file #52.25, field #10.  ; Resolved By – sub-file #52.25, field #11.  ;  ; For each reject to be included on the report, the following  ; information will be pulled:  ; Prescription Number – file #52, field #.01.  ; Fill – sub-file #52.25, field #5.  ; Release Date – sub-file #52.1, field #17.  ; Date Rejected – sub-file #52.25, field #1.  ; Date Resolved – sub-file #52.25, field #10.  ; Resolved By – sub-file #52.25, field #11.  ; Action Taken – file #52.25, field #12.  ; Amount Paid – sub-file #9002313.0301, field #509, pulled  ; via existing API’s, including:  ; $$CLAIM^BPSBUTL(Rx,Refill,COB) to determine BPS Response.  ; $$INSPAID^BPSO03(BPS Response) to pull Amount Paid.  ; VA Copay Before Third Party – file #9002313.0301, field #518.  ; Drug – file #52, field #6.  ; Rejection – sub-file #52.25, field #.01.  ;  ; Once the desired data fields are pulled, the results will be set  ; into the global ^TMP(“PSOPROD”,$J), sorted according to the sort  ; criteria indicated by the user.  ;  Q  ;  PRINT ; Print the report.  ;  ; If no prescriptions were found, display a message to the user  ; stating that ‘No data meets the criteria’ and Quit out.  ;  ; If the user requested the report to be formatted for input into an  ; MS Excel document, then Do the EXCEL procedure below, and then  ; Quit out.  ;  ; The appearance of the report will conform to the examples given  ; in the requirements.  ;  Q  ;  EXCEL ; Print the results in “^”-delimited format for input into Excel.  ;  ; Make sure the page length is ‘99999’ so that there are no page  ; breaks.  ;  ; Write the headers on one line.  ;  ; Loop through the ^TMP global, writing a single line for each  ; reject on the report. The data fields will be separated by  ; the “^” character.  ;  Q  ; | | | | | | | | | |

###### System Feature: Outpatient Pharmacy Resubmit

Requirement: Capture User Name and Origin of Outpatient Pharmacy

When a resubmit is initiated from outpatient pharmacy, the system shall capture the user’s name and the origin of the resubmit, which is outpatient pharmacy.

The user name and originating application are needed for productivity reporting.

**Design**

There is no design necessary for this requirement. The system already captures the origin of the ECME claim request through the RX ACTION field in the BPS Transaction file and also as recorded in the BWHERE variable which is a required parameter which is passed into ECME for every ECME transaction attempt. Similarly the DUZ user name is also captured for each ECME transaction attempt and stored in the USER field.

###### System Feature: Ignored Rejects Report

Requirement: Add Billed Amount to Ignored Rejects Report

The Ignored Rejects Report [PSO IGNORED REJECTS REPORT] shall display the Billed Amount and the following message in the heading on the first page:

Note: Billed Amount is what was billed and cannot be used to determine potential revenue.

The first page of the report will display the note, but subsequent pages will not.

Ignored Rejects Report Page: 1

Sorted by USER Division: DAYTON

Date Range: 03/11/14 - 03/11/15 Run Date: Mar 11, 2015@20:18:41

Note: Billed Amount is what was billed and

cannot be used to determine potential revenue.

--------------------------------------------------------------------------------

RX#/FILL DRUG PATIENT IGNORE DT IGNORED BY

-------------- --------------------- ------------------ --------- --------------

2720589/0 ALBUTEROL 0.5% INHL S OPPAT,THREE(1161P) 02/19/15 USER,ONE

Billed Amount: $25.00

Comments: TESTING RRR

Payer Message: EMD 1000: CLAIM PAID RX:000004317472FILL:2015-02-19 BIN:610144

PCN:TEST

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOBPSR1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.8.1 | | | | | | | | |
| **Related Options** | [PSO IGNORED REJECTS REPORT] | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | DEV^PSOBPSRP | | | | | DEM^VADPT  GETBAMT^BPSBUTL | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | TBD | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| PRINT(DFN,RXIEN) ; - Print  ;Input: DFN-Patient;RXIEN=Prescription IEN  N X,XX,K,PNAM,PSSN,II,J,STR,CCOM,PMES,CBY,CREAS,CDAT,CFILL,RXNUM,DNAM,CINFO  S (CDAT,CREAS,CBY,DNAM,PNAM,PMES,PSSN,CCOM,CINFO,RXNUM)=""  ;  I OCDIV'=CDIV!(OCDIV="") D HDR I $D(DIRUT) Q  S OCDIV=CDIV  ;  D DEM^VADPT S PSSN=$P($G(VADM(2)),"^",2) K VADM  K RXINFO D GETS^DIQ(52,RXIEN\_",",".01;2;6","EI","RXINFO")  S PNAM=RXINFO(52,RXIEN\_",",2,"E"),DNAM=RXINFO(52,RXIEN\_",",6,"E")  D GETS^DIQ(52.25,RSEQ\_","\_RXIEN\_",","5;10;11;12;2;13","IE","CINFO")  S:$D(RXINFO(52,RXIEN\_",",.01,"E")) RXNUM=RXINFO(52,RXIEN\_",",.01,"E")  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",10,"I")) CDAT=CINFO(52.25,RSEQ\_","\_RXIEN\_",",10,"I")  S CDAT=$$DT(CDAT)  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",12,"I")) CREAS=CINFO(52.25,RSEQ\_","\_RXIEN\_",",12,"E")  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",11,"E")) CBY=CINFO(52.25,RSEQ\_","\_RXIEN\_",",11,"E")  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",2,"E")) PMES=CINFO(52.25,RSEQ\_","\_RXIEN\_",",2,"E")  D TEXT(.PMES,PMES,65)  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",13,"E")) CCOM=CINFO(52.25,RSEQ\_","\_RXIEN\_",",13,"E")  D TEXT(.CCOM,CCOM,65)  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",5,"I")) CFILL=CINFO(52.25,RSEQ\_","\_RXIEN\_",",5,"I")  ;  W !,RXNUM\_"/"\_CFILL,?15,$E(DNAM,1,21),?37,$E(PNAM,1,13)\_"("\_$P(PSSN,"-",3)\_")",?57,CDAT,?66,$E(CBY,1,14)  S II="" F  S II=$O(CCOM(II)) Q:II=""  D  . W:II=1 !," Comments: "  . W:$D(CCOM(II)) ?15,CCOM(II),!  S II="" F  S II=$O(PMES(II)) Q:II=""  D  . W:II=1 "Payer Message: "  . W:$D(PMES(II)) ?15,PMES(II),!  ;  S:'$D(^TMP("PSOBPSRC",$J,DFN)) PCNT=PCNT+1 S ^TMP("PSOBPSRC",$J,DFN)=""  ;  S PRTD=1,FCNT=FCNT+1  Q  ; TEXT(TEXT,STR,L) ; Formats STR into TEXT array, lines lenght = L  N J,WORD,K S K=+$O(TEXT(""),-1) S:'K K=1  F J=1:1:$L(STR," ") D  . S WORD=$P(STR," ",J) I ($L($G(TEXT(K))\_WORD))>L S K=K+1  . S TEXT(K)=$G(TEXT(K))\_WORD\_" "  Q  ; HDR ; - Prints the Header  N X,DIR,CDIVN S PAG=$G(PAG)+1  S CDIVN=$$GET1^DIQ(59,$G(CDIV)\_",",".01")  I PAG>1,$E(IOST)="C" D  Q:$D(DIRUT)  . S DIR(0)="E",DIR("A")=" Press ENTER to Continue or ^ to Exit" D ^DIR  ;  W @IOF,"Ignored Rejects Report",?71,"Page: ",$J(PAG,3)  W !,"Sorted by",$$SRT(PSOSRT),?48,"Division: ",CDIVN  W !,"Date Range: "\_$$DT(PSOSD+1\1)\_" - "\_$$DT(PSOED\1)  W ?48,"Run Date: "\_$$FMTE^XLFDT($$NOW^XLFDT())  S X="",$P(X,"-",81)="" W !,X  W !,"RX#/FILL",?15,"DRUG",?37,"PATIENT",?56,"IGNORE DT",?66,"IGNORED BY"  W !,"--------------",?15,"---------------------",?37,"------------------",?56,"---------",?66,"--------------"  Q  ; | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| PRINT(DFN,RXIEN) ; - Print  ;Input: DFN-Patient;RXIEN=Prescription IEN  N X,XX,K,PNAM,PSSN,II,J,STR,CCOM,PMES,CBY,CREAS,CDAT,CFILL,RXNUM,DNAM,CINFO,**COB**  S (CDAT,CREAS,CBY,DNAM,PNAM,PMES,PSSN,CCOM,CINFO,RXNUM)=""  ;  I OCDIV'=CDIV!(OCDIV="") D HDR I $D(DIRUT) Q  S OCDIV=CDIV  ;  D DEM^VADPT S PSSN=$P($G(VADM(2)),"^",2) K VADM  K RXINFO D GETS^DIQ(52,RXIEN\_",",".01;2;6","EI","RXINFO")  S PNAM=RXINFO(52,RXIEN\_",",2,"E"),DNAM=RXINFO(52,RXIEN\_",",6,"E")  **D GETS^DIQ(52.25,RSEQ\_","\_RXIEN\_",","5;10;11;12;2;13;27","IE","CINFO")**  S:$D(RXINFO(52,RXIEN\_",",.01,"E")) RXNUM=RXINFO(52,RXIEN\_",",.01,"E")  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",10,"I")) CDAT=CINFO(52.25,RSEQ\_","\_RXIEN\_",",10,"I")  S CDAT=$$DT(CDAT)  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",12,"I")) CREAS=CINFO(52.25,RSEQ\_","\_RXIEN\_",",12,"E")  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",11,"E")) CBY=CINFO(52.25,RSEQ\_","\_RXIEN\_",",11,"E")  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",2,"E")) PMES=CINFO(52.25,RSEQ\_","\_RXIEN\_",",2,"E")  D TEXT(.PMES,PMES,65)  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",13,"E")) CCOM=CINFO(52.25,RSEQ\_","\_RXIEN\_",",13,"E")  D TEXT(.CCOM,CCOM,65)  S:$D(CINFO(52.25,RSEQ\_","\_RXIEN\_",",5,"I")) CFILL=CINFO(52.25,RSEQ\_","\_RXIEN\_",",5,"I")  **S COB=+$G(CFINO(52.25,RSEQ\_","\_RXIEN\_",",27,"I"))**   ;  **S BILLED=$$GETBAMT^BPSBUTL(RXIEN,CFILL,COB)**  W !,RXNUM\_"/"\_CFILL,?15,$E(DNAM,1,21),?37,$E(PNAM,1,13)\_"("\_$P(PSSN,"-",3)\_")",?57,CDAT,?66,$E(CBY,1,14)  **W !,"Billed Amount: ",?15,BILLED**  S II="" F  S II=$O(CCOM(II)) Q:II=""  D  . W:II=1 !," Comments: "  . W:$D(CCOM(II)) ?15,CCOM(II),!  S II="" F  S II=$O(PMES(II)) Q:II=""  D  . W:II=1 "Payer Message: "  . W:$D(PMES(II)) ?15,PMES(II),!  ;  S:'$D(^TMP("PSOBPSRC",$J,DFN)) PCNT=PCNT+1 S ^TMP("PSOBPSRC",$J,DFN)=""  ;  S PRTD=1,FCNT=FCNT+1  Q  ; TEXT(TEXT,STR,L) ; Formats STR into TEXT array, lines lenght = L  N J,WORD,K S K=+$O(TEXT(""),-1) S:'K K=1  F J=1:1:$L(STR," ") D  . S WORD=$P(STR," ",J) I ($L($G(TEXT(K))\_WORD))>L S K=K+1  . S TEXT(K)=$G(TEXT(K))\_WORD\_" "  Q  ; HDR ; - Prints the Header  N X,DIR,CDIVN S PAG=$G(PAG)+1  S CDIVN=$$GET1^DIQ(59,$G(CDIV)\_",",".01")  I PAG>1,$E(IOST)="C" D  Q:$D(DIRUT)  . S DIR(0)="E",DIR("A")=" Press ENTER to Continue or ^ to Exit" D ^DIR  ;  W @IOF,"Ignored Rejects Report",?71,"Page: ",$J(PAG,3)  W !,"Sorted by",$$SRT(PSOSRT),?48,"Division: ",CDIVN  W !,"Date Range: "\_$$DT(PSOSD+1\1)\_" - "\_$$DT(PSOED\1)  W ?48,"Run Date: "\_$$FMTE^XLFDT($$NOW^XLFDT())  **I PAG=1 D**  . **W !!,?22,"Note: Billed Amount is what was billed and:**  **. W !,?20,"cannot be used to determine potential revenue."**  S X="",$P(X,"-",81)="" W !,X  W !,"RX#/FILL",?15,"DRUG",?37,"PATIENT",?56,"IGNORE DT",?66,"IGNORED BY"  W !,"--------------",?15,"---------------------",?37,"------------------",?56,"---------",?66,"--------------"  Q | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSBUTL | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.8.1 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | PRINT^PSOBPSR1 | | | | | CLAIM^BPSBUTL  TOTPRICE^BPSSCRLG | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | TBD | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| ELIG(RX,FIL,COB) ; Veteran Eligibility - BPS\*1\*15  ; RX - rx ien  ; FIL - fill#, defaults to original fill if not passed in  ; COB - cob payer sequence, defaults to 1 if not passed in  ;  Q:'$G(RX) ""  ; ien to BPS Transaction file  N IEN59 S IEN59=$$IEN59^BPSOSRX(RX,$G(FIL),$G(COB)) Q:'IEN59 ""  Q:'$D(^BPST(IEN59,0)) ""  ; ELIGIBILITY field 901.04  Q $P($G(^BPST(IEN59,9)),U,4) | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| ELIG(RX,FIL,COB) ; Veteran Eligibility - BPS\*1\*15  ; RX - rx ien  ; FIL - fill#, defaults to original fill if not passed in  ; COB - cob payer sequence, defaults to 1 if not passed in  ;  Q:'$G(RX) ""  ; ien to BPS Transaction file  N IEN59 S IEN59=$$IEN59^BPSOSRX(RX,$G(FIL),$G(COB)) Q:'IEN59 ""  Q:'$D(^BPST(IEN59,0)) ""  ; ELIGIBILITY field 901.04  Q $P($G(^BPST(IEN59,9)),U,4)  **;Get Billed Amount**  **;RXIEN = Prescription ien (required)**  **;FILL# = Fill Number (optional, defaults to latest fill)**  **;COB = Coordination of Benefits (optional, defaults to 1)**  **GETBAMT(RXIEN,FILL#,COB) ;**  **N X**  **S X=$$CLAIM(RXIEN,$G(FILL),$G(COB))**  **S CLAIMIEN=$P(X,U,2)**  **S BAMT=$$TOTPRICE^BPSSCRLG(CLAIMIEN)**  **Q BAMT** | | | | | | | | | |

##### Functional Specifications for ECME

###### System Feature: ECME User Screen Comment

Requirement: Add “Pharmacy/OPECC” Action to List Manager Screen for Add/View Comments

The CMT Add/View Comments list manager screen, within the ECME User screen, shall contain an additional action of P Add Pharmacy/OPECC Comment which triggers the system to display the comment on the Reject Information screen.

**Design**

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL CMT ADD PHARM | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | Add Pharmacy/OPECC Comment | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | BPSCMT01 | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **D ADDP^BPSCMT01** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL CMT MENU | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | Menu protocol for comments | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | VALM | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **Newly created protocol BPS PRTCL CMT ADD PHARM will be added as an ITEM with a MNEMONIC of P.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

Requirement: Add functionality for “Pharmacy/OPECC” Action

The Add Pharmacy/OPECC Comment action shall prompt for a line number item, prompt for the comment, and record the date, time and user.

The comments will display in the comment section of the Reject Information screen and will also display on the ECME User Screen.

Related: (2.6.4.1) The related requirement describes the display of the comment on the Reject Information screen.

O Add OPECC Comment P Add Pharmacy/OPECC Comment EX Exit

Select action: Quit// P Add Pharmacy/OPECC Comment

Enter the line number for which you wish to Add comments.

Select item: 1.2// 1.2

Enter Comment: This is a test comment.

**Design**

| Field Name | Current Value | New Value |
| --- | --- | --- |
| PHARMACY | N/A | DATA NAME GLOBAL DATA  ELEMENT TITLE LOCATION TYPE  -------------------------------------------------------------------------------  9002313.59111,.04PHARMACY 0;1 SET  '1' FOR YES;  '0' FOR NO;  LAST EDITED: APR 20, 2015  HELP-PROMPT: Enter '1' or 'Yes' if this is a pharmacy  comment.  DESCRIPTION: This field is used to determine whether or not  this is a pharmacy comment.  TECHNICAL DESCR:  set of codes |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSCMT01 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.1.2 | | | | | | | | |
| **Related Options** | BPS USER SCREEN | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A (Called by ‘BPS PRTCL CMT ADD’ protocol.) | | | | | FILE^DIE | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| BPSCMT01 ;BHAM ISC/SS - ECME ADD/VIEW COMMENTS ;05-APR-05  ;;1.0;E CLAIMS MGMT ENGINE;\*\*1,5\*\*;JUN 2004;Build 45  ;;Per VHA Directive 2004-038, this routine should not be modified.  ;USER SCREEN  Q  ;  ADD ;entry point for Add option in Add/View screen  ;full screen mode  D FULL^VALM1  D ADDCMT  S VALMBCK="R"  Q  ADDCMT ;\*/  N BPRET,BPSEL,BP59ARR,BPRCMNT,BP59,BPNOW,BPLCK,BPREC,BPDFLT1  I '$D(@(VALMAR)) Q  D FULL^VALM1  ;select an item  W !,"Enter the line number for which you wish to Add comments."  S BPDFLT1=$G(^TMP("BPSCMT",$J,"VALM","SELLN"))  S BPDFLT1=$P(BPDFLT1,U,6)\_"."\_$P(BPDFLT1,U,7)  S BPSEL=$$ASKLINE^BPSSCRU4("Select item","PC","Please select Patient Li  ne to add a comment to all RXs or a SINGLE RXs",$G(BPDFLT1))  I BPSEL<1 S VALMBCK="R" Q  ;if single claim  I $P(BPSEL,U,7)>0 S BP59ARR(+$P(BPSEL,U,4))=""  E D MKPATARR^BPSCMT(VALMAR,+$P(BPSEL,U,6),.BP59ARR)  S BPRCMNT=$$COMMENT^BPSSCRCL("Enter Comment",60)  I (BPRCMNT="^")!($L(BPRCMNT)=0)!(BPRCMNT?1" "." ") Q  S BP59=0  F S BP59=$O(BP59ARR(BP59)) Q:+BP59=0 D  . N BPDA,BPERR,%  . D NOW^%DTC  . S BPNOW=%  . L +^BPST(9002313.59111,+BP59):10  . S BPLCK=$T  . I 'BPLCK Q ;quit  . D INSITEM(9002313.59111,+BP59,BPNOW)  . S BPREC=$O(^BPST(BP59,11,"B",BPNOW,0))  . I BPREC>0 D  . . S BPDA(9002313.59111,BPREC\_","\_BP59\_",",.02)=+$G(DUZ)  . . S BPDA(9002313.59111,BPREC\_","\_BP59\_",",.03)=$G(BPRCMNT)  . . D FILE^DIE("","BPDA","BPERR")  . I BPLCK L -^BPST(9002313.59111,+BP59)  D REDRWCMT^BPSCMT ;update the content of the screen and display it  S ^TMP("BPSSCR",$J,"VALM","UPDATE")=1  Q  ; | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| BPSCMT01 ;BHAM ISC/SS - ECME ADD/VIEW COMMENTS ;05-APR-05  ;;1.0;E CLAIMS MGMT ENGINE;\*\*1,5\*\*;JUN 2004;Build 45  ;;Per VHA Directive 2004-038, this routine should not be modified.  ;USER SCREEN  Q  ;  **ADDP ;entry point for Add Pharmacy option in Add/View screen**  **N BPSCMTRX**  **S BPSCMTRX=1**  **;**  ADD ;entry point for Add option in Add/View screen  ;full screen mode  D FULL^VALM1  D ADDCMT  S VALMBCK="R"  Q  ADDCMT ;\*/  N BPRET,BPSEL,BP59ARR,BPRCMNT,BP59,BPNOW,BPLCK,BPREC,BPDFLT1  I '$D(@(VALMAR)) Q  D FULL^VALM1  ;select an item  W !,"Enter the line number for which you wish to Add comments."  S BPDFLT1=$G(^TMP("BPSCMT",$J,"VALM","SELLN"))  S BPDFLT1=$P(BPDFLT1,U,6)\_"."\_$P(BPDFLT1,U,7)  S BPSEL=$$ASKLINE^BPSSCRU4("Select item","PC","Please select Patient Li  ne to add a comment to all RXs or a SINGLE RXs",$G(BPDFLT1))  I BPSEL<1 S VALMBCK="R" Q  ;if single claim  I $P(BPSEL,U,7)>0 S BP59ARR(+$P(BPSEL,U,4))=""  E D MKPATARR^BPSCMT(VALMAR,+$P(BPSEL,U,6),.BP59ARR)  S BPRCMNT=$$COMMENT^BPSSCRCL("Enter Comment",60)  I (BPRCMNT="^")!($L(BPRCMNT)=0)!(BPRCMNT?1" "." ") Q  S BP59=0  F S BP59=$O(BP59ARR(BP59)) Q:+BP59=0 D  . N BPDA,BPERR,%  . D NOW^%DTC  . S BPNOW=%  . L +^BPST(9002313.59111,+BP59):10  . S BPLCK=$T  . I 'BPLCK Q ;quit  . D INSITEM(9002313.59111,+BP59,BPNOW)  . S BPREC=$O(^BPST(BP59,11,"B",BPNOW,0))  . I BPREC>0 D  . . S BPDA(9002313.59111,BPREC\_","\_BP59\_",",.02)=+$G(DUZ)  . . S BPDA(9002313.59111,BPREC\_","\_BP59\_",",.03)=$G(BPRCMNT)  **. . I +$G(BPSCMTRX)=1 S BPDA(9002313.59111,BPREC\_","\_BP59\_",",.04)=1**  . . D FILE^DIE("","BPDA","BPERR")  . I BPLCK L -^BPST(9002313.59111,+BP59)  D REDRWCMT^BPSCMT ;update the content of the screen and display it  S ^TMP("BPSSCR",$J,"VALM","UPDATE")=1  Q  ; | | | | | | | | | |

Requirement: Rename “Add Comment” action on List Manager Screen for Add/View Comments

The CMT Add/View Comments list manager screen shall contain action O Add OPECC Comment which is renamed from A Add Comment.

**Design**

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL CMT ADD | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | Add Comment | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | BPSCMT01 | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| Item Text currently contains “Add Comment”. | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **Item Text will be renamed to “Add OPECC Comment”.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL CMT MENU | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | menu protocol for comments | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | VALM | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| BPS PRTCL CMT ADD is currently listed as an ITEM with a MNEMONIC of A. | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **The MNEMONIC for BPS PRTCL CMT ADD will change to O.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

Requirement: Add a Pharmacy Indicator to the Add/View Comments List Manager Screen

The CMT Add/View Comments list manager screen, within the ECME User screen, shall display an indicator for Pharmacy comments.

**ADD/VIEW COMMENTS**             Mar 18, 2015@10:40:27          Page:    1 of    1

PHARMACY ECME

SELECTED DIVISION(S): ALL

Transmitted by ALL users        Activity Date Range: within the past 999 day(s)

 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#       STATUS/LOC/RX INFO

  1.1   ATENOLOL 25MG TAB 53265041211 03/18 2720612     0/000004317495 W RT AC/N

      03/18/15 - TEST COMMENT #2

      (USER, TWO)

      03/18/15 (Pharm) - USER'S TEST COMMENT

      (USER, ONE)

      p-Rejected

  Enter ?? for more actions

O Add OPECC Comment P Add Pharmacy/OPECC Comment EX Exit

Select action: Quit//

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRU3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.1.4 | | | | | | | | |
| **Related Options** | BPS USER SCREEN | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | BPSSCR03 | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| COMMENT(BP59) ;  N BPCMNT,BPX,BPTXT  S BPCMNT=$O(^BPST(BP59,11,999999),-1)  I BPCMNT="" Q ""  S BPX=$G(^BPST(BP59,11,BPCMNT,0))  S BPTXT=$P(BPX,U,3) I $L(BPTXT)>60 S BPTXT=$E(BPTXT,1,58)\_"..."  Q $$DATTIM($P(BPX,U,1)\1)\_" - "\_BPTXT\_U\_$$USERNAM^BPSCMT01($P(BPX,U,2))  ; | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| COMMENT(BP59) ;  N BPCMNT,BPX,BPTXT  S BPCMNT=$O(^BPST(BP59,11,999999),-1)  I BPCMNT="" Q ""  S BPX=$G(^BPST(BP59,11,BPCMNT,0))  S BPTXT=$P(BPX,U,3) I $L(BPTXT)>60 S BPTXT=**$S(+$P(BPX,U,4):$E(BPTXT,1,5**  **0)\_"...",1:**$E(BPTXT,1,58)\_"..."**)**  Q $$DATTIM($P(BPX,U,1)\1)**\_$S(+$P(BPX,U,4):" (Pharm)",1: "")**\_" - "\_BPTXT  \_U\_$$USERNAM^BPSCMT01($P(BPX,U,2))  ; | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCR03 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.1.4 | | | | | | | | |
| **Related Options** | BPS USER SCREEN | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | BPSCMT01  BPSSCR02 | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| S BPN=0,(BPTXT1,BPTXT2,BPTXT3,BPTXT4,BPX1)=""  I BPMODE="R" D  . S BPX=$$COMMENT^BPSSCRU3(BP59)  . I $L(BPX)>0 S BPN=BPN+1,BPARR(BPN)=$P(BPX,U)  . I $P(BPX,U,2)]"" S BPN=BPN+1,BPARR(BPN)="("\_$P(BPX,U,2)\_")"  E D  . N BPCMNT,BPX1 S BPCMNT=99999999  . F S BPCMNT=$O(^BPST(BP59,11,BPCMNT),-1) Q:+BPCMNT=0 D  . . S BPX1=$G(^BPST(BP59,11,BPCMNT,0))  . . I BPX1="" Q  . . S BPX=$$DATTIM^BPSSCRU3($P(BPX1,U,1)\1)\_" - "\_$P(BPX1,U,3)  . . I $L(BPX)>0 S BPN=BPN+1,BPARR(BPN)=BPX  . . I +$P(BPX1,U,2)]"" D  . . . S BPX=$$USERNAM^BPSCMT01(+$P(BPX1,U,2))  . . . I BPX'="" S BPX="("\_BPX\_")",BPN=BPN+1,BPARR(BPN)=BPX | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| S BPN=0,(BPTXT1,BPTXT2,BPTXT3,BPTXT4,BPX1)=""  I BPMODE="R" D  . S BPX=$$COMMENT^BPSSCRU3(BP59)  . I $L(BPX)>0 S BPN=BPN+1,BPARR(BPN)=$P(BPX,U)  . I $P(BPX,U,2)]"" S BPN=BPN+1,BPARR(BPN)="("\_$P(BPX,U,2)\_")"  E D  . N BPCMNT,BPX1 S BPCMNT=99999999  . F S BPCMNT=$O(^BPST(BP59,11,BPCMNT),-1) Q:+BPCMNT=0 D  . . S BPX1=$G(^BPST(BP59,11,BPCMNT,0))  . . I BPX1="" Q  . . S BPX=$$DATTIM^BPSSCRU3($P(BPX1,U,1)\1)**\_$S(+$P(BPX,U,4):" (Pharm)",**  **1: "")**\_" - "\_$P(BPX1,U,3)  . . I $L(BPX)>0 S BPN=BPN+1,BPARR(BPN)=BPX  . . I +$P(BPX1,U,2)]"" D  . . . S BPX=$$USERNAM^BPSCMT01(+$P(BPX1,U,2))  . . . I BPX'="" S BPX="("\_BPX\_")",BPN=BPN+1,BPARR(BPN)=BPX | | | | | | | | | |

###### System Feature: ECME Resubmit

Requirement: Capture User Name and Origin of ECME

When a transaction, such as a resubmission, is initiated from ECME, the system shall capture the user’s name and the origin of the resubmit, which is ECME.

An ECME claim can be submitted from the ECME User screen using a resubmit action, Claims Tracking (back bill) or the option of Process Secondary/TRICARE Rx to ECME [BPS COB PROCESS SECOND TRICARE]. The origin of the transaction is ECME for all of the listed actions.

The user name and originating application are needed for productivity reporting.

**Design**

There is no design necessary for this requirement. The system already captures the origin of the ECME claim request through the RX ACTION field in the BPS Transaction file and also as recorded in the BWHERE variable which is a required parameter which is passed into ECME for every ECME transaction attempt. Similarly the DUZ user name is also captured for each ECME transaction attempt and stored in the USER field.

Requirement: ECME User Screen Resubmit for Non-Billable Prescriptions

The system shall allow the user to use an action that resubmits a claim from the ECME User screen for a non-billable TRICARE or CHAMPVA prescription with a rejection of eT or eC.

A claim will not be reversed because a claim was never submitted.

Related: (2.7.4.1, 2.7.4.2) The related requirements describe ECME User screen changes which will enable the display of non-billable TRICARE and CHAMPVA prescriptions with pseudo-reject codes of eT and eC.

**Design**

A new BWHERE value of “ERNB” is being created for the resubmit of a non-billable TRICARE/CHAMPVA non-billable entry with a rejection of eT or eC from the ECME User Screen. The BPACTTYP variable must be “C” only, not “UC” because the claim should not be reversed.

Please see the design of section 6.2.2.2.7.3.5 (Requirement: Resubmit w/o a Reversal) for the modifications needed for a new BWHERE value of “ERWV” to behave similarly to the existing “ERES” value for an ECME user screen resubmit. So the new BWHERE values of “ERNB” and “ERWV” will behave similarly and the design is included for both in this section. Routines affected are: BPSNCPD2, BPSNCPD3, BPSNCPDP, BPSOSRX5, BPSSCRRS. All routine design element tables for these changes are in section 6.2.2.2.7.3.5.

No other changes are required.

###### System Feature: ECME User Screen

Requirement: Resubmission Indicator on ECME User Screen

The ECME User Screen [BPS USER SCREEN] shall display an indicator of RS which is triggered by a manual claim resubmission, only if the resubmission is from the ECME User Screen.

The resubmission indicator should only be captured and displayed for the last transaction and an indicator may be overwritten. For example, if the claim is resubmitted after back billing occurs, the ECME User screen will display a resubmission indicator instead of a back bill indicator.

All ECME resubmit actions will trigger the indicator: RES Resubmit Claim, RED Resubmit Claim w/EDITS, and RER Resubmit Claim w/o Reversal.

**PHARMACY ECME** Feb 27, 2015@08:10:24 Page: 1 of 5

SELECTED DIVISION(S): ALL

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

Sorted by: Transaction date by default

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

1 OPPATIENT,TWO (999P) ABC INS /555-555-5555 VET Pb:1 Rj:2 AcRv:0 RjRv:0

1.1 PREDNISONE 10MG T 00054001729 02/19 2720593 0/000004317476 W RS AC/N

02/20/15 - USER'S COMMENT TEST

(OPUSER, THREE)

p-Payable

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRU2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.1 | | | | | | | | |
| **Related Options** | ECME User Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | BPSSCR02, BPSSCR03 | | | | | RTBB^BPSSCRU2 | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;input  ;ptr to 9002313.59  ;output :  ; BB - back billing  ; P2 - PRO Option  ; RT - all other values in (#1201) RX ACTION field on 9002313.59  RTBB(BP59) ;\*/  N BPTRBB  S BPTRBB=$P($G(^BPST(BP59,12)),U)  I BPTRBB="" Q "\*\*"  I BPTRBB="BB" Q "BB"  I BPTRBB="P2" Q "P2"  I BPTRBB="P2S" Q "P2"  Q "RT"  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| “ERES” is the BWHERE indicator for any resubmit from the ECME user screen. This is stored as the RX ACTION field in the BPS TRANSACTION file.  Also **new BWHERE value of “ERWV” is used by a new hidden action to do a resubmit without doing a reversal no matter the claim’s status (see requirement 2.7.3.5).**  Also **another new BWHERE value of “ERNB” is used when doing a resubmit of a TRI/CVA non-billable entry.**  ;input  ;ptr to 9002313.59  ;output :  ; BB - back billing  ; P2 - PRO Option  ; RT - all other values in (#1201) RX ACTION field on 9002313.59  RTBB(BP59) ;\*/  N BPTRBB  S BPTRBB=$P($G(^BPST(BP59,12)),U)  I BPTRBB="" Q "\*\*"  I BPTRBB="BB" Q "BB"  I BPTRBB="P2" Q "P2"  I BPTRBB="P2S" Q "P2"  I **BPTRBB=”ERES” Q “RS” ; new code for ECME user screen resubmit (normal resubmit)**  **I BPTRBB=”ERWV” Q “RS” ; new code for ECME user screen resubmit (resubmit no reverse)**  **I BPTRBB=”ERNB” Q “RS” ; new code for ECME user screen resubmit (TRI/CVA non-billable**)  Q "RT"  ; | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRSL | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.1 | | | | | | | | |
| **Related Options** | ECME User Screen (sort list) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen Sort List action | | | | | SL^BPSSCRSL, EDITPROF^BPSSCRSL, SORTTYPE^BPSSCRSL | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;1.09 REALTIME/BACKBILL --'R' FOR REALTIME; 'B' FOR BACKBILLS; 'A' FOR ALL; Display RealTime Fills or Backbills or ALL  ;'P' FOR PATIENT NAME -- 'N' FOR DRUG NAME; 'B' FOR BILL TYPE (BB/P2/RT); 'L' FOR FILL LOCATION;  EDITPROF(BPARR,BPDUZ7) ;  N BP1  N BPRET  N BPSTR  S BPSTR="S^T:TRANSACTION DATE;D:DIVISION;I:INSURANCE;C:REJECT CODE;P:PATIENT NAME;N:DRUG NAME;B:BILL TYPE (BB/P2/RT);L:FILL  LOCATION;R:RELEASED/NON-RELEASED;A:ACTIVE/DISCONTINUED"  I $$EDITFLD^BPSSCRCV(1.12,+BPDUZ7,BPSTR,"ENTER SORT TYPE","TRANSACTION DATE",.BPARR)=-1 S BPDUZ7=0 Q  Q  SORTTYPE(BPSTYPE) ;  Q:(BPSTYPE="T") "Transaction Date"  Q:(BPSTYPE="D") "ECME division"  Q:(BPSTYPE="I") "Insurance"  Q:(BPSTYPE="C") "Reject Code"  Q:(BPSTYPE="P") "Patient Name"  Q:(BPSTYPE="N") "Drug Name"  Q:(BPSTYPE="B") "Claim's Origin (BB/P2/RT)"  Q:(BPSTYPE="L") "Fill Location"  Q:(BPSTYPE="R") "Released/Non-released"  Q:(BPSTYPE="A") "Active/Discontinued"  Q ""  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ;1.09 REALTIME/BACKBILL --'R' FOR REALTIME; 'B' FOR BACKBILLS; ‘P2’ FOR PRO OPTION; **‘RS’ FOR ECME USER SCREEN RESUBMITS;** 'A' FOR ALL; Display RealTime Fills or Backbills or PRO option submissions, or **ECME user screen resubmits** or ALL  ;'P' FOR PATIENT NAME -- 'N' FOR DRUG NAME; 'B' FOR BILL TYPE (BB/P2/RT/**RS**); 'L' FOR FILL LOCATION;  EDITPROF(BPARR,BPDUZ7) ;  N BP1  N BPRET  N BPSTR  S BPSTR="S^T:TRANSACTION DATE;D:DIVISION;I:INSURANCE;C:REJECT CODE;P:PATIENT NAME;N:DRUG NAME;B:BILL TYPE (BB/P2/RT/**RS**);L:FILL  LOCATION;R:RELEASED/NON-RELEASED;A:ACTIVE/DISCONTINUED"  I $$EDITFLD^BPSSCRCV(1.12,+BPDUZ7,BPSTR,"ENTER SORT TYPE","TRANSACTION DATE",.BPARR)=-1 S BPDUZ7=0 Q  Q  SORTTYPE(BPSTYPE) ;  Q:(BPSTYPE="T") "Transaction Date"  Q:(BPSTYPE="D") "ECME division"  Q:(BPSTYPE="I") "Insurance"  Q:(BPSTYPE="C") "Reject Code"  Q:(BPSTYPE="P") "Patient Name"  Q:(BPSTYPE="N") "Drug Name"  Q:(BPSTYPE="B") "Claim's Origin (BB/P2/RT/**RS**)"  Q:(BPSTYPE="L") "Fill Location"  Q:(BPSTYPE="R") "Released/Non-released"  Q:(BPSTYPE="A") "Active/Discontinued"  Q ""  ; | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCR01 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.1 | | | | | | | | |
| **Related Options** | ECME User Screen (sort list) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| LMARRAY(BPTMPGL,BPARR) ;\*/  N BPSRTVAL,BP59,BPSORT,BPLN,BPLM,BPSTR1,BPCLM,BPPREV  S BPLM=0 ;patient\_AND\_insurance level counter  S BPCLM=0 ;claim level counter  S BP59=0  S BPLN=1 ;line counter for List manager array to display on the screen  S BPPREV=0 ;to store data from previous patient group  ;sort type:  ;'T' FOR TRANSACTION DATE  ;'D' FOR DIVISION (ECME pharmacy)  ;'I' FOR INSURANCE  ;'C' FOR REJECT CODE  ;'P' FOR PATIENT NAME  ;'N' FOR DRUG NAME  ;'B' FOR BILL TYPE (BB/P2/RT) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| LMARRAY(BPTMPGL,BPARR) ;\*/  N BPSRTVAL,BP59,BPSORT,BPLN,BPLM,BPSTR1,BPCLM,BPPREV  S BPLM=0 ;patient\_AND\_insurance level counter  S BPCLM=0 ;claim level counter  S BP59=0  S BPLN=1 ;line counter for List manager array to display on the screen  S BPPREV=0 ;to store data from previous patient group  ;sort type:  ;'T' FOR TRANSACTION DATE  ;'D' FOR DIVISION (ECME pharmacy)  ;'I' FOR INSURANCE  ;'C' FOR REJECT CODE  ;'P' FOR PATIENT NAME  ;'N' FOR DRUG NAME  ;'B' FOR BILL TYPE (BB/P2/RT/**RS**) | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCR04 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.1 | | | | | | | | |
| **Related Options** | ECME User Screen (list build) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| COLLECT+36 ;'B' FOR BILL TYPE (BB/P2/RT)  SORTIT+54 ;by claim origination type (BB-backbilling, RT-realtime, P2-PRO option) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| COLLECT+36 ;'B' FOR BILL TYPE (BB/P2/RT/**RS**)  SORTIT+54 ;by claim origination type (BB-backbilling, RT-realtime, P2-PRO option, **RS-ECME user screen resubmits**) | | | | | | | | | |

Requirement: Resubmission Display option in Change View of ECME User Screen

The ECME User Screen [BPS USER SCREEN] Change View action shall offer a choice of Resubmission and display the ECME User Screen data based on the user selection.

Select one of the following:

R Real Time Fills

B Backbill

P PRO Option

S ReSubmission

A ALL

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

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCR03 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.2 | | | | | | | | |
| **Related Options** | ECME User Screen (change view) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | | FILTER^BPSSCR03 | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;Back billing  S BPRTBB=$$RTBB^BPSSCRU2(BP59)  I $G(BPARR(1.09))="B",BPRTBB'="BB" Q 0  ;PRO Option  I $G(BPARR(1.09))="P",BPRTBB'="P2" Q 0  ;real time  I $G(BPARR(1.09))="R",BPRTBB="BB"!(BPRTBB="P2") Q 0 | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ;Back billing  S BPRTBB=$$RTBB^BPSSCRU2(BP59) **I BPRTBB=”\*\*” S BPRTBB=”RT”**  I $G(BPARR(1.09))="B",BPRTBB'="BB" Q 0  ;PRO Option  I $G(BPARR(1.09))="P",BPRTBB'="P2" Q 0  ; **ECME user screen resubmits**  **I $G(BPARR(1.09))=”S”,BPRTBB’=”RS” Q 0**  ;real time  I $G(BPARR(1.09))="R",**BPRTBB’=”RT”** Q 0 | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRCV | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.2 | | | | | | | | |
| **Related Options** | ECME User Screen (change view) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | | EDITPROF^BPSSCRCV | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| BPSSCRCV+19 ;1.09 REALTIME/BACKBILL --'R' FOR REALTIME; 'B' FOR BACKBILLS; 'P' FOR PRO Option; 'A' FOR ALL; Display RealTime Fills or Backbills or PRO Option or ALL  BPSSCRCV+24 ;'P' FOR PATIENT NAME -- 'N' FOR DRUG NAME; 'B' FOR BILL TYPE (BB/P2/RT); 'L' FOR FILL LOCATION;  EDITPROF+37 Q:$$EDITFLD(1.09,+BPDUZ7,"S^R:REALTIME;B:BACKBILLS;P:PRO OPTION;A:ALL","Display (R)ealTime Fills or (B)ackbills or (P)RO Option or (A)LL","ALL",.BPARR)=-1 | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| BPSSCRCV+19 ;1.09 REALTIME/BACKBILL --'R' FOR REALTIME; 'B' FOR BACKBILLS; 'P' FOR PRO Option; **‘S’ FOR ECME USER SCREEN RESUBMITS**; 'A' FOR ALL; Display RealTime Fills or Backbills or PRO Option **or Resubmits** or ALL  BPSSCRCV+24 ;'P' FOR PATIENT NAME -- 'N' FOR DRUG NAME; 'B' FOR BILL TYPE (BB/P2/RT/**RS**); 'L' FOR FILL LOCATION;  EDITPROF+37 Q:$$EDITFLD(1.09,+BPDUZ7,"S^**R:Real Time Fills;B:Backbill;P:PRO Option;S:ReSubmission;A:ALL**","Display (R)ealTime Fills or (B)ackbills or (P)RO Option **or Re(S)ubmission** or (A)LL","ALL",.BPARR)=-1 | | | | | | | | | |

Requirement: Create OPECC Reject Information screen for ECME User Screen

The ECME User Screen [BPS USER SCREEN] shall contain a new hidden action with a new list manager screen called OPECC Reject Information, modeled after the outpatient pharmacy Reject Information screen with the following exceptions:

* Remove fields DUR Text and Reason Code
* Add fields for PCN and Effective Date of Insurance

OPECC Reject Information(Veteran)Feb 27, 2015@07:55:19 Page: 1 of 1

Division : DAYTON NPI: 4050000015 NCPDP: 4150001

Patient : PATIENT,THREE(261P) Sex: M DOB: NOV 12,19XX(XX)

Rx# : XXXX595/0 ECME#: 000009998888 Date of Service: Feb 20, 2015

Drug : ALBUTEROL 0.5% INHL SOLN NDC Code: 24208-0347-20

REJECT Information BACK-BILL

Reject Type : 21 - M/I Product/Service ID- received on FEB 20, 2015@10:02:23

Reject Status : OPEN/UNRESOLVED - E REJECTED

Payer Addl Msg : EMD 1000: CLAIM PAID RX:000004317478FILL:2015-02-20 BIN:610144

PCN:TEST

COMMENTS

- FEB 20, 2015@10:02:23 - Automatically transferred due to Reject Resolution

Required reject code (POSTMASTER)

INSURANCE Information

Insurance : EPOR8

Contact : 555-555-5555

BIN : 610144

PCN : 12345

Group Number : 888

Cardholder ID : 154725896

Effective Date : 1/1/2011

+ Enter ?? for more actions

VW View Rx VER View ePharmacy Rx PI Patient Information

MP Medication Profile

Select: Quit//

**Design**

There are currently 3 List Manager list templates in use to display the Outpatient Pharmacy Reject Information screen. All use the same routine entry points for the list header, entry, exit, and help code and all use the same List Manager display array scratch global. They each have different menu protocols and hidden action menu protocols and this is the reason for the different list templates.

A new List Manager template will be created in the PSO namespace which will be able to be invoked from the ECME User Screen for OPECC usage. Database Integration Agreements will be created between ECME and PSO for the usage of these PSO routines and globals and data.

| **List Templates** | **Description** | | | | |
| --- | --- | --- | --- | --- | --- |
| **List Template Name** | PSO REJECT DISPLAY OPECC | | | | |
| **Enhancement Category** | New | Modify | Delete | | No Change |
| **RTM** | 2.7.3.3 | | | | |
| **Template Type** | Sort | Input | Print | | Other – List Template |
| **Related Options** | ECME User Screen/PSO Reject Information Screen | | | | |
| **Related Routines** | **Routines “Called By”** | | | **Routines “Called”** | |
|  | ECME user screen action protocol | | | PSOREJP1 | |
| **Routines** | **Description** | | | | |
| **Data Dictionary (DD) References** | N/A | | | | |
| **Global References** | N/A | | | | |
| **List Template Definition** | NAME: PSO REJECT DISPLAY OPECC TYPE OF LIST: PROTOCOL  RIGHT MARGIN: 80 TOP MARGIN: 7  BOTTOM MARGIN: 21 OK TO TRANSPORT?: NOT OK  USE CURSOR CONTROL: YES PROTOCOL MENU: PSO REJECT OPECC MENU  SCREEN TITLE: OPECC Reject Information  ALLOWABLE NUMBER OF ACTIONS: 1 AUTOMATIC DEFAULTS: YES  HIDDEN ACTION MENU: VALM HIDDEN ACTIONS  ARRAY NAME: ^TMP("PSOREJP1",$J) EXIT CODE: D EXIT^PSOREJP1  HEADER CODE: D HDR^PSOREJP1 HELP CODE: D HELP^PSOREJP1  ENTRY CODE: D INIT^PSOREJP1  Note: before calling this list required variables are RX and REJ and FILL. See the tag EN^PSOREJP1 for variables to be set-up before calling one of these Reject Information Screen Lists. | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.3 | | | | | | | | |
| **Related Options** | ECME User Screen (OPECC Reject Information Screen) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | | PSOREJP1 | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| INIT ; Builds the Body section  N DATA,LINE  I '$D(RFL) S RFL=$$LSTRFL^PSOBPSU1(RX)  S PSOTRIC="",PSOTRIC=$$TRIC(RX,RFL,PSOTRIC)  I '$$CLOSED(RX,REJ)&(PSOTRIC) S VALM("TITLE")="Reject Information ("\_$$ELIGDISP(RX,RFL)\_")"  F I=1:1:$G(LASTLN) D RESTORE^VALM10(I)  K ^TMP("PSOREJP1",$J) S VALMCNT=0,LINE=0  D GET^PSOREJU2(RX,FILL,.DATA,REJ,1)  D REJ ; Display the REJECT Information  D OTH ; Display the Other Rejects Information  D COM^PSOREJP3 ; Display the Comment  D INS ; Display the Insurance Information  D CLS ; Display the Resolution Information  S VALMCNT=LINE  Q  REJ ; - DUR Information  N TYPE,PFLDT,TREJ,TDATA,PSOTRIC,PSOET,PSONAF,BBCOB,BBTXT S TDATA=""  S PSOTRIC="",PSOTRIC=$$TRIC(RX,FILL,PSOTRIC)  ; Back Bill indicator - PSO\*7\*421  S BBTXT="",BBCOB=$G(DATA(REJ,"COB")),BBCOB=$S(BBCOB="SECONDARY":2,BBCOB="TERTIARY":3,1:1)  I $$BBILL^BPSBUTL(RX,FILL,BBCOB) S BBTXT=" BACK-BILL"  D SETLN("REJECT Information"\_$S($G(PSOTRIC)=1:" (TRICARE)",$G(PSOTRIC)=2:" (CHAMPVA)",1:"")\_BBTXT,1,1)  S TYPE=$S($G(DATA(REJ,"CODE"))=79:"79 - REFILL TOO SOON",1:"")  I TYPE="" S TYPE=DATA(REJ,"CODE")\_" - "\_$E($$EXP(DATA(REJ,"CODE")),1,23)\_"-"  D SETLN("Reject Type : "\_TYPE\_" received on "\_$$FMTE^XLFDT($G(DATA(REJ,"DATE/TIME"))),,,18)  ;cnf, PSO\*7\*358, if TRICARE/CHAMPVA non-billable then reset Status line  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  I PSOET D SETLN("Status : NO CLAIM SUBMITTED")  I 'PSOET D SETLN("Reject Status : "\_$G(DATA(REJ,"STATUS"))\_" - "\_$$STATUS^PSOBPSUT(RX,FILL),,,18)  S PSONAF=$$NFLDT^BPSBUTL(RX,FILL) ; IA 4719  I PSONAF'="" D SETLN("Next Avail Fill: "\_$$FMTE^XLFDT(PSONAF),,,18) ; PSO\*7\*421  D SET("PAYER MESSAGE",63)  D SET("REASON",63)  S PFLDT=$$FMTE^XLFDT($G(DATA(REJ,"PLAN PREVIOUS FILL DATE")))  D SET("DUR TEXT",63,$S(PFLDT="":1,1:0))  I PFLDT'="" D SETLN("Last Fill Date : "\_PFLDT\_" (from payer)",,1,18)  Q  INS ; - Insurance Information  D SETLN()  D SETLN("INSURANCE Information",1,1)  N PSOINS,PSOINS1,I  S PSOINS=$G(DATA(REJ,"INSURANCE NAME"))  F I=1:1:(50-($L(PSOINS)+18)) S PSOINS=PSOINS\_" "  S PSOINS1=$G(DATA(REJ,"COB"))  I PSOINS1="SECONDARY" S PSOINS=PSOINS\_"Coord. Of Benefits: "\_PSOINS1  D SETLN("Insurance : "\_PSOINS,,,18)  D SETLN("Contact : "\_$G(DATA(REJ,"PLAN CONTACT")),,,18)  D SETLN("BIN : "\_$G(DATA(REJ,"BIN")),,,18)  D SETLN("Group Number : "\_$G(DATA(REJ,"GROUP NUMBER")),,,18)  D SETLN("Cardholder ID : "\_$G(DATA(REJ,"CARDHOLDER ID")),,1,18)  Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| B**ug fix in the INIT section. Variable usage of RFL here is not correct. The correct variable for the fill# is FILL and this should be set based on the prescription IEN in variable RX and the 52.25 subfile ien in variable REJ. Both of these are known to exist here in INIT. It is NOT correct to obtain the fill# simply based on the last fill# available. This is the bug.**  INIT ; Builds the Body section  N DATA,LINE  I **‘D(FILL) S FILL=+$$GET1^DIQ(52.25,REJ\_","\_RX,5) ; obtain fill# from 52.25 subfile if not defined**  S PSOTRIC="",PSOTRIC=$$TRIC(RX,**FILL**,PSOTRIC)  I '$$CLOSED(RX,REJ)&(PSOTRIC) S VALM("TITLE")="Reject Information ("\_$$ELIGDISP(RX,**FILL**)\_")"  F I=1:1:$G(LASTLN) D RESTORE^VALM10(I)  K ^TMP("PSOREJP1",$J) S VALMCNT=0,LINE=0  D GET^PSOREJU2(RX,FILL,.DATA,REJ,1)  D REJ ; Display the REJECT Information  D OTH ; Display the Other Rejects Information  D COM^PSOREJP3 ; Display the Comment  D INS ; Display the Insurance Information  D CLS ; Display the Resolution Information  S VALMCNT=LINE  Q  I**n the REJ section, we need to NOT display the DUR text or reason code for the OPECC screen. Set a special variable if coming from the ECME user screen and suppress this display as below.**  REJ ; - DUR Information  N TYPE,PFLDT,TREJ,TDATA,PSOTRIC,PSOET,PSONAF,BBCOB,BBTXT S TDATA=""  S PSOTRIC="",PSOTRIC=$$TRIC(RX,FILL,PSOTRIC)  ; Back Bill indicator - PSO\*7\*421  S BBTXT="",BBCOB=$G(DATA(REJ,"COB")),BBCOB=$S(BBCOB="SECONDARY":2,BBCOB="TERTIARY":3,1:1)  I $$BBILL^BPSBUTL(RX,FILL,BBCOB) S BBTXT=" BACK-BILL"  D SETLN("REJECT Information"\_$S($G(PSOTRIC)=1:" (TRICARE)",$G(PSOTRIC)=2:" (CHAMPVA)",1:"")\_BBTXT,1,1)  S TYPE=$S($G(DATA(REJ,"CODE"))=79:"79 - REFILL TOO SOON",1:"")  I TYPE="" S TYPE=DATA(REJ,"CODE")\_" - "\_$E($$EXP(DATA(REJ,"CODE")),1,23)\_"-"  D SETLN("Reject Type : "\_TYPE\_" received on "\_$$FMTE^XLFDT($G(DATA(REJ,"DATE/TIME"))),,,18)  ;cnf, PSO\*7\*358, if TRICARE/CHAMPVA non-billable then reset Status line  S PSOET=$$PSOET^PSOREJP3(RX,FILL)  I PSOET D SETLN("Status : NO CLAIM SUBMITTED")  I 'PSOET D SETLN("Reject Status : "\_$G(DATA(REJ,"STATUS"))\_" - "\_$$STATUS^PSOBPSUT(RX,FILL),,,18)  S PSONAF=$$NFLDT^BPSBUTL(RX,FILL) ; IA 4719  I PSONAF'="" D SETLN("Next Avail Fill: "\_$$FMTE^XLFDT(PSONAF),,,18) ; PSO\*7\*421  D SET("PAYER MESSAGE",63)  IF **coming from ECME User Screen, do NOT display the reason code data: D SET("REASON",63)**  S PFLDT=$$FMTE^XLFDT($G(DATA(REJ,"PLAN PREVIOUS FILL DATE")))  IF **coming from ECME User Screen, do NOT display DUR data: D SET("DUR TEXT",63,$S(PFLDT="":1,1:0))**  I PFLDT'="" D SETLN("Last Fill Date : "\_PFLDT\_" (from payer)",,1,18) **Also be aware of underline.**  Q  For **this INS section we need to add the PCN and the Effective date of insurance if coming from the ECME user screen:**  INS ; - Insurance Information  D SETLN()  D SETLN("INSURANCE Information",1,1)  N PSOINS,PSOINS1,I  S PSOINS=$G(DATA(REJ,"INSURANCE NAME"))  F I=1:1:(50-($L(PSOINS)+18)) S PSOINS=PSOINS\_" "  S PSOINS1=$G(DATA(REJ,"COB"))  I PSOINS1="SECONDARY" S PSOINS=PSOINS\_"Coord. Of Benefits: "\_PSOINS1  D SETLN("Insurance : "\_PSOINS,,,18)  D SETLN("Contact : "\_$G(DATA(REJ,"PLAN CONTACT")),,,18)  D SETLN("BIN : "\_$G(DATA(REJ,"BIN")),,,18)  I **OPECC REJ INFO SCREEN: D SETLN(“PCN : “\_$G(DATA(REJ,”PCN”)),,,18)**  D SETLN("Group Number : "\_$G(DATA(REJ,"GROUP NUMBER")),,,18)  D SETLN("Cardholder ID : "\_$G(DATA(REJ,"CARDHOLDER **ID")),,,18) also be aware of underline attr**  I **OPECC REJ INFO SCREEN: D SETLN(“Effective Date : “\_$G(DATA(REJ,”POLICY EFFECTIVE DATE”)),,1,18)**  Q | | | | | | | | | |

Add 3 new fields to the 52.25 – REJECT INFO SUB-FILE in the Prescription file

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | REJECT INFO SUB-FILE (52.25) | | | | | |
| Field Name | PCN | | | | | |
| Field Description | Enter the Processor Control Number at the time of the reject. | | | | | |
| Requirements Traceability Matrix | 2.7.3.3 | | | | | |
| Field # | 34 | | | | | |
| Node # | 2 | | | | | |
| Piece # | 10 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | REJECT INFO SUB-FILE (52.25) | | | | | |
| Field Name | POLICY NUMBER | | | | | |
| Field Description | Enter the patient insurance policy subfile ien at the time of the reject. | | | | | |
| Requirements Traceability Matrix | 2.7.3.3 | | | | | |
| Field # | 35 | | | | | |
| Node # | 2 | | | | | |
| Piece # | 11 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | REJECT INFO SUB-FILE (52.25) | | | | | |
| Field Name | POLICY EFFECTIVE DATE | | | | | |
| Field Description | Enter the patient insurance policy effective date from the patient insurance file at the time of the reject. | | | | | |
| Requirements Traceability Matrix | 2.7.3.3 | | | | | |
| Field # | 36 | | | | | |
| Node # | 2 | | | | | |
| Piece # | 12 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPD3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.3 | | | | | | | | |
| **Related Options** | ECME User Screen/OPECC Reject Information Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | SYNC^PSOREJUT | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; Get Insurance Info and set into DUR array  D GETS^DIQ(9002313.59902,"1,"\_IEN59\_",","902.05;902.06;902.24;902.25;902.26","E","DUR1","ERROR")  S DUR(BPRXCOB,"INSURANCE NAME")=$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.24,"E")) ; Insurance Company Name  S DUR(BPRXCOB,"GROUP NUMBER")=$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.05,"E")) ; Insurance Group Number  S DUR(BPRXCOB,"GROUP NAME")=$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.25,"E")) ; Insurance Group Name  S DUR(BPRXCOB,"PLAN CONTACT")=$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.26,"E")) ; Insurance Contact Number  S DUR(BPRXCOB,"CARDHOLDER ID")=$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.06,"E")) ; Cardholder ID  ;  ;Get BIN from claim  S CLMIEN=$$GET1^DIQ(9002313.03,DURIEN,.01,"I")  S DUR(BPRXCOB,"BIN")=$$GET1^DIQ(9002313.02,CLMIEN\_",",101) ; BIN Number | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ; Get Insurance Info and set into DUR array  D GETS^DIQ(9002313.59902,"1,"\_IEN59\_",","902.05;902.06;902.24;902.25;902.26;**902.35**","E","DUR1","ERROR")  S DUR(BPRXCOB,"INSURANCE NAME")=$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.24,"E")) ; Insurance Company Name  S DUR(BPRXCOB,"GROUP NUMBER")=$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.05,"E")) ; Insurance Group Number  S DUR(BPRXCOB,"GROUP NAME")=$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.25,"E")) ; Insurance Group Name  S DUR(BPRXCOB,"PLAN CONTACT")=$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.26,"E")) ; Insurance Contact Number  S DUR(BPRXCOB,"CARDHOLDER ID")=$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.06,"E")) ; Cardholder ID  N **BPSPOL=+$G(DUR1(9002313.59902,"1,"\_IEN59\_",",902.35,"E")) ; policy# 2.312 subfile ien**  **S BPSEFDT=$S(BPSPOL: +$P($G(^DPT(DFN,.312,BPSPOL,0)),U,8)\1,1:””) ; policy effective date**  **; also check to make sure DFN is available here. If not, then get it.**  **S DUR(BPRXCOB,”POLICY NUMBER”)=BPSPOL**  **S DUR(BPRXCOB,”POLICY EFFECTIVE DATE”)=BPSEFDT**  ;  ;Get BIN **and PCN** from claim  S CLMIEN=$$GET1^DIQ(9002313.03,DURIEN,.01,"I")  S DUR(BPRXCOB,"BIN")=$$GET1^DIQ(9002313.02,CLMIEN\_",",101) ; BIN Number  S **DUR(BPRXCOB,"PCN")=$$GET1^DIQ(9002313.02,CLMIEN\_",",104) ; PCN Number** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJU2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.3 | | | | | | | | |
| **Related Options** | ECME User Screen/OPECC Reject Information Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | GET^PSOREJU2 (retrieve data from 52.25) | | | | | GETS^DIQ(52.25) | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| . S REJDATA(IDX,"RRR FLAG")=$G(REJFLD(30)) ;PSO\*421  . S REJDATA(IDX,"RRR THRESHOLD AMT")=$G(REJFLD(31)) ;PSO\*421  . S REJDATA(IDX,"RRR GROSS AMT DUE")=$G(REJFLD(32)) ;PSO\*421 | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| . S REJDATA(IDX,"RRR FLAG")=$G(REJFLD(30)) ;PSO\*421  . S REJDATA(IDX,"RRR THRESHOLD AMT")=$G(REJFLD(31)) ;PSO\*421  . S REJDATA(IDX,"RRR GROSS AMT DUE")=$G(REJFLD(32)) ;PSO\*421  . **S REJDATA(IDX,”PCN”)=$G(REJFLD(34))**  **. S REJDATA(IDX,”POLICY NUMBER”)=$G(REJFLD(35))**  **. S REJDATA(IDX,”POLICY EFFECTIVE DATE”)=$G(REJFLD(36))**  **Also add new data elements to the comments section.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOREJUT | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.3 | | | | | | | | |
| **Related Options** | ECME User Screen/OPECC Reject Information Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | DUR1^BPSNCPD3 | | | | | FILE^DICN; DIE | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| S DIC("DR")=DIC("DR")\_";27///"\_REJ("COB")  S DIC("DR")=DIC("DR")\_";28///"\_REJ("DUR ADD MSG TEXT")  S DIC("DR")=DIC("DR")\_";29///"\_REJ("BIN")  ;Update Reject Resolution Required fields - PSO\*7\*421  I $G(REJ("RRR FLAG")) D  .S DIC("DR")=DIC("DR")\_";30///"\_REJ("RRR FLAG")  .S DIC("DR")=DIC("DR")\_";31///"\_REJ("RRR THRESHOLD AMT")  .S DIC("DR")=DIC("DR")\_";32///"\_REJ("RRR GROSS AMT DUE")  . . S DATA("REASON SVC CODE")=$$REASON^PSOREJU2($G(REJ(IDX,"REASON"))),DATA("COB")=IDX  . . S DATA("MESSAGE")=$$CLEAN^PSOREJU1($G(REJ(IDX,"MESSAGE")))  . . S DATA("DUR RESPONSE DATA")=$$CLEAN^PSOREJU1($G(REJ(IDX,"DUR RESPONSE DATA")))  . . S DATA("BIN")=$$CLEAN^PSOREJU1($G(REJ(IDX,"BIN"))) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| S DIC("DR")=DIC("DR")\_";27///"\_REJ("COB")  S DIC("DR")=DIC("DR")\_";28///"\_REJ("DUR ADD MSG TEXT")  S DIC("DR")=DIC("DR")\_";29///"\_REJ("BIN")  ;Update Reject Resolution Required fields - PSO\*7\*421  I $G(REJ("RRR FLAG")) D  .S DIC("DR")=DIC("DR")\_";30///"\_REJ("RRR FLAG")  .S DIC("DR")=DIC("DR")\_";31///"\_REJ("RRR THRESHOLD AMT")  .S DIC("DR")=DIC("DR")\_";32///"\_REJ("RRR GROSS AMT DUE")  **;**  S **DIC("DR")=DIC("DR")\_";34///"\_REJ("PCN”)**  **S DIC("DR")=DIC("DR")\_";35///"\_REJ("POLICY NUMBER”)**  **S DIC("DR")=DIC("DR")\_";36///"\_REJ("POLICY EFFECTIVE DATE”)**   * **Also add new data elements to routine comments section**   . . S DATA("REASON SVC CODE")=$$REASON^PSOREJU2($G(REJ(IDX,"REASON"))),DATA("COB")=IDX  . . S DATA("MESSAGE")=$$CLEAN^PSOREJU1($G(REJ(IDX,"MESSAGE")))  . . S DATA("DUR RESPONSE DATA")=$$CLEAN^PSOREJU1($G(REJ(IDX,"DUR RESPONSE DATA")))  . . S DATA("BIN")=$$CLEAN^PSOREJU1($G(REJ(IDX,"BIN")))  . . **S DATA("PCN")=$$CLEAN^PSOREJU1($G(REJ(IDX,"PCN")))**  **. . S DATA("POLICY NUMBER")=$$CLEAN^PSOREJU1($G(REJ(IDX,"POLICY NUMBER")))**  **. . S DATA("POLICY EFFECTIVE DATE")=$$CLEAN^PSOREJU1($G(REJ(IDX,"POLICY EFFECTIVE DATE")))**  . . ; | | | | | | | | | |

Requirement: Actions for OPECC Reject Information screen

The OPECC Reject Information list manager screen shall contain the following actions:

* VW View Rx
* MP Medication Profile
* VER View ePharmacy Rx
* PI Patient Information

**Design**

| **Protocols** | **Activities** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | PSO REJECT OPECC MENU | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | N/A – List Manager parent menu protocol | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| Header code for menu protocol: D SHOW^VALM,HDR^PSOREJP1 | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Menu Protocol Definition** | | | | | | | | | | |
| NAME: PSO REJECT OPECC MENU  ITEM TEXT: Reject Info Display OPECC Menu  TYPE: menu CREATOR: firstname.lastna  PACKAGE: OUTPATIENT PHARMACY  DESCRIPTION: This is the menu protocol for the OPECC Reject Information  screen.  COLUMN WIDTH: 20 MNEMONIC WIDTH: 4  ITEM: PSO REJECT DISPLAY RX VIEW MNEMONIC: VW  SEQUENCE: 10  ITEM: PSO REJECT VIEW ECME RX MNEMONIC: VER  SEQUENCE: 20 DISPLAY NAME: View ECME Rx  ITEM: PSO REJECT DISPLAY MED PROFILE MNEMONIC: MP  SEQUENCE: 30 DISPLAY NAME: Med Profile  ITEM: PSO PMP PATIENT INFORMATION MNEMONIC: PI  SEQUENCE: 40 DISPLAY NAME: Pat Info  HEADER: D SHOW^VALM,HDR^PSOREJP1 MENU PROMPT: Select:  TIMESTAMP: 63651,32813 | | | | | | | | | | |

Requirement: Create “Resubmit Claim w/o Reversal” action for ECME User Screen

The ECME User Screen [BPS USER SCREEN] shall contain a new hidden action called RER Resubmit Claim w/o Reversal which resubmits a claim without doing a reversal first, regardless of the previous VistA claim status.

**Design**

| **Protocols** | **Activities** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL USRSCR RESUB NO REVERSE | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | BPS PRTCL USRSCR HIDDEN ACTIONS (hidden protocol menu) | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | Resubmit Claim Without Reversal (mnemonic=RER) | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | BPSSCRRS | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| D RESNRV^BPSSCRRS | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A – no exit action logic needed | | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRRS | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.5 | | | | | | | | |
| **Related Options** | ECME User Screen (Resubmit without Reversal) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | | RESNRV^BPSSCRRS | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| Line tag RESUBMIT:  ;go thru all selected claims and try to resubmit them separately  ;input:  ; RXI - array with ptrs to BPS TRANSACTION file (see ASKLINES^BPSSCRU4)  ;returns  ; 0 - if no claims were resubmitted  ; 1 - if at least one claim was resubmitted  RESUBMIT(RXI) ;\*/  . S BILLNUM=$$EN^BPSNCPDP(RXIEN,RXR,DOSDATE,"ERES","","ECME RESUBMIT",,,,,BPSCOB) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| L**ine tag RESUBMIT – Add a parameter to indicate resubmit without a reversal is being done:**  ;go thru all selected claims and try to resubmit them separately  ;input:  ; RXI - array with ptrs to BPS TRANSACTION file (see ASKLINES^BPSSCRU4)  ;returns  ; **BPRSNRV – flag indicating if resubmit action is normal resubmit (default) or resubmit without reversal (1).**  ; 0 - if no claims were resubmitted  ; 1 - if at least one claim was resubmitted  RESUBMIT(RXI,**BPRSNRV**) ;\*/  N**ew procedure RESNRV:**  **RESNRV ;**  **N BPRET,BPSARR59,BPRSNRV**  **S BPRSNRV=1 ; special variable indicating resubmit without reversal**  **I '$D(@(VALMAR)) Q**  **D FULL^VALM1**  **W !,”Note: This action will attempt to resubmit claims without performing a reversal.”**  **W !,”Normally resubmitted payable claims are reversed first. This action will NOT do the reversal.”**  **W !!,"Enter the line numbers for the claim(s) to be resubmitted."**  **S BPRET=$$ASKLINES^BPSSCRU4("Select item(s)","C",.BPSARR59,VALMAR)**  **I BPRET="^" S VALMBCK="R" Q**  **;go thru all selected claims and try to resubmit them separately**  **;update the content of the screen and display it**  **;only if at least one claim was submitted successfully**  **I $$RESUBMIT(.BPSARR59,BPRSNRV) D REDRAW^BPSSCRUD("Updating screen for resubmitted claims...")**  **E S VALMBCK="R"**  **Q**  **;**  M**odify the main call to $$EN^BPSNCPDP by adding a new BWHERE value of “ERWV” (4th parameter) and also removing the reversal reason (6th parameter) when doing a resubmit without a reversal. Also add new BWHERE value of “ERNB” for non-billable entry resubmit.**  . **I ‘$G(BPRSNRV),{ecme billable} S BILLNUM=$$EN^BPSNCPDP(RXIEN,RXR,DOSDATE,"ERES","","ECME RESUBMIT",,,,,BPSCOB)**  **. I ‘$G(BPRSNRV),{ecme TRI/CVA non-billable entry} S BILLNUM=$$EN^BPSNCPDP(RXIEN,RXR,DOSDATE,"ERNB","","",,,,,BPSCOB)**  **. I $G(BPRSNRV) S BILLNUM=$$EN^BPSNCPDP(RXIEN,RXR,DOSDATE,"ERWV","","",,,,,BPSCOB)** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPDP | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.5 | | | | | | | | |
| **Related Options** | ECME User Screen (Resubmit without Reversal); main ECME engine routine | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen; BPS all actions | | | | |  | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; Reversals for Payable claims  ; (Note: BPSCLOSE can be used in this case only)  I BPPAYABL,BPACTTYP="U" D RVPAID^BPSNCPD6 G STATUS:RESPONSE=0,END:RESPONSE>0  ;  ; Reversals+Resubmits for Payable claims  I BPPAYABL,BPACTTYP="UC" D RVRSPAID^BPSNCPD6 G STATUS:((RESPONSE=0)!(RESPONSE=10)),END:RESPONSE>0  ;  ; Resubmits for Payable claims - DO NOT resubmit  I BPPAYABL,BPACTTYP="C" D RSPAID^BPSNCPD6 G END  ;  ; Reversals for Non-Payable claims - DO NOT reverse  I 'BPPAYABL,BPACTTYP="U" D RVNPAID^BPSNCPD6 G END  ;  ; Resubmits AND Reversals+Resubmits for Non-Payable claims  I 'BPPAYABL,((BPACTTYP="C")!(BPACTTYP="UC")) D RVRSNPD^BPSNCPD6 G STATUS:RESPONSE=0,END:RESPONSE>0  ;  ;if foreground AND we can't schedule request for any reason AND this is not OP - send bulletin  I BPJOBFLG="F",RESPONSE=4,",AREV,BB,ERES,EREV,P2,P2S,"'[(","\_BWHERE\_",") D BULL^BPSNCPD1(BRXIEN,BFILL,$G(SITE),$G(DFN),$G(P  NAME),"",$G(CLMSTAT),$G(RESPONSE)) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ; Reversals for Payable claims  ; (Note: BPSCLOSE can be used in this case only)  I BPPAYABL,BPACTTYP="U" D RVPAID^BPSNCPD6 G STATUS:RESPONSE=0,END:RESPONSE>0  ;  ; **Resubmits without doing a Reversal – special hidden action on ECME User Screen**  **I BWHERE=”ERWV” D RVRSNPD^BPSNCPD6 G STATUS:RESPONSE=0,END:RESPONSE>0**  ;  ; Reversals+Resubmits for Payable claims  I BPPAYABL,BPACTTYP="UC" D RVRSPAID^BPSNCPD6 G STATUS:((RESPONSE=0)!(RESPONSE=10)),END:RESPONSE>0  ;  ; Resubmits for Payable claims - DO NOT resubmit  I BPPAYABL,BPACTTYP="C" D RSPAID^BPSNCPD6 G END  ;  ; Reversals for Non-Payable claims - DO NOT reverse  I 'BPPAYABL,BPACTTYP="U" D RVNPAID^BPSNCPD6 G END  ;  ; Resubmits AND Reversals+Resubmits for Non-Payable claims  I 'BPPAYABL,((BPACTTYP="C")!(BPACTTYP="UC")) D RVRSNPD^BPSNCPD6 G STATUS:RESPONSE=0,END:RESPONSE>0  ;  M**odify logic at tag END+6 for processing in foreground when a bulletin should be sent. Same processing as ERES in this case for the new BWHERE value of ERWV. Same processing for BWHERE of ERNB.**  ;if foreground AND we can't schedule request for any reason AND this is not OP - send bulletin  I BPJOBFLG="F",RESPONSE=4,",AREV,BB,ERES,**ERWV,ERNB**,EREV,P2,P2S,"'[(","\_BWHERE\_",") D BULL^BPSNCPD1(BRXIEN,BFILL,$G(SITE),$G(DFN),$G(P  NAME),"",$G(CLMSTAT),$G(RESPONSE)) | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPD3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.5 | | | | | | | | |
| **Related Options** | ECME User Screen (Resubmit without Reversal); | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | |  | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| The top part is a documentation section. Documentation of BWHERE variable:  ; ERES = Resubmit from ECME user screen  ; EREV = Reversal from ECME user screen | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| The top part is a documentation section. Documentation of BWHERE variable:  ; ERES = Resubmit from ECME user screen  ; **ERWV = Resubmit without Reversal from the ECME user screen**  **; ERNB = Resubmit of TRI/CVA non-billable entry from the ECME user screen**  ; EREV = Reversal from ECME user screen | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSRX5 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.5 | | | | | | | | |
| **Related Options** | ECME User Screen (Resubmit without Reversal); | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | |  | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;Action type  ACTTYPE(BWHR) ;  Q:",AREV,CRLR,CRLX,DC,DE,EREV,HLD,RS,"[(","\_BWHR\_",") "U" ;UNCLAIM (reversal)  Q:",CRLB,ED,ERES,P2S,"[(","\_BWHR\_",") "UC" ;UNCLAIM (reversal) + CLAIM (resubmit)  Q:",BB,CRRL,OF,PC,PE,PL,PP,RF,RN,RRL,P2,"[(","\_BWHR\_",") "C" ;CLAIM (the very first submit OR resubmit only)  Q:BWHR="ELIG" "E"  Q "" ;unknown | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| **Need to add the new BWHERE value of “ERWV” to the list for only “C” claim submit. Not reversal/claim “UC” like is done for “ERES”. Also add new value of “ERNB” for non-billable resubmit – Claim only also.**  ;Action type  ACTTYPE(BWHR) ;  Q:",AREV,CRLR,CRLX,DC,DE,EREV,HLD,RS,"[(","\_BWHR\_",") "U" ;UNCLAIM (reversal)  Q:",CRLB,ED,ERES,P2S,"[(","\_BWHR\_",") "UC" ;UNCLAIM (reversal) + CLAIM (resubmit)  Q:",BB,CRRL,**ERWV,ERNB**,OF,PC,PE,PL,PP,RF,RN,RRL,P2,"[(","\_BWHR\_",") "C" ;CLAIM (the very first submit OR resubmit only)  Q:BWHR="ELIG" "E"  Q "" ;unknown | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPD2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.5 | | | | | | | | |
| **Related Options** | ECME User Screen (Resubmit without Reversal); | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | |  | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| . ;  . ; If calling program is the ECME user screen and we can't bill because of NEEDS SC DETERMINATION  . ; or EI, then prompt the user to see if they want to bill  . I BWHERE="ERES",$P(MOREDATA("BILL"),U,1)=0,$G(BPSARRY("SC/EI NO ANSW"))]"",$G(BPJOBFLG)'="B" D | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| A**dd reference to new BWHERE value similar in action here to ERES.**  . ;  . ; If calling program is the ECME user screen and we can't bill because of NEEDS SC DETERMINATION  . ; or EI, then prompt the user to see if they want to bill  . **I $F(“.ERES.ERWV.ERNB.”,”.”\_BWHERE\_”.”)**,$P(MOREDATA("BILL"),U,1)=0,$G(BPSARRY("SC/EI NO ANSW"))]"",$G(BPJOBFLG)'="B" D | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPD5 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.5 | | | | | | | | |
| **Related Options** | ECME User Screen (Resubmit without Reversal); | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | |  | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;  ;Process RX/RF resubmit OR reversal+resubmit for non-payables  ;returns:  ; 0 - Submitted through ECME  ; or  ; RESPONSE code^CLAMSTAT^D(display message)^number of seconds to hang^additional info  ; see EN^BPSNCPDP for RESPONSE values  REVRESNP(BPNEWREQ,BRXIEN,BFILL,DOS,BWHERE,BILLNDC,REVREAS,DURREC,BPOVRIEN,BPSCLARF,BPSAUTH,BPSDELAY,BPCOBIND,BPJOBFLG,IEN59,BPACTTYP,DFN,BPSTART,BPREQIEN,OLDRESP,BPSELIG,BPSRTYPE,BPSPLAN,BPSPRDAT) ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| C**omment change only to this routine for this requirement.**  ;  ;Process RX/RF resubmit OR reversal+resubmit for non-payables  ; **Also process RX/RF resubmit WITHOUT a Reversal no matter the payable status of the claim**  ;returns:  ; 0 - Submitted through ECME  ; or  ; RESPONSE code^CLAMSTAT^D(display message)^number of seconds to hang^additional info  ; see EN^BPSNCPDP for RESPONSE values  REVRESNP(BPNEWREQ,BRXIEN,BFILL,DOS,BWHERE,BILLNDC,REVREAS,DURREC,BPOVRIEN,BPSCLARF,BPSAUTH,BPSDELAY,BPCOBIND,BPJOBFLG,IEN59,BPACTTYP,DFN,BPSTART,BPREQIEN,OLDRESP,BPSELIG,BPSRTYPE,BPSPLAN,BPSPRDAT) ; | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPD6 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.3.5 | | | | | | | | |
| **Related Options** | ECME User Screen (Resubmit without Reversal); | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen | | | | |  | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;== Resubmits AND Reversals+Resubmits for Non-Payable claims  RVRSNPD ;  ; resubmit a claim  S BPRETV=$$REVRESNP^BPSNCPD5(.BP77NEW,BRXIEN,BFILL,DOS,BWHERE,BILLNDC,REVREAS,DURREC,BPOVRIEN,BPSCLARF,BPSAUTH,BPSDELAY,BPCOBIND,BPJOBFLG,IEN59,BPACTTYP,DFN,.BPSTART,$G(BPREQIEN),OLDRESP,.BPSELIG,$G(BPSRTYPE),$G(BPSPLAN),.BPSPRDAT)  S RESPONSE=+BPRETV  ;to make LOG backward compatible  D LOG^BPSOSL(IEN59,$T(+0)\_"-After Submit of Reversal. Return Value: "\_$S(RESPONSE=0:1,1:0))  S CLMSTAT=$P(BPRETV,U,2)  D DISPL^BPSNCPD4(WFLG,BPRETV,$G(BPSELIG))  I RESPONSE=0 Q  D LOG^BPSOSL(IEN59,$T(+0)\_"-"\_CLMSTAT)  Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| Up**date the comments before the line tag RVRSNPD. Also modify the call to LOG^BPSOSL depending upon the BWHERE variable.**  ;== Resubmits AND Reversals+Resubmits for Non-Payable claims  ;== **Also used for action for Resubmits without Reversals no matter the claim status.**  RVRSNPD ;  ; resubmit a claim  S BPRETV=$$REVRESNP^BPSNCPD5(.BP77NEW,BRXIEN,BFILL,DOS,BWHERE,BILLNDC,REVREAS,DURREC,BPOVRIEN,BPSCLARF,BPSAUTH,BPSDELAY,BPCOBIND,BPJOBFLG,IEN59,BPACTTYP,DFN,.BPSTART,$G(BPREQIEN),OLDRESP,.BPSELIG,$G(BPSRTYPE),$G(BPSPLAN),.BPSPRDAT)  S RESPONSE=+BPRETV  ;to make LOG backward compatible  **I BWHERE’=”ERWV”** D LOG^BPSOSL(IEN59,$T(+0)\_"-After Submit of Reversal. Return Value: "\_$S(RESPONSE=0:1,1:0))  I **BWHERE=”ERWV” D LOG^BPSOSL(IEN59,$T(+0)\_”-After Submit of Claim (without Reversal; BWHERE=’ERWV’). Return Value variable RESPONSE=”\_RESPONSE)**  ;  S CLMSTAT=$P(BPRETV,U,2)  D DISPL^BPSNCPD4(WFLG,BPRETV,$G(BPSELIG))  I RESPONSE=0 Q  D LOG^BPSOSL(IEN59,$T(+0)\_"-"\_CLMSTAT)  Q | | | | | | | | | |

Requirement: Remove “Continuous Update” action from ECME User Screen

The CU Continuous Update action shall be removed from the ECME User Screen [BPS USER SCREEN].

**Design**

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL ECME USRSCR | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| BPS PRTCL USRSCR CONTINUOUS is currently listed as an ITEM in sequence 1 with a mnemonic of CU. | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **BPS PRTCL USRSCR CONTINUOUS will be removed as an ITEM.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

Requirement: Hide “Display Update” action on ECME User Screen

The UD Display Update action shall be removed from the main ECME User Screen [BPS USER SCREEN] to become a hidden action on the ECME User Screen [BPS USER SCREEN].

**Design**

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL ECME USRSCR | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| BPS PRTCL USRSCR UPDATE is currently listed as an ITEM in sequence 2 with a mnemonic of UD. | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **BPS PRTCL USRSCR UPDATE will be removed as an ITEM.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL USRSCR HIDDEN ACTIONS | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **BPS PRTCL USRSCR UPDATE will be added as an ITEM with a mnemonic of UD.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

Requirement: Hide “Print Claim Log” action on ECME User Screen

The LOG Print Claim Log action shall be removed from the main ECME User Screen [BPS USER SCREEN] to become a hidden action on the ECME User Screen [BPS USER SCREEN].

**Design**

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL ECME USRSCR | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| BPS PRTCL USRSCR CLAIM LOG is currently listed as an ITEM in sequence 11 with a mnemonic of LOG. | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **BPS PRTCL USRSCR CLAIM LOG will be removed as an ITEM.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL USRSCR HIDDEN ACTIONS | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **BPS PRTCL USRSCR CLAIM LOG will be added as an ITEM with a mnemonic of LOG.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

Requirement: Hide “Exit” action on ECME User Screen

The EX Exit action shall be removed from the main ECME User Screen [BPS USER SCREEN] to become a hidden action on the ECME User Screen [BPS USER SCREEN].

**Design**

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL ECME USRSCR | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| BPS PRTCL USRSCR EXIT is currently listed as an ITEM in sequence 14 with a mnemonic of EX. | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **BPS PRTCL USRSCR EXIT will be removed as an ITEM.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL USRSCR HIDDEN ACTIONS | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **BPS PRTCL USRSCR EXIT will be added as an ITEM with a mnemonic of EX.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

Requirement: Unhide “View ePharmacy RX” action on ECME User Screen

The VER View ePharmacy RX action shall be removed from the hidden actions on the ECME User Screen [BPS USER SCREEN] to become an action on the main ECME User Screen [BPS USER SCREEN].

After editing the actions on the ECME User Screen, the actions will display as follows:

CV  Change View           REV Reverse Payable Claim FR  Further Research

SO  Sort List             RES Resubmit Claim        VER View ePharmacy RX

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

Select Action: Next Screen//

**Design**

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL USRSCR HIDDEN ACTIONS | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| BPS PRTCL USRSCR VIEW ECME RX is currently listed as an ITEM in sequence 50 with a mnemonic of VER. | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **BPS PRTCL USRSCR VIEW ECME RX will be removed as an ITEM.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

| Protocols | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL ECME USRSCR | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| **BPS PRTCL USRSCR VIEW ECME RX will be added as an ITEM with a mnemonic of VER.** | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |

| Templates | Description | | | | |
| --- | --- | --- | --- | --- | --- |
| **Template Name** | BPS LSTMN ECME USRSCR | | | | |
| **Enhancement Category** | New | Modify | Delete | | No Change |
| **RTM** | 2.7.3.10 | | | | |
| **Template Type** | Sort | Input | Print | | Other |
| **Related Options** | BPS PRTCL ECME USRSCR (Protocol) | | | | |
| Related Routines | Routines “Called By” | | | Routines “Called” | |
|  | BPSSCR | | | D EXIT^BPSSCR  D HDR^BPSSCR  D HELP^BPSSCR  D INIT^BPSSCR | |
| Routines | Description | | | | |
| **Data Dictionary (DD) References** | None | | | | |
| **Global References** | None | | | | |

###### System Feature: ECME User Screen Non-Billable Entries

Requirement: Display Non-Billable TRICARE Entries on ECME User Screen

The ECME User Screen [BPS USER SCREEN] shall display non-billable TRICARE entries with a rejection code of eT.

An open/closed indicator will display on the ECME screen for each non-billable entry and the entry will default to an Open entry.

6 PATIENT,THREE (061P) EPOR8 /555-555-5555 TRI Pb:0 Rj:3 AcRv:5 RjRv:0

6.1 ACETAMINOPHEN 10MG T 00054001729 11/26 2720553 0/000004317434 W RT DS/N

eT – TRICARE DRUG NON BILLABLE/Closed

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPD2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.1 | | | | | | | | |
| **Related Options** | BPS USER SCREEN | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | $$BILLABLE^BPSNCPD4 | | | | | $$RX^IBNCPDP | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| EN(DFN,BWHERE,MOREDATA,BPSARRY,IB) ;  I '$G(CERTIEN) D I IB=2 Q  . ;  . ;For NCPDP IB call to see if we need to 3rd Party Bill and if so, get insurance/payer sheet info  . S MOREDATA("BILL")=$$RX^IBNCPDP(DFN,.BPSARRY) ;IB CALL  . Q:'$D(MOREDATA("BILL"))  . ;  . ; If calling program is the ECME user screen and we can't bill because of NEEDS SC DETERMINATION  . ; or EI, then prompt the user to see if they want to bill  . I BWHERE="ERES",$P(MOREDATA("BILL"),U,1)=0,$G(BPSARRY("SC/EI NO ANSW"))]"",$G(BPJOBFLG)'="B" D  .. N DIR,X,Y,DTOUT,DUOUT,DIRUT,DIROUT,I,BPEISC  .. F I=1:1:$L($G(BPSARRY("SC/EI NO ANSW")),",") S BPEISC=$P($G(BPSARRY("SC/EI NO ANSW")),",",I) I BPEISC]"" D  ... W !,"The prescription is potentially ",BPEISC,"-related and needs ",BPEISC," determination."  ... W !,"Prescriptions related to ",BPEISC," cannot be billed to Third Party Insurance.",!  .. S DIR(0)="Y",DIR("A")="Are you sure you want to bill this prescription"  .. S DIR("B")="NO"  .. S DIR("?")="If you want to bill this prescription, enter 'Yes' - otherwise, enter 'No'"  .. W ! D ^DIR K DIR  .. I '+Y Q  .. S BPSARRY("SC/EI OVR")=1  .. S MOREDATA("BILL")=$$RX^IBNCPDP(DFN,.BPSARRY) ;Call IB again  . ;  . ; Quit if no response from IB call  . Q:'$D(MOREDATA("BILL"))  . S MOREDATA("ELIG")=$P(MOREDATA("BILL"),"^",3)  . I $P(MOREDATA("BILL"),U,1)=0 S IB=2 Q ;IB says not to bill  . ;  . S IB=1  . M MOREDATA("IBDATA")=BPSARRY("INS")  . S MOREDATA("PATIENT")=$G(DFN)  . S MOREDATA("RX")=$G(BPSARRY("IEN"))  . S $P(MOREDATA("BPSDATA",1),U,1)=$G(BPSARRY("NCPDP QTY"))  . S $P(MOREDATA("BPSDATA",1),U,2)=$G(BPSARRY("COST"))  . S $P(MOREDATA("BPSDATA",1),U,3)=$G(BPSARRY("NDC"))  . S $P(MOREDATA("BPSDATA",1),U,4)=$G(BPSARRY("FILL NUMBER"))  . S $P(MOREDATA("BPSDATA",1),U,5)="" ; Certification Mode  . S $P(MOREDATA("BPSDATA",1),U,6)="" ; Certification IEN  . S $P(MOREDATA("BPSDATA",1),U,7)=$G(BPSARRY("NCPDP UNITS"))  . S $P(MOREDATA("BPSDATA",1),U,8)=$G(BPSARRY("QTY")) ; Billing Quantity  . S $P(MOREDATA("BPSDATA",1),U,9)=$G(BPSARRY("UNITS")) ; Billing Units | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| Continue to set the MOREDATA(“ELIG”) array value as is being done to the 3rd piece of the response from IB. But the next line of code must be moved farther down so we do not quit when IB billing determination says not to bill. We need to continue to set and merge more data nodes in the MOREDATA array. Set more nodes in MOREDATA, then do the check on whether or not IB says it is billable and if not billable, then set IB=2 and quit, then set variable IB=1  . S **MOREDATA("ELIG")=$P(MOREDATA("BILL"),"^",**3)  . ;  . M MOREDATA("IBDATA")=BPSARRY("INS")  . S MOREDATA("PATIENT")=$G(DFN)  . S MOREDATA("RX")=$G(BPSARRY("IEN"))  . S $P(MOREDATA("BPSDATA",1),U,1)=$G(BPSARRY("NCPDP QTY"))  . S $P(MOREDATA("BPSDATA",1),U,2)=$G(BPSARRY("COST"))  . S $P(MOREDATA("BPSDATA",1),U,3)=$G(BPSARRY("NDC"))  . S $P(MOREDATA("BPSDATA",1),U,4)=$G(BPSARRY("FILL NUMBER"))  . S $P(MOREDATA("BPSDATA",1),U,5)="" ; Certification Mode  . S $P(MOREDATA("BPSDATA",1),U,6)="" ; Certification IEN  . S $P(MOREDATA("BPSDATA",1),U,7)=$G(BPSARRY("NCPDP UNITS"))  . S $P(MOREDATA("BPSDATA",1),U,8)=$G(BPSARRY("QTY")) ; Billing Quantity  . S $P(MOREDATA("BPSDATA",1),U,9)=$G(BPSARRY("UNITS")) ; Billing Units  . I **$P(MOREDATA("BILL"),U,1)=0 S IB=2 Q ;IB says not to bill**  **. S IB=1**  Also remove the code from EN+1 that says I IB=2 Q. We want the code to continue to drop down in all cases and execute the code outside of the Do block structure at the end of the routine.  N**(DFN,BWHERE,MOREDATA,BPSARRY,IB) ;**  **I '$G(CERTIEN) D I IB=2 Q**  **There should be 2 main blocks of code. I ‘$G(CERTIEN) do that block, then I $G(CERTIEN),’$G(ID) do that block, then the code outside of both blocks should get executed in all cases**. | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.1 | | | | | | | | |
| **Related Options** | IB Billing Determination – main routine | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | EN^BPSNCPD2 | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; -- Check for CHAMPVA Inpatient - esg 4/28/11 IB\*2\*452  I $P(IBRT,U,3)="C",$$INP(DFN,IBRXN,IBFIL) D G RXQ  . S IBRMARK="CHAMPVA INPATIENT/DISCHARGE" ; reason not billable  . D CT ; update/add claims tracking entry  . S IBRES=0\_U\_IBRMARK ; not ECME billable  . Q  ;  ;for secondary billing - skip claim tracking functionality  G:$G(IBD("RXCOB"))>1 GETINS  ;  ; -- claims tracking info  I IBTRKRN,$$PAPERBIL^IBNCPNB(IBTRKRN) S IBRES="0^Existing IB Bill in CT",IBD("NO ECME INSURANCE")=1 G RXQ | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| We need to move the gathering of Insurance data in the IBD(“INS”) insurance nodes farther up in this process.  The call to SETINSUR should be performed here:  ; -- Check for CHAMPVA Inpatient - esg 4/28/11 IB\*2\*452  I $P(IBRT,U,3)="C",$$INP(DFN,IBRXN,IBFIL) D G RXQ  . S IBRMARK="CHAMPVA INPATIENT/DISCHARGE" ; reason not billable  . D CT ; update/add claims tracking entry  . S IBRES=0\_U\_IBRMARK ; not ECME billable  . Q  ;  D **SETINSUR(IBADT,IBRT,IBELIG,.IBINS,.IBD,.IBRES) ; build IBD("INS") insurance array**  **S IBINSXRES=$G(IBRES**)  ;  ;for secondary billing - skip claim tracking functionality  G:$G(IBD("RXCOB"))>1 GETINS  This **is done earlier in the process in order to build any pharmacy insurance information that may be on file for storage in the BPS Transaction file. Get the insurance before checking for whether or not the drug is billable, or checking for the SC/EI override and SC/EI non answer array nodes. However, the SETINSUR subroutine will return some data in the IBRES variable if there are some problems with the insurance. It will also return IBD(“NO ECME INSURANCE”)=1 if there are insurance problems. But we don’t want to report these problems here. We just want to build the IBD(“INS”) array. So save the value of the IBRES variable here into the IBINSXRES variable. Then at line tag GETINS we can evaluate the value of IBD(“NO ECME INSURANCE”) and restore the value of IBRES here**.  GETINS ; -- examine the insurance results  ;  **I $G(IBD("NO ECME INSURANCE")) S IBRES=$G(IBINSXRES) G RXQ**  This will preserve the current logic and workflow for the IB billing determination checks and reporting. | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSNCPDP | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.1 | | | | | | | | |
| **Related Options** | Main routine for ECME processing engine | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Multiple locations which call for ECME ePharmacy claims to be sent | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;  ;== Clean up and quit  END ;  ; BPSELIG and other variables are established by inference in BPSNCPD6.  I BPJOBFLG="F",BPLCK D UNLCKRF^BPSOSRX(BRXIEN,BFILL,$G(IEN59),$T(+0)) S BPLCK=0  ; Get Site in case we send a Bulletin  S SITE=$$GETSITE^BPSOSRX8(BRXIEN,BFILL)  ;if foreground AND we can't schedule request for any reason AND this is not OP - send bulletin  I BPJOBFLG="F",RESPONSE=4,",AREV,BB,ERES,EREV,P2,P2S,"'[(","\_BWHERE\_",") D BULL^BPSNCPD1(BRXIEN,BFILL,$G(SITE),$G(DFN),$G(PNAME),"",$G(CLMSTAT),$G(RESPONSE))  I $G(BPSELIG)="" S BPSELIG=""  ; Send Bulletin if TRICARE or CHAMPVA is IN PROGRESS and this is not a release process  S BPSSTAT=$S($G(BRXIEN):$P($$STATUS^BPSOSRX(BRXIEN,BFILL,,,BPSCOB),U),1:"")  I BPSELIG="T"!(BPSELIG="C"),BPSSTAT="IN PROGRESS",$G(REVREAS)'="RX RELEASE-NDC CHANGE",",CRLB,CRLR,CRLX,CRRL,RRL,"'[(","\_BWHERE\_",") D BULL^BPSNCPD1(BRXIEN,BFILL,SITE,$G(DFN),$G(PNAME),BPSELIG)  ;  S:'$D(RESPONSE) RESPONSE=1  K MOREDATA  I $G(IEN59) D  . N MSG  . S MSG="Foreground Process Complete-RESPONSE="\_$G(RESPONSE)  . I $G(RESPONSE)'=0 S MSG=MSG\_", CLMSTAT="\_$G(CLMSTAT)  . D LOG^BPSOSL(IEN59,$T(+0)\_"-"\_MSG)  Q RESPONSE\_U\_$G(CLMSTAT)\_U\_BPSELIG\_U\_BPSSTAT\_U\_$$CLMINFO^BPSUTIL2(+$G(IEN59))  ;  ;BPSNCPDP | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| All ECME claim engine requests eventually go through the END^BPSNCPDP line tag no matter where they are called from. Variable RESPONSE indicates the results of the ECME transmission attempt. When RESPONSE=2 this indicates that IB billing determination says the prescription is non-billable. This is what we want to include. Also variable BPSELIG indicates the patient eligibility which is already being used.  Add a new line of code before MOREDATA is killed. We want to store these non-billable entries into the BPS Transaction file even though they didn’t go through the ECME engine because they were non billable.  ;  ;== Clean up and quit  END ;  ; BPSELIG and other variables are established by inference in BPSNCPD6.  I BPJOBFLG="F",BPLCK D UNLCKRF^BPSOSRX(BRXIEN,BFILL,$G(IEN59),$T(+0)) S BPLCK=0  ; Get Site in case we send a Bulletin  S SITE=$$GETSITE^BPSOSRX8(BRXIEN,BFILL)  ;if foreground AND we can't schedule request for any reason AND this is not OP - send bulletin  I BPJOBFLG="F",RESPONSE=4,",AREV,BB,ERES,EREV,P2,P2S,"'[(","\_BWHERE\_",") D BULL^BPSNCPD1(BRXIEN,BFILL,$G(SITE),$G(DFN),$G(PNAME),"",$G(CLMSTAT),$G(RESPONSE))  I $G(BPSELIG)="" S BPSELIG=""  ; Send Bulletin if TRICARE or CHAMPVA is IN PROGRESS and this is not a release process  S BPSSTAT=$S($G(BRXIEN):$P($$STATUS^BPSOSRX(BRXIEN,BFILL,,,BPSCOB),U),1:"")  I BPSELIG="T"!(BPSELIG="C"),BPSSTAT="IN PROGRESS",$G(REVREAS)'="RX RELEASE-NDC CHANGE",",CRLB,CRLR,CRLX,CRRL,RRL,"'[(","\_BWHERE\_",") D BULL^BPSNCPD1(BRXIEN,BFILL,SITE,$G(DFN),$G(PNAME),BPSELIG)  ;  I **RESPONSE=2,(BPSELIG=”T”!(BPSELIG=”C”)) D NONBILL^BPSNCPD4(.MOREDATA) \*\*\* NEW LINE OF CODE for IB non-billable entries and Eligibility is either TRICARE or CHAMPVA \*\*\***  ;  S:'$D(RESPONSE) RESPONSE=1  K MOREDATA  I $G(IEN59) D  . N MSG  . S MSG="Foreground Process Complete-RESPONSE="\_$G(RESPONSE)  . I $G(RESPONSE)'=0 S MSG=MSG\_", CLMSTAT="\_$G(CLMSTAT)  . D LOG^BPSOSL(IEN59,$T(+0)\_"-"\_MSG)  Q RESPONSE\_U\_$G(CLMSTAT)\_U\_BPSELIG\_U\_BPSSTAT\_U\_$$CLMINFO^BPSUTIL2(+$G(IEN59))  ;  ;BPSNCPDP | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSIZ | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.1 | | | | | | | | |
| **Related Options** | Internal API entry point for adding BPS Transaction entries | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | BPSNCPDP | | | | | $$INIT^BPSOSIY | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: BPSNB  Definition: New flag parameter indicating adding a non-billable entry to file 9002313.59 | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; EN - Create and/or update BPS Transaction  ; Input  ; IEN59 - BPS Transaction number  ; MOREDATA - Array of data created by BPSNCPD\*  ; BP77 - BPS REQUEST file ien  EN(IEN59,MOREDATA,BP77) ;EP - BPSOSRB  ; Initialize variables  N EXISTS,ERROR,X  S ERROR=0  ;  D LOG^BPSOSL(IEN59,$T(+0)\_"-Building Transaction")  ;  ; Lock the transaction  I '$$LOCK59(IEN59) D ERROR(BP77,IEN59,"Could not lock the BPS Transaction") Q  ;  ; Make sure that the record is not already IN PROGRESS  S X=+$$STATUS59^BPSOSRX(IEN59)  I X'=0,X'=31,X'=99 D ERROR(BP77,IEN59,"STATUS is "\_X) Q  ;  ; Check if the BPS Transaction exists  S EXISTS=$$EXIST59(IEN59)  ;  ; If the record exists, delete all but the essential fields  I EXISTS D CLEAR59(IEN59)  ;  ; If the record does not exist, create new record and validate the IEN  I 'EXISTS S X=$$NEW59(IEN59) I X'=IEN59 D ERROR(BP77,IEN59,"NEW59 returned "\_X) Q  ;  ; Update the fields. If error is returned, log to the BPS Transaction, which  ; we know exists at this point  S ERROR=$$INIT^BPSOSIY(IEN59,BP77) ;MOREDATA is passed in background  I ERROR D ERROR^BPSOSU($T(+0),IEN59,ERROR,"BPS Transaction not updated"),UNLOCK59(IEN59) Q  ;  ; Validate the transaction  D ONE59^BPSOSQA(IEN59)  ;  ; Unlock the transaction  D UNLOCK59(IEN59)  Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ; EN - Create and/or update BPS Transaction  ; Input  ; IEN59 - BPS Transaction number  ; MOREDATA - Array of data created by BPSNCPD\*  ; BP77 - BPS REQUEST file ien  ; **BPSNB – Flag Non-billable TRI/CVA entry**  EN(IEN59,MOREDATA,BP77,**BPSNB**) ;EP - BPSOSRB  ; Initialize variables  N EXISTS,ERROR,X  S ERROR=0,**BPSNB=$G(BPSNB)**  ;  I **BPSNB S BP77=”” ; for non-billable entries we skip the BPS Requests processi**ng  ;  D LOG^BPSOSL(IEN59,$T(+0)\_"-Building Transaction")  I **BPSNB D LOG^BPSOSL(IEN59,$T(+0)\_”-Start of Building BPS Transaction for non-billable entry**”)  ;  ; Lock the transaction  I '$$LOCK59(IEN59) D ERROR(BP77,IEN59,"Could not lock the BPS Transaction") Q  ;  ; Make sure that the record is not already IN PROGRESS  S X=+$$STATUS59^BPSOSRX(IEN59)  I X'=0,X'=31,X'=99 D ERROR(BP77,IEN59,"STATUS is "\_X) Q  ;  ; Check if the BPS Transaction exists  S EXISTS=$$EXIST59(IEN59)  ;  ; If the record exists, delete all but the essential fields  I EXISTS D CLEAR59(IEN59)  ;  ; If the record does not exist, create new record and validate the IEN  I 'EXISTS S X=$$NEW59(IEN59) I X'=IEN59 D ERROR(BP77,IEN59,"NEW59 returned "\_X) Q  ;  ; Update the fields. If error is returned, log to the BPS Transaction, which  ; we know exists at this point  S ERROR=$$INIT^BPSOSIY(IEN59,BP77,**BPSNB**) ;MOREDATA is passed in background (**added BPSNB param**)  I ERROR D Q  . D ERROR^BPSOSU($T(+0),IEN59,ERROR,"BPS Transaction not updated")  . **I BPSNB D LOG^BPSOSL(IEN59,$T(+0)\_”-Error when updating non-billable entry in Transaction. ERROR value=”\_ERROR\_”.”)**  . D UNLOCK59(IEN59)  . Q  ;  ; Validate the transaction  **I ‘BPSNB** D ONE59^BPSOSQA(IEN59) ; do not perform this for non-billable entries  ;  ; Unlock the transaction  D UNLOCK59(IEN59)  Q  ; ERROR - Log an error to the log  ERROR(BP77,IEN59,ERROR) ;  D LOG^BPSOSL(IEN59,$T(+0)\_"-Calling BPSOSRB to handle error")  **;**  I **$G(BPSNB) D LOG^BPSOSL(IEN59,$T(+0)\_”-Error with non-Billable entry processing: “\_ERROR**)  D ERROR^BPSOSRB(BP77,IEN59,ERROR)  D UNLOCK59(IEN59)  Q | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSIY | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.1 | | | | | | | | |
| **Related Options** | Internal API entry point for updating BPS Transaction entries | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | BPSOSIZ | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: BPSNB  Definition: Flag indicating adding a non-billable entry to file 9002313.59 | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; INIT - Update BPS Transaction  ; Input  ; IEN59 - BPS Transaction  ; MOREDATA is not passed but assumed to exist  ; BP77 - BPS REQUEST ien  ; Returns  ; ERROR - 0 or error number  INIT(IEN59,BP77) ;EP - from BPSOSIZ  N BPCOB,BPSTIME  ;  ; Update the BPS Request with the Transaction IEN  I $G(BP77)>0 D UPD7759^BPSOSRX4(BP77,IEN59)  ;  ; Initialize variables  N FDA,MSG,FN,IENS,REC,B1,X1,X2,X3,ERROR,SEQ,X4  N DIV,RXI,RXR  S FN=9002313.59,REC=IEN59\_",",ERROR=0  ;  ; Change status to 0% (Waiting to Start), which will reset START TIME,  ; and then to 10% (Building transaction)  D SETSTAT^BPSOSU(IEN59,0)  D SETSTAT^BPSOSU(IEN59,10)  ;  ; Get the Outpatient Site  S DIV=MOREDATA("DIVISION")  I 'DIV,MOREDATA("REQ TYPE")="C" S RXI=$P(IEN59,".",1),RXR=+$E($P(IEN59,".",2),1,4),DIV=$$GETDIV^BPSOSQC(RXI,RXR)  ;  ; If there are Prior Auth or Sub Clar Code override, create override  ; record. Note that setting of MOREDATA("BPOVRIEN") in this routine  ; will not conflict with prior setting of this value of BPOVRIEN  ; since BPOVRIEN and BPSAUTH/BPSCLARF are mutually exclusive  I $G(MOREDATA("BPSAUTH"))]""!($G(MOREDATA("BPSCLARF"))]"")!($G(MOREDATA("BPSDELAY"))]"") S MOREDATA("BPOVRIEN")=$$OVERRIDE(  IEN59)  ;  ; Set BPSDATA into local variable  S B1=$G(MOREDATA("BPSDATA",1))  ;  ; Get first record from MOREDATA("IBDATA") as there are some  ; non-multiple fields that need it  S X2="",SEQ=$O(MOREDATA("IBDATA",""))  I SEQ S X2=$G(MOREDATA("IBDATA",SEQ,2))  ;  ; Set non-multiple fields  S FDA(FN,REC,1.05)=$G(MOREDATA("POLICY")) ; Policy Number  S FDA(FN,REC,1.07)=$$GETPHARM^BPSUTIL(DIV) ;BPS Pharmacy  S FDA(FN,REC,1.08)=1 ;PINS piece  S FDA(FN,REC,1.11)=$G(MOREDATA("RX")) ;Prescription | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ; INIT - Update BPS Transaction  ; Input  ; IEN59 - BPS Transaction  ; MOREDATA is not passed but assumed to exist  ; BP77 - BPS REQUEST ien  ; **BPSNB – non-billable entry flag for TRI/CVA**  ; Returns  ; ERROR - 0 or error number  INIT(IEN59,BP77,**BPSNB**) ;EP - from BPSOSIZ  N BPCOB,BPSTIME  ;  Note **that BP77 the IEN to the BPS requests file will not exist for these non-billable entries. So add code to not process anything related to file 9002313.77 for non-billable entries**.  Also **add code to add a MOREDATA array entry to capture the non-billable reason as returned from the call to IB billing determination and file this data into a new data field in BPS transaction**.  ; Update the BPS Request with the Transaction IEN  I $G(BP77)>0 D UPD7759^BPSOSRX4(BP77,IEN59)  ;  ; Initialize variables  N FDA,MSG,FN,IENS,REC,B1,X1,X2,X3,ERROR,SEQ,X4  N DIV,RXI,RXR  S FN=9002313.59,REC=IEN59\_",",ERROR=0  ;  ; Change status to 0% (Waiting to Start), which will reset START TIME,  ; and then to 10% (Building transaction)  D SETSTAT^BPSOSU(IEN59,0)  D SETSTAT^BPSOSU(IEN59,10)  ;  ; Get the Outpatient Site  S DIV=MOREDATA("DIVISION")  I 'DIV,MOREDATA("REQ TYPE")="C" S RXI=$P(IEN59,".",1),RXR=+$E($P(IEN59,".",2),1,4),DIV=$$GETDIV^BPSOSQC(RXI,RXR)  ;  ; If there are Prior Auth or Sub Clar Code override, create override  ; record. Note that setting of MOREDATA("BPOVRIEN") in this routine  ; will not conflict with prior setting of this value of BPOVRIEN  ; since BPOVRIEN and BPSAUTH/BPSCLARF are mutually exclusive  I $G(MOREDATA("BPSAUTH"))]""!($G(MOREDATA("BPSCLARF"))]"")!($G(MOREDATA("BPSDELAY"))]"") S MOREDATA("BPOVRIEN")=$$OVERRIDE(IEN59)  ;  ; Set BPSDATA into local variable  S B1=$G(MOREDATA("BPSDATA",1))  ;  ; **Get first record from MOREDATA("IBDATA") as there are some**  **; non-multiple fields that need it**  **S X2="",SEQ=$O(MOREDATA("IBDATA",""))**  **I SEQ S X2=$G(MOREDATA("IBDATA",SEQ,2**))  ;  ; Set non-multiple fields  S FDA(FN,REC,1.05)=$G(MOREDATA("POLICY")) ; Policy Number  S FDA(FN,REC,1.07)=$$GETPHARM^BPSUTIL(DIV) ;BPS Pharmacy  S FDA(FN,REC,1.08)=1 ;PINS piece  S FDA(FN,REC,1.11)=$G(MOREDATA("RX")) ;Prescription | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSU | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.1 | | | | | | | | |
| **Related Options** | API for modification of the status of an entry in the BPS Transaction file | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | INIT^BPSOSIY | | | | | STATUS99^BPSOSU | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| BPSOSU ;BHAM ISC/FCS/DRS/FLS - Common utilities ;06/01/2004  ;;1.0;E CLAIMS MGMT ENGINE;\*\*1,2,5,7,10\*\*;JUN 2004;Build 27  ;;Per VHA Directive 2004-038, this routine should not be modified.  Q  ; Common utilities called a lot.  ;  ; SETSTAT - set status field for ^BPST(IEN59,  ; Input:  ; IEN59 - BPS Transaction  ; STATUS - Value to set into BPS Transaction  SETSTAT(IEN59,STATUS) ; EP - from many places  ;  ; Lock the record - something is very wrong if you can't get the lock  F L +^BPST(IEN59):300 Q:$T Q:'$$IMPOSS^BPSOSUE("L","RTI","LOCK +^BPST",,"SETSTAT",$T(+0))  N DIE,DA,DR,X  S DIE=9002313.59,DA=IEN59,DR="1///"\_STATUS\_";7///NOW" ; Status and Last Update  I STATUS=0 S DR=DR\_";15///NOW" ; If Status is 0, init START TIME  D ^DIE  ;  ; Verify that there no other statuses in the X-ref  S X=""  F S X=$O(^BPST("AD",X)) Q:X="" D  . I X'=STATUS K ^BPST("AD",X,IEN59)  I STATUS=99 D STATUS99(IEN59)  L -^BPST(IEN59)  Q  ;  ; STATUS99 - Special activity when a claim reaches status 99  ; Input:  ; IEN59 - BPS Transaction IEN  STATUS99(IEN59) ;  N IEN77,BPS57,CLMSTAT,BPNXTREQ,BPSCLNOD,BPTYPE  ;  ; Get the current request  S IEN77=+$$GETRQST^BPSUTIL2(IEN59)  D LOG^BPSOSL(IEN59,$T(+0)\_"-Claim of the request "\_IEN77\_" has reached 99%")  ;  ; Create a copy in the BPS Log of Transaction  S BPS57=$$NEW57(IEN59)  D LOG^BPSOSL(IEN59,$T(+0)\_"-Created BPS Log of Transaction record "\_BPS57)  ;  ; This data is needed when closing the claim later but needs to be  ; read now since $$REQST99^BPSOSRX5 will delete the request as part  ; of its processing  S BPSCLNOD=$G(^BPS(9002313.77,IEN77,7))  S BPTYPE=$P($G(^BPS(9002313.77,IEN77,1)),U,4)  ;  ; Get status of the claim  S CLMSTAT=$$CATEG^BPSOSUC(IEN59)  S BPNXTREQ=$$REQST99^BPSOSRX5(IEN59,CLMSTAT)  ;  ; Check if the BPS Claim should be closed  I +BPSCLNOD=1,$P(BPSCLNOD,U,2)>0 D  . N BPSCLA,BPLCK,BPDROP,ERROR,DA,DR,DIE  . I $$SUCCESS^BPSOSRX7(BPTYPE,CLMSTAT)=0 Q  . I BPNXTREQ>0 D LOG^BPSOSL(IEN59,$T(+0)\_"-Cannot close after reversal due to sequential requests in the queue") Q  . D LOG^BPSOSL(IEN59,$T(+0)\_"-Closing the claim after accepted reversal")  . S BPSCLA=$$GET1^DIQ(9002313.59,IEN59,3,"I"),BPLCK=0,BPDROP="N"  . L +^BPSC(BPSCLA):0 I '$T D Q  . . D LOG^BPSOSL(IEN59,$T(+0)\_"-Unable to close claim. Could not lock BPS CLAIMS file.") Q  . D CLOSE^BPSBUTL(BPSCLA,IEN59,$P(^IBE(356.8,$P(BPSCLNOD,U,2),0),U),0,1,$P(BPSCLNOD,U,3),.ERROR)  . I $D(ERROR) D Q  . . D LOG^BPSOSL(IEN59,$T(+0)\_"Unable to close Bill in IB. "\_ERROR)  . . L -^BPSC(BPSCLA)  . S DIE="^BPSC(",DA=BPSCLA,DR="901///1;902///"\_$$NOW^XLFDT()\_";903////"\_DUZ\_";904///"\_$P(BPSCLNOD,U,2)\_";905////"\_BPDROP D  ^DIE  . L -^BPSC(BPSCLA)  . Q  ;  ;  ; If claims completed normally, log its completion.  ; Do not log error'ed or stranded claims as we don't want to show these in the  ; turn-around stats  ; Needed for Turn-Around Stats - Do NOT delete/alter!!  I CLMSTAT'["E OTHER",CLMSTAT'["E UNSTRANDED",CLMSTAT'["E REVERSAL UNSTRANDED" D LOG^BPSOSL(IEN59,$T(+0)\_"-Claim Complete")  Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| No changes needed to the SETSTAT^BPSOSU. Also No changes needed to $$NEW57^BPSOSU. These functions will continue as is for the non-billable entries.  Ch**anges are needed in STATUS99^BPSOSU.**  **This is called when updating the status in BPS Transaction to be “99” which is “done”. When this happens, the data in BPS Transaction is merged into the BPS Log of Transaction file and other activities are performed. We want to bypass any extra activities because these activities pertain to the BPS Requests file or to the BPS Claim and we have neither of those for these non-billable entries.**  **At the start of STATUS99^BPSOSU, perform the following:**  **Get the type of BPS Transaction entry from field# 19 TRANSACTION TYPE.**  **If the type of BPS transaction is a non-billable entry, then do the following block of code and then quit out of STATUS99 as there are no other functions we want to do for these non-billable entries in BPS Transaction.**  **D LOG^BPSOSL(IEN59,$T(+0)\_”-BPS Transaction non-billable entry has reached a status of 99”)**  **S BPS57=$$NEW57(IEN59) ; this will create the entry in the BPS Log of Transactions**  **D LOG^BPSOSL(IEN59,$T(+0)\_”-Created BPS log of Transaction entry for non-billable entry: “\_BPS57)**  **D LOG^BPSOSL(IEN59,$T(+0)\_”-BPS Transaction non-billable entry completed**”) | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSRX | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.1 | | | | | | | | |
| **Related Options** | Routine for $$STATUS API – called by many locations | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | multiple | | | | | $$STATUS^BPSOSRX | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| STATUS(KEY1,KEY2,QUE,BPRQIEN,BPCOB) ;  ; Setup needed variables  N IEN59,SDT,SUBDT,BP59REQ,BPTRTYP,BP59ZERO,BP59REQ  I '$G(KEY1) Q ""  I $G(KEY2)="" Q ""  I $G(QUE)="" S QUE=1  ;  ;if BPRQIEN then it is called from BPSNCPD1 to display progress to the user. So we need to check queue anyway  I $G(BPRQIEN)>0 S QUE=1  ;  ;default COB = primary  I +$G(BPCOB)=0 S BPCOB=1  ;  ;get IEN of BPS TRANSACTION  S IEN59=$$IEN59(KEY1,KEY2,BPCOB)  ;  ;read zeroth node of the BPS TRANSACTION record  S BP59ZERO=$G(^BPST(IEN59,0))  ;  ;if doesn't have BPS TRANSACTION record AND doesn't have any BPS REQUEST records then  ;this is an old request OR it is not e-billable - so use the old logic,  ;which was used before COB patch, so this is for primary claims only.  I BPCOB=1 I $G(BPRQIEN)="" I BP59ZERO="" I '$D(^BPS(9002313.77,"D",KEY1,KEY2,BPCOB)) Q $$OLDSTAT^BPSOSRX6(KEY1,KEY2,$G(QUE)  )  ;  ;if doesn't have BPS TRANSACTION record (not created yet) AND has BPS REQUEST record(s)  I BP59ZERO="" Q $$QUESTAT(KEY1,KEY2,BPCOB)  ;  ;get transaction type  S BPTRTYP=$P(BP59ZERO,U,15)  ;if Transaction type is not defined then this is an OLD request so use the old logic  ;which was used before COB patch, so this is for primary claims only.  I BPCOB=1 I $G(BPRQIEN)="" I BPTRTYP="" Q $$OLDSTAT^BPSOSRX6(KEY1,KEY2,$G(QUE))  ;  ;get the current BPS REQUEST  S BP59REQ=$$GETRQST^BPSUTIL2(IEN59)  I $G(BP59REQ)="" Q $$QUESTAT(KEY1,KEY2,BPCOB)  ;  ;get request date/time  S SDT=$P($G(^BPS(9002313.77,+$G(BP59REQ),6)),U,1) ;REQUEST DATE AND TIME  ;  ; Loop: Get data, quit if times and status match (no change during gather)  N A,C,T1,T2,S1,S2  F D I T1=T2,S1=S2 Q  . S T1=$$LASTUP59^BPSOSRX(IEN59)  . S S1=$$STATUS59^BPSOSRX(IEN59)  . I S1=99 D ; completed  . . S A=$$CATEG^BPSOSUC(IEN59)  . . S C=$$RESTXT59^BPSOSRX(IEN59)  . I S1'=99 D  . . S A="IN PROGRESS"  . . S C=$$STATI^BPSOSU($S(S1="":10,1:S1))  . S T2=$$LASTUP59^BPSOSRX(IEN59)  . S S2=$$STATUS59^BPSOSRX(IEN59)  ;  ; If the queue parameter is set and the submit date from the queue  ; follows the SUBMIT DATE/LAST UPDATE date from BPS TRANSACTION  ; or the request is still on the queue, then change the response  ; to IN PROGRESS^Submit Date^WAITING TO START  S SUBDT=$$SUBMIT59^BPSOSRX(IEN59)  I SUBDT="" S SUBDT=T1  ;  ;if we need to check the queue  I $G(QUE),$$QUETIME(KEY1,KEY2,BPCOB,1)>SUBDT S A="IN PROGRESS",T1=SDT,S1=-1,C=$$STATI^BPSOSU(0)  I $G(QUE),$$QUETIME(KEY1,KEY2,BPCOB,0)>SUBDT S A="IN PROGRESS",T1=SDT,S1=-1,C=$$STATI^BPSOSU(0)  I $G(QUE),$$QUETIME(KEY1,KEY2,BPCOB,2)>SUBDT S A="IN PROGRESS",T1=SDT,S1=-1,C=$$STATI^BPSOSU(0) ;To check IN PROCESS  ;  ; Return results  Q A\_U\_T1\_U\_$E(C,1,255-$L(A)-$L(T1)-2)\_U\_S1 | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| I**t is critical that the $$STATUS^BPSOSRX return “” for these non-billable entries in the BPS Transaction file. These entries never went through the ECME system so there should not be a status for them.**  **Add code at the top to check the Transaction Type of the BPS Transaction and Quit with a “” status for non-billable entries in this file**. | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSUC | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.1 | | | | | | | | |
| **Related Options** | Routine for $$CATEG API – returns the status of a Transaction or Log of Transaction | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | multiple | | | | | $$CATEG^BPSOSUC | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; CATEG returns the status of a Transaction or Log of Transaction  ; entry. It is used mainly by STATUS^BPSOSRX but is also  ; called by some other routines as well as computed fields of BPS Log  ; of Transactions and BPS Tranasctions  CATEG(N,WANTREV) ;  ; N - If decimal, IEN from BPS Transaction  ; - If integer, IEN from BPS Log of Transactions  ; $G(WANTREV) = true if you care about reversals  ; (that's the default if lookup is on IEN59)  ; $G(WANTREV) = false if you want to ignore reversals  ; (that's the default if lookup is on IEN57)  ;  ; Many routines rely on these exact return values; do not change them:  ; Return values:  ; For all submissions:  ; CORRUPT - Should never happen  ;  ; For Billing Requests:  ; E PAYABLE, E CAPTURED, E DUPLICATE, E REJECTED, E OTHER, and  ; E UNSTRANDED  ;  ; For Reversals:  ; E REVERSAL ACCEPTED, E REVERSAL REJECTED, E REVERSAL OTHER, and  ; E REVERSAL UNSTRANDED  ;  ; For Eligibility:  ; E ELIGIBILITY ACCEPTED, E ELIGIBILITY REJECTED, E ELIGIBILITY OTHER, and  ; E ELIGIBILITY UNSTRANDED  ;  I N<1 Q "" ; Should not happen  N FILENUM,RETVAL,CLAIM,RESP,X,RESP500,TRANTYPE,STAT,DISYS  S FILENUM=$S(N[".":9002313.59,1:9002313.57)  I '$D(WANTREV) S WANTREV=$S(FILENUM=9002313.57:0,FILENUM=9002313.59:1)  I '$$GET1^DIQ(FILENUM,N\_",",.01) Q "CORRUPT"  S CLAIM=$$GET1^DIQ(FILENUM,N\_",",3,"I")  S RESP=$$GET1^DIQ(FILENUM,N\_",",4,"I")  S TRANTYPE=$$GET1^DIQ(FILENUM,N\_",",19,"I")  S STAT=$$GET1^DIQ(FILENUM,N\_",",202,"I")  ; Stranded statuses  I $P(STAT,";")="E REVERSAL UNSTRANDED" Q "E REVERSAL UNSTRANDED"  I $P(STAT,";")="E UNSTRANDED" Q "E UNSTRANDED"  I $P(STAT,";")="E ELIGIBILITY UNSTRANDED" Q "E ELIGIBILITY UNSTRANDED"  ; Eligibility Statuses  I TRANTYPE="E" D Q RETVAL  . I 'CLAIM!'RESP S RETVAL="E ELIGIBILITY OTHER" Q  . S RESP500=$$RESP500^BPSOSQ4(RESP,"I")  . S X=$$RESP1000^BPSOSQ4(RESP,1,"I")  . S RETVAL="E ELIGIBILITY "  . I RESP500="R"!(X="R") S RETVAL=RETVAL\_"REJECTED" Q  . I RESP500="A",X="A" S RETVAL=RETVAL\_"ACCEPTED" Q  . S RETVAL=RETVAL\_"OTHER"  ; During a reversal/resubmit, you may get the next line between the reversal and  ; and the resubmit  I 'CLAIM S RETVAL="E OTHER" Q RETVAL  I WANTREV,TRANTYPE="U" D Q RETVAL  . S RESP=$$GET1^DIQ(FILENUM,N\_",",402,"I")  . S RETVAL="E REVERSAL "  . I 'RESP S RETVAL=RETVAL\_"OTHER" Q  . S RESP500=$$RESP500^BPSOSQ4(RESP,"I")  . S X=$$RESP1000^BPSOSQ4(RESP,1,"I")  . I RESP500="R"!(X="R") S RETVAL=RETVAL\_"REJECTED" Q  . ; Treat Duplicate of Accepted Reversal ("S") as Accepted  . I RESP500="A",X="A"!(X="S") S RETVAL=RETVAL\_"ACCEPTED" Q  . S RETVAL=RETVAL\_"OTHER"  ; Response not received yet  I 'RESP S RETVAL="E OTHER" Q RETVAL  S RESP500=$$RESP500^BPSOSQ4(RESP,"I")  N POS S POS=$$GET1^DIQ(FILENUM,N\_",",14)  S X=$$RESP1000^BPSOSQ4(RESP,POS,"I")  I X="P"!(X="DP") Q "E PAYABLE"  I X="D" Q "E DUPLICATE" ; SHOULD NEVER HAPPEN as of 02/06/2001  I X="R" Q "E REJECTED"  I X="C"!(X="DC") Q "E CAPTURED"  ; 1000 indefinite, fall back to 500  I RESP500="R" Q "E REJECTED"  Q "E OTHER" ; corrupt? | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| $**$CATEG should return “” for non-billable entries.**  **Add a check at the top for the Transaction Type field and quit with “” for non-billable entries**. | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS TRANSACTION FILE (#9002313.59) | | | | | |
| Field Name | TRANSACTION TYPE | | | | | |
| Field Description | This is the type of transaction that is being processed:  CLAIM - An NCPDP billing request.  UNCLAIM - An NCPDP reversal request.  ELIGIBILITY - An eligibility verification request.  NON-BILLABLE – A CHAMPVA/TRICARE non-billable entry | | | | | |
| Requirements Traceability Matrix | 2.7.4.1 | | | | | |
| Field # | 19 | | | | | |
| Node # | 0 | | | | | |
| Piece # | 15 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
|  | Pointer to a File | | | | Variable-Pointer | |
| Set of Codes Values | C:CLAIM;E:ELIGIBILITY;U:UNCLAIM;**N:NON-BILLABLE** | | | | | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
|  | Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS LOG OF TRANSACTION FILE (#9002313.57) | | | | | |
| Field Name | TRANSACTION TYPE | | | | | |
| Field Description | This is the type of transaction that is being processed:  CLAIM - An NCPDP billing request.  UNCLAIM - An NCPDP reversal request.  ELIGIBILITY - An eligibility verification request.  NON-BILLABLE – A CHAMPVA/TRICARE non-billable entry | | | | | |
| Requirements Traceability Matrix | 2.7.4.1 | | | | | |
| Field # | 19 | | | | | |
| Node # | 0 | | | | | |
| Piece # | 15 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Set of Codes Values | C:CLAIM;E:ELIGIBILITY;U:UNCLAIM;**N:NON-BILLABLE** | | | | | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS TRANSACTION FILE (#9002313.59) | | | | | |
| Field Name | NON-BILLABLE REASON | | | | | |
| Field Description | This is the reason that this prescription is non-billable as reported by IB Billing Determination. | | | | | |
| Requirements Traceability Matrix | 2.7.4.1 | | | | | |
| Field # | 301 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 1 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS LOG OF TRANSACTION FILE (#9002313.57) | | | | | |
| Field Name | NON-BILLABLE REASON | | | | | |
| Field Description | This is the reason that this prescription is non-billable as reported by IB Billing Determination. | | | | | |
| Requirements Traceability Matrix | 2.7.4.1 | | | | | |
| Field # | 301 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 1 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

Requirement: Display Non-Billable CHAMPVA Entries on ECME User Screen

The ECME User Screen [BPS USER SCREEN] shall display non-billable CHAMPVA entries with a rejection code of eC.

An open/closed indicator will display on the ECME screen for each non-billable entry and the entry will default to an Open entry.

6 PATIENT,THREE (061P) EPOR8 /555-555-5555 CVA Pb:0 Rj:3 AcRv:5 RjRv:0

6.1 ACETAMINOPHEN 10MG T 00054001729 11/26 2720553 0/000004317434 W RT DS/N

eC – CHAMPVA DRUG NON BILLABLE/Open

**Design**

Please see the design for section 6.2.2.2.7.4.1 since the display of non-billable CHAMPVA Entries on the ECME User Screen will be performed in the same manner as non-billable TRICARE Entries.

Requirement: Add “Open/Close Non-Billable Entry” Action on ECME User Screen

The ECME User Screen [BPS USER SCREEN] shall contain a new hidden action of Open/Close Non-Billable Entry which will mark the entry as Open or Closed for the purposes of displaying or not displaying the entry on the ECME User screen and capture the following: user name, date, time, comment.

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

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

Select item(s): 1.1

You've chosen to CLOSE the following entry for

OPPATIENT,ONE :

1.1 ACETAMINOPHEN 10MG T 00054001729 04/25 2720125 0/000004316975 W RT DS/R

eC – CHAMPVA DRUG NON BILLABLE/Open

The Selected Entry will be CLOSED.

Comment : TESTING - COMMENT GOES HERE

Are you sure?(Y/N)? YES

Closing Entry

Enter RETURN to continue:

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

Enter the line numbers for the entry to be opened or closed.

Select item(s): 1.1

You've chosen to OPEN the following entry for

OPPATIENT,ONE :

1.1 ACETAMINOPHEN 10MG T 00054001729 04/25 2720125 0/000004316975 W RT DS/R

eC – CHAMPVA DRUG NON BILLABLE/Closed

The Selected Entry will be OPENED.

Comment : TESTING - COMMENT GOES HERE

Are you sure?(Y/N)? YES

Opening Entry

Enter RETURN to continue:

**Design**

| **Protocols** | **Activities** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL USRSCR HIDDEN ACTIONS | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | This is the hidden action parent menu protocol for the ECME user screen. | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | N/A | | | | | | | | | |
| **Current Entry Action Logic**  N/A for menu protocol | | | | | | | | | | |
| **Modified Entry Action Logic (Changes are in bold)**  N/A for menu protocol | | | | | | | | | | |
| **Current Exit Action Logic**  N/A for menu protocol | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)**  N/A for menu protocol | | | | | | | | | | |
| **Add action protocol to Menu:**  ITEM: BPS PRTCL USRSCR OPEN/CLOSE NON-BILLABLE ENTRY (see below)  MNEMONIC: OCN  SEQUENCE: 55 (This will appear in the list after VER and before RED). | | | | | | | | | | |

| **Protocols** | **Activities** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPS PRTCL USRSCR OPEN/CLOSE NON-BILLABLE ENTRY | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | N/A | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Other |
| **Associated Routine** | BPSSCRN0 (new routine for non-billable entry processing) | | | | | | | | | |
| **Current Entry Action Logic**  N/A – New protocol | | | | | | | | | | |
| **Modified Entry Action Logic (Changes are in bold)**  D OC^BPSSCRN0 | | | | | | | | | | |
| **Current Exit Action Logic**  N/A – New protocol | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)**  None needed | | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRN0 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.3 | | | | | | | | |
| **Related Options** | ECME User Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ListManager screen action | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A – New Routine | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| Th**is is the List Manager action protocol BPS PRTCL USRSCR OPEN/CLOSE NON-BILLABLE ENTRY at entry point OC. New variables used by this action. Call FULL^VALM1 so the screen goes into full screen mode. Make sure variable VALMBCK=”R” before exiting this action code so the ECME user screen is refreshed upon completion.**  **Display the prompt: Enter the line number for the entry to be opened or closed.**  **Call the API to prompt the user to select the item from the screen: $$ASKLINE^BPSSCRU4. The user must select a line item associated with a prescription, not a patient line. Output from $$ASKLINE is OK value^DFN^ins ien file 36^ien to 9002313.59^1st line for indexes in LM array^patient’s index^claims index. Obtain the ien to the BPS transaction file by taking piece [4] of the resulting output. Get out if the user entered in “^”.**  **Based on the ien to the BPS transaction file selected by the user, determine if the entry is a non-billable entry or not.**  **If the entry is not a non-billable entry, display an error message and quit out.**  **Obtain whether or not the non-billable entry is currently open or closed.**  **If currently open, then perform the actions and prompts to close the entry.**  **If currently closed, then perform the actions and prompts to re-open the entry.**  **Display the line item.**  **The selected entry will be CLOSED/OPENED.**  **Capture the comment for either closing or opening.**  **Ask the user: Are you sure? Y/N default is Y**  **Display Closing/Opening non-billable entry.**  **Press Return to Continue.**  **Capture and store via Fileman the fields described below for closing/opening the non-billable entry**. | | | | | | | | | |

Add 7 new fields to both the BPS Transaction file and BPS Log of Transaction File as indicated below. 14 new fields in total.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS TRANSACTION FILE (#9002313.59) | | | | | |
| Field Name | NON-BILLABLE CLOSED | | | | | |
| Field Description | Enter Yes or No if this non-billable entry is Closed. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 302 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 2 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS TRANSACTION FILE (#9002313.59) | | | | | |
| Field Name | NON-BILLABLE DATE CLOSED | | | | | |
| Field Description | Enter the date that this non-billable entry was closed. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 303 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 3 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
|  | Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
|  | Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS TRANSACTION FILE (#9002313.59) | | | | | |
| Field Name | NON-BILLABLE CLOSED BY | | | | | |
| Field Description | Enter the user who closed this non-billable entry. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 304 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 4 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS TRANSACTION FILE (#9002313.59) | | | | | |
| Field Name | NON-BILLABLE CLOSED COMMENT | | | | | |
| Field Description | Enter comments associated with the closing of this non-billable entry. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 305 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 5 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS TRANSACTION FILE (#9002313.59) | | | | | |
| Field Name | NON-BILLABLE DATE RE-OPENED | | | | | |
| Field Description | Enter the date when this non-billable entry was re-opened from a closed state. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 306 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 6 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS TRANSACTION FILE (#9002313.59) | | | | | |
| Field Name | NON-BILLABLE RE-OPENED BY | | | | | |
| Field Description | Enter the user who re-opened this non-billable entry | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 307 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 7 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS TRANSACTION FILE (#9002313.59) | | | | | |
| Field Name | NON-BILLABLE RE-OPENED COMMENT | | | | | |
| Field Description | Enter comments associated with the re-opening of this non-billable entry. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 308 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 8 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS LOG OF TRANSACTION FILE (#9002313.57) | | | | | |
| Field Name | NON-BILLABLE CLOSED | | | | | |
| Field Description | Enter Yes or No if this non-billable entry is Closed. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 302 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 2 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS LOG OF TRANSACTION FILE (#9002313.57) | | | | | |
| Field Name | NON-BILLABLE DATE CLOSED | | | | | |
| Field Description | Enter the date that this non-billable entry was closed. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 303 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 3 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS LOG OF TRANSACTION FILE (#9002313.57) | | | | | |
| Field Name | NON-BILLABLE CLOSED BY | | | | | |
| Field Description | Enter the user who closed this non-billable entry. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 304 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 4 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS LOG OF TRANSACTION FILE (#9002313.57) | | | | | |
| Field Name | NON-BILLABLE CLOSED COMMENT | | | | | |
| Field Description | Enter comments associated with the closing of this non-billable entry. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 305 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 5 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS LOG OF TRANSACTION FILE (#9002313.57) | | | | | |
| Field Name | NON-BILLABLE DATE RE-OPENED | | | | | |
| Field Description | Enter the date when this non-billable entry was re-opened from a closed state. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 306 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 6 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS LOG OF TRANSACTION FILE (#9002313.57) | | | | | |
| Field Name | NON-BILLABLE RE-OPENED BY | | | | | |
| Field Description | Enter the user who re-opened this non-billable entry | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 307 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 7 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | BPS LOG OF TRANSACTION FILE (#9002313.57) | | | | | |
| Field Name | NON-BILLABLE RE-OPENED COMMENT | | | | | |
| Field Description | Enter comments associated with the re-opening of this non-billable entry. | | | | | |
| Requirements Traceability Matrix | 2.7.4.3 | | | | | |
| Field # | 308 | | | | | |
| Node # | 3 (new node) | | | | | |
| Piece # | 8 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

Requirement: Add Open/Closed Display option to Change View on ECME User Screen

The ECME User Screen [BPS USER SCREEN] Change View action shall offer a choice of displaying open, closed or all non-billable entries and display the ECME User Screen data based on the user selection.

This change view setting will have no impact on the display of billable claims and will only pertain to prescriptions with pseudo-reject codes eT and eC.

The Change View of the ECME User Screen will default to ALL upon patch installation for the new change view setting. The system will continue to display the ECME user screen without requiring the user to answer the new setting.

Select one of the following:

O Open Non-Billable Entries

C Closed Non-Billable Entries

A ALL

Please note this question only applies to

TRICARE or CHAMPVA Non-Billable Entries.

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

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCR03 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.4 | | | | | | | | |
| **Related Options** | ECME User Screen (change view) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | BPSSCRCV | | | | | FILTER^BPSSCR03 | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A - New lines of code to be added to the $$FILTER function in routine BPSSCR03. | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| A**dd new ECME User Screen parameter instance of 1.19 to hold the user’s choice of “O” open non-billable entries, “C” closed non-billable entries, or “A” All.**  **Develop local API to determine if the entry in the BPS Transaction file is a non-billable entry. $$NB=0/1 (1=non-billable entry; 0=not a non-billable entry)**  **Develop local API to determine if the non-billable entry in the BPS Transaction file is Closed: $$NBCL=0/1 (1=it is a closed, non-billable entry; 0 not a closed non-billable entry)**  **Develop local API to determine if the non-billable entry in the BPS Transaction file is Open: $$NBOP=0/1 (1=it is an open, non-billable entry; 0 = not an open non-billable entry)**  **I $G(BPARR(1.19))=”O”,$$NBCL(BP59) Q 0 ; user wants open non-billable entries**  **I $G(BPARR(1.19))=”C”,$$NBOP(BP59) Q 0 ; user wants closed non-billable entries**  **If the user selects either Open non-billable entries or Closed non-billable entries, and the BPS Transaction entry is a normal ECME claim request or reversal, then it will be included by default. This question in Change View will have no impact on normal BPS Transaction entries**. | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRCV | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.4 | | | | | | | | |
| **Related Options** | ECME User Screen (change view) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Change View Protocol from ECME user screen | | | | | EDITPROF^BPSSCRCV | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A – New code for a new parameter instance  Q:$$EDITFLD(1.05,+BPDUZ7,"N^1:999:0","Activity Timeframe Value",$S(BPTF="H":24,1:7),.BPARR)=-1  Insert new line of code here.  Q:$$EDITFLD(2.02,+BPDUZ7,"S^O:OPEN CLAIMS;C:CLOSED CLAIMS;A:ALL","Select Open/Closed or All Claims","O",.BPARR)=-1 | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| A**dd a routine comment for the new parameter instance 1.19**  **;1.19 TRI/CVA NON-BILLABLE ENTRIES; ‘O’ Open; ‘C’ Closed; ‘A’ All**  **Add the following line of code in the proper location in the EDITPROF subroutine based on where this new field should be asked during the Change View action:**  **Q:$$EDITFLD(1.19,+BPDUZ7,"S^O:Open Non-Billable Entries;C:Closed Non-Billable Entries;A:ALL","Display (O)pen, (C)losed, or (A)ll Non-Billable Entries","A",.BPARR)=-1**  **If we need to append some information to the prompt area indicating that this is only for TRICARE or CHAMPVA non-billable entries, then this will be added to the $$PROMPT^BPSSCRCV area in the following manner:**  **S DIR(“A”,1)=” Please note that this question only applies to”**  **S DIR(“A”,2)=” TRICARE or CHAMPVA Non-Billable Entries.”**  **S DIR(“A”,3)=” “**  **This will only be done when the FLDNO variable is our 1.19 parameter instance**. | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRSL | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.4 | | | | | | | | |
| **Related Options** | ECME User Screen (sort list) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | ECME user screen sort list action protocol | | | | | SL^BPSSCRSL | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;read profile information (used in other routines as well)  ;input:  ;BPDUZ7 - DUZ  ;input/output:  ;BPARRAY - to return back profile information, as reference  ;see description in the top of the routine  READPROF(BPARRAY,BPDUZ7) ;  N RETV,RETARR,BPFLDNO,BPDIV,BP1  N RECIENS  S RECIENS=BPDUZ7\_","  F BPFLDNO=1.01,1.02,1.03,1.04,1.05,1.06,1.07,1.08,1.09,1.1,1.11,1.12,1.13,1.14,1.15,1.16,1.17,1.18,2.01,2.02,2.03,2.04 D  . S RETV=$$GETPARAM(BPFLDNO,+BPDUZ7)  . S BPARRAY(BPFLDNO)=RETV  I BPARRAY(1.13)="D" D  . S BPARRAY("DIVS")=$$GETPARAM(2,+BPDUZ7)  I BPARRAY(1.11)="I" D  . S BPARRAY("INS")=$$GETPARAM(2.04,+BPDUZ7)  Q  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| A**dd a routine comment for the new parameter instance 1.19**  **;1.19 TRI/CVA NON-BILLABLE ENTRIES; ‘O’ Open; ‘C’ Closed; ‘A’ All**  ;read profile information (used in other routines as well)  ;input:  ;BPDUZ7 - DUZ  ;input/output:  ;BPARRAY - to return back profile information, as reference  ;see description in the top of the routine  READPROF(BPARRAY,BPDUZ7) ;  N RETV,RETARR,BPFLDNO,BPDIV,BP1  N RECIENS  S RECIENS=BPDUZ7\_","  F BPFLDNO=1.01,1.02,1.03,1.04,1.05,1.06,1.07,1.08,1.09,1.1,1.11,1.12,1.13,1.14,1.15,1.16,1.17,1.18,**1.19**,2.01,2.02,2.03,2.04 D  . S RETV=$$GETPARAM(BPFLDNO,+BPDUZ7)  . S BPARRAY(BPFLDNO)=RETV  I BPARRAY(1.13)="D" D  . S BPARRAY("DIVS")=$$GETPARAM(2,+BPDUZ7)  I BPARRAY(1.11)="I" D  . S BPARRAY("INS")=$$GETPARAM(2.04,+BPDUZ7)  Q  ; | | | | | | | | | |

Requirement: Unavailable Actions for Non-billable Entries on ECME User Screen

The ECME User Screen [BPS USER SCREEN] shall make these actions unavailable for non-billable entries:

* REV Reverse Payable Claim
* CLO Close Claim
* LOG Print Claim Log
* WRK Send to Worklist
* ROC Reopen Closed Claims
* RED Resubmit Claim w/EDITS
* RH Release Copay (On FR Further Research)
* RER Resubmit Claim w/o Reversal

Select Action: Next Screen// REV Reverse Payable Claim

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

Select item(s): 3.1

The claim:

3.1 ACETAMINOPHEN 10MG T 00054001729 04/25 2720125 0/000004316975 W RT DS/R

Entry is NON BILLABLE. There is no claim to reverse.

Enter RETURN to continue or '^' to exit:

CLO Close Claim

Select Action: Next Screen// CLO Close Claim

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

Select item(s): 2.1

You've chosen to close the following prescription(s) for

OPCNFVET,BNAM :

2.1 ACETAMINOPHEN 10MG T 00054001729 04/25 2720125 0/000004316975 W RT DS/R

eC – CHAMPVA DRUG NON BILLABLE

Entry is NON BILLABLE. There is no claim to close.

0 claims have been closed.

Enter RETURN to continue or '^' to exit:

LOG Print Claim Log

Select Action: Next Screen// LOG Print Claim Log

Enter the line number for which you wish to print claim logs.

Select item: 1.2

2.1 ACETAMINOPHEN 10MG T 00054001729 04/25 2720125 0/000004316975 W RT DS/R

eC – CHAMPVA DRUG NON BILLABLE

Entry is NON BILLABLE. There is no Claim Log to display.

Enter RETURN to continue or '^' to exit:

WRK Send to Worklist

Select Action: Next Screen// wrk Send to Worklist

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

Select item(s): 1.2

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

1.2 ACETAMINOPHEN 10MG T 00054001729 04/25 2720125 0/000004316975 W RT DS/R

Entry is NON BILLABLE and cannot be sent to the Pharmacy Work List.

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

Select item(s):

ROC Reopen Closed Claims

Select Action: Next Screen// ROC ROC

Enter the line number for the claim you want to reopen.

Select item(s): 2.1

You've chosen to reopen the following prescriptions(s) for

LAIRD,PATFOUR :

2.1 ACETAMINOPHEN 10MG T 00054001729 04/25 2720125 0/000004316975 W RT DS/R

Entry is NON BILLABLE. There is no claim to reopen.

Enter RETURN to continue or '^' to exit:

DV Print Developer Claim Log

Select Action: Next Screen// DV DV

Enter the line number for which you wish to print claim logs.

Select item: 1.2

Entry is NON BILLABLE. There is no Log to display.

Enter RETURN to continue or '^' to exit:

RED Resubmit Claim w/EDITS

Select Action: Next Screen// RED RED

Enter the line number for the claim to be resubmitted.

Select item: 1.2

Entry is NON BILLABLE. There is no claim to edit or resubmit.

Enter RETURN to continue or '^' to exit:

RH Release Copay (On FR Further Research)

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: 1.2

This patient does not have any charges 'on hold.'

Enter RETURN to continue or '^' to exit:

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRRV | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.5 | | | | | | | | |
| **Related Options** | ECME User Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Reverse Payable Claim protocol  REV^BPSSCRRV | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| S BP59="" F S BP59=$O(BP59ARR(BP59)) Q:BP59="" D Q:BPQ="^"  . I BPIFANY=0 W @IOF  . S BPIFANY=1,BPQ=""  . ;  . ; can't reverse a closed claim. The user must reopen first.  . I $$CLOSED02^BPSSCR03($P($G(^BPST(BP59,0)),U,4)) D S BPQ=$$PAUSE() Q  . . W !,"The claim: ",!,$G(@VALMAR@(+$G(BP59ARR(BP59)),0)),!,"is Closed and cannot be Reversed. Reopen the claim and try again."  . S BPDFN=+$P($G(^BPST(BP59,0)),U,6)  . S BPSTATS=$P($$CLAIMST^BPSSCRU3(BP59),U)  . I (BPSTATS="IN PROGRESS")!(BPSTATS="SCHEDULED") S BPINPROG=1  . I BPINPROG=0,'$$PAYABLE^BPSOSRX5(BPSTATS) D S BPQ=$$PAUSE() Q  . . W !,"The claim: ",!,$G(@VALMAR@(+$G(BP59ARR(BP59)),0)),!,"is NOT Payable and cannot be Reversed." | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| S BP59="" F S BP59=$O(BP59ARR(BP59)) Q:BP59="" D Q:BPQ="^"  . I BPIFANY=0 W @IOF  . S BPIFANY=1,BPQ=""  . ;  . **If the BP59 BPS Transaction Entry is a non-billable entry as determined by the TRANSACTION TYPE field (field# 19) API checker for non-billable entries, then display the error message, then call $$PAUSE(), then Quit**  . ; can't reverse a closed claim. The user must reopen first.  . I $$CLOSED02^BPSSCR03($P($G(^BPST(BP59,0)),U,4)) D S BPQ=$$PAUSE() Q  . . W !,"The claim: ",!,$G(@VALMAR@(+$G(BP59ARR(BP59)),0)),!,"is Closed and cannot be Reversed. Reopen the claim and try again."  . S BPDFN=+$P($G(^BPST(BP59,0)),U,6)  . S BPSTATS=$P($$CLAIMST^BPSSCRU3(BP59),U)  . I (BPSTATS="IN PROGRESS")!(BPSTATS="SCHEDULED") S BPINPROG=1  . I BPINPROG=0,'$$PAYABLE^BPSOSRX5(BPSTATS) D S BPQ=$$PAUSE() Q  . . W !,"The claim: ",!,$G(@VALMAR@(+$G(BP59ARR(BP59)),0)),!,"is NOT Payable and cannot be Reversed." | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRCL | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.5 | | | | | | | | |
| **Related Options** | ECME User Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Close Claim protocol  CLO^BPSSCRCL | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| . S BP59="" F S BP59=$O(BPNEWARR(BPDFN,BP59)) Q:BP59="" D Q:BPQ="^"  . . I $Y>20 D PAUSE^VALM1 W @IOF I X="^" S BPQ="^" Q  . . S BPIFANY=1,BPQ=""  . . S BPREJFLG=+$P($G(BPNEWARR(BPDFN,BP59)),U,3)  . . W !,@VALMAR@(+$G(BPNEWARR(BPDFN,BP59)),0)  . . D DISPREJ^BPSSCRU6(BP59)  . . ;can't close a closed claim. The user must reopen first.  . . I $$CLOSED02^BPSSCR03($P($G(^BPST(BP59,0)),U,4)) W !,"This claim is already closed." S BPQ="^" Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| . S BP59="" F S BP59=$O(BPNEWARR(BPDFN,BP59)) Q:BP59="" D Q:BPQ="^"  . . I $Y>20 D PAUSE^VALM1 W @IOF I X="^" S BPQ="^" Q  . . **If the BP59 BPS Transaction Entry is a non-billable entry as determined by the TRANSACTION TYPE field (field# 19) API checker for non-billable entries, then display the error message, set variable BPQ=”^”, then Quit**  . . S BPIFANY=1,BPQ=""  . . S BPREJFLG=+$P($G(BPNEWARR(BPDFN,BP59)),U,3)  . . W !,@VALMAR@(+$G(BPNEWARR(BPDFN,BP59)),0)  . . D DISPREJ^BPSSCRU6(BP59)  . . ;can't close a closed claim. The user must reopen first.  . . I $$CLOSED02^BPSSCR03($P($G(^BPST(BP59,0)),U,4)) W !,"This claim is already closed." S BPQ="^" Q | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRLG | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.5 | | | | | | | | |
| **Related Options** | ECME User Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Print Claim Log protocol  LOG^BPSSCRLG | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| LOG ;entry point for LOG menu option  N BPRET,BPSEL  I '$D(@(VALMAR)) Q  D FULL^VALM1  W !,"Enter the line number for which you wish to print claim logs."  S BPSEL=$$ASKLINE^BPSSCRU4("Select item","C","Please select SINGLE Rx Line.")  I BPSEL<1 S VALMBCK="R" Q  D SAVESEL(BPSEL,VALMAR)  D EN  S VALMBCK="R"  Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| LOG ;entry point for LOG menu option  N BPRET,BPSEL  I '$D(@(VALMAR)) Q  D FULL^VALM1  W !,"Enter the line number for which you wish to print claim logs."  S BPSEL=$$ASKLINE^BPSSCRU4("Select item","C","Please select SINGLE Rx Line.")  I BPSEL<1 S VALMBCK="R" Q  S **BP59=$P(BPSEL,U,4)**  **If the BP59 BPS Transaction Entry is a non-billable entry as determined by the TRANSACTION TYPE field (field# 19) API checker for non-billable entries, then display the error message, set variable VALMBCK=”R”, then Quit**  D SAVESEL(BPSEL,VALMAR)  D EN  S VALMBCK="R"  Q | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSWRKLS | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.5 | | | | | | | | |
| **Related Options** | ECME User Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Send to Worklist protocol  EN^BPSWRKLS | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| F S BP59=$O(BPSARR59(BP59)) Q:+BP59=0 D  . W !,$G(@VALMAR@(+$G(BPSARR59(BP59)),0))  . I $$CLOSED02^BPSSCR03($P($G(^BPST(BP59,0)),U,4)) W !,"is closed and cannot be sent to the Pharmacy Work List." Q  . ; check status - only rejected cannot be sent to the Pharmacy worklist  . S BPSTATS=$P($$CLAIMST^BPSSCRU3(BP59),U)  . I BPSTATS'="E REJECTED" W !,"was not rejected and cannot be sent to the Pharmacy Work List." Q  . ;check if the claim has an eligible reject code(s)  . I $$INWRKLST(BP59)=1 W !,"was ALREADY sent to the Pharmacy Work List." Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| F S BP59=$O(BPSARR59(BP59)) Q:+BP59=0 D  . W !,$G(@VALMAR@(+$G(BPSARR59(BP59)),0))  . **If the BP59 BPS Transaction Entry is a non-billable entry as determined by the TRANSACTION TYPE field (field# 19) API checker for non-billable entries, then display the error message, then Quit**  . I $$CLOSED02^BPSSCR03($P($G(^BPST(BP59,0)),U,4)) W !,"is closed and cannot be sent to the Pharmacy Work List." Q  . ; check status - only rejected cannot be sent to the Pharmacy worklist  . S BPSTATS=$P($$CLAIMST^BPSSCRU3(BP59),U)  . I BPSTATS'="E REJECTED" W !,"was not rejected and cannot be sent to the Pharmacy Work List." Q  . ;check if the claim has an eligible reject code(s)  . I $$INWRKLST(BP59)=1 W !,"was ALREADY sent to the Pharmacy Work List." Q | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSREOP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.5 | | | | | | | | |
| **Related Options** | ECME User Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Reopen Closed Claims protocol  EUSCREOP^BPSREOP1 | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| . F S BP59=$O(BPREOP(BP59)) Q:BP59="" D  . . S BPDFN=+$P($G(^BPST(BP59,0)),U,6)  . . S BPCNT=BPCNT+1  . . I '$D(BPDISP(BPDFN)) S BPDISP(BPDFN,BPCNT)=$$LJ^BPSSCR02($$PATNAME(BPDFN)\_" :",50),BPCNT=BPCNT+1  . . S BPDISP(BPDFN,BPCNT)=@VALMAR@($P(BPREOP(BP59),U,1),0)  . . ; Make sure this claim is closed  . . I '$$CLOSED02^BPSSCR03($P($G(^BPST(BP59,0)),U,4)) D  . . . S BPCNT=BPCNT+1  . . . S BPDISP(BPDFN,BPCNT)="Claim NOT closed and cannot be reopened."  . . . K BPREOP(BP59)  . . ; Make sure the Prescription isn't deleted  . . I $$RXDEL^BPSOS($P(^BPST(BP59,1),U,11),$P(^BPST(BP59,1),U,1)) D  . . . S BPCNT=BPCNT+1  . . . S BPDISP(BPDFN,BPCNT)="The prescription has been marked DELETED and cannot be reopened."  . . . K BPREOP(BP59) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| . F S BP59=$O(BPREOP(BP59)) Q:BP59="" D  . . S BPDFN=+$P($G(^BPST(BP59,0)),U,6)  . . S BPCNT=BPCNT+1  . . I '$D(BPDISP(BPDFN)) S BPDISP(BPDFN,BPCNT)=$$LJ^BPSSCR02($$PATNAME(BPDFN)\_" :",50),BPCNT=BPCNT+1  . . S BPDISP(BPDFN,BPCNT)=@VALMAR@($P(BPREOP(BP59),U,1),0)  . . **If the BP59 BPS Transaction Entry is a non-billable entry as determined by the TRANSACTION TYPE field (field# 19) API checker for non-billable entries, then set BPCNT=BPCNT+1, SET array BPDISP(BPDFN,BPCNT)=”error message”, kill BPREOP(BP59) so this selected entry can’t be processed.**  . . ; Make sure this claim is closed  . . I '$$CLOSED02^BPSSCR03($P($G(^BPST(BP59,0)),U,4)) D  . . . S BPCNT=BPCNT+1  . . . S BPDISP(BPDFN,BPCNT)="Claim NOT closed and cannot be reopened."  . . . K BPREOP(BP59)  . . ; Make sure the Prescription isn't deleted  . . I $$RXDEL^BPSOS($P(^BPST(BP59,1),U,11),$P(^BPST(BP59,1),U,1)) D  . . . S BPCNT=BPCNT+1  . . . S BPDISP(BPDFN,BPCNT)="The prescription has been marked DELETED and cannot be reopened."  . . . K BPREOP(BP59) | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRES | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.5 | | | | | | | | |
| **Related Options** | ECME User Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Resubmit Claim w/EDITs protocol  RESED^BPSRES | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;Pull BPS TRANSACTION/BPS CLAIMS entries  S BP59=$P(BPRXI,U,4) I BP59="" W !!,"No Initial Claim Submission Found - Data Elements are NOT Editable for Re-Submission",  ! G XRES  S BP02=+$P($G(^BPST(BP59,0)),U,4) I 'BP02 W !!,"No Initial Claim Submission Found - Data Elements are NOT Editable for Re-S  ubmission",! G XRES | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ;Pull BPS TRANSACTION/BPS CLAIMS entries  S BP59=$P(BPRXI,U,4) I BP59="" W !!,"No Initial Claim Submission Found - Data Elements are NOT Editable for Re-Submission",! G XRES  I**f the BP59 BPS Transaction Entry is a non-billable entry as determined by the TRANSACTION TYPE field (field# 19) API checker for non-billable entries, then display the error message, then goto tag XRES to skip all processing.**  S BP02=+$P($G(^BPST(BP59,0)),U,4) I 'BP02 W !!,"No Initial Claim Submission Found - Data Elements are NOT Editable for Re-S  ubmission",! G XRES | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRSRLC | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.5 | | | | | | | | |
| **Related Options** | ECME User Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Release Copay protocol  RH^BPSRSRLC | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| W !,"Please select a SINGLE Patient Line item or a SINGLE Rx Line item when accessing Release Copay from Hold."  S BPSEL=$$ASKLINE^BPSSCRU4("Select item","PC","Please select a SINGLE Patient Line item or a SINGLE Rx Line item")  I BPSEL<1 S VALMBCK="R" Q  S DFN=+$P(BPSEL,U,2)  I DFN=0 S VALMBCK="R" Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| W !,"Please select a SINGLE Patient Line item or a SINGLE Rx Line item when accessing Release Copay from Hold."  S BPSEL=$$ASKLINE^BPSSCRU4("Select item","PC","Please select a SINGLE Patient Line item or a SINGLE Rx Line item")  I BPSEL<1 S VALMBCK="R" Q  S DFN=+$P(BPSEL,U,2)  I DFN=0 S VALMBCK="R" Q  S **BP59=$P(BPSEL,U,4) ; ien to BPS Transaction**  **If the BP59 BPS Transaction Entry is a non-billable entry as determined by the TRANSACTION TYPE field (field# 19) API checker for non-billable entries, then display the error message, then set variable VALMBCK=”R” to redisplay the list then QUIT.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSSCRRS | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.4.5 | | | | | | | | |
| **Related Options** | ECME User Screen | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Resubmit Claim Without Reversal protocol  RESNRV^BPSSCRRS | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| F S BP59=$O(RXI(BP59)) Q:BP59="" D Q:BPQ="^"  . I BPIFANY=0 W @IOF  . S BPIFANY=1,BPQ=""  . S BPDFN=+$P($G(^BPST(BP59,0)),U,6)  . W !,"You've chosen to RESUBMIT the following prescription for "\_$E($$PATNAME^BPSSCRU2(BPDFN),1,13)  . W !,@VALMAR@(+$G(RXI(BP59)),0)  . S (BPRVNEED,BPRVRSED,BPRVWAIT,BPRVRSNT)=0  . S BPQ=$$YESNO("Are you sure?(Y/N)")  . I BPQ=-1 S BPQ="^" Q  . I BPQ'=1 Q  . S RXIEN=$P(BP59,".")  . S RXR=+$E($P(BP59,".",2),1,4) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| F S BP59=$O(RXI(BP59)) Q:BP59="" D Q:BPQ="^"  . I BPIFANY=0 W @IOF  . S BPIFANY=1,BPQ=""  . S BPDFN=+$P($G(^BPST(BP59,0)),U,6)  . W !,"You've chosen to RESUBMIT the following prescription for "\_$E($$PATNAME^BPSSCRU2(BPDFN),1,13)  . W !,@VALMAR@(+$G(RXI(BP59)),0)  If **the BP59 BPS Transaction Entry is a non-billable entry as determined by the TRANSACTION TYPE field (field# 19) API checker for non-billable entries, then display the error message, then set variable BPQ=”^”, then Quit.**  . S (BPRVNEED,BPRVRSED,BPRVWAIT,BPRVRSNT)=0  . S BPQ=$$YESNO("Are you sure?(Y/N)")  . I BPQ=-1 S BPQ="^" Q  . I BPQ'=1 Q  . S RXIEN=$P(BP59,".")  . S RXR=+$E($P(BP59,".",2),1,4) | | | | | | | | | |

###### System Feature: Closed Claims Report

Requirement: Add the Billed Amount to the Closed Claims Report

The Closed Claims Report [BPS RPT CLOSED CLAIMS] shall display the billed amount in the Excel download format.

Header:

DIVISION^INSURANCE^PATIENT NAME^Pt.ID^ELIGIBILITY^RX#^REF/ECME# ^FILL LOCATION^FILL TYPE^STATUS^REJECTED^DRUG^NDC^CARDHOLD.ID^GROUP ID^AMOUNT BILLED ^CLOSE DATE/TIME^CLOSED BY^CLOSE REASON^CLAIM ID^REJECT CODE(S)^REJECT CODE^REJECT EXPLANATION

Add the data in the corresponding location in the report body for the Excel download format only. When the report is not run to capture report data for an Excel document, the Amount Billed will not be included in the report.

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRPT8 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.5.1 | | | | | | | | |
| **Related Options** | BPS RPT CLOSED CLAIMS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | BPSRPT5  BPSRPT7 | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| I BPRTYPE=7 D Q  . S BPREC=BPREC\_$E($$CRDHLDID^BPSRPT2(+$P(BPX,U,3)),3,23)\_U ;Cardholder  ID  . S BPREC=BPREC\_$E($$GRPID^BPSRPT2(+$P(BPX,U,3)),3,10)\_U ;Group ID  . S BPREC=BPREC\_$$DATTIM^BPSRPT1(+$$CLOSEDT^BPSRPT2(+$P(BPX,U,3)))\_U ;C  lose Dt/Time  . S BPREC=BPREC\_$E($$CLSBY^BPSRPT6(+$P(BPX,U,3)),1,25)\_U ;Close By  . S BPREC=BPREC\_$E($P($$CLRSN^BPSRPT7(+$P(BPX,U,3)),U,2),1,30)\_U ;Close  Reason  ;  I BPRTYPE=7 D Q  . W "ELIGIBILITY",U  . W "RX#",U  . W "REF/ECME#",U  . W "FILL LOCATION",U  . W "FILL TYPE",U  . W "STATUS",U  . W "REJECTED",U  . W "DRUG",U  . W "NDC",U  . W "CARDHOLD.ID",U  . W "GROUP ID",U  . W "CLOSE DATE/TIME",U  . W "CLOSED BY",U  . W "CLOSE REASON",U  . W "CLAIM ID",U  . W "REJECT CODE(S)",U  . W "REJECT CODE",U  . W "REJECT EXPLANATION"  ; | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| I BPRTYPE=7 D Q  . S BPREC=BPREC\_$E($$CRDHLDID^BPSRPT2(+$P(BPX,U,3)),3,23)\_U ;Cardholder  ID  . S BPREC=BPREC\_$E($$GRPID^BPSRPT2(+$P(BPX,U,3)),3,10)\_U ;Group ID  **. S BPREC=BPREC\_$$BILLED^BPSRPT7(BP59)\_U ;Amount Billed**  . S BPREC=BPREC\_$$DATTIM^BPSRPT1(+$$CLOSEDT^BPSRPT2(+$P(BPX,U,3)))\_U ;C  lose Dt/Time  . S BPREC=BPREC\_$E($$CLSBY^BPSRPT6(+$P(BPX,U,3)),1,25)\_U ;Close By  . S BPREC=BPREC\_$E($P($$CLRSN^BPSRPT7(+$P(BPX,U,3)),U,2),1,30)\_U ;Close  Reason  ;  I BPRTYPE=7 D Q  . W "ELIGIBILITY",U  . W "RX#",U  . W "REF/ECME#",U  . W "FILL LOCATION",U  . W "FILL TYPE",U  . W "STATUS",U  . W "REJECTED",U  . W "DRUG",U  . W "NDC",U  . W "CARDHOLD.ID",U  . W "GROUP ID",U  **. W "AMOUNT BILLED",U**  . W "CLOSE DATE/TIME",U  . W "CLOSED BY",U  . W "CLOSE REASON",U  . W "CLAIM ID",U  . W "REJECT CODE(S)",U  . W "REJECT CODE",U  . W "REJECT EXPLANATION"  ; | | | | | | | | | |

###### System Feature: Potential Claims Report

Requirement: Modify the Name of the Potential Claims Report

The Potential TRICARE Claims Report [BPS COB RPT TRICARE CLAIMS] shall be renamed to Potential Claims Report for Dual Eligible [BPS POTENTIAL CLAIMS RPT DUAL].

**Design**

| Options | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Option Name** | BPS COB RPT TRICARE CLAIMS | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Menu Options that will invoke this reference** | None | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Menu Text Description** | Potential TRICARE Claims Report | | | | | | | | | |
| **Option Type** | Edit  Action | | | Print  Run Routine | | | | Menu  Other | | Inquire |
| **Associated Routine** | EN^BPSRPT9(8) | | | | | | | | | |
| **Option Definition** | N/A | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| The MENU TEXT field #1 will be renamed to “Potential Claims Report for Dual Eligible”. NAME field #.01 will be renamed to “BPS POTENTIAL CLAIMS RPT DUAL”. | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A | | | | | | | | | | |

Requirement: Modify the Report Data and Filter of the Potential Claims Report

The Potential TRICARE Claims Report [BPS COB RPT TRICARE CLAIMS] shall prompt the user for patient eligibility as a multi-select filter question and display data for the selected eligibility.

SELECTION CRITERIA

Select one of the following:

D DIVISION

A ALL

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

Select one of the following:

T TRICARE

C CHAMPVA

A ALL

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

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRPT9 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.6.2 | | | | | | | | |
| **Related Options** | BPS COB RPT TRICARE CLAIMS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A (Called by ‘BPS COB RPT TRICARE CLAIMS’ option.) | | | | | $$SELELIG^BPSRPT3 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| EN(BPRTYPE) ;  N BPREJCD,BPRLNRL,BPRPTNAM,BPRTBCK,BPSCR,BPSUMDET,CODE,POS,STAT,X,Y,BPI  NS,BPARR  N BPSORT,BPCRON,BPSEL,BPS1,BPS2,BPS3,BPS4,BPS5,BPDT,BPPHARM,BPDIVS  ;  ;Verify that a valid report has been requested  I ",8,9,"'[(","\_$G(BPRTYPE)\_",") D EN^DDIOL("<Invalid Menu Definition -  Report Undefined>") H 3 Q  ;  D EN^DDIOL("SELECTION CRITERIA","","!")  ;Prompt for ECME Pharmacy Division(s) (No Default)  ;Sets up BPPHARM variable and array, BPPHARM =0 ALL or BPPHARM=1,BPPHAR  M(ptr) for list  S X=$$SELPHARM^BPSRPT3() I X="^" Q  ;  ;Prompt to select Date Range  ;Returns (Start Date^End Date)  S BPDT=$$SELDATE() I BPDT="^" Q  ; | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| EN(BPRTYPE) ;  N BPREJCD,BPRLNRL,BPRPTNAM,BPRTBCK,BPSCR,BPSUMDET,CODE,POS,STAT,X,Y,BPI  NS,BPARR  N BPSORT,BPCRON,BPSEL,BPS1,BPS2,BPS3,BPS4,BPS5,BPDT,BPPHARM,BPDIVS**,BPEL**  **IG1**  ;  ;Verify that a valid report has been requested  I ",8,9,"'[(","\_$G(BPRTYPE)\_",") D EN^DDIOL("<Invalid Menu Definition -  Report Undefined>") H 3 Q  ;  D EN^DDIOL("SELECTION CRITERIA","","!")  ;Prompt for ECME Pharmacy Division(s) (No Default)  ;Sets up BPPHARM variable and array, BPPHARM =0 ALL or BPPHARM=1,BPPHAR  M(ptr) for list  S X=$$SELPHARM^BPSRPT3() I X="^" Q  ;  **S BPELIG1=0,BPELIG1=$$SELELIG^BPSRPT3(1) I BPELIG1="^" G EXIT**  **;**  ;Prompt to select Date Range  ;Returns (Start Date^End Date)  S BPDT=$$SELDATE() I BPDT="^" Q  ; | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRPT9A | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.6.2 | | | | | | | | |
| **Related Options** | BPS COB RPT TRICARE CLAIMS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | BPSRPT9 | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| ; Collect the Potential Tricare Rx Claims Report data  ; Build array with report data  ; BPARR(n)=DIVISION NAME^RX#^FILL^FILL DATE^PATIENT NAME  ; BPARR(n,"INS",1)=PRIMARY INS NAME^PRIMARY INS ADDRESS  ; BPARR(n,"INS",2)=SECONDARY INS NAME^SECONDARY INS ADDRESS  ; BPARR(n,"ELIG")=ELIG 1^ELIG 2^...  GETTRI(BPDT,BPARR) ;  N RXI,RXN,RXF,RXFDT,LIST,RXLIST,BPQUIT,CNT,BPSFLDN,BPHPD  S REF=$NA(^TMP($J,"BPSRPT9","AD"))  S BPSFLDN=".01;2;6"  K @REF  S (RXFDT,BPDRUG,CNT)=0,LIST="BPSRPT9"  I '$D(ZTQUEUED),$E(IOST,1,2)="C-" W !!,"Collecting TRICARE data ..."  D REF^PSO52EX($P(BPDT,U),$P(BPDT,U,2),LIST)  I '$D(@REF) Q  F S RXFDT=$O(@REF@(RXFDT)) Q:RXFDT="" D  . S RXI=0 F S RXI=$O(@REF@(RXFDT,RXI)) Q:RXI="" D  . . S RXF=-1 F S RXF=$O(@REF@(RXFDT,RXI,RXF)) Q:RXF="" D  . . . N BPELIG,VAEL,BPDRUG,BPDEA,BPIE,DFN,ARR,BPDIV,PSRT,SSRT,TSRT,BPS5  6  . . . S (BPQUIT,BPDIV,BPS56)=0  . . . ; Check Pharmacy Division against selected Divisions  . . . S BPDIV=$$GETDIV^BPSOSQC(RXI,RXF) Q:'BPDIV ;Outpatient Site #59  ien  . . . S BPS56=+$O(^BPS(9002313.56,"C",BPDIV,0)) Q:'BPS56 ;BPS PHARMACI  ES #9002313.56 ien  . . . ;filter divisions  . . . I BPPHARM=1,'$D(BPPHARM(BPS56)) Q  . . . D RXAPI^BPSUTIL1(RXI,BPSFLDN,"ARR","IE")  . . . S DFN=ARR(52,RXI,2,"I") Q:'DFN  . . . D ELIG^VADPT  . . . ; Check for TRICARE or SHARING AGREEMENT  . . . S BPELIG=$P(VAEL(1),U,2)  . . . S BPQUIT=$S(BPELIG="TRICARE":0,BPELIG="SHARING AGREEMENT":0,1:1)  . . . S BPELIG(1)=$E(BPELIG,1,4)  . . . S X=-1 F S X=$O(VAEL(1,X)) Q:X="" D  . . . . S BPELIG=$P(VAEL(1,X),U,2)  . . . . S BPQUIT=$S(BPELIG="TRICARE":0,BPELIG="SHARING AGREEMENT":0,1:1  )  . . . . S BPELIG(1)=BPELIG(1)\_U\_$E(BPELIG,1,4)  . . . Q:$S(BPELIG(1)["TRIC":0,BPELIG(1)["SHAR":0,1:1)  . . . S BPDRUG=ARR(52,RXI,6,"I") Q:'BPDRUG  . . . K ^TMP($J,"BPDRUG") D DATA^PSS50(BPDRUG,,,,,"BPDRUG")  . . . S BPDEA=^TMP($J,"BPDRUG",BPDRUG,3)  . . . ; Exclude drugs that are exempt from billing  . . . I (BPDEA["I")!(BPDEA["S")!(BPDEA["N")&(BPDEA'["E") Q  . . . ;  . . . ; exclude Rx if it is non-billable - esg 8/4/10  . . . I +$$RNB^IBNCPDPI(RXI,RXF) Q  . . . ;  . . . ; exclude Rx if it is not released - esg 8/5/10  . . . I '$$RELDATE^BPSBCKJ(RXI,RXF) Q  . . . ;  . . . ; exclude Rx if Inpatient and non-billable at time of Release  . . . I $$INP(RXI,RXF) Q  . . . ;  . . . ; Make sure not already ECME billed  . . . Q:$$STATUS^BPSOSRX(RXI,RXF)'=""  . . . ; Check for TRICARE type insurance group  . . . N BPIBA,X,BPOK,BPINS,I  . . . I '$$INSUR^IBBAPI(DFN,RXFDT,"P",.BPIBA,"\*") Q  . . . S (X,BPOK)=0 F I=1:1 S X=$O(BPIBA("IBBAPI","INSUR",X)) Q:X="" D  . . . . I $P(BPIBA("IBBAPI","INSUR",X,21),U,2)="TRICARE" S BPOK=1  . . . . N BPCOB S BPCOB=$P(BPIBA("IBBAPI","INSUR",X,7),U) S:BPCOB="" BP  COB=1  . . . . ; BPS\*1\*18: Modify ePharmacy Screens/Reports to Include the Va  lidated HPID/OEID - IB ICR #6061  . . . . ;S BPINS(DFN,BPCOB)=$P(BPIBA("IBBAPI","INSUR",X,1),U,2)\_U\_BPIBA  ("IBBAPI","INSUR",X,2)  . . . . S BPINS(DFN,BPCOB)=$P(BPIBA("IBBAPI","INSUR",X,1),U,2)\_U\_BPIBA(  "IBBAPI","INSUR",X,2)\_U\_$$HPD^IBCNHUT1($P(BPIBA("IBBAPI","INSUR",X,1),U),1)  . . . Q:'BPOK  . . . ; Build the return array since all filters have passed  . . . S CNT=CNT+1,BPDIV(BPDIV)=$$DIVNAME^BPSSCRDS(BPS56)  . . . S PSRT=$S($P($P(BPSORT,U),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$P(  $P(BPSORT,U),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U),":"  )="S":$S('BPCRON:-RXFDT,1:RXFDT),1:BPDIV(BPDIV))  . . . S SSRT=$S($P($P(BPSORT,U,2),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$  P($P(BPSORT,U,2),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U,  2),":")="S":$S('BPCRON:-RXFDT,1:RXFDT),$P($P(BPSORT,U,2),":")="D":BPDIV(BPDIV),1  :0)  . . . S TSRT=$S($P($P(BPSORT,U,3),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$  P($P(BPSORT,U,3),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U,  3),":")="S":$S('BPCRON:-RXFDT,1:RXFDT),$P($P(BPSORT,U,3),":")="D":BPDIV(BPDIV),1  :0)  . . . Q:((SSRT="")!(PSRT="")!(TSRT=""))  . . . S BPARR(PSRT,SSRT,TSRT,CNT)=BPDIV(BPDIV)\_U\_ARR(52,RXI,.01,"E")\_U\_  RXF\_U\_$$FMTE^XLFDT(RXFDT,"2D")\_U\_$E(ARR(52,RXI,2,"E"),1,20)\_U\_$$SSN4^BPSRPT6(DFN  )  . . . I $D(BPINS(DFN,1)) S BPARR(PSRT,SSRT,TSRT,CNT,"INS",1)=BPINS(DFN,  1)  . . . I $D(BPINS(DFN,2)) S BPARR(PSRT,SSRT,TSRT,CNT,"INS",2)=BPINS(DFN,  2)  . . . S BPARR(PSRT,SSRT,TSRT,CNT,"ELIG")=BPELIG(1)  K @REF,REF  I $D(BPARR) S BPARR(0)=CNT  Q  ; | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| ; Collect the Potential **Claims Report for Dual Eligible**  ; Build array with report data  ; BPARR(n)=DIVISION NAME^RX#^FILL^FILL DATE^PATIENT NAME  ; BPARR(n,"INS",1)=PRIMARY INS NAME^PRIMARY INS ADDRESS  ; BPARR(n,"INS",2)=SECONDARY INS NAME^SECONDARY INS ADDRESS  ; BPARR(n,"ELIG")=ELIG 1^ELIG 2^...  GETTRI(BPDT,BPARR) ;  N RXI,RXN,RXF,RXFDT,LIST,RXLIST,BPQUIT,CNT,BPSFLDN,BPHPD  S REF=$NA(^TMP($J,"BPSRPT9","AD"))  S BPSFLDN=".01;2;6"  K @REF  S (RXFDT,BPDRUG,CNT)=0,LIST="BPSRPT9"  I '$D(ZTQUEUED),$E(IOST,1,2)="C-" W !!,"Collecting **Dual Eligible** data .  .."  D REF^PSO52EX($P(BPDT,U),$P(BPDT,U,2),LIST)  I '$D(@REF) Q  F S RXFDT=$O(@REF@(RXFDT)) Q:RXFDT="" D  . S RXI=0 F S RXI=$O(@REF@(RXFDT,RXI)) Q:RXI="" D  . . S RXF=-1 F S RXF=$O(@REF@(RXFDT,RXI,RXF)) Q:RXF="" D  . . . N BPELIG,VAEL,BPDRUG,BPDEA,BPIE,DFN,ARR,BPDIV,PSRT,SSRT,TSRT,BPS5  6  . . . S (BPQUIT,BPDIV,BPS56)=0  . . . ; Check Pharmacy Division against selected Divisions  . . . S BPDIV=$$GETDIV^BPSOSQC(RXI,RXF) Q:'BPDIV ;Outpatient Site #59  ien  . . . S BPS56=+$O(^BPS(9002313.56,"C",BPDIV,0)) Q:'BPS56 ;BPS PHARMACI  ES #9002313.56 ien  . . . ;filter divisions  . . . I BPPHARM=1,'$D(BPPHARM(BPS56)) Q  . . . D RXAPI^BPSUTIL1(RXI,BPSFLDN,"ARR","IE")  . . . S DFN=ARR(52,RXI,2,"I") Q:'DFN  . . . D ELIG^VADPT  . . . ; Check for TRICARE**,** SHARING AGREEMENT**, or CHAMPVA**  . . . S BPELIG=$P(VAEL(1),U,2)  . . . S BPQUIT=$S(BPELIG="TRICARE":0,BPELIG="SHARING AGREEMENT":0**,BPELI**  **G="CHAMPVA":0**,1:1)  . . . S BPELIG(1)=$E(BPELIG,1,4)  . . . S X=-1 F S X=$O(VAEL(1,X)) Q:X="" D  . . . . S BPELIG=$P(VAEL(1,X),U,2)  . . . . S BPQUIT=$S(BPELIG="TRICARE":0,BPELIG="SHARING AGREEMENT":0**,BPE**  **LIG="CHAMPVA":0**,1:1)  . . . . S BPELIG(1)=BPELIG(1)\_U\_$E(BPELIG,1,4)  . . . Q:$S(BPELIG(1)["TRIC":0,BPELIG(1)["SHAR":0**,BPELIG(1)["CHAM":0**,1:1  )  . . . S BPDRUG=ARR(52,RXI,6,"I") Q:'BPDRUG  . . . K ^TMP($J,"BPDRUG") D DATA^PSS50(BPDRUG,,,,,"BPDRUG")  . . . S BPDEA=^TMP($J,"BPDRUG",BPDRUG,3)  . . . ; Exclude drugs that are exempt from billing  . . . I (BPDEA["I")!(BPDEA["S")!(BPDEA["N")&(BPDEA'["E") Q  . . . ;  . . . ; exclude Rx if it is non-billable - esg 8/4/10  . . . I +$$RNB^IBNCPDPI(RXI,RXF) Q  . . . ;  . . . ; exclude Rx if it is not released - esg 8/5/10  . . . I '$$RELDATE^BPSBCKJ(RXI,RXF) Q  . . . ;  . . . ; exclude Rx if Inpatient and non-billable at time of Release  . . . I $$INP(RXI,RXF) Q  . . . ;  . . . ; Make sure not already ECME billed  . . . Q:$$STATUS^BPSOSRX(RXI,RXF)'=""  . . . ; Check for TRICARE type insurance group  . . . N BPIBA,X,BPOK,BPINS,I  . . . I '$$INSUR^IBBAPI(DFN,RXFDT,"P",.BPIBA,"\*") Q  . . . S (X,BPOK)=0 F I=1:1 S X=$O(BPIBA("IBBAPI","INSUR",X)) Q:X="" D  . . . . I $P(BPIBA("IBBAPI","INSUR",X,21),U,2)="TRICARE" S BPOK=1  . . . . N BPCOB S BPCOB=$P(BPIBA("IBBAPI","INSUR",X,7),U) S:BPCOB="" BP  COB=1  . . . . ; BPS\*1\*18: Modify ePharmacy Screens/Reports to Include the Va  lidated HPID/OEID - IB ICR #6061  . . . . ;S BPINS(DFN,BPCOB)=$P(BPIBA("IBBAPI","INSUR",X,1),U,2)\_U\_BPIBA  ("IBBAPI","INSUR",X,2)  . . . . S BPINS(DFN,BPCOB)=$P(BPIBA("IBBAPI","INSUR",X,1),U,2)\_U\_BPIBA(  "IBBAPI","INSUR",X,2)\_U\_$$HPD^IBCNHUT1($P(BPIBA("IBBAPI","INSUR",X,1),U),1)  . . . Q:'BPOK  . . . ; Build the return array since all filters have passed  . . . S CNT=CNT+1,BPDIV(BPDIV)=$$DIVNAME^BPSSCRDS(BPS56)  . . . S PSRT=$S($P($P(BPSORT,U),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$P(  $P(BPSORT,U),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U),":"  )="S":$S('BPCRON:-RXFDT,1:RXFDT),1:BPDIV(BPDIV))  . . . S SSRT=$S($P($P(BPSORT,U,2),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$  P($P(BPSORT,U,2),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U,  2),":")="S":$S('BPCRON:-RXFDT,1:RXFDT),$P($P(BPSORT,U,2),":")="D":BPDIV(BPDIV),1  :0)  . . . S TSRT=$S($P($P(BPSORT,U,3),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$  P($P(BPSORT,U,3),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U,  3),":")="S":$S('BPCRON:-RXFDT,1:RXFDT),$P($P(BPSORT,U,3),":")="D":BPDIV(BPDIV),1  :0)  . . . Q:((SSRT="")!(PSRT="")!(TSRT=""))  . . . S BPARR(PSRT,SSRT,TSRT,CNT)=BPDIV(BPDIV)\_U\_ARR(52,RXI,.01,"E")\_U\_  RXF\_U\_$$FMTE^XLFDT(RXFDT,"2D")\_U\_$E(ARR(52,RXI,2,"E"),1,20)\_U\_$$SSN4^BPSRPT6(DFN  )  . . . I $D(BPINS(DFN,1)) S BPARR(PSRT,SSRT,TSRT,CNT,"INS",1)=BPINS(DFN,  1)  . . . I $D(BPINS(DFN,2)) S BPARR(PSRT,SSRT,TSRT,CNT,"INS",2)=BPINS(DFN,  2)  . . . S BPARR(PSRT,SSRT,TSRT,CNT,"ELIG")=BPELIG(1)  K @REF,REF  I $D(BPARR) S BPARR(0)=CNT  Q  ; | | | | | | | | | |

Requirement: Modify the Report Sort of the Potential Claims Report

The Potential TRICARE Claims Report [BPS COB RPT TRICARE CLAIMS] shall include patient eligibility as a sort type and sort the report appropriately.

If the user enters a question mark at any sort prompt, include the Patient Eligibility as an option.

EARLIEST DATE: T-100 (DEC 01, 2014)

LATEST DATE: T// T (MAR 11, 2015)

SORT CRITERIA

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

Enter a code from the list to indicate the Primary sort order.

Select one of the following:

N Patient Name

P Payer

S Date Of Service

D Division

E Patient Eligibility

Primary Sort: (N/P/S/D/E): Division//

Secondary Sort: (N/P/S/E):

Tertiary Sort: (N/P/S/E):

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRPT9 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.6.3 | | | | | | | | |
| **Related Options** | BPS COB RPT TRICARE CLAIMS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A (Called by ‘BPS COB RPT TRICARE CLAIMS’ option.) | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| ; Prompt for sort order  GETSORT(BPRTYPE) N DIR,DIRUT,DTOUT,DUOUT,X,Y,BPS1,BPS2,BPS3,BPS4,BPSEL  ;  S BPSORT="^^",BPCRON=1  S BPS1="N:Patient Name;",BPS2="P:Payer;",BPS3="S:Date Of Service;",BPS4  ="D:Division;"  ;  D EN^DDIOL("SORT CRITERIA","","!")  S BPSEL=BPS1\_BPS2\_BPS3\_BPS4  ;Set Primary Sort  S DIR(0)="SB^"\_BPSEL  S DIR("?")="Enter a code from the list to indicate the Primary sort ord  er."  S DIR("A")="Primary Sort"  S DIR("B")="Division"  D ^DIR K DIR  I ($G(DUOUT)=1)!($G(DTOUT)=1) Q -1  S $P(BPSORT,U)=$S(Y=$P(BPS1,":"):BPS1,Y=$P(BPS2,":"):BPS2,Y=$P(BPS3,":"  ):BPS3,1:BPS4) I Y="S" S BPCRON=$$ASKCRON() I BPCRON="^" Q -1  ;  ;Get Secondary Sort  N DIR,DIRUT,DTOUT,DUOUT,X,Y  S BPSEL=$$SRTORD($P($P(BPSORT,U),":"))  S DIR(0)="SOB^"\_BPSEL  S DIR("?")="Enter a code from the list to indicate the Secondary sort o  rder."  S DIR("A")="Secondary Sort"  D ^DIR K DIR  I ($G(DUOUT)=1)!($G(DTOUT)=1) Q -1  S $P(BPSORT,U,2)=$S(Y=$P(BPS1,":"):BPS1,Y=$P(BPS2,":"):BPS2,Y=$P(BPS3,"  :"):BPS3,1:BPS4) I Y="S" S BPCRON=$$ASKCRON() I BPCRON="^" Q -1  ;  ;Get Tertiary Sort  N DIR,DIRUT,DTOUT,DUOUT,X,Y  S BPSEL=$$SRTORD($P($P(BPSORT,U,2),":"))  S DIR(0)="SOB^"\_BPSEL  S DIR("A")="Tertiary Sort"  S DIR("?")="Enter a code from the list to indicate the Tertiary sort or  der."  D ^DIR K DIR  I ($G(DUOUT)=1)!($G(DTOUT)=1) Q -1  S $P(BPSORT,U,3)=$S(Y=$P(BPS1,":"):BPS1,Y=$P(BPS2,":"):BPS2,Y=$P(BPS3,"  :"):BPS3,1:BPS4) I Y="S" S BPCRON=$$ASKCRON() I BPCRON="^" Q -1  Q 0  ;  ;Handle the sort order display  SRTORD(Y) ;  I Y="N" S BPS1=""  I Y="P" S BPS2=""  I Y="S" S BPS3=""  I Y="D" S BPS4=""  S BPSEL=BPS1\_BPS2\_BPS3\_BPS4  Q BPSEL  ; | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| ; Prompt for sort order  GETSORT(BPRTYPE) N DIR,DIRUT,DTOUT,DUOUT,X,Y,BPS1,BPS2,BPS3,BPS4**,BPS5**,BPSEL  ;  S BPSORT="^^",BPCRON=1  S BPS1="N:Patient Name;",BPS2="P:Payer;",BPS3="S:Date Of Service;",BPS4  ="D:Division;"**,BPS5="E:Patient Eligibility;"**  ;  D EN^DDIOL("SORT CRITERIA","","!")  S BPSEL=BPS1\_BPS2\_BPS3\_BPS4**\_BPS5**  ;Set Primary Sort  S DIR(0)="SB^"\_BPSEL  S DIR("?")="Enter a code from the list to indicate the Primary sort ord  er."  S DIR("A")="Primary Sort"  S DIR("B")="Division"  D ^DIR K DIR  I ($G(DUOUT)=1)!($G(DTOUT)=1) Q -1  S $P(BPSORT,U)=$S(Y=$P(BPS1,":"):BPS1,Y=$P(BPS2,":"):BPS2,Y=$P(BPS3,":"  ):BPS3**,Y=$P(BPS4,":"):BPS4**,1:BPS**5**) I Y="S" S BPCRON=$$ASKCRON() I BPCRON="^" Q –  1  ;  ;Get Secondary Sort  N DIR,DIRUT,DTOUT,DUOUT,X,Y  S BPSEL=$$SRTORD($P($P(BPSORT,U),":"))  S DIR(0)="SOB^"\_BPSEL  S DIR("?")="Enter a code from the list to indicate the Secondary sort o  rder."  S DIR("A")="Secondary Sort"  D ^DIR K DIR  I ($G(DUOUT)=1)!($G(DTOUT)=1) Q -1  S $P(BPSORT,U,2)=$S(Y=$P(BPS1,":"):BPS1,Y=$P(BPS2,":"):BPS2,Y=$P(BPS3,"  :"):BPS3**,Y=$P(BPS4,":"):BPS4**,1:BPS**5**) I Y="S" S BPCRON=$$ASKCRON() I BPCRON="^" Q  -1  ;  ;Get Tertiary Sort  N DIR,DIRUT,DTOUT,DUOUT,X,Y  S BPSEL=$$SRTORD($P($P(BPSORT,U,2),":"))  S DIR(0)="SOB^"\_BPSEL  S DIR("A")="Tertiary Sort"  S DIR("?")="Enter a code from the list to indicate the Tertiary sort or  der."  D ^DIR K DIR  I ($G(DUOUT)=1)!($G(DTOUT)=1) Q -1  S $P(BPSORT,U,3)=$S(Y=$P(BPS1,":"):BPS1,Y=$P(BPS2,":"):BPS2,Y=$P(BPS3,"  :"):BPS3**,Y=$P(BPS4,":"):BPS4**,1:BPS**5**) I Y="S" S BPCRON=$$ASKCRON() I BPCRON="^" Q  -1  Q 0  ;  ;Handle the sort order display  SRTORD(Y) ;  I Y="N" S BPS1=""  I Y="P" S BPS2=""  I Y="S" S BPS3=""  I Y="D" S BPS4=""  **I Y="E" S BPS5=""**  S BPSEL=BPS1\_BPS2\_BPS3\_BPS4**\_BPS5**  Q BPSEL  ; | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRPT9A | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.6.3 | | | | | | | | |
| **Related Options** | BPS COB RPT TRICARE CLAIMS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | BPSRPT9 | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| . . . ; Build the return array since all filters have passed  . . . S CNT=CNT+1,BPDIV(BPDIV)=$$DIVNAME^BPSSCRDS(BPS56)  . . . S PSRT=$S($P($P(BPSORT,U),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$P(  $P(BPSORT,U),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U),":"  )="S":$S('BPCRON:-RXFDT,1:RXFDT),1:BPDIV(BPDIV))  . . . S SSRT=$S($P($P(BPSORT,U,2),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$  P($P(BPSORT,U,2),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U,  2),":")="S":$S('BPCRON:-RXFDT,1:RXFDT),$P($P(BPSORT,U,2),":")="D":BPDIV(BPDIV),1  :0)  . . . S TSRT=$S($P($P(BPSORT,U,3),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$  P($P(BPSORT,U,3),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U,  3),":")="S":$S('BPCRON:-RXFDT,1:RXFDT),$P($P(BPSORT,U,3),":")="D":BPDIV(BPDIV),1  :0)  . . . Q:((SSRT="")!(PSRT="")!(TSRT=""))  . . . S BPARR(PSRT,SSRT,TSRT,CNT)=BPDIV(BPDIV)\_U\_ARR(52,RXI,.01,"E")\_U\_  RXF\_U\_$$FMTE^XLFDT(RXFDT,"2D")\_U\_$E(ARR(52,RXI,2,"E"),1,20)\_U\_$$SSN4^BPSRPT6(DFN  )  . . . I $D(BPINS(DFN,1)) S BPARR(PSRT,SSRT,TSRT,CNT,"INS",1)=BPINS(DFN,  1)  . . . I $D(BPINS(DFN,2)) S BPARR(PSRT,SSRT,TSRT,CNT,"INS",2)=BPINS(DFN,  2)  . . . S BPARR(PSRT,SSRT,TSRT,CNT,"ELIG")=BPELIG(1) | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| . . . ; Build the return array since all filters have passed  . . . S CNT=CNT+1,BPDIV(BPDIV)=$$DIVNAME^BPSSCRDS(BPS56)  . . . S PSRT=$S($P($P(BPSORT,U),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$P(  $P(BPSORT,U),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U),":"  )="S":$S('BPCRON:-RXFDT,1:RXFDT)**,$P($P(BPSORT,U),":")="E":BPELIG(1)**,1:BPDIV(BPDI  V))  . . . S SSRT=$S($P($P(BPSORT,U,2),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$  P($P(BPSORT,U,2),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U,  2),":")="S":$S('BPCRON:-RXFDT,1:RXFDT),$P($P(BPSORT,U,2),":")="D":BPDIV(BPDIV)**,$**  **P($P(BPSORT,U,2),":")="E":BPELIG(1)**,1:0)  . . . S TSRT=$S($P($P(BPSORT,U,3),":")="N":$E(ARR(52,RXI,2,"E"),1,20),$  P($P(BPSORT,U,3),":")="P":$P($G(BPINS(DFN,+$O(BPINS(DFN,0)))),U),$P($P(BPSORT,U,  3),":")="S":$S('BPCRON:-RXFDT,1:RXFDT),$P($P(BPSORT,U,3),":")="D":BPDIV(BPDIV)**,$**  **P($P(BPSORT,U,3),":")="E":BPELIG(1)**,1:0)  . . . Q:((SSRT="")!(PSRT="")!(TSRT=""))  . . . S BPARR(PSRT,SSRT,TSRT,CNT)=BPDIV(BPDIV)\_U\_ARR(52,RXI,.01,"E")\_U\_  RXF\_U\_$$FMTE^XLFDT(RXFDT,"2D")\_U\_$E(ARR(52,RXI,2,"E"),1,20)\_U\_$$SSN4^BPSRPT6(DFN  )  . . . I $D(BPINS(DFN,1)) S BPARR(PSRT,SSRT,TSRT,CNT,"INS",1)=BPINS(DFN,  1)  . . . I $D(BPINS(DFN,2)) S BPARR(PSRT,SSRT,TSRT,CNT,"INS",2)=BPINS(DFN,  2)  . . . S BPARR(PSRT,SSRT,TSRT,CNT,"ELIG")=BPELIG(1) | | | | | | | | | |

Requirement: Display Patient Eligibility on the Potential Claims Report

The Potential TRICARE Claims Report [BPS COB RPT TRICARE CLAIMS] shall display patient eligibility in the heading of the report.

================================================================================

Potential TRICARE Rx Claims Report 10/25/87 - 3/11/15 Page: 1

Selected Divisions: ALL

Selected Patient Eligibility: ALL

Sorted By: Division;

'\*' indicates the HPID/OEID failed validation checks

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

--------------------------------------------------------------------------------

Division: DAYTON

2720499 0 6/10/13 OPPATIENT,FOUR 999P p CHAM BLUE MOON-111 TE

2720414 0 6/10/13 OPPATIENT,ONE 461P s TRIC EXPRESS SCRIPTS-

2720549 0 10/23/14 OPPATIENT,TWO 555P p NSC EXPRESS SCRIPTS-

SHAR

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRPT9 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.6.4 | | | | | | | | |
| **Related Options** | BPS COB RPT TRICARE CLAIMS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A (Called by ‘BPS COB RPT TRICARE CLAIMS’ option.) | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| ;Print the report Header  ;Input: BPRTYPE = Report Type  HDR(BPRTYPE) ;  ; BPG is assumed for page #  Q:BPQUIT  N DIR,X,Y,BPDIV  I $E(IOST,1,2)="C-",BPG S DIR(0)="E" D ^DIR K DIR I $D(DIRUT)!($D(DUOUT  )) S BPQUIT=1 K DIRUT,DTOUT,DUOUT Q  S BPG=BPG+1  W @IOF  F X=1:1:IOM W "="  W $$RPTNAME(BPRTYPE)," ",$$FMTE^XLFDT($P(BPDT,U),"2D")," - ",$$FMTE  ^XLFDT($P(BPDT,U,2),"2D"),?IOM-10," Page: ",BPG  W !,"Selected Divisions: "  I 'BPPHARM W "ALL"  I BPPHARM S X=0 F S X=$O(BPPHARM(X)) Q:X="" W $P(BPPHARM(X),U,2),"; "  W !,"Sorted By: "\_$P($P(BPSORT,U),":",2)\_" "\_$P($P(BPSORT,U,2),":",2)\_"  "\_$P($P(BPSORT,U,3),":",2)  ; BPS\*1\*18: Modify ePharmacy Screens/Reports to Include the Validated  HPID/OEID  W !,"'\*' indicates the HPID/OEID failed validation checks" | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| ;Print the report Header  ;Input: BPRTYPE = Report Type  HDR(BPRTYPE) ;  ; BPG is assumed for page #  Q:BPQUIT  N DIR,X,Y,BPDIV  I $E(IOST,1,2)="C-",BPG S DIR(0)="E" D ^DIR K DIR I $D(DIRUT)!($D(DUOUT  )) S BPQUIT=1 K DIRUT,DTOUT,DUOUT Q  S BPG=BPG+1  W @IOF  F X=1:1:IOM W "="  W $$RPTNAME(BPRTYPE)," ",$$FMTE^XLFDT($P(BPDT,U),"2D")," - ",$$FMTE  ^XLFDT($P(BPDT,U,2),"2D"),?IOM-10," Page: ",BPG  W !,"Selected Divisions: "  I 'BPPHARM W "ALL"  I BPPHARM S X=0 F S X=$O(BPPHARM(X)) Q:X="" W $P(BPPHARM(X),U,2),"; "  **W !,"Selected Patient Eligibility: "**  **W $S(BPELIG1=0:"ALL",BPELIG1="T":"TRICARE",BPELIG1="C":"CHAMPVA",1:"")**  W !,"Sorted By: "\_$P($P(BPSORT,U),":",2)\_" "\_$P($P(BPSORT,U,2),":",2)\_"  "\_$P($P(BPSORT,U,3),":",2)  ; BPS\*1\*18: Modify ePharmacy Screens/Reports to Include the Validated  HPID/OEID  W !,"'\*' indicates the HPID/OEID failed validation checks" | | | | | | | | | |

###### System Feature: Report Resubmission Indicator

Requirement: Filter and Report Data will Account for the Resubmission Indicator

The VistA ECME system shall use indicator “RS” to indicate that a claim was resubmitted via the ECME User Screen [BPS USER SCREEN] which requires the following:

* Change the bill type filter for reports
* Include RS as an indicator displayed on the reports if applicable

The resubmission indicator should only be captured and displayed for the last transaction and may be overwritten. For example, if the claim is back billed after the resubmit action, the ECME User screen will display a back bill indicator instead of a resubmission indicator.

Related: (2.7.3.1) The related requirement describes the display of the RESUBMISSION indicator on the ECME User screen.

Select one of the following:

R Real Time Fills

B Backbill

P PRO Option

S ReSubmission

A ALL

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

Update reports using this table.

|  |  |  |
| --- | --- | --- |
| **Option Name** | **Option Text** | **Task** |
| BPS RPT CLOSED CLAIMS | Closed Claims Report | Update Bill Type to show RS when appropriate Add RS Bill Type to filter and report header Update Excel output |
| BPS RPT NOT RELEASED | Claims Submitted, Not Yet Released | Update Bill Type to show RS when appropriate Add RS Bill Type to filter and report header Update Excel output |
| BPS RPT PAYABLE | Payable Claims Report | Update Fill Type to show RS when appropriate Add RS Bill Type to filter and report header Update Excel output |
| BPS RPT RECENT TRANSACTIONS | Recent Transactions | Update Bill Type to show RS when appropriate Add RS Bill Type to filter and report header Update Excel output |
| BPS RPT REJECTION | Rejected Claims Report | Update Bill Type to show RS when appropriate Add RS Bill Type to filter and report header Update Excel output |
| BPS RPT REVERSAL | Reversal Claims Report | Update Bill Type to show RS when appropriate Add RS Bill Type to filter and report header Update Excel output |
| BPS RPT SPENDING ACCOUNT | Spending Account Report | Update Bill Type to show RS when appropriate Add RS Bill Type to filter and report header Update Excel output |

**Design**

Modify the routine to use the “RS” indicator to display that a claim was resubmitted via the ECME User Screen [BPS USER SCREEN], change the fill type filter to include resubmitted claims. Also, include the “RS” as an indicator for resubmitted claims on the Re-Open CLOSED Claim screen and following reports: Closed Claims, Claims Submitted, Not Yet Released, Payable Claims, Recent Transactions, Rejected Claims, Reversal Claims, Spending Account.

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRPT1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.7.1 | | | | | | | | |
| **Related Options** | N/A. There are no related options that directly call or are called by this routine. | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | BPSRPT5, BPSRPT8 | | | | | BPSRPT2,BPSRPT5,BPSRPT6  BPSRPT7,BPSSCR03,BPSSCR05  BPSSCRCU,BPSUTIL2,BPSRPT1 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | BPS TRANSACTION File #9002313.59 Field #1201 RX ACTION | | | | | | | | |
| **Related Protocols** | N/A. There are no Protocols related to this routine. | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A. There are no new or subscribed ICRs related to this routine. | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: N/A  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name: N/A  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| BPSRPT1+15:   ; BPRTBCK - 1-ALL,2-RealTime,3-Backbill Claim Submission,4-PRO Option   ;Realtime/Backbill Check  S BPBCK=$$RTBCK(BP59)  I BPRTBCK'=1 I ((BPRTBCK=2)&(BPBCK'=0))!((BPRTBCK=3)&(BPBCK'=1))!((BPRTBCK=4)&(BPBCK'=2))!(BPRTBCK=5) G XPROC  CLSCLM+5^BPSRPT1:   ;Determine whether claim is Realtime or Backbilled  ;  ; Input Variable: BP59 - Lookup to BPS TRANSACTION (#59)  ; Return Value -> 2 = PRO Option  ; 1 = Backbilled  ; 0 = Realtime RTBCK(BP59) N BB  S BB=$P($G(^BPST(BP59,12)),U)  S BB=$S(BB="BB":1,BB="P2":2,BB="P2S":2,1:0)  Q BB  ;  RTBCKNAM^BPSRPT1:  RTBCKNAM(BPINDEX) Q $S(BPINDEX=0:"RT",BPINDEX=1:"BB",BPINDEX=2:"P2",1:" ")  ; | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| BPSRPT1+15:  ; BPRTBCK - 1-ALL,2-RealTime,3-Backbill Claim Submission,4-PRO Option,**5-Resubmission**  PROCESS+61^BPSRPT1:  ; Realtime/Backbill Check  S BPBCK=$$RTBCK(BP59)  **I (BPRTBCK’=1)!(BPBCK’=0) G XPROC**  CLSCLM+5^BPSRPT1:  ; Determine whether claim is Realtime or Backbilled  ;  ; Input Variable: BP59 - Lookup to BPS TRANSACTION (#59)  ; Return Value -> **5 = Resubmission**  ; 2 = PRO Option  ; 1 = Backbilled  ; 0 = Realtime  RTBCK(BP59) N BB  S BB=$P($G(^BPST(BP59,12)),U)  BB=$S(BB="BB":1,BB="P2":2,BB="P2S":2,**BB="ERES":5,BB="ERWV":5,BB="ERNB":5,**1:)  Q BB  ;  RTBCKNAM^BPSRPT1:  ;Display RT-Realtime,BB-Backbill,P2-PRO Option, **RS-Resubmission** or " "  ;  RTBCKNAM(BPINDEX) Q $S(BPINDEX=0:"RT",BPINDEX=1:"BB",BPINDEX=2:"P2",**BPINDEX=5:"RS"**,1:" ") | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRPT3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.7.1 | | | | | | | | |
| **Related Options** | N/A. There are no options that directly call or are called by this routine. | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | BPSRPT0,BPSRPT9, BPSUTIL | | | | | BPSRPT6, DIC, DIR | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DFLT  Definition: 5 Resubmission  4 PRO Option  3 Backbill  2 Real Time Fills  1 ALL | | | | | | | | |
| **Output Attribute Name and Definition** | Name: Y  Definition: User selection returned in “Y”. | | | | | | | | |
| Current Logic | | | | | | | | | |
| ; Display (R)ealTime Fills or (B)ackbills or (A)LL  ;  ; Input Variable -> DFLT = 4 PRO Option  ; 3 Backbill  ; 2 Real Time Fills  ; 1 ALL  ;  ; Return Value -> 4 = PRO Option  ; 3 = Backbill (manually)  ; 2 = Real Time Fills (automatically during FINISH)  ; 1 = ALL  ; ^ = Exit  ;  SELRTBCK(DFLT) N DIR,DIRUT,DTOUT,DUOUT,DIROUT,X,Y  S DFLT=$S($G(DFLT)=2:"Real Time",$G(DFLT)=3:"Backbill",$G(DFLT)=4:"PRO Option",1:"ALL")  S DIR(0)="S^R:Real Time Fills;B:Backbill;P:PRO Option;A:ALL"  S DIR("A")="Display (R)ealTime Fills or (B)ackbills or(P)RO Option or (A)LL",DIR("B")=DFLT  D ^DIR  I ($G(DUOUT)=1)!($G(DTOUT)=1) S Y="^"  S Y=$S(Y="A":1,Y="R":2,Y="B":3,Y="P":4,1:Y)  Q Y  ; | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| BPSRPT3 has been modified to include “Resubmission” fill type filter for ECME Claims reports:  **; Display (R)ealTime Fills or (B)ackbills or Re(S)ubmission or (A)LL**  ; **; Input Variable -> DFLT = 5 Resubmission**  ; 4 PRO Option  ; 3 Backbill  ; 2 Real Time Fills  ; 1 ALL  ;  **; Return Value -> 5 = Resubmission**  ; 4 = PRO Option  ; 3 = Backbill (manually)  ; 2 = Real Time Fills (automatically during FINISH)  ; 1 = ALL  ; ^ = Exit  ;  SELRTBCK(DFLT) N DIR,DIRUT,DTOUT,DUOUT,DIROUT,X,Y  S DFLT=$S($G(DFLT)=2:"Real Time",$G(DFLT)=3:"Backbill",$G(DFLT)=4:"PRO Option",$**G(DFLT)=5:"Resubmission",**1:"ALL") S DIR(0)="S^R:Real Time Fills;B:Backbill;P:PRO Option;**S:ReSubmission;A:ALL"**   S DIR("A")="Display (R)ealTime Fills or (B)ackbills or (P)RO Option **or Re(S)ubmission or** (A)LL",DIR("B")=DFLT   D ^DIR   I ($G(DUOUT)=1)!($G(DTOUT)=1) S Y="^"   S Y=$S(Y="A":1,Y="R":2,Y="B":3,Y="P":4,**Y="S":5,**1:Y)   Q Y | | | | | | | | | |

###### System Feature: Date of Service Algorithm

Requirement: Date of Service to Process Secondary Claim

The Process Secondary/TRICARE Rx to ECME [BPS COB PROCESS SECOND TRICARE] option shall use the same date of service algorithm used in outpatient pharmacy.

In outpatient pharmacy, the date of service on the claim is the release date or the current date, in cases where the release date does not exist.

**Design**

There are no changes needed for this requirement. The PRO option already uses the correct Date of Service algorithm. The variable BPSDOS is used throughout the PRO option including when the prescription/fill is submitted to ECME for claim generation. The BPSDOS variable is obtained by the $$DOSDATE^BPSSCRRS API which performs the correct date of service calculation. No changes necessary.

###### System Feature: OPECC Productivity Report

Requirement: Add Report Name of OPECC Productivity Report to the Menu for User Selection

The Other Reports Menu [BPS MENU RPT OTHER] shall contain a new report called OPECC Productivity Report [BPS OPECC PRODUCTIVITY REPORT].

**Design**

| Options | Activities | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Option Name** | BPS OPECC PRODUCTIVITY REPORT | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Menu Options that will invoke this reference** | BPS MENU RPT OTHER | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Menu Text Description** | OPECC Productivity Report | | | | | | | | | |
| **Option Type** | Edit  Action | | | Print  Run Routine | | | | Menu  Other | | Inquire |
| **Associated Routine** | EN^BPSOPR | | | | | | | | | |
| **Option Definition** | N/A | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| This option shall display information for the claim, by transaction date, with the option for a summary, detail or Excel format. It will require a new security key named BPS SUPERVISOR. | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A | | | | | | | | | | |

Requirement: Add Filter Questions for the OPECC Productivity Report

The OPECC Productivity Report [BPS OPECC PRODUCTIVITY REPORT] shall be preceded with the following filter questions, consistent with other pharmacy reports:

* Division
* Beginning Transaction Date
* Ending Transaction Date
* Select by Eligibility
* User
* Summary or Detail
* Sort Order
* Export to Excel

The filter questions for eligibility and user should allow the user to select one, many or all.

Select Menu <TEST ACCOUNT> Option: OPECC Productivity Report

     Select one of the following:

          D         DIVISION

          A         ALL

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

Select one of the following:

V VETERAN

T TRICARE

C CHAMPVA

A ALL

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

Select one of the following:

U ONE USER

A ALL

Display ECME (U)ser or (A)LL: A//

START WITH TRANSACTION DATE: T-1// T-500 (NOV 11, 2013)

GO TO TRANSACTION DATE: T// T (MAR 26, 2015)

Select one of the following:

S Summary

D Detail

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

Enter a code from the list to indicate the sort order.

Select one of the following:

D Division

U User Name

Sort: (D/U): User Name//

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

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.

IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME//   Virtual    Right Margin: 80// 132

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOPR | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.9.2 | | | | | | | | |
| **Related Options** | BPS OPECC PRODUCTIVITY REPORT | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A (Called by ‘BPS OPECC PRODUCTIVITY REPORT’option.) | | | | | COMPILE^BPSOPR2  NOW^%DTC  DD^%DT  $$SELPHARM^BPSRPT3  $$SELELIG^BPSRPT3  $$SELDATE^BPSRPT3  $$SELSMDET^BPSRPT3  ^DIR  HEXC^BPSRPT4  EXMSG^BPSRPT4  EN^XUTMDEVQ | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| N/A | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **BPSOPR ;ALB/PHH - OPECC Productivity Report ;4/22/2015**  **;;1.0;E CLAIMS MGMT ENGINE;\*\*20\*\*;JUN 2004;Build 27**  **;;Per VHA Directive 2004-038, this routine should not be modified.**  **;**  **Q**  **;**  **EN ; main report entry point**  **N %,Y,BPNOW,X,BPELIG,BPUSER,BPBEGDT,BPENDDT,BPSUMDET,BPSSORD,BPEXCEL**  **;**  **;Get current Date/Time**  **D NOW^%DTC S Y=% D DD^%DT S BPNOW=Y**  **;**  **;Prompt for ECME Pharmacy Division(s)**  **;Sets up BPPHARM variable and array, BPPHARM =0 ALL or BPPHARM=1,BPPHAR**  **M(ptr) for list**  **S X=$$SELPHARM^BPSRPT3() I X="^" G EX**  **;**  **;Prompt for Eligibility Type**  **;Returns (V=VETERAN,T=TRICARE,C=CHAMPVA,0=All)**  **S BPELIG=0,BPELIG=$$SELELIG^BPSRPT3(0) I BPELIG="^" G EX**  **;**  **;Prompt for ECME User**  **S BPUSER=$$SELUSER(0) D I BPUSER="^" G EX**  **;**  **;Prompt to select Date Range**  **;Returns (Start Date^End Date)**  **S BPBEGDT=$$SELDATE^BPSRPT3(1) D I BPBEGDT="^" G EX**  **.I BPBEGDT="^" Q**  **.S BPENDDT=$P(BPBEGDT,U,2)**  **.S BPBEGDT=$P(BPBEGDT,U)**  **;**  **;Prompt to Display Summary or Detail Format (Default to Detail)**  **;Returns 1 for Summary, 0 for Detail**  **S BPSUMDET=$$SELSMDET^BPSRPT3(2) I BPSUMDET="^" G EX**  **;**  **;Prompt for Sort Order**  **;Returns 1 for User Name, 0 for Division**  **S BPSSORD=$$SELSORT(1) I BPSUMDET="^" G EX**  **;**  **;Prompt for Excel Capture**  **S BPEXCEL=0 I 'BPSUMDET S BPEXCEL=$$SELEXCEL I BPEXCEL="^" G EX**  **;**  **;Device selection**  **I '$$DEVICE() G EX**  **;**  **EX ; main report exit point**  **Q**  **;**  **SELUSER(DFLT) ; Select User**  **N DIR,DIRUT,DTOUT,DUOUT,X,Y**  **S DFLT=$S($G(DFLT)=1:"U",$G(DFLT)=0:"A",1:"A")**  **S DIR(0)="S^U:USER;A:ALL",DIR("A")="Display ECME (U)ser or (A)LL",DIR("**  **B")=DFLT**  **D ^DIR**  **I ($G(DUOUT)=1)!($G(DTOUT)=1) S Y="^"**  **S Y=$S(Y="U":1,Y="A":0,1:Y)**  **Q Y**  **;**  **SELSORT(DFLT) ; Select Sort Order**  **N DIR,DIRUT,DTOUT,DUOUT,X,Y**  **S DFLT=$S($G(DFLT)=1:"User Name",$G(DFLT)=0:"Division",1:"User Name")**  **S DIR(0)="S^D:Division;U:User Name",DIR("A")="Sort: (D/U)",DIR("B")=DF**  **LT**  **W !!,"Enter a code from the list to indicate the sort order."**  **D ^DIR**  **I ($G(DUOUT)=1)!($G(DTOUT)=1) S Y="^"**  **S Y=$S(Y="U":1,Y="D":0,1:Y)**  **Q Y**  **;**  **SELEXCEL() ; - Returns whether to capture data for Excel report.**  **; Output: EXCEL = 1 - YES (capture data) / 0 - NO (DO NOT capture data)**  **;**  **N EXCEL,DIR,DIRUT,DTOUT,DUOUT,DIROUT**  **S DIR(0)="Y",DIR("B")="NO",DIR("T")=DTIME W !**  **S DIR("A")="Do you want to capture report data for an Excel document"**  **S DIR("?")="^D HEXC^BPSRPT4"**  **D ^DIR K DIR I $D(DIRUT)!$D(DTOUT)!$D(DUOUT)!$D(DIROUT) Q "^"**  **K DIROUT,DTOUT,DUOUT,DIRUT**  **S EXCEL=0 I Y S EXCEL=1**  **;**  **;Display Excel display message**  **I EXCEL=1 D EXMSG^BPSRPT4**  **;**  **Q EXCEL**  **;**  **DEVICE() ; Device Selection**  **N ZTRTN,ZTDESC,ZTSAVE,POP,RET,ZTSK,DIR,X,Y**  **S RET=1**  **;**  **I 'BPEXCEL D**  **.W !!,"WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WID**  **TH BE USED."**  **.W !,"IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES",!**  **;**  **S ZTRTN="COMPILE^BPSOPR2"**  **S ZTDESC="OPECC Productivity Report"**  **S ZTSAVE("BPELIG")=""**  **S ZTSAVE("BPBEGDT")=""**  **S ZTSAVE("BPENDDT")=""**  **S ZTSAVE("BPSUMDET")=""**  **S ZTSAVE("BPEXCEL")=""**  **D EN^XUTMDEVQ(ZTRTN,ZTDESC,.ZTSAVE,"QM",1)**  **I POP S RET=0**  **I $G(ZTSK) W !!,"Report compilation has started with task# ",ZTSK,".",!**  **S DIR(0)="E" D ^DIR**  **Q RET**  **;** | | | | | | | | | |

Requirement: Functionality for the OPECC Productivity Report

The OPECC Productivity Report [BPS OPECC PRODUCTIVITY REPORT] shall display information for the claim, by transaction date, with the option for a summary, detail or Excel format.

In the detail and summary reports, the number of transactions in the date range is a count of the transactions for the specific ECME # and the specific user. The column for the total number of transactions is a count of the transactions for the ECME # and may include transactions that were not generated by the specified user. For example, in the first screen shot, BPSUSER,ONE submitted a transaction for ECME #4317514 one time in the report date range. ECME #4317514 has a total of five transactions but all transactions may not have been initiated by BPSUSER,ONE.

If the user chooses the detailed format, include “DETAIL” in the name of the report.

In this example of the detailed report, the user has sorted by division. The secondary sort is on transaction date.

OPECC PRODUCTIVITY DETAIL REPORT Print Date: MAR 26, 2015@15:04:13 Page: 1

DIVISION(S): ALL

ELIGIBILITY: ALL

USERS: ALL

ALL PRESCRIPTIONS BY TRANSACTION DATE: From 12/16/14 through 03/26/15

=================================================================================================================================

# TRANSACTIONS

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

=================================================================================================================================

DIVISION: DIV ONE

---------------------------------------------------------------------------------------------------------------------------------

BPSUSER,ONE REJECTED 1 5 VET 2720634 0/000004317514 3/23/15 03/23/15 0.00

BPSUSER,ONE PAYABLE 2 3 TRI 2720635 0/000004317515 3/23/15 03/24/15 10.00

BPSUSER,TWO PAYABLE 2 2 CVA 2720636 0/000004317516 3/23/15 03/26/15 10.00

BPSUSER,ONE REVERSAL ACCEPTED 4 6 VET 2720637 0/000004317517 3/23/15 03/26/15 0.00

BPSUSER,ONE PAYABLE 3 3 VET 2720638 0/000004317518 3/23/15 03/26/15 10.00

SUBTOTALS FOR DIV ONE

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,ONE 1 1 10 20.00

BPSUSER,TWO 1 0 2 10.00

---------------------------------------------------------------------------------------------------------------------------------

DIVISION: DIV TWO

---------------------------------------------------------------------------------------------------------------------------------

BPSUSER,ONE REJECTED 1 5 VET 2720634 0/000004317514 3/23/15 03/23/15 0.00

BPSUSER,ONE PAYABLE 2 3 TRI 2720635 0/000004317515 3/23/15 03/24/15 10.00

BPSUSER,TWO PAYABLE 2 2 CVA 2720636 0/000004317516 3/23/15 03/26/15 10.00

BPSUSER,ONE REVERSAL ACCEPTED 4 6 VET 2720637 0/000004317517 3/23/15 03/26/15 0.00

BPSUSER,ONE PAYABLE 3 3 VET 2720638 0/000004317518 3/23/15 03/26/15 10.00

SUBTOTALS FOR DIV TWO

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,ONE 1 1 10 20.00

BPSUSER,TWO 1 0 2 10.00

GRAND TOTAL

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,ONE 2 2 20 40.00

BPSUSER,TWO 2 0 4 20.00

Press RETURN to continue, “^” to exit:

In this example of the detailed report, the user has sorted by user name. The secondary sort is on transaction date.

OPECC PRODUCTIVITY DETAIL REPORT Print Date: MAR 26, 2015@15:04:13 Page: 1

DIVISION(S): ALL

ELIGIBILITY: ALL

USERS: ALL

ALL PRESCRIPTIONS BY TRANSACTION DATE: From 12/16/14 through 03/26/15

=================================================================================================================================

# TRANSACTIONS

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

=================================================================================================================================

USER NAME: BPSUSER,ONE

---------------------------------------------------------------------------------------------------------------------------------

BPSUSER,ONE REJECTED 1 5 VET 2720634 0/000004317514 3/23/15 03/23/15 0.00

BPSUSER,ONE PAYABLE 2 3 TRI 2720635 0/000004317515 3/23/15 03/24/15 10.00

BPSUSER,ONE REVERSAL ACCEPTED 4 6 VET 2720637 0/000004317517 3/23/15 03/26/15 0.00

BPSUSER,ONE PAYABLE 3 3 VET 2720638 0/000004317518 3/23/15 03/26/15 10.00

SUBTOTALS FOR BPSUSER,ONE

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,ONE 1 1 10 20.00

---------------------------------------------------------------------------------------------------------------------------------

USER NAME: BPSUSER,TWO

---------------------------------------------------------------------------------------------------------------------------------

BPSUSER,TWO PAYABLE 2 2 CVA 2720636 0/000004317516 3/23/15 03/26/15 10.00

SUBTOTALS FOR BPSUSER,TWO

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,TWO 1 0 2 10.00

GRAND TOTAL

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,ONE 1 1 10 20.00

BPSUSER,TWO 1 0 2 10.00

Press RETURN to continue, “^” to exit:

If the user chooses the summary format, Include “SUMMARY” in the name of the report.

In this example of the summary report, the user has sorted by division.

OPECC PRODUCTIVITY SUMMARY REPORT Print Date: MAR 26, 2015@15:04:13 Page: 1

DIVISION(S): ALL

ELIGIBILITY: ALL

USERS: ALL

ALL PRESCRIPTIONS BY TRANSACTION DATE: From 12/16/14 through 03/26/15

=================================================================================================================================

# TRANSACTIONS

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

=================================================================================================================================

DIVISION: DIV ONE

---------------------------------------------------------------------------------------------------------------------------------

SUBTOTALS FOR DIV ONE

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,ONE 1 1 10 20.00

BPSUSER,TWO 1 0 2 10.00

---------------------------------------------------------------------------------------------------------------------------------

DIVISION: DIV TWO

---------------------------------------------------------------------------------------------------------------------------------

SUBTOTALS FOR DIV TWO

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,ONE 1 1 10 20.00

BPSUSER,TWO 1 0 2 10.00

GRAND TOTAL

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,ONE 2 2 20 40.00

BPSUSER,TWO 2 0 4 20.00

Press RETURN to continue, “^” to exit:

In this example of the summary report, the user has sorted by user name.

OPECC PRODUCTIVITY SUMMARY REPORT Print Date: MAR 26, 2015@15:04:13 Page: 1

DIVISION(S): ALL

ELIGIBILITY: ALL

USERS: ALL

ALL PRESCRIPTIONS BY TRANSACTION DATE: From 12/16/14 through 03/26/15

=================================================================================================================================

# TRANSACTIONS

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

=================================================================================================================================

USER NAME: BPSUSER,ONE

---------------------------------------------------------------------------------------------------------------------------------

SUBTOTALS FOR BPSUSER,ONE

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,ONE 1 1 10 20.00

---------------------------------------------------------------------------------------------------------------------------------

USER NAME: BPSUSER,TWO

---------------------------------------------------------------------------------------------------------------------------------

SUBTOTALS FOR BPSUSER,TWO

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,TWO 1 0 2 10.00

GRAND TOTAL

REJECTED AND NOT REJECTED AND PAYABLE

USER RESOLVED TO PAYABLE (POSSIBLE BACK-BILL) TRANS IN DT RANGE AMOUNT PAID

BPSUSER,ONE 1 1 10 20.00

BPSUSER,TWO 1 0 2 10.00

Press RETURN to continue, “^” to exit:

If the user chooses to export to Excel, the report will display in the following 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.

Note: To avoid undesired wrapping of the data saved to the

file, please enter '0;256;999' at the 'DEVICE:' prompt.

DEVICE: HOME// 0;256;999 Virtual

DIVISION^USER^ STATUS^#TRANS IN DT RANGE^#TRANS TOTAL^ELIG^RX#^REF^ECME#^DOS^TRANS DATE^PAID AMT

DIV ONE^BPSUSER,ONE^REJECTED^1^1^VET^2720644^0^000004317524^3/23/15^0.00

DIV ONE^BPSUSER,TWO^PAYABLE^1^1^TRI^2720645^0^000004317525^3/23/15^10.00

DIV ONE^BPSUSER,TWO^PAYABLE^1^1^CVA^2720646^0^000004317526^3/23/15^10.00

DIV ONE^BPSUSER,ONE^REVERSAL ACCEPTED^1^1^VET^2720647^0^000004317527^3/23/15^0.00

DIV ONE^BPSUSER,ONE^PAYABLE^1^1^VET^2720648^0^000004317528^3/23/15^10.00

Press Return to continue, '^' to exit:

**Design**

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOPR2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.9.3 | | | | | | | | |
| **Related Options** | BPS OPECC PRODUCTIVITY REPORT | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | BPSOPR | | | | | BPSOPR3  %ZISC | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| N/A | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **BPSOPR2 ;ALB/PHH - OPECC Productivity Report Compiler ;4/22/2015**  **;;1.0;E CLAIMS MGMT ENGINE;\*\*20\*\*;JUN 2004;Build 27**  **;;Per VHA Directive 2004-038, this routine should not be modified.**  **;**  **Q**  **;**  **COMPILE ; entry point for the compile to build the scratch global**  **; may be background task if job queued**  **;**  **K ^TMP("BPSOPR",$J)**  **I '$D(ZTQUEUED) W !!,"Compiling OPECC Productivity Report. Please wait**  **... "**  **;**  **; Loop through BPS CLAIMS file using the Date of Service index (AF) as**  **; a link to the BPS TRANSACTION file. Process the earliest Date of**  **; Service entry found in BPS TRANSACTION related to the claim.**  **;**  **; Extract keys fields for report:**  **; DIVISION - use $$CHKPHRM^BPSRPT1(BP59)**  **; USER - field #13 from file #9002313.59**  **; STATUS - use $$STATUS^BPSRPT6(BPRX,BPREF,BPSEQ)**  **; #TRANS IN DT RANGE - This is a count based on matched records**  **; #TRANS TOTAL - This is a count based on matched records**  **; ELIGIBILITY - use $$ELIGCODE^BPSSCR05(BP59)**  **; RX# - use $$RXNUM^BPSRPT6(PRESCRIPTION NUMBER field #1.11 from .59)**  **; REF - FILL NUMBER field #9 in 9002313.59**  **; ECME - use $$ECMENUM^BPSRPT1(BP59)**  **; DOS - field #1202 in file #9002313.59**  **; TRANS DATE - use $$TRANDT^BPSRPT2(BP59,0) and $$DATTIM^BPSRPT1(FileMa**  **n Date/Time)**  **; PAID AMOUNT - use $$PTRESP^BPSSCRLG(RESPONSE field #4 in .59)**  **;**  **D PRINT^BPSOPR3 ; print report**  **D ^%ZISC ; close the device**  **K ^TMP("BPSOPR",$J) ; kill scratch**  **I $D(ZTQUEUED) S ZTREQ="@" ; purge the task**  **COMPILX ;**  **Q**  **;** | | | | | | | | | |

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOPR3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.9.3 | | | | | | | | |
| **Related Options** | BPS OPECC PRODUCTIVITY REPORT | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | BPSOPR2 | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | None | | | | | | | | |
| **Related Protocols** | None | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| N/A | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| **BPSOPR3 ;ALB/PHH - OPECC Productivity Report Print ;4/22/2015**  **;;1.0;E CLAIMS MGMT ENGINE;\*\*20\*\*;JUN 2004;Build 27**  **;;Per VHA Directive 2004-038, this routine should not be modified.**  **;**  **Q**  **; Scratch global built by BPSOPR2 depending on BPSSORD:**  **; ^TMP("BPSOPR",$J,Division,User,Transaction\_Date,BP59) = DATA**  **; ^TMP("BPSOPR",$J,User,Division,Transaction\_Date,BP59) = DATA**  **;**  **PRINT ; entry point for printing the report**  **; Variables assumed to exist from routines BPSOPR and BPSOPR2:**  **; BPSUMDET, BPEXCEL**  **;**  **; Loop through scratch global compiled in routine BPSOPR2**  **;**  **; Based on the BPSUMDET variable, print the report in the appropriate**  **; format.**  **;**  **; Summary**  **I BPSUMDET D**  **. ; Print the summary report**  **;**  **; Detail**  **I 'BPSUMDET D**  **. ; Did the user chose to export the report to Excel?**  **. I BPEXCEL D Q**  **. . ; If so, print the report in Excel format and quit.**  **. ;**  **. ;Otherwise, print the detail report normally.**  **Q**  **;** | | | | | | | | | |

Requirement: Security Key for the OPECC Productivity Report

The OPECC Productivity Report [BPS OPECC PRODUCTIVITY REPORT] shall require new security key BPS SUPERVISOR.

**Design**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Security Key Name | BPS SUPERVISOR | | | | |
| Enhancement Category | New | Modify | Delete | No Change | |
| Related Options | BPS OPECC PRODUCTIVITY REPORT | | | | |
| Related Routines | Routines “Called By” | | | | Routines “Called” |
| BPSOPR | | | | N/A |
| Security Key Description | Users with this key will be allowed access to the BPS OPECC PRODUCTIVITY REPORT option. | | | | |
| Subordinate Keys | N/A | | | | |
| Mutually Exclusive Keys | N/A | | | | |
| Granting Condition Logic | N/A | | | | |
| Current Logic | | | | | |
| N/A | | | | | |
| Modified Logic (Changes are in bold) | | | | | |
| N/A | | | | | |
| Hierarchical Precedence | N/A | | | | |

###### System Feature: NCPDP Updates

Requirement: Support NCPDP Data Elements and NCPDP Fields

The system shall support new and modified data elements and fields for NCPDP Telecommunications versions E.0 through the current version.

**Design**

There are 392 NCPDP data elements in the Telecommunication standard as of the January 2015 release. There was no Telecommunication standard update with the January 2015 release. As a result there are no new NCPDP data elements to be added to the ePharmacy system as of the January 2015 release.

NCPDP releases updated External Code List (ECL) documentation in January, April, July, and October of each year.

Our team will monitor the NCPDP ECL releases made during our Active State development and will investigate any new NCPDP data elements that may be created in the future and will work with the eBusiness Solutions, ePharmacy team to decide if these new NCPDP data elements will be created in the system and what impact they will have on the ongoing software development.

Requirement: Support NCPDP Reject Codes

The system shall support new and modified reject codes for NCPDP Telecommunications versions E.0 through the current version.

**Design**

NCPDP field 511-FB – Reject Code. The January 2015 NCPDP ECL updates were used in the preparation of this data.

There are 1203 Reject Codes in the ECL listing as of January 2015.

1091 Reject Codes have no changes from the existing BPS dictionary of Reject Codes as found in file 9002313.93.

6 Reject Codes have updated descriptions, with the same Reject Code.

106 Reject Codes are new to VistA

These are the 6 existing reject codes with an updated description:

607;Info Reporting (N1/N3) Trans Cannot Be Matched To A Claim (B1/B3)

610;Info Reporting Trans Matched to Reversed/Rejected Claim Under Part D

671;REMS: Laboratory test not conducted within specified time period

773;Prescriber Is Not Listed On Medicare Enrollment File

774;Prescriber Medicare Enrollment Period Is Outside Of Claim Date Of Serv

R0;Professional Serv Cd of 'MA' req'd for Vaccine Incentive Fee Submitted

Because both the reject code and reject description are identifier fields in file 9002313.93, these reject description updates must be performed in the BPS patch Pre-Installation routine. This is done in the pre-install routine so duplicate entries will not be created by KIDS when the data file is added to the system.

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPS20PRE | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.10.2 | | | | | | | | |
| **Related Options** | KIDS BPS patch pre-install routine | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
| **KIDS system; Kernel Installation and Distribution System; called upon patch installation** | | | | | **MES^XPDUTL**  **^DIE** | | | |
| **Data Dictionary (DD) References** | File 9002313.93 – BPS NCPDP REJECT CODES. Entries are being updated and created in this file. | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | 10141 for MES^XPDUTL | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: LABEL  Definition: Input parameter to the REJECTS subroutine. This is the line label in the routine where all of the modified reject code descriptions exist so they can be updated in the system in file 9002313.93. | | | | | | | | |
| **Output Attribute Name and Definition** | Name: File 9002313.93 (BPS NCPDP REJECT CODES), field .02 (EXPLANATION).  Definition: The reject code dictionary will be updated in the patch pre-install routine with the modified reject codes. | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A – New routine for the patch pre-install. | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| R**EJECTS(LABEL) ; Update Reject Codes with new explanations**  **N LINE,DATA,NUM,NAME,DA,DIE,DR,CNT**  **D MES^XPDUTL(" - Updating BPS NCPDP REJECT CODES")**  **S CNT=0**  **F LINE=1:1 S DATA=$P($T(@LABEL+LINE),";;",2,99) Q:DATA="" D**  **. S DIE=9002313.93,NUM=$P(DATA,";",1)**  **. S DA=$O(^BPSF(DIE,"B",NUM,""))**  **. I 'DA Q ; quit if no IEN found for entry**  **. S NAME=$P(DATA,";",2),DR=".02////^S X=NAME",CNT=CNT+1**  **. D ^DIE**  **D MES^XPDUTL(" - "\_CNT\_" entries updated")**  **D MES^XPDUTL(" - Done with BPS NCPDP REJECT CODES")**  **D MES^XPDUTL(" ")**  **Q**  **;**  **NRJCT ; New reject explanations**  **All of the modified reject codes are listed here under tag NRJCT preceded by “;;”.** | | | | | | | | | |

106 reject codes are new reject codes incoming to VistA for the first time as follows:

709;M/I Record Type

710;Date Received After Requested Response Date

711;M/I Transmission Date

712;M/I Sending Entity Identifier

713;M/I Receiver ID

714;M/I Transmission File Type

715;M/I Transmission Type

716;Transmission File Type Not Supported

717;M/I Submission Number

718;M/I Audit Request Type

719;Audit Request Type Not Supported

720;M/I Service Provider Chain Code

721;M/I Entity Name

722;M/I Entity Contact First Name

723;M/I Entity Contact Last Name

724;M/I Entity Address Line 1

725;M/I Entity Address Line 2

726;M/I Entity City

727;M/I Entity State/Province Address

728;M/I Entity Zip/Postal Code

729;M/I Entity Fax Number

730;M/I Entity Email

731;Header Response Status Not Supported for this Transmission File Type

732;Reject Code Not Supported for this Transmission File Type

733;M/I Claim Sequence Number

734;M/I Audit Control Identification

735;M/I Audit Range Qualifier

736;Audit Range Qualifier Not Supported for this Audit Request Type

737;M/I Audit Range Start

738;Audit Range Start Not Supported for this Audit Request Type

739;M/I Audit Range End

740;Audit Range End Not Supported for this Audit Request Type

741;Exceeds Range Start Limitations

742;Exceeds Range End Limitations

743;M/I Requested Response Date

744;Response Date Requires Rescheduling

745;M/I Estimated Arrival Time Description

746;Estimated Arrival Time Requires Rescheduling

747;M/I Audit Sponsor

748;Non-Matched Processor Control Number

749;M/I Audit Element Type 1

750;M/I Audit Element Type 2

751;M/I Audit Element Type 3

752;M/I Audit Element Type 4

753;M/I Audit Element Type 5

754;Audit Element Type not allowable per State Regulation

755;Audit Element Type not required for dispensing

756;M/I Audit Element Response Type 1

757;M/I Audit Element Response Type 2

758;M/I Audit Element Response Type 3

759;M/I Audit Element Response Type 4

760;M/I Audit Element Response Type 5

761;M/I Discrepancy Code 1

762;M/I Discrepancy Code 2

763;M/I Discrepancy Code 3

764;M/I Discrepancy Message

765;M/I Discrepancy Amount

766;Discrepancy Amount in excess of Claimed Amount

767;M/I Record Count

768;Pharmacy Location has closed

778;Invalid Transmission File Type

779;Invalid Document Reference Number

780;M/I Transmission Time

781;Corrupted Transmission Control Number

782;M/I Sender ID

783;M/I Receiver ID

784;M/I File Type

785;M/I Submission Number

786;M/I Transmission Date

787;M/I Accumulator Balance Count

788;M/I Accumulator Network Indicator

789;M/I Accumulator Action Code

790;M/I Benefit Type

791;M/I In Network Status

792;Duplicate Record

793;Retry Limit Exceeded

794;Deductible Over Accumulated

795;Out Of Pocked Over Accumulated

796;Maximum Benefit Amount (CAP) Over Accumulated

797;Corrupted Transmission Control Number

798;SA Over Accumulated

799;LTC Over Accumulated

800;RXC Over Accumulated

801;M/I Total Amount Paid

802;M/I Amount of Copay

803;M/I Patient Pay Amount

804;M/I Amount Attributed to Product Selection/Brand

805;M/I Amount Attributed to Sales Tax

806;M/I Amount Attributed to Process Fee

807;M/I Invoiced Amount

808;M/I Penalty Amount

809;Mismatched Original Authorization

810;M/I Partner Eligibility Data

811;Partner Eligibility Mismatch

812;M/I Record Length

813;M/I Action Code

814;Not Supported Accumulator Action Code

815;Balance Mismatch

816;Pharmacy Benefit Exclusion, May Be Covered Under Pt's Medical Benefit

817;Pharmacy Benefit Exclusion, Covered Under Patient's Medical Benefit

818;Medication Administration Not Covered, Plan Benefit Exclusion

819;Plan Enrollment File Indicates Medicare As Primary Coverage

820;Info Matched to Reversed/Rejected Claim Not Submitted Under Part D

821;Info Matched to Paid Claim Not Submitted Under Part D

822;Drug Unrelated To The Terminal Illness &/Or Rel Cond. No Hospice Cov

823;Drug is Beneficiary's Liability-No Hospice/Part D Coverage

The new reject codes will be automatically added into the data file at the target system by KIDS. This data dictionary will be sent with data to the target sites.

Requirement: Remove Non-beneficial 5.1 Code

The system shall no longer contain non-beneficial code for NCPDP version 5.1.

Some of the version 5.1 code will remain as a roadmap to use the next time NCPDP implements major versions. See the SDD for details related to coding.

**Design**

NCPDP data element 420-DK Submission Clarification Code. This is a code on the claim request indicating that the pharmacist is clarifying the submission. In NCPDP 5.1 this was a single code on the claim request. In NCPDP D.0 and later, this can be multiple codes in a repeating group. We can remove the NCPDP 5.1 code that treats this value as a single code. Starting with NCPDP version D.0, it will always be a repeating multiple.

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSH2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.10.3 | | | | | | | | |
| **Related Options** | ECME back-engine software – claim construction | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | BPSECA1 | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| .. ; Special code to handle the Submission Clarification Code (420),  .. ; which is a repeating group in version D.0  .. I FLDNUM=420 D SUBCLAR(.DATAFND,.IEN,.SEGREC) Q  SUBCLAR(DATAFND,BPSIEN,SEGREC) ;  ; BPSIEN, SEGREC passed by ref., SEGREC is updated with repeating fields  ; 420-DK Submission Clarification Code, a repeating group in D.0  ; For 5.1, we are storing the data in the subfile even though it is a single value field in 5.1 | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| .. ; Special code to handle the Submission Clarification Code (420),  .. ; which is a repeating group **in version D.0 (remove version mention)**  .. I FLDNUM=420 D SUBCLAR(.DATAFND,.IEN,.SEGREC) Q  SUBCLAR(DATAFND,BPSIEN,SEGREC) ;  ; BPSIEN, SEGREC passed by ref., SEGREC is updated with repeating fields  ; 420-DK Submission Clarification Code, a repeating group **in D.0 (remove version mention)**  ; **For 5.1, we are storing the data in the subfile even though it is a single value field in 5.1 (remove mention of 5.1 comment here.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSSG | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.10.3 | | | | | | | | |
| **Related Options** | ECME back-engine software – claim construction | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | GET and FORMAT code as called by NCPDP data elements from file 9002313.91 | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| F I=1:1:$S($G(BPS("NCPDP","Version"))="51":1,1:3) S BPS("RX",BPS(9002313.0201),"Submission Clarif Code",I)=$P(SCC,"~",I) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| F I=1:1:**3** S BPS("RX",BPS(9002313.0201),"Submission Clarif Code",I)=$P(SCC,"~",I) **(REMOVE THE VERSION CHECK)** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSECA8 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.10.3 | | | | | | | | |
| **Related Options** | ECME back-engine software – claim reversal construction | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | BPSOSRB | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; Add Submission Clarification Code to the reversal record  ; Note that this is only valid for version 5.1 and 5.1 is a single-value  ; field, so we only need the first occurrence  I VERSION=51,$G(^BPSC(+CLAIMIEN,400,POS,354.01,1,1))]"" D  . K FDA,MSG,IENS  . S FN=9002313.02354,IENS="+1,"\_POS\_","\_REVIEN\_",",IENS(1)=1  . S FDA(FN,IENS,.01)=1  . S FDA(FN,IENS,420)=^BPSC(+CLAIMIEN,400,POS,354.01,1,1)  . D UPDATE^DIE("","FDA","IENS","MSG")  . I '$D(MSG) S $P(^BPSC(REVIEN,400,POS,350),U,4)="NX"\_$$NFF^BPSECFM(1,1)  . I $D(MSG) D  .. D LOG^BPSOSL(IEN59,$T(+0)\_"-Clarification fields did not file")  .. D LOG^BPSOSL(IEN59,"REC="\_REC)  .. D LOG^BPSOSL(IEN59,"MSG Array:")  .. D LOGARRAY^BPSOSL(IEN59,"MSG")  .. D LOG^BPSOSL(IEN59,"IENS Array:")  .. D LOGARRAY^BPSOSL(IEN59,"IENS")  .. D LOG^BPSOSL(IEN59,"FDA Array:")  .. D LOGARRAY^BPSOSL(IEN59,"FDA")  ; Convert the 402-D2 (Prescription/Service Ref Number) to the proper length based on the NCPDP version  S FLD402=$G(TMP(RXMULT,POS\_","\_CLAIMIEN,402,"I")),L=$S(VERSION=51:6,1:11)  S TMP(RXMULT,POS\_","\_CLAIMIEN,402,"I")=$E(FLD402,1,2)\_$E($E(FLD402,3,99)+1000000000000,13-L,13) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| R**emove this section of code as it only pertains to NCPDP version 5.1 which is no longer used.**  ; **Add Submission Clarification Code to the reversal record**  **; Note that this is only valid for version 5.1 and 5.1 is a single-value**  **; field, so we only need the first occurrence**  **I VERSION=51,$G(^BPSC(+CLAIMIEN,400,POS,354.01,1,1))]"" D**  **. K FDA,MSG,IENS**  **. S FN=9002313.02354,IENS="+1,"\_POS\_","\_REVIEN\_",",IENS(1)=1**  **. S FDA(FN,IENS,.01)=1**  **. S FDA(FN,IENS,420)=^BPSC(+CLAIMIEN,400,POS,354.01,1,1)**  **. D UPDATE^DIE("","FDA","IENS","MSG")**  **. I '$D(MSG) S $P(^BPSC(REVIEN,400,POS,350),U,4)="NX"\_$$NFF^BPSECFM(1,1)**  **. I $D(MSG) D**  **.. D LOG^BPSOSL(IEN59,$T(+0)\_"-Clarification fields did not file")**  **.. D LOG^BPSOSL(IEN59,"REC="\_REC)**  **.. D LOG^BPSOSL(IEN59,"MSG Array:")**  **.. D LOGARRAY^BPSOSL(IEN59,"MSG")**  **.. D LOG^BPSOSL(IEN59,"IENS Array:")**  **.. D LOGARRAY^BPSOSL(IEN59,"IENS")**  **.. D LOG^BPSOSL(IEN59,"FDA Array:")**  **.. D LOGARRAY^BPSOSL(IEN59,"FDA")**  ; Convert the 402-D2 (Prescription/Service Ref Number) to the proper length **based on the NCPDP version**  S FLD402=$G(TMP(RXMULT,POS\_","\_CLAIMIEN,402,"I")),**L=11 ;;;;;;;$S(VERSION=51:6,1:11)**  S TMP(RXMULT,POS\_","\_CLAIMIEN,402,"I")=$E(FLD402,1,2)\_$E($E(FLD402,3,99)+1000000000000,13-L,13) | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSOSCD | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.10.3 | | | | | | | | |
| **Related Options** | ECME back-engine software – claim construction | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | BPSOSCB | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; NCPDP field 420-DK Submission Clarification Code, default to "01" for vD.0, "00" for v5.1  ; note: this is a multiple (#9002313.02354), additional codes may be added by other routines  S %=$P($G(^BPST(IEN59,12)),U,3),BPS("RX",MEDN,"Submission Clarif Code",1)=$S(%]"":%,$G(BPS("NCPDP","Version"))=51:"00",1:"01")  .Q:$G(BPS("NCPDP","Version"))'=51 ; fields 475&476 not used in vD.0  .S BPS("RX",MEDN,"DUR",DUR,475)="" ;475-J9 DUR Co-Agent ID Qualifier  .S BPS("RX",MEDN,"DUR",DUR,476)="" ;476-H6 DUR Co-Agent ID | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ; NCPDP field 420-DK Submission Clarification Code, **default to "01" for vD.0, "00" for v5.1**  ; note: this is a multiple (#9002313.02354), additional codes may be added by other routines  S %=$P($G(^BPST(IEN59,12)),U,3),BPS("RX",MEDN,"Submission Clarif Code",1**)=$S(%]"":%,1:"01")**  .**Q:$G(BPS("NCPDP","Version"))'=51 ; fields 475&476 not used in vD.0 remove**  **.S BPS("RX",MEDN,"DUR",DUR,475)="" ;475-J9 DUR Co-Agent ID Qualifier remove**  **.S BPS("RX",MEDN,"DUR",DUR,476)="" ;476-H6 DUR Co-Agent ID remove** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSECMP2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.7.10.3 | | | | | | | | |
| **Related Options** | ECME – Parse Claim Response (real time from Payer) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | BPSBUTL, BPSECMPS, BPSOSQL | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; Process the Additional Message Information Multiple from the Status Segment  ; Note that FDATA, TRANSACT, FDAIEN, and FDAIEN03 are newed  ; and initialized by BPSECMPS  PROCADM ;  N NNDX,FILE,ROOT,FDATA3,FLDNUM,FDATA03,FILE03,ROOT03  S FILE="9002313.13001",ROOT="FDATA3(9002313.13001)"  S FILE03="9002313.0301",ROOT03="FDATA03(9002313.0301)"  S NNDX=""  ; D.0 Processing: 526 is in a multiple with the group 132  I $O(FDATA(TRANSACT,132,0))]"" D Q  . F S NNDX=$O(FDATA(TRANSACT,526,NNDX)) Q:NNDX="" D  . . S FLDNUM=.01 D FDA^DILF(FILE,"+"\_NNDX\_","\_FDAIEN03(TRANSACT)\_","\_FDAIEN(TRANSACT),FLDNUM,"",NNDX,ROOT)  . . F FLDNUM=131,132,526 I $D(FDATA(TRANSACT,FLDNUM,NNDX)) D FDA^DILF(FILE,"+"\_NNDX\_","\_FDAIEN03(TRANSACT)\_","\_FDAIEN(TRANSACT),FLDNUM,"",$G(FDATA(TRANSACT,FLDNUM,NNDX)),ROOT)  . D UPDATE^DIE("S","FDATA3(9002313.13001)")  ;  ; 5.1 Processing: 526 is not in a group but is stored in one  I $O(FDATA(TRANSACT,526,0))]"" D Q  . F S NNDX=$O(FDATA(TRANSACT,526,NNDX)) Q:NNDX="" D  . . S FLDNUM=.01 D FDA^DILF(FILE,"+1,"\_FDAIEN03(TRANSACT)\_","\_FDAIEN(TRANSACT),FLDNUM,"",1,ROOT)  . . S FLDNUM=132 D FDA^DILF(FILE,"+1,"\_FDAIEN03(TRANSACT)\_","\_FDAIEN(TRANSACT),FLDNUM,"","01",ROOT)  . . D FDA^DILF(FILE,"+1,"\_FDAIEN03(TRANSACT)\_","\_FDAIEN(TRANSACT),526,"",$G(FDATA(TRANSACT,526,NNDX)),ROOT)  . D UPDATE^DIE("S","FDATA3(9002313.13001)")  . ; Set Additional Message Information Count field  . D FDA^DILF(FILE03,"+"\_TRANSACT\_","\_FDAIEN(TRANSACT),130,"",1,ROOT03)  . D UPDATE^DIE("S","FDATA03(9002313.0301)")  Q  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| R**emove the block of code dealing with the 5.1 Processing. This is dealing with NCPDP field 526-FQ – Additional Message Information. This is a response-only data element.** | | | | | | | | | |

##### Functional Specifications for Integrated Billing

###### System Feature: ROI Expiration Date

Requirement: Expand Expiration Date for Action “Add ROI”

The Patient Release of Information [IBCNR RELEASE OF INFORMATION] action to Add ROI shall allow the user to enter any date for the expiration date.

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDR2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.1.1 | | | | | | | | |
| **Related Options** | IBCNR RELEASE OF INFORAMTION | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPDR | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| AD ; -- Add tracking entry  D FULL^VALM1  N X,Y,DIC,DA,DR,DD,DO,DIR,DIRUT,DTOUT,DUOUT,IBETYP,IBQUIT,IBTDT,VAIN,VAINDT,IBTRN,IBTDTE,IBROIDR  ;  L +^IBT(356.25,0):10 I '$T D PAUSE^IBNCPBB("ROI File busy while trying to add a new entry") G ADDQ  S X=$P($S($D(^IBT(356.25,0)):^(0),1:"^^-1"),"^",3)+1 L -^IBT(356.25,0)  S DIC="^IBT(356.25,",DIC(0)="L",DLAYGO=356.25  S DIC("DR")=".02////"\_$G(DFN)\_";.03;.04;@1;.05;S IBROIDR=X;.06;I ((X-IBROIDR)>10000)!((X-IBROIDR)<0) D EN^DDIOL("" \*\* The ROI expiration date must be within one year of the fill date. \*\*"") S Y=""@1"";.07////1;1.01///NOW;1.02////"  S DIC("DR")=DIC("DR")\_DUZ\_";1.03///NOW;1.04////"\_DUZ\_";1.05///NOW;2.01"  D FILE^DICN | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| M**odify the highlighted section to remove the part about >10000, but keep the part about the effective date must be less than or equal to the expiration date and modify the resulting error message when that happens. Currently the error message is the same no matter what.**  AD ; -- Add tracking entry  D FULL^VALM1  N X,Y,DIC,DA,DR,DD,DO,DIR,DIRUT,DTOUT,DUOUT,IBETYP,IBQUIT,IBTDT,VAIN,VAINDT,IBTRN,IBTDTE,IBROIDR  ;  L +^IBT(356.25,0):10 I '$T D PAUSE^IBNCPBB("ROI File busy while trying to add a new entry") G ADDQ  S X=$P($S($D(^IBT(356.25,0)):^(0),1:"^^-1"),"^",3)+1 L -^IBT(356.25,0)  S DIC="^IBT(356.25,",DIC(0)="L",DLAYGO=356.25  S DIC("DR")=".02////"\_$G(DFN)\_";.03;.04;@1;.05;S IBROIDR=X;.06;**I ((X-IBROIDR)>10000)!((X-IBROIDR)<0) D EN^DDIOL("" \*\* The ROI expiration date must be within one year of the fill date. \*\*"") S Y=""@1"";**.07////1;1.01///NOW;1.02////"  S DIC("DR")=DIC("DR")\_DUZ\_";1.03///NOW;1.04////"\_DUZ\_";1.05///NOW;2.01"  D FILE^DICN | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDR4 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.1.1 | | | | | | | | |
| **Related Options** | ROI Management for Sensitive Drugs; IBCNR RELEASE OF INFORMATION; IB ENTER/EDIT BILL | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPBB, IBNCPBB1, (File 399, field 157 input transform) | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| F S DIR("?")="The ROI expiration date must be equal to or after the fill date.",DIR("A")="Enter the ROI expiration date for the ROI: ",DIR(0)="DATE" D ^DIR K DIR Q:$D(DTOUT)!$D(DUOUT) D Q:IBQUIT  . S X=Y,%DT="E" D ^%DT I Y<0 D EN^DDIOL("Must enter a valid date","","!") Q  . I ((Y-IBEFFDT)>10000) D EN^DDIOL("The ROI expiration date must be within one year of the effective date.","","!") Q  . I Y<IBDT D EN^DDIOL("The ROI expiration date must be equal to or after the fill date.","","!") Q  . S IBEXPDT=Y,IBQUIT=1 Q  G:'IBQUIT ADDQ | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| R**emove the highlighted code.**  F S DIR("?")="The ROI expiration date must be equal to or after the fill date.",DIR("A")="Enter the ROI expiration date for the ROI: ",DIR(0)="DATE" D ^DIR K DIR Q:$D(DTOUT)!$D(DUOUT) D Q:IBQUIT  . S X=Y,%DT="E" D ^%DT I Y<0 D EN^DDIOL("Must enter a valid date","","!") Q  . **I ((Y-IBEFFDT)>10000) D EN^DDIOL("The ROI expiration date must be within one year of the effective date.","","!") Q**  . I Y<IBDT D EN^DDIOL("The ROI expiration date must be equal to or after the fill date.","","!") Q  . S IBEXPDT=Y,IBQUIT=1 Q  G:'IBQUIT ADDQ | | | | | | | | | |

Requirement: Expand Expiration Date for Action “ROI View/Edit”

The Patient Release of Information [IBCNR RELEASE OF INFORMATION] action ROI View/Edit shall allow the user to enter any date for the expiration date.

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDR1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.1.2 | | | | | | | | |
| **Related Options** | IBCNR RELEASE OF INFORMATION | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPDR | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| EN ; -- ROI Update  D FULL^VALM1 W !!  N IBDIF,DA,DR,DIC,DIE,DGSENFLG,IBEFF,IBROI  L +^IBT(356.25,IBNCRPR):5 I '$T D LOCKED^IBTRCD1 G ROIQ  S DIE="^IBT(356.25,",DA=IBNCRPR,DIE("NO^")="BACK",DR="@1;.05;S IBEFF=X;.06;I X<IBEFF W !,"" EXPIRATION DATE < EFFECTIVE DATE ??"" S Y=""@1"";I X>(IBEFF+10000) W !,"" EXPIRATION DATE > EFFECTIVE DATE + ONE YEAR??"" S Y=""@1"";.07;2.01"  D ^DIE K DIC,DIE,DA,DR | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| R**emove the indicated section of code in the DR string to remove the restriction on the expiration date.**  EN ; -- ROI Update  D FULL^VALM1 W !!  N IBDIF,DA,DR,DIC,DIE,DGSENFLG,IBEFF,IBROI  L +^IBT(356.25,IBNCRPR):5 I '$T D LOCKED^IBTRCD1 G ROIQ  S DIE="^IBT(356.25,",DA=IBNCRPR,DIE("NO^")="BACK",DR="@1;.05;S IBEFF=X;.06;I X<IBEFF W !,"" EXPIRATION DATE < EFFECTIVE DATE ??"" S Y=""@1"";**I X>(IBEFF+10000) W !,"" EXPIRATION DATE > EFFECTIVE DATE + ONE YEAR??"" S Y=""@1"";**.07;2.01"  D ^DIE K DIC,DIE,DA,DR | | | | | | | | | |

Requirement: Add Report Name of ROI Expiration Report to Menu for User Selection

The Claim Results and Status Option Menu [BPS MENU RPT CLAIM STATUS] shall contain a new report option of ROI Expiration Report [IBCNR ROI EXPIRATION REPORT] without requiring a security key.

**Design**

| **Options** | **Activities** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Option Name** | IBCNR ROI EXPIRATION REPORT | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Menu Options that will invoke this reference** | BPS MENU RPT CLAIM STATUS | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Menu Text Description** | ROI Expiration Report | | | | | | | | | |
| **Option Type** | Edit  Action | | | Print  Run Routine | | | | Menu  Other | | Inquire |
| **Associated Routine** | EN^IBNCPDRA | | | | | | | | | |
| **Option Definition** | NAME: IBCNR ROI EXPIRATION REPORT MENU TEXT: ROI Expiration Report  TYPE: run routine CREATOR: firstname.lastna  PACKAGE: INTEGRATED BILLING  DESCRIPTION: This report will allow users to see when Releases of  Information (ROI) are becoming expired or soon will expire. The database for this report is file# 356.25 - CLAIMS TRACKING ROI.  ROUTINE: EN^IBNCPDRA TIMESTAMP: 63656,52697  UPPERCASE MENU TEXT: ROI EXPIRATION REPORT | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A – new option | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| EN^IBNCPDRA | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A | | | | | | | | | | |

| **Options** | **Activities** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Option Name** | BPS MENU RPT CLAIM STATUS | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Menu Options that will invoke this reference** | BPS MENU RPT MAIN | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Menu Text Description** | Claim Results and Status | | | | | | | | | |
| **Option Type** | Edit  Action | | | Print  Run Routine | | | | Menu  Other | | Inquire |
| **Associated Routine** | N/A | | | | | | | | | |
| **Option Definition – Changes are in bold** | NAME: BPS MENU RPT CLAIM STATUS MENU TEXT: Claim Results and Status  TYPE: menu CREATOR: RYAN,DOLORES G  LOCK: BPS REPORTS HEADER PRESENT?: YES  DESCRIPTION: This menu contains the standard claims status reports as well  as the ECME/CMOP Activity Report.  ITEM: BPS RPT PAYABLE SYNONYM: PAY  DISPLAY ORDER: 1  ITEM: BPS RPT REJECTION SYNONYM: REJ  DISPLAY ORDER: 2  ITEM: BPS RPT TOTALS BY DAY SYNONYM: DAY  DISPLAY ORDER: 91  ITEM: BPS RPT NOT RELEASED SYNONYM: NYR  DISPLAY ORDER: 13  ITEM: BPS RPT REVERSAL SYNONYM: REV  DISPLAY ORDER: 7  ITEM: BPS RPT CLOSED CLAIMS SYNONYM: CLO  DISPLAY ORDER: 92  ITEM: BPS RPT CMOP/ECME ACTIVITY SYNONYM: ECMP  DISPLAY ORDER: 3  ITEM: BPS RPT RECENT TRANSACTIONS SYNONYM: REC  DISPLAY ORDER: 50  ITEM: BPS RPT SPENDING ACCOUNT SYNONYM: SPA  DISPLAY ORDER: 93  ITEM: IBCNR ROI EXPIRATION REPORT SYNONYM: ROI  DISPLAY ORDER: 95  HEADER: D HDR^BPSMHDR TIMESTAMP: 62431,59025  UPPERCASE MENU TEXT: CLAIM RESULTS AND STATUS | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| HDR^BPSMHDR | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| N/A – No changes to entry action logic | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A | | | | | | | | | | |

Requirement: ROI Expiration Report Filters

The ROI Expiration Report [IBCNR ROI EXPIRATION REPORT] shall prompt the user for the following:

* Beginning Expiration Date
* Ending Expiration Date
* Status of (A)ctive, (I)nactive, or (B)oth

Beginning Expiration Date: T-100 (NOV 30, 2014)

Ending Expiration Date: T (MAR 12, 2015)

Select one of the following:

A Active

I Inactive

B Both

Display (A)ctive or (I)nactive or (B)oth ROI Status: Both// Active

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// Virtual Right Margin: 132//

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDRA | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.1.4 | | | | | | | | |
| **Related Options** | IBCNR ROI EXPIRATION REPORT | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Kernel Menu system | | | | | IBNCPDRB | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A – New Routine | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| N**ew routine IBNCPDRA will be the routine responsible for capturing the user selection criteria and compiling the report.**  **Upon entry into this option, the screen will clear with W @IOF and a brief description of what this report is will display.**  **The user will be prompted for both the beginning and ending expiration dates. The users may enter an “\*” to indicate they want the earliest available expiration date on file or the latest available expiration date on file. The software will not allow the expiration date to be blank, but just in case it is blank in the database, then the “\*” will find those as well. The software will ensure that the beginning expiration date is on or before the ending expiration date.**  **The users will then be prompted for the status they would like to see: active, inactive, or both.**  **The users will then be prompted for the DEVICE: on which to print this report. Standard device handler software will be implemented (any valid device, queued to the background or compiled in foreground, etc.)**  **The data will be sorted in a scratch global by expiration date in normal chronological order, followed by patient name, followed by IEN to file 356.25. All report data needed will be extracted from file 356.25 and will be included in the scratch global.** | | | | | | | | | |

Requirement: Functionality for ROI Expiration Report

The ROI Expiration Report [IBCNR ROI EXPIRATION REPORT] shall display patient name, insurance name, effective date, expiration date, date added and the drug.

Sort the report by the expiration date, in reverse chronological order.

ROI Expiration Report                      Page:   1

Date Range: 11/30/14 - 03/12/15           Run Date: Mar 12,2015@12:45:56

---------------------------------------------------------------------------------------------------------------------------------

PATIENT NAME EFFECTIVE DATE EXPIRATION DATE DATE ADDED INSURANCE NAME DRUG

---------------------------------------------------------------------------------------------------------------------------------

OPPATIENT,FIVE(9999)P 11/30/14 03/12/15 11/01/14 ABC INSURANCE COMPANY ACETAMINOPHEN 325MG TAB

REPORT HAS FINISHED

Press Return to continue, '^' to exit:

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDRB | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.1.5 | | | | | | | | |
| **Related Options** | IBCNR ROI EXPIRATION REPORT | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPDRA | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A – new routine to be created | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| T**his will be the print routine for this report. It will function either in the foreground or background.**  **The routine will be responsible for looping through the scratch global built during the compile, displaying the report headers, and column headers, and the report data.**  **If there is no data compiled in the scratch global, then the report header will display followed by “No data found for this report.”**  **The report header will contain the title of “ROI Expiration Report” and the current date/time and page#, and the date range the user selected, and their choice of Active/inactive/all ROI entry data. The column headers for each of the report columns will be displayed:**  **Patient Name**  **Effective Date**  **Expiration Date**  **Date Added**  **Insurance Company Name**  **Drug Name**  **Data will display under the column headings with appropriate page breaks based on the length of the device – either printer or screen – as per normal page break software checking for $Y+5>IOSL D HDR Q:IBNCSTOP. Variable IBNCSTOP will be used for user requested “^” out of the report if being displayed to the user’s terminal screen.** | | | | | | | | | |

###### System Feature: TRICARE Copay

Requirement: Eliminate Duplicate TRICARE Copays

The system shall not create a TRICARE copay for a prescription if a TRICARE copay already exists.

**Design**

There are no design activities required for this requirement. The problem which caused a duplicate TRICARE copay in a production site was caused by a faulty user’s 0 node in file 200. This problem was subsequently fixed with IB patch IB\*2\*526 – APPROVING OFFICIAL BEING UNDEFINED. This patch was released on 10/23/2014.

###### System Feature: Display VA Plan ID

Requirement: Modify Group Plan Worksheet Report

The Group Plan Worksheet Report [IBCNR GROUP PLAN WORKSHEET] shall display the VA Plan ID instead of the Pharmacy Plan.

Insurance Company Name Insurance Company Address

Group Name/Number VA PLAN ID BIN PCN

===============================================================================

INSURANCE COMPANY ABC PO BOX 123456,CITY,STATE 12345

GROUP XYZ/Z000000000ZZZZZ ZZ123456 990099 990099

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRRP3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.3.1 | | | | | | | | |
| **Related Options** | Group Plan Worksheet Report [IBCNR GROUP PLAN WORKSHEET] | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBCNRRP1 | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| W !,?OFFSET,HDR  ; Display column headings  W !,?1,"Insurance Company Name",?40,"Insurance Company Address"  W !,?3,"Group Name/Number",?42,"Pharmacy Plan",?60," BIN",?70,"PCN"  S $P(DASHES,"=",80)=""  W !,?1,DASHES  .. I IBGRP6 D  ... S (IBPPIEN,IBPLNNM,IBPLPCN)=""  ... S IBPPIEN=$P($G(IBGRP6),U)  ... S IBPLNNM=$P($G(^IBCNR(366.03,IBPPIEN,0)),U,2)  ... S IBPLBIN=$P($G(^IBCNR(366.03,IBPPIEN,10)),U,2)  ... S IBPLPCN=$P($G(^IBCNR(366.03,IBPPIEN,10)),U,3)  ... S RPDT=$G(RPDT)\_U\_$G(IBPLNNM)\_U\_$G(IBPLBIN)\_U\_$G(IBPLPCN)  ..... ;bin; pcn; and pharmacy plan  ..... S CNT=CNT+1  ..... S ^TMP("IBCNR",$J,"DSPDATA",CNT)=$$FO^IBCNEUT1(DISP4\_"/"\_$P(DISPD,U),35,"L")\_$$FO^IBCNEUT1(" "\_$P(DISPD,U,2),24,"L")\_$$FO^IBCNEUT1(" "\_$P(DISPD,U,3),10,"L")\_$$FO^IBCNEUT1($P(DISPD,U,4),10,"L") | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| W !,?OFFSET,HDR  ; Display column headings  W !,?1,"Insurance Company Name",?40,"Insurance Company Address"  W !,?3,"Group Name/Number",**?43,"VA PLAN ID"**,?60," BIN",?70,"PCN"  S $P(DASHES,"=",80)=""  W !,?1,DASHES  R**eplace variable IBPLNNM which represents the (366.03,.02) long name of the VA pharmacy plan, with variable IBPLNID which will represent the (366.03,.01) pharmacy plan ID.**  .. I IBGRP6 D  ... S (IBPPIEN,**IBPLNID**,IBPLPCN)=""  ... S IBPPIEN=$P($G(IBGRP6),U)  ... S **IBPLNID=$P($G(^IBCNR(366.03,IBPPIEN,0)),U,1) ; use the pharmacy plan ID .01 field**  ... S IBPLBIN=$P($G(^IBCNR(366.03,IBPPIEN,10)),U,2)  ... S IBPLPCN=$P($G(^IBCNR(366.03,IBPPIEN,10)),U,3)  ... S RPDT=$G(RPDT)\_U\_$G(**IBPLNID**)\_U\_$G(IBPLBIN)\_U\_$G(IBPLPCN)  ..... ;bin; pcn; and pharmacy plan **make sure the pharmacy plan ID lines up**  ..... S CNT=CNT+1  ..... S ^TMP("IBCNR",$J,"DSPDATA",CNT)=$$FO^IBCNEUT1(DISP4\_"/"\_$P(DISPD,U),35,"L")\_**$$FO^IBCNEUT1(" "\_$P(DISPD,U,2),24,"L")**\_$$FO^IBCNEUT1(" "\_$P(DISPD,U,3),10,"L")\_$$FO^IBCNEUT1($P(DISPD,U,4),10,"L") | | | | | | | | | |

Requirement: Modify Match Multiple Group Plans

The option Match Multiple Group Plans [IBCNR GROUP PLAN MATCH] shall display the VA Plan ID instead of the Pharmacy Plan.

Match Group Insurance Plans Aug 31, 2009@13:27:39 Page: 1 of 1

FOR PHARMACY PLAN: PHARMACY PLAN ABC - ZZ123456

BIN: 009999 PCN: STATUS: National Active /Local Active

FOR INSURANCE COMPANY: NMHC

Group Name Group Number Grp/Plan Type VA PLAN ID

1 GROUP XYZ XYZ123456 PRESCRIPTION ZZ123456

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRPM2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.3.2 | | | | | | | | |
| **Related Options** | Match Multiple Group Plans [IBCNR GROUP PLAN MATCH] | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBCNRPM1 | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| .. ;pharmacy plan  .. S IBCNRPP=$P($G(IBDAT),U)  .. I IBCNRPP'="" S IBCNRPP=$$GET1^DIQ(366.03,IBCNRPP\_",",.02,"E")  .. S X=$$SETFLD^VALM1(IBCNRPP,X,"PHRM") | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| .. ;pharmacy plan **ID**  .. S IBCNRPP=$P($G(IBDAT),U)  .. I IBCNRPP'="" S IBCNRPP=$$GET1^DIQ(366.03,IBCNRPP\_",",**.01**,"E")  .. S X=$$SETFLD^VALM1(IBCNRPP,X,"PHRM") | | | | | | | | | |

| **List Templates** | **Description** | | | | |
| --- | --- | --- | --- | --- | --- |
| **List Template Name** | IBCNR GROUP PLAN MATCH | | | | |
| **Enhancement Category** | New | Modify | Delete | | No Change |
| **RTM** | 2.8.3.2 | | | | |
| **Template Type** | Sort | Input | Print | | Other – List Template |
| **Related Options** | Match Multiple Group Plans [IBCNR GROUP PLAN MATCH] | | | | |
| **Related Routines** | **Routines “Called By”** | | | **Routines “Called”** | |
|  | N/A | | | N/A | |
| **Routines** | **Description** | | | | |
| **Data Dictionary (DD) References** | N/A | | | | |
| **Global References** | N/A | | | | |
| **List Template Modifications** | Current Caption Line Information:  Column name “PHRM” has Display Text of “Pharmacy Plan”  **Modified Caption Line Information:**  **Modify column name “PHRM” to have Display Text of “VA PLAN ID”** | | | | |

Requirement: Modify Match Group Plan

The option Match Group Plan to a Pharmacy [IBCNR PLAN MATCH] shall display the VA Plan ID instead of the Pharmacy Plan.

Match Group Insurance Plan Oct 02, 2009@11:24:49 Page: 1 of 1

All Plans for: ABC INSURANCE Phone: <not filed>

123 MAIN Precerts: <not filed>

CHARLESTON, WV 12347

Group Name Group Number Type of Plan VA PLAN ID Rx Covered

1 GROUP XYZ 11111 PRESCRIPTION ZZ111111 YES

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRP | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.3.3 | | | | | | | | |
| **Related Options** | Match Group Plan to a Pharmacy [IBCNR PLAN MATCH] | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBCNRPMT | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| . ;  . S IBCNRPP=$$GET1^DIQ(355.3,IBCNGP\_",",6.01,"I")  . I IBCNRPP'="" S IBCNRPP=$$GET1^DIQ(366.03,IBCNRPP\_",",.02,"E")  . S X=$$SETFLD^VALM1(IBCNRPP,X,"PHARM")  . ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| . ;  . S IBCNRPP=$$GET1^DIQ(355.3,IBCNGP\_",",6.01,"I")  . I IBCNRPP'="" S IBCNRPP=$$GET1^DIQ(366.03,IBCNRPP\_",",**.01**,"E") **; use the .01 plan ID**  . S X=$$SETFLD^VALM1(IBCNRPP,X,"PHARM")  . ; | | | | | | | | | |

| **List Templates** | **Description** | | | | |
| --- | --- | --- | --- | --- | --- |
| **List Template Name** | IBCNR PLAN MATCH | | | | |
| **Enhancement Category** | New | Modify | Delete | | No Change |
| **RTM** | 2.8.3.3 | | | | |
| **Template Type** | Sort | Input | Print | | Other – List Template |
| **Related Options** | Match Group Plan to a Pharmacy [IBCNR PLAN MATCH] | | | | |
| **Related Routines** | **Routines “Called By”** | | | **Routines “Called”** | |
|  | N/A | | | N/A | |
| **Routines** | **Description** | | | | |
| **Data Dictionary (DD) References** | N/A | | | | |
| **Global References** | N/A | | | | |
| **List Template Modifications** | Current Caption Line Information:  Column name “PHARM” has Display Text of “Pharmacy Plan”  Column name “COV” has Display Text of “Rx Covrd”  **Modified Caption Line Information:**  **Modify column name “PHARM” to have Display Text of “VA PLAN ID”**  **Modify column name “COV” to have Display Text of “Rx Covered” since there is now room to remove the abbreviation of “Covrd”.** | | | | |

###### System Feature: Billing Determination

Requirement: Determine Billable Status for Pharmacy Claim

IB Billing Determination shall use the new ePharmacy Billable fields to assess billable status using the following hierarchy:

* Non-billable unless the ePharmacy Billable field is answered YES
* If the patient eligibility is TRICARE or CHAMPVA and the corresponding billable field is answered, use that answer.

Example:

ePharmacy Billable = YES

ePharmacy Billable (TRICARE) = <null>

ePharmacy Billable (CHAMPVA) =NO

For a Veteran, the drug is billable.

For a TRICARE patient, the drug is billable.

For a CHAMPVA patient, the drug is non-billable.

Related: (2.9.1.1) The related requirement describes the addition of three new fields to the drug file. The new fields are used to assess billable status for an ePharmacy claim.

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDP | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.1 | | | | | | | | |
| **Related Options** | IB Billing Determination | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | BPSNCPDP | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN  Name: ELIG  Definition: Patient Eligibility (V,T,C) | | | | | | | | |
| **Output Attribute Name and Definition** | Name: IBRMARK  Definition: Reason Not Billable reason of DRUG NOT BILLABLE (only set if the drug is not billable | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| Currently there is a function call called $$DEA^IBNCPDP to determine if the drug is billable based on the DEA special handling field.  DEA(IBDEA,IBRMARK) ; used to check the DEA special handling.  ; pass in IBDEA (dea code to check out)  ; optional pass in IBRMARK by reference (reason not billable)  ; return: 1 or 0^why not billable  ;  ; -- check for compound, NOT BILLABLE  N IBRES  I $G(IBDEA)="" S IBRES="0^Null DEA Special Handling field" G DEAQ  I IBDEA["M"!(IBDEA["0") S IBRMARK="DRUG NOT BILLABLE",IBRES="0^COMPOUND DRUG" G DEAQ  ; -- check drug (not investigational, supply, over the counter, or nutritional supplement drug  ; "E" means always ecme billable  I (IBDEA["I"!(IBDEA["S")!(IBDEA["9"))!(IBDEA["N"),IBDEA'["E" S IBRMARK="DRUG NOT BILLABLE",IBRES="0^"\_IBRMARK  DEAQ Q $G(IBRES,1) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| D**elete the $$DEA function call from this routine.**  Create **a new function called $$BILLABLE(DRUG,ELIG,.IBRMARK) in routine IBNCPDP. If drug is billable, function value is “1”. If drug is not billable, function value is “0^DRUG NOT BILLABLE”. “DRUG NOT BILLABLE” is an existing Reason Not Billable in file 356.8.**  **Algorithm: If either the passed in drug ien or the eligibility are blank or invalid, then drug is non-billable.**  **If Elig is VET:**  **and ePharmacy Billable field is YES, then drug is billable and stop.**  **Otherwise, drug is non-billable and stop.**  **If Elig is TRICARE:**  **And ePharmacy Billable TRICARE field is YES, then drug is billable and stop**  **And ePharmacy Billable TRICARE field is NO, then drug is non-billable and stop**  **And ePharmacy Billable field is YES and ePharmacy Billable TRICARE field is unanswered, then drug is billable and stop**  **Otherwise, drug is non-billable and stop.**  **If Elig is CHAMPVA:**  **And ePharmacy Billable CHAMPVA field is YES, then drug is billable and stop**  **And ePharmacy Billable CHAMPVA field is NO, then drug is non-billable and stop**  **And ePharmacy Billable field is YES and ePharmacy Billable CHAMPVA field is unanswered, then drug is billable and stop**  **Otherwise, drug is non-billable and stop.**  **As a part of this $$BILLABLE API, we are going to be setting values into the IBD array which is used to share many data elements between IB and ECME.**  **Values will be placed into the IBD array pertaining to the billable fields in the drug file based on the drug ien passed into this function call.**  **IBD(“DRUG-BILLABLE”)=1/0**  **IBD(“DRUG-BILLABLE TRICARE”)=1/0**  **IBD(“DRUG-BILLABLE CHAMPVA”)=1/0**  **These values will be coming from the Drug file at the time of IB billing determination and they will be recorded in the IB billing event log file (366.14)**. | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.1 | | | | | | | | |
| **Related Options** | IB Billing Determination | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPDP | | | | | $$BILLABLE^IBNCPDP | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN  Name: ELIG  Definition: Patient Eligibility (V,T,C) | | | | | | | | |
| **Output Attribute Name and Definition** | Name: IBRMARK  Definition: Reason Not Billable reason of DRUG NOT BILLABLE (only set if the drug is not billable | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;  ; -- check for DEA SPECIAL HDLG  S IBDEA=$$DEA^IBNCPDP($G(IBD("DEA")),.IBRMARK) I 'IBDEA S IBRES=IBDEA D CT G RXQ  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| R**emove all references to DEA, special handling field and variable IBDEA**  **I ‘$$BILLABLE^IBNCPDP($G(IBD(“DRUG”)),$P(IBRT,U,3),.IBRMARK) S IBRES=”0^”\_IBRMARK D CT G RXQ** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSOSULB1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.1 | | | | | | | | |
| **Related Options** | Local suspense – ¾ days supply refill check | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | PSOSULBL | | | | | $$BILLABLE^IBNCPDP | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN  Name: ELIG  Definition: Patient Eligibility (V,T,C) | | | | | | | | |
| **Output Attribute Name and Definition** | Name: IBRMARK  Definition: Reason Not Billable reason of DRUG NOT BILLABLE (only set if the drug is not billable | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; Don't hold rx if DEA special Handling code is non billable (i.e. has M or 0 (zero) or (I, S, N, and/or 9)) without an E  S DEAOK=$$DEA^IBNCPDP(DEA) I 'DEAOK Q DSHOLD | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ; **Don't hold rx if drug is non-billable**  **I ‘$$BILLABLE^IBNCPDP(DRG,ELIG) Q DSHOLD**  **Also add some code to retrieve the ELIG value from the prescription file. Variable RXIEN is the file 52 ien, variable RFL is the fill#. Field# 85 is the Eligibility field for both file 52 and subfile 52.1. Values for this field is either V, or T, or C which is what we want for the new $$BILLABLE function.**  **DBIA# 4299 will also be modified. The $$DEA function call will be deleted and the $$BILLABLE function call will be added.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSXRPPL2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.1 | | | | | | | | |
| **Related Options** | CMOP suspense – ¾ days supply refill check | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | PSXRPPL1 | | | | | $$BILLABLE^IBNCPDP | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN  Name: ELIG  Definition: Patient Eligibility (V,T,C) | | | | | | | | |
| **Output Attribute Name and Definition** | Name: IBRMARK  Definition: Reason Not Billable reason of DRUG NOT BILLABLE (only set if the drug is not billable | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; Don't hold rx if DEA special Handling code is non billable (i.e. has M or 0 (zero) or I, S, N, and/or 9)) without an E  S DEAOK=$$DEA^IBNCPDP(DEA) I 'DEAOK Q DSHOLD | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ; **Don't hold rx if drug is non-billable**  **I ‘$$BILLABLE^IBNCPDP(DRG,ELIG) Q DSHOLD**  **Also add some code to retrieve the ELIG value from the prescription file. Variable RXIEN is the file 52 ien, variable RFL is the fill#. Field# 85 is the Eligibility field for both file 52 and subfile 52.1. Values for this field is either V, or T, or C which is what we want for the new $$BILLABLE function.**  **DBIA# 4299 will also be modified. The $$DEA function call will be deleted and the $$BILLABLE function call will be added.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPUT1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.1 | | | | | | | | |
| **Related Options** | Place IB ACTION item (1st party copay) on HOLD | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBRUTL | | | | | $$BILLABLE^IBNCPDP | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN  Name: ELIG  Definition: Patient Eligibility (V,T,C) | | | | | | | | |
| **Output Attribute Name and Definition** | Name: IBRMARK  Definition: Reason Not Billable reason of DRUG NOT BILLABLE (only set if the drug is not billable | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;should RX copay from the entry in file #350 be placed on hold ?  ;called from HOLD^IBRUTL  ;Input:  ; X - zeroth node of file #350 entry  ;output:  ; 0 - NO - DO NOT PUT ON HOLD  ; 1 - this is RX copay but there is no ECME claim, so process it as usual  ; 1 - this is ECME RX copay and it should be put on HOLD  ; 1 - this is ECME RX copay and it was rejected or reversed  ; 2 - this is not RX copay  HOLDECME(X) ;  N IBRXIEN,IBREFNO,IBRXZ,IBDATE,IBDFN,IBEBCOB,IBRETVAL  S IBRETVAL=""  S IBRXZ=$P($G(X),U,4),(IBRXIEN,IBREFNO)=0  I $P($P(IBRXZ,";"),":")'=52 Q 2 ;follow pre-existing logic  S IBRXIEN=+$P($P(IBRXZ,";"),":",2) ;ien in file #52  S IBREFNO=+$P($P($P(X,U,4),";",2),":",2) ;refill number (0 - for original)  S IBDFN=+$P($G(X),U,2) ;Patient ien  ;if this is OTC "non-e-billable" drug then DO NOT PUT ON HOLD  I $$OTCNEBIL(IBRXIEN)=1 Q 0  ;if this is non-OTC drug OR if this is OTC drug but marked as e-billable then look if it has zero amount paid  I $$AMNTHOLD^IBNCPUT1(IBDFN,IBRXIEN,IBREFNO)=0 Q 0 ;DO NOT PUT ON HOLD  Q 1 ;follow pre-existing logic  ;  ;Is this RX for OTC drug which is NOT E-billiable?  ;Input:  ; IBRX - ien in file #52  ;Output:  ; 1 - this is OTC drug and it is NOT marked as e-billable  ; 0 - otherwise  OTCNEBIL(IBRX) ;  N ARR,IBSPHNDL,IBDRUG  S IBDRUG=+$$RXAPI1^IBNCPUT1(IBRX,6,"I")  S IBSPHNDL=$$DRUGDIE^IBNCPUT1(IBDRUG,3,"E",.ARR)  I IBSPHNDL'["9" Q 0 ;this is not OTC drug  I IBSPHNDL["E" Q 0 ;it is OTC E-billable drug  ;it is OTC NON E-billable drug  Q 1 | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| T**he above logic needs to be modified so that the DEA field is not checked for [“E” since this logic will be deleted. In the HOLDECME function above, we have the prescription and fill in variables IBRXIEN and IBREFNO. From these variables we can determine the Drug ien and the Eligibility needed to call the new $$BILLABLE function call. Keep all other functionality the same.**  **I $$BILLABLE^IBNCPDP(IBDRUG,IBELIG) Q 0 ; it is an E-billable drug** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSRPT9A | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.1 | | | | | | | | |
| **Related Options** | Potential TRICARE Claims Report | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | BPSRPT9 | | | | | $$BILLABLE^IBNCPDP | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN  Name: ELIG  Definition: Patient Eligibility (V,T,C) | | | | | | | | |
| **Output Attribute Name and Definition** | Name: IBRMARK  Definition: Reason Not Billable reason of DRUG NOT BILLABLE (only set if the drug is not billable | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| F S RXFDT=$O(@REF@(RXFDT)) Q:RXFDT="" D  . S RXI=0 F S RXI=$O(@REF@(RXFDT,RXI)) Q:RXI="" D  . . S RXF=-1 F S RXF=$O(@REF@(RXFDT,RXI,RXF)) Q:RXF="" D  . . . N BPELIG,VAEL,BPDRUG,BPDEA,BPIE,DFN,ARR,BPDIV,PSRT,SSRT,TSRT,BPS56  . . . S (BPQUIT,BPDIV,BPS56)=0  . . . ; Check Pharmacy Division against selected Divisions  . . . S BPDIV=$$GETDIV^BPSOSQC(RXI,RXF) Q:'BPDIV ;Outpatient Site #59 ien  . . . S BPS56=+$O(^BPS(9002313.56,"C",BPDIV,0)) Q:'BPS56 ;BPS PHARMACIES #9002313.56 ien  . . . ;filter divisions  . . . I BPPHARM=1,'$D(BPPHARM(BPS56)) Q  . . . D RXAPI^BPSUTIL1(RXI,BPSFLDN,"ARR","IE")  . . . S DFN=ARR(52,RXI,2,"I") Q:'DFN  . . . D ELIG^VADPT  . . . ; Check for TRICARE or SHARING AGREEMENT  . . . S BPELIG=$P(VAEL(1),U,2)  . . . S BPQUIT=$S(BPELIG="TRICARE":0,BPELIG="SHARING AGREEMENT":0,1:1)  . . . S BPELIG(1)=$E(BPELIG,1,4)  . . . S X=-1 F S X=$O(VAEL(1,X)) Q:X="" D  . . . . S BPELIG=$P(VAEL(1,X),U,2)  . . . . S BPQUIT=$S(BPELIG="TRICARE":0,BPELIG="SHARING AGREEMENT":0,1:1)  . . . . S BPELIG(1)=BPELIG(1)\_U\_$E(BPELIG,1,4)  . . . Q:$S(BPELIG(1)["TRIC":0,BPELIG(1)["SHAR":0,1:1)  . . . S BPDRUG=ARR(52,RXI,6,"I") Q:'BPDRUG  . . . K ^TMP($J,"BPDRUG") D DATA^PSS50(BPDRUG,,,,,"BPDRUG")  . . . S BPDEA=^TMP($J,"BPDRUG",BPDRUG,3)  . . . ; Exclude drugs that are exempt from billing  . . . I (BPDEA["I")!(BPDEA["S")!(BPDEA["N")&(BPDEA'["E") Q  . . . ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| T**he above logic will be modified so that the BPDEA variable is no longer set or checked in this manner. Instead the $$BILLABLE function call will be used to determine the billable status of the drug. The drug ien is captured above in variable BPDRUG. The Prescription IEN is found is variable RXI. The fill# is found in variable RXF. Using these variables the eligibility in the prescription file can be obtained and then the call to $$BILLABLE can be made.**  **. . . I ‘$$BILLABLE^IBNCPDP(BPDRUG,BPELIG) Q ; drug non-billable** | | | | | | | | | |

Requirement: Determine Sensitive Diagnosis for Pharmacy Claim

IB Billing Determination shall use the new Sensitive Diagnosis field to assess sensitive diagnosis instead of using the DEA, Special HDLG field.

Related: (2.9.1.3) The related requirement describes the addition a new field to the drug file. The new field is used to assess sensitive diagnosis status for an ePharmacy claim.

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCBB11 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.2 | | | | | | | | |
| **Related Options** | IB ENTER/EDIT BILL – billing authorization checks | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBCBB1 | | | | | $$SENS^IBNCPDR(drug ien) | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ROICHK(IBIFN,IBDFN,IBINS) ; IB\*2.0\*384 - check prescriptions that contain the  ; special handling code U against the Claims Tracking ROI file (#356.25)  ; to see if an ROI is on file  ; input - IBIFN = IEN of the Bill/Claims file (#399)  ; IBDFN = IEN of the patient  ; IBINS = IEN of the payer insurance company (#36)  ; OUTPUT - 0 = no error  ; 1 = a prescription is sensitive and there is no ROI on file  ;  N IBX,IBY0,IBRXIEN,IBDT,IBDRUG,ROIQ  S ROIQ=0  S IBX=0 F S IBX=$O(^IBA(362.4,"C",IBIFN,IBX)) Q:'IBX D  .S IBY0=^IBA(362.4,IBX,0),IBRXIEN=$P(IBY0,U,5) I 'IBRXIEN Q  .S IBDT=$P(IBY0,U,3),IBDRUG=$P(IBY0,U,4)  .D ZERO^IBRXUTL(IBDRUG)  .I ^TMP($J,"IBDRUG",IBDRUG,3)["U" D  .. I $$ROI^IBNCPDR4(IBDFN,IBDRUG,IBINS,IBDT) Q ;ROI is on file  .. D WARN("ROI not on file for prescription "\_$$RXAPI1^IBNCPUT1(IBRXIEN,.01,"E"))  .. S ROIQ=1  ROICHKQ ;  K ^TMP($J,"IBDRUG")  Q ROIQ | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ROICHK(IBIFN,IBDFN,IBINS) ; IB\*2.0\*384 - check prescriptions that contain the  ; **special handling code U against the Claims Tracking ROI file (#356.25) ; RE-WORD THIS**  ; to see if an ROI is on file  ; input - IBIFN = IEN of the Bill/Claims file (#399)  ; IBDFN = IEN of the patient  ; IBINS = IEN of the payer insurance company (#36)  ; OUTPUT - 0 = no error  ; 1 = a prescription is sensitive and there is no ROI on file  ;  N IBX,IBY0,IBRXIEN,IBDT,IBDRUG,ROIQ  S ROIQ=0  S IBX=0 F S IBX=$O(^IBA(362.4,"C",IBIFN,IBX)) Q:'IBX D  .S IBY0=^IBA(362.4,IBX,0),IBRXIEN=$P(IBY0,U,5) I 'IBRXIEN Q  .S IBDT=$P(IBY0,U,3),IBDRUG=$P(IBY0,U,4)  .D ZERO^IBRXUTL(IBDRUG)  .**I $$SENS^IBNCPDR(IBDRUG) D ; sensitive drug – check for ROI**  .. I $$ROI^IBNCPDR4(IBDFN,IBDRUG,IBINS,IBDT) Q ;ROI is on file  .. D WARN("ROI not on file for prescription "\_$$RXAPI1^IBNCPUT1(IBRXIEN,.01,"E"))  .. S ROIQ=1  ROICHKQ ;  K ^TMP($J,"IBDRUG")  Q ROIQ | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPBB1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.2 | | | | | | | | |
| **Related Options** | Generate ECME Rx Bills [IB GENERATE ECME RX BILLS] back-billing | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPBB | | | | | $$SENS^IBNCPDR(drug ien) | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| PROCESS ;  N RES,IBY,IBD,IBRX,IBFIL,IBERR,IBBIL,IBPAT,IBDRUG,IBINS,IBDT,IBQ  S IBERR=0  S IBY=0 F S IBY=$O(IBSEL(IBY)) Q:'IBY D  . S IBD=$G(@IBREF@(IBY)) Q:IBD=""  . S IBRX=$P(IBD,U),IBFIL=+$P(IBD,U,3),IBBIL=$P(IBD,U,6)  . W !,"Submitting Rx# ",$P(IBD,U,2) W:IBFIL "Refill# ",IBFIL W:'IBFIL " (original fill)" W " ..."  . I IBBIL,'$P($G(^DGCR(399,IBBIL,"S")),U,16) D S IBERR=IBERR+1 Q  .. W !," \*\*\* Rx# ",$P(IBD,U,2)," was previously billed."  .. W !," Please cancel the Bill No ",$P($G(^DGCR(399,IBBIL,0)),U)," before submitting the claim"  . ; -- Drug DEA ROI check.  . K ^TMP($J,"IBDRUG")  . S IBDRUG=$P(IBD,U,5)  . D DATA^PSS50(IBDRUG,,,,,"IBDRUG")  . S IBDEA=$G(^TMP($J,"IBDRUG",IBDRUG,3))  . I IBDEA["U" D Q:'IBQ  .. S IBPAT=$$FILE^IBRXUTL(IBRX,2)  .. S IBDT=$P(IBD,U,4)  .. I '$$INSUR^IBBAPI(IBPAT,IBDT,"P",.IBANY,1) S IBQ=1 Q  .. S IBINS=+$G(IBANY("IBBAPI","INSUR",1,1))  .. S IBQ=$$ROICHK^IBNCPDR4(IBPAT,IBDRUG,IBINS,IBDT) D:IBQ ROICLN^IBNCPDR4("",IBRX,IBFIL)  .. I 'IBQ S IBERR=IBERR+1  . S RES=$$SUBMIT^IBNCPDPU(IBRX,IBFIL) W " ",$S(+RES=0:"Sent through ECME",1:"Not sent")  . I +RES'=0 W !?5,"\*\*\* ECME returned status: ",$$STAT^IBNCPBB(RES) S IBERR=IBERR+1  I 'IBERR W !!,"The selected Rx(s) have been submitted to ECME",!,"for electronic billing"  Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| PROCESS ;  N RES,IBY,IBD,IBRX,IBFIL,IBERR,IBBIL,IBPAT,IBDRUG,IBINS,IBDT,IBQ  S IBERR=0  S IBY=0 F S IBY=$O(IBSEL(IBY)) Q:'IBY D  . S IBD=$G(@IBREF@(IBY)) Q:IBD=""  . S IBRX=$P(IBD,U),IBFIL=+$P(IBD,U,3),IBBIL=$P(IBD,U,6)  . W !,"Submitting Rx# ",$P(IBD,U,2) W:IBFIL "Refill# ",IBFIL W:'IBFIL " (original fill)" W " ..."  . I IBBIL,'$P($G(^DGCR(399,IBBIL,"S")),U,16) D S IBERR=IBERR+1 Q  .. W !," \*\*\* Rx# ",$P(IBD,U,2)," was previously billed."  .. W !," Please cancel the Bill No ",$P($G(^DGCR(399,IBBIL,0)),U)," before submitting the claim"  . **; -- Drug DEA ROI check. REMOVE**  **. K ^TMP($J,"IBDRUG") REMOVE**  **. S IBDRUG=$P(IBD,U,5)**  **. D DATA^PSS50(IBDRUG,,,,,"IBDRUG") REMOVE**  **. S IBDEA=$G(^TMP($J,"IBDRUG",IBDRUG,3)) REMOVE**  **. I $$SENS^IBNCPDR(IBDRUG) D Q:’IBQ**  .. S IBPAT=$$FILE^IBRXUTL(IBRX,2)  .. S IBDT=$P(IBD,U,4)  .. I '$$INSUR^IBBAPI(IBPAT,IBDT,"P",.IBANY,1) S IBQ=1 Q  .. S IBINS=+$G(IBANY("IBBAPI","INSUR",1,1))  .. S IBQ=$$ROICHK^IBNCPDR4(IBPAT,IBDRUG,IBINS,IBDT) D:IBQ ROICLN^IBNCPDR4("",IBRX,IBFIL)  .. I 'IBQ S IBERR=IBERR+1  . S RES=$$SUBMIT^IBNCPDPU(IBRX,IBFIL) W " ",$S(+RES=0:"Sent through ECME",1:"Not sent")  . I +RES'=0 W !?5,"\*\*\* ECME returned status: ",$$STAT^IBNCPBB(RES) S IBERR=IBERR+1  I 'IBERR W !!,"The selected Rx(s) have been submitted to ECME",!,"for electronic billing"  Q | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDP1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.2 | | | | | | | | |
| **Related Options** | IB Billing Determination for ECME | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPDP | | | | | $$SENS^IBNCPDR(drug ien) | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;  ; -- check drug for sensitive dx special handling code and ROI on file  I IBD("DEA")["U",$D(IBD("INS",1,3)) D G:$D(IBRMARK) RXQ  . I '$$ROI^IBNCPDR4(DFN,$G(IBD("DRUG")),+$P($G(IBD("INS",1,3)),U,5),IBADT) D Q  .. S IBRMARK="REFUSES TO SIGN RELEASE (ROI)"  .. D CT  .. S IBRES="0^NOT BILLABLE, NO ROI - NO ACTIVE ROI ON FILE"  . D ROICLN^IBNCPDR4(IBTRKRN,IBRXN,IBFIL) K:$G(IBRMARK)="REFUSES TO SIGN RELEASE (ROI)" IBRMARK  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ;  ; -- check drug for sensitive dx special handling code and ROI on file  **I $$SENS^IBNCPDR($G(IBD(“DRUG”)),$D(IBD("INS",1,3)) D G:$D(IBRMARK) RXQ**  **. ; if no ROI on file, set IBRMARK, update CT and get out as non-billable**  **. I '$$ROI^IBNCPDR4(DFN,$G(IBD("DRUG")),+$P($G(IBD("INS",1,3)),U,5),IBADT) D Q**  **.. S IBRMARK="REFUSES TO SIGN RELEASE (ROI)"**  **.. D CT**  **.. S IBRES="0^”\_IBRMARK**  **. ;**  **. ; if ROI is on file, then clear out RNB in CT and kill IBRMARK variable**  **. D ROICLN^IBNCPDR4(IBTRKRN,IBRXN,IBFIL) K:$G(IBRMARK)="REFUSES TO SIGN RELEASE (ROI)" IBRMARK**  ;  **As a part of this check to the $$SENS API at this time during IB billing determination, we are going to be setting a value into the IBD array which is used to share many data elements between IB and ECME.**  **A value will be placed into the IBD array pertaining to the sensitive drug field in the drug file based on the drug ien passed into this function call.**  **IBD(“DRUG-SENSITIVE”)=1/0**  **This value will be coming from the Drug file at the time of IB billing determination and it will be recorded in the IB billing event log file (366.14)**. | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDP2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.2 | | | | | | | | |
| **Related Options** | ECME K-bill creation for payable, released claims | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPDP | | | | | $$SENS^IBNCPDR(drug ien) | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;  ; drug DEA ROI check.  N IBDEA  D ZERO^IBRXUTL(IBD("DRUG")) S IBDEA=^TMP($J,"IBDRUG",IBD("DRUG"),3)  I IBDEA["U" S IB(155)=1,IB(157)=1 ; set sensitive dx and ROI obtained  K ^TMP($J,"IBDRUG")  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| **;**  **; sensitive drug check**  **I $$SENS^IBNCPDR(IBD(“DRUG”)) S IB(155)=1,IB(157)=1 ; set sensitive dx and ROI obtained**  **;** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDPU | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.2 | | | | | | | | |
| **Related Options** | Claims Tracking prescription entry filing | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPDP1 | | | | | $$SENS^IBNCPDR(drug ien) | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;  ; ROI check  N IBSCROI,IBDRUG,IBDEA,IBRXDATA  S IBRXDATA=$$RXZERO^IBRXUTL(DFN,IBRXN)  S IBDRUG=$P(IBRXDATA,U,6)  D ZERO^IBRXUTL(IBDRUG)  S IBDEA=$G(^TMP($J,"IBDRUG",+IBDRUG,3))  K ^TMP($J,"IBDRUG")  I $G(IBDEA)["U" D  . N IBINS,IBFLG,IBINSP  . D ALL^IBCNS1(DFN,"IBINS",1,IBADT,1)  . S IBINSP=$O(IBINS("S",1,99),-1) Q:IBINSP=""  . S IBFLG=$$ROI^IBNCPDR4(DFN,$G(IBDRUG),+$G(IBINS(IBINSP,"0")),$G(IBADT))  . I 'IBFLG,$G(IBRMARK)="" S IBRMARK="REFUSES TO SIGN RELEASE (ROI)"  . I 'IBFLG S IBSCROI=3  . I IBFLG S IBSCROI=2  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ;  ; ROI check  N IBSCROI,IBDRUG,IBDEA,IBRXDATA  S IBRXDATA=$$RXZERO^IBRXUTL(DFN,IBRXN)  S IBDRUG=$P(IBRXDATA,U,6)  D **ZERO^IBRXUTL(IBDRUG) REMOVE**  **S IBDEA=$G(^TMP($J,"IBDRUG",+IBDRUG,3)) REMOVE**  **K ^TMP($J,"IBDRUG") REMOVE**  **I $$SENS^IBNCPDR(IBDRUG) D**  . N IBINS,IBFLG,IBINSP  . D ALL^IBCNS1(DFN,"IBINS",1,IBADT,1)  . S IBINSP=$O(IBINS("S",1,99),-1) Q:IBINSP=""  . S IBFLG=$$ROI^IBNCPDR4(DFN,$G(IBDRUG),+$G(IBINS(IBINSP,"0")),$G(IBADT))  . I 'IBFLG,$G(IBRMARK)="" S IBRMARK="REFUSES TO SIGN RELEASE (ROI)"  . I 'IBFLG S IBSCROI=3  . I IBFLG S IBSCROI=2  ; | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDR | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.2 | | | | | | | | |
| **Related Options** | Patient Release of Information (ROI) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Kernel menu system | | | | | $$SENS^IBNCPDR(drug ien) | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A – New $$SENS function in this existing routine | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| N**ew $$SENS function to determine if the drug is sensitive or not.**  **Input parameter to $$SENS is the DRUG file ien.**  **Function returns 1 if the Sensitive Diagnosis field is YES for this drug. Function returns 0 otherwise. This will be called by all IB locations that need to check for the sensitive drug field. A new DBIA will be created between IB and PSS for this call to the drug file data.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDR4 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.2 | | | | | | | | |
| **Related Options** | Patient Release of Information (ROI) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPBB, IBNCPBB1, Input Transform on field 157 of file 399 – R.O.I. FORM(S) COMPLETED? | | | | | $$SENS^IBNCPDR(drug ien) | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ROICHK(IBPAT,IBDRUG,IBINS,IBDT) ;Check for ROI  ; Function returns 1 if ROI on file or new ROI added, 0 if no ROI on file  ; it returns a 2 if not needed, passes checks  ;  ; -- input IBPAT = patient (req)  ; IBDRUG = drug (req)  ; IBINS = insurance file 36 (req)  ; IBDT = fileman format fill date (req)  N DIC,DIE,DA,DR,DQ,D0,DI,D,X,Y  I $$ROI(IBPAT,IBDRUG,IBINS,IBDT) Q 1 ;ROI is on file  K ^TMP($J,"IBDRUG")  D DATA^PSS50(IBDRUG,,,,,"IBDRUG")  I $G(^TMP($J,"IBDRUG",IBDRUG,3))'["U" Q 2 ;ROI not needed for drug  ;Check for ROI on file  ROI399(IBIFN) ; -- ROI Complete? in Bill/Claims (#399;157)  ; Check drugs that contain the special handling code U against the  ; Claims Tracking ROI file (#356.25) to see if an ROI is on file  ;  ; input - IBIFN = IEN of the Bill/Claims file (#399)  ; output - 0 = sensitive drug and no ROI on file  ; 1 = default, sensitive drug and ROI on file  N IBX,IBY0,IBRXIEN,IBDT,IBDRUG,ROIQ,IBDFN,IBINS  N DIC,DIE,DA,DR,DQ,D0,DI,DISYS,D,X,Y,DE,DW,DV,DL,DLB  S IBDFN=$P(^DGCR(399,IBIFN,0),U,2) ;patient  S IBINS=$P(^DGCR(399,IBIFN,"MP"),U,1) ;payer insurance company  I 'IBINS S ROIQ=1 G ROI399Q  S ROIQ=1  S IBX=0 F S IBX=$O(^IBA(362.4,"C",$G(IBIFN),$G(IBX))) Q:'IBX D  .S IBY0=^IBA(362.4,IBX,0),IBRXIEN=$P(IBY0,U,5) I 'IBRXIEN Q  .S IBDT=$P(IBY0,U,3),IBDRUG=$P(IBY0,U,4)  .K ^TMP($J,"IBDRUG") D ZERO^IBRXUTL(IBDRUG)  .I ^TMP($J,"IBDRUG",IBDRUG,3)["U" D  .. I $$ROICHK^IBNCPDR4(IBDFN,IBDRUG,IBINS,IBDT) Q  .. S ROIQ=0  ROI399Q ;  Q ROIQ | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ROICHK(IBPAT,IBDRUG,IBINS,IBDT) ;Check for ROI  ; Function returns 1 if ROI on file or new ROI added, 0 if no ROI on file  ; it returns a 2 if not needed, passes checks  ;  ; -- input IBPAT = patient (req)  ; IBDRUG = drug (req)  ; IBINS = insurance file 36 (req)  ; IBDT = fileman format fill date (req)  N DIC,DIE,DA,DR,DQ,D0,DI,D,X,Y  I $$ROI(IBPAT,IBDRUG,IBINS,IBDT) Q 1 ;ROI is on file  K ^TMP($J,"IBDRUG")  D DATA^PSS50(IBDRUG,,,,,"IBDRUG")  I **‘$$SENS^IBNCPDR(IBDRUG) Q 2 ; drug not sensitive; ROI not needed**  ;Check for ROI on file  ROI399(IBIFN) ; -- ROI Complete? in Bill/Claims (#399;157)  ; Check drugs that contain the special handling code U against the  ; Claims Tracking ROI file (#356.25) to see if an ROI is on file  ;  ; input - IBIFN = IEN of the Bill/Claims file (#399)  ; output - 0 = sensitive drug and no ROI on file  ; 1 = default, sensitive drug and ROI on file  N IBX,IBY0,IBRXIEN,IBDT,IBDRUG,ROIQ,IBDFN,IBINS  N DIC,DIE,DA,DR,DQ,D0,DI,DISYS,D,X,Y,DE,DW,DV,DL,DLB  S IBDFN=$P(^DGCR(399,IBIFN,0),U,2) ;patient  S IBINS=$P(^DGCR(399,IBIFN,"MP"),U,1) ;payer insurance company  I 'IBINS S ROIQ=1 G ROI399Q  S ROIQ=1  S IBX=0 F S IBX=$O(^IBA(362.4,"C",$G(IBIFN),$G(IBX))) Q:'IBX D  .S IBY0=^IBA(362.4,IBX,0),IBRXIEN=$P(IBY0,U,5) I 'IBRXIEN Q  .S IBDT=$P(IBY0,U,3),IBDRUG=$P(IBY0,U,4)  .K ^TMP($J,"IBDRUG") D ZERO^IBRXUTL(IBDRUG)  .I **$$SENS^IBNCPDR(IBDRUG) D**  .. I $$ROICHK^IBNCPDR4(IBDFN,IBDRUG,IBINS,IBDT) Q  .. S ROIQ=0  ROI399Q ;  Q ROIQ | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBTRKR3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.4.2 | | | | | | | | |
| **Related Options** | Manually Add Rx Refills to Claims Tracking  IB MT NIGHT COMP^Queue Means Test Compilation of Charges (IB nightly job) | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBTRKR | | | | | $$SENS^IBNCPDR(drug ien) | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG  Definition: Drug IEN | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ;  ; ROI check  N IBSCROI  I $G(IBDEA)["U" D  . N IBINS,IBFLG,IBINSP  . D ALL^IBCNS1(DFN,"IBINS",1,IBDT,1)  . S IBINSP=$O(IBINS("S",1,99),-1) Q:IBINSP=""  . S IBFLG=$$ROI^IBNCPDR4(DFN,$G(IBDRUG),+$G(IBINS(IBINSP,"0")),$G(IBDT))  . I 'IBFLG,$G(IBRMARK)="" S IBRMARK="REFUSES TO SIGN RELEASE (ROI)"  . I 'IBFLG S IBSCROI=3  . I IBFLG S IBSCROI=2  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ;  ; ROI check  N IBSCROI  I **$$SENS^IBNCPDR(IBDRUG) D REMOVE REFERENCES TO IBDEA variable**  . N IBINS,IBFLG,IBINSP  . D ALL^IBCNS1(DFN,"IBINS",1,IBDT,1)  . S IBINSP=$O(IBINS("S",1,99),-1) Q:IBINSP=""  . S IBFLG=$$ROI^IBNCPDR4(DFN,$G(IBDRUG),+$G(IBINS(IBINSP,"0")),$G(IBDT))  . I 'IBFLG,$G(IBRMARK)="" S IBRMARK="REFUSES TO SIGN RELEASE (ROI)"  . I 'IBFLG S IBSCROI=3  . I IBFLG S IBSCROI=2  ; | | | | | | | | | |

Requirement: Don’t Change Reason Non-Billable for ROI Resubmit

The system shall not change the Reason Non-Billable to “ROI NOT OBTAINED” when any prescription is resubmitted.

Keep the original RNB for the situations in which the system would have changed the RNB to ROI NOT OBTAINED.

**Design**

No design work needed. There is no place in the system where the RNB of “ROI NOT OBTAINED” is set by the system. The only ROI-related Reason Not Billable is “REFUSES TO SIGN RELEASE (ROI)”. This RNB is set and cleared by the system in the appropriate places.

###### System Feature: Date of Service

Requirement: Date of Service for Back Billing Processes

The back billing processes shall use the same date of service algorithm used in outpatient pharmacy.

In outpatient pharmacy, the date of service on the claim is the release date or the current date, in cases where the release date does not exist.

A claim can be back-billed through Claims Tracking and the option to Generate ECME Rx Bills.

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPDPU | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.5.1 | | | | | | | | |
| **Related Options** | IB GENERATE ECME RX BILLS “Generate ECME Rx Bills” | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPBB, IBNCPBB1 | | | | | EN^BPSNCPDP | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| Currently the fill date is used as the date of service when submitting a back-bill from IB claims tracking.  SUBMIT(IBRX,IBFIL,IBDELAY) ; Submit the Rx claim through ECME  ; IBDELAY - Delay Reason Code, passed as the 18th parameter - IB\*2.0\*435  ; IBRX - RX ien in file #52  ; IBFIL - Fill No (0 for orig fill)  N IBDT,IBNDC,IBX  I '$G(IBRX)!('$D(IBFIL)) Q "0^Invalid parameters."  S IBDT=$S('IBFIL:$$FILE^IBRXUTL(IBRX,22),1:$$SUBFILE^IBRXUTL(IBRX,IBFIL,52,.01))  S IBX=$$EN^BPSNCPDP(+IBRX,+IBFIL,IBDT,"BB",,,,,,,,,,,,,,+$G(IBDELAY))  I +IBX=0 D ECMEACT^PSOBPSU1(+IBRX,+IBFIL,"Claim submitted to 3rd party payer: IB BACK BILLING")  Q IBX | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| Also see ECME calculation of release date as found in $$DOSDATE^BPSSCRRS. Functionality is duplicated here in IB.  SUBMIT(IBRX,IBFIL,IBDELAY) ; Submit the Rx claim through ECME  ; IBDELAY - Delay Reason Code, passed as the 18th parameter - IB\*2.0\*435  ; IBRX - RX ien in file #52  ; IBFIL - Fill No (0 for orig fill)  N IBDT,IBNDC,IBX  I '$G(IBRX)!('$D(IBFIL)) Q "0^Invalid parameters."  **S IBDT=$$RXRLDT^PSOBPSUT(IBRX,IBFIL)\1 ; release date (DBIA# 4701)**  **I ‘IBDT!(IBDT>DT) S IBDT=DT ; if not released, use the current date (ePharmacy** **DOS**)  S IBX=$$EN^BPSNCPDP(+IBRX,+IBFIL,IBDT,"BB",,,,,,,,,,,,,,+$G(IBDELAY))  I +IBX=0 D ECMEACT^PSOBPSU1(+IBRX,+IBFIL,"Claim submitted to 3rd party payer: IB BACK BILLING")  Q IBX | | | | | | | | | |

###### System Feature: Billing Event Log

Requirement: Display New Drug File Fields in Billing Event Log

The IB Billing Event Log shall contain new drug file fields in the finish event for billing events that do not generate a claim because of non-billable determination.

Only include the eBillable field or Sensitive Drug field that dictated the non-billable determination.

Related: (2.9.1.1, 2.9.1.3) The related requirements describe the addition of new fields to the drug file. Three new fields are used to assess billable status for an ePharmacy claim and a fourth new field is used to assess sensitive diagnosis status for an ePharmacy claim.

**Design**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | IB NCPDP EVENT LOG (366.14), EVENT subfile (#366.141) | | | | | |
| Field Name | DRUG ECME BILLABLE | | | | | |
| Field Description | This field records whether or not the drug was ECME Billable at the time of Billing Determination for this prescription/fill. | | | | | |
| Requirements Traceability Matrix | 2.8.6.1 | | | | | |
| Field # | 7.06 | | | | | |
| Node # | 7 | | | | | |
| Piece # | 6 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Set of Codes Values | 1:YES;0:NO | | | | | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | IB NCPDP EVENT LOG (366.14), EVENT subfile (#366.141) | | | | | |
| Field Name | DRUG ECME BILLABLE TRICARE | | | | | |
| Field Description | This field records whether or not the drug was ECME Billable for TRICARE eligibility at the time of Billing Determination for this prescription/fill. | | | | | |
| Requirements Traceability Matrix | 2.8.6.1 | | | | | |
| Field # | 7.07 | | | | | |
| Node # | 7 | | | | | |
| Piece # | 7 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Set of Codes Values | 1:YES;0:NO | | | | | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | IB NCPDP EVENT LOG (366.14), EVENT subfile (#366.141) | | | | | |
| Field Name | DRUG ECME BILLABLE CHAMPVA | | | | | |
| Field Description | This field records whether or not the drug was ECME Billable for CHAMPVA eligibility at the time of Billing Determination for this prescription/fill. | | | | | |
| Requirements Traceability Matrix | 2.8.6.1 | | | | | |
| Field # | 7.08 | | | | | |
| Node # | 7 | | | | | |
| Piece # | 8 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Set of Codes Values | 1:YES;0:NO | | | | | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| File Name and Number | IB NCPDP EVENT LOG (366.14), EVENT subfile (#366.141) | | | | | |
| Field Name | DRUG SENSITIVE | | | | | |
| Field Description | This field records whether or not the drug was classified as a sensitive drug at the time of Billing Determination for this prescription/fill. | | | | | |
| Requirements Traceability Matrix | 2.8.6.1 | | | | | |
| Field # | 7.09 | | | | | |
| Node # | 7 | | | | | |
| Piece # | 9 | | | | | |
| New Field | Yes | | No | | | |
| Data Type | Date/Time | | Numeric | | Set of Codes | Free Text |
| Pointer to a File | | | | Variable-Pointer | |
| Set of Codes Values | 1:YES;0:NO | | | | | |
| Identifier | Yes | | No | | | |
| Uneditable Field | Yes | | No | | | |
| Mandatory Field | Yes | | No | | | |
| Field Documentation or Help Changes Necessary | Yes | | No | | | |
| Input Transform | N/A | | | | | |
| Cross-Reference (id and type) | Regular | Kwic | | Mnemonic | | Mumps |
| Soundex | Trigger | | Bulletin | |  |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPEV1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.6.1 | | | | | | | | |
| **Related Options** | IB BILLING EVENT LOG REPORT | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Kernel menu system | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| Procedure DSTAT is called to display the FINISH event data/IB billing determination data.  DSTAT(IBD2,IBD3,IBD4,IBINS,IBD7) ; finish event  ;input:  ;IBD2 - node ^IBCNR(366.14,D0,1,D1,2)  ;IBD3 - node ^IBCNR(366.14,D0,1,D1,3)  ;IBD4 - node ^IBCNR(366.14,D0,1,D1,4)  ;IBINS - multiple of ^IBCNR(366.14,D0,1,D1,5)  ;IBD7 - node ^IBCNR(366.14,D0,1,D1,7)  ;  N IBX,IBT,IBSC,IB1ST,IBNXT,IBEXMPV  S IB1ST=1  D CHKP^IBNCPEV Q:IBQ  ;  W !?10,"ELIGIBILITY: "  W $$EXTERNAL^DILFD(366.141,7.05,,$P(IBD7,U,5)) ; esg - 5/1/11 - IB\*2\*452  ;  W !?10,"EI/SC INDICATORS: "  F IBX=2:1 S IBT=$P($T(EXEMPT+IBX^IBNCPDP1),";",3),IBSC=$P(IBT,U,2) Q:IBSC="" S IBEXMPV=$$EXMPFLDS(IBSC,IBD4) D:IBEXMPV]""  Q:IBQ!(IBEXMPV=3)  . I IBEXMPV=3 W "overridden by the user" Q  . I 'IB1ST W "," I $X>70 D CHKP^IBNCPEV Q:IBQ W !?10 S IB1ST=1  . W " ",IBSC,":",$S(IBEXMPV=1:"Yes",IBEXMPV=0:"No",IBEXMPV=2:"No Answer",1:"?") S IB1ST=0  Q:IBQ  ;  I $P(IBD2,U,4) D CHKP^IBNCPEV Q:IBQ W !?10,"DRUG:",$$DRUGNAM(+$P(IBD2,U,4))  D CHKP^IBNCPEV Q:IBQ W !?10  W "NDC:",$S($P(IBD2,U,5):$P(IBD2,U,5),1:"No")  W ", NCPDP QTY:",$S($P(IBD2,U,14):$P(IBD2,U,14),1:"No")  W $$UNITDISP($P(IBD2,U,14),$P(IBD2,U,15)) ; display NCPDP unit type  ;  D CHKP^IBNCPEV Q:IBQ W !?10  W "BILLED QTY:",$S($P(IBD2,U,8):$P(IBD2,U,8),1:"No")  W $$UNITDISP($P(IBD2,U,8),$P(IBD2,U,13)) ; display billing unit type  W ", UNIT COST:",$S($P(IBD3,U,4):$P(IBD3,U,4),1:"No")  I $P(IBD2,U,10)]"" W ", DEA:",$P(IBD2,U,10)  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| Modi**fy the DSTAT procedure in cases where the Event is a FINISH event and the prescription is non-billable to display the new fields as stored on the 7 node in variable IBD7. Data is stored in these fields at the time of IB billing determination.**  **$P(IBD7,U,6) = ePharmacy billable flag**  **$P(IBD7,U,7) = ePharmacy billable TRICARE flag**  **$P(IBD7,U,8) = ePharmacy billable CHAMPVA flag**  **$P(IBD7,U,9) = sensitive drug flag**  **Only output the values of these fields in the case the prescription/fill is reported as being non-billable**. | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBNCPLOG | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.8.6.1 | | | | | | | | |
| **Related Options** | IB BILLING EVENT LOG REPORT; IB BILLING DETERMINATION | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | LOG^IBNCPDP2 | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| The IBIBD array values are all stored in the 366.141 subfile using this code:  ;store IBIBD array  S IBIBDTYP=""  F S IBIBDTYP=$O(IBIBD(IBIBDTYP)) Q:IBIBDTYP="" D  . D IBD(IBDTIEN,IBEVNIEN,IBIBDTYP,$G(IBIBD(IBIBDTYP)),.IBIBD) | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| 4 **nodes will be added to the IBD array in IB billing determination:**  **IBD(“DRUG-BILLABLE”)=1/0**  **IBD(“DRUG-BILLABLE TRICARE”)=1/0**  **IBD(“DRUG-BILLABLE CHAMPVA”)=1/0**  **IBD(“DRUG-SENSITIVE”)=1/0**  **4 new lines will be added to the IBD subroutine as follows to file data into the proper fields:**  **I IBIBDTYP="DRUG-BILLABLE” S IBFLDNO=7.06 G EDITIBD**  **I IBIBDTYP="DRUG-BILLABLE TRICARE” S IBFLDNO=7.07 G EDITIBD**  **I IBIBDTYP="DRUG-BILLABLE CHAMPVA” S IBFLDNO=7.08 G EDITIBD**  **I IBIBDTYP="DRUG-SENSITIVE” S IBFLDNO=7.09 G EDITIBD** | | | | | | | | | |

##### Functional Specifications for PSS

###### System Feature: Drug File

Requirement: Add ePharmacy Billable Fields to the Drug File

The Drug File (#52) shall contain three new fields for ePharmacy billable assessment which will be Yes/No fields:

* ePharmacy Billable
* ePharmacy Billable (TRICARE)
* ePharmacy Billable (CHAMPVA)

The fields will be used in Integrated Billing to assess billable status for a prescription instead basing assessment on the DEA, Special HDLG field. None of the three fields is required. A null entry for the ePharmacy Billable field will be interpreted as No.

**Design**

These new fields will be put on the “EPH” node, which holds three other ePharmacy fields and has sufficient room for the three new fields.

|  |
| --- |
| File Number and Name |
| #50, DRUG |
| Field Numbers and Names |
| #84, EPHARMACY BILLABLE |
| Field Location |
| Node “EPH”, piece 4 |
| Data Type |
| Set of Codes  0:NO  1:YES |
| Input Transform |
| None |
| Help Prompt |
| Enter ‘YES’ if this drug is billable, otherwise enter ‘NO’. |
| Description |
| This field indicates whether a prescription with this drug is billable. |

|  |
| --- |
| File Number and Name |
| #50, DRUG |
| Field Numbers and Names |
| #85, EPHARMACY BILLABLE (TRICARE) |
| Field Location |
| Node “EPH”, piece 5 |
| Data Type |
| Set of Codes  0:NO  1:YES |
| Input Transform |
| None |
| Help Prompt |
| Enter ‘YES’ if this drug is TRICARE billable, otherwise enter ‘NO’. |
| Description |
| This field indicates whether a prescription with this drug is billable. |

|  |
| --- |
| File Number and Name |
| #50, DRUG |
| Field Numbers and Names |
| #86, EPHARMACY BILLABLE (CHAMPVA) |
| Field Location |
| Node “EPH”, piece 6 |
| Data Type |
| Set of Codes  0:NO  1:YES |
| Input Transform |
| None |
| Help Prompt |
| Enter ‘YES’ if this drug is CHAMPVA billable, otherwise enter ‘NO’. |
| Description |
| This field indicates whether a prescription with this drug is billable. |

Requirement: Populate ePharmacy Billable Fields in the Drug File

During the patch installation, the system shall populate ePharmacy Billable fields according to the following chart based on values in the DEA, Special HDLG field, and remove the “E” from the DEA, Special HDLG field.

|  |  |
| --- | --- |
| **DEA, Special Handling Field Criteria** | **Billable** |
| Null | N |
| Contains "M" or "0" (Zero) | N |
| Contains “I” or “S” or “N” or “9”  and  **DOES NOT** contain “E” | N |
| Contains “I” or “S” or “N” or “9”  and **DOES** contain “E" | Y |
| All Other Entries | Y |

The chart should be evaluated from top to bottom and as soon as a line is true, stop.

Examples:

|  |  |
| --- | --- |
| **DEA, Special Handling Field** | **Billable** |
| MSE | N |
| MS | N |
| SE | Y |
| S6 | N |

**Design**

The post-install routine will look at the DEA, Special HDLG field of each entry in the Drug file (file #50, field #3), and based on the value of that field (see requirements above), it will set the new ePharmacy Billable field to be either “1” (Yes) or “0” (No). The post-install routine will also strip any instance of “E” from the DEA, Special HDLG field.

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSSY191O (whatever the post-install routine will be called) | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.9.1.2 | | | | | | | | |
| **Related Options** |  | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  |  | | | | | ^DIE, $$GET1^DIQ | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | | N/A | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | N/A | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| N/A | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| BILLABLE ; This procedure conditionally populates the three new ePharmacy  ; billable fields in the Drug file based on the value of DEA  ; Special Handling field.  ;  N PSSDEA,PSSDRIEN  ;  S PSSDRIEN=0  F S PSSDRIEN=$O(^PSDRUG(PSSDRIEN)) Q:'PSSDRIEN D I PSSDEA[“E” D EREMOVE(PSSDRIEN,PSSDEA)  . S PSSDEA=$$GET1^DIQ(50,PSSDRIEN\_",",3)  . ;  . ; Check for various values and set the three new fields accordingly.  . ;  . I PSSDEA=“” D BILLSET(PSSDRIEN,0) Q  . I PSSDEA[“M” D BILLSET(PSSDRIEN,0) Q  . I PSSDEA[“0” D BILLSET(PSSDRIEN,0) Q  . ;  . I (PSSDEA[“I”!(PSSDEA[“S”)!(PSSDEA[“N”)!(PSSDEA[“9”))&(PSSDEA’[“E”) D BILLSET(PSSDRIEN,0) Q  . ;  . ; If it gets here, then consider it billable.  . ;  . D BILLSET(PSSDRIEN,1)  . Q  Q  ;  BILLSET(PSSDRIEN,PSSYESNO) ; Set the new ePharmacy Billable field to either  ; ‘1’ (Yes) or ‘0’ (No).  ;  N DA,DIE,DR,PSSFIELD  ;  S DIE=“^PSDRUG(”  S DA=PSSDRIEN  S DR=84\_"////"\_PSSYESNO  D ^DIE  ;  Q  ;  EREMOVE(PSSDRIEN,PSSDEA) ; Remove the ‘E’ from the DEA Special Handling field.  ;  N DA,DIE,DR  ;  S PSSDEA=$TR(PSSDEA,“E”)  S DIE=“^PSDRUG(”  S DA=PSSDRIEN  S DR=“3////”\_PSSDEA  D ^DIE  ;  Q | | | | | | | | | |

Requirement: Add Sensitive Diagnosis Field to the Drug File

The Drug File (#52) shall contain a new field of Sensitive Diagnosis which will be a Yes/No field.

The field will be used in Integrated Billing to assess sensitive diagnosis status for a prescription instead of basing the assessment on the DEA, Special HDLG field. The field is not required. A null entry will be interpreted as No.

**Design**

|  |
| --- |
| File Number and Name |
| #50, DRUG |
| Field Numbers and Names |
| #87, SENSITIVE DIAGNOSIS |
| Field Location |
| Node “EPH”, piece 7 |
| Data Type |
| Set of Codes  0:NO  1:YES |
| Input Transform |
| None |
| Help Prompt |
| Enter ‘YES’ if this drug is associated with a sensitive diagnosis, otherwise enter ‘NO’. |
| Description |
| This field indicates whether this drug is associated with a sensitive diagnosis. |

Requirement: Populate the Sensitive Diagnosis Field in the Drug File

During the patch installation, the system shall populate the Sensitive Diagnosis field to Yes if the DEA, Special HDLG field contains “U”, otherwise default to No and remove the “U” from the DEA, Special HDLG field.

**Design**

The post-install routine will look at the DEA, Special HDLG field of each entry in the Drug file (file #50, field #3), and if that field contains a “U”, then the post-install routine will strip out that “U” and set the new Sensitive Diagnosis field (#87) to “1”, indicating Yes. If the DEA field does not contain a “U”, then the post-install routine will leave the new Sensitive Diagnosis field blank, indicating No. The post-install routine will also strip any instance of “U” from the DEA, Special HDLG field.

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSSY191O (whatever the post-install routine will be called) | | | | | | | | |
| **Enhancement Category** | New | Modify | | Delete | No Change | | | | |
| **RTM** | 2.9.1.4 | | | | | | | | |
| **Related Options** |  | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  |  | | | | | ^DIE, $$GET1^DIQ | | | |
| Routines | | | Activities | | | | | | |
| **Data Dictionary (DD) References** | | | None | | | | | | |
| **Related Protocols** | | | N/A | | | | | | |
| **Related Integration Control Registrations (ICRs)** | | | N/A | | | | | | |
| **Data Passing** | | | Input | | Output Reference | | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| **Output Attribute Name and Definition** | | | Name:  Definition: | | | | | | |
| Current Logic | | | | | | | | | |
| N/A | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| SENSDX ; This procedure populates the new Sensitive Diagnosis  ; field conditionally, based on the value of the DEA  ; Special Handling field. If the DEA Special Handling  ; field contains a “U”, then the Sensitive Diagnosis field  ; will be set to “1” (Yes). Otherwise, it the new field  ; will be left blank. Any instances of “U” in the DEA  ; Special Handling field will be stripped out of that field.  ;  N DA,DIE,DR,PSSDEA,PSSDRIEN  S PSSDRIEN=0  F S PSSDRIEN=$O(^PSDRUG(PSSDRIEN)) Q:'PSSDRIEN D  . S PSSDEA=$$GET1^DIQ(50,PSSDRIEN\_",",3)  . I PSSDEA["U" D  . . ;  . . ; Clear the “U” out of the DEA Special Handling field.  . . ;  . . S PSSDEA=$TR(PSSDEA,”U”)  . . S DIE=“^PSDRUG(”  . . S DA=PSSDRIEN  . . S DR=“3////”\_PSSDEA  . . D ^DIE  . . ;  . . ; Set “1” (Yes) into the new Sensitive Diagnosis field.  . . ;  . . S DIE=“^PSDRUG(”  . . S DA=PSSDRIEN  . . S DR="87////1"  . . D ^DIE  . . Q  . Q  Q | | | | | | | | | |

Requirement: User Entry of New Drug File Fields

System option Drug Enter/Edit [PSS DRUG ENTER/EDIT] shall contain prompts to allow the user to enter the new ePharmacy data at the main level.

The new ePharmacy fields are not required.

Select OPTION NAME: PSS DRUG ENTER/EDIT Drug Enter/Edit

Drug Enter/Edit

Select DRUG GENERIC NAME: NITROGLYCERIN 0.15MG TAB 100's CV250 12-14-92

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

This entry is marked for the following PHARMACY packages:

Ward Stock

GENERIC NAME: NITROGLYCERIN 0.15MG TAB 100's Replace

VA CLASSIFICATION: CV250//

DEA, SPECIAL HDLG: 6P//

DAW CODE:

NATIONAL FORMULARY INDICATOR: Not Matched To NDF

LOCAL NON-FORMULARY:

VISN NON-FORMULARY:

Select DRUG TEXT ENTRY:

Select FORMULARY ALTERNATIVE:

Select SYNONYM: 000071056824//

SYNONYM: 000071056824//

INTENDED USE: DRUG ACCOUNTABILITY//

NDC CODE: 000071-0568-24//

Select SYNONYM:

MESSAGE:

RESTRICTION:

FSN:

NDC: 00071-0568-24//

INACTIVE DATE: DEC 14,1992//

If you are planning to match to a NDF entry later or have no plan of using

the external billing function, you may skip the Service Code entry.

SERVICE CODE:

WARNING LABEL SOURCE is not 'NEW'.

WARNING LABEL will be used until the WARNING LABEL SOURCE is set to 'NEW'.

WARNING LABEL:

Current Warning labels for NITROGLYCERIN 0.15MG TAB 100's

No warnings from the new data source exist for this drug.

Verify that the drug is matched to the National Drug File.

Would you like to edit this list of warnings? N// O

ORDER UNIT: BT//

PRICE PER ORDER UNIT: 1.84//

DISPENSE UNIT: BT//

DISPENSE UNITS PER ORDER UNIT: 1//

NCPDP DISPENSE UNIT: EACH//

NCPDP QUANTITY MULTIPLIER: 1//

PRICE PER DISPENSE UNIT: 1.840

ePharmacy Billable: Y//

ePharmacy Billable (TRICARE): Y//

ePharmacy Billable (CHAMPVA): Y//

Sensitive Diagnosis: N//

This drug has been manually classed but not matched (merged with NDF).

Do you wish to match/rematch to NATIONAL DRUG file? Yes// (Yes)

This drug cannot be matched because it has an INACTIVE date.

Just a reminder...you are editing NITROGLYCERIN 0.15MG TAB 100's.

LOCAL POSSIBLE DOSAGES:

Do you want to edit Local Possible Dosages? N// O

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

This entry is marked for the following PHARMACY packages:

Ward Stock

MARK THIS DRUG AND EDIT IT FOR:

O - Outpatient

U - Unit Dose

I - IV

W - Ward Stock

D - Drug Accountability

C - Controlled Substances

X - Non-VA Med

A - ALL

Enter your choice(s) separated by commas :

Select DRUG GENERIC NAME:

**Design**

The PSSCOMMON input template will be edited to prompt for the new EPHARMACY BILLABLE fields and SENSITIVE DIAGNOSIS field from the DRUG File #50.

| Templates | Description | | | | |
| --- | --- | --- | --- | --- | --- |
| **Template Name** | PSSCOMMON | | | | |
| **Enhancement Category** | New | Modify | Delete | | No Change |
| **RTM** | 2.9.1.5. | | | | |
| **Template Type** | Sort | Input | Print | | Other |
| **Related Options** | Drug Enter/Edit [PSS DRUG ENTER/EDIT] | | | | |
| Related Routines | Routines “Called By” | | | Routines “Called” | |
|  | PSSDDUT2 | | | PSSWRNB, PSSWRNA | |
| Routines | Description | | | | |
| **Data Dictionary (DD) References** | N/A | | | | |
| **Global References** | N/A | | | | |

Requirement: Remove Help Text for “E” and “U” in Drug Enter/Edit

The help text references to “E” and “U” shall be removed from the DEA, Special HDLG field.

The user will still be able to enter “E” or “U”, but the entry should not display with help text. Remove the whole line for “E” and “U” which will be the code followed by the description.

If the user enters an “E” or “U”, display a warning message indicating the values no longer have any ePharmacy impact. Refer the user to the new fields which replace the “E” and “U” functionality.

DEA, SPECIAL HDLG: // ?

ANSWER MUST BE 1-6 CHARACTERS IN LENGTH

THE SPECIAL HANDLING CODE IS A 2 TO 6 POSTION FIELD. IF APPLICABLE,

A SCHEDULE CODE MUST APPEAR IN THE FIRST POSITION. FOR EXAMPLE,

A SCHEDULE 3 NARCOTIC WILL BE CODED '3A', A SCHEDULE 3 NON-NARCOTIC WILL BE

CODED '3C' AND A SCHEDULE 2 DEPRESSANT WILL BE CODED '2L'.

THE CODES ARE:

0 MANUFACTURED IN PHARMACY

1 SCHEDULE 1 ITEM

2 SCHEDULE 2 ITEM

3 SCHEDULE 3 ITEM

4 SCHEDULE 4 ITEM

5 SCHEDULE 5 ITEM

6 LEGEND ITEM

9 OVER-THE-COUNTER

L DEPRESSANTS AND STIMULANTS

A NARCOTICS AND ALCOHOLS

P DATED DRUGS

I INVESTIGATIONAL DRUGS

M BULK COMPOUND ITEMS

C CONTROLLED SUBSTANCES - NON NARCOTIC

R RESTRICTED ITEMS

S SUPPLY ITEMS

B ALLOW REFILL (SCH. 3, 4, 5 ONLY)

W NOT RENEWABLE

F NON REFILLABLE

~~E ELECTRONICALLY BILLABLE~~

N NUTRITIONAL SUPPLEMENT

~~U SENSITIVE DRUG~~

DEA, SPECIAL HDLG: LKLOI//

**Design**

The PSSDDUT2 utility routine has been modified to remove the help text from the DRUG File #50, DEA, SPECIAL HDLG Field #3.

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSSDDUT2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.9.1.6 | | | | | | | | |
| **Related Options** | DEA Special Handling List [PSD DEA LIST] | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  |  | | | | | PSSDEE,PSSNTEG | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | Input Transform: EDIT^PSSDDUT2 | | | | | | | | |
| **Related Protocols** | N/A. There are no protocols related to this routine. | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | ^DIC(42 supported by DBIA #10039  ^DD(59.723 supported by DBIA #2159  ^PSNDF(50.68 supported by DBIA 3735 | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: N/A There are no input attributes  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name: N/A There are no output attributes  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| D K II Q  ;;0 MANUFACTURED IN PHARMACY  ;;1 SCHEDULE 1 ITEM  ;;2 SCHEDULE 2 ITEM  ;;3 SCHEDULE 3 ITEM  ;;4 SCHEDULE 4 ITEM  ;;5 SCHEDULE 5 ITEM  ;;6 LEGEND ITEM  ;;9 OVER-THE-COUNTER  ;;L DEPRESSANTS AND STIMULANTS  ;;A NARCOTICS AND ALCOHOLS  ;;P DATED DRUGS  ;;I INVESTIGATIONAL DRUGS  ;;M BULK COMPOUND ITEMS  ;;C CONTROLLED SUBSTANCES - NON NARCOTIC  ;;R RESTRICTED ITEMS  ;;S SUPPLY ITEMS  ;;B ALLOW REFILL (SCH. 3, 4, 5 ONLY)  ;;W NOT RENEWABLE  ;;F NON REFILLABLE  ;;E ELECTRONICALLY BILLABLE  ;;N NUTRITIONAL SUPPLEMENT  ;;U SENSITIVE DRUG  ;;  EDIT ;INPUT XFORM FOR DEA FIELD IN DRUG FILE (Replaces EDIT^PSODEA)  I X["F",X["B" D EN^DDIOL("Inappropriate F designation!","","$C(7),!") K X Q  . (intermediate lines deleted to conserve space)  .  .  I $E(X)=4,X[1!(X[2)!(X[3)!(X[5) D EN^DDIOL("It contains other inappropriate schedule 1-3,5 narcotics!","","$C(7),!") K X Q  I $E(X)=5,X[1!(X[2)!(X[3)!(X[4) D EN^DDIOL("It contains other inappropriate schedule 1-4 narcotics!","","$C(7),!") K X Q  I $E(X)="E" D EN^DDIOL("Inappropriate E designation! Can only modify other codes.","","$C(7),!") K X Q  Q  ; | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| Deleted the help text lines for “E” and “U”:  D K II Q  ;;0 MANUFACTURED IN PHARMACY  ;;1 SCHEDULE 1 ITEM  ;;2 SCHEDULE 2 ITEM  ;;3 SCHEDULE 3 ITEM  ;;4 SCHEDULE 4 ITEM  ;;5 SCHEDULE 5 ITEM  ;;6 LEGEND ITEM  ;;9 OVER-THE-COUNTER  ;;L DEPRESSANTS AND STIMULANTS  ;;A NARCOTICS AND ALCOHOLS  ;;P DATED DRUGS  ;;I INVESTIGATIONAL DRUGS  ;;M BULK COMPOUND ITEMS  ;;C CONTROLLED SUBSTANCES - NON NARCOTIC  ;;R RESTRICTED ITEMS  ;;S SUPPLY ITEMS  ;;B ALLOW REFILL (SCH. 3, 4, 5 ONLY)  ;;W NOT RENEWABLE  ;;F NON REFILLABLE  ;;N NUTRITIONAL SUPPLEMENT  **;;**  EDIT ;INPUT XFORM FOR DEA FIELD IN DRUG FILE (Replaces EDIT^PSODEA)  I X["F",X["B" D EN^DDIOL("Inappropriate F designation!","","$C(7),!") K X Q  . (intermediate lines deleted to conserve space)  .  .  I $E(X)=4,X[1!(X[2)!(X[3)!(X[5) D EN^DDIOL("It contains other inappropriate schedule 1-3,5 narcotics!","","$C(7),!") K X Q  I X**[“E” D EN^DDIOL(“error message. You need to use the ePharmacy billable fields instead”).","","$C(7),!") K X Q**  **I X[“U” D EN^DDIOL(“error message. You need to use the sensitive drug field instead.” ”).","","$C(7),!") K X Q**  I $E(X)=5,X[1!(X[2)!(X[3)!(X[4) D EN^DDIOL("It contains other inappropriate schedule 1-4 narcotics!","","$C(7),!") K X Q  Q  ; | | | | | | | | | |

Requirement: Add New Drug File Fields to PSS Look

The option Lookup into Dispense Drug File [PSS LOOK] shall display the following new ePharmacy values:

* ePharmacy Billable
* ePharmacy Billable (TRICARE)
* ePharmacy Billable (CHAMPVA)
* Sensitive Diagnosis

Select DRUG GENERIC NAME: NITROGLYCERIN 0.15MG TAB

Lookup: GENERIC NAME

NITROGLYCERIN 0.15MG TAB 100's CV250 12-14-92

...OK? Yes// (Yes)

DRUG NAME: NITROGLYCERIN 0.15MG TAB 100's (IEN: 4693)

=============================================================================

ORDERABLE ITEM: NITROGLYCERIN TAB,SUBLINGUAL

ORDERABLE ITEM TEXT:

SYNONYM(S): 000071056824 Drug Accountability

MESSAGE:

-----------------------------------------------------------------------------

DEA, SPECIAL HDLG: 6P NDC: 00071-0568-24

DAW CODE: 0 - NO PRODUCT SELECTION INDICATED

CS FEDERAL SCHEDULE:

INACTIVE DATE: DEC 14,1992

WARNING LABEL SOURCE is not set to 'NEW'

NEW WARNING LABEL:

-----------------------------------------------------------------------------

ORDER UNIT: BT PRICE/ORDER UNIT: 1.84

DISPENSE UNIT: BT

DISPENSE UNITS/ORDER UNIT: 1 PRICE/DISPENSE UNIT: 1.840

NCPDP DISPENSE UNIT: EACH NCPDP QUANTITY MULTIPLIER: 1.000

ePharmacy Billable: Y//

ePharmacy Billable (TRICARE): Y// ePharmacy Billable (CHAMPVA): Y//

Sensitive Diagnosis: N//

Press Return to continue,'^' to exit:

APPL PKG USE: NONE

STRENGTH: UNIT:

POSSIBLE DOSAGES:

LOCAL POSSIBLE DOSAGES:

-----------------------------------------------------------------------------

VA CLASS: CV250 ANTIANGINALS

LOCAL NON-FORMULARY: VISN NON-FORMULARY:

National Formulary Indicator: Not Matched to NDF

Local Drug Text:

Select DRUG GENERIC NAME:

**Design**

The changes to PSSLOOK routine displays the new ePharmacy Billable (#84,#85 & #86) and Sensitive Diagnosis (#216) fields to the Drug File (#50).

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | PSSLOOK | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.9.1.7 | | | | | | | | |
| **Related Options** | Lookup into Dispense Drug File [PSS LOOK] | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | PSSWRNE | | | | | PSNAPIS,PSSDAWUT,PSSWRNE | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A There are no files that reference this routine. | | | | | | | | |
| **Related Protocols** | N/A. There are no protocols that reference this routine. | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | ^PS(50.605 supported by DBIA #2138  ^PS(50.608 supported by DBIA #2136  ^PS(50.609 supported by DBIA #2137  ^PS(50.607 supported by DBIA #2221  $$FORMRX^PSNAPIS(DA,K,.LIST) supported by DBIA #2574  $$FORMI^PSNAPIS(P1,P3) supported by DBIA #2574  $$PSJDF^PSNAPIS(P1,P3) supported by DBIA #2531  $$PSJST^PSNAPIS(P1,P3) supported by DBIA #2531  $$PROD2^PSNAPIS(P1,P3) supported by DBIA #2531  $$VAGN^PSNAPIS(P1) supported by DBIA #2531  ^PSNDF(50.68 supported by DBIA 3735  ^DIQ | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name: DRUG File #50, Fields #84, 85 & 86  Definition: These fields indicates whether a prescription with this drug is billable  Name DRUG File #50, Field #216  Definition: This field indicates whether this drug is associated with a sensitive diagnosis. | | | | | | | | |
| **Output Attribute Name and Definition** | Name: Same as input attributes  Definition: | | | | | | | | |
| Current Logic | | | | | | | | | |
| D FULL Q:$G(QUIT) W !,"NCPDP DISPENSE UNIT: ",$$GET1^DIQ(50,IFN,82),?40,"NCPDP QUANTITY MULTIPLIER: ",?67,$J($$GET1^DIQ(50,IFN,83),8,3)  D FULL Q:$G(QUIT) W !,"APPL PKG USE:" D PACK  Q | | | | | | | | | |
| Modified Logic (Changes are in bold) | | | | | | | | | |
| D FULL Q:$G(QUIT) W !,"NCPDP DISPENSE UNIT: ",$$GET1^DIQ(50,IFN,82),?40,"NCPDP QUANTITY MULTIPLIER: ",?67,$J($$GET1^DIQ(50,IFN,83),8,3)  **D FULL Q:$G(QUIT) W !,"ePharmacy Billable: ",$$GET1^DIQ(50,IFN,84)**  **D FULL Q:$G(QUIT) W !," ePharmacy Billable (TRICARE): ",$$GET1^DIQ(50,IFN,85) W ?40,"ePharmacy Billable (CHAMPVA): ",$$GET1^DIQ(50,IFN,86)**  **D FULL Q:$G(QUIT) W !,"Sensitive Diagnosis: ",$$GET1^DIQ(50,IFN,87) W !**  D FULL Q:$G(QUIT) W !,"APPL PKG USE:" D PACK  Q | | | | | | | | | |

##### Functional Specifications for HL7

###### System Feature: HL7

Requirement: Add ePharmacy HL7 Protocol

The system shall contain an ePharmacy HL7 protocol to replace the ePharmacy portion of the eInsurance HL7 protocol that is shared with ePharmacy.

The new protocol will be used for plans, processors and PBMs.

**Design**

Two new HL7 protocols will be created for the ePharmacy IB table updates used for Plans, Processors, and PBMs and their associated applications. These are IB files 366.01, 366.02, and 366.03. These table updates will be moved from the eInsurance HL7 protocols IBCNE IIV MFN IN / IBCNE IIV TABLE using sending application IIV EC and receiving application IIV VISTA. They will be moved to new HL7 protocols described below with sending application E-PHARM VITRIA and receiving application E-PHARM VISTA.

| **Protocols** | **Activities** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPSJ TABLE UPDATE INPUT | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | BPSJ TABLE UPDATE RESPONSE (subscriber) | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Event Driver |
| **Associated Routine** | BPSJHLI | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| D ^BPSJHLI | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A | | | | | | | | | | |

| **Protocols** | **Activities** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name** | BPSJ TABLE UPDATE RESPONSE | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Protocols** | BPSJ TABLE UPDATE INPUT (event driver) | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Item Text Description** | N/A | | | | | | | | | |
| **Protocol Type** | Action  Limited Protocol | | | Menu  Extended Action | | | | Protocol  Dialog | | Protocol Menu  Subscriber |
| **Associated Routine** | BPSJHLI | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| D ^BPSJHLI | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A | | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNEHLI | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.1 | | | | | | | | |
| **Related Options** | No option. Related to incoming HL7 message processing | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | HL7 client protocol IBCNE IIV TABLE; event driver protocol IBCNE IIV MFN IN | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | IBCNE IIV TABLE / IBCNE IIV MFN IN | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| EVENT MFN^M01 triggers a call to tag TBL for table updates in this routine.  TBL ; Table Update Processing  D ^IBCNEHLT  ;  I ERFLG D ERR  K ERFLG  ;  ; Send MFK Message (Application Acknowledgement)?  I HL("APAT")="AL",$G(EPHARM) D ^IBCNRMFK  Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| Remove references to calling routine IBCNRMKF which is an ePharmacy routine from this routine. This routine will no longer be used for ePharmacy processing or ePharmacy ACKs.  TBL ; Table Update Processing  D ^IBCNEHLT  ;  I ERFLG D ERR  K ERFLG  ;  **; Send MFK Message (Application Acknowledgement)? - remove**  **I HL("APAT")="AL",$G(EPHARM) D ^IBCNRMFK - remove**  Q | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPSJHLI | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.1 | | | | | | | | |
| **Related Options** | No option. Related to incoming HL7 message processing | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | HL7 client protocol BPSJ PAYER RESPONSE; event driver protocol BPSJ PAYER INPUT | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | BPSJ PAYER INPUT / BPSJ PAYER RESPONSE | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| Currently, this routine BPSJHLI processes Payer Sheet updates and is responsible for ACKs for ePharmacy registration messages. | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| W**e will add processing to this routine to be able to process the ePharmacy IB table updates for the NCPDP PROCESSOR file (366.01), PHARMACY BENEFITS MANAGER (PBM) file (366.02), and PLAN file (366.03).**  **Current processing for these IB table updates is performed in routine IBCNEHLT and IBCNRHLT. We are not allowed to modify IBCNEHLT because the eInsurance team is also making changes to this routine. So therefore we will be leaving the ePharmacy IB table update software in routine IBCNEHLT and making a copy of it and moving it to routine BPSJHLI.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRHLT | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.1 | | | | | | | | |
| **Related Options** | No option. Related to incoming HL7 message processing | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBCNEHLT (will be BPSJHLT) | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | BPSJ PAYER INPUT / BPSJ PAYER RESPONSE | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| This routine currently references the Payer file (365.12), the payer application subfile (365.121), and eInsurance routines IBCNEHLT and IBCNEHLI, and the HL7 scratch global called ^TMP($J,”IBCNEHLI”,HCT). | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| A**ll references to eInsurance routines and files and scratch globals will be removed from routine IBCNRHLT. This routine will only be to process IB table updates to the aforementioned files 366.01, 366.02, 366.03.** | | | | | | | | | |

Requirement: Separate the Plan File and Payer File

The plan file shall be separated from the payer file.

The ePharmacy Plan table (VistA file# 366.03) will remove the pointer to the Payer table (VistA file# 365.12).

The ePharmacy Application subfile will be deleted from all Payer file entries in the payer table Application subfile (subfile# 365.121). The eIV Application subfile will remain.

The VistA Payer Application dictionary (365.13) currently contains both an “IIV” entry and an “E-PHARM” entry. The “E-PHARM” entry will be deleted from this dictionary.

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBY550PO | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.2 | | | | | | | | |
| **Related Options** | KIDS – patch post installation routine | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | KIDS | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| P**art 1.**  **Loop through the Plan file in file 366.03. Global is ^IBCNR(366.03,IEN,0). The .03 field is the PAYER NAME field (pointer to file 365.12). Any data in this field - .03 field, Node 0, piece 3 – will be deleted from the database.**  **Remove the .03 field from file 366.03: This is accomplished by setting variable DIK to the file’s data dictionary global node. S DIK=”^DD(366.03,”. Variable array DA is set to the number of the field to be deleted: DA=.03, and DA(1) is set to the file number: DA(1)=366.03:**  **S DIK=”^DD(366.03,”,DA=.03,DA(1)=366.03 D ^DIK**  P**art 2.**  **Loop through the Payer file in file 365.12. Global is ^IBE(365.12,. The 365.121 Application subfile will be affected by this post-installation loop. Any payer application subfile entry for which the APPLICATION (365.121,.01) field points to the “E-PHARM” application entry in dictionary file 365.13, will be deleted. No DD changes will be made because the eIV application uses this subfile. Only the ePharmacy data subfile data will be deleted. To delete this subfile entry, set variable DIK to the full global root leading to the subfile entry, including all intervening subscripts and the terminating comma, up to, but not including, the IEN of the subfile entry to delete. Set variable DA to the subfile entry to delete. Set variable DA(1)=ien of the payer entry (file top level). Then call ^DIK to perform the deletion.**  P**art 3.**  **Delete the E-PHARM entry from file 365.13 using the ^DIK API.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRE1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.2 | | | | | | | | |
| **Related Options** | IBCNR EDIT PAYER | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Kernel menu system | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A – Routine is being deleted with this patch | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| **N/A – Routine is being deleted with this patc**h | | | | | | | | | |

| **Options** | **Activities** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Option Name** | IBCNR EDIT PAYER “Edit PAYER APPLICATION Sub-file” | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | Delete | | No Change | | | |
| **Associated Menu Options that will invoke this reference** |  | | | | | | | | | |
| **Data Passing** | Input | | Output | | | Both | | | Global Reference  Local Reference | |
| **Menu Text Description** | Edit PAYER APPLICATION Sub-file | | | | | | | | | |
| **Option Type** | Edit  Action | | | Print  Run Routine | | | | Menu  Other | | Inquire |
| **Associated Routine** | IBCNRE1 | | | | | | | | | |
| **Option Definition** |  | | | | | | | | | |
| **Current Entry Action Logic** | | | | | | | | | | |
| DO ^IBCNRE1 | | | | | | | | | | |
| **Modified Entry Action Logic (changes are in bold)** | | | | | | | | | | |
| N/A – OPTION TO BE DELETED | | | | | | | | | | |
| **Current Exit Action Logic** | | | | | | | | | | |
| N/A – OPTION TO BE DELETED | | | | | | | | | | |
| **Modified Exit Action Logic (Changes are in bold)** | | | | | | | | | | |
| N/A – OPTION TO BE DELETED | | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRE2 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.2 | | | | | | | | |
| **Related Options** | IBCNR EDIT NCPDP PROCESSOR | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | Kernel menu system | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; 365.121 PAYER APPLICATION Subfile | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| ; **366.013 NCPDP PROCESSOR APPLICATION subfile**  S**imply correcting a comment in this routine. Removing references to 365.12 in an ePharmacy routine**. | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRHLT | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.2 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | HL7 protocol for table updates | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; ZP0 (365.12 PAYER File Update Segment)  ; Called by IBCNEHLT if all of the following are true  ; \* File # (MFI Segment) = 365.12, 366.01, 366.02, or 366.03  ; \* Primary Key Value (MFE Segment) does not contain "IIV"  . S FIELDNO=$S(FILENO=365.12:1,1:3)  ADD ; Add File entry  ; 365.12 PAYER File  ADDAP ; Add APPLICATION Subfile entry  ; 365.121 PAYER APPLICATION Subfile  FILE ; File data  ; 365.12 PAYER File  FILEAP ; File APPLICATION Subfile data  ; 365.121 PAYER APPLICATION Subfile | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| R**emove all references to file 365.12 and subfile 365.121.**  **Remove all references to any IBCNE\* routines (see IBCNEHLT)**  **Remove all references to IIV or EIV.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRMFE | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.2 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | HL7 Message Processor | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| I FILENO'=365.12 S IEN=$$LOOKUP1^IBCNRFM1(FILENO,KEY)  I FILENO=365.12 S IEN=$$LOOKUP3^IBCNRFM1(FILENO,"C",KEY)  ; Error?  ; V100 = Payer ID Undefined  ; V200 = NCPDP Processor Name Undefined  ; V300 = Pharmacy Benefits Manager (PBM) Name Undefined  ; V400 = Plan ID Undefined  ; V500 = Plan ID Undefined  I FILE["Pharmacy Plan",IEN=-1 S ERROR="V500" Q  I IBCNACT'="MAD",IEN=-1 S ERROR=$S(FILENO=365.12:"V100",FILENO=366.01:"V200",FILENO=366.02:"V300",FILENO=366.03:"V400") Q  ;  S FIELDNO=$S(FILENO=365.12:1,1:3)  S FILENO1=$S(FILENO=365.12:365.13,1:FILENO+.1)  ; Error?  ; V101 = E-PHARM Application Undefined  ; V201 = E-PHARM Application Undefined  ; V301 = E-PHARM Application Undefined  ; V401 = E-PHARM Application Undefined  ; V501 = E-PHARM Application Undefined  I IBCNACT'="MAD",APIEN=-1 D Q  . S ERROR=$S(FILENO=365.12:"V101",FILENO=366.01:"V201",FILENO=366.02:"V301",FILENO=366.03:"V401")  . I FILE["Pharmacy" S ERROR="V501"  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| S **IEN=$$LOOKUP1^IBCNRFM1(FILENO,KEY)**  **I FILENO=365.12 S IEN=$$LOOKUP3^IBCNRFM1(FILENO,"C",KEY) – REMOVE THIS LINE**  ; Error?  ; **V100 = Payer ID Undefined - REMOVE**  ; V200 = NCPDP Processor Name Undefined  ; V300 = Pharmacy Benefits Manager (PBM) Name Undefined  ; V400 = Plan ID Undefined  ; V500 = Plan ID Undefined  I FILE["Pharmacy Plan",IEN=-1 S ERROR="V500" Q  I IBCNACT'="MAD",IEN=-1 S ERROR=$S(**FILENO=365.12:"V100" (REMOVE THIS CONDITION)**,FILENO=366.01:"V200",FILENO=366.02:"V300",FILENO=366.03:"V400") Q  ;  S **FIELDNO=3**  **S FILENO1=FILENO+.1**  ; Error?  ; V101 = E-PHARM Application Undefined REMOVE LINE  ; V201 = E-PHARM Application Undefined  ; V301 = E-PHARM Application Undefined  ; V401 = E-PHARM Application Undefined  ; V501 = E-PHARM Application Undefined  I IBCNACT'="MAD",APIEN=-1 D Q  . S ERROR=$S(**FILENO=365.12:"V101",**FILENO=366.01:"V201",FILENO=366.02:"V301",FILENO=366.03:"V401")  . I FILE["Pharmacy" S ERROR="V501"  ;  R**emove all references to file 365.12 and subfile 365.121.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRMFK | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.2 | | | | | | | | |
| **Related Options** | HL7 processing routine | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | HL7 processing engine | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| IBCNRMFK+15 ; Called by IBCNEHLI if all of the following are true:  IBCNRMFK+16 ; \* File # (MFI Segment) = 365.12, 366.01, 366.02, or 366.03  IBCNRMFK+17 ; \* Primary Key Value (MFE Segment) does not contain "IIV"  ERROR+1 S MESSAGE(1)="Outgoing HL7 IIV Application Acknowledgment Message error" | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| R**emove references to this routine being called by IBCNEHLI. This will no longer be true.**  **Remove reference to file 365.12 (payer file).**  **Remove reference to “IIV” as this routine will never process IIV transactions.**  **Remove error message referring to IIV application ACK error.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRU1 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.2 | | | | | | | | |
| **Related Options** | IB Billing Determination | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | IBNCPDP1 | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| . ; get PAYER  . S IBPAY=$P(PLN0,U,3) D  .. I 'IBPAY Q  .. ;check payer active  .. S AIEN=$O(^IBE(365.13,"B",IBAPP,"")) I AIEN="" Q  .. S APIEN=$O(^IBE(365.12,IBPAY,1,"B",AIEN,"")) I APIEN="" Q  .. S APDAT=$G(^IBE(365.12,IBPAY,1,APIEN,0))  .. S NA1=$P(APDAT,U,2) I NA1=0 S IBSTA="" D IBC(101)  .. S LA1=$P(APDAT,U,3) I LA1=0 S IBSTA="" D IBC(102)  .. S DA1=$P(APDAT,U,11) I DA1=1 S IBSTA="" D IBC(103)  .. Q  ; payer  S AR(101)="Payer not active, national."  S AR(102)="Payer not active, local."  S AR(103)="Payer Deactivated." | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| R**emove all code related to the Payer file and the 3rd piece of variable PLN0. This pointer will be deleted. All of the below code to be deleted.**  **. ; get PAYER**  **. S IBPAY=$P(PLN0,U,3) D**  **.. I 'IBPAY Q**  **.. ;check payer active**  **.. S AIEN=$O(^IBE(365.13,"B",IBAPP,"")) I AIEN="" Q**  **.. S APIEN=$O(^IBE(365.12,IBPAY,1,"B",AIEN,"")) I APIEN="" Q**  **.. S APDAT=$G(^IBE(365.12,IBPAY,1,APIEN,0))**  **.. S NA1=$P(APDAT,U,2) I NA1=0 S IBSTA="" D IBC(101)**  **.. S LA1=$P(APDAT,U,3) I LA1=0 S IBSTA="" D IBC(102)**  **.. S DA1=$P(APDAT,U,11) I DA1=1 S IBSTA="" D IBC(103)**  **.. Q**  A**lso remove the following AR(#) error reasons. These are not applicable for ePharmacy.**  **; payer**  **S AR(101)="Payer not active, national."**  **S AR(102)="Payer not active, local."**  **S AR(103)="Payer Deactivated."** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRZP0 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.2 | | | | | | | | |
| **Related Options** | HL7 processing | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | HL7 processing engine | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A – routine to be deleted because it only deals with ZP0 segment for 365.12 Payer file updates which will be removed. | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| N/A – **routine to be deleted because it only deals with ZP0 segment for 365.12 Payer file updates which will be removed.** | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCNRZPL | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.2 | | | | | | | | |
| **Related Options** | HL7 processing ZPL segment | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | HL7 engine processing | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| ; .03 = PAYER NAME (pointer - 365.12)  S DATA(.03)=$G(IBSEG(6))  I DATA(.03)]"" S DATA(.03)=$$LOOKUP3^IBCNRFM1(365.12,"C",DATA(.03))  ;  ; Error?  ; V415 = Payer ID Undefined  I DATA(.03)=-1 S ERROR="V415" Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| C**ode to be removed since there will no longer be a pointer to the Payer file from the Plan file.**  **; .03 = PAYER NAME (pointer - 365.12)**  **S DATA(.03)=$G(IBSEG(6))**  **I DATA(.03)]"" S DATA(.03)=$$LOOKUP3^IBCNRFM1(365.12,"C",DATA(.03))**  **;**  **; Error?**  **; V415 = Payer ID Undefined**  **I DATA(.03)=-1 S ERROR="V415" Q** | | | | | | | | | |

Requirement: Send Registration Message to AITC

When the ePharmacy patch is installed, the system shall send a new registration message to AITC to communicate that updates have occurred.

**Design**

Please see the design for section 6.2.2.2.10.1.4. The Sending of the Registration Message to AITC upon patch installation and the update of the Vitria Interface version are done concurrently in the patch post install routine.

Requirement: Update Vitria Interface Version

The Vitria Interface Version shall be updated to version 5.

**Design**

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | BPS20PST | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.10.1.4 | | | | | | | | |
| **Related Options** | KIDS patch post installation routine | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  | KIDS | | | | | N/A | | | |
| **Routines** | **Activities** | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | | | | | |
| **Current Logic** | | | | | | | | | |
| N/A – New logic for new section in patch post install routine | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| C**reate a new procedure in the patch post install routine called VERSION as follows:**  V**ERSION ; Update Vitria Interface Version and do automatic registration**  **D MES^XPDUTL(" Updating Interface Version and running registration")**  **S $P(^BPS(9002313.99,1,"VITRIA"),U,3)=5 ; update to version 5 with BPS\*1\*20**  **D TASKMAN^BPSJAREG ; perform registration with AITC**  **D MES^XPDUTL(" ")**  **Q** | | | | | | | | | |

## Network Detailed Design

N/A. This project is a VistA patch. There are no network design considerations associated with this project.

## Service Oriented Architecture / ESS Detailed Design

N/A. This project is a VistA patch. There are no service oriented architecture/ESS design considerations associated with this project.

# External System Interface Design

## Interface Architecture

N/A. This project does not include any changes to the existing interface architecture.

## Interface Detailed Design

N/A. This project does not include any new interface to or from the VistA system.

# Human-Machine Interface

This project does not modify the human-machine interface. This project is a VistA patch. The human-machine interface is conducted by existing and new VistA menu options and VistA List Manager screens.

## Interface Design Rules

N/A. This project does not include any changes to the human-machine interface design rules. There are no GUI screens.

## Inputs

N/A. This project does not include any changes to the human-machine interface – Inputs.

## Outputs

N/A. This project does not include any changes to the human-machine interface – Outputs.

## Navigation Hierarchy

N/A. This project does not include any changes to the human-machine interface – Navigation Hierarchy.

### Screen [x.1]

N/A. This project does not include any changes to the human-machine interface – Navigation Hierarchy. No GUI screens.

### Screen [x.2]

N/A. This project does not include any changes to the human-machine interface – Navigation Hierarchy. No GUI screens.

### Screen [x.3]

N/A. This project does not include any changes to the human-machine interface – Navigation Hierarchy. No GUI screens.

# Security and Privacy

This project does not add any additional security or privacy design considerations.

## Security

Security and Privacy are controlled by the VistA application and the underlying operating system. This application does not mandate any additional security or privacy requirements.

## Privacy

Security and Privacy are controlled by the VistA application and the underlying operating system. This application does not mandate any additional security or privacy requirements.

Attachment A – Approval Signatures

This section is used to document the approval of the System Design Document. The review should be conducted face to face where signatures can be obtained ‘live’ during the review. If unable to conduct a face-to-face meeting then it should be held via LiveMeeting and concurrence captured during the meeting. The Scribe should add /es/name by each position cited. Example provided below.

The Chair of the governing Integrated Project Team (IPT), Business Sponsor, IT Program Manager, and Project Manager are required to sign.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

< Integrated Project Team (IPT) Chair >

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

< Business Sponsor >

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

< IT Program Manager >

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Signed: Date:

< Project Manager >

1. Additional Information
   1. RTM

The RTM is a separate document.

* 1. Packaging and Installation

This is a VistA patch. Software packaging and installation will be performed using the standard VistA KIDS application. Because this VistA update includes multiple patches the software will be distributed via a KIDS host file.

* 1. Design Metrics

N/A. This is a VistA patch. No special design metrics were used in the design construction.

* 1. Acronym List and Glossary

Table : Glossary

| Term | Meaning |
| --- | --- |
| ADPAC | Pharmacy Automated Data Processing Application Coordinators |
| AITC | Austin Information Technology Center |
| AR | Accounts Receivable |
| BIM | Business Implementation Managers |
| CBO | Chief Business Office of the VHA |
| CFO | Chief Financial Officer |
| CHAMPVA | Civilian Health and Medical Program of the Department of Veterans Affairs |
| CMOP | Consolidated Mail Outpatient Pharmacy |
| CRI | Claims Response Inquiry |
| DoD | Department of Defense |
| DUR | Drug Utilization Review (reject code 88 – DUR Reject Error) |
| ECL | External Code List |
| ECME | Electronic Claims Management Engine |
| EDI | Electronic Data Interchange |
| ERR | VA Enterprise Requirements Repository |
| FSC | Financial Services Center |
| GUI | Graphical User Interface |
| HAC | Health Administration Center |
| HAPE | Health Administration Product Enhancements |
| HIPAA | Healthcare Insurance Portability and Accountability Act of 1996 |
| HL7 | Health Level Seven |
| IPT | Integrated Project Team |
| IRM | Information Resource Managers |
| MCCF | Medical Care Collection Fund |
| NCPDP | National Council for Prescription Drug Programs |
| NDC | National Drug Code |
| OPD | Office of Product Development |
| OPECC | Outpatient Pharmacy Electronic Claims Coordinator |
| PBM | Pharmacy Benefit Manager |
| PDM | Pharmacy Data Management |
| RSD | Requirements Specification Document |
| RTS | Refill Too Soon (reject code 79 – Refill Too Soon) |
| SQA | Software Quality Assurance |
| VAMC | VA Medical Center |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Service Network |
| VistA | Veterans Health Information Systems and Technology Architecture |

* 1. Required Technical Documents

Required technical documents are included in the References (Section 1.8).

* 1. Attach Documents

There are no attached documents.

Template Revision History

| Date | Version | Description | Author |
| --- | --- | --- | --- |
| January 2015 | 2.8 | Updated to latest Section 508 guidelines and remediated with Common Look Office Tool | Process Management |
| September 2014 | 2.7 | Adds Enterprise Shared Services terms and requires AERB Compliance Certificate attachment. | Process Management |
| August 2014 | 2.6 | Signature block update authorized by AERB CR\_018934 | Process Management |
| March 2014 | 2.5 | Section 508 repairs to new version approved by AERB Chair approved | Process Management |
| August 2013 | 2.3 | Replaced the Service Architecture sub-section with new sub-sections for consumed and provided services. Also applied miscellaneous feedback from VA team. | ASD Enterprise Shared Services (ESS) Work Group |
| June 2013 | 1.3 | Upgraded to MS Office 2007-2010 format | Process Management |
| June 2013 | 1.2 | Address inconsistencies in Section 3, Conceptual Design, Correct headings | Process Management |
| March 2013 | 1.1 | Formatted to documentation standards and edited for Section 508 conformance | Process Management |
| January 2013 | 1.0 | Initial Document | PMAS Business Office |

Place latest revisions at top of table.

The Template Revision History pertains only to the format of the template. It does not apply to the content of the document or any changes or updates to the content of the document after distribution.

The Template Revision History can be removed at the discretion of the author of the document.

Remove blank rows.

See TOGAF® 9.1, Part III: ADM Guidelines & Techniques, Gap Analysis on TOGAF website at <http://pubs.opengroup.org/architecture/togaf9-doc/arch/chap27.html>