**MCCF ePharmacy Compliance Phase 3**

Requirements Specification Document



Department of Veterans Affairs

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Version 4.0

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Revision History

Note: The revision history cycle begins once changes or enhancements are requested after the Requirements Specification Document has been baselined.

| Date | Version | Description | Author |
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Artifact Rationale

The Requirements Specification Document (RSD) records the results of the specification gathering processes carried out during the Requirements phase. The RSD is generally written by the functional analyst(s) and should provide the bulk of the information used to create the test plan and test scripts. It should be updated for each increment.

The level of detail contained in this RSD should be consistent with the size and scope of the project. It is not necessary to fill out any sections of this document that do not apply to the project. The resources necessary to create and maintain this document during the life cycle of a large project should be acknowledged and clearly reflected in project schedules. Do not duplicate data that is already defined in another document or a section in this document; note in the section where the information can be found.

Note: As of the date of submission, this document template is in compliance with ProPath v1.4 of the RSD template.

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# 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.

## Purpose

The purpose of this Requirements Specification Document (RSD) is to outline the specific requirements for the Medical Care Collection Fund (MCCF) ePharmacy Compliance Phase 3 project and comply with Health Insurance Portability and Accountability Act (HIPAA) and industry standards.

The target audience for this RSD includes Office of Enterprise Development (OED), Software Quality Assurance (SQA), the eBusiness Solutions Team, the Pharmacy Benefits Management Office (PBM), and the software end users.

## Scope

The following enhancements have been requested for ePharmacy in order to maintain compliance with legislative and federal mandates and to address gaps and inefficiencies in the current electronic pharmacy process:

* Update National Council for Prescription Drug Programs (NCPDP) fields with annual updates for the External Code List (ECL) values
* Enhance the following screens:
  + Third Party Payer Rejects - Worklist and Reject Information Screen
  + OP Medications (ACTIVE) Screen
  + Electronic Claims Management Engine (ECME) User Screen
* Add the following new reports:
  + Pharmacy Productivity/Revenue Report
  + Outpatient Pharmacy Electronic Claims Coordinator (OPECC) Productivity Report
  + Release of Information (ROI) Expiration Report
* Add a resubmission indicator
* Add new prescriptions to 3/4 days' supply calculation
* Add ePharmacy fields in the drug file
* Add a Health Level 7 (HL7) protocol for ePharmacy
* Provide general ePharmacy enhancements

## References

* **Original BRD**

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

[20140411 Medical Care Collection Fund (MCCF) ePharmacy Compliance Phase 3 BRD.doc](http://your_srver.domain.ext/warboard/ProjectDocs/MCCF_ePharmacy_Compliance_Phase3/20140411%20Medical%20Care%20Collection%20Fund%20(MCCF)%20ePharmacy%20Compliance%20Phase%203%20BRD.doc)

* **HIPAA (Health Insurance Portability and Accountability Act of 1996)**

<http://www.gpo.gov/fdsys/pkg/PLAW-104publ191/pdf/PLAW-104publ191.pdf>

* 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

* **NCPDP Documents:**
* Emergency Telecommunication ECL Value Addendum
* Data Dictionary
* External Code List
* Data Elements and Reject Codes.

# Overall Description

## Accessibility Specifications

The enhancements described in this document do not contain any specification for functionality that is affected by 508 Compliance.

## Business Rules Specification

Refer to the section on Functional Specifications for business rules.

## Design Constraints Specification

The enhanced ePharmacy system should be compliant with the regulations mandated in the HIPAA National Council for Prescription Drug Programs (NCPDP) standard version D.0.

## Disaster Recovery Specification

The enhancements described in this RSD do not impact existing disaster recovery specifications.

## Documentation Specifications

Existing user manuals will be updated as necessary to reflect the enhancements described in this document. The following manuals will be evaluated for potential changes:

* User Manual – Manager – Outpatient Pharmacy V.7.0
* User Manual – Pharmacist – Outpatient Pharmacy V.7.0
* User Manual – Technician – Outpatient Pharmacy V.7.0
* Technical Manual/Security Guide – Outpatient Pharmacy V.7.0
* Integrated Billing (IB) V.2.0 User Manual
* IB Technical Manual/Security Guide
* Electronic Claims Management Engine (ECME) User Manual
* ECME Technical Manual/Security Guide
* Consolidated Mail Outpatient Pharmacy (CMOP) User Manual – CMOP V.2.0
* CMOP Technical Manual – CMOP V.2.0
* Interface Control Documents

## 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.

#### 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.

#### 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.

#### 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.

### 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. Only display the additional information if the resubmit is initiated from Outpatient Pharmacy. Require the user to press enter to continue, after the additional information is displayed.

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.

#### 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//

#### 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.

### 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.

### 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 23, 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)

#### 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.

#### 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.

#### 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

#### 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.

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 :

#### 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.

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

#### 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 :

#### 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.

If a non-billable prescription is resubmitted from the ECME User Screen and the prescription remains non-billable, display the word RESUBMISSION even though a claim does not exist.

Related: (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

### 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 the fill number.

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.

Select Action: Next Screen//VER

Rx# 2720732 has the following fill:

Fill# Fill Date Release Date

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

0 05/21/2015 05/21/2015

Select Fill Number: 0//

#### 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.

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

If the prescription has a primary and secondary claim, give an error message:

Primary and secondary claims exist. Please contact OPECC.

Prompt the user for the fill number with a default of the most recent fill.

#### 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.

Do not prompt the pharmacist to mark the claim as non-billable and release the copay. Continue processing as if the question had been answered “NO”.

If the prescription has a primary and secondary claim, give an error message:

Primary and secondary claims exist. Please contact OPECC.

Prompt the user for the fill number with a default of the most recent fill.

Select Action: Next Screen// REV Reverse Payable Claim

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

You've chosen to REVERSE the following prescription for OPORVET,G-CNF

2.62 COLCHICINE 0.6MG 00143120110 05/06 2720684 0/000004317569 W RT AC/N

Enter REQUIRED REVERSAL REASON: ?

This response must have no more than 60 characters

and must not contain embedded up arrow.

Enter REQUIRED REVERSAL REASON: TESTING

Are you sure?(Y/N)? YES

~~Do you want to mark the claim as non-billable in Claims Tracking and release the~~

~~Patient Copay (if any)~~

~~(Yes/No)? NO~~

Processing Primary claim...

Claim Status:

Reversing...

IN PROGRESS-Building the claim

IN PROGRESS-Transmitting

E REVERSAL ACCEPTED

Reversal Accepted

1 claim reversal submitted.

### 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 RPT].

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

#### Requirement: Add Filter Questions for Productivity/Revenue Report

The Pharmacy Productivity/Revenue Report [PSO PRODUCTIVITY REVENUE RPT] 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// YES

Before continuing, please set up your terminal to capture the

detail report data and save the detail report data in a text file

to a local drive. This report may take a while to run.

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

please enter '0;256;99999' at the 'DEVICE:' prompt.

DEVICE: HOME//

#### Requirement: Functionality for the Pharmacy Productivity/Revenue Report

The Pharmacy Productivity/Revenue Report [PSO PRODUCTIVITY REVENUE RPT] shall display data fields as described.

Data fields, which may be conditional, include Prescription Number, Fill, Release Date, Date Rejected, Date Resolved, Resolved By, Action Taken, Amount Paid, Insurance Name, Drug, Rejection, Division, and Patient Name.

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 INSURANCE: 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.

If the user filters by insurance, only display claims submitted to the selected insurance.

If the refill is rejected, do not display an amount in the AMT PAID column and display “\*Not ePayable\*” in the Resolved By column on the printed report, and for the Excel download, do not display an amount in the AMT PAID column.

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 INSURANCE: 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. The ‘E-PAYABLE?’ column will have ‘Y’ only if that Rx/Fill has a status of ePayable, and otherwise it will have ‘N’.

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^E-PAYABLE?

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^Y

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

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

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

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^Y

Press Return to continue, '^' to exit:

### 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.

### 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. The Billed Amount should match the Gross Amount Due from the Claim Log.

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

## 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.

#### 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 EX Exit

P Add Pharmacy/OPECC Comment

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.

#### 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.

#### 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 EX Exit

P Add Pharmacy/OPECC Comment

Select action: Quit//

### 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.

#### 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.

### 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.

If a non-billable prescription is resubmitted from the ECME User Screen and the prescription remains non-billable, display the resubmission indicator even though a claim does not exist.

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

#### 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 REALTIME

B BACKBILLS

P PRO OPTION

S RESUBMISSION

A ALL

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

#### 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

The action will not be a multi-select action. The user must select a claim instead of a patient.

The action will only be available if there is a reject.

The OPECC Comments section will contain comments that are also shown on the ECME User screen. The Pharmacist Comments section will contain comments that are also shown on the Outpatient Pharmacy Worklist or View/Process screen. In cases where the pharmacist comments are associated with multiple reject codes, the comments will be grouped by reject code.

OPECC Reject Information 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 (Veteran)

Current ECME Status: E REJECTED

Rejects received from Payer on FEB 20, 2015@10:02:23

Code Description

21 - M/I Product/Service ID

07 - Error Reason Text for 07

876 – Error Reason Text for 876

Next Avail Fill: Feb 22, 2015

Payer Message :

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

PCN:TEST

OPECC COMMENTS

09/10/15 - SFJS DFJSLD SDFJSL FLSJ FLS

(USER, ONE)

05/12/15 - DUR Override Codes CS/00/00 submitted.

(USER, TWO)

05/12/15 - IGNORED - IGNORED FROM WL

(USER, TWO)

PHARMACIST COMMENTS

21 – M/I Product/Service ID

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

Required reject code (POSTMASTER)

- FEB 20, 2015@10:02:23 - TESTING FIRST COMMENT (USER, THREE)

07 – Reject Description for code 07

- SEP 10, 2015@09:22:02 - SLDF SDFSKFJLKSD FLSKD JFKLSDJFKLSDJ FLKS JFLSJ

DFLKSD JFLSD JFSJSJSDSFSJ LJSDLD LSLS SLFJ SLFLSDFFLJ FLK FL SJL LLDF

LSDJFLSFDL (USER, THREE)

- SEP 10, 2015@09:21:47 - HERE IS ANOTHER COMMENT LINE (USER, FOUR)

- SEP 10, 2015@09:18:49 - ANOTHER TEST COMMENT FOR REJECT CODE 21

(USER, FOUR)

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 PI Patient Information

VER View ePharmacy Rx MP Medication Profile

Select: Quit//

#### 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

After selecting PI Pat Information, display the Patient Information Screen with only the standard ListMan actions.

After selecting MP Medication Profile, do not display actions for PI Patient Information or PU Patient Record Update.

#### 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.

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

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

This action should be used in instances where the payer shows the

claim was reversed and VistA shows a payable claim. This action will

NOT submit a reversal regardless of the current VistA claim status.

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

Select item(s):

This action is not available if a bill exists and the bill is not in a status of CANCELLATION or CANCELLED BILL.

You've chosen to RESUBMIT W/O REVERSAL the following Rx for PATIENT,ONE

  1.1   ALBUMIN 25% 50ML  000537XXXXX 09/25 100XXX      0/000000111XXX W RS AC/R

Are you sure?(Y/N)? YES

    Rx# 100XXX was previously billed.

    Please review bill# K50XXXX to determine if it should be cancelled.

    The claim cannot be resubmitted without a reversal to ECME unless the

    existing bill is cancelled.

Cannot submit to ECME using Resubmit Claim w/o Reversal.

#### 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].

#### 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].

#### 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].

#### 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].

#### 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//

### 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. Do not display an ECME number or date of service.

Answers to Change View questions that apply to billable claims should not affect the display of non-billable entries. For example, if the user changes the answers to Change View questions to display Rejects only, continue to display non-billable entries with the billable rejected claims.

4.3 GAVISCON CHEWABLE 00088117547 100815 0/ W RT AC/N

p-Non-Billable/Closed

eT:TRICARE-DRUG NON BILLABLE (NO ACTIVE/VALID ROI FOR DRUG OR INSURNC)

#### 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.

4.4 MILK OF MAGNESIA 00349821742 100820 0/ W RT AC/N

p-Non-Billable/Open

eC:CHAMPVA-DRUG NON BILLABLE (DRUG NOT BILLABLE)

#### 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:

#### 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.

The non-billable entries are the only entries affected by the answer to the new question. Do not limit the display of billable claims based on the new question.

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//

#### 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:

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:

RER Resubmit Claim w/o Reversal

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

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

This action should be used in instances where the payer shows the

claim was reversed and VistA shows a payable claim. This action will

NOT submit a reversal regardless of the current VistA claim status.

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

Select item(s): 1.1

You've chosen to RESUBMIT W/O REVERSAL the following Rx for PATIENT,ONE

1.8 ARTIFICIAL TEARS 00536197072 100877 0/ W RS AC/N

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

>> Cannot Resubmit w/o Reversal

1.8 ARTIFICIAL TEARS 00536197072 100877 0/ W RS AC/N

because this is a NON BILLABLE entry. Please use the RES action instead.

0 claims have been resubmitted.

Enter RETURN to continue or '^' to exit:

### 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^$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.

### 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].

#### 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:

#### 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):

#### 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

### 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, (B)ackbills, (P)RO Option, 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 Bill 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 |
| BPS RPT TOTALS BY DAY | Totals By Date | Update Bill Type to show RS when appropriate Add RS Bill Type to filter and report header Update Excel output |

### 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.

### 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].

#### 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//

Export the report to Microsoft Excel (Y/N)? NO// YES

Before continuing, please set up your terminal to capture the

detail report data and save the detail report data in a text file

to a local drive. This report may take a while to run.

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

please enter '0;256;99999' at the 'DEVICE:' prompt.

DEVICE: HOME//

#### 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.

A transaction is anything that results in a claim submission from the ECME User Screen or any back billing claim submission from Claims Tracking or the PRO Process Secondary/TRICARE Rx to ECME option. An OPECC action of open/close claim is not considered a transaction for the OPECC productivity report.

After the report prints, require the user to press enter to continue back to the menu.

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# COB DOS TRANS DATE PAID AMT

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

DIVISION: DIV ONE

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

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

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

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

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

BPSUSER,ONE PAYABLE 3 3 VET 2720638 0/000004317518 P 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 P 3/23/15 03/23/15 0.00

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

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

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

BPSUSER,ONE PAYABLE 3 3 VET 2720638 0/000004317518 P 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# COB DOS TRANS DATE PAID AMT

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

USER NAME: BPSUSER,ONE

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

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

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

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

BPSUSER,ONE PAYABLE 3 3 VET 2720638 0/000004317518 P 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#^COB^DOS^TRANS DATE^PAID AMT

DIV ONE^BPSUSER,ONE^REJECTED^1^1^VET^2720644^0^000004317524^P^3/23/15^0.00

DIV ONE^BPSUSER,TWO^PAYABLE^1^1^TRI^2720645^0^000004317525^S^3/23/15^10.00

DIV ONE^BPSUSER,TWO^PAYABLE^1^1^CVA^2720646^0^000004317526^P^3/23/15^10.00

DIV ONE^BPSUSER,ONE^REVERSAL ACCEPTED^1^1^VET^2720647^0^000004317527^P^3/23/15^0.00

DIV ONE^BPSUSER,ONE^PAYABLE^1^1^VET^2720648^0^000004317528^P^3/23/15^10.00

Press Return to continue, '^' to exit:

#### Requirement: Security Key for the OPECC Productivity Report

The OPECC Productivity Report [BPS OPECC PRODUCTIVITY REPORT] shall require new security key BPS SUPERVISOR.

### 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.

#### Requirement: Support NCPDP Reject Codes

The system shall support new and modified reject codes for NCPDP Telecommunications versions E.0 through the current version.

#### 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.

## 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.

The expiration date cannot be earlier than the effective date.

#### 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.

The expiration date cannot be earlier than the effective date.

#### Requirement: Add Report Name of Release of Information Expiration Report to Menu for User Selection

The e-Pharmacy Menu [IBCNR E-PHARMACY MENU] shall contain a new report option of RER Release of Information Expiration Report [IBCNR ROI EXPIRATION REPORT] without requiring a security key.

#### Requirement: Release of Information Expiration Report Filters

The Release of Information 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

The beginning expiration date will have a default of T-180 and the ending expiration date will have a default of T+60.

Also allow the user to select an Excel output format.

Beginning Expiration Date: T-180//

Ending Expiration Date: T+60//

Select one of the following:

A Active

I Inactive

B Both

Display (A)ctive or (I)nactive or (B)oth ROI Status: Both// Active

Export the report to Microsoft Excel (Y/N)? NO// YES

Before continuing, please set up your terminal to capture the

detail report data and save the detail report data in a text file

to a local drive. This report may take a while to run.

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

please enter '0;256;99999' at the 'DEVICE:' prompt.

DEVICE: HOME//

#### Requirement: Functionality for Release of Information Expiration Report

The Release of Information Expiration Report [IBCNR ROI EXPIRATION REPORT] shall display patient name, insurance name, date of death, effective date, expiration date, date added, status and the drug.

Sort the report by the expiration date, in reverse chronological order.

Release of Information Expiration Report Page: 1

Date Range: 01/10/2013 - 07/03/2018 Run Date: Oct 07, 2015@17:35:32

Status: All

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

Date of Eff. Exp. Date

Patient Name Death Date Date St Added Insurance Name Drug Name

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

OPPATIENT,FIVE(9999)P 7/17/15 11/30/14 03/12/15 A 11/01/14 ABC INSURANCE COMPANY ACETAMINOPHEN 325MG TAB

REPORT HAS FINISHED

Press Return to continue, '^' to exit:

### 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.

### 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

#### 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

#### 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

### 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.

#### Requirement: Determine Sensitive Diagnosis Drug for Pharmacy Claim

IB Billing Determination shall use the new Sensitive Diagnosis Drug field to assess sensitive diagnosis instead of using the DEA, Special HDLG field.

Related: (2.9.1.3) The related requirement describes the addition of a new field to the drug file. The new field is used to assess sensitive diagnosis status for an ePharmacy claim.

#### Requirement: Reason Non-Billable for ROI

When the system automatically populates the reason non-billable and the associated free text reason for ROI, the system shall use “ROI NOT OBTAINED” instead of “REFUSES TO SIGN RELEASE (ROI)” and free text reason “NO ACTIVE/VALID ROI FOR DRUG OR INSURANCE”.

### 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.

### 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.

## Functional Specifications for PSS

### System Feature: Drug File

#### Requirement: Add ePharmacy Billable Fields to the Drug File

The Drug File (#50) 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 of 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.

Related: (2.8.4.1) The related requirement describes the way Billing Determination will interpret the new billable fields.

#### 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.

Populate the parent billable field using the chart, but do not put a value in the TRICARE and CHAMPVA billable fields. The TRICARE and CHAMPVA billable fields will remain null until a user enters a value.

|  |  |
| --- | --- |
| **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 |

#### Requirement: Add Sensitive Diagnosis Drug Field to the Drug File

The Drug File (#50) shall contain a new field of Sensitive Diagnosis Drug 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.

Related: (2.8.4.2) The related requirement describes the way Billing Determination will interpret the new sensitive diagnosis drug field.

#### Requirement: Populate the Sensitive Diagnosis Drug Field in the Drug File

During the patch installation, the system shall populate the Sensitive Diagnosis Drug 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.

#### 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//

ePharmacy Billable: Y//

ePharmacy Billable (TRICARE): Y//

ePharmacy Billable (CHAMPVA): Y//

Sensitive Diagnosis Drug: N//

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//

Included help text for single and double question marks.

EPHARMACY BILLABLE: YES// ?

     Enter 'YES' if this drug is billable, otherwise enter 'NO'.

EPHARMACY BILLABLE: YES// ??

        This field indicates whether a prescription for this drug is billable. In general, OTCs and supplies are not covered, except insulin, glucose test strips, insulin syringes and needles.  Some plans cover preventative care OTC products.  A review of the Payable Claims Report may help determine if a product marked as billable is covered.

EPHARMACY BILLABLE (TRICARE): ?

     Enter 'YES' if this drug is TRICARE billable, otherwise enter 'NO'. If unanswered, it will default to the response for the general “EPHARMACY BILLABLE” field.

EPHARMACY BILLABLE (TRICARE): ??

        This field indicates whether a prescription for this drug is TRICARE billable. In general, OTCs and supplies are not covered, except insulin, glucose test strips, insulin syringes, needles and inhaler spacers.  If unsure mark as billable and change if prescriptions reject as not covered.

EPHARMACY BILLABLE (CHAMPVA): ?

     Enter 'YES' if this drug is CHAMPVA billable, otherwise enter 'NO'. If unanswered, it will default to the response for the general “EPHARMACY BILLABLE” field.

EPHARMACY BILLABLE (CHAMPVA): ??

        This field indicates whether a prescription for this drug is CHAMPVA billable.  In general, OTCs and supplies are not covered, except insulin, glucose test strips, insulin syringes, needles and inhaler spacers.  If unsure mark as billable and change if prescriptions reject as not covered.

SENSITIVE DIAGNOSIS DRUG: ?

     Enter 'YES' if this drug is used EXCLUSIVELY to treat a sensitive diagnosis,

     otherwise enter 'NO'.

SENSITIVE DIAGNOSIS DRUG: ??

        This field indicates whether this drug is used EXCLUSIVELY to treat one of the VA’s sensitive diagnoses, HIV, drug abuse, alcohol abuse and Sickle Cell anemia.

#### 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 entries of “E” and “U” should not display with help text. Remove the whole line for “E” and “U” in the help text, which will be the code followed by the description.

If the user enters an “E” or “U” in the DEA, Special HDLG field, 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. The warning messages are as follows:

Note: Adding U has no ePharmacy impact. Use the Sensitive Diagnosis Drug field.

Note: Adding E has no ePharmacy impact. Use the ePharmacy Billable fields.

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//

#### 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 Drug

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 Drug: 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:

### System Feature: Post Installation Report

#### Requirement: Create Post Installation Report

The system shall generate one post installation report showing the value of the DEA Special HDLG field before the patch is installed and the value of the DEA Special HDLG field after the patch is installed and the “E” and “U” characters are removed.

A drug will only be on the report if the value for the DEA Special HDLG field is changed for that drug.

#### Requirement: Mail the Post Installation Report

The system shall send the post installation report via MailMan to any individual holding the PSO EPHARMACY SITE MANAGER key.

In addition, distribute to the patch installer and .

From: [PSS.1.192.POST@DIRXXX.FO-XXXX.DOMAIN.EXT](mailto:PSS.1.192.POST@DIRXXX.FO-XXXX.DOMAIN.EXT) [<mailto:PSS.1.192.POST@DIRXXX.FO-XXXX.DOMAIN.EXT>]   
Sent: Friday, October 09, 2015 9:47 PM  
To: LASTNAME, USER: [LASTNAME.USER@DIRYYY.FO-YYYY.DOMAIN.EXT](mailto:LASTNAME.USER@DIRYYY.FO-YYYY.DOMAIN.EXT)  
Subject: ePharmacy Drug File Changes: PSS\*1\*192 #999 #SITE NAME USA

VistA patch PSS\*1\*192 was successfully installed at your site.

        Name: SITE NAME USA (SNUSA)

    Station#: 999

   Date/Time: 10/09/2015 9:46 pm

          By: LASTNAME,USER

The following entries in your DRUG file (#50) have been modified to remove

characters "E" Electronically Billable and "U" Sensitive Diagnosis from the

DEA, Special Handling field. The functions of both characters have been

replaced by the following new DRUG file (#50) fields to maintain consistency

throughout the VA:

     (Field #84)   ePharmacy Billable:

     (Field #85)     ePharmacy Billable (TRICARE):

     (Field #86)     ePharmacy Billable (CHAMPVA):

     (Field #87)   Sensitive Diagnosis Drug:

1.  The ePharmacy Billable field and the Sensitive Diagnosis Drug field have

    been answered YES or NO based on the data in the DEA, Special Handling

    field.

2.  Drug file entries without the E and U were also marked as ePharmacy

    Billable Yes or No, depending on the existing DEA, Special Handling field

    configuration at the time PSS\*1\*192 was loaded, using the following

    criteria:

        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

3.  It is an exception to have a Null DEA, Special Handling field for a Drug

    file item.  If you have items on this list whose DEA, Special Handling

    field was null, it is suggested that you populate the DEA, Special Handling

    field and mark those items as billable, if appropriate.

    Here is a Legend for the existing DEA, Special Handling field values:

         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

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

                                             DEA Special Handling Field

GENERIC NAME                                OLD        NEW       REMOVED

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

CATHETER 18FR 5CC BALLOON (EA) SEU S EU

ISOSORBIDE MONONITRATE 60MG SA 6U 6 U

LIDOCAINE 2GM IN D5W 500ML 6U 6 U

METHADONE 10MG/ML 2APU 2AP U

OFLOXACIN 400MG TAB 6UE 6 EU

PRECISION Q-I-D GLUCOSE TEST S SE S E

RIFABUTIN 150MG CAP 6U 6 U

Total Drugs Modified: 7

No other changes were made to the DEA, Special Handling field for any other Drug File entries.

The following drugs do not have any value in the DEA Special Handling Field.

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

GENERIC NAME

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

IBERSARTAN 300MG TAB

NITROGLYCERIN 0.4MG SL TAB

PHENOBARBITAL 20MG/5ML ELIXIR

Total Drugs with Blank DEA Special Handling: 3

## 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.

#### 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.

#### 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.

#### Requirement: Update Vitria Interface Version

The Vitria Interface Version shall be updated to version 5.

## Graphical User Interface (GUI) Specifications

The enhancements described in this document do not contain any specification for functionality that uses a GUI front end.

## Multi-divisional Specifications

The enhancements described in this document will preserve the multi-divisional functionality that currently exists.

## Performance Specifications

The enhancements described in this document should have negligible effect on performance.

## Quality Attributes Specification

The project team will adhere to the standards set forth in The Department of Veterans Affairs M Programming Standards and Conventions.

## Reliability Specifications

The enhancements described in this document should have negligible effect on reliability.

## Scope Integration

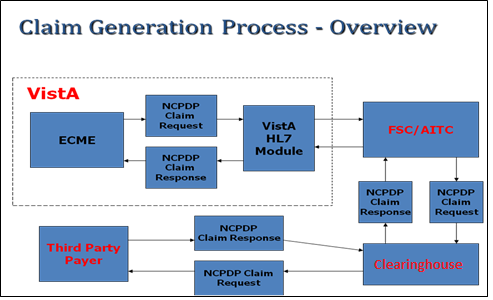


Figure 1 - Claim Generation Process - Overview

The requirements referenced in this RSD will follow current business processes. No business processes will be modified.

## Security Specifications

The project will adhere to all VA and VHA security requirements. Crosscutting security requirements are contained in the VA Enterprise Requirements Repository (ERR).

## System Features

Refer to the section on Functional Specifications for system feature information.

## Usability Specifications

The enhancements described in this document should have negligible effect on usability, such as the time required for a normal user to learn the system and become productive.

# Applicable Standards

The following standards are referenced. Refer to the section of References for additional information on each standard listed.

* HIPAA (Health Insurance Portability and Accountability Act of 1996)
* 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
* The Department of Veterans Affairs M Programming Standards and Conventions

# Interfaces

## Communications Interfaces

The VistA ePharmacy system at each VA Medical Center communicates with the Financial Services Center in Austin, TX via HL7 messaging.

## Hardware Interfaces

Existing hardware interfaces will not be affected by the enhancements described in this document.

## Software Interfaces

Existing software interfaces will not be affected by the enhancements described in this document. Refer to the section of Scope of Integration for identification of software interfaces.

## User Interfaces

Existing user interfaces will not be affected by the enhancements described in this document.

# Legal, Copyright, and Other Notices

This section is not applicable. The enhancements described in this document do not require notices such as legal disclaimers and copyright notices.

# Purchased Components

The enhancements described in this document do not require purchased components.

# User Class Characteristics

| **Name** | **Description** | **Responsibilities** |
| --- | --- | --- |
| Primary Users | Pharmacists  Pharmacy Automated Data Processing Application Coordinators (ADPAC)  Outpatient Pharmacy Electronic Claims Coordinator (OPECC) | Perform pharmacy eligibility inquiries  Submit pharmacy claim transactions and resolve rejects |
| FSC  Clearinghouses | Act as a transmission intermediary between VAMCs and the Clearinghouses  Provide technical support at the clearinghouse to format electronic transactions into NCPDP standards using Electronic Claims Management Engine (ECME)  Act as a transmission intermediary between ECME and third party payers  Transmit NCPDP formatted transactions to third party payer systems |
| Secondary Users | Chief Financial Officer (CFO)  Chief of Pharmacy Services  PBMs  Veterans Integrated Service Network (VISN) Business Implementation Managers (BIM)  CBO | Define, communicate and enforce new business procedures  Encourage staff adoption of new technologies  Manage resources and finances |
| Medical Care Cost Fund (MCCF) Coordinators  Insurance  Billing  Accounts Receivable (AR) staff | Receive, confirm, and follow up on pharmacy remittances. |
| Information Resource Managers (IRM) | Resolve issues and support end user community. |
| Veterans | Receive timely first party statements on recently dispensed prescriptions. |

# Estimation

The following placeholders for the Function Point Analysis Results Table will be replaced with actual functional point analysis data when that data becomes available.

Project Software Functional Size and Size-Based Effort and Duration Estimate

Application

| Item | A | B | C | D | E | Total |
| --- | --- | --- | --- | --- | --- | --- |
| **Counted Function Points** |  |  |  |  |  |  |
| **Estimated Scope Growth** |  |  |  |  |  |  |
| **Estimated Size at Release** |  |  |  |  |  |  |

| Size-Based Effort Estimates | Labor Hours | Probability |
| --- | --- | --- |
| **Low-Effort Estimate – With indicated probability, project will consume no more than:** |  |  |
| **High-Effort Estimate – With indicated probability, project will consume no more than:** |  |  |

| Size-Based Duration Estimates | Work Days | Probability |
| --- | --- | --- |
| **Low-Duration Estimate – With indicated probability, project will consume no more than:** |  |  |
| **High-Duration Estimate -- With indicated probability, project will consume no more than:** |  |  |

Figure 2: Cumulative Probability (“S-curve”) Chart

[Insert Cumulative Probability (“S-curve”) Charts here]

# Approval Signatures

REVIEW DATE:

SCRIBE:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Integrated Project Team (IPT) Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Sponsor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IT Program Manager Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager Date

Appendix A Use Case Specification

Use Cases will not be created for this project.

Appendix B Acronym List and Glossary

Glossary

| Term | Meaning |
| --- | --- |
| ADPAC | Automated Data Processing Application Coordinator |
| AR | Accounts Receivable |
| BIM | Business Implementation Manager |
| BRD | Business Requirements Document |
| CHAMPVA | Civilian Health and Medical Program of the Department of Veterans Affairs |
| CBO | Chief Business Office |
| CFO | Chief Financial Officer |
| CFR | Code of Federal Regulations |
| CMOP | Consolidated Mail Outpatient Pharmacy |
| COTS | Commercial off the Shelf Software |
| DEA | Drug Enforcement Agency |
| DUR | Drug Utilization Review |
| ECL | External Code List |
| ECME | Electronic Claims Management Engine |
| ERR | Enterprise Requirements Repository |
| FSC | Financial Services Center |
| GUI | Graphical User Interface |
| HHS | Health and Human Services |
| HIPAA | Health Insurance Portability and Accountability Act |
| HL7 | Health Level 7 |
| ICD | International Classification of Diseases |
| IRM | Information Resource Manager |
| MCCF | Medical Care Collections Fund |
| NCPDP | National Council of Prescription Drug Programs |
| NDC | National Drug Code |
| OED | Office of Enterprise Development |
| OPECC | Outpatient Pharmacy Electronic Claims Coordinator |
| PBM | Pharmacy Benefits Manager |
| PCN | Processor Control Number |
| PCS | Procedure Coding System |
| PPACA | Patient Protection and Affordable Care Act |
| RNB | Reason Non-Billable |
| ROI | Release of Information |
| RRR | Reject Resolution Required |
| RSD | Requirements Specification Document |
| SQA | Software Quality Assurance |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Services Network |
| VistA | Veterans Health Integrated Systems Technology Architecture |

**Appendix C Requirements Out of Scope**

The requirement meeting was held with Stakeholders in Leavenworth, KS from March 3 to March 4, 2015. These following requirements were dropped as a result of that meeting and subsequent follow up meetings.

| **BRD REQ. #** | **Requirement Text from BRD** |
| --- | --- |
| **5.1** | Provide the ability to automatically update DEA, Special HDLG fields in facility Drug files via a central process. |
| **5.2** | Provide the ability to automatically update the NCPDP Quantity Multiplier in facility Drug files via a central process. |
| **5.3** | Provide the ability to automatically update the NCPDP Dispense Unit in facility Drug files via a central process. |
| **5.4** | Provide the ability to allow a separate NCPDP Quantity Multiplier and NCPDP Dispense Unit for each entry in the Synonym File. |
| **6.4** | Modify billing determination hierarchy to check for patient insurance before checking for billable product. |
| **6.5** | Modify functionality to ensure prescriptions related to Camp Lejeune are not submitted to third party payers. |
| **7.5** | Modify the functionality for the Billed Amount in Integrated Billing to pull from the Gross Amount Due field in ECME. |
| **9.1** | Modify functionality to store original manufacturers National Drug Code (NDC) from CMOP in the prescription file. |
| **9.2** | Maintain functionality to store CMOP repackaged NDC in the prescription file. |
| **9.3** | Provide the ability to transmit the original manufacturers NDC from CMOP. |
| **9.6** | Enhance functionality to optimize the use of Health Plan Identifier (HPID) in order to address CMS Requirements. |

Template Revision History

| Date | Version | Description | Author |
| --- | --- | --- | --- |
| December 2014 | 1.4 | Updated to conform with latest Section 508 guidelines and remediated with Common Look Office tool | Process Management |
| May 2014 | 1.3 | Reordered cover sheet to clarify results of artifact searches | Process Management |
| May 2013 | 1.2 | Add Appendix for acronyms and glossary | Process Management |
| March 2013 | 1.1 | Formatted to current ProPath documentation standards and edited to conform with latest Alternative Text (Section 508) guidelines | Process Management |
| January 2013 | 1.0 | Initial Version | PMAS Business Office |