ELECTRONIC CLAIMS MANAGEMENT ENGINE (ECME)

TECHNICAL MANUAL/ SECURITY GUIDE

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Introduction

Description of ECME Technical Guide

The Electronic Claims Management Engine (ECME) Technical Guide describes the technical and security aspects of the ECME V. 1.0 application. Its intended audience includes Health Systems Design & Development (HSD&D) developers and members of the Pharmacy Automated Data Processing Application Coordinator (ADPAC) and Information Resources Management Service (IRMS) staff. Users can find ECME V. 1.0 documentation, including any subsequent change pages affecting this guide, on the Veterans Health Information Systems and Technology Architecture (VistA) documentation library at http://www.va.gov/vdl.

The ECME V. 1.0 application generates electronic claims in National Council for Prescription Drug Programs (NCPDP) in version D.0 format based on the Outpatient Pharmacy V. 7.0 workflow. Claims will also be processed in version 5.1 format until all payers switch to NCPDP version D.0.

ECME V. 1.0 performs the following tasks:

- It allows pharmacy users to submit, resubmit, and reverse electronic claims.
- It provides reports for end users and management on claims status, transaction history, and system configuration standings.
- It allows Pharmacy ADPACs and IRMs to configure ECME to pharmacy site specifications.
- It allows users to submit eligibility verification transmissions for pharmacy insurance.

The ECME package was originally released in two phases, a dormant phase (released on 10/20/2004) and an active phase. The BPS 1.0 Master Build is the dormant phase, releasing the ECME V. 1.0 package (which occupies the BPS namespace) in a dormant state and enhancing Integrated Billing (IB) V. 2, so that the user can link pharmacy groups with insurance group plans. Also, during the dormant phase, each site should have already registered their pharmacy with the Financial Services Center (FSC).

The active phase allows the ECME V. 1.0 package to produce electronic claims. These changes allow the VistA software applications to electronically transmit outpatient pharmacy prescription claims to payers and to receive claim responses (which include Drug Utilization Responses (DURs) and warnings) on a real-time basis and in accordance with Healthcare Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) transactions and NCPDP mandated format standards, specifically NCPDP Telecommunication Standard V. 5.1. A later release added the capability of sending claims in the NCPDP Telecommunication Standard V. D.0.

ECME V. 1.0 claims processing begins when events within Outpatient Pharmacy V. 7.0 meet specific criteria that indicate the system should generate an electronic claim. To build a claim through ECME V. 1.0, the following must occur:

1. The patient must be registered.
2. The patient must have pharmacy insurance coverage.
3. The patient must have a prescription for a non-service connected condition and with a billable drug.

Logic embedded within ECME V. 1.0 manages the creation of the electronic claim, which requires integration with Integrated Billing (IB) V. 2.0, Pharmacy Data Management (PDM) V. 1.0, and the National Drug File (NDF) V. 4.0. ECME V. 1.0 also generates claims during Consolidated Mail Outpatient Pharmacy (CMOP) V. 2.0 processing for prescriptions that meet billing requirements; the prescriptions are suspended for CMOP fills.

The Veterans Health Administration (VHA) developed the ECME V. 1.0 software in order to comply with the Health Insurance Portability and Accountability Act of 1996, which requires health care providers to electronically transmit outpatient pharmacy prescription claims to payers in the NCPDP format and to receive responses on a real-time basis. ECME V. 1.0 was derived from the Pharmacy Point of Sale V. 1.0 (POS) application developed by the Indian Health Service (IHS).

Orientation

This guide consistently uses the following notation to enhance readability.

- Screen prompts are denoted with quotation marks around them.
  Example: the "Press ENTER to continue" prompt will display next.

- Menu options are italicized.
  Example: The *Payable Claims Report* option lists payable electronic claims in billed and paid amounts.

- Responses in bold face denote user input.
  Example: Select ECME Option: **RPT**

- **<Enter>** indicates the user must press the Enter key (or Return key on some keyboards).
  Example: Type **Y** for Yes or **N** for No and press **<Enter>**

- **<Tab>** indicates the user must press the Tab key.
  Example: Press **<Tab>** to move the cursor to the next field.

- **Note:** Indicates especially important or helpful information.

- Options are locked with a particular security key. The user must hold the particular security key to be able to perform the menu option.
  Example: The user cannot access the Pharmacy ECME Manager Menu options without the BPS MANAGER key.

- The page symbol indicates a referral to a diagram.

- **?**, **??**, **???** The user can enter one, two or three question marks at any prompt to get online help. One question mark briefly states what information is appropriate for the prompt. Two question marks provide more detailed help, plus hidden actions, and three question marks give the most detailed help, including a list of possible answers, if appropriate.

Users can obtain online help in the following ways.

- Enter a question mark (?) for assistance in choosing actions at a prompt.
- Use the kernel routine, XINDEX, to produce detailed listings of the routines.
- Use VA FileMan to generate listings of data dictionaries for the files.

List of Related Documentation

Electronic Claims Management Engine V. 1.0 User Manual

Outpatient Pharmacy V. 7.0 Technical Manual/Security Guide Change Pages

Outpatient Pharmacy V. 7.0 User Manual Change Pages

HIPAA NCPDP Connection for EDI Pharmacy (Active Release) Installation Guide

HIPAA NCPDP Connection for EDI Pharmacy (Active Release) Release Notes

HIPAA NCPDP IB/AR Release Notes

PDM Technical Manual/Security Guide Change Pages

PDM User's Manual Change Pages

CMOP Technical Manual Change Pages

CMOP User's Manual Change Pages

Technical Manual

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1. ECME V. 1.0 Menus

The complete list of Electronic Claims Management Engine (ECME) V. 1.0 menu options is shown below. The Claims Coordinator needs to access all ECME V. 1.0 options.

To view the complete ECME V. 1.0 menu structure, the user must hold the BPSMENU, BPS USER, BPS MANAGER, BPS MASTER and BPS REPORTS keys.

U **Claims Data Entry Screen**

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

MGR **Pharmacy ECME Manager Menu . . .**
- **MNT** **ECME transaction maintenance options …**
  - UNS View/Unstrand Claims Not Completed
  - ROC Re-Open CLOSED Claim
  - NON Drugs non covered report
- **SET** **Pharmacy ECME Setup Menu ...**
  - BAS Edit Basic ECME Parameters
  - PHAR Edit ECME Pharmacy Data
  - REG Register Pharmacy with Austin Automation Center
- STAT Statistics Screen

RPT **Pharmacy Electronic Claims Reports . . .**
- **CLA** **Claim Results and Status . . .**
  - PAY Payable Claims Report
  - REJ Rejected Claims Report
  - ECMP COMP/ECME Activity Report
  - REV Reversal Claims Report
  - NYR Claims Submitted, Not Yet Released
  - REC Recent Transactions
  - DAY Totals by Date
  - CLO Closed Claims Report
  - SPA Spending Account Report
- **OTH** **Other Reports . . .**
  - CRI ECME Claims-Response Inquiry
  - PAY Payer Sheet Detail Report
  - PHAR ECME Setup - Pharmacies Report
  - TAT Turn-around time statistics

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2. Implementation and Maintenance

2.1 Site Parameters

The site parameters consist of the editing of the basic pharmacy Electronic Claims Management Engine (ECME) parameters and the association of the outpatient sites with the ECME pharmacy.

2.2 Editing the Basic Pharmacy ECME Parameters

The *Edit Basic Pharmacy ECME Parameters* option allows the user to determine how long progress messages will display on the screen when claims are being processed in the foreground.

To edit this parameter, use the following menu path:

ECME Main Menu [BPSMENU] (Locked: BPSMENU)
Pharmacy ECME Manager Menu [BPS MANAGER MENU] (Locked: BPS MANAGER)
Pharmacy ECME Setup Menu [BPS SETUP MENU]
Edit Basic Pharmacy ECME Parameters [BPS SETUP PART 1] (Locked: BPS MASTER)

Example of Screen print

```
Edit Pharmacy ECME configuration

ECME timeout? (0 to 30 seconds)  : 30//
Insurer Asleep Interval (0 to 29 minutes): 10//
Insurer Asleep Retries (0 to 99): 10//
Default Eligibility Pharmacy:
```

2.2.1 Associating the Outpatient Sites with an ECME Pharmacy

This option enables the pharmacy users to submit third party claims.

To edit this parameter, use the following menu path:

ECME Main Menu [BPSMENU] (Locked: BPSMENU)
Pharmacy ECME Manager Menu [BPS MANAGER MENU] (Locked: BPS MANAGER)
Edit Pharmacy ECME Pharmacy Data [BPS SETUP PHARMACY] (Locked: BPS MASTER)

The following is a list of prompts related to the Associating of Outpatient Sites with an ECME Pharmacy option.

- **Select BPS PHARMACIES NAME:** Enter a BPS PHARMACIES NAME, OR OUTPATIENT SITE. By entering a question mark (?), the system will return the

available BPS Pharmacies. A new BPS Pharmacy can be entered and the name must be 3 – 30 alphabetical characters (not numeric and cannot start with punctuation character).

- **STATUS:** Displays the current status (Active/Inactive). This is entered in the Register Pharmacy with Austin Automation Center option [BPS SETUP REGISTER PHARMACY] and is a read-only field on this screen.

- **NCPDP #:** Displays the Pharmacy NCPDP #. This is a number assigned to your pharmacy by the NCPDP and was formerly called NABP # (National Association of Boards of Pharmacy number). This is entered in the Register Pharmacy with Austin Automation Center option [BPS SETUP REGISTER PHARMACY] and is a read-only field on this screen.

- **NPI:** Displays the Pharmacy National Provider Identifier (NPI). This number is assigned to your pharmacy by the Centers for Medicare and Medicaid Services (CMS) and was requested by the Central Business Office (CBO). It is automatically determined by linking an entry in BPS PHARMACIES (#9002313.56) to an Outpatient Site.

- **Select OUTPATIENT SITE:** You may enter a new OUTPATIENT SITE, if you wish. One or more of the VISTA Pharmacy package's OUTPATIENT SITE entries (file #59) must be associated with an ECME Pharmacy entry.

- **CMOP SWITCH:** Enter ON to process CMOP claims via ECME, OFF to not process CMOP claims. Choose from: 0-CMOP OFF/1-CMOP ON.

- **AUTO-REVERSE PARAMETER:** ECME uses the AUTO-REVERSE site parameter when determining whether non-released prescription claims (those that have a PAYABLE response) are to be automatically REVERSED. The AUTO-REVERSE site parameter is set for the number of days that ECME will wait before the claim is automatically REVERSED. ECME will allow the user to enter a number between 0-30 as follows: 0 - ECME Auto-Reverse is turned off, 1 to 30 - ECME will wait the entered number of days before REVERSING the non-released Rx with a payable response returned by the payer.

- **DEFAULT DEA #:** Many payers require the prescriber's Drug Enforcement Administration (DEA) number as part of the claim. If your pharmacy has a DEA # that may be used in case a prescriber doesn't have this DEA # on file with you, enter that default DEA # here.

Example Screen print

```
Select BPS PHARMACIES NAME: DAYTON

NAME: DAYTON
STATUS: ACTIVE
NCPDP #: 3664085
NPI: 1234567895
Select OUTPATIENT SITE: DAYTON// <ENTER>
  OUTPATIENT SITE: DAYTON// <ENTER>
Select OUTPATIENT SITE: <ENTER>
CMOP SWITCH: CMOP ON// <ENTER>
AUTO-REVERSE PARAMETER: 10// <ENTER>
DEFAULT DEA #: XX11111111// <ENTER>
```

2.3 System Requirements

There are no specific hardware requirements for the ECME V. 1.0 package.

2.3.1 Disk Space Requirements

Since this version is distributed using KIDS, the transport global is automatically deleted after the initial installation.

There are less than 200 BPS* routines, which occupy less than 1 MB of space.

2.3.2 Journaling Globals

The ECME V. 1.0 package uses the namespace BPS. All BPS* globals should be journaled, if journaling is used.

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3. Files

Number	Global Location	Name	Brief Description
9002313.02	^BPSC(	BPS CLAIMS	Intermediate form of claims. Fields are stored in formatted form. Raw packet is stored, too. Most fields are in Free Text format to accommodate NCPDP Standard formatting criteria and required field lengths. Fields other than those with decimals in the number correlate directly to the field numbers supplied in the NCPDP Data Dictionary.
9002313.03	^BPSR(	BPS RESPONSES	Intermediate form of responses to claims. Data is stored in formatted form, as received from insurer. Raw data packet may also be present.
9002313.12	^BPS(9002313.12,	BPS LOG	This is the ECME log, which is used to store an audit trail of ECME activity. There are currently two types of logs - one for transactions and another for purging.
9002313.15	^BPS(9002313.15,	BPS ASLEEP PAYERS	This file is used to store payers that are asleep or should be ignored because they are asleep. Generally there should be few or no entries in this file unless there are payers that are asleep.
9002313.19	^BPS(9002313.19,	BPS NCPDP PATIENT RELATIONSHIP CODE	Standard NCPDP Patient Relationship data to be used in submitting claims. The file and data should never be locally modified.
9002313.21	^BPS(9002313.21,	BPS NCPDP PROFESSIONAL	Static file that is used to store the possible NCPDP

		SERVICE CODE	PROFESSIONAL SERVICE CODE values, which are used for overriding DUR rejects. This file is populated by the installation and should not be edited by sites.
9002313.22	^BPS(9002313.22,	BPS NCPDP RESULT OF SERVICE CODE	Static file used to store the possible NCPDP RESULT OF SERVICE CODE values, which are used for overriding DUR rejects. This file is populated by the installation and should not be edited by sites.
9002313.23	^BPS(9002313.23,	BPS NCPDP REASON FOR SERVICE CODE	Static file that is used to store the possible NCPDP REASON FOR SERVICE CODE values, which are used for overriding DUR rejects. This file is populated by the installation and should not be edited by sites.
9002313.24	^BPS(9002313.24,	BPS NCPDP DAW CODE	Static file used to store NCPDP DAW (Dispense As Written) codes, which are used for prescription electronic claim transmission to third party payers. This file is populated by the installation and should not be edited by sites.
9002313.25	^BPS(9002313.25,	BPS NCPDP CLARIFICATION CODES	This file is used to store the possible NCPDP CLARIFICATION CODE values, which are used for overriding DUR rejects. No local changes should ever be made to this file. The data stored in this file are based on the NCPDP standards and are nationally distributed.
9002313.26	^BPS(9002313.26,	BPS NCPDP PRIOR AUTHORIZATIO N TYPE CODE	This file comes with standard NCPDP prior authorization data to be used in submitting claims. The file and data

			should never be locally modified, edited or changed.
9002313.27	^BPS(9002313.27,	BPS NCPDP PATIENT RESIDENCE CODE	Standard NCPDP Patient Residence data used in submitting claims. The file and data should never be locally modified.
9002313.28	^BPS(9002313.28,	BPS NCPDP PHARMACY SERVICE TYPE	Standard NCPDP Pharmacy Service Type data used in submitting claims. The file and data should never be locally modified.
9002313.29	^BPS(9002313.29,	BPS NCPDP DELAY REASON CODE	Standard NCPDP Delay Reason Code data used in submitting claims. The file and data should never be locally modified.
9002313.31	^BPS(9002313.31,	BPS CERTIFICATION	Data for development use in certifying software when required by switches and claims end processors. Also contains test claim used by MGR/TEST option.
9002313.32	^BPS(9002313.32,	BPS PAYER RESPONSE OVERRIDES	This file is used to store Payer Response Overrides. This file should not be populated on production systems, only on test systems.
9002313.511	^BPS(9002313.511,	BPS NCPDP OVERRIDE	Contains values for override of specific NCPDP fields. BPSOSO* routines (letter O)
9002313.56	^BPS(9002313.56,	BPS PHARMACIES	Pharmacy-specific data -- NCPDP #, NPI, default DEA #, etc. One BPS PHARMACY has a list of one or more OUTPATIENT SITES (file 59)
9002313.57	^BPSTL(	BPS LOG OF TRANSACTIONS	A log of #9002313.59. As each transaction is completed, a snapshot of 9002313.59 entries is placed in file #9002313.57.
9002313.58	^BPSECX("S",	BPS STATISTICS	Statistics; displayed by the

			BPS STATISTICS SCREEN option.
9002313.59	^BPST(	BPS TRANSACTION	Transactions in progress. When complete (status 99), a copy of the record is placed in 9002313.57.
9002313.77	^BPS(9002313.77,	BPS REQUESTS	This file is used to store data for queued requests before the ECME engine un-queues them and during their processing. The data stored in this file are used to create a record in BPS TRANSACTION file (#9002313.59) to build a claim request or reversal and send it to the insurer (payer). Generally there should be few or no entries in this file unless there are stranded claims/reversal or requests that need to be un-stranded by the user.
9002313.78	^BPS(9002313.78,	BPS INSURER DATA	This file is used to store insurers' details data returned by the Integrated Billing package to be used by the ECME engine to build claim requests and reversals and send them to insurers (payers). Generally there should be few or no entries in this file unless there are stranded claims, reversal or requests that need to be un-stranded by the user.
9002313.83	^BPSF(9002313.83,	BPS RESULT CATEGORY	A list of the possible result categories, as returned by CATEG^BPSOSUC(). This table is overwritten by the installation.

9002313.89	^BPSF(9002313.89,	BPS ERROR CODES	Obsolete.
9002313.91	^BPSF(9002313.91,	BPS NCPDP FIELD DEFS	The file of NCPDP Data Dictionary fields which are combined into formatted packets. Package installation updates this file.
9002313.92	^BPSF(9002313.92,	BPS NCPDP FORMATS	Entries are commonly referred to as "payer sheets". These are the formats for sending claims. This file was initially installed as part of the dormant release and updates are sent by the AITC via HL7. Never modify locally, except in cooperation with development.
9002313.93	^BPSF(9002313.93,	BPS NCPDP REJECT CODES	Rejection codes as defined by NCPDP. Never edit this file. Installation overwrites this file, totally.
9002313.94	^BPS(9002313.94,	BPS NCPDP FIELD CODES	Standard NCPDP Field Code data used in submitting claims. The file and data should never be locally modified.
9002313.99	^BPS(9002313.99,	BPS SETUP	ECME system parameters. Contains only one entry called MAIN SETUP ENTRY with an IEN of 1.

Data Dictionaries (DD's) are part of the online documentation for this software application. Use VA FileMan *List File Attributes* [DILIST] option, under the *Data Dictionary Utilities* [DI DDU] option, to print the DD's.

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4. Routines

4.1 Descriptions

The following is a list of routines exported by the Electronic Claims Management Engine (ECME) V. 1.0 package. Each routine's first line contains a brief description of the routine's function. Use the First Line Routine Print [XU FIRST LINE PRINT] option to print a list of just the first line of each BPS* routine.

BPS10P10	BPS10P6	BPS10P7	BPS10P8	BPSBCKJ	BPSBUTL	BPSCMT	BPSCMT01
BPSCT	BPSECA1	BPSECA8	BPSECFM	BPSECMC2	BPSECMP2	BPSECMPS	BPSECX0
BPSECX1	BPSELG	BPSFLD01	BPSGRPL	BPSJACK	BPSJAREG	BPSJHLI	BPSJHLT
BPSJINIT	BPSJPHNM	BPSJPREG	BPSJUTL	BPSJUTL1	BPSJVAL	BPSJVAL1	BPSJVAL2
BPSJZPR	BPSJZQR	BPSJZRP	BPSMHDR	BPSNCPD1	BPSNCPD2	BPSNCPD3	BPSNCPD4
BPSNCPD5	BPSNCPD6	BPSNCPD9	BPSNCPDP	BPSNPI	BPSOS	BPSOS03	BPSOS2
BPSOS2A	BPSOS2B	BPSOS2C	BPSOS57	BPSOS6M	BPSOSC2	BPSOSCA	BPSOSCB
BPSOSCC	BPSOSCD	BPSOSCE	BPSOSCF	BPSOSH2	BPSOSHF	BPSOSHR	BPSOSIY
BPSOSIZ	BPSOSK	BPSOSL	BPSOSL1	BPSOSO	BPSOSO1	BPSOSO2	BPSOSQ
BPSOSQ2	BPSOSQ4	BPSOSQA	BPSOSQC	BPSOSQF	BPSOSQG	BPSOSQL	BPSOSRB
BPSOSRX	BPSOSRX2	BPSOSRX3	BPSOSRX4	BPSOSRX5	BPSOSRX6	BPSOSRX7	BPSOSRX8
BPSOSS8	BPSOSSG	BPSOSU	BPSOSU1	BPSOSU2	BPSOSU3	BPSOSU4	BPSOSU5
BPSOSU8	BPSOSU9	BPSOSUC	BPSOSUD	BPSOSUE	BPSPHAR	BPSPRRX	BPSPRRX1
BPSPRRX2	BPSPRRX3	BPSPRRX4	BPSPRRX5	BPSPRRX6	BPSRCRI	BPSRDT1	BPSREOP
BPSREOP1	BPSRES	BPSRPAY	BPSRPT0	BPSRPT1	BPSRPT2	BPSRPT3	BPSRPT4
BPSRPT5	BPSRPT6	BPSRPT7	BPSRPT8	BPSRPT9	BPSRPT9A	BPSRSELG	BPSRSEV
BPSRSHLD	BPSRSINS	BPSRSM	BPSRSPRS	BPSRSRLC	BPSRSTPJ	BPSSCR	BPSSCR01
BPSSCR02	BPSSCR03	BPSSCR04	BPSSCR05	BPSSCRCL	BPSSCRCU	BPSSCRCV	BPSSCRDS
BPSSCRDV	BPSSCRLG	BPSSCRPR	BPSSCRRS	BPSSCRRV	BPSSCRSL	BPSSCRU1	BPSSCRU2
BPSSCRU3	BPSSCRU4	BPSSCRU5	BPSSCRU6	BPSSCRUD	BPSTEST	BPSUSCR	BPSUSCR1
BPSUSCR2	BPSUSCR4	BPSUTIL	BPSUTIL1	BPSUTIL2	BPSWRKLS		

4.2 Callable Routines

Entry points provided by the ECME V. 1.0 package to other software packages can be found in the External Relationships section of this manual. No other routines are designated as callable from outside of this package.

5. Templates

5.1 Print Templates

NAME	FILE
BPS TECH – FILES	FILE (#1)
BPS TECH – OPTIONS	OPTION (#19)

5.2 Input Templates

NAME	FILE
BPSJ PHARMACY ENTER/EDIT	BPS PHARMACIES (#9002313.56)
BPSJ SITE SETUP	BPS SETUP (#9002313.99)

5.3 Sort Templates

NAME	FILE
BPS SETUP PHARMACIES	BPS PHARMACIES (# 9002313.56)

5.4 List Templates

BPS LSTMN COMMENTS
BPS LSTMN DEVLOG
BPS LSTMN ECME REOPEN
BPS LSTMN ECME UNSTRAND
BPS LSTMN ECME USRSCR
BPS LSTMN LOG
BPS LSTMN RSCH MENU
BPS STATISTICS AND MANAGEMENT

Example: How to View List Templates using VA FileMan

```
Select VA FileMan Option: Inquire to File Entries

OUTPUT FROM WHAT FILE: LIST TEMPLATE//
Select LIST TEMPLATE NAME:    BPS STATISTICS AND MANAGEMENT
ANOTHER ONE:
STANDARD CAPTIONED OUTPUT? Yes//   (Yes)
Include COMPUTED fields:  (N/Y/R/B): NO//  - No record number (IEN), no Computed Fields

NAME: BPS STATISTICS AND MANAGEMENT     TYPE OF LIST: PROTOCOL                  RIGHT
MARGIN: 80
  TOP MARGIN: 4                         BOTTOM MARGIN: 18                     OK TO
TRANSPORT?: NOT OK
  USE CURSOR CONTROL: YES               PROTOCOL MENU: BPS PROTOCOL 2         SCREEN
TITLE: ECME STATISTICS
  ALLOWABLE NUMBER OF ACTIONS: 1        AUTOMATIC DEFAULTS: YES               HIDDEN
ACTION MENU: VALM HIDDEN ACTIONS
  ARRAY NAME:  ^TMP("BPSOS2",$J)        EXIT CODE: D EXIT^BPSOS2              HEADER
CODE: D HDR^BPSOS2
  HELP CODE: D HELP^BPSOS2              ENTRY CODE: D INIT^BPSOS2
```

Exported Options

5.5 Stand-alone Options

All of the Electronic Claims Management Engine (ECME) V. 1.0 package options are designed to be "stand-alone", that is, they can be accessed without first accessing the top-level menu. All of the options can be placed on menus other than their original menu without any additional editing; users will still be required to hold the proper security key to gain access to each particular option.

5.6 Top-level Menus

The ECME Main Menu [BPSMENU] option is the top-level menu. It contains one user option, plus three BPS sub-menus.

ECME User Screen	[BPS USER SCREEN]
ECME Pharmacy COB	[BPS COB MENU]
Pharmacy ECME Manager Menu	[BPS MANAGER MENU]
Pharmacy Electronic Claims Reports	[BPS MENU RPT MAIN]

5.6.1 Key Assignment

The ECME Main Menu [BPSMENU] and its main sub-menus require users to possess particular Security Keys (file #19.1) for access to the options. The following keys control the ECME Main Menu and its three main sub-menus.

KEY	**Menu**
BPSMENU	Required for the main ECME menu [BPSMENU]
BPS USER	Required for the ECME User Screen [BPS USER SCREEN]

and for the option "Process Secondary/TRICARE Rx to ECME" [BPS COB PROCESS SECOND TRICARE]

BPS MANAGER Required for these ECME options:

- Pharmacy ECME Manager Menu [BPS MANAGER MENU]
- Statistics Screen [BPS STATISTICS SCREEN]
- ECME transaction maintenance options [BPS MENU MAINTENANCE]
- View/Unstrand Claims Not Completed [BPS UNSTRAND SCREEN]
- Re-Open CLOSED Claims [BPS REOPEN CLOSED CLAIMS]

BPS MASTER Required for these ECME options:

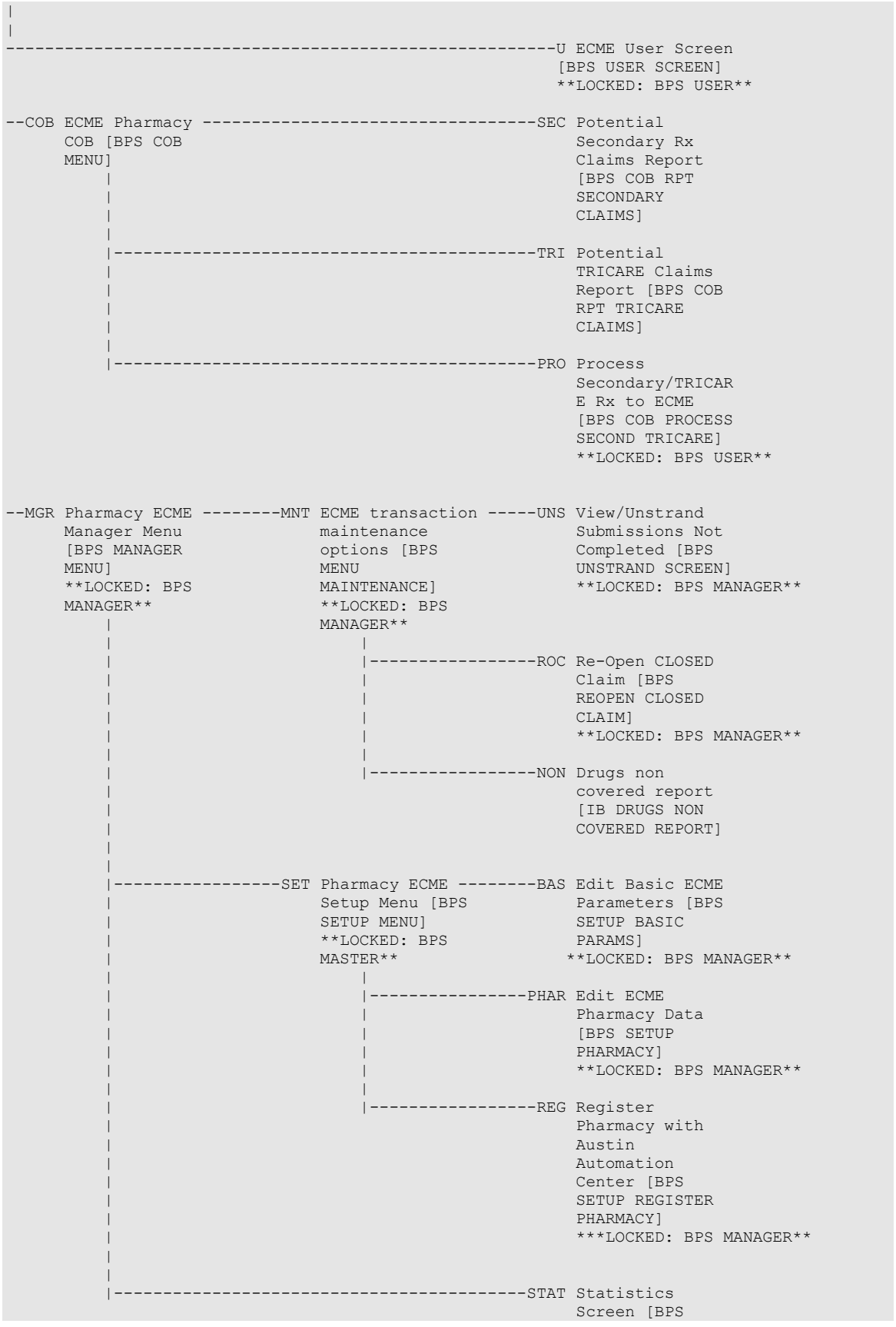
- Pharmacy ECME Setup Menu [BPS SETUP MENU]
- Edit Basic ECME Parameters [BPS SETUP BASIC PARAMS]
- Edit ECME Pharmacy Data [BPS SETUP PHARMACY]
- Register Pharmacy with Austin Automation Center [BPS SETUP REGISTER PHARMACY]

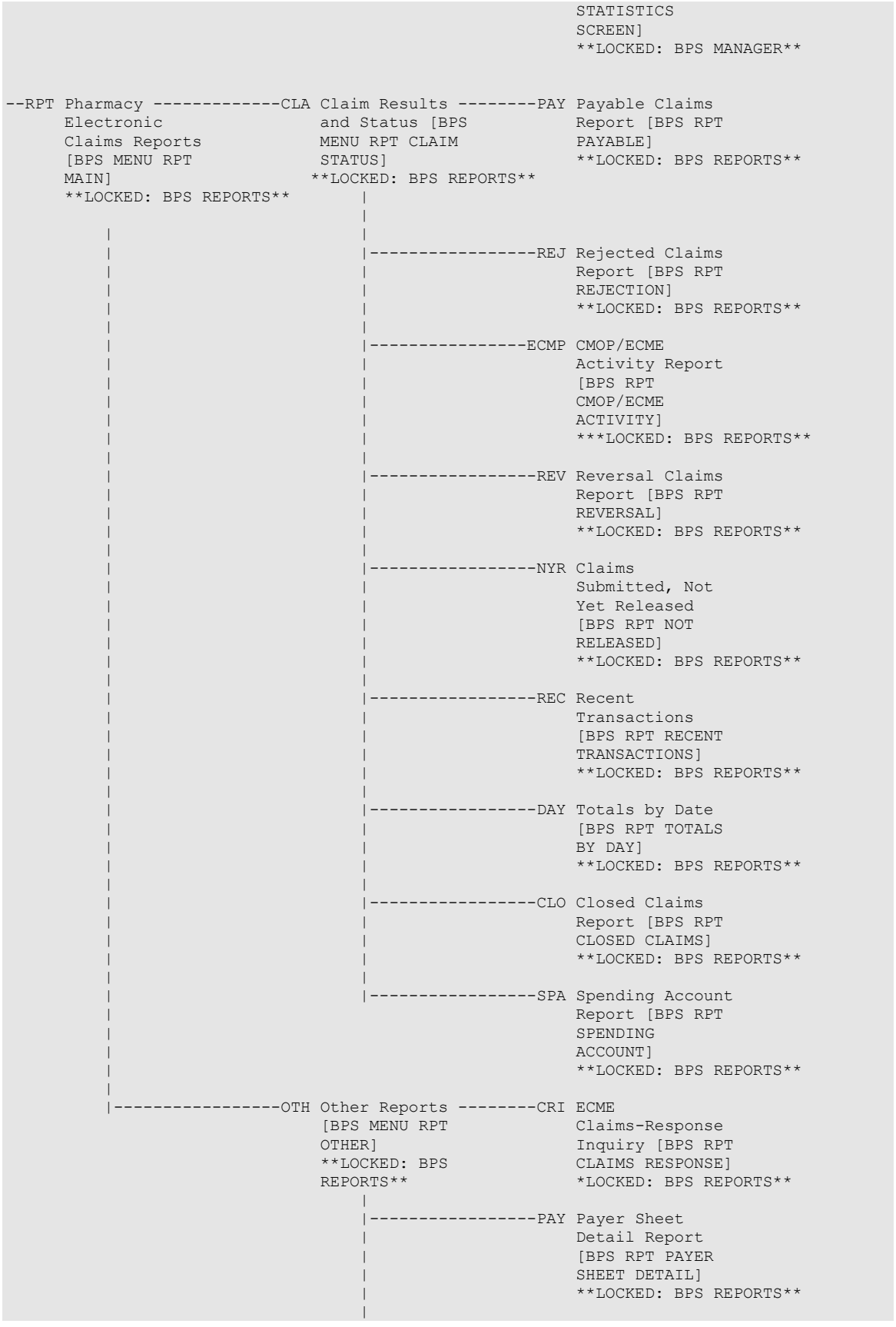
BPS REPORTS Required for these ECME options:

- Pharmacy Electronic Claims Reports [BPS MENU RPT MAIN]
- Claim Results and Status [BPS MENU RPT CLAIM STATUS]
- Recent Transactions [BPS RPT RECENT TRANSACTIONS]
- Closed Claims Report [BPS RPT CLOSED CLAIMS]
- CMOP/ECME Activity Report [BPS RPT CMOP/ECME ACTIVITY]
- Claims Submitted, Not Yet Released [BPS RPT NOT RELEASED]
- Payable Claims Report [BPS RPT PAYABLE]
- Payer Sheet Detail Report [BPS RPT PAYER SHEET DETAIL]
- Rejected Claims Report [BPS RPT REJECTION]
- Reversal Claims Report [BPS RPT REVERSAL]
- Totals by Date [BPS RPT TOTALS BY DAY]
- Turn-around time statistics [BPS RPT TURNAROUND STATS]
- ECME Setup - Pharmacies Report [BPS RPT SETUP PHARMACIES]
- ECME Claims-Response Inquiry [BPS RPT CLAIMS RESPONSE]
- Spending Account Report [BPS RPT SPENDING ACCOUNT]
- Other Reports [BPS MENU RPT OTHER]

Here is the hierarchy of ECME Menu Options and Security Keys:

```
ECME (BPSMENU) **LOCKED: BPSMENU**
```


|
|
----------U ECME User Screen
[BPS USER SCREEN]
LOCKED: BPS USER
--COB ECME Pharmacy ----------SEC Potential
COB [BPS COB
MENU]
Secondary Rx
Claims Report
[BPS COB RPT
SECONDARY
CLAIMS]
|
|----------TRI Potential
TRICARE Claims
Report [BPS COB
RPT TRICARE
CLAIMS]
|
|----------PRO Process
Secondary/TRICAR
E Rx to ECME
[BPS COB PROCESS
SECOND TRICARE]
LOCKED: BPS USER
--MGR Pharmacy ECME --------MNT ECME transaction -----UNS View/Unstrand
Manager Menu
[BPS MANAGER
MENU]
**LOCKED: BPS
MANAGER**
maintenance
options [BPS
MENU
MAINTENANCE]
**LOCKED: BPS
MANAGER**
Submissions Not
Completed [BPS
UNSTRAND SCREEN]
LOCKED: BPS MANAGER
|
|----------ROC Re-Open CLOSED
Claim [BPS
REOPEN CLOSED
CLAIM]
LOCKED: BPS MANAGER
|
|----------NON Drugs non
covered report
[IB DRUGS NON
COVERED REPORT]
|
|
|----------SET Pharmacy ECME --------BAS Edit Basic ECME
Setup Menu [BPS
SETUP MENU]
**LOCKED: BPS
MASTER**
Parameters [BPS
SETUP BASIC
PARAMS]
LOCKED: BPS MANAGER
|
|----------PHAR Edit ECME
Pharmacy Data
[BPS SETUP
PHARMACY]
LOCKED: BPS MANAGER
|
|----------REG Register
Pharmacy with
Austin
Automation
Center [BPS
SETUP REGISTER
PHARMACY]
***LOCKED: BPS MANAGER**
|
|
|----------STAT Statistics
Screen [BPS


STATISTICS
SCREEN]
LOCKED: BPS MANAGER
--RPT Pharmacy ----------CLA Claim Results --------PAY Payable Claims
Electronic and Status [BPS Report [BPS RPT
Claims Reports MENU RPT CLAIM PAYABLE]
[BPS MENU RPT STATUS] **LOCKED: BPS REPORTS**
MAIN] **LOCKED: BPS REPORTS**
LOCKED: BPS REPORTS
|----------REJ Rejected Claims
Report [BPS RPT
REJECTION]
LOCKED: BPS REPORTS
|----------ECMP CMOP/ECME
Activity Report
[BPS RPT
CMOP/ECME
ACTIVITY]
***LOCKED: BPS REPORTS**
|----------REV Reversal Claims
Report [BPS RPT
REVERSAL]
LOCKED: BPS REPORTS
|----------NYR Claims
Submitted, Not
Yet Released
[BPS RPT NOT
RELEASED]
LOCKED: BPS REPORTS
|----------REC Recent
Transactions
[BPS RPT RECENT
TRANSACTIONS]
LOCKED: BPS REPORTS
|----------DAY Totals by Date
[BPS RPT TOTALS
BY DAY]
LOCKED: BPS REPORTS
|----------CLO Closed Claims
Report [BPS RPT
CLOSED CLAIMS]
LOCKED: BPS REPORTS
|----------SPA Spending Account
Report [BPS RPT
SPENDING
ACCOUNT]
LOCKED: BPS REPORTS
|----------OTH Other Reports --------CRI ECME
[BPS MENU RPT Claims-Response
OTHER] Inquiry [BPS RPT
**LOCKED: BPS CLAIMS RESPONSE]
REPORTS** *LOCKED: BPS REPORTS**
|----------PAY Payer Sheet
Detail Report
[BPS RPT PAYER
SHEET DETAIL]
LOCKED: BPS REPORTS

```
                                  |----------------PHAR ECME Setup -
                                  |                    Pharmacies
                                  |                    Report [BPS RPT
                                  |                    SETUP
                                  |                    PHARMACIES]
                                  |                    **LOCKED: BPS REPORTS**
                                  |
                                  |----------------TAT Turn-around time
                                                       statistics [BPS
                                                       RPT TURNAROUND
                                                       STATS]
                                                       **LOCKED: BPS REPORTS**
```

5.6.2 Menu Placement

It is recommended that the user place the ECME V. 1.0 main menu and sub-menus on the Core Applications menu where the other package menus are found.

5.7 Options

The following options are exported with the ECME V. 1.0 package.

Option Name	Menu Text
BPS MANAGER MENU	Pharmacy ECME Manager Menu
BPS MENU MAINTENANCE	ECME transaction maintenance options
BPS MENU RPT CLAIM STATUS	Claim Results and Status
BPS MENU RPT MAIN	Pharmacy Electronic Claims Reports
BPS MENU RPT OTHER	Other Reports
BPS COB MENU	ECME Pharmacy COB
BPS COB PROCESS SECOND TRICARE	Process Secondary/TRICARE Rx to ECME
BPS COB RPT SECONDARY CLAIMS	Potential Secondary Rx Claims Report
BPS COB RPT TRICARE CLAIMS	Potential TRICARE Claims Report
BPS NIGHTLY BACKGROUND JOB	BPS Nightly Background Job
BPS REOPEN CLOSED CLAIM	Re-Open CLOSED Claim
BPS RPT RECENT TRANSACTIONS	Recent Transactions
BPS RPT CLOSED CLAIMS	Closed Claims Report
BPS RPT CMOP/ECME ACTIVITY	CMOP/ECME Activity Report
BPS RPT NOT RELEASED	Claims Submitted, Not Yet Released
BPS RPT PAYABLE	Payable Claims Report
BPS RPT PAYER SHEET DETAIL	Payer Sheet Detail Report
BPS RPT REJECTION	Rejected Claims Report
BPS RPT REVERSAL	Reversal Claims Report

Option Name	Menu Text
BPS RPT SETUP PHARMACIES	ECME Setup - Pharmacies Report
BPS RPT TOTALS BY DAY	Totals by Date
BPS RPT TURNAROUND STATS	Turn-around time statistics
BPS SETUP MENU	Pharmacy ECME Setup Menu
BPS SETUP BASIC PARAMS	Edit Basic Pharmacy ECME Parameters
BPS SETUP PHARMACY	Edit ECME Pharmacy Data
BPS SETUP REGISTER PHARMACY	Register Pharmacy with Austin Automation Center
BPS STATISTICS SCREEN	Statistics Screen
BPS UNSTRAND SCREEN	View/Unstrand Claims Not Completed
BPS USER SCREEN	ECME User Screen
BPSMENU	ECME
BPS RPT CLAIMS RESPONSE	ECME Claims-Response Inquiry
BPS RPT SPENDING ACCOUNT	Spending Account Report

The following external options are accessed by the ECME V. 1.0 package:

Option Name	Menu Text	Package
IB DRUGS NON COVERED REPORT	Drugs non covered report	Integrated Billing

Example: How to View the Exported Options Using VA FileMan

```
VA FileMan 22.0


Select OPTION: 5  INQUIRE TO FILE ENTRIES

OUTPUT FROM WHAT FILE: OPTION// <Enter>
Select OPTION NAME: BPSMENU       ECME
ANOTHER ONE: <Enter>
STANDARD CAPTIONED OUTPUT? Yes// <Enter>  (Yes)
Include COMPUTED fields:  (N/Y/R/B): NO// <Enter> - No record number (IEN), no Computed
 Fields
DISPLAY AUDIT TRAIL? No// <Enter>  NO
```

```
NAME: BPSMENU                          MENU TEXT: ECME
  TYPE: menu                           CREATOR: ECMEuser,One
  LOCK: BPSMENU                        PACKAGE: IHS PHARMACY POINT OF SALE
  E ACTION PRESENT: YES                HEADER PRESENT?: YES
 DESCRIPTION:   The main menu
ITEM: BPS MANAGER MENU                 SYNONYM: MGR
  DISPLAY ORDER: 2
ITEM: BPS USER SCREEN                  SYNONYM: U
  DISPLAY ORDER: 1
ITEM: BPS MENU RPT MAIN                SYNONYM: RPT
  DISPLAY ORDER: 4
  ENTRY ACTION: K BPSQUIT D INIT^BPSMHDR I $G(BPSQUIT) K BPSQUIT S XQUIT=1
  HEADER: D HDR^BPSMHDR                TIMESTAMP: 60116,62862
  TIMESTAMP OF PRIMARY MENU: 60044,54655
  UPPERCASE MENU TEXT: ECME



Select OPTION NAME:
```

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6. Archiving and Purging

6.1 Archiving

At present, the Electronic Claims Management Engine (ECME) V. 1.0 package does not provide for the archiving of its data.

6.2 Purging

The BPS Nightly Background Job, which should be scheduled to run nightly, will purge data older than 365 days from the BPS LOG (#9002313.12) file.

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7. Callable Routines/Entry Points/Application Programmer Interfaces (APIs)

The only calls into Electronic Claims Management Engine (ECME) V. 1.0 should be done by the Pharmacy package interface and Claims Tracking.

7.1 Callable Routines

There are no routines which are callable by the first routine line. Please see the API section for callable entry points in the routines.

7.2 Application Programmer Interfaces (API's)

7.2.1 $$EN^BPSNCPDP

Use of $$EN^BPSNCPDP is supported by Integration Agreement #4415. The output of this extrinsic function is a string in the format (see below for a detailed explanation):

```
RESPONSE^MESSAGE^ELIGIBILITY^CLAIMSTATUS^COB^RXCOB^INSURANCE
```

This API submits a claim to ECME. The software uses Integrated Billing to determine if the claim is ECME billable. If it is, the claim will be put on a queue and processed. Note that this API is only available to Outpatient Pharmacy and Integrated Billing.

Listing of EN^BPSNCPDP callable line tag:

```
        ;
EN(BRXIEN,BFILL,BFILLDAT,BWHERE,BILLNDC,REVREAS,DURREC,BPOVRIEN,BPSCLARF,BPSAUTH,BPCOBIND
,BPJOBFLG,BPREQIEN,BPSCLOSE,BPSPLAN,BPSPRDAT,BPSRTYPE,BPSDELAY) ;
```

There are eighteen parameters that can be passed into this API. A detailed explanation of the parameters follows this list:

1. BRXIEN - Prescription IEN, file #52 (required)
2. BFILL – Fill number for the prescription
3. BFILLDAT – fill date of the prescription (or fill number)
4. BWHERE – action to take for the prescription (or fill)
5. BILLNDC – NDC number
6. REVREAS – reversal reason
7. DURREC – DUR information string ('^' delimited)
8. BPOVRIEN – IEN in BPS NCPDP OVERRIDE file (# 9002313.511)
9. BPSCLARF - Submission Clarification Code

10. BPSAUTH – pre-authorization code
11. BPCOBIND – COB indicators
12. BPJOBFLG – BPS type of job flag
13. BPREQIEN – IEN in BPS REQUESTS file (#9002313.77)
14. BPSCLOSE - array used with BWHERE
15. BPSPLAN – IEN in GROUP INSURANCE PLAN file (355.3)
16. BPSPRDAT - array of primary claim data, passed by reference
17. BPSRTYPE – rate type, IEN in RATE TYPE file (#399.3)
18. BPSDELAY – delay reason code, IEN in BPS NCPDP DELAY REASON CODE file (#9002313.29)

Input Parameter Details:

1. BRXIEN - Prescription IEN, file #52 (required)
2. BFILL - Prescription Fill Number (optional). If omitted, the first fill is assumed.
3. BFILLDAT - Fill Date of current prescription and fill number. If omitted, today is assumed.
4. BWHERE - Prescription Action string (optional). Allowed values:
   - AREV = Auto-Reversal
   - BB = Back Billing
   - CRLB = CMOP Release & Rebill
   - CRLR = CMOP Release & Reverse (successful release)
   - CRLX = CMOP unsuccessful release & reverse
   - DC = Discontinue - only reverse un-released PAYABLE DC's, release date check should be in calling routine.
   - DDED = Delete in edit
   - DE = Delete
   - ED = Edit
   - ERES = Resubmit from ECME user screen
   - EREV = Reversal from ECME user screen
   - OF = Original Fill
   - PC = Pull CMOPs
   - PE = Pull early from suspense
   - PL = Pull local from suspense
   - PP = PP from Patient Prescription Processing option.
   - RF = Refill
   - RL = Release Rx NDC check - Rebill if billed NDC doesn't match release NDC
   - RN = Renew
   - RRL = Original claim rejected, submit another claim, no reversal
   - RS = Return-to-Stock
5. BILLNDC - Valid NDC# with format 5-4-2 (optional). If omitted, the NDC for the prescription/fill is assumed.
6. REVREAS - Reversal Reason (optional)
7. DURREC - String of DUR info - three "^" delimited pieces (optional):
   - 1st piece - Professional Service Code

- 2nd piece - Reason for Service Code
- 3rd piece - Result of Service Code

8. BPOVRIEN - Pointer to the BPS NCPCP OVERRIDE file (#9002313.511); only passed if there are overrides entered by a user via the Resubmit with Edits (RED) option
9. BPSCLARF - Submission Clarification Code to be included in the claim (optional).
10. BPSAUTH - String of prior authorization info (optional) - Two "^" pieces:
    - Piece 1 - Prior Authorization Type Code
    - Piece 2 - Prior Authorization Number
11. BPCOBIND - Coordination Of Benefits (COB) indicator (optional, default is 1)
    1- Primary, 2- Secondary, 3 – Tertiary payer.
12. BPJOBFLG - background/foreground job flag (optional, default is "F"):
    B - if called by un-queuing logic in background
    F – if called by other (foreground) processes.
13. BPREQIEN - IEN of the BPS REQUEST entry to be unqueued (optional)
14. BPSCLOSE - local array used for Close After Reversal functionality (passed by reference, optional) when the user had chosen to close the claim after successful reversal. Used with BWHERE="EREV" only. If claim needs to be closed then:
    BPSCLOSE("CLOSE AFT REV")=1
    BPSCLOSE("CLOSE AFT REV REASON")= ien of file #356.8
    BPSCLOSE("CLOSE AFT REV COMMENT")= text of the comment
15. BPSPLAN – IEN of the entry in the GROUP INSURANCE PLAN file (#355.3) (optional)
16. BPSPRDAT - array passed by reference (optional). Contains primary claim data needed to submit a secondary claim.
    Format: BPSPRDAT(NCPDP field)
17. BPSRTYPE - rate type, IEN file #399.3 (optional)
18. BPSDELAY – Delay Reason Code, IEN of BPS NCPDP DELAY REASON CODE, file #9002313.29 (optional)

Returned Output Details:

The output is a seven piece '^' delimited string:

"RESPONSE^MESSAGE^ELIGIBILITY^CLAIMSTATUS^COB^RXCOB^INSURANCE"
1st ^ 2nd ^ 3rd ^ 4th ^ 5th ^ 6th ^ 7th

Where:

RESPONSE indicates:

0 - Submitted through ECME
1 - No submission through ECME
2 - IB not billable
3 - Claim was closed, not submitted (RTS/Deletes)
4 - Unable to queue claim
5 - Incorrect information supplied to ECME
6 - Inactive ECME - Primarily used for TRICARE (ok to process Rx)

10 - Reversal but no resubmit
MESSAGE = Message associated with the response (error/submitted)
ELIGIBILITY = V - VA, T - TRICARE
CLAIMSTATUS = claim status (null or IN PROGRESS/E PAYABLE/etc...)
COB = Coordination Of Benefit indicator of the insurance as it is stored in the PATIENT file:
1- primary, 2 - secondary, 3 - tertiary
RXCOB = payer sequence indicator of the claim sent to the payer as a result of this call:
1- primary, 2 - secondary
INSURANCE = Name of the insurance company that was billed as a result of this call

Examples of returned values:

```
   "0^Prescription XYZ successfully submitted to ECME for claim generation.^V^E PAYABLE"
   "0^Reversing prescription 100469.^V^E REVERSAL ACCEPTED"
   "1^ECME switch is not on for the site^T^E REVERSAL ACCEPTED
   "2^Null DEA Special Handling field^V^"
   "3^Claim was not payable so it has been closed.  No ECME claim created.^V^E REJECTED"
   "4^Error: There is a SCHEDULED request without ACTIVATED requests, RXIEN=XYZ,
REFILL=0^V^IN PROGRESS"
   "5^RX Action parameter missing^V^E PAYABLE"
```

Listing of the comments for the EN^BPSNCPDP Input Parameters:

```
;Input
; BRXIEN = Prescription IEN
; BFILL = Fill Number
; BFILLDAT = Fill Date of current prescription and fill number
; BWHERE (RX Action)
;    ARES = Resubmit for an auto-reversed claim was released while waiting
;           for the payer response
;    AREV = Auto-Reversal
;    BB   = Back Billing
;    CRLB = CMOP Release & Rebill
;    CRLR = CMOP Release & Reverse (successful release)
;    CRLX = CMOP unsuccessful release & reverse
;    DC   = Discontinue - only reverse un-released PAYABLE DC's, release date check
;           should be in calling routine.
;    DDED = Delete in edit
;    DE   = Delete
;    ED   = Edit
;    ERES = Resubmit from ECME user screen
;    EREV = Reversal from ECME user screen
;    HLD  = Put prescription on Hold
;    OF   = Original Fill
;    PC   = Pull CMOPs
;    PE   = Pull early from suspense
;    PL   = Pull local from suspense
;    PP   = PP from Patient Prescription Processing option
;    RF   = Refill
;    RL   = Release Rx NDC check - Rebill if billed NDC doesn't match release NDC
;    RN   = Renew
;    RRL  = Original claim rejected, submit another claim, no reversal
;    RS   = Return-to-Stock
; BILLNDC = Valid NDC# with format 5-4-2
; REVREAS = Reversal Reason
; DURREC  = String of DUR info - Three "^" pieces
;                Professional Service Code
;                Reason for Service Code
;                Result of Service Code
; BPOVRIEN = Pointer to BPS NCPDP OVERIDE file.  This parameter will
```

```
 ;            only be passed if there are overrides entered by the
 ;            user via the Resubmit with Edits (RED) option in the
 ;            user screen.
 ; BPSAUTH  = pre-authorization code (preauth. code^preauth number)
 ; BPSCLARF = Submission Clarification Code (external value from #9002313.25), entered by
 ;            pharmacist and passed by Outpatient Pharmacy to ECME to put into the claim
 ; BPCOBIND = (optional, default is Primary) for COB indicators - so when the API is
called for the particular
 ;            COB claim the BPSNCPDP can handle it.
 ; BPJOBFLG = (optional, default is "F") B - if is called by unqueueing logic in
background, F - by other (foreground) process,
 ; BPREQIEN = (optional) ien of BPS REQUEST file record, that needs to be unqueued
 ; BPSCLOSE = (optional) local array used with BWHERE="EREV" only, if the user had chosen
to close the claim after reversal
 ;   if claim needs to be closed then
 ;   BPSCLOSE("CLOSE AFT REV")=1
 ;   BPSCLOSE("CLOSE AFT REV REASON")=<#356.8 ien>
 ;   BPSCLOSE("CLOSE AFT REV COMMENT")=<some text>
 ; BPSPLAN  = (optional) IEN of the entry in the GROUP INSURANCE PLAN file (#355.3)
 ; BPSPRDAT = (optional) local array passed by reference. Contains primary claim data
needed to submit a secondary claim.
 ;            Format:  BPSPRDAT(NCPDP field)
 ; BPSRTYPE = (optional) rate type ( ien of the file #399.3)
 ; BPSDELAY = Delay Reason Code (IEN of BPS NCPDP DELAY REASON CODE (#9002313.29),
entered by the user
 ;            in the Back Billing option of Claims Tracking and passed to ECME to put
into the claim.
 ;
 ;Output (RESPONSE^MESSAGE^ELIGIBILITY^CLAIMSTATUS^COB^RXCOB^INSURANCE)
 ; RESPONSE
 ;    0  Submitted through ECME
 ;    1  No submission through ECME
 ;    2  IB not billable
 ;    3  Claim was closed, not submitted (RTS/Deletes)
 ;    4  Unable to queue claim
 ;    5  Incorrect information supplied to ECME
 ;    6  Inactive ECME - Primarily used for Tricare to say ok to process rx
 ;    10 Reversal but no resubmit
 ; MESSAGE = Message associated with the response (error/submitted)
 ; ELIGIBILITY = V - VA, T - Tricare
 ; CLAIMSTATUS = claim status (null or IN PROGRESS/E PAYABLE/etc...)
 ; COB  = Coordination Of Benefit indicator of the insurance as it is stored in the
PATIENT file: 1- primary, 2 -secondary, 3 -tertiary
 ; RXCOB =  the payer sequence indicator of the claim which was sent to the payer as a
result of this call: 1- primary, 2 -secondary)
 ; INSURANCE = Name of the insurance company that was billed as a result of this call
 ;


        ;
EN(BRXIEN,BFILL,BFILLDAT,BWHERE,BILLNDC,REVREAS,DURREC,BPOVRIEN,BPSCLARF,BPSAUTH,BPCOBIND
,BPJOBFLG,BPREQIEN,BPSCLOSE,BPSPLAN,BPSPRDAT,BPSRTYPE,BPSDELAY) ;
```

7.2.2 $$STATUS^BPSOSRX

Use of $$STATUS^BPSOSRX is supported by Integration Agreement #4300. The output of this extrinsic function is a string in the format (see below for a detailed explanation):

```
"RESULT^TIME^DESCRIPTION^STATUS %"
```

Listing of STATUS^BPSOSRX line tag and comments:

```
 ;
 ; $$STATUS(KEY1,KEY2,QUE,BPRQIEN) - Returns the Status of the request
 ; Input
 ;   KEY1 - First key of the request
 ;   KEY2 - Second key of the request
 ;   QUE (optional):  0 - Do not check if a request is on the queue
 ;         1/null - Check if a request is on the queue
 ;   BPRQIEN (optional) -  the BPS REQUESTS (#9002313.77) IEN
 ;   BPCOB (optional)-the payer sequence (1- Primary, 2 Secondary), if null then 1
(primary) is assumed
 ;
 ; Returns
 ;    RESULT^LAST UPDATE DATE/TIME^DESCRIPTION^STATUS %
 ;    Returns null if there's no ECME record of this request
 ;
 ;    RESULT is either:
 ;      1. IN PROGRESS for incomplete requests
 ;      2. Final status for complete requests.  See comments for
 ;         BPSOSUC for complete list of possible statuses.
 ;      3. SCHEDULED for scheduled (not ACTIVATED yet) requests
 ;
 ;    LAST UPDATE DATE/TIME is the Fileman date and time of the
 ;         last update to the status of this request.
 ;
 ;    DESCRIPTION is either:
 ;      1. Incomplete requests will be the status (i.e., Waiting to Start,
 ;         Transmitting)
 ;      2. Completed requests will have the reason that the ECME process
 ;         was aborted if the result is  E OTHER.  Otherwise, it will
 ;         be similar to the RESULT
 ;
 ;    STATUS % is the completion percentage.  Note that 99 is considered
 ;         complete.
 ;
 ;
STATUS(KEY1,KEY2,QUE,BPRQIEN,BPCOB) ;
```

This API submits a claim to ECME. The software uses Integrated Billing to determine if the claim is ECME billable. If it is, the claim will be put on a queue and processed. Note that this API is only available to Outpatient Pharmacy and Integrated Billing.

Note: If the claim has already been processed and it's resubmitted, a reversal will be done first, and then the resubmit will be done. Intervening calls to $$STATUS may show progress of the reversal before the resubmitted claim is processed.

There are five parameters that can be passed into this API:

1. KEY1 - First key of the request (required)
2. KEY2 - Second key of the request (required)
3. QUE - queue check flag (optional), where:
   0 - Do not check if a request is on the queue
   1 (or null) - Check if a request is on the queue, defaults to 1
   Note: External routines should either not pass this parameter or set it to 1. The values of 0 (zero) or null are reserved or internal ECME processing.
4. BPRQIEN - BPS REQUESTS ien, file #9002313.77 (optional)

5. BPCOB - the payer sequence (optional), where:
   1 indicates Primary and 2 indicates Secondary
   if BPCOB is null then Primary is assumed

Return Value:

"RESULT^LAST UPDATE DATE/TIME^DESCRIPTION^STATUS %"
- or -
Returns null if there's no ECME record of this request.

RESULT has one of three values:

- "IN PROGRESS" for incomplete request
- The final status for complete requests (see below).
- "SCHEDULED" for scheduled (not ACTIVATED) requests.

LAST UPDATE DATE/TIME is the FileMan date/time of the last update to the status of this request.

DESCRIPTION is either:

- Incomplete requests will be the status (e.g., Waiting to Start, Transmitting, etc.).
  - or -
- Completed requests will have the reason that the ECME process was aborted if the result is E OTHER. Otherwise, it will be similar to the RESULT.

STATUS % is the completion percentage. Note that 99 is considered complete.

Final Status values for:

Claim Billing Requests
- E PAYABLE, E REJECTED, E CAPTURED, E DUPLICATE, E UNSTRANDED, E OTHER

Claim Reversals
- E REVERSAL ACCEPTED, E REVERSAL REJECTED, E REVERSAL UNSTRANDED, E REVERSAL OTHER

Billing Requests, Reversals, and Eligibility Verification
- CORRUPT

Eligibility Verification
E ELIGIBILITY ACCEPTED, E ELIGIBILITY REJECTED, E ELIGIBILITY UNSTRANDED, E REVERSAL OTHER

7.2.3 $$NABP^BPSBUTL(RXP,BFILL)

Use of $$NABP^BPSBUTL is supported by Integration Agreement #4719. This extrinsic function returns the NABP number (now called NCPDP number) of the last ECME transaction for a particular prescription.

Listing of NABP^BPSBUTL line tag:

```
 ; NABP - Return the value in the Service Provider ID (201-B1) field
 ;   of the claim.  Note that as of the NPI release (BPS*1*2), this
 ;   API may return NPI instead of NABP/NCPDP
NABP(RXP,BFILL) ;
 ;
```

Input Parameters:

- RXP – IEN in the PRESCRIPTION file #52 (required) . This is a pointer to ^PSRX(.
- BFILL – the fill IEN (optional). The pointer to ^PSRX(RXP,1,fill #). If BFILL is omitted, the first fill is assumed.

Return Value:

- Returns the NPI, if no NPI returns the NCPDP number. If there is no ECME record of this RXP and BFILL then the return value is null.

7.2.4 $$CLAIM^BPSBUTL(RXI,RXR,COB)

Use of $$CLAIM^BPSBUTL is supported by Integration Agreement #4719. This extrinsic function API is used to retrieve the most recent ECME transaction, claim, and response information related to a specific prescription and fill.

Listing of CLAIM^BPSBUTL line tag and comments:

```
        ; Function to return Transaction, claim, and response IENs
        ; Parameters:
        ;    RXI: Prescription IEN
        ;    RXR: Fill Number
        ;    COB: COB Indicator
        ; Returns:
        ;    IEN59^Claim IEN^Response IEN^Reversal Claim IEN^Reversal Response
```

Input Parameters:

- RXI – Prescription IEN (Pointer to the PRESCRIPTION File (#52))
- RXR – Fill Number (0 for Original, 1 for 1st refill, 2 for the 2nd refill, etc.)
- COB – COB Indicator (1: Primary, 2: Secondary, 3: Tertiary)

Return Value:

- The following information is returned ("^" pieces):
    - 1 - BPS TRANSACTION file (#9002313.59) pointer
    - 2 - BPS CLAIMS file (#9002313.02) pointer
    - 3 - BPS RESPONSES file (#9002313.03) pointer
    - 4 - BPS CLAIMS file (#9002313.02) pointer for REVERSAL Claim
    - 5 - BPS RESPONSES file (#9002313.03) pointer for REVERSAL Claim

7.2.5 $$DIVNCPDP^BPSBUTL(BPSDIV)

Use of $$DIVNCPDP^BPSBUTL is supported by Integration Agreement #4719. This extrinsic function API returns the NABP/NCPDP number for a specific outpatient site.

Listing of DIVNCPDP^BPSBUTL line tag and comments:

```
 ;
 ; NCPDP - For a specific outpatient site, return the NPI & NCPDP.
 ; Note that the procedure name is misleading but when originally
 ;   coded, this procedure only returned NCPDP.
 ;
 ; Input
 ;   BPSDIV - Outpatient Site (#59)
 ; Output
 ;   "" - No BPSDIV passed in
 ;   NCPDP and NPI separated by a caret
DIVNCPDP(BPSDIV) ;
```

Input Parameters:

- BPSDIV - Pointer to the Outpatient Site file, #59 (required).

Return Value:

- Returns the NCPDP number associated with the Outpatient Site. Returns NULL if the Outpatient Site is not passed in, or if the Outpatient Site is not linked to a BPS Pharmacy.

7.2.6 $$ADDCOMM^BPSBUTL(BPRX,BPREF,BPRCMNT)

Use of $$ADDCOMM^BPSBUTL is supported by Integration Agreement #4719. This extrinsic function API is used to pass user entered comments about Rejects back to ECME.

Listing of ADDCOMM^BPSBUTL line tag and comments:

```
 ;ADDCOMM - Add a comment to a ECME claim
 ;Input:
 ; BPRX - ien in file #52
 ; BPREF - refill number (0,1,2,...)
 ; BPRCMNT - comment text
 ;Output:
 ;  1 - okay
 ; -1 - failed
ADDCOMM(BPRX,BPREF,BPRCMNT) ;
```

Input Parameters:

- BPRX - Pointer to the PRESCRIPTION File (#52)).

- BPREF - Fill Number (0 for Original, 1 for 1st refill, 2 for the 2nd refill, etc.)
- BPRCMNT - Comments to be added to the BPS TRANSACTION file (#9002313.59).

Return Value:
- Returns 1 if the comments were added successfully.
- Returns -1 if the comments were not added successfully.

7.2.7 IBSEND^BPSECMP2(CLAIMIEN,RESPIEN,EVENT,USER)

Use of IBSEND^BPSECMP2 is supported by Integration Agreement #4411. This subroutine API is to send billing information from ECME to IB.

Listing of IBSEND^BPSECMP2 line tag and comments:

```
 ; Parameters:
 ;    CLAIMIEN: IEN from BPS Claims
 ;    RESPIEN:  IEN from BPS Response
 ;    EVENT:    This is used by PSO to create specific events (BILL).
 ;    USER:     User who is creating the event.  This is required when EVENT is sent.
IBSEND(CLAIMIEN,RESPIEN,EVENT,USER) ;
```

Input Parameters:
- CLAIMIEN - IEN from BPS CLAIMS, #9002313.02 (required).
- RESPIEN - IEN from BPS Response (required).
- EVENT - This is used by PSO to create specific events (BILL).
- USER - User who is creating the event. This is required when EVENT is sent.

Return Value:
- None

7.2.8 $$ECMEON^BPSUTIL(SITE)

Use of $$ECMEON^BPSUTIL is supported by Integration Agreement #4410. This extrinsic function API indicates whether the ECME switch is on for an Outpatient Site (file #59).

Listing of ECMEON^BPSUTIL line tag and comments:

```
 ; ECMEON
 ;   Input:
 ;      SITE - Pointer to Outpatient Site file (#59)
 ;   Output
 ;      1 - ECME is turned ON for the Outpatient Site
 ;      0 - ECME is not turned ON for the Outpatient Site.
 ;   Note that ON means that the Outpatient site is linked to an active
 ;     BPS Pharmacy that has a Pharmacy ID AND IB has ncpdp flagged as
 ;     turned on.
ECMEON(SITE) ;
```

Input Parameters:

- Site – Pointer to Outpatient Site, file #59 (required).

Return Value:

- Returns 1 if the ECME switch is on for the outpatient site, or 0 (zero) if the ECME switch is off.

7.2.9 $$CMOPON^BPSUTIL(SITE)

Use of $$CMOPON^BPSUTIL is supported by Integration Agreement #4410. This extrinsic function API indicates whether the CMOP switch is on for an Outpatient Site (file #59).

Listing of CMOPON^BPSUTIL line tag and comments:

```
 ;
CMOPON(SITE) ; - Returns 1 if CMOP is turned ON for ECME or 0 if not
 ; SITE - Pointer to #59 (OUTPATIENT SITE)
```

Input Parameters:

- Site – Pointer to Outpatient Site file, #59 (required).

Return Value:

- Returns 1 if the CMOP switch is on for the outpatient site and 0 (zero) if the CMOP switch is off.

7.3 Entry Points

Please see the API section for callable entry points.

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8. Protocols

01. BPS ECMECL1 NTE
02. BPS ECMESV1 NTE
03. BPS P1 EXIT
04. BPS P2 CONTINUOUS
05. BPS P2 UPDATE
06. BPS P2 ZERO
07. BPS PROTOCOL 2
08. BPS PRTCL CMT ADD
09. BPS PRTCL CMT EXIT
10. BPS PRTCL CMT MENU
11. BPS PRTCL ECME INFO REPORT
12. BPS PRTCL ECME USRSCR
13. BPS PRTCL IBCNR EDIT PLAN
14. BPS PRTCL IBCNR GROUP PLAN MATCH
15. BPS PRTCL IBCNR PLAN MATCH
16. BPS PRTCL LOG MENU
17. BPS PRTCL REOPEN
18. BPS PRTCL REOPEN EXIT
19. BPS PRTCL REOPEN MENU
20. BPS PRTCL RSCH CLAIM TRACKING
21. BPS PRTCL RSCH ELIG INQ
22. BPS PRTCL RSCH EXIT
23. BPS PRTCL RSCH GRPL
24. BPS PRTCL RSCH HIDDEN ACTIONS
25. BPS PRTCL RSCH IB EVENT REPORT
26. BPS PRTCL RSCH MENU
27. BPS PRTCL RSCH ON HOLD COPAY
28. BPS PRTCL RSCH RELEASE COPAY
29. BPS PRTCL RSCH TPJI
30. BPS PRTCL RSCH VIEW ELIGIBILITY
31. BPS PRTCL RSCH VIEW INSURANCE
32. BPS PRTCL RSCH VIEW PRESCRIPTION
33. BPS PRTCL UNSTRAND
34. BPS PRTCL UNSTRAND ALL
35. BPS PRTCL UNSTRAND EXIT
36. BPS PRTCL UNSTRAND PRINT
37. BPS PRTCL UNSTRAND SELECT
38. BPS PRTCL USRSCR CHANGE VIEW
39. BPS PRTCL USRSCR CLAIM LOG
40. BPS PRTCL USRSCR CLOSE
41. BPS PRTCL USRSCR COMMENT
42. BPS PRTCL USRSCR CONTINUOUS
43. BPS PRTCL USRSCR DEVELOPER LOG

44. BPS PRTCL USRSCR EXIT
45. BPS PRTCL USRSCR HIDDEN ACTIONS
46. BPS PRTCL USRSCR PHARM WRKLST
47. BPS PRTCL USRSCR REOPEN CLOSED CLAIMS
48. BPS PRTCL USRSCR RESEARCH MENU
49. BPS PRTCL USRSCR RESUBMIT
50. BPS PRTCL USRSCR RESUBMIT EDITS
51. BPS PRTCL USRSCR REVERSE
52. BPS PRTCL USRSCR SORTLIST
53. BPS PRTCL USRSCR UPDATE
54. BPS VALM DOWN A LINE
55. BPS VALM FIRST SCREEN
56. BPS VALM GOTO PAGE
57. BPS VALM LAST SCREEN
58. BPS VALM NEXT SCREEN
59. BPS VALM PREVIOUS SCREEN
60. BPS VALM PRINT SCREEN
61. BPS VALM UP ONE LINE
62. BPSJ MFN REGISTER1
63. BPSJ PAYER INPUT
64. BPSJ PAYER RESPONSE
65. BPSJ REGISTER

9. External Relations

9.1 Software Requirements

The following software packages must be installed prior to ECME V. 1.0 installation.

- Health Level Seven (HL7) V. 1.6
- Integrated Billing (IB) V. 2.0
- Kernel V. 8.0
- MailMan V. 8.0
- National Drug File (NDF) V. 4.0
- Outpatient Pharmacy V. 7.0
- Pharmacy Data Management V. 1.0
- VA FileMan V. 22.0
- Visit Tracking V. 2.0
- Consolidated Mail Outpatient Pharmacy (CMOP) V. 2.0

If the site plans to utilize the CMOP functionality, then CMOP V. 2.0 must also be installed.

9.2 Integration Agreements (INTEGRATION CONTROL REGISTRATIONS)

E Claims Management Engine V1.0 has Data Base Integration Control registrations (ICRs) with the packages listed above, in addition to Registration (DG) and Scheduling (SD). For complete information regarding the ICRs for E Claims Management Engine V1.0, please refer to the INTEGRATION CONTROL REGISTRATIONS [DBA IA ISC] option under the DBA [DBA] option on FORUM.

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10. Internal Relations

All of the ECME V. 1.0 package options are designed to stand-alone.

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11. Package-Wide Variables

11.1 SACC Exemptions

There are no SACC exemptions for this package.

11.2 Variables

The following is a list of the more important namespace variables by the ECME V. 1.0 package. These variables are listed here for support purposes only and can change from version to version.

BPS array variables

The BPS array contains all the information needed to build a claim. This information comes primarily from two sources, IB/Insurance and Pharmacy data.

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Security Guide

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12. Security Management

This package does not impose any additional legal requirements on the user, nor does it relieve the user of any legal requirements. No additional security measures are to be applied other than those implemented through Menu Manager and the package routines. No additional licenses are necessary to run the software. Confidentiality of staff and patient data and the monitoring of this confidentiality are no different than with any other paper reference.

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13. Mail Groups and Mail Messages (Bulletins)

There are two mail groups in ECME.

- The mail group BPS OPECC should contain members who will monitor the ECME process.

- The mail group BPS TRICARE should contain members who will monitor the TRICARE process.

There are five MailMan messages (bulletins) sent by ECME.

- If an ECME transaction is missing the insurance information necessary to process the claim, an email bulletin will be sent to the BPS OPECC mail group before the claim processing terminates.

- The Auto-Reversal Process will send an email to the BPS OPECC mail group with a list of ECME claims that were auto-reversed.

- The VA SITE CONTACT in the BPS SETUP table will be notified of any difficulties encountered during the registration process.

- If a non-TRICARE RX/fill cannot be queued for processing, an email is sent to the BPS OPECC mail group.

- If a TRICARE RX/fill cannot be queued for processing, an email is sent to the BPS TRICARE mail group.

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14. Remote Systems

ECME transmits prescription claims and eligibility verification requests to third-party payers via the Austin Information Technology Center (AITC) and the clearinghouse Emdeon via HL7. The claims messages sent and received must comply with the NCPDP V. 5.1 or D.0 Telecommunications Standard. The data on the claims transactions are controlled by fields defined on the payer sheets, which are created by the third-party payer. Generally, the data may include patient, insurance, provider, and prescription data. The payer response will include whether the claim was paid or rejected and possibly drug utilization response (DUR) information. The number of transactions will vary depending on the frequency of prescriptions created at a site and how many of those claims can be third-party billed. The data is not encrypted between VistA and the AITC, which is inside the VA firewall.

ECME transmits registration data to the AITC via HL7. The registration data includes the site data (site number, site contacts, and site contact means) and pharmacy data (pharmacy contacts and contact means, NCPDP, pharmacy DEA, and lead pharmacist data). The AITC returns acknowledgement messages for each registration message it receives. There is a nightly job which, if scheduled properly, will register the site and pharmacy once every day. The data is also sent if the user requests it via the Register Pharmacy with AITC option [BPS SETUP REGISTER PHAMACY]. The data is not encrypted between VistA and the AITC, which is inside the VA firewall.

ECME receives payer sheet table updates from the AITC via HL7. The payer sheet data is stored in the BPS NCPDP FORMATS table (#9002313.92). VistA will return acknowledgement messages for every table update it receives. Currently, the AITC updates their database about once a week and any updates will then be sent to the VistA sites. The data is not encrypted between VistA and the AITC, which is inside the VA firewall.

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15. Archiving and Purging

15.1 Archiving

At present, the ECME V. 1.0 package does not provide for the archiving of its data.

15.2 Purging

The BPS Nightly Background Job, which should be scheduled to run nightly, will purge data older than 365 days from the BPS LOG (#9002313.12) file.

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16. Contingency Planning

If a system failure occurs, check for stranded submissions via the View/Unstrand Submissions Not Completed option [BPS UNSTRAND SCREEN]. If any stranded submissions are found, unstrand them and reprocess them via the ECME User Screen option. Note that requests stranded in a 'Transmitting' state most likely indicate that there is a problem with HL7 processing at the site or at the AITC. If there is an HL7 problem and it is resolved, the submissions will transmit normally and no other effort is needed. Only in the event that it is verified that there is not an HL7 problem, then submissions in this state should be unstranded.

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17. Interfacing

There are no specialized products embedded within or required by the ECME package.

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18. Electronic Signatures

There are no electronic signatures required by the ECME package.

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19. Menus

[BPSMENU]

The complete list of ECME V. 1.0 menu options is shown below. The Claims Coordinator needs to access all ECME V. 1.0 options.

To view the complete ECME V. 1.0 menu structure, the user must hold the BPSMENU, BPS USER, BPS MANAGER, BPS MASTER, and BPS REPORTS keys.

Option Name	Menu Text
BPS MANAGER MENU	Pharmacy ECME Manager Menu
BPS STATS SCREEN	Statistics Screen
BPS MENU MAINTENANCE	ECME transaction maintenance options
BPS MENU RPT CLAIM STATUS	Claim Results and Status
BPS MENU RPT MAIN	Pharmacy Electronic Claims Reports
BPS MENU RPT OTHER	Other Reports
BPS COB MENU	ECME Pharmacy COB
BPS COB PROCESS SECOND TRICARE	Process Secondary/TRICARE Rx to ECME
BPS COB RPT SECONDARY CLAIMS	Potential Secondary Rx Claims Report
BPS COB RPT TRICARE CLAIMS	Potential TRICARE Claims Report
BPS NIGHTLY BACKGROUND JOB	BPS Nightly Background Job
BPS RPT RECENT TRANSACTIONS	Recent Transactions
BPS RPT CLOSED CLAIMS	Closed Claims Report
BPS RPT CMOP/ECME ACTIVITY	CMOP/ECME Activity Report
BPS RPT ERRONEOUS REV	List Possible Erroneous Reversals

Option Name	Menu Text
BPS RPT NOT RELEASED	Claims Submitted, Not Yet Released
BPS RPT PAYABLE	Payable Claims Report
BPS RPT PAYER SHEET DETAIL	Payer Sheet Detail Report
BPS RPT REJECTION	Rejected Claims Report
BPS RPT REVERSAL	Reversal Claims Report
BPS RPT TOTALS BY DAY	Totals by Date
BPS SETUP MENU	Pharmacy ECME Setup Menu
BPS SETUP BASIC PARAMS	Edit Basic Pharmacy ECME Parameters
BPS RPT SETUP PHARMACIES	ECME Setup - Pharmacies Report
BPS SETUP PHARMACY	Edit Pharmacy ECME Pharmacy Data
BPS SETUP REGISTER PHARMACY	Register Pharmacy with Austin Automation Center
BPS RPT TURNAROUND STATS	Turn-around time statistics
BPS UNSTRAND SCREEN	View/Unstrand Claims Not Completed
BPS USER SCREEN	Claims Data Entry Screen
BPSMENU	ECME
BPS RPT CLAIMS RESPONSE	ECME Claims-Response Inquiry
BPS RPT SPENDING ACCOUNT	Spending Account Report

Example: How to View the Exported Options Using VA FileMan

```
VA FileMan 22.0


Select OPTION: 5  INQUIRE TO FILE ENTRIES

OUTPUT FROM WHAT FILE: OPTION// <Enter>
Select OPTION NAME: BPSMENU       ECME
ANOTHER ONE: <Enter>
STANDARD CAPTIONED OUTPUT? Yes// <Enter>  (Yes)
Include COMPUTED fields:  (N/Y/R/B): NO// <Enter> - No record number (IEN), no Computed
 Fields
DISPLAY AUDIT TRAIL? No// <Enter>  NO

NAME: BPSMENU                          MENU TEXT: ECME
  TYPE: menu                           CREATOR: ECMEuser,One
  LOCK: BPSMENU                        PACKAGE: IHS PHARMACY POINT OF SALE
  E ACTION PRESENT: YES                HEADER PRESENT?: YES
 DESCRIPTION:   The main menu
ITEM: BPS MANAGER MENU                 SYNONYM: MGR
  DISPLAY ORDER: 2
ITEM: BPS USER SCREEN                  SYNONYM: U
  DISPLAY ORDER: 1
ITEM: BPS MENU RPT MAIN                SYNONYM: RPT
  DISPLAY ORDER: 4
  ENTRY ACTION: K BPSQUIT D INIT^BPSMHDR I $G(BPSQUIT) K BPSQUIT S XQUIT=1
  HEADER: D HDR^BPSMHDR                TIMESTAMP: 60116,62862
  TIMESTAMP OF PRIMARY MENU: 60044,54655
  UPPERCASE MENU TEXT: ECME



Select OPTION NAME:
```

19.1 Security Keys

BPSMENU Required for accessing the main ECME menu [BPSMENU]

BPS USER Required for accessing the ECME User's Screen [BPS USER SCREEN]
Required for accessing the option Process Secondary/TRICARE Rx to ECME [BPS COB PROCESS SECOND TRICARE]

BPS MANAGER Required for accessing the following ECME options:
- Pharmacy ECME Manager Menu [BPS MANAGER MENU]
- Statistics Screen [BPS STATISTICS SCREEN]
- ECME transaction maintenance options [BPS MENU MAINTENANCE]
- View/Unstrand Claims Not Completed [BPS UNSTRAND SCREEN]
- Re Open CLOSED Claims [BPS REOPEN CLOSED CLAIMS]

BPS MASTER Required for accessing the following ECME options:
- Pharmacy ECME Setup Menu [BPS SETUP MENU]
- Edit Basic Pharmacy ECME Parameters [BPS SETUP BASIC PARAMS]
- Edit ECME Pharmacy Data [BPS SETUP PHARMACY]
- Register Pharmacy with Austin Automation Center [BPS SETUP REGISTER PHARMACY]

BPS REPORTS Required for accessing the following ECME options:
- Pharmacy Electronic Claims Reports [BPS MENU RPT MAIN]
- Claim Results and Status [BPS MENU RPT CLAIM STATUS]
- Recent Transactions [BPS RPT RECENT TRANSACTIONS]
- Closed Claims Report [BPS RPT CLOSED CLAIMS]
- CMOP/ECME Activity Report [BPS RPT CMOP/ECME ACTIVITY]
- Claims Submitted, Not Yet Released [BPS RPT NOT RELEASED]
- Payable Claims Report [BPS RPT PAYABLE]
- Payer Sheet Detail Report [BPS RPT PAYER SHEET DETAIL]
- Rejected Claims Report [BPS RPT REJECTION]
- Reversal Claims Report [BPS RPT REVERSAL]
- Totals by Date [BPS RPT TOTALS BY DAY]
- Turn-around time statistics [BPS RPT TURNAROUND STATS]
- ECME Setup - Pharmacies Report [BPS RPT SETUP PHARMACIES]
- Spending Account Report [BPS RPT SPENDING ACCOUNT]

- ECME Claims-Response Inquiry [BPS RPT CLAIMS RESPONSE]

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20. File Security

All ECME V. 1.0 related files - BPS CLAIMS file (#9002313.02) through BPS SETUP file (#9002313.99) - have Audit (AUDIT), Data Dictionary (DD), Delete (DEL), Learn As You Go (LAYGO), and Write (WR) access codes of "@" and Read (RD) access codes of "Pp".

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21. References

VA Software Document Library
http://www4.va.gov/vdl/

VA Software Document Library - Electronic Claims Management Engine (ECME)
http://www4.va.gov/vdl/application.asp?appid=141

NCPDP HIPAA Transactions documentation
http://www.ncpdp.org/news_hipaa_trans_current.aspx

HIPAA NCPDP Connection for EDI Pharmacy (Active Release)
http://www4.va.gov/vdl/documents/Clinical/Pharm-Consol_Mail_Outpat_Pharm_(CMOP)/ecme_hipaa_ncpdp_1_rn.pdf

NCPDP Basic Guide To Standards
http://www.ncpdp.org/pdf/Basic_guide_to_standards.pdf

22. Official Policies

ECME software is subject to VHA directive 2004-038 which forbids the local modification of Class I software.

Glossary

Accredited Standards Committee (ASC)	An organization that has been accredited by American National Standards Institute (ANSI) for the development of American National Standards.
Administrative Code Sets	Code sets that characterize a general business situation rather than a medical condition or service.
Administrative Simplification (A/S)	Title II, Subtitle F, of HIPAA, which gives the Department Of Health And Human Services (DHHS) the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information.
AITC	Austin Information Technology Center, formerly known as the Austin Automation Center (AAC).
American National Standards (ANS)	Standards developed and approved by organizations accredited by ANSI.
American National Standards Institute (ANSI)	An organization that accredits various standards-setting committees, and monitors their compliance with the open rule-making process that they must follow to qualify for ANSI accreditation.
American Society for Testing and	A standards group that has published general

Materials (ASTM)	guidelines for the development of standards, including those for health care identifiers.
American Medical Association (AMA)	A professional association that represents the voice of the American medical profession and constitutes the partnership of physicians and their professional associations dedicated to promoting the art and science of medicine and the betterment of public health.
Back Door	System access via the roll and scroll, character and Mumps based VistA application.
Blue Cross and Blue Shield Association (BCBSA)	An association that represents the common interest of Blue Cross and Blue Shield health plans. The BCBSA maintains the Claim Adjustment Reason Codes code set.
Business Model	A model of a business organization or process.
Clean Claim	An insurance claim that has no defect, impropriety (including any lack of any substantial documentation) or particular circumstance requiring special treatment that prevents timely payment from being made.
Clearinghouse (or Health Care Clearinghouse)	For health care, an organization that translates health care data to or from a standard format.
Centers for Medicare & Medicaid Services (CMS)	Centers for Medicare & Medicaid Services, formerly Health Care Financing Administration (HCFA). The administration within HHS that is responsible for the national administration of the Medicaid and Medicare programs.

CMS-1450	CMS's name for the institutional uniform claim form, or UB-04.
CMS-1500	CMS's name for the professional uniform claim form.
Coordination of Benefits (COB)	A provision that is intended to avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental or other care or treatment.
Code Set	Under HIPAA "codes used to encode data elements, tables of terms, medical concepts, diagnostic codes, or medical procedures. A code set includes the codes and descriptors of the codes." [45 CFR 162.103]
Covered Entity	Under HIPAA, a health plan, healthcare clearinghouse or health care provider who transmits information in electronic form in connection with a transaction covered by this subchapter 160.103 of 45 CFR.
Current Procedural Terminology	A procedure code set maintained and copyrighted by the AMA and that has been selected for use under HIPAA for non-institutional and non-dental professional transactions.
Data Dictionary (DD)	A document or system that characterizes the data content of a system.
Data Element	Under HIPAA, this is "…the smallest named unit of information in a transaction." [45 CFR 162.103]

Data Mapping	The process of matching one set of data elements or individual code values to their closest equivalents in another set of them.
Data Model	A conceptual model of the information needed to support a business function or process.
Data Set	Under HIPAA, this is "…a semantically meaningful unit of information exchanged between two parties to a transaction." [45 CFR 162.103]
Designated Code Set	A medical or administrative code set, which DHHS has designated for use in one or more of the HIPAA standards.
Designated Data Content Committee or Designated DCC	An organization, which DHHS has designated for oversight of the business data content of one or more of the HIPAA-mandated transaction standards.
Designated Standard	A standard that DHHS has designated for use under the authority provided by HIPAA.
Department of Health and Human Services (DHHS) or (HHS)	Per the website address provided below, 'The Department Of Health And Human Services is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.' The website is available at <http://www.os.dhhs.gov/>.
Dismissed	The ECME function of removing (not physically deleting) patient entries and/or prescriptions from viewing on the Claims Data Entry Screen.

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

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

Health Care Provider	Under HIPAA, this is "…a provider of services as defined in the section 1861(u) of the [Social Security] Act, 42 USC 1395x(u), a provider of medical or other health services as defined in section 1861(s) of the Act, 42 USC 1395(s), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business." [45 CFR 160.103]
Health Information	Under HIPAA this is "… any information, whether oral or recorded in any form or medium that (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (b) related to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual." [45 CFR 160.103]
Health Insurance Association of America (HIAA)	An industry association that represents the interests of commercial health care insurers. The HIAA participates in the maintenance of some code sets, including HCPCS Level II codes.

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

HIPAA Data Dictionary or HIPAA DD	A data dictionary that defines and cross-references the contents of all X12 transactions included in the HIPAA mandate. It is maintained by X12N/TG3.
Implementation Guide (IG)	A document explaining the proper use of a standard for a specific business purpose. The X12N HIPAA IGs are the primary reference documents used by those implementing the associated transactions, and are incorporated into the HIPAA regulations by reference.
Implementation Specification	Under HIPAA, this is "… the specific instructions for implementing a standard." [45 CFR 160.103]
Information Model	A conceptual model of the information needed to support a business function or process.
International Classification of Diseases (ICD)	A medical code set maintained by the World Health Organization (WHO). The primary purpose of this code set is to classify causes of death. A United States (US) extension of this coding system, maintained by the National Center for Health Statistics (NCHS) within the Centers for Disease Control (CDC), is used to identify morbidity factors, or diagnoses. The ICD-9-CM (Revision 9 Clinical Modification) codes have been selected for use in the HIPAA transactions.
International Standards Organization (ISO) or International Organization for Standardization	An organization that coordinates the development and adoption of numerous international standards.
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	In the future, the JCAHO may play a role in certifying these organizations compliance with the HIPAA A/S requirements.

J-Codes	Previously HCPCS Level II has contained a set of codes with a high-order value of "J" to identify some drugs and some other items. The final HIPAA transactions and code set rule states that any J-codes identifying drugs will be dropped from the HCPCS and NDC codes will be used to identify all drug products.
Maintain or Maintenance	Under HIPAA, this is "…activities necessary to support the use of a standard adopted by the Secretary, including technical corrections to an implementation specification, and enhancements or expansion of a code set. This term excludes the activities related to the adoption of a new standard or implementation specification, or modification to an adopted standard or implementation specification." [45 CFR 162.103]
Maximum Defined Data Set	Under HIPAA, this is "… all of the required data elements for a particular standard based on a specific implementation specification." [45 CFR 162.103]. A framework under HIPAA whereby an entity creating a transaction is free to include whatever data any receiver might want or need. The recipient of a maximum data set is free to ignore any portion of the data not needed to conduct their part of the associated business transaction, unless the nonessential data is needed for coordination of benefits.
Medical Code Sets	Codes that characterize a medical condition or treatment. The code sets are usually maintained by professional societies and public health organizations.

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

National Provider File (NPF)	The database envisioned for use in maintaining a national provider registry.
National Provider ID	A system for uniquely identifying all providers of health care services, supplies, and equipment.
National Provider Registry	The organization envisioned for assigning the National Provider IDs.
National Provider System (NPS)	The administrative system envisioned for supporting a national provider registry.
National Standard Format (NSF)	Generically, this applies to any national standard format, but it is often used in a more limited way to designate the Professional EMC NSF, a 320-byte flat file record format used to submit professional claims.
National Uniform Billing Committee (NUBC)	The committee established by the American Hospital Association (AHA) to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling health care claims.
NCPDP Batch Standard	An NCPDP standard designed for use by low-volume dispensers of pharmaceuticals, such as nursing homes. Version 1.0 of this standard has been mandated under HIPAA.
NCPDP Telecommunication Standards	An NCPDP standard designed for use by high-volume dispensers of pharmaceuticals, such as retail pharmacies. Version 5.1 is one of the transaction standards under HIPAA.

Non-Formulary Drugs	The medications, which are defined as commercially available drug products not included in the VA National Formulary.
Notice of Intent (NOI)	A document that describes a subject area for which the Federal Government is considering developing regulations. It may describe what the government considers to be the relevant considerations and invite comments from interested parties. These comments can then be used in developing a Notice of Proposed Rulemaking (NPRM) or a final regulation.
Notice of Proposed Rulemaking (NPRM)	A document that describes and explains regulations that the Federal Government proposes to adopt at some future date, and invites interested parties to submit comments related to them. These comments can then be used in developing the final rules.
Office of Management & Budget (OMB)	A Federal Government agency that has a major role in reviewing proposed Federal regulations.
Open System Interconnection (OSI)	A multi-layer ISO data communications standard. Level Seven of this standard is industry-specific, and HL7 is responsible for specifying the level seven OSI standards for the health industry.
Orderable Item	An Orderable Item name and dosage form that has no strength attached to it (e.g., Acetaminophen). The name with a strength attached is the Dispense Drug name (e.g., Acetaminophen 325mg).
Payer	In health care, an entity that assumes the risk of paying for medical treatments. This can

	be an uninsured patient, a self-insured employer, or a health care plan or Health Maintenance Organization (HMO).
PAYERID	HCFA's term for their National Payer ID initiative.
Payer Sheet	Entries in BPS NCPDP FORMATS (#9002313.92) are commonly referred to as "payer sheets".
Placeholders	Physical and/or logical data elements that are referenced and placed within a data structure that have a data definition but may or may not currently exist within the system. The value of these data elements are not currently maintained by the software but are established for future iterations of system development related to Billing Aware.
Potentially Billable Event	A service, which has all required data elements associated with it. These data elements are collected in the VistA Clinical Application.
Professional Component	Charges for physician services. Examples include physician who reads the Electrocardiogram (EKG) and an Emergency Room physician who provides treatment.
Provider Taxonomy Codes	A code set for identifying the provider type and area of specialization for all health care providers. A given provider can have several Provider Taxonomy Codes. The BCBSA maintains this code set.
Secretary	Under HIPAA, this refers to the Secretary of the US Department of Health and Human Services or his/her designated representatives. [45 CFR 160.103].

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

Third (3rd) Party Claims	Health care insurance claims submitted to an entity for reimbursement of health care bills.
Transaction	Under HIPAA, this is "…the exchange of information between two parties to carry out financial or administrative activities related to health care." [45 CFR 160.103]
Tricare Patient	A Tricare patient is a patient that has Tricare coverage only. His/her Tricare insurance will be billed for the prescription. If his/her Tricare insurance rejects the claim, then the medication will NOT be released to the patient. If the patient has commercial insurance(s) in addition to Tricare coverage, then she/he is not considered as a Tricare patient in terms of the ECME software. Medication will be released and neither Tricare nor commercial insurances will be billed.
UB-04	A uniform institutional claim form developed by the National Uniform Billing Committee (NUBC) that has been in use since 1993.
Unstructured Data	This term usually refers to data that is represented as free-form text, as an image, etc., where it is not practical to predict exactly what data will appear where.
'Verify' a Prescription	After a prescription order has been 'Finished' the prescription must be 'Verified' by an authorized VistA user, through the administration of the system security key SOP. This is a critical step in the process of generating an electronic claim.
Veterans Health Information Systems and Technology Architecture (VistA**)**	Acronym for Veterans Health Information Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).
Workgroup for Electronic Data	A health care industry group that lobbied

Interchange (WEDI)	for HIPAA A/S, and that has a formal consultative role under the HIPAA legislation.

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