



# **OUTPATIENT PHARMACY**

## **TECHNICIAN'S USER MANUAL**

Version 7.0  
December 1997

(Revised February 2012)



## Revision History

Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. If the Revised Pages column lists “All,” replace the existing manual with the reissued manual. If the Revised Pages column lists individual entries (e.g., 25, 32), either update the existing manual with the Change Pages Document or print the entire new manual.

Date	Revised Pages	Patch Number	Description
02/2012	i-ii, <a href="#">v-vi</a> , <a href="#">14</a> , <a href="#">34</a> , <a href="#">37-40</a> , <a href="#">42-43</a> , <a href="#">45a-45h</a> , <a href="#">63</a> , <a href="#">66</a> , <a href="#">68a-b</a> , <a href="#">70</a> , <a href="#">79-83</a>	PSO*7*385 PSO*7*359	Added signature alert Expanded ECME Numbers to twelve digits Corrected typos Updated wording on p. 34 from “a message” to “messages” Updated Service Code values Added CHAMPVA functionality Added TRICARE to Glossary Added CHAMPVA to Glossary (S. Spence, PM; C. Smith, Tech Writer)

Date	Revised Pages	Patch Number	Description
04/2011	i v, vi 4 5  8 21  22 24 25-26r  27 28-28b 29-29ff  50 54 75 77-78 79-84  85	PSO*7*251	<p>The following changes are included in this patch:</p> <ul style="list-style-type: none"> <li>-Updated Revision History</li> <li>-Updated Table of Contents</li> <li>-Outpatient List Manager Screen Views</li> <li>-Added HP and H to Hold Status, and Added DF,DE,DP,DD and DA</li> <li>-Added Intervention menu hidden action information</li> <li>-Added DF,DE,DP,DD and DA, and Added HP and H to Hold Status</li> <li>-Replaced Medication Short Profile</li> <li>-Added Intervention menu hidden action information</li> <li>-Inserted enhanced Order checks, Outpatient Pharmacy generated order checks</li> <li>-Added IN to Screen Scrape</li> <li>-Modified New Order Screen Scrape</li> <li>-Updated Entering a New Order,Added Allergy/ADR, Therapeutic Duplication,and CPRS Order Checks</li> <li>-Duplicate Drug examples</li> <li>-Duplicate Drug examples</li> <li>-CPRS Order Checks – How They Work</li> <li>-Error Messages</li> <li>-Added API, DATUP, DIF, DoD, ETC, FDB, HDR-Hx, and HDR-IMS to the Glossary, and updated page numbering</li> <li>-Updated Index to include Enhanced Drug-Drug Interactions, Duplicate Drug Order Check, Allergy/ADR Order Check Display, Therapeutic Duplication, and CPRS Order Checks, and updated page numbering</li> </ul> <p>(H. Whitney, Developer, S. Heiress, Tech Writer)</p>
10/09	v, 11, 21-23, 61, 81	PSO*7*326	<p>The Social Security Number was removed from print outs given to patients. The patient lookup has been expanded to include the ability to look up by prescription number or wand a barcode with the prescription from many options.</p> <p>(E. Wright, PM; S. B. Gilbert, Tech Writer)</p>
08/09	All	PSO*7*320	<p>The following changes are included in this patch.</p> <ul style="list-style-type: none"> <li>• Remote Data prompt, notification, and screen have been added.</li> <li>• A hidden action, DR [Display Remote], has been added.</li> <li>• "THIS PATIENT HAS PRESCRIPTIONS AT OTHER FACILITIES" prints at the end of the Pull Early from Suspense report.</li> </ul> <p>(G. Tucker, PM; S. B. Scudder, Tech Writer)</p>

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# Chapter 1: Using the Bingo Board User Menu

---

This chapter describes the options available on the *Bingo Board User* menu.

## Bingo Board User

### [PSO BINGO USER]

This menu enables use of the bingo board display. The options on this menu allow the user to display, enter, or remove a patient's name or a number from the bingo board display located in the pharmacy area.

When the routing for an order is set to "Window", the entering of prescription orders stores information in the bingo board PATIENT NOTIFICATION (Rx READY) file. For new, renew, pull early from suspense, refill orders, barcode refill/renew, and finish process for orders entered via Computerized Patient Record System (CPRS), the date and time is captured when the order is stored in this file. The same occurs for partials, except the time is captured when a prescription number is entered.

Releasing the prescription places the name or ticket number of the patient on the bingo board monitor if a display group exists and stores data in the WAITING TIME file. The options on this menu are used to manually enter, display, or remove a patient's name or number from the monitor.

The following options are available on the *Bingo Board User* menu:

- *Enter New Patient*
- *Display Patient's Name on Monitor*
- *Remove Patient's Name from Monitor*
- *Status of Patient's Order*

## Enter New Patient

### [PSO BINGO NEW PATIENT]

Use this option to manually enter the name of a new patient on the bingo board. Each prescription number for the patient's order must be entered.

A "Ticket #" prompt appears if ticket number was chosen as the method of display in the *Enter/Edit Display* option on the *Bingo Board Manager* menu. Enter the ticket number and at the next prompt enter each of the prescription numbers for that patient.

## **Display Patient's Name on Monitor**

### **[PSO BINGO DISPLAY PATIENT]**

Use this option to begin displaying the name or number of a patient whose prescription is ready. The message, "PRESCRIPTIONS ARE READY FOR:" appears as fixed text on the display screen. This option displays the following reminder for ECME billable prescriptions: "\*\*\* This Pharmacy Rx requires a patient signature! \*\*\*"

## **Remove Patient's Name from Monitor**

### **[PSO BINGO DELETE PATIENT]**

After the patient picks up the prescription, remove the name or ticket number from the display either manually or through the barcode reader.



It is recommended that a patient's name be removed from the monitor as soon as the prescription is picked up.



```

Remote Facilities Visited      Dec 30, 2008@17:26:47      Page: 1 of 1
Patient: PSOPATIENT,ONE      (000-00-0000)      DOB: 01/02/1967

Station
HDR CHEYENNE

Enter ?? for more actions
DR  Display Remote Pharmacy Data      DB  Display Both Pharmacy Data
Action:Quit//DR

```

To display the prescriptions at the remote pharmacy location, enter DR at the “Action” prompt. The “Medication Profile – Remote” screen appears such as the following example.

```

Medication Profile - Remote  Dec 30, 2008@17:29:43      Page: 1 of 2
Patient: PSOPATIENT,ONE      (000-00-0000)      DOB: 01/02/1967

RX#          DRUG          ST QTY ISSUED  LAST FILLED
HDR CHEYENNE
712885      AMOXICILLIN TRIHYDRATE 250MG CAP  A  90 11/06/08  11/06/08
SIG: TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY
PROVIDER: MCKAY,ELMER
712886      DILTIAZEM (INWOOD) 240MG CAP,SA  A  30 11/28/08  11/28/08
SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY
PROVIDER: MCKAY,ELMER
712888      LABETALOL HCL 200MG TAB          A  60 12/30/08  12/30/08
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
PROVIDER: MCKAY,ELMER
712887      SIMVASTATIN 20MG TAB          A  15 12/09/08  12/09/08
SIG: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING TESTING
      FOR PATTESTING FOR PATIENT TESTING FOR PATTESTING
      FOR PATIENTENT INTRUCTION ON SIG1 TESTING FOR
      PATIENT INTRUCTION ON SIG1 TESTING FOR PATIENT
      REPLACE IENT WITH IENT TESTING FOR PATIENT
+          Enter ?? for more actions

Select Action:Next Screen//

```

## Entering a New Order – ePharmacy (Third Party Billable)

For patients who have third party insurance and have the appropriate eligibility requirements, the software will create an ePharmacy order upon finishing of the prescription entry.

After a WINDOW order is entered and finished, the billing data is sent to the Electronic Management Claims Engine (ECME). ECME sends messages back to Outpatient Pharmacy displaying the status of the claim. For MAIL orders, the communication between Outpatient Pharmacy and ECME happens either during the Local Mail Label Print or during the CMOP transmission.

The following example shows the creation of a new WINDOW order starting with the “DRUG:” prompt.

### Example: Entering a New Order for ePharmacy Billing

DRUG: **PREDNISONE**

Lookup: GENERIC NAME

1 PREDNISONE 1MG TAB HS051

2 PREDNISONE 20MG S.T. HS051

3 PREDNISONE 5MG TAB HS051

CHOOSE 1-3: **3** PREDNISONE 5MG TAB HS051

Now doing order checks. Please wait...

Previously entered ICD-9 diagnosis codes: **<Enter>**

Select Primary ICD-9 Code: **<Enter>**

VERB: TAKE

Available Dosage(s)

1. 20MG

2. 40MG

Select from list of Available Dosages, Enter Free Text Dose  
or Enter a Question Mark (?) to view list: **1** 20MG

You entered 20MG is this correct? Yes// **<Enter>** YES

VERB: TAKE

DISPENSE UNITS PER DOSE(TABLET): 1// **<Enter>** 1

Dosage Ordered: 20MG

NOUN: TABLET

ROUTE: PO// **<Enter>**

1 PO ORAL (BY MOUTH) PO

2 PO ORAL PO

CHOOSE 1-2: **2** ORAL PO BY MOUTH

Schedule: **TID** (THREE TIMES A DAY)

LIMITED DURATION (IN DAYS, HOURS OR MINUTES): **10** (DAYS)

CONJUNCTION: **<Enter>**

PATIENT INSTRUCTIONS: **WF**

WITH FOOD

(TAKE ONE TABLET BY BY MOUTH THREE TIMES A DAY FOR 10 DAYS WITH FOOD)

-----example continues-----

If a new order is rejected due to a Drug Utilization Review (DUR) or Refill Too Soon, the prescription will be marked as “REJECTED”, and the user will have the opportunity to resolve before continuing.

The following example uses the shows a sample ECME transmission rejection, and how to resolve the rejection error.

#### Example: Handling a Rejected New Order for ePharmacy Billing

```
Prescription 999999 successfully submitted to ECME for claim generation.
```

```
Claim Status:
```

```
IN PROGRESS-Waiting to start
```

```
IN PROGRESS-Waiting for packet build
```

```
IN PROGRESS-Waiting for transmit
```

```
IN PROGRESS-Transmitting
```

```
E REJECTED
```

```
*** REJECT RECEIVED FROM THIRD PARTY PAYER ***
```

```
-----
Division : ALBANY                                NPI#: 39393939
Patient  : OPPATIENT,FOUR(000-01-1322P)  Sex: M      DOB: JAN 13,1922(83)
Prescription : 99999999/0 - TESTOSTERONE (ANDROD  ECME#: 000001234567
Reject Type  : 88 - DUR REJECT received on FEB 27, 2006@10:58:25
Payer Message: DUR Reject Error
Reason       : ER (OVERUSE PRECAUTION)
DUR Text     : ANDRODERM      DIS 5MG/24HR
Insurance    : EMDEON
Group Name   : RXINS
Cardholder ID: 000011322P
Contact: 800 555-5555
Group Number: 12454
-----
```

```
Select one of the following:
```

```

O          (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
I          (I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION
Q          (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)
```

```
(O)verride, (I)gnore, (Q)uit: Q// O  OVERRIDE
```

When a claim is rejected, typically the Payer provides a “Reason for Service Code”, which displays on the reject as “Reason”. The user can use this reason to then select which code is entered for “Professional Service Code” and “Result of Service Code”. To see a list of service codes, enter ? at the specified prompt.

### Example: Handling a Rejected New Order for ePharmacy Billing (continued)

```
Reason for Service Code : ER - OVERUSE
Professional Service Code: RT          RECOMMENDED LABORATORY TEST
Result of Service Code   : 1G          FILLED, WITH PRESCRIBER APPROVAL

Reason for Service Code : ER - OVERUSE
Professional Service Code: RT - RECOMMENDED LABORATORY TEST
Result of Service Code   : 1G - FILLED, WITH PRESCRIBER APPROVAL

Confirm? ? YES// <Enter>

Prescription 99999999 successfully submitted to ECME for claim generation.

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

For Refill Too Soon rejects, the same choices apply.

### Example: Handling a TRICARE Rejected New Order for ePharmacy Billing

Rejected TRICARE claims will be denoted with “TRICARE” during submission to ECME and within the subsequent reject notification screen. Also, the reject codes will be displayed in both places. The following example shows a prescription being submitted to ECME and this process occurs directly following the “Is this correct? YES//” prompt during finish. Where DUR or RTS are one of the reject codes, the user will be able to select from (D)iscontinue the prescription, submit (O)verride codes, or (Q)uit which sends the rejection to the Third Party Payer Rejects - Worklist. A TRICARE rejection may not be (I)gnored.

```
TRICARE Prescription 101110 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Processing response
E REJECTED
  79 - Refill Too Soon
  14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR TRICARE PATIENT ***
-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789) Sex: M    DOB: OCT 18,1963(44)
Rx/Drug  : 101110/0 - NAPROXEN 250MG S.T.      ECME#: 000000112303
Reject(s): REFILL TOO SOON (79), 14 - M/I Eligibility Clarification Code (14).
          Received on MAR 03, 2008@14:40:57.

Insurance   : TRICARE                      Contact:
Group Name  : TRICARE PRIME                 Group Number: 123123
Cardholder ID: SI9844532
-----

Select one of the following:

O          (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
D          (D)ISCONTINUE - DO NOT FILL PRESCRIPTION
Q          (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)verride, (D)iscontinue, (Q)uit: Q//
```

### Example: Handling a non-DUR/RTS or non-clinical TRICARE rejected New Order for ePharmacy Billing

For TRICARE prescription rejections that have non-DUR/RTS or non-clinical rejects, the user will be able to select from (D)iscontinue the prescription or (Q)uit which sends it to the Third Party Payer Rejects - Worklist. TRICARE prescriptions with these type rejects cannot be filled until the rejection is resolved. Example:

```
TRICARE Prescription 101113 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting
E REJECTED
  07 - M/I Cardholder ID Number
  14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR TRICARE PATIENT ***
-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789) Sex: M      DOB: OCT 18,1963(44)
Rx/Drug  : 101113/0 - SIMETHICONE 40MG TAB      ECME#: 000000112306
Reject(s): M/I Eligibility Clarification Code (14), M/I Cardholder ID
          Number (07). Received on MAR 03, 2008@14:43:42.

Insurance   : TRICARE                      Contact:
Group Name  : TRICARE PRIME                 Group Number: 123123
Cardholder ID: SI9844532
-----

Select one of the following:

D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(D)iscontinue, (Q)uit: Q//
```

For non-billable TRICARE prescriptions, an abbreviated version of the reject notification screen will be displayed. Because the prescription is non-billable, the insurance and ECME information that's currently provided for DUR/RTS rejects will not be displayed (i.e. insurance, group name, group #, ECME #, contact, cardholder ID). In this case, the prescription must be discontinued.

```
Is this correct? YES// ...

*** TRICARE - NON-BILLABLE ***
-----
Division : ALBANY ISC                                NPI#:
Patient   : OPTRICARE,ONE(666-55-4789) Sex: M        DOB: OCT 18,1963(44)
Rx/Drug   : 102058/0 - ABSORBABLE GELATIN S
Date/Time : AUG 27, 2008@16:49:46
Reason    : Drug not billable.
-----

This is a non-billable TRICARE prescription.  It cannot be filled or sent
to the reject worklist.  It must be discontinued.

Press <RETURN> to continue...
Nature of Order: SERVICE CORRECTION//                S

Requesting PROVIDER: OPHARM  OPPHARM,ONE            OO
```

Labels will not print for discontinued TRICARE prescriptions, and reprint label will not be allowed for TRICARE rejected prescriptions.

```
Select Rx (Prescriptions) Option: REPrint an Outpatient Rx Label

Reprint Prescription Label: 101113          SIMETHICONE 40MG TAB
Number of Copies? : (1-99): 1//
Print adhesive portion of label only? ? No// NO
Do you want to resend to Dispensing System Device? No// NO
Comments: REPRINT

Rx # 101113          03/03/08
OPTRICARE,ONE          #180

ONE MOUTH TWICE A DAY

SIMETHICONE 40MG TAB
OPPHARM,ONE          OPPHARM,ONE
# of Refills: 3

Select LABEL DEVICE: NULL Bit Bucket

No Label(s) printed.

Reprint Prescription Label:
```

Suspended TRICARE prescriptions will remain on suspense when a reject occurs, when the prescription is non-billable, or when the third party claim remains in an 'IN PROGRESS' status in ECME. Labels will not print. Once the reject is resolved, the user may pull the prescription early from suspense or wait for the next scheduled Print from Suspense option runs at which time labels will print accordingly. This includes CMOP and local suspense.

```
TRICARE Prescription 101607 submitted to ECME for claim generation.
```

```
Claim Status:  
IN PROGRESS-Building the claim  
IN PROGRESS-Transmitting  
IN PROGRESS-Parsing response
```

```
*** TRICARE - 'IN PROGRESS' ECME status ***
```

```
-----  
Division : ALBANY ISC                                NPI#: 5000000021  
Patient  : OPTRICARE,ONE(666-55-4789) Sex: M          DOB: OCT 18,1963(44)  
Rx/Drug  : 101607/0 - ACETAZOLAMIDE 250MG  
Date/Time: APR 20, 2008@20:11:17  
Reason   : ECME Status is in an 'IN PROGRESS' state and cannot be filled  
-----
```

```
This prescription will be suspended. After the third party claim is resolved,  
it may be printed or pulled early from suspense.
```

```
Press <RETURN> to continue...
```



A rejected TRICARE prescription may not have a partial fill ordered until the reject is resolved.

OP Medications (SUSPENDED)		Apr 18, 2008@19:10:16		Page: 1 of 2	
OPTRICARE, ONE					
PID: 666-55-4789		Ht (cm): _____ (_____)			
DOB: OCT 18, 1963 (44)		Wt (kg): _____ (_____)			
Rx #: 101526e					
(1) *Orderable Item: ACETAZOLAMIDE PILL					
(2) Drug: ACETAZOLAMIDE 500MG SEQUELS					
Verb: TAKE					
(3) *Dosage: 1 PILL					
*Route: ORAL					
*Schedule: BID					
(4) Pat Instructions:					
SIG: TAKE 1 PILL BY MOUTH TWICE A DAY					
(5) Patient Status: OTHER FEDERAL					
(6) Issue Date: 04/18/08		(7) Fill Date: 04/19/08			
Last Fill Date: 04/19/08 (Window)					
Last Release Date:		(8) Lot #:			
Expires: 04/19/09		MFG:			
+					
DC	Discontinue	PR	Partial	RL	Release
ED	Edit	RF	(Refill)	RN	Renew
Select Action: Next Screen// <input checked="" type="checkbox"/> Partial					

  

OP Medications (SUSPENDED)		Apr 18, 2008@19:10:16		Page: 1 of 2	
OPTRICARE, ONE					
PID: 666-55-4789		Ht (cm): _____ (_____)			
DOB: OCT 18, 1963 (44)		Wt (kg): _____ (_____)			
Rx #: 101526e					
(1) *Orderable Item: ACETAZOLAMIDE PILL					
(2) Drug: ACETAZOLAMIDE 500MG SEQUELS					
Verb: TAKE					
(3) *Dosage: 1 PILL					
*Route: ORAL					
*Schedule: BID					
(4) Pat Instructions:					
SIG: TAKE 1 PILL BY MOUTH TWICE A DAY					
(5) Patient Status: OTHER FEDERAL					
(6) Issue Date: 04/18/08		(7) Fill Date: 04/19/08			
Last Fill Date: 04/19/08 (Window)					
Last Release Date:		(8) Lot #:			
Expires: 04/19/09		MFG:			
+					
<b>Partial cannot be filled on TRICARE non-payable Rx</b>					
DC	Discontinue	PR	Partial	RL	Release
ED	Edit	RF	(Refill)	RN	Renew
Select Action: Next Screen//					

If ECME's status on the claim remains in an "In Progress" state past the processing timeout during finish of the prescription, TRICARE prescriptions will not be allowed to be filled. Instead it will be placed on suspense until the rejection is resolved. Below is an example of this screen:

```
TRICARE Prescription 101607 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response

*** TRICARE - 'IN PROGRESS' ECME status ***
-----
Division : ALBANY ISC                                NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789) Sex: M          DOB: OCT 18,1963(44)
Rx/Drug  : 101607/0 - ACETAZOLAMIDE 250MG
Date/Time: APR 20, 2008@20:11:17
Reason   : ECME Status is in an 'IN PROGRESS' state and cannot be filled
-----

This prescription will be suspended. After the third party claim is resolved,
it may be printed or pulled early from suspense.

Press <RETURN> to continue...
```

If a pharmacy is active for ePharmacy processing but an insurance plan is not linked or not active, TRICARE prescription will be allowed to be filled without third party claim submission. The phrase "Inactive ECME TRICARE" will be displayed during Finish and an ECME log entry will be added stating such.

**Example of message during finish:**

```
Do you want to enter a Progress Note? No//    NO

Rx # 102046                08/27/08
OPTRICARE,TEST                #180
ONE MOUTH TWICE A DAY

DANTROLENE 25MG CAP
OPPROVIDER,ONE                OPPHAR,ONE
# of Refills: 3

Is this correct? YES// ...
-Rx 101921 has been discontinued...

Inactive ECME TRICARE
```

**Example of ECME Activity Log entry:**

```
ECME Log:
#    Date/Time                Rx Ref                Initiator Of Activity
=====
1    8/27/08@11:07:45        ORIGINAL                OPPHARM,ONE
Comments: TRICARE-Inactive ECME TRICARE
```



### Example: Handling a CHAMPVA Rejected New Order for ePharmacy Billing

Rejected CHAMPVA claims will be denoted with “CHAMPVA” during submission to ECME and within the subsequent reject notification screen. Also, the reject codes will be displayed in both places. The following example shows a prescription being submitted to ECME and this process occurs directly following the “Is this correct? YES//” prompt during finish. Where DUR or RTS are one of the reject codes, the user will be able to select from (D)iscontinue the prescription, submit (O)verride codes, or (Q)uit which sends the rejection to the Third Party Payer Rejects - Worklist. A CHAMPVA rejection may not be (I)gnored.

```
CHAMPVA Prescription 101110 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Processing response
E REJECTED
  79 - Refill Too Soon
  14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR CHAMPVA PATIENT ***
-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPCHAMPVA,ONE(666-55-4789) Sex: M      DOB: OCT 18,1963(44)
Rx/Drug  : 101110/0 - NAPROXEN 250MG S.T.      ECME#: 000000112303
Reject(s): REFILL TOO SOON (79), 14 - M/I Eligibility Clarification Code (14).
          Received on MAR 03, 2008@14:40:57.

Insurance   : CHAMPVA                      Contact:
Group Name  : CHAMPVA PRIME                Group Number: 123123
Cardholder ID: SI9844532
-----

Select one of the following:

O          (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
D          (D)ISCONTINUE - DO NOT FILL PRESCRIPTION
Q          (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)verride, (D)iscontinue, (Q)uit: Q//
```

### Example: Handling a non-DUR/RTS or non-clinical CHAMPVA rejected New Order for ePharmacy Billing

For CHAMPVA prescription rejections that have non-DUR/RTS or non-clinical rejects, the user will be able to select from (D)iscontinue the prescription or (Q)uit which sends it to the Third Party Payer Rejects - Worklist. CHAMPVA prescriptions with these type rejects cannot be filled until the rejection is resolved. Example:

```
CHAMPVA Prescription 101113 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting
E REJECTED
  07 - M/I Cardholder ID Number
  14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR CHAMPVA PATIENT ***
-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPCHAMPVA,ONE(666-55-4789)  Sex: M      DOB: OCT 18,1963(44)
Rx/Drug  : 101113/0 - SIMETHICONE 40MG TAB      ECME#: 000000112306
Reject(s): M/I Eligibility Clarification Code (14), M/I Cardholder ID
           Number (07). Received on MAR 03, 2008@14:43:42.

Insurance   : CHAMPVA                      Contact:
Group Name  : CHAMPVA PRIME                 Group Number: 123123
Cardholder ID: SI9844532
-----

Select one of the following:

D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(D)iscontinue, (Q)uit: Q//
```

For non-billable CHAMPVA prescriptions, an abbreviated version of the reject notification screen will be displayed. Because the prescription is non-billable, the insurance and ECME information that's currently provided for DUR/RTS rejects will not be displayed (i.e. insurance, group name, group #, ECME #, contact, cardholder ID). In this case, the prescription must be discontinued.

```
Is this correct? YES// ...

*** CHAMPVA - NON-BILLABLE ***
-----
Division : ALBANY ISC                      NPI#:
Patient   : OPCHAMPVA,ONE(666-55-4789)    Sex: M      DOB: OCT 18,1963(44)
Rx/Drug   : 102058/0 - ABSORBABLE GELATIN S
Date/Time : AUG 27, 2008@16:49:46
Reason    : Drug not billable.
-----

This is a non-billable CHAMPVA prescription.  It cannot be filled or sent
to the reject worklist.  It must be discontinued.

Press <RETURN> to continue...
Nature of Order: SERVICE CORRECTION//      S

Requesting PROVIDER: OPHARM  OPPHARM,ONE    OO
```

Labels will not print for discontinued CHAMPVA prescriptions, and reprint label will not be allowed for CHAMPVA rejected prescriptions.

```
Select Rx (Prescriptions) Option: REPrint an Outpatient Rx Label

Reprint Prescription Label: 101113          SIMETHICONE 40MG TAB
Number of Copies? : (1-99): 1//
Print adhesive portion of label only? ? No//  NO
Do you want to resend to Dispensing System Device? No//  NO
Comments: REPRINT

Rx # 101113          03/03/08
OPCHAMPVA,ONE          #180

ONE MOUTH TWICE A DAY

SIMETHICONE 40MG TAB
OPPHARM,ONE          OPPHARM,ONE
# of Refills: 3

Select LABEL DEVICE: NULL  Bit Bucket

No Label(s) printed.

Reprint Prescription Label:
```

Suspended CHAMPVA prescriptions will remain on suspense when a reject occurs, when the prescription is non-billable, or when the third party claim remains in an 'IN PROGRESS' status in ECME. Labels will not print. Once the reject is resolved, the user may pull the prescription early from suspense or wait for the next scheduled Print from Suspense option runs at which time labels will print accordingly. This includes CMOP and local suspense.

```
CHAMPVA Prescription 101607 submitted to ECME for claim generation.
```

```
Claim Status:  
IN PROGRESS-Building the claim  
IN PROGRESS-Transmitting  
IN PROGRESS-Parsing response
```

```
*** CHAMPVA - 'IN PROGRESS' ECME status ***
```

```
-----  
Division : ALBANY ISC                                NPI#: 5000000021  
Patient  : OPCHAMPVA, ONE (666-55-4789) Sex: M        DOB: OCT 18, 1963 (44)  
Rx/Drug  : 101607/0 - ACETAZOLAMIDE 250MG  
Date/Time: APR 20, 2008@20:11:17  
Reason   : ECME Status is in an 'IN PROGRESS' state and cannot be filled  
-----
```

```
This prescription will be suspended. After the third party claim is resolved,  
it may be printed or pulled early from suspense.
```

```
Press <RETURN> to continue...
```



A rejected CHAMPVA prescription may not have a partial fill ordered until the reject is resolved.

OP Medications (SUSPENDED)		Apr 18, 2008@19:10:16		Page: 1 of 2	
OPCHAMPVA, ONE					
PID: 666-55-4789		Ht (cm): _____ (_____)			
DOB: OCT 18, 1963 (44)		Wt (kg): _____ (_____)			
Rx #: 101526e					
(1) *Orderable Item: ACETAZOLAMIDE PILL					
(2) Drug: ACETAZOLAMIDE 500MG SEQUELS					
Verb: TAKE					
(3) *Dosage: 1 PILL					
*Route: ORAL					
*Schedule: BID					
(4) Pat Instructions:					
SIG: TAKE 1 PILL BY MOUTH TWICE A DAY					
(5) Patient Status: OTHER FEDERAL					
(6) Issue Date: 04/18/08		(7) Fill Date: 04/19/08			
Last Fill Date: 04/19/08 (Window)					
Last Release Date:		(8) Lot #:			
Expires: 04/19/09		MFG:			
+					
DC	Discontinue	PR	Partial	RL	Release
ED	Edit	RF	(Refill)	RN	Renew
Select Action: Next Screen// <input checked="" type="checkbox"/> Partial					

  

OP Medications (SUSPENDED)		Apr 18, 2008@19:10:16		Page: 1 of 2	
OPCHAMPVA, ONE					
PID: 666-55-4789		Ht (cm): _____ (_____)			
DOB: OCT 18, 1963 (44)		Wt (kg): _____ (_____)			
Rx #: 101526e					
(1) *Orderable Item: ACETAZOLAMIDE PILL					
(2) Drug: ACETAZOLAMIDE 500MG SEQUELS					
Verb: TAKE					
(3) *Dosage: 1 PILL					
*Route: ORAL					
*Schedule: BID					
(4) Pat Instructions:					
SIG: TAKE 1 PILL BY MOUTH TWICE A DAY					
(5) Patient Status: OTHER FEDERAL					
(6) Issue Date: 04/18/08		(7) Fill Date: 04/19/08			
Last Fill Date: 04/19/08 (Window)					
Last Release Date:		(8) Lot #:			
Expires: 04/19/09		MFG:			
+					
<b>Partial cannot be filled on CHAMPVA non-payable Rx</b>					
DC	Discontinue	PR	Partial	RL	Release
ED	Edit	RF	(Refill)	RN	Renew
Select Action: Next Screen//					

If ECME's status on the claim remains in an "In Progress" state past the processing timeout during finish of the prescription, a CHAMPVA prescription will not be allowed to be filled. Instead it will be placed on suspense until the rejection is resolved. Below is an example of this screen:

```
CHAMPVA Prescription 101607 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response

*** CHAMPVA - 'IN PROGRESS' ECME status ***
-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPCHAMPVA,ONE(666-55-4789)  Sex: M      DOB: OCT 18,1963(44)
Rx/Drug  : 101607/0 - ACETAZOLAMIDE 250MG
Date/Time: APR 20, 2008@20:11:17
Reason   : ECME Status is in an 'IN PROGRESS' state and cannot be filled
-----

This prescription will be suspended. After the third party claim is resolved,
it may be printed or pulled early from suspense.

Press <RETURN> to continue...
```

If a pharmacy is active for ePharmacy processing but an insurance plan is not linked or not active, the CHAMPVA prescription will be allowed to be filled without third party claim submission. The phrase "Inactive ECME CHAMPVA" will be displayed during Finish and an ECME log entry will be added stating such.

**Example of message during finish:**

```
Do you want to enter a Progress Note? No//    NO

Rx # 102046                08/27/08
OPCHAMPVA, TEST                #180
ONE MOUTH TWICE A DAY

DANTROLENE 25MG CAP
OPPROVIDER, ONE                OPPHAR, ONE
# of Refills: 3

Is this correct? YES// ...
-Rx 101921 has been discontinued...

Inactive ECME CHAMPVA
```

**Example of ECME Activity Log entry:**

```
ECME Log:
#    Date/Time            Rx Ref            Initiator Of Activity
=====
1    8/27/08@11:07:45    ORIGINAL        OPPHARM, ONE
Comments: CHAMPVA -Inactive ECME CHAMPVA
```

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## NDC Validation

The initial validation of the NDC can be performed by a pharmacy technician. This functionality only applies to local fills that are not sent to OPAI. This function provides a pharmacy technician the ability to manually enter or scan the bar code of the existing prescription label and then manually enter or scan the NDC of the stock bottle used to fill the prescription. When the system matches the NDC, confirmation is provided to the pharmacy tech and allows the technician to continue processing. However, if the system detects a mismatch and the NDC of the stock bottle has an associated entry in the synonym file, the NDC will be updated in Prescription file (#52) for the fill. The system will then prompt the technician to press enter to continue, a new label will be printed, the original electronic claim reversed, and a new claim submission will be transmitted with the new NDC. In the event that the revised NDC prompts a RTS/DUR rejection, the system will immediately send the item to the Reject Worklist.

In a case where the NDC entered is not defined for the drug, the system prompts the technician that a mismatch has occurred and the prescription needs to be validated by a pharmacist. The system notes that the NDC had not been validated and allows the pharmacy tech to move to the next prescription. In the event of a change of NDC prompting a rejection, the system immediately sends the item to the Reject Worklist.

The releasing pharmacist will receive a notation that NDC has been validated by the technician when processing. If the NDC change has prompted a claim reversal and produced a RTS/DUR rejection, the pharmacist will be presented with a Reject Processing screen at release.

### Example: Matched NDC :

```
Select ePharmacy Menu Option: NV  NDC Validation

WAND BARCODE or enter Rx#: 2054787B

Rx: 2054787B          Fill: 0          Patient: OPPATIENT,TWO
Drug: AMOXICILLIN 250MG CAP          NDC: 00003-0101-60

** This NDC has not been validated.

PRODUCT NDC: 00003-0101-60// 00003-0101-60

NDC match confirmed.

WAND BARCODE or enter Rx#:
```

## Chapter 2: Queue CMOP Prescription

---

This chapter describes the option for suspending prescriptions for mail-routed CMOP drugs.

### Queue CMOP Prescription

[PSO RX QUEUE CMOP]

The *Queue CMOP Prescription* option allows the users (including pharmacy technicians) to put mail-routed prescription(s) for CMOP drugs on suspense for CMOP.

#### Example: Queue CMOP Prescription

```
Select Suspense Functions Option: QUEUE CMOP Prescription  
Enter the Rx # to queue to CMOP: 300486
```

If the prescription does not have a routing of Mail, has already been released, or is not for a CMOP drug, and does not pass all the other normal checks for CMOP, it will not be put on suspense for CMOP.

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## Chapter 3: Releasing Medication

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This chapter describes the option used for releasing medications.

### Release Medication

#### [PSO RELEASE]

The *Release Medication* option is used at the time the prescription is filled and ready to be given to the patient. Inventory is decreased, certain fields in the file are updated, and a copay is generated if the action is applicable to the prescription. With this option, prescriptions can be batch processed. Communication is made with the Integrated Funds Control, Accounting and Procurement (IFCAP) and Integrated Billing (IB) software to generate copay charges. IFCAP and IB software handle patient billing, tracking of charges, and payment received.

The copay status of a prescription is re-evaluated whenever a fill is released. Various actions can occur based on changes to the criteria that determine the copay status of a prescription. The actions that may result at the time a fill is released are described below.

1. **No action is taken.** No changes to the criteria that determine copay status of a prescription have occurred.
2. **The copay status of the prescription is automatically reset and an entry is placed in the Copay activity log.**

**Example:** The drug for which the prescription is written is no longer marked for investigational use. The copay status of the prescription is reset from No Copayment to Copay.

3. **The copay status of the prescription is automatically reset, an entry is placed in the Copay activity log, and a MailMan message is generated detailing missing information required for user follow-up.**

**Example:** The drug for which the prescription is written is no longer marked for investigational use. The copay status of the prescription is reset from No Copayment to Copay. The patient has been documented as being exposed to Southwest Asia Conditions (SWAC) during Persian Gulf War service since the last fill. A MailMan message will be generated informing the user that the 'Is this Rx for treatment related to service in SW Asia?' question must be addressed and documented using the *Reset Copay Status/Cancel Charges* option.

4. **A MailMan message is generated detailing missing information required for user follow-up.**

**Example:** A veteran is documented as having Agent Orange exposure. Refill #2 for a prescription entered into the system before the new medication copay exemptions took effect on January 1, 2002 is released. The prescription is copay eligible. A MailMan message will be generated informing recipients that the 'Is this Rx for treatment of Vietnam-Era Herbicide (Agent Orange) exposure?' question must be addressed. The copay status of the prescription may change based on the response entered using the *Reset Copay Status/Cancel Charges* option.

If a MailMan message is generated at the time a prescription fill is released, the recipients of the message will be the provider of record, the pharmacy user who finished the order, and holders of the PSO COPAY key. The message lists the patient name, prescription number, and medication ordered, current copay status, and applicable copay exemption questions that need addressing to determine the prescription's copay status. The *Reset Copay Status/Cancel Charges* option must be used to enter the responses to the medication copay exemption questions listed in the MailMan message. If responses are not entered for the applicable medication copay exemption questions, any subsequent refills when released for this prescription and possibly other prescriptions for this patient will continue to generate the same MailMan message.

**Example: MailMan Message**

```
Subj: PRESCRIPTION QUESTIONS REVIEW NEEDED (500)  [#30364] 10/11/05@19:56
35 lines
```

```
From: OUTPATIENT PHARMACY PACKAGE  In 'IN' basket. Page 1
```

```
-----
OPPATIENT29,ONE  (6543P)      CHEYENNE VAM&ROC
Eligibility: SC LESS THAN 50%      SC%: 20
            REIMBURSABLE INSURANCE
```

```
Disabilities: ARTHRITIS-10%(SC), FOREARM CONDITION-5%(NSC),
              FOREARM CONDITION-4%(NSC), BENIGN EYE GROWTH-0%(NSC),
              LOSS OF FIELD OF VISION-20%(SC),
```

```
Rx# 101906 (1)      COPAY
ALBUTEROL SO4 0.083% INHL 3ML
```

```
Due to a change in criteria, additional information listed below is needed
to determine the final VA copay and/or insurance billable status for this Rx
so that appropriate action can be taken by pharmacy personnel.
```

```
Is this Rx for a Service Connected Condition?
```

```
Is this Rx for treatment related to service in SW Asia?
```

```
This message has been sent to the provider of record, the pharmacist who
finished the prescription order, and all holders of the PSO COPAY key.
```

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

```
-----example continues-----
```

## Changes to Releasing Orders Function – Signature Alert

With Patch PSO\*7\*385, the release function in the *Patient Prescription Processing* option has been modified to display a message to the user when an ECME-billable prescription is being released as a window fill. This message will alert the user that the patient's signature must be obtained. The user is not required to press <Enter> to continue or respond to the alert in any other manner.

### Example: Releasing an ePharmacy Window Fill

```
Prescription Number 100003853 Released  
No Refill(s) to be Released  
No Partial(s) to be Released  
ePharmacy Rx - Obtain Signature
```

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## Changes to Releasing Orders function – HIPAA NCPDP Global

The release function has been modified with patch PSO\*7\*148 to perform National Drug Code (NDC) validation for ePharmacy prescriptions. These changes also affect the Controlled Substance prescription release, which is performed through the Controlled Substances package.

The user releasing the third-party electronically billable prescription will be prompted for the NDC for the drug being dispensed to the patient. The NDC code previously retrieved when the prescription was finished will be presented as the current (default) NDC for the prescription. The other possible values that the user will be able to choose from are:

- NDC field value in the DRUG file, if valid and different than the current prescription NDC.
- LAST LOCAL NDC field value in NDC BY OUTPATIENT SITE sub-file in the DRUG file for the division filling the prescription, if valid and different than the current prescription NDC.
- NDC CODE field values in the SYNONYM sub-file in the DRUG file, if valid and different than the current prescription NDC.

If the NDC dispensed is not on the list to select, the user must contact the ADPAC or other designated person to add the NDC in a synonym multiple for that drug in the DRUG file.

If the NDC code selected matches the current NDC in the prescription no further NDC processing is required. However, if the user selects a different NDC, the following steps will occur:

1. Outpatient Pharmacy V. 7.0 will instruct the Electronic Claims Management Engine (ECME) to reverse the previous claim for the previous NDC code and submit a new claim for the newly selected NDC code.
2. The newly selected NDC code will be saved in the LAST LOCAL NDC field in NDC BY OUTPATIENT SITE sub-file in the DRUG file for the division filling the prescription.

The following examples show the new prompt for NDC validation during the release process. For ePharmacy prescriptions, the releasing pharmacist will receive a notation as to whether the NDC was previously validated. If prior validation of the NDC resulted in a third party claims rejection, the pharmacist will be presented with a Reject Processing screen at release.

#### Example: Releasing an ePharmacy Order – Selecting Default NDC

```
Select Outpatient Pharmacy Manager Option: RELEASE Medication

Enter PHARMACIST: OPPHARMACIST4,THREE

Enter/Wand PRESCRIPTION number: 100003853
** The following NDC was validated on SEP 19, 2008@16:21:23 by OPTECH,ONE.
NDC: 00580-0277-10// ?

Select one of the following valid NDC code(s) below:

      1 - 00580-0277-10

NDC: 00580-0277-10// <Enter> 00580-0277-10
      Prescription Number 100003853 Released
      No Refill(s) to be Released
      No Partial(s) to be Released

ePharmacy Rx - Obtain Signature
```

#### Example: Releasing an ePharmacy Order – Selecting Different NDC

```
Select Outpatient Pharmacy Manager Option: RELEASE Medication

Enter PHARMACIST: OPPHARMACIST4,THREE

Enter/Wand PRESCRIPTION number: 100003853

NDC: 00580-0277-10// ?

Select one of the following valid NDC code(s) below:

      1 - 00580-0277-10
      2 - 00580-0277-14

NDC: 00580-0277-10// 2 00580-0277-14

Prescription 100003853 successfully submitted to ECME for claim generation.
```

# Glossary

The following table provides definitions for common acronyms and terms used in this manual.

Acronym/Term	Definition
<b>Action Profile</b>	A list of all active and recently canceled or expired prescriptions for a patient sorted by classification. This profile also includes a signature line for each prescription to allow the physician to cancel or renew it.
<b>Activity Log</b>	A log, by date, of changes made to or actions taken on a prescription. An entry is made in this log each time the prescription is edited, canceled, reinstated after being canceled, or renewed. An entry will be made into this log each time a label is reprinted. A CMOP activity log will contain information related to CMOP dispensing activities.
<b>Allergy/ADR Information</b>	Includes non-verified and verified allergy and/or adverse reaction information as defined in the Adverse Reaction Tracking (ART) package. The allergy data is sorted by type (DRUG, OTHER, FOOD). If no data is found for a category, the heading for that category is not displayed.
<b>AMIS</b>	Automated Management Information System
<b>Answer Sheet</b>	An entry in the DUE ANSWER SHEET file. It contains the questions and answers of a DUE questionnaire. This term is also used to refer to the hard copy representation of a DUE ANSWER SHEET entry.
<b>API</b>	Application Programming Interfaces
<b>APSP</b>	Originally Indian Health Service Pharmacy's name space now owned by the Outpatient Pharmacy software.
<b>Bypass</b>	Take no action on a medication order.
<b>CHAMPVA</b>	CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) is a cost-shared health benefits program established for the dependents and survivors of certain severely disabled and/or deceased veterans.
<b>CMOP</b>	Consolidated Mail Outpatient Pharmacy.
<b>CPRS</b>	Computerized Patient Record System. CPRS is an entry point in VistA that allows the user to enter all necessary orders for a patient in different packages (e.g., Outpatient Pharmacy, Inpatient Pharmacy, etc.) from a single entry point.
<b>Critical</b>	Interactions with severe consequences that require some type of action (finding facts, contacting prescribers) to prevent potential serious harm.
<b>DATUP</b>	Data Update (DATUP). Functionality that allows the Pharmacy Enterprise Customization System (PECS) to send out custom and standard commercial-off-the-shelf (COTS) vendor database changes to update the two centralized databases at Austin and Martinsburg.
<b>DEA</b>	Drug Enforcement Agency
<b>DEA Special</b>	The Drug Enforcement Agency special Handling code used for drugs to

<b>Acronym/Term</b>	<b>Definition</b>
<b>Handling</b>	designate if they are over-the counter, narcotics, bulk compounds, supply items, etc.
<b>DHCP</b>	See VistA.
<b>DIF</b>	Drug Information Framework
<b>Dispense Drug</b>	The Dispense Drug name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without a strength attached is the Orderable Item name.
<b>DoD</b>	Department of Defense
<b>Dosage Ordered</b>	After the user has selected the drug during order entry, the dosage ordered prompt is displayed.
<b>Drug/Drug Interaction</b>	The pharmacological or clinical response to the administration of a drug combination different from that anticipated from the known effects of the two agents when given alone.
<b>DUE</b>	Drug Usage Evaluation
<b>ETC</b>	Enhanced Therapeutic Classification system
<b>Expiration/Stop</b>	The date on which a prescription is no longer active. Typically, this date is 30 days after the issue date for narcotics, 365 days after the issue date for other medications and 365 days after the issue date for supplies.
<b>FDB</b>	First DataBank
<b>Finish</b>	Term used for completing orders from Order Entry/Results Reporting V. 3.0.
<b>GUI</b>	Acronym for Graphical User Interface.
<b>Issue Date</b>	The date on which the prescription was written. This date is usually, but not always, the same as the first fill date. This date cannot be later than the first fill date.
<b>HDR-Hx</b>	Health Data Repository Historical
<b>HDR-IMS</b>	Health Data Repository- Interim Messaging Solution
<b>HFS</b>	Host File Server.
<b>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</b>	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.
<b>JCAHO</b>	Acronym for Joint Commission on Accreditation of Healthcare Organizations
<b>Label/Profile Monitor</b>	A file for each printer which records, in the order in which they were printed, the last 1000 labels or profiles printed on that printer. This allows a rapid



<b>Acronym/Term</b>	<b>Definition</b>
	reprint of a series of labels or profiles that were damaged by a printer malfunction or other event.
<b>Local Possible Dosages</b>	Free text dosages that are associated with drugs that do not meet all of the criteria for Possible Dosages.
<b>Medication Instruction File</b>	The MEDICATION INSTRUCTION file is used by Unit Dose and Outpatient Pharmacy. It contains the medication instruction name, expansion and intended use.
<b>Medication Order</b>	A prescription.
<b>Medication Profile</b>	A list of all active or recently canceled or expired prescriptions for a patient sorted either by date, drug, or classification. Unlike the action profile, this profile is for information only and does not provide a signature line for a physician to indicate action to be taken on the prescription.
<b>Medication Routes File</b>	The MEDICATION ROUTES file contains medication route names. The user can enter an abbreviation for each route to be used at the local site. The abbreviation will most likely be the Latin abbreviation for the term.
<b>Med Route</b>	The method in which the prescription is to be administered (e.g., oral, injection).
<b>NCCC</b>	Acronym for National Clozapine Coordinating Center.
<b>Non-Formulary Drugs</b>	The medications, which are defined as commercially available drug products not included in the VA National Formulary.
<b>Non-VA Meds</b>	Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients' medical records.
<b>Order</b>	Request for medication.
<b>Orderable Item</b>	An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense drug name (e.g., Acetaminophen 325mg).
<b>Partial Prescription</b>	A prescription that has been filled for a quantity smaller than requested. A possible reason for a partial fill is that a patient is to return to the clinic in ten days but the prescription calls for a thirty-day supply. Partials do count as workload but do not count against the total number of refills for a prescription.
<b>Payer</b>	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).
<b>Pending Order</b>	A pending order is one that has been entered by a provider through CPRS without Pharmacy finishing the order. Once Pharmacy has finished the order, it will become active.
<b>Pharmacy Narrative</b>	OUTPATIENT NARRATIVE field that may be used by pharmacy staff to display information specific to the patient.
<b>Polypharmacy</b>	The administration of many drugs together.

Acronym/Term	Definition
<b>POE</b>	Acronym for Pharmacy Ordering Enhancements (POE) project. Patch PSO*7*46 contains all the related changes for Outpatient Pharmacy.
<b>Possible Dosages</b>	Dosages that have a numeric dosage and numeric dispense units per dose appropriate for administration. For a drug to have possible dosages, it must be a single ingredient product that is matched to the DRUG file. The DRUG file entry must have a numeric strength and the dosage form/unit combination must be such that a numeric strength combined with the unit can be an appropriate dosage selection.
<b>Prescription</b>	This term is now referred to throughout the software as medication orders.
<b>Prescription Status</b>	<p>A prescription can have one of the following statuses.</p> <p><b>Active</b> - A prescription with this status can be filled or refilled.</p> <p><b>Canceled</b> - This term is now referred to throughout the software as Discontinued. (See Discontinued.)</p> <p><b>Discontinued</b> - This status is used when a prescription was made inactive either by a new prescription or by the request of a physician.</p> <p><b>Discontinued (Edit)</b> - Discontinued (Edit) is the status used when a medication order has been edited and causes a new order to be created due to the editing of certain data elements.</p> <p><b>Deleted</b> - This status is used when a prescription is deleted. Prescriptions are no longer physically deleted from the system, but marked as deleted. Once a prescription is marked deleted no access is allowed other than view.</p> <p><b>Expired</b> - This status indicates the expiration date has passed.</p> <p>*Note: A prescription that was canceled or has expired more recently than the date specified by the cutoff date, typically 120 days in the past, can still be acted upon.</p> <p><b>Hold</b> - A prescription that was placed on hold due to reasons determined by the pharmacist.</p> <p><b>Non-verified</b> - There are two types of non-verified statuses. Depending on a site parameter, prescriptions entered by a technician do not become active until a pharmacist reviews them. Until such review, they remain non-verified and cannot be printed, canceled or edited except through the <i>Verification</i> menu.</p> <p>The second non-verified status is given to prescriptions when a drug/drug interaction is encountered during the new order entry or editing of a prescription.</p> <p><b>Pending</b> - A prescription that has been entered through OERR.</p> <p><b>Refill</b> - A second or subsequent filling authorized by the provider.</p> <p><b>Suspended</b> - A prescription that will be filled at some future date.</p>
<b>Progress Notes</b>	A component of Text Integration Utilities (TIU) that can function as part of CPRS.
<b>Provider</b>	The person who authorized an order. Only users identified as providers who are authorized to write medication orders may be selected.
<b>Reprinted Label</b>	Unlike a partial prescription, a reprint does not count as workload.
<b>Questionnaire</b>	An entry in the DUE QUESTIONNAIRE file. This file entry contains the set of questions related to a DUE as well as the drugs being evaluated.
<b>Schedule</b>	The frequency by which the doses are to be administered, such as Q8H,

<b>Acronym/Term</b>	<b>Definition</b>
	BID, NOW, etc.
<b>Sig</b>	The instructions printed on the label.
<b>Significant</b>	The potential for harm is either rare or generally known so that it is reasonable to expect that all prescribers have taken this information into account.
<b>Speed Actions</b>	See Actions.
<b>Suspense</b>	A prescription may not be able to be filled on the day it was requested. When the prescription is entered, a label is not printed. Rather, the prescription is put in the RX SUSPENSE file to be printed at a later date.
<b>Third (3<sup>rd</sup>) Party Claims</b>	Health care insurance claims submitted to an entity for reimbursement of health care bills.
<b>Time In</b>	This is the time that the patient's name was entered in the computer.
<b>Time Out</b>	This is the time that the patient's name was entered on the bingo board monitor.
<b>TRICARE</b>	<p>TRICARE is the uniformed service health care program for:</p> <ul style="list-style-type: none"> <li>• active duty service members and their families</li> <li>• retired service members and their families</li> <li>• members of the National Guard and Reserves and their families</li> <li>• survivors, and</li> <li>• others who are eligible</li> </ul> <p>There are differences in how prescriptions for TRICARE beneficiaries are processed versus how prescriptions are processed for veterans.</p>
<b>TIU</b>	Text Integration Utilities; a package for document handling, that includes Consults, Discharge summary, and Progress Notes, and will later add other document types such as surgical pathology reports. TIU components can be accessed for individual patients through the CPRS, or for multiple patients through the TIU interface.
<b>Units per Dose</b>	The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted for medications that can be split.
<b>VistA</b>	Acronym for Veterans Health Information Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).
<b>Wait Time</b>	This is the amount of time it took to fill the prescription. It is the difference between Time In and Time Out. For orders with more than one prescription, the wait time is the same for each.

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