

Pharmacy Revenue Generation Point of Sale Discussion

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Differences in Pharmacy Billing Process

- **Retail/Tribal Pharmacies**
 - “Stand Alone”
 - Pharmacy billing information added at pharmacy – any problems resolved immediately
 - Pharmacists and Technicians have knowledge and experience with information required for successful pharmacy billing

- **Indian Health Service (IHS) Pharmacies**
 - Requires intricate coordination of multiple areas (patient registration, pharmacy, and business office)
 - Patient Registration enters billing information into patient registration package – access granted to pharmacy personnel
 - POS bills real-time – you cannot delay adding insurance information
 - Insurance information entered generically – need separate entries for pharmacy verses medical

Functionality of Pharmacy Billing Packages

- **Commercial Pharmacy Packages = Efficient**
 - Large retail pharmacy programs have one screen to correct all possible rejected claim issues – *one click to fix and resubmit*
 - Insurance information issues (ID numbers, group numbers)
 - Patient data information (Date of Birth, gender)
 - Prescription entry problems (Missing/Invalid quantity, provider ID, day supply, prior-authorizations, diagnosis codes, NDC numbers, Coordination of Benefits – billing multiple insurers)

RPMS POS Pharmacy Billing Package

- Not all-inclusive
 - Requires access to patient registration package to resolve insurance information and patient data issues
 - Eligibility end dates can require removal, resubmission, and replacement
 - Can also require table maintenance within the billing package to resolve some group number issues
 - Unlike medical billing, POS is real time claim submission
 - Lack of information or delay of entry causes a loss of revenue

- Still unable to bill multiple insurers on-line (coordination of benefits) - have to “paper bill”
 - Medical Assistance and tribal insurance – normal commercial packages can transmit proper codes to the insurer for payment on-line

Claim Re-Submission Issues

- Actual “working” of rejected pharmacy claims is extremely labor intensive = inefficient and time consuming
 - Most rejects are worked through separate POS user menu
 - This menu then has separate pop up screens in which to change or add your information
 - Common reject “worked” in POS takes 14 key strokes to resubmit
 - If you have to enter an override code there are over 300 to choose from – memorize the most common
 - Insurance sequences are not “saved” in the system – you have to re-enter them with each refill

Common POS Requests from Tribal Pharmacies

- POS to bill actual acquisition costs – first has to be maintained in the drug file
- POS to print receipts (sites collecting copay's from certain patients)
- POS report to give patient for tax reporting (medications, price or copay's paid by the patient)

Common Pharmacy Package Requests from Tribal Pharmacies

- Multiple Drug Files
 - Service non-eligible patients increase revenue
- Receive medication *cost* and *AWP* updates electronically
- Customer support line – commercial packages have support and problems are usually fixed while you are on the line with the help desk – no delay
 - Pharmacy and POS support

- Perpetual Inventory System

- Inventory Control = TREMENDOUS cost avoidance – one IHS site saved more than \$100,000 per quarter after implementing
- Large retail pharmacies have inventories controlled at headquarters (cost avoidance)
- Link directly with wholesaler to transmit order on-line saves time and staffing
- Saves money on returned goods companies as it virtually eliminates expired meds (I have seen sites with 12 totes of expired returns at one time)

Other Pharmacy Revenue Opportunities

- Medication Therapy Management
 - Pharmacists are reimbursed for cognitive services
- Telepharmacy
 - Providing care to patients in remote areas

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