



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# Pharmacy Point of Sale

(ABSP)

## Addendum to User Manual

Version 1.0 Patch 53  
April 2024

Office of Information Technology  
Division of Information Resource Management

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## 1.0 Introduction

This document provides information for the user pertaining to changes included in Pharmacy Point of Sale (ABSP) v1.0 p53. **Please be sure to distribute this addendum to your pharmacy billing staff prior to patch installation.**

### 1.1 Summary of Changes

FID108610-Changes were made to the Pharmacy Point of Sale claim submission routines to re-enable connectivity to Change Healthcare for submitting and resubmitting claims, and to allow for releasing stranded claims in user-specified increments. Due to the urgency of this patch, these changes only apply to claim submissions. Sending and receiving patient eligibility checks via the ELIG and PRIV options will be addressed in the next ABSP patch. Using the TEST option to submit a test claim will also be addressed in the next ABSP patch.

## 2.0 Patch 53 Details

### 2.1 Claim Submission Protocol Update

Changes were made to the Pharmacy Point of Sale claim submission protocol to accommodate recent protocol changes implemented by Change Healthcare.

The claim submission protocol can be viewed in the ABSP Insurer file in the RX - DIAL OUT TO field. Prior to p53, this field was populated with ENVOY DIRECT VIA T1 LINE. Patch 53 will automatically update this field with HTTP POST for existing insurer entries.

Any new entries created in the ABSP Insurer file after the patch is installed will have to be manually updated to reflect the new protocol of HTTP POST. To do that, access the **'Advanced setup of insurer'** option (POS > MGR > SET > INS > ADV), and enter the new insurer name. Populate the fields as you normally would. At the **RX-DIAL OUT TO** field, type **'HTTP POST'** and press **<enter>**.

```
Select Edit Pharmacy POS Insurance settings Option: ADV  Advanced
setup of insurer

Select ABSP INSURER NAME: POS TEST INSURER
NAME: POS TEST INSURER//
NCPDP VERSION: D.0//
BIN NUMBER: 123456//
PCN NUMBER: AC//
RX - Dispensing Fee:
GRACE PERIOD:
RX - Help Telephone #:
MEDICARE PARTD?: N//
Maximum RX's Per Claim: 4//
Add Disp. Fee to Ingr. Cost: NO//
*Contract Required: NO//
Total exclusive of Patient Amt: N//
Select NCPDP FIELD SPECIAL CODE: 455//
  NCPDP FIELD SPECIAL CODE: 455//
  SPECIAL CODE: S ABSP("X")=1//
Select NCPDP FIELD SPECIAL CODE:
Select SUPPRESS NCPDP SEGMENT: Narrative//
Select SUPPRESS NCPDP FIELD: 997//
INSURER NPI FLAG: BOTH//
RX - DIAL OUT TO: ENVOY DIRECT VIA T1 LINE// HTTP POST <enter>
```

Figure 2-1: RX-DIAL OUT TO field in the ADV option

## 2.2 Submitting the Backlog

The claim submission protocol updates likely resulted in a large number of claims waiting to transmit. Rather than allow for having a potentially large number of claims transmit all at once and risk overloading the system, the patch installation process moves all of these claims into a deferred status bucket. This section provides instructions on how to transmit those claims to Change Healthcare. It's important to follow these instructions carefully.

**Step 1:** Check to make sure RPMS is communicating with Change Healthcare.

Access the '**Statistics & misc. options screen**' in the **Pharmacy POS Manager Menu** (ABSP Manager Menu > MGR) and select the '**POK**' option to Poke the queue. This should get the process running. If it's running, the numbers that are displayed will fluctuate and change.

Pay attention to the value displayed in the '**Wait for transmit**' field. This is the number of claims that crossed into Pharmacy Point of Sale from the time the patch was installed to now and are being transmitted to Change Healthcare. This is not the number of claims that were placed into a deferred status. That will be explained later.

Use the U1 Action periodically to update and refresh the display. The number of claims in the 'Wait for transmit' field will decrease as claims are transmitted. When the number decreases to zero, proceed to step 2. It is important to wait until the number has decreased to zero before proceeding to step 2.

If the number of claims in the 'Wait for transmit' field increases substantially or doesn't look right, this is likely a display issue. Exit the MGR option and go back in.

If the MGR option appears to be stuck, refer to the Troubleshooting Tips section of the addendum.

```

*****
* PHARMACY POINT OF SALE V1.0 P53 *
* 2021 DEMO HOSPITAL (INST) *
* Pharmacy POS Manager Menu *
*****

SET Pharmacy Point of Sale Setup Menu ...
MGR Statistics & misc. options screen...
RPT Pharmacy electronic claims reports ...
COMM Communications - View Dial Out Log File
BACK Pharmacy POS background scan ...
USER Claims data entry screen...
TEST Test it (send claim, receive response)
REST Restore deferred claims from Optum outage (p53)
ZERO Reset Queue to zero & Poke (p53)

Select Pharmacy POS Manager Menu Option: MGR Statistics & misc. options screen.
..

```

```

POINT OF SALE MANAGEMENT      Apr 15, 2024 14:20:42      Page: 1 of 3

* * * * * COMMUNICATIONS STATISTICS * * * * * || * CLAIM STATUS * Now Avg
      Packets Per min      Bytes      Per Min || Waiting to start 180
Sent 1,075,193 0.4 495,246,773 179 || Gathering info 0
Recd 1,074,910 0.4 345,116,699 125 || Wait packet build 0
Total claims 1,253,364 Average per min 0.5 || Building packet 0
Average claims per packet 1.17 || Wait for transmit 786
Average seconds per transaction 0.57 || Transmitting 0
      Now Average || Receiv'g response 1
Packets waiting to be sent 681 || Wait resp process 0
Responses waiting for proc 0 || Proces'g response 0
* * Transaction Codes * * * Comms Problems * * || * CLAIM RESULTS *
01: 0 04: 0 | Dialing out 283 ||697,586 Paid claims
02: 0 11: 0 | Sending data 0 ||555,241 Rejected claims
03: 0 Oth:1,075,193 Rec'v'g data 566 ||550,585 Paper or Unbillable
      | We sent NAK 0 || 537 Duplicate claims
      || 0 Captured claims
+ Enter ?? for more actions
UC Update continuously Z Zero (clear) stats POK Poke the queues
U1 Display update TMR Transmitter status JOB Number of transmitters
Select Action:U1//
    
```

Figure 2-2: MGR Statistics & misc. options screen

**Step 2: Submitting the backlog**

As mentioned before, any claims that were in a status of ‘waiting to transmit’ prior to patch installation are now in a deferred status bucket. The deferred claims will have to be sent, or restored, in user-specified increments using a new option on the Pharmacy POS Manager Menu called REST Restore deferred claims from Optum Outage (p53) (MGR > MGR > REST).

Before starting the process, open two RPMS sessions. In one session, log into the MGR ‘**Statistics & misc. options screen**’ so that you can keep an eye on the transmission progress as you submit each group of claims. In the other session, log into the new REST option. Position the two RPMS sessions side-by-side.

The following information will be displayed in the REST option: count of claims by deferred claim status code, count of claims submitted, and total number of claims that were deferred when the patch was installed.

The most commonly seen deferred claim statuses are:

- 10: Gathering info
- 19: Wait(ing for) packet build
- 50: Wait(ing) for transmit

```

SET Pharmacy Point of Sale Setup Menu ...
MGR Statistics & misc. options screen...
RPT Pharmacy electronic claims reports ...
COMM Communications - View Dial Out Log File
    
```

```

BACK   Pharmacy POS background scan ...
USER   Claims data entry screen...
TEST   Test it (send claim, receive response)
        **> Out of order: Not ready for new connectivity.
REST   Restore deferred claims from Optum outage (p53)
ZERO   Reset Queue to zero & Poke (p53)

Select Pharmacy POS Manager Menu Option: REST  Restore deferred claims from Optu
m outage (p53)

COUNT FOR STATUS: 10 IN DEFERRED STATUS: 426
COUNT FOR STATUS: 19 IN DEFERRED STATUS: 19
COUNT FOR STATUS: 50 IN DEFERRED STATUS: 14895
COUNT RESUBMITTED INTO THE ACTIVE QUEUE: 0
TOTAL CLAIMS THAT WERE DEFERRED ON PATCH INSTALL: 15340

Please enter status number from listing above: (2-98):

```

Figure 2-3: REST Option

To begin sending claims, enter a status number. Enter the number of claims to submit/restore. Keep an eye on the MGR ‘Statistics & misc. options screen’ to make sure the claims are being transmitted. When the ‘Wait for Transmit’ field reflects zero claims, go back into the REST option and submit another batch. Do not submit another batch of claims until the current batch has been transmitted.

Some important notes about the number of claims entered:

- Start with a small number, such as 20
- Once you’ve verified that they were sent, increase the number to 50
- Continue to increase the number as you get a feel for how long the transmission takes
- **No matter how fast the transmission is, be careful not to ‘over-do’ it. Beta testing revealed that most sites’ systems could handle a maximum of 200 claims at a time. Sending more claims than your system can handle could result in a system crash.**

```

Select Pharmacy POS Manager Menu Option: REST  Restore deferred claims from Optu
m outage (p53)

COUNT FOR STATUS: 10 IN DEFERRED STATUS: 426
COUNT FOR STATUS: 19 IN DEFERRED STATUS: 19
COUNT FOR STATUS: 50 IN DEFERRED STATUS: 14895
COUNT RESUBMITTED INTO THE ACTIVE QUEUE: 0
TOTAL CLAIMS THAT WERE DEFERRED ON PATCH INSTALL: 15340

Please enter status number from listing above: (2-98): 10 <enter>

Please enter quantity of claims to restore: (1-500): 20 <enter>

```

Figure 2-4: Selecting a status and number of claims to submit/restore

As the backlog of deferred claims is submitted, the numbers displayed in the REST option will change. Keep in mind this process will take some time for you to get through, depending on the number of deferred claims in your system and how fast your system is able to transmit.

```
Select Pharmacy POS Manager Menu Option: REST  Restore deferred claims from Optu
m outage (p53)

COUNT FOR STATUS: 50 IN DEFERRED STATUS: 14072
COUNT RESUBMITTED INTO THE ACTIVE QUEUE: 1268
TOTAL CLAIMS THAT WERE DEFERRED ON PATCH INSTALL: 15340

Please enter status number from listing above: (2-98):
```

Figure 2-5: REST option after some of the claims have been submitted

**Federal Locations, please share the following information with the business office:**

UFMS has a file size limit of 20,000 records per file. Keep in mind that the payable responses for these claim submissions are creating bill entries in the Third Party Billing and Accounts Receivable applications. Please keep an eye on the total number of records in all of the un-transmitted cashiering sessions and be sure to export to UFMS before you exceed the file size limit. Files that exceed the size limit will be rejected by UFMS.

## 2.3 Troubleshooting Tips

**MGR ‘Statistics & misc. options screen’ is Stuck**

Step 1-If the process displayed in the MGR option doesn’t start moving, use the ZERO option located on the Pharmacy POS Manager menu to reset to queue (Pharmacy POS Manager Menu > MGR > ZERO). After the ZERO option has been run, check the MGR option again to see if the process is running. If it is, proceed to Step 2 above to begin submitting the backlog.

```
*****
* PHARMACY POINT OF SALE V1.0 P53 *
* 2021 DEMO HOSPITAL (INST) *
* Pharmacy POS Manager Menu *
*****

SET Pharmacy Point of Sale Setup Menu ...
MGR Statistics & misc. options screen...
RPT Pharmacy electronic claims reports ...
COMM Communications - View Dial Out Log File
BACK Pharmacy POS background scan ...
USER Claims data entry screen...
TEST Test it (send claim, receive response)
REST Restore deferred claims from Optum outage (p53)
ZERO Reset Queue to zero & Poke (p53)
```



```
Select Pharmacy POS Manager Menu Option: ZERO  Reset Queue to zero & Poke (p53)

Number of claims reset to Zero: 648
Poking the pharmacy POS processing queues:
...OK, they've been POKEd.

ABSP Queues have been POKed.
```

Figure 2-6: Running the new ZERO option

Step 2-If the process still isn't running, contact your local IT/site manager for assistance and ask him/her to refer to the patch Notes file for technical guidance. If the guidance provided in the Notes files doesn't resolve the issue with the MGR option being stuck, please open a Helpdesk ticket for assistance from the OIT Pharmacy Point of Sale team.

**ELIG / PRIV / TEST Options Disabled**

As mentioned in the Summary of Changes, this patch does not allow for sending patient eligibility checks to Change Healthcare via the ELIG and PRIV options, nor does it allow for submitting a test claim via the TEST option. Those options will be re-enabled in the next ABSP patch. Patch 53 disables these options to prevent users from accessing them and causing programming errors to populate in the error trap.

```
*****
* PHARMACY POINT OF SALE V1.0 P53 *
* 2021 DEMO HOSPITAL (INST) *
* Pharmacy electronic claims reports *
*****

CLA Claim results and status ...
SITE Claims result and status by site ...
MNT Maintenance Reports ...
ADMN Administration reports ...
SET Setup (Configuration) reports ...
SURV Surveys of RPMS database ...
ELIG Medicare Part D Eligibility Check
      **> Out of order: Not ready for new connectivity.
PRIV Private Ins Eligibility Check
      **> Out of order: Not ready for new connectivity.
OTH Other reports ...

*****
* PHARMACY POINT OF SALE V1.0 P53 *
* 2021 DEMO HOSPITAL (INST) *
* Pharmacy POS Manager Menu *
*****

SET Pharmacy Point of Sale Setup Menu ...
```

```
MGR   Statistics & misc. options screen...
RPT   Pharmacy electronic claims reports ...
COMM  Communications - View Dial Out Log File
BACK  Pharmacy POS background scan ...
USER  Claims data entry screen...
TEST  Test it (send claim, receive response)
      **> Out of order: Not ready for new connectivity.
REST  Restore deferred claims from Optum outage (p53)
ZERO  Reset Queue to zero & Poke (p53)
```

Figure 2-7: ELIG, PRIV, and TEST 'Out of order' messages

### **Rejected Claims Report**

Please wait until the entire backlog has been sent before you begin working the Rejected Claims Report.

### **Accounts Receivable Cancelled Bills Report**

Returned to Stock claims mark the A/R Bill as cancelled and place the bill on the A/R Cancelled Bills Report (A/R > MAN > RPT > CXL). Please advise the business office that there will be cleanup required on their end as well.

## Acronym List

Acronym	Term Meaning
IHS	Indian Health Service
AUPN	IHS Dictionaries (Patient)
HFS	Host File Server
FID	Feature ID - a number assigned to a software change request
HTTP	Hypertext Transfer Protocol
IHS	Indian Health Service
INC	Incident - a number assigned to a helpdesk ticket
IT	Information Technology
POS	Point of Sale
RPMS	Resource and Patient Management System

## Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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