



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# Pharmacy Point of Sale

(ABSP)

## Patch Addendum

Version 1.0 Patch 42  
December 2011

Office of Information Technology (OIT)  
Division of Information Resource Management  
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## 1.0 Introduction

The major help desk request for Pharmacy Point of Sale was the need for a new format or a modification to the format. Often times a delay in the release of a patch with these changes would takes months and this would result in loss in revenue for many sites.

In patch 42, we have done away with formats and have provided direct access to the user to make changes to BIN, PCN and NCPDP segments immediately. Once patch 42 is installed, the format layout will be moved to the ABSP insurer file. All insurers currently setup at each site will run a background conversion and the user should not have to make any changes to the current layout.

Also included in patch 42 is the NCPDP version D.0 which goes into effect January 1, 2012. We have tested many top insurers such as Argus, Medco and Caremark among others. Users will have to change the version to D.0 for insurers that are ready to accept claims and for those insurers D.0 testing has been completed.

Adding a new insurer in POS is simplified. Depending on the insurer type in the Insurer file, defaults have been determined for Medicare, Medicaid, and Private.

Training will start as soon as patch 42 is released. D.0 implementation tools will be provided including a list of tested insurers.

## 2.0 Summary of Changes

### 2.1 Modifications

- This patch is an update to the RPMS Pharmacy Point of Sale application. This patch includes a major change of how formats will be maintained. The user will no longer have to wait for a patch release when pharmacy insurance changes their BIN or PCN.
- The patch includes NCPDP version D.0.
- There will no longer be any formats to link to insurers. Format defaults will be based on insurer type (Medicaid, Medicare D & Private) in the insurer file.
- The POS Setup - Summary of Insurers Report (SUMI) has been modified to include 5.1 and D.0 insurers.

## 3.0 Patch 42 Details

### 3.1 Quick Setup of Insurer

POS→MGR→SET→INS→INS

It is recommended to use the Quick Setup of Insurer to setup all new insurers.

```

*****
*      PHARMACY POINT OF SALE V1.0 P42      *
*      DEMO INDIAN HOSPITAL                  *
*      Edit Pharmacy POS Insurance settings  *
*****

SYS      Insurance selection parameters (system-wide)
INS      Quick setup of insurer
ADV      Advanced setup of insurer
RPMS     Enter/edit RPMS Insurance file RX settings
NPI      Set Global NPI Flag
SUMI     POS Setup - Summary of Insurers

Select Edit Pharmacy POS Insurance settings Option: INS Quick setup of
insurer

Select ABSP INSURER NAME:      RX DEMO INSURANCE
NCPDP VERSION: D.0//
BIN NUMBER: 123456//
PCN NUMBER: TEST//
MEDICARE PARTD?: N//
Maximum RX's Per Claim: 4//

Select the PRICING METHOD

RX - PRICING METHOD: STANDARD//

```

Figure 3-1: Example of Quick Setup of Insurer

Once the INS option has been selected, the user will be prompted to enter in the following:

- **ABSP Insurer Name:** This is a free-text field. There is no system restriction on how this field should be populated. Although, it is recommended when adding a new insurer, to use the standard naming convention
  - Private Insurance and Medicaid example:
    - Express Scripts RX
  - Medicare example:
    - D-Caremark

- NCPDP Version: This field is required. The user can choose 5.1 or D.0. If the insurer is ready to start accepting D.0 then the user can set the NCPDP Version to D.0.
  - NCPDP Version replaces the electronic claim format field RX - NCPDP Record Format: This field can no longer be accessed.
- BIN Number: the user will need to enter in a six digit number.
  - The BIN Number field replaces the electronic claim format field RX - NCPDP Record Format. The RX - NCPDP Record Format field can no longer be accessed.
- PCN Number: This is free-text field. There is no system restriction on how the field should be populated.
  - PCN Number replaces the electronic claim format field RX - NCPDP Record Format: The RX - NCPDP Record Format field and can no longer be accessed.
- Medicare Part D? : If the field is set to YES, the system will choose the Medicare ID number that is submitted. If the field is set to NO, the system will use the patient social security number.
  - Medicare Part D field is defaulted to “YES” if the insurer type is set to Medicare Part D. Note: this field should be set to yes if the insurer is Medicare Part D. .
- Maximum RX's Per Claim: This is the maximum number of claims that can be processed at one time through Emdeon.
  - Maximum Rx's Per Claim field is defaulted depending on the insurer type (MCARE, MCAID or Commercial) that has been selected in the Table Maintenance Insurer File Menu.
- Rx – Pricing Method: Standard is the only option to choose from.
  - Rx-Pricing Method is defaulted and cannot be edited.

## 3.2 Advance Setup of Insurer

POS→MGR →SET→INS→ADV

The Advance Setup of Insurer option allows more user control. The user now has the ability to change a PCN and/or BIN for any insurer. Also included is the ability to add/remove what segments are being sent on a claim.

**Note:** With more control, there is also concern for problems for unnecessary changes to insurer setup. A security key (ABSPZ INSURER) has been assigned to the ADV option. It is recommended the security key be allocated only to a supervisor or super user of Point of Sale. Please see your local IT person to have this key assigned to you.

```

*****
*      PHARMACY POINT OF SALE V1.0 P42      *
*              DEMO INDIAN HOSPITAL        *
*   Edit Pharmacy POS Insurance settings   *
*****

SYS      Insurance selection parameters (system-wide)
INS      Quick setup of insurer
ADV      Advanced setup of insurer
RPMS     Enter/edit RPMS Insurance file RX settings
NPI      Set Global NPI Flag
SUMI     POS Setup - Summary of Insurers

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

Select ABSP INSURER NAME: DEMO INSURANCE( DEMO INSURANCE/INSURANCE" )
...

The following matches were found:

1: RX DEMO INSURANCE           - P.O. BOX 1234
                               ALBUQUERQUE, NM 87110
2: D-DEMO INSURANCE           - P.O. BOX 1234
                               ALBUQUERQUE, NM 87110

Select 1-2: 1

NAME: RX DEMO INSURANCE//
NCPDP VERSION: D.0//
BIN NUMBER: 123456//
PCN NUMBER: TEST//
RX - Dispensing Fee: 4.50//
GRACE PERIOD: 0//
RX - Help Telephone #: (888)888-8888//
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//
RX - PRICING METHOD: STANDARD//
RX PRIORITY: 20//

```

WORKERS COMP INSURANCE:
-------------------------

Figure 3-2: Example of Advance Setup of Insurer

Once the ADV option has been selected, the user will be prompted to enter in the following:

- **ABSP Insurer Name:** This is a free-text field. There is no system restriction on how this field should be populated. Although, it is recommended when adding a new insurer, to use the standard naming convention.
  - Private Insurance and Medicaid example:
    - Express Scripts RX
  - Medicare example:
    - D-Caremark
- **NCPDP Version:** This field is required. The user can choose 5.1 or D.0. If the insurer is ready to start accepting D.0 then the user can set the NCPDP Version to D.0.
  - NCPDP Version replaces the electronic claim format field RX - NCPDP Record Format: This field can no longer be accessed.
- **BIN Number:** the user will need to enter in a six digit number.
  - The BIN Number field replaces the electronic claim format field RX - NCPDP Record Format. The RX - NCPDP Record Format field can no longer be accessed.
- **PCN Number:** This is free-text field. There is no system restriction on how the field should be populated.
  - PCN Number replaces the electronic claim format field RX - NCPDP Record Format: The RX - NCPDP Record Format field and can no longer be accessed.
- **Rx – Dispensing Fee:** The dollar amount you specify here becomes your dispensing fee that will be set for this insurer. If you are not sure what dollar amount to enter, you may need to see your pharmacy department.
- **Grace Period:** This field will determine the number of days Point of sale will process claims after a termination date has been entered into Patient Registration, Page 4. If this field is left blank, the system will use the number of days that is entered into the Insurance Selection Parameter (SYS). If no number has been entered in the Insurance Selection Parameter, then the system will automatically default to 30 days even though a number has not been entered. If sites do not wish to bill an insurer after the termination date, 0 (zero) will need to be entered into the Grace Period field.
- **Rx – Help Telephone #:** Answer must be 1-20 characters in length. Telephone numbers should be entered in this format (888)999-1234.

- Medicare Part D? : If the field is set to YES, the system will choose the Medicare ID number that is submitted. If the field is set to NO, the system will use the patient social security number.
  - Medicare Part D field is defaulted to “YES” if the insurer type is set to Medicare Part D. Note: this field should be set to yes if the insurer is Medicare Part D. .
- Maximum RX's Per Claim: This is the maximum number of claims that can be processed at one time through Emdeon.
  - Maximum Rx's Per Claim field is defaulted depending on the insurer type (MCARE, MCAID or Commercial) that has been selected in the Table Maintenance Insurer File Menu.
- Add Disp. Fee to Ingr. Cost: User is able to select Yes or NO
  - Add Dispensing Fee to Ingredient Cost field is defaulted depending on the insurer type (MCARE, MCAID or Commercial) that has been selected in the Table Maintenance Insurer File Menu.
- \*Contract Required: Currently there are no reports to monitor this field. Users are able to choose from:
  - 1 Yes
  - 0 No
  - U Unknown
  - D Done
- Total Exclusive of Patient Amt: User is able to select Yes or NO
  - Total Exclusive of Patient Amount field is defaulted depending on the insurer type (MCARE, MCAID or Commercial) that has been selected in the Table Maintenance Insurer File Menu.
  - Select NCPDP Field Special Code: Users are able to add in NCPDP fields that are insurance specific. Note: Patient specific codes should not be entered here. The override option will work best for patient specific data.
  - Example: If the Software Vendor Certification ID is required, enter in NCPDP code 110. Enter in the special code at the Special Code field. S  
ABSP("X")="ABCD1234"

```
Select NCPDP FIELD SPECIAL CODE: 455//
NCPDP FIELD SPECIAL CODE: 455// 110   Software Vendor/Cert ID
SPECIAL CODE: S ABSP("X")="ABCD1234"
```

Figure 3-3: Example of Adding the Software Vendor Certification ID

- Select Suppress NCPDP Segment: If a specific segment does not need to be submitted on the claim, the user has the option to suppress that segment. Note: Suppressing a segment will mean that the segment will not be transmitted on the claim.

- 2 Provider
- 5 COB
- 6 Workers Comp
- 8 DURR/PPS
- 9 Coupon
- 10 Compound
- 12 Prior Auth
- 13 Clinical
- 14 Additional Doc
- 15 Facility
- 16 Narrative
- Insurer NPI Flag: The Insurer NPI Flag indicates whether an insurer is ready to accept the Pharmacy and/or Provider NPI. This allows selection of one of the four following options:
  - Insurer NPI Flag field is defaulted to “BOTH” and can be edited.
  - 1 or both, to indicate the insurer is ready to accept both the Pharmacy and provider NPI.
  - 0 or neither, to indicate that the insurer is not ready to accept any NPI.
  - P or Pharmacy Only, to indicate that the insurer is ready to accept the Pharmacy NPI but not the Provider NPI.
  - D or Provider Only, to indicate that the insurer is not ready to accept the Pharmacy NPI, but is ready to accept the Provider NPI.
- RX – Dial Out To: RX-Dial out to field is defaulted to “ENVOY DIRECT VIA T1 LINE”.
  - Rx-Dial out to field is defaulted and can be edited.
- Rx – Pricing Method: Standard is the only option to choose from.
  - Rx-Pricing Method is defaulted and cannot be edited.
- RX Priority: Rx Priority will determine the order in which insurance is billed Primary, Secondary, or Tertiary.
  - Rx-Priority is defaulted for all new insurers. Existing insurers will keep the priority points that have been assigned. Depending on the Insurer type (MCARE, MCAID or Commercial) that has been selected in the Table Maintenance Insurer File Menu priority points will be assigned as follows for all new insurers:
    - Medicare will be defaulted to 650 points
    - Commercial will be defaulted to 20 points
    - Medicaid will be defaulted to 5 points



CXX PRIVATE RX 20.00	NPI FLAG: BOTH STANDARD
	BIN: 123321
XYZ MEDICAID RX 5.00	NPI FLAG: BOTH STANDARD
	BIN: 123422
D-CXX MEDICARE 650.00	NPI FLAG: BOTH STANDARD
	BIN: 123434
ABC PRIVATE RX	NPI FLAG: EMPTY STANDARD

Figure 3-4: Example of a SUMI Report

### 3.4 Medicare Part D Eligibility Check

POS→RPT→ELIG

A modification was made to now allow eligibility checks to be run in version D.0.

```

*****
*      PHARMACY POINT OF SALE V1.0 P42      *
*              DEMO INDIAN HOSPITAL        *
*      Pharmacy electronic claims reports   *
*****

Generate eligibility chk (Med Part D) for which patient? 7111
SUMMERS,DONNA A          <A>   F 08-04-1932 XXX-XX-1234   DH
7111

A check was previously submitted for this patient:
On:                SEP 01, 2010@13:59:33
Patient Name:      SUMMERS,DONNA A
Medicare ID:       123456789D
Status:            A
Authorization #:

PATIENT INFORMATION
LAST NAME          : SUMMERS
FIRST NAME         : DONNA
DOB                : AUG 04, 1932

MEDICARE D INFORMATION
Insurance Level    : 0
BIN                : 004336
PCN                : ADV
GROUP              : RX9174
CARDHOLDER ID     : G0153654601
PERSON CODE        :
PHONE NUMBER       : 8003646331
CONTRACT ID        : S5601
RX BENEFIT PLAN    : 006
EFFECTIVE DATE     : JAN 01, 2009
TERMINATION DATE:

```

```
LOW-INCOME COST : Y
FORMULARY ID    :

FUTURE MEDICARE PART D INFORMATION:
EFFECTIVE DATE  :
TERMINATION DATE:

OTHER COVERAGE INFORMATION
Secondary Coverage
Insurance Level : 1
BIN             : 012345
PCN            : P024012345
GROUP          : NYEPIC
CARDHOLDER ID  : EP0373193
PERSON CODE    : 001
RELATIONSHIP CD :
PHONE NUMBER   : 8003323742
Tertiary Coverage
None
Would you like to send a new eligibility check? N//
```

## Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

**Phone:** (505) 248-4371 or (888) 830-7280 (toll free)

**Fax:** (505) 248-4363

**Web:** <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

**Email:** [support@ihs.gov](mailto:support@ihs.gov)