RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale (ABSP)

Patch Addendum

Version 1.0 Patch 28
December 2008

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico
PREFACE

The requirements and functionality outlined in the SRS IHS Point of Sale Version 1.0 Patch 28 include the following:

1. Removal of Held Claim functions within POS
2. Updated display screen for reporting issues with POS
3. New, adjusted, and deactivated 5.1 POS formats
4. Vaccination billing through POS for Medicare Part D plans

These updates to the POS functionality and the modified reports are described in this document.
SECURITY

This patch uses the same security keys as described in the Pharmacy Point-of-Sale (ABSP) User Manual, Version 1.0.
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1.0 **Introduction**

Please review these changes and add a copy of them to any printed documentation your site may be using for ABSP V 1.0. These changes will be integrated into future versions of the software and user manuals and will no longer be considered an addendum at the time of the next release.

Patch 28 of Pharmacy Point of Sale version 1.0 contains the following changes:

- Removal of Held Claim functions
- Splash screen update
- New and adjusted 5.1 POS Formats
- Medicare Part D Vaccination Billing
2.0 Removal of HELD Claim Functions

Removal of HELD Claim function that was introduced in POS Patch 22 which would place claims that did not contain an insurer’s tax id number into a HOLD queue until that information was populated.

2.1 Removal of POS Insurer Missing Tax ID Report

Removal of the Pharmacy Point-Of-Sale (POS) Insurers with Missing Tax IDs report which identified the insurers who are being billed through POS and are attached to a format, but are missing the required federal tax ID number.

RPT/SET/TAX

******************************************************************************
* PHARMACY POINT OF SALE V1.0 P22 *
* NOT-A-REAL FACILITY *
* Setup (Configuration) reports *
******************************************************************************

DET POS Setup - Detailed Report
PHAR POS Setup - Pharmacies Report
SUMI POS Setup - Summary of Insurers
RXB POS Setup - Rx Billing Status Report
USER Display user preference settings
TAX POS Insurers with Missing Tax IDs
Select Setup (Configuration) reports Option:

Figure 2-1: Screen 1 of accessing the POS insurers with missing tax IDs report

POS Insurers with Missing Tax IDs (AZFAMH) SEP 19,2007@16:55:09
******************************************************************************
ADVANCE PCS (`1920)
123 ELM ST
MASHANTUCKET, CT 06339
(888) 459-1337
ADVANCE PCS-610415 (`1751)
P.O. BOX 33780
PHOENIX, AZ 85072
(877) 473-3232
-- END OF REPORT -- (Press <ENTER> to return to menu):

Figure 2-2: Screen 2 of accessing the POS insurers with missing tax IDs report
2.2 Removal of Option to Update Insurer Tax ID

Removal of option which allowed you to enter the tax ID numbers for insurers as needed through the manager menu keys.

MGR/SET/INS/TAX

![Screen 1 of updating insurer’s tax ID](image1.png)

Figure 2-3: Screen 1 of updating insurer’s tax ID

![Screen 2 of updating insurer’s tax ID](image2.png)

Figure 2-4: Screen 2 of updating insurer’s tax ID
### 2.3 Removal of Claims Waiting for Tax ID Report

Removal of the Count of POS Claims Not Passed to 3PB report which identified all claims which were being held because of a missing tax ID number.

**RPT/CLA/HELD**

```
***********************************************************************
* PHARMACY POINT OF SALE V1.0 P22 *
* NOT-A-REAL FACILITY *                                               
* Claim results and status *                                         
***********************************************************************
PAY Payable claims report
REJ Rejected claims report
CAP Captured claims report
PAP Paper claims report
UN Uninsured claims report
DUP Duplicate claims report (should be none)
MISS Find prescriptions missed by POS
NRV Reversals needed
URM Update Report Master File for a date range
REC Recent transactions
STR List possibly stranded claims
HELD Count of POS Claims Not Passed to 3PB
DAY TOTALS - by RELEASED DATE
INS TOTALS - by INSURER
MPD TOTALS - MEDICARE PART D INSURERS
Select Claim results and status Option:
```

Figure 2-5: Screen 1 of claims waiting for tax ID report

```
Count of POS Claims not Passed to 3PB by Insurer(ABSPOSMI)SEP19,2007@16:33:50
Insurer Count

-------------------------------------------------------------------
AARP (`37) 2
EASTERN PENNSYLVANIA HMO INC (`1226) 1
ROYAL NEIGHBORS OF AMERICA (`1761) 2

TOTAL 5

-- END OF REPORT -- (Press <ENTER> to return to menu):
```

Figure 2-6: Screen 2 of claims waiting for tax ID report
2.4 **Removal of Splash Screen Related to Held Claims**

Removal of the splash screen which was used to provide a notification of how many POS claims were not being passed to third party billing.

```
******************************************************************************
*There are 5 POS Claims not being passed to 3PB
*due to missing tax id. *
* Please run the following report for more information:
*
* HELD Count of POS Claims not Passed to 3PB
*
* To run the report select options RPT/CLA/HELD.
*
******************************************************************************
```

Figure 2-7: Sample splash screen
3.0 Splash Screen Update

This splash screen provides point of contact when experiencing an unexplained error with POS. Updated screen to direct user to local help desk support instead of OIT support desk.

PREVIOUS SPLASH SCREEN

*****************************************************
*               UNABLE to send                    *
*       the eligibility check at this time.      *
*               Please wait a few minutes and try again. *
*                                                   *
* If the problem persist, please contact the    *
* OIT support desk at 1-888-830-7280.             *
*****************************************************

UPDATED SPLASH SCREEN

*****************************************************
*               UNABLE to send                    *
*       the eligibility check at this time.      *
*                                           *
* Please wait a few minutes and try again.     *
*                                           *
* If the problem persist, please contact your local help desk. *
*****************************************************
4.0 POS Formats

This section provides new and adjusted 5.1 POS formats used with POS.

4.1 New 5.1 POS Formats

NMHC TROOPT 2 PDP 5.1/610011/NMHC
MEDICARE PART D LOVELACE 5.1/012353/03730000
CAROLINA HEALTH PLAN 5.1/600428/04990000
VA E-PHARMACY 5.1/003650/64
LDI PHARMACY BENEFIT 5.1/800010/LDI
QUALITY CHOICE OF AR 5.1/013501/NONE
SCRIPT GUIDE RX 5.1/610473/SGRX
BEYOND RX 5.1/601641/PB
SHARP HEALTH PLAN 5.1/003585/56900
AAA PRESCRIPTION SAVINGS 5.1/004336/AAA
ANTHEM LUMENOS CDH9999 5.1/610575/CHD9999
ARGUS 05000000 5.1/012353/05000000
CAREMARK COB AMGSEGADV 5.1/013089/AMGSEGADV
LEGACY ADVANCE PARADIG PDP 5.1/012114/COBSEGADV
MEMBERHEALTH MPD MED 5.1/610211/MED
MEMBERHEALTH MPD PDP 5.1/610211/PDP
OREGON DHHS MEDICAID 5.1/014203/ORDHSFFS
THE PLAN HANDLERS 5.1/600471/2976
SCRIP WORLD-MERITAIN 5.1/003585/59120
4.2 Adjusted 5.1 POS Formats

NEBRASKA MEDICAID FHEALTH 5.1
Revised reversal format and updated format to send claims successfully

COMMUNITY RX 5.1
Removed special coding for field 302 – Cardholder ID

Washington Teamsters Trust 5.1
Added field 303 - person code in insurance segment

Washington Medicaid SXC 5.1
Added field 462 - prior authorization in claim segment

Caremark 5.1
Updated with new payer format sheet

Express Scripts 5.1
Updated with new payer format sheet

Iowa Medicaid GHS 5.1
Updated with new payer sheet

Medicare PartD ESI 84 5.1
Updated with new payer format sheet

Medicare PartD ESI A4 5.1
Updated with new payer format sheet

Medicare PartD Express 5.1
Updated with new payer format sheet

NMHCRX 5.1
Added field 311 – Patient Last Name

Security Health Plan RX 5.1
Removed Special Code for fields 331 & 332 – Patient ID Qualifier & Patient ID
Tricare Express Scripts 5.1  
*Updated with new payer format sheet*

**United Drug 5.1**  
*Updated with new payer sheet*

**Wisconsin Medicaid 5.1**  
*Added field 524 – Plan ID with hard code of “TXIX”*

Incentive Fee Submitted field (438) was added to the pricing segment of each of the following formats for vaccine submission:
CAREPLUS HP HUMANA PDP 5.1
CIGNATURERX PART D 5.1
COMMUNITY MUTUAL PDP 5.1
ESSENCE MEMBER MAPD 5.1
MEDICARE PARTD ADVANTRARX 5.1
MEDICARE PARTD AMERIHEALTH 5.1
MEDICARE PARTD ASURIS 5.1
MEDICARE PARTD BSCA PDP 5.1
MEDCIARE PARTD FHLTH PREMR 5.1
MEDICARE PARTD HEALTHNET 5.1
MEDICARE PARTD HLTHNET0338 5.1
MEDICARE PARTD HLTHSPG PDP 5.1
MEDICARE PARTD MC FIRST 5.1
MEDICARE PARTD PERFORMRX 5.1
MEDICARE PARTD PRIORITY PDP 5.1
MEDICARE PARTD REGENCE L&H 5.1
MEDCIARE PARTD REGENCE PDP 5.1
MEDCIARE PARTD WELLPOINT 5.1
WASHINGTON MEDICARE SXC 5.1
WELLPOINT RX MGMT PDP 5.1

4.3 Deactivated 5.1 POS Formats
MAILHANDLERS 5.1
ARGUS REGENCE BCBS WA 5.1
NORTHWEST PHARMACY SRVS 5.1
ACS NC SENIOR CARE 5.1
MEDICARE PARTD ABRAZO 5.1
RX SOULTIONS WEBMD 5.1
SUN RX 5.1
5.0 Medicare Part D Vaccination Billing

This section includes the instruction to bill for Dispensing and Administering Vaccines for Medicare Part D plans.

If the provider dispenses the vaccine medication and administers the vaccine to the enrollee, submit both drug cost and vaccine administration information on a single claim. The following fields are required in order for the claim to adjudicate and reimburse Provider appropriately for vaccine administration:

<table>
<thead>
<tr>
<th>NCPDP Field</th>
<th>Segment &amp; Field Name</th>
<th>Required Vaccine Administration Information for Processing</th>
</tr>
</thead>
<tbody>
<tr>
<td>440-E5</td>
<td>DUR/PPS Segment Professional Service Code Field</td>
<td>MA (Medication Administration)</td>
</tr>
<tr>
<td>438-E3</td>
<td>Pricing Segment Incentive Amount Submitted Field</td>
<td>(Submit Administration Fee)</td>
</tr>
</tbody>
</table>

5.1 Populating the DUR/PPS Segment & Pricing Segment

Enter Internal RX number (number starting with ` mark) or enter F to find prescription using the patient’s name and fill date.

Change “Ask Qty/Price?” and “Ask Overrides?” to ‘YES’ enter through NDC # until pop-up screen appears.
Figure 5-2: Screen 2: Sending a NEW claim through POS

Move cursor to Incentive Amnt and enter the amount to be submitted to the insurer.

>Enter F1 C to close this pop-up page<

Figure 5-3: Entering Incentive Dollar Amount
Enter ‘YES’ for the NCPDP 5.1 DUR Overrides field

Ask Insurance? NO +---------------------+ <PF1> E when done, to file claims
Ask Preauth #? NO | PHARMACY | <PF1> Q to quit without filing claims
Ask Qty/Price? YES | POINT OF | <PF3> insert/overstrike modes
Ask Fill Date? NO | SALE | <PF4> to go back one field
Ask Overrides? YES | DATA ENTRY | Arrow keys may be used, too

++-------------------------------------------------------------------------+
1 | Enter Y to select needed overrides.                                    |
2 | Please <PF1> C to close the screen.                                    |
3 | Enter General Overrides (Y/N) ? NO                                    |
4 | Enter NCPDP 5.1 DUR Overrides (Y/N) ? YES                              |
5 | Enter Diagnosis Codes (Y/N) ? NO                                      |
6 | +-------------------------------------------------------------------------+
7 | COMMAND:                                       Press <PF1>H for help    Insert A
8 | Figure 5-4: Screen 1: Entering DUR Override                           |
9 |

Populate the following fields:

439 Service Code Reason – AD: Additional Drug Needed

440 Profession Service Code – MA: Medication Administration

441 Service Code Result – 3A: Recommendation Accepted

>Enter F1 C to close this page<

Ask | Enter the NCPDP DUR 5.1 values to override for this claim.        |
    | DUCK, DONALD HEPATITIS A VACCINE, INACTIVATE                      |
    | Use <PF1> C to close this page.                                    |
1 | Line  Srvc Cd  Prof     Srvc Cd  Level of    Co-agent              |
2 |   #    Reason   Srvc Cd  Result   Effort    ID Qual   ID                |
3 |        (439)    (440)    (441)    (474)     (475)   (476)               |
4 |  1     AD       MA       3A                                           |
5 |  2                                             +4
6 |  3                                             |
7 |  4                                             |
8 |  5                                             |
9 |

Will add override from IEN RX 1561533

Figure 5-5: Screen 2: Entering DUR Override
>Enter F1 E to file the claim<

<table>
<thead>
<tr>
<th>Ask Insurance? NO</th>
<th>PHARMACY</th>
<th>&lt;PF1&gt; E when done, to file claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask Preauth #? NO</td>
<td>POINT OF</td>
<td>&lt;PF1&gt; Q to quit without filing claims</td>
</tr>
<tr>
<td>Ask Qty/Price? YES</td>
<td>SALE</td>
<td>&lt;PF3&gt; insert/overstrike modes</td>
</tr>
<tr>
<td>Ask Fill Date? NO</td>
<td>DATA ENTRY</td>
<td>&lt;PF4&gt; to go back one field</td>
</tr>
<tr>
<td>Ask Overrides? YES</td>
<td>POINT OF</td>
<td>Arrow keys may be used, too</td>
</tr>
</tbody>
</table>

Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - - - Fill Date
1  `1561533  58160-0837-01 DUCK, DONALD  HEPATITIS A VACCINE, INA DEC 10
2
3
4
5
6
7
8
9

COMMAND: Press <PF1>H for help Insert

Figure 5-6: Filing claim with populated override fields
6.0 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