RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale (ABSP)

Patch Addendum

Version 1.0 Patch 29
March 2009

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 29 include the following:

1. New/Modified Reports Menu

2. New, adjusted, and deactivated 5.1 POS formats

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 29 of Pharmacy Point of Sale version 1.0 contains the following changes:

- New/Adjusted/Deactivated 5.1 POS Formats
- New/Modified Report Menus
- Medi-Cal Subscriber ID
2.0 POS 5.1 Plan Formats

2.1 New 5.1 POS Formats

<table>
<thead>
<tr>
<th>Format Name</th>
<th>Bin</th>
<th>PCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>APS HEALTHCARE 5.1</td>
<td>60042</td>
<td>0533000000</td>
</tr>
<tr>
<td>BCBS MONTANA 5.1</td>
<td>610455</td>
<td>HMBC</td>
</tr>
<tr>
<td>CARE FIRST 5.1</td>
<td>003585</td>
<td>50280</td>
</tr>
<tr>
<td>CCOOK COMMERCIAL 5.1</td>
<td>013550</td>
<td>CCOOK001</td>
</tr>
<tr>
<td>CCOOK PDP 5.1</td>
<td>013550</td>
<td>CCOKD001</td>
</tr>
<tr>
<td>CCOOK PDP TROOP 5.1</td>
<td>013550</td>
<td>TROOPD0100</td>
</tr>
<tr>
<td>CLARIAN HEALTH 5.1</td>
<td>012353</td>
<td>0527000000</td>
</tr>
<tr>
<td>CLARIAN HEALTH MPD 5.1</td>
<td>012353</td>
<td>0527000000</td>
</tr>
<tr>
<td>ECKERD HEALTH SERVICES MPD 5.1</td>
<td>610474</td>
<td>TDI</td>
</tr>
<tr>
<td>ESI SECONDARY MPD 5.1</td>
<td>003858</td>
<td>SC</td>
</tr>
<tr>
<td>FOX INSURANCE CO. 5.1</td>
<td>014194</td>
<td>NONE</td>
</tr>
<tr>
<td>HEALTH PARTNERS 023530000 5.1</td>
<td>600428</td>
<td>023530000</td>
</tr>
<tr>
<td>HEALTHCARE MGMT ADMIN 5.1</td>
<td>003585</td>
<td>49470</td>
</tr>
<tr>
<td>IDEAL SCRIPTS 5.1</td>
<td>011289</td>
<td>NONE</td>
</tr>
<tr>
<td>MEDICARE PARTD BCBS MT 5.1</td>
<td>610455</td>
<td>HMBCS</td>
</tr>
<tr>
<td>MULTICARE HEALTH SYSTEM 5.1</td>
<td>003585</td>
<td>49530</td>
</tr>
<tr>
<td>NMHC FREEDOM PLAN 5.1</td>
<td>610011</td>
<td>FREEDOM</td>
</tr>
<tr>
<td>SCOTT &amp; WHITE MPD 5.1</td>
<td>012353</td>
<td>037200000</td>
</tr>
<tr>
<td>SELECT HEALTH SC 5.1</td>
<td>600428</td>
<td>021800000</td>
</tr>
</tbody>
</table>

2.2 Adjusted 5.1 POS Formats

ALASKA MEDICAID 5.1, Bin# 009661, PCN: P013009661
  Format Adjusted to new payer sheet released on Emdeon web site.

BCBS NM MEDICARE PARTD 5.1, Bin# 011552, PCN: MPDN
  Added field 419 Prescription Origin Code to the Claim Segment.

COMMUNITY RX 5.1, Bin# 610575, PCN: 00890004
  EXPRESS SCRIPTS 5.1, Bin# 003858, PCN: A4
    Removed fields 478, 479, & 480 from the Pricing Segment.
MEMBERHEALTH MPD PDP 5.1, Bin# 610211, PCN: PDP

Added special coding for field 110, Removed fields 481, 482, 483, & 484 from the Pricing Segment, Added field 311 to the Patient Segment, & Added field 412 to the Pricing Segment.

MEMBERHEALTH MPD MED 5.1, Bin# 610211, PCN# MED

Added special coding for field 110, Removed fields 481, 482, 483, & 484 from the Pricing Segment, Added field 311 to the Patient Segment, & Added field 412 to the Pricing Segment.

SOUTH CAROLINA MEDICAID 5.1, BIN# 610494, PCN: 9999

Added special coding for field 308.

VA E-PHARMACY 5.1, BIN# 003650, PCN: 64

Added field 430 Gross Amount Due to the Pricing Segment.

WASHINGTON MEDICAID SXC 5.1, Bin# 610706, PCN: WAPROD

Changed reversal format to Claim Reversal 5.1 format.

### 2.3 Deactivated 5.1 POS Formats

<table>
<thead>
<tr>
<th>Format Name</th>
<th>Bin</th>
<th>PCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASHINGTON MEDICAID 5.1</td>
<td>610084</td>
<td>CICSWARX</td>
</tr>
<tr>
<td>PCS 5.1</td>
<td>610415</td>
<td>NONE</td>
</tr>
</tbody>
</table>
2.4 Format Field 419

Special code removed from field 419; field is still available for use on plans but will require a manual override at this time.

- BCBS MONTANA 5.1
- BEYOND RX 5.1
- CARE FIRST 5.1
- FOX INSURANCE CO 5.1
- HEALTHCARE MGMT ADMIN 5.1
- LDI PHARMACY BENEFIT 5.1
- MEDICARE PARTD BCBS MT 5.1
- MICHIGAN MEDICAID 5.1
- MULTICARE HEALTH SYSTEM 5.1
- NMHC FREEDOM PLAN 5.1
- SCOTT & WHITE MPD 5.1
- SCRIP WORLD-MERITAIN 5.1
- SHARP HEALTH PLAN 5.1
- WASHINGTON MEDICAID SXC 5.1
- WASHINGTON TEAMSTERS TRUST 5.1
3.0 New/Modified Reports Menu

POS > RPT

The new/modified reports provide a variety of reports and surveys, which can help you manage your Point-of-Sale (POS) process.

The Pharmacy Electronic Claims Report menu is accessed from the core menu; for example,

| U   | Pharmacy POS User Menu ...
| MGR | Pharmacy POS Manager Menu ...
| BILL| RX Point of Sale Billing Menu ...
| RPT | Pharmacy electronic claims reports ...

Select Pharmacy Point of Sale Option: RPT

Figure 3-1: Pharmacy Point-of-Sale menu options

Selecting the RPT - Pharmacy Electronic Claims Reports option displays the following sub-menu:

| 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
| OTH | Other reports ...

Select Pharmacy electronic claims reports Option:

Figure 3-2: Pharmacy Electronic Claims Reports options (RPT)
3.1 Claim Results and Status (CLA)

POS > RPT > CLA

Selecting the CLA - Claim Results and Status option displays the following sub-menu (Figure 3-3). You need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

| PAY         | Payable claims report  |
| REJ         | Rejected claims report |
| CAP         | Captured claims report |
| PAP         | Paper claims report    |
| UN          | Uninsured claims report|
| REC         | Recent transactions    |
| RCR         | Rejected Claims by Reject Code |

Figure 3-3: Claim Results and Status sub-menu options (CLA)

The PAY through UN reports are oriented to the pharmacy’s record of the Released Date/time and the latest status of the claim.

3.1.1 Payable Claims Report (PAY)

POS > RPT > CLA > PAY

The PAY report option lists payable electronic claims grouped by insurer. Both billed and paid amounts are shown.

3.1.2 Rejected Claims Report (REJ)

POS > RPT > CLA > REJ

The REJ report option lists rejected claims, grouped by insurer and patient. The billed amount is shown and the most expensive prescriptions are listed first for each patient. The rejection reasons, as received from the insurer in response to the electronic claim, are shown. The insurer’s Help Desk phone number is at the top of the report.
3.1.3 Captured Claims Report (CAP)

POS > RPT > CLA > CAP

The CAP report option lists captured claims. These are claims that the insurer acknowledges receiving, but for which adjudication has been deferred. The result ‘payment or rejection’ will be known when the EOB arrives.

3.1.4 Paper Claims Report (PAP)

POS > RPT > CLA > PAP

The PAP report option lists paper claims. Point-of-Sale does not actually produce paper claims - these are claims that could be billed to various other insurers through the RPMS Third Party Billing system. If you have numerous claims for a particular insurer, consider sending the claims electronically. The format might already be included in Point-of-Sale (See RPT/OTH/FMT.) A contract with the insurer is required before electronic claims will be accepted.

3.1.5 Uninsured Claims Report (UN)

POS > RPT > CLA > UN

The UN report option lists claims for uninsured patients. The claims are grouped by patient eligibility status. This is especially useful if there are claims for non-beneficiaries and you want to know the number and value of such claims.

3.1.6 Recent Transactions (REC)

POS > RPT > CLA > REC

The REC report option summarizes recently completed transactions. You are prompted for a date range. This report lists transactions starting with the most recent and working backward. The completion time and the elapsed time in seconds are also reported.

The date of your previous parameter selection is displayed. You are prompted for start and end dates, which in most instances will be “T” (today).
3.1.7 Rejected Claims by Reject Code (RCR)

POS > RPT > CLA > RCR

The RCR report option lists rejected claims, grouped by rejection reason and patient. When running the RCR report, you are prompted to enter:

- A begin date and an end date
- A single pharmacy or leave blank for all
- An insurer or leave blank for all insurers

You are also asked if you want to export the summary report to Excel.

The RCR option produces a report with the dollar amount for each rejection code by pharmacy (Figure 3-4). The Detailed report lists the Patient’s Chart #, Name, RX #/Fill #, Insurer, Amt Billed (Figure 3-5).

![Figure 3-4: Sample Rejected Claims by Reject Code Summary Report (RCR)](image-url)
**Detailed Report**

<table>
<thead>
<tr>
<th>CHT #</th>
<th>NAME</th>
<th>RX #/FILL #</th>
<th>INSURER</th>
<th>AMT BILLED</th>
</tr>
</thead>
<tbody>
<tr>
<td>29322</td>
<td>DEMO, PATIENT</td>
<td>1517608/0</td>
<td>MINNESOTA MEDICAID</td>
<td>142.86</td>
</tr>
<tr>
<td>29322</td>
<td>DEMO, PATIENT</td>
<td>1517609/0</td>
<td>MINNESOTA MEDICAID</td>
<td>10.39</td>
</tr>
<tr>
<td>30711</td>
<td>DEMO, PATIENT</td>
<td>1517603/0</td>
<td>MINNESOTA MEDICAID</td>
<td>7.02</td>
</tr>
<tr>
<td>263</td>
<td>DEMO, PATIENT</td>
<td>1450561/6</td>
<td>MINNESOTA MEDICAID</td>
<td>32.30</td>
</tr>
<tr>
<td>16629</td>
<td>DEMO, PATIENT</td>
<td>1482723/3</td>
<td>BLUE CROSS/BLUE SHIELD</td>
<td>7.38</td>
</tr>
<tr>
<td>3093</td>
<td>DEMO, PATIENT</td>
<td>1506307/2</td>
<td>BLUE CROSS/BLUE SHIELD</td>
<td>13.95</td>
</tr>
<tr>
<td>2668</td>
<td>DEMO, PATIENT</td>
<td>1517599/0</td>
<td>D-MEDICARE BLUE RX BAS</td>
<td>16.11</td>
</tr>
</tbody>
</table>

**TOTAL FOR DEMO HOSPITAL:** 230.01

Figure 3-5: Sample Rejected Claims by Reject Code Detailed Report (RCR)

### 3.2 Claims Results and Status by Site (SITE)

**POS > RPT > SITE**

Selecting the SITE - **Claims Results and Status by Site** option displays the following sub-menu (Figure 6). You need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

<table>
<thead>
<tr>
<th>PAY</th>
<th>Payable claims report by site</th>
</tr>
</thead>
<tbody>
<tr>
<td>REJ</td>
<td>Rejected claims report by site</td>
</tr>
<tr>
<td>DAY</td>
<td>Totals by Released Date by site</td>
</tr>
<tr>
<td>INS</td>
<td>Totals by Insurer by site</td>
</tr>
<tr>
<td>MPD</td>
<td>Totals by Medicare Part D by site</td>
</tr>
</tbody>
</table>

Figure 3-6: Claim Results and Status by Site sub-menu options (SITE)

The PAY and REJ reports are oriented to the pharmacy’s record of the Released Date/time, the latest status of the claim, and by site name.
3.2.1 Payable Claims Report by Site (PAY)

**POS > RPT > SITE > PAY**

The PAY report option lists payable electronic claims grouped by insurer for the specified site. Both billed and paid amounts are shown.

You are prompted for start and end dates and your pharmacy location, which is currently defaulted to FIRST. If the pharmacy is set up to bill through POS, you can change the pharmacy location.

3.2.2 Rejected Claims Report by Site (REJ)

**POS > RPT > SITE > REJ**

The REJ report option lists rejected claims, grouped by insurer and patient for the specified site. The billed amount is shown and the most expensive prescriptions are listed first for each patient. The rejection reasons, as received from the insurer in response to the electronic claim, are shown. The insurer’s Help Desk phone number is at the top of the report.

You are prompted for your pharmacy location, which is currently defaulted to FIRST. If the pharmacy is set up to bill through POS, you can change the pharmacy location.

3.2.3 Totals by Released Date by Site (DAY)

**POS > RPT > SITE > DAY**

The DAY report option totals each day's Point of Sale activity by categories and allows you to sort by site (see column headings in Figure 7).

- **SHORTED** amounts are the difference between the amount billed in the electronic claim and the amount the insurer replied with as PAYABLE. The shorted figure may include what the insurer has designated as patient co-pay.
- **PAPER** refers to claims for patient with insurance, but for which electronic claims are not yet set up.
- **UNINSURED** includes both native beneficiaries and non-natives without any insurance coverage on file.
You are prompted for a range of insurer names and then a range for the prescription released dates.

- To get totals for a single pharmacy, answer both “Start with” and “Go to” prompts with the same pharmacy name.
- To see the total for all pharmacies, answer the “Start with” prompt with FIRST.

**START WITH PHARMACY: FIRST // <Enter>**

* Previous selection: RELEASED DATE from Jan 1,2009 to Jan 31,2009@24:00

START WITH RELEASED DATE: Jan 1,2009 // <Enter> (JAN 01, 2009)

GO TO RELEASED DATE: Jan 31,2009 // <Enter> (JAN 31, 2009)

<table>
<thead>
<tr>
<th>POINT OF SALE TOTALS</th>
<th>FEB 23,2009</th>
<th>4:47 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM THRU</td>
<td>PAYABLE</td>
<td>SHORTED</td>
</tr>
<tr>
<td>PHARMACY: DEMO HOSPITAL</td>
<td>JAN 1,2009</td>
<td>716.53</td>
</tr>
<tr>
<td>JAN 2,2009</td>
<td>SUBTOTAL</td>
<td>8994.84</td>
</tr>
<tr>
<td>JAN 3,2009</td>
<td>SUBTOTAL</td>
<td>2617.47</td>
</tr>
<tr>
<td>JAN 4,2009</td>
<td>SUBTOTAL</td>
<td>2492.51</td>
</tr>
<tr>
<td>JAN 5,2009</td>
<td>SUBTOTAL</td>
<td>18229.55</td>
</tr>
<tr>
<td>JAN 6,2009</td>
<td>SUBTOTAL</td>
<td>19264.23</td>
</tr>
<tr>
<td>JAN 7,2009</td>
<td>SUBTOTAL</td>
<td>15002.92</td>
</tr>
<tr>
<td>JAN 8,2009</td>
<td>SUBTOTAL</td>
<td>9162.22</td>
</tr>
<tr>
<td>TOTAL</td>
<td>300892.86</td>
<td>-16490.68</td>
</tr>
</tbody>
</table>

Figure 3-7: Example of Totals - by Released Date by Site Report (DAY)

**3.2.4 Totals by Insurer by Site (INS)**

The INS report option prompts you for a range of insurer names and a range for the prescription released dates. For an example, see Figure 3-8.

- To get totals for a single pharmacy, answer both “Start with” and “Go to” prompts with the same pharmacy name.
- To see the total for all pharmacies, answer the “Start with” prompt with FIRST.
- To get totals for a single insurer, answer both “Start with” and “Go to” prompts with the same insurer name.
To see the total for uninsured patients as well, answer the “Start with” prompt with the “at” symbol (@). The uninsured total will be the first listing in the report and is labeled EMPTY.

```
START WITH PHARMACY: DEMO HOSPITAL// <Enter>
START WITH TRANSACTION: INSURER: FIRST// @ <Enter>
GO TO TRANSACTION: INSURER: LAST// <Enter>
* Previous selection: RELEASED DATE from Jan 2, 2009
START WITH RELEASED DATE: FIRST// T-7 <Enter> (JAN 2, 2009)
GO TO RELEASED DATE: LAST// T <Enter> (JAN 7, 2009)
DEVICE: <Enter> Right Margin: 80/<Enter>
```

```
POINT OF SALE TOTALS
From thru
FEB 23, 2009
PAYABLE SHORTED PAPER REJECTED UNINSURED OTHER
PHARMACY: DEMO HOSPITAL
JAN 1, 2009
INSURER: D-MEDICARE BLUE RX OPTION 1
SUBTOTAL 159.45 298.27 0.00 144.23 0.00 0.00
INSURER: D-PACIFICARE SAVER PLAN
SUBTOTAL 39.35 54.84 0.00 15.99 0.00 0.00
INSURER: HUMANA MEDICARE ADVANTAGE
SUBTOTAL 21.73 117.75 0.00 0.00 0.00 0.00
INSURER: MINNESOTA MEDICAID
SUBTOTAL 506.00 -440.42 0.00 0.00 0.00 0.00
INSURER: RX-BCBS OF MN
SUBTOTAL 0.00 0.00 0.00 0.00 679.96 0.00
INSURER: SELF PAY
SUBTOTAL 0.00 0.00 0.00 0.00 679.96 0.00
SUBTOTAL 726.53 30.44 0.00 169.35 679.96 0.00
JAN 2, 2009
INSURER: BLUE CROSS/BLUE SHIELD OF MN
SUBTOTAL 0.00 0.00 0.00 154.40 0.00 0.00
```

Figure 3-8: Example of Totals - by Insurer by Site Report (INS)

### 3.2.5 Totals by Medicare Part D by Site (MPD)

POS > RPT > SITE > MPD

The MPD report option prompts you for a begin date and end date and prompts you for the pharmacy name. For an example, see Figure 10.

- To get totals for a single pharmacy, answer both “Start with” and “Go to” prompts with the same pharmacy name.

- To see the total for all pharmacies, answer the “Start with” prompt with FIRST.

```
START WITH PHARMACY: DEMO HOSPITAL//
Enter the Beginning Date: t-30 (DEC 16, 2008)
Enter the Ending Date: t (JAN 15, 2009)
PHARMACY: DEMO HOSPITAL//
DEVICE: HOME// VIRTUAL Right Margin: 80//
```
3.3 Maintenance Reports (MNT)

POS > RPT > MNT

Selecting the MNT - Maintenance Reports option displays the following sub-menu (Figure 3-10). You need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

<table>
<thead>
<tr>
<th>Report</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUP</td>
<td>Duplicate claims report (should be none)</td>
</tr>
<tr>
<td>MISS</td>
<td>Find prescriptions missed by POS</td>
</tr>
<tr>
<td>NRV</td>
<td>Reversals needed</td>
</tr>
<tr>
<td>URM</td>
<td>Update Report Master File for a date range</td>
</tr>
<tr>
<td>STR</td>
<td>List possibly stranded claims</td>
</tr>
</tbody>
</table>

The DUP and MISS reports are oriented to the pharmacy’s record of the Released Date/time and the latest status of the claim.
3.3.1 Duplicate Claims Report (DUP)

**POS > RPT > MNT > DUP**

The DUP report option lists duplicates of payable electronic claims. This happens if the claim has already been paid, and it is submitted to the insurer again without having first been reversed.

In general duplicates should never happen; but if you have duplicate claims, you must
(1) Reverse the claim and wait for a response of “reversal accepted.”

(2) Resubmit the claim, which should return a “payable” or a valid “rejection” response.

3.3.2 Find Prescriptions Missed by POS (MISS)

**POS > RPT > MNT > MISS**

The MISS report option lists claims missed by Point-of-Sale. If your site does manual data entry to Point-of-Sale, you may want to run this report regularly. Otherwise, there should never be any missed claims, unless you experience a downtime with Point-of-Sale.

3.3.3 Reversals Needed (NRV)

**POS > RPT > MNT > NRV**

The NRV report option lists all the claims for prescriptions which are deleted (or marked for deletion) or marked with a RETURNED TO STOCK date/time.

3.3.4 Update Report Master File for a Date Range (URM)

**POS > RPT > MNT > URM**

The URM report option updates the Report Master file thoroughly for a date range that you specify. Each of the Claim Results and Status reports, PAY through UN, does a quick update of the Report Master file and then uses the Report Master file as the source of its data.
It may be possible for a transaction to be missed in the reports, if the Prescription file dates change, or if certain activities are separated by a day or more. Run the URM report, if 100% accuracy (rather than 99% accuracy) is needed.

3.3.5 List Possibly Stranded Claims (STR)

POS > RPT > MNT > STR

The STR report option produces a report that enables you to view claims that did not finish processing due to an unexpected software or hardware problem. The hoped for result is

***NO RECORDS TO PRINT***.

If there are any stranded claims, the RPMS Support Center can run a program to clean them up, and then the claims can be resubmitted. To capture any/all stranded claims, the “Start with Start Time” prompt should be FIRST.

START WITH START TIME: FIRST//

3.4 Administration reports (ADMN)

POS > RPT > ADMN

Selecting the ADMN - Administration Reports option displays the following sub-menu (Figure 3-11). You need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

<table>
<thead>
<tr>
<th>DAY</th>
<th>TOTALS - by RELEASED DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INS</td>
<td>TOTALS - by INSURER</td>
</tr>
<tr>
<td>MPD</td>
<td>TOTALS - MEDICARE PART D INSURERS</td>
</tr>
</tbody>
</table>

Figure 3-11: Administration Reports sub-menu options (ADMN)

These reports are oriented to the pharmacy’s record of the Released Date/time and the latest status of the claim.
3.4.1 Totals - by Released Date (DAY)

POS > RPT > ADMN > DAY

The Day report option totals each day's Point-of-Sale activity by categories (see column headings in Figure 3-12).

- **SHORTED** amounts are the difference between the amount billed in the electronic claim and the amount the insurer replied with as **PAYABLE**. The shorted figure may include what the insurer has designated as patient co-pay.

- **PAPER** refers to claims for patient with insurance, but for which electronic claims are not yet set up.

- **UNINSURED** includes both native beneficiaries and non-natives without any insurance coverage on file.

```
<table>
<thead>
<tr>
<th>Date</th>
<th>PAYABLE</th>
<th>SHORTED</th>
<th>PAPER</th>
<th>REJECTED</th>
<th>UNINSURED</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN 2, 2009</td>
<td>157.78</td>
<td>51.81</td>
<td>2410.25</td>
<td>274.30</td>
<td>6767.16</td>
<td>0.00</td>
</tr>
<tr>
<td>JAN 3, 2009</td>
<td>45.62</td>
<td>5.02</td>
<td>1047.82</td>
<td>20.62</td>
<td>5321.28</td>
<td>0.00</td>
</tr>
<tr>
<td>JAN 4, 2009</td>
<td>0.00</td>
<td>0.00</td>
<td>1017.46</td>
<td>376.49</td>
<td>8106.31</td>
<td>0.00</td>
</tr>
<tr>
<td>JAN 5, 2009</td>
<td>204.29</td>
<td>341.03</td>
<td>4236.73</td>
<td>244.30</td>
<td>3351.28</td>
<td>0.00</td>
</tr>
<tr>
<td>JAN 6, 2009</td>
<td>93.05</td>
<td>15.25</td>
<td>1369.20</td>
<td>122.16</td>
<td>2671.12</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>500.74</td>
<td>413.11</td>
<td>10081.46</td>
<td>1037.87</td>
<td>26217.15</td>
<td>0.00</td>
</tr>
</tbody>
</table>
```

Figure 3-12: Example of Totals - by Released Date Report (DAY)

3.4.2 Totals - by Insurer (INS)

POS > RPT > ADMN > INS

Option “INS” prompts you for a range of insurer names and then a range of prescription released dates. See the examples in Figure 3-13 and Figure 3-14.

- To get totals for a single insurer, answer both “Start with” and “Go to” prompts with the same insurer name.

- To see the total for uninsured patients as well, answer the “Start with” prompt with the “at” symbol (@). The uninsured total will be the first listing in the report and is labeled EMPTY.
<table>
<thead>
<tr>
<th>PAYABLE</th>
<th>SHORTED</th>
<th>PAPER</th>
<th>REJECTED</th>
<th>UNINSURED</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECURE HORIZONS</td>
<td>0.00</td>
<td>0.00</td>
<td>256.47</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Sooter HEALTH PLAN</td>
<td>0.00</td>
<td>0.00</td>
<td>25.13</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>STUDENT ASSURANCE SERVICES</td>
<td>0.00</td>
<td>0.00</td>
<td>149.07</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>UNICARE-RX</td>
<td>0.00</td>
<td>0.00</td>
<td>328.25</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>UNITED COMMERCIAL TRAVELERS</td>
<td>0.00</td>
<td>0.00</td>
<td>355.27</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>UNITED HEALTHCARE</td>
<td>0.00</td>
<td>0.00</td>
<td>373.79</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>UNIVERSAL FIDELITY LIFE INS CO</td>
<td>0.00</td>
<td>0.00</td>
<td>277.57</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>WAL-MART/RX</td>
<td>0.00</td>
<td>0.00</td>
<td>268.65</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL     500.74</td>
<td>413.11</td>
<td>10081.46</td>
<td>1037.87</td>
<td>26217.15</td>
<td>0.00</td>
</tr>
</tbody>
</table>
3.4.3 Totals by Medicare Part D Insurers (MPD)

POS > RPT > ADMN > MPD

The MPD report option prompts you for a begin date and end date. For example:

```
Enter the Beginning Date: t-30 <Enter> (DEC 16, 2008)
Enter the Ending Date: t <Enter> (JAN 15, 2009)
DEVICE: HOME// <Enter> VIRTUAL Right Margin: 80// <Enter>
```

TOTALS BY MEDICARE PART D INSURERS (ABSPOSMF)

FEB 23, 2009@17:01:35

For JAN 1, 2009 through JAN 31, 2009

<table>
<thead>
<tr>
<th>Insurer</th>
<th>PAYABLE</th>
<th>ADJUSTED</th>
<th>PAPER</th>
<th>REJECTED</th>
<th>RX CNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-AARP MEDICARERX</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>D-ADVANTAGE FREEDOM</td>
<td>2042.94</td>
<td>1180.57</td>
<td>0.00</td>
<td>550.10</td>
<td>31</td>
</tr>
<tr>
<td>D-ADVANTAGE STAR</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>D-ASURIS MEDICARE SCRIPT</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>D-COMMUNITY CARE RX</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>6526.66</td>
<td>92</td>
</tr>
<tr>
<td>D-ENVISION MEDICARE PART D</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 3-15: Example of Totals - by Medicare Part D Insurers report (MPD)

3.5 Other reports (OTH)

POS > RPT > OTH

Selecting the OTH - Other Reports option displays the following sub-menu (Figure 3-16). You need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMT</td>
<td>List electronic claims formats</td>
</tr>
<tr>
<td>FLD</td>
<td>List NCPDP Fields</td>
</tr>
</tbody>
</table>

Figure 3-16: Other Reports sub-menu options (OTH)
3.5.1 List Electronic Claims Formats (FMT)

**POS > RPT > OTH > FMT**

The FMT report option produces a list of electronic insurers, their format, BIN, PCN, and the insurer Help Desk phone number. For example:

<table>
<thead>
<tr>
<th>Format</th>
<th>BIN</th>
<th>Plan #</th>
<th>PCN #</th>
<th>Help #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRODUCTION</td>
<td>PRODUCTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4D PHARMACY MGT SYSTEMS 5.1</td>
<td>600428</td>
<td>7054</td>
<td>01990000</td>
<td></td>
</tr>
<tr>
<td>AAA PRESCRIPTION SAVINGS 5.1</td>
<td>004336</td>
<td>4343</td>
<td>AAA</td>
<td>(800) 364-6331</td>
</tr>
<tr>
<td>AARP DISCOUNT CARD PRO 5.1</td>
<td>610652</td>
<td>3240</td>
<td>82266461</td>
<td>(800) 207-2568</td>
</tr>
<tr>
<td>ADV RX MGT MEDICARE PDP 5.1</td>
<td>004336</td>
<td>2447</td>
<td>ADV</td>
<td>(800) 364-6331</td>
</tr>
<tr>
<td>CCOK COMMERCIAL 5.1</td>
<td>013550</td>
<td>4067</td>
<td>CCOK001</td>
<td>(800) 962-7378</td>
</tr>
<tr>
<td>CCOK PDP 5.1</td>
<td>013550</td>
<td>4068</td>
<td>CCOKD00</td>
<td>(800) 962-7378</td>
</tr>
</tbody>
</table>

Figure 3-17: Example of the List Electronic Claims Formats report (FMT)

3.5.2 List NCPDP Fields (FLD)

**POS > RPT > OTH > FLD**

The FLD report option produces a list of NCPDP numbers and their corresponding file names to use with the override of the fields listed on this report. For example:

<table>
<thead>
<tr>
<th>NCPDP FIELD NUMBER</th>
<th>NCPDP FIELD NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>301</td>
<td>GROUP ID</td>
</tr>
<tr>
<td>302</td>
<td>CARDHOLD ID</td>
</tr>
<tr>
<td>303</td>
<td>PERSON CODE</td>
</tr>
<tr>
<td>304</td>
<td>DATE OF BIRTH</td>
</tr>
</tbody>
</table>

Figure 3-18: Example of the List NCPDP Fields report (FLD)
4.0 Medi-Cal Subscriber ID

A special field has been added to POS Pharmacy Parameters to include the subscriber ID for California Medicaid formats.

The **Edit Pharmacy POS Pharmacy Data** is accessed from the POS Manager Menu. The PHAR option displays a series of prompts. Scroll through the prompts until you reach the **Insurer-Assigned #** prompt.

1. At the “Select Insurer” prompt, type CALIFORNIA MEDICAID.

2. At the “Are you adding ‘California Medicaid’ as a new Insurer-Assigned #” prompt, type YES.

3. Press Enter to the “MED-CAL Subscriber ID” prompt. At this prompt type your assigned California Medi-Cal subscriber ID number; for example, KAW1018R11.
5.0 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