RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale

(ABSP)

Patch Addendum

Version 1.0 Patch 34
November 2009

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico
# Table of Contents

1.0 Introduction .............................................................................................................................. 1

2.0 POS 5.1 Plan Formats .............................................................................................................. 2
2.1 New 5.1 POS Formats ............................................................................................................. 2
2.2 Adjusted 5.1 POS Formats ..................................................................................................... 2

3.0 New/Modified Reports Menu ................................................................................................. 3
3.1 Worked Rejection Report (WRR) ......................................................................................... 3
3.2 Rejected Claims by Reject Code (RCR) ................................................................................ 3
3.3 Billed and Collected DRUG Cost (DRUG) ......................................................................... 5
3.4 Print Expense Report (EXP) ................................................................................................. 6
3.5 Totals - by PRIVATE INSURER (PVT) .................................................................................. 6

4.0 Contact Information .................................................................................................................. 8
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 34 of Pharmacy Point of Sale version 1.0 contains the following changes:

- New/Adjusted/Deactivated 5.1 POS Formats
- New/Modified Report Menus

Security

This patch uses the same security keys as described in the *Pharmacy Point-of-Sale (ABSP) User Manual, Version 1.0.*
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>COMMUNITY HEALTH GRP LONGS 5.1</td>
<td>003585</td>
<td>50032</td>
</tr>
<tr>
<td>EMPIRE PARTD 5.1</td>
<td>610575</td>
<td>EMP01</td>
</tr>
<tr>
<td>WELLPOINT ANTHEM 5.1</td>
<td>013550</td>
<td>NONE</td>
</tr>
</tbody>
</table>

2.2 Adjusted 5.1 POS Formats

- CHG-HEALTHY FAMILIES 5.1, Bin# 003585, PCN: 50036
  - Added prior authorizations fields to the claim segment

- ECKERD HEALTH SYSTEMS 5.1, Bin# 610474, PCN: TDI
  - Modified Trans Count field to ‘1’

- MAINE MEDICAID 5.1, Bin# 005526, PCN: MEPOP
  - Added special coding for field 466 to send the physicians DEA#

- PCS 5.1, Bin# 610415, PCN: NONE
  - Reactivated and updated format

- TRICARE EXPRESS SCRIPTS 5.1, Bin# 003858, PCN: A4
  - Added prior authorization fields to the claim segment
3.0 New/Modified Reports Menu

This section provides instructions on the new/modified reports which can help you manage your Point-of-Sale (POS) process.

3.1 Worked Rejection Report (WRR)

The WRR report option has been temporarily disable while under construction.

3.2 Rejected Claims by Reject Code (RCR)

The RCR report option lists rejected claims, grouped by rejection reason and patient. This report has been modified to include the ability to filter by a selected Rejection code by adding a prompt before printing the report.

```
Enter Beginning Prescription Release Date:  T-10 <Enter>
Enter Ending Prescription Release Date:  T <Enter>
Please Select a Pharmacy or leave blank for ALL:  <Enter>
Please choose an insurer or leave blank for ALL POS electronic insurers:  <Enter>
Please choose a REJECTION CODE or leave blank for ALL:  19 <Enter>  M/I DAYS SUPPLY ...
...OK? Yes// <Enter>  (Yes)

Select one of the following:

S   SUMMARY
D   DETAILED

Please select S for Summary or D for Detailed:  D// <Enter>ETAILED
DEVICE:  HOME// <Enter>  Virtual

Pharmacy Point of Sale Rejection Report
Claims sorted by Rejection Reason
From OCT 18, 2009 TO OCT 28, 2009
***SUMMARY REPORT***

PHARMACY:  YAKAMA
REJECTION CODE:                                          TOTALED:   RX COUNT:
19:M/I Days Supply                                          58.31     2

TOTAL FOR PHARMACY: $58.31
# RX REJECTED FOR PHARMACY: 2

GRAND TOTAL: $58.31
# RX REJECTED: 2

TOTAL FOR RELEASED DATE OCT 19, 2009: $  0.00
```
<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></td>
<td>Sediment, Ginna L</td>
<td>1676494/0</td>
<td>NORTHWEST PHARMACY-LEG</td>
<td>$ 27.86</td>
</tr>
<tr>
<td></td>
<td>535686841</td>
<td>512176</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL FOR YAKAMA:** $ 27.86

**TOTAL FOR RELEASED DATE OCT 20, 2009:** $ 27.86
**TOTAL FOR RELEASED DATE OCT 21, 2009:** $ 0.00
**TOTAL FOR RELEASED DATE OCT 22, 2009:** $ 0.00
**TOTAL FOR RELEASED DATE OCT 23, 2009:** $ 0.00

**TOTAL AMOUNT REJECTED:** $ 58.31

---

**Figure 3-1: Example of Rejected Claims by Reject Code (RCR)**
3.3 Billed and Collected DRUG Cost (DRUG)

POS > RPT > ADMN > DRUG

The DRUG report option lists dollar amount billed/collected grouped by insurer for the specified site. This report has been modified to include the ability to filter by selected drug name.

* Previous selection: RELEASED DATE from Oct 21,2009 to Oct 28,2009@24:00
START WITH RELEASED DATE: Oct 21,2009// <Enter>  (OCT 21, 2009)
GO TO RELEASED DATE: Oct 28,2009// <Enter>  (OCT 28, 2009)
* Previous selection: RXI:DRUG equals ALBUTEROL
START WITH DRUG: ALBUTEROL// PAROXETINE HCL 20MG TAB <Enter>
GO TO DRUG: LAST// PAROXETINE HCL 20MG TAB <Enter>
DEVICE: <Enter> Virtual

DRUG REPORT BY INSURER                         OCT 28,2009  12:39    PAGE 1

BILLED $         PAID $
-----------------------------------------------------------------------------
PHARMACY: YAKAMA
INSURER: ARGUS HEALTH SYSTEMS
RELEASED DATE: OCT 21,2009
DRUG: PAROXETINE HCL 20MG TAB

<table>
<thead>
<tr>
<th>SUBTOTAL</th>
<th>BILLED</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>86.49</td>
<td>6.50</td>
<td></td>
</tr>
<tr>
<td>SUBCOUNT</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>86.49</td>
<td>6.50</td>
</tr>
<tr>
<td>SUBCOUNT</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>86.49</td>
<td>6.50</td>
</tr>
<tr>
<td>SUBCOUNT</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>86.49</td>
<td>6.50</td>
</tr>
<tr>
<td>TOTAL</td>
<td>86.49</td>
<td>6.50</td>
</tr>
<tr>
<td>COUNT</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>MEAN</td>
<td>86.49</td>
<td>6.50</td>
</tr>
</tbody>
</table>

Press ENTER to continue:

Figure 3-2: Example of the Billed and Collected DRUG Cost (DRUG)
3.4 Print Expense Report (EXP)

The EXP report option provides a receipt for the patient listing the RX #, Transaction date, Transaction type, Drug Name, NDC #, Qty, D/S (day supply), Provider Name and NPI #, Total Price Billed, Amount Insurer Paid, and Amount Due from patient. This report has been modified to include statistical information that shows total amount billed, total amount paid, and total amount due.

![Example Expense Report]

3.5 Totals - by PRIVATE INSURER (PVT)

Option “PVT” prompts you for a range of insurer names and then a range of prescription released dates.

- 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 all commercial plans, answer the “Start with” prompt with “FIRST”.

See the examples in Figure 3-4 and Figure 3-5.
START WITH TRANSACTION: INSURER: FIRST // <Enter>
* Previous selection: RELEASED DATE from Jan 2, 2009
START WITH RELEASED DATE: FIRST // T-7 <Enter> (OCT 21, 2009)
GO TO RELEASED DATE: LAST // T <Enter> (OCT 28, 2009)
DEVICE: <Enter> Right Margin: 80 // <Enter>

<table>
<thead>
<tr>
<th>POINT OF SALE TOTALS</th>
<th>OCT 28, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM OCT 21, 2009 THRU OCT 28, 2009</td>
<td>11:43 AM</td>
</tr>
<tr>
<td>PAYABLE</td>
<td>SHORTED</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>PRIVATE</td>
<td>AARP HEALTH CARE OPTIONS</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td></td>
</tr>
<tr>
<td>SUBCOUNT</td>
<td></td>
</tr>
<tr>
<td>AETNA</td>
<td>ADVANCE PCS</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td></td>
</tr>
<tr>
<td>SUBCOUNT</td>
<td></td>
</tr>
<tr>
<td>AETNA PHARMACY MANAGEMENT</td>
<td>AETNA</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td></td>
</tr>
<tr>
<td>SUBCOUNT</td>
<td></td>
</tr>
<tr>
<td>ARGUS HEALTH SYSTEMS</td>
<td>ARGUS</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td></td>
</tr>
<tr>
<td>SUBCOUNT</td>
<td></td>
</tr>
<tr>
<td>PAYABLE</td>
<td>SHORTED</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>WASHINGTON DENTAL SERV</td>
<td>WILEY HURST AND ASSOCIATES</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td></td>
</tr>
<tr>
<td>SUBCOUNT</td>
<td></td>
</tr>
<tr>
<td>WPP</td>
<td>WPP</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td></td>
</tr>
<tr>
<td>SUBCOUNT</td>
<td></td>
</tr>
<tr>
<td>WPS - TRICARE</td>
<td>WPS</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td></td>
</tr>
<tr>
<td>SUBCOUNT</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>COUNT</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 3-4:** Example of Totals - by Private Insurer Report, first page

**Figure 3-5:** Example of Totals - by Private Insurer Report, final page
4.0  **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](http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm)

**Email:**  support@ihs.gov