RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale
(ABSP)

Patch Addendum

Version 1.0 Patch 35
December 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 35 include the following:

1. Claims by Reject Code Report Modifications

2. New and modified POS 5.1 formats

Security

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

1.0  Introduction.......................................................................................................................... 1  
2.0  Claims by Reject Code Report ......................................................................................... 2  
3.0  Point-of-Sale 5.1 Formats ................................................................................................. 4  
      3.1  New 5.1 POS Formats ............................................................................................... 4  
      3.2  Adjusted 5.1 Formats ............................................................................................... 4  
          3.2.1  Prescription Origin Code Adjustments ......................................................... 5  
Contact Information .................................................................................................................. 14  

---

*Pharmacy Point of Sale (ABSP)*  
Version 1.0 Patch 35  

Patch Addendum  
December 2009  

---
1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for ABSP v1.0. 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 35 of Pharmacy Point of Sale version 1.0 contains the following changes:

- Modified Report Menu
- New and adjusted 5.1 formats
2.0 **Claims by Reject Code Report**

**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.

***Corrections made to total rx count and dollar amount for summary report***

The RCR option produces a report with the dollar amount for each rejection code by pharmacy (Figure 2-1). The Detailed report lists the Patient’s Chart #, Name, RX #/Fill #, Insurer, Amt Billed (Figure 2-2).

![Figure 2-1: Sample Rejected Claims by Reject Code Summary Report (RCR)](image-url)
<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></td>
<td>REJECTION CODE: N 65:Patient Is Not Covered</td>
<td></td>
<td></td>
<td></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></td>
<td>REJECTION CODE: P 79:Refill Too Soon</td>
<td></td>
<td></td>
<td></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></td>
<td>REJECTION CODE: P AC:Product Not Covered Non-Participating Manufa</td>
<td></td>
<td></td>
<td></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></td>
<td>REJECTION CODE: P 52:Non-Matched Cardholder ID</td>
<td></td>
<td></td>
<td></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>
<tr>
<td></td>
<td>REJECTION CODE: N 70:Product/Service Not Covered</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL FOR DEMO HOSPITAL: 230.01

Figure 2-2: Sample Rejected Claims by Reject Code Detailed Report (RCR)
3.0 Point-of-Sale 5.1 Formats

3.1 New 5.1 POS Formats

<table>
<thead>
<tr>
<th>FORMAT NAME</th>
<th>BIN #</th>
<th>PCN #</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDI PHARMACY BENEFIT MGMT 5.1</td>
<td>800010</td>
<td>LDI</td>
</tr>
<tr>
<td>GREAT WEST 0518 5.1</td>
<td>600428</td>
<td>05180000</td>
</tr>
<tr>
<td>GREAT WEST 0519 5.1</td>
<td>600428</td>
<td>05190000</td>
</tr>
<tr>
<td>BCBS SOUTH CAROLINA 5.1</td>
<td>004336</td>
<td>BCBSSC</td>
</tr>
<tr>
<td>EMPIRE BCBS 5.1</td>
<td>004336</td>
<td>330000</td>
</tr>
<tr>
<td>NEW YORK MEDICAID 5.1</td>
<td>004740</td>
<td>NONE</td>
</tr>
<tr>
<td>MEDICARE PARTD NY EPIC 5.1</td>
<td>012345</td>
<td>P024012345</td>
</tr>
<tr>
<td>GHI MEDICARE PART D 5.1</td>
<td>013344</td>
<td>0020080229</td>
</tr>
<tr>
<td>METRAHEALTH/UHC 5.1</td>
<td>900002</td>
<td>UHC</td>
</tr>
<tr>
<td>MPD ARGUS HEALTH NET 5.1</td>
<td>004328</td>
<td>03330000</td>
</tr>
<tr>
<td>MPD EXCELLUS 5.1</td>
<td>610475</td>
<td>MEDDTROOP</td>
</tr>
<tr>
<td>LI NET MPD 5.1</td>
<td>610649</td>
<td>05440000</td>
</tr>
<tr>
<td>BLUE SHIELD OF CA 5.1</td>
<td>600428</td>
<td>01910000</td>
</tr>
</tbody>
</table>

3.2 Adjusted 5.1 Formats

- NEW MEXICO MEDICAID 5.1
  - Claim segment had fields in wrong order, but most mandatory fields were present before modification

- MEDICARE PARTD HLTHSPG PDP 5.1
  - Add field 301 to the INSURANCE segment

- COMMUNITY HLTH PLN OF WA 5.1
  - Add special coding to field 302 in INSURANCE segment

- UNITED DRUG 5.1
  - The PCN # for this plan should read UDI (the TQC is part of Emdeon’s PCN and should not be included on the format).

- MEDCO MEDICARE PDP 5.1
  - Add standard coding to field 301 in INSURANCE segment
  - Modified special coding to field 110 in HEADER segment
  - Add field 438 to PRICING segment
  - Add CLINICAL segment
3.2.1 Prescription Origin Code Adjustments

Added field 419 for prescription origin code

- 4D PHARMACY MGT SYSTEMS 5.1
- AAA PRESCRIPTION SAVINGS 5.1
- AARP DISCOUNT CARD PROGRAM 5.1
- ADVANCE ECPAI 5.1
- ADVANCE PARADIGM NASE 5.1
- ADVANCE PRSCPT MGMT ADV 5.1
- ADVANCEPCS 5.1
- AETNA 5.1
- ALABAMA MEDICAID 5.1
- ALL SAVERS PLAN 5.1
- ALLWIN DURABLE MED EQUIP 5.1
- ALTA RX 5.1
- AMERICAN HEALTH CARE 5.1
- AMERICAN INDIAN HEALTH 5.1
- AMERIGROUP 5.1
- AMERIHEALTH FUTURESCRPT 5.1
- AMERISCRIP 9999 5.1
- AMERISCRIP LAB 5.1
- AMERISOURCE BERGEN 5.1
- AMNET RX SAVINGSCARD 5.1
- ANTHEM LUMENOS CDH9999 5.1
- APS HEALTHCARE 5.1
- ARIZONA MEDICAID (AHCCCS) 5.1
- ARKANSAS MEDICAID 5.1
- ASURIS NORHTWEST HEALTH 5.1
- AVIA PARTNERS RX 5.1
- BC/BS ALABAMA 5.1
• BC/BS ARIZONA 5.1
• BC/BS DELAWARE 5.1
• BC/BS FLORIDA 5.1
• BC/BS ILLINOIS 5.1
• BC/BS KANSAS 5.1
• BC/BS KANSAS CITY 5.1
• BC/BS MINNESOTA 5.1
• BC/BS MONTANA 5.1
• BC/BS NEBRASKA 5.1
• BC/BS NEW MEXICO 5.1
• BC/BS NORTH DAKOTA 5.1
• BC/BS OF UTAH 5.1
• BC/BS OK 1217 5.1
• BC/BS OKLAHOMA (610435) 5.1
• BC/BS TEXAS 5.1
• BC/BS WYOMING (RX CARE WY) 5.1
• BCBS IL BLUE MC RX REG 17 5.1
• BCBS MS AUTOMATED HLTH SYS 5.1
• BCBS NM MEDICARE ADVAN PPO 5.1
• BEBETTER 2368 5.1
  • added a STANDARD processing mode to DUR field 441 (order 5) which had no processing mode identified
• BENESCRPT 5.1
• BENESCRPT STD 5.1
• BLUE ADV ADMIN OF AR 5.1
• BLUE ADVANTAGE ADMIN OF AR 5.1
• BLUE SHIELD CALIFORNIA 5.1
• BLUESCRPT BCBS ILLINOIS 5.1
• CALIFORNIA MED-CAL 5.1
• CARDINAL HEALTH 5.1
• CARECLAIM PDP 5.1
• CAREFIRST BCBS 5.1
• CAREMARK 5.1
• CAREMARK COB AMGSEGADV 5.1
• CAREMARK MHBP 5.1
  • added STANDARD to order 3 field 402 in CLAIM
• CAROLINA HEALTH PLAN 5.1
• CATALYST RX 5.1
• CATALYST RX HOSPISCRPT 5.1
  • added Claim Reversal 5.1 to Reversal Format field which was empty
• CATHOLIC DIOCESE MEMPHIS 5.1
• CBOC MEDICAL MATRIX 5.1
• CCOK COMMERCIAL 5.1
• CCOK PDP TROOP 5.1
• CENTRUS 5.1
• CIGNA HC INTERNATIONAL BUS 5.1
• CIGNA HEALTH PLAN GENERIC 5.1
• CIGNA PHARMACY LCB 5.1
• CITY OF OMAHA/PROPAR NTWK 5.1
• CLARIAN HEALTH 5.1
• COLORADO MEDICAID 5.1
  • added 462 to Claim segment since 461 was present
• COMMUNITY HLTH PLN OF WA 5.1
  • added 461 to Claim segment since 462 was present
• COMMUNITY MUTUAL GENERIC 5.1
• COMMUNITY RX 5.1
• CRITERION ADV (MBRHLTH) 5.1
• CURASCRPT PBM SERVICES 5.1
• DAKOTA CARE 5.1
  • added 462 to Claim segment since 461 was present
- DEPT OF EMP TRUST FUNDS 5.1
- DIVERSIFIED FEDERATED GRPS 5.1
  - added 461 to Claim segment since 462 was present
- DPS PHARMACY CARD 5.1
  - added 461 to Claim segment since 462 was present
- EASTLAND 5.1
- ECKERD HEALTH SYSTEMS 5.1
- EMPIRE PARTD 5.1
- EMPLOYEE BENEFITS MGT SVC 5.1
- EMPLOYEE HEALTH INSUR MGT 5.1
- ENVISION 5.1
- EXPRESS SCRIPTS 5.1
  - added 461 to Claim segment since 462 was present
- FEDERAL EMPLOYEES COMP-DOL 5.1
- FFI RX CHOICE 5.1
- FINGER LAKES BC/BS 5.1
- FLRX 5.1
- FORTIS BENEFITS 5.1
- FORTIS USA 5.1
- FOUNDATION HEALTH GENERIC 5.1
- GEHA 5.1
  - re-entered Pricing Segment information to make order consecutive
- GENERAL PRESCRIPTION PGMS 5.1
- HEALTH ALLIANCE PLAN HAL 5.1
- HEALTH NET OF CALIFORNIA 5.1
- HEALTH NET OREGON 5.1
- HEALTH PARTNERS 02530000 5.1
- HEALTHCARE ASSOCIATES 5.1
- HEALTHESYSEMS 5.1
- HEARTLAND ADVANTAGE 5.1
- HERIT HEALTH PLAN 5.1
• HMO NEBRASKA 5.1
• HUMANA 5.1
• IDAHO MEDICAID 5.1
• INDEPEND BC FUTURESCRIPTS 5.1
• INNOVIANT CHRONIMED 5.1
• INTEQ GROUP INCORPORATED 5.1
• INTERCHG NMHCRX GRP HLTH 5.1
• INTERMOUNTAIN HLTH CARE 5.1
• KAISER PERMANENTE ALLIANT 5.1
• KANSAS MEDICAID 5.1
• KROGER RX PLAN EMPLOYEES 5.1
• LEGACY ADVANCE PARADIG PDP 5.1
• LOUISIANA MEDICAID 5.1
• LOVELACE HEALTH SYSTEMS 5.1
• MAINE MEDICAID 5.1
• MAXCARE RX 5.1
• MCDONALDS INS PROGRAM 5.1
• MCKESSON HDS 5.1
• MCKESSON LOYALTY 5.1
• MEDCO MEDICARE PDP 5.1
• MEDICAL SECURITY CARD COMP 5.1
• MEDICARE DURABLE MED EQUIP 5.1
• MEDICARE PARTD HLTHSPG PDP 5.1
• MEDSCRIPT 5.1
• MEDTRAK 5.1
• MEMBER HEALTH MHMC 5.1
• MINNESOTA MEDICAID 5.1
• MISSISSIPPI MEDICAID 5.1
• MOLINA HEALTHCARE OF NM 5.1
• MOLINA MEDICARE NM 5.1
• MOLINA SALUD OF NM 5.1
• MUTUAL OF OMAHA MUT PREF 5.1
• NATIONAL MEDICAL HEALTH 5.1
• NATIONAL PHARM SVCS 5.1
• NATIONAL PRESCRIPTN ADMINS 5.1
• NATL ASSOC LETTER CARRIERS 5.1
• NAVITUS DHP 5.1
• NAVITUS-WPS HEALTH INS 5.1
• NEW MEXICO MEDICAID 5.1
• NMHCRX 5.1
• NORTH DAKOTA MEDICAID 5.1
• NORTHWEST RX SERVICES 5.1
• NY STATE EPIC PGM 5.1
• OKLAHOMA MEDICAID 5.1
• OMNISYS RX 5.1
• OPUS HEALTH PROGRAM 5.1
• OREGON DHHS MEDICAID 5.1
• OREGON MEDICAID 5.1
• ORKING RX 5.1
• PACIFICARE OF ARIZONA 5.1
• PACIFICARE OF CALIFORNIA 5.1
• PACIFICARE OF WASHINGTON 5.1
• PAID 5.1
• PBM PLUS 5.1
• PCN RX 5.1
• PCS 5.1
• PHARMACEUTICAL CARE NETWK 5.1
• PHARMACY DATA MGMT INC 5.1
• PHARMACY GOLD 5.1
• PHARMALINK GENERIC 5.1
- PHARMASTAR RX 5.1
- PPOK 5.1
- PROCARE 5.1
- PROCARE PBM 5.1
- PROVIDENCE GH 5.1
- PUGET SOUND 5.1
- QUALITY CHOICE OF AR 5.1
- REGENE BC/BS OREGON 5.1
- REGENE BCBS OF UTAH 5.1
- REGENE BCBS WASHINGTON 5.1
- REGENE BS OF IDAHO 5.1
- REGENE BS OF IDAHO 610645 5.1
- REGENE RXEDO 5.1
- RELIASTAR LIFE INSURANCE 5.1
- RESTAT SUPER CARRIER 5.1
- ROCKY MOUNTAIN HEALTH PLAN 5.1
- RX AMERICA 5.1
- RX PRIME 5.1
- RXEDO 5.1
- RXWEST 5.1
- SAV RX 5.1
- SAVRX ADVANTAGE PLAN 5.1
- SCOTT & WHITE HEALTHPLAN 5.1
- SCRIEDEO 5.1
- SCRIPNET 5.1
- SCRIPSOLUTIONS (CLAIMRX) 5.1
- SCRIPT GUIDE RX 5.1
- SCRIPTCARE 5.1
- SECURE BLUE MN SR HLTH OPT 5.1
- SECURITY HEALTH PLAN RX 5.1
- SELECT HEALTH SC 5.1
- SERVU-IPA 5.1
- SIERRA HEALTH SERVICES 5.1
- SIERRA HEALTH SRVCS RXSHS 5.1
- SMITH PREMIER SERVICES 5.1
- SOUTH CAROLINA MEDICAID 5.1
- SOUTH DAKOTA MEDICAID 5.1
- SOUTHERN CALIFORNIA HEALTH 5.1
- SXC MEDICARE DISCOUNT DRG 5.1
- SXC MEDICARE DISCOUNT STD 5.1
- THE PLAN HANDLERS 5.1
- THERAPY FIRST 5.1
- TOTAL SCRIPT 5.1
- TRIAL CARD 5.1
- TRICARE EXPRESS SCRIPTS 5.1
- UCARE WISCONSIN 5.1
- UNION PACIFIC RR EMPLOYEES 5.1
- UNITED DRUG 5.1
- UNITED DRUG 5.1
- US HEALTHCARE 5.1
- US SCRIPT 5.1
- UTAH MEDICAID 5.1
- VA E-PHARMACY 5.1
- VA HEALTH ADMIN CENTER 5.1
- VALUE OPTIONS OF NM 5.1
- VALUE RX 5.1
- WALGREENS HLTH INITIATIVE 5.1
- WALMART ASSOCIATES 5.1
- WALMART STORES RX DRG PLNS 5.1
- WASHINGTON LBR & IND 5.1
- WAUSAU BENEFITS, INC. 5.1
- WBC CASH DISCOUNT 5.1
- WELLPOINT ANTHEM 5.1
- WELLPOINT PHARMACY MGMT 5.1
- WISCONSIN MEDICAID 5.1
- WISCONSIN MEDICAID PROGRAM 5.1
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