RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale (ABSP)

Patch Addendum

Version 1.0 Patch 36
February 2010

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 36* include the following:

1. Modification to the Worked Rejection Report
2. Modification to the Patient Expense Report
3. ABSP Routine modifications
4. 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.
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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 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 36 of Pharmacy Point of Sale version 1.0 contains the following changes:

- Modification to the Worked Rejection Report
- Modification to the Patient Expense Report
- ABSP Routine modifications
- New and modified POS 5.1 formats
2.0 Worked Rejection Report

POS > RPT > CLA > WRR

The WRR report option provides claims that were previously rejected in the POS package and have been worked to provide a payable claim. (Figure 2-1)

When running the WRR report you will be prompted to enter the following

- A begin and end date
- A single pharmacy or leave blank for all
- A single user or leave blank for all

The WRR report lists RX#, Transaction Date, Recovered By, and Total Priced billed to insurer and total amount Paid by Insurer.

<table>
<thead>
<tr>
<th>Pharmacy Point of Recovered from Rejection Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>From JAN 01, 2009 TO JAN 05, 2009</td>
</tr>
<tr>
<td>RELEASED DATE: JAN 02, 2009</td>
</tr>
<tr>
<td>PHARMACY: DEMO HOSPITAL</td>
</tr>
<tr>
<td>RX #/REFILL: 1487339/3</td>
</tr>
<tr>
<td>TRANSACTION DATE: JAN 02, 2009</td>
</tr>
<tr>
<td>RECOVERED BY: SUZIE</td>
</tr>
<tr>
<td>TOTAL PRICE: 73.25</td>
</tr>
<tr>
<td>PAID BY INSURER: 0.00</td>
</tr>
<tr>
<td>RX #/REFILL: 1494146/1</td>
</tr>
<tr>
<td>TRANSACTION DATE: JAN 02, 2009</td>
</tr>
<tr>
<td>RECOVERED BY: GOOSE</td>
</tr>
<tr>
<td>TOTAL PRICE: 14.6</td>
</tr>
<tr>
<td>PAID BY INSURER: 253.00</td>
</tr>
<tr>
<td>RX #/REFILL: 1505776/0</td>
</tr>
<tr>
<td>TRANSACTION DATE: JAN 02, 2009</td>
</tr>
<tr>
<td>RECOVERED BY: ALEXIS J</td>
</tr>
<tr>
<td>TOTAL PRICE: 59.68</td>
</tr>
<tr>
<td>PAID BY INSURER: 253.00</td>
</tr>
<tr>
<td>RX #/REFILL: 1510009/0</td>
</tr>
<tr>
<td>TRANSACTION DATE: JAN 02, 2009</td>
</tr>
<tr>
<td>RECOVERED BY: JOANNA</td>
</tr>
<tr>
<td>TOTAL PRICE: 6.21</td>
</tr>
<tr>
<td>PAID BY INSURER: 0.00</td>
</tr>
<tr>
<td>RX #/REFILL: 1510012/0</td>
</tr>
<tr>
<td>TRANSACTION DATE: JAN 02, 2009</td>
</tr>
<tr>
<td>RECOVERED BY: JOANNA</td>
</tr>
<tr>
<td>TOTAL PRICE: 59.68</td>
</tr>
<tr>
<td>PAID BY INSURER: 0.00</td>
</tr>
</tbody>
</table>

Figure 2-1: Sample Worked Rejection Report (WRR)
3.0 Print Expense Report (EXP)

POS > RPT > ADMN > 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. (Figure 3-1)

When running the EXP report you will be prompted to enter the following:

- Patient's Name
- Begin and end date
- Printer Device – (this patch corrects problems with this prompt)

| PATIENT: DEMO, PATIENT FEMALE   DOB: Mar 03, 1942   HRN: 5380 |
| PHARMACY RELEASE DATES FROM JAN 01, 2009 TO APR 20, 2009 |
| RELEASE DATE: JAN 22, 2009 |
| PHARMACY: DEMO HOSPITAL |

RX #:REFILL: `1515044/0
TRANSACTION DATE: JAN 22, 2009   TRANSACTION TYPE: REJECTED
DRUG NAME: NITROGLYCERIN 200MCG/ML IV PREMIX NDC#: 00409148202
QTY: 250   D/S: 1
PROVIDER NAME: MILLER,LINDA J   PROVIDER NPI#: 1124101878
TOTAL PRICE: 12.46   INSURER PAID: 0.00   AMOUNT DUE: 12.46

RX #:REFILL: `1515046/0
TRANSACTION DATE: JAN 22, 2009   TRANSACTION TYPE: REJECTED
DRUG NAME: MORPHINE 2 MG/ML SYRINGE   NDC#: 00409176230
QTY: 1   D/S: 1
PROVIDER NAME: MILLER,LINDA J   PROVIDER NPI#: 1124101878
TOTAL PRICE: 6.15   INSURER PAID: 0.00   AMOUNT DUE: 6.15

Figure 3-1: Sample Print Expense Report (EXP)
4.0 **ABSP Routine Modifications/Updates**

The following routines were modified for POS patch 36

ABSPOS57
ABSPOSBB
ABSPOSBD
ABSPOSCD
ABSPOSEV
ABSPOSEX
ABSPOSH4
ABSPOSJ1
ABSPOSM1
ABSPOSR6
ABSPOSRB
ABSPOSRX

- **ABSPOSBB**
  - Modified to QUIT if a ‘location of encounter’ is not identified
  - Modified to update the NEEDS BILLING flag before the call to the 3PB API instead of after

- **ABSPOSBD**
  - Modified to KILL a cross reference for a node identified on the NEEDS BILLING queue if the NEEDS BILLING flag is set to 0 in the ABSP LOG OF TRANSACTION FILE

- **ABSPOS29** (not included nationally…Santa Rosa fix)
  - Modified to include all instances of Medicaid coverage

The following routines were updated for POS
- ABSPOSEV
  - Updated environment check to require pharmacy 7.0 patch 8.0 for field 419
5.0 Point-of-Sale 5.1 Formats

5.1 New 5.1 POS Formats

<table>
<thead>
<tr>
<th>FORMAT NAME</th>
<th>BIN #</th>
<th>PCN #</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW BENEFITS CASH PROG 5.1</td>
<td>011677</td>
<td>HT</td>
</tr>
<tr>
<td>BCBS FL MPD 5.1</td>
<td>012833</td>
<td>MEDDPRIME</td>
</tr>
<tr>
<td>MEDICA PDP 5.1</td>
<td>003585</td>
<td>99500</td>
</tr>
<tr>
<td>STATE OF ARIZONA 5.1</td>
<td>003585</td>
<td>28914</td>
</tr>
</tbody>
</table>

5.2 Adjusted 5.1 Formats

- **MEDICARE BLUE RX PDP25 5.1**
  - Update to standard reversal format
  - Added ‘standard’ code to field 4 in Prior Auth Segment
- **MEDICA 5.1**
  - Removed ‘contract required’ field per previous mandate
- **PHARMACY GOLD 5.1**
  - Removed duplicate field 462 in Claim Segment
- **FOX INSURANCE CO. 5.1**
  - Update to Max Claim field in Header Segment to ‘1’
- **MEDCO MEDICARE 5.1**
  - Re-instated special code for transaction header field 110 that was removed in patch 33
- **UTAH MEDICAID 5.1**
  - Added field 420 and 330 to the Claim Segment
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