RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale (ABSP)

Patch Addendum

Version 1.0 Patch 40
January 2011

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

1.0 **Summary of Changes** ...........................................................................................................1  
1.1 Modifications ........................................................................................................................1  
1.2 Resolutions to Help Desk Calls ............................................................................................1  
1.3 Formats to Resolve Help Desk Calls ....................................................................................2  

2.0 **Patch 40 Details** ................................................................................................................4  
2.1 Transaction History Report (POS–RPT–ADMN–THR) ...........................................................4  
2.3 Closed Claims in the RCR (POS–RTP–CLA–RCR) (POS–RTP–CLA–REJ) .............................6  
2.4 POS User Screen Error (POS–U–U–NEW) ........................................................................7  
2.5 Eligibility Check Default Changed (POS–RPT–ELIG) ............................................................7  
2.6 Product Not Covered Closed Claim Option (POS–U–U–CLO) .............................................8  
2.7 Closed Claim Report Displays Claim Dollar Amount (POS–RPT–CLA–CLO) ............................9  
2.8 Actual Fill Date for Return-to-Stock Prescription Claims (POS–U–U–REV) ............................10  
2.9 CPR Resubmitting User (POS–RPT–ADMN–CPR) .................................................................11  
2.10 Oklahoma Non-Ben Patient Error (POS–U–U–REC) .............................................................12  
2.11 Oklahoma Medicaid Transaction Count Error (POS–U–U–NEW) ........................................12  
2.12 Setting OTCs as Billable or Unbillable (POS–MGR–SET–BILL–OTC) .................................12  
2.13 POS Locks Up and Stops Picking Up New Prescriptions from Outpatient Pharmacy ............13  

3.0 **Patch 40 HEAT Change Details** .........................................................................................14  

Contact Information ....................................................................................................................16
1.0 Summary of Changes

1.1 Modifications

- Transaction History Report (THR): creates a new report that shows the number of times the POS user-screen was used to resubmit a claim by a particular user in a supplied date range.

- Fix Report Generator for Select Reports: the Report Generator updates more intelligently; the prototype changes eliminate the Report Master from the Reject Code Report (RCR), Collection Productivity Report (CPR), and THR.

- Rejected Claims by Reject Code Report (RCR) was fixed so it no longer includes closed claims in the report.

- Point of Sale (POS) user screen error that generates when a user tries to save information to a record when no Rx is identified was fixed.

- Eligibility check default prompt value for the question “Would you like to send a new eligibility check?” was changed from YES to NO.

- A new reason for closing a claim was added for “Product not covered.”

- The Closed Claim Report (CLO) has been modified to include the claim dollar amount on the display in the report.

- On return-to-stock prescription claims, the fill date has been corrected to send the actual fill date, not the underlying visit date.

- On CPR, the resubmitting user is now accurately updated as the one resubmitting a claim.

- An error in custom code for Oklahoma sites that generated when automatically printing receipts for non-Ben patients has been fixed.

- The occurrence of an UNDEFINED error when calling a routine that creates a transaction count for Oklahoma Medicaid has been fixed.

1.2 Resolutions to Help Desk Calls

- HEAT #12421/#17463: wrong date displaying on RETURN TO STOCK prescriptions.

- HEAT #14453: wrong user displayed on CPR report.

- HEAT #15486: Minnesota Medicaid billing for inactive patients and unbillable drugs.
• HEAT #15599/#16888: eligibility check default value changed.
• HEAT #15601: added new reason for closing claim.
• HEAT #15602: RCR report includes closed claims.
• HEAT #15922: error caused by printing receipts for non-Ben patients.
• HEAT #16880/#17421: POS user screen error for new claim without RX.
• HEAT #16882: includ claim dollar amount in CLO report.
• HEAT #17140: UNDEFINED error when calling routine creating transaction count for OK Medicaid.
• HEAT #18613/#20244: POS stops picking up new prescriptions from Outpatient Pharmacy.
• HEAT #20556: added triplicate serial number to list of fields available to NCPDP formats.
• HEAT #22934: fix was already in patch 40 dealing with OTC drugs and billing.

1.3 Formats to Resolve Help Desk Calls
• HEAT #14167: ENVISION 5.1 (changed format in Patch 39, was omitted from documentation)
• HEAT #16306: CLARITY PHARMACY SERVICES 5.1 (new format)
• HEAT #17954: D-PRIMEWEST MN 5.1 (new format)
• HEAT #18192: MEMBERHEALTH MPD PDP 5.1 (new format)
• HEAT #18358: MEDICARE BLUE RX PDP25 5.1 (changed format)
• HEAT #19036: OMNISYS STERLING 5.1 (new format)
• HEAT #19542: UNION PAC RR EMPLOYEES PDP 5.1 (new format)
• HEAT #19685: ASCENSION HEALTH 5.1 (new format)
• HEAT #19685: BCBS AL PRFRD 014897 MBG 5.1 (new format)
• HEAT #19685: BCBS AL PRFRD 014897 RPD 5.1 (new format)
• HEAT #20556: NEW YORK MEDICAID 5.1 (changed format)
• HEAT #20558/#20648: CIGNATURERX PART D 5.1 (changed format).
• HEAT #20558/#20648: FLRX 5.1 (changed format).
• HEAT #20558/#20648: FLRX PDP 5.1 (new format).
• HEAT #21737: ALASKA MEDICAID 5.1 (changed format).
- HEAT #21808: OKLAHOMA MEDICAID 5.1 (changed format).
- HEAT #23194: OKLAHOMA MEDICAID 5.1 (changed format).
- HEAT #23195: NC MEDICAID 5.1 (changed format).
- HEAT #23423 WAUSAU BENEFITS INC 5.1 (changed format).
- HEAT #24237 COMMUNITY RX 5.1 (changed format).
- HEAT # ND WORKERS COMP 5.1 (new format).
2.0 Patch 40 Details

2.1 Transaction History Report (POS–RPT–ADMN–THR)

Over a given date range, the Transaction History Report (THR) shows the number of times the POS user screen was used to resubmit a given claim by a particular user. When running the THR, enter the date range, pharmacy, and user. The report will display the following for each user:

- Date that a transaction manipulated by the user was sent;
- All transactions that the user manipulated on that date;
- The submission number;
- Status;
- Reject code (if applicable);
- Reject reason (if applicable);
- Billed amount;
- Paid amount;
- Total for that user on that day; and
- Total amounts for selected user(s) for all days in range (if ALL was selected instead of specific users).

Pharmacy Point of Sale Transaction History Report
From: JAN 01, 2010 TO: NOV 09, 2010
Pharmacy: ALL
User: ALL

PHARMACY: DEMO HOSPITAL PHARMACY   TRANSACTION DATE: JAN 19, 2010
POS USER: UKN
RX/REFILL: 1503230/0 **

<table>
<thead>
<tr>
<th>SUBMISSION</th>
<th>STATUS</th>
<th>REJ</th>
<th>REJ REASON</th>
<th>BILLED AMT</th>
<th>PAID AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PAPER</td>
<td>REJ</td>
<td>REJ REASON</td>
<td>135.80</td>
<td>0.00</td>
</tr>
<tr>
<td>2</td>
<td>PAPER</td>
<td>REJ</td>
<td>REJ REASON</td>
<td>135.80</td>
<td>0.00</td>
</tr>
</tbody>
</table>

`**` Denotes this prescription has additional transactions outside the date range of this report.

FOR USER UKN:
- Prescriptions: 1
- POS Submissions: 2
- Total Paid: $ 0.00

Figure 2-1: Running the THR

For select reports the report generator updater has been modified to run without updating the Report Master (URM) first. The first three reports that have been modified are the RCR, CPR, and the THR. Run the three reports to verify normal functionality without updating the report master.

---

### Pharmacy Point of Sale Rejection Report

**Claims sorted by Rejection Reason**

From JAN 01, 2010 TO NOV 10, 2010

***SUMMARY REPORT***

<table>
<thead>
<tr>
<th>Rejection Code</th>
<th>Total</th>
<th>RX Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>85:Claim Not Processed</td>
<td>89.92</td>
<td>1</td>
</tr>
</tbody>
</table>

TOTAL FOR PHARMACY: $89.92

# RX REJECTED FOR PHARMACY: 1

GRAND TOTAL: $89.92

# RX REJECTED: 1

---

**Figure 2-2: Running the RCR**

---

### Pharmacy Point of Sale Collection Productivity Report

From JAN 01, 2010 TO NOV 10, 2010

GRAND TOTAL: 0.00

GRAND TOTAL INSURER PAID: 0.00

---

**Figure 2-3: Running the CPR**

---

### Pharmacy Point of Sale Transaction History Report

From: JAN 01, 2010 TO: NOV 10, 2010

Pharmacy: ALL

User: ALL

<table>
<thead>
<tr>
<th>RX/REFILL</th>
<th>STATUS</th>
<th>REJ</th>
<th>REJ REASON</th>
<th>BILLED AMT</th>
<th>PAID AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1503230/0</td>
<td>PAPER</td>
<td>REJ</td>
<td>REJ</td>
<td>135.80</td>
<td>0.00</td>
</tr>
<tr>
<td>1503230/0</td>
<td>PAPER</td>
<td>REJ</td>
<td>REJ</td>
<td>135.80</td>
<td>0.00</td>
</tr>
</tbody>
</table>

'***' Denotes this prescription has additional transactions outside the date range of this report.

FOR USER UKN:

Prescriptions: 1
POS Submissions: 2
2.3 Closed Claims in the RCR (POS–RTP–CLA–RCR) (POS–RTP–CLA–REJ)

The RCR no longer includes closed claims in the report. Run the RCR for a date range you know includes closed claims and verify that these claims do not show as standard rejections. Run the Rejection (REJ) report for that same date range to validate your findings.

<table>
<thead>
<tr>
<th>PHARMACY: DEMO HOSPITAL PHARMACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>REJECTION CODE:</td>
</tr>
<tr>
<td>COUNT:</td>
</tr>
<tr>
<td>85: Claim Not Processed</td>
</tr>
<tr>
<td>TOTALED:</td>
</tr>
<tr>
<td>RX</td>
</tr>
<tr>
<td>COUNT:</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>TOTAL FOR PHARMACY: $89.92</td>
</tr>
<tr>
<td># RX REJECTED FOR PHARMACY: 1</td>
</tr>
<tr>
<td>GRAND TOTAL: $89.92</td>
</tr>
<tr>
<td># RX REJECTED: 1</td>
</tr>
</tbody>
</table>

Figure 2-5: Running the REJ report
### 2.4 POS User Screen Error (POS–U–U–NEW)

When using the NEW option on the POS user screen and trying to cancel out of this screen without selecting a prescription, POS used to generate an error. This has now been resolved so when end users either save out of this screen (F1-E) or cancel out of this screen (F1-Q), they will no longer encounter this error—even when no prescription has been selected.

```
Ask Insurance? NO     +--------------+   <PF1> E  when done, to file claims
Ask Preauth #? NO     |   PHARMACY   |   <PF1> Q to quit without filing claims
Ask Qty/Price? NO     |   POINT OF   |   <PF3> insert/overstrike modes
Ask Fill Date? NO     |   SALE       |   <PF4> to go back one field
Ask Overrides? NO     |  DATA ENTRY  |   Arrow keys may be used, too
+--------------+
Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - - - Fill Date
1
2
3
4
5
6
7
8
9
```

Figure 2-7: Canceling out of the POS screen

#### 2.5 Eligibility Check Default Changed (POS–RPT–ELIG)

When running an eligibility check on a Medicare Part D patient for whom you have previously run an eligibility check, the “Would you like to send a new eligibility check?” prompt displays. The default answer was changed from YES to NO.

```
Generate eligibility chk (Med Part D) for which patient?
DEMO, PATIENT                  <A>   M 08-13-1934 XXX-XX-9999 THC 8888
```

---

**SUBCOUNT** 1  
**SUBMEAN** 89.92  
**TOTAL** 89.92  
**COUNT** 1  
**MEAN** 89.92  

Figure 2-6: Rejected claims
A check was previously submitted for this patient:
On: APR 30, 2009@07:58:25
Patient Name: DEMO, PATIENT
Medicare ID: 999999999A
Status: A
Authorization #: 

PATIENT INFORMATION
LAST NAME : DEMO
FIRST NAME : PATIENT
DOB : AUG 13, 1934

MEDICARE D INFORMATION
Insurance Level : 0
BIN : 610211
PCN : PDP
GROUP : PRESCRX
CARDHOLDER ID : 101052766
PERSON CODE :
PHONE NUMBER : 8008452490
CONTRACT ID : S5597
RX BENEFIT PLAN : 260
EFFECTIVE DATE : JAN 01, 2009
TERMINATION DATE:
LOW-INCOME COST : Y
FORMULARY ID :

FUTURE MEDICARE PART D INFORMATION:
EFFECTIVE DATE :
TERMINATION DATE:

OTHER COVERAGE INFORMATION
Secondary Coverage
None
Tertiary Coverage
None

Would you like to send a new eligibility check? N//

Figure 2-8: The new default response

2.6 Product Not Covered Closed Claim Option (POS–U–U–CLO)

A new option, Product Not Covered, was added to close a claim. Close a claim using the new option by selecting one of the following:

- C–Claim Too Old;
- R–Refill Too Soon;
- P–Plan Limitation Exceeded
- X–Product Not Covered.

Select Action:Next Screen// clo Close Claim
Select the line(s) with the claim(s) you wish to CLOSE

Select item(s): (12-24): 12
You have selected to close the following claim
Prescription #761229 (ABSP59=761229.00001)
Patient: DEMO,PATIENT D
This claim has a status of : E REJECTED
This claim can be closed
CONTINUE CLOSING CLAIM? YES//

Select one of the following:
C       Claim Too Old
R       Refill Too Soon
P       Plan Limit Exceeded
X       Product Not Covered

CLOSE REASON: C// X  Product Not Covered
ABOUT TO CLOSE THIS CLAIM WITH REASON X
Updating Claim '161249
THE CLAIM WAS CLOSED

Figure 2-9: Options for closing a claim

2.7 Closed Claim Report Displays Claim Dollar Amount (POS–RPT–CLA–CLO)

The CLO now displays claim dollar amounts. Run the CLO report for a date range that includes closed claims and verify the report displays claim dollar amounts and totals.

POS CLOSED claims for prescriptions RELEASED on FEB 19,2010
11/16@12:49
DEMO HOSPITAL PHARMACY
NPI #1234567890   NCPDP (NABP) #3711062   Medicaid #0865592
Internal RX# Cardholder ID Group Number
Closed Date Closed By Closed Reason Rejects $Billed
Closed Date `161249

Closed Date `161249

CLOSED REASON: Claim Too Old

**** R####,L##### #
`1503256 90200300301 GEBCI0902
FEB 24,2010 90:18 USER,DEMO Claim Too Old
EVr:M/I Prior Authorization Number Submitted

SUBTOTAL 9.01
SUBCOUNT 1
SUBMEAN 9.01

TOTAL 9.01
COUNT 1
MEAN 9.01

2.8 Actual Fill Date for Return-to-Stock Prescription Claims (POS–U–U–REV)

On return-to-stock prescription claims, the fill date has been corrected to send the actual fill date, not the underlying visit date.

```
#       PATIENT/PRESCRIPTION   COMMENTS
#       PATIENT/PRESCRIPTION   COMMENTS

Enter ?? for more actions                                          >>>
Enter ?? for more actions                                          >>>
NEW  Send new claims      DIS  Dismiss patient      RCA  Request cancellation
CU   Continuous update    SP   Print single patient      REV  Reverse a paid claim
CLO  Close Claim          PA   Print all            RES  Resubmit a claim
EV   Edit view screen     LOG  Print claim log      REC  Print receipt/DUR info
Select Action:UD// EV   Edit view screen

Display for  1:One user  or  2:All users  or  3:One patient? : (1/2/3): 1// 3
One patient

Prescriptions for which patient?  DEMO,PATIENT                     <A>   M 08-13-1937 XXX-XX-9999 THC 8888

Enter the number of DAYS to go back to find Point of Sale activity for DEMO,PATIENT.

Number of days:  30//

Settings have been changed.
Done
```
2.9 CPR Resubmitting User (POS–RPT–ADMN–CPR)

When running the CPR, the report now properly displays the user that has changed and resubmitted a claim, instead of the user that originally created the transaction.

Figure 2-11: Correct fill date

Figure 2-12: Running the CPR
2.10 Oklahoma Non-Ben Patient Error (POS–U–U–REC)

A custom code was released in a prior patch that would automatically print receipts for Oklahoma sites. If a receipt for non-Beneficiary patients was printed, an error would generate. This error no longer occurs after the release of this patch.

2.11 Oklahoma Medicaid Transaction Count Error (POS–U–U–NEW)

The occurrence of an UNDEFINED error when calling a routine that creates a transaction count for Oklahoma Medicaid has been fixed. This fix pertains only to sites that file claims to Oklahoma Medicaid.

2.12 Setting OTCs as Billable or Unbillable (POS–MGR–SET–BILL–OTC)

Code was fixed that incorrectly overrode all other settings that controlled whether over-the-counters (OTCs) are set as billable to the insurer, even when that specific NDC was set to not be billable to that insurer. This code now works as intended.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTC</td>
<td>Set billable status of OTC drugs</td>
</tr>
<tr>
<td>NDC</td>
<td>Enter/edit unbillable NDC #s</td>
</tr>
<tr>
<td>NAME</td>
<td>Enter/edit unbillable drug names</td>
</tr>
</tbody>
</table>

Select Unbillable/Billable POS items menu Option: OTC Set billable status of OTC drugs

This setting determines whether OTC drugs are UNbillable. First, the default setting which applies to all insurances:

UNBILLABLE OTC: OTC DRUGS ARE UNBILLABLE// BILL

Figure 2-13: Correct OTC setting
2.13 POS Locks Up and Stops Picking Up New Prescriptions from Outpatient Pharmacy.

Routines in multiuser environments locked up processes and caused POS to stop picking up new prescriptions from Outpatient pharmacy. This fix cannot be directly accessed through a user screen, but could lock up POS processes and would require the server to be rebooted. The fixes were made to codes in the routines running in the background and will avoid locking up POS in the future.
3.0 Patch 40 HEAT Change Details

- ENVISION 5.1–change to format in Patch 39 was omitted from documentation and resolved HEAT #14167.
- CLARITY PHARMACY SERVICES 5.1–new format resolved HEAT #16306.
- D-PRIMEWEST MN 5.1–new format resolved HEAT #17954.
- MEMBERHEALTH MPD PDP 5.1–change to format added special coding to PCN to send "MED" and corresponding coding to BIN to send true BIN and resolved HEAT #18192.
- MEDICARE BLUE RX PDP25 5.1–change to format added Field 307 to Patient Segment and resolved HEAT #18358.
- OMNISYS STERLING 5.1–new format resolved HEAT #19036.
- UNION PAC RR EMPLOYEES PDP 5.1–new format (HEAT #19542).
- ASCENSION HEALTH 5.1–new format resolved HEAT #19685.
- BCBS AL PRFRD 014897 MBG 5.1–new format resolved HEAT #19685.
- BCBS AL PRFRD 014897 RPD 5.1–new format resolved HEAT #19685.
- NEW YORK MEDICAID 5.1–change to format put special coding in Fields 101 (BIN), 104 (PCN), 454 (triplicate serial number), and 308 (other insurance) and resolved HEAT #20556.
- CIGNATURERX PART D 5.1–change to format added Field 301 to Insurance Segment and resolved HEAT #20558 and #20648.
- FLRX 5.1–change to format added DUR Segment and resolved HEAT #20558 and #20648.
- FLRX PDP 5.1–new format resolved HEAT #20558 and #20648.
- ALASKA MEDICAID 5.1–change to format added special code to Field 308 to return "00" and resolved HEAT #21737.
- OKLAHOMA MEDICAID 5.1–change to format fixed special code in Field 302 that was causing cardholder ID to split in the middle, and resolved HEAT #21808 and #23194.
- NC MEDICAID 5.1–change to format added Field 420 to Claim segment and resolved HEAT #23195.
- WAUSAU BENEFITS INC 5.1–change to format added Field 301 to Insurance Segment and resolved HEAT #23423.
- MEDICARE BLUE RX PDP25 5.1—this format was modified with the addition of Field 307 to the Patient Segment and resolved HEAT #18358.
- COMMUNITY RX 5.1—this format was modified with the addition of Field 409 to the Pricing Segment and resolved HEAT #24237.
Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT User Support (IHS) by:

Phone:  (505) 248-4371 or (888) 830-7280
Fax:    (505) 248-4363
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E-mail: support@ihs.gov