



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale (ABSP)

Patch Addendum

Version 1.0 Patch 27 September 2008

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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 27* includes new, updated, and deactivated 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 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 27 of Pharmacy Point of Sale version 1.0 contains the following changes:

• POS Formats that have been created, updated for use, and deactivated.

2.0 POS 5.1 Plan Formats

2.1 New Formats

The following formats, by Plan Name/Bin#/PCN#, are new in Patch 27.

AARP DISCOUNT CARD PROGRAM 5.1/610652/82266461

BC CARE BLUE MEDICARE 5.1/610455/MPDCB

HEALTHCARE ASSOICATES 5.1/003585/49099

JOHN DEERE HEALTH CARE 5.1/008358/NONE

KAISER PERMANENTE ALLIANT 5.1/003585/38820

MEDICARE PARTD ESI 84 5.1/003858/84

NEBRASKA MEDICIAD 5.1/013766/R063013766

NORTHWEST RX SERVICES 5.1/006086/JP

PUGET SOUND5.1/012189/5040

WASHINGTON MEDICIAD SXC 5.1/610706/WAPROD

WASHINGTON MEDICAID TEST 5.1/610706/WATEST

WASHINGTON TEAMSTERS TRUST 5.1/003585/38151

2.2 Adjusted Formats

The following formats were adjusted in Patch 27.

INTEQ GROUP INCORPORATED 5.1/004469/INT

Added field 442 - Quantity Dispensed to claim segment.

LTC SOLUTIONS LT234 5.1/003585/24002

Changed field 411 - Coding in prescriber segment changed to standard.

NATIONAL MEDICAL HEALTH PLAN 5.1/003650/NONE

Added field 310 – Patient Last Name

SCOTT & WHITE HEALTHPLAN 5.1/610141/02500000

Changed bin # to 610141

SCRIP WORLD TRILITE CMPY 5.1/003585/46400

Changed field 302 – Removed special coding from Cardholder ID

WISCONSIN MEDICAID PROGRAM 5.1/004303/WIMCD

Added fields 306,312, and 313 to Insurance segment. Added field 307 to Patient segment. Added field 427 to Prescriber segment.

2.3 Deactivated Formats

The following formats were DEACTIVATED in patch 27.

NEBRASKA MEDICIAD 3.C

NEBRASKA MEDICAID 5.1

3.0 Contact Formation

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) 248-4297

Web: http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm

Email: support@ihs.gov