



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Pharmacy Point of Sale (ABSP)**

## **Patch Addendum**

Version 1.0 Patch 29  
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Office of Information Technology (OIT)  
Division of Information Resource Management  
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## Preface

The requirements and functionality outlined in the SRS IHS Point of Sale Version 1.0 Patch 29 include the following:

1. New/Modified Reports Menu
2. New, adjusted, and deactivated 5.1 POS formats

These updates to the POS functionality and the modified reports are described in this document.

### **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 29 of Pharmacy Point of Sale version 1.0 contains the following changes:

- New/Adjusted/Deactivated 5.1 POS Formats
- New/Modified Report Menus
- Medi-Cal Subscriber ID

## 2.0 POS 5.1 Plan Formats

### 2.1 New 5.1 POS Formats

Format Name	Bin	PCN
APS HEALTHCARE 5.1	60042	05330000
BCBS MONTANA 5.1	610455	HMBC
CARE FIRST 5.1	003585	50280
CCOK COMMERCIAL 5.1	013550	CCOK001
CCOK PDP 5.1	013550	CCOKD001
CCOK PDP TROOP 5.1	013550	TROOPD0100
CLARIAN HEALTH 5.1	012353	05270000
CLARIAN HEALTH MPD 5.1	012353	05270000
ECKERD HEALTH SERVICES MPD 5.1	610474	TDI
ESI SECONDARY MPD 5.1	003858	SC
FOX INSURANCE CO. 5.1	014194	NONE
HEALTH PARTNERS 023530000 5.1	600428	023530000
HEALTHCARE MGMT ADMIN 5.1	003585	49470
IDEAL SCRIPTS 5.1	011289	NONE
MEDICARE PARTD BCBS MT 5.1	610455	HMBSC
MULTICARE HEALTH SYSTEM 5.1	003585	49530
NMHC FREEDOM PLAN 5.1	610011	FREEDOM
SCOTT & WHITE MPD 5.1	012353	03720000
SELECT HEALTH SC 5.1	600428	02180000

### 2.2 Adjusted 5.1 POS Formats

ALASKA MEDICAID 5.1, Bin# 009661, PCN: P013009661

Format Adjusted to new payer sheet released on Emdeon web site.

BCBS NM MEDICARE PARTD 5.1, Bin# 011552, PCN: MPDNM

Added field 419 Prescription Origin Code to the Claim Segment.

COMMUNITY RX 5.1, Bin# 610575, PCN: 00890004

EXPRESS SCRIPTS 5.1, Bin# 003858, PCN: A4

Removed fields 478, 479, & 480 from the Pricing Segment.

**MEMBERHEALTH MPD PDP 5.1, Bin# 610211, PCN: PDP**

Added special coding for field 110, Removed fields 481, 482, 483, & 484 from the Pricing Segment, Added field 311 to the Patient Segment, & Added field 412 to the Pricing Segment.

**MEMBERHEALTH MPD MED 5.1, Bin# 610211, PCN# MED**

Added special coding for field 110, Removed fields 481, 482, 483, & 484 from the Pricing Segment, Added field 311 to the Patient Segment, & Added field 412 to the Pricing Segment.

**SOUTH CAROLINA MEDICAID 5.1, BIN# 610494, PCN: 9999**

Added special coding for field 308.

**VA E-PHARMACY 5.1, BIN# 003650, PCN: 64**

Added field 430 Gross Amount Due to the Pricing Segment.

**WASHINGTON MEDICAID SXC 5.1, Bin# 610706, PCN: WAPROD**

Changed reversal format to Claim Reversal 5.1 format.

## 2.3 Deactivated 5.1 POS Formats

<b>Format Name</b>	<b>Bin</b>	<b>PCN</b>
WASHINGTON MEDICAID 5.1	610084	CICSWARX
PCS 5.1	610415	NONE

## 2.4 Format Field 419

Special code removed from field 419; field is still available for use on plans but will require a manual override at this time.

BCBS MONTANA 5.1  
BEYOND RX 5.1  
CARE FIRST 5.1  
FOX INSURANCE CO 5.1  
HEALTHCARE MGMT ADMIN 5.1  
LDI PHARMACY BENEFIT 5.1  
MEDICARE PARTD BCBS MT 5.1  
MICHIGAN MEDICAID 5.1  
MULTICARE HEALTH SYSTEM 5.1  
NMHC FREEDOM PLAN 5.1  
SCOTT & WHITE MPD 5.1  
SCRIP WORLD-MERITAIN 5.1  
SHARP HEALTH PLAN 5.1  
WASHINGTON MEDICAID SXC 5.1  
WASHINGTON TEAMSTERS TRUST 5.1

## 3.0 New/Modified Reports Menu

### POS > RPT

The new/modified reports provide a variety of reports and surveys, which can help you manage your Point-of-Sale (POS) process.

The **Pharmacy Electronic Claims Report** menu is accessed from the core menu; for example,

```

U          Pharmacy POS User Menu ...
MGR        Pharmacy POS Manager Menu ...
BILL       RX Point of Sale Billing Menu ...
RPT        Pharmacy electronic claims reports ...

Select Pharmacy Point of Sale Option: RPT
```

Figure 3-1: Pharmacy Point-of-Sale menu options

Selecting the **RPT - Pharmacy Electronic Claims Reports** option displays the following sub-menu:

```

CLA        Claim results and status ...
SITE       Claims result and status by site ...
MNT        Maintenance Reports ...
ADMN       Administration reports ...
SET        Setup (Configuration) reports ...
SURV       Surveys of RPMS database ...
ELIG       Medicare Part D Eligibility Check
OTH        Other reports ...

Select Pharmacy electronic claims reports Option:
```

Figure 3-2: Pharmacy Electronic Claims Reports options (RPT)



### 3.1 Claim Results and Status (CLA)

#### POS > RPT > CLA

Selecting the **CLA - Claim Results and Status** option displays the following sub-menu (Figure 3-3). You need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

PAY	Payable claims report
REJ	Rejected claims report
CAP	Captured claims report
PAP	Paper claims report
UN	Uninsured claims report
REC	Recent transactions
RCR	Rejected Claims by Reject Code

Figure 3-3: Claim Results and Status sub-menu options (CLA)

The PAY through UN reports are oriented to the pharmacy's record of the Released Date/time and the latest status of the claim.

#### 3.1.1 Payable Claims Report (PAY)

##### POS > RPT > CLA > PAY

The PAY report option lists payable electronic claims grouped by insurer. Both billed and paid amounts are shown.

#### 3.1.2 Rejected Claims Report (REJ)

##### POS > RPT > CLA > REJ

The REJ report option lists rejected claims, grouped by insurer and patient. The billed amount is shown and the most expensive prescriptions are listed first for each patient. The rejection reasons, as received from the insurer in response to the electronic claim, are shown. The insurer's Help Desk phone number is at the top of the report.

### 3.1.3 Captured Claims Report (CAP)

**POS > RPT > CLA > CAP**

The CAP report option lists captured claims. These are claims that the insurer acknowledges receiving, but for which adjudication has been deferred. The result 'payment or rejection' will be known when the EOB arrives.

### 3.1.4 Paper Claims Report (PAP)

**POS > RPT > CLA > PAP**

The PAP report option lists paper claims. Point-of-Sale does not actually produce paper claims - these are claims that could be billed to various other insurers through the RPMS Third Party Billing system. If you have numerous claims for a particular insurer, consider sending the claims electronically. The format might already be included in Point-of-Sale (See RPT/OTH/FMT.) A contract with the insurer is required before electronic claims will be accepted.

### 3.1.5 Uninsured Claims Report (UN)

**POS > RPT > CLA > UN**

The UN report option lists claims for uninsured patients. The claims are grouped by patient eligibility status. This is especially useful if there are claims for non-beneficiaries and you want to know the number and value of such claims.

### 3.1.6 Recent Transactions (REC)

**POS > RPT > CLA > REC**

The REC report option summarizes recently completed transactions. You are prompted for a date range. This report lists transactions starting with the most recent and working backward. The completion time and the elapsed time in seconds are also reported.

The date of your previous parameter selection is displayed. You are prompted for start and end dates, which in most instances will be "T" (today).

### 3.1.7 Rejected Claims by Reject Code (RCR)

#### 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.

The RCR option produces a report with the dollar amount for each rejection code by pharmacy (Figure 3-4). The Detailed report lists the Patient's Chart #, Name, RX #/Fill #, Insurer, Amt Billed (Figure 3-5).

```

Pharmacy Point of Sale Rejection Report
Claims sorted by Rejection Reason
From FEB 01, 2009 TO FEB 02, 2009
***SUMMARY REPORT***

PHARMACY: DEMO HOSPITAL
REJECTION CODE:
21:M/I Product/Service ID                28.18
40:Pharmacy Not Contracted With Plan on Date of Service  809.47
50:Non-Matched Pharmacy Number            74.74
52:Non-Matched Cardholder ID             1504.19
65:Patient Is Not Covered                 1109.32
68:Filled After Coverage Expired          60.36
70:Product/Service Not Covered           1376.30
75:Prior Authorization Required           340.79
76:Plan Limitations Exceeded              30.54
79:Refill Too Soon                        7.02
88:DUR Reject Error                       8.67
4C:M/I Coordination of Benefits/Other Payments Count  126.18
AC:Product Not Covered Non-Participating Manufacturer  435.31
M2:Recipient Locked In                   25.12

TOTAL FOR PHARMACY: 7757.19

```

Figure 3-4: Sample Rejected Claims by Reject Code Summary Report (RCR)

***** Detailed Report *****				
CHT #	NAME	RX #/FILL #	INSURER	AMT BILLED
		REJECTION CODE: N 65:Patient Is Not Covered		
29322	DEMO, PATIENT	1517608/0	MINNESOTA MEDICAID	142.86
29322	DEMO, PATIENT	1517609/0	MINNESOTA MEDICAID	10.39
		REJECTION CODE: P 79:Refill Too Soon		
30711	DEMO, PATIENT	1517603/0	MINNESOTA MEDICAID	7.02
		REJECTION CODE: P AC:Product Not Covered Non-Participating Manufa		
263	DEMO, PATIENT	1450561/6	MINNESOTA MEDICAID	32.30
		REJECTION CODE: P 52:Non-Matched Cardholder ID		
16629	DEMO, PATIENT	1482723/3	BLUE CROSS/BLUE SHIELD	7.38
3093	DEMO, PATIENT	1506307/2	BLUE CROSS/BLUE SHIELD	13.95
		REJECTION CODE: N 70:Product/Service Not Covered		
2668	DEMO, PATIENT	1517599/0	D-MEDICARE BLUE RX BAS	16.11
TOTAL FOR DEMO HOSPITAL: 230.01				

Figure 3-5: Sample Rejected Claims by Reject Code Detailed Report (RCR)

## 3.2 Claims Results and Status by Site (SITE)

### POS > RPT > SITE

Selecting the **SITE - Claims Results and Status by Site** option displays the following sub-menu (Figure 6). You need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

PAY	Payable claims report by site
REJ	Rejected claims report by site
DAY	Totals by Released Date by site
INS	Totals by Insurer by site
MPD	Totals by Medicare Part D by site

Figure 3-6: Claim Results and Status by Site sub-menu options (SITE)

The PAY and REJ reports are oriented to the pharmacy's record of the Released Date/time, the latest status of the claim, and by site name.

### 3.2.1 Payable Claims Report by Site (PAY)

**POS > RPT > SITE > PAY**

The PAY report option lists payable electronic claims grouped by insurer for the specified site. Both billed and paid amounts are shown.

You are prompted for start and end dates and your pharmacy location, which is currently defaulted to FIRST. If the pharmacy is set up to bill through POS, you can change the pharmacy location.

### 3.2.2 Rejected Claims Report by Site (REJ)

**POS > RPT > SITE > REJ**

The REJ report option lists rejected claims, grouped by insurer and patient for the specified site. The billed amount is shown and the most expensive prescriptions are listed first for each patient. The rejection reasons, as received from the insurer in response to the electronic claim, are shown. The insurer's Help Desk phone number is at the top of the report.

You are prompted for your pharmacy location, which is currently defaulted to FIRST. If the pharmacy is set up to bill through POS, you can change the pharmacy location.

### 3.2.3 Totals by Released Date by Site (DAY)

**POS > RPT > SITE > DAY**

The DAY report option totals each day's Point of Sale activity by categories and allows you to sort by site (see column headings in Figure 7).

- **SHORTED** amounts are the difference between the amount billed in the electronic claim and the amount the insurer replied with as **PAYABLE**. The shorted figure may include what the insurer has designated as patient co-pay.
- **PAPER** refers to claims for patient with insurance, but for which electronic claims are not yet set up.
- **UNINSURED** includes both native beneficiaries and non-natives without any insurance coverage on file.

You are prompted for a range of insurer names and then a range for the prescription released dates.

- To get totals for a single pharmacy, answer both “Start with” and “Go to” prompts with the same pharmacy name.
- To see the total for all pharmacies, answer the “Start with” prompt with FIRST.

START WITH PHARMACY: FIRST// <Enter>						
* Previous selection: RELEASED DATE from Jan 1,2009 to Jan 31,2009@24:00						
START WITH RELEASED DATE: Jan 1,2009// <Enter> (JAN 01, 2009)						
GO TO RELEASED DATE: Jan 31,2009// <Enter> (JAN 31, 2009)						
POINT OF SALE TOTALS						FEB 23,2009
From thru						4:47 PM
	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	OTHER
PHARMACY: DEMO HOSPITAL						
JAN 1,2009						
SUBTOTAL	716.53	40.44	0.00	169.35	679.96	0.00
JAN 2,2009						
SUBTOTAL	8994.84	525.13	4645.81	6269.89	13162.54	0.00
JAN 3,2009						
SUBTOTAL	2617.47	-2278.07	0.00	7.81	633.05	0.00
JAN 4,2009						
SUBTOTAL	2492.51	-295.71	331.51	711.73	3765.01	0.00
JAN 5,2009						
SUBTOTAL	18229.55	3565.50	10414.88	11946.51	20607.81	73.25
JAN 6,2009						
SUBTOTAL	19264.23	-2822.71	4231.85	3759.83	22727.56	17.41
JAN 7,2009						
SUBTOTAL	15002.92	2922.13	6428.62	4890.39	17079.31	6.41
JAN 8,2009						
SUBTOTAL	9162.22	-388.45	7878.32	5117.60	13531.48	0.00
TOTAL	300892.86	-16490.68	130143.56	97430.02	366039.27	660.62

Figure 3-7: Example of Totals - by Released Date by Site Report (DAY)

### 3.2.4 Totals by Insurer by Site (INS)

#### POS > RPT > SITE > INS

The INS report option prompts you for a range of insurer names and a range for the prescription released dates. For an example, see Figure 3-8.

- To get totals for a single pharmacy, answer both “Start with” and “Go to” prompts with the same pharmacy name.
- To see the total for all pharmacies, answer the “Start with” prompt with FIRST.
- 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 uninsured patients as well, answer the “Start with” prompt with the “at” symbol ( @ ). The uninsured total will be the first listing in the report and is labeled EMPTY.

```

START WITH PHARMACY: DEMO HOSPITAL// <Enter>
START WITH TRANSACTION:INSURER: FIRST// @ <Enter>
GO TO TRANSACTION:INSURER: LAST// <Enter>
* Previous selection: RELEASED DATE from Jan 2,2009
START WITH RELEASED DATE: FIRST// T-7 <Enter> (JAN 2, 2009)
GO TO RELEASED DATE: LAST// T <Enter> (JAN 7, 2009)
DEVICE: <Enter> Right Margin: 80// <Enter>

```

POINT OF SALE TOTALS							FEB 23,2009
From	thru	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	OTHER
PHARMACY :DEMO HOSPITAL							4:56 PM
JAN 1,2009							
		INSURER: D-MEDICARE BLUE RX OPTION 1					
SUBTOTAL		159.45	298.27	0.00	144.23	0.00	0.00
		INSURER: D-PACIFICARE SAVER PLAN					
SUBTOTAL		39.35	54.84	0.00	15.99	0.00	0.00
		INSURER: HUMANA MEDICARE ADVANTAGE					
SUBTOTAL		21.73	117.75	0.00	0.00	0.00	0.00
		INSURER: MINNESOTA MEDICAID					
SUBTOTAL		506.00	-440.42	0.00	0.00	0.00	0.00
		INSURER: RX-BCBS OF MN					
SUBTOTAL		0.00	0.00	0.00	9.13	0.00	0.00
		INSURER: SELF PAY					
SUBTOTAL		0.00	0.00	0.00	0.00	679.96	0.00
SUBTOTAL		726.53	30.44	0.00	169.35	679.96	0.00
JAN 2,2009							
		INSURER: BLUE CROSS/BLUE SHIELD OF MN					
SUBTOTAL		0.00	0.00	0.00	154.40	0.00	0.00

Figure 3-8: Example of Totals - by Insurer by Site Report (INS)

### 3.2.5 Totals by Medicare Part D by Site (MPD)

#### POS > RPT > SITE > MPD

The MPD report option prompts you for a begin date and end date and prompts you for the pharmacy name. For an example, see Figure 10.

- To get totals for a single pharmacy, answer both “Start with” and “Go to” prompts with the same pharmacy name.
- To see the total for all pharmacies, answer the “Start with” prompt with FIRST.

```

START WITH PHARMACY: DEMO HOSPITAL//
Enter the Beginning Date: t-30 (DEC 16, 2008)
Enter the Ending Date: t (JAN 15, 2009)
PHARMACY: DEMO HOSPITAL//
DEVICE: HOME// VIRTUAL Right Margin: 80//

```

TOTALS BY MEDICARE PART D INSURERS (ABSPOS MF)					
For JAN 1,2009 through JAN 31,2009					
	PAYABLE	ADJUSTED	PAPER	REJECTED	RX CNT
D-AARP MEDICARE RX	0.00	0.00	0.00	0.00	0
D-ADVANTAGE FREEDOM	2042.94	1180.57	0.00	550.10	31
D-ADVANTAGE STAR	0.00	0.00	0.00	0.00	0
D-ASURIS MEDICARE SCRIPT	0.00	0.00	0.00	0.00	0
D-COMMUNITY CARE RX	0.00	0.00	0.00	6526.66	92
D-ENVISION MEDICARE PART D	0.00	0.00	0.00	0.00	0

Figure 3-9: Example of Totals - by Medicare D by Site Report (MPD)

### 3.3 Maintenance Reports (MNT)

#### POS > RPT > MNT

Selecting the **MNT - Maintenance Reports** option displays the following sub-menu (Figure 3-10). You need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

DUP	Duplicate claims report (should be none)
MISS	Find prescriptions missed by POS
NRV	Reversals needed
URM	Update Report Master File for a date range
STR	List possibly stranded claims

Figure 3-10: Maintenance Reports sub-menu options (MNT)

The DUP and MISS reports are oriented to the pharmacy's record of the Released Date/time and the latest status of the claim.



### 3.3.1 Duplicate Claims Report (DUP)

**POS > RPT > MNT > DUP**

The DUP report option lists duplicates of payable electronic claims. This happens if the claim has already been paid, and it is submitted to the insurer again without having first been reversed.

In general duplicates should never happen; but if you have duplicate claims, you must

(1) Reverse the claim and wait for a response of “reversal accepted.”

(2) Resubmit the claim, which should return a “payable” or a valid “rejection” response.

### 3.3.2 Find Prescriptions Missed by POS (MISS)

**POS > RPT > MNT > MISS**

The MISS report option lists claims missed by Point-of-Sale. If your site does manual data entry to Point-of-Sale, you may want to run this report regularly. Otherwise, there should never be any missed claims, unless you experience a downtime with Point-of-Sale.

### 3.3.3 Reversals Needed (NRV)

**POS > RPT > MNT > NRV**

The NRV report option lists all the claims for prescriptions which are deleted (or marked for deletion) or marked with a RETURNED TO STOCK date/time.

### 3.3.4 Update Report Master File for a Date Range (URM)

**POS > RPT > MNT > URM**

The URM report option updates the Report Master file thoroughly for a date range that you specify. Each of the Claim Results and Status reports, PAY through UN, does a quick update of the Report Master file and then uses the Report Master file as the source of its data.

It may be possible for a transaction to be missed in the reports, if the Prescription file dates change, or if certain activities are separated by a day or more. Run the URM report, if 100% accuracy (rather than 99% accuracy) is needed.

### 3.3.5 List Possibly Stranded Claims (STR)

**POS > RPT > MNT > STR**

The STR report option produces a report that enables you to view claims that did not finish processing due to an unexpected software or hardware problem. The hoped for result is

\*\*\*NO RECORDS TO PRINT\*\*\*.

If there are any stranded claims, the RPMS Support Center can run a program to clean them up, and then the claims can be resubmitted. To capture any/all stranded claims, the “Start with Start Time” prompt should be FIRST.

START WITH START TIME: FIRST//

## 3.4 Administration reports (ADMN)

**POS > RPT > ADMN**

Selecting the **ADMN - Administration Reports** option displays the following sub-menu (Figure 3-11). You need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

DAY	TOTALS - by RELEASED DATE
INS	TOTALS - by INSURER
MPD	TOTALS - MEDICARE PART D INSURERS

Figure 3-11: Administration Reports sub-menu options (ADMN)

These reports are oriented to the pharmacy’s record of the Released Date/time and the latest status of the claim.

### 3.4.1 Totals - by Released Date (DAY)

#### POS > RPT > ADMN > DAY

The Day report option totals each day's Point-of-Sale activity by categories (see column headings in Figure 3-12).

- **SHORTED** amounts are the difference between the amount billed in the electronic claim and the amount the insurer replied with as **PAYABLE**. The shorted figure may include what the insurer has designated as patient co-pay.
- **PAPER** refers to claims for patient with insurance, but for which electronic claims are not yet set up.
- **UNINSURED** includes both native beneficiaries and non-natives without any insurance coverage on file.

POINT OF SALE TOTALS						JAN 6, 2009
From JAN 2, 2009 thru JAN 6, 2009						11:34 AM
	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	OTHER
JAN 2, 2009						
SUBTOTAL	157.78	51.81	2410.25	274.30	6767.16	0.00
JAN 3, 2009						
SUBTOTAL	45.62	5.02	1047.82	20.62	5321.28	0.00
JAN 4, 2009						
SUBTOTAL	0.00	0.00	1017.46	376.49	8106.31	0.00
JAN 5, 2009						
SUBTOTAL	204.29	341.03	4236.73	244.30	3351.28	0.00
JAN 6, 2009						
SUBTOTAL	93.05	15.25	1369.20	122.16	2671.12	0.00
TOTAL	500.74	413.11	10081.46	1037.87	26217.15	0.00

Figure 3-12: Example of Totals - by Released Date Report (DAY)

### 3.4.2 Totals - by Insurer (INS)

#### POS > RPT > ADMN > INS

Option “INS” prompts you for a range of insurer names and then a range of prescription released dates. See the examples in Figure 3-13 and Figure 3-14.

- 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 uninsured patients as well, answer the “Start with” prompt with the “at” symbol ( @ ). The uninsured total will be the first listing in the report and is labeled EMPTY.

START WITH TRANSACTION:INSURER: FIRST// @ <Enter>						
GO TO TRANSACTION:INSURER: LAST// <Enter>						
* Previous selection: RELEASED DATE from Jan 2,2009						
START WITH RELEASED DATE: FIRST// T-7 <Enter> (JAN 2, 2009)						
GO TO RELEASED DATE: LAST// T <Enter> (JAN 7, 2009)						
DEVICE: <Enter> Right Margin: 80//<Enter>						
POINT OF SALE TOTALS						
From JAN 2,2009 thru JAN 7,2009						JAN 7,2009
						11:40 AM
	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	OTHER
EMPTY						
SUBTOTAL	0.00	0.00	0.00	0.00	26217.15	0.00
ADVANCE PARADIGM						
SUBTOTAL	0.00	0.00	22.37	0.00	0.00	0.00
AETNA US HEALTHCARE BENEFITS						
SUBTOTAL	0.00	0.00	14.46	0.00	0.00	0.00
AETNA US HEALTHCARE/PA						
SUBTOTAL	0.00	0.00	109.88	0.00	0.00	0.00
AMER POSTAL WORKERS UNION						
SUBTOTAL	0.00	0.00	302.68	0.00	0.00	0.00
BC/BS OF OKLAHOMA						
SUBTOTAL	0.00	0.00	73.17	0.00	0.00	0.00
BC/BS OKLA/FEDERAL						
SUBTOTAL	0.00	0.00	1700.15	0.00	0.00	0.00
BILL'S MEDICAL BENEFITS PLAN						
SUBTOTAL	0.00	0.00	356.16	0.00	0.00	0.00

Figure 3-13: Example of Totals - by Insurer Report, first page

	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	OTHER
SECURE HORIZONS						
SUBTOTAL	0.00	0.00	256.47	0.00	0.00	0.00
SOONER HEALTH PLAN						
SUBTOTAL	0.00	0.00	25.13	0.00	0.00	0.00
STUDENT ASSURANCE SERVICES						
SUBTOTAL	0.00	0.00	149.07	0.00	0.00	0.00
UNICARE-RX						
SUBTOTAL	0.00	0.00	328.25	0.00	0.00	0.00
UNITED COMMERCIAL TRAVELERS						
SUBTOTAL	0.00	0.00	355.27	0.00	0.00	0.00
UNITED HEALTHCARE						
SUBTOTAL	0.00	0.00	373.79	0.00	0.00	0.00
UNIVERSAL FIDELITY LIFE INS CO						
SUBTOTAL	0.00	0.00	277.57	0.00	0.00	0.00
WAL-MART/RX						
SUBTOTAL	0.00	0.00	268.65	0.00	0.00	0.00
TOTAL	500.74	413.11	10081.46	1037.87	26217.15	0.00

Figure 3-14: Example of Totals - by Insurer Report, final page

### 3.4.3 Totals by Medicare Part D Insurers (MPD)

**POS > RPT > ADMN > MPD**

The MPD report option prompts you for a begin date and end date. For example:

```

Enter the Beginning Date: t-30 <Enter> (DEC 16, 2008)
Enter the Ending Date: t <Enter> (JAN 15, 2009)
DEVICE: HOME// <Enter> VIRTUAL Right Margin: 80// <Enter>

TOTALS BY MEDICARE PART D INSURERS (ABSPOSMF)
FEB 23, 2009@17:01:35
For JAN 1, 2009 through JAN 31, 2009

```

	PAYABLE	ADJUSTED	PAPER	REJECTED	RX CNT
D-AARP MEDICARERX	0.00	0.00	0.00	0.00	0
D-ADVANTAGE FREEDOM	2042.94	1180.57	0.00	550.10	31
D-ADVANTAGE STAR	0.00	0.00	0.00	0.00	0
D-ASURIS MEDICARE SCRIPT	0.00	0.00	0.00	0.00	0
D-COMMUNITY CARE RX	0.00	,0.00	0.00	6526.66	92
D-ENVISION MEDICARE PART D	0.00	0.00	0.00	0.00	0

Figure 3-15: Example of Totals - by Medicare Part D Insurers report (MPD)

### 3.5 Other reports (OTH)

**POS > RPT > OTH**

Selecting the **OTH - Other Reports** option displays the following sub-menu (Figure 3-16). You need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

```

FMT      List electronic claims formats
FLD      List NCPDP Fields

```

Figure 3-16: Other Reports sub-menu options (OTH)

### 3.5.1 List Electronic Claims Formats (FMT)

**POS > RPT > OTH > FMT**

The FMT report option produces a list of electronic insurers, their format, BIN, PCN, and the insurer Help Desk phone number. For example:

PHARMACY ELECTRONIC CLAIMS FORMATS				JAN 15, 2009 10:02	PAGE 1
Format	BIN	Plan #	PCN #	Help #	
-----					
Production/Testing Status: PRODUCTION					
4D PHARMACY MGT SYSTEMS 5.1	600428	7054	01990000		
AAA PRESCRIPTION SAVINGS 5.1	004336	4343	AAA	(800)364-6331	
AARP DISCOUNT CARD PRO 5.1	610652	3240	82266461	(800)207-2568	
ADV RX MGT MEDICARE PDP 5.1	004336	2447	ADV	(800)364-6331	
CCOK COMMERCIAL 5.1	013550	4067	CCOK001	(800)962-7378	
CCOK PDP 5.1	013550	4068	CCOKD00	(800)962-7378	

Figure 3-17: Example of the List Electronic Claims Formats report (FMT)

### 3.5.2 List NCPDP Fields (FLD)

**POS > RPT > OTH > FLD**

The FLD report option produces a list of NCPDP numbers and their corresponding file names to use with the override of the fields listed on this report. For example:

LIST OF NCPDP FIELDS		JAN 15, 2009 10:35	PAGE 1
NCPDP FIELD			
NUMBER	NCPDP FIELD NAME		
-----			
301	GROUP ID		
302	CARDHOLD ID		
303	PERSON CODE		
304	DATE OF BIRTH		

Figure 3-18: Example of the List NCPDP Fields report (FLD)

## 4.0 Medi-Cal Subscriber ID

### POS > MGR > SET > PHAR

A special field has been added to POS Pharmacy Parameters to include the subscriber ID for California Medicaid formats.

The **Edit Pharmacy POS Pharmacy Data** is accessed from the POS Manager Menu. The PHAR option displays a series of prompts. Scroll through the prompts until you reach the **Insurer-Assigned #** prompt.

1. At the “Select Insurer” prompt, type CALIFORNIA MEDICAID.
2. At the “Are you adding ‘California Medicaid’ as a new Insurer-Assigned #” prompt, type YES.
3. Press Enter to the “MED-CAL Subscriber ID” prompt. At this prompt type your assigned California Medi-Cal subscriber ID number; for example, KAW1018R11.

## 5.0 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>

**Email:** [support@ihs.gov](mailto:support@ihs.gov)