



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale (ABSP)

Patch Addendum

Version 1.0 Patch 30
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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 30 include the following:

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

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 30 of Pharmacy Point of Sale version 1.0 contains the following changes:

- New/Adjusted/Deactivated 5.1 POS Formats
- New/Modified Report Menus

2.0 POS 5.1 Plan Formats

2.1 New 5.1 POS Formats

Format Name	Bin	PCN
ADVENTIST HS DME 5.1	007895	ADHSMS
AMERIHEALTH FUTURESCRIPT 5.1	600428	3840000
BEBETTER 2368 5.1	013550	890000
CAREMARK MHBP 5.1	610029	CRK
CHG-HEALTH FAMILIES 5.1	003585	50036
JOHN ALDEN LIFE 5.1	007895	JALIMS
MEMBER HEALTH 5.1	008324	54
SERVU-IPA 5.1	001553	SERVUTQC
WINDSOR HEALTH PLAN PDP 5.1	012189	PDP
WINDSOR HEALTH PLAN SNP 5.1	012189	SNP

2.2 Adjusted 5.1 POS Formats

AMERIGROUP 5.1, BIN# 610415, PCN: 73227

Added software certification ID

CAREMARK 5.1, BIN# 610029, PCN: CRK

Adjusted cardholder ID field

MEDICARE PARTD BCBSOK MAPD 5.1, BIN# 610455, PCN: PDGOK

Updated special coding for cardholder ID field

MEDICARE PARTD EXPRESS 5.1, BIN# 003858, PCN: A4

Removed duplicate claim segment EM

WASHINGTON MEDICAID SXC 5.1, BIN# 610706, PCN: WAPROD

Added field 308 to claim segment

2.3 Deactivated 5.1 POS Formats

Format Name	Bin	PCN
CHAMPVA 5.1	00492	599
IMCARE Itasca Medical Care 5.1	610568	ITA
MEDICARE PARTD WINDSOR TN 5.1	012320	NONE

2.4 DOB Special Coding for Medicare Part D Formats

Special code added to Medicare Part D Formats for DOB field.

BC CARE BLUE MEDICARE 5.1
CCOK PDP 5.1
LTC SOLUTIONS LT234 5.1
MEDICARE PARTD EMPIRE BCBS 5.1
NMHC Troop 2 PDP 5.1
UCARE-MN PDP 5.1

3.0 New/Modified Reports Menu

This section provides instructions on new/modified reports, which can help you, manage your Point-of-Sale (POS) process.

3.1 Rejected Claims by Reject Code (RCR)

POS > RPT > CLA > RCR

The RCR report option lists rejected claims, grouped by rejection reason and patient. This report has been modified to include an Rx count for each rejection type as well as the patient's cardholder ID and group numbers. 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

The RCR option produces a report with the dollar amount and Rx count for each rejection code by pharmacy (Figure 3-1). The Detailed report lists the Patient's Chart #, Cardholder ID, Group Number, Name, RX #/Fill #, Insurer, Amt Billed (Figure 3-2).

Claims sorted by Rejection Reason From JAN 01, 2009 TO JAN 05, 2009 ***SUMMARY REPORT***		
PHARMACY: DEMO HOSPITAL		
REJECTION CODE:	TOTALED:	RX
COUNT:		
40:Pharmacy Not Contracted With Plan on Date of Service	2011.21	17
52:Non-Matched Cardholder ID	1018.68	22
54:Non-Matched Product/Service ID Number	172.81	3
55:Non-Matched Product Package Size	5.94	1
65:Patient Is Not Covered	2664.99	28
67:Filled Before Coverage Effective	21.20	3
69:Filled After Coverage Terminated	194.94	6
70:Product/Service Not Covered	2328.21	50
75:Prior Authorization Required	747.64	3
76:Plan Limitations Exceeded	35.08	3
79:Refill Too Soon	554.53	5
TOTAL FOR PHARMACY: \$9761.55		
# RX REJECTED FOR PHARMACY: 142		
GRAND TOTAL: \$9761.55		

Figure 3-1: Sample Rejected Claims by Reject Code Summary Report (RCR)

***** Detailed Report *****				
CHT #	NAME	RX #/FILL #	INSURER	AMT BILLED
CARD HOLDER ID #	GROUP #			
PHARMACY: CASS LAKE HOSPITAL RELEASED DATE: JAN 01, 2009				
REJECTION CODE: 70:Product/Service Not Covered				
6287	DEMO, PATIENT	1486606/3	D-MEDICARE BLUE RX OPT	\$144.23
803383489				
REJECTION CODE: 70:Product/Service Not Covered				
17320	DEMO, PATIENT FEMALE	1509972/0	D-PACIFICARE SAVER PLA	\$8.61
0020210121	PDPIND			
17320	DEMO, PATIENT FEMALE	1509977/0	D-PACIFICARE SAVER PLA	\$7.38
0020210121	PDPIND			
REJECTION CODE: 52:Non-Matched Cardholder ID				
4237	DEMO, PATIENT MALE	1509979/0	RX-BCBS OF M	\$9.13
R50314562		65006500		
TOTAL FOR CASS LAKE HOSPITAL: \$169.35				

Figure 3-2: Sample Rejected Claims by Reject Code Detailed Report (RCR)

3.2 Worked Rejection Report

The WRR report option provides claims that were previously rejected in the POS package and have been worked to provide a payable claim. (Figure 3-3)

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

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

```
Pharmacy Point of Recovered from Rejection Report
From JAN 01, 2009 TO JAN 05, 2009

RELEASED DATE: JAN 02, 2009
PHARMACY: DEMO HOSPITAL

RX #/REFILL: `1487339/3
TRANSACTION DATE: JAN 02, 2009      RECOVERED BY: SUZIE
TOTAL PRICE: 73.25      PAID BY INSURER: 0.00

RX #/REFILL: `1494146/1
TRANSACTION DATE: JAN 02, 2009      RECOVERED BY: GOOSE
TOTAL PRICE: 14.6      PAID BY INSURER: 253.00

RX #/REFILL: `1505776/0
TRANSACTION DATE: JAN 02, 2009      RECOVERED BY: ALEXIS J
TOTAL PRICE: 59.68      PAID BY INSURER: 253.00

RX #/REFILL: `1510009/0
TRANSACTION DATE: JAN 02, 2009      RECOVERED BY: JOANNA      TOTAL
PRICE: 6.21      PAID BY INSURER: 0.00

RX #/REFILL: `1510012/0
TRANSACTION DATE: JAN 02, 2009      RECOVERED BY: JOANNA
TOTAL PRICE: 59.68      PAID BY INSURER: 0.00
```

Figure 3-3: Sample Worked Rejection Report (WRR)

3.3 Billed and Collected DRUG Cost

POS > RPT > ADMN > DRUG

The DRUG report option lists dollar amount billed/collected grouped by insurer for the specified site. Both billed and paid amounts are shown. (Figure 3-4)

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

- Pharmacy
- Insurer
- Begin and end date

DRUG REPORT BY INSURER		APR 20, 2009 09:35	PAGE 1
		BILLED \$	PAID \$

PHARMACY: DEMO HOSPITAL			
INSURER: BLUE CROSS/BLUE SHIELD OF			
RELEASED DATE: JAN 5, 2009			
DRUG: ALLOPURINOL 100MG TAB			
SUBTOTAL	27.50	16.85	
SUBCOUNT	1	1	
SUBMEAN	27.50	16.85	
DRUG: AMITRIPTYLINE HCL 25MG TAB			
SUBTOTAL	25.33	15.33	
SUBCOUNT	1	1	
SUBMEAN	25.33	15.33	
DRUG: CITALOPRAM HBR 40 MG TABLE			
SUBTOTAL	80.67	54.07	
SUBCOUNT	1	1	
SUBMEAN	80.67	54.07	
DRUG: DILTIAZEM HCL 240MG CAP SA			
SUBTOTAL	58.27	38.39	
SUBCOUNT	1	1	
SUBMEAN	58.27	38.39	

Figure 3-4: Sample Billed and Collected DRUG Cost report (DRUG)

3.4 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 3-5)

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

- Patient's Name
- Begin and end date

```
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 3-5: Sample Print Expense Report (EXP)

4.0 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