



#### RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Pharmacy Point of Sale**

(ABSP)

## **Patch Addendum**

Version 1.0 Patch 34 November 2009

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

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

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

#### **Security**

This patch uses the same security keys as described in the *Pharmacy Point-of-Sale* (ABSP) User Manual, Version 1.0.

#### 2.0 POS 5.1 Plan Formats

#### 2.1 New 5.1 POS Formats

Format Name	Bin	PCN
COMMUNITY HEALTH GRP LONGS 5.1	003585	50032
EMPIRE PARTD 5.1	610575	EMP01
WELLPOINT ANTHEM 5.1	013550	NONE

## 2.2 Adjusted 5.1 POS Formats

CHG-HEALTHY FAMILIES 5.1, Bin# 003585, PCN: 50036

Added prior authorizations fields to the claim segment

ECKERD HEALTH SYSTEMS 5.1, Bin# 610474, PCN: TDI

Modified Trans Count field to '1'

MAINE MEDICAID 5.1, Bin# 005526, PCN: MEPOP

Added special coding for field 466 to send the physicians DEA#

PCS 5.1, Bin# 610415, PCN: NONE

Reactivated and updated format

TRICARE EXPRESS SCRIPTS 5.1, Bin# 003858, PCN: A4

Added prior authorization fields to the claim segment

## 3.0 New/Modified Reports Menu

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

#### 3.1 Worked Rejection Report (WRR)

The WRR report option has been temporarily disable while under construction.

## 3.2 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 the ability to filter by a selected Rejection code by adding a prompt before printing the report.

```
Enter Beginning Prescription Release Date: T-10 <Enter>
Enter Ending Prescription Release Date: T <Enter>
Please Select a Pharmacy or leave blank for ALL: < Enter>
Please choose an insurer or leave blank for ALL POS electronic insurers: <Enter>
Please choose a REJECTION CODE or leave blank for ALL: 19 <Enter> M/I DAYS SUPPLY
         ...OK? Yes// <Enter> (Yes)
    Select one of the following:
          S
                   SUMMARY
                   DETAILED
Please select S for Summary or D for Detailed: D// <Enter>ETAILED
DEVICE: HOME// <Enter> Virtual
                   Pharmacy Point of Sale Rejection Report
                     Claims sorted by Rejection Reason
                      From OCT 18, 2009 TO OCT 28, 2009
                             ***SUMMARY REPORT***
PHARMACY: YAKAMA
 REJECTION CODE:
                                                          TOTALED: RX COUNT:
19:M/I Days Supply
                                                            58.31 2
TOTAL FOR PHARMACY: $58.31
# RX REJECTED FOR PHARMACY: 2
GRAND TOTAL: $58.31
# RX REJECTED: 2
TOTAL FOR RELEASED DATE OCT 19, 2009: $ 0.00
```

```
****** Detailed Report ******
CHT # NAME
                           RX #/FILL # INSURER AMT BILLED
  CARD HOLDER ID # GROUP #
    PHARMACY: YAKAMA RELEASED DATE: OCT 20, 2009
             REJECTION CODE: 19:M/I Days Supply
8959 STEVENS,GINA L 1676494/0 NORTHWEST PHARMACY-LEG $ 27.86 535686841 512176
TOTAL FOR YAKAMA: $ 27.86
TOTAL FOR RELEASED DATE OCT 20, 2009: $ 27.86
TOTAL FOR RELEASED DATE OCT 21, 2009: $ 0.00
TOTAL FOR RELEASED DATE OCT 22, 2009: $ 0.00
TOTAL FOR RELEASED DATE OCT 23, 2009: $ 0.00
                  ****** Detailed Report ******
CHT #
      NAME
                           RX #/FILL # INSURER
                                                           AMT BILLED
 CARD HOLDER ID #
                      GROUP #
    PHARMACY: YAKAMA RELEASED DATE: OCT 26, 2009
             REJECTION CODE: 19:M/I Days Supply
1976 SPENCER, SHIRLEE D 1641275/1 NORTHWEST PHARMACY-LEG $ 30.45
 531383849
TOTAL FOR YAKAMA: $ 30.45
TOTAL FOR RELEASED DATE OCT 26, 2009: $ 30.45
TOTAL FOR RELEASED DATE OCT 27, 2009: $ 0.00
TOTAL FOR RELEASED DATE OCT 28, 2009: $ 0.00
TOTAL AMOUNT REJECTED: $ 58.31
```

Figure 3-1: Example of Rejected Claims by Reject Code (RCR)

## 3.3 Billed and Collected DRUG Cost (DRUG)

#### POS > RPT > ADMN > DRUG

The DRUG report option lists dollar amount billed/collected grouped by insurer for the specified site. This report has been modified to include the ability to filter by selected drug name.

```
* Previous selection: RELEASED DATE from Oct 21,2009 to Oct 28,2009@24:00
     START WITH RELEASED DATE: Oct 21,2009// <Enter> (OCT 21, 2009)
     GO TO RELEASED DATE: Oct 28,2009// <Enter> (OCT 28, 2009)
       * Previous selection: RXI:DRUG equals ALBUTEROL
       START WITH DRUG: ALBUTEROL// PAROXETINE HCL 20MG TAB <Enter>
       GO TO DRUG: LAST// PAROXETINE HCL 20MG TAB <Enter>
DEVICE: <Enter> Virtual
DRUG REPORT BY INSURER
                                            OCT 28,2009 12:39 PAGE 1
                           BILLED $
                                           PAID $
       PHARMACY: YAKAMA
             INSURER: ARGUS HEALTH SYSTEMS
                RELEASED DATE: OCT 21,2009
                  DRUG: PAROXETINE HCL 20MG TAB
                               86.49
SUBTOTAL
                                  1
SUBCOUNT
                               86.49
SUBMEAN
                                             6.50
                               86.49
SUBTOTAL
                                             6.50
                                 1
SUBCOUNT
                                                1
SUBMEAN
                               86.49
                                              6.50
SUBTOTAL
                               86.49
                                              6.50
SUBCOUNT
                                  1
                               86.49
SUBMEAN
                                              6.50
TOTAL
                               86.49
                                              6.50
COUNT
                                  1
                                                1
                               86.49
                                              6.50
MEAN
Press ENTER to continue:
```

Figure 3-2: Example of the Billed and Collected DRUG Cost (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. This report has been modified to include statistical information that shows total amount billed, total amount paid, and total amount due.

```
PATIENT: DEMO, PATIENT DOB: Aug 09, 2003
                                                 HRN: 3306011
                  PHARMACY RELEASE DATES FROM AUG 20, 2009 TO AUG 20, 2009
         RELEASE DATE: AUG 20, 2009
       PHARMACY: DEMO HOSPITAL
RX #/REFILL: `165975/0
TRANSACTION DATE: AUG 20, 2009 TRANSACTION TYPE: E PAYABLE
    DRUG NAME: ACETAMINOPHEN 160MG/5ML ELIX NDC#: 00904198500
    QTY: 120
                                             D/S: 10
                                             PROVIDER NPI#: 1235264600
    PROVIDER NAME:
                     INSURER PAID: 1.70
TOTAL PRICE: 9.29
                                               AMOUNT DUE: 0.00
RX #/REFILL: `165975/0
TRANSACTION DATE: AUG 20, 2009 TRANSACTION TYPE: E PAYABLE
    DRUG NAME: CEPHALEXIN 250MG/5ML SUSP NDC#: 63304095902
    QTY: 200
                                             D/S: 10
    PROVIDER NAME:
                                             PROVIDER NPI#: 1235264600
TOTAL PRICE: 36.00
                     INSURER PAID: 17.08
                                                AMOUNT DUE: 0.00
TOTAL FOR DATE: 45.29
                      INS PAID FOR DATE: 18.78 DUE FOR DATE: 0
GRAND TOTAL: 45.29
                      TOTAL INS PAID: 18.78
                                                TOTAL DUE: 0
```

Figure 3-3: Example of a printed Expense Report (EXP)

#### 3.5 Totals - by PRIVATE INSURER (PVT)

#### POS > RPT > ADMN > PVT

Option "PVT" prompts you for a range of insurer names and then a range of prescription released dates.

- 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 all commercial plans, answer the "Start with" prompt with "FIRST".

See the examples in Figure 3-4 and Figure 3-5.

START WITH TRANSACTION:INSURER: FIRST// <enter> * Previous selection: RELEASED DATE from Jan 2,2009 START WITH RELEASED DATE: FIRST// T-7 <enter> (OCT 21, 2009) GO TO RELEASED DATE: LAST// T <enter> (OCT 28, 2009) DEVICE: <enter> Right Margin: 80//<enter></enter></enter></enter></enter></enter>										
POINT OF S	POINT OF SALE TOTALS OCT 28,2009									
From OCT 2	21,2009 thru	OCT 28,20	009		11:43 AM					
	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	OTHER				
PRIVATE										
	AARP HEALT	H CARE OPT	TIONS							
SUBTOTAL	0.00	0.00	351.46	0.00	0.00	0.00				
SUBCOUNT							7			
	ADVANCE PCS									
SUBTOTAL	0.00	0.00	763.41	0.00	0.00	0.00				
SUBCOUNT							18			
	AETNA									
SUBTOTAL	0.00	0.00	940.67	0.00	0.00	0.00				
SUBCOUNT							16			
	AETNA PHARMACY MANAGEMENT									
SUBTOTAL	0.00	0.00	20.42	0.00	0.00	0.00				
SUBCOUNT							1			
ARGUS HEALTH SYSTEMS										
SUBTOTAL	485.86	1165.40	0.00	878.78	0.00	0.00				
SUBCOUNT							70			

Figure 3-4: Example of Totals - by Private Insurer Report, first page

POINT OF SALE TOTALS OCT 28,2009								
From OCT 21,2009 thru OCT 28,2009 11:46 AM								
	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	OTHER		
	WASHINGTON DENTAL SERV							
SUBTOTAL	0.00	0.00	1610.50	0.00	0.00	0.00		
SUBCOUNT							28	
	WILEY HUR	ST AND ASS	OCIATES					
SUBTOTAL	0.00	0.00	41.19	0.00	0.00	0.00		
SUBCOUNT							3	
	WPDP							
SUBTOTAL	0.00	0.00	32.50	0.00	0.00	0.00		
SUBCOUNT							1	
WPS - TRICARE								
SUBTOTAL	0.00	0.00	333.51	0.00	0.00	0.00		
SUBCOUNT							5	
TOTAL	4442.35	14389.17	19334.93	6089.60	0.00	0.00		
COUNT							988	

Figure 3-5: Example of Totals - by Private Insurer Report, final page

## 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: <a href="http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm">http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm</a>

Email: <a href="mailto:support@ihs.gov">support@ihs.gov</a>