



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale (ABSP)

Patch Addendum

Version 1.0 Patch 35
December 2009

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 35* include the following:

1. Claims by Reject Code Report Modifications
2. New and modified 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.

Table of Contents

1.0	Introduction.....	1
2.0	Claims by Reject Code Report	2
3.0	Point-of-Sale 5.1 Formats	4
3.1	New 5.1 POS Formats.....	4
3.2	Adjusted 5.1 Formats	4
3.2.1	Prescription Origin Code Adjustments	5
	Contact Information	14

1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for ABSP v1.0. 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 35 of Pharmacy Point of Sale version 1.0 contains the following changes:

- Modified Report Menu
- New and adjusted 5.1 formats

2.0 Claims by Reject Code Report

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.

*****Corrections made to total rx count and dollar amount for summary report*****

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

```

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                TOTALED:
40:Pharmacy Not Contracted With Plan on Date of Service    28.18
50:Non-Matched Pharmacy Number                809.47
52:Non-Matched Cardholder ID                 74.74
65:Patient Is Not Covered                   1504.19
68:Filled After Coverage Expired            1109.32
70:Product/Service Not Covered              60.36
75:Prior Authorization Required             1376.30
76:Plan Limitations Exceeded                340.79
79:Refill Too Soon                         30.54
88:DUR Reject Error                         7.02
4C:M/I Coordination of Benefits/Other Payments Count      8.67
AC:Product Not Covered Non-Participating Manufacturer    126.18
M2:Recipient Locked In                      435.31
TOTAL FOR PHARMACY: 7757.19

```

Figure 2-1: 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 2-2: Sample Rejected Claims by Reject Code Detailed Report (RCR)

3.0 Point-of-Sale 5.1 Formats

3.1 New 5.1 POS Formats

FORMAT NAME	BIN #	PCN #
LDI PHARMACY BENEFIT MGMT 5.1	800010	LDI
GREAT WEST 0518 5.1	600428	05180000
GREAT WEST 0519 5.1	600428	05190000
BCBS SOUTH CAROLINA 5.1	004336	BCBSSC
EMPIRE BCBS 5.1	004336	33000
NEW YORK MEDICAID 5.1	004740	NONE
MEDICARE PARTD NY EPIC 5.1	012345	P024012345
GHI MEDICARE PART D 5.1	013344	0020080229
METRAHEALTH/UHC 5.1	900002	UHC
MPD ARGUS HEALTH NET 5.1	600428	03330000
MPD EXCELLUS 5.1	610475	MEDDTROOP
LI NET MPD 5.1	610649	05440000
BLUE SHIELD OF CA 5.1	600428	01910000

3.2 Adjusted 5.1 Formats

- NEW MEXICO MEDICAID 5.1
 - Claim segment had fields in wrong order, but most mandatory fields were present before modification
- MEDICARE PARTD HLTHSPG PDP 5.1
 - Add field 301 to the INSURANCE segment
- COMMUNITY HLTH PLN OF WA 5.1
 - Add special coding to field 302 in INSURANCE segment
- UNITED DRUG 5.1
 - The PCN # for this plan should read UDI (the TQC is part of Emdeon's PCN and should not be included on the format).
- MEDCO MEDICARE PDP 5.1
 - Add standard coding to field 301 in INSURANCE segment
 - Modified special coding to field 110 in HEADER segment
 - Add field 438 to PRICING segment
 - Add CLINICAL segment

3.2.1 Prescription Origin Code Adjustments

Added field 419 for prescription origin code

- 4D PHARMACY MGT SYSTEMS 5.1
- AAA PRESCRIPTION SAVINGS 5.1
- AARP DISCOUNT CARD PROGRAM 5.1
- ADVANCE ECPAI 5.1
- ADVANCE PARADIGM NASE 5.1
- ADVANCE PRSCPT MGMT ADV 5.1
- ADVANCEPCS 5.1
- AETNA 5.1
- ALABAMA MEDICAID 5.1
- ALL SAVERS PLAN 5.1
- ALLWIN DURABLE MED EQUIP 5.1
- ALTA RX 5.1
- AMERICAN HEALTH CARE 5.1
- AMERICAN INDIAN HEALTH 5.1
- AMERIGROUP 5.1
- AMERIHEALTH FUTURESCRIPT 5.1
- AMERIScript 9999 5.1
- AMERIScript LAB 5.1
- AMERISOURCE BERGEN 5.1
- AMNET RX SAVINGSCARD 5.1
- ANTHEM LUMENOS CDH9999 5.1
- APS HEALTHCARE 5.1
- ARIZONA MEDICAID (AHCCCS) 5.1
- ARKANSAS MEDICAID 5.1
- ASURIS NORHTWEST HEALTH 5.1
- AVIA PARTNERS RX 5.1
- BC/BS ALABAMA 5.1

- BC/BS ARIZONA 5.1
- BC/BS DELAWARE 5.1
- BC/BS FLORIDA 5.1
- BC/BS ILLINOIS 5.1
- BC/BS KANSAS 5.1
- BC/BS KANSAS CITY 5.1
- BC/BS MINNESOTA 5.1
- BC/BS MONTANA 5.1
- BC/BS NEBRASKA 5.1
- BC/BS NEW MEXICO 5.1
- BC/BS NORTH DAKOTA 5.1
- BC/BS OF UTAH 5.1
- BC/BS OK 1217 5.1
- BC/BS OKLAHOMA (610435) 5.1
- BC/BS TEXAS 5.1
- BC/BS WYOMING (RX CARE WY) 5.1
- BCBS IL BLUE MC RX REG 17 5.1
- BCBS MS AUTOMATED HLTH SYS 5.1
- BCBS NM MEDICARE ADVAN PPO 5.1
- BEBETTER 2368 5.1
 - added a STANDARD processing mode to DUR field 441 (order 5)
which had no processing mode identified
- BENESCRIP 5.1
- BENESCRIP STD 5.1
- BLUE ADV ADMIN OF AR 5.1
- BLUE ADVANTAGE ADMIN OF AR 5.1
- BLUE SHIELD CALIFORNIA 5.1
- BLUESCRIP BCBS ILLINOIS 5.1
- CALIFORNIA MED-CAL 5.1
- CARDINAL HEALTH 5.1

- CARECLAIM PDP 5.1
- CAREFIRST BCBS 5.1
- CAREMARK 5.1
- CAREMARK COB AMGSEGADV 5.1
- CAREMARK MHBP 5.1
 - added STANDARD to order 3 field 402 in CLAIM
- CAROLINA HEALTH PLAN 5.1
- CATALYST RX 5.1
- CATALYST RX HOSPIScript 5.1
 - added Claim Reversal 5.1 to Reversal Format field which was empty
- CATHOLIC DIOCESE MEMPHIS 5.1
- CBOC MEDICAL MATRIX 5.1
- CCOK COMMERCIAL 5.1
- CCOK PDP TROOP 5.1
- CENTRUS 5.1
- CIGNA HC INTERNATIONAL BUS 5.1
- CIGNA HEALTH PLAN GENERIC 5.1
- CIGNA PHARMACY LCB 5.1
- CITY OF OMAHA/PROPAR NTWK 5.1
- CLARIAN HEALTH 5.1
- COLORADO MEDICAID 5.1
 - added 462 to Claim segment since 461 was present
- COMMUNITY HLTH PLN OF WA 5.1
 - added 461 to Claim segment since 462 was present
- COMMUNITY MUTUAL GENERIC 5.1
- COMMUNITY RX 5.1
- CRITERION ADV (MBRHLTH) 5.1
- CURAScript PBM SERVICES 5.1
- DAKOTA CARE 5.1
 - added 462 to Claim segment since 461 was present

- DEPT OF EMP TRUST FUNDS 5.1
- DIVERSIFIED FEDERATED GRPS 5.1
 - added 461 to Claim segment since 462 was present
- DPS PHARMACY CARD 5.1
 - added 461 to Claim segment since 462 was present
- EASTLAND 5.1
- ECKERD HEALTH SYSTEMS 5.1
- EMPIRE PARTD 5.1
- EMPLOYEE BENEFITS MGT SVC 5.1
- EMPLOYEE HEALTH INSUR MGT 5.1
- ENVISION 5.1
- EXPRESS SCRIPTS 5.1
 - added 461 to Claim segment since 462 was present
- FEDERAL EMPLOYEES COMP-DOL 5.1
- FFI RX CHOICE 5.1
- FINGER LAKES BC/BS 5.1
- FLRX 5.1
- FORTIS BENEFITS 5.1
- FORTIS USA 5.1
- FOUNDATION HEALTH GENERIC 5.1
- GEHA 5.1
 - re-entered Pricing Segment information to make order consecutive
- GENERAL PRESCRIPTION PGMS 5.1
- HEALTH ALLIANCE PLAN HAL 5.1
- HEALTH NET OF CALIFORNIA 5.1
- HEALTH NET OREGON 5.1
- HEALTH PARTNERS 02530000 5.1
- HEALTHCARE ASSOCIATES 5.1
- HEALTHESYSEMS 5.1
- HEARTLAND ADVANTAGE 5.1
- HERIT HEALTH PLAN 5.1

- HMO NEBRASKA 5.1
- HUMANA 5.1
- IDAHO MEDICAID 5.1
- INDEPEND BC FUTURESRIPTS 5.1
- INNOVANT CHRONIMED 5.1
- INTEQ GROUP INCORPORATED 5.1
- INTERCHG NMHCRX GRP HLTH 5.1
- INTERMOUNTAIN HLTH CARE 5.1
- KAISER PERMANENTE ALLIANT 5.1
- KANSAS MEDICAID 5.1
- KROGER RX PLAN EMPLOYEES 5.1
- LEGACY ADVANCE PARADIG PDP 5.1
- LOUISIANA MEDICAID 5.1
- LOVELACE HEALTH SYSTEMS 5.1
- MAINE MEDICAID 5.1
- MAXCARE RX 5.1
- MCDONALDS INS PROGRAM 5.1
- MCKESSON HDS 5.1
- MCKESSON LOYALTY 5.1
- MEDCO MEDICARE PDP 5.1
- MEDICAL SECURITY CARD COMP 5.1
- MEDICARE DURABLE MED EQUIP 5.1
- MEDICARE PARTD HLTHSPG PDP 5.1
- MEDSCRIPT 5.1
- MEDTRAK 5.1
- MEMBER HEALTH MHMC 5.1
- MINNESOTA MEDICAID 5.1
- MISSISSIPPI MEDICAID 5.1
- MOLINA HEALTHCARE OF NM 5.1
- MOLINA MEDICARE NM 5.1

- MOLINA SALUD OF NM 5.1
- MUTUAL OF OMAHA MUT PREF 5.1
- NATIONAL MEDICAL HEALTH 5.1
- NATIONAL PHARM SVCS 5.1
- NATIONAL PRESCRIPTN ADMINS 5.1
- NATL ASSOC LETTER CARRIERS 5.1
- NAVITUS DHP 5.1
- NAVITUS-WPS HEALTH INS 5.1
- NEW MEXICO MEDICAID 5.1
- NMHCRX 5.1
- NORTH DAKOTA MEDICAID 5.1
- NORTHWEST RX SERVICES 5.1
- NY STATE EPIC PGM 5.1
- OKLAHOMA MEDICAID 5.1
- OMNISYS RX 5.1
- OPUS HEALTH PROGRAM 5.1
- OREGON DHHS MEDICAID 5.1
- OREGON MEDICAID 5.1
- ORKING RX 5.1
- PACIFICARE OF ARIZONA 5.1
- PACIFICARE OF CALIFORNIA 5.1
- PACIFICARE OF WASHINGTON 5.1
- PAID 5.1
- PBM PLUS 5.1
- PCN RX 5.1
- PCS 5.1
- PHARMACEUTICAL CARE NETWK 5.1
- PHARMACY DATA MGMT INC 5.1
- PHARMACY GOLD 5.1
- PHARMALINK GENERIC 5.1

- PHARMASTAR RX 5.1
- PPOK 5.1
- PROCARE 5.1
- PROCARE PBM 5.1
- PROVIDENCE GH 5.1
- PUGET SOUND 5.1
- QUALITY CHOICE OF AR 5.1
- REGENCE BC/BS OREGON 5.1
- REGENCE BCBS OF UTAH 5.1
- REGENCE BCBS WASHINGTON 5.1
- REGENCE BS OF IDAHO 5.1
- REGENCE BS OF IDAHO 610645 5.1
- REGENCE RXEDO 5.1
- RELIASTAR LIFE INSURANCE 5.1
- RESTAT SUPER CARRIER 5.1
- ROCKY MOUNTAIN HEALTH PLAN 5.1
- RX AMERICA 5.1
- RX PRIME 5.1
- RXEDO 5.1
- RXWEST 5.1
- SAV RX 5.1
- SAVRX ADVANTAGE PLAN 5.1
- SCOTT & WHITE HEALTHPLAN 5.1
- SCRIPNET 5.1
- SCRIPSOLUTIONS (CLAIMRX) 5.1
- SCRIPT GUIDE RX 5.1
- SCRIPTCARE 5.1
- SECURE BLUE MN SR HLTH OPT 5.1
- SECURITY HEALTH PLAN RX 5.1
- SELECT HEALTH SC 5.1

- SERVU-IPA 5.1
- SIERRA HEALTH SERVICES 5.1
- SIERRA HEALTH SRVCS RXSHS 5.1
- SMITH PREMIER SERVICES 5.1
- SOUTH CAROLINA MEDICAID 5.1
- SOUTH DAKOTA MEDICAID 5.1
- SOUTHERN CALIFORNIA HEALTH 5.1
- SXC MEDICARE DISCOUNT DRG 5.1
- SXC MEDICARE DISCOUNT STD 5.1
- THE PLAN HANDLERS 5.1
- THERAPY FIRST 5.1
- TOTAL SCRIPT 5.1
- TRIAL CARD 5.1
- TRICARE EXPRESS SCRIPTS 5.1
- UCARE WISCONSIN 5.1
- UNION PACIFIC RR EMPLOYEES 5.1
- UNITED DRUG 5.1
- UNITED DRUG 5.1
- US HEALTHCARE 5.1
- US SCRIPT 5.1
- UTAH MEDICAID 5.1
- VA E-PHARMACY 5.1
- VA HEALTH ADMIN CENTER 5.1
- VALUE OPTIONS OF NM 5.1
- VALUE RX 5.1
- WALGREENS HLTH INITIATIVE 5.1
- WALMART ASSOCIATES 5.1
- WALMART STORES RX DRG PLNS 5.1
- WASHINGTON LBR & IND 5.1
- WAUSAU BENEFITS, INC. 5.1

- WBC CASH DISCOUNT 5.1
- WELLPOINT ANTHEM 5.1
- WELLPOINT PHARMACY MGMT 5.1
- WISCONSIN MEDICAID 5.1
- WISCONSIN MEDICAID PROGRAM 5.1

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