



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale (ABSP)

Patch Addendum

Version 1.0 Patch 37
March 2010

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

Preface

The requirements and functionality outlined in the Software Requirement Specification Indian Health Service Point of Sale (POS) Version 1.0 Patch 37 include the following:

1. POS Claim Transfer to 3PB
2. Close Rejected Claims Report and Menu Options
3. Accounts Receivable Statistical Report Menu Options
4. Medicaid Eligibility Modification
5. Oklahoma Medicaid Parameter Modification
6. ABSP Routine Modifications
7. 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.

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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 Version 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 37 of Pharmacy Point of Sale (POS) Version 1.0 contains the following changes:

- POS Claim Transfer to 3PB
- Close Claim Function
- Accounts receivable (A/R) Financial Report Menus
- Medicaid Eligibility Modification
- Oklahoma Medicaid Parameter Modification
- ABSP Routine/Data Dictionary Definition Modifications
- New and Adjusted POS 5.1 Formats

2.0 POS Claim Transfer to 3PB

This section provides the details of the enhancement made to the Pharmacy POS package. With the release and installation of the 3PB Patch 2, POS will transfer all claims with a Payable response and claims with a Rejected response from the processor to the 3PB package.

The following rejected claims will not transfer to the 3PB package.

- 85: Claim Not Processed
- 95: Time Out
- 96: Scheduled Downtime
- 97: Payer Unavailable
- 98: Connection to Payer is Down
- R8: Syntax Error
- NN: Transaction Rejected at Switch or Intermediary

3.0 Close Rejected POS Claims

This option allows the user to close claims that were initially returned as “Rejected” for the following reasons.

- Claim Too Old
- Refill Too Soon
- Plan Limitation Exceeded

Claims that have already been closed will no longer display on the POS User Screen.

The Close Claim option is accessed by typing **CLO** at the “Select Action” prompt on the POS User Screen. The system prompts the user for the line number of the claim he/she is closing.

```

PHARMACY POINT OF SALE      Mar 14, 2010 17:53:27      Page: 1 of 1
All prescriptions for patient DEMO, PATIENT
With activity in the past 5 days

#      PATIENT/PRESCRIPTION  COMMENTS
1  done DEMO, PATIENT      ** FINISHED ** 6 rejected *1 not electronic **
2      ASPIRIN* 325MG EC TAB  MAR 11@13:09 Unbillable to ins.; Native ben
3      CLOPIDOGREL* 75MG TAB  MAR 11@13:09 Rejected(79:Refill Too Soon);
4      GEMFIBROZIL 600MG TABL MAR 11@13:09 Rejected(79:Refill Too Soon);
5      LISINOPRIL* 40MG TAB   MAR 11@13:09 Rejected(79:Refill Too Soon);
6      METOPROLOL* 50MG TAB   MAR 11@13:09 Rejected(79:Refill Too Soon);
7      INSULIN GLARGINE 100U/ MAR 9@12:24 Rejected(79:Refill Too Soon);
8      METFORMIN* 500MG TAB   MAR 12@09:30 Rejected(79:Refill Too Soon);

      Enter ?? for more actions                                >>>
EV  Edit view screen      LOG  Print claim log    REC  Print receipt/DUR info
Select Action:UD//  CLO   Close Claim
Select the line(s) with the claim(s) you wish to CLOSE

Select item(s):  (1-8): 3
  
```

Figure 3-1: Entering a Prescription Line Item to Close Rejected Claim

The system redisplay the selected line item and notes that this item will be closed using the same information entered into the “closed claim reasons name” prompt. The system prompts the user to continue.

```

PHARMACY POINT OF SALE      Mar 14, 2010 18:07:54      Page: 1 of 1
All prescriptions for patient DEMO, PATIENT
With activity in the past 5 days

#      PATIENT/PRESCRIPTION  COMMENTS
1  done PATIENT, DEMO      ** FINISHED ** 6 rejected *1 not electronic **
2      ASPIRIN* 325MG EC TAB  MAR 11@13:09 Unbillable to ins.; Native ben
3      CLOPIDOGREL* 75MG TAB  MAR 11@13:09 Rejected(79:Refill Too Soon);
4      GEMFIBROZIL 600MG TABL MAR 11@13:09 Rejected(79:Refill Too Soon);
5      LISINOPRIL* 40MG TAB   MAR 11@13:09 Rejected(79:Refill Too Soon);
6      METOPROLOL* 50MG TAB   MAR 11@13:09 Rejected(79:Refill Too Soon);
7      INSULIN GLARGINE 100U/ MAR 9@12:24 Rejected(79:Refill Too Soon);
8      METFORMIN* 500MG TAB    MAR 12@09:30 Rejected(79:Refill Too Soon);

Enter ?? for more actions                                     >>>
Prescription #1735937 Refill #3 (ABSP59=1735937.00031)
Patient: PATIENT, DEMO
This claim has a status of : E REJECTED
This claim can be closed
CONTINUE CLOSING CLAIM? YES//YES

```

Figure 3-2: Typing **YES** to continue close claim request

After typing **YES**, the user is prompted for a closed claim reason code.

```

PHARMACY POINT OF SALE      Mar 14, 2010 18:07:54      Page: 1 of 1
All prescriptions for patient DEMO, PATIENT
With activity in the past 5 days

#      PATIENT/PRESCRIPTION  COMMENTS
1  done PATIENT, DEMO      ** FINISHED ** 6 rejected *1 not electronic **
2      ASPIRIN* 325MG EC TAB  MAR 11@13:09 Unbillable to ins.; Native ben
3      CLOPIDOGREL* 75MG TAB  MAR 11@13:09 Rejected(79:Refill Too Soon);
4      GEMFIBROZIL 600MG TABL MAR 11@13:09 Rejected(79:Refill Too Soon);
5      LISINOPRIL* 40MG TAB   MAR 11@13:09 Rejected(79:Refill Too Soon);
6      METOPROLOL* 50MG TAB   MAR 11@13:09 Rejected(79:Refill Too Soon);
7      INSULIN GLARGINE 100U/ MAR 9@12:24 Rejected(79:Refill Too Soon);
8      METFORMIN* 500MG TAB    MAR 12@09:30 Rejected(79:Refill Too Soon);

Enter ?? for more actions                                     >>>
  C      Claim Too Old
  R      Refill Too Soon
  P      Plan Limit Exceeded

CLOSE REASON: C// R

```

Figure 3-3: Listing of Closed Claim Reason Codes

When the claim is successfully closed, the system displays a message stating the claim was closed.

```

PHARMACY POINT OF SALE      Mar 14, 2010 18:07:54      Page: 1 of 1
All prescriptions for patient DEMO, PATIENT
With activity in the past 5 days

#      PATIENT/PRESCRIPTION  COMMENTS
1  done PATIENT, DEMO      ** FINISHED ** 6 rejected *1 not electronic **
2      ASPIRIN* 325MG EC TAB  MAR 11@13:09 Unbillable to ins.; Native ben
3      CLOPIDOGREL* 75MG TAB  MAR 11@13:09 Rejected(79:Refill Too Soon);
4      GEMFIBROZIL 600MG TABL MAR 11@13:09 Rejected(79:Refill Too Soon);
5      LISINOPRIL* 40MG TAB   MAR 11@13:09 Rejected(79:Refill Too Soon);
6      METOPROLOL* 50MG TAB   MAR 11@13:09 Rejected(79:Refill Too Soon);
7      INSULIN GLARGINE 100U/ MAR 9@12:24 Rejected(79:Refill Too Soon);
8      METFORMIN* 500MG TAB   MAR 12@09:30 Rejected(79:Refill Too Soon);

      Enter ?? for more actions                                >>>
ABOUT TO CLOSE THIS CLAIM WITH REASON R
Updating Claim '156802
THE CLAIM WAS CLOSED

Press ENTER to continue:

```

Figure 3-4: Displaying system message for closing the claim

The patient's prescription line items no longer display.

```

PHARMACY POINT OF SALE      Mar 14, 2010 18:29:07      Page: 0 of 0
Transmitted by BRADY,CHRISTINA L
With activity in the past 3100314 days 18 hr 25 min 55 sec

#      PATIENT/PRESCRIPTION  COMMENTS

      Enter ?? for more actions                                >>>
NEW  Send new claims  DIS  Dismiss patient      RCA  Request cancellation
CU   Continuous update SP  Print single patient REV  Reverse a paid claim
CLO  Close Claim      PA  Print all             RES  Resubmit a claim
EV   Edit view screen LOG  Print claim log      REC  Print receipt/DUR info
Select Action:UD//

```

Figure 3-5: Closed Item is No Longer Displayed

4.0 Reopen Closed Claims (Hidden Option)

The Reopen Closed Claims option allows the user to reopen closed claims directly from the POS User Screen.

Note: The ABSP MANAGER security key is required to use the Reopen Closed Claims option.

This option is accessed by typing **ROC** at the “Select Action” prompt on the POS User Screen. At the “Select Closed Claims for which patient?” prompt, enter the name of the patient.

```

PHARMACY POINT OF SALE      Mar 15, 2010 10:03:14      Page: 0 of 0
Transmitted by BRADY,CHRISTINA L
With activity in the past 15 min

#          PATIENT/PRESCRIPTION    COMMENTS

Enter ?? for more actions                                     >>>
NEW  Send new claims   DIS  Dismiss patient          RCA  Request cancellation
CU   Continuous update SP   Print single patient  REV  Reverse a paid claim
CLO  Close Claim      PA   Print all              RES  Resubmit a claim
EV   Edit view screen LOG  Print claim log    REC  Print receipt/DUR info
Select Action:UD// ROC   ROC

Select Closed Claims for which patient?
DEMO, PATIENT                                <A>   M 03-16-1968 XXX-XX-9424 FTWA 6965
                                                ARHC 6965

1735937.00031
Closed on MAR 14,2010  18:26
By: BRADY,CHRISTINA L      Close Reason: Refill Too Soon

Select one of the following:
1          1735937.00031

Select CLOSED transaction to RE-OPEN: 1// 735937.00031
RE-OPEN THIS CLAIM? YES// YES
Once the claim has been successfully reopened, the screen is updated and re-
displayed.
***Re-opening Claim*** 1735937.00031
RE-OPEN more claims? NO// NO
PHARMACY POINT OF SALE      Mar 15, 2010 10:07:30      Page: 1 of 1
All prescriptions for patient DEMO, PATIENT
With activity in the past 5 days

```

Figure 4-1: Accessing the Reopen Closed Claims Option

5.0 Closed Claims Report

The Closed Claims Report option lists claims that have been successfully transmitted to the payer, have been returned rejected, and have been closed using the POS Close Claim Action option.

Access the report by typing **CLO** at the “Select Claim Results and Status Option” prompt on the Claim Results and Status Option screen.

```

*****
*      PHARMACY POINT OF SALE V1.0 P37      *
*      FORT WASHAKIE HEALTH CENTER          *
*      Claim results and status              *
*****

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
WRR    Worked Rejection Report
CLO    Closed Claim Report

Select Claim results and status Option:

```

Figure 5-1: Accessing the Closed Claims Report Option

After making a selection, the following prompts for released date range, close claim reason, and device display.

```

* Previous selection: RELEASED DATE from Feb 14,2010 to Mar 16,2010@24:00
START WITH RELEASED DATE: Feb 14,2010// T-30 (FEB 14, 2010)
GO TO RELEASED DATE: Mar 16,2010// T (MAR 16, 2010)
START WITH CLOSED REASON: FIRST// REFILL TOO SOON
GO TO CLOSED REASON: LAST//
DEVICE:      Right Margin: 80//      Right Margin: 80//

```

Figure 5-2: Selecting Close Claim Reason Option

```

DEMO HEALTH CENTER
NPI #1234567891   NCPDP (NABP) #5555555   Medicaid #4444444

Internal RX#      Cardholder ID      Group Number
Closed Date      Closed By           Closed Reason

CLOSED REASON: Refill Too Soon

```

```
          **** DEMO, PATIENT
`1735937          998046508
  MAR 16,2010  09:41          BRADY,CHRISTINA L          Refill Too Soon
          79:Refill Too Soon

Press ENTER to continue:
```

Figure 5-3: Closed Claims Report

6.0 A/R Financial Report Menus

This section provides instructions on the A/R Financial Report menus.

6.1 Period Summary Report (PSR)

The PSR report is one of the main A/R reports used during the facility's month end process. This report provides a summary of all bills that were posted or had an A/R transaction activity. The report can be sorted for all billing sources for a specified date range, including total billed, payment, adjustment amounts, and more detailed parameters, which assists the manager with printing customized reports.

Note: This report contains data for visit location(s) regardless of billing location.

To run the Period Summary Report, follow these steps:

1. Type **PSR** at the "Select Financial Reports Menu Option" prompt in the Financial Reports menu located in the A/R Reports menu.

The screen shown in Figure 6-1 displays.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8          |
|          Period Summary Report                          |
|          NOT-A-REAL FACILITY                            |
+-----+
User: USER,NAME                                     4-OCT-2005 1:58 PM

NOTE: This report will contain data for VISIT location(s) regardless of
BILLING location.

Select Visit LOCATION:

```

Figure 6-1: Period Summary Report (Steps 1–2)

2. Type the name of the visit location at the "Select Visit LOCATION:" prompt or press the Enter key to select *all* locations.

Note: If a location name is entered, the report will only include information about that location.

3. Type the number that corresponds to the desired mode of sorting your report at the "Select criteria for sorting:" prompt.

Note: Only *one* sort method can be selected.

Choices for sorting are the following:

- 1 A/R ACCOUNT
 - 2 CLINIC TYPE
 - 3 VISIT TYPE
 - 4 DISCHARGE SERVICE
 - 5 ALLOWANCE CATEGORY
 - 6 BILLING ENTITY
 - 7 INSURER TYPE
4. Type the start date for the report at the “Select Beginning Date:” prompt.
 5. Type the end date for the report at the “Select Ending Date:” prompt.
 6. Run the report by responding to the “Output DEVICE:” prompt as follows:
 - Type the name of the printer to print this report.
 - Press the Enter key to view this report on the monitor.

The figure below shows an example of this report. The user’s actual report will vary based on the parameters he/she choose.

WARNING: Confidential Patient Information, Privacy Act Applies				
=====				
Period Summary Report for ALL INSURER TYPE(S) JUN 4,2003@11:14 Page 1				
Sorted by PAYER with TRANSACTION DATES from 06/04/2002 to 06/04/2003				
at ALL Visit location(s) regardless of Billing Location				
=====				
INSURER TYPE	Billed Amt	Payment	Adjustment	Refund
=====				
*** VISIT Location: UNSPECIFIED HEALTH CENTER				
MEDICAID FI				
MEDICAID PRESBY	0.00	0.00	39.00	0.00
NEW MEXICO MEDI	344.00	1,184.00	0.00	378.00

** Ins Type Total	344.00	1,184.00	39.00	378.00
PRIVATE INSURANCE				
BCBS OF NEW MEX	0.00	25.00	1.49	0.00
LOVELACE HEALTH	106.00	0.00	0.00	0.00
NEW MEXICO BC/B	372.37	4.90	0.00	0.00
PRESBYTERIAN HE	96.00	98.00	11.96	0.00

**Ins Type Total	574.37	127.90	13.45	0.00

***VISIT Loc Total	918.37	1,311.90	52.45	378.00
***** REPORT Total	918.37	1,311.90	52.45	378.00

Figure 6-2: Period summary report (Step 2 of 2)

This completes the procedure for creating the period summary report.

6.2 A/R Statistical Report

The A/R Statistical Report should be used to identify accurate collection amounts. This report shows what services have been billed, paid, and collected based on the approval date, the visit date, or the export date. This report may be sorted by clinic or visit type.

To generate the A/R Statistical Report, follow these steps:

1. Type **STA** at the “Select Financial Reports Menu Option:” prompt.
2. Type the number of the first parameter with which you want to restrict the report.

Note: After each selection, the user’s choices are listed and the user is presented with the inclusion list.

3. Continue identifying all inclusion parameters for restricting the report, then press the Enter key at a blank “Select One or More of the above Inclusion Parameters:” prompt to continue.
4. Type **Y** (Yes) or **N** (No) at the “Include Clinic or Visit Type?” prompt. If the user types **N** (No), skip to Step 5. If the user types **Y** (Yes), he/she will be prompted to enter additional parameters.
 - a. Type **V** or **C** at the “Sort Report by [V]isit Type or [C]linic:” prompt.
 - b. If the user types **V**, he/she will be prompted to select a visit type. If the user types **C**, he/she will be prompted to choose a clinic. To view a list of choices, type **??** at the prompt.
5. Type **Y** (Yes) or **N** (No) at the “Do you wish to include Cancelled bills?” prompt.
6. Type the name of a print device at the “DEVICE” prompt.

=====						
AR STATISTICAL REPORT for ALL BILLING SOURCES				DEC 6,2001	Page 1	
at DEMO HEALTH CENTER with VISIT DATES from 12/06/2000 to 12/06/2001						
=====						
VISIT	NUMBER	UNDUP	BILLED	PAID	ADJ	UNPAID
TYPE	VISITS	PATIENTS	AMOUNT	AMOUNT	AMOUNT	AMOUNT

DEMO HEALTH CENTER						
ZERO-PAY CLA	1	1	185.00	0.00	0.00	185.00
INPATIENT	3	3	10,234.29	13,267.00	-4,044.00	1,011.29
OUTPATIENT	24	5	4,448.14	308.00	110.00	4,030.14
CROSSOVER (I	1	1	776.00	0.00	0.00	776.00
EMERGENCY RO	2	1	221.41	100.00	50.00	71.41
PHARMACY	1	1	0.00	0.00	0.00	0.00
DENTAL	4	3	169.00	27.00	63.00	79.00
PROFESSIONAL	8	7	4,514.76	260.00	0.00	4,254.76

	44	13	20,548.60	13,962.00	-3,821.00	10,408.60
TOTAL COVERED INPATIENT DAYS 12						
END OF REPORT						

Figure 6-3: A/R statistical report

This completes the process for printing the A/R Statistical Report.

7.0 Medicaid Eligibility Modification

Modification made to the ABSPOS29 to allow POS claims to be processed against termed Medicaid plans on the patient's Patient Registration Page 4 profile.

IHS REGISTRATION EDITOR		MEDICAID		DEMO HOSPITAL	
=====					
PATIENT, DEMO		(upd:MAR 17, 2010) HRN#:109876		(CHS & DIRECT)	
=====					
NUMBER	(updated)	ELIG DATE	COVERAGE	ELIG END	

STATE: NEBRASKA					
1. 123456789	(MAR 17, 2010)	2. JAN 1,2010			A
		JAN 1,2009	NOV 20,2009		I
		JAN 1,2008	JUN 30,2008		I
3. MEDICAID NAME: PATIENT, DEMO		4. MED. DATE OF BIRTH: APR 09, 1962			
5. PRIM CARE PROVIDER:					
6. GROUP NAME:		GROUP NUMBER:			
7. PLAN NAME:					
8. RATE CODE:					
9. CC ON FILE:					

Last edited by: BRADY,CHRISTINA on Mar 17, 2010					
=====					
ENTER <E>dit a field OR <D>elete an eligibility date :					

Figure 7-1: Patient Registration Page 4 Profile

8.0 Parameters for Oklahoma Medicaid Modification

The Parameters for Oklahoma Medicaid option is accessed through the Miscellaneous Setup Programs menu. This option configures some special parameters for Oklahoma Medicaid to set the limit of claims that process through to Oklahoma Medicaid to avoid Plan Limitation Rejections. At the beginning of each month, the Oklahoma Medicaid Plan Limit is reset to zero.

The Parameters for Oklahoma Medicaid has been modified to allow POS claims that have been reversed for an Oklahoma Medicaid patient to be added back to the Oklahoma Medicaid Limit in order to allow a new POS claim to be processed to Oklahoma Medicaid for payment.

Note: The reversal functionality will be released in POS Patch 38.

The following routines were modified for POS patch 37

The following data dictionary definitions were altered for POS patch 37:

- ABSP LOG OF TRANSACTIONS
- ABSP PHARMACIES
- ABSP TRANSACTION

10.0 POS 5.1 Formats

10.1 New 5.1 POS Formats

FORMAT NAME	BIN #	PCN #
IDAHO MEDICAID 014864 5.1	014864	IDMEDICAID
TROOP EXTENDED 5.1	011727	2222222222
PRIORITY HLTH PDP 5.1	012353	03700000
EMPLOYER'S HEALTH OPTIONS 5.1	004527	HDN
PERFORM 5.1	610077	0466300010
MCKESSON 5.1	610500	HDS
MAINE EMP MUTUAL 5.1	600471	2021
TOGETHER RX ACCESS 5.1	600428	03130000
KAISER PERM SOUTH CA MPD 5.1	011172	SCCMS
FAMILY PACT 5.1	610442	NONE
BCBS MEDICARE ADV PDP 5.1	004915	ZEG

10.2 Adjusted 5.1 Formats

- ALL 5.1 FORMATS
 - Added Field 403 'Fill Number' in Claim Segment
- COMMUNITY MUTUAL PDP 5.1
 - Added Field 430 'Gross Amount Due' in Pricing Segment
- REGENCE RXEDO 5.1
 - Updated format based on new payer sheet
- PRESBYTERIAN PDP 5.1
 - Removed special coding for field 301 'Group ID' in Insurance Segment
- GEHA 5.1
 - Added Field 311 'Patients Last Name' in Patient Segment
- PAID 5.1
 - Added Field 311 'Patients Last Name' in Patient Segment

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