RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale
(ABSP)

Patch Addendum

Version 1.0 Patch 40
January 2011

Table of Contents

1.0   Summary of Changes

1.1   Modifications

- Transaction History Report (THR): creates a new report that shows the number of times the POS user-screen was used to resubmit a claim by a particular user in a supplied date range.

- Fix Report Generator for Select Reports: the Report Generator updates more intelligently; the prototype changes eliminate the Report Master from the Reject Code Report (RCR), Collection Productivity Report (CPR), and THR.

- Rejected Claims by Reject Code Report (RCR) was fixed so it no longer includes closed claims in the report.

- Point of Sale (POS) user screen error that generates when a user tries to save information to a record when no Rx is identified was fixed.

- Eligibility check default prompt value for the question "Would you like to send a new eligibility check?" was changed from YES to NO.

- A new reason for closing a claim was added for "Product not covered."

- The Closed Claim Report (CLO) has been modified to include the claim dollar amount on the display in the report.

- On return-to-stock prescription claims, the fill date has been corrected to send the actual fill date, not the underlying visit date.

- On CPR, the resubmitting user is now accurately updated as the one resubmitting a claim.

- An error in custom code for Oklahoma sites that generated when automatically printing receipts for non-Ben patients has been fixed.

- The occurrence of an UNDEFINED error when calling a routine that creates a transaction count for Oklahoma Medicaid has been fixed.

1.2   Resolutions to Help Desk Calls

- HEAT #12421/#17463: wrong date displaying on RETURN TO STOCK prescriptions.

- HEAT #14453: wrong user displayed on CPR report.

- HEAT #15486: Minnesota Medicaid billing for inactive patients and unbillable drugs.

- HEAT #15599/#16888: eligibility check default value changed.

- HEAT #15601: added new reason for closing claim.

- HEAT #15602: RCR report includes closed claims.

- HEAT #15922: error caused by printing receipts for non-Ben patients.

- HEAT #16880/#17421: POS user screen error for new claim without RX.

- HEAT #16882: includ claim dollar amount in CLO report.

- HEAT #17140: UNDEFINED error when calling routine creating transaction count for OK Medicaid.

- HEAT #18613/#20244: POS stops picking up new prescriptions from Outpatient Pharmacy.

- HEAT #20556: added triplicate serial number to list of fields available to NCPDP formats.

- HEAT #22934: fix was already in patch 40 dealing with OTC drugs and billing.

1.3   Formats to Resolve Help Desk Calls

- HEAT #14167: ENVISION 5.1 (changed format in Patch 39, was omitted from documentation)

- HEAT #16306: CLARITY PHARMACY SERVICES 5.1 (new format)

- HEAT #17954: D-PRIMEWEST MN 5.1 (new format)

- HEAT #18192: MEMBERHEALTH MPD PDP 5.1 (new format)

- HEAT #18358: MEDICARE BLUE RX PDP25 5.1 (changed format)

- HEAT #19036: OMNISYS STERLING 5.1 (new format)

- HEAT #19542: UNION PAC RR EMPLOYEES PDP 5.1 (new format)

- HEAT #19685: ASCENSION HEALTH 5.1 (new format)

- HEAT #19685: BCBS AL PRFRD 014897 MBG 5.1 (new format)

- HEAT #19685: BCBS AL PRFRD 014897 RPD 5.1 (new format)

- HEAT #20556: NEW YORK MEDICAID 5.1 (changed format)

- HEAT #20558/#20648: CIGNATURERX PART D 5.1 (changed format).

- HEAT #20558/#20648: FLRX 5.1 (changed format).

- HEAT #20558/#20648: FLRX PDP 5.1 (new format).

- HEAT #21737: ALASKA MEDICAID 5.1 (changed format).

- HEAT #21808: OKLAHOMA MEDICAID 5.1 (changed format).

- HEAT #23194: OKLAHOMA MEDICAID 5.1 (changed format).

- HEAT #23195: NC MEDICAID 5.1 (changed format).

- HEAT #23423 WAUSAU BENEFITS INC 5.1 (changed format).

- HEAT #24237 COMMUNITY RX 5.1 (changed format).

- HEAT # ND WORKERS COMP 5.1 (new format).

2.0   Patch 40 Details

2.1   Transaction History Report (POS–RPT–ADMN–THR)

Over a given date range, the Transaction History Report (THR) shows the number of times the POS user screen was used to resubmit a given claim by a particular user. When running the THR, enter the date range, pharmacy, and user. The report will display the following for each user:

```
Date that a transaction manipulated by the user was sent;
All transactions that the user manipulated on that date;
The submission number;
Status;
Reject code (if applicable);
Reject reason (if applicable);
Billed amount;
Paid amount;
Total for that user on that day; and
Total amounts for selected user(s) for all days in range (if ALL was
selected instead of specific users).
                Pharmacy Point of Sale Transaction History Report
                      From: JAN 01, 2010 TO: NOV 09, 2010
                    Pharmacy: ALL
                        User: ALL

     PHARMACY: DEMO HOSPITAL PHARMACY   TRANSACTION DATE: JAN 19, 2010


     POS USER: UKN


                       RX/REFILL: 1503230/0 **
SUBMISSION     STATUS     REJ   REJ REASON                 BILLED AMT  PAID AMT
1              PAPER                                          135.80      0.00
2              PAPER                                          135.80      0.00

`**` Denotes this prescription has additional transactions
     outside the date range of this report.

FOR USER UKN:
Prescriptions: 1
POS Submissions: 2
Total Paid: $  0.00
```

Figure 2-1: Running the THR

2.2   Changes Made to Report Generator (POS–RPT–CLA– RCR) (POS–RPT–ADMN–CPR) (POS–RPT–ADMN– THR)

For select reports the report generator updater has been modified to run without updating the Report Master (URM) first. The first three reports that have been modified are the RCR, CPR, and the THR. Run the three reports to verify normal functionality without updating the report master.

```
                        Pharmacy Point of Sale Rejection Report
                           Claims sorted by Rejection Reason
                           From JAN 01, 2010 TO NOV 10, 2010
                                 ***SUMMARY REPORT***


PHARMACY: DEMO HOSPITAL PHARMACY
  REJECTION CODE:                                        TOTALED:    RX COUNT:

85:Claim Not Processed                                     89.92       1

TOTAL FOR PHARMACY: $89.92
# RX REJECTED FOR PHARMACY: 1

GRAND TOTAL: $89.92
# RX REJECTED: 1
```

Figure 2-2: Running the RCR

```
                     Pharmacy Point of Sale Collection Productivity Report
                           From JAN 01, 2010 TO NOV 10, 2010

GRAND TOTAL: 0.00                          GRAND TOTAL INSURER PAID: 0.00
```

Figure 2-3: Running the CPR

```
                   Pharmacy Point of Sale Transaction History Report
                          From: JAN 01, 2010 TO: NOV 10, 2010
                            Pharmacy: ALL
                               User: ALL

      PHARMACY: DEMO HOSPITAL PHARMACY   TRANSACTION DATE: JAN 19, 2010


      POS USER: UKN


                         RX/REFILL: 1503230/0 **
SUBMISSION       STATUS     REJ   REJ REASON              BILLED AMT  PAID AMT
1                PAPER                                       135.80      0.00
2                PAPER                                       135.80      0.00

`**` Denotes this prescription has additional transactions
     outside the date range of this report.

FOR USER UKN:
Prescriptions: 1
POS Submissions: 2
```

```
Total Paid: $  0.00
```

Figure 2-4: Running the THR

2.3   Closed Claims in the RCR (POS–RTP–CLA–RCR) (POS–RTP–CLA–REJ)

The RCR no longer includes closed claims in the report. Run the RCR for a date
range you know includes *closed* claims and verify that these claims do not show as
standard rejections. Run the Rejection (REJ) report for that same date range to
validate your findings.

```
                    Pharmacy Point of Sale Rejection Report
                       Claims sorted by Rejection Reason
                        From JAN 01, 2010 TO NOV 16, 2010
                              ***SUMMARY REPORT***


PHARMACY: DEMO HOSPITAL PHARMACY
   REJECTION CODE:                                         TOTALED:    RX
COUNT:

85:Claim Not Processed                                      89.92      1

TOTAL FOR PHARMACY: $89.92
# RX REJECTED FOR PHARMACY: 1

GRAND TOTAL: $89.92
# RX REJECTED: 1
```

Figure 2-5: Running the REJ report

```
                   POS REJECTED claims for prescriptions RELEASED on FEB
19,2010      11/16@08:40
DEMO HOSPITAL PHARMACY
NPI #1234567890   NCPDP (NABP) #3711062   Medicaid #0865592
RX ANTHEM PRESCRIPTION

Trans. Date/Time    Claim ID               Presc/Fill            NDC Number
Cardholder ID       Group Number       Qty  $billed


                    **** ABRIL,BROCK

FEB 19,2010  10:45  P10-610575-100000    `1503254/0        00029-6075-27
  3450543                           20    89.92  AMOXICILLIN/CLAV= 250MG/1
        EV - A DUMMY MESSAGE IN MEDICATION ORDER
        85:Claim Not Processed
                                                 -------
SUBTOTAL                                          89.92
SUBCOUNT                                              1
SUBMEAN                                           89.92
                                                 -------
SUBTOTAL                                          89.92
```

```
SUBCOUNT                                              1
SUBMEAN                                          89.92
                                               -------
TOTAL                                            89.92
COUNT                                                1
MEAN                                             89.92
```

Figure 2-6: Rejected claims

2.4   POS User Screen Error (POS–U–U–NEW)

When using the NEW option on the POS user screen and trying to cancel out of this screen without selecting a prescription, POS used to generate an error. This has now been resolved so when end users either save out of this screen (F1-E) or cancel out of this screen (F1-Q), they will no longer encounter this error–even when no prescription has been selected.

```
Ask Insurance? NO      +--------------+    <PF1> E  when done, to file claims
Ask Preauth #? NO      |   PHARMACY   |    <PF1> Q to quit without filing claims
Ask Qty/Price? NO      |   POINT OF   |    <PF3> insert/overstrike modes
Ask Fill Date? NO      |     SALE     |    <PF4> to go back one field
Ask Overrides? NO      |  DATA ENTRY  |    Arrow keys may be used, too
                       +--------------+
   Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - - - -  Fill Date
1
2
3
4
5
6
7
8
9
_____


   COMMAND:                                   Press <PF1>H for help    Insert
```

Figure 2-7: Canceling out of the POS screen

2.5   Eligibility Check Default Changed (POS–RPT–ELIG)

When running an eligibility check on a Medicare Part D patient for whom you have previously run an eligibility check, the "Would you like to send a new eligibility check?" prompt displays. The default answer was changed from YES to NO.

```
Generate eligibility chk (Med Part D) for which patient?
DEMO, PATIENT                    <A>   M 08-13-1934 XXX-XX-9999  THC 8888
```

```
A check was previously submitted for this patient:
On:             APR 30, 2009@07:58:25
Patient Name:   DEMO, PATIENT
Medicare ID:    999999999A
Status:         A
Authorization #:

PATIENT INFORMATION
 LAST NAME      :  DEMO
 FIRST NAME     :  PATIENT
 DOB            :  AUG 13, 1934

MEDICARE D INFORMATION
 Insurance Level :  0
 BIN            :  610211
 PCN            :  PDP
 GROUP          :  PRESCRX
 CARDHOLDER ID  :  101052766
 PERSON CODE    :
 PHONE NUMBER   :  8008452490
 CONTRACT ID    :  S5597
 RX BENEFIT PLAN :  260
 EFFECTIVE DATE  :  JAN 01, 2009
 TERMINATION DATE:
 LOW-INCOME COST :  Y
 FORMULARY ID   :

FUTURE MEDICARE PART D INFORMATION:
 EFFECTIVE DATE  :
 TERMINATION DATE:

OTHER COVERAGE INFORMATION
Secondary Coverage
 None
Tertiary Coverage
 None
Would you like to send a new eligibility check? N//
```

Figure 2-8: The new default response

2.6   Product Not Covered Closed Claim Option (POS–U–U–CLO)

A new option, Product Not Covered, was added to close a claim. Close a claim using the new option by selecting one of the following:

- C–Claim Too Old;

- R–Refill Too Soon;

- P–Plan Limitation Exceeded

- X–Product Not Covered.

```
Select Action:Next Screen// clo    Close Claim
```

```
Select the line(s) with the claim(s) you wish to CLOSE

Select item(s):  (12-24): 12
You have selected to close the following claim
Prescription #761229   (ABSP59=761229.00001)
Patient: DEMO,PATIENT D
This claim has a status of : E REJECTED
This claim can be closed
CONTINUE CLOSING CLAIM? YES//

     Select one of the following:

          C         Claim Too Old
          R         Refill Too Soon
          P         Plan Limit Exceeded
          X         Product Not Covered

CLOSE REASON: C// X  Product Not Covered
ABOUT TO CLOSE THIS CLAIM WITH REASON X
Updating Claim '161249
THE CLAIM WAS CLOSED
```

Figure 2-9: Options for closing a claim

2.7   Closed Claim Report Displays Claim Dollar Amount (POS–RPT–CLA–CLO)

The CLO now displays claim dollar amounts. Run the CLO report for a date range that includes closed claims and verify the report displays claim dollar amounts and totals.

```
      POS CLOSED claims for prescriptions RELEASED on FEB 19,2010
11/16@12:49
DEMO HOSPITAL PHARMACY
NPI #1234567890   NCPDP (NABP) #3711062   Medicaid #0865592

Internal RX#        Cardholder ID       Group Number
   Closed Date          Closed By           Closed Reason
     Rejects             $Billed

               CLOSED REASON: Claim  Too Old

                    **** R####,L##### #
`1503256          90200300301                          GEBCI0902
  FEB 24,2010  09:18        USER,DEMO        Claim  Too Old
  EV:M/I Prior Authorization Number Submitted
                                               9.01
                                              -------
SUBTOTAL                                       9.01
SUBCOUNT                                          1
SUBMEAN                                         9.01
                                              -------
TOTAL                                          9.01
COUNT                                             1
MEAN                                           9.01
                                               9.01
                                              -------
```

```
     SUBTOTAL                                          9.01
     SUBCOUNT                                             1
     SUBMEAN                                           9.01
                                                    -------
     TOTAL                                             9.01
     COUNT                                                1
     MEAN                                              9.01
```

Figure 2-10: Running the CLO report

2.8   Actual Fill Date for Return-to-Stock Prescription Claims (POS–U–U–REV)

On return-to-stock prescription claims, the fill date has been corrected to send the actual fill date, not the underlying visit date.

```
PHARMACY POINT OF SALE       Dec 17, 2010 14:04:07       Page:   0 of   0
Transmitted by OSBORNE,GAIL W
With activity in the past 15 min

 #      PATIENT/PRESCRIPTION   COMMENTS
 #      PATIENT/PRESCRIPTION   COMMENTS


        Enter ?? for more actions                                   >>>

        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// EV   Edit view screen

Display for  1:One user  or  2:All users  or  3:One patient? :  (1/2/3): 1// 3
One patient

Prescriptions for which patient?
  DEMO,PATIENT                      <A>   M 08-13-1937 XXX-XX-9999  THC 8888

Enter the number of DAYS to go back to find
Point of Sale activity for DEMO,PATIENT.

Number of days:  30//

Settings have been changed.
Done
PHARMACY POINT OF SALE       Dec 17, 2010 14:04:19       Page:   1 of   2
All prescriptions for patient DEMO,PATIENT
With activity in the past 30 da

 #      PATIENT/PRESCRIPTION   COMMENTS
 #      PATIENT/PRESCRIPTION   COMMENTS
 1  done DEMO,PATIENT        ** FINISHED ** 20 rejected  *3 payable  *1 accep
 2       ALBUTEROL 0.083% NEB V NOV 24@14:38 Rejected(75:Prior Authorization Req
 3       IPRATROPIUM/ALBUTEROL  NOV 24@14:38 Payable (768317.00001)
 4       PREDNISONE 20MG TAB    NOV 26@15:41 Payable (768473.00001)
 5       HYDROCORTISONE 1% OINT NOV 26@16:28 Payable (768481.00001)
```

```
  6         INSULIN GLARGINE HUMAN DEC 14@15:10 Rejected(04:M/I Processor Control N
  7         ACETAMINOPHEN 325MG TA DEC 14@17:09 Rejected(04:M/I Processor Control N
  8         ALBUTEROL HFA 90MCG MD DEC 14@17:09 Rejected(04:M/I Processor Control N
  9         ALENDRONATE 70 MG TAB  DEC 14@17:09 Rejected(04:M/I Processor Control N
 10         BIOFREEZE TOPICAL GEL  DEC 14@17:09 Rejected(04:M/I Processor Control N
 11         CALCIUM CARB 600MG W/V DEC 14@17:09 Rejected(04:M/I Processor Control N
 12         CLOPIDOGREL 75MG TAB   DEC 14@17:09 Rejected(04:M/I Processor Control N
 13         CYCLOBENZAPRINE 10MG T DEC 14@17:09 Rejected(04:M/I Processor Control N
+         Enter ?? for more actions                                          >>>
 13         CYCLOBENZAPRINE 10MG T DEC 14@17:09 Rejected(04:M/I Processor Control N
+         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
 13         CYCLOBENZAPRINE 10MG T DEC 14@17:09 Rejected(04:M/I Processor Control N
 14         FENOFIBRATE 50MG TABLE DEC 14@17:09 Rejected(04:M/I Processor Control N
 15         FINASTERIDE 5MG TAB    DEC 14@17:09 Rejected(04:M/I Processor Control N
 16         FLUTICASONE/SALMETEROL DEC 14@17:09 Rejected(04:M/I Processor Control N
 17         FUROSEMIDE 20MG TAB    DEC 14@17:09 Rejected(04:M/I Processor Control N
 18         LISINOPRIL 10MG TAB    DEC 14@17:09 Rejected(04:M/I Processor Control N
 19         MAGNESIUM OXIDE 420MG  DEC 14@17:09 Rejected(04:M/I Processor Control N
 20         METFORMIN 1000MG TAB   DEC 14@17:09 Rejected(04:M/I Processor Control N
 21         MONTELUKAST 10MG TAB   DEC 14@17:09 Rejected(04:M/I Processor Control N
 22         PREDNISOLONE 5MG TAB   DEC 14@17:09 Rejected(04:M/I Processor Control N
 23         VITAMIN B-12 250MCG TA DEC 14@17:09 Rejected(04:M/I Processor Control N
 24         ACCU-CHEK AVIVA STRIPS DEC 15@16:16 Rejected(70:Product/Service Not Cov
 25         FLUNISOLIDE 25MCG NASA DEC 17@13:43 *REVERSAL* Accepted (771243.00001)


          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


   U     Claims data entry screen...
   RPT   Pharmacy electronic claims reports ...
```

Figure 2-11: Correct fill date

2.9   CPR Resubmitting User (POS–RPT–ADMN–CPR)

When running the CPR, the report now properly displays the user that has changed
and resubmitted a claim, instead of the user that originally created the transaction.

```
                Pharmacy Point of Sale Collection Productivity Report
                      From JAN 01, 2007 TO DEC 31, 2007

GRAND TOTAL: 0.00                        GRAND TOTAL INSURER PAID: 0.00
```

Figure 2-12: Running the CPR

2.10   Oklahoma Non-Ben Patient Error (POS–U–U–REC)

A custom code was released in a prior patch that would automatically print receipts for Oklahoma sites. If a receipt for non-Beneficiary patients was printed, an error would generate. This error no longer occurs after the release of this patch.

2.11   Oklahoma Medicaid Transaction Count Error (POS–U–U–NEW)

The occurrence of an UNDEFINED error when calling a routine that creates a transaction count for Oklahoma Medicaid has been fixed. This fix pertains only to sites that file claims to Oklahoma Medicaid.

2.12   Setting OTCs as Billable or Unbillable (POS–MGR–SET–BILL–OTC)

Code was fixed that incorrectly overrode all other settings that controlled whether over-the-counters (OTCs) are set as billable to the insurer, even when that specific NDC was set to not be billable to that insurer. This code now works as intended.

```
                   *******************************************
                   *      PHARMACY POINT OF SALE V1.0 P40     *
                   *              DEMO HOSPITAL               *
                   *    Unbillable/Billable POS items menu    *
                   *******************************************

     OTC     Set billable status of OTC drugs
     NDC     Enter/edit unbillable NDC #s
     NAME    Enter/edit unbillable drug names

Select Unbillable/Billable POS items menu Option: OTC  Set billable status
of OTC drugs

This setting determines whether OTC drugs are UNbillable.
First, the default setting which applies to all insurances:

UNBILLABLE OTC: OTC DRUGS ARE UNBILLABLE// BILL
```

Figure 2-13: Correct OTC setting

2.13   POS Locks Up and Stops Picking Up New Prescriptions from Outpatient Pharmacy.

Routines in multiuser environments locked up processes and caused POS to stop picking up new prescriptions from Outpatient pharmacy. This fix cannot be directly accessed through a user screen, but could lock up POS processes and would require the server to be rebooted. The fixes were made to codes in the routines running in the background and will avoid locking up POS in the future.

3.0   Patch 40 HEAT Change Details

- ENVISION 5.1–change to format in Patch 39 was omitted from documentation and resolved HEAT #14167.

- CLARITY PHARMACY SERVICES 5.1–new format resolved HEAT #16306.

- D-PRIMEWEST MN 5.1–new format resolved HEAT #17954.

- MEMBERHEALTH MPD PDP 5.1–change to format added special coding to PCN to send "MED" and corresponding coding to BIN to send true BIN and resolved HEAT #18192.

- MEDICARE BLUE RX PDP25 5.1–change to format added Field 307 to Patient Segment and resolved HEAT #18358.

- OMNISYS STERLING 5.1–new format resolved HEAT #19036.

- UNION PAC RR EMPLOYEES PDP 5.1–new format (HEAT #19542).

- ASCENSION HEALTH 5.1–new format resolved HEAT #19685.

- BCBS AL PRFRD 014897 MBG 5.1–new format resolved HEAT #19685.

- BCBS AL PRFRD 014897 RPD 5.1–new format resolved HEAT #19685.

- NEW YORK MEDICAID 5.1–change to format put special coding in Fields 101 (BIN), 104 (PCN), 454 (triplicate serial number), and 308 (other insurance) and resolved HEAT #20556.

- CIGNATURERX PART D 5.1–change to format added Field 301 to Insurance Segment and resolved HEAT #20558 and #20648.

- FLRX 5.1–change to format added DUR Segment and resolved HEAT #20558 and #20648.

- FLRX PDP 5.1–new format resolved HEAT #20558 and #20648.

- ALASKA MEDICAID 5.1–change to format added special code to Field 308 to return "00" and resolved HEAT #21737.

- OKLAHOMA MEDICAID 5.1–change to format fixed special code in Field 302 that was causing cardholder ID to split in the middle, and resolved HEAT #21808 and #23194.

- NC MEDICAID 5.1–change to format added Field 420 to Claim segment and resolved HEAT #23195.

- WAUSAU BENEFITS INC 5.1–change to format added Field 301 to Insurance Segment and resolved HEAT #23423.

- MEDICARE BLUE RX PDP25 5.1–this format was modified with the addition of Field 307 to the Patient Segment and resolved HEAT #18358.

- COMMUNITY RX 5.1–this format was modified with the addition of Field 409 to the Pricing Segment and resolved HEAT #24237.

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT User Support (IHS) by:

Phone: (505) 248-4371 or (888) 830-7280

Fax: (505) 248-4363

Web: http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm

E-mail: support@ihs.gov