



# Indian Health Service

## Pharmacy Point of Sale

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# Prescription Insurance Entry in the Insurer File & Insurer File Cleanup

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# Objectives

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1. Learn how to make a prescription insurance entry in the Insurer File in the 3PB menu using best practices and set up the insurance to transmit electronically through the Pharmacy POS package
2. Learn a process that allows you to clean up insurance file by identifying most used or most accurate insurance entry, deactivating erroneous duplicates and rename insurance entries to improve efficiency and increase revenue





# Page 4 of patient file in registration package

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I will reference page 4 of the patient's file in the registration package

- I want to be clear on what this means

Go to page 4 of the patients file in the registration package

- Patient Registration (REG) > Patient Registration (PTRG) > EDIT a patient's file (EPT) > Enter patient name, DOB, MRN > then type "P4" and press enter
- Now you should be on page 4



# Needed Security Keys

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For Pharmacy POS:

- ABSPZ Biller, ABSPZ Reports, ABSPZ User, and ABSPZMenu

For Additional Functions (these keys may be more restricted):

ABMZMENU Allows access to the Third Party Billing system

ABMDZ TABLE MAINTENANCE Allows access to the Third Party Table Maintenance menu

ABMD TM INS MENU Allows Access to Insurer File Menu

AGZBILL Allows Access to Patient Registration Table Maintenance



# What is the Insurer File?

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This is where all insurance entries are kept. New insurance entries and Edits to existing entries can be made using the Edit/Add Insurer Menu option. Once an insurance is entered in the insurer file correctly and setup to bill electronically, it can be added on page 4 of a patient's file and billed.



# Prescription Insurance Basics

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Each prescription insurance has two numeric/alpha identifiers that we are interested in

- BIN number which typically identifies which health insurance provider is to receive the claim for the prescription being dispensed
- PCN number which is secondary identifier which further distinguishes where the claim should be routed

These numbers come from the patient's prescription insurance

For setting up a prescription Insurance, these are the only two numbers required from the insurance card

- Patient ID and Group are used on page 4 in the Patient Registration Package

It is important to know that there will be multiple PCNs for each BIN for prescription insurances

- However, there should not be duplicate PCNs under each BIN!!

# Page 4 of patient file in registration package

```
IHS REGISTRATION EDITOR (page 4)                TWELVE CLANS UNITY HOSPITAL
=====
DEMO,API C                                     HRN:999915 CHS & DIRECT
=====
                                SUMMARY COVERAGE
-----
SEQ      INSURER                COVERAGE TYPE      ELIG BEGIN - ELIG END
        SUBSCRIBER              POLICY NUMBER
=====
1.      RX-003585-ASPROD1      123456             10/01/2023         A
        DEMO,API C
-----
=====
Enter S(quence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates L(ist inactive eligibilities):
```



# Overview of the steps to making a prescription insurance entry in RPMS and making it fully functional

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1. Make Insurance entry in Insurer File through 3PB menu
2. Designate Insurance Type
3. Setup insurance to submit claims electronically in Advanced Setup of Insurance Menu



# Naming Rx Insurance entries in the Insurer file

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A naming system for prescription insurer file entries should be agreed upon at each Clinic/Hospital and implemented Clinic/Hospital Wide

- It should be clearly communicated to all employees making entries in the insurer file, so all entries are uniform and consistent
  - Doing this will make it much easier to search for and enter insurance on Page 4 of the patient file in the registration package
- If multiple departments are making entries in the Insurer file, be sure the naming system is communicated to them as well
  - It will keep your insurer file nice and tidy and prevent future cleanups



# Naming Rx Insurance entries in the Insurer file

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The Pharmacy Collections Committee Recommends using the Rx BIN and PCN in the name

- **The name entered in the insurer file should be simple and should not include dashes or periods**
- At my site, we are starting to use the following naming system: RX BIN PCN
- I use RX as a prefix to easily identify the entry as prescription insurance
- Ex. Rx Insurance Card or Card finder info gives BIN of 654987 and PCN of PHARM
- The corresponding name you choose to enter in the insurer file might be **RX 654987 PHARM**
- If this was a Medicare Part D plan I would make the following entry: DRX 654987 PHARM
- The key to a good naming system is simplicity, consistency, and specificity



# How to Make an Entry in the Insurer File

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## Go to Add/Edit Insurer

- Third Party Billing System (3PB) > Table Maintenance Menu (TMTP) > Insurer File Menu (INTM) > Add/Edit Insurer (EDIN)
- Or ^EDIN

## Select “Add New Insurer”

- Enter the name of the new insurer (Which includes BIN and PCN)
  - If the “new insurance” you are entering has the exact same name as one that already exists in the insurer file, it will not allow you to make an entry
- Fields that require an entry or should have an entry
  - Street, City, State, Zip Code, Phone number, **Federal Tax ID#**, Insurer Status, Type of Insurer, Rx Billing Status, and Visit Type
  - The entry can be “functional” for pharmacy claims with less info than mentioned above, but this can cause many issues for the business office and is not recommended



WARNING: Before ADDING a new INSURER you should ensure that it does not already exist!

Select one of the following:

- 1 EDIT EXISTING INSURER
- 2 ADD NEW INSURER

Select DESIRED ACTION: 1// 2 ADD NEW INSURER

Enter the NAME of the INSURER: RX 654987 PHARM

Do you want to Add 'RX 654987 PHARM' as a New INSURER? YES  
OK, adding...

<----- MAILING ADDRESS ----->

Street...: 1234 DEMO STREET  
City.....: DEMO  
State....: NE  
Zip Code.: 654987

<----- BILLING ADDRESS ----->

(if Different than Mailing Address)

BILLING OFFICE: DEMO OFFICE  
Street.: 1234 DEMO STREET  
City...: DEMO  
State..: NE  
Zip....: 65498

Phone Number.....: (123)456-7890

Contact Person.....:  
Federal Tax ID#....: 371889645  
AO Control Number..:

Insurer Status.....: BILLABLE//  
Type of Insurer....: PRIVATE//

All Inclusive Mode.:  
Backbill Limit (months):  
Dental Bill Status.:

Rx Billing Status..: BILL BILLED POINT OF SALE

EMC SUBMITTER ID:  
EMC PASSWORD:  
EMC TEST INDICATOR:  
USE PLAN NAME?:  
72 HOUR RULE:  
NPI USAGE:  
TRIBAL SELF-INSURED?:  
ICD-10 EFFECTIVE DATE: 10/1/2015// (OCT 01, 2015)  
DECIMAL IN 1500 BOX 21 (DX):

GROUP NUMBER:

PROVIDER PIN#

Select PROVIDER:

Visit	Mode of	Mult	Fee	-----	Flat Rate	-----
Type - Description	Export	Form	Sched	Start	Stop	Rate
131 OUTPATIENT	*****	(UNBILLABLE)	*****			
997 PHARMACY	*****	(UNBILLABLE)	*****			

Select VISIT TYPE..:

# How to make Insurance Entry in Insurer File

## Insurer Status options

- **Billable**
  - Selecting this option allows the insurance to be billed
  - Option you want to select when you are making a new prescription insurance entry
- **Unselectable**
  - Selecting this option causes the insurance to be unselectable for addition onto page 4 of the patients file
  - Also makes insurer unselectable in the Add/Edit Insurance function in Table Maintenance in the Registration package
  - Option you want to select when de-activating and entry
- **Unbillable**
  - Cant bill the insurance
  - If an insurance is no longer active or if you make an entry in error, then you may want to select this option

```
Insurer Status.....: BILLABLE// ??  
  
Choose from:  
0      UNSELECTABLE  
1      BILLABLE  
4      UNBILLABLE  
Insurer Status.....: BILLABLE//
```



# How to make Insurance Entry in Insurer File

## Type of Insurer

- There are Many
- Most common are;
  - Private
  - Medicare Part D
  - Medicaid
- Make appropriate selection for your entry

```

Choose from:
3P LIABILITY                T
CHAMPUS                     C
CHIP (KIDSCARE)            K
FPL 133 PERCENT            FPL
FRATERNAL ORG              F
GUARANTOR                  G
HMO                         H
INDIAN PATIENT             I
MCR MANAGED CARE          MMC
MCR PART C                 MC
MCR PART D                 MD
MEDICAID FI                D
MEDICARE FI                R
MEDICARE HMO              MH
MEDICARE SUPPL             M
NON-BEN (NON-INDIAN)      N
PRIVATE                    P
STATE EXCHANGE PLAN        SEP
TRIBAL SELF INSURED       TSI
VETERANS ADMINISTRATION   U
WORKMEN'S COMP            W
  
```



# How to make Insurance Entry in Insurer File

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## Rx Billing Status

- Billed at point of sale
  - Does exactly as it says, causes the insurance to billed out point of sale – select this one.
- Outpatient Drugs Only
  - Not typically used
- Unbillable
  - May be used for an erroneous entry, or for an entry you don't want to be billed through POS

```
Choose from:  
U      UNBILLABLE  
O      OUTPATIENT DRUGS ONLY  
P      BILLED POINT OF SALE  
Rx Billing Status..: BILLED POINT OF SALE// █
```



# How to make Insurance Entry in Insurer File

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- Select visit types of Outpatient (131) and Pharmacy (997) and set them to unbillable
  - This is so the billing doesn't cause problems with a third party report called the BRRP report

```
Visit      Mode of      Mult  Fee      ----- Flat Rate -----
Type - Description      Export      Form Sched      Start      Stop      Rate
=====
131  OUTPATIENT      ***** (UNBILLABLE) *****
997  PHARMACY      ***** (UNBILLABLE) *****

Select VISIT TYPE..:
```



# How to designate Insurer Type

## Go to Coverage Type File Menu

- Patient Registration (REG) > Table Maintenance Menu (TM) > Coverage Type File Menu (COVT) > Add/Edit a Coverage Type
- At the “Select Insurer” Prompt enter insurer that was newly added to insurer file
- At “Select COVERAGE TYPE to Edit” prompt enter PHARMACY and confirm you want to add the coverage type when you are asked if you want to add “PHARMACY” as a new coverage type
- To my knowledge, all prompts after this can be left blank
  - Start Date will want an entry, but “^” can be used to exit

```
IHS REGISTRATION EDITOR                PRIVATE INSURANCETWELVE CLANS UNITY HOSPITAL
=====
DEMO,API C                               HRN:999915 CHS & DIRECT
=====
1) Policy Holder.: DEMO,API C              15) Gender: MALE
2) Policy or SSN.: 123456                  16) Date of Birth: 12/13/1995
3) Effective Date: OCT 01, 2023           17) PCP:
4) Expire Date...:                         18) CD Name.....:
-HOLDER'S EMPLOYER INFO-----
9) Status.....: UNKNOWN                  110) Employer:
-INSURER INFORMATION-----
RX-003585-ASPRD1                          11) Grp Name:
  PHARMACY                                 |   Grp Number:
  PHARMACY, NEBRASKA 68071                 112) Coverage: PHARMACY
                               Ins. Type: PRIVATE 113) CCopy:
---Policy Members---PC---Member #---HRN---Rel-----From/Thru-----
14) DEMO,API C           123456           999915 SELF      10/1/2023
=====
***WARNING 021: Group number/Plan Number incomplete
=====
Last edited by: BOWER,JAMES PHARM D on Mar 11, 2024
=====
```

# How to designate Insurer Type

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```
Select INSURER:    RX 654987 PHARM    NEBRASKA    654987
                ...OK? Yes//    (Yes)

Select COVERAGE TYPE to Edit: PHARMACY( PHARMACY )
.....Search was unsuccessful.

Since the KEYWORD LOOKUP failed lets try a NON-KEYWORD LOOKUP...

    PHARMACY
Are you adding 'PHARMACY' as a new COVERAGE TYPE? No// Y (Yes)

PLAN CODE:
PLAN TYPE:
INACTIVE DATE: ^
```



# How to set up Rx Insurance to transmit electronic claims

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Once the insurance is entered in the Insurer File it still needs to be added as a new ABSP Insurer

Go to Advanced Setup of Insurer

- Pharmacy Point of Sale (ABSP) > Pharmacy Point of Sale Manager Menu (SET) > Pharmacy Point of Sale Setup Menu (SET) > Edit Pharmacy POS Insurance Settings (INS) > Advanced Setup of Insurer (ADV)

# How to set up Rx Insurance to transmit electronic claims

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Enter the Insurer you just added to the Insurer File at the “ABSP INSURER NAME” prompt, and confirm you are adding as a “new ABSP Insurer”

- Make entries in the following fields: NCPDP Version, Bin Number from the card, PCN Number from the card, RX-Help Telephone #, and Medicare PartD
  - The screenshots on the next slide show a private insurance setup
  - For Medicare part D insurance, enter a “Y” at the MEDICARE PART D prompt and enter Maximum RX’s per Claim to “1.”
- Use defaults in the following fields: Maximum RX's Per Claim, Add Disp. Fee to Ingr. Cost, \*Contract Required, Total exclusive of Patient Amt

Once you have reached NCPDP Field Special Code you can enter “^” to exit – that is a subject for another presentation

Now the insurance can be entered on page 4 of the patients file in the registration package and subsequently claims can be submitted

# How to set up Rx Insurance to transmit electronic claims

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```
*****
* PHARMACY POINT OF SALE V1.0 P52 *
* WINNEBAGO TRIBAL HLTH PROGRAM *
* Advanced setup of insurer *
*****

Select ABSP INSURER NAME: RX-123456Narrative contained no useable words.
Search was unsuccessful.

Since the KEYWORD LOOKUP failed lets try a NON-KEYWORD LOOKUP...

    RX-123456Narrative contained no useable words.
Search was unsuccessful.

Since the KEYWORD LOOKUP failed lets try a NON-KEYWORD LOOKUP...

    RX-123456-DEMO      NEBRASKA      68071
    ...OK? Yes//      (Yes)

Are you adding 'RX-123456-DEMO' as a new ABSP INSURER (the 236TH)? No// Y
```

```
NAME: RX-123456-DEMO//
NCPDP VERSION: D.0 D.0
BIN NUMBER: 123456
PCN NUMBER: DEMO
RX - Dispensing Fee:
GRACE PERIOD:
RX - Help Telephone #: 1-234-567-8910
MEDICARE PARTD?: N//
Maximum RX's Per Claim: 4//
Add Disp. Fee to Ingr. Cost: NO//
*Contract Required: NO//
Total exclusive of Patient Amt: N//
Select NCPDP FIELD SPECIAL CODE: 455//
```

# Demonstration

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# What is meant by cleaning the insurer file?

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Cleaning the insurer file is a process of evaluating all prescription insurance entries in the insurer file and identifying duplicate entries. Then, duplicate entries are evaluated to determine the most frequently used entry. The most frequently used entry remains active in the insurer file and possibly get renamed using a naming system that follows best practice. The other entries will be deactivated.

Why is this important?

Renaming insurance entries to simple, consistent, easy to find names increases efficiency for PARs and anyone else adding prescription insurance to page 4 of patient file

- May not even need to use SUMI to identify prescription insurance after cleaning the insurer file and renaming entries!

Helps maximize revenue by de -activating duplicate Insurance entries that are old and/or erroneous and/or non-functional entries that may be entered on page 4 of a patients file

# Cleaning the Insurer File

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## \*DISCLAIMER\*

This is a complex process and requires using many menus and requires a variety of keys for the user who is performing this function.

THIS SHOULD BE RESERVED FOR EXPERIENCED RPMS USERS WHO ARE NOT AFRAID TO ASK FOR HELP

DO NOT HESITATE TO REACH OUT FOR HELP IF YOU TRY TO DO THIS AND GET CONFUSED



# Cleaning Insurer File

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1. Develop a naming system at your site
2. Identify duplicate prescription insurance entries in the insurer file using the SUMI report
2. Determine what insurance entry is being used the most or what insurance entry is active using the TPR report for private insurances and RIC Report for Part-D Coverages
3. “Deactivate” duplicate prescription insurance entries that are used least frequent or that are not functional
  - Delete BIN and PCN from Advanced setup of Insurer, Rename entry and make unselectable
4. Remove the deactivated insurance entries from page 4 of patient registration file and replace with entry that has been identified as most frequently used
5. Once all duplicates have been removed and changed, work on renaming all entries to the agreed upon naming system

# What is SUMI Report

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The SUMI report is the summary of prescription insurance report

- Lists all prescription insurances entered in the insurer file
- This report lists the BIN and PCN of each entry
- It is organized by BIN and PCN
  - Again, each BIN will have multiple PCNS but each BIN should not have duplicate PCNs
  - The report lists each PCN under the BIN

The SUMI report is traditionally used with patient card information to determine how an insurance containing a certain BIN and PCN has been entered into the insurer file for entering that insurance entry on a patients file.

- This is a topic for another presentation

# How to generate a SUMI report

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## How to get to SUMI report

- Pharmacy Point of sale (ABSP) menu > Pharmacy electronic claims reports (RPT) > Setup (configuration) reports > Summary of Insurers (SUMI)
- When prompted for “DEVICE” type “HOME” and press enter, then press enter to page down through the report

## To create a text document of insurers use “Log Session” function in RPMS when printing SUMI report to home

- “Log Session” is found in the “File” menu
  - When prompted for a “DEVICE” type 0;180;999999999, toggle “log session” from the file menu, then press enter
  - Once the info from the SUMI report flashes across the screen you can toggle “log session” again to end your log session, and then save your document.

# SUMI Report

---

ABSP INSURER LIST		MAR 8,2024 09:25		PAGE 8	
Insurer	PCN	Pricing Formula	Disp Fee Override	Grace Period Override	Ins. Sel. Pts.
		BIN: 610279			
		NPI FLAG: BOTH			
RX 610279 9999	9999	STANDARD			20.00
RX 610279 WXYZ	WXYZ	STANDARD			20.00
RX 610279 7777	7777	STANDARD			20.00
		BIN: 610311			
		NPI FLAG: BOTH			
RX 610311 MD1	MD1	STANDARD			20.00
		BIN: 610315			
		NPI FLAG: BOTH			
RX 610315 RXA369	RXA369	STANDARD			20.00
		BIN: 610415			
		NPI FLAG: EMPTY			
RX 610415 PCS	PCS	STANDARD			20.00

# Identify Duplicate Rx Insurance Entries

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Although each BIN will have multiple PCNs listed under it, **no BIN should have 2 identical PCNs listed under it**

**If 2 or more identical PCNs are listed under the same BIN, that is a duplicate prescription insurance entry in the insurer file**

The SUMI Report will allow you to easily identify duplicate Prescription Insurance Entries

- Look at all PCNs listed under each BIN
- If there are identical PCNs listed under a BIN, those insurance entries need to be evaluated to determine which is most frequently used
  - This is determined by evaluating each insurer in the RIC report or TPR report – explained in subsequent slides

# Example of duplicates in SUMI

```

ABSP INSURER LIST                                MAR  8,2024  09:25  PAGE 10
                                                Grace  Ins.
                                                Period Sel.
Insurer          PCN          Pricing  Disp Fee  Period  Sel.
                  Formula    Override Override Pts.
-----
D-RX-610455-CSPDP      CSPDP      STANDARD          20.00
RX-610455-NDCOM      NDCOM      STANDARD          20.00
                    NPI FLAG:  EMPTY
D-MEDICARE BLUE RX PDP25  PDP25     STANDARD          650.00
D-BLUE CROSS CARE      MPDCB     STANDARD          650.00
                    BIN: 610468
                    NPI FLAG:  EMPTY
D-PRESCRIPTION PATHWAY  UAFC      STANDARD          650.00
SEVEN CORNERS         SVC TQC   STANDARD
                    BIN: 610494
                    NPI FLAG:  BOTH
RX-610494-9999-OPTUM    9999     STANDARD          20.00
RX PRESCRIPTION SOLUTION 9999     STANDARD          20.00
RX-610494-4444-OPTUMRX  4444     STANDARD          20.00
RX-610494-4401-OPTUM    4401     STANDARD           5.00
RX-610494-4444-NEMED    4444     STANDARD           5.00
  
```

# What are the TPR and RIC report

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The List of selected Third Party Coverages Report (TPR) and/or the Insurance Coverage Report (RIC) are the reports used to determine which prescription insurance entry is used most frequently out of the duplicates you have identified

- TPR is for private insurance and RIC is for Medicare Part D

These reports allow you to select a prescription insurance file entry and subsequently displays all the patients that have the selected insurer listed as active on page 4 of their file

# Run TPR or RIC Report

---

For Private Prescription Insurance:

Go to List of Selected Third Party Coverage Report (TPR) menu

- Third party Billing System (3PB) > PCC Management Reports (RPTS) > Billing Reports (BILL) > List of Selected Third Party Coverage

For Medicare Part D Prescription Insurance:

Go to Insurance Coverage Report

- Pharmacy Point of Sale (ABSP) > Pharmacy Electronic Claims Report (RPT) > Administration Reports (ADMN) > Insurance Coverage Report (RIC)

Once prompted, select the specific Insurer you want to evaluate, and results will populate for patients with an active entry on pg 4 of their file in the reg package

# TPR Report Example

```
Which Facility: TWELVE CLANS UNITY HOSPITAL//
 1 TWELVE CLANS UNITY HOSPITAL GREAT PLAINS TRIBE/638 WINNEBAG
0 80 IHS 8083
 2 TWELVE CLANS UNITY HOSPITAL GREAT PLAINS TRIBE/638 WINNEBAG
0 50
CHOOSE 1-2: 2 TWELVE CLANS UNITY HOSPITAL GREAT PLAINS TRIBE/638 WINN
EBAGO 50
```

-----  
You may select from the following types of insurance

Select one of the following:

- 1 Medicare Part A
- 2 Medicare Part B
- 3 Medicaid
- 4 A Selected Private Insurance
- 5 Railroad Part A
- 6 Railroad Part B

Select a type of insurance: 4 A Selected Private Insurance

-----  
Select INSURER NAME: RX-610494-4444  
Narrative contained no useable words.  
Search was unsuccessful.

Since the KEYWORD LOOKUP failed lets try a NON-KEYWORD LOOKUP...

```
RX-610494-4444
 1 RX-610494-4444-NEMED NEBRASKA N/AN/A
 2 RX-610494-4444-OPTUMRX ARIZONA 71903
CHOOSE 1-2: 1 RX-610494-4444-NEMED NEBRASKA N/AN/A
```

-----  
Do you want patients that only have this one insurer (no other coverage)?

Enter Yes or No: N// 0  
-----

You may select eligibility in three different ways

Select one of the following:

- 1 Currently Active Eligibility Dates
- 2 Any Past or Current Eligibility Dates
- 3 Selected Eligibility Dates

Select Type of Eligibility Dates: 1 Currently Active Eligibility Dates

-----  
How do you want this report sorted?

Select one of the following:

- 1 Patient Name
- 2 Patient HRNO

Sort the Report By: 1// Patient Name

-----  
DEVICE: HOME//

# TPR Result with RX-610494-4444-NEMED (total 3)

---

03/11/24 TWELVE CLANS UNITY HOSPITAL Page 1  
Patient List for NEBRASKA MEDICAID for Plan RX-610494-4444-NEMED  
Having only this insurance  
With eligibility from 03/11/24 to 03/11/24

Patient Name	HRNO	MCD #	Rate	Begin	End
----- DEMO,API C	999915	123456789		03/11/24	
████████████████████	46505	01571362805		03/01/23	
████████████████████	27416	01609054401		01/01/23	

# TPR Report Result with RX-610494-4444- OPTUMRX (total 437)

03/08/24 TWELVE CLANS UNITY HOSPITAL Page 1  
Patient List for RX-610494-4444-OPTUMRX  
With eligibility from 03/08/24 to 03/08/24

Patient Name	HRNO	Policy #	Begin	End
[REDACTED]	32816	04747056609	05/01/22	
[REDACTED]	34186	04747056607	05/01/19	
[REDACTED]	31791	04747056606	01/01/23	
[REDACTED]	43461	09604443804	09/01/18	
[REDACTED]	33778	06746159401	07/01/23	
[REDACTED]	46198	04326919603	10/01/22	
[REDACTED]	45591	06295543203	02/01/21	
[REDACTED]	27829	04265417501	04/01/21	
[REDACTED]	23635	03723261404	08/01/21	
[REDACTED]	41338	06136343003	06/01/20	
[REDACTED]	35423	50619725601	01/01/21	
[REDACTED]	10268	04356758302	11/01/18	
[REDACTED]	27369	03705143301	09/01/17	

Enter RETURN to continue or '^' to exit:

# "Deactivate" less frequently used Insurance File Entries

---

This requires three steps

- Delete BIN and PCN from the Advanced Setup of Insurer for the insurer
- Rename Insurance entry
  - Go to Add/Edit Insurer Menu in Patient Registration package
    - Patient Registration menu (REG) > Table Maintenance Menu (TM) > Insurer File Menu (INS) > Add/Edit an Insurer
  - Select Insurer that needs to be renamed and rename it
    - If it needs to be renamed to conform to new naming system, rename at "NAME" prompt after selecting Insurer
      - Once renamed you can exit menu
  - Deactivated entries are typically renamed with "ZZZ+name"
    - Ex. ZZZRX 654987 PHARM
    - This puts the entry at the bottom of the list of the insurer file
- Make Entry Unselectable in 3PB Menu Add/Edit Insurance (EDIN)
  - Make sure you are in the 3PB menu to do this, not in REG menu

# Remove Deactivated Entries From Patient's File and Replace with Active Entry

---

To perform this task, you will use the RIC or TPR report you generate to identify the duplicate entry to deactivate

- Go to page 4 of patient file on REG menu of each patient listed on the RIC or TPR report for the deactivated insurance entry and replace with the active insurance entry

# Rename all entries that don't follow naming system

---

Go to Add/Edit Insurer Menu in Patient Registration package

- Patient Registration menu (REG) > Table Maintenance Menu (TM) > Insurer File Menu (INS) > Add/Edit an Insurer

Select Insurer that needs to be renamed and rename it

- If it needs to be renamed to conform to new naming system, rename at "NAME" prompt after selecting Insurer

# Demonstration

---

# TPR Report Example

```
Which Facility: TWELVE CLANS UNITY HOSPITAL//
 1 TWELVE CLANS UNITY HOSPITAL GREAT PLAINS TRIBE/638 WINNEBAG
0 80 IHS 8083
 2 TWELVE CLANS UNITY HOSPITAL GREAT PLAINS TRIBE/638 WINNEBAG
0 50
CHOOSE 1-2: 2 TWELVE CLANS UNITY HOSPITAL GREAT PLAINS TRIBE/638 WINN
EBAGO 50
```

-----

You may select from the following types of insurance

Select one of the following:

- 1 Medicare Part A
- 2 Medicare Part B
- 3 Medicaid
- 4 A Selected Private Insurance
- 5 Railroad Part A
- 6 Railroad Part B

Select a type of insurance: 4 A Selected Private Insurance

-----

Select INSURER NAME: RX-610494-4444  
Narrative contained no useable words.  
Search was unsuccessful.

Since the KEYWORD LOOKUP failed lets try a NON-KEYWORD LOOKUP...

```
RX-610494-4444
 1 RX-610494-4444-NEMED NEBRASKA N/AN/A
 2 RX-610494-4444-OPTUMRX ARIZONA 71903
CHOOSE 1-2: 1 RX-610494-4444-NEMED NEBRASKA N/AN/A
```

-----

Do you want patients that only have this one insurer (no other coverage)?

Enter Yes or No: N// 0

-----

You may select eligibility in three different ways

Select one of the following:

- 1 Currently Active Eligibility Dates
- 2 Any Past or Current Eligibility Dates
- 3 Selected Eligibility Dates

Select Type of Eligibility Dates: 1 Currently Active Eligibility Dates

-----

How do you want this report sorted?

Select one of the following:

- 1 Patient Name
- 2 Patient HRNO

Sort the Report By: 1// Patient Name

-----

DEVICE: HOME//

# TPR Result with RX-610494-4444-NEMED

---

03/08/24	TWELVE CLANS UNITY HOSPITAL			Page 1
	Patient List for RX-610494-4444-NEMED			
	With eligibility from 03/08/24 to 03/08/24			
Patient Name	HRNO	Policy #	Begin	End
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Total: 0				

# TPR Report Result with RX-610494-4444-OPTUMRX (total 437)

03/08/24 TWELVE CLANS UNITY HOSPITAL Page 1  
Patient List for RX-610494-4444-OPTUMRX  
With eligibility from 03/08/24 to 03/08/24

Patient Name	HRNO	Policy #	Begin	End
[REDACTED]	32816	04747056609	05/01/22	
[REDACTED]	34186	04747056607	05/01/19	
[REDACTED]	31791	04747056606	01/01/23	
[REDACTED]	43461	09604443804	09/01/18	
[REDACTED]	33778	06746159401	07/01/23	
[REDACTED]	46198	04326919603	10/01/22	
[REDACTED]	45591	06295543203	02/01/21	
[REDACTED]	27829	04265417501	04/01/21	
[REDACTED]	23635	03723261404	08/01/21	
[REDACTED]	41338	06136343003	06/01/20	
[REDACTED]	35423	50619725601	01/01/21	
[REDACTED]	10268	04356758302	11/01/18	
[REDACTED]	27369	03705143301	09/01/17	

Enter RETURN to continue or '^' to exit:

# Questions?

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You can always submit questions regarding this process to me or Tiffany Allery

James Bower

[James.Bower@ihs.gov](mailto:James.Bower@ihs.gov)

Tiffany Allery

[Tiffany.Allery@ihs.gov](mailto:Tiffany.Allery@ihs.gov)

