



2019 Indian Health Service Partnership Conference

Spokane, Washington



PHARMACY POINT OF SALE (POS) OVERVIEW

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SESSION OVERVIEW

- Fix most common POS claim rejections
- Review Change Healthcare (formerly Emdeon) website
- Setup a new insurer in Patient Registration and Pharmacy Point of Sale
- Add Insurance information to Patient Registration insurance page 4
- Pharmacy billing workflow overview

MOST COMMON POS REJECTIONS

REJECT: INTERNAL ERROR 8899

PHARMACY POINT OF SALE May 31, 2019 12:25:20

Page: 1 of 1

All prescriptions for patient DEMO,PATIENTX

With activity in the past 30 da

PATIENT/PRESCRIPTION

1 done DEMO,PATIENTX * 1 rejected

2 PAROXETINE HCL 20MG TA EB 1@17:47, FILL JAN 8@ **INTERNAL ERROR:code 8899)**

FILEMAN INQUIRY

NAME: P-INFORMEDRX

RX - NCPDP Record Format: SXC TROOP 2 PDP 5.1

RX - Dispensing Fee: 10.00

RX - Help Telephone #: 800-922-1557

RX - PRICING METHOD: STANDARD

RX - DIAL OUT TO: ENVOY DIRECT VIA T1 LINE

INSURER NPI FLAG: BOTH

NCPDP VERSION: D.0

BIN NUMBER: 610011

PCN NUMBER: CTRXMEDD

MEDICARE PARTD?: N

Maximum RX's Per Claim: 4

Add Disp. Fee to Ingr. Cost: NO

*Contract Required: NO

RX SLEEP WAIT BASE: 600

RX SLEEP WAIT MULT: 3

RX SLEEP WAIT MAX: 9000

RX PRIORITY: 20

NCPDP FIELD SPECIAL CODE: 436

SPECIAL CODE: S ABSP("X")="03"

NCPDP FIELD SPECIAL CODE: 455

SPECIAL CODE: 1

FIX: INTERNAL ERROR 8899

NAME: P-INFORMEDRX //
NCPDP VERSION: D.0//
BIN NUMBER: 610011//
PCN NUMBER: CTRXMEDD //
RX - Dispensing Fee: 4.50//
GRACE PERIOD:
RX - Help Telephone #: (800) 000-0000//
MEDICARE PARTD?: Y//
Maximum RX's Per Claim: 1//
Add Disp. Fee to Ingr. Cost: YES//
*Contract Required: YES//
Total exclusive of Patient Amt: Y//
Select NCPDP FIELD SPECIAL CODE: 147// **455** Pres/Srv Ref Number Qual
Ok? Yes// **Y (YES)**
SPECIAL CODE: 1// **S ABSP("X")=1**

REJECT: M/I SOFTWARE VENDOR/CERTIFICATION ID

PHARMACY POINT OF SALE May 31, 2019 11:24:51 Page: 1 of 2

All prescriptions for patient DEMO,PATIENTA
With activity in the past 300 da

#	PATIENT/PRESCRIPTION	COMMENTS
1	done DEMO,PATIENTA	** FINISHED ** payable **
2	IBUPROFEN 800MG TAB	FEB 4@15:30 Rejected (AK:M/I Software Vendor/Certificati

FILEMAN INQUIRY

```
NAME: 004336 CAREMARK MC MEDICAID          RX - PRICING METHOD: STANDARD
RX - DIAL OUT TO: ENVOY DIRECT VIA T1 LINE
INSURER NPI FLAG: BOTH                     NCPDP VERSION: D.0
BIN NUMBER: 004336                         PCN NUMBER: MCAIDADV
MEDICARE PARTD?: N                         Maximum RX's Per Claim: 4
Add Disp. Fee to Ingr. Cost: NO           *Contract Required: NO
RX PRIORITY: 5
NCPDP FIELD SPECIAL CODE: 304
SPECIAL CODE: S ABSP("X")=$G(ABSP("Patient","Medicaid DOB")) S:ABSP("X")="" AB
SP("X")=$G(ABSP("Patient","DOB")) S ABSP("X")=$$DTF1|ABSPECFM(ABSP("X"))
NCPDP FIELD SPECIAL CODE: 436              SPECIAL CODE: S ABSP("X")="03"
NCPDP FIELD SPECIAL CODE: 455              SPECIAL CODE: S ABSP("X")=1
NCPDP FIELD SPECIAL CODE: 110              SPECIAL CODE: S ABSP("X")="D012000084"
```


FIX: M/I SOFTWARE VENDOR/CERTIFICATION ID

NAME: 004336 CAREMARK MC MEDICAID//
NCPDP VERSION: D.0//
BIN NUMBER: 004336//
PCN NUMBER: MCAIDADV//
RX - Dispensing Fee: 4.00//
GRACE PERIOD: 0//
RX - Help Telephone #:
MEDICARE PARTD?: Y//
Maximum RX's Per Claim: 4//
Add Disp. Fee to Ingr. Cost: NO//
*Contract Required: NO//
Total exclusive of Patient Amt: Y//
Select NCPDP FIELD SPECIAL CODE: 455// **110** Software Vendor/Cert ID
 NCPDP FIELD SPECIAL CODE: 110//
 SPECIAL CODE: S ABSP ("X")="D012000084"// **S ABSP("X")="D012000084"**
Select NCPDP FIELD SPECIAL CODE:

REJECT: HOST PROCESSING ERROR

PHARMACY POINT OF SALE May 31, 2019 11:24:51 Page: 1 of 2
All prescriptions for patient DEMO,PATIENTE
With activity in the past 300 da

#	PATIENT/PRESCRIPTION	COMMENTS
1	done DEMO,PATIENTE	** FINISHED ** payable **
2	IBUPROFEN 800MG TAB	FEB 4@15:30 Rejected(99:Host Processing Error)

FILEMAN INQUIRY

```
NAME: CAREMARK 004336 ADV RX - NCPDP Record Format: ADVANCEPCS 5.1
RX - Dispensing Fee: 5.00 RX - Help Telephone #: (800)364-6331
RX - PRICING METHOD: STANDARD
RX - DIAL OUT TO: ENVOY DIRECT VIA T1 LINE
INSURER NPI FLAG: BOTH NCPDP VERSION: D.0
BIN NUMBER: 004336 PCN NUMBER: ADV
MEDICARE PARTD?: N Maximum RX's Per Claim: 4
Add Disp. Fee to Ingr. Cost: YES *Contract Required: YES
99 REJECT SLEEP OVERRIDE: Y RX PRIORITY: 50
NCPDP FIELD SPECIAL CODE: 110 SPECIAL CODE: S ABSP("X")="D012000084"
NCPDP FIELD SPECIAL CODE: 436 SPECIAL CODE: S ABSP("X")="03"
NCPDP FIELD SPECIAL CODE: 455 SPECIAL CODE: S ABSP("X")=1
NCPDP FIELD SPECIAL CODE: 423
```

FIX: HOST PROCESSING ERROR

```
NAME: CAREMARK 00436 ADV//
NCPDP VERSION: D.0//
BIN NUMBER: 004336//
PCN NUMBER: ADV//
RX - Dispensing Fee: 4.00//
GRACE PERIOD: 0//
RX - Help Telephone #:
MEDICARE PARTD?: N//
Maximum RX's Per Claim: 4//
Add Disp. Fee to Ingr. Cost: NO//
*Contract Required: NO//
Total exclusive of Patient Amt: Y//
Select NCPDP FIELD SPECIAL CODE: 455// 423 BASIS OF COST DETERMINATION
NCPDP FIELD SPECIAL CODE: 423// @
SURE YOU WANT TO DELETE THE ENTIRE NCPDP FIELD SPECIAL CODE? Y (Yes)
```

INSURER ASLEEP

PHARMACY POINT OF SALE May 31, 2019 12:25:20 Page: 1 of 1
All prescriptions for patient DEMO,PATIENTB
With activity in the past 30 da

#	PATIENT/PRESCRIPTION	
1	done DEMO,PATIENTB	* 1 rejected
2	SIMVASTATIN 10MG TAB	(Wait for retry (insurer asleep) after 15:51:05

FILEMAN INQUIRY

NAME: INSURER NAME
RX - Help Telephone #: (800)922-1557
RX - DIAL OUT TO: ENVOY DIRECT VIA T1 LINE
INSURER NPI FLAG: BOTH
BIN NUMBER: 610014
MEDICARE PARTD?: N
Add Disp. Fee to Ingr. Cost: NO
RX SLEEPING UNTIL: JAN 12, 2012@15:51:05
RX SLEEP WAIT BASE: 600
RX SLEEP WAIT MAX: 9000
RX SLEEP PROBER: 261968.00001

RX - NCPDP Record Format: PAID 5.1
RX - PRICING METHOD: STANDARD
NCPDP VERSION: D.0
PCN NUMBER: NONE
Maximum RX's Per Claim: 4
*Contract Required: YES
RX SLEEP WAIT MULT: 3
RX SLEEP WAIT CURR: 5400
RX PRIORITY: 20

FIX: INSURER ASLEEP

Select VA FileMan Option: ENTER or Edit File Entries

INPUT TO WHAT FILE: ABSP INSURER
EDIT WHICH FIELD: ALL//

Select ABSP INSURER NAME: ←ENTER INSURER NAME HERE
NAME: CLASSIC MEDICAID// ^RX SLEEPING UNTIL
RX SLEEPING UNTIL: 09JAN2019@05:00PM//@
SURE YOU WANT DELETE? Y
RX SLEEP WAIT BASE: 600//@
SURE YOU WANT TO DELETE? Y
RX SLEEP WAIT MULT: 3//@
SURE YOU WANT TO DELETE? Y
RX SLEEP WAIT MAX: 9000//@
SURE YOU WANT TO DELETE? Y
RX SLEEP WAIT CURR: 300//@
SURE YOU WANT TO DELETE? Y
RX SLEEP PROBER: 09JAN2019@05:00PM//@
SURE YOU WANT TO DELETE? Y
99 REJECT SLEEP OVERRIDE: Y
RX POSTAGE ALLOWED:

USING CHANGE HEALTHCARE DEMO

NEW INSURER SETUP

HOW TO SEND ICD10 CODES


- POS MENU PATH: POS →U →U
 - Use the NEW option
 - Enter RX Number
 - Set Ask Overrides to YES
 - The Override dialog screen will display
 - Set Enter Diagnosis Codes to YES
 - The Diagnosis Code dialog screen will display
 - If you have ICD10 parameter set the Diagnosis Qualifier will be set to 02
 - Enter an ICD10 Diagnosis Code

ICD DIAGNOSIS DIALOG

Enter Diagnosis Code Qualifier
and Diagnosis Code.
Use <PF1> C to close this page.

1 POS,CAREMARK
METFORMIN 500MG TAB

Line #	Diagnosis Code Qualifier (492)
1	02
2	02
3	02
+4	02

Diagnosis Code (424)
E11.9


INSURER NOT SETUP IN POS

- Claim will drop to paper
- Run PAP – Paper claims report

PHARMACY POINT OF SALE May 23, 2019 15:58:12 Page: 1 of
Transmitted by TOWNSEND,GAIL
With activity in the past 15 min

#	PATIENT/PRESCRIPTION	COMMENTS
1	done SCHEDULE,CHARLIE	** FINISHED ** not electronic **
2	PSEUDOEPHEDRINE 60MG T	Paper claim to RX-VERYGOOD INSURANCE 052319

INSURER SETUP STEP 1

- Add New Insurer in Patient Registration Table Maintenance
 - Path: REG → PTRG → TM → INS → EINS
 - Use standard Naming Convention
 - Eg: NAME/BIN/PCN
 - Select the correct insurer type
 - Enter Address information
 - Set Status to Billable

NEW MEDICARE PART D INSURER

NAME: D-VERYGOOD INSURANCE 052319 Replace
INSURER TYPE: MCR PART D//
LONG NAME: D-VERYGOOD INSURANCE 052319 Replace
STREET: 3342 HAPPY STREET//
CITY: ALBUQUERQUE//
STATE: NEW MEXICO//
ZIP: 88888//
PHONE:
CONTACT PERSON:
BILLING OFFICE:
BILLING STREET:
BILLING CITY:
BILLING STATE:
BILLING ZIP:
STATUS: BILLABLE//
MEDICAID COVERAGE REQUIRED:
MEDICAID RATE CODE REQUIRED:
PLAN NAME REQUIRED:
SCREEN DISPLAY:
NETWORK PROVIDER:

INSURER SETUP STEP 2

- Add New Insurer in Point of Sale
 - Path: POS → MGR → SET → INS → INS
 - Recommend to use the quick set up as the software has default settings based on the insurer type used in Step 1 (REG Insurer setup)
 - NCPDP VERSION: D.0
 - BIN NUMBER
 - PCN NUMBER
- Add RX Billing Status
 - Path: POS → MGR → SET → INS → RPMS
 - Set RX Billing Status to P – Billed Point of Sale

INSURER TYPE: MEDICARE PART D

Defaults for Medicare Part D based on Insurer type

*** INSURER FILE INQUIRY ***

```
=====
NAME: D-VERYGOOD INSURANCE 052319          RX - PRICING METHOD: STANDARD
  RX - DIAL OUT TO: ENVOY DIRECT VIA T1 LINE
  INSURER NPI FLAG: BOTH                    NCPDP VERSION: D.0
  BIN NUMBER: 004336                       PCN NUMBER: 9999
  MEDICARE PARTD?: Y                       Maximum RX's Per Claim: 1
  Add Disp. Fee to Ingr. Cost: NO          *Contract Required: NO
  RX PRIORITY: 650
NCPDP FIELD SPECIAL CODE: 304
  SPECIAL CODE: S ABSP("X")=$G(ABSP("Patient","Medicare DOB")) S:ABSP("X")="" AB
SP("X")=$G(ABSP("Patient","DOB")) S ABSP("X")=$$DTF1|ABSPECFM(ABSP("X"))
NCPDP FIELD SPECIAL CODE: 436             SPECIAL CODE: S ABSP("X")="03"
NCPDP FIELD SPECIAL CODE: 455             SPECIAL CODE: S ABSP("X")=1
SUPPRESS NCPDP FIELD: 115
```


INSURER SETUP STEP 3

- Add new Insurer to Patient's Insurance
Page 4
 - Path: REG → PTRG → EPT
 - Enter Patient Name
 - Go to Insurance Page 4
 - Enter new Pharmacy Insurance
 - Based on the insurer type used in step 1, the entry screen will be different for Medicare Part D, Medicaid and Private Insurance

MEDICARE PART D SCREEN

```
IHS REGISTRATION EDITOR                Medicare Pharmacy                2013 DEMO HOSPITAL
=====
DEMO,PATIENTB                (upd:MAY 31, 2019) HRN#:999349    (CHS & DIRECT)
=====
-----MEDICARE PART D DATA-----
1) Medicare Name: DEMO,PATIENTB                |4) Gender: MALE
2) ID Number: 3VV4PP2PP44                        |5) Date of Birth: MAR 11, 1939
3) Person Code:
-ELIGIBILITY DATES-----
----Effective Date-----Expire Date-----
6) JAN 1,2017                                     A
-----
7) Grp Name:                                     Grp Number:
-----
8) D-MEDCO-610014-MEDPRIME
   100 PARSONS POND DRIVE
   FRANKLIN LAKES,NEW JERSEY 07417
   (800)922-1557
-----
Last edited by: TOWNSEND,GAIL on May 31, 2019
=====
ENTER ACTION (<E>dit a field,<D>elete eligibility date:█
```

MEDICAID SCREEN

```
IHS REGISTRATION EDITOR                MEDICAID                2013 DEMO HOSPITAL
=====
DEMO,PATIENTE                (upd:MAY 31, 2019) HRN#:999600  (DIRECT ONLY)
=====
  NUMBER                (updated)                ELIG DATE                COVERAGE                ELIG END
-----
STATE: NEW MEXICO
1. 123456789                (MAY 31, 2019) 2. JAN 1,2019                023                A

3. MEDICAID NAME: DEMO,PATIENTE                4. MED. DATE OF BIRTH: JUN 14, 2017
5. PRIM CARE PROVIDER:
6. GROUP NAME:                GROUP NUMBER:
7. PLAN NAME: CLASSIC MEDICAID
8. RATE CODE:
9. CC ON FILE:
-----
-----
Last edited by: TOWNSEND,GAIL on May 31, 2019
=====
ENTER <E>dit a field OR <D>elete an eligibility date :█
```

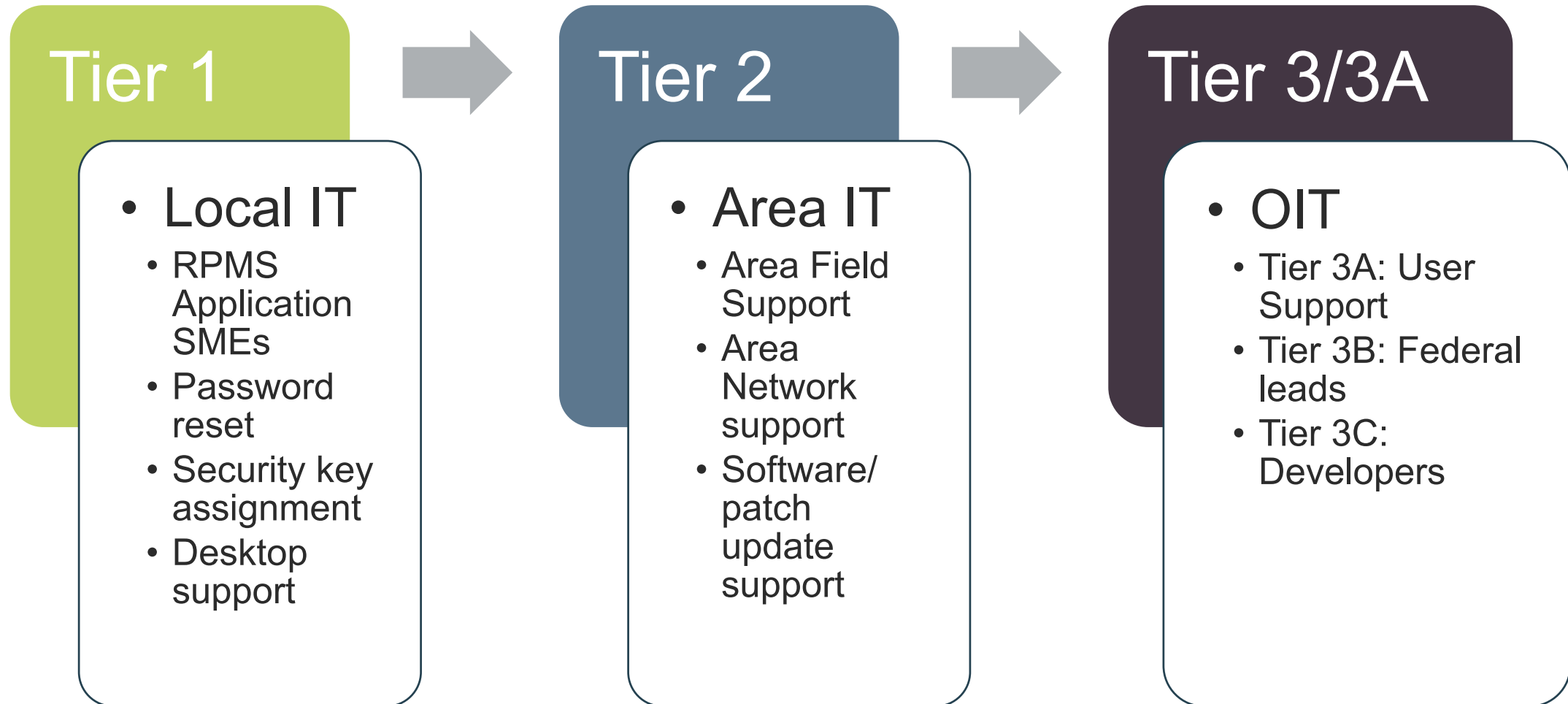
PRIVATE INSURANCE SCREEN

```
IHS REGISTRATION EDITOR                Private Insurance                2013 DEMO HOSPITAL
=====
DEMO,PATIENTD                (upd:MAY 31, 2019) HRN#:999342    (CHS & DIRECT)
=====
1) Policy Holder.: DEMO,PATIENTD                |5) Gender: MALE
2) Policy or SSN.: 111111111                    |6) Date of Birth: 1/17/1979
3) Effective Date: JAN 01, 2018                |7) PCP:
4) Expire Date...:                             |8) CD Name.....:
-HOLDER'S EMPLOYER INFO-----
9) Status.....: UNKNOWN                       |10) Employer:
-INSURER INFORMATION-----
RX-EXPSCRIPT                |11) Grp Name:
    443 HORIZON ROAD        |    Grp Number:
    ALBUQUERQUE, NEW MEXICO 88111            |12) Coverage:
                                Ins. Type: PRIVATE|13) CCopy:
-----Policy Members-----PC-----Member #-----HRN-----Rel-----From/Thru-----
14) DEMO,PATIENTD                111111111                999342    SELF        1/1/2018
-----
***WARNING 017: Coverage Type(s) not defined for the policy (111111111|RX-EXPSCR
IPT)
***WARNING 021: Group number/Plan Number incomplete
Last edited by: TOWNSEND,GAIL on May 31, 2019
=====
ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr):
```

PHARMACY POINT OF SALE (ABSP V1.0 P51) RELEASED MAY 2019

- E1 eligibility transaction for Medicare Part D
 - CR 10861 – E1 transaction to include the Pharmacy NPI
 - CR 10832 – E1 transaction to include the Patient MBI
- Claim segment for 340B drug discount program
 - CR 10859 – Update for segment 420 – Submission Clarification code for use in the NCPDP special code field
- Claim segment for Schedule II drugs.
 - CR 10863 – Use of segment 460 – Quantity Prescribed for schedule II drugs

OIT SUPPORT TIER STRUCTURE



RESOURCES

- Pharmacy Point of Sale (ABSP) User Manual
 - <https://www.ihs.gov/RPMS/PackageDocs/ABSP/absp010u.pdf>
- RPMS Training homepage
 - <https://www.ihs.gov/rpms/training/>
- RPMS Training Repository
 - https://ihscqpub.cosocloud.com/content/connect/c1/7/en/events/event/shared/1812032102/event_landing.html?sco-id=1812096787&_charset=utf-8
- Change HealthCare (eRxSecure)
 - <https://secure.ernetwork.com>
- FTP site: POS training materials
 - <https://www.ihs.gov/rpms/applications/ftp/?parent=&fld=POS>

QUESTIONS?