

Resource and Patient Management System (RPMS) Point of Sale (POS) – Introduction to POS Billing

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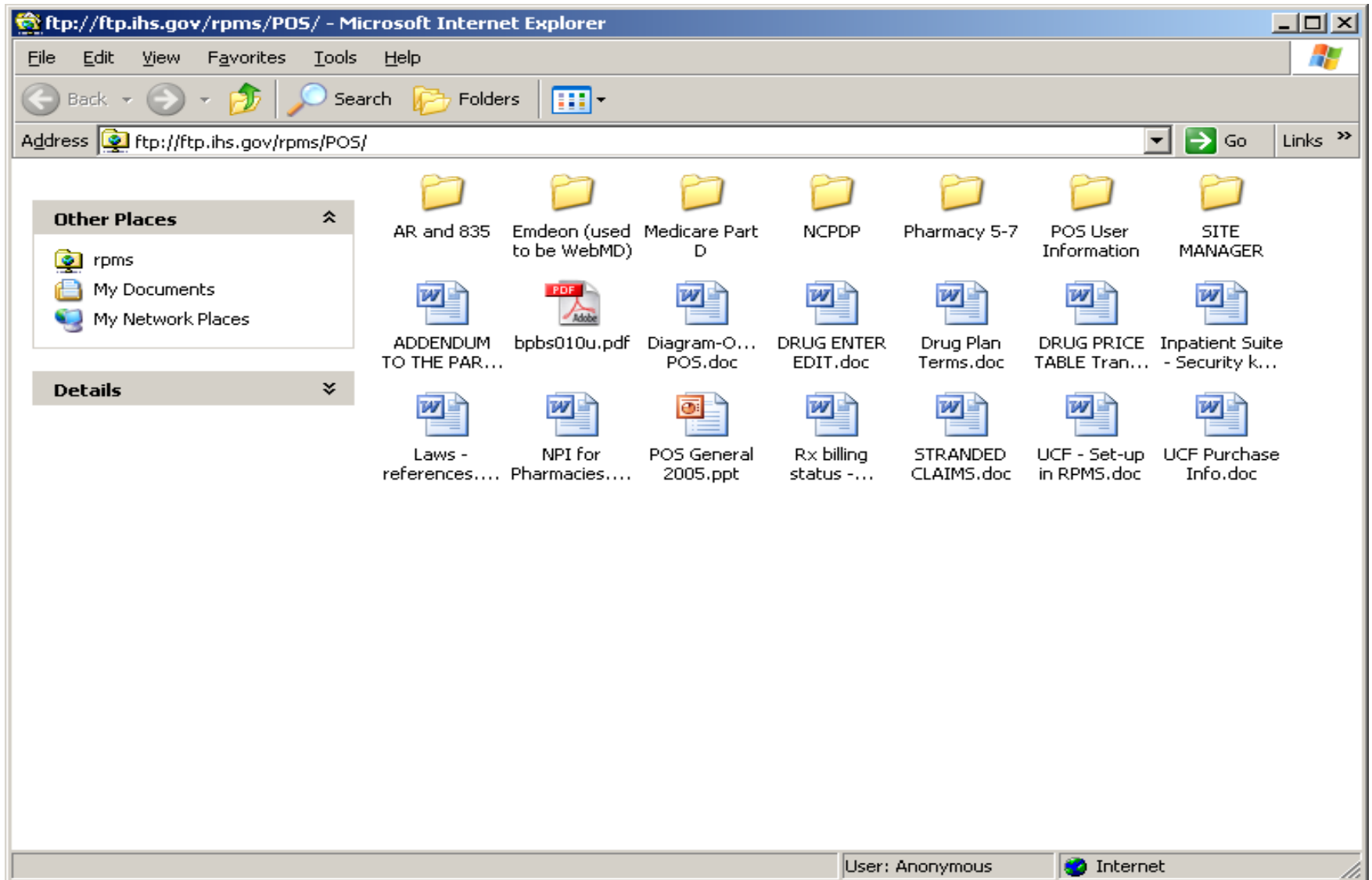
Key Components to Using RPMS POS

- Coordinated effort: Business Office, Information Technology, Pharmacy
 - Best: “hire or assign pharmacy biller”
- Having the necessary menus/keys
- Network participating agreements
- Staying current with software patches
- Drug file clean-up
- Patient registration

POS Basics

- References: <ftp://ftp.ihs.gov/rpms/POS/>
- Current patches:
 - POS v1 Patch 19
 - Patch 20, which includes the National Provider Identifiers (NPIs), is currently in the internal testing phase and should release prior to the May 23rd deadline.
 - Patient Reg v7.1 Patch 1
- RPMS Support Desk: rpmshelp@ihs.gov

ftp://ftp.ihs.gov/rpms/POS/



POS DAILY TASKS

- Stranded claim report
- Rejection report
- Working on rejections
- Update patient registration information
- Obtain new insurance contracts

Stranded Claim Report

- POS/RPT/CLA/STR
- START WITH START TIME: FIRST//
- If there are stranded claims, resubmit via POS Claims Data Entry Screen (User Screen)

Select Claim Results and Status option: str List possibly stranded claims

START WITH START TIME: FIRST//

DEVICE: Virtual

CLAIMS WHICH MIGHT BE STRANDED

JAN 16,2007

08:20 PAGE 1

NUMBER PATIENT

INSURER

LAST UPDATE

***** NO RECORDS TO PRINT *****

Press ENTER to continue:

Rejected Claim Report

- POS/RPT/CLA/REJ
- Enter selected date range
 - START WITH RELEASED DATE:
 - GO TO RELEASED DATE:

POS REJECTED claims for prescriptions RELEASED on JAN 7,2007 01/16@08:40
CLAREMORE NCPDP (NABP) #3711062 Medicaid #100231960I
LINCS RX ELECTRONIC/BCBS Help Desk:(918)560-3388

Trans. Date/Time	Claim ID	Presc/Fill	NDC Number
Cardholder ID	Group Number	Qty \$billed	
**** DEMO PATIENT			
JAN 7,2007 14:50	P07-610435-100082	`2566404/3	49884059410
880431705	1400	90 123.51	ENALAPRIL 20MG TAB
EXCEEDED 0034 DAYS SUPPLY.			
76:Plan Limitations Exceeded			

Working on Rejections

- It is recommended to work rejections on a daily basis.
- A majority of insurers only accept claims for 30 days, which limits the time to obtain the necessary information in order to fix certain rejections.
- Once you have cleaned up the rejection report based on your facility's load of rejections, you may be able to work on these on a weekly basis in order to allow time for other POS matters.

Obtaining Insurance Contracts

- In order to continue to collect you will need to obtain or renew contracts with insurers.
- This should be done after the current insurers have been worked and are billing appropriately.
- IHS facilities will obtain contracts directly from the insurer and then forward to Area Office for signatures and finalization.
- Tribal facilities can obtain their own contracts for their particular sites without the help of Area Office.

Claremore Experience – Organizing the Pharmacy Billing Program

- Background
 - Implemented RPMS POS in August 2001
 - 80% of claims were rejected
 - Hired a support assistant to do billing in August 2004
 - In a matter of months we were able to increase pharmacy billing collections from \$22,000/mo to \$48,000/mo
 - We are now collecting approximately \$60,000/mo

Items Needed

Prepare a folder/binder with information that you will use frequently.

- Payer Formats
- National Council for Prescription Drug Programs (NCPDP) Reject Codes
- Drug Utilization Review (DUR) Reject Codes
- Dispense as Written (DAW) codes – for overrides
- NCPDP fields – for overrides
- Insurance Setup
- SUMI Report – POS report
- Survey of Insurers – POS report
- Processor User Manuals

RPMS Menus Used for Pharmacy Billing

- POS – Pharmacy Point of Sale
 - BILL- Rx POS Billing Menu
 - U – Pharmacy POS User Menu
 - RPT – Pharmacy Electronic Claims Report
- Patient Registration – eligibility information
- Third-Party Billing – used to enter new insurers and adding group numbers
- Accounts Receivable (A/R) – posting claims
- Outpatient Pharmacy package – prescriptions are entered and edited in this package. VIEW RX is useful to view the prescription.

Become Familiar with Insurers

- Know the plan limitations for POS insurers.
 - Make a spreadsheet of the electronic claim insurers that includes:
 - Quantity/Day Supply Limits
 - Drugs that require a prior authorization
 - Work with the pharmacy to dispense the appropriate amount in order to maximize collections
- Medicaid patients: it is also important to know your high-cost drugs.
 - Ex: Advair, Singulair, etc.

POS REPORTS

- These reports should be available when linking an insurer to POS format
- Know the RPMS insurers that are set to transmit via POS
 - POS/RPT/SET/SUMI
 - Review Rx Priority Points

Linking the Insurer to POS format

Need the following:

- Name of insurer (from business office or Survey by Insurer report)
- POS Format Name – to determine need to know:
 - Bank Identification Number (BIN) and Processor Control Number (PCN)
 - Look up on POS Master List
 - If not found, look on Emdeon Web site

Survey by Insurer

Count	Name	Now sending format
5091	SELF PAY(`1186)	
2855	WELLPOINT PHARMACY(`1233)	WELLPOINT PHARMACY MGMT 5.1
1057	IDAHO MEDICAID(`474)	IDAHO MEDICAID 5.1
173	RBSI/PHARMACY(`903)	
169	BLUE CROSS-BLUE SHIELD(`52)	
169	RX-SLMB QMB(`1344)	
132	D-COMMUNITY CARE RX(`1539)	MBR HEALTH BASIC PDP R30 5.1
130	WELLPOINT PHARMACY MGT(`1354)	WELLPOINT PHARMACY MGMT 5.1
128	D-SIERRA RX(`1528)	SIERRA HEALTH SERVICES 5.1
126	ARGUS REG BS OF IDAHO(RX)(`1112)	REGENCE BS OF IDAHO 5.1
123	WASHINGTON MEDICAID(`507)	WASHINGTON MEDICAID 5.1
115	BCX/BS OF OREGON(ARGUS-RX)(`1256)	REGENCE BC/BS OREGON 5.1
104	D-PACIFICARE SAVER(`1535)	MEDICARE PARTD RXSOLUTIONS 5.
1		
96	FIRST HEALTH NETWORK(RX)(`1349)	ALTA RX 5.1
95	D-CIGNATURE RX VALUE PLAN(`1557)	CIGNATURERX PART D 5.1
91	D-REG LIFE/HLTH MC SCRIPT(`1580)	MEDICARE PARTD REGENCE L&H 5.
1		
83	ARGUS (RX)(`1134)	REGENCE BS OF IDAHO 5.1

Enter RETURN to continue or '^' to exit:

Slide 9 of 10

Default Design

7:40 AM

Three Steps to Link POS format

POS / MGR / SET / INS /

```
*      PHARMACY POINT OF SALE V1.0      *  
*                                          *  
* Edit Pharmacy POS Insurance settings *  
*****
```

SYS Insurance selection parameters (system-wide)

1. **INS Quick setup of insurer**

2. **ADV Advanced setup of insurer**

3. **RPMS Enter/edit RPMS Insurance file RX settings**

SUMI POS Setup – Summary of Insurers

POS Selection of Insurance

- Not affected by Patient Registration package sequencing
- Selection criteria:
 - Base points
 - Rules among private insurers
 - Points for particular insurers (POS/MGR/SET/INS/ADV)
 - Insurer added most recently to patient registration record

Calculate Points

Assume base points have not been adjusted. However, it would be good to verify.

- INS BASE PRVT: 900//
- INS BASE CAID: 600//
- INS BASE CARE: 300//
- INS BASE RR: 300//
- INS BASE SELF: 100//

Insurer Points

- Extra points for specific insurers
- POS/MGR/SET/INS/ADV
- Rx Priority Points
 - Insurer name used for Medical and Pharmacy Claims: 5 points
 - Insurer name used only for Pharmacy claims: 20 points
 - Medicare Part D insurer: >600 points. Recommend 650 points if Medicare Part D is primary.

Calculate Points

- Select INS RULE ORDER: 20//
- INS RULE ORDER: 20//
- INS RULE NAME: POLICY HOLDER IS SELF//
- INS RULE POINTS PLUS: **10//**
- INS RULE POINTS MINUS:

Calculate Points

----- Using electronic FORMAT: MEDICARE PARTD RXSOLUTIONS
5.1

BIN: 610097

D-PACIFICARE SAVER STANDARD
650.00

----- Using electronic FORMAT: NATIONAL PHARM SVCS 5.1

BIN: 004758

NATIONAL PHARMACEUTICAL SER STANDARD

----- Using electronic FORMAT: PAID 5.1

BIN: 610014

GOVERNMENT EMPLOYEES HOSP ASSN STANDARD
5.00

MERCK-MEDCO RX SERVICES STANDARD
20.00

MEDCOHEALTH STANDARD 20.00

POS Format – Definition

- Built into the POS software
- Designed from Payor Sheet
 - Includes: BIN, PCN, Help Desk phone number, the type of provider number that will be transmitted (U.S. Drug Enforcement Agency [DEA] versus Medicaid), the number of claims per transaction.
- Group number
- Format name is usually the same as the Emdeon Plan name.

Emdeon Web Site

The screenshot shows a Microsoft Internet Explorer browser window displaying the Emdeon Corporation Registered Pharmacy Client Login page. The browser's address bar shows the URL <http://www.emdeon.com/tcc-rxweb/pages/toplevfs.jsp>. The page has a teal background and features the following elements:

- Page Title:** Emdeon Corporation Registered Pharmacy Client Login - Microsoft Internet Explorer
- Navigation:** File, Edit, View, Favorites, Tools, Help
- Address Bar:** Back, Forward, Stop, Refresh, Home, Search, Favorites, Go, Links
- Form:**
 - Pharmacy Client Login** (Section Header)
 - Login:
 - Password:
 -
- Emdeon Logo:** emdeon™ business services
- Text:**

This site requires Internet Explorer 6 or a similar XML-capable web browser. Also please note that "Cookies" must be enabled in the web browser's settings in order for this site to function correctly. If you are unsure how to or are unable to verify the settings, please contact your company's PC Support Group. Thank you!

To register, contact your pharmacy account manager at 1-888-869-4369.

The Windows taskbar at the bottom shows the Start button, several open applications (including Microsoft Office and Adobe Reader), and the system tray with the time 7:47 AM.

Example of Payor Sheet

Adobe Reader - [Member Health MHRx-Part D payer sheet.pdf]

File Edit View Document Tools Window Help

Save a Copy Search Select 118% Help Adobe Reader 7.0

MemberHealth

Plan Name: MemberHealth (CCRx Medicare Part D)	Date: 08/24/2005
Plan Name/Group Name: Community Care Rx (Medicare Part D plan only)	
Processor: SXC (ComCoTec)	Switch:
Effective Date: 08/24/2005	Version/Release#: 5.1
Certification Contact:	
Member Health Client Services: 888-868-5854	
Provider Relations Help Desk Info: 888-868-5854	

Version 5.1 Transactions Supported - Not Supported

Supported Transactions		Not Supported Transactions	
B1	Billing Transaction	C1,C2,C3	Controlled Substance Reporting
B2	Reversal Transaction	N1,N2,N3	Information Reporting
B3	Rebill Transaction	P1,P2,P3,P4	Prior Authorization
		E1	Eligibility

Version 5.1 Segments Supported / Not Supported

Mandatory / Optional	Not Supported
Transaction Header and Response Header	Pharmacy Provider
Insurance and Response Insurance	Coupon
Patient	Prior Authorization
Claim and Response Claim	Workers Compensation
Prescriber	Compound
DUR / PPS and Response DUR / PPS	Clinical
Pricing and Response Pricing	

5.1 summary of changes

Functionality Changes

1 of 4

Start 10 Microso... 2 Internet ... 2 Microsoft... Residency Payer Sheets Adobe Rea... 7:26 AM

Example of Insurance Card



BlueCross BlueShield
Federal Employee Program
fepblue.org



Government-Wide Service Benefit Plan

CHRISTINA L HARRIS

contract holder name

R59093972

identification number

112

enrollment code

09/05/2004

effective date of coverage

(See Reverse Side)



AdvancePCS

RX Bin # 610415

RX Group # 65006500



This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. **You MUST use Preferred providers to get benefits.** Precertification is required for all hospital admissions and is ultimately your responsibility. For information, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. **Prior approval for outpatient mental health/substance abuse services is required.**

BLUE CROSS AND BLUE SHIELD OF OKLAHOMA

For Customer Service	1-918-560-2004	1-800-722-3130
For Precertification	1-918-560-3595	1-800-672-2378
For Mental Health/Substance Abuse [prior approval required]		1-877-906-6389
Retail Pharmacy Information (fepblue.org)		1-800-624-5060
Blue Health Connection Information		1-888-258-3432
Assistance Overseas (call collect)		1-804-673-1678

Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan brochure (RI 71-005) for the applicable contract year, which is the only legal description of benefits.

Medicare Part D – Getting Started

1. Enter Insurers (use recommended naming convention, i.e. D-PLAN NAME) in 3PB Table Maintenance Insurer File.
2. Tie Medicare Part D POS format to appropriate Insurer
3. Enter patient data with Medicare Part D in Patient Registration
 - Determine dual-eligible members
 - Run E1 to determine BIN, PCN, and Group number, which correlates to a Plan Name.
4. Backbill 180 days

Using the Eligibility Check (E1)

```
*****  
* PHARMACY POINT OF SALE V1.0 *  
* Pharmacy electronic claims reports *  
*****
```

- CLA Claim results and status ...
- SET Setup (Configuration) reports ...
- SURV Surveys of RPMS database ...
- **ELIG Medicare Part D Eligibility Check**
- OTH Other reports ...

Eligibility Check (E1)

Generate eligibility chk (Med Part D) for which patient? DEMO PATIENT
M 04-20-1940 154459999 WE 59999

On:

Patient Name: DEMO PATIENT

Status: A

Authorization #:

Insurance Level: PRIMARY

BIN: 012304

PCN: MPD

GROUP: PDA23

CARDHOLDER ID: 123456789

PERSON CODE: 1

PHONE NUMBER: 8005551212

Medicare Part D Formats Sorted by Plan

Plan Name	INSURER (3PB) Name, Address, Phone	POS Format	Processor, BIN, PCN	BIN	PCN	Group	Processor Web Site	Misc
1 Community Care Rx Basic	D-Community Care Rx PO Box 391180 Cleveland, OH 44139 (888) 868-5854 Type of Insurer: MD MCRPART D	MEMBER HEALTH BASIC PDP 5.1	Processor: SXC (Comcootec) BIN: 012304 PCN: MPD Group: Varies - see comments Emdeon Plan ID: 1815 Help Desk: 888-868-5854	012304	MPD	PDA(region number)		Individual formats with pre-populated groups are available for the following PDP Regions: 23, 24, 25, 27, 30, 31, 34; Group number is PDA region number, i.e. PDA23 Format name includes the region number, eg. MBR HEALTH BASIC PDP.R23.5.1 IHS does not have an agreement with this plan (Coentry)
11 First Health Premier	D-First Health Premier	Medicare PartD Fhth Premier 5.1	Processor: Caremark BIN: 610029 PCN: CRK Emdeon Plan ID: 3140 Help Desk: 800-421-2342	610029	CRK			
12 Health Net Orange 2 Tier	D-Health Net Orange 2 PO Box 10198 Yan Nugs, CA 91410-0198 (800) 949-0166 Type of Insurer: MD MCRPART D	Medicare PartD Healthnet 5.1	Processor: Argus BIN: 600428 PCN: 03330000 Emdeon Plan ID: 0652 Help Desk: 800-693-8951	600428	03330000		http://www.argushealth.com/main.htm https://www.healthnet.com/portal/medicare/content.do?resource=infoForPharmacists.htm	logon: phrminfo password: phrmrx2u
13 Health Net Orange 3 Tier	D-Health Net Orange 3 PO Box 10198 Yan Nugs, CA 91410-0198 (800) 949-0166 Type of Insurer: MD MCRPART D	Medicare PartD Healthnet 5.1	Processor: Argus BIN: 600428 PCN: 03330000 Emdeon Plan ID: 0652 Help Desk: 800-693-8951	600428	03330000		http://www.argushealth.com/main.htm https://www.healthnet.com/portal/medicare/content.do?resource=infoForPharmacists.htm	logon: phrminfo password: phrmrx2u
14 HealthSpring Prescription Drug Plan	http://www.myhealthspring.com/illinois.php	Medicare PartD Hlthspg PDP 5.1	Processor: Argus BIN: 012353 PCN: 03590000 Emdeon Plan ID: 0258 Help Desk: 800-971-1581	012353	03590000		http://www.argushealth.com/main.htm	logon: phrminfo password: phrmrx2u
15 Humana PDP Standard	D-Humana Standard 500 West Main Street Louisville, KY 40202 (800) 833-6578	Careplus HP Humana PDP 5.1	Processor: Argus BIN: 610649 PCN: 03200000 Emdeon Plan ID: 3899	610649	03200000		http://www.argushealth.com/main.htm	logon: phrminfo password: phrmrx2u

POS Medicare Part D Formats – Sorted by BIN

1	POS Format Name	Plan Name	Processor	BIN	PCN#	Group	Emdeon Plan#	Reference Sheet	RX
1	Medicare PartD SXC PDP 5.1		Comcotec	001553	SXCPARTD		0412	MPDSXCB1.TXT	
3			Medimpact	003585	14100		7229	MDMPCTB1.TXT	(80
4	Medicare PartD Express 5.1		Express	003858	A4 7700630		1091	EXPRESS.TXT	(80
5	Advance MedBlueRx PDP 5.1	MedBlueRx	PCS	004336	ADV HDN		2447	ADVANCE.TXT	(80
6	Advance Rx Mgmt Silverscript 5.1	Silver Script	PCS	004336	ADV HDN	RX9100	2447	ADVANCE.TXT	(80
7	Medicare PartD SierraRx 5.1	Sierra Rx	Comcotec	007382	SHS TQC		6282	COMSHB1.TXT	(80
8	BCBS TX BLUE MEDICARE R22 5.1	Blue Medicare Rx - Standard	Prime Ther	011552	PDPTX		7206	PRIMEB1.TXT	(80
9	Medicare PartD Rky MTN PDP 5.1	RMHP Defined Standard Medicare PDP Plan	RX America	012147	5009		7825	MPDRXAB1.TXT	(87
10	Medicare PartD RxAmeri PDP 5.1	Advantage Freedom (and Star) Plan	RX America	012189	5000		6147	MPDRXAB1.TXT	(87
11	Mbr Health Basic PDP R23 5.1	Community Care Rx Basic	Comcotec	012304	MPD	PDA23	1815	COMMEMB1.TXT	(80
12	Mbr Health Basic PDP R24 5.1	Community Care Rx Basic	Comcotec	012304	MPD	PDA24	1815	COMMEMB1.TXT	(80
13	Mbr Health Basic PDP R25 5.1	Community Care Rx Basic	Comcotec	012304	MPD	PDA25	1815	COMMEMB1.TXT	(80
14	Mbr Health Basic PDP R27 5.1	Community Care Rx Basic	Comcotec	012304	MPD	PDA27	1815	COMMEMB1.TXT	(80
15	Mbr Health Basic PDP R30 5.1	Community Care Rx Basic	Comcotec	012304	MPD	PDA30	1815	COMMEMB1.TXT	(80
16	Mbr Health Basic PDP R31 5.1	Community Care Rx Basic	Comcotec	012304	MPD	PDA31	1815	COMMEMB1.TXT	(80
17	Mbr Health Basic PDP R34 5.1	Community Care Rx Basic	Comcotec	012304	MPD	PDA34	1815	COMMEMB1.TXT	(80
18	Member Health Basic PDP 5.1	Community Care Rx Basic	Comcotec	012304	MPD		1815	COMMEMB1.TXT	(80
19	CignatureRx Medicare PartD 5.1	Signature Rx	Argus	012353	03490000		7242	MPDARCB1.TXT	(80
20	Medicare PartD Hlthspg PDP 5.1	HealthSpring Prescription Drug Plan	Argus	012353	03590000		0258	MPDARHSB1.TXT	(80
21	Medicare PartD MC First 5.1	Medi-CareFirst	Argus	012353	03030000		2001	MPD0303B1.TXT	(80
22	Medicare PartD PerformRx 5.1	PerformRx Medicare Standard	Argus	012353	03680000		6627	MPDARPRB1.TXT	(80
23	Medicare PartD Priority PDP 5.1	Priority Medicare Rx	Argus	012353	5142		2990	RESTAT.TXT	(80
24	Medicare PartD BSCA PDP 5.1	Blue Shield of California Medicare Rx Plan	Argus	600428	01920000		1192	MDP0192B1.TXT	(80
25	Medicare PartD Healthnet 5.1	Health Net Orange 2 (and 3) Tier	Argus	600428	03330000		0652	MPDARHNB1.TXT	(80
26	Walgreens Hlth Init Medicare PDP 5.1	WellCare Signature	Walgreens	603286	01410000		2263	WHI.TXT	(80
						786257			

Entering Information on Page 4 of Patient Registration

The screenshot shows the Adobe Reader interface with a PDF document titled "ag_0710 01o.pdf". The document content is as follows:

```
IHS REGISTRATION EDITOR          MEDICARE          INDIAN HEALTH HOSPITAL
=====
DEMO,JOHN          (upd:JAN 23, 2006) HRN#:123567   (CHS & DIRECT)
=====
MEDICARE PART A AND B DATA ONLY
=====
1.Med. Release Date: MAR 22, 2003
2.QMB/SLMB          :
3.IMP MSG FORM MCR SIG OBTAINED: JUL 23,2003
4.ADVANCE BENEFICIARY NOTICE:
.....
5.Medicare Name : DEMO,JOHN D          6.Medicare Number: 123456789A
7.Prim. Care Prv:          8.Date of Birth : JAN 01, 1950
9.CC on file : YES   Date obtained: JUL 23, 2003

ELIG DATE BEGIN          (updated)   Cov   Plan Name          ELIG END
.....
10.  JAN 01, 2000          (JAN 23, 2006)   A
11.  JAN 01, 2000          B

=====
```

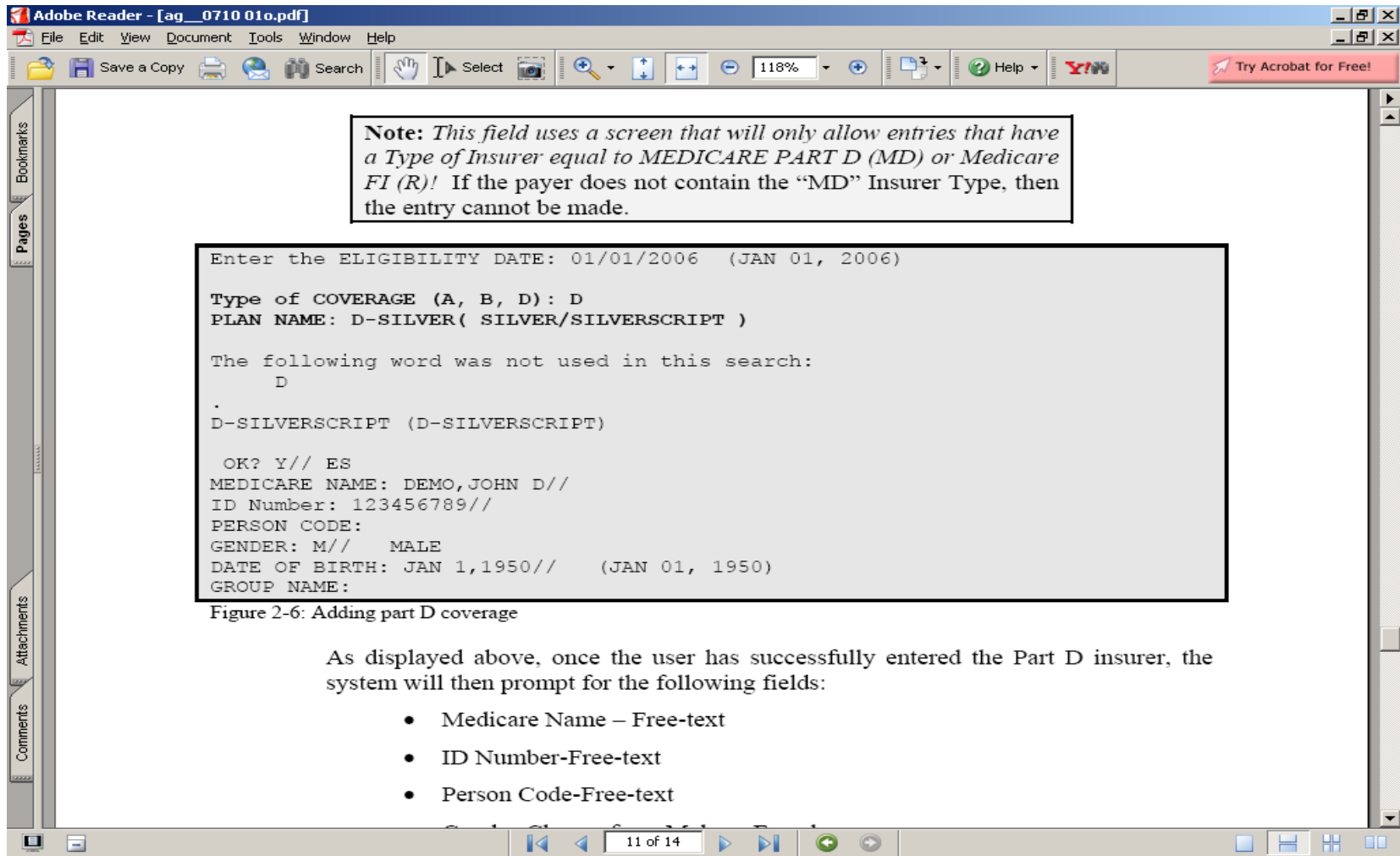
Patch 1 Addendum 9 Patch 1
February 2006

Patient Registration (AG) v7.1 Patch 1

```
***ERROR 036: MEMBER NAME MISSING/INCORRECT FORMAT FOR(123456789A|MEDICARE)
(Edit = "E" Add = "A" Delete = "D") Type E, A, or D: A
```

Figure 2-5: Adding part D coverage

Adding Medicare Part D Plan on Page 4



Completed Patient Registration

Page 4

The screenshot shows a PDF document titled "IHS REGISTRATION EDITOR (page 4)" from "INDIAN HEALTH HOSPITAL". The document displays Medicare Part D data for a patient named DEMO, JOHN. The data includes primary care provider information, date of birth, and a table of Medicare Part D plans. The table has columns for SEQ, INSURER/SUBSCRIBER, COVERAGE TYPE/POLICY NUMBER, and ELIG BEGIN - ELIG END. The patient has three categories of coverage: D-SILVERSCRIPT, NEVERPAY INSURANCE, and MEDICARE (A and B).

```

7.Prim. Care Prv:                               8.Date of Birth : JAN 01, 1950
9.CC on file   : YES   Date obtained: JUL 23, 2003

      ELIG DATE BEGIN          (updated)      Cov Plan Name          ELIG END
.....
10.  JAN 01, 2000              (JAN 23, 2006)  A
11.  JAN 01, 2000
12.  JAN 01, 2006              D      D-SILVERSCRIPT
-----
(Edit = "E"  Add = "A"  Delete = "D")  Type E, A, or D:
  
```

Figure 2-8: Display of Medicare Part D data

Page 4 of the Registration Editor will also display the Medicare Pharmacy plan. The user may choose to sequence this payer to the Pharmacy Coverage Page at this time.

```

IHS REGISTRATION EDITOR (page 4)                INDIAN HEALTH HOSPITAL
=====
DEMO, JOHN                                     (upd:JAN 23, 2006) HRN:123567 CHS & DIRECT
=====
                                MEDICAL COVERAGE
-----
SEQ      INSURER                COVERAGE TYPE          ELIG BEGIN - ELIG END
        SUBSCRIBER              POLICY NUMBER
=====
*** PATIENT HAS NO CATEGORIES SET UP ***
1.      D-SILVERSCRIPT          D                      01/01/2006
        DEMO, JOHN D           123456789A
2.      NEVERPAY INSURANCE     IDNUMBER               01/01/2001
        DEMO, JOHN
3.      MEDICARE                A                      01/01/2000
        DEMO, JOHN D           123456789A
        MEDICARE                B                      01/01/2000
        DEMO, JOHN D           123456789A
=====
  
```

Medicare Part D Insurers Set Up to POS Format

- POS / RPT / CLA / MPD
 - MPD TOTALS – MEDICARE PART D INSURERS
- Any insurers/plans listed on this report are tied to a format that is “tagged” as Medicare Part D.

PAYABLE	ADJUSTED	PAPER	REJECTED	RX CNT

D-PACIFICARE SAVER				
283.10	77.87	0.00	0.00	6

D-PRESCRIPTION PATHWAY				
15.54	5.01	0.00	10.75	2

Medicare Part D - Key Handouts on File Transfer Protocol (FTP) Site

- General Instructions for Billing Medicare Part D Using RPMS POS
- Patient Registration Instructions (Addendum) for Patch 1 – PDF file
- POS Formats Sort By Plan
- POS Medicare Part D Formats – Sorted by Bin
- Setting up POS Format – Medicare Part D

Medicare Part D – Helpful Suggestions

- Use Plan Names as Insurer Names
 - E.g. D-Silverscript versus Caremark
 - Do *not* enter Person Code on Page 4 of Patient Registration.
 - *Always* tie a Medicare Part D format to the insurer.
 - Medicare Part D formats have been altered to send one claim for each transaction, as required. Commercial formats send four claims at a time.
 - POS Medicare Part D report only works if the Medicare Part D formats are used.

Medicare Part D – Helpful Suggestions

- *Always* add Priority Points – recommend at least 605; 650 preferred.
- To verify Part D plans are set up correctly:
 - Send a copy of SUMI report (POS/RPT/SET/SUMI) to Office of Information Technology (OIT) help desk at support@ihs.gov
 - It will be reviewed and feedback will be provided.
- Use the E1 – a good tool verify what plan the patient is enrolled in.

Common Rejections and how to Correct Them

POS Rejections

- Before printing your rejections report, it is always important to run the URM Report (Update Report Master file).
 - If you are running the report for the first time, recommend going back for 365 days.
 - POS/RPT/CLA/URM

Rejection Codes

- Rejection codes are NCPDP standard codes used by processors.
- Complete list of rejection codes is located on the FTP site (NCPDP folder)
- M/I = Means Missing/Invalid
- All the rejection codes can be found on the FTP site

Rejection Codes

REJECT CODE - NCPDP 5.1 - Master List.doc - Microsoft Word

File Edit View Insert Format Tools Table Window Help

Type a question for help

100% Times New Roman B

1 2 3 4 5 6 7

NCPDP 5.1 REJECT CODES

Reject Code	Explanation	Field # Possibly In Error
00	("MI" Means Missing/Invalid)	
01	MI Bin	101
02	MI Version Number	102
03	MI Transaction Code	103
04	MI Processor Control Number	104
05	MI Service Provider Id	201
06	MI Group Number	301
07	MI Cardholder ID Number	302
08	MI Person Code	303
09	MI Birth Date	304
1C	MI Smoker/Non-Smoker Code	334
10	MI Patient Gender Code	305
11	MI Patient Relationship Code	306
12	MI Patient Location	307
13	MI Other Coverage Code	308
14	MI Eligibility Clarification Code	309
15	MI Date of Service	401
16	MI Prescription/Service Reference Number	402
17	MI Fill Number	403
18	MI Metric Quantity	
19	MI Days Supply	405
2C	MI Pregnancy Indicator	335
2E	MI Primary Care Provider ID Qualifier	468
20	MI Compound Code	406
21	MI Product/Service ID	407
	MI Distance As Written (DAW)/Product Selection	

Page 1 Sec 1 1/5 At 1" Ln 1 Col 1 REC TRK EXT OVR

Rejection Codes – Header Segment

- Ø1 M/I Bin
- Ø2 M/I Version Number
- Ø3 M/I Transaction Code
- Ø4 M/I Processor Control Number
- Problem: The wrong format is being used.
- To correct: Contact the insurer to determine the correct BIN/PCN. Use the POS Format Master List on FTP site or Emdeon Web site.

Rejection Code – Patient Segment

- Ø8 M/I Person Code
- Ø9 M/I Birth Date
- 1Ø M/I Patient Gender Code
- 11 M/I Patient Relationship Code
- 53 Nonmatched Person Code
Problem: Information in insurer's system is different than what is on Page 4 of Patient Registration.
- To correct: Call processor pharmacy help desk to determine where discrepancy is.

Rejection Codes – Insurance Segment

- Ø6 M/I Group Number
- Ø7 M/I Cardholder Identification (ID) Number
- 51 Nonmatched Group ID
- 52 Nonmatched Cardholder ID
- Problem: There is information missing or there is an eligibility issue.
- To correct: Check a current card or call the pharmacy help desk. The phone number is usually on the rejection report. Once correct in Patient Registration (Page 4), the claim can be resubmitted in POS.

Rejection Codes – Claim Segment

- 21 M/I Product/Service ID
- 22 M/I DAW/Product Selection Code
- 28 M/I Date Prescription Written
- 54 Nonmatched Product/Service ID Number
- 55 Nonmatched Product Package Size
- 77 Discontinued Product/Service ID Number
- 78 Cost Exceeds Maximum
- Problem: Pharmacy issue
- To correct: Have pharmacy verify the drug is entered correctly in drug file.

Rejection Codes – Claim Segment

- 70 Product/Service Not Covered
- 81 Claim Too Old
Usually uncorrectable

Rejection Codes – Prescriber Segment

- 25 M/I Prescriber ID
- 56 Nonmatched Prescriber ID
- 71 Prescriber Is Not Covered

Problem: Provider number needs to be verified or format is not submitting correct provider number.

To solve: If provider number is correct, refer to RPMS Help Desk to verify format is correct.

Rejection Codes - Processing

- 85 Claim Not Processed
- 87 Reversal Not Processed
- 91 Host Response Error

Problem: claims were not processed

To correct: Try resubmitting claim. If still not working for several claims, notify RPMS Help Desk.

Overrides/Prior Authorization

- Prior Authorization Required
- 79 Refill Too Soon
- 76 Plan Limitations Exceeded
- 8E M/I DUR/PPS Level Of Effort
- 8Ø Drug-Diagnosis Mismatch
- 88 DUR Reject Error

Medicare Part D- Rejections

Rejection – M/I BIN PCN Group

REJECTION:

MAR 28,2006 10:20 P06-610468-100173 `1050039/0
12345123412

123456789 150 185.80

CARBAMAZEPINE

04:M/I Processor Control Number

06:M/I Group Number

01:M/I Bin

To Correct:

If commercial plan – contact processor help desk to verify
BIN/PCN and group number.

For Medicare part D plan – try E1

Rejection – M/I BIN PCN Group

Patient Name: DEMO PATIENT
Status: A
Authorization #:
Insurance Level: PRIMARY
BIN: 610468
PCN: UAFC
GROUP: 8310000
CARDHOLDER ID: 123456789
PERSON CODE: 1
PHONE NUMBER: 8006988394

Rejection – M/I BIN PCN Group

Microsoft Excel - POS Medicare Part D Formats - SORTED BY BIN.xls

Type a question for help

100% Arial

D38 610468

1	A	B	C	D	E	F	G	H	
	POS Format Name	Plan Name	Processor	BIN	PCN#	Group	Emdeon Plan#	Reference Sheet	RX
28	Medco Medicare PDP 5.1	YOURx Plan	PAID	610014	MEDDPRIME		3065	MPDMCOB1.TXT	(80
29	Medicare PartD AdvantraRx 5.1	Advantra Rx	Caremark	610029	CRK		3140	CAREMARK.TXT	(80
30	Medicare PartD Fhlth Premier 5.1	First Health Premier	Caremark	610029	CRK		3140	CAREMARK.TXT	(80
31	Medicare PartD Wellpoint 5.1	Medicare Rx Rewards	Wellpoint	610053	9999999999		6323	MPDWPSB1.TXT	(80
32	Medicare PartD Rx Solutions 5.1	Pacificare Saver Plan	Prescription Soln's	610097	9999		3311	PRESOLB1.TXT	(80
33	Medicare PartD RxSols MAPD		Prescription Soln's	610097	9999		3311	PRESOLB1.TXT	(80
34	Medicare PartD PCS 5.1		PCS	610415	PCS		2850	MPDCRKB1.TXT	(80
35	BCBS OK Medicare Blue PDP 5.1	BCBS of MN, MT, ND, NE, WY; Wellmark BCBS of IA, SD	Prime Ther	610455	PDPOK		7321	PRIMEV5.TXT	(80
36	Medicare Blue Rx PDP25 5.1	Medicare Blue Rx Basic	Prime Ther	610455	PDP25		6163	PRIMEB1.TXT	(80
37	Medicare PartD BluRx NPAEG 5.1	Medicare Blue Rx EG	Prime Ther	610455	PDG25		2473	MPDPTPB1.TXT	(80
38	Medicare PartD Pharmacare 5.1	Prescription Pathway	Pharmacare	610468	UAFC		4554	MPDPHPDB1.TXT	(80
39	Medicare PartD Rx Solns 610494 5.1		Prescription Soln's	610494	2222		3840	PRESOLB1.TXT	(80
40	Medicare Part D Regence L&H 5.1		Argus	610623	02120000		4043	MPDARREB1.TXT	(80
41	Medicare PartD Asuris 5.1	Asuris Northwest Health Medicare Script	Argus	610623	02110000		1304	MPDARREB1.TXT	(80
42	Medicare PartD Regence PDP 5.1	BlueShield of Utah, Regence BlueShield, BlueShield of Oregon, Northwest Health, and others	Argus	610623	02100000		0576	MDPARREB1.TXT	(80
43	Medicare PartD Regence BS 5.1	Regence Life and Health Medicare Script	Argus	610647	01820000		4896	ARGUSV5.TXT	(80
44	Careplus HP Humana PDP 5.1	Humana Standard	Argus	610649	03200000		3899	MPD030B1.TXT	(80
45	Primary Medicare PartD WHI 5.1	United Healthcare, AARP, United Medicare RX	Walgreens	610652	82260000		4956	MPDWHIPB1.TXT	(80
46	United Hlthcare PDP 5.1	United Healthcare, AARP, United Medicare RX	Walgreens	610652	82260000	UARXPDP; used for AARP	4956	MPDWHIPB1.TXT	(80
47	PartD Coventry Supplemental 5.1	AdvantraRx Premier	First Health	610678	NONE		4801	MPDFRXB1.TXT	(80
48									
49									
50									
51									
52									

Part D - patch 16

Ready

Rejection – M/I Transaction Code

- Ø3: M/I Transaction Code
- If this is a Medicare Part D insurer, this usually means that a non-Medicare Part D format is being used. Refer to Part D plans by BIN to find a different POS format.

Rejection – 85: Claim Not Processed

MAR 23,2006 10:00 P06-610459-108961 `104700/1 00093067005
0123456 60 75.74 GEMFIBROZIL 600MG TAB

85: Claim Not Processed

NN: Transaction Rejected At Switch Or Intermediary

98: Connection To Payer Is Down

These type of rejections are more common with some of the processors with the implementation of Medicare Part D.

Try resubmitting the claim – POS / U / EV / 3 – Single Patient/RES

Rejection – M/I Birth Date

- 09:M/I Birth Date
 - Contact processor to determine which birth date they have in their system.
 - For Medicare Part D patients – enter birth date information on Page 4 of Medicare Part D page.
 - To override birth date field:
 - POS/N/Override/Field 304
 - Enter birth date as: YYYYMMDD

Helpful Reports

- Reports to run on a daily basis include:
 - REJ, which includes all of the rejections. It is good to run this report every day to stay current with your rejections and prevent a rejection for a claim too old.
 - POS/RPT/CLA/REJ
 - PAP, which includes all claims that were not transmitted electronically. You will use this report to determine for which insurers you need a contract.
 - POS/RPT/CLA/PAP

- URM – Once you are finished working on your rejections, it is imperative to run the URM to update the dollar figures in your day/ins reports.
 - POS/RPT/CLA/URM
 - STR – This report will give you a list of all claims that did not complete transmission. If they are within 365 days, you can resubmit these on your own if they are over 365 days. You will need to contact the RPMS help desk.
 - POS/RPT/CLA/STR

Management Reports

- DAY – Totals by release date
- MCD – Totals by Medicare Part D insurer
 - It is good to run these report on a monthly basis after you have run the URM report.
 - They will provide you with the payable, adjusted, and rejected totals for administrative reports.
 - If you keep this information in a spreadsheet, you can compare the previous months to show your progress at resubmitting rejected claims and backbilling.

REJ - Rejected Claims Report

- **POS REJECTED claims for prescriptions RELEASED on FEB 9,2001 02/10@04:06**
- **SAN FELIPE NCPDP (NABP) #3209219 Medicaid #B3713**
- **MEDICAID EXEMPT Help Desk:(505)246-9988 opt 3 opt 1**
- **Trans. Date/Time Claim ID Presc/Fill NDC**
- **Number**
- **Cardholder ID Group Number Qty \$billed**
- ****** DUCK,RONALD**
- **FEB 9,2001 11:22 P01-610084-104611 `947794/0**
- **51111048893**
- **525340572 24 4.11 ACETAMINOPHEN 325**
- **MG TAB**
- **70:NDC NOT COVERED**

REJ - Rejected Claims Report

- POS REJECTED claims for prescriptions RELEASED on FEB 9,2001 02/10@04:06
- SAN FELIPE NCPDP (NABP) #3209219 Medicaid #B3713
- MEDICAID EXEMPT Help Desk:(505)246-9988 opt 3 opt 1
- Trans. Date/Time Claim ID Presc/Fill NDC Number
- Cardholder ID Group Number Qty \$billed
- **** DUCK,RONALD
- FEB 9,2001 11:22 P01-610084-104611 `947794/0
51111048893
- 525340572 24 4.11 ACETAMINOPHEN 325
MG TAB
- 70:NDC NOT COVERED

Rejection Report

- It is recommended to run the rejection report on a daily basis.
 - POS/RPT/CLA/REJ
 - Enter date range
- Report includes the following:
 - NCPDP #, Insurer name, help desk #
 - Trans. Date/Time, Claim ID, Presc/Fill, NDC #
 - Cardholder ID, Group #, Qty, \$ billed, Patient name
 - Reason the claim was not paid

QUESTIONS?

