Making Every Dollar Count
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POS Process and Rejections

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Agenda

- POS Overview
- POS Reports
- Manual submission of POS Claims
- Recovering rejected POS Claims
- Keys to POS Success
- Q&A Session

POS Overview

- Point-of-Sale (POS) allows pharmacists to send claims to the Pharmacy Benefit Manager (PBM) and subsequently to the insurer, via Emdeon, and have those claims adjudicated in real time. If the claim is denied/rejected, a NCPDP rejection code will be generated back to the pharmacy from the insurer. At this point, either a designated person in the pharmacy will research, correct, and re-submit electronically the corrected error for all rejections, or the same list will be sub-divided by area of responsibility between the Billing office and Pharmacy.

- As example of the latter, the Billing office would work with Registration, if an incorrect pharmacy insurer number was listed or if the patient was not covered under the policy; whereas, the Pharmacy would be responsible for researching rejections related to NDC (National Drug Code) number errors, drug not covered under the formulary, or prescription was denied due to 30-day limitation.

- Once the electronic claim transmission returns a payable response, a claim will be created automatically in the Billing and Accounts Receivable (AR) packages. A payment/remittance advice will be received within 10-14 days to post against the claim that was created.

POS On-Line Adjudication System
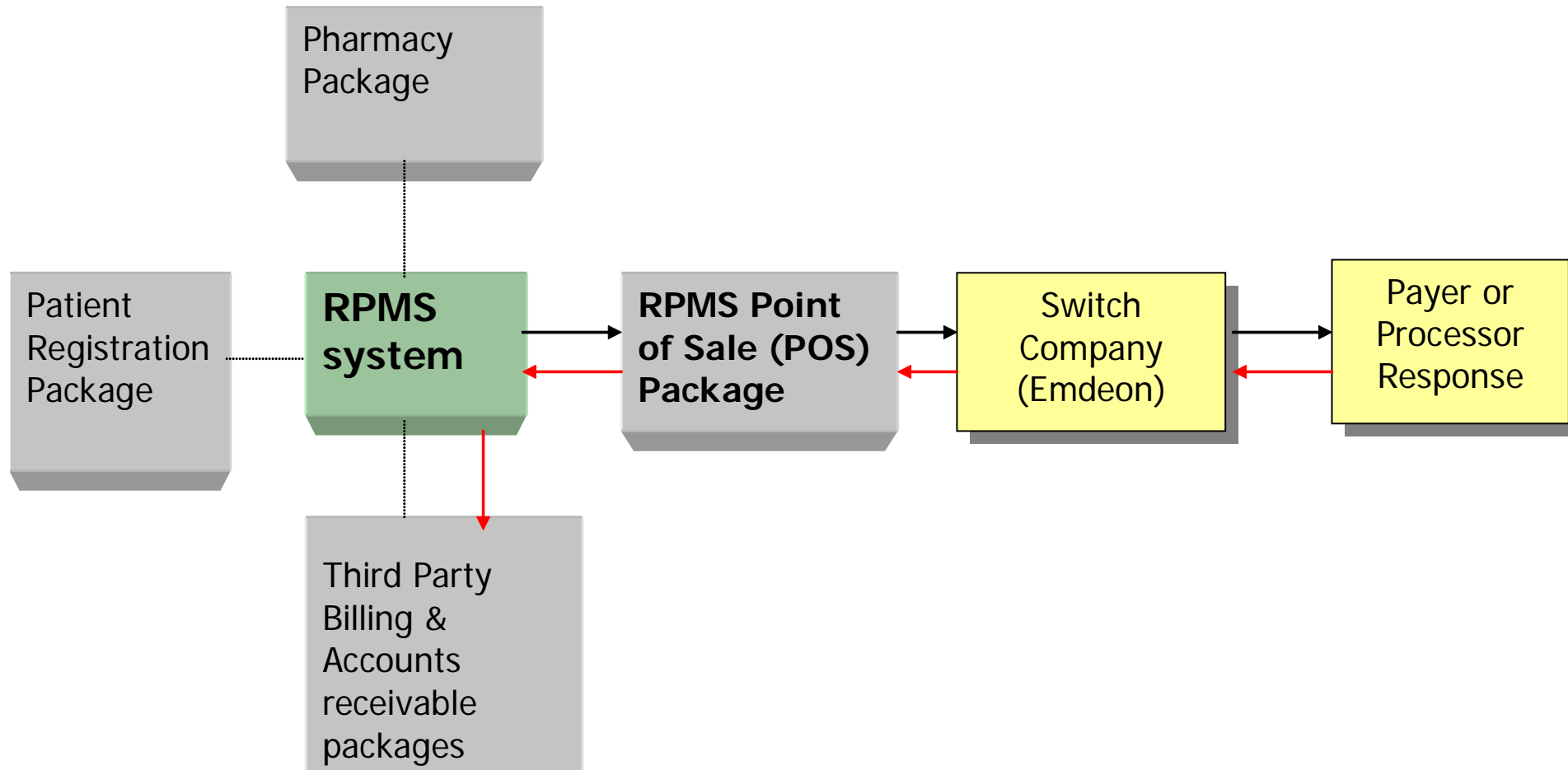
POS Reports

- With the release of patch 29 the POS report menu options are changing. We are grouping the reports based on type under the following categories
  - Claim results and status
  - Claim results and status by site
  - Maintenance reports
  - Administrative reports
  - Setup (Configuration) reports
  - Surveys of RPMS database
  - Medicare Part D Eligibility Check
  - Other reports

CLA - Claim results and status

- The following menus are located under POS/RPT/CLA

  – Payable claims report

  – Rejected claims report

  – Captured claims report

  – Paper claims report

  – Uninsured claims report

  – Recent transactions

  – Rejected Claims by Reject Code – **New in patch 29**

  – Worked Rejection Report – **New in patch 29**

SITE – Claim result and status by site

- The following menus are located under POS/RPT/SITE

  All site reports are new in patch 29

  – Payable claim report by site

  – Rejected claim report by site

  – Totals by Released Date by site

  – Totals by Insurer by site

  – Totals by Medicare Part D by site

MNT – Maintenance Reports

- The following menus are located under POS/RPT/MNT

  These reports have not changed they were only relocated under the new menu option MNT in patch 29

  – Duplicate claim report
  – Find prescriptions missed by POS
  – Reversals needed
  – Update Report Master File for a date range
  – List possibly stranded claims

ADMN – Administration Reports

- The following menus are located under POS/RPT/ADMN
  - TOTALS – by Released Date
  - TOTALS – by Insurer
  - TOTALS – by Medicare Part D Insurers
  - Billed and Collected Drug Cost – **New in patch 30**
  - Print Expense Report – **New in patch 30**

SET – Setup (Configuration) reports

- The following menus are located under POS/RPT/ADMN

The reports under this menu option have not changed nor been relocated at this time

- POS Setup – Detailed report
- POS Setup – Pharmacies report
- POS Setup – Summary of Insurers
- POS Setup – RX Billing Status report
- Display user preference settings

SURV – Surveys of RPMS database

- The following menus are located under POS/RPT/ADMN

The reports under this menu option have not changed nor been relocated at this time

- Survey insurers by frequency
- Survey if recent providers have ID #s
- Survey of volume
- Survey pharmacy divisions
- Survey patients beneficiary/eligibility status

OTH – Other reports

- The following menus are located under POS/RPT/OTH
The reports under this menu option have not been relocated at this time
  - List electronic claims formats – modified in patch 29
  - List NCPDP Fields

Manual submission of POS Claims

- Manual claims are sent through the POS claims data entry screen POS/U/U/NEW – Send new claims

- Enter internal rx # or F to select a patients name

- To process the claim you will press the 'F1' key and then the 'E' key or enter the next internal rx # or patient name

- If you need to exit the screen without processing the claim you will press the 'F1' key and then the 'Q' key

New claim screen

Recovering rejected POS Claims

- Run Update Report Master File report before and after working on rejections POS/RPT/MNT/URM

- Run Rejected claim report for time/date range desired POS/RPT/CLA/REJ

- Make permanent changes in the appropriate RPMS package (patient registration, outpatient pharmacy, etc.) or make one time changes through the POS override screen

Rejection codes – Transaction 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 NCPDP 5.1 format is being used
- **To solve:** contact the insurer to determine the correct BIN/PCN. Use the POS Format Master List or the FMT report in POS to find the correct format and correct by linking the correct format to your insurer through the MGR menu in POS
- **Note:** DO NOT OVERRIDE THESE FIELDS IN POS, if you cannot find the correct format notify the RPMS Help Desk for assistance

Rejection Code – Patient Segment

- Ø8 M/I Person Code
- Ø9 M/I Birth Date – **Do not change on pg 1**
- 1Ø M/I Patient Gender Code
- 11 M/I Patient Relationship Code
- 53 Non-Matched Person Code
- **Problem:** information in insurer's system is different than what is on page 4 of Patient Registration
- **To solve:** call processor pharmacy help desk to determine where discrepancy is or verify with the patient
- **Note:** When overriding a date field in POS the format is YYYYMMDD (no – or / in between dates)

Rejection codes – Insurance Segment

- Ø6 M/I Group Number
- Ø7 M/I Cardholder ID Number
- 51 Non-Matched Group ID
- 52 Non-Matched Cardholder ID
- **Problem:** there is information missing or invalid in one of the fields on page 4 or there is an eligibility issue
- **To solve:** check a current card or call the pharmacy help desk to verify cardholder information. The phone number is located at the top of the rejection report. Once correct in Patient Registration (page 4), the claim can be resubmitted in POS or you can override the claim through POS for a temporary fix

Rejection codes – Claim Segment

- 21 M/I Product/Service ID
- 22 M/I Dispense As Written (DAW
- 28 M/I Date Prescription Written
- 54 Non-Matched Product/Service ID Number
- 55 Non-Matched Product Package Size
- 77 Discontinued Product/Service ID Number
- 78 Cost Exceeds Maximum
- **Problem:** Pharmacy issue
- **To solve:** have pharmacy verify the drug is entered correctly in drug file and make corrections as need or make you can override the claim through POS

Rejection codes – Prescriber Segment

- 25 M/I Prescriber ID
- 56 Non-Matched Prescriber ID
- 71 Prescriber Is Not Covered
- **Problem:** Provider number needs to be verified, NPI flag needs verified, or provider is not contracted with insurer
- **To solve:** View the claim receipt through POS and call processor to verify prescriber ID. Also make sure to verify bin/pcn/cardholder ID/group
- **Note:** If provider number is correct; refer to RPMS Help Desk for assistance

Rejection Codes - Processing

- 85 Claim Not Processed

- 87 Reversal Not Processed

- 91 Host Response Error

- **Problem:** claims did not finish processing through POS

- **To solve:** View the receipt of the claim in the message and rejected reason fields to verify the claim did not process. If the claim did not process and you are not able to resubmit the claim on your own, notify RPMS Help Desk for assistance

- **Note:** When contacting the RPMS Help Desk make sure that you have notified your local IT department as well as your area office of the issues you are experiencing

Keys to POS Success

- Specify each departments responsibility
- Coordinated effort: Pharmacy, Patient Registration and Business Office
- To Have a successful claims management process, everyone in the POS billing process must perform their specific duties accurately, cooperatively and timely
- Provide more training where deemed necessary
- Each department must designate a point of contact
- Must be committed to the point of sale process
- Understand process for working with and contacting the RPMS Help Desk

POS Q&A Session