




The background is a collage of four quadrants. The top-left quadrant shows a stack of papers with a purple tint. The top-right quadrant shows a clock face with a blue tint. The bottom-left quadrant shows a stack of papers with a green tint. The bottom-right quadrant shows a clock face with a yellow and orange tint.

# RPMS Point of Sale ARRA Funding Update

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# POS Short Term Priorities

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- ✓ POS Claim Transfer to 3PB
  - ✓ Close Rejected POS Claims
  - ✓ A/R Financial Report Menus
  - ✓ POS Insurance Coverage Report
  - ✓ A/R Transaction Posting Summary
  - ✓ Tracking and Reporting on End User Productivity
  - ✓ Coordination of Benefits
  - ✓ POS Receipt for Patients
  - ✓ POS Audit Trail
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# POS Claim Transfer to 3PB

- With the release and install of the 3PB patch 2 and POS patch 37, POS will transfer all claims with a Payable response and claims with a Rejected response from the processor to the 3PB package.
  - The following rejected claims will not transfer to the 3PB package.
    - 85: Claim Not Processed
    - 95: Time Out
    - 96: Scheduled Downtime
    - 97: Payer Unavailable
    - 98: Connection to Payer is Down
    - R8: Syntax Error
    - NN: Transaction Rejected at Switch or Intermediary
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# Close Rejected POS Claims

- With the install of POS patch 37 you will have the ability to close the following rejected claims.
    - Claim Too Old
    - Refill Too Soon
    - Plan Limitation Exceeded
  - Through a hidden menu option and the POS Manager Key you will have the ability to reopen a claim that has been previously closed.
  - Through the report menu options there is a 'Closed Claim Report' option that displays the internal RX#, Cardholder ID #, Group #, Closed Date, Closed By, and Closed Reason
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# A/R Financial Report Menus

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- The following A/R menus have been added to the Admin Option of POS in patch 37.
    - PSR – This is one of the main A/R reports that is used during the facility’s month end process. This report provides a summary of all bills that were posted or had an A/R transaction history and can be sorted by location.
    - STA – This report is used to identify accurate collection amounts. This report shows what services have been billed, paid, and collected based on the approval date, visit date, or the export date and can be sorted by clinic or visit type.
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# POS Insurance Coverage Report

- POS patch 38 will contain an eligibility report that allows the selection of Medicare Part D, Medicaid, and Private Insurers of current Patient Registration Page 4 patients.
- This report will allow you to select from a list of available insurers, eligibility date, and provide patient detail for the plan.



# A/R Transaction Posting Summary

- POS Patch 38 will contain the current A/R Bill Posting Summary (BPS) menu
- This will allow end-users to generate posting/transaction A/R reports with transaction details for specific claims by the internal RX # without having to exit the POS application.



# Tracking & Reporting on End User Productivity

- POS patch 38 will contain the ability to track end user productivity measured on the basis of who managed to collect how much on previously rejected pharmacy claims.
- A new productivity report will be created to allow the IHS program supervisors to apply a metric that shows them end-users that have a high rate of collections and to possibly apply their methods across sites and facilities to increase overall collections and revenue-recovery.





# Coordination of Benefits

- Currently in the process of developing a COB prototype to start testing this functionality with switch company.
- An actual release of this function is scheduled for late summer of 2010.



# POS Receipt for Patients

- POS patch 38 will contain the ability to automatically print a pharmacy receipt once the switch company's response has been received.
- The new receipt will provide a parameter option to print for the following patient types
  - All Patients
  - Non-Beneficiary Patients Only
  - No Patients



# POS Audit Trail

- Currently in the process of creating an audit trail for tracking changes that materially impact a claim, limited to the following
  - Drug/Dispensable/Injectable item
  - Quantity of item
  - Refill Date
  - Date of Service
  - Prescribing Provider



# POS Long Term Priorities

- ✓ Coordination with Outpatient Pharmacy ARRA Project
- ✓ VA Analysis/Implementation of Desired Changes
- ✓ NCPDP D.0 Dataset Comparison
- ✓ Format Changes and Multi-Clearinghouse Model
- ✓ Tracking & Reporting on End User Productivity



# Coordination with Outpatient Pharmacy ARRA Project

- POS developers will coordinate with Outpatient Pharmacy to include POS in the TPB/AR Graphical User Interface which is in the process of being developed.
- An actual release of the function has not been determined at this time.



# NCPDP D.0 Dataset Comparison

- Currently in the process of determining requirements for the NCPDP D.0 HIPAA-compliant claims standard which will replace the current NCPDP 5.1 claims standard.
- Testing of the new claims standards will begin in the 3<sup>rd</sup> quarter of 2010 and an official release will be no later than January 1, 2012.



# Format Changes and Multi-Clearinghouse Model

- Our current NCPDP 5.1 payer formats are hard coded for one clearinghouse.
- POS developers will change the NCPDP D.0 payer formats to work with multiple clearinghouses
- This ability will release with the NCPDP D.0 HIPAA-compliant claims standard no later than January 1, 2012.



# Tracking & Reporting on End User Productivity

- Further enhancements to the Tracking Productivity Report will be made by adding supplemental detail regarding what data was changed in the claim to successfully collect payment and what the data values were before and after the changes leading to the accepted/payable response.
- An actual release of this function is scheduled for late summer of 2010.





# Questions

