

2024 Indian Health Service Partnership Conference

Briefing Topic

LCDR JAMES BOWER

HOW TO IDENTIFY AND CORRECT
PHARMACY POINT OF SALE REJECTIONS

8/13-15/24



How to Identify and Correct Pharmacy Point of Sale Rejections



Learning Objectives

1. Identifying and Organizing Pharmacy Point of Sale Rejections
2. Correcting Pharmacy Point of Sale Rejections



Learning Objective #1

1. Identifying and Organizing Pharmacy Point of Sale Rejections



Point of Sale Daily Reports

- Daily Reports
 - URM Update Report Master File for a date range
 - DUP Duplicate claims report
 - STR List possibly stranded claims
 - **RCR Rejected Claims by Reject Code**
- Or
- **ERCR Enhanced Claims by Reject Code**
- FM FileMan



RCR - Rejected Claims By Reject Code

RCR Rejected Claims by Reject Code

Lists rejections by either Pharmacy, Insurer, or **Reject Code**

- Report that will list all the rejected claims for a given time frame that are needing fixed
- Can print a summary or a detailed report.



RCR Summary

| Pharmacy Point of Sale Rejection Report | | |
|---|----------|-----------|
| Claims sorted by Rejection Reason | | |
| From JAN 25, 2018 TO JAN 25, 2018 | | |
| ***SUMMARY REPORT*** | | |
| PHARMACY: CLINTON | TOTALED: | RX COUNT: |
| REJECTION CODE: | | |
| 21:M/I Product/Service ID | 229.63 | 9 |
| 22:M/I Dispense As Written (DAW)/Product Selection Code | 1,387.11 | 6 |
| 70:Product/Service Not Covered | 1,120.71 | 18 |
| 75:Prior Authorization Covered | 734.83 | 2 |
| 77:Discontinued Product/Service ID Number | 250.33 | 8 |
| 85:Claim Not Processed | 55.05 | 1 |
| 88:DUR Reject Error | 14.28 | 1 |
| 645:Reject Code description not entered, See NCPD Rejects | 90.01 | 5 |
| 09:M/I Birth Date | 36.29 | 2 |
| 7X:Days Supply Exceeds Plan Limitation | 15.73 | 1 |
| AG:Days Supply Limitation For Product/Service | 1,766.69 | 2 |
| CA:M/I Patient First Name | 140.75 | 3 |
| G9:Pharmacy Not Contracted in 90 Day Retail Network | 15.73 | 1 |



RCR Rejected Claims by Reject Code Detail Listing

| | | | |
|--|------------|-------------------|---------------------|
| REJECTION CODE: 60:Product/Service Not Covered For Patient Age | | | |
| LAST NAME, FIRST NAME | 2727001/1P | OKLAHOMA MEDICAID | \$ 11.66 |
| 000179212 | | 00904671746 | CETIRIZINE HCL 10MG |
| TAB | | | |
| LAST NAME, FIRST NAME | 2732969/0P | OKLAHOMA MEDICAID | \$ 10.83 |
| 016445787 | | 00904671772 | CETIRIZINE HCL 10MG |
| TAB | | | |
| LAST NAME, FIRST NAME | 2734083/1P | OKLAHOMA MEDICAID | \$ 11.66 |
| 002459410 | | 00904671746 | CETIRIZINE HCL 10MG |
| TAB | | | |
| REJECTION CODE: 75:Prior Authorization Required | | | |
| LAST NAME, FIRST NAME | 2735153/0P | OKLAHOMA MEDICAID | \$302.50 |
| 004361371 | | | |



RRIP- RPMS Report and Information Processor

- Converts RCR report into Excel form
- Keeps track of statistics related to working of rejections
- Available the pharmacy POS Listserv: pos@listserv.ihs.gov



Pharmacy Report Processing Menu

The screenshot displays the 'Pharmacy Report Processing Menu' with several report options and their associated settings and instructions:

- Controlled Substance Management Report** (black button): Includes 'Edit Settings' and 'CSM Instructions'.
- Rejected Claims by Rejection Code Report** (orange button): Includes 'Edit Settings' and 'RCR Instructions'.
- Aged Open Items Report** (blue button): Includes 'Edit Settings' and 'AOI Instructions'.
- Brief Claim Listing (BRRP) Report** (grey button): Includes 'BRRP Instructions'.
- Controlled Substance Management Report + External Pharmacy Prescriptions Report** (yellow button): Includes 'Edit Settings' and 'CSM + ERxT Instructions'.
- General Instructions** (white button): No associated settings or instructions.

Fast Mode Turn off highlighting on the "TDME by Patient" tab to improve speed for the CSM and CSM + ERxT processor

Created by CDR Nick Sparrow, version 4.67 2019-Apr 16
nicholas.sparrow@ihs.gov, 435-725-6877 (work)

Navigation bar at the bottom: Pharmacy Reports Menu (selected), User Manual, Definitions and Explanations, CDC Documents, Updates, and a plus icon.

RPMS Format for RCR = Not User Friendly

```
REJECTION CODE: 60:Product/Service Not Covered For Patient Age
  LAST NAME,FIRST NAME      2727001/1P      OKLAHOMA MEDICAID      $ 11.66
    000179212                00904671746          CETIRIZINE HCL 10MG
TAB
LAST NAME,FIRST NAME 2732969/0P      OKLAHOMA MEDICAID      $ 10.83
    016445787                00904671772          CETIRIZINE HCL 10MG
TAB
LAST NAME,FIRST NAME 2734083/1P      OKLAHOMA MEDICAID      $ 11.66
    002459410                00904671746          CETIRIZINE HCL 10MG
TAB

                REJECTION CODE: 75:Prior Authorization Required
LAST NAME,FIRST NAME      2735153/0P      OKLAHOMA MEDICAID      $302.50
    004361371
```



RRIP Format for RCR Report = User Friendly!

| Fill Date | Division | Rejection | Name | Rx#/Fill# | Insurer | Amount Billed | Cardholder ID | Group | NDC | Drug Name | Status | Comments | Employee |
|-----------|----------|--|--------------|------------|------------------------|---------------|---------------|----------|-------------|--|------------|-------------------------|----------|
| 04/02/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2831861/0P | BC/BS RX FEP B:610239 | \$40.00 | 9999999999 | 65006500 | 00009041701 | TESTOSTERONE CYPIONATE 200MG/ML INJ (IN OI | Fixed | PAID | |
| 04/02/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2831852/0P | BC/BS RX FEP B:610239 | \$110.32 | 9999999999 | 65006500 | 59310057922 | ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (| Fixed | PAID | |
| 04/07/20 | CLINTON | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2783853/4P | CAREMARK BIN:004336 PC | \$68.47 | 9999999999 | RX1412 | 00074706819 | LEVOTHYROXINE (SYNTHROID) 0.125 MG TAB | Fixed | PAID | |
| 04/03/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2763498/1P | BC/BS OK RX (1215)BIN: | \$110.32 | 9999999999 | | 59310057922 | ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (| Fixed | PAID | |
| 04/06/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2819569/1P | BC/BS OK RX (1215)BIN: | \$68.46 | 9999999999 | 0002 | 00074518219 | LEVOTHYROX (SYNTHRO) | Fixed | PAID | |
| 04/07/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2791664/4P | OPTUMRX 610279:9999 | \$118.11 | 9999999999 | UHEALTH | 66993005702 | HYDROXYCHLOROQUINE 200 MG TAB | In Process | PA SENT 4/8/20 | |
| 04/15/20 | CLINTON | 70:Product/Service Not Covered | DEMO PATIENT | 2821598/1P | OPTUM RX 610011:IRX | \$297.33 | 9999999999 | HCBHCA | 00085134107 | MOMETASONE 220 MCG/S | In Process | PA | |
| 04/07/20 | CLINTON | 70:Product/Service Not Covered | DEMO PATIENT | 2791613/4P | OPTUMRX 610279:9999 | \$55.05 | 9999999999 | UHEALTH | 00904671746 | CETIRIZINE 10 MG TAB | Unfixable | OTC UNBILLABLE | |
| 04/02/20 | EL RENO | 21:M/I Product/Service ID | DEMO PATIENT | 2831855/0P | BC/BS RX FEP B:610239 | \$10.96 | 9999999999 | 65006500 | 42291026601 | ERGOCALCIFEROL 50,000 UNIT CAP (E) | Unfixable | REPACK | |
| 04/01/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2819388/0P | CAREMARK BIN:004336 PC | \$11.08 | 9999999999 | RX1412 | 54738055912 | ASPIRIN 81 MG EC TAB | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/07/20 | CLINTON | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2783855/4P | CAREMARK BIN:004336 PC | \$39.56 | 9999999999 | RX1412 | 70347002503 | METOPROLOL SUCCINATE 25 MG ER TAB | Unfixable | PLAN EXCLUSION | |
| 04/07/20 | CLINTON | 21:M/I Product/Service ID | DEMO PATIENT | 2783858/4P | CAREMARK BIN:004336 PC | \$13.00 | 9999999999 | RX1412 | 60429076910 | TOPIRAMATE 25MG TAB | Unfixable | REPACK | |
| 04/01/20 | EL RENO | 7X:Days Supply Exceeds Plan Limitation | DEMO PATIENT | 2796110/0P | BC/BS OK RX (1215)BIN: | \$11.32 | 9999999999 | | 54738055912 | ASPIRIN 81 MG EC TAB (E) | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/03/20 | EL RENO | 70:Product/Service Not Covered | DEMO PATIENT | 2763502/3P | BC/BS OK RX (1215)BIN: | \$11.56 | 9999999999 | | 00904546052 | CALCIUM-VITAMIN D 500 MG-200 UNIT TAB (E) | Unfixable | OTC UNBILLABLE | |
| 04/03/20 | EL RENO | 70:Product/Service Not Covered | DEMO PATIENT | 2808515/1P | BC/BS OK RX (1215)BIN: | \$239.71 | 9999999999 | | 00378932232 | FLUTICASONE-SALMETEROL 500 MCG-50 MCG (WIX | Unfixable | PA DENIED | |
| 04/03/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2763508/5P | BC/BS OK RX (1215)BIN: | \$18.21 | 9999999999 | | 42291083310 | TRAZODONE HCL 50MG TAB (E) | Unfixable | REPACK | |
| 04/03/20 | EL RENO | 77:Discontinued Product/Service ID Number | DEMO PATIENT | 2811302/1P | OKLAHOMA MEDICAID | \$19.38 | 9999999999 | | 42291062390 | MONTELUKAST 5 MG CHEW TAB (E) | Unfixable | REPACK | |
| 04/03/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2832249/0P | OKLAHOMA MEDICAID | \$330.53 | 9999999999 | | 54092038701 | AMPHETAMINE-DEXTRAMPHETAMINE 20 MG ER CA | Fixed | PAID | |
| 04/15/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2802894/1P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | OB1602 | 42291026601 | ERGOCALCIFEROL 50,0 | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834707/0P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | OB1602 | 42291026601 | ERGOCALCIFEROL 50,0 | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 943:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834710/0P | BC/BS OK RX (1215)BIN: | \$13.00 | 9999999999 | OB1602 | 52343003790 | MONTELUKAST 10 MG T) | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 943:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834709/0P | BC/BS OK RX (1215)BIN: | \$10.86 | 9999999999 | OB1602 | 13107019599 | LOSARTAN 25 MG TAB) | Unfixable | REPACK | |
| 04/13/20 | WATONGA | 21:M/I Product/Service ID | DEMO PATIENT | 2800291/1P | BC/BS OK RX (1215)BIN: | \$160.15 | 9999999999 | 0000 | 30904531360 | MULTIVIT W/MINERALS) | Unfixable | REPACK | |
| 04/09/20 | EL RENO | 7X:Days Supply Exceeds Plan Limitation | DEMO PATIENT | 2786413/1P | BC/BS OK RX (1215)BIN: | \$11.32 | 9999999999 | 0002 | 54738055912 | ASPIRIN 81 MG EC TA) | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/06/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2819571/1P | BC/BS OK RX (1215)BIN: | \$11.50 | 9999999999 | 0002 | 70347005003 | METOPROLOL SUCCINAT) | Unfixable | PLAN EXCLUSION | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2819567/1P | BC/BS OK RX (1215)BIN: | \$25.15 | 9999999999 | 0002 | 51407008105 | ATORVASTATIN 80 MG) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2824477/1P | BC/BS OK RX (1215)BIN: | \$14.79 | 9999999999 | 0002 | 51407025010 | PANTOPRAZOLE 40MG T) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2824515/1P | BC/BS OK RX (1215)BIN: | \$54.28 | 9999999999 | 0002 | 71610001770 | SUCRALFATE 1GM TAB) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2825933/1P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | 0002 | 51407014301 | ERGOCALCIFEROL 50,0) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 70:Product/Service Not Covered | DEMO PATIENT | 2829712/0P | BC/BS OK RX (1215)BIN: | \$64.00 | 9999999999 | 0002 | 10135049210 | SALSALATE 500MG TAB) | Unfixable | REPACK | |
| 04/02/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2791335/4P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | | 42291026601 | ERGOCALCIFEROL 50,000 UNIT CAP (E) | Unfixable | REPACK | |
| 04/01/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2817696/2P | CAREMARK BIN:004336 PC | \$11.50 | 9999999999 | RX1147 | 70347005003 | METOPROLOL SUCCINATE 50 MG ER TAB (E) | Unfixable | PLAN EXCLUSION | |
| 04/01/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2817695/2P | CAREMARK BIN:004336 PC | \$39.56 | 9999999999 | RX1147 | 70347002503 | METOPROLOL SUCCINATE 25 MG ER TAB (E) | Unfixable | PLAN EXCLUSION | |
| 04/13/20 | CLINTON | 69:Filled After Coverage Terminated | DEMO PATIENT | 2815306/0P | CAREMARK BIN:004336 PC | \$13.85 | 9999999999 | RX1147 | 65862018730 | ONDANSETRON HCL 4MGB | Unfixable | COVERAGE TERMINATED | |
| 04/13/20 | CLINTON | 69:Filled After Coverage Terminated | DEMO PATIENT | 2731209/8P | CAREMARK BIN:004336 PC | \$12.23 | 9999999999 | RX1147 | 10006073038 | MAGNESIUM OXIDE 400B | Unfixable | OTC UNBILLABLE | |
| 04/14/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2821595/1P | OPTUM RX 610011:IRX | \$55.05 | 9999999999 | HCBHCA | 59762054102 | GLIPIZIDE 5 MG SA TB | Unfixable | MUST USE MAIL ORDER | |
| 04/14/20 | CLINTON | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2821599/1P | OPTUM RX 610011:IRX | \$12.49 | 9999999999 | HCBHCA | 43353001330 | TAMSULOSIN HCL 0.4MP | Unfixable | REPACK | |
| 04/15/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2738852/1P | OPTUM RX 610011:IRX | \$14.87 | 9999999999 | HCBHCA | 53243002498 | SIMVASTATIN 40MG TAB | Unfixable | MUST USE MAIL ORDER | |

RRIP—Claims Can be Flagged for Further Attention

| Fill Date | Division | Rejection | Name | Rx#/Fill# | Insurer | Amount Billed | Cardholder ID | Group | NDC | Drug Name | Status | Comments | Employee |
|-----------|----------|--|--------------|------------|------------------------|---------------|---------------|----------|--------------|--|------------|-------------------------|----------|
| 04/02/20 | EL RENO | 22-M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2831861/0P | BC/BS RX FEP B-610239 | \$40.00 | 9999999999 | 65006500 | 00009041701 | TESTOSTERONE CYPIONATE 200MG/ML INJ (IN OI | Fixed | PAID | |
| 04/02/20 | EL RENO | 22-M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2831852/0P | BC/BS RX FEP B-610239 | \$110.32 | 9999999999 | 65006500 | 59310057922 | ALBUTEROL HFA 90 MCG/ACTION INHLORAL (| Fixed | PAID | |
| 04/07/20 | CLINTON | 22-M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2783853/4P | CAREMARK BIN:004336 PC | \$68.47 | 9999999999 | RX1412 | 00074706819 | LEVOTHYROXINE (SYNTHROID) 0.125 MG TAB | Fixed | PAID | |
| 04/03/20 | EL RENO | 22-M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2763498/1P | BC/BS OK RX (1215)BIN: | \$110.32 | 9999999999 | | 59310057922 | ALBUTEROL HFA 90 MCG/ACTION INHLORAL (| Fixed | PAID | |
| 04/06/20 | EL RENO | 22-M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2819569/1P | BC/BS OK RX (1215)BIN: | \$68.46 | 9999999999 | 0002 | 00074518219 | LEVOTHYROX (SYNTHRO) | Fixed | PAID | |
| 04/07/20 | CLINTON | 76-Plan Limitations Exceeded | DEMO PATIENT | 2791664/4P | OPTUMRX 610279-9999 | \$118.11 | 9999999999 | UHEALTH | 66993005702 | HYDROXYCHLOROQUINE 200 MG TAB | In Process | PA SENT 4/8/20 | |
| 04/15/20 | CLINTON | 70-Product/Service Not Covered | DEMO PATIENT | 2821598/1P | OPTUM RX 610011:HRX | \$297.33 | 9999999999 | HC8HCA | 00085134107 | MOMETASONE 220 MCG/S | In Process | PA | |
| 04/07/20 | CLINTON | 70-Product/Service Not Covered | DEMO PATIENT | 2791613/4P | OPTUMRX 610279-9999 | \$55.05 | 9999999999 | UHEALTH | 00904671746 | CETIRIZINE 10 MG TAB | Unfixable | OTC UNBILLABLE | |
| 04/02/20 | EL RENO | 21-M/ Product/Service ID | DEMO PATIENT | 2831855/0P | BC/BS RX FEP B-610239 | \$10.96 | 9999999999 | 65006500 | 42291026601 | ERGOCALCIFEROL 50,000 UNIT CAP (E) | Unfixable | REPACK | |
| 04/01/20 | CLINTON | 76-Plan Limitations Exceeded | DEMO PATIENT | 2819388/0P | CAREMARK BIN:004336 PC | \$11.08 | 9999999999 | RX1412 | 54738055912 | ASPIRIN 81 MG EC TAB | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/07/20 | CLINTON | 22-M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2783855/4P | CAREMARK BIN:004336 PC | \$39.56 | 9999999999 | RX1412 | 70347002503 | METOPROLOL SUCCINATE 25 MG ER TAB | Unfixable | PLAN EXCLUSION | |
| 04/07/20 | CLINTON | 21-M/ Product/Service ID | DEMO PATIENT | 2783858/4P | CAREMARK BIN:004336 PC | \$13.00 | 9999999999 | RX1412 | 60429076910 | TOPIRAMATE 25MG TAB | Unfixable | REPACK | |
| 04/01/20 | EL RENO | 7X:Days Supply Exceeds Plan Limitation | DEMO PATIENT | 2796110/0P | BC/BS OK RX (1215)BIN: | \$11.32 | 9999999999 | | 54738055912 | ASPIRIN 81 MG EC TAB (E) | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/03/20 | EL RENO | 70-Product/Service Not Covered | DEMO PATIENT | 2763502/3P | BC/BS OK RX (1215)BIN: | \$11.56 | 9999999999 | | 00904546052 | CALCIUM-VITAMIN D 500 MG-200 UNIT TAB (E) | Unfixable | OTC UNBILLABLE | |
| 04/03/20 | EL RENO | 70-Product/Service Not Covered | DEMO PATIENT | 2808515/1P | BC/BS OK RX (1215)BIN: | \$239.71 | 9999999999 | | 00378932232 | FLUTICASONE-SALMETEROL 500 MCG-50 MCG (WIX | Unfixable | PA DENIED | |
| 04/03/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2763508/5P | BC/BS OK RX (1215)BIN: | \$18.21 | 9999999999 | | 42291083310 | TRAZODONE HCL 50MG TAB (E) | Unfixable | REPACK | |
| 04/03/20 | EL RENO | 77:Discontinued Product/Service ID Number | DEMO PATIENT | 2811302/1P | OKLAHOMA MEDICAID | \$19.38 | 9999999999 | | 42291062390 | MONTELUKAST 5 MG CHEW TAB (E) | Unfixable | REPACK | |
| 04/03/20 | EL RENO | 22-M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2832249/0P | OKLAHOMA MEDICAID | \$30.53 | 9999999999 | | 54092038701 | AMPHETAMINE-DEXTROAMPHETAMINE 20 MG ER CA | Fixed | PAID | |
| 04/15/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2802894/1P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | OB1602 | 42291026601 | ERGOCALCIFEROL 50.0) | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834707/0P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | OB1602 | 42291026601 | ERGOCALCIFEROL 50.0) | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 943:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834710/0P | BC/BS OK RX (1215)BIN: | \$13.00 | 9999999999 | OB1602 | 52343003790 | MONTELUKAST 10 MG T) | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 943:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834709/0P | BC/BS OK RX (1215)BIN: | \$10.86 | 9999999999 | OB1602 | 13107019599 | LOSARTAN 25 MG TAB.) | Unfixable | REPACK | |
| 04/13/20 | WATONGA | 21-M/ Product/Service ID | DEMO PATIENT | 2800291/1P | BC/BS OK RX (1215)BIN: | \$160.15 | 9999999999 | 0000 | 30904531360 | MULTIVIT W/MINERALS) | Unfixable | REPACK | |
| 04/09/20 | EL RENO | 7X:Days Supply Exceeds Plan Limitation | DEMO PATIENT | 2766413/1P | BC/BS OK RX (1215)BIN: | \$11.32 | 9999999999 | 0002 | 54738055912 | ASPIRIN 81 MG EC TA) | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/06/20 | EL RENO | 22-M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2819571/1P | BC/BS OK RX (1215)BIN: | \$11.50 | 9999999999 | 0002 | 70347005003 | (METOPROLOL SUCCINAT) | Unfixable | PLAN EXCLUSION | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2819567/1P | BC/BS OK RX (1215)BIN: | \$25.15 | 9999999999 | 0002 | 51407008105 | ATORVASTATIN 80 MG) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2824477/1P | BC/BS OK RX (1215)BIN: | \$14.79 | 9999999999 | 0002 | 51407025010 | PANTOPRAZOLE 40MG T) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2824515/1P | BC/BS OK RX (1215)BIN: | \$54.28 | 9999999999 | 0002 | 716100011770 | SUCRALFATE 1GM TAB) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2825933/1P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | 0002 | 51407014301 | ERGOCALCIFEROL 50.0) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 70-Product/Service Not Covered | DEMO PATIENT | 2829712/0P | BC/BS OK RX (1215)BIN: | \$64.00 | 9999999999 | 0002 | 10135049210 | SALSALATE 500MG TAB) | Unfixable | REPACK | |
| 04/02/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2791335/4P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | | 42291026601 | ERGOCALCIFEROL 50,000 UNIT CAP (E) | Unfixable | REPACK | |
| 04/01/20 | EL RENO | 22-M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2817696/2P | CAREMARK BIN:004336 PC | \$11.50 | 9999999999 | RX1147 | 70347005003 | METOPROLOL SUCCINATE 50 MG ER TAB (E) | Unfixable | PLAN EXCLUSION | |
| 04/01/20 | EL RENO | 22-M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2817695/2P | CAREMARK BIN:004336 PC | \$39.56 | 9999999999 | RX1147 | 70347002503 | METOPROLOL SUCCINATE 25 MG ER TAB (E) | Unfixable | PLAN EXCLUSION | |
| 04/13/20 | CLINTON | 69:Filled After Coverage Terminated | DEMO PATIENT | 2815306/0P | CAREMARK BIN:004336 PC | \$13.85 | 9999999999 | RX1147 | 65862018730 | ONDANSETRON HCL 4MG8 | Unfixable | COVERAGE TERMINATED | |
| 04/13/20 | CLINTON | 69:Filled After Coverage Terminated | DEMO PATIENT | 2731209/8P | CAREMARK BIN:004336 PC | \$12.23 | 9999999999 | RX1147 | 10006073038 | MAGNESIUM OXIDE 4008 | Unfixable | OTC UNBILLABLE | |
| 04/14/20 | CLINTON | 76-Plan Limitations Exceeded | DEMO PATIENT | 2821595/1P | OPTUM RX 610011:HRX | \$55.05 | 9999999999 | HC8HCA | 59762054102 | GLIPIZIDE 5 MG SA TB | Unfixable | MUST USE MAIL ORDER | |
| 04/14/20 | CLINTON | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2821599/1P | OPTUM RX 610011:HRX | \$12.49 | 9999999999 | HC8HCA | 43333001330 | TAMSULOSIN HCL 0.4MP | Unfixable | REPACK | |
| 04/15/20 | CLINTON | 76-Plan Limitations Exceeded | DEMO PATIENT | 2726865/10 | OPTUM RX 610011:HRX | \$14.87 | 0806060606 | HC8HCA | 53242002169 | SIMVASTATIN 40MG TAB | Unfixable | MUST USE MAIL ORDER | |



RRIP—Tabs for Claims for Each Month

| Fill Date | Division | Rejection | Name | Rx#/Fill# | Insurer | Amount Billed | Cardholder ID | Group | NDC | Drug Name | Status | Comments | Employee |
|-----------|----------|--|--------------|------------|------------------------|---------------|---------------|----------|-------------|--|------------|-------------------------|----------|
| 04/02/20 | EL RENO | 22:M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2831861/0P | BC/BS RX FEP B:610239 | \$40.00 | 999999999 | 65006500 | 00009041701 | TESTOSTERONE CYPIONATE 200MG/ML INU (IN OI | Fixed | PAID | |
| 04/02/20 | EL RENO | 22:M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2831852/0P | BC/BS RX FEP B:610239 | \$110.32 | 999999999 | 65006500 | 59310057922 | ALBUTEROL HFA 90 MCG/ACTUATION INHL_ORAL (| Fixed | PAID | |
| 04/07/20 | CLINTON | 22:M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2783853/4P | CAREMARK BIN:004336 PC | \$68.47 | 999999999 | RX1412 | 0007406819 | LEVOTHYROXINE (SYNTHROID) 0.125 MG TAB | Fixed | PAID | |
| 04/03/20 | EL RENO | 22:M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2763498/1P | BC/BS OK RX (1215)BIN: | \$110.32 | 999999999 | | 59310057922 | ALBUTEROL HFA 90 MCG/ACTUATION INHL_ORAL (| Fixed | PAID | |
| 04/06/20 | EL RENO | 22:M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2819569/1P | BC/BS OK RX (1215)BIN: | \$68.46 | 999999999 | 0002 | 00074518219 | LEVOTHYROX (SYNTHRO) | Fixed | PAID | |
| 04/07/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2791664/4P | OPTUMRX 610279-9999 | \$118.11 | 999999999 | UHEALTH | 66993005702 | HYDROXYCHLOROQUINE 200 MG TAB | In Process | PA SENT 4/8/20 | |
| 04/15/20 | CLINTON | 70:Product/Service Not Covered | DEMO PATIENT | 2821598/1P | OPTUM RX 610011:1RX | \$297.33 | 999999999 | HCBHCA | 00085134107 | MOMETASONE 220 MCG/S | In Process | PA | |
| 04/07/20 | CLINTON | 70:Product/Service Not Covered | DEMO PATIENT | 2791613/4P | OPTUMRX 610279-9999 | \$55.05 | 999999999 | UHEALTH | 00904671746 | CETIRIZINE 10 MG TAB | Unfixable | OTC UNBILLABLE | |
| 04/02/20 | EL RENO | 21:M/ Product/Service ID | DEMO PATIENT | 2831855/0P | BC/BS RX FEP B:610239 | \$10.96 | 999999999 | 65006500 | 42291026601 | ERGOCALCIFEROL 50,000 UNIT CAP (E) | Unfixable | REPACK | |
| 04/01/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2819388/0P | CAREMARK BIN:004336 PC | \$11.08 | 999999999 | RX1412 | 54738055912 | ASPIRIN 81 MG EC TAB | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/07/20 | CLINTON | 22:M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2783855/4P | CAREMARK BIN:004336 PC | \$39.56 | 999999999 | RX1412 | 70347002503 | METOPROLOL SUCCINATE 25 MG ER TAB | Unfixable | PLAN EXCLUSION | |
| 04/07/20 | CLINTON | 21:M/ Product/Service ID | DEMO PATIENT | 2783858/4P | CAREMARK BIN:004336 PC | \$13.00 | 999999999 | RX1412 | 60429078910 | TOPIRAMATE 25MG TAB | Unfixable | REPACK | |
| 04/01/20 | EL RENO | 7X:Days Supply Exceeds Plan Limitation | DEMO PATIENT | 2796110/0P | BC/BS OK RX (1215)BIN: | \$11.32 | 999999999 | | 54738055912 | ASPIRIN 81 MG EC TAB (E) | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/03/20 | EL RENO | 70:Product/Service Not Covered | DEMO PATIENT | 2763502/3P | BC/BS OK RX (1215)BIN: | \$11.56 | 999999999 | | 00904546052 | CALCIUM-VITAMIN D 500 MG-200 UNIT TAB (E) | Unfixable | OTC UNBILLABLE | |
| 04/03/20 | EL RENO | 70:Product/Service Not Covered | DEMO PATIENT | 2808515/1P | BC/BS OK RX (1215)BIN: | \$239.71 | 999999999 | | 00378932232 | FLUTICASON-SALMETEROL 500 MCG-50 MCG (WIX | Unfixable | PA DENIED | |
| 04/03/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2763508/5P | BC/BS OK RX (1215)BIN: | \$18.21 | 999999999 | | 42291083310 | TRAZODONE HCL 50MG TAB (E) | Unfixable | REPACK | |
| 04/03/20 | EL RENO | 77:Discontinued Product/Service ID Number | DEMO PATIENT | 2811302/1P | OKLAHOMA MEDICAID | \$19.38 | 999999999 | | 42291062390 | MONTELUKAST 5 MG CHEW TAB (E) | Unfixable | REPACK | |
| 04/03/20 | EL RENO | 22:M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2832249/0P | OKLAHOMA MEDICAID | \$330.53 | 999999999 | | 54092038701 | AMPHETAMINE-DEXTRORAMPHETAMINE 20 MG ER CA | Fixed | PAID | |
| 04/15/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2802894/1P | BC/BS OK RX (1215)BIN: | \$11.92 | 999999999 | OB1602 | 42291026601 | ERGOCALCIFEROL 50,0) | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834707/0P | BC/BS OK RX (1215)BIN: | \$11.92 | 999999999 | OB1602 | 42291026601 | ERGOCALCIFEROL 50,0) | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 943:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834710/0P | BC/BS OK RX (1215)BIN: | \$13.00 | 999999999 | OB1602 | 52343003790 | MONTELUKAST 10 MG T) | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 943:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834709/0P | BC/BS OK RX (1215)BIN: | \$10.86 | 999999999 | OB1602 | 13107019599 | LOSARTAN 25 MG TAB) | Unfixable | REPACK | |
| 04/13/20 | WATONGA | 21:M/ Product/Service ID | DEMO PATIENT | 2800291/1P | BC/BS OK RX (1215)BIN: | \$160.15 | 999999999 | 0000 | 30904531360 | MULTIVIT W/MINERALS) | Unfixable | REPACK | |
| 04/09/20 | EL RENO | 7X:Days Supply Exceeds Plan Limitation | DEMO PATIENT | 2786413/1P | BC/BS OK RX (1215)BIN: | \$11.32 | 999999999 | 0002 | 54738055912 | ASPIRIN 81 MG EC TA) | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/06/20 | EL RENO | 22:M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2819571/1P | BC/BS OK RX (1215)BIN: | \$11.50 | 999999999 | | 70347005003 | METOPROLOL SUCCINAT) | Unfixable | PLAN EXCLUSION | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2819567/1P | BC/BS OK RX (1215)BIN: | \$25.15 | 999999999 | 0002 | 51407008105 | ATORVASTATIN 80 MG) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2824477/1P | BC/BS OK RX (1215)BIN: | \$14.79 | 999999999 | 0002 | 51407025010 | PANTOPRAZOLE 40MG T) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2824515/1P | BC/BS OK RX (1215)BIN: | \$54.28 | 999999999 | 0002 | 71610001770 | SUCRALFATE 1GM TAB) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2825933/1P | BC/BS OK RX (1215)BIN: | \$11.92 | 999999999 | 0002 | 51407014301 | ERGOCALCIFEROL 50,0) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 70:Product/Service Not Covered | DEMO PATIENT | 2829712/0P | BC/BS OK RX (1215)BIN: | \$64.00 | 999999999 | 0002 | 10135049210 | SALSALATE 500MG TAB) | Unfixable | REPACK | |
| 04/02/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2791335/4P | BC/BS OK RX (1215)BIN: | \$11.92 | 999999999 | | 42291026601 | ERGOCALCIFEROL 50,000 UNIT CAP (E) | Unfixable | REPACK | |
| 04/01/20 | EL RENO | 22:M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2817896/2P | CAREMARK BIN:004336 PC | \$11.50 | 999999999 | RX1147 | 70347005003 | METOPROLOL SUCCINATE 50 MG ER TAB (E) | Unfixable | PLAN EXCLUSION | |
| 04/01/20 | EL RENO | 22:M/ Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2817895/2P | CAREMARK BIN:004336 PC | \$39.56 | 999999999 | RX1147 | 70347002503 | METOPROLOL SUCCINATE 25 MG ER TAB (E) | Unfixable | PLAN EXCLUSION | |
| 04/13/20 | CLINTON | 69:Filled After Coverage Terminated | DEMO PATIENT | 2815306/0P | CAREMARK BIN:004336 PC | \$13.85 | 999999999 | RX1147 | 65862018730 | ONDANSETRON HCL 4MG B | Unfixable | COVERAGE TERMINATED | |
| 04/13/20 | CLINTON | 69:Filled After Coverage Terminated | DEMO PATIENT | 2731209/8P | CAREMARK BIN:004336 PC | \$12.23 | 999999999 | RX1147 | 10006073038 | MAGNESIUM OXIDE 400B | Unfixable | OTC UNBILLABLE | |
| 04/14/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2821595/1P | OPTUM RX 610011:1RX | \$55.05 | 999999999 | HCBHCA | 59762054102 | GLUPIZIDE 5 MG SA TB | Unfixable | MUST USE MAIL ORDER | |
| 04/14/20 | CLINTON | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2821599/1P | OPTUM RX 610011:1RX | \$12.49 | 999999999 | HCBHCA | 43353001330 | TAMSULOSIN HCL 0.4MP | Unfixable | REPACK | |
| 04/15/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2786857/1P | OPTUM RX 610011:1RX | \$14.87 | 999999999 | HCBHCA | 52343003798 | SIMVASTATIN 40MG TAB | Unfixable | MUST USE MAIL ORDER | |



How to use the RRIP

- The next slides give step by step instructions on how to convert your RCR to a more user-friendly report using the RRIP
 - How to "run a RRIP report"



Overview of process

Run Rejected Claims Report (RCR) in RPMS

- Use “log session” function in RPMS to capture RCR and make it a text document

Use RRIP to convert RCR into a spreadsheet where rejected claims data can be easily filtered, sorted and manipulated to get the data you want or organize it how you want



Rejected Claims Report

How do you navigate to RCR in RPMS?

From pharmacy POS menu

- RPT>CLA>RCR



Rejected Claims Report

```
*****  
* PHARMACY POINT OF SALE V1.0 P52 *  
* TWELVE CLANS UNITY HOSPITAL *  
* Main Menu *  
*****
```

```
U Pharmacy POS User Menu ...  
MGR Pharmacy POS Manager Menu ...  
BILL RX Point of Sale Billing Menu ...  
RPT Pharmacy electronic claims reports ...
```

You have PENDING ALERTS
Enter "VA to jump to VIEW ALERTS option

You've got PRIORITY mail!

Select Pharmacy Point of Sale Option: █



Rejected Claims Report

```
*****  
* PHARMACY POINT OF SALE V1.0 P52 *  
* TWELVE CLANS UNITY HOSPITAL *  
* Pharmacy electronic claims reports *  
*****
```

```
CLA Claim results and status ...  
SITE Claims result and status by site ...  
MNT Maintenance Reports ...  
ADMN Administration reports ...  
SET Setup (Configuration) reports ...  
SURV Surveys of REMS database ...  
ELIG Medicare Part D Eligibility Check  
PRIV Private Ins Eligibility Check  
OTH Other reports ...
```

You have PENDING ALERTS
Enter "VA to jump to VIEW ALERTS option

You've got PRIORITY mail!

Select Pharmacy electronic claims reports Option: █



Rejected Claims Report

```
*****  
* PHARMACY POINT OF SALE V1.0 P52 *  
* TWELVE CLANS UNITY HOSPITAL *  
* Claim results and status *  
*****  
  
PAY Payable claims report  
REJ Rejected claims report  
CAP Captured claims report  
PAP Paper claims report  
UN Uninsured claims report  
REC Recent transactions  
RCR Rejected Claims by Reject Code  
ERCK Enhanced Rejected Claims by Reject Code  
CLO Closed Claim Report  
  
You have PENDING ALERTS  
Enter "VA to jump to VIEW ALERTS option  
  
You've got PRIORITY mail!  
  
Select Claim results and status Option: █
```



Rejected Claims Report

How do you process an RCR to be used in the RRIP?

Once you have selected the RCR you will be prompted to enter parameters for your report

- Enter beginning and ending prescription release date
 - This is the date range you want your report to display
- For the next three prompts, most pharmacies will use defaults/leave blank – these prompts are; select a pharmacy, choose an insurer, and choose a rejection code
- Choosing the defaults will select all pharmacies in your service unit, all insurers and all reject codes for the specified date range for your report
- If your service unit has multiple pharmacies and you want to select a specific pharmacy, choose that pharmacy

Now choose “Detailed” report

Continued on next slide



Rejected Claims Report

How do you process an RCR to be used in the RRIP?

At “DEVICE” prompt type “0;180;999999999”

IMPORTANT!!! – BEFORE pressing “Enter” after typing “0;180;999999999,” **enable “log session”**

- **To enable log session**, go to “File” in the upper left hand corner and select “log session”
- You will be prompted to save your text file and choose a location to save it
 - Choose a location that you will remember!
 - I suggest creating a separate file for your RCR text files.
- I typically save mine as the date range I am processing - Ex. Report for September 10th would be saved as “9-10” and September 1st-10th would be saved as “9-1-9-10.”

FYI - By logging the session you are creating an RCR text document

- Optional – you can add “.txt” to your file to make it show up as a text document – this will not change the ability of the RRIP to process it

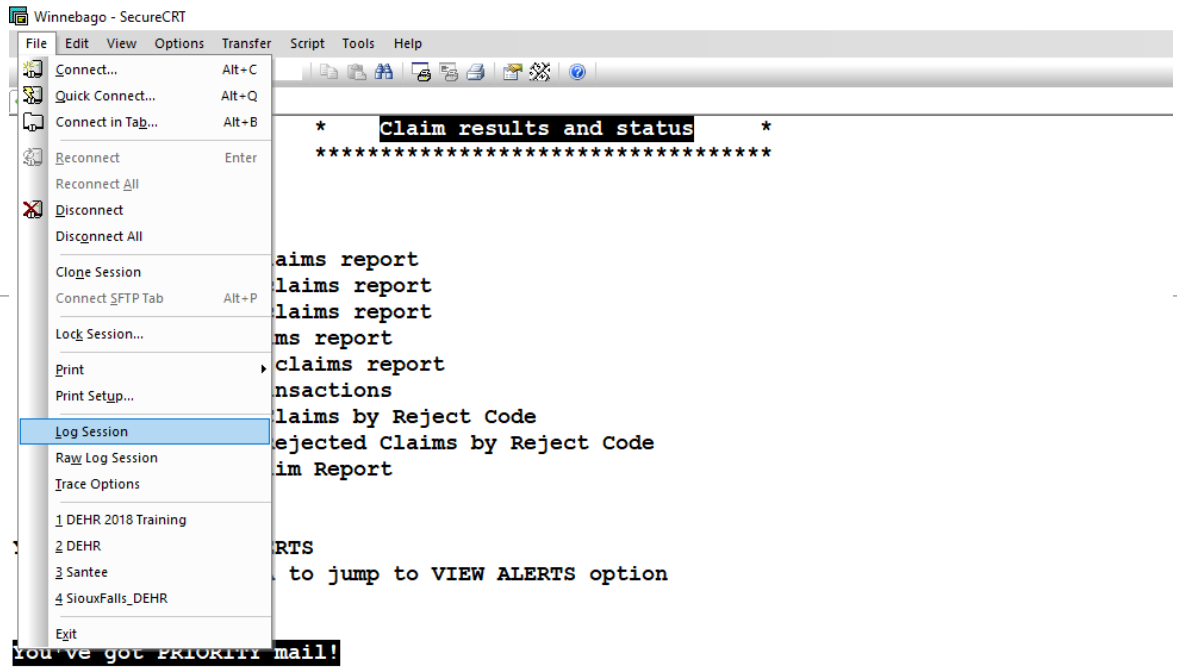
THEN press “Enter”

Report information will scroll past quickly on screen

Then go to “File” and select “log session” again to disable log session

Now you are ready to use the RRIP to convert it into a spreadsheet which will organize your data and allow you to manipulate it!





Type "RCR" and press enter > enter parameters (date range, pharmacy, insurer, rejection code) > select "DETAILED" > at "DEVICE" prompt type "0;180;999999999," > **BEFORE** pressing enter enable "Log Session" from file menu

```
Select Claim results and status Option: rcr Rejected Claims by Reject Code

Enter Beginning Prescription Release Date: 9 10 23 SEP 10, 2023

Enter Ending Prescription Release Date: 9 10 23 SEP 10, 2023
Please Select a Pharmacy or leave blank for ALL:
Please choose an insurer or leave blank for ALL POS electronic insurers:
Please choose a REJECTION CODE or leave blank for ALL:
```

```
Select one of the following:

S SUMMARY
D DETAILED
```

```
Please select S for Summary or D for Detailed: D// ETAILED
DEVICE: HOME// 0;180;999999999
```

File Edit View Options Transfer Script Tools Help

Enter host <Alt=R>

Winnebago

```

PAY    Payable claims report
REJ    Rejected claims report
CAP    Captured claims report
PAP    Paper claims report
UN     Uninsured claims report
REC    Recent transactions
RCR    Rejected Claims by Reject Code
ERCR   Enhanced Rejected Claims by Reject Code
CLO    Closed Claim Report

```

You have PENDING ALERTS
Enter "VA to jump to VIEW ALERTS option

You've got PRIORITY mail!

Select Claim results and status Option: rcr Reject

Enter Beginning Prescription Release Date: 9 10 23

This response must be a date.

Enter Beginning Prescription Release Date: 9 10 23

Enter Ending Prescription Release Date: 9 10 23

Please Select a Pharmacy or leave blank for ALL:
Please choose an insurer or leave blank for ALL POS electronic insurers:
Please choose a REJECTION CODE or leave blank for ALL:

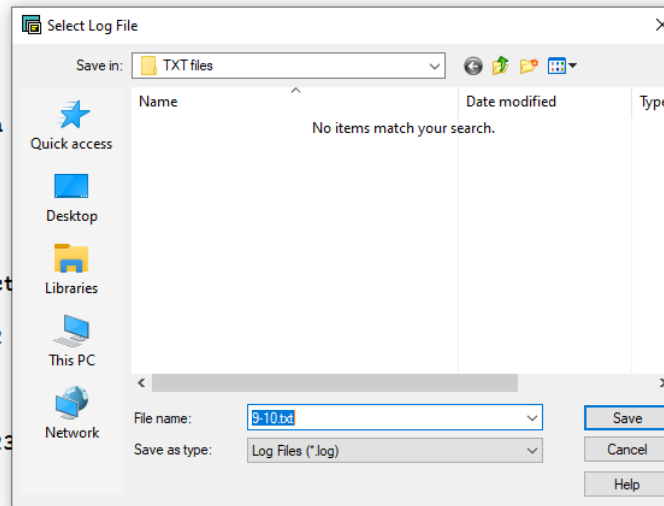
Select one of the following:

```

S      SUMMARY
D      DETAILED

```

Please select S for Summary or D for Detailed: D// ETAILED
DEVICE: HOME// 0;180;999999999



Save your text document (use date range as name) > **THEN** press "Enter" back in the "DEVICE" prompt to run the report

Winnebago - SecureCRT

File Edit View Options Transfer Script Tools Help

Connect... Alt+C
 Quick Connect... Alt+Q
 Connect in Tab... Alt+B
 Reconnect Enter
 Reconnect All
 Disconnect
 Disconnect All
 Close Session
 Connect SFTP Tab Alt+P
 Lock Session...
 Print
 Print Setup...
 Log Session
 Raw Log Session
 Trace Options
 1 DEHR 2018 Training
 2 DEHR
 3 Santee
 4 SiouxFalls_DEHR
 Exit

```

TION CODE: A5:Not Covered Under Part D Law
S ETTA      2264375/0P      D-RX-017010-CIMCARE-CI      $  5.76
CIGPDPRX    00536132710      ACETAMINOPHEN 325MG TAB

TION CODE: 69:Filled After Coverage Terminated
REIGN      2264363/0P      RX-004336-MCAIDADV      $ 11.57
RX5459     00074736203      CARBAMIDE PEROXIDE 6.5% OTIC SOLN

TRIBAL HLTH PROGRAM: $ 84.24

ATE SEP 10, 2023: $ 84.24

D: $ 84.24

aims report
REJ Rejected claims report
CAP Captured claims report
PAP Paper claims report
UN  Uninsured claims report
REC Recent transactions
RCR Rejected Claims by Reject Code
ERCR Enhanced Rejected Claims by Reject Code
CLO Closed Claim Report

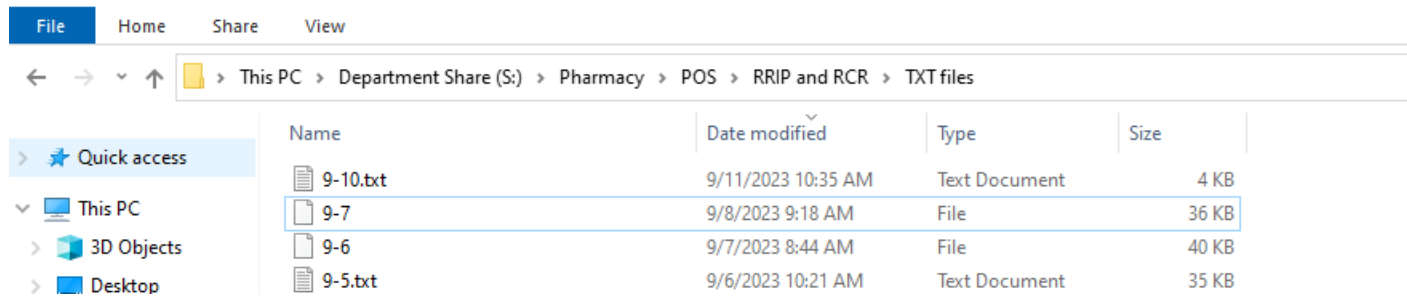
You have PENDING ALERTS
Enter "VA to jump to VIEW ALERTS option

You have 7939 new messages. (Last arrival: 09/11/23@09:56)

You've got PRIORITY mail!

Select Claim results and status Option:
  
```

Got to file and disable "Log Session" > Now your RCR text document is complete and ready to be used in the RRIP



This slide is to illustrate that the Log Session function creates a text document. You do not necessarily need to verify that the text document was successfully created

RRIP

How do I use the RRIP to create a spreadsheet to organize and manipulate my data?

Open the RRIP Excel document

Click on the Orange square that says “Rejected Claims by Rejection Code Report”

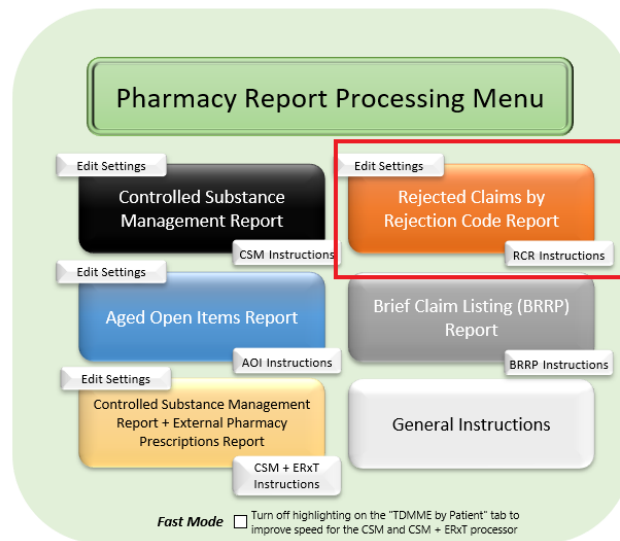
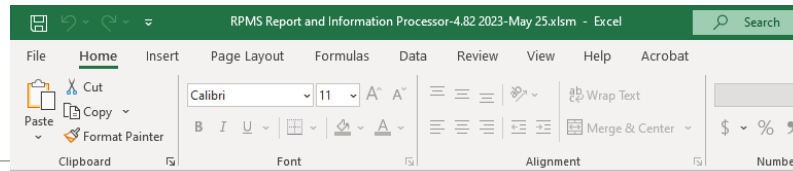
RCR Initial Setup will display

- This is where you choose what information you would like displayed on your “RRIP Report” (your Spreadsheet with your rejections on it)
- There are dropdown boxes with predefined fields in them
- You will choose which field you want in each column and that data will be displayed in the column indicated
- I recommend choosing the following fields/information for your RRIP Report; Name, Fill Date, Drug name, Insurer, Rejection, Amount Billed, Cardholder ID, RX#, Comment

Then click “Save” and you will be prompted to select a file

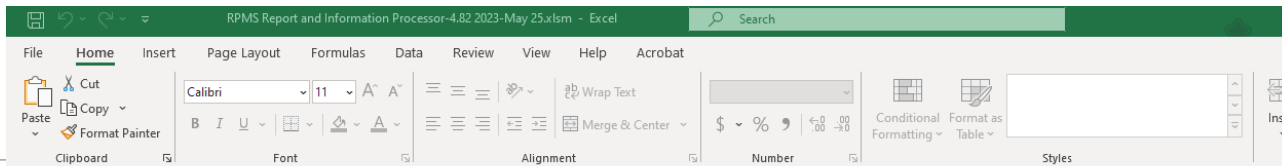
- Navigate to the folder you saved your RCR text document in and select it





Click on "rejected Claims by Rejection code Report"

Created by CAPT Nick Sparrow, version 4.82 2023-May 25
nicholas.sparrow@ihs.gov, 918-342-6623 (work)



Pharmacy Report Processing

- Controlled Substance Management Report (Edit Settings, CSM Instructions)
- Rejected Rejection C (Edit Settings)
- Aged Open Items Report (Edit Settings, AOI Instructions)
- Controlled Substance Management Report + External Pharmacy Prescriptions Report (Edit Settings, CSM + ERxT Instructions)
- Brief Claim L Rep
- General In

Fast Mode Turn off highlighting on the TDMME by Patient to improve speed for the CSM and CSM + ERxT

Created by CAPT Nick Sparrow, version 4.82 2023-May 25
nicholas.sparrow@ihs.gov, 918-342-6623 (work)

RCR Initial Setup

Welcome to the RPMS Report and Information Processor! Below you may choose how you would like this report to look. Each dropdown contains all the data items you may want to display from the RCR report. Simply choose which data you want for each column. Choose only the data you want displayed and leave blank or choose "Leave Blank" the columns where you do not want data displayed. Clicking "Save" will save these settings but allow you to change them next time you process a report. Clicking "Permanently Save" button will save your settings and this box will not display next time you process a report. If later you want to modify your settings, simply click the "Edit Columns" button next to the "Process Rejected Claims by Rejection Code Report" button on the main report processing page. If you choose to display statistics below, it is highly recommended that you choose "Status" as your Column A.

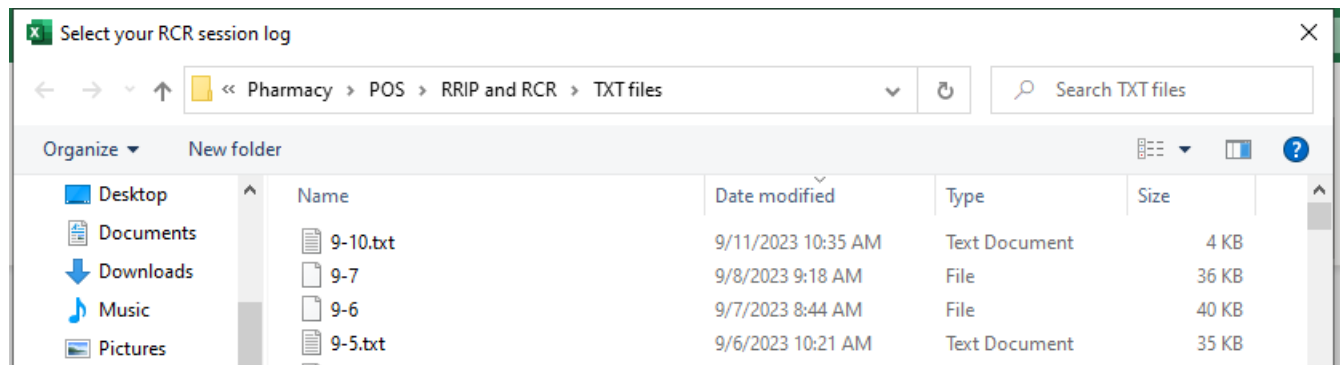
| | | | | | | | | |
|----------|-----------|----------|----------|-----------|----------|----------|----------|----------|
| Column A | Column B | Column C | Column D | Column E | Column F | Column G | Column H | Column I |
| Name | Fill Date | Druo Nar | Insurer | Rejection | Amount L | Cardholc | Rx#/Fill | Commen |
| Column J | Column K | Column L | Column M | Column N | Column O | | | |
| Emolove | Leave Bl | Leave Bl | | | | | | |

Would you like a summary sheet with valuable statistics about your progress on this set of rejections?

Would you like the .txt file you created to run this report to be deleted automatically after it is processed?

Choose information from dropdown boxes that you want displayed in the columns of your spreadsheet > Click Save

RRIP



Now choose your RCR Text file that you created



RRIP

9-10 - Excel

File Home Insert Page Layout Formulas Data Review View Help Acrobat

Clipboard Font Alignment Number Styles Cells

| | A | B | C | D | E | F | G | H | I | J | K | L |
|----|---|-----------|------------------------------------|------------------------|-------------------------------------|---------------|---------------|------------|----------|----------|---|---|
| 1 | | Fill Date | Drug Name | Insurer | Rejection | Amount Billed | Cardholder ID | Rx#/Fill# | Comments | Employee | | |
| 2 | | 09/10/23 | PSEUDOEPHEDRINE 30MG TABLET | D-RX-610097-9999-OPTUM | 70:Product/Service Not Covered | \$5.07 | 119715734 | 2264344/0P | | | | |
| 3 | | 09/10/23 | DIPHENHYDRAMINE 12.5MG/5ML LIQUID | RX-004336-ADV-CAREMARK | 70:Product/Service Not Covered | \$8.65 | W0193172901 | 2264353/0P | | | | |
| 4 | | 09/10/23 | ELECTROLYTE SOLN, ORAL | RX-004336-ADV-CAREMARK | 70:Product/Service Not Covered | \$11.59 | W0193172901 | 2264354/0P | | | | |
| 5 | | 09/10/23 | CLINDAMYCIN 150MG CAP | RX-020107 | 21:M/I Product/Service ID | \$13.90 | 734534580 | 2264346/0P | | | | |
| 6 | | 09/10/23 | FLUTICASON PROPR 50MCG NASAL SPRAY | RX-020107 | 21:M/I Product/Service ID | \$9.95 | 729966508 | 2264358/0P | | | | |
| 7 | | 09/10/23 | ELECTROLYTE SOLN, ORAL | RX-020107 | 70:Product/Service Not Covered | \$11.59 | 734534580 | 2264347/0P | | | | |
| 8 | | 09/10/23 | SODIUM CHLORIDE 0.65% NASAL SPRAY | RX-020107 | 70:Product/Service Not Covered | \$6.16 | 729966508 | 2264360/0P | | | | |
| 9 | | 09/10/23 | ACETAMINOPHEN 325MG TAB | D-RX-017010-CIMCARE-CI | A5:Not Covered Under Part D Law | \$5.76 | 16145821101 | 2264375/0P | | | | |
| 10 | | 09/10/23 | CARBAMIDE PEROXIDE 6.5% OTIC SOLN | RX-004336-MCAIDADV | 69:Filled After Coverage Terminated | \$11.57 | U4132820301 | 2264363/0P | | | | |
| 11 | | | | | | | | | | | | |

As long as you have done everything correctly, you should get a nice looking spreadsheet like this and you can manipulate the data in many ways

Working Rejections using RCR and RRIP

Best Practice: Run RRIP Report Daily, Work Rejections Daily and Track Data Daily

- **Run previous days rejections**

How to Track Data

- Run URM before starting to work on RRIP Report > Run DAY Report for date you are about to work on > Record “Payable” Amount (Before total) > Work Rejections on RRIP Report > Run URM afterward > Run DAY Report for date you worked on > Record “Payable” amount for day (After total)
- Difference between “After” total and “Before” total is amount made by working rejections for that day
 - This method can be used for a range of dates as well



| | Clipboard | | Font | | |
|----|-----------|--------------|--------------|-------------|---|
| | A | B | C | D | E |
| 1 | | BEFORE | AFTER | DIFFERENCE | |
| 2 | 8/1/2023 | \$57,984.37 | \$57,998.20 | \$13.83 | |
| 3 | 8/2/2023 | \$32,996.33 | \$32,996.33 | \$0.00 | |
| 4 | 8/3/2023 | \$25,828.58 | \$26,824.84 | \$996.26 | |
| 5 | 8/4/2023 | \$19,756.44 | \$19,756.44 | \$0.00 | |
| 6 | 8/5/2023 | \$5,237.29 | \$5,237.29 | \$0.00 | |
| 7 | 8/6/2023 | \$2,644.48 | \$3,298.48 | \$654.00 | |
| 8 | 8/7/2023 | \$34,227.43 | \$34,230.03 | \$2.60 | |
| 9 | 8/8/2023 | \$37,235.39 | \$37,265.77 | \$30.38 | |
| 10 | 8/9/2023 | \$33,784.08 | \$34,918.53 | \$1,134.45 | |
| 11 | 8/10/2023 | \$37,815.83 | \$38,018.09 | \$202.26 | |
| 12 | 8/11/2023 | \$40,223.24 | \$40,877.25 | \$654.01 | |
| 13 | 8/12/2023 | \$1,332.82 | \$1,334.91 | \$2.09 | |
| 14 | 8/13/2023 | \$3,274.87 | \$3,939.85 | \$664.98 | |
| 15 | 8/14/2023 | \$36,430.30 | \$37,123.82 | \$693.52 | |
| 16 | 8/15/2023 | \$31,685.63 | \$33,903.30 | \$2,217.67 | |
| 17 | 8/16/2023 | \$34,678.59 | \$35,446.06 | \$767.47 | |
| 18 | 8/17/2023 | \$31,074.09 | \$31,081.64 | \$7.55 | |
| 19 | 8/18/2023 | \$32,908.59 | \$34,724.13 | \$1,815.54 | |
| 20 | 8/19/2023 | \$3,930.45 | \$3,930.45 | \$0.00 | |
| 21 | 8/20/2023 | \$2,660.90 | \$3,314.90 | \$654.00 | |
| 22 | 8/21/2023 | \$51,119.15 | \$52,434.10 | \$1,314.95 | |
| 23 | 8/22/2023 | \$36,311.97 | \$36,326.37 | \$14.40 | |
| 24 | 8/23/2023 | \$35,712.65 | \$36,372.35 | \$659.70 | |
| 25 | 8/24/2023 | \$56,906.88 | \$59,906.88 | \$3,000.00 | |
| 26 | 8/25/2023 | \$37,452.83 | \$37,493.50 | \$40.67 | |
| 27 | 8/26/2023 | \$5,339.60 | \$5,339.60 | \$0.00 | |
| 28 | 8/27/2023 | \$3,934.53 | \$3,934.53 | \$0.00 | |
| 29 | 8/28/2023 | \$37,274.07 | \$37,928.07 | \$654.00 | |
| 30 | 8/29/2023 | \$47,740.35 | \$47,740.35 | \$0.00 | |
| 31 | 8/30/2023 | \$33,944.88 | \$34,598.88 | \$654.00 | |
| 32 | 8/31/2023 | \$26,689.77 | \$28,871.89 | \$2,182.12 | |
| 33 | | \$878,136.38 | \$897,166.83 | \$19,030.45 | |
| 34 | | | | | |
| 35 | | | | | |

Prioritizing rejections

| Fill Date | Division | Rejection | Name | Rx#/Fill# | Insurer | Amount Billed | Cardholder ID | Group | NDC | Drug Name | Status | Comments | Employee |
|-----------|----------|--|--------------|------------|------------------------|---------------|---------------|----------|-------------|--|------------|-------------------------|----------|
| 04/02/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2831861/0P | BC/BS RX FEP B:610239 | \$40.00 | 9999999999 | 65006500 | 00009041701 | TESTOSTERONE CYPIONATE 200MG/ML INJ (IN OI | Fixed | PAID | |
| 04/02/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2831852/0P | BC/BS RX FEP B:610239 | \$110.32 | 9999999999 | 65006500 | 59310057922 | ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (| Fixed | PAID | |
| 04/07/20 | CLINTON | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2783853/4P | CAREMARK BIN:004336 PC | \$68.47 | 9999999999 | RX1412 | 00074706819 | LEVOTHYROXINE (SYNTHROID) 0.125 MG TAB | Fixed | PAID | |
| 04/03/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2763498/1P | BC/BS OK RX (1215)BIN: | \$110.32 | 9999999999 | | 59310057922 | ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (| Fixed | PAID | |
| 04/06/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2819569/1P | BC/BS OK RX (1215)BIN: | \$68.46 | 9999999999 | 0002 | 00074518219 | LEVOTHYROX (SYNTHRO) | Fixed | PAID | |
| 04/07/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2791664/4P | OPTUMRX 610279:9999 | \$118.11 | 9999999999 | UHEALTH | 66993005702 | HYDROXYCHLOROQUINE 200 MG TAB | In Process | PA SENT 4/8/20 | |
| 04/15/20 | CLINTON | 70:Product/Service Not Covered | DEMO PATIENT | 2821598/1P | OPTUM RX 610011:IRX | \$297.33 | 9999999999 | HCBHCA | 00085134107 | MOMETASONE 220 MCG/S | In Process | PA | |
| 04/07/20 | CLINTON | 70:Product/Service Not Covered | DEMO PATIENT | 2791613/4P | OPTUMRX 610279:9999 | \$55.05 | 9999999999 | UHEALTH | 00904671746 | CETIRIZINE 10 MG TAB | Unfixable | OTC UNBILLABLE | |
| 04/02/20 | EL RENO | 21:M/I Product/Service ID | DEMO PATIENT | 2831855/0P | BC/BS RX FEP B:610239 | \$10.96 | 9999999999 | 65006500 | 42291026601 | ERGOCALCIFEROL 50,000 UNIT CAP (E) | Unfixable | REPACK | |
| 04/01/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2819388/0P | CAREMARK BIN:004336 PC | \$11.08 | 9999999999 | RX1412 | 54738055912 | ASPIRIN 81 MG EC TAB | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/07/20 | CLINTON | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2783855/4P | CAREMARK BIN:004336 PC | \$39.56 | 9999999999 | RX1412 | 70347002503 | METOPROLOL SUCCINATE 25 MG ER TAB | Unfixable | PLAN EXCLUSION | |
| 04/07/20 | CLINTON | 21:M/I Product/Service ID | DEMO PATIENT | 2783858/4P | CAREMARK BIN:004336 PC | \$13.00 | 9999999999 | RX1412 | 60429076910 | TOPIRAMATE 25MG TAB | Unfixable | REPACK | |
| 04/01/20 | EL RENO | 7X:Days Supply Exceeds Plan Limitation | DEMO PATIENT | 2796110/0P | BC/BS OK RX (1215)BIN: | \$11.32 | 9999999999 | | 54738055912 | ASPIRIN 81 MG EC TAB (E) | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/03/20 | EL RENO | 70:Product/Service Not Covered | DEMO PATIENT | 2763502/3P | BC/BS OK RX (1215)BIN: | \$11.56 | 9999999999 | | 00904546052 | CALCIUM-VITAMIN D 500 MG-200 UNIT TAB (E) | Unfixable | OTC UNBILLABLE | |
| 04/03/20 | EL RENO | 70:Product/Service Not Covered | DEMO PATIENT | 2808515/1P | BC/BS OK RX (1215)BIN: | \$239.71 | 9999999999 | | 00378932232 | FLUTICASONE-SALMETEROL 500 MCG-50 MCG (WIX | Unfixable | PA DENIED | |
| 04/03/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2763508/5P | BC/BS OK RX (1215)BIN: | \$18.21 | 9999999999 | | 42291083310 | TRAZODONE HCL 50MG TAB (E) | Unfixable | REPACK | |
| 04/03/20 | EL RENO | 77:Discontinued Product/Service ID Number | DEMO PATIENT | 2811302/1P | OKLAHOMA MEDICAID | \$19.38 | 9999999999 | | 42291062390 | MONTELUKAST 5 MG CHEW TAB (E) | Unfixable | REPACK | |
| 04/03/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2832249/0P | OKLAHOMA MEDICAID | \$330.53 | 9999999999 | | 54092038701 | AMPHETAMINE-DEXTRAMPHETAMINE 20 MG ER CA | Fixed | PAID | |
| 04/15/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2802894/1P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | OB1602 | 42291026601 | ERGOCALCIFEROL 50,0 | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834707/0P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | OB1602 | 42291026601 | ERGOCALCIFEROL 50,0 | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 943:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834710/0P | BC/BS OK RX (1215)BIN: | \$13.00 | 9999999999 | OB1602 | 52343003790 | MONTELUKAST 10 MG T) | Unfixable | REPACK | |
| 04/15/20 | EL RENO | 943:Reject Code description not entered,See NCPD | DEMO PATIENT | 2834709/0P | BC/BS OK RX (1215)BIN: | \$10.86 | 9999999999 | OB1602 | 13107019599 | LOSARTAN 25 MG TAB) | Unfixable | REPACK | |
| 04/13/20 | WATONGA | 21:M/I Product/Service ID | DEMO PATIENT | 2800291/1P | BC/BS OK RX (1215)BIN: | \$160.15 | 9999999999 | 0000 | 30904531360 | MULTIVIT W/MINERALS) | Unfixable | REPACK | |
| 04/09/20 | EL RENO | 7X:Days Supply Exceeds Plan Limitation | DEMO PATIENT | 2786413/1P | BC/BS OK RX (1215)BIN: | \$11.32 | 9999999999 | 0002 | 54738055912 | ASPIRIN 81 MG EC TA) | Unfixable | MAX DAY SUPPLY EXCEEDED | |
| 04/06/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2819571/1P | BC/BS OK RX (1215)BIN: | \$11.50 | 9999999999 | 0002 | 70347005003 | METOPROLOL SUCCINAT) | Unfixable | PLAN EXCLUSION | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2819567/1P | BC/BS OK RX (1215)BIN: | \$25.15 | 9999999999 | 0002 | 51407008105 | ATORVASTATIN 80 MG) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2824477/1P | BC/BS OK RX (1215)BIN: | \$14.79 | 9999999999 | 0002 | 51407025010 | PANTOPRAZOLE 40MG T) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2824515/1P | BC/BS OK RX (1215)BIN: | \$54.28 | 9999999999 | 0002 | 71610001770 | SUCRALFATE 1GM TAB) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2825933/1P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | 0002 | 51407014301 | ERGOCALCIFEROL 50,0) | Unfixable | REPACK | |
| 04/06/20 | EL RENO | 70:Product/Service Not Covered | DEMO PATIENT | 2829712/0P | BC/BS OK RX (1215)BIN: | \$64.00 | 9999999999 | 0002 | 10135049210 | SALSALATE 500MG TAB) | Unfixable | REPACK | |
| 04/02/20 | EL RENO | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2791335/4P | BC/BS OK RX (1215)BIN: | \$11.92 | 9999999999 | | 42291026601 | ERGOCALCIFEROL 50,000 UNIT CAP (E) | Unfixable | REPACK | |
| 04/01/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2817696/2P | CAREMARK BIN:004336 PC | \$11.50 | 9999999999 | RX1147 | 70347005003 | METOPROLOL SUCCINATE 50 MG ER TAB (E) | Unfixable | PLAN EXCLUSION | |
| 04/01/20 | EL RENO | 22:M/I Dispense As Written(DAW)/Product Selectio | DEMO PATIENT | 2817695/2P | CAREMARK BIN:004336 PC | \$39.56 | 9999999999 | RX1147 | 70347002503 | METOPROLOL SUCCINATE 25 MG ER TAB (E) | Unfixable | PLAN EXCLUSION | |
| 04/13/20 | CLINTON | 69:Filled After Coverage Terminated | DEMO PATIENT | 2815306/0P | CAREMARK BIN:004336 PC | \$13.85 | 9999999999 | RX1147 | 65862018730 | ONDANSETRON HCL 4MGB | Unfixable | COVERAGE TERMINATED | |
| 04/13/20 | CLINTON | 69:Filled After Coverage Terminated | DEMO PATIENT | 2731209/8P | CAREMARK BIN:004336 PC | \$12.23 | 9999999999 | RX1147 | 10006073038 | MAGNESIUM OXIDE 400B | Unfixable | OTC UNBILLABLE | |
| 04/14/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2821595/1P | OPTUM RX 610011:IRX | \$55.05 | 9999999999 | HCBHCA | 59762054102 | GLIPIZIDE 5 MG SA TB | Unfixable | MUST USE MAIL ORDER | |
| 04/14/20 | CLINTON | 645:Reject Code description not entered,See NCPD | DEMO PATIENT | 2821599/1P | OPTUM RX 610011:IRX | \$12.49 | 9999999999 | HCBHCA | 43353001330 | TAMSULOSIN HCL 0.4MP | Unfixable | REPACK | |
| 04/15/20 | CLINTON | 76:Plan Limitations Exceeded | DEMO PATIENT | 2738852/1P | OPTUM RX 610011:IRX | \$14.87 | 9999999999 | HCBHCA | 53243002498 | SIMVASTATIN 40MG TAB | Unfixable | MUST USE MAIL ORDER | |

Jan 2020

Feb 2020

Mar 2020

Apr 2020

Statistics

DEMO PAGE



RCR Summary: Prioritize Rejections

| Pharmacy Point of Sale Rejection Report | | |
|---|---------------|-----------|
| Claims sorted by Rejection Reason | | |
| From JAN 25, 2018 TO JAN 25, 2018 | | |
| ***SUMMARY REPORT*** | | |
| PHARMACY: CLINTON | TOTALED: | RX COUNT: |
| REJECTION CODE: | | |
| 21:M/I Product/Service ID | 229.63 | 9 |
| 22:M/I Dispense As Written(DAW)/Product Selection Code | 1,387.11 | 6 |
| 70:Product/Service Not Covered | 1,120.71 | 18 |
| 75:Prior Authorization Covered | 734.83 | 2 |
| 77:Discontinued Product/Service ID Number | 250.33 | 8 |
| 85:Claim Not Processed | 55.05 | 1 |
| 88:DUR Reject Error | 14.28 | 1 |
| 645:Reject Code description not entered, See NCPD Rejects | 90.01 | 5 |
| 09:M/I Birth Date | 36.29 | 2 |
| 7X:Days Supply Exceeds Plan Limitation | 15.73 | 1 |
| AG:Days Supply Limitation For Product/Service | 1,766.69 | 2 |
| CA:M/I Patient First Name | 140.75 | 3 |
| G9:Pharmacy Not Contracted in 90 Day Retail Network | 15.73 | 1 |



RCR Summary: Prioritize Rejections

| Pharmacy Point of Sale Rejection Report | | |
|---|-----------------|-----------|
| Claims sorted by Rejection Reason | | |
| From JAN 25, 2018 TO JAN 25, 2018 | | |
| ***SUMMARY REPORT*** | | |
| PHARMACY: CLINTON | TOTALED: | RX COUNT: |
| REJECTION CODE: | | |
| 21:M/I Product/Service ID | 229.63 | 9 |
| 22:M/I Dispense As Written(DAW)/Product Selection Code | 1,387.11 | 6 |
| 70:Product/Service Not Covered | 1,120.71 | 18 |
| 75:Prior Authorization Covered | 734.83 | 2 |
| 77:Discontinued Product/Service ID Number | 250.33 | 8 |
| 85:Claim Not Processed | 55.05 | 1 |
| 88:DUR Reject Error | 14.28 | 1 |
| 645:Reject Code description not entered, See NCPD Rejects | 90.01 | 5 |
| 09:M/I Birth Date | 36.29 | 2 |
| 7X:Days Supply Exceeds Plan Limitation | 15.73 | 1 |
| AG:Days Supply Limitation For Product/Service | 1,766.69 | 2 |
| CA:M/I Patient First Name | 140.75 | 3 |
| G9:Pharmacy Not Contracted in 90 Day Retail Network | 15.73 | 1 |



Prioritizing rejections using RRIP for Sites Receiving All Inclusive Rate

- Refill too soon Rejections first - most time sensitive rejection
 - Want to reverse before they are dispensed
 - If dispensed prior to “next fill date” you can’t bill for these
 - See if they have been dispensed yet
 - If not, take off shelf and RTS and make note to fill when they are due
- Then filter rejections by insurer
 - Filter by Medicaid insurers and only display these insurers
 - Look through these rejections by day and use claims screen to determine if one paid AIR
 - If not try to fix at least one rejection on date of service to get AIR for that date
- Then, look at lapse in coverage
 - Search for eligibility using cardfinder, Private Insurance Eligibility check, or medicaid website
 - Input new coverage and rebill
- Then organize by amount billed
 - Work on most expensive to least expensive



Knowledge Check

What report CAN be used for busy sites to prioritize what rejections should be worked on first

- A. RCR Detailed report
- B. RCR Summary Report
- C. ERCR Report
- D. DAY report



Knowledge Check

The RRIP converts the _____ report into a more useable Excel form.

- A. URM
- B. STR
- C. RCR
- D. PMP



Learning Objective #2

Correction of Pharmacy Point of Sale Rejections



Correcting Pharmacy POS Rejections

Many different types of rejections

Some rejection types have multiple meanings/solutions

Huge learning curve and it takes practice



Types of POS Rejections

19:M/I Days Supply

21:M/I Product/Service ID

22:M/I Dispense As Written(DAW)/Product Selection Code

27:Product Id not FDA/NSDE Listed

40:Pharmacy Not Contracted With Plan on Date of Service

41:Submit Bill To Other Processor Or Primary Payer

50:Non-Matched Pharmacy Number

52:Non-Matched Cardholder ID

54:Non-Matched Product/Service ID Number

56:Non-Matched Prescriber ID

60:Product/Service Not Covered For Patient Age

65:Patient Is Not Covered

68:Filled After Coverage Expired



Types of POS Rejections

19:M/I Days Supply

21:M/I Product/Service ID

22:M/I Dispense As Written(DAW)/Product Selection Code

27:Product Id not FDA/NSDE Listed

40:Pharmacy Not Contracted With Plan on Date of Service

41:Submit Bill To Other Processor Or Primary Payer

50:Non-Matched Pharmacy Number

52:Non-Matched Cardholder ID

54:Non-Matched Product/Service ID Number

56:Non-Matched Prescriber ID

60:Product/Service Not Covered For Patient Age

65:Patient Is Not Covered

68:Filled After Coverage Expired



Pharmacy POS Tutorial

| Pharmacy Point of Sale Tutorial | |
|---|---|
| Table of Contents: | |
| Recorded Trainings | Eligibility Search |
| A. RPMS Recordings and Materials Library | A. Cardfinder Information |
| B. eLearning Course Materials | B. Availity |
| POS setup | C. Oklahoma Medicaid Info |
| A. Point of Sale (POS) Workflow | D. Medicare Part D Search in RPMS |
| B. RPMS Keys needed for POS work | E. Systematic Search for Eligibility (VGEN Report Instructions) |
| C. How to sign up for the POS Listserv | Setup of Insurer |
| D. POS Multiplier setting in RPMS | A. Entry of Insurer into RPMS |
| E. How to make drugs Unbillable/Billable to POS | B. Quick Setup of Insurer |
| Daily Tasks | C. Advanced Setup of Insurer |
| A. Daily, Weekly, and Monthly Tasks (explained) | D. Make Plan Billable to Point of Sale |
| B. Daily Reports (URM, DUP, STR,RCR) | E. D.0 Checklist for Insurers (Software Vendor Cert. ID) |
| C. Negative Copay Fileman Report | F. Special Code Default List |
| Reject List | G. Special Coded Entry/Removal |
| A. List of Rejections/Solutions | H. Suppressing/Unsuppressing an NCPDP Field |
| Fixing a Rejected Claim | Entering Insurance in Patient File |
| A. Getting started | A. Editing Patient File (EPT) |
| B. View the Claim Receipt | B. Identify Insurance Card in RPMS |
| C. Reverse a Claim | C. Entering Insurance on Page 4 of Patient File |
| D. Resubmit a Claim | Prior Authorizations |
| E. Enter Overrides on Claims | A. Covermymeds Information |
| F. DAW Code Entry Instructions | B. Federal Blue Cross/Blue Shield Exemption Form |
| G. Ask Insurance? (Submit to Secondary Ins.) | C. Attachments: PA Attachment (U.S. Code 1621e) & Provider Consent Form |
| H. Ask Preauth? (Manual Entry of PA Number) | "How To" Section |
| I. Ask Fill Date? (Entry of Overrides on past refill) | A. Calculating Days Supply |
| Codes | B. Running Reports for Monitoring Pharmacy POS Success |
| A. DUR Code list and entry instructions | Prior Authorization Log for Tracking Collections |
| B. DAW Code List | Insurer Asleep |
| C. NCPDP Field List | Medicare Part B |
| D. Submission Clarification Code List | VA Billing |

POS Tutorial: Reject List Tab

| | | |
|----|--|--|
| 24 | 52:Non-Matched Cardholder ID | Similar to 07:M/I Cardholder ID Number. Wrong ID number on page 4. Watch Med-D plans having SSN |
| 25 | 54:Non-Matched Product/Service ID Number | 1. could be a repackaged med that is not covered. 2. Could be an old NDC that needs updated. 3. Cov |
| 26 | 56:Non-Matched Prescriber ID | 1. Doctor may not be listed as a provider for that plan. (we had a dr whose medicaid contract expired 4. In Avanced Setup of Insurer (ADV) make sure INSURER NPI FLAG is set to both. EXAMPLE: INSURER N |
| 27 | 569:Provide Beneficiary with CMS Notice of Appea | Could be many different reasons. Must look at the receipt to determine cause. 1. billing Medicare p may exceed daily limit (i.e. billing bupropion XL 150mg as 2 daily, but limit is 30 per 30 days; must che required', many times a PA can be obtained). |
| 28 | 60:Product/Service Not Covered For Patient Age | Patient exceeds maximum or minimum age accepted by insurance. (i.e. aspirin 81mg may not pay for possible, but unlikely. |
| 29 | 619:Prescriber Type 1 NPI Required | NPI may not be added in Provider's record. If you have the keys, go to ^NPI in RPMS, and select Add/Ed you to enter it. Once entered, resubmit claim as NEW. |
| 30 | 62:Patient/Card Holder ID Name Mismatch | Patient name submitted does not match Third Party file. (i.e. Oklahoma Medicaid requires exact mat the bottom of this document) If it is different than patient chart you can enter the MEDICAID NAME or |
| 31 | 645:Reject Code description not entered,See NCPD | Reject because of the use of a repackaged medication. Similar to 21:M/I Product/Service ID. Usually cost allows. |
| 32 | 65:Patient Is Not Covered | Patient coverage may be terminated, or DOB/person code/ID number may be entered incorrectly. Ver |
| 33 | 68:Filled After Coverage Expired | Coverage may be terminated. Verify eligibility through Emdeon Cardfinder, Availity, or OHCS website. |
| 34 | 69:Filled After Coverage Terminated | Coverage may be terminated. Verify eligibility through Emdeon Cardfinder, Availity, or OHCS website. |



POS Tutorial: Reject List Tab

56: Non-Matched Prescriber ID

1. Doctor may not be listed as a provider for that plan. (We had a doctor whose Medicaid contract expired and had to be renewed.)
2. Prescriber's NPI may not be entered in the RPMS Provider file.
3. Field 411 may be suppressed. Unsuppress field in Advanced Setup of Insurer.
4. In Advanced Setup of Insurer (ADV) make sure INSURER NPI FLAG is set to both. EXAMPLE:
INSURER NPI FLAG: BOTH//.



POS Tutorial: Fixing a Rejected Claim Tab

| Correcting a Pharmacy Point of Sale (POS) rejection in RPMS | |
|--|---|
| Once you have your rejections from your RCR report uploaded into the RRIP processor (see DAILY TASKS tab, #4) | |
| First, go to Pharmacy Point of Sale and select #1. | |
| | Select Core Applications Option: ^pos |
| | 1 Pharmacy Point of Sale [ABSPMENU] (POS) |
| | 2 CMOP Activity Report [APSP CMOP ACTIVITY] (POS) |
| Select: U Pharmacy POS User Menu | |
| | U Pharmacy POS User Menu ... |
| | MGR Pharmacy POS Manager Menu ... |
| | BILL RX Point of Sale Billing Menu ... |
| | RPT Pharmacy electronic claims reports ... |
| Then: U Claims data entry screen | |
| | U Claims data entry screen... |
| | RPT Pharmacy electronic claims reports ... |



Fixing a Rejected Claim

First, go to Pharmacy Point of Sale (^POS) and select #1.

```
Select Pharmacy POS User Menu Option: ^POS  
  
  1  Pharmacy Point of Sale [ABSPMENU]   (POS)  
  2  CMOP Activity Report [APSP CMOP ACTIVITY] (POS)  
  
Type '^' to stop, or choose a number from 1 to 2 :1
```


Select: U Pharmacy POS User Menu

```
U      Pharmacy POS User Menu ...
MGR    Pharmacy POS Manager Menu ...
BILL   RX Point of Sale Billing Menu ...
RPT    Pharmacy electronic claims reports ...
```

```
You have PENDING ALERTS
      Enter "UA to jump to VIEW ALERTS option
```

```
Select Pharmacy Point of Sale Option: U
```

Then Select: U Claims Data Entry Screen

```
U    Claims data entry screen...
RPT  Pharmacy electronic claims reports ...
```

```
You have PENDING ALERTS
      Enter "UA to jump to VIEW ALERTS option
```

```
Select Pharmacy POS User Menu Option: U█
```

Claims Data Entry Screen

Screen where claims are corrected.

Options:

- EV
- RES
- REC
- REV
- NEW

```
PHARMACY POINT OF SALE      Apr 25, 2019 13:41:53      Page:    0 of    0
Transmitted by ██████████
With activity in the past 15 min

-#-----PATIENT/PRESCRIPTION---COMMENTS-----

-----Enter ?? for more actions----->>>
NEW  Send new claims      DIS  Dismiss patient      RCA  Request cancellation
CU   Continuous update   SP   Print single patient  REU  Reverse a paid claim
CLO  Close Claim          PA   Print all             RES  Resubmit a claim
EU   Edit view screen    LOG  Print claim log      REC  Print receipt/DUR info
Select Action:UD//
```

EV: Edit View Function

```
-----Enter ?? for more actions----->>>
NEW  Send new claims      DIS  Dismiss patient      RCA  Request cancellation
CU   Continuous update    SP   Print single patient  REU  Reverse a paid claim
CLO  Close Claim         PA   Print all             RES  Resubmit a claim
EU   Edit view screen    LOG  Print claim log      REC  Print receipt/DUR info
Select Action:UD// E   Edit view screen
Display for 1:One user or 2:All users or 3:One patient? : (1/2/3): 1// 3
One patient
Prescriptions for which patient? 132255
  DEMO,PATIENT DONALD          <WA>  M 01-02-1955 XXX-XX-4321  CL 132255
                                   WA 132255
                                   ELRE 132255
Enter the number of DAYS to go back to find
Point of Sale activity for DEMO,PATIENT DONALD.
Number of days: 30// █
```

Type E for Edit View



Enter time frame



Edit View Screen

```

PHARMACY POINT OF SALE      Apr 25, 2019 14:06:38      Page:    1 of    2
All prescriptions for patient ████████████████████████████████████████
With activity in the past 30 da

#-----PATIENT/PRESCRIPTION-----COMMENTS-----
1  done ████████████████████████████████████████  ** FINISHED ** 15 rejected *7 payable *3 accep
2      ALBUTEROL HFA 90MCG/SP APR 2010:47 Payable (2673866.00041)
3      IBUPROFEN 600MG TAB (E APR 4013:15 Rejected(76:Plan Limitations Exceede
4      BACLOFEN 10MG TAB (E)  APR 3010:57, FILL ? *REVERSAL* Accepted (2693564
5      DULOXETINE 30MG CAP,DR APR 1009:27 Rejected(76:Plan Limitations Exceede
6      ERGOCALCIFEROL 50,000 APR 1009:27 Rejected(77:Discontinued Product/Ser
7      GABAPENTIN 300MG CAP ( APR 2010:43, FILL APR 10 Rejected(76:Plan Limita
8      GLIPIZIDE 10MG TAB,SA  APR 1009:30 Rejected(76:Plan Limitations Exceede
9      HYDROXYZINE PAMOATE 25 APR 1009:30, FILL ? Rejected(76:Plan Limitations
10     METFORMIN HCL 500MG TA APR 1009:30 Rejected(76:Plan Limitations Exceede
11     CLONAZEPAM 1MG TAB (E) APR 1009:27 Rejected(76:Plan Limitations Exceede
12     TRUOMETRIX GLUCOSE TES APR 1009:30 Rejected(77:Discontinued Product/Ser
13     CLOPIDOGREL BISULFATE APR 1008:15 Payable (2711572.00001)
+-----Enter ?? for more actions----->>>
NEW  Send new claims      DIS  Dismiss patient      RCA  Request cancellation
CU   Continuous update    SP   Print single patient  REU  Reverse a paid claim
CLO  Close Claim          PA   Print all            RES  Resubmit a claim
EU   Edit view screen     LOG  Print claim log      REC  Print receipt/DUR info
Select Action:UD//
  
```

REC: Print Receipt/DUR Info

1. Type REC.
2. Select the row number and press enter.
3. The receipt will display.



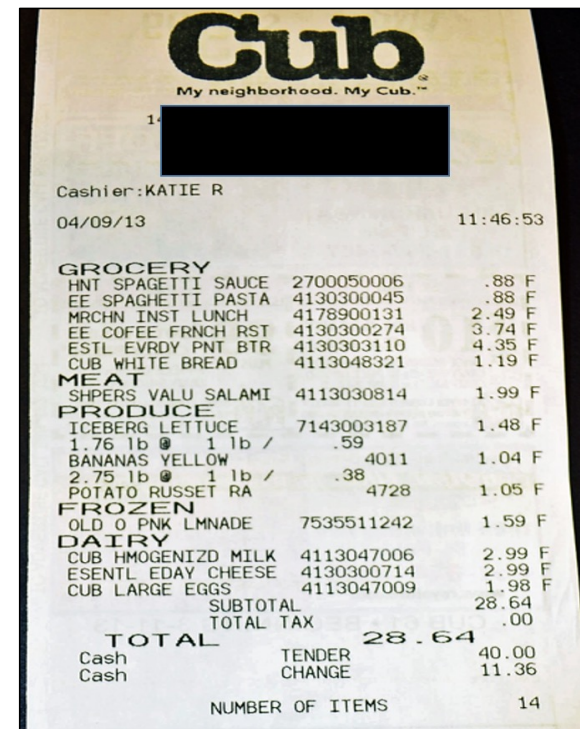
```
PHARMACY POINT OF SALE      Apr 25, 2019 14:06:38      Page: 1 of 2
All prescriptions for patient ████████████████████████████████████████
With activity in the past 30 da

#-----PATIENT/PRESCRIPTION-----COMMENTS-----
1 done ████████████████████████████████████████ ** FINISHED ** 15 rejected *7 payable *3 accep
2 ALBUTEROL HFA 90MCG/SP APR 2010:47 Payable (2673866.00041)
3 IBUPROFEN 600MG TAB (E APR 4013:15 Rejected(76:Plan Limitations Exceede
4 BACLOFEN 10MG TAB (E) APR 3010:57, FILL ? *REVERSAL* Accepted (2693564
5 DULOXETINE 30MG CAP,DR APR 1009:27 Rejected(76:Plan Limitations Exceede
6 ERGOCALCIFEROL 50,000 APR 1009:27 Rejected(77:Discontinued Product/Ser
7 GABAPENTIN 300MG CAP ( APR 2010:43, FILL APR 10 Rejected(76:Plan Limita
8 GLIPIZIDE 10MG TAB,SA APR 1009:30 Rejected(76:Plan Limitations Exceede
9 HYDROXYZINE PAMOATE 25 APR 1009:30, FILL ? Rejected(76:Plan Limitations
10 METFORMIN HCL 500MG TA APR 1009:30 Rejected(76:Plan Limitations Exceede
11 CLONAZEPAM 1MG TAB (E) APR 1009:27 Rejected(76:Plan Limitations Exceede
12 TRUOMETRIX GLUCOSE TES APR 1009:30 Rejected(77:Discontinued Product/Ser
13 CLOPIDOGREL BISULFATE APR 1008:15 Payable (2711572.00001)
+-----Enter ?? for more actions----->>>
NEW Send new claims      DIS Dismiss patient      RCA Request cancellation
CU Continuous update    SP Print single patient  REU Reverse a paid claim
CLO Close Claim         PA Print all             RES Resubmit a claim
EU Edit view screen     LOG Print claim log      REC Print receipt/DUR info
Select Action:UD//
```

Claim Receipt

Similar to a receipt from a grocery store

- Lists the store name and information
- Time of purchase
- Products purchased and their price
- Your payment method (cash/card)



View of Claim Receipt

Receipt includes:

What is sent to the insurer (top three sections of receipt)

- Cardholder Info
- Pharmacy Info
- Prescription Details

Response from insurer (bottom section of receipt)

- Reject or Payment Messages from the Insurer
- Amount submitted for reimbursement
- Payment amount received




Top Section of Receipt Claim Receipt

Data from insurance card

- BIN
- PCN
- Insurer Name
- Cardholder ID
- Group Number

```
Printing DUR info...
... for ██████████
===== CLAIM =====
BIN Number: 004336
Cardholder ID: ██████████
Claim ID: ██████████
Created On: APR 11,2020@11:00:52
Date of Birth: ██████████
Electronic Payor: D-COMMUNITY B:004336 P:MEDDADU
Group ID: HMOHAPD
Patient First Name: ██████████
Patient Gender Code: 2
Patient Last Name: ██████████
Patient Name: ██████████
Patient Relationship Code: Cardholder
Patient Residence: 1
Patient Zip/Postal Zone: ██████████
Person Code: 01
Pharmacy Service Type: 1
Processor Control Number: MEDDADU
RAW DATA SENT:
Service Provider ID: ██████████
Service Provider ID Qualifier: 1
Software Vendor/Cert ID: D012000084
```



VT100 TCP/IP 14:48 0000

Second Section of Claim Receipt

Pharmacy Info sent to Insurer

NPI number

```
RAW DATA SENT:  
Service Provider ID: [REDACTED]  
Service Provider ID Qualifier: 1  
Software Vendor/Cert ID: D012000084  
Transaction Code: B1 prescription claim  
Transaction Count: 1  
Transmit Flag: NO  
Transmitted On: APR 11,2020@11:01:04  
Version/Release Number: D0
```

Third Section of Claim Receipt

Prescription Details

- Date of Service
- Day Supply
- DAW Code
- Cost of Medication
- Medication Name
- Doctor's NPI Number
- NDC of Medication
- Quantity

```
-- Prescription --  
Compound Code: Not a compound  
Date Prescription Written: NOV 14,2019  
Date of Service: APR 11,2020  
Days Supply: 30  
Dispense as Wrtn/Prd Sel Cd: 0  
Dispensing Fee Submitted: $ 10.00  
Fill Number: 4  
Gross Amount Due: $ 14.79  
Ingredient Cost Submitted: $ 4.79  
Medication Name: PANTOPRAZOLE 40MG TAB,DR (E)  
Medication Number: 3  
Medication Order: 3  
Number Refills Authorized: 5  
Pres/Srv Ref Number Qual: 1  
Prescriber ID: ██████████  
Prescriber ID Qualifier: 1  
Prescription Origin Code: 3  
Prescription/Service Ref Num: ██████████  
Product/Service ID: 51407025010  
Product/Service ID Qualifier: 3  
Quantity Dispensed: 30000  
Usual & Customary Charge: $ 14.79  
██████████
```

Third Section of Claim Receipt

Verify Prescriber ID

NPI Example

- 1234567890
(10-digit format)

DEA example

- AP1234567
(2 letters, 7 numbers)



```
- - Prescription - -  
Compound Code: Not a compound  
Date Prescription Written: NOV 14,2019  
Date of Service: APR 11,2020  
Days Supply: 30  
Dispense as Wrtn/Prd Sel Cd: 0  
Dispensing Fee Submitted: $ 10.00  
Fill Number: 4  
Gross Amount Due: $ 14.79  
Ingredient Cost Submitted: $ 4.79  
Medication Name: PANTOPRAZOLE 40MG TAB,DR (E)  
Medication Number: 3  
Medication Order: 3  
Number Refills Authorized: 5  
Pres/Srv Ref Number Qual: 1  
Prescriber ID: ██████████  
Prescriber ID Qualifier: 1  
Prescription Origin Code: 3  
Prescription/Service Ref Num: ██████████  
Product/Service ID: 51407025010  
Product/Service ID Qualifier: 3  
Quantity Dispensed: 30000  
Usual & Customary Charge: $ 14.79  
██████████
```



Fourth (Bottom) Section of Claim Receipt

Response from Insurer

Payment info

- Deductible
- Patient Copay Amount
- Total Amount Paid

Messages from Insurer

- Reject Messages
- Preferred Products

```
===== RESPONSE =====  
Date of Service: JUN 15,2020  
Date/Time Response Received: JUN 15, 202009:56:04  
Group ID: HMOMAPD  
ID: ██████████  
Message: Please call Erx Network Accounting to avoid service disruption  
RAW DATA RECEIVED:  
Response Status (Header): A  
Service Provider ID: ██████████  
Service Provider ID Qualifier: 1  
Transaction Code: B1 prescription claim  
Transaction Count: 1  
Version/Release Number: D0  
-- Prescription --  
Accumulated Deductible Amount: $ 99999.99  
Additional Information 1: Please call Erx Network Accounting at  
Additional Information 2: 844-225-7518 Opt 4 in regards to your  
Additional Information 3: invoice.  
Amount of Copay/CoInsurance: $ 10.00  
Authorization Number: 201673576087208999  
Basis of Reimb Determination: Usual and Customary paid as submitted  
Ingredient Cost Paid: $ 14.79  
Medication Order: 3  
Patient Pay Amount: $ 10.00  
Preferred Product 1: 55111015810 OMEPRAZOLE CAP 20MG  
Preferred Product Count: 1  
Prescription/Service Ref Num: ██████████  
Prescription/Srvc Ref Num Qual: 1  
Response Status (Prescription): P  
Total Amount Paid: $ 4.79  
Transaction Response Status: CLAIM PAYABLE  
Done
```

Fourth (Bottom) Section of Claim Receipt

Internal Prescription #

Prescription/Service Ref Num

Number that is on RCR report

Rx Number that the Insurer sees

Differs from Rx number on Patient med list



```
===== RESPONSE =====  
Date of Service: JUN 15,2020  
Date/Time Response Received: JUN 15, 202009:56:04  
Group ID: HMOHAPD  
ID: ██████████  
Message: Please call Erx Network Accounting to avoid service disruption  
RAW DATA RECEIVED:  
Response Status (Header): A  
Service Provider ID: ██████████  
Service Provider ID Qualifier: 1  
Transaction Code: B1 prescription claim  
Transaction Count: 1  
Version/Release Number: D8  
- - Prescription - -  
Accumulated Deductible Amount: $ 99999.99  
Additional Information 1: Please call Erx Network Accounting at  
Additional Information 2: 844-225-7518 Opt 4 in regards to your  
Additional Information 3: invoice.  
Amount of Copay/CoInsurance: $ 10.00  
Authorization Number: 201673576087208999  
Basis of Reimb Determination: Usual and Customary paid as submitted  
Ingredient Cost Paid: $ 14.79  
Medication Order: 3  
Patient Pay Amount: $ 10.00  
Preferred Product 1: 55111015810 OMEPRAZOLE CAP 20MG  
Preferred Product Count: 1  
Prescription/Service Ref Num: ██████████  
Prescription/Srvc Ref Num Qual: 1  
Response Status (Prescription): P  
Total Amount Paid: $ 4.79  
Transaction Response Status: CLAIM PAYABLE  
Done
```

Receipt Recap

Receipt includes all information from claim

Information sent from Pharmacy to Insurer

Response from Insurer to the Pharmacy

- Payment info
- Rejection info

*Useful when initiating a prior authorization



REV—Reversing a Claim

Reasons for reversing a claim

Negative paid amount

Rx needs to be corrected

- i.e. wrong days supply and now needs corrected – the claim would need reversed before being corrected and resubmitted

Using the return to stock function automatically reverses a claim when returning meds to stock



How to Reverse a Claim

To reverse #13, for example:

1. Type **REV**.
2. Enter **13** and press Enter.

```
1 done ██████████ ** FINISHED ** 15 rejected *7 payable *3 accep
2 ALBUTEROL HFA 90MCG/SP APR 2010:47 Payable (2673866.00041)
3 IBUPROFEN 600MG TAB (E APR 4013:15 Rejected(76:Plan Limitations Exceede
4 BACLOFEN 10MG TAB (E) APR 3010:57, FILL ? *REVERSAL* Accepted (2693564
5 DULOXETINE 30MG CAP,DR APR 1009:27 Rejected(76:Plan Limitations Exceede
6 ERGOCALCIFEROL 50,000 APR 1009:27 Rejected(77:Discontinued Product/Ser
7 GABAPENTIN 300MG CAP ( APR 2010:43, FILL APR 10 Rejected(76:Plan Limita
8 GLIPIZIDE 10MG TAB,SA APR 1009:30 Rejected(76:Plan Limitations Exceede
9 HYDROXYZINE PAMOATE 25 APR 1009:30, FILL ? Rejected(76:Plan Limitations
10 METFORMIN HCL 500MG TA APR 1009:30 Rejected(76:Plan Limitations Exceede
11 CLONAZEPAM 1MG TAB (E) APR 1009:27 Rejected(76:Plan Limitations Exceede
12 TRUEMETRIX GLUCOSE TES APR 1009:30 Rejected(77:Discontinued Product/Ser
13 CLOPIDOGREL BISULFATE APR 1008:15 Payable (2711572.00001)
+-----Enter ?? for more actions----->>>
NEW Send new claims DIS Dismiss patient RCA Request cancellation
CU Continuous update SP Print single patient REU Reverse a paid claim
CLO Close Claim PA Print all RES Resubmit a claim
EU Edit view screen LOG Print claim log REC Print receipt/DUR info
Select Action:UD// rev Reverse a paid claim Select the line(s) with the paid claim(
Select item(s): (1-13): 13
1 claim reversal in progress.
Press ENTER to continue:
```

Claim Shows Reversed

Pressing Enter refreshes the screen.

Item #13 shows reversed.

```
PHARMACY POINT OF SALE      Apr 25, 2019 14:16:54      Page: 1 of 2
All prescriptions for patient
With activity in the past 30 da

#-----PATIENT/PRESCRIPTION-----COMMENTS-----
1 done [REDACTED] ** FINISHED ** 15 rejected *7 payable *3 accep
2 ALBUTEROL HFA 90MCG/SP APR 2018:47 Payable (2673866.00041)
3 IBUPROFEN 600MG TAB (E APR 4013:15 Rejected(76:Plan Limitations Exceede
4 BACLOFEN 10MG TAB (E) APR 3018:57, FILL ? *REVERSAL* Accepted (2693564
5 DULOXETINE 30MG CAP,DR APR 1009:27 Rejected(76:Plan Limitations Exceede
6 ERGOCALCIFEROL 50,000 APR 1009:27 Rejected(77:Discontinued Product/Ser
7 GABAPENTIN 300MG CAP ( APR 2018:43, FILL APR 10 Rejected(76:Plan Limita
8 GLIPIZIDE 10MG TAB,SA APR 1009:30 Rejected(76:Plan Limitations Exceede
9 HYDROXYZINE PAMOATE 25 APR 1009:30, FILL ? Rejected(76:Plan Limitations
10 METFORMIN HCL 500MG TA APR 1009:30 Rejected(76:Plan Limitations Exceede
11 CLONAZEPAM 1MG TAB (E) APR 1009:27 Rejected(76:Plan Limitations Exceede
12 TRUOMETRIX GLUCOSE TES APR 1009:30 Rejected(77:Discontinued Product/Ser
13 CLOPIDOGREL BISULFATE APR 25014:15, FILL APR 10 *REVERSAL* Accepted (2
+-----Enter ?? for more actions----->>>
NEW Send new claims      DIS Dismiss patient      RCA Request cancellation
CU Continuous update    SP Print single patient  REU Reverse a paid claim
CLO Close Claim         PA Print all             RES Resubmit a claim
EU Edit view screen     LOG Print claim log      REC Print receipt/DUR info
Select Action:UD//
```

RES—Resubmitting a Claim

Reasons for resubmitting a claim*

After adding insurance to the patients file to manually submit claims

- If insurance found/added after rxs processed

Claim Not Processed

System Unavailable

Duplicate Claim

- Resubmitting automatically reverses and resubmits a Duplicate Claim

*These are all usually due to a temporary internet issue



NEW—Send New Claims

NEW function is used to:

Enter overrides to fix rejections

- DAW Dispense as Written rejections
- DUR Overrides
- Submission Clarification Codes
- Pretty much any time you need to modify any NCPDP field info



Creating NEW Claims

Multiple ways to pull up claim

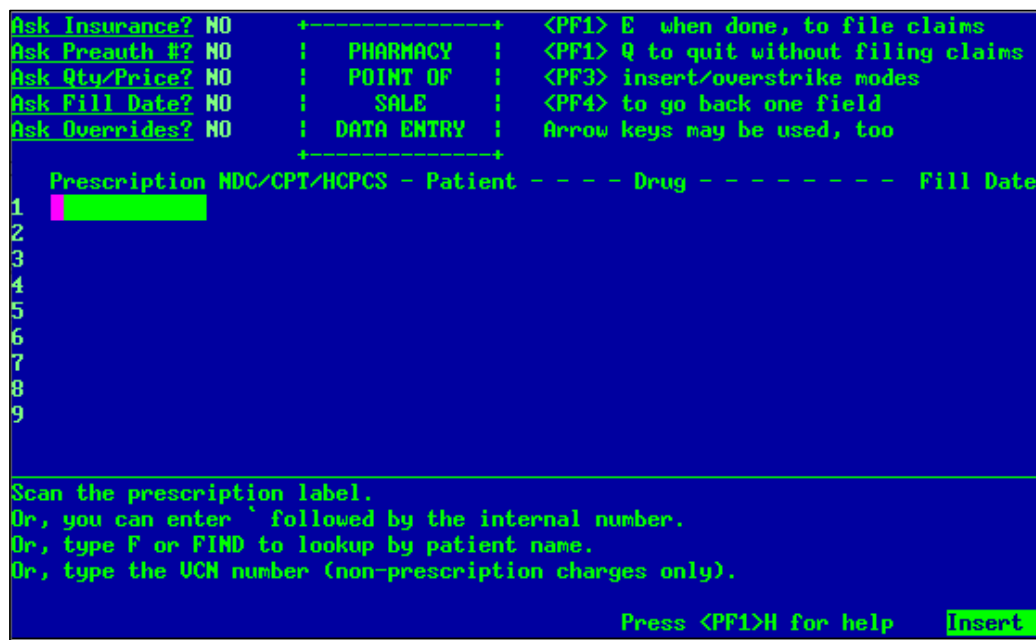
Internal Rx Number

- Entered as `1234567

Rx number from Med list

- Entered as 9876546

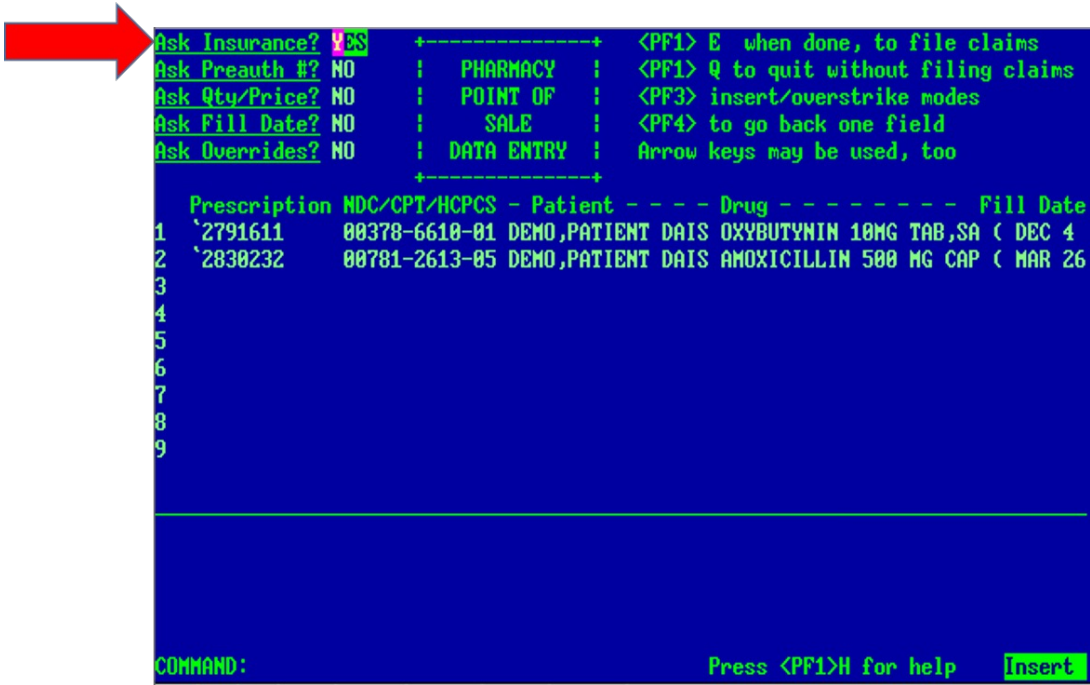
Type **F** or **Find** to lookup by patient name



Send New Claims Screen: Options

Options Listed Top Left Corner:

- Ask Insurance?
- Ask Preauth #?
- Ask Qty/Price?
- Ask Fill Date?
- Ask Override?



New Claims Options: Ask Insurance?

Enter Claim Number

Enter **YES** by Ask Insurer

Enter **YES** by Order of Insurance

```
Ask Insurance? YES ←-----+ <PF1> E when done, to file claims
Ask Preauth #? NO : PHARMACY : <PF1> Q to quit without filing claims
Ask Qty/Price? NO : POINT OF : <PF3> insert/overstrike modes
Ask Fill Date? NO : SALE : <PF4> to go back one field
Ask Overrides? NO : DATA ENTRY : Arrow keys may be used, too

1 FOLIC ACID 1MG TAB (E) <PF1> C to close this pop-up page
2 ----- PRICING -----
3 Quantity:
4 Primary insurance: Price per unit: $
5 D-SILVERSCR B:004336 P:MEDDADU from
6 Do you want to view/edit Qty x Price = $
7 the ORDER of INSURANCE? YES ← Dispensing Fee: $
8 Prior Auth Type: Incentive Amnt: $
9 Prior Auth #: Total Price: $
Done with this page? YES

COMMAND: Press <PF1>H for help Insert
```


New Claims Options: Order of Insurance

Enter a **1** by the insurer that you want to bill first.

Can be useful on Rxs that are covered by the secondary insurance, but not the primary.

```
Ask Insurance? YES +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO : PHARMACY : <PF1> Q to quit without filing claims
Ask
Ask
Ask
Ask
FOLIC ACID 1MG TAB (E) <PF1> C to close this pop-up page
1 Order (Enter 1,2,3 next to the Primary, Secondary, Tertiary insurances)
2 3rd D-SILVERSCR B:004336 P:ME
3 2nd UA MEDICAL BENEFIT (UMBP)
4 1st OKLAHOMA MEDICAID
5
6
7
8
9
COMMAND: Press <PF1>H for help Insert
```

New Claims Options: Ask Preauth #?

Allows manual entry of Prior Authorization number

Not commonly used

Normally not necessary on approved prior authorizations



```
Ask Insurance? NO +-----+ <PF1> E when done, to file claims
Ask Preauth #? YES : PHARMACY : <PF1> Q to quit without filing claims
Ask Qty/Price? NO : POINT OF : <PF3> insert/overstrike modes
Ask Fill Date? NO : SALE : <PF4> to go back one field
Ask Overrides? NO : DATA ENTRY : Arrow keys may be used, too

1 [REDACTED] <PF1> C to close this pop-up page
2 LISINOPRIL 20MG TAB - - - - PRICING - - - -
3 Quantity:
4 Primary insurance: Price per unit: $
5 Do you want to view/edit Qty x Price = $
6 the ORDER of INSURANCE? NO Dispensing Fee: $
7 Incentive Amt: $
8 Prior Auth Type: Prior Authorization Total Price: $
9 Prior Auth #: 4444444444 Done with this page? YES

COMMAND: Press <PF1>H for help Insert
```

New Claims Options: Ask Preauth #?

- PA number supplied in Claim Receipt
- Enter in Ask Preauth # field to correct claim
- Press **F1-E** to save and resubmit

```
Service Provider ID: ██████████
Service Provider ID Qualifier: 1
Transaction Code: B1 prescription claim
Transaction Count: 1
Version/Release Number: D8
- - Prescription - -
Additional Information 1: USE HIGHER STRENGTH, 1 PER DAY
Additional Information 2: CHECK DOSE/OR OVERRIDE W/PA 4444444444
Additional Information 3: M/I DAYS SUPPLY
Additional Information 4: (PHARMACY HELP DESK 1-866-842-5178)
Authorization Number: 191722528882064996
Help Desk Phone Number : 8668425178
Help Desk Phone Number Qual: 3
Medication Order: 1
Prescription/Service Ref Num: ██████████
Prescription/Srvc Ref Num Qual: 1
Prior Auth Number Assigned: 4444444444
Reject code: 19 M/I Days Supply
Reject Count: 1
Response Status (Prescription): R
Transaction Response Status: REJECTED CLAIM
Done
Press ENTER to continue:
```



New Claims Options: Ask Qty/Price?

Can change quantity submitted

Does not change quantity on original order

****Use Caution: Can cause issues on future Audits. Not normally done.****

```
Ask Insurance? NO +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO : PHARMACY : <PF1> Q to quit without filing claims
Ask Qty/Price? YES : POINT OF : <PF3> insert/overstrike modes
Ask Fill Date? NO : SALE : <PF4> to go back one field
Ask Overrides? NO : DATA ENTRY : Arrow keys may be used, too

1 FOLIC ACID 1MG TAB (E) <PF1> C to close this pop-up page
2 - - - - PRICING - - - -
3 Quantity: 38
4 Primary insurance: Price per unit: $.02871
5 OKLAHOMA MEDICAID from AWP IN PRESC FILE
6 Do you want to view/edit Qty x Price = $.86
7 the ORDER of INSURANCE? YES Dispensing Fee: $10
8 Prior Auth Type: Incentive Amnt: $
9 Prior Auth #: Total Price: $10.86
Done with this page? YES

COMMAND: Press <PF1>H for help Insert
```

New Claims Options: Ask Qty/Price?

Can change Unit Price on claim

Does not correct drug file for future claims

Useful on test claims

****Use Caution: Can cause issues on future Audits. Not normally done.****

```
Ask Insurance? NO +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO : PHARMACY : <PF1> Q to quit without filing claims
Ask Qty/Price? YES : POINT OF : <PF3> insert/overstrike modes
Ask Fill Date? NO : SALE : <PF4> to go back one field
Ask Overrides? NO : DATA ENTRY : Arrow keys may be used, too

1 FOLIC ACID 1MG TAB (E) <PF1> C to close this pop-up page
2                               - - - - PRICING - - - -
3                               Quantity: 30
4 Primary insurance: Price per unit: $.02871
5   OKLAHOMA MEDICAID from AMP IN PRESC FILE
6 Do you want to view/edit Qty x Price = $.86
7   the ORDER of INSURANCE? YES Dispensing Fee: $18
8 Prior Auth Type: Incentive Amnt: $
9 Prior Auth #: Total Price: $10.86
                               Done with this page? YES

COMMAND: Press <PF1>H for help Insert
```

New Claims Options: Ask Fill Date?

Allows correction of past claims up to 365 days old.

```
Ask Insurance? NO +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO : PHARMACY : <PF1> Q to quit without filing claims
Ask Qty/Price? NO : POINT OF : <PF3> insert/overstrike modes
Ask Fill Date? YES : SALE : <PF4> to go back one field
Ask Overrides? NO : DATA ENTRY : Arrow keys may be used, too
+-----+
```

| | Prescription | NDC/CPT/HCPCS | Patient | Drug | Fill Date |
|---|--------------|---------------|------------|--------------------------|-----------|
| 1 | '2618268 | 00074-6594-90 | [REDACTED] | LEVOTHYROXINE NA (SYNTHR | MAR 29 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |

COMMAND: Press <PF1>H for help Insert

New Claims Options: Ask Fill Date?

Enter **F** for Find Fill Date under the Fill Date Column.

This is helpful in identifying past fill dates.

```
LEVOthyroxine NA (SYNTHROID) 0.088MG TAB
Use JUN 20,2018, which was the first fill date? NO// n NO
Refill dates for this prescription include:
MAR 29,2019  MAR 4,2019  FEB 4,2019  JAN 2,2019  DEC 4,2018
NOV 6,2018  OCT 5,2018  SEP 10,2018  AUG 13,2018  JUL 18,2018
Select which refill date: MAR 29,2019//
```

New Claims Options: Ask Overrides?

Used when an NCPDP field is being altered

Overrides entered for Rx#/Fill date will stay until manually deleted

List of NCPDP Fields can be found using this menu path; POS-RPT-OTH-FLD (also on **CODES** tab of POS Tutorial)

```
Ask Insurance? NO +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO | PHARMACY | <PF1> Q to quit without filing claims
Ask Qty/Price? NO | POINT OF | <PF3> insert/overstrike modes
Ask Fill Date? NO | SALE | <PF4> to go back one field
Ask Overrides? YES | DATA ENTRY | Arrow keys may be used, too
+-----+
Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - - - - - Fill Date
1 `2678593 00074-4552-19 ██████████ LEVOthyrox (SYNTHROID) 0 APR 25
2
3
4
5
6
7
8
9
COMMAND: Press <PF1>H for help Insert
```


Fixing a Dispense as Written Rejection

22:M/I Dispense As Written(DAW)/Product Selection Code

Occurs when a brand name product is dispensed when a generic is available

- Examples: Synthroid/levothyroxine, Proair HFA/Albuterol HFA

DAW 5: Substitution allowed—brand drug dispensed as generic

- Most commonly used at IHS

The Code entered gives a reason for the use of brand name over generic

Different codes may receive different payment from insurer



DAW Code List

| Dispense as Written (DAW) Code Submitted in field 408 | |
|--|---|
| Can result in higher reimbursement, but needs documentation | DAW 0 No product selection indicated |
| | DAW 1 Substitution not allowed by prescriber |
| Can result in lower reimbursement | DAW 2 Substitution allowed - patient requested product dispensed |
| | DAW 3 Substitution allowed - pharmacy requested product dispensed |
| | DAW 4 Substitution allowed - generic drug not in stock |
| | DAW 5 Substitution allowed - brand drug dispensed as generic *most commonly used at our site |
| Preferred DAW Code | DAW 6 Undefined (not in general use; reserved for future use) |
| | DAW 7 Substitution not allowed - brand drug mandated by law/regulation |
| | DAW 8 Substitution not allowed - generic drug not available in marketplace |
| | DAW 9 Undefined (not in general use, reserved for future use) |



Entering a DAW as an Override

Go to Claims Data Entry.

Type **NEW** for New Claim.

Press Enter to bring up New Claim Screen.

```
PHARMACY POINT OF SALE      Apr 25, 2019 13:41:53      Page:    0 of    0
Transmitted by [REDACTED]
With activity in the past 15 min

#-----PATIENT/PRESCRIPTION---COMMENTS-----

-----Enter ?? for more actions----->>>
NEW Send new claims      DIS Dismiss patient      RCA Request cancellation
CU  Continuous update    SP  Print single patient  REU Reverse a paid claim
CLO Close Claim          PA  Print all              RES Resubmit a claim
EU  Edit view screen     LOG Print claim log     REC Print receipt/DUR info
Select Action:UD//
```



Entering a DAW as an Override

Enter Rx needing Override.

Press Enter and the claim should display.

```
Ask Insurance? NO +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO : PHARMACY : <PF1> Q to quit without filing claims
Ask Qty/Price? NO : POINT OF : <PF3> insert/overstrike modes
Ask Fill Date? NO : SALE : <PF4> to go back one field
Ask Overrides? YES : DATA ENTRY : Arrow keys may be used, too
+-----+
Prescription MDC/CPT/HCPCS - Patient - - - - Drug - - - - - Fill Date
1 `2678593 00074-4552-19 ██████████ LEVOTHYROX (SYNTHROID) 0 APR 25
2
3
4
5
6
7
8
9
COMMAND: Press <PF1>H for help Insert
```

Entering a DAW as an Override

Enter **YES** by Ask Overrides?

Enter **YES** beside Enter General Overrides?

```
Ask Insurance? NO +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO : PHARMACY : <PF1> Q to quit without filing claims
Ask Qty/Price? NO : POINT OF : <PF3> insert/overstrike modes
Ask Fill Date? NO : SALE : <PF4> to go back one field
Ask Overrides? YES : A ENTRY : Arrow keys may be used, too

P
1 Enter Y to select needed overrides.
2 Please <PF1> C to close the screen.
3
4 Enter General Overrides (Y/N) ? NO
5 Enter NCPDP DUR Overrides (Y/N) ? NO
6
7 Enter Diagnosis Codes (Y/N) ? NO
8
9

COMMAND: Press <PF1>H for help Insert
```

Entering a DAW as an Override

Enter field you are overriding (two options)

- a. Field Number from NCPDP List (408)
- b. Type first few letters of field name (DISP)

```
1 Enter the NCPDP Fields and Values 1 [REDACTED]
  to override for this claim.      LEVOTHYROX (SYNTHROID) 0.05MG T
2 Use <PF1> C to close this page.
3
4 NCPDP FIELD (@ to delete)        VALUE
5 408 DISPENSE AS WRTN/PRD SEL CD  5
6 [REDACTED]
7
8
9
```

```
1 Enter the NCPDP Fields and Values 1 [REDACTED]
  to override for this claim.      [REDACTED]
2 Use <PF1> C to close this page.
3
4 NCPDP FIELD (@ to delete)        VALUE
5 DISP
6
7
8
9
```

1 DISPENSE AS WRTN/PRD SEL CD 408 DISPENSE AS WRTN/PRD SEL CD
2 DISPENSING FEE SUBMITTED 412 DISPENSING FEE SUBMITTED



Entering a DAW as an Override

Press **F1** then **E** to save and submit.

Pressing Enter will refresh your screen until you hopefully see a Payable claim.

```
PHARMACY POINT OF SALE      Apr 25, 2019 15:37:49      Page: 1 of 1
Transmitted by [REDACTED]
With activity in the past 15 min

#-----PATIENT/PRESCRIPTION---COMMENTS-----
1 done [REDACTED] ** FINISHED ** payable **
2      LEVOTHYROX (SYNTHROID) Payable (2678593.00041)

-----Enter ?? for more actions----->>>
NEW Send new claims      DIS Dismiss patient      RCA Request cancellation
CU  Continuous update   SP  Print single patient  REU Reverse a paid claim
CLO Close Claim         PA  Print all              RES Resubmit a claim
EU  Edit view screen    LOG Print claim log     REC Print receipt/DUR info
Select Action:UD//  UD
```

Fixing Claims by Entering Overrides

Almost all claims requiring an override of a certain NCPDP field will be fixed in the same manner as the DAW rejection on the previous slide.

You will just enter a different field name/number

NCPDP Field list is available on the **CODES** tab of the Pharmacy POS Tutorial

REJECT LIST tab will identify some of the more common overrides



NCPDP Fields

What is an NCPDP field?

- “Syntaxes used to exchange pharmacy information electronically”
- It is a field with a designated number that corresponds to particular information to be transmitted to an insurer – most of the information being submitted for a claim is automatically populated into these NCPDP fields from RPMS to transmit to the insurer
- There is an NCPDP field code that corresponds to any/all data that is transmitted electronically to an insurer
- EX. NCPDP field 407 is for product/service ID (drug being submitted), field 405 is for days supply, field 304 is for date of birth, field 311 is for patient last name etc
- Some NCPDP fields do not always need to be populated and only should be populated when prompted by a rejection
 - Ex. 408 for DAW code, 308 for other coverage code
- You can manually submit data to an insurer using these codes via the “ask overrides function”
 - Particularly helpful in instances where there is a discrepancy in date of birth or patient name



88: DUR Reject Error

DUR: Drug Utilization Review

- Review of healthcare provider prescribing, pharmacist dispensing, and patient use of medication.
- Involves a comprehensive review of patients' prescriptions



Issues Commonly Addressed by Retrospective DUR

Therapeutic appropriateness

Over and underutilization

Therapeutic duplication

Drug-disease contraindications

Drug-drug interactions

Inappropriate duration of treatment



DUR Reject Example: Drug-Drug Interaction

DD (Drug-Drug Interaction)

Verify therapy is appropriate with pharmacist or doctor

```
DUR Resp 2 Database Indicator: 2
DUR Resp 2 Other Pharmacy Indicator: 3
DUR Resp 2 Other Prescriber Indicator: 2
DUR Resp 2 Previous Date of Fill: JUN 19,2020
DUR Resp 2 Quantity of Previous Fill: 60000
DUR Resp 2 Reason for Service Code: DD (DRUG-DRUG INTERACTION)
DUR Resp 3 (567) DUR/PPS Resp Cd Counter: 3
DUR Resp 3 Clinical Significance Code: 3
DUR Resp 3 DUR Free Text Message: SIMUASTATIN TAB 20MG
DUR Resp 3 Database Indicator: 2
DUR Resp 3 Other Pharmacy Indicator: 1
DUR Resp 3 Other Prescriber Indicator: 1
DUR Resp 3 Previous Date of Fill: JUN 23,2020
DUR Resp 3 Quantity of Previous Fill: 30000
DUR Resp 3 Reason for Service Code: DD (DRUG-DRUG INTERACTION )
DUR Resp 4 (567) DUR/PPS Resp Cd Counter: 4
DUR Resp 4 Clinical Significance Code: 3
DUR Resp 4 DUR Free Text Message: NOVLOG INJ 100/ML
DUR Resp 4 Database Indicator: 2
DUR Resp 4 Other Pharmacy Indicator: 1
DUR Resp 4 Other Prescriber Indicator: 1
DUR Resp 4 Previous Date of Fill: MAY 28,2020
DUR Resp 4 Quantity of Previous Fill: 10000
DUR Resp 4 Reason for Service Code: DD (DRUG-DRUG INTERACTION )
```



DUR Codes:

List available on the CODES tab of Pharmacy POS Tutorial

(Most Common Choices)

| Conflict Codes: will be listed in the rejection | Professional Service Code | Result of Service Code | Level of Effort |
|---|--|--|--------------------|
| DD = Drug-Drug Interaction | M0 = Prescriber Consulted | 1A = Filled as is, False positive. | 11 = Time < 15 min |
| ER = OverUse precaution | R0 = Pharmacist Consulted other source | 1B = Filled prescription as is. | |
| HD = High Dose Alert | | 1C = Filled with different Dose. | |
| LD = Low Dose Alert | | 1D = Filled with different Directions. | |
| PA = Drug-Age precaution | | 1E = Filled with different Drug. | |
| TD = Therapeutic duplication | | 1F = Filled with different Quantity. | |
| | | 1G = Filled with Prescriber approval. | |



Where to Enter DUR Overrides

From Claims Data Entry Screen, Enter
NEW

Ask Overrides? **YES**

Enter NCPDP DUR Overrides? **YES**

```
Ask Insurance? NO +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO | PHARMACY | <PF1> Q to quit without filing claims
Ask Qty/Price? NO | POINT OF | <PF3> insert/overstrike modes
Ask Fill Date? NO | SALE | <PF4> to go back one field
Ask Overrides? YES ← ENTRY | Arrow keys may be used, too

P
1 Enter Y to select needed overrides.
2 Please <PF1> C to close the screen.
3
4 Enter General Overrides (Y/N) ? NO
5 Enter NCPDP DUR Overrides (Y/N) ? YES ←
6 Enter Diagnosis Codes (Y/N) ? NO
7
8
9

COMMAND: Press <PF1>H for help Insert
```



Entering DUR Codes

Four Main Parts

Conflict/Reason Code

- Field 439

Professional Service Code

- Field 440

Result of Service Code

- Field 441

Level of Effort

- Field 474

Ask Insurance? NO +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO : PHARMACY : <PF1> Q to quit without filing claims
Ask Qty/Price? NO : POINT OF : <PF3> insert/overstrike modes
Ask
Ask
Enter the MCPDP DUR values 1 [REDACTED]
to override for this claim. LEVOETHYROX (SYNTHROID) 0.125MG
Use <PF1> C to close this page.
P
1
2
3
4
5
6
7
8
9
+4

| Line # | SrvC Cd | Prof SrvC Cd | SrvC Cd Result | Level of Effort | Co-agent ID Qual ID |
|--------|---------|--------------|----------------|-----------------|---------------------|
| 1 | DD | M0 | 1B | 11 | [] (475) (476) |

COMMAND: Press <PF1>H for help **Insert**

Knowledge Check

To fix any rejection that needs a NCPDP field altered, you will go to _____ and enter YES, then enter YES beside _____.

- A. Ask Insurance, DUR Overrides
- B. Ask Overrides, DUR Overrides
- C. Ask Overrides, General Overrides
- D. Ask Preauth, General Overrides



Knowledge Check

Each rejection type will have only one possible fix or solution.

- A. True
- B. False



Questions?

Contact Info

James Bower

James.Bower@ihs.gov

402-745-3952

