2024
Indian Health Service
Partnership Conference

Identification and Entry of Third-Party Insurance for Pharmacy Coverage

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TITLE PAO PHARMACY POS PROGRAM ANALYST

DATE AUGUST 14TH 2024

Learning Objectives

1. Defining common terms related to third party coverage.

2. Identifying third party coverage for uninsured patients.

3. Entry of insurance cards into patient file for billing.

Learning Objective #1

1. **Defining common terms related to third party coverage.**

2. Identifying third party coverage for uninsured patients.

3. Entry of insurance cards into patient file for billing.

Third Party Coverage Terms

Third Party Coverage

Pharmacy Benefits Manager (PBM)

Prescription Drug Claim

BIN, PCN, Group, ID numbers, Person Codes

Third Party Coverage

Third-party health insurance is defined as insurance coverage in which a third party, namely the insurance company, pays the actual provider of healthcare services for services rendered to the employee.

Reference:

https://smallbusiness.chron.com/define-thirdparty-health-insurance-43641.html

Pharmacy Benefits Manager (PBM)

A third-party administrator of prescription drug programs for commercial health plans, self-insured employer plans, Medicare Part D plans, the Federal Employees Health Benefits Program, and state government employee plans.

Reference:

https://en.wikipedia.org/wiki/Federal_Employees_Health_Benefits_Program

Examples of PBMs (Pharmacy Benefits Managers)

Express Scripts/Medco
- ◦ Process Tricare

Prime Therapeutics
- ◦ Process Blue Cross/Blue Shield claims

Caremark/Advance PCS
- ◦ Process Wellcare Medicare Part D claims
- ◦ Process Silverscript Medicare Part D claims
- ◦ Process Healthchoice claims

Optum Rx
- ◦ Process United Healthcare claims
- ◦ Process Walmart claims

Prescription Drug Claim

When a prescription is processed in the pharmacy for a patient who has active third-party insurance, a prescription drug insurance claim is created and sent to the insurer as a request for monetary reimbursement.

BIN—Benefit Identification Number

The RXBIN, or BIN, is a six-digit number that tells the computer database at the pharmacy which health insurance provider is to receive the claim for your prescription.

Reference:

https://pocketsense.com/what-is-an-insurance-card-bin-number-12546281.html

PCN—Processor Control Number

The Processor Control Number (PCN) is a secondary identifier that may be used in routing of pharmacy transactions. A PBM/processor/plan may choose to differentiate different plans/benefit packages with the use of unique PCNs.

Rx Group or Group Number

Private Insurance
- Identifies the employer, or "Group" of individuals insured

Medicare Part D
- Identifies individual Medicare Part D plans

ID Number

Patient ID = Member ID = ID Number

Unique to each insured employee for a company

Identifies individual cardholders within an Insured Group

Person Codes

Identifies different family members of the insured employee

May be at the end of the ID number, or in the Person Code field depending on the insurer

Not present or required on all insurance plans

Common formats include:
- Cardholder   = 999999999901   or   9999999999 10
- Spouse   =999999999902   or   9999999999 11
- Oldest Child   = 999999999903   or   9999999999 12
- Second Child = 999999999904   or 9999999999 13

Caremark: Medicare vs. Private Insurance

2 Caremark Cards: Same PCN, Different Group Numbers

SilverScript® HealthChoice

**Prescription Drug Plan Administered by
CVS Caremark Part D Services, LLC**

RXBIN: 004336
RXPCN: MEDDADV
RXGRP: RXCVSD
ISSUER (80840): 9151014609
ID:
NAME:

MedicareRx
Prescription Drug Coverage

S5601 813

WellCare® 2020
Beyond Healthcare. A Better You.

WellCare Prime (PPO) (H7323-001-000)

Member: **SAMPLE A SAMPLE**
Member ID: **28530000**
Plan: **80840**

SAMPLE

Policy #: **TX209**
RxBIN: **004336**
RxPCN: **MEDDADV**
RxGRP: **788257**

IPA:
Connected Senior Care Advantage AG318

CONNECTED
SENIOR CARE ADVANTAGE
By ARC & Premier Physicians

MedicareRx
Prescription Drug Coverage

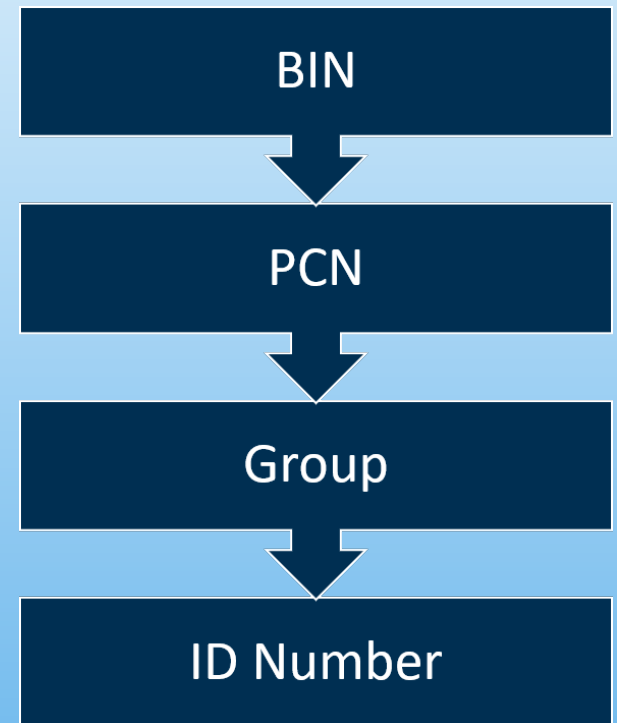Card Issued: **03/09/2020**

Life Is a Highway…

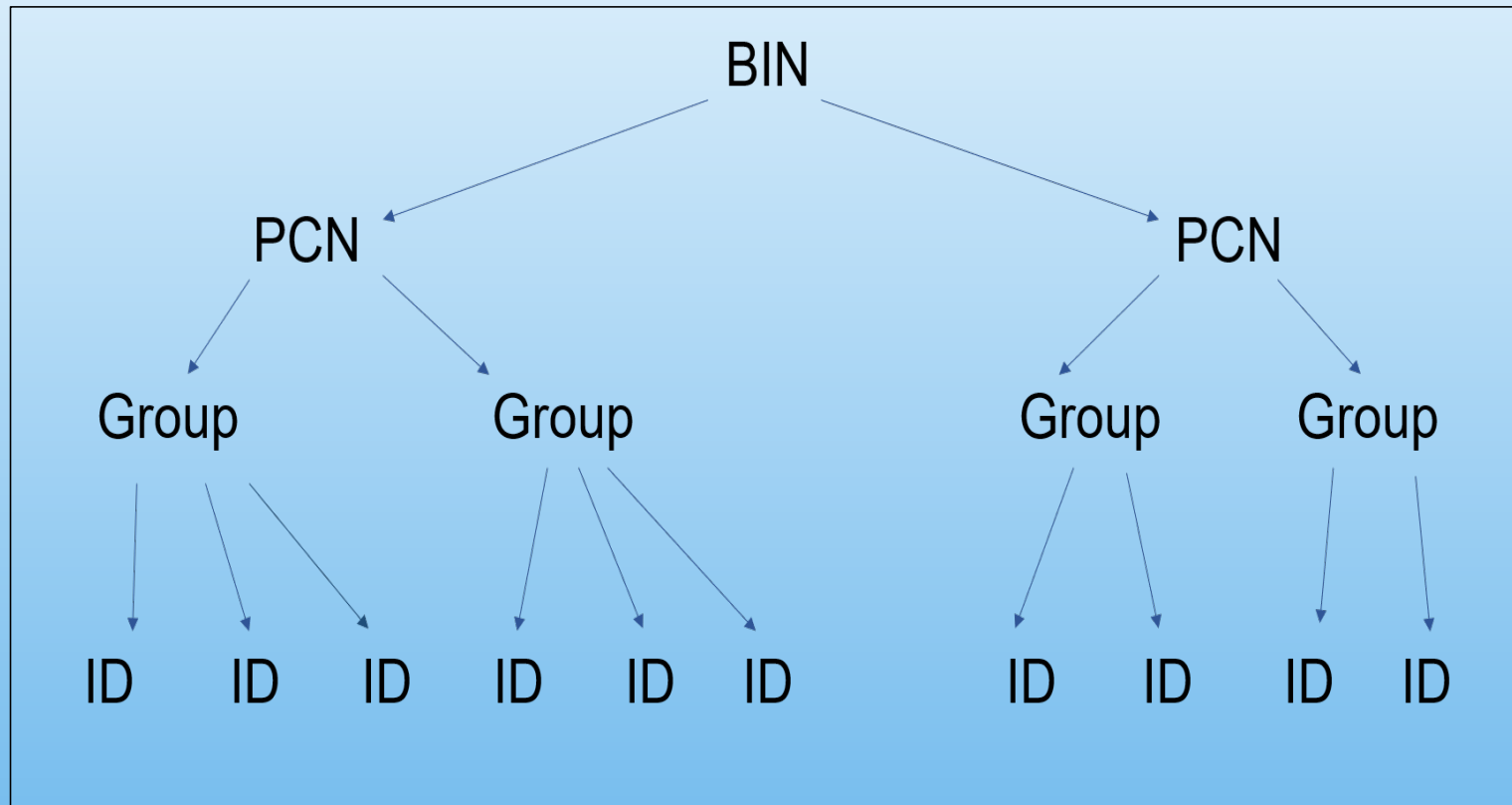**BIN = Interstate Highway = huge, relatively few of them**

PCN= State Highway = smaller, much more numerous

Group = Local Street = much more detailed, hundreds more

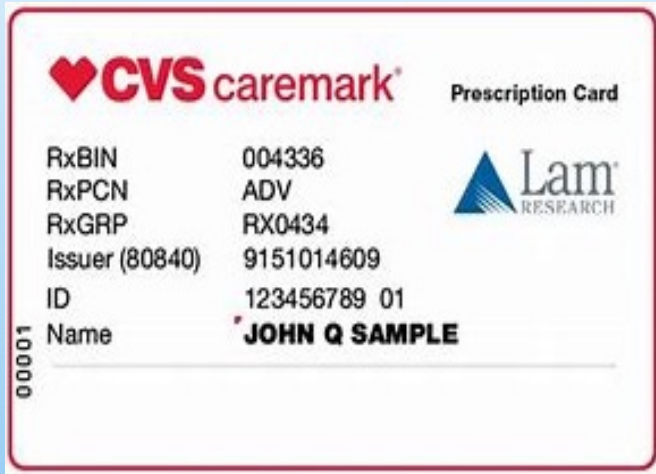ID number = Home driveway = completely unique to each individual

```
BIN
 ↓
PCN
 ↓
Group
 ↓
ID Number
```

BIN to PCN to Group to Patient ID Number

SOMr POS Setup – Summary of Insurers


```
ABSP INSURER LIST                              JUL 10,2024   18:25      PAGE 9
                                                             Grace        Ins.
                                    Pricing         Disp Fee  Period       Sel.
                                    Formula         Override  Override     Pts.
Insurer                     PCN
-------------------------------------------------------------------------------

                            BIN: 003650
                       NPI FLAG: BOTH
003650 PCN NONE                     STANDARD                      0       25.00
                            BIN: 003858
                       NPI FLAG: BOTH
003858 PCN MD MD            MD       STANDARD                            650.00
003858 PCN A4              A4        STANDARD                             20.00
                            BIN: 004336
                       NPI FLAG: BOTH
004336 PCN MEDDADV MD      MEDDADV   STANDARD        5.00         0      650.00
004336 PCN ADV            ADV        STANDARD                             20.00
004336 PCN MCAIDADV       MCAIDADV   STANDARD                             20.00
004336 PCN 77993333       77993333   STANDARD                    0       20.00
```
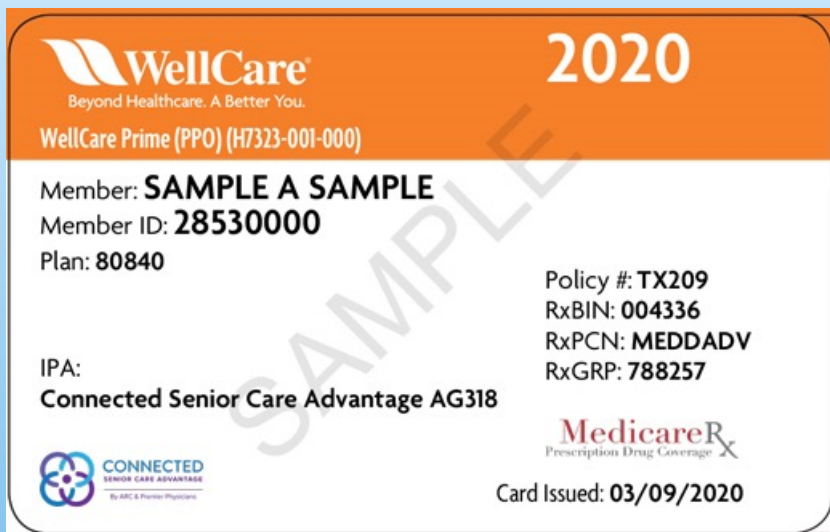
Finding the Correct Plan on the SUMI Report

CVS caremark® Prescription Card — Lam RESEARCH

RxBIN	004336
RxPCN	ADV
RxGRP	RX0434
Issuer (80840)	9151014609
ID	123456789 01
Name	JOHN Q SAMPLE

```
ABSP INSURER LIST                              JUL 10,2024  18:25    PAGE 9
                                                           Grace     Ins.
                                   Pricing     Disp Fee   Period     Sel.
Insurer               PCN          Formula     Override   Override   Pts.
-----------------------------------------------------------------------------

                           BIN: 003650
                    NPI FLAG: BOTH
003650 PCN NONE                    STANDARD                   0      25.00
                           BIN: 003858
                    NPI FLAG: BOTH
003858 PCN MD MD      MD           STANDARD                          650.00
003858 PCN A4         A4           STANDARD                          20.00
                           BIN: 004336
                    NPI FLAG: BOTH
004336 PCN MEDDADV MD MEDDADV      STANDARD      5.00         0      650.00
004336 PCN ADV        ADV          STANDARD                          20.00
004336 PCN MCAIDADV   MCAIDADV     STANDARD                          20.00
004336 PCN 77993333   77993333     STANDARD                   0      20.00
```

Finding the Correct Plan on the SUMI Report (2)

WellCare® 2020
Beyond Healthcare. A Better You.
WellCare Prime (PPO) (H7323-001-000)
Member: **SAMPLE A SAMPLE**
Member ID: **28530000**
Plan: **80840**
Policy #: **TX209**
RxBIN: **004336**
RxPCN: **MEDDADV**
RxGRP: **788257**
IPA:
Connected Senior Care Advantage AG318
MedicareRx
Prescription Drug Coverage
Card Issued: **03/09/2020**

Insurer	PCN	Pricing Formula	Disp Fee Override	Grace Period Override	Ins. Sel. Pts.
ABSP INSURER LIST			JUL 10,2024	18:25	PAGE 9
		BIN: 003650			
		NPI FLAG: BOTH			
003650 PCN NONE		STANDARD		0	25.00
		BIN: 003858			
		NPI FLAG: BOTH			
003858 PCN MD MD	MD	STANDARD			650.00
003858 PCN A4	A4	STANDARD			20.00
		BIN: 004336			
		NPI FLAG: BOTH			
004336 PCN MEDDADV MD	MEDDADV	STANDARD	5.00	0	650.00
004336 PCN ADV	ADV	STANDARD			20.00
004336 PCN MCAIDADV	MCAIDADV	STANDARD			20.00
004336 PCN 77993333	77993333	STANDARD		0	20.00

Learning Objective #2

Identifying third party coverage for uninsured patients.

Identifying Insurance for Uninsured Patients

Factors that affect coverage

Private Insurance: Factors that affect coverage
◦ Change of employment
◦ Marriage (addition of dependents)
◦ Divorce (dependent's coverage may change)

Medicare Part D
◦ Reach age 65

Medicaid
◦ Income based (loss of employment)

Benefits Coordinators and Registration

Get to know your benefits coordinators and registration people.

Establish a good working relationship with them.

You can help them; they can help you.

Teamwork makes the dream work!!!

Tools for Identifying Third Party Resources

Online Search Tools

RPMS Search Tools

Online Tools for Identifying Third Party Resources

Online search tools
- ◦ Change Healthcare Cardfinder Service
  https://rxnselfservice.changehealthcare.com/logon.aspx?ReturnUrl=%2f
- ◦ Availity
  https://apps.availity.com/public/apps/home/#!/loadApp?appUrl=%2Fpublic%2Fapps%2Feligibility%2F%3Fcachebust%3D1454552674322
- ◦ AZ AHCCCS or Medicaid
  https://ao.azahcccs.gov/Account/Login.aspx?ReturnUrl=%2f

Others like; ExpressScripts , United Healthcare, BC/Blue Shield AZ ……

Change Healthcare Cardfinder Service

SOFTWARE

Rx CardFinder™ Services

Rx CardFinder™ Services is a pharmacy eligibility service that checks patient coverage with the nation's largest Pharmacy Benefit Managers (PBMs) and returns real-time responses.

https://rxnselfservice.changehealthcare.com/

Change Healthcare New Login Process

Change Healthcare Cardfinder Service (Formerly Emdeon)

Online tool to identify private insurance and Medicare Part D plans. Also identifies some Medicaid plans.

Blanket search for multiple third-party plans with single entry of:
◦ Patient name
◦ Date of birth
◦ Medicare A & B ID number (if searching for Med-D plan)
◦ Zip code

Change Healthcare Cardfinder Negative Response

Change Healthcare Cardfinder Positive Response

Find Cardfinder Results on the SUMI Report

Patient First Name	████████████
Patient Last Name	
Patient Date of Birth	
Coverage Type	01 - Primary
BIN	610097
PCN	9999
Group	PDPIND
Cardholder ID	████████████
Person Code	No Data Returned
Patient Relationship Code	0 - Not Specified
Coverage Effective Date	No Data Returned
Coverage Termination Date	No Data Returned
Payer Help Desk Number	8007887871
Additional Coverage Information	No Data Returned

```
ABSP INSURER LIST                               JUL 10,2024  18:32    PAGE 3
                                                             Grace    Ins.
                                   Pricing       Disp Fee    Period   Sel.
Insurer               PCN          Formula       Override    Override Pts.
-------------------------------------------------------------------------
                            BIN: 610097
                      NPI FLAG: BOTH
610097 PCN 9999 MD    9999         STANDARD        0.00         0     650.00
                            BIN: 610140
                      NPI FLAG: BOTH
610140 PCN NONE                    STANDARD                     0      20.00
                            BIN: 610170
                      NPI FLAG: BOTH
610170 PCN MRX        MRX          STANDARD                            20.00
                            BIN: 610239
                      NPI FLAG: BOTH
610239 PCN FEPRX      FEPRX        STANDARD        5.00         0      20.00
```

Change Healthcare Cardfinder Pros and Cons

Pros:

Blanket search for multiple insurers with one entry.

Well worth the price. It could pay for a lifetime of it's use in the first month

Cons:

Cost involved which will involve amending your current contract
- Cost to subscribe to utilize. Cost is $25 per month, plus $0.25 per Private and $0.15 per Medicare for every positive lookup..

Results do not always provide all the needed data for entry.

Availity.com

Tool for locating private insurance and Medicare details
Can search only ***one plan at a time***
Must have a Patient ID number in order to search
More time consuming, but provides more detailed information
It is ***free***!

Availity Home Page

Availity.com

New Request

Watch a quick demo

* Payer ❓

BCBSOK ▾

Provider Information

Express Entry ❓

Search for a Provider ▾

* Provider Type

Please Select a Provider Type ▾

* NPI ❓

City

State | Zip Code
Please Select a S.. ▾ |

* Place of Service

Please Select a Place of Service ▾

Patient Information

* As of Date ❓

03/30/2017

* Benefit / Service Type ❓

Please Select a Benefit/Service Type ▾

Patient Search Option ❓   ☐ Add Multiple Patients

Patient ID, Date of Birth ▾

* Patient ID ❓

* Date of Birth

__/__/____

Gender ❓

Please Select a Gender ▾

Patient Relationship to Subscriber ❓

Self ▾

☐ Submit another patient

Submit

Availity Search Result Showing Active Coverage

Subscriber

Member ID ▮▮▮▮▮▮

DOB ▮▮▮▮▮▮

Gender Female

Plan / Coverage Date Feb 01, 2020 - Dec 31, 9999

✎ Edit   🖨 Print

BlueCross BlueShield of Oklahoma

| Patient Cost Estimator | Patient Care Summary | Speak to an Agent |

Patient Information | Coverage and Benefits | Pre-Authorization Info

Subscriber Information

Group Number ▮▮▮▮

Premium Paid To End Date Jun 30, 2020

Member ID ▮▮▮▮

Availity Search Result Showing Cancelled Coverage

Date of Service May 19, 2020   Transaction ID: 15700017150   Transaction Date: May 20 9:39 am   Customer ID: █

█████████ Subscriber   ✎ Edit   🖨 Print

Member ID YUP███████

DOB ██████

Gender Female

Eligibility Date Oct 01, 2019 - Jan 31, 2020

BlueCross BlueShield of Oklahoma   Patient Care Summary

Patient is Inactive.

AHCCCS
(Arizona Health Care Cost Containment System)

Search for AHCCCS coverage by entry of:

Name

AHCCCS ID (Starts with an A)

Date of birth

Date range

(Best to use the AHCCCS Website to find out if coverage is active)

AHCCCS Website Member Search

Online Search Tool Recap

Emdeon Cardfinder Service

    Blanket search for multiple plans at one time

    Monthly fee

Availity

    More detailed single plan search

    Free

AHCCCS (Arizona Health Care Cost Containment System) or AZ Medicaid

    Differs state to state

    Free

Other websites listed may differ from State to State

RPMS Tools for Identifying Third Party Resources

RPMS function for checking eligibility
- ELIG Medicare Part D Eligibility Check
- PRIV Private Insurance Eligibility Check

Create reports for systematic search of all patients
- PORP
- VGEN
- ICARE

RPMS Medicare Part D Eligibility Search

POS > **RPT** > **ELIG**

Currently out of order

Enter the patient name or chart number. Will search for Med-D coverage.

Can search for any date of coverage within the last 90 days

Benefits:

      Free tool within RPMS

      No online registration required as with other states

RPMS Med D Eligibility Check Example


```
PATIENT INFORMATION
  LAST NAME        :  ██████████████
  FIRST NAME       :  ██████████████
  DOB              :  ██████████████

MEDICARE D INFORMATION
  Insurance Level  :  0
  BIN              :  004336
  PCN              :  MEDDADV
  GROUP            :  RXCVSD
  CARDHOLDER ID    :  ████████████
  PERSON CODE      :
  PHONE NUMBER     :  8666934620
  CONTRACT ID      :  S5601
  RX BENEFIT PLAN  :  046
  EFFECTIVE DATE   :  JAN 01, 2018
  TERMINATION DATE:
  LOW-INCOME COST  :  N
  FORMULARY ID     :

FUTURE MEDICARE PART D INFORMATION:
  EFFECTIVE DATE   :
  TERMINATION DATE:
```

RPMS Private Ins Eligibility Check

POS > RPT > PRIV

Currently out of order

Enter the patient name or chart number and hit enter

Will search for Private Insurance Eligibility

Can search for any date of coverage within the last 90 days

Required to have a Change Healthcare Cardfinder Contract in place

Learning Objective #3

Entry of insurance cards into patient file for billing.

Edit a Patient's File

Select P4
Then
Select patient by entering patient
Name, DOB, or Chart Number.

```
*** NOTE:  IF YOU EDIT A PATIENT AND SEE THEIR NAME IN REVERSE VIDEO **
*** WITH '(RHI)' BLINKING NEXT TO IT, IT MEANS THEY HAVE RESTRICTED ***
                    *** HEALTH INFORMATION ***


P1      PAGE1 - Elig/Identifiers
P2      PAGE2 - Religion/Tribal Data/Employment
P3      PAGE3 - Emerg Contact/Next of Kin
P4      PAGE4 - Insurance Summary
P5      PAGE5 - Benefit Coordinator
P6      PAGE6 - Veteran's Information
P7      PAGE7 - Death Info/Other Names
P8      PAGE8 - Additional Registration Info
P9      PAGE9 - Document Summary
P10     PAGE10 - Other Patient Data
```

Page 4 of Patient's File


```
IHS REGISTRATION EDITOR  (page 4)                              PARKER HOSP
========================================================================
DEMO,CHILDLESS ADULT - BOB*                        HRN:32452  DIRECT ONLY
========================================================================
                            SUMMARY COVERAGE
------------------------------------------------------------------------
SEQ       INSURER               COVERAGE TYPE        ELIG BEGIN - ELIG END
            SUBSCRIBER             POLICY NUMBER
========================================================================
  1.     BC/BS OF ARIZONA INC.   SELF               11/02/2017           A
           DEMO,CHILDLESS ADULT    XBM337744
  2.     MEDICARE                B                  01/01/2009           A
           DEMO,CHILDLESS ADULT    555555555A
         MEDICARE                A                  01/01/2007           A
           DEMO,CHILDLESS ADULT    555555555A
------------------------------------------------------------------------

========================================================================
Enter the insurer number to edit. :  █
```

Identify Plan on SUMI Report

Entering Private Insurance on Page 4 of File


```
IHS REGISTRATION EDITOR   (page 4)                            PARKER HOSP
==========================================================================
DEMO,CHILDLESS ADULT - BOB*                        HRN:32452  DIRECT ONLY
==========================================================================
                           SUMMARY COVERAGE
--------------------------------------------------------------------------
SEQ       INSURER                   COVERAGE TYPE       ELIG BEGIN - ELIG END
          SUBSCRIBER                POLICY NUMBER
==========================================================================
 1.       BC/BS OF ARIZONA INC.     SELF                11/02/2017         A
          DEMO,CHILDLESS ADULT       XBM337744
 2.       MEDICARE                  B                   01/01/2009         A
          DEMO,CHILDLESS ADULT       555555555A
          MEDICARE                  A                   01/01/2007         A
          DEMO,CHILDLESS ADULT       555555555A
--------------------------------------------------------------------------

==========================================================================
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates  L(ist inactive eligibilities): A
Select INSURER NAME: 610029 PCN CRK        ARIZONA      85072-2136
          ...OK? Yes// █
```

Entering Private Insurance on Page 4 of File (2)


```
IHS REGISTRATION EDITOR              PRIVATE INSURANCE              PARKER HOSP
================================================================================
DEMO,CHILDLESS ADULT - BOB*                          HRN:32452   DIRECT ONLY
================================================================================
1) Policy Holder.:                       5) Gender:
2) Policy or SSN.:                        6) Date of Birth:
3) Effective Date:              7) PCP:
4) Expire Date...:              8) CD Name.....:
-HOLDER'S EMPLOYER INFO---------------------------------------------------------
9) Status........:             10) Employer:
-INSURER INFORMATION------------------------------------------------------------
                               11) Grp Name:
                                   Grp Number:
                               12) Coverage: Ins. Type: 13) CCopy:
----Policy Members----PC-----Member #------HRN-----Rel----------From/Thru-------
--------------------------------------------------------------------------------
Entering new PRIVATE INSURANCE ELIGIBILITY record

Enter the NAME of the POLICY HOLDER or the POLICY NUMBER if it already exists.
        (Enter 'SAME' if the PATIENT is the Policy Holder.)

Select POLICY HOLDER:
```

Entering Private Insurance Patient ID Number

Policy or SSN field
- Enter ID number


```
Enter the NAME of the POLICY HOLDER or the POLICY NUMBER if it already exists.
           (Enter 'SAME' if the PATIENT is the Policy Holder.)

Select POLICY HOLDER: SAME


  (SEP 09, 1979)


Name as Stated on Policy..: DEMO,CHILDLESS ADULT  Replace
HOLDER'S ADDRESS - STREET: 1000 NE.DATE FARM ROAD
          Replace
HOLDER'S ADDRESS - CITY: PARKER//
HOLDER'S ADDRESS - STATE: ARIZONA//
HOLDER'S ADDRESS - ZIP: 85344//
HOLDER'S TELEPHONE NUMBER: 928-575-0000//
[2] Policy or SSN...: 123456789
[3] Effective Date..: 1/1/24  (JAN 01, 2024)
[4] Expiration Date:
POLICY HOLDER'S SEX: MALE//
DATE OF BIRTH: SEP 9,1979//
HOLDER'S EMPLOYMENT STATUS: FULL-TIME//
EMPLOYER: PARKER IHS//

<--------EDIT EMPLOYER DEMOGRAPHICS--------->
STREET ADDRESS: 12033 AGENCY ROAD//
CITY: PARKER//
STATE: ARIZONA//
ZIP: 85344//
PHONE: 928-669-2137//
[11] Select GROUP NAME: CMCDX
```

Adding in a group number from page 4

```
[11] Select GROUP NAME: CMCDX
 Are you adding 'CMCDX ' as a new EMPLOYER GROUP INSURANCE (the 5045TH)? No// Y
 (Yes)


    NOTE: Some Insurers assign different Group Numbers based upon the
          particular type of visit (dental, outpatient, etc.) that
          occurred.

Do the Group Numbers vary depending on Visit Type (Y/N)? N// NO

GROUP NUMBER: CMCDX
[12] Select COVERAGE TYPE:
```

Complete entry for Pharmacy Private insurance


```
IHS REGISTRATION EDITOR          PRIVATE INSURANCE          PARKER HOSP
=========================================================================
DEMO,CHILDLESS ADULT - BOB*                      HRN:32452  DIRECT ONLY
=========================================================================
1) Policy Holder.: DEMO,CHILDLESS ADULT   |5) Gender: MALE
2) Policy or SSN.: 123456789              |6) Date of Birth: 9/9/1979
3) Effective Date: JAN 01, 2024     |7) PCP:
4) Expire Date...:                  |8) CD Name.....:
-HOLDER'S EMPLOYER INFO---------------------------------------------------
9) Status........: FULL-TIME        |10) Employer: PARKER IHS
-INSURER INFORMATION------------------------------------------------------
610029 PCN CRK                      |11) Grp Name: CMCDX
   P.O. BOX 52136                   |    Grp Number: CMCDX
   PHOENIX, ARIZONA 85072-2136      |12) Coverage: PHARMACY
   (800)324-6331    Ins. Type: PRIVATE|13) CCopy:
----Policy Members----PC-----Member #------HRN-----Rel----------From/Thru-------
14) DEMO,CHILDLESS AD    123456789     32452   SELF    1/1/2024

Last edited by: ALLERY,TIFFANY L on Jul 10, 2024
=========================================================================
ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr):█
```

```
IHS REGISTRATION EDITOR  (page 4)                      PARKER HOSP
=========================================================================
DEMO,CHILDLESS ADULT - BOB*                      HRN:32452  DIRECT ONLY
=========================================================================
                        SUMMARY COVERAGE
-------------------------------------------------------------------------
SEQ      INSURER               COVERAGE TYPE        ELIG BEGIN - ELIG END
         SUBSCRIBER            POLICY NUMBER
=========================================================================
1.    610029 PCN CRK           PHARMACY             01/01/2024        A
      DEMO,CHILDLESS ADULT      123456789
2.    BC/BS OF ARIZONA INC.     SELF                 11/02/2017        A
      DEMO,CHILDLESS ADULT      XBM337744
3.    MEDICARE                  B                    01/01/2009        A
      DEMO,CHILDLESS ADULT      555555555A
      MEDICARE                  A                    01/01/2007        A
      DEMO,CHILDLESS ADULT      555555555A
-------------------------------------------------------------------------
=========================================================================
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates  L(ist inactive eligibilities): █
```

Moving on to Page 8

```
*** NOTE:  IF YOU EDIT A PATIENT AND SEE THEIR NAME IN REVERSE VIDEO *
*** WITH '(RHI)' BLINKING NEXT TO IT, IT MEANS THEY HAVE RESTRICTED **
                *** HEALTH INFORMATION ***


P1      PAGE1 - Elig/Identifiers
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P8      PAGE8 - Additional Registration Info
P9      PAGE9 - Document Summary
P10     PAGE10 - Other Patient Data
```

Make Notes on Page 8

```
IHS REGISTRATION EDITOR  (page 8)                          PARKER HOSP
==========================================================================
DEMO,CHILDLESS ADULT - BOB*                      HRN:32452  DIRECT ONLY
==========================================================================

                    ADDITIONAL REGISTRATION INFO
--------------------------------------------------------------------------
ELGI: CHS AND DIRECT
ALT RES: NONE
01/11/13 DEMO CHART PER JONJON/JJ
08/21/20 PT WAS DENIED MCR FOR UNPAID PREMIUMS/JJ
07/27/21 **NV**ADDED AHCCS***PTERG/RJ
08/13/21 *NV*INACTIVATED CHART/NO PAPERCHART PER HIM/PTRG/CRM
03/30/23 **NV**FAUD ERROR REPORT/INTERNET ACCESS UPDATE**PTREG/LE
07/20/23 **NV**TRAIN ON PAGE 5 ONLY**OPEN/CLOSED CASE**PBO/RJL
12/04/23 **NV**FAUD ERROR REPORT/UPDATED PG9**PTREG/LE
01/07/24 **NV**FAUD ERROR REPORT/MSPS ADDED ROI/AOB DATE***PBOALN
07/10/24 ADDED IN PHARMACY COVERAGE TA-RX


==========================================================================
Last edited by: ALLERY,TIFFANY L on Jul 10, 2024
==========================================================================
Do you wish to edit ADDITIONAL REGISTRATION INFORMATION? (Y/N) : N// ▮
```

Identify Medicare D Plan on SUMI Report

Adding Medicare Part D Insurance on Page 4 of File

Medicare A or B must be added first


```
IHS REGISTRATION EDITOR   (page 4)                        PARKER HOSP
=================================================================================
DEMO,CHILDLESS ADULT - BOB*                     HRN:32452   DIRECT ONLY
=================================================================================
                          SUMMARY COVERAGE
---------------------------------------------------------------------------------
SEQ        INSURER              COVERAGE TYPE       ELIG BEGIN - ELIG END
           SUBSCRIBER           POLICY NUMBER
=================================================================================
 1.    BC/BS OF ARIZONA INC.    SELF               11/02/2017           A
         DEMO,CHILDLESS ADULT    XBM337744
 2.    MEDICARE                 B                  01/01/2009           A
         DEMO,CHILDLESS ADULT    555555555A
       MEDICARE                 A                  01/01/2007           A
         DEMO,CHILDLESS ADULT    555555555A
---------------------------------------------------------------------------------
=================================================================================
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates  L(ist inactive eligibilities): A
Select INSURER NAME: 610029 PCN CRK        ARIZONA       85072-2136
       ...OK? Yes// █
```

Adding Medicare Part D Insurance on Page 4 of File (2)

- Press (**A**) to Add Insurer
- Enter Name of Insurer
- Select from Choices

```
IHS REGISTRATION EDITOR   (page 4)                          PARKER HOSP
==============================================================================
DEMO,CHILDLESS ADULT - BOB*                          HRN:32452   DIRECT ONLY
==============================================================================
                            SUMMARY COVERAGE
------------------------------------------------------------------------------
SEQ       INSURER                 COVERAGE TYPE          ELIG BEGIN - ELIG END
           SUBSCRIBER             POLICY NUMBER
==============================================================================
 1.       610029 PCN CRK          PHARMACY               01/01/2024          A
           DEMO,CHILDLESS ADULT    123456789
 2.       BC/BS OF ARIZONA INC.   SELF                   11/02/2017          A
           DEMO,CHILDLESS ADULT    XBM337744
 3.       MEDICARE                B                      01/01/2009          A
           DEMO,CHILDLESS ADULT    555555555A
          MEDICARE                A                      01/01/2007          A
           DEMO,CHILDLESS ADULT    555555555A
------------------------------------------------------------------------------
==============================================================================
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates  L(ist inactive eligibilities): a
Select INSURER NAME: 004336
     1    004336 PCN 77993333       CALIFORNIA      93718-5018
     2    004336 PCN ADV          ARIZONA       85072-2196
     3    004336 PCN MCAIDADV        ARKANSAS        79103
     4    004336 PCN MEDDADV MD       ARIZONA        85260--123
CHOOSE 1-4: 4
```

Adding Medicare Part D Insurance on Page 4 of File (3)

Enter (**M**) for Medicare plan
Enter eligibility date
Enter (**D**) for Coverage
Verify Correct Plan, press Yes

Medicare Part D Plan Has Been Added on Page 4

```
IHS REGISTRATION EDITOR          MEDICARE PHARMACY              PARKER HOSP
==============================================================================
DEMO,CHILDLESS ADULT - BOB*                    HRN:32452   DIRECT ONLY
==============================================================================
-----------------MEDICARE PART D DATA----------------------------------
1) Medicare Name: DEMO,CHILDLESS ADULT    |4) Gender: MALE
2) ID Number: 9151014609                  |5) Date of Birth: SEP 09, 1979
3) Person Code:
-ELIGIBILITY DATES---------------------------------------------------------
-----Effective Date-------------------Expire Date------------------------
6) JAN 1,2024                                                           A
-------------------------------------------------------------------------
7) Grp Name: RXCVSD              Grp Number: RXCVSD
-------------------------------------------------------------------------
8) 004336 PCN MEDDADV MD
   9501 EAST SHEA BLVD
   SCOTTSDALE,ARIZONA  85260--123
   (800)364-6331
-------------------------------------------------------------------------
-------------------------------------------------------------------------
Last edited by: ALLERY,TIFFANY L on Jul 10, 2024
==============================================================================
ENTER ACTION <E>dit a field:█
```

```
==============================================================================
DEMO,CHILDLESS ADULT - BOB*                    HRN:32452  DIRECT ONLY
==============================================================================
                            SUMMARY COVERAGE
-------------------------------------------------------------------------
SEQ      INSURER                COVERAGE TYPE        ELIG BEGIN - ELIG END
         SUBSCRIBER             POLICY NUMBER
==============================================================================
1.    004336 PCN MEDDADV M     D                     01/01/2024         A
      DEMO,CHILDLESS ADULT     9151014609
2.    MEDICARE                 B                      01/01/2009         A
      DEMO,CHILDLESS ADULT     555555555A
      MEDICARE                 A                      01/01/2007         A
      DEMO,CHILDLESS ADULT     555555555A
-------------------------------------------------------------------------
==============================================================================
Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)
V(iew) Historical Sequence Dates  L(ist inactive eligibilities):
```

Medicaid Insurance Entries

- Normally entered in like a private insurance.

- Some use one BIN and PCN or have different BIN's and PCN's.

- Some states do not even bill through POS and it goes through Third–Party billing.

POS TUTORIAL

Pharmacy Point of Sale Tutorial

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QUESTIONS ?

Contact Information

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