

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

 **WellCare**
Beyond Healthcare. A Better You.


2020


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

 **CONNECTED**
SENIOR CARE ADVANTAGE
By ARC & Premier Physicians

 **MedicareRx**
Prescription Drug Coverage

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

 **CVS caremark** Prescription Card

 **Lam**
RESEARCH

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

00001

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**
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RxBIN: 004336
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Connected Senior Care Advantage AG318

MedicareRx
Prescription Drug Coverage

Card Issued: 03/09/2020

CONNECTED
SENIOR CARE ADVANTAGE
By ABC & Partner Physicians

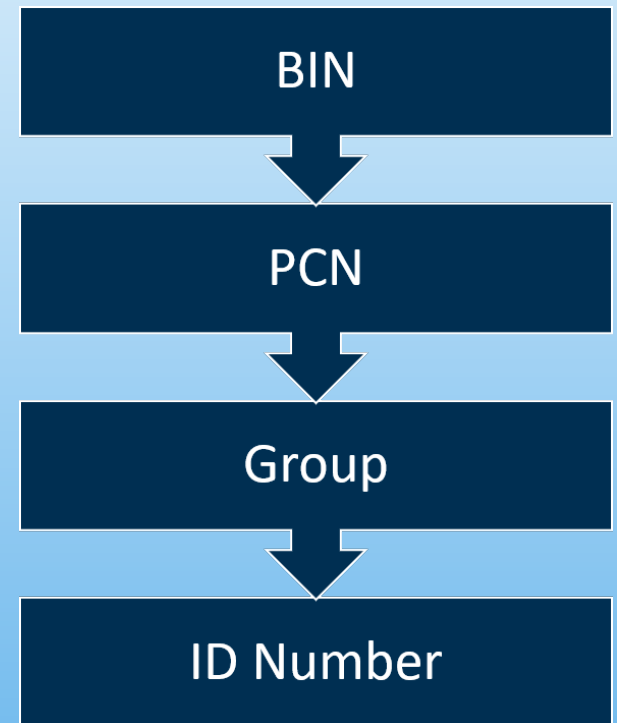
Life Is a Highway...

BIN = Interstate Highway = huge, relatively few of them

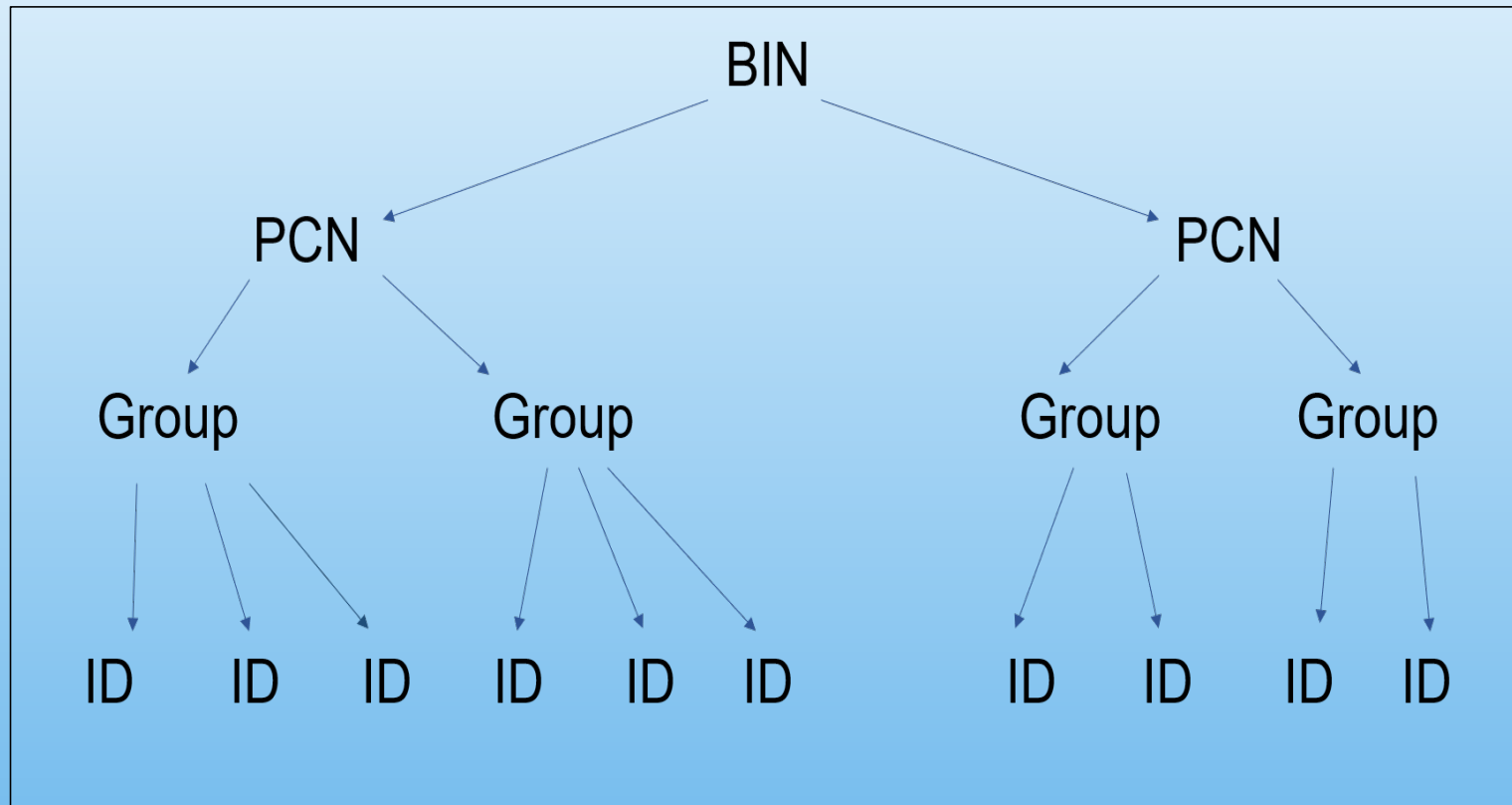
PCN= State Highway = smaller, much more numerous

Group = Local Street = much more detailed, hundreds more

ID number = Home driveway = completely unique to each individual



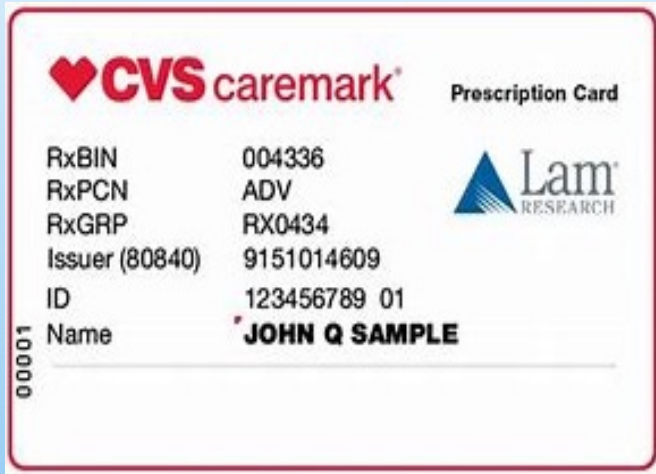
BIN to PCN to Group to Patient ID Number



SUMMIT POS Setup Summary of Insurers

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

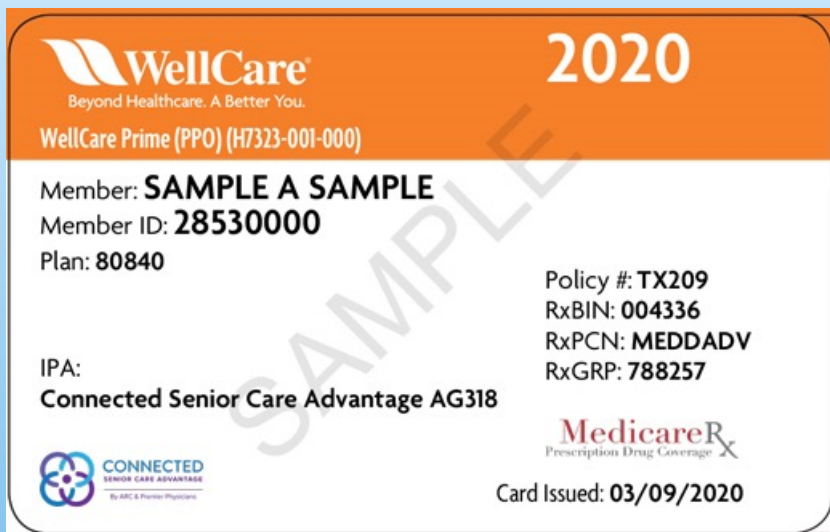
Finding the Correct Plan on the SUMI Report



ABSP INSURER LIST JUL 10, 2024 18:25 PAGE 9

Insurer	PCN	Pricing Formula	Disp Fee Override	Grace Period Override	Ins. Sel. Pts.
003650	PCN NONE	BIN: 003650 NPI FLAG: BOTH STANDARD		0	25.00
003858	PCN MD MD	BIN: 003858 NPI FLAG: BOTH STANDARD			650.00
003858	PCN A4	A4 STANDARD			20.00
004336	PCN MEDDADV MD	BIN: 004336 NPI FLAG: BOTH 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
Beyond Healthcare. A Better You.

2020

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**

ABSP INSURER LIST JUL 10,2024 18:25 PAGE 9

Insurer	PCN	Pricing Formula	Disp Fee Override	Grace Period Override	Ins. Sel. Pts.
003650	PCN NONE	BIN: 003650 NPI FLAG: BOTH STANDARD		0	25.00
003858	PCN MD MD	BIN: 003858 NPI FLAG: BOTH MD STANDARD			650.00
003858	PCN A4	A4 STANDARD			20.00
004336	PCN MEDDADV MD	BIN: 004336 NPI FLAG: BOTH 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

The screenshot shows the 'Sign In' page. At the top left, there is a globe icon and the text 'EN' with a dropdown arrow. The main heading is 'Sign In'. Below it is a text input field labeled 'One Healthcare ID or Email Address'. Underneath the field is a blue link that says 'Forgot One Healthcare ID?'. A large green button with the text 'Continue' is positioned below the link. Below the button is a horizontal line with the word 'OR' in the center. Underneath the line are two buttons: 'Create One Healthcare ID' and 'Manage My One Healthcare ID'. At the bottom of the page, there are two links: 'Chat with support' with a speech bubble icon and 'Help Center' with a question mark icon.

The screenshot shows the 'Link your OneHealthCare ID' page. At the top, the 'Optum' logo is displayed in orange on a dark blue background. The main heading is 'Link your OneHealthCare ID'. Below the heading is a paragraph of text: 'Please login with your legacy User name and Password below. This is required one time step to link your accounts. Once complete, your One Healthcare ID can be used to sign in.' Below the text are two input fields: 'Username:' followed by a text box with an asterisk, and 'Password:' followed by a text box. At the bottom, there are two buttons: 'Log In' and 'Cancel'.

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

The screenshot displays the eRx Network CardFinder™ Viewer interface. At the top left is the eRx Network logo. Below it are navigation tabs for User Home, Tools, Reports, and Help. The breadcrumb trail reads "eRx Network > Tools > CardFinder™ Viewer". The main heading is "CardFinder™ Viewer".

Under the heading is a "Check Eligibility" button. Below this are two columns: "Patient Information" and "Response".

Patient Information:

- Coverage Type: Commercial Only (dropdown menu)
- Provider NPI: 1538219431
- Date of Service: [Redacted]
- Patient First Name: [Redacted]
- Patient Last Name: [Redacted]
- Date of Birth: [Redacted]
- Patient Zip Code: 73644
- Gender: Male Female

Response:

- Commercial (with a red 'x' icon)
- Value: ERX108Patient Not Found

At the bottom of the Patient Information section are a refresh icon and a "Submit" button.

Change Healthcare Cardfinder Positive Response

The screenshot displays the eRx Network CardFinder Viewer interface. The top navigation bar includes 'User Home', 'Tools', 'Reports', and 'Help'. The breadcrumb trail shows 'eRx Network > Tools > CardFinder™ Viewer'. The main heading is 'CardFinder™ Viewer' with a sub-heading 'Check Eligibility'.

Patient Information

Coverage Type: Commercial Only
Provider NPI: 1538219431
Date of Service: 5/19/2021
Patient First Name: [Redacted]
Patient Last Name: [Redacted]
Date of Birth: [Redacted]
Patient Zip Code: 73160
Gender: Male Female

Response

Commercial

Field Name	Value
Patient First Name	[Redacted]
Patient Last Name	[Redacted]
Patient Date of Birth	[Redacted]
Coverage Type	01 - Primary
BIN	004336
PCN	ADY
Group	802653
Cardholder ID	[Redacted]
Person Code	[Redacted]
Patient Relationship Code	0 - Not Specified
Coverage Effective Date	01/01/2021
Coverage Termination Date	12/31/2039
Payer Help Desk Number	8004212342
Additional Coverage Information	No Data Returned

Find Cardfinder Results on the SUMI Report

Patient First Name	[REDACTED]	ABSP INSURER LIST				JUL 10,2024 18:32	PAGE 3
Patient Last Name	[REDACTED]					Grace	Ins.
Patient Date of Birth	[REDACTED]	Insurer	PCN	Pricing Formula	Disp Fee Override	Period Override	Sel. Pts.
Coverage Type	01 - Primary						
BIN	610097						
PCN	9999	610097 PCN 9999 MD	9999	BIN: 610097 NPI FLAG: BOTH STANDARD	0.00	0	650.00
Group	POPIND						
Cardholder ID	[REDACTED]	610140 PCN NONE		BIN: 610140 NPI FLAG: BOTH STANDARD		0	20.00
Person Code	No Data Returned						
Patient Relationship Code	0 - Not Specified	610170 PCN MRX	MRX	BIN: 610170 NPI FLAG: BOTH STANDARD			20.00
Coverage Effective Date	No Data Returned						
Coverage Termination Date	No Data Returned	610239 PCN FEPRX	FEPRX	BIN: 610239 NPI FLAG: BOTH STANDARD	5.00	0	20.00
Payer Help Desk Number	8007887871						
Additional Coverage Information	No Data Returned						

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 its 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

The screenshot shows the Availity Home Page with a dark navigation bar at the top. The navigation bar includes the Availity logo, Home, Notifications, and My Favorites. Below the navigation bar is a secondary menu with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The main content area is divided into several sections: a Notification Center with a 'N' icon and the message 'You have no notifications.'; a 'My Top Applications' section with four tiles: 'EB Eligibility and Benefits Inquiry' (orange square), 'Add User' (white square with a computer icon), 'CS Claim Status Inquiry' (green square), and 'A&R Authorizations & Referrals' (orange square); and a 'News and Announcements' section with a 'NEW ALERT' badge. The news section contains two items: 'Humana Production Maintenance - 4/7/2019' dated 04/02/2019, and 'Try Humana's new Remittance Inquiry tool' dated 01/09/2019.

Availity Home Notifications My Favorites

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More

N Notification Center

You have no notifications.

My Top Applications

EB
Eligibility and Benefits Inquiry

Add User

CS
Claim Status Inquiry

A&R
Authorizations & Referrals

News and Announcements **NEW ALERT**

▲ Humana Production Maintenance - 4/7/2019 04/02/2019
837, 270/271, 276/277, and 278 will be unavailable on Sun, 04/07/2019, from 7:00am ET to 9:30am ET. 837s submitted during this time will be routed for batch processing. If you have an [More...](#)

Try Humana's new Remittance Inquiry tool 01/09/2019
With Remittance Inquiry, you can search for, view and download detailed information for your organization's Humana remittances. From the **Claims & Payments** menu, select **Claim Status** [More...](#)

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

[Redacted] Subscriber [Edit](#) [Print](#)

Member ID **[Redacted]** **Plan / Coverage Date** Feb 01, 2020 - Dec 31, 9999

DOB **[Redacted]**

Gender Female

 **BlueCross BlueShield of Oklahoma** [Patient Cost Estimator](#) [Patient Care Summary](#) [Speak to an Agent](#)

Patient Information **Coverage and Benefits** Pre-Authorization Info

Subscriber Information

[Redacted] Group Number **[Redacted]**

[Redacted] Premium Paid To End Date Jun 30, 2020

Member ID **[Redacted]**

Availity Search Result Showing Cancelled Coverage

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

[REDACTED] Subscriber [Edit](#) [Print](#)

Member ID YUP [REDACTED] Eligibility Date Oct 01, 2019 - Jan 31, 2020

DOB [REDACTED]

Gender Female

 [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



Main | [FAQ](#) | [Terms Of Use](#) | [LogOut](#) | *Reaching across Arizona to provide comprehensive, quality health care for those in need.*

Member Eligibility Verification: Recipient Search

Recipient Search

* indicates required fields

Search For: RECIPIENT NEWBORN

Search By: AHCCCS ID and DOB
 LAST NAME, DOB and SSN
 AHCCCS ID, NAME and DOB
 AHCCCS ID, LAST and FIRST NAME and DOB
 LAST and FIRST NAME & DOB
 LAST and FIRST NAME, DOB & SSN
 LAST and FIRST NAME, DOB & MEDICARE CLAIM NUMBER

Search Fields

AHCCCS ID:* (A12345678)

Date of Birth:* (MM/DD/YYYY)

Date of Services (DOS)

Begin Date:

End Date:

*The verification will be processed for today's date, if dates of services are not provided.
*The Begin Date of Service must be less than or equal to today.
*The End Date of Service can be in the past or up to 30 days in the future.
*For hospital provider types: Begin Date of Service to End date of service can have an unlimited date range.
*For all other provider types: The Begin Date of Service can be 36 months prior to today's date. Begin Date of Service to End Date of Service span cannot be more than 36 months.

Menu

- Claim Status
- Claim Submission
- Electronic Fund Transfer (EFT) Enrollment
- EVV Service Confirmation
- Member Verification**
- Member Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification

Support and Manuals

- User Manuals
- Learn More
- Frequently Asked Questions

Account Information

Username: Tbrown2018

User: TIFFANY BROWN

Type: User

IP: 10.205.167.251

National Provider ID: 1801900766

User Account

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           : MEDDADU
GROUP        : RXCUSD
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

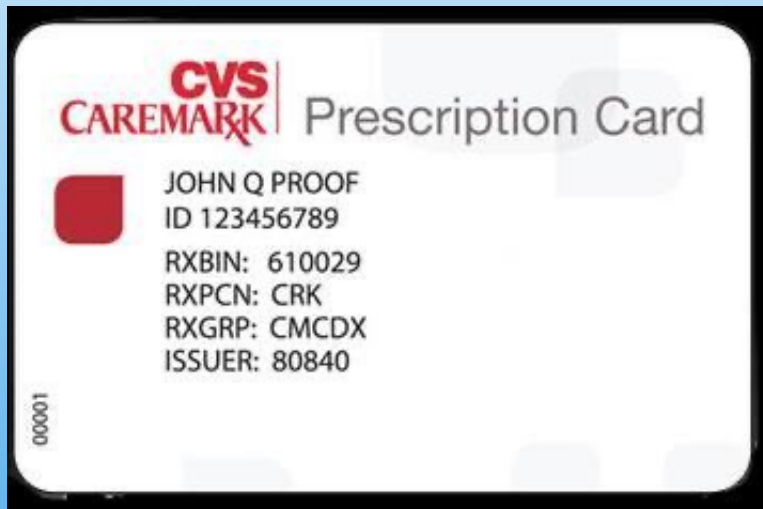
=====

SUMMARY COVERAGE

SEQ	INSURER SUBSCRIBER	COVERAGE TYPE POLICY NUMBER	ELIG BEGIN - ELIG END	
1.	BC/BS OF ARIZONA INC. DEMO,CHILDLESS ADULT	SELF XBM337744	11/02/2017	A
2.	MEDICARE DEMO,CHILDLESS ADULT	B 55555555A	01/01/2009	A
	MEDICARE DEMO,CHILDLESS ADULT	A 55555555A	01/01/2007	A

Enter the insurer number to edit. : █

Identify Plan on SUMI Report



Insurer	PCN	Pricing Formula	Di OV

		BIN: 610011	
		NPI FLAG: BOTH	
610011	PCN HCAMCAID	HCAMCAID STANDARD	
610011	PCN IRX	IRX STANDARD	
610011	PCN CTRXMEDD MD	CTRXMEDD STANDARD	
		BIN: 610014	
		NPI FLAG: BOTH	
610014	PCN MEDDPRIME MD	MEDDPRIME STANDARD	
610014	PCN COBSEG	COBSEG STANDARD	
610014	PCN NONE	NONE STANDARD	
		BIN: 610029	
		NPI FLAG: BOTH	
610029	PCN CRK	CRK STANDARD	

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-----Re|-----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      55555555A
        MEDICARE          A                 01/01/2007          A
        DEMO,CHILDLESS ADULT      55555555A
-----
Enter S(quence), 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
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

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



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

RXBIN: 004336
RXPCN: MEDDADV
RXGRP: RXCVSD

ISSUER (80840): 9151014609

ID:
NAME:



S5601 813

ABSP INSURER LIST JUL 10,2024 18:25 PAGE 9

Insurer	PCN	Pricing Formula	Disp Fee Override	Grace Period Override	Ins. Sel. Pts.
003650	PCN NONE	BIN: 003650 NPI FLAG: BOTH STANDARD		0	25.00
003858	PCN MD MD	BIN: 003858 NPI FLAG: BOTH MD STANDARD			650.00
003858	PCN A4	A4 STANDARD			20.00
004336	PCN MEDDADV MD	BIN: 004336 NPI FLAG: BOTH 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

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(quence), 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(quence), 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



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

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



S5601 813

```

10.   JAN 01, 2007           APR 03, 2018           A
11.   JAN 01, 2009
-----
Last edited by: ALLERY, TIFFANY L on Jul 10, 2024
=====

Enter the ELIGIBILITY DATE: 1/1/24 (JAN 01, 2024)
Type of COVERAGE (A, B, D): D
PLAN NAME: 004336 PCN MEDDADV MD// ( MARYLAND PCN )

The following word was not used in this search:
MEDDADV
Search was unsuccessful.

Since the KEYWORD LOOKUP failed lets try a NON-KEYWORD LOOKUP...

004336 PCN MEDDADV MD           ARIZONA           85260--123
...OK? Yes// (Yes)

MEDICARE NAME: DEMO,CHILDLESS ADULT  Replace
ID Number: 55555555A// 9151014609 ←
PERSON CODE:
GENDER: MALE//
DATE OF BIRTH: SEP 9,1979// (SEP 09, 1979)
GROUP NAME: RXCVSD ←
    
```

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 ?



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