

2024 Indian Health Service Partnership Conference

Briefing Topic

LCDR MICHAEL HUNT, DPH

ADVOCATING FOR MAXIMIZING
PHARMACY POINT OF SALE POSITIONS

AUGUST 14, 2024



Discussion points:

1. Explanation of what pharmacy point of sale (POS) billing includes
2. Tasks involved in working pharmacy POS and their impacts
3. Pharmacy POS staffing recommendations
4. Common Misconceptions
5. Teamwork makes the dream work



First of all...

what is pharmacy point of sale (POS) billing?

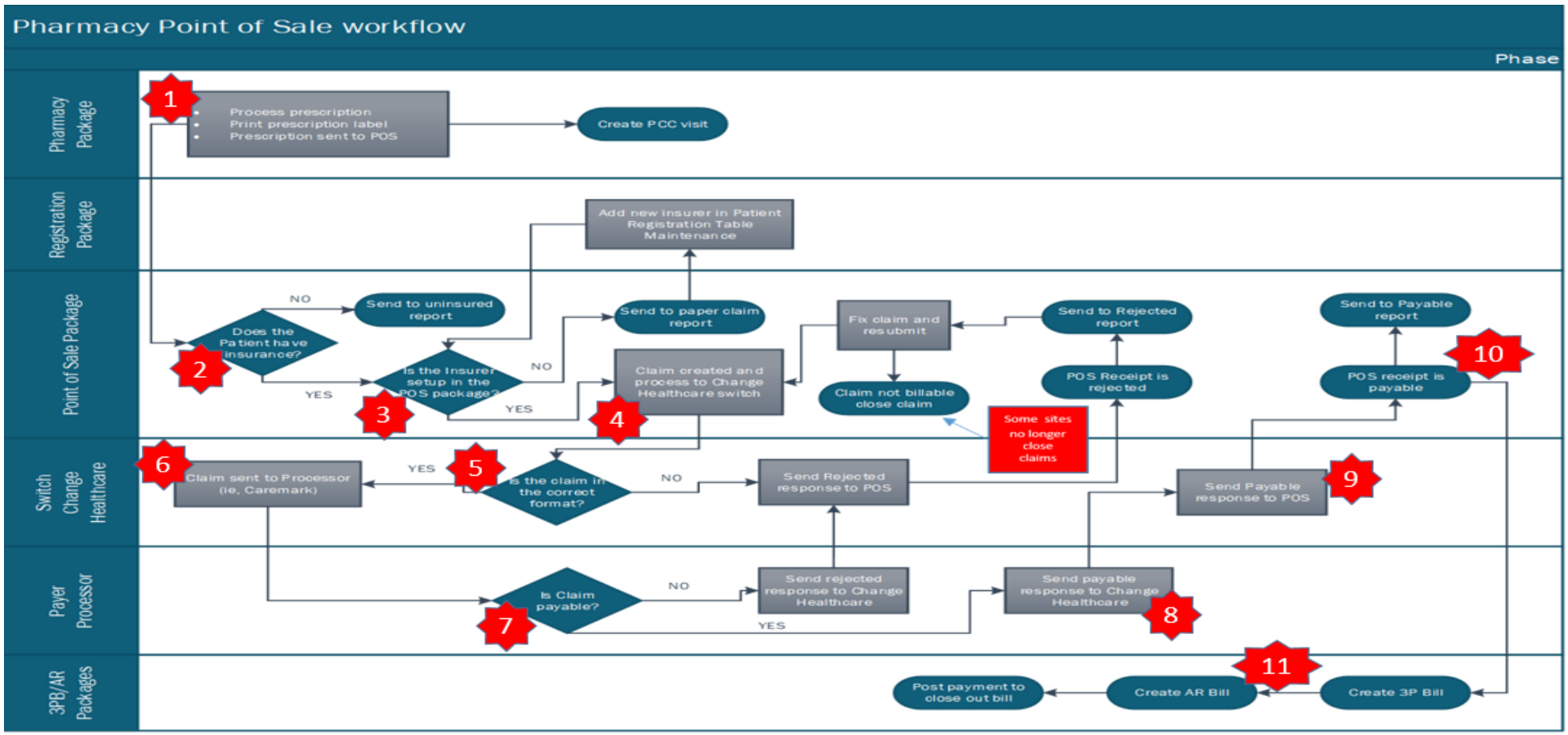
Pharmacy POS billing is performed when a prescription is processed for a patient that has prescription insurance entered in their patient file. Unlike medical billing that may be delayed, pharmacy POS billing happens via the internet within seconds when filled at the pharmacy, or....at the 'point of sale'.

This immediate POS billing got its name in the retail pharmacy sector. It allows pharmacies to receive a response from the insurer that includes the amount paid by the insurer and the amount to charge the patient as their copay.

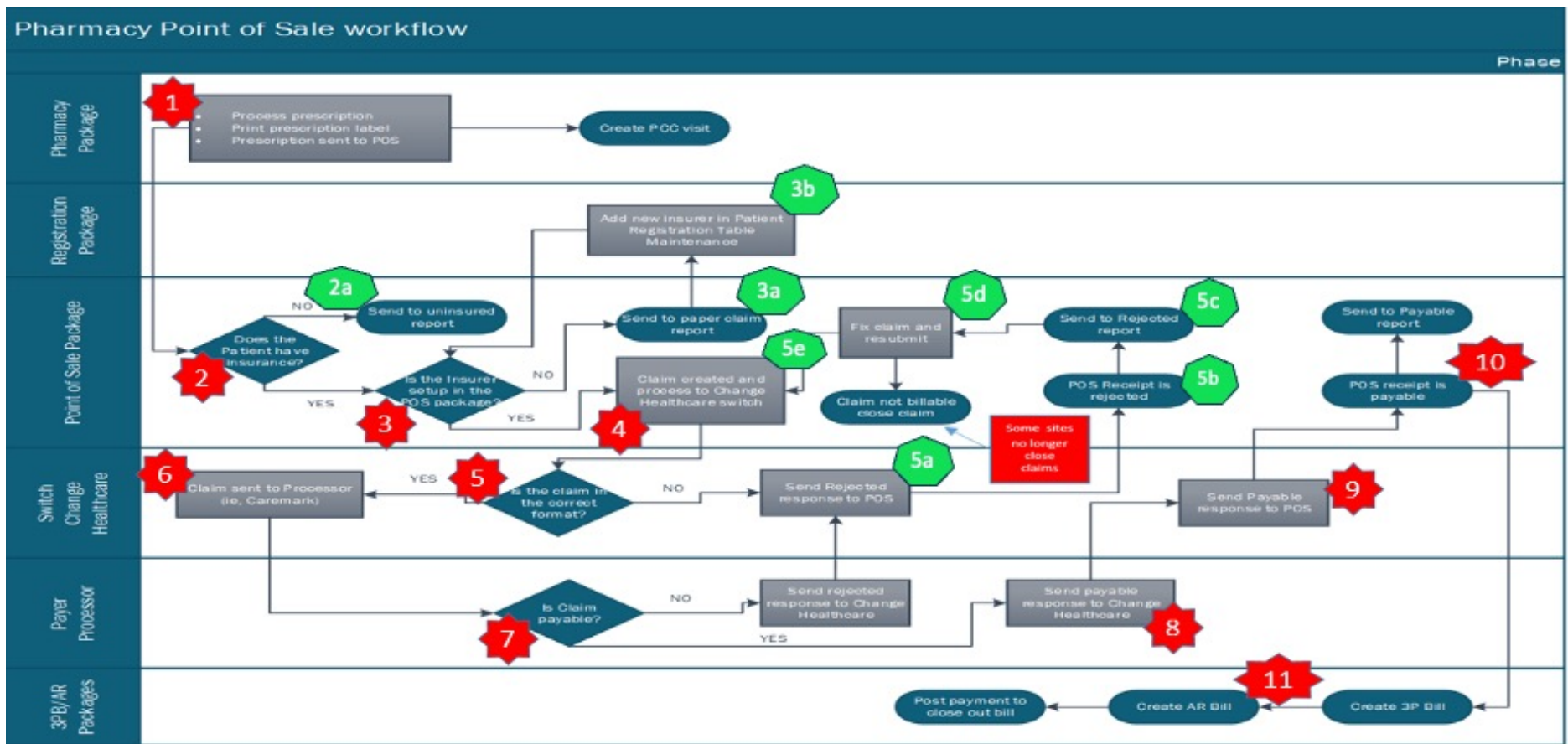
Thankfully, IHS does not charge patient copays. 😊



Path of a **PAYABLE** pharmacy POS claim



Additional steps with a REJECTED pharmacy POS claim



Individual claim receipt shows paid amount

Paid claim totals for a date range can be seen on the DAY report

```
Authorization Number: 2524111305783
Basis of Reimb Determination: Not specified
Dispensing Fee Paid: $ 0.00
Ingredient Cost Paid: $ 719.00
Medication Order: 1
Patient Pay Amount: $ 0.00
Prescription/Service Ref Num: 3282442
Prescription/Srvc Ref Num Qual: 1
Response Status (Prescription): P
Total Amount Paid: $ 719.00 One paid claim
Transaction Response Status: CLAIM PAYABLE
Done
```

```
*****
* PHARMACY POINT OF SALE V1.0 P53 *
* CLINTON INDIAN HEALTH CENTER *
* Administration reports *
*****

...updating the Report Master file, please stand by...

* Previous selection: RELEASED DATE from Apr 1,2024 to Apr 20,2024@24:00
START WITH RELEASED DATE: Apr 1,2024// 020124 (FEB 01, 2024)
GO TO RELEASED DATE: Apr 20,2024// 022924 (FEB 29, 2024)
DEVICE: 0;180;999999 VIRTUAL
POINT OF SALE TOTALS APR 20,2024
From FEB 1,2024 thru FEB 29,2024 10:46 AM
PAYABLE SHORTED PAPER REJECTED UNINSURED DUPLICATE
TOTAL 1124327.94 40532.57 36043.17 774002.07 1726418.51 265.04
COUNT Total collections from Paid claims Total number of claims 25891
```


Impact of Third Party Dollars on Budget

Total Clinton Service Unit (CSU) budget for 2023 was \$57.9 million.

- \$29.3 million from IHS funding
 - PRC is included in this and is \$16.3 M of this total
- \$28.6 million from third party collections (Medical + Pharmacy)
 - \$17.7 million from Pharmacy Point of Sale (61% of total collections)

Pharmacy POS Collections equal about 30% of the total budget for CSU.

This means that without pharmacy POS dollars, almost a third of *everything* would not be available.



Pharmacy Point of Sale Collections can Change the “Appearance” of your Site

Facility Before Increased Collections from Pharmacy Point of Sale		
OUTPATIENT CLINIC (NURSING/ /PHYSICIANS)		
ADMINISTRATION	FACILITIES	BENEFITS COORDINATORS
OPTOMETRY	RADIOLOGY/ /X RAY	PATIENT REGISTRATION
AUDIOLOGY	LAB	BUSINESS OFFICE(BILLER/AR TECHS/BENEFITS COORDINATORS/)
DENTAL	PEDIATRICS	
HOUSEKEEPING	DIETICIAN	PHARMACY/ /

Absence of service

Incomplete services:
poorly staffed,
insufficient resources

Facility After Increased Collections from Pharmacy Point of Sale		
OUTPATIENT CLINIC (NURSING/MID-LEVEL PRACTITIONERS/PHYSICIANS)		
ADMINISTRATION	FACILITIES	BENEFITS COORDINATORS
OPTOMETRY	RADIOLOGY/CT SCAN/X RAY	PATIENT REGISTRATION
AUDIOLOGY	LAB	BUSINESS OFFICE(BILLER/AR TECHS/BENEFITS COORDINATORS/DEBT MANAGEMENT)
DENTAL	PEDIATRICS	PHYSICAL THERAPY/CHIROPRACTOR
HOUSEKEEPING	DIETICIAN	PHARMACY/CLINIC PHARMACIST/POS TEAM

Complete services:
fully staffed,
new/up to date
equipment



By adding pharmacy billing staff, you can generate funds to add needed services.



Increased services equals better care for the patients we serve.



Why do these efforts matter?

Indian Health Service Mission:

The overall mission of the Indian Health Service (IHS) is to raise the physical, mental, social and spiritual health of American Indians and Alaska natives (AI/AN) to the highest level.

Indian Health Service Goal:

The main goal of IHS is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to AI/AN people.

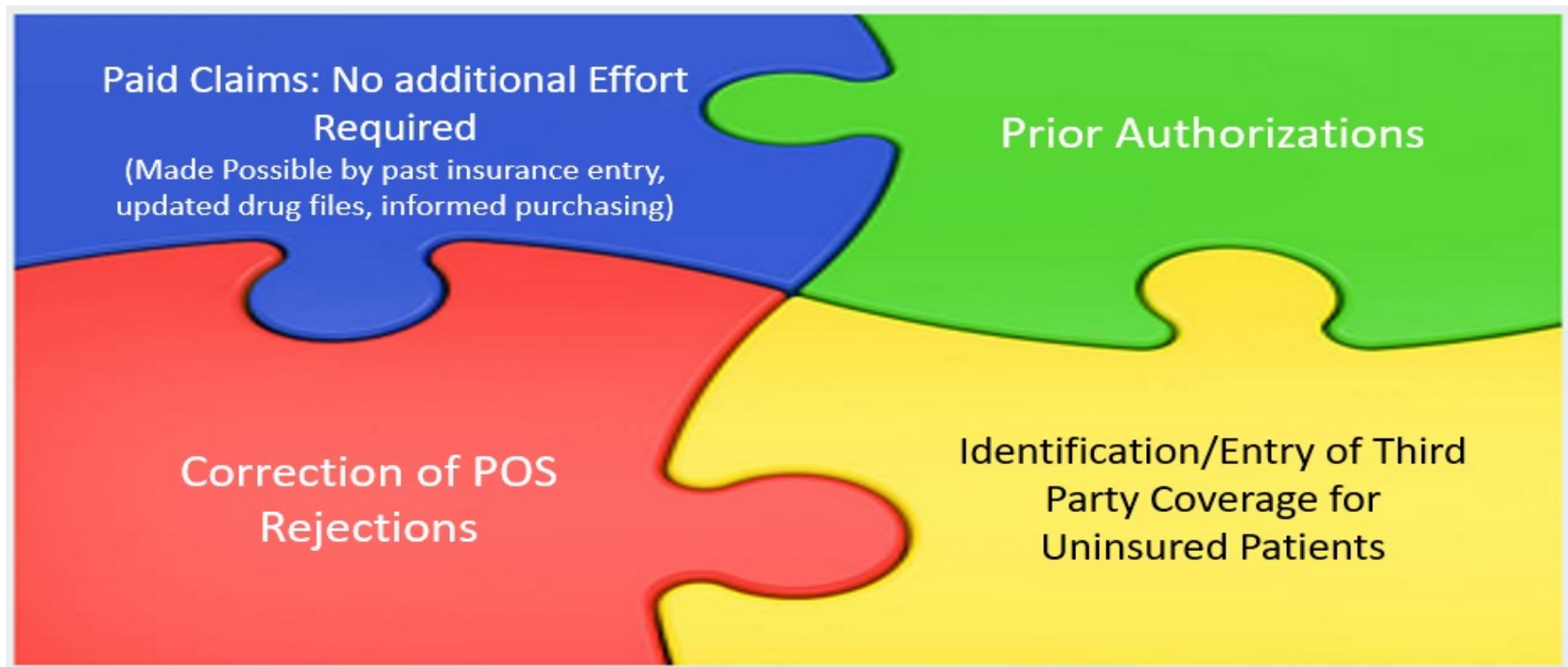


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Main pieces of the pharmacy POS puzzle



Pharmacy Point of Sale Tutorial

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- [B. eLearning Course Materials](#)

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- [B. RPMS Keys needed for POS work](#)
- [C. How to sign up for the POS Listserv](#)
- [D. POS Multiplier setting in RPMS](#)
- [E. How to make drugs Unbillable/Billable to POS](#)

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- [B. Availity](#)
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- [B. Quick Setup of Insurer](#)
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- [D. Make Plan Billable to Point of Sale](#)
- [E. D.O Checklist for Insurers \(Software Vendor Cert. ID\)](#)
- [F. Special Code Default List](#)
- [G. Special Coded Entry/Removal](#)
- [H. Suppressing/Unsuppressing an NCPDP Field](#)

Entering Insurance in Patient File

- [A. Editing Patient File \(EPT\)](#)
- [B. Identify Insurance Card in RPMS](#)
- [C. Entering Insurance on Page 4 of Patient File](#)

Prior Authorizations

- [A. Covermyeds Information](#)
- [B. Federal Blue Cross/Blue Shield Exemption Form](#)
- [C. Attachments: PA Attachment \(U.S. Code 1621e\) & Provider Consent Form](#)

"How To" Section

- [A. Calculating Days Supply](#)
- [B. Running Reports for Monitoring Pharmacy POS Success](#)

Prior Authorization Log for Tracking Collections

Insurer Asleep

Medicare Part B

VA Billing

Version 3.6 (Updated April 20, 2024) Created by LDCR Michael Hunt, Clinton Indian Health Center, Clinton, OK

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Create your Pharmacy POS Game Plan

Daily Tasks:

- **Run reports:** Run URM to update report master file, identify stranded/duplicate/paper claims that need attention and identify rejected claims that need worked
- **Work rejections:** once identified, correction of claims can result in PAID claims
- Initiate/complete **Prior Authorizations (PAs):** These are identified while working rejections
- **Reverse negative-copay claims:** prevents deductions from checks received from insurers
- Advise **ordering of billable products** and updating of drug filed for proper billing (avoid repacks, if possible)

Weekly or Monthly:

- Review paper claim report, missed opportunity report, released/unreleased report
- Search for and **add insurance for uninsured patients**
 - Back-bill claims on newly found insurance (90 – 180 day back-bill window)

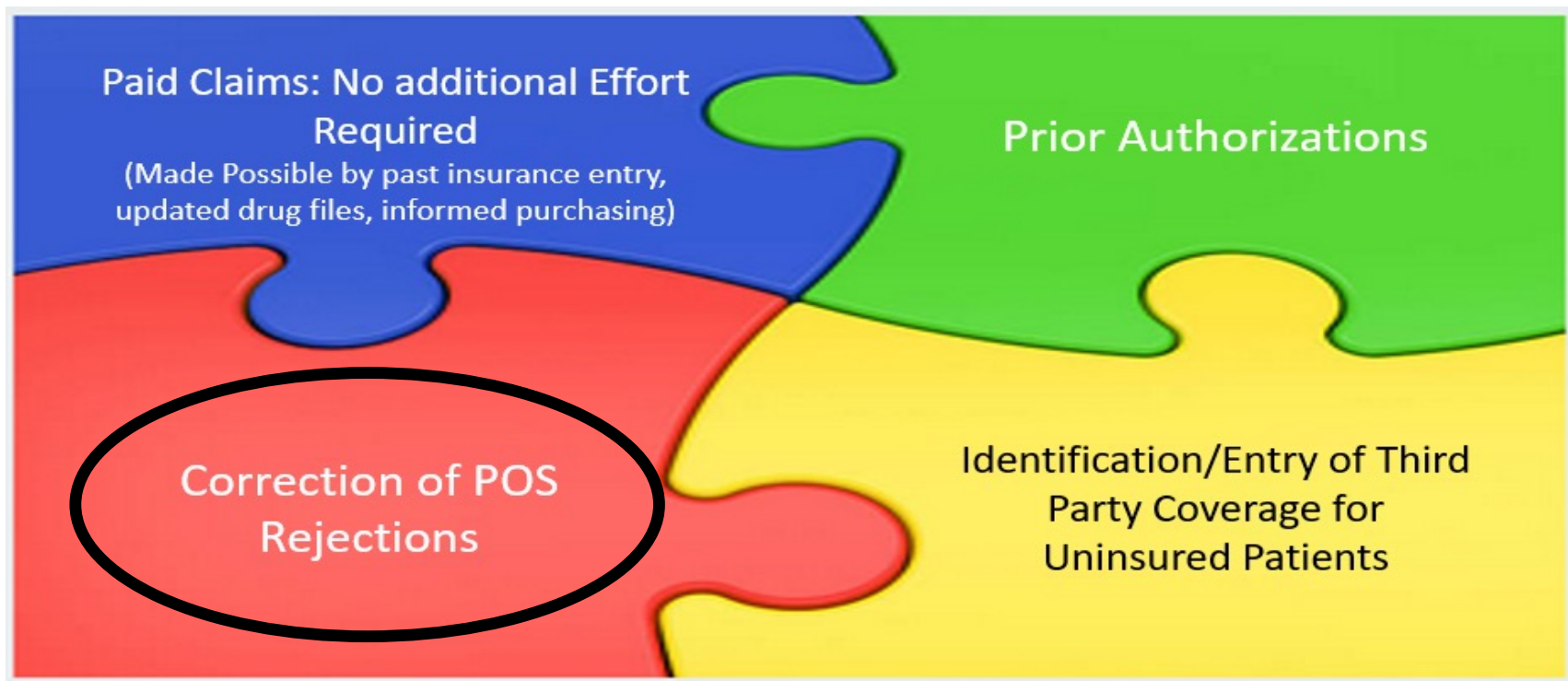


Daily Pharmacy Point of Sale Reports

- URM** **Update Report Master File for a date range**
- DAY Totals-by Released Date (Run BEFORE working rejections)
- DUP** **Duplicate Claims Report**
- STR** **List possibly stranded claims**
- RCR** **Rejected Claims by Reject Code, or**
- Fileman** **Negative Copays**
- URM Update Report Master (Repeated AFTER working rejections)
- DAY Totals-by Released Date (Run AFTER to working rejections)



#1: Correction of Rejections



Identifying and working POS rejections

Rejected Claims Report (RCR)

- Uploaded into RRIP to convert claims to Excel
 - (RRIP (RPMS Report and Information Processor) created by CAPT Sparrow)
1. Review each rejection to determine if it is fixable
 2. **REJECT LIST** tab on the POS Tutorial gives common resolutions for each type
 3. The **FIXING A REJECTION** tab gives step by step directions to correct claim



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Prior Authorization Log for Tracking Collections

Insurer List

Medicaid + P

VA Billing

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POS Tutorial REJECT LIST Tab:

Identifies how to resolve each rejection type

For rejection types, you would locate your reject in the first column, then the second column lists the most common ways to fix that type of rejection. It will give you a good starting point when learning how to work your rejections.



First, locate your reject code.	Second, read possible reasons for rejection and follow guidance on how to resolve.
POS Rejection	Possible Reasons for Rejection
70:Days Supply Exceeds Plan Limitation	1. Prescription may be for a greater day supply than insurance allows. Check receipt. Order may need changed to fill just a 30-day supply of medication. 2. Actual day supply on Insulin may exceed 90 day limit by insurance. On these, we enter the prescription order as the ACTUAL DAY SUPPLY for the quantity being dispensed. If the claim rejects and the box can not be broken (Insulin vial/pens, Inhalers, etc.) we call the insurer for an override and, if instructed to do so, resubmit with the day supply allowed and make an BHR that notes to reflect the reason.
71:Prescription Too Old	Noncontrolled prescriptions are good for 1 year. C III V are good for 6 months. C II prescriptions are good for 30 days (in Oklahoma). This is usually only a problem if prescriptions are suspended for CMOP when it is suspended for a future fill date that is past the prescription expiration date. Also on CMOP prescriptions, fill dates will update in RPMS when CMOP actually fills the prescription, which could be 1-3 days after the date it was actually processed at your site. Either way, there is no way to fix it after the fact. Rescriber will need to enter a new order.
85:Claim Not Processed	Just need to RESEND the claim in POS. Checked if either your site or the insurer is having internet issues at the time of billing.
88:DUR Reject Error	Could be many reasons. Must check claim receipt. 1. Rx fill too soon: claim receipt will give next fill date. 2. DUR codes may need to be entered for override after consulting pharmacist/provider. See DUR CODES section of CODES sheet at the bottom of this document for instructions. 3. Rx could exceed the number of doses per day allowed by that insurance. Verify quantity and day supply are correct. May only be able to bill for the allowable amount (i.e. 30 tablets for 30 days, or whatever the limitation is).
89: Basis of Cost Determination Value Not Supported	Go into Advance Setup of Insurer(*ADP) and change the value of field 423 Special code from 0 to 07. EXAMPLE OF HOW IT SHOULD LOOK: SPECIAL CODE: S ABSP("X")-107 See SETUP OF INSURER tab for special codes.
89L:Days Supply is Less Than Plan Minimum	Check the receipt. If the claim is Express Script/Medic and says SUBMIT 90DS OR CVD w/06/0891 w/SUBMIT DS in the receipt, you will override by going up to Ask Preadth and enter YES, then enter 8 in prior authorization type(Paver defined exemption), and 089L in the Prior Authorization ID field, then resubmit.



Next, the **Fixing a Rejected Claim** tab

Gives step by step directions on how to fix rejected claims

Correcting a Pharmacy Point of Sale (POS) rejection in RPMS

For additional training materials on Fixing a Rejected Claim, go to [ABSP Pharmacy Point of Sale](https://www.ihs.gov/rpms/training/course-materials/)
<https://www.ihs.gov/rpms/training/course-materials/>

Once you have your rejections from your RCR report uploaded into the RRIP processor (see **DAILY TASKS** tab, #4 under Daily Tasks), and have visited the

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 ...
```

Correcting Rejected Claims: Impact on Collections

Results vary depending on site's volume, prescribing habits, etc.

To track impact:

When working POS rejections, the DAY report can prove your worth

1. Run URM report
2. Run the DAY at the start of the day prior to working rejections
3. Work all the rejections.
4. Run your URM after working rejections to total up your reports within RPMS
5. Run the DAY at the end of the day after working rejections
6. Subtract the End of the day total from the Start of the day total to see how much you gained by fixing rejected claims.



Example: Clinton Service Unit January 2024

2024	<u>DAY total BEFORE claim correction</u>	<u>DAY total AFTER correction</u>	<u>Increase from Claim Correction</u>	<u>Increase from Corrections</u>			
<u>Date</u>							
Jan 1-2	\$46,580.03	\$55,969.28	\$9,389.25	20.16%			
3-Jan	\$46,244.53	\$51,730.00	\$5,485.47	11.86%			
4-Jan	\$43,627.35	\$50,074.20	\$6,446.85	14.78%			
Jan 5-7	\$51,144.12	\$58,247.57	\$7,103.45	13.89%			
8-Jan	\$41,211.87	\$51,382.41	\$10,170.54	24.68%			
9-Jan	\$39,563.35	\$43,940.49	\$4,377.14	11.06%			
10-Jan	\$48,404.66	\$53,217.97	\$4,813.31	9.94%			
11-Jan	\$37,222.71	\$43,324.41	\$6,101.70	16.39%			
Jan 12-15	\$45,498.03	\$50,219.03	\$4,721.00	10.38%			
16-Jan	\$38,230.87	\$44,991.03	\$6,760.16	17.68%			
17-Jan	\$44,525.57	\$50,809.10	\$6,283.53	14.11%			
18-Jan	\$66,829.15	\$73,410.54	\$6,581.39	9.85%			
Jan 19-21	\$49,305.10	\$54,784.94	\$5,479.84	11.11%			
22-Jan	\$46,463.37	\$54,385.84	\$7,922.47	17.05%			
23-Jan	\$54,113.05	\$55,709.57	\$1,596.52	2.95%			
24-Jan	\$80,011.14	\$92,856.23	\$12,845.09	16.05%			
25-Jan	\$54,070.73	\$65,239.28	\$11,168.55	20.66%			
Jan 26-28	\$67,883.43	\$72,766.80	\$4,883.37	7.19%			
29-Jan	\$60,058.39	\$67,627.61	\$7,569.22	12.60%			
30-Jan	\$41,406.00	\$46,038.85	\$4,632.85	11.19%			
31-Jan	\$53,313.97	\$60,993.14	\$7,679.17	14.40%			
TOTALS	\$1,055,707.42	\$1,197,718.29	\$142,010.87	13.71%	Average daily increase of collections by working rejections		



Impact from correcting POS rejections for 2023

\$148,505.32 Sub-Total for January, 2023		
\$172,954.89 Sub-Total for February, 2023		
\$185,630.73 Sub-Total for March, 2023		
\$159,859.98 Sub-Total for April, 2023		
\$179,365.00 Sub-Total for May, 2023		
\$144,878.81 Sub-Total for June, 2023		
\$137,963.25 Sub-Total for July, 2023		
\$151,913.49 Sub-Total for August, 2023		
\$136,787.45 Sub-Total for September, 2023		
\$152,500.20 Sub-Total for October, 2023		
\$126,690.76 Sub-Total for November, 2023	Average monthly increase from working rejections=	\$153,105.20
\$140,212.54 Sub-Total for December, 2023	Total increase from working rejections (Jan-Dec 2023) =	\$1,837,262.42
\$1,837,262.42 2023 Total		



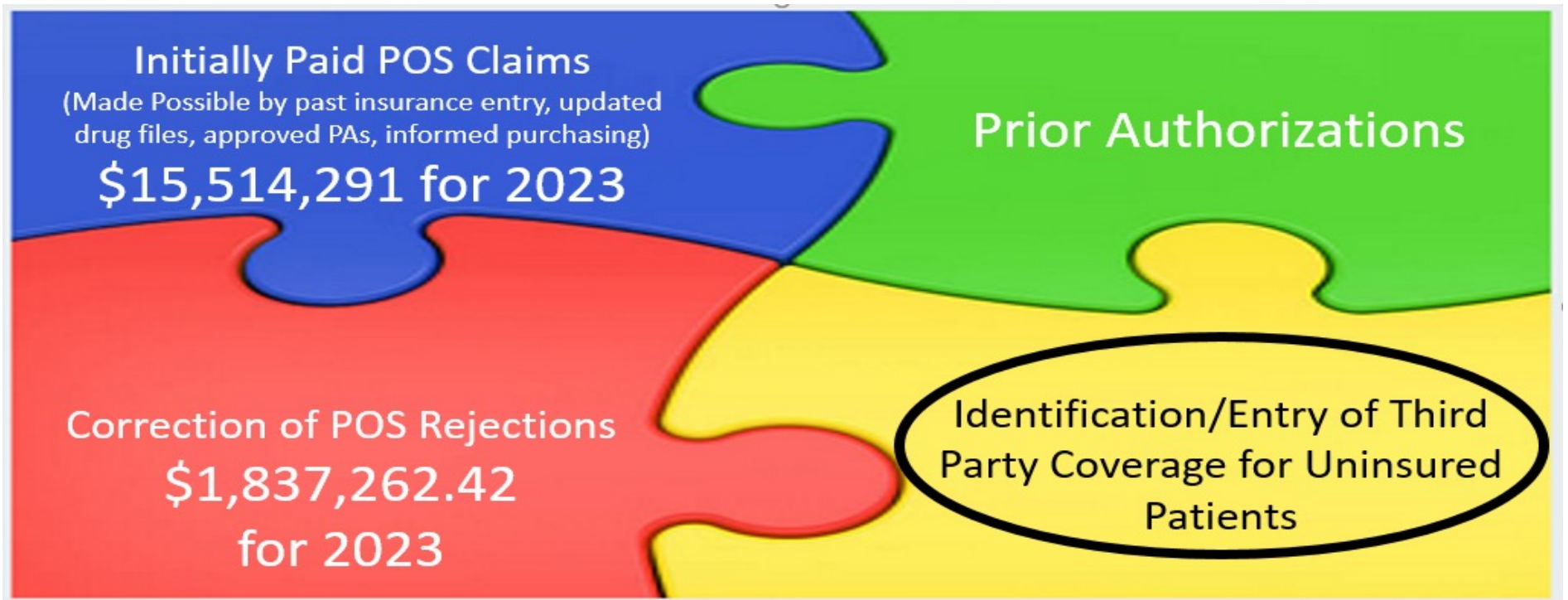
Paid Claims total (Blue Piece):

Obtained from daily total before performing POS Tasks

2023	<u>DAY total BEFORE</u>	<u>DAY total AFTER</u>	<u>Increase from Claim</u>	<u>Percent Increase</u>
<u>Date</u>	<u>claim correction</u>	<u>correction</u>	<u>Correction</u>	<u>from Corrections</u>
12-Dec	\$55,876.32	\$62,533.03	\$6,656.71	11.91%
13-Dec	\$47,476.87	\$52,896.75	\$5,419.88	11.42%
14-Dec	\$38,509.80	\$45,505.53	\$6,995.73	18.17%
Dec-15-17	\$60,730.72	\$67,849.49	\$7,118.77	11.72%
18-Dec	\$58,187.58	\$64,237.01	\$6,049.43	10.40%
19-Dec	\$44,078.28	\$52,637.48	\$8,559.20	19.42%
20-Dec	\$71,438.81	\$74,687.07	\$3,248.26	4.55%
21-Dec	\$49,588.40	\$53,467.42	\$3,879.02	7.82%
Dec 22-25	\$45,229.23	\$51,035.57	\$5,806.34	12.84%
26-Dec	\$48,537.37	\$60,637.49	\$12,100.12	24.93%
27-Dec	\$68,755.90	\$79,827.31	\$11,071.41	16.10%
28-Dec	\$57,663.17	\$65,575.40	\$7,912.23	13.72%
Dec 29-31	\$54,557.69	\$63,521.44	\$8,963.75	16.43%
Totals for 2023	\$15,514,291.88	\$17,351,554.30	\$1,837,262.42	12.42%



#2: Identification and Entry of Insurance




VGEN (Visit General Retrieval) Report

Systematic Search for Third Party Coverage on Uninsured Patients


- Report template can be generated and saved for future use
- Our report searches:
 - Patient who had NO THIRD PARTY COVERAGE listed on page 4 of their PATIENT FILE that had a PHARMACY VISIT for a specified date range.

Our report is printed on the 1st of the month for the previous month date range, and includes everything needed when using Cardfinder:

- Patient Name
 - HRN (Health Record Number)
 - Date of birth
 - Zip code
- 

Eligibility Search Tab on the POS Tutorial has detailed directions on VGEN creation

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Change Healthcare Cardfinder Service



eRx Network
INNOVATIVE SOLUTIONS FOR PHARMACY

CardFinder is an industry-leading, real-time eligibility service that can help your pharmacy save valuable personnel time and, as a result, provide enhanced customer service. A single transaction quickly returns commercial coverage information for more than 270 million covered lives and Medicare Part D coverage information for patients 65 years of age or older.

CardFinder also works with eRx Network's ePrescribing solution to further improve your pharmacy's workflow by performing automatic, real-time eligibility inquiries for new prescriptions.

→ To enroll: email pharmacy@qs1.com or call 800.845.7558, ext. 1471.

🌐 <http://www.ernetwork.com/>

Optum/Change Healthcare Cardfinder Service

- As of 6-20-24, the online direct version of Cardfinder is restored. (was disabled due to Change Healthcare cyber-attack on 2-21-24)
 - <https://rxnselfservice.changehealthcare.com/>

****RPMS ABSP Patch 54 in September, 2024, will restore Cardfinder through the RPMS direct internet connection****

PRIV: Private Insurance Eligibility Check ELIG: Medicare Part D Eligibility Check

- Must have local contract in order to utilize PRIVate insurance eligibility check.
- Cost is \$25 per month, plus \$0.025 for every positive lookup (may have changed)

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



Create One Healthcare ID and Log in

You will need to create a One Healthcare ID.

The Optum logo is displayed in orange text on a dark blue rectangular background.

Login below to access your account

Your login experience has changed. One Healthcare ID will be used instead of your username and password

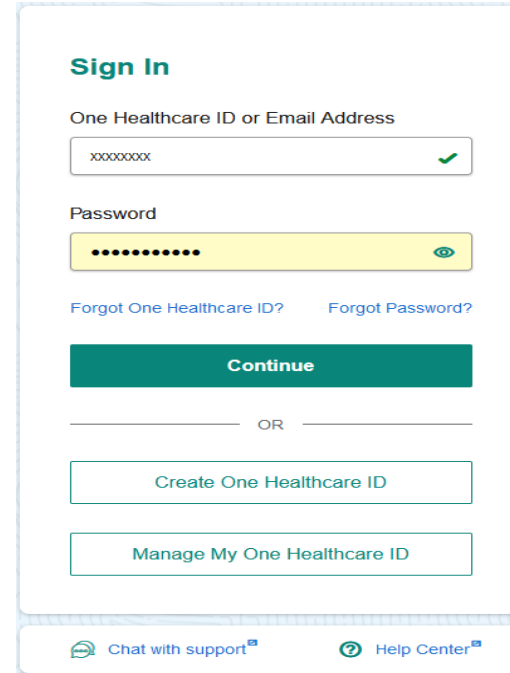
The first time you log into our application with One Healthcare ID there is a required one-time step to link your existing application account to your One Healthcare ID.

[How to create a One Healthcare ID](#)

[Request a new account](#)

Login with One Healthcare ID

Then log in to be routed to Cardfinder.

A screenshot of a 'Sign In' form. It features a title 'Sign In' in green. Below it are two input fields: 'One Healthcare ID or Email Address' with a placeholder 'xxxxxxx' and a green checkmark icon, and 'Password' with a placeholder of ten dots and a green eye icon. There are two links: 'Forgot One Healthcare ID?' and 'Forgot Password?'. A prominent green 'Continue' button is centered. Below it, separated by a horizontal line with 'OR' in the middle, are two buttons: 'Create One Healthcare ID' and 'Manage My One Healthcare ID'. At the bottom, there are two links: 'Chat with support' and 'Help Center', each with a small icon.

Optum/Change Healthcare

Indian Health Service contacts have been updated.

Send ALL Indian Health Services Pharmacy PO's, Mods, Requests and Questions to:

Nathan Ludvigson NathanLudvigson@optum.com,

Marsha Bowser MBowser@optum.com and

Nancy Dismukes NDismukes@optum.com.



Search VGEN list through Cardfinder

Results from VGEN report are entered individually into Change Healthcare Cardfinder.

Positive lookup is then either.....

- entered into RPMS, if associate is trained to do so.
- printed for entry by trained personnel. This allows teamwork to help speed the process.

If pharmacy insurance is entered, registration should be notified so that an assignment of benefits (AOB) can be obtained from the patient and the medical insurance can be entered to avoid leaving any 'money on the table'.



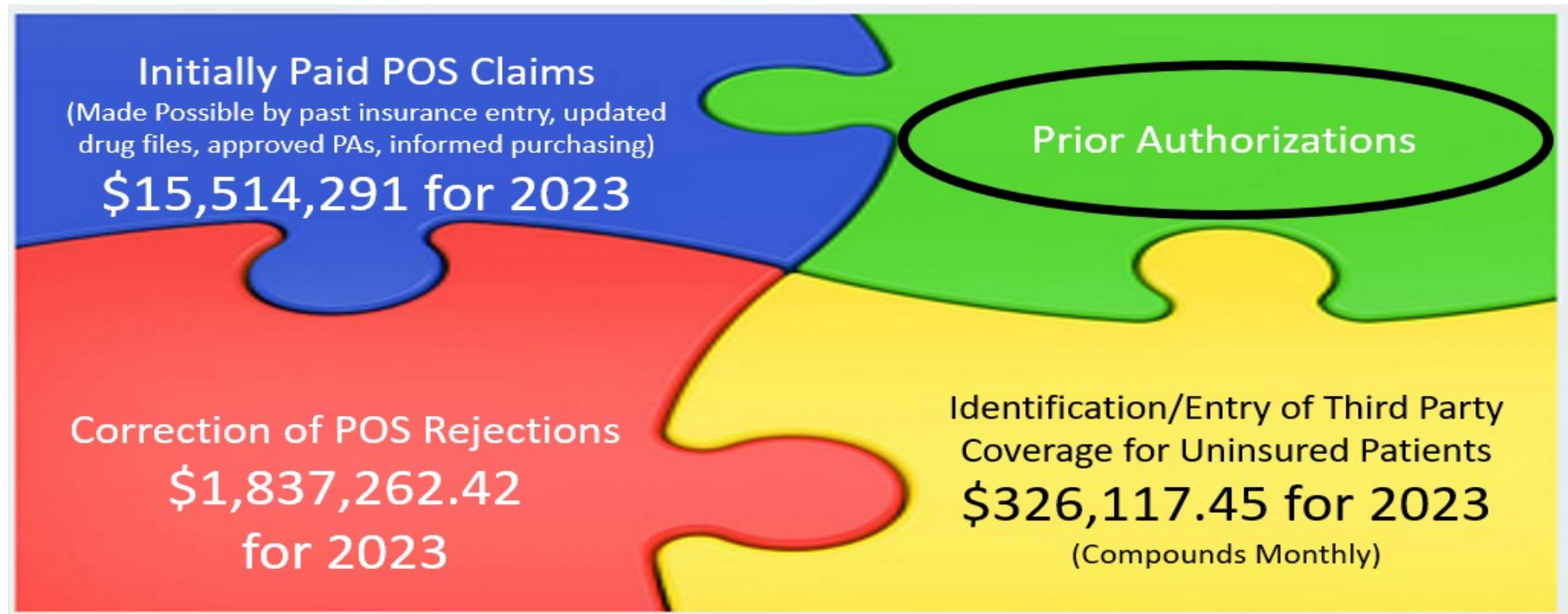
VGEN Search Impact on Collections:

- *This only includes back billed claims at time insurance is found.
- *Impacts recur monthly while insurance is active.

YEARLY TOTALS	2015 RX	2015 MEDICAL	2016 RX	2017 RX	2018 RX	2019 RX	2020 RX	2021 RX	2022 RX	2023 RX	2024 RX	2025 RX	Grand Totals
PATIENTS IDENTIFIED					769	747	796	915	724	782	0	0	4733
MEDICAID	\$30,999.21	\$11,410.70	\$68,521.13	\$97,858.81	\$99,912.89	\$142,665.00	\$114,660.00	\$219,795.00	\$195,067.00	\$0.00	\$0.00	\$1,014,072.74	
MEDICARE PART D	\$1,872.29	\$3,704.31	\$42,563.41	\$6,503.04	\$456.06	\$34,750.50	\$29,313.63	\$35,408.17	\$0.00	\$0.00	\$156,731.95		
PRIVATE INSURANCE	\$38,864.29	\$21,641.16	\$43,542.46	\$36,189.94	\$21,410.35	\$51,595.36	\$59,170.34	\$95,642.28	\$0.00	\$0.00	\$412,408.77		
Total number of patients identified			4,733										
PDSA GRAND TOTAL SINCE INCEPTION		\$1,835,618.81											



#3: Prior Authorizations



Prior Authorizations

Retail: Prior Authorization is initiated by the pharmacy and completion is the responsibility of the doctor's office, with the **patient being the driving force** to urge the completion of the Prior Authorization. If not approved, the patient is responsible for paying the full amount or having the prescription changed.

Indian Health Service: Prior Authorization completion is usually the responsibility of the pharmacy. **The driving force is the pharmacy to increase third-party collections.** Patient is usually not impacted as they will receive their medication at no cost.



Initial Rejection Types that Might Require a PA

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

569:Provide Beneficiary with CMS Notice of Appeal

608:Step Therapy, Alt Drug Therapy Required

70:Product/Service Not Covered

75:Prior Authorization Required

76:Plan Limitations Exceeded

MR:Product Not On Formulary

R6:Product/Service Not Appropriate For This Location



Covermymeds

- Free website for Prior Authorization completion for most third-party plans.
- Search for forms by entering BIN, PCN, and GROUP numbers.
- Website stores patient, prescriber, and pharmacy information once it is entered.
- Greatly speeds the PA process through online completion. May receive immediate response in some cases.
- Stores outcomes of PA's to show trends of which meds are normally approved/denied.



POS Tutorial: PRIOR AUTHORIZATIONS Tab

covermymeds

Free service to complete Prior Authorizations (PA), Formulary tiering exceptions, quantity limit overrides, etc.

Simply go to the home page and click **CREATE A FREE ACCOUNT**. At our site, we have listed ourselves as the PROVIDER'S OFFICE so that we can complete the PA's, with the provider's approval, to streamline the process. This way you will see all correspondence and can better manage your prior authorizations. Covermymeds site will save provider, pharmacy, and patient entries to speed entry of future prior authorizations. It also will save completed PA's, with outcomes, to help you track your success/failures.

Covermymeds home page: <https://www.covermymeds.com/main/>

Cover My Meds tutorial video available at: video.covermymeds.com/?video=complete_a_pa

ACCOUNT LOG IN: Username Password Log In TROUBLE LOGGING IN?

QUESTIONS: 1-866-452-5017 CREATE A FREE ACCOUNT RECEIVED A PA REQUEST? ENTER KEY

covermymeds[®] ABOUT - ePA SOLUTIONS - ePA SCORECARD PRESS - HELP - CONTACT DEVELOPERS

Integrated ePA functionality for EHRs

CoverMyMeds seamlessly integrates with EHR systems to provide hospitals and providers with ePA functionality at the point of prescribing.

Learn about our EHR Solution

EHRs > Plans & PBMs > Pharmacy Systems > Providers & Pharmacists >

Setup Daily Tasks Reject List Fixing a Rejected Claim CODES Eligibility Search SETUP OF INS

Impact from Completion of prescription Prior Authorizations (PA)

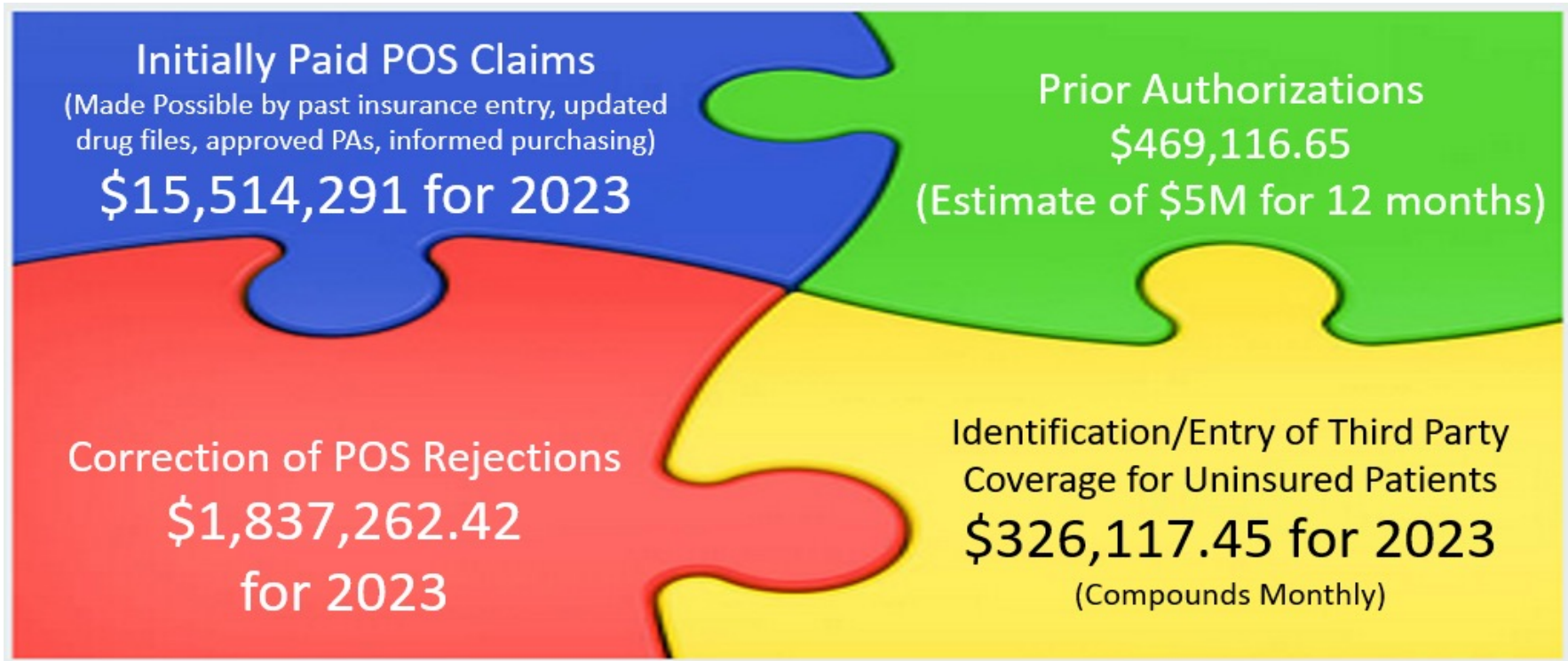
Initial Collections

Totals repeat with each refill

FY 2023						
Month	PA's approved	Initial Collections from PA Approval				
Oct, 2022	86	\$50,661.13				
Nov, 2022	74	\$41,107.10				
Dec, 2022	54	\$26,537.62				
Jan, 2023	78	\$25,860.60				
Feb, 2023	64	\$26,182.10				
Mar, 2023	109	\$75,807.84				
Apr, 2023	76	\$39,647.37				
May, 2023	81	\$73,910.13				
June, 2023	36	\$23,513.72				
July, 2023	53	\$24,607.14				
Aug, 2023	61	\$32,069.55				
Sep, 2023	47	\$29,212.35				
FY 2023 Totals	819	\$469,116.65			FY2023 monthly average:	\$39,093.05



Our POS Puzzle is now Complete: 17% increase from POS efforts



Discussion points:

1. Explanation of what pharmacy point of sale (POS) billing includes
2. Tasks involved in working pharmacy POS and their impacts
- 3. Pharmacy POS staffing**
4. Common Misconceptions
5. Teamwork makes the dream work



Pharmacy Point of Sale (POS) Staff

Point of Sale Pharmacist: (part time or full time)

Oversee pharmacy POS billing operations

Ensure drug files are updated with current NDC for proper billing (AVOID REPACKAGED PRODUCTS WHEN POSSIBLE)

Provide clinical oversight while working rejections and completing prior authorizations

Ensure good communication between revenue generating departments

Be trained in all tasks performed by POS Technicians listed below

Point of Sale Pharmacy Technician(s): Number dependent on volume.

Current *Resource Requirements Methodology* (RRM)= 1 Full Time Employee/500 claims daily

With multiple employees, tasks can be divided to speed the process

- Work POS rejections by entering overrides
- Complete prior authorizations
- Search/identify/enter insurance for uninsured by using online search tools



Pharmacy POS Pharmacist/Tech PDs

Position Descriptions are available for both Pharmacy POS Pharmacist and POS Technician on the POSListserv.

Pharmacist (Billing Specialist)

GS-660-12-13

I. INTRODUCTION

This position serves as the Coordinator of the Pharmacy Billing program for the Oklahoma City Area or a hospital(s) in the Oklahoma City Area Indian Health Service. This program establishes billing process standards in accordance with IHS policies and procedures as well as state and federal regulatory agencies. Duty station is at the Area Office or hospital within the Oklahoma City Area.

II. MAJOR DUTIES

- o **Pharmacy Billing Coordination & Supervision - (75%)**
- o Administration Duties

Billing Technician (Pharmacy)

GS-503-07-08

I. INTRODUCTION:

This position is overseen by the Pharmacy Department. Services provided by the hospital or outpatient clinics include: OB/Gyn, newborn, general medical, pediatrics, podiatry, surgery, internal medicine, dental, behavioral health, optometry, orthopedics, ENT, and emergency care.

The primary purpose of this position is to abstract and interpret data from pharmacy records in preparation and submission of pharmacy point of sale billing claims. The work requires analytical ability, judgment, discretion, and knowledge of a substantial body of administrative or program principles, concepts, policies and objectives.

The employee serves as a Billing Technician and Pharmacy Technician performing a combination of duties in both areas of billing and pharmacy. As a Billing Technician, the employee processes claims (billing only) on-line to health insurance carriers for the cost of pharmaceuticals furnished to patients who are covered by health insurance policies and have received treatment at the facility. As a Pharmacy Technician, the employee receives medication orders, interprets the orders, calculates and compounds the dosage, and dispenses the medications.

Area Office Point of Sale Consultant: Phoenix

- Provides technical expertise to the PAIHS in the creation of reimbursement claims, post-billing, accounting, and follow-up functions for POS claims.
- Establishes program standardization needed to meet industry standards and federal requirements.
- Assists Service Units with troubleshooting of difficult claims and issues with prior authorizations; able to address the most difficult claims that Service Unit POS staff are unable to resolve.
- Provides basic and advanced training of Service Unit Pharmacy POS Technicians and Pharmacists at the request of Service Units, Phoenix Area Office and national workgroups.
- Holds regular office hours for troubleshooting difficult claims and one-on-one advanced instruction.
- Assists with maintaining the interface between the various billing software and the RPMS system.
- Serves as an agency Subject Matter Expert (SME) for Pharmacy POS billing.



In the works.....

POS Dashboard at Area and HQ levels

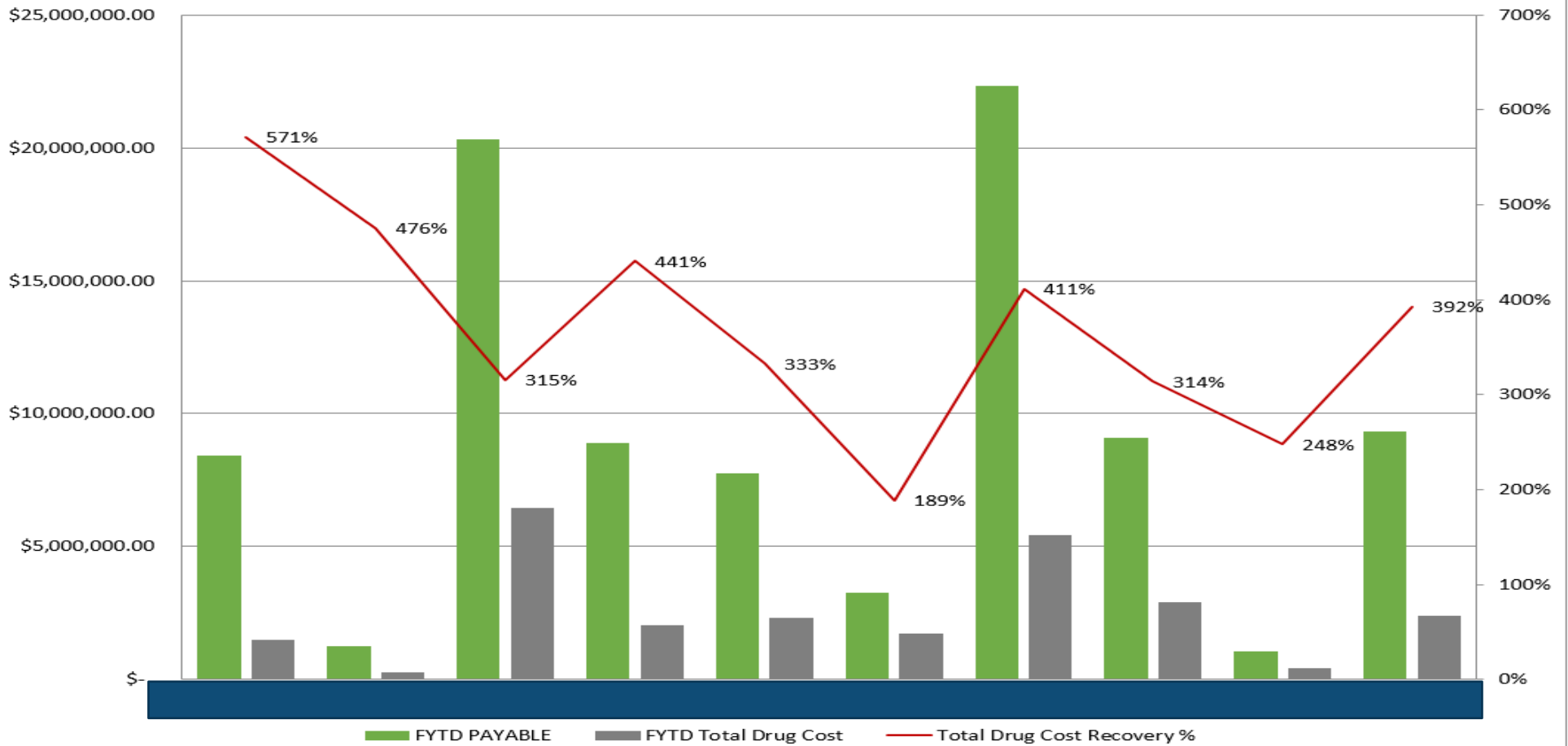
Example: Oklahoma Area SharePoint

Clinton									
FY2024									
	October	November	December	January	February	March	April	May	June
POS Payable	\$ 726,620.26	\$ 665,595.89	\$ 627,543.44	\$ 649,419.70	\$609,878.47	\$ 546,932.80	\$616,887.30	\$ 659,429.61	
POS Rejected	\$ 211,228.32	\$ 226,437.94	\$ 199,302.93	\$ 257,128.13	\$311,290.14	\$ 359,134.11	\$360,032.93	\$ 315,012.81	
POS Billed (payable+rejected)	\$ 937,848.58	\$ 892,033.83	\$ 826,846.37	\$ 906,547.83	\$921,168.61	\$ 906,066.91	\$976,920.23	\$ 974,442.42	\$
POS Shorted	\$ (14,031.97)	\$ (10,762.98)	\$ (1,555.16)	\$ (26,528.66)	\$ (53,354.05)	\$ 45,059.74	\$ (65,637.59)	\$ (54,522.98)	
POS Paper	\$ 6,063.34	\$ 7,426.27	\$ 9,275.83	\$ 16,770.93	\$ 12,926.79	\$ 15,516.86	\$ 11,869.18	\$ 12,914.71	
McKesson Outpatient Drug Cost	\$ 150,512.20	\$ 151,762.97	\$ 135,197.81	\$ 156,605.78	\$153,312.91	\$ 173,967.37	\$152,065.75	\$ 183,660.75	
CMOP Drug Cost	\$ 58,568.61	\$ 51,202.05	\$ 56,857.95	\$ 71,559.18	\$68,322.55	\$ 67,039.10	\$ 74,641.90	\$ 88,462.41	
Total Outpatient Drug Cost	\$ 209,080.81	\$ 202,965.02	\$ 192,055.76	\$ 228,164.96	\$221,635.46	\$ 241,006.47	\$226,707.65	\$ 272,123.16	\$
Total Outpatient Drug Cost Recovery (%)	347.53%	327.94%	326.75%	284.63%	275.17%	226.94%	272.11%	242.33%	0.00%
Outpatient Prescription Volume	11,052	11,160	11,253	12,647	11,718	11,765	12,288	12,500	

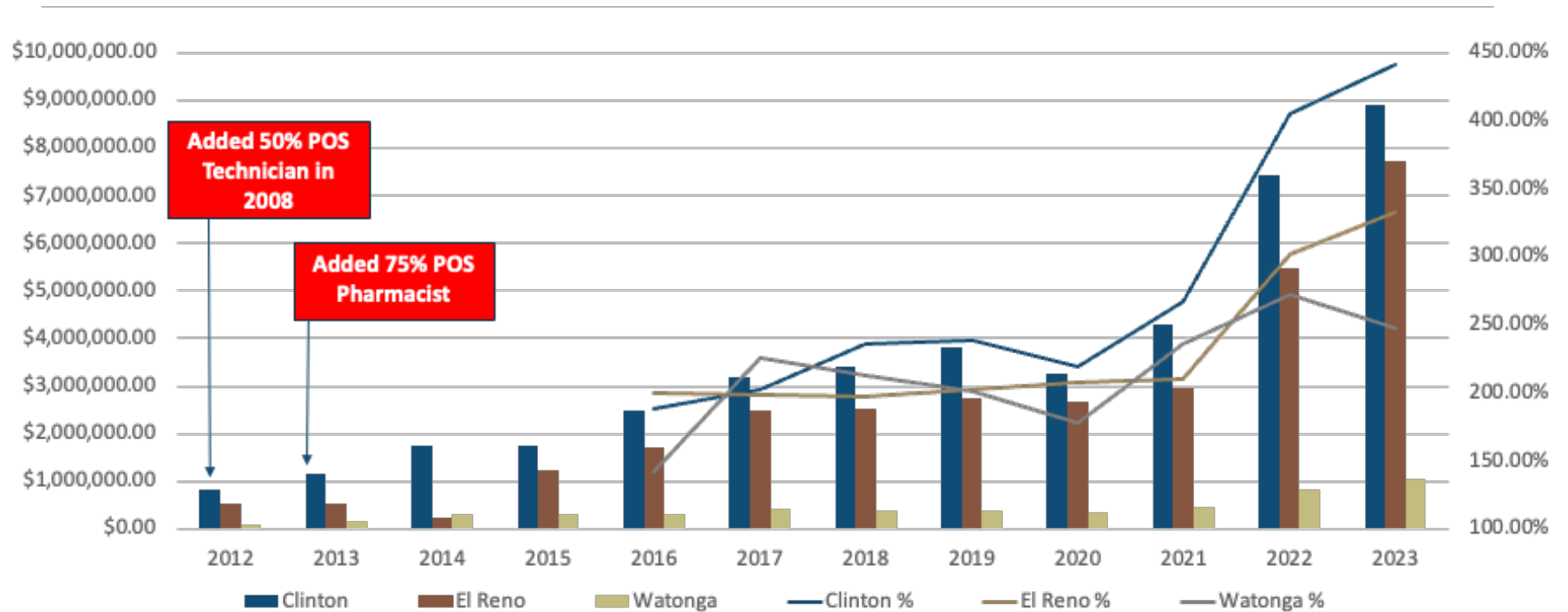
◀ ▶
Anadarko
Carnegie
Claremore
Clinton
El Reno
Haskell
Lawton
Pawnee
Watonga
Wewoka
OCA Totals



2023 FYTD POS Payable Compared to Outpatient Drug Costs



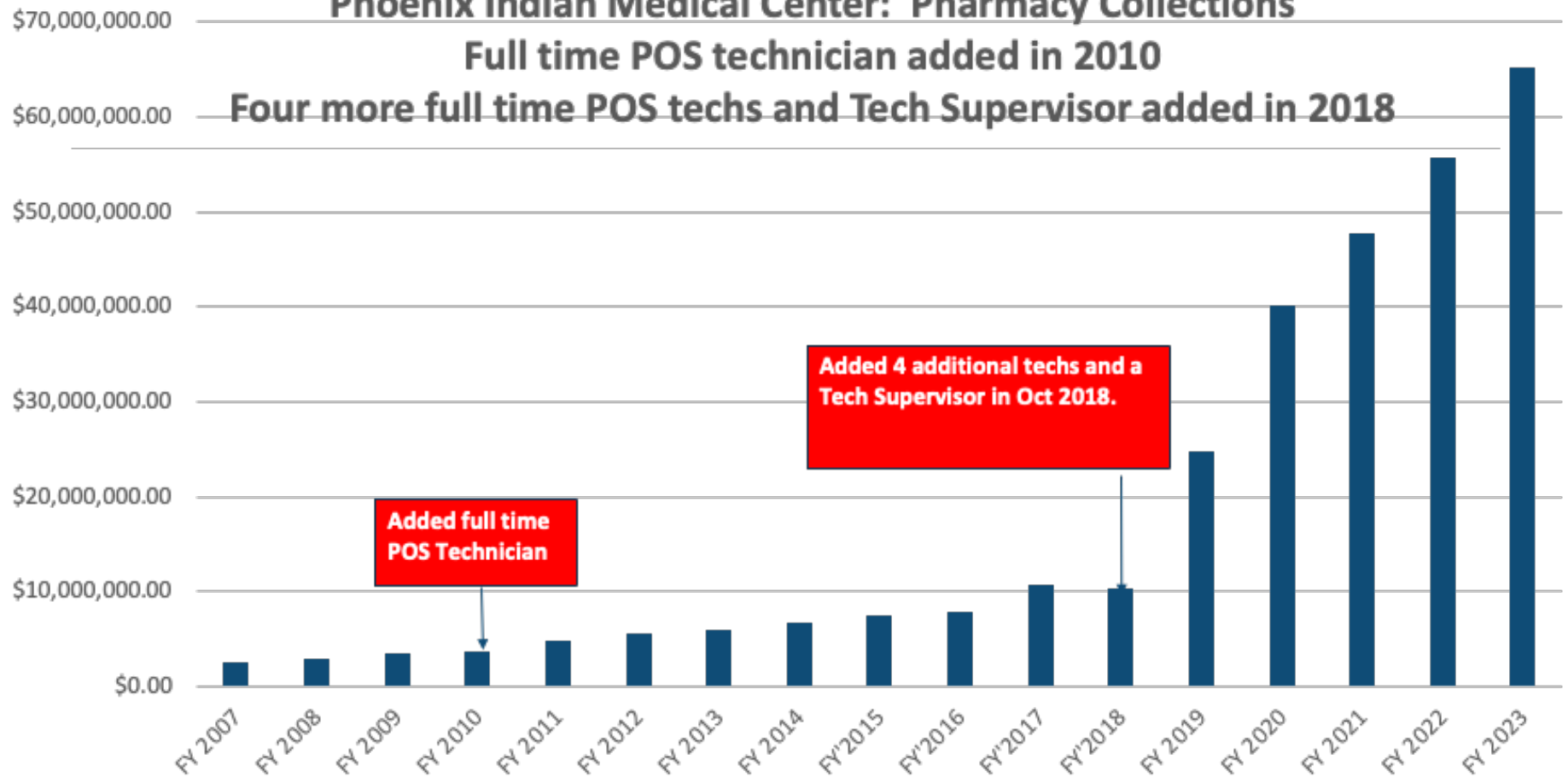
Clinton Service Unit Pharmacy Collections: Added a 50% POS tech in 2008, and 75% POS Pharmacist in 2013 (Total POS Collections : Drug Cost Recovery %)



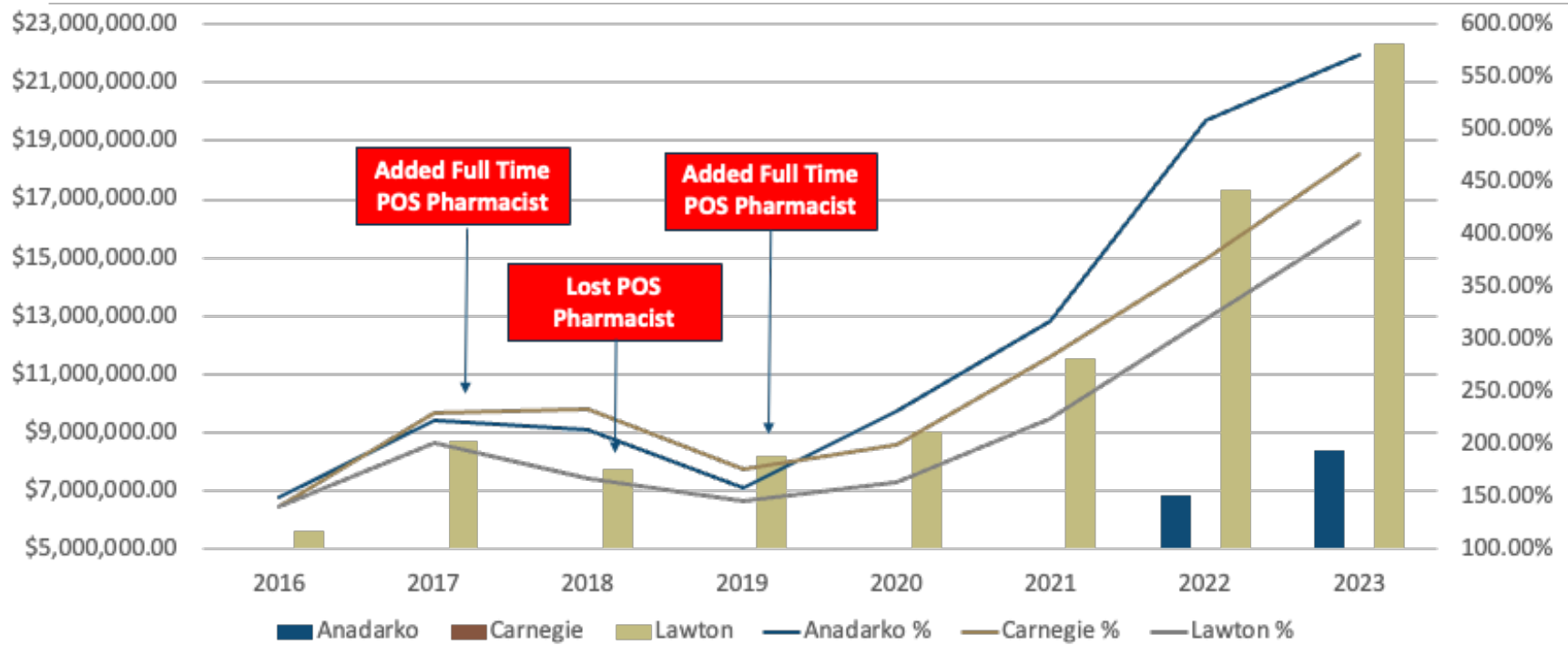
Phoenix Indian Medical Center: Pharmacy Collections

Full time POS technician added in 2010

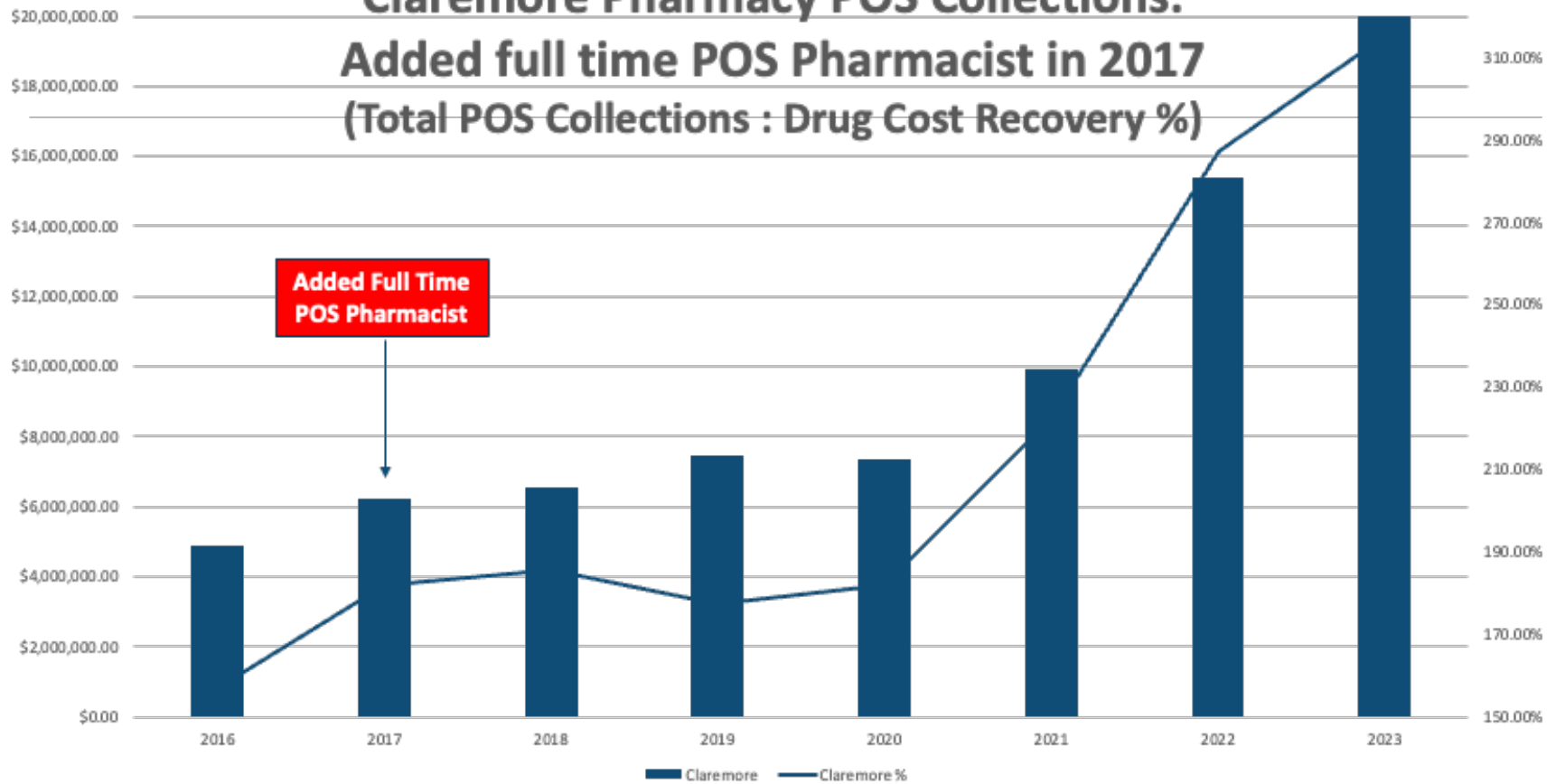
Four more full time POS techs and Tech Supervisor added in 2018



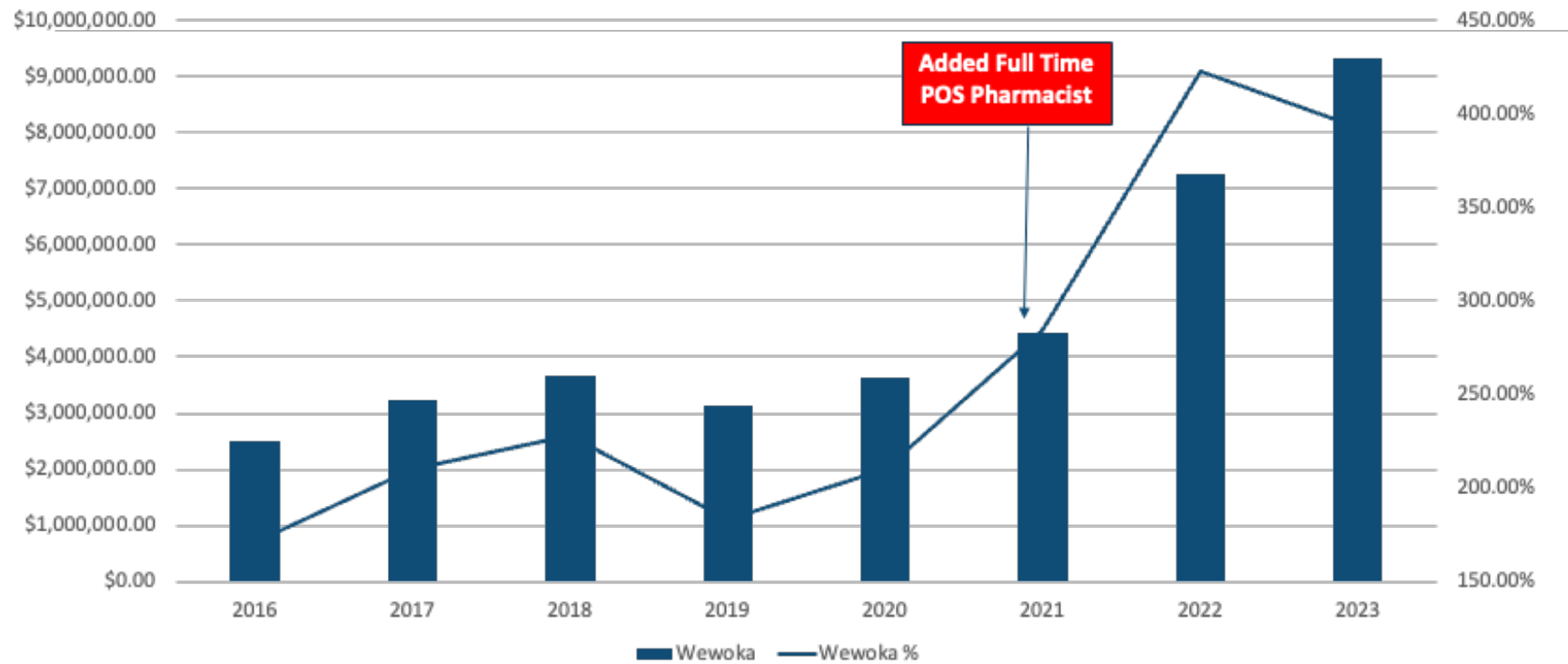
Lawton Service Unite POS Collections: Full time POS pharmacist in 2017, and then again since 2019 (Total POS Collections : Drug Cost Recovery%)



Claremore Pharmacy POS Collections: Added full time POS Pharmacist in 2017 (Total POS Collections : Drug Cost Recovery %)



Wewoka Pharmacy POS Collections: Added full time POS pharmacist in 2021 (Total POS Collections : Drug Cost Recovery %)

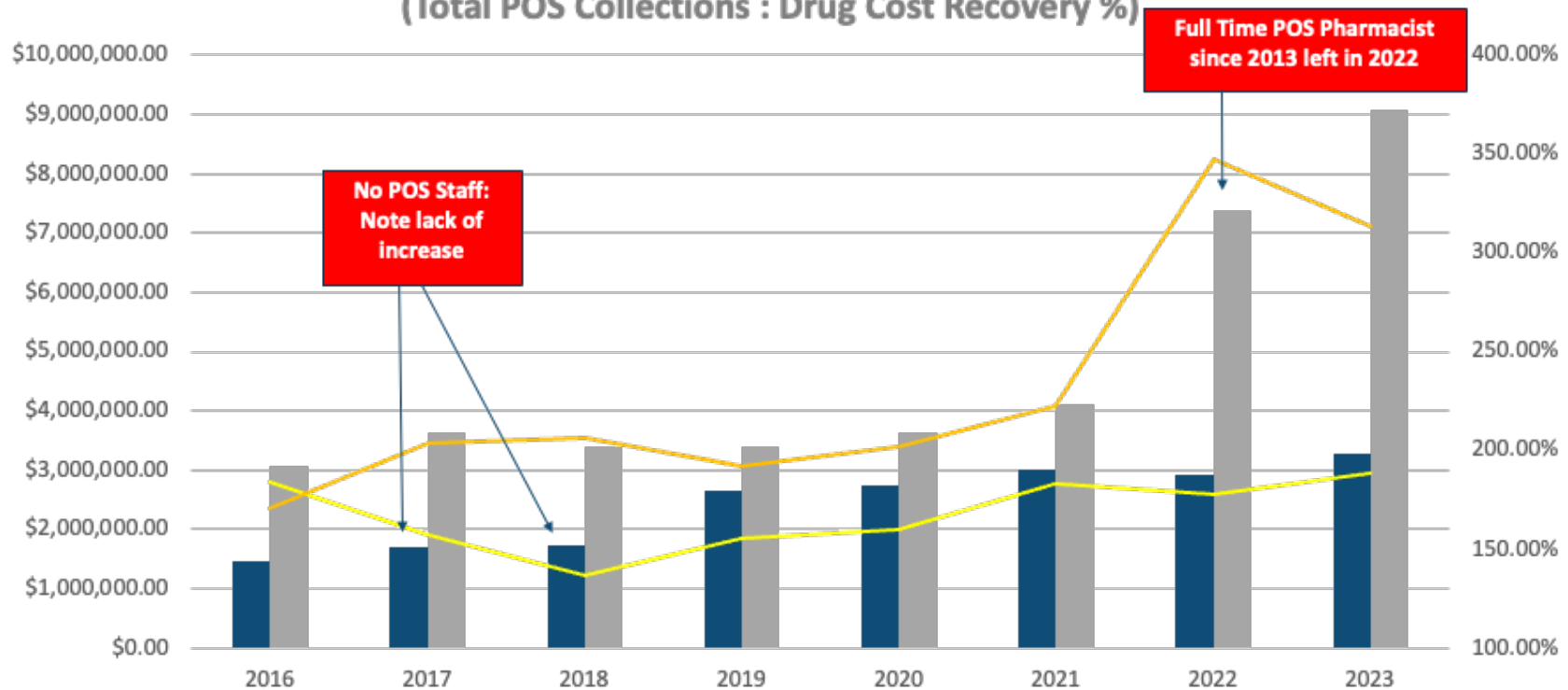


Pharmacy Collections:

Example 1: Has no one working pharmacy POS claims

Example 2: had part-time POS pharmacist that started 2013 and left 2022

(Total POS Collections : Drug Cost Recovery %)



Discussion points:

1. Explanation of what pharmacy point of sale (POS) billing includes
2. Tasks involved in working pharmacy POS and their impacts
3. Pharmacy POS staffing
- 4. Common Misconceptions**
5. Teamwork makes the dream work



Why not put forth maximum effort in POS billing?

Sounds like an easy decision.....or does it?

Both IHS site leadership and patients can sometimes be unaware of the impact that can be seen from focusing on pharmacy point of sale billing.



Common misconceptions by: Patients

1. I do not need to sign up for available third party resources. All my healthcare is already provided by the Indian Health Service (IHS).
2. I have insurance, but the IHS Clinic does not need my insurance card. They are funded by the government and have all the money they need.



Possible misconceptions by: IHS Administration

1. We do not have the funds to add another position for Pharmacy Point of Sale (POS) billing.
2. All third party billing is taken care of by our billers in the business office, so why create another position in the pharmacy?
3. Even if we wanted to, we don't know how to start a POS team and no trainings are available.

****We will address each of these****



IHS administration

Misconception #1 addressed

1. We do not have the funds to add another position for Pharmacy Point of Sale (POS).

Response:

A POS pharmacist or technician is one of the few positions that can easily pay for itself (along with funding other services).



Financial Return on POS Staff Investment

Clinton Service Unit 2023 Totals	
Correction of Rejections	\$1,837,262.00
Prior Authorizations	\$469,116.00
Identification and Entry of Insurance	\$326,117.00
Total	\$2,632,495.00
Increase from POS Efforts	\$2,632,495.00
POS Pharmacist Salary (overestimate)	-\$200,000.00
GS-7 POS Technician Salary (overestimate)	-\$90,000.00
Net Return on Staffing Investment	\$2,342,495.00



IHS Administration

Misconception #2 addressed

2. All third party billing is taken care of by our billers in the business office (BO), so why create another position in the pharmacy?

Response: BO billers and POS billers require different RPMS Keys, work on different claims with a different time table, and are in different departments.

They are totally different positions.



Typical Pharmacy Billing Tasks by Department

Pharmacy POS Team (Pharmacy)

- Fixing of rejections by entering overrides
- Completing prior authorizations
- Searching for active coverage on cardfinder, entering the pharmacy coverage, and back billing of the claims
- Online Medicaid DME billing for nebulizers

Billing clerk (Business Office)

- VA claims are processed on electronic paper claims
- Create claims to match Nebulizers billed online in pharmacy

Accounts Receivable clerk (Business Office)

- Reconcile and post payments received from third party payers



RPMS Keys Required for Different Departments

Pharmacy Point of Sale

- All Point of Sale users
 - ABSPZ Biller
 - ABSPZ Reports
 - ABSPZ User
 - ABSPZMenu (no space)
- Restricted to either POS Team member or Business Office Employee
 - ABSPZ Manager

Billing clerk (Business Office)

- ABMZMENU

Accounts Receivable clerk (Business Office)

- BARZMENU
- 

IHS Administration

Misconception #3 addressed

3. Even if we wanted to, we don't know how to start a POS team and no trainings are available.

Response:

A large list of recorded trainings are now available (links on POS Tutorial), POS Office hours is available monthly, and POSListserv is always available to answer questions.



In 2020, the National Pharmacy Council Pharmacy Collections Committee sent a Data Call to all Federal sites in IHS on the Topic of Pharmacy Point of Sale.

- Of the 44 responses that we received, 100% stated the need for additional training.
- 11 of the 44 responses did not have a pharmacy POS team, and it was reflected in their lack of increased pharmacy POS collections.
- Of the 33 that had established POS teams:
 - 19 sites had no trainings since POS Team was formed (2011)
 - 6 have had one or two trainings since POS Team was formed
 - Only 8 attended regular bi-annual or annual trainings



Satisfying the Need for Training

Recorded trainings are available:

- https://ihs.cosocloud.com/rpms-tr/event/event_info.html

Power point presentations and training tools are available:

- https://www.ihs.gov/rpms/training/course-materials/?parent=&fld=ABSP_Pharmacy+Point+of+Sale+-+2020

Monthly Pharmacy Point of Sale Office Hours

- Second Tuesday of each month at 11 AM CST

Pharmacy POS Tutorial created for beginning users

- Available on POS Listserv. Contains the links to the trainings above.

POS Listserv: Single most beneficial resource for guidance

- POS@Listserv.IHS.GOV



Training topics recorded from POS Office Hours

Topic	youtube recording link
Pharmacy Point of Sale Tutorial	https://youtu.be/xxwfnSDSiw?si=e9TPhEw2a3K-xVxy
Daily Task Checklist	https://www.youtube.com/watch?v=5zC3UDIkDV4
Correcting Rejections	https://www.youtube.com/watch?v=Js4-eKmlKX8
Days Supply Calculations and Rejectoins	https://www.youtube.com/watch?v=1WvCjvojdWk
How to Run RRIP Report and Manipulate the report	https://youtu.be/lfLD4pB1uhM?si=ahtwoDmip8Fb9n8
Entry of insurance cards	https://youtu.be/iLVMthg01Ac?si=IYBSEfUDHNjLB45B
RPMS Insurance Eligibility Search Functions	https://youtu.be/d-zjTmGtnH0?si=MfTWNts5gC0xyJyA
Prior Authorization Pain Relief	https://www.youtube.com/watch?v=bNdEvwh7BkU
Reports to track POS progress/success	https://youtu.be/83mJhewcTCU?si=y8PwgxvMsMe13Sf4
Making Drugs Billable or Unbillable in RPMS	https://youtu.be/xMBQFYuqGEg?si=wvnv1QUgP3_YowM
Using VGEN and log session to create an uninsured report	https://www.youtube.com/watch?v=DInmr-VIYXY
Special Codes and Field Suppression	https://www.youtube.com/watch?v=86sYigj_zFM
Submission Clarification Codes	https://www.youtube.com/watch?v=uAAWr5iXhmw



Discussion points:

1. Explanation of what pharmacy point of sale (POS) billing includes
2. Tasks involved in working pharmacy POS and their impacts
3. Pharmacy POS staffing
4. Common Misconceptions
- 5. Teamwork makes the dream work**



Interdepartmental Communication: Total Team Effort

Benefits Coordinators:

- Ensure all qualified patients are signed up for available third party benefits through outreach events
- Communicate to pharmacy when coverage is added to avoid missed back billing opportunities

Patient Registration:

- Refer patients to benefits coordinators if no coverage is present or is recently expired (Increase BC encounters)
- Collection/scanning/entry of new insurance cards and communicating to pharmacy for back billing of claims

Pharmacy POS Staff:

- Notify patient registration when pharmacy insurance is identified to trigger addition of medical ins.
- Billing/back-billing of claims once cards are entered

****i.e. Shared spreadsheet with action items for pharmacy, patient reg., and benefits coordinators****



Obstacles that limit POS Staff Development

Just creating a position is not the end of the journey.

1. Ensure that priority is placed on working Pharmacy POS
 - Avoid collateral duties taking time from working POS
2. Take advantage of available pharmacy billing trainings.
 - Trainers are available in each area of IHS
 - Allow time to attend virtual/live trainings on a regular basis



Achievable Pharmacy POS Team Results

Once all of the pieces are in place, and all of the tasks are performed, such as:

- Patients are evaluated and signed up for available coverage
- Cards scanned/entered
- Coverage is identified/entered/shared with other departments
- Claims billed/rejections worked/prior authorizations completed

Many sites have seen a four-fold increase in POS Collections with the addition of a complete Pharmacy POS Team

- i.e. \$1.5 million yearly average could turn into \$6 million in just a few years

Pharmacy POS collections for the Clinton Service Unit:

\$1,422,709.83 in FY 2012, to

\$17,701,914.84 in FY 2023.



Factors that can affect Pharmacy POS Results

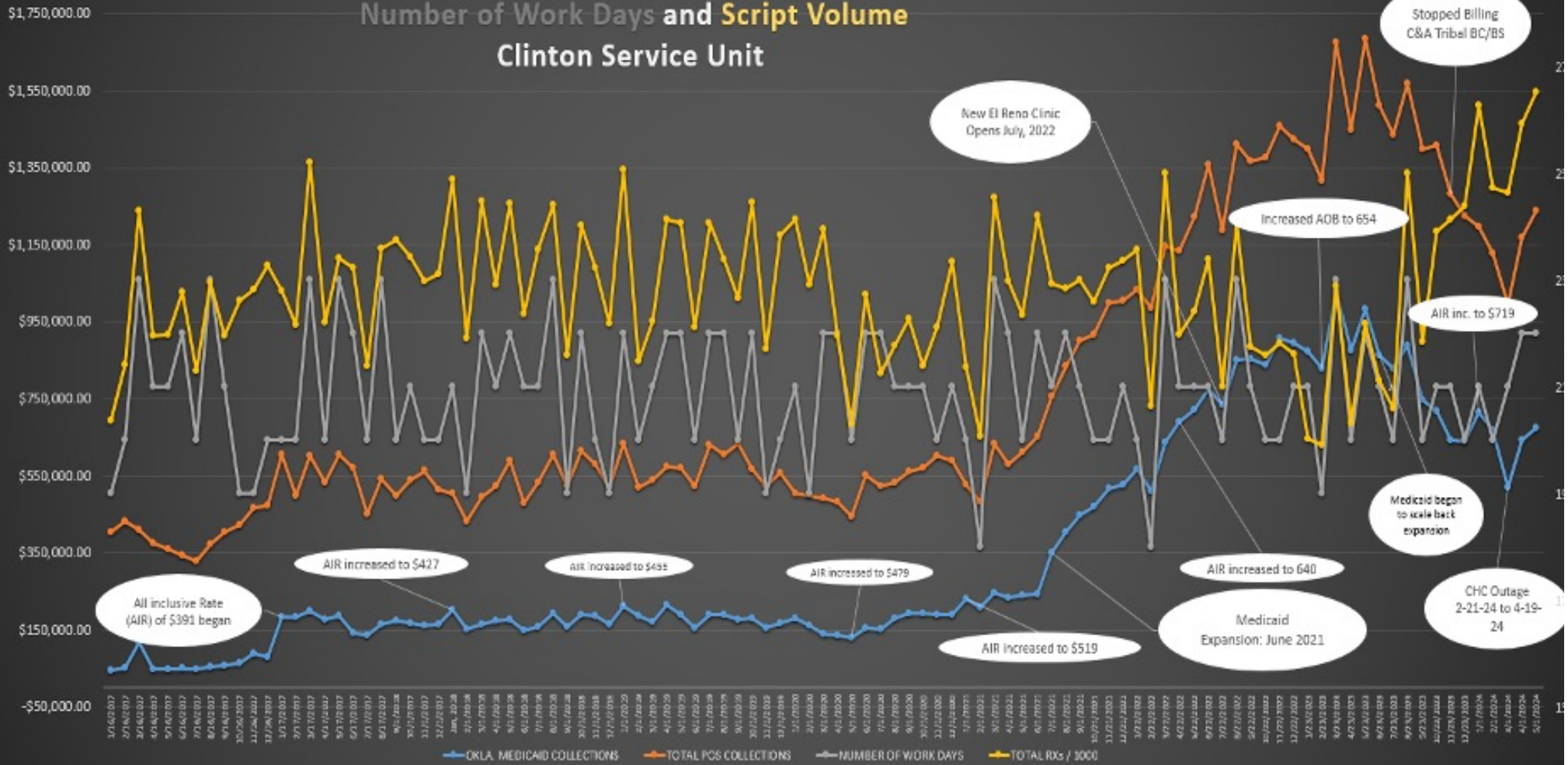
- Staffing of involved departments
 - More payroll dollars for POS Staff should result in increased collections
 - Benefits Coordinators
 - Business office – Billers and A/R Technicians
 - Registration Clerks
 - Provider staffing: Increased Prescription volume
- Drug Formulary Changes: cost changes, more Prior Authorizations required
- Changes in Reimbursement Rates: Medicaid All Inclusive Rates (AIR)
- Insurance deductibles: first of year decreases in POS
- Facility closures: holidays, power outages, natural disasters



Total Collections vs Oklahoma Medicaid Collections

Number of Work Days and Script Volume

Clinton Service Unit



Important Pieces



An incomplete puzzle is just that...incomplete. It is found lacking, and is not nearly as impressive as it could potentially be once all of the pieces have been added. This is not how healthcare was meant to be.

Placing emphasis on a strong Pharmacy Point of Sale team can not only help achieve the goals of your site, but may lead to the addition of pieces you had not previously imagined. Many sites have experienced facility updates, new service additions, technological advancements, and increased job opportunities as a result of a dramatic increase in Pharmacy POS collections. All of which help **“to raise the physical, mental, social, and spiritual health of American Indians and Alaskan Natives to the highest level.”**



Remember this from earlier???

Facility **Before** Increased Collections from Pharmacy Point of Sale

OUTPATIENT CLINIC (NURSING/ /PHYSICIANS)		
ADMINISTRATION	FACILITIES	BENEFITS COORDINATORS
OPTOMETRY	RADIOLOGY/ /X RAY	PATIENT REGISTRATION
AUDIOLOGY	LAB	BUSINESS OFFICE(BILLER/AR TECHS/BENEFITS COORDINATORS/)
DENTAL	PEDIATRICS	
HOUSEKEEPING	DIETICIAN	PHARMACY/ /

Facility **After** Increased Collections from Pharmacy Point of Sale

OUTPATIENT CLINIC (NURSING/MID-LEVEL PRACTITIONERS/PHYSICIANS)		
ADMINISTRATION	FACILITIES	BENEFITS COORDINATORS
OPTOMETRY	RADIOLOGY/CT SCAN/X RAY	PATIENT REGISTRATION
AUDIOLOGY	LAB	BUSINESS OFFICE(BILLER/AR TECHS/BENEFITS COORDINATORS/DEBT MANAGEMENT)
DENTAL	PEDIATRICS	PHYSICAL THERAPY/CHIROPRACTOR
HOUSEKEEPING	DIETICIAN	PHARMACY/CLINIC PHARMACIST/POS TEAM



El Reno Indian Health Center Expansion: 100% funded by 3rd Party Dollars (including Operating Expenses)



The community is welcome to join Indian Health Services and the Cheyenne and Arapaho Tribes for the Grand Opening of the El Reno Indian Health Center.



El Reno Indian Health Center Additional Services

9 chair dental department (Increased Size)

2 additional primary care providers

Laboratory

Behavioral Health

Optometry department (NEW)

Physical Therapy Department (NEW)

Radiology Department (NEW): X-ray, mammography, ultrasound

Upcoming expansion is being scheduled soon!!!!



Questions?

NPC Collections Committee Members

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