

2024 Indian Health Service Partnership Conference

PHARMACY INSURANCE ENRTY AND FIXING INSURERS IN
THE ADV (ADVANCED INSURER SETUP) IN POINT OF SALE

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TITLE: PAO PHARMACY POS PROGRAM ANALYST

DATE: AUGUST 14TH 2024



PHARMACY INSURANCE ENRTY AND FIXING INSURERS IN THE ADV (ADVANCED INSURER SETUP) IN POINT OF SALE

HELPFUL INFORMATION WHEN SETTING UP A PHARMACY
INSURANCE INSURER ENTRY

Objectives

1. Learn how to ADD in a prescription insurance entry in the Insurer File in the 3PB Table Maintenance and Patient Registration Table Maintenance using best practices.
2. Learn how to enter in the pharmacy insurance in the ADV (Advanced Setup of Insurer) in the POS (Point of Sale) package.
3. Learn what the Special Codes are for and what Suppressed and Unsuppressed Codes mean in ADV setup
4. Review what is also required for setup like the Coverage Type and a proper Group entry for POS.

Person with the following keys

Third-Party Billing Table Maintenance

Patient Registration Table Maintenance

POS ADV (Advanced insurer setup)

Edit Group (Patient Registration Table Maintenance)

Edit Coverage Type (Patient Registration Table Maintenance)

Collecting the pharmacy insurance information

NAME OF THE INSURANCE

THE PROCESSOR NAME OF THE INSURANCE (CAREMARK, RELAYHEALTH, EXPRESS SCRIPTS)

THE ADDRESS FOR THE INSURANCE (USUALLY PROVIDED ON THE CARD)

THE TAX ID

PHARMACY HELP DESK NUMBER

Lets get started

610494 PCN 4242

BIN: 610494

PCN: 4242

GROUP: ACUMI

Long Name: OPTUM RX

Rx Helpdesk: 800-788-7871

Rx Claims: PO BOX 650334 Dallas TX 75265-0334

FEDERAL TAX ID: 8645321

Choosing the Pharmacy insurance name format

ABSP INSURER LIST JUL 12, 2024 10:36 PAGE 2

Insurer	PCN	Pricing Formula	Disp Fee Override	Grace Period Override	Ins. Sel. Pts.
600428 PCN 02960000	02960000	STANDARD		0	20.00
600428 PCN NONE		STANDARD		0	20.00
		BIN: 600471			
		NPI FLAG: BOTH			
600471 PCN 7777	7777	STANDARD		0	20.00
		BIN: 601577			
		NPI FLAG: BOTH			
601577 PCN 0038	0038	STANDARD		0	20.00
		BIN: 603017			
		NPI FLAG: BOTH			
603017 PCN BAZ	BAZ	STANDARD		0	20.00
		BIN: 603286			
		NPI FLAG: BOTH			
603286 PCN 01410000	01410000	STANDARD		0	20.00
603286 PCN MEDD MD	MEDD	STANDARD		0	650.00

IHS REGISTRATION EDITOR (page 4) PHOENIX INDIAN MEDICAL CENTER

DEMO, PATIENT TWO - HENRY* HRN: 999958 INELIGIBLE

SUMMARY COVERAGE

SEQ	INSURER	COVERAGE TYPE	ELIG BEGIN - ELIG END
	SUBSCRIBER	POLICY NUMBER	
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 77993322 MD	ARIZONA	85072
2	004336 PCN 77993333	ARIZONA	85072-2195
3	004336 PCN ADV	ARIZONA	85072
4	004336 PCN COBESEGADV MD	ARIZONA	85072-2136
5	004336 PCN HNET	ARIZONA	85710
Press <RETURN> to see more, '^' to exit this list, OR CHOOSE 1-5:			

THIRD PARTY TABLE MAINTENANCE

TMTM Table Maintenance Menu

INTM Insurer File Menu ...

EDIN Add/Edit Insurer

EDIN Add/Edit Insurer

Select one of the following:

- 1 EDIT EXISTING INSURER
- 2 **ADD NEW INSURER**

Select DESIRED ACTION: 1// 2 **ADD NEW INSURER**

Enter the NAME of the INSURER: 610494 PCN 4242

Do you want to Add '610494 PCN 4242' as a New INSURER? **Y**

<----- MAILING ADDRESS ----->

Street...: PO BOX 650334

City...: DALLAS

State...: TX TEXAS TX

Zip Code.: 75265-0334

<----- BILLING ADDRESS ----->

(if Different than Mailing Address)

Billing Office.:

Phone Number.....: (800)788-7871

Contact Person.....:
Federal Tax ID#.....: 8645321
AO Control Number..:
Insurer Status.....: BILLABLE//
Type of Insurer.....: PRIVATE//
All Inclusive Mode.:
Backbill Limit (months): 12
Dental Bill Status.:
Rx Billing Status...: **BILL BILLED POINT OF SALE**

Select CLINIC UNBILLABLE:
EMC SUBMITTER ID:
EMC PASSWORD:
EMC TEST INDICATOR:
USE PLAN NAME?:
72 HOUR RULE:
NPI USAGE:
TRIBAL SELF-INSURED?:
ICD-10 EFFECTIVE DATE: 10/1/2015// (OCT 01, 2015)
DECIMAL IN 1500 BOX 21 (DX):

GROUP NUMBER:

PROVIDER PIN#

Visit Mode of Mult Fee ----- Flat Rate -----
Type - Description Export Form Sched Start Stop Rate

Select VISIT TYPE...: 131 OUTPATIENT

Are you adding 'OUTPATIENT' as a new VISIT TYPE (the 1ST for this 3P INSURER)?

No// Y (Yes)

Billable (Y/N/E)....: NO//

Visit Mode of Mult Fee ----- Flat Rate -----
Type - Description Export Form Sched Start Stop Rate

131 OUTPATIENT ***** (UNBILLABLE) *****

Select VISIT TYPE...: 997 PHARMACY

Are you adding 'PHARMACY' as a new VISIT TYPE (the 2ND for this 3P INSURER)?

No// Y (Yes)

Billable (Y/N/E)....: NO//

Visit Mode of Mult Fee ----- Flat Rate -----
Type - Description Export Form Sched Start Stop Rate

=====

131 OUTPATIENT ***** (UNBILLABLE) *****

997 PHARMACY ***** (UNBILLABLE) *****

Select VISIT TYPE..:

TO PREVENT CLAIMS FROM GOING TO PAPER MAKE SURE YOUR INSURANCES ARE SET UP CORRECTLY

MEDICAL ENTRY

STATUS: BILLABLE (in the first part of the insurance entry)

RX BILLING STATUS: UNBILLABLE

PHARMACY ENTRY

STATUS: BILLABLE (in the first part of the insurance entry)

RX BILLING STATUS: BILL TO POINT OF SALE

VA ENTRY (Also your Tricare for Commission Corp if you are billing them thru paper and not POS)

STATUS: BILLABLE (in the first part of the insurance entry)

RX BILLING STATUS: OUTPATIENT DRUG ONLY

Patient Registration Table Maintenance

- AG** Patient registration
- TM** Table Maintenance Menu
- INS** Insurer File Menu .
- EINS** Add/Edit an Insurer

NAME: 610494 PCN 4242//
INSURER TYPE: PRIVATE//
LONG NAME: 610494 PCN 4242// OPTUM RX ← REPLACE WITH PROCESSOR NAME
STREET: PO BOX 650334//
CITY: DALLAS//
STATE: TEXAS//
ZIP: 75265-0334//
PHONE: (800)788-7871//
CONTACT PERSON:
BILLING OFFICE:
BILLING STREET:
BILLING CITY:
BILLING STATE:
BILLING ZIP:
STATUS: BILLABLE//
MEDICAID COVERAGE REQUIRED:
MEDICAID RATE CODE REQUIRED:
PLAN NAME REQUIRED:
SCREEN DISPLAY:
NETWORK PROVIDER:

POS ADV (Advanced Setup of Insurer)

MGR Pharmacy POS Manager Menu ..

SET Pharmacy Point of Sale Setup Menu

INS Edit Pharmacy POS Insurance settings

ADV Advanced setup of insurer

TYPE IN YOUR INSURANCE: **610494 PCN 4242**

Are you adding '610494 PCN 4242' as a new ABSP INSURER (the 176TH)? No// **Y**
(Yes)

NAME: 610494 PCN 4242//

NCPDP VERSION: **D.0**

BIN NUMBER: **610494**

PCN NUMBER: **4242**

RX - Dispensing Fee:

GRACE PERIOD: **0**

RX - Help Telephone #:

MEDICARE PARTD?: N//

Maximum RX's Per Claim: 4//

Add Disp. Fee to Ingr. Cost: NO//

*Contract Required: NO//

Total exclusive of Patient Amt: N//

Select NCPDP FIELD SPECIAL CODE: 455//

NCPDP FIELD SPECIAL CODE: 455//

SPECIAL CODE: S ABSP("X")=1//

Select NCPDP FIELD SPECIAL CODE:

Select SUPPRESS NCPDP SEGMENT: Narrative//

Select SUPPRESS NCPDP FIELD: 997// 354 SUBM CLARIF CODE COUNT
...OK? Yes// Y (Yes)

SUPPRESS NCPDP FIELD: 354// @

SURE YOU WANT TO DELETE THE ENTIRE SUPPRESS NCPDP FIELD? Y (Yes)

Select SUPPRESS NCPDP FIELD: 420 SUBMISSION CLARIFICATION CD
...OK? Yes// (Yes)

SUPPRESS NCPDP FIELD: 420// @

SURE YOU WANT TO DELETE THE ENTIRE SUPPRESS NCPDP FIELD? Y (Yes)

Select SUPPRESS NCPDP FIELD:

INSURER NPI FLAG: BOTH//

RX - DIAL OUT TO: ENVOY DIRECT VIA T1 LINE// HTTP POST ← CHANGE HEALTH UPDATE PATCH 53

RX - PRICING METHOD: STANDARD//

RX PRIORITY: 20//

ICD10 EFF DATE:

STRIP DECIMAL POINT:

WORKERS COMP INSURANCE:

Suppress NCPDP Field List

```
select SUPPRESS NCPDP FIELD: 997// ??
```

```
Choose from:
```

```
115  
147  
334  
350  
357  
359  
360  
361  
364  
365  
366  
367  
368  
384  
391  
458  
459  
494  
495  
496  
497  
498  
499  
524  
995  
996  
997
```

Partial Screen shot of the CODES and what they mean

```
Choose from:
101      BIN NUMBER
102      VERSION/RELEASE NUMBER
103      TRANSACTION CODE
104      PROCESSOR CONTROL NUMBER
109      Transaction Count
110      Software Vendor/Cert ID
111      Segment Identification
112      Transaction Response Status
113      MEDICAID PAID AMOUNT
114      MEDICAID SUBROGATION ICN
115      MEDICAID ID NUMBER
116      MEDICAID AGENCY NUMBER
117      BILLING ENTITY TYPE IND
118      PAY TO QUALIFIER
119      PAY TO ID
120      PAY TO NAME
121      PAY TO STREET ADDRESS
122      PAY TO CITY
123      PAY TO STATE
124      PAY TO ZIP
125      GENERIC EQUIV PROD ID QUAL
126      GENERIC EQUIV PROD ID
127      OTHER PAYER HELP DESK PHONE
138      CMS LOW INCOME COST SHARING
139      MEDICARE PART D COVERAGE CODE
140      NEXT MEDICARE PART D EFF DATE
141      NEXT MEDICARE PART D TERM DATE
142      OTHER PAYER PERSON CODE
143      OTHER PAYER PAT RELATIONSHIP
144      OTHER PAYER BENEFIT EFF DATE
145      OTHER PAYER BENEFIT TERM DATE
147      PHARMACY SERVICE TYPE
```



OptumRx NCPDP Version D.0 Payer Sheet

UHC Community and State

Payer Name: OptumRx Commercial and Medicaid		Date: 01/01/2023 BIN: 610494	PCN: 4141 (OH Medicaid Only) PCN: 4444 PCN: 4242
UHCGP		BIN: 610494	PCN: 2222
Processor: OptumRx			
Effective as of: 01/01/2016		NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: October 2016		NCPDP External Code List Version Date: October 2016	
Contact/Information Source:			
Independent Contracting Contact: independent_contracting@optum.com			
Website: https://professionals.optumrx.com			
Certification Testing Window: Certification not required			
Pharmacy Help Desk Medicaid 888-306-3243			
Other versions supported: ONLY D.0			

CLAIM BILLING/CLAIM REBILL TRANSACTION

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
101-A1	BIN NUMBER	610494	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	
104-A4	PROCESSOR CONTROL NUMBER	See above	M	Required for All Claims
109-A9	TRANSACTION COUNT	Up to 4	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M	NPI ONLY
201-B1	SERVICE PROVIDER ID	10 digit NPI number	M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		O	

Field #	Insurance Segment Segment Identification (111-AM) = "04" NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
302-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		M	
313-CD	CARDHOLDER LAST NAME		M	
314-CE	HOME PLAN		O	
524-FO	PLAN ID		O	
301-C1	GROUP ID		M	Always required. Refer to Member ID Card.

Special Codes

Select ABSP INSURER NAME: 004336 PCN ADV
NAME: 004336 PCN ADV//
NCPDP VERSION: D.0//
BIN NUMBER: 004336//
PCN NUMBER: ADV//
RX - Dispensing Fee:
GRACE PERIOD: 0//
RX - Help Telephone #: (800) 600-8065//
MEDICARE PARTD?: N//
Maximum RX's Per Claim: 1//
Add Disp. Fee to Ingr. Cost: YES//
*Contract Required:
Total exclusive of Patient Amt: Y//
Select NCPDP FIELD SPECIAL CODE: 455// ?
Answer with NCPDP FIELD SPECIAL CODE
Choose from:
436
110
455

Special Codes for 110, 436 and 455

NCPDP FIELD SPECIAL CODE: 110

SPECIAL CODE: S ABSP("X")="D012000084"

NCPDP FIELD SPECIAL CODE: 436

SPECIAL CODE: S ABSP("X")="03"

NCPDP FIELD SPECIAL CODE: 455

SPECIAL CODE: S ABSP("X")=1

POS-RPT-OTH-INS

*** INSURER FILE INQUIRY ***

```
=====
NAME: 004336 PCN ADV          RX - NCPDP Record Format: ADVANCEPCS 5.1
RX - Help Telephone #: (800) 600-8065
RX - PRICING METHOD: STANDARD  RX - DIAL OUT TO: HTTP POST
GRACE PERIOD: 0              INSURER NPI FLAG: BOTH
NCPDP VERSION: D.0          BIN NUMBER: 004336
PCN NUMBER: ADV             MEDICARE PARTD?: N
Maximum RX's Per Claim: 1   Add Disp. Fee to Ingr. Cost: YES
99 REJECT SLEEP OVERRIDE: Y RX PRIORITY: 20
NCPDP FIELD SPECIAL CODE: 110 SPECIAL CODE: S ABSP("X")="D012000084"
NCPDP FIELD SPECIAL CODE: 436 SPECIAL CODE: S ABSP("X")="03"
NCPDP FIELD SPECIAL CODE: 455 SPECIAL CODE: S ABSP("X")=1
SUPPRESS NCPDP FIELD: 113
SUPPRESS NCPDP FIELD: 114
SUPPRESS NCPDP FIELD: 115
SUPPRESS NCPDP FIELD: 116
SUPPRESS NCPDP FIELD: 147
SUPPRESS NCPDP FIELD: 307
SUPPRESS NCPDP FIELD: 308
SUPPRESS NCPDP FIELD: 309
SUPPRESS NCPDP FIELD: 312-----Continues ↓
SUPPRESS NCPDP FIELD: 313
SUPPRESS NCPDP FIELD: 314
SUPPRESS NCPDP FIELD: 322
SUPPRESS NCPDP FIELD: 323
SUPPRESS NCPDP FIELD: 324
SUPPRESS NCPDP FIELD: 326
```


CVS CAREMARK PAYER SHEET

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
101-A1	BIN Number	610415, 004336 610239, 021007 610591, 610502 021338, 020099 020123, 025201 026150	M	
102-A2	Version/Release Number	D0	M	NCPDP vD.0
103-A3	Transaction Code	B1	M	Billing Transaction
104-A4	Processor Control Number		M	Use value as printed on ID card, as communicated by CVS Caremark® or as stated in Appendix A
109-A9	Transaction Count	1, 2, 3, 4	M	
202-B2	Service Provider ID Qualifier	01	M	01 – NPI
201-B1	Service Provider ID		M	National Provider ID Number assigned to the dispensing pharmacy
401-D1	Date of Service		M	CCYYMMDD
110-AK	Software Vendor/Certification ID		M	The Software Vendor/Certification ID is the same for all BINs. Obtain your certification ID from your software vendor. Your Software Vendor/Certification ID is 10 bytes and should begin with the letter "D".

CVS CAREMARK PAYER SHEET

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx Number
436-E1	Product/Service ID Qualifier	Ø3	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero (ØØ)
4Ø7-D7	Product/Service ID		M	If billing for a multi-ingredient

Select ABSP INSURER NAME: 004336 PCN ADV

NAME: 004336 PCN ADV//

NCPDP VERSION: D.0//

BIN NUMBER: 004336//

PCN NUMBER: ADV//

RX - Dispensing Fee:

GRACE PERIOD: 0//

RX - Help Telephone #: (800) 600-8065//

MEDICARE PARTD?: N//

Maximum RX's Per Claim: 1//

Add Disp. Fee to Ingr. Cost: YES//

*Contract Required:

Total exclusive of Patient Amt: Y//

Select NCPDP FIELD SPECIAL CODE: 455// 110 Software Vendor/Cert ID

...OK? Yes// (Yes)

NCPDP FIELD SPECIAL CODE: 110//

SPECIAL CODE: S ABSP("X")="D012000084"



Setting up the Coverage Type in Patient Registration Table Maintenance

AG Patient registration

TM Table Maintenance Menu

COVT Coverage Type File Menu

ECOV Add/Edit a Coverage Type

Select INSURER: 610494

1 610494 PCN 4242 TEXAS 75265-0334

2 610494 PCN 9999 ARIZONA 85260

CHOOSE 1-2: 1 610494 PCN 4242 TEXAS 75265-0334|

Select COVERAGE TYPE to Edit: PHARMACY(PHARMACY)

.....Search was unsuccessful.

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

PHARMACY

Are you adding 'PHARMACY' as a new COVERAGE TYPE? No// Y (Yes)

PLAN CODE:

PLAN TYPE:

INACTIVE DATE:

Select CLINICS UNBILLABLE:

Select UNBILLABLE DIAGNOSIS (ICD9):

Select PROV CLASS (UN)BILLABLE:

Select DENTAL CATEGORIES UNBILLABLE:

Select START DATE: 1/1/2023 JAN 01, 2023

Are you adding 'JAN 01, 2023' as a new START DATE (the 1ST for this COVERAGE TYPE)? No// Y (Yes)

OP CO-PAY:

OP CO-INSURANCE:

ER CO-PAY:

DAY SURGERY CO-PAY:

DAY SURGERY CO-INSURANCE:

IP CO-PAY:

IP CO-INSURANCE:

ENTER DOWN TO SELECT START DATE



ENTER IN START DATE

THEN ENTER ALL THE WAY OUT



Adding in a Group Name/Number

AG Patient registration

TM Table Maintenance Menu

GRP Group Insurance Plan Menu

EGRP Add/Edit Group Insurance Plans

Select EMPLOYER GROUP INSURANCE GROUP NAME: **ACUMI**

Are you adding 'ACUMI' as a new EMPLOYER GROUP INSURANCE (the 5025TH)? 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**

[5a] Group Number.....: **ACUMI**

PART- D SET UP IN PAGE 4

```

=====
DEMO,PATIENT MCR - DAISY*                HRN:999892 PEND. VERIF
=====
-----MEDICARE PART D DATA-----
1) Medicare Name: DEMO,PATIENT MCR      |4) Gender: MALE
2) ID Number: 000009892A                |5) Date of Birth: NOV 17, 2017
3) Person Code:
-ELIGIBILITY DATES-----
----Effective Date-----Expire Date-----
6) JUL 1,2020                            A
-----
7) Grp Name: ACUMI                        Grp Number: ACUMI
-----
8) 018927 PCN 08060000 MD
   PO BOX 1433
   MARYLAND HGHTS,MISSOURI 63043
   (800)424-5870
=====
  
```

PRIVATE INSURANCE SET UP PAGE 4

```

=====
DEMO,PATIENT DAFFYDUCK - DREAM*          HRN:999873 CHS & DIRECT
=====
1) Policy Holder.: DEMO,PATIENT DAFFYDUCK |5) Gender: MALE
2) Policy or SSN.: 12345678                |6) Date of Birth: 8/1/2009
3) Effective Date: JUL 01, 2024           |7) PCP:
4) Expire Date...:                         |8) CD Name|...:
-HOLDER'S EMPLOYER INFO-----
9) Status.....: UNKNOWN                   |10) Employer:
-INSURER INFORMATION-----
004336 PCN ADV                            |11) Grp Name: 65006500
   PO BOX 52116                            | Grp Number: 65006500
   PHOENIX, ARIZONA 85072                  |12) Coverage: RX ONLY
   (866)842-5178   Ins. Type: PRIVATE |13) CCopy:
-----Policy Members-----PC-----Member #-----HRN-----Rel-----From/Thru-----
14) DEMO,PATIENT DAFF 12345678 999873 SELF 7/1/2024
=====
  
```


Review the entry process

COLLECT INSURANCE INFORMATION

ENTER INSURANCE INTO THIRD-PARTY TABLE MAINTENANCE

CHANGE THE LONG NAME TO PROCESSOR IN PATIENT REGISTRATION TABLE MAINTENANCE

ADD THE INSURANCE TO THE POS ADV (Advanced setup of insurer)

ENTER IN THE COVERAGE TYPE

ADD IN NEW GROUP NUMBER IF NEEDED



QUESTIONS ?



Contact Information

Name: TIFFANY ALLERY

Title: PAO PHARMACY POS PROGRAM ANALYST

Email: tiffany.allery@ihs.gov

Office: PHOENIX AREA OFFICE , OFFICE OF HEALTH PROGRAMS





2024 IHS Partnership Conference