

Indian Health Service

Briefing Topic

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EXPLORING THE PHARMACY POINT OF
SALE TUTORIAL

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Learning objectives:

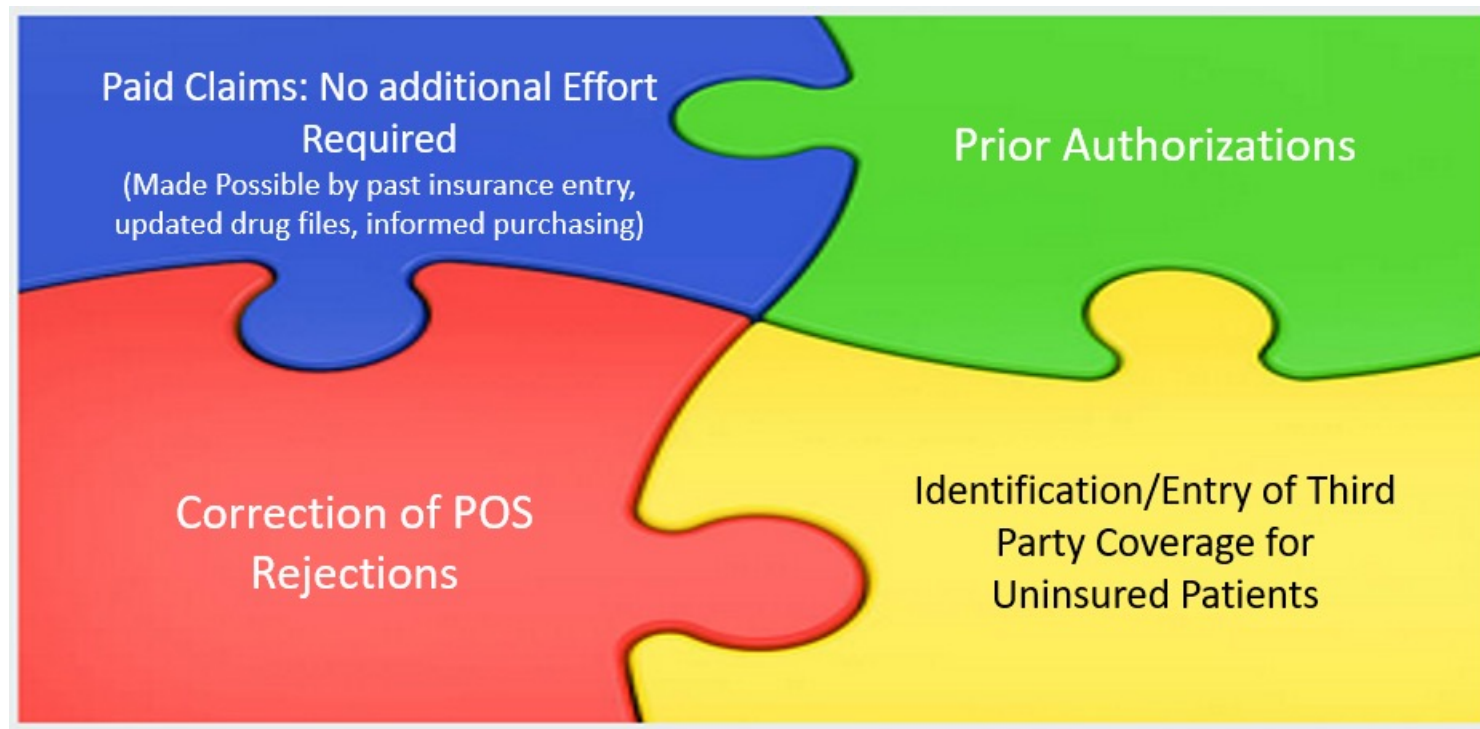
1. Recognize the importance putting maximum effort into pharmacy point of sale (POS) duties.
2. Identify the major areas of pharmacy POS that will produce increased reimbursement from third parties
3. Exploration of recorded POS trainings and the possibility of LIVE trainings in each area of IHS
4. Learn to navigate the Pharmacy POS Tutorial to locate training needs



Exploring the pages of....

Pharmacy Point of Sale Tutorial	
Table of Contents:	
Recorded Trainings	Eligibility Search
A. RPMS Recordings and Materials Library	A. Cardfinder Information
B. eLearning Course Materials	B. Availity
POS setup	C. Oklahoma Medicaid Info
A. Point of Sale (POS) Workflow	D. Medicare Part D Search in RPMS
B. RPMS Keys needed for POS work	E. Systematic Search for Eligibility (VGEN Report Instructions)
C. How to sign up for the POS Listserv	Setup of Insurer
D. POS Multiplier setting in RPMS	A. Entry of Insurer into RPMS
E. How to make drugs Unbillable/Billable to POS	B. Quick Setup of Insurer
Daily Tasks	C. Advanced Setup of Insurer
A. Daily, Weekly, and Monthly Tasks (explained)	D. Make Plan Billable to Point of Sale
B. Daily Reports (URM, DUP, STR, RCR)	E. D.0 Checklist for Insurers (Software Vendor Cert. ID)
C. Negative Copay Fileman Report	F. Special Code Default List
Reject List	G. Special Coded Entry/Removal
A. List of Rejections/Solutions	H. Suppressing/Unsuppressing an NCPDP Field
Fixing a Rejected Claim	Entering Insurance in Patient File
A. Getting started	A. Editing Patient File (EPT)
B. View the Claim Receipt	B. Identify Insurance Card in RPMS
C. Reverse a Claim	C. Entering Insurance on Page 4 of Patient File
D. Resubmit a Claim	Prior Authorizations
E. Enter Overrides on Claims	A. Covermymeds Information
F. DAW Code Entry Instructions	B. Federal Blue Cross/Blue Shield Exemption Form
G. Ask Insurance? (Submit to Secondary Ins.)	C. Attachments: PA Attachment (U.S. Code 1621e) & Provider Consent Form
H. Ask Preauth? (Manual Entry of PA Number)	"How To" Section
I. Ask Fill Date? (Entry of Overrides on past refill)	A. Calculating Days Supply
Codes	B. Running Reports for Monitoring Pharmacy POS Success
A. DUR Code list and entry instructions	Prior Authorization Log for Tracking Collections
B. DAW Code List	Insurer Asleep
C. NCPDP Field List	Medicare Part B
D. Submission Clarification Code List	VA Billing
Version 3.6 (Updated April 20, 2024) Created by LDCR Michael Hunt, Clinton Indian Health Center, Clinton, OK	

Main pieces of the pharmacy POS puzzle



The path for POS success needs a tutorial

POS Tutorial Pages

1. Recorded Trainings: Hours of training over all sections of POS
2. POS Setup: needed keys, RPMS settings, drug file
3. Daily Tasks: daily reports, identifying rejects/Rxs needing PAs
4. Reject List: identifies solutions and which page is needed in Tutorial
 - a) Fixing a rejected claim, Codes, Setup of insurer,
5. Prior Authorizations: shows process and resources for completion of PAs
6. Codes: Codes needed when correcting rejections and adding insurers
7. Eligibility Search: Systematic search of active third party eligibility for uninsured patients
8. Insurer Setup: Screenshots on how to add new POS insurance plans into RPMS system



DEMONSTRATION:

EXPLORING THE PHARMACY POS TUTORIAL



Tracking your results: Identification/Entry of Insurance

NO INSURANCE PDSA:																		
SINCE MARCH, 2011, THE INSURANCE SEARCH HAS BEEN PERFORMED EITHER DAILY OR MONTHLY. EACH DAY/ MONTH A VOER REPORT IS RUN FOR THE PREVIOUS DAY/ MONTHS. PATIENTS WHO HAVE AN INSURANCE ENCOUNTER BUT DO NOT HAVE INSURANCE LISTED, SEARCHES ARE PERFORMED ON THE ONCA WEBSITE AND ON EMPOWER CARDPINDER. AS OF JUNE, 2011, THE MEDICAL REIMBURSEMENT AMOUNTS HAVE NOT BEEN TRACKED DUE TO TIME CONSTRAINTS. MEDICAL CLAIMS ARE BEING BILLED/ COLLECTED. RESULTS ARE JUST NOT CATERING FOR THE SPREADSHEET. IN APRIL 2018, WE BEGAN TRACKING THE POPP REPORT IN ORDER TO TRACK THE VOER REPORT. DATES: 1/1/2011 TO 12/31/2011. PANDA 1.0.0.0.																		
2015	MARCH		APRIL		MAY		JUNE		JULY		AUGUST		SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	ANNUAL TOTAL	
INSURANCE	RK	MEDICAR	RK	MEDICAR	RK	MEDICAR	RK	MEDICAR	RK	MEDICAR	RK	MEDICAR	RK	MEDICAR	RK	MEDICAR	RK	
MEDICAID	\$1,245.17	\$5,138.89	\$4,392.83	\$4,392.89	\$3,586.41	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$42,411.24
MEDICARE PART B	\$1,245.17	\$5,138.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$4,392.89	\$42,411.24
PRIVATE INSURAN	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$5,138.89	\$49,611.24
MONTHLY TOTALS	\$11,629.23	\$15,415.67	\$14,924.61	\$14,924.67	\$13,118.19	\$14,924.67	\$14,924.67	\$14,924.67	\$14,924.67	\$14,924.67	\$14,924.67	\$14,924.67	\$14,924.67	\$14,924.67	\$14,924.67	\$14,924.67	\$14,924.67	\$149,433.72



Identification/Entry of Insurance Impact

2022	JANUARY	FEBRUARY	MARCH (PORP)	MARCH (REP GEN)	MARCH	APRIL	MAY	JUNE (PORP)	JUNE	JULY	AUGUST	SEPT PORP	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
INSURANCE	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	YEARLY TOTALS
PATIENTS IDENTIFIED	87	46	3	36	47	72	60	5	37	122	69	3	29	64	27	17	724
MEDICAID	\$11,937.00	\$12,975.00	\$9,342.00	\$0.00	\$5,190.00	\$5,120.00	\$1,920.00	\$3,840.00	\$6,279.00	\$118,392.00	\$21,120.00	\$7,040.00	\$4,480.00	\$5,760.00	\$5,120.00	\$1,280.00	\$219,795.00
MEDICARE PART D	\$5,497.46	\$0.00	\$0.00	\$8,218.02	\$20.61	\$172.22	\$0.00	\$0.00	\$0.00	\$925.58	\$0.00	\$0.00	\$187.89	\$13,042.59	\$1,235.72	\$13.54	\$29,313.63
PRIVATE INSURANCE	\$8,489.69	\$809.65	\$0.00	\$9,370.07	\$982.82	\$8,086.78	\$759.53	\$0.00	\$3,945.91	\$14,110.32	\$6,727.05	\$0.00	\$54.60	\$5,833.92	\$0.00	\$0.00	\$59,170.34
MONTHLY TOTALS:	\$25,924.15	\$13,784.65	\$9,342.00	\$17,588.09	\$6,193.43	\$13,379.00	\$2,679.53	\$3,840.00	\$10,224.91	\$133,427.90	\$27,847.05	\$7,040.00	\$4,722.49	\$24,636.51	\$6,355.72	\$1,293.54	\$308,278.97
2023	JANUARY	FEBRUARY	MARCH (PORP)	MARCH (REP GEN)	MARCH	APRIL	MAY	JUNE (PORP)	JUNE	JULY	AUGUST	SEPT PORP	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
INSURANCE	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	RX	YEARLY TOTALS
PATIENTS IDENTIFIED	97	42	6	92	66	76	31	6	30	64	61						571
MEDICAID	\$25,600.00	\$5,872.00	\$10,394.00	\$0.00	\$15,686.00	\$24,156.00	\$5,282.00	\$7,848.00	\$7,194.00	\$21,031.00	\$21,582.00						\$144,645.00
MEDICARE PART D	\$0.00	\$0.00	\$0.00	\$30,012.54	\$0.00	\$1,254.63	\$4.95	\$0.00	\$6.10	\$67.19	\$77.74						\$31,423.15
PRIVATE INSURANCE	\$5,911.17	\$3,610.41	\$0.00	\$40,198.60	\$5,617.85	\$7,449.90	\$959.82	\$0.00	\$725.11	\$17,832.72	\$499.01						\$82,804.59
MONTHLY TOTALS:	\$31,511.17	\$9,482.41	\$10,394.00	\$70,211.14	\$21,303.85	\$32,860.53	\$6,246.77	\$7,848.00	\$7,925.21	\$38,930.91	\$22,158.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$258,872.74
YEARLY TOTALS	2015 RX	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	571	0	0	4522					
MEDICAID				\$99,912.89	\$142,665.00	\$114,660.00	\$219,795.00	\$144,645.00	\$0.00	\$0.00	963650.74						
MEDICARE PART D				\$42,563.41	\$6,503.04	\$456.06	\$34,750.50	\$29,313.63	\$31,423.15	\$0.00	\$0.00	152746.93					
PRIVATE INSURANCE	\$38,864.29			\$22,641.16	\$43,542.46	\$36,189.94	\$21,410.35	\$51,595.36	\$59,170.34	\$82,804.59	\$0.00	\$0.00	399571.08				
Total number of patients identified				4,522													
PDSA GRAND TOTAL SINCE INCEPTION				\$1,768,374.10													

**Initial Findings!
Far understates
impact!!!!**



Impact from correction of rejections.

Example: Clinton Service Unit February 2022

<u>Date</u>	<u>DAY total BEFORE claim correction</u>	<u>DAY total AFTER correction</u>	<u>Increase from Claim Correction</u>	<u>Percentage of Total Collections</u>	
Feb1-2	\$51,638.46	\$90,516.25	\$38,877.79	42.95%	
Feb 3,4,5	\$54,317.89	\$60,112.55	\$5,794.66	9.64%	
Feb 6-9	\$160,947.06	\$178,398.24	\$17,451.18	9.78%	
10-Feb	\$39,193.44	\$42,872.81	\$3,679.37	8.58%	
Feb 11-12	\$58,837.09	\$65,244.76	\$6,407.67	9.82%	
14-Feb	\$52,267.70	\$56,220.75	\$3,953.05	7.03%	
15-Feb	\$43,819.30	\$49,472.93	\$5,653.63	11.43%	
16-Feb	\$37,069.75	\$40,980.35	\$3,910.60	9.54%	
17-Feb	\$34,707.19	\$38,507.43	\$3,800.24	9.87%	
Feb 18-19	\$34,056.63	\$38,677.81	\$4,621.18	11.95%	
Feb 20-23	\$105,226.52	\$116,262.72	\$11,036.20	9.49%	
24-Feb	\$24,402.56	\$30,363.25	\$5,960.69	19.63%	
Feb 25-27	\$54,695.27	\$65,803.41	\$11,108.14	16.88%	
28-Feb	\$72,644.30	\$86,585.56	\$13,941.26	16.10%	
Totals:	\$823,823.16	\$960,018.82	\$136,195.66	13.76%	Average daily increase by working rejections



Impact for Clinton Service Unit:

Completion of
prescription Prior
Authorizations

Initial Collections
Totals repeat with each refill

Prior Authorization Data

FY 2021

<u>Month</u>	<u>PA's approved</u>	<u>Initial Collections from PA Approval</u>
Oct-21	49	\$41,928.89
20-Nov	34	\$16,725.16
20-Dec	39	\$6,686.34
21-Jan	78	\$14,092.21
21-Feb	50	\$11,377.76
21-Mar	79	\$33,288.60
21-Apr	51	\$17,597.24
21-May	41	\$8,966.79
21-Jun	34	\$11,059.20
21-Jul	50	\$13,619.61
21-Aug	51	\$14,236.46
<u>21-Sep</u>	<u>55</u>	<u>\$23,101.52</u>
2021 TOTALS	611	\$212,679.78

FY 2022

<u>Month</u>	<u>PA's approved</u>	<u>Initial Collections from PA Approval</u>
21-Oct	40	\$10,294.29
21-Nov	51	\$26,125.29
21-Dec	55	\$27,430.22
January, 2022	64	\$31,654.10
February, 2022	76	\$27,774.43
March, 2022	83	\$45,296.57
April, 2022	48	\$12,977.69
May, 2022	65	\$28,941.93
June, 2022	76	\$36,713.41
July, 2022	38	\$12,771.90
Aug, 2022	33	\$14,144.65
<u>Sept, 2022</u>	<u>67</u>	<u>\$28,597.27</u>
2022 Totals	696	\$302,721.75



Remember our puzzle?



Initially Paid POS Claims
(Made Possible by past insurance entry, updated drug files, approved PAs, informed purchasing)
\$15,514,291 for 2023

Prior Authorizations
\$469,116.65
(Estimate of \$5M for 12 months)

Correction of POS Rejections
\$1,837,262.42
for 2023

Identification/Entry of Third Party Coverage for Uninsured Patients
\$326,117.45 for 2023
(Compounds Monthly)

Knowledge Question #1

True or false?

There are currently no available trainings for pharmacy billing for Indian Health Service sites.



Knowledge Check #2

When performing POS tasks, a great way to prove your worth and encourage administration to invest more resources into POS billing efforts is to:

- A. Hide your results
- B. Track your results
- C. Ignore your results



Knowledge Question #3

For IHS sites that are NOT putting maximum effort towards pharmacy POS billing, they should expect:

- A. Budgetary limitations when adding new services.
- B. Their patients' needs to be only partially met.
- C. A lack of growth in both their site and its available budget.
- D. All of the above



Knowledge Question #4

On which tab on the POS Tutorial can you find an explanation of POS rejections and the most common resolutions?

- A. Daily Tasks
- B. Reject List
- C. Prior Authorizations
- D. Recorded Trainings
- E. A and B
- F. B and D
- G. C and D
- H. A, D, and K
- I. All of the above
- J. None of the above
- K. Roughly half of the above
- L. 16% of the above



Questions & Discussion

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