

---

# Indian Health Service

Maximizing Efficiency and Third Party Collections  
while working Pharmacy Point of Sale Claims

---

LCDR MICHAEL HUNT, DPH

PHARMACY BILLING

AUGUST 23, 2023



# Ever Feel overwhelmed?

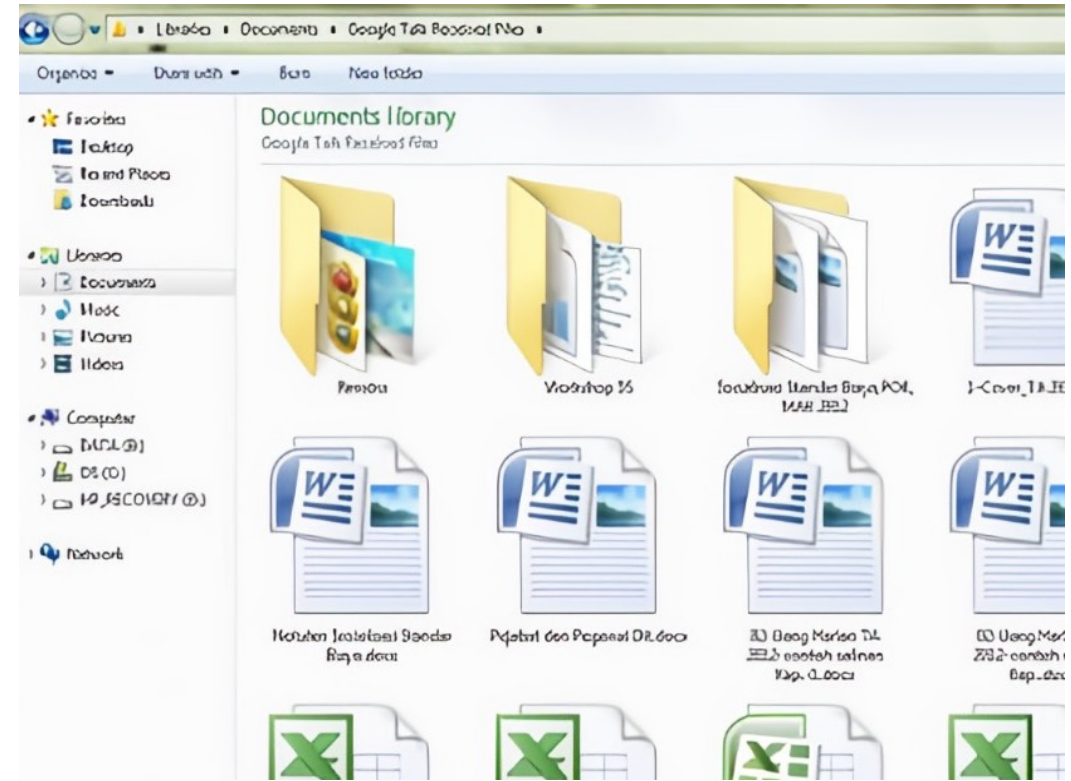
---



# Change is Not Always Easy...



Change.....





# Getting Organized

---



# Basic Pharmacy Point of Sale (POS) Tasks

---

Running Daily Reports

Correcting Rejections

Prior Authorizations

Identification and Entry of Third Party Insurance

# Running Daily POS Reports

---

URM (Update Report Master File for a date range)

DUP Duplicate claims report (should be none)

STR List possibly stranded claims

RCR Rejected Claims by Reject Code

# RCR Report Printing Options

---

## Print on paper (not recommended)

- Difficult to manipulate data
- Costly use of office supplies and requires storage space

## Print to computer file (poor format)

- Report does not print in spreadsheet form

## Upload into RPMS Report and Information Processor (RRIP) (PREFERRED)

- Puts report into Excel form
- Can easily track results of your work

# RRIP RPMS Report and Information Processor

---

Created by CAPT Nick Sparrow

Converts RCR report into Excel form

Keeps track of statistics related to working of rejections

Available on the pharmacy Point of Sale billing Listserv at:  
[pos@listserv.ihs.gov](mailto:pos@listserv.ihs.gov)



# RRIP Processing Menu

The screenshot displays the 'Pharmacy Report Processing Menu' with several report options and their associated settings and instructions:

- Controlled Substance Management Report** (Black button): Includes 'Edit Settings' and 'CSM Instructions'.
- Rejected Claims by Rejection Code Report** (Orange button): Includes 'Edit Settings' and 'RCR Instructions'.
- Aged Open Items Report** (Blue button): Includes 'Edit Settings' and 'AOI Instructions'.
- Brief Claim Listing (BRRP) Report** (Grey button): Includes 'BRRP Instructions'.
- Controlled Substance Management Report + External Pharmacy Prescriptions Report** (Yellow button): Includes 'Edit Settings' and 'CSM + ERxT Instructions'.
- General Instructions** (White button): No associated settings or instructions.

**Fast Mode**  Turn off highlighting on the "TDMME by Patient" tab to improve speed for the CSM and CSM + ERxT processor

Created by CDR Nick Sparrow, version 4.67 2019-Apr 16  
nicholas.sparrow@ihs.gov, 435-725-6877 (work)

Navigation bar at the bottom: Pharmacy Reports Menu | User Manual | Definitions and Explanations | CDC Documents | Updates | +

# RPMS Format for RCR = Not User Friendly

---

REJECTION CODE: 60:Product/Service Not Covered For Patient Age

LAST NAME,FIRST NAME	2727001/1P	OKLAHOMA MEDICAID	\$ 11.66
000179212	00904671746	CETIRIZINE HCL 10MG	

TAB

LAST NAME,FIRST NAME	2732969/0P	OKLAHOMA MEDICAID	\$ 10.83
016445787	00904671772	CETIRIZINE HCL 10MG	

TAB

LAST NAME,FIRST NAME	2734083/1P	OKLAHOMA MEDICAID	\$ 11.66
002459410	00904671746	CETIRIZINE HCL 10MG	

TAB

REJECTION CODE: 75:Prior Authorization Required

LAST NAME,FIRST NAME	2735153/0P	OKLAHOMA MEDICAID	\$302.50
004361371			

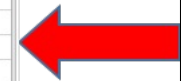
# RRIP Format for RCR Report

Fill Date	Division	Rejection	Name	Rx#/Fill#	Insurer	Amount Billed	Cardholder ID	Group	NDC	Drug Name	Status	Comments	Employee
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831861/0P	BC/BS RX FEP B:610239	\$40.00	9999999999	65006500	00009041701	TESTOSTERONE CYPIONATE 200MG/ML INJ (IN OI	Fixed	PAID	
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831852/0P	BC/BS RX FEP B:610239	\$110.32	9999999999	65006500	59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (	Fixed	PAID	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783853/4P	CAREMARK BIN:004336 PC	\$68.47	9999999999	RX1412	00074706819	LEVOTHYROXINE (SYNTHROID) 0.125 MG TAB	Fixed	PAID	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2763498/1P	BC/BS OK RX (1215)BIN:	\$110.32	9999999999		59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (	Fixed	PAID	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819569/1P	BC/BS OK RX (1215)BIN:	\$68.46	9999999999	0002	00074518219	LEVOTHYROX (SYNTHRO)	Fixed	PAID	
04/07/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2791664/4P	OPTUMRX 610279:9999	\$118.11	9999999999	UHEALTH	66993005702	HYDROXYCHLOROQUINE 200 MG TAB	In Process	PA SENT 4/8/20	
04/15/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2821598/1P	OPTUM RX 610011:IRX	\$297.33	9999999999	HCBHCA	00085134107	MOMETASONE 220 MCG/S	In Process	PA	
04/07/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2791613/4P	OPTUMRX 610279:9999	\$55.05	9999999999	UHEALTH	00904671746	CETIRIZINE 10 MG TAB	Unfixable	OTC UNBILLABLE	
04/02/20	EL RENO	21:M/I Product/Service ID	DEMO PATIENT	2831855/0P	BC/BS RX FEP B:610239	\$10.96	9999999999	65006500	42291026601	ERGOCALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2819388/0P	CAREMARK BIN:004336 PC	\$11.08	9999999999	RX1412	54738055912	ASPIRIN 81 MG EC TAB	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783855/4P	CAREMARK BIN:004336 PC	\$39.56	9999999999	RX1412	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB	Unfixable	PLAN EXCLUSION	
04/07/20	CLINTON	21:M/I Product/Service ID	DEMO PATIENT	2783858/4P	CAREMARK BIN:004336 PC	\$13.00	9999999999	RX1412	60429076910	TOPIRAMATE 25MG TAB	Unfixable	REPACK	
04/01/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2796110/0P	BC/BS OK RX (1215)BIN:	\$11.32	9999999999		54738055912	ASPIRIN 81 MG EC TAB (E)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2763502/3P	BC/BS OK RX (1215)BIN:	\$11.56	9999999999		00904546052	CALCIUM-VITAMIN D 500 MG-200 UNIT TAB (E)	Unfixable	OTC UNBILLABLE	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2808515/1P	BC/BS OK RX (1215)BIN:	\$239.71	9999999999		00378932232	FLUTICASONE-SALMETEROL 500 MCG-50 MCG (WIX	Unfixable	PA DENIED	
04/03/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2763508/5P	BC/BS OK RX (1215)BIN:	\$18.21	9999999999		42291083310	TRAZODONE HCL 50MG TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	77:Discontinued Product/Service ID Number	DEMO PATIENT	2811302/1P	OKLAHOMA MEDICAID	\$19.38	9999999999		42291062390	MONTELUKAST 5 MG CHEW TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2832249/0P	OKLAHOMA MEDICAID	\$330.53	9999999999		54092038701	AMPHETAMINE-DEXTROAMPHETAMINE 20 MG ER CA	Fixed	PAID	
04/15/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2802894/1P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	OB1602	42291026601	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/15/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2834707/0P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	OB1602	42291026601	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered,See NCPD	DEMO PATIENT	2834710/0P	BC/BS OK RX (1215)BIN:	\$13.00	9999999999	OB1602	52343003790	MONTELUKAST 10 MG T)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered,See NCPD	DEMO PATIENT	2834709/0P	BC/BS OK RX (1215)BIN:	\$10.86	9999999999	OB1602	13107019599	LOSARTAN 25 MG TAB )	Unfixable	REPACK	
04/13/20	WATONGA	21:M/I Product/Service ID	DEMO PATIENT	2800291/1P	BC/BS OK RX (1215)BIN:	\$160.15	9999999999	0000	30940531360	MULTIVIT W/MINERALS)	Unfixable	REPACK	
04/09/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2786413/1P	BC/BS OK RX (1215)BIN:	\$11.32	9999999999	0002	54738055912	ASPIRIN 81 MG EC TA)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819571/1P	BC/BS OK RX (1215)BIN:	\$11.50	9999999999	0002	70347005003	METOPROLOL SUCCINAT)	Unfixable	PLAN EXCLUSION	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2819567/1P	BC/BS OK RX (1215)BIN:	\$25.15	9999999999	0002	51407008105	ATORVASTATIN 80 MG )	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2824477/1P	BC/BS OK RX (1215)BIN:	\$14.79	9999999999	0002	51407025010	PANTOPRAZOLE 40MG T)	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2824515/1P	BC/BS OK RX (1215)BIN:	\$54.28	9999999999	0002	71610001770	SUCRALFATE 1GM TAB )	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2825933/1P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	0002	51407014301	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/06/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2829712/0P	BC/BS OK RX (1215)BIN:	\$64.00	9999999999	0002	10135049210	SALSALATE 500MG TAB)	Unfixable	REPACK	
04/02/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2791335/4P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999		42291026601	ERGOCALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817696/2P	CAREMARK BIN:004336 PC	\$11.50	9999999999	RX1147	70347005003	METOPROLOL SUCCINATE 50 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817695/2P	CAREMARK BIN:004336 PC	\$39.56	9999999999	RX1147	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/13/20	CLINTON	69:Filled After Coverage Terminated	DEMO PATIENT	2815306/0P	CAREMARK BIN:004336 PC	\$13.85	9999999999	RX1147	65862018730	ONDANSETRON HCL 4MGB	Unfixable	COVERAGE TERMINATED	
04/13/20	CLINTON	69:Filled After Coverage Terminated	DEMO PATIENT	2731209/8P	CAREMARK BIN:004336 PC	\$12.23	9999999999	RX1147	10006073038	MAGNESIUM OXIDE 400B	Unfixable	OTC UNBILLABLE	
04/14/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2821595/1P	OPTUM RX 610011:IRX	\$55.05	9999999999	HCBHCA	59762054102	GLIPIZIDE 5 MG SA TB	Unfixable	MUST USE MAIL ORDER	
04/14/20	CLINTON	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2821599/1P	OPTUM RX 610011:IRX	\$12.49	9999999999	HCBHCA	43353001330	SIMSULOSIN HCL 0.4MP	Unfixable	REPACK	
04/15/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2736952/1P	OPTUM RX 610011:IRX	\$14.87	9999999999	HCBHCA	52343002499	SIMVASTATIN 40MG TAB	Unfixable	MUST USE MAIL ORDER	



# RRIP—Claims Can be Flagged for Further Attention

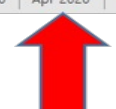
Fill Date	Division	Rejection	Name	Rx#/Fill#	Insurer	Amount Billed	Cardholder ID	Group	NDC	Drug Name	Status	Comments	Employee
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831861/0P	BC/BS RX FEP B:610239	\$40.00	9999999999	65006500	00009041701	TESTOSTERONE CYPIONATE 200MG/ML INJ (IN OI	Fixed	PAID	
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831852/0P	BC/BS RX FEP B:610239	\$110.32	9999999999	65006500	59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (	Fixed	PAID	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783853/4P	CAREMARK BIN:004336 PC	\$68.47	9999999999	RX1412	00074706819	LEVOTHYROXINE (SYNTHROID) 0.125 MG TAB	Fixed	PAID	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2763498/1P	BC/BS OK RX (1215)BIN:	\$110.32	9999999999		59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (	Fixed	PAID	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819569/1P	BC/BS OK RX (1215)BIN:	\$68.46	9999999999	0002	00074518219	LEVOTHYROX (SYNTHRO)	Fixed	PAID	
04/07/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2791664/4P	OPTUMRX 610279:9999	\$118.11	9999999999	UHEALTH	66993005702	HYDROXYCHLOROQUINE 200 MG TAB	In Process	PA SENT 4/8/20	
04/15/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2821598/1P	OPTUM RX 610011:1RX	\$297.33	9999999999	H8HCA	00085134107	MOMETASONE 220 MCG/S	In Process	PA	
04/07/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2791613/4P	OPTUMRX 610279:9999	\$55.05	9999999999	UHEALTH	00904671746	CETIRIZINE 10 MG TAB	Unfixable	OTC UNBILLABLE	
04/02/20	EL RENO	21:M/I Product/Service ID	DEMO PATIENT	2831855/0P	BC/BS RX FEP B:610239	\$10.96	9999999999	65006500	42291026601	ERGOCALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2819388/0P	CAREMARK BIN:004336 PC	\$11.08	9999999999	RX1412	54738055912	ASPIRIN 81 MG EC TAB	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783855/4P	CAREMARK BIN:004336 PC	\$39.56	9999999999	RX1412	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB	Unfixable	PLAN EXCLUSION	
04/07/20	CLINTON	21:M/I Product/Service ID	DEMO PATIENT	2783858/4P	CAREMARK BIN:004336 PC	\$13.00	9999999999	RX1412	60429076910	TOPIRAMATE 25MG TAB	Unfixable	REPACK	
04/01/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2796110/0P	BC/BS OK RX (1215)BIN:	\$11.32	9999999999		54738055912	ASPIRIN 81 MG EC TAB (E)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2763502/3P	BC/BS OK RX (1215)BIN:	\$11.56	9999999999		00904546052	CALCIUM-VITAMIN D 500 MG-200 UNIT TAB (E)	Unfixable	OTC UNBILLABLE	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2808515/1P	BC/BS OK RX (1215)BIN:	\$239.71	9999999999		00378932232	FLUTICASON-SALMETEROL 500 MCG-50 MCG (WIX	Unfixable	PA DENIED	
04/03/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2763508/5P	BC/BS OK RX (1215)BIN:	\$18.21	9999999999		42291083310	TRAZODONE HCL 50MG TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	77:Discontinued Product/Service ID Number	DEMO PATIENT	2811302/1P	OKLAHOMA MEDICAID	\$19.38	9999999999		42291062390	MONTELUKAST 5 MG CHEW TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2832249/0P	OKLAHOMA MEDICAID	\$330.53	9999999999		54092038701	AMPHETAMINE-DEXTRAMPHETAMINE 20 MG ER CA	Fixed	PAID	
04/15/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2802894/1P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	OB1602	42291026601	ERGOCALCIFEROL 50,0	Unfixable	REPACK	
04/15/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2834707/0P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	OB1602	42291026601	ERGOCALCIFEROL 50,0	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered,See NCPD	DEMO PATIENT	2834710/0P	BC/BS OK RX (1215)BIN:	\$13.00	9999999999	OB1602	52343003790	MONTELUKAST 10 MG T)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered,See NCPD	DEMO PATIENT	2834709/0P	BC/BS OK RX (1215)BIN:	\$10.86	9999999999	OB1602	13107019599	LOSARTAN 25 MG TAB )	Unfixable	REPACK	
04/13/20	WATONGA	21:M/I Product/Service ID	DEMO PATIENT	2800291/1P	BC/BS OK RX (1215)BIN:	\$160.15	9999999999	0000	30904531360	MULTIVIT W/MINERALS)	Unfixable	REPACK	
04/09/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2786413/1P	BC/BS OK RX (1215)BIN:	\$11.32	9999999999	0002	54738055912	ASPIRIN 81 MG EC TA)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819571/1P	BC/BS OK RX (1215)BIN:	\$11.50	9999999999	0002	70347005003	METOPROLOL SUCCINAT)	Unfixable	PLAN EXCLUSION	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2819567/1P	BC/BS OK RX (1215)BIN:	\$25.15	9999999999	0002	51407008105	ATORVASTATIN 80 MG )	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2824477/1P	BC/BS OK RX (1215)BIN:	\$14.79	9999999999	0002	51407025010	PANTOPRAZOLE 40MG T)	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2824515/1P	BC/BS OK RX (1215)BIN:	\$54.28	9999999999	0002	71610001770	SUCRALFATE 1GM TAB )	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2825933/1P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	0002	51407014301	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/06/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2829712/0P	BC/BS OK RX (1215)BIN:	\$64.00	9999999999	0002	10135049210	SALSALATE 500MG TAB)	Unfixable	REPACK	
04/02/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2791335/4P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999		42291026601	ERGOCALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817696/2P	CAREMARK BIN:004336 PC	\$11.50	9999999999	RX1147	70347005003	METOPROLOL SUCCINATE 50 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817695/2P	CAREMARK BIN:004336 PC	\$39.56	9999999999	RX1147	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/13/20	CLINTON	69:Filled After Coverage Terminated	DEMO PATIENT	2815306/0P	CAREMARK BIN:004336 PC	\$13.85	9999999999	RX1147	65862018730	ONDANSETRON HCL 4MG B	Unfixable	COVERAGE TERMINATED	
04/13/20	CLINTON	69:Filled After Coverage Terminated	DEMO PATIENT	2731209/8P	CAREMARK BIN:004336 PC	\$12.23	9999999999	RX1147	10006073038	MAGNESIUM OXIDE 400B	Unfixable	OTC UNBILLABLE	
04/14/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2821595/1P	OPTUM RX 610011:1RX	\$55.05	9999999999	H8HCA	59762054102	GLIPIZIDE 5 MG SA TB	Unfixable	MUST USE MAIL ORDER	
04/14/20	CLINTON	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2821599/1P	OPTUM RX 610011:1RX	\$12.49	9999999999	H8HCA	43353001330	TAMSULOSIN HCL 0.4MP	Unfixable	REPACK	
04/15/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2736857/1P	OPTUM RX 610011:1RX	\$14.87	9999999999	H8HCA	52343003799	SIMVASTATIN 40MG TAB	Unfixable	MUST USE MAIL ORDER	





# RRIP—Tabs for Claims for Each Month

Fill Date	Division	Rejection	Name	Rx#/Fill#	Insurer	Amount Billed	Cardholder ID	Group	NDC	Drug Name	Status	Comments	Employee
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831861/0P	BC/BS RX FEP B:610239	\$40.00	9999999999	65006500	00009041701	TESTOSTERONE CYPIONATE 200MG/ML INJ (IN OI	Fixed	PAID	
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831852/0P	BC/BS RX FEP B:610239	\$110.32	9999999999	65006500	59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (	Fixed	PAID	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783853/4P	CAREMARK BIN:004336 PC	\$68.47	9999999999	RX1412	00074706819	LEVOTHYROXINE (SYNTHROID) 0.125 MG TAB	Fixed	PAID	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2763498/1P	BC/BS OK RX (1215)BIN:	\$110.32	9999999999		59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (	Fixed	PAID	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819569/1P	BC/BS OK RX (1215)BIN:	\$68.46	9999999999	0002	00074518219	LEVOTHYROX (SYNTHRO)	Fixed	PAID	
04/07/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2791664/4P	OPTUMRX 610279:9999	\$118.11	9999999999	UHEALTH	66993005702	HYDROXYCHLOROQUINE 200 MG TAB	In Process	PA SENT 4/8/20	
04/15/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2821598/1P	OPTUM RX 610011:IRX	\$297.33	9999999999	HC8HCA	00085134107	MOMETASONE 220 MCG/S	In Process	PA	
04/07/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2791613/4P	OPTUMRX 610279:9999	\$55.05	9999999999	UHEALTH	00904671746	CETIRIZINE 10 MG TAB	Unfixable	OTC UNBILLABLE	
04/02/20	EL RENO	21:M/I Product/Service ID	DEMO PATIENT	2831855/0P	BC/BS RX FEP B:610239	\$10.96	9999999999	65006500	42291026601	ERGOCALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2819388/0P	CAREMARK BIN:004336 PC	\$11.08	9999999999	RX1412	54738055912	ASPIRIN 81 MG EC TAB	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783855/4P	CAREMARK BIN:004336 PC	\$39.56	9999999999	RX1412	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB	Unfixable	PLAN EXCLUSION	
04/07/20	CLINTON	21:M/I Product/Service ID	DEMO PATIENT	2783858/4P	CAREMARK BIN:004336 PC	\$13.00	9999999999	RX1412	60429076910	TOPIRAMATE 25MG TAB	Unfixable	REPACK	
04/01/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2796110/0P	BC/BS OK RX (1215)BIN:	\$11.32	9999999999		54738055912	ASPIRIN 81 MG EC TAB (E)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2763502/3P	BC/BS OK RX (1215)BIN:	\$11.56	9999999999		00904546052	CALCIUM-VITAMIN D 500 MG-200 UNIT TAB (E)	Unfixable	OTC UNBILLABLE	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2808515/1P	BC/BS OK RX (1215)BIN:	\$239.71	9999999999		00378932232	FLUTICASONE-SALMETEROL 500 MCG-50 MCG (WIX	Unfixable	PA DENIED	
04/03/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2763508/5P	BC/BS OK RX (1215)BIN:	\$18.21	9999999999		42291083310	TRAZODONE HCL 50MG TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	77:Discontinued Product/Service ID Number	DEMO PATIENT	2811302/1P	OKLAHOMA MEDICAID	\$19.38	9999999999		42291062390	MONTELUKAST 5 MG CHEW TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2832249/0P	OKLAHOMA MEDICAID	\$330.53	9999999999		54092038701	AMPHETAMINE-DEXTROAMPHETAMINE 20 MG ER CA	Fixed	PAID	
04/15/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2802894/1P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	OB1602	42291026601	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/15/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2834707/0P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	OB1602	42291026601	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered,See NCPD	DEMO PATIENT	2834710/0P	BC/BS OK RX (1215)BIN:	\$13.00	9999999999	OB1602	52343003790	MONTELUKAST 10 MG T)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered,See NCPD	DEMO PATIENT	2834709/0P	BC/BS OK RX (1215)BIN:	\$10.86	9999999999	OB1602	13107019599	LOSARTAN 25 MG TAB )	Unfixable	REPACK	
04/13/20	WATONGA	21:M/I Product/Service ID	DEMO PATIENT	2800291/1P	BC/BS OK RX (1215)BIN:	\$160.15	9999999999	0000	30904531360	MULTIVIT W/MINERALS)	Unfixable	REPACK	
04/09/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2786413/1P	BC/BS OK RX (1215)BIN:	\$11.32	9999999999	0002	54738055912	ASPIRIN 81 MG EC TA)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819571/1P	BC/BS OK RX (1215)BIN:	\$11.50	9999999999	0002	70347005003	METOPROLOL SUCCINAT)	Unfixable	PLAN EXCLUSION	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2819567/1P	BC/BS OK RX (1215)BIN:	\$25.15	9999999999	0002	51407008105	ATORVASTATIN 80 MG )	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2824477/1P	BC/BS OK RX (1215)BIN:	\$14.79	9999999999	0002	51407025010	PANTOPRAZOLE 40MG T)	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2824515/1P	BC/BS OK RX (1215)BIN:	\$54.28	9999999999	0002	71610001770	SUCRALFATE 1GM TAB )	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2825933/1P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	0002	51407014301	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/06/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2829712/0P	BC/BS OK RX (1215)BIN:	\$64.00	9999999999	0002	10135049210	SALSALATE 500MG TAB)	Unfixable	REPACK	
04/02/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2791335/4P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999		42291026601	ERGOCALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817696/2P	CAREMARK BIN:004336 PC	\$11.50	9999999999	RX1147	70347005003	METOPROLOL SUCCINATE 50 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817695/2P	CAREMARK BIN:004336 PC	\$39.56	9999999999	RX1147	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/13/20	CLINTON	69:Filled After Coverage Terminated	DEMO PATIENT	2815306/0P	CAREMARK BIN:004336 PC	\$13.85	9999999999	RX1147	65862018730	ONDANSETRON HCL 4MGB	Unfixable	COVERAGE TERMINATED	
04/13/20	CLINTON	69:Filled After Coverage Terminated	DEMO PATIENT	2731209/8P	CAREMARK BIN:004336 PC	\$12.23	9999999999	RX1147	10006073038	MAGNESIUM OXIDE 400B	Unfixable	OTC UNBILLABLE	
04/14/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2821595/1P	OPTUM RX 610011:IRX	\$55.05	9999999999	HC8HCA	59762054102	GLIPIZIDE 5 MG SA TB	Unfixable	MUST USE MAIL ORDER	
04/14/20	CLINTON	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2821599/1P	OPTUM RX 610011:IRX	\$12.49	9999999999	HC8HCA	43353001330	TAMSULOSIN HCL 0.4MP	Unfixable	REPACK	
04/15/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2736952/1P	OPTUM RX 610011:IRX	\$14.87	9999999999	HC8HCA	52343002498	SIMVASTATIN 40MG TAB	Unfixable	MUST USE MAIL ORDER	





# Accessing and Utilizing the RRIP

---

The RRIP is available:

Through the link on the daily tasks page of the POS Tutorial

At this link to a Max.Gov webpage

- <https://community.max.gov/display/HHS/Opioid+Stewardship+and+Prescribing+Dashboard>

\*\*Users will need to follow instructions on page 17 of the user manual (found on the User Manual tab) to get rid of the red/salmon colored warning bar saying that macros are disabled.

# Correcting Rejections

---

Once you have your RCR report in Excel form by using the RRIP, you can then begin working your rejections.

- If time is limited, work high cost scripts first by sorting the Amount Billed column highest to lowest.
- Can also sort by patient, rejection code, insurer, etc.
  - Ensure collection of all Medicaid all inclusive rates available (differs with state contracts)

Track your results. Perfect opportunity to show your worth to gain:

- High PMAP's, Corps awards, administration approval for more POS work hours/employees, a good old fashioned pat on the back.

# Clinton Service Unit Collections Increase from Working Rejections

<b>2022</b>	<u>DAY total</u> <u>BEFORE claim</u> <u>correction</u>	<u>DAY total</u> <u>AFTER claim</u> <u>correction</u>	<u>Increase from</u> <u>claim</u> <u>correction</u>	<u>Percent of</u> <u>Collection</u> <u>Totals</u>				
<u>Date</u>								
1-Jun	\$48,843.99	\$56,551.24	\$7,707.25	15.78%				
2-Jun	\$79,277.64	\$89,350.05	\$10,072.41	12.71%				
June 3-5	\$49,347.62	\$56,731.78	\$7,384.16	14.96%				
6-Jun	\$45,984.55	\$49,696.89	\$3,712.34	8.07%				
7-Jun	\$77,818.83	\$83,335.26	\$5,516.43	7.09%				
8-Jun	\$44,504.77	\$48,361.70	\$3,856.93	8.67%				
9-Jun	\$43,671.66	\$48,739.92	\$5,068.26	11.61%				
Jun 10-12	\$46,006.60	\$59,961.69	\$13,955.09	30.33%				
13-Jun	\$58,250.48	\$66,574.59	\$8,324.11	14.29%				
14-Jun	\$65,924.20	\$74,304.00	\$8,379.80	12.71%				
15-Jun	\$55,165.68	\$56,815.93	\$1,650.25	2.99%				
16-Jun	\$71,194.56	\$77,053.88	\$5,859.32	8.23%				
Jun 17-20	\$50,954.06	\$61,084.72	\$10,130.66	19.88%				
June 21-22	\$134,647.69	\$148,892.13	\$14,244.44	10.58%	\$118,596.42	Sub-Total for Jan, 2022		
23-Jun	\$51,287.96	\$54,800.00	\$3,512.04	6.85%	\$136,195.66	Sub-Total for Feb, 2022		
June 24-27	\$96,328.08	\$111,147.77	\$14,819.69	15.38%	\$118,014.78	Sub-Total for Mar, 2022		
28-Jun	\$50,999.12	\$56,540.42	\$5,541.30	10.87%	\$154,241.11	Sub-Total for Apr, 2022		
29-Jun	\$53,103.13	\$65,465.46	\$12,362.33	23.28%	\$129,233.58	Sub-Total for May, 2022		
30-Jun	\$70,975.84	\$83,302.91	\$12,327.07	17.37%	\$154,423.88	Sub-Total for June, 2022		
<b>Totals</b>	<b>\$457,341.82</b>	<b>\$520,148.69</b>	<b>\$62,806.87</b>	<b>13.73%</b>	<b>\$810,705.43</b>	<b>:Jan - Jun 2022</b>		

# Prior Authorizations

---

The approval by an insurer or other third-party payer of a health care service before the service is rendered. This approval is required in order for the insurer to pay the provider for the service.

Reference:

<https://medical-dictionary.thefreedictionary.com/prior+authorization>

# Prior Authorizations (PA)

---

**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.



# Mark Rx's that need PA on RRIP

Yellow = Needs PA

Green = PA has been sent to insurer

Fill Date	Division	Rejection	Name	Rx#/Fill#	Insurer	Amount Billed	Cardholder ID	Group	NDC	Drug Name	Status	Comments	Employee
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831861/0P	BC/BS RX FEP B:610239	\$40.00	999999999	65006500	00009041701	TESTOSTERONE CYPIONATE 200MG/ML INJ (IN OI	Fixed	PAID	
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831852/0P	BC/BS RX FEP B:610239	\$110.32	999999999	65006500	59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (	Fixed	PAID	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783853/4P	CAREMARK BIN:004336 PC	\$68.47	999999999	RX1412	00074706819	LEVOTHYROXINE (SYNTHROID) 0.125 MG TAB	Fixed	PAID	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2763498/1P	BC/BS OK RX (1215)BIN:	\$110.32	999999999		59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (	Fixed	PAID	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819569/1P	BC/BS OK RX (1215)BIN:	\$68.46	999999999	0002	00074518219	LEVOTHYROX (SYNTHRO)	Fixed	PAID	
04/07/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2791664/4P	OPTUMRX 610279:9999	\$118.11	999999999	UHEALTH	66993005702	HYDROXYCHLOROQUINE 200 MG TAB	In Process	PA SENT 4/8/20	
04/15/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2821598/1P	OPTUM RX 610011:IRX	\$297.33	999999999	HCSHCA	00085134107	MOMETASONE 220 MCG/S	In Process	PA	
04/07/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2791613/4P	OPTUMRX 610279:9999	\$55.05	999999999	UHEALTH	00904671746	CETIRIZINE 10 MG TAB	Unfixable	OTC UNBILLABLE	
04/02/20	EL RENO	21:M/I Product/Service ID	DEMO PATIENT	2831855/0P	BC/BS RX FEP B:610239	\$10.96	999999999	65006500	42291026601	ERGOCALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2819388/0P	CAREMARK BIN:004336 PC	\$11.08	999999999	RX1412	54738055912	ASPIRIN 81 MG EC TAB	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783855/4P	CAREMARK BIN:004336 PC	\$39.56	999999999	RX1412	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB	Unfixable	PLAN EXCLUSION	
04/07/20	CLINTON	21:M/I Product/Service ID	DEMO PATIENT	2783858/4P	CAREMARK BIN:004336 PC	\$13.00	999999999	RX1412	60429076910	TOPIRAMATE 25MG TAB	Unfixable	REPACK	
04/01/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2796110/0P	BC/BS OK RX (1215)BIN:	\$11.32	999999999		54738055912	ASPIRIN 81 MG EC TAB (E)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2763502/3P	BC/BS OK RX (1215)BIN:	\$11.56	999999999		00904546052	CALCIUM-VITAMIN D 500 MG-200 UNIT TAB (E)	Unfixable	OTC UNBILLABLE	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2808515/1P	BC/BS OK RX (1215)BIN:	\$239.71	999999999		00378932232	FLUTICASONE-SALMETEROL 500 MCG-50 MCG (WIX	Unfixable	PA DENIED	
04/03/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2763508/5P	BC/BS OK RX (1215)BIN:	\$18.21	999999999		42291083310	TRAZODONE HCL 50MG TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	77:Discontinued Product/Service ID Number	DEMO PATIENT	2811302/1P	OKLAHOMA MEDICAID	\$19.38	999999999		42291062390	MONTELUKAST 5 MG CHEW TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2832249/0P	OKLAHOMA MEDICAID	\$330.53	999999999		54092038701	AMPHETAMINE-DEXTROAMPHETAMINE 20 MG ER CA	Fixed	PAID	
04/15/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2802894/1P	BC/BS OK RX (1215)BIN:	\$11.92	999999999	OB1602	42291026601	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/15/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2834707/0P	BC/BS OK RX (1215)BIN:	\$11.92	999999999	OB1602	42291026601	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered,See NCPD	DEMO PATIENT	2834710/0P	BC/BS OK RX (1215)BIN:	\$13.00	999999999	OB1602	52343003790	MONTELUKAST 10 MG T)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered,See NCPD	DEMO PATIENT	2834709/0P	BC/BS OK RX (1215)BIN:	\$10.86	999999999	OB1602	13107019599	LOSARTAN 25 MG TAB )	Unfixable	REPACK	
04/13/20	WATONGA	21:M/I Product/Service ID	DEMO PATIENT	2800291/1P	BC/BS OK RX (1215)BIN:	\$160.15	999999999	0000	30904531360	MULTIVIT W/MINERALS)	Unfixable	REPACK	
04/09/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2786413/1P	BC/BS OK RX (1215)BIN:	\$11.32	999999999	0002	54738055912	ASPIRIN 81 MG EC TA)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819571/1P	BC/BS OK RX (1215)BIN:	\$11.50	999999999	0002	70347005003	METOPROLOL SUCCINAT)	Unfixable	PLAN EXCLUSION	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2819567/1P	BC/BS OK RX (1215)BIN:	\$25.15	999999999	0002	51407008105	ATORVASTATIN 80 MG )	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2824477/1P	BC/BS OK RX (1215)BIN:	\$14.79	999999999	0002	51407025010	PANTOPRAZOLE 40MG T)	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2824515/1P	BC/BS OK RX (1215)BIN:	\$54.28	999999999	0002	71610001770	SUCRALFATE 1GM TAB )	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2825933/1P	BC/BS OK RX (1215)BIN:	\$11.92	999999999	0002	51407014301	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/06/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2829712/0P	BC/BS OK RX (1215)BIN:	\$64.00	999999999	0002	10135049210	SALSALATE 500MG TAB)	Unfixable	REPACK	
04/02/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2791335/4P	BC/BS OK RX (1215)BIN:	\$11.92	999999999		42291026601	ERGOCALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817696/2P	CAREMARK BIN:004336 PC	\$11.50	999999999	RX1147	70347005003	METOPROLOL SUCCINATE 50 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817695/2P	CAREMARK BIN:004336 PC	\$39.56	999999999	RX1147	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/13/20	CLINTON	69:Filled After Coverage Terminated	DEMO PATIENT	2815306/0P	CAREMARK BIN:004336 PC	\$13.85	999999999	RX1147	65862018730	ONDANSETRON HCL 4MGB	Unfixable	COVERAGE TERMINATED	
04/13/20	CLINTON	69:Filled After Coverage Terminated	DEMO PATIENT	2731209/8P	CAREMARK BIN:004336 PC	\$12.23	999999999	RX1147	10006073038	MAGNESIUM OXIDE 400B	Unfixable	OTC UNBILLABLE	
04/14/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2821595/1P	OPTUM RX 610011:IRX	\$55.05	999999999	HCSHCA	59762054102	GLIPIZIDE 5 MG SA TB	Unfixable	MUST USE MAIL ORDER	
04/14/20	CLINTON	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2821599/1P	OPTUM RX 610011:IRX	\$12.49	999999999	HCSHCA	43353001330	TAMSULOSIN HCL 0.4MP	Unfixable	REPACK	
04/15/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2736853/1P	OPTUM RX 610011:IRX	\$14.87	999999999	HCSHCA	52343002489	SIMVASTATIN 40MG TAB	Unfixable	MUST USE MAIL ORDER	



# Options for Initiating a Prior Authorization

---

Contact individual third-party directly by phone. The phone number is sometimes included in the RPMS rejection receipt.

Go to each third-party insurance's website

- Caremark (ePA)
- United Healthcare
- Express Scripts/Medco
- OHCA – Oklahoma Medicaid

**Covermy meds–PREFERRED**

# 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

The screenshot displays the CoverMyMeds website interface. At the top, the logo "covermymeds" is prominently displayed. Below the logo, a tagline reads: "Free service to complete Prior Authorizations (PA), Formulary tiering exceptions, quantity limit overrides, etc." A paragraph of text explains the service: "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." Two links are provided: "Covermymeds home page: <https://www.covermymeds.com/main/>" and "Cover My Meds tutorial video available at: [video.covermymeds.com/?video=complete\\_a\\_pa](https://www.covermymeds.com/?video=complete_a_pa)".

The browser address bar shows the URL "https://www.covermymeds.com/main/". The page features a navigation menu with links for "ABOUT", "ePA SOLUTIONS", "ePA SCORECARD", "PRESS", "HELP", "CONTACT", and "DEVELOPERS". A central banner highlights "Integrated ePA functionality for EHRs" with the text: "CoverMyMeds seamlessly integrates with EHR systems to provide hospitals and providers with ePA functionality at the point of prescribing." Below this banner is a button labeled "Learn about our EHR Solution".

At the bottom of the page, there is a horizontal navigation bar with several tabs: "Setup", "Daily Tasks", "Reject List", "Fixing a Rejected Claim", "CODES", "Eligibility Search", and "SETUP OF INS". The "CODES" tab is highlighted in red.

# Covermymeds – Getting Started

covermymeds®

Solutions

Insights

About

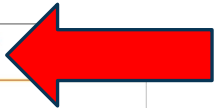
Support

Careers

Log In

Enter Key

CREATE AN ACCOUNT



**Helping People get the  
Medicine They Need to  
Live Healthier Lives**



Click to Chat with CoverMyMeds ^

<https://www.covermymeds.com/main/>



# Create Your Account Form

---

## Create Your Account

Full Name

Your Email

Username

Password

Your Fax Number

Your Office Type

I have read and agree to the [Terms of Service](#)

I have read and agree to the [Communication Policy](#)

**SIGN UP**

# Creating Your Covermymeds Account

---

Set up account with you listed as the **Prescriber's Office** instead of Pharmacist or Pharmacy Technician

- Benefit: PA responses will come directly to you to speed the process
- Meet with your providers to verify that they approve of your completing the PA on their behalf, and document their approval.

# Template to document provider approval for you to complete PAs.

## Located on Prior Authorizations tab of Pharmacy POS Tutorial



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

ENTER YOUR IHS AREA Area Indian Health Service  
ENTER NAME OF YOUR HEALTH CENTER Indian Health Center  
ADDRESS  
CITY, STATE, ZIP CODE  
PHONE NUMBER

RE: Initiation and completion of Prior Authorizations for prescription medication

To streamline the Prior Authorization (PA) process for prescription medications prescribed by providers at the **ENTER YOUR LOCATION(S)** Indian Health Centers, the pharmacy initiates medication PAs on the prescriber's behalf.

Pharmacy point of sale staff either calls the insurer directly, accesses the insurer's website directly, or utilizes Covermymeds.com for PA submission. Pharmacy receives all correspondence from the insurer pertaining to the prior authorization process.

Pharmacy completes the PA process on the Covermymeds website by entering:

- Patient information including name, date of birth, insurance identification numbers
- Past medication history including trials/failures of medications
- ICD-10 codes to identify the diagnosis for which the medication is being prescribed
- Chart notes explaining the need for the requested product over formulary alternatives
- Other information requested by the third party insurer needed for approval of PA request

This letter serves as permission granted by the provider, allowing the pharmacy department to perform the listed PA tasks in order to receive approval for non-formulary medications. Prescriber may be contacted by the pharmacy to obtain additional information requested that cannot be obtained from chart notes or patient medication history.

Provider Name (PRINT): \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Monitor Employee Performance

Fill Date	Division	Rejection	C Name	Rx#/Fill#	Insurer	Amount Billed	Cardholder ID	Group	NDC	Drug Name	SI Comments	Employee	Amount Paid
07/21/22	CLINTON	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$1,348.09	99999999		00169413013	SEMAGLUTIDE 1 MG/DON	PAID--PA APPROVED	mh	640
07/26/22	CLINTON	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$1,348.09	99999999		00169477212	SEMAGLUTIDE 2 MG/DON	PAID--PA APPROVED	mh	640
07/19/22	EL RENO	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$184.66	99999999		378932132	FLUTICA-SALMETER 250 MCG-50 MCG (WIXELA) (	PAID--PA APPROVED	jp	640
07/27/22	CLINTON	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$302.50	99999999		45802015065	ALOGLIPTIN 25 MG TAB	PAID--PA APPROVED	jp	640
07/26/22	CLINTON	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$27.25	99999999		00065427401	OLOPATADINE 0.1% OPN	PAID--PA APPROVED	jp	640
07/11/22	CLINTON	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$157.98	99999999		49502039380	INSULIN GLARGINE-YFL	PAID--PA APPROVED	mh	640
07/14/22	EL RENO	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$231.97	99999999		49502039475	INSULIN GLARGINE-YFGN 100 UNIT/ML PEN (E)	PAID--PA APPROVED	mh	640
07/18/22	EL RENO	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$1,348.09	99999999		169413013	SEMAGLUTIDE 1 MG/DOSE INJ SOLN - 1 PEN (E)	PAID--PA APPROVED	jp	640
07/15/22	CLINTON	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$184.66	99999999		378932132	FLUTICA-SALMETER 250 MCG-50 MCG (WIXELA)	PAID--PA APPROVED	jp	640
07/27/22	EL RENO	AG:Days Supply Limitation For Product/Ser	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$41.60	99999999		59762136001	PREGABALIN 225 MG C)	PAID--PA APPROVED	jp	640
07/11/22	CLINTON	AG:Days Supply Limitation For Product/Ser	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$47.76	99999999		60505392801	GUANFACINE 2 MG ER B	PAID--PA APPROVED	jp	640
07/13/22	CLINTON	AG:Days Supply Limitation For Product/Ser	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$1,555.96	99999999		78206014501	NEXPLANON 68 MG DERT	PAID--PA APPROVED	jp	640
07/19/22	CLINTON	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$818.20	99999999		12496120403	BUPRENORPHINE-NALOXONE 4 MG-1 MG BUCCAL FI	PAID--PA APPROVED	jp	640
07/21/22	CLINTON	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$157.98	99999999		49502039380	INSULIN GLARGINE-YFL	PAID--PA APPROVED	jp	640
07/22/22	EL RENO	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$1,348.09	99999999		169413212	SEMAGLUTIDE 0.25MG OR 0.5MG/DOSE, INJ SOLN	PAID--PA APPROVED	jp	640
07/07/22	EL RENO	75:Prior Authorization Required	Demo Patient	3080646/0P	OKLAHOMA MEDICAID	\$28.09	99999999		00115180101	METHYLPHENIDATE 10 )	PAID--PA APPROVED	jp	640
07/27/22	CLINTON	69:Filled After Coverage Terminated	Demo Patient	3080646/0P	MEDCO RX BIN:610014 PC	\$240.03	99999999	1M100IF	61314014405	BRIMONIDINE 0.15% ON	PAID--PA APPROVED	jp	640
07/21/22	EL RENO	22:M/I Dispense As Written(DAW)/Product	Demo Patient	3080646/0P	BC/BS OK RX (1215)BIN:	\$494.20	99999999	216332	00023916330	CYCLOSPORINE 0.05% )	PAID--PA APPROVED	jp	309.35
07/20/22	EL RENO	75:Prior Authorization Required	Demo Patient	3080646/0P	D-SILVERSCR B:004336 P	\$379.91	99999999	RXCVSD	00378905593	LIDOCAINE 5% TOP PA)	PAID--PA APPROVED	mh	219.54
07/28/22	CLINTON	22:M/I Dispense As Written(DAW)/Product	Demo Patient	3080646/0P	BC/BS RX FEP B:610239	\$494.20	99999999	6500650	00023916330	CYCLOSPORINE 0.05% (PF) OPH EMULSION	PAID--PA APPROVED	mh	115.84
07/21/22	EL RENO	75:Prior Authorization Required	Demo Patient	3080646/0P	D-CIGNA 017010/CIMCARE	\$379.91	99999999	CIGPDPI	00378905593	LIDOCAINE 5% TOP PA)	PAID--PA APPROVED	jp	76.79
07/25/22	CLINTON	569:Provide Beneficiary with CMS Notice of	Demo Patient	3080646/0P	D-BLUE RX 610455:PDPOK	\$123.04	99999999	0018	65162079108	LIDOCAINE 5% TOP PAH	PAID--PA APPROVED	jp	75.35
07/07/22	CLINTON	22:M/I Dispense As Written(DAW)/Product	Demo Patient	3080646/0P	D-CIGNA 017010/CIMCARE	\$119.95	99999999	CIGPDPI	59310057922	ALBUTEROL 90 MCG/ACL	PAID--PA APPROVED	mh	75.22
07/20/22	CLINTON	22:M/I Dispense As Written(DAW)/Product	Demo Patient	3080646/0P	D-COMMUNITY B:004336 P	\$119.95	99999999	RXCVSD	59310057922	ALBUTEROL 90 MCG/ACL	PAID--PA APPROVED	jp	69.37
07/20/22	CLINTON	75:Prior Authorization Required	Demo Patient	3080646/0P	BC/BS RX FEP B:610239	\$135.55	99999999	6500650	00472011720	TRETINOIN 0.025% TOM	PAID--PA APPROVED	jp	42.66
07/28/22	EL RENO	75:Prior Authorization Required	Demo Patient	3080646/0P	D-AETNA MCR 610502:MED	\$67.69	99999999	RXAETD	00378875006	DICLOFENAC NA 1% TOPICAL GEL (E)	PAID--PA APPROVED	jp	42.16
07/09/22	CLINTON	22:M/I Dispense As Written(DAW)/Product	Demo Patient	3080646/0P	D-SILVERSCR B:004336 P	\$119.95	99999999	RXCVSD	59310057922	ALBUTEROL 90 MCG/ACL	PAID--PA APPROVED	jp	35.15
07/22/22	CLINTON	22:M/I Dispense As Written(DAW)/Product	Demo Patient	3080646/0P	D-HUMANA BIN:015581 P:	\$119.95	99999999		59310057922	ALBUTEROL 90 MCG/ACTUATION INHL, ORAL	PAID--PA APPROVED	ip	31.25





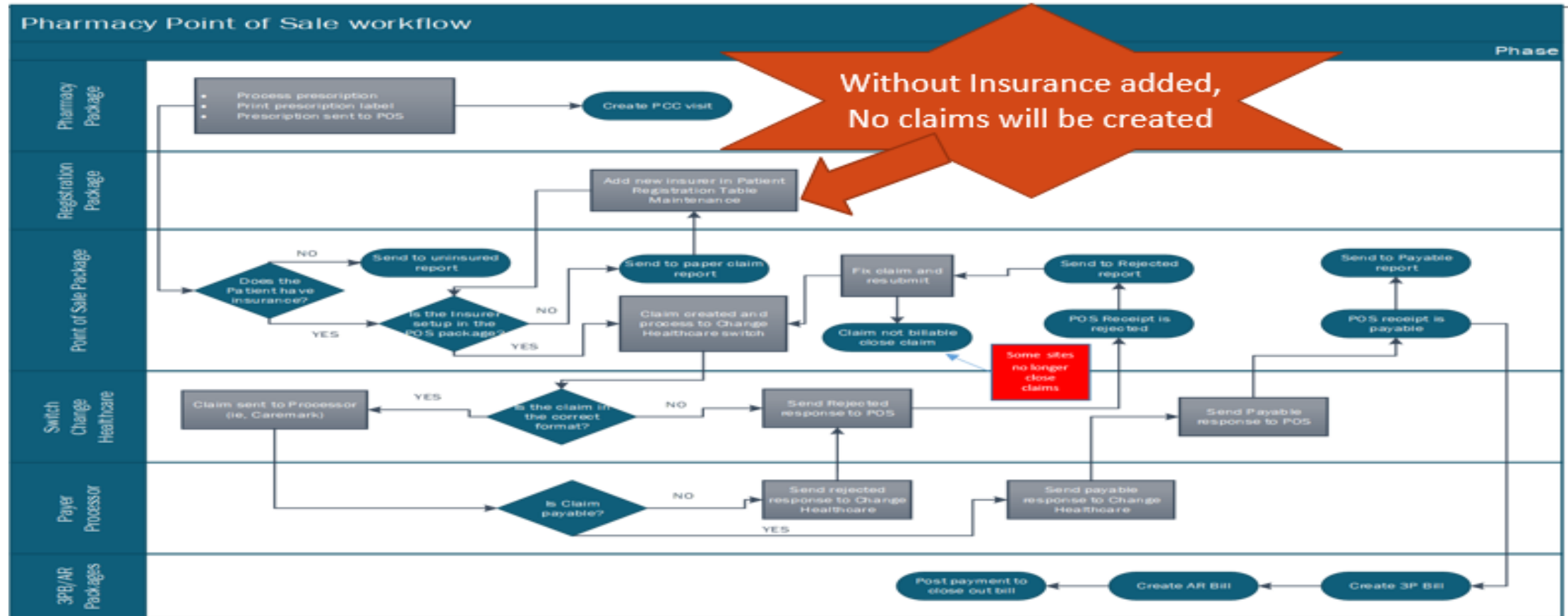
# PA Impact for Clinton Service Unit:

Collections from approval of prescription Prior Authorizations

\*Initial Collections\*  
Totals repeat with each refill

<b>Prior Authorization Data</b>		
<b>FY 2021</b>		
<b>Month</b>	<b>PA's approved</b>	<b>Initial Collections from PA Approval</b>
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
21-Sep	55	\$23,101.52
<b>2021 TOTALS</b>	<b>611</b>	<b>\$212,679.78</b>
<b>FY 2022</b>		
<b>Month</b>	<b>PA's approved</b>	<b>Initial Collections from PA Approval</b>
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		
Aug, 2022		
Sept, 2022		
<b>2022 Totals</b>	<b>558</b>	<b>\$247,207.93</b>

# Identification and Entry of Third Party Insurance



# Online Tools for Identifying Third Party Resources

---

## Online search tools

- Change Healthcare Cardfinder Service

<https://secure.ernetwork.com/NS/Cardfinder/CardFinder.aspx>

- Availity

<https://apps.availity.com/public/apps/home/#!/loadApp?appUrl=%2Fpublic%2Fapps%2Feligibility%2F%3Fcachebust%3D1454552674322>

- Oklahoma Healthcare Authority website (Oklahoma Medicaid)

<https://www.ohcaprovider.com/hcp/provider/Eligibility/VerifyEligibility/tabid/548/Default.aspx?p17=c5towzjixder4bw40h0oInq&p6=t6RH8u5Jikjkow43bRKBQtIF0V0=>

# 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](mailto:pharmacy@qs1.com) or call 800.845.7558, ext. 1471.

🌐 <http://www.erxnetwork.com/>



# Change Healthcare Cardfinder Service (Formerly Emdeon)

---

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

There is a cost involved and you must get a contract for your site in order to access cardfinder

Blanket search for multiple third-party plans with single entry of:

- Patient name
- Date of birth
- Last four of social security number (if searching for Med-D plan)
- Zip code

# Change Healthcare Government Contact

---

## Change Healthcare Contact for Indian Health Service Pharmacies

Nathan Ludvigson  
Government Account Manager  
45 Commerce Drive, Suite 5  
Augusta, ME 04330

T: 234.284.4402

C: 817.733.2590

[E: Nathan.Ludvigson@changehealthcare.com](mailto:Nathan.Ludvigson@changehealthcare.com)

# Systematic Search for Third Party Coverage

---

## VGEN (Visit General Retrieval)

- Report template can be generated and saved for future use
- Our report identifies patients who:
  - Have NO THIRD PARTY COVERAGE listed on page 4 of their PATIENT FILE
  - Had a PHARMACY VISIT during the specified date range.

# Systematic Search for Third Party Coverage (2)

---

Report is printed on the 1st of the month for the previous month date range

Includes everything needed to populate Emdeon Cardfinder fields.

- Patient Name
- HRN (health record number)
- Date of birth
- Zip code



# Systematic Search for Third Party Coverage (3)

---

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

Positive Cardfinder result is then either...

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

Registration should be notified to enter the medical portion.

\*\*Our site uses a shared spread sheet between Pharmacy, Benefits Coordinators, and Registration. It helps pharmacy know to back bill, and benefits coordinators who to contact to assess for coverage.

# How to Create a VGEN Report

---

1. Go to VGEN (Visit General Retrieval) in RPMS.
2. Use defaults:
  - a. **P** for Predefined Order (the original ordering)
  - b. **S** for Search All Visits, then Enter a date range.
  - c. **NO** when asked: Do you want to use a PREVIOUSLY DEFINED REPORT?

**\*\*Complete directions on creating VGEN report are on Pharmacy POS Tutorial\*\***

# Abbreviated VGEN for Efficiency

---

Our site began doing an abbreviated report on months two and three of a three-month cycle. We still run a complete report at least every 90 days.

## **Example:**

January: Full report = all of December data

February: Abbreviated report = January data – December data

March: Abbreviated report = February data – December and January data

# Abbreviated VGEN for Efficiency (2)

---

To abbreviate, or shorten, your report:

Run VGEN for date range.

Once in Excel, paste this month's data at the bottom of *last* month's report.

**We change the font color of new month data to keep track.**

Then remove duplicates *again* to shorten the report.

- Removes names that you tried last month and leaves only new names.

Print out just the **new month** data to enter in the Emdeon Cardfinder.



# Log Your Monthly Findings

1	PATIENTS WITH NO INSURANCE PDSA--DAILY RESULTS FOR MARCH 2020			
2	CHART #	INSURANCE		COMMENT
3		9999 BC/BS	\$0.00	
4		9999 BC/BS	\$57.76	
5		9999 BC/BS	\$0.00	
6		9999 BC/BS	\$0.00	
7		9999 BC/BS	\$15.34	
8		9999 BC/BS	\$3.83	
9		9999 BC/BS	\$0.00	
10		9999 BC/BS	\$0.00	
11		9999 CAREMARK	\$0.00	
12		9999 CAREMARK		NO CONTRACT RX28103
13		9999 CAREMARK	\$0.00	
14		9999 CIGNA RX	\$0.00	
15		9999 EXPRESS SCRIPTS		NO CONTRACT TXS
16		9999 EXPRESS SCRIPTS		NO CONTRACT TXS
17		9999 FP MOK	\$0.00	
18		9999 MEDCO	\$0.00	
19		9999 MOK	\$455.00	
20		9999 MOK	\$1,365.00	
21		9999 MOK	\$455.00	
22		9999 MOK	\$455.00	
23		9999 MOK	\$3,185.00	
24		9999 MOK	\$455.00	
25		9999 MOK	\$1,365.00	
26		9999 MOK	\$455.00	
27		9999 MOK	\$0.00	
28		9999 MOK	\$455.00	
29		9999 MOK	\$455.00	
30		9999 MOK	\$0.00	
31		9999 MOK	\$0.00	ALREADY ADDED
32		9999 MOK	\$910.00	
33		9999 MOK	\$910.00	
34		9999 PRIME THRPCS	\$35.05	
35				
36				
37		TOTAL	\$11,031.98	

# Impact on Collections from adding insurance for patients identified on VGEN Search/Cardfinder

2021	JANUARY	FEBRUARY	MARCH (PORP)	MARCH	APRIL	MAY	JUNE (PORP)	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	YEARLY TOTALS	
<b>INSURANCE</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>		
PATIENTS IDENTIFIED	87	43	37	48	101	52	90	41	111	47	35	133	53	37	915	
MEDICAID	\$17,725.00	\$8,184.00	\$6,747.00	\$3,633.00	\$16,609.00	\$9,342.00	\$3,114.00	\$4,671.00	\$12,457.00	\$5,190.00	\$5,709.00	\$11,418.00	\$8,304.00	\$1,557.00	\$114,660.00	
MEDICARE PART D	\$128.89	\$836.85	\$917.63	\$856.85	\$1,940.16	\$41.98	\$27,068.81	\$0.00	\$349.43	\$0.00	\$39.76	\$983.31	\$1,540.33	\$46.50	\$34,750.50	
PRIVATE INSURANCE	\$1,680.58	\$506.84	\$0.00	\$1,045.71	\$8,160.77	\$3,389.02	\$0.00	\$717.77	\$11,314.46	\$1,608.73	\$276.50	\$17,715.87	\$5,164.55	\$14.56	\$51,595.36	
MONTHLY TOTALS:	\$19,534.47	\$9,527.69	\$7,664.63	\$5,535.56	\$26,709.93	\$12,773.00	\$30,182.81	\$5,388.77	\$24,120.89	\$6,798.73	\$6,025.26	\$30,117.18	\$15,008.88	\$1,618.06	\$201,005.86	
<b>2022</b>	<b>JANUARY</b>	<b>FEBRUARY</b>	<b>MARCH (PORP)</b>	<b>MARCH (REP GEN)</b>	<b>MARCH</b>	<b>APRIL</b>	<b>MAY</b>	<b>JUNE (PORP)</b>	<b>JUNE</b>	<b>JULY</b>	<b>AUGUST</b>	<b>SEPTEMBER</b>	<b>OCTOBER</b>	<b>NOVEMBER</b>	<b>DECEMBER</b>	<b>YEARLY TOTALS</b>
<b>INSURANCE</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	<b>RX</b>	
PATIENTS IDENTIFIED	87	46	3	36	47	72	60	5	37							393
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							\$56,603.00
MEDICARE PART D	\$5,497.46	\$0.00	\$0.00	\$8,218.02	\$20.61	\$172.22	\$0.00	\$0.00	\$0.00							\$13,908.31
PRIVATE INSURANCE	\$8,489.69	\$809.65	\$0.00	\$9,370.07	\$982.82	\$8,086.78	\$759.53	\$0.00	\$3,945.91							\$32,444.45
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$102,955.76
<b>YEARLY TOTALS</b>	<b>2015 RX</b>	<b>2015 MEDICAL</b>	<b>2016 RX</b>	<b>2017 RX</b>	<b>2018 RX</b>	<b>2019 RX</b>	<b>2020 RX</b>	<b>2021 RX</b>	<b>2022 RX</b>							
MEDICAID	\$30,999.21	\$11,412.00	\$33,181.70	\$68,521.13	\$97,858.81	\$99,912.89	\$142,665.00	\$114,660.00	\$56,603.00							
MEDICARE PART D	\$1,872.29	\$0.00	\$2,160.54	\$3,704.31	\$42,563.41	\$6,503.04	\$456.06	\$34,750.50	\$13,908.31							
PRIVATE INSURANCE	\$38,864.29	\$0.00	\$44,352.59	\$21,641.16	\$43,542.46	\$36,189.94	\$21,410.35	\$51,595.36	\$32,444.45							
TOTAL:	\$71,735.79	\$11,412.00	\$79,694.83	\$93,866.60	\$183,964.68	\$142,605.87	\$164,531.41	\$201,005.86	\$102,955.76							
Total number of patients identified				3,620												
<b>PSDA GRAND TOTAL SINCE INCEPTION</b>				\$1,304,178.15												

**Initial Findings: Multiplied monthly when meds are refilled**

# Recap of Tools for Efficiency

---

## Running Daily Reports

- URM, STR, DUP, RCR

## Organizing Rejections

- RRIP (RPMS Report and Information Processor)

## Prior Authorizations

- Covermymeds account with YOU as listed as the provider/provider's office

## Identifying Coverage for uninsured patients

- Change Healthcare Cardfinder to search names from your VGEN report

# Recap of Impact from Processes

---

	Correction of Rejections	Prior Authorizations	Cardfinder Search for Coverage
Average collected per month	\$134,725.25	\$27,467.56	\$12,565.20
Percent of Monthly Pharmacy Collection Average	12.39%	2.53%	1.16%

Percentages **far understate** the impact of these processes. For approved PAs and entered insurance, collections will compound monthly. A multiplier of 12 could be placed on these figures for chronic medications.



# The Reasons for our Efforts

---

## **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.

# Impact of Third Party Dollars on Budget

---

Total Clinton Service Unit budget is \$43 million

\$31 million is from IHS funding (note PRC is included in this and is \$11M of this total)

**\$12 million is from third party collections.**

- **\$7 million is from Pharmacy Point of Sale**

This means that without third party dollars, almost a third of *everything* at our site would not be available.

# Pieces of the Puzzle

---



# Complete your site's "puzzle"

## 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



# Exploring the Pages of...

## Pharmacy Point of Sale Tutorial

### Table of Contents:

#### Recorded Trainings

- [A. RPMS Recordings and Materials Library](#)
- [B. eLearning Course Materials](#)

#### POS setup

- [A. Point of Sale \(POS\) Workflow](#)
- [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](#)

#### Daily Tasks

- [A. Daily, Weekly, and Monthly Tasks \(explained\)](#)
- [B. Daily Reports \(URM, DUP, STR\)](#)
- [C. Negative Copay Fileman Report](#)

#### Reject List

- [A. List of Rejections/Solutions](#)

#### Fixing a Rejected Claim

- [A. Getting started](#)
- [B. View the Claim Receipt](#)
- [C. Reverse a Claim](#)
- [D. Resubmit a Claim](#)
- [E. Enter Overrides on Claims](#)
- [F. DAW Code Entry Instructions](#)
- [G. Ask Insurance? \(Submit to Secondary Ins.\)](#)
- [H. Ask Preauth? \(Manual Entry of PA Number\)](#)
- [I. Ask Fill Date? \(Entry of Overrides on past refill\)](#)

#### Codes

- [A. DUR Code list and entry instructions](#)
- [B. DAW Code List](#)
- [C. NCPDP Field List](#)
- [D. Submission Clarification Code List](#)

#### Eligibility Search

- [A. Cardfinder Information](#)
- [B. Availability](#)
- [C. Oklahoma Medicaid Info](#)
- [D. Medicare Part D Search in RPMS](#)
- [E. Systematic Search for Eligibility \(VGEN Report Instructions\)](#)

#### Setup of Insurer

- [A. Entry of Insurer into RPMS](#)
- [B. Quick Setup of Insurer](#)
- [C. Advanced Setup of Insurer](#)
- [D. Make Plan Billable to Point of Sale](#)
- [E. D.0 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. Covermymeds 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 3.0 (Updated July 14, 2022) Created by LDCR Michael Hunt, Clinton Indian Health Center, Clinton, OK

# Contact Information

---

LCDR Michael Hunt, DPh

Point of Sale Billing Pharmacist

Clinton Indian Health Center

Clinton, OK

580-331-3351

Michael.Hunt@ihs.gov



