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CAS Severn



Pharmacy Point of Sale Reports



Point of Sale Reports Menus

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TNVTPLUS - TNVTPlus
Session Edit View Commands Script Help

*****
*          PHARMACY POINT OF SALE V1.0 P41          *
*
*          Pharmacy electronic claims reports        *
*****

CLA   Claim results and status ...
SITE  Claims result and status by site ...
MNT   Maintenance Reports ...
ADMN  Administration reports ...
SET   Setup (Configuration) reports ...
SURV  Surveys of RPMS database ...
ELIG  Medicare Part D Eligibility Check
OTH   Other reports ...

Select Pharmacy electronic claims reports Option: █
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Claim Results and Status Menu – (CLA)

Report Name	What it Does
Payable Claims Report (PAY)	List payable electronic claims.
Rejected Claims Report (REJ)	Patch 29 - Lists rejected claims, grouped by insurer and patient. The billed amount is shown and the most expensive prescriptions are listed first for each patient. The rejection reasons, as received from the insurer in response to the electronic claim, are shown. The insurer's Help Desk phone number is at the top of the report.
Captured Claims Report (CAP)	Patch 29 - Lists claims that the insurer acknowledges receiving, but for which adjudication has been deferred.
Paper Claims Report (PAP)	Patch 29 - Lists claims for insurances that are not set up to be billed electronically by Point of Sale
Uninsured Claims Report (UN)	Patch 29 - Lists claims for uninsured patients. The claims are grouped by patient eligibility status. This is especially useful if there are claims for non-beneficiaries and you want to know the number and value of such claims.

Payable Claims Report

Select Claim results and status Option: PAY Payable claims report
...updating the Report Master file, please stand by...

Previous selection: RELEASED DATE from Jan 1,2000 to Mar 22,2011@24:00

START WITH RELEASED DATE: Jan 1,2000// (JAN 01, 2000)

GO TO RELEASED DATE: Mar 22,2011// T (MAY 03, 2011)

DEVICE:

POS PAYABLE claims for prescriptions RELEASED on NOV 26,2010

05/03@08:54

DEMO HOSPITAL PHARMACY

NPI #1649374943 NCPDP (NABP) #3711062 Medicaid #0865592

RX-TEST Help Desk:(800)788-2949

Trans. Date	Presc/Fill	\$billed	Ins.Pd.
APR 9,2011 BROWN,JAMES	1503274/0	10.61	1.00CODEINE/APAP 30/3
	-----	-----	
SUBTOTAL	10.61	1.00	
SUBCOUNT	1	1	
SUBMEAN	10.61	1.00	
	-----	-----	
SUBTOTAL	10.61	1.00	
SUBCOUNT	1	1	
SUBMEAN	10.61	1.00	
	-----	-----	
TOTAL	518.95	6.00	
COUNT	8	8	
MEAN	64.87	0.75	



Rejected Claims Report

Previous selection: RELEASED DATE from Jan 1,2000 to Jan 1,2000@24:00

START WITH RELEASED DATE: Jan 1,2000// (JAN 01, 2000)

GO TO RELEASED DATE: Jan 1,2000// (JAN 01, 2000)

DEVICE:

POS REJECTED claims for prescriptions RELEASED on MAR 18,2011 05/03@09:05

DEMO HOSPITAL PHARMACY

NPI #1649374943 NCPDP (NABP) #3711062 Medicaid #0865592

RX EXPRESS SCRIPTS Help Desk:(800)824-0898

Trans. Date/Time	Claim ID	Presc/Fill	NDC Number
Cardholder ID	Group Number	Qty \$billed	

**** MOUSE, MICKEY

MAR 21,2011 11:03	P11-003858-100000	1503278/0	00093117410
234442345		120 51.06	PENICILLIN VK= 500MG TAB

Pharmacy has submitted an incorrect BIN,PCN,RXGroup,MemberID.
Please verify/correct info using member's ID card or call ESI
Pharmacy Helpdesk for assistance

01:M/I Bin

04:M/I Processor Control Number

06:M/I Group Number

SUBTOTAL	51.06
SUBCOUNT	1
SUBMEAN	51.06
TOTAL	2336.55
COUNT	46
MEAN	50.79



Captured Claims Report

Select Claim results and status option: CAP Captured claims report
...updating the Report Master file, please stand by...

Previous selection: RELEASED DATE from Jan 1,2000 to May 3,2011@24:00

START WITH RELEASED DATE: Jan 1,2000// 010190 (JAN 01, 1990)

GO TO RELEASED DATE: May 3,2011// T (MAY 03, 2011)

DEVICE:

*** NO RECORDS TO PRINT ***

Press ENTER to continue:



Paper Claims Report

Select Claim results and status Option: PAP Paper claims report
...updating the Report Master file, please stand by...

START WITH RELEASED DATE: FIRST// 01012009 (JAN 01, 2009)

GO TO RELEASED DATE: LAST//

* Previous selection: TRANSACTION:INSURER from A to Z

START WITH TRANSACTION:INSURER: A//

GO TO TRANSACTION:INSURER: Z//

DEVICE:

POS PAPER claims for prescriptions RELEASED on MAY 3,2011

05/03@09:59

DEMO HOSPITAL PHARMACY

NPI #1649374943 NCPDP (NABP) #3711062 Medicaid #0865592

MEDICARE Help Desk:(888)888-8888

Trans. Date	Presc/Fill	\$amount
MAY 3,2011	1503281/0	51.17PENICILLIN G BENZATHINE 1

SUBTOTAL		51.17
SUBCOUNT		1
SUBMEAN		51.17

SUBTOTAL		51.17
SUBCOUNT		1
SUBMEAN		51.17

TOTAL		302.43
COUNT		7
MEAN		43.20



Uninsured Claims Report

Select Claim results and status option: UN Uninsured claims report
...updating the Report Master file, please stand by...

* Previous selection: RELEASED DATE from Nov 12,2007 to Nov 12,2007@24:00
START WITH RELEASED DATE: Nov 12,2007// 010111 (JAN 01, 2011)
GO TO RELEASED DATE: LAST// 010111 (JAN 01, 2011)
DEVICE:

POS UNINSURED claims for prescriptions RELEASED on MAY 6,2010 05/03@10:10
DEMO HOSPITAL PHARMACY
NPI #1649374943 NCPDP (NABP) #3711062 Medicaid #0865592
ELIGIBILITY STATUS: CHS & DIRECT

Trans. Date	Presc/Fill	\$amount
MAY 6,2010	ROBERTS,JULIA	1503263/0 174.24 AMOX/CLAV 250/125MG TAB (

SUBTOTAL		174.24
SUBCOUNT		1
SUBMEAN		174.24

SUBTOTAL		174.24
SUBCOUNT		1
SUBMEAN		174.24

TOTAL		2421.11
COUNT		4
MEAN		605.28



Claim Results and Status Menu – (CLA)

Report Name	What it Does
Recent Transactions (REC)	Patch 29 - This report lists transactions starting with the most recent and working backward. The completion time and the elapsed time in seconds are also reported. The date of your previous parameter selection is displayed. You are prompted for start and end dates, which in most instances will be "T" (today).
Rejected Claims By Rejected Code (RCR)	Patch 29 - Lists rejected claims, grouped by rejection reason and patient. Modified in Patch 30 to include an Rx count for each rejection type as well as the patient's cardholder ID and group numbers. Modified in Patch 34 to include the ability to filter by a selected Rejection code by adding a prompt before printing the report. Corrections made in Patch 35 to total RX count and dollar amount for summary report.
Closed Claims Report (CLO)	Patch 37 - Lists claims that have been successfully transmitted to the payer, have been returned rejected, and have been closed using the POS Close Claim Action option.

Recent Transactions

Select Claim results and status Option: REC Recent transactions

* Previous selection: LAST UPDATE from Jan 1,2011

START WITH LAST UPDATE: Jan 1,2011// (JAN 01, 2011)

GO TO LAST UPDATE: LAST//

DEVICE:

RECENT POINT OF SALE ACTIVITY

MAY 3,2011

10:53

PAGE 2

ENTRY #

PATIENT

DRUG

RESULT

COMPLETED

TIME

1229077.00021	DUCK, DONALD	POTASSIUM CH	E PAYABLE	2:36 PM	6
1245753.00001	DUCK, DONALD	FENTANYL TRA	E PAYABLE	2:35 PM	5
1245606.00001	DUCK, DONALD	LEVOFLOXACIN	E PAYABLE	2:34 PM	10
1245606.00001	DUCK, DONALD	LEVOFLOXACIN	E REJECTED	2:30 PM	5
1245606.00001	DUCK, DONALD	LEVOFLOXACIN	E REJECTED	2:29 PM	7
1243247.00001	SUPER, HERO	ALBUTEROL NE	E PAYABLE	10:10 AM	4
1243247.00001	SUPER, HERO	ALBUTEROL NE	PAPER REVERSAL	10:10 AM	0
1503254.00001	SUPER, HERO	AMOXICILLIN/	E PAYABLE	10:09 AM	8
1503264.00001	SUPER, HERO	ACETAMINOPHE	E PAYABLE	10:05 AM	7
1503264.00001	SUPER, HERO	ACETAMINOPHE	PAPER REVERSAL	10:05 AM	0
1503264.00001	SUPER, HERO	ACETAMINOPHE	PAPER	10:05 AM	1
1243247.00001	SUPER, HERO	ALBUTEROL NE	PAPER	9:55 AM	1
1503274.00001	BROWN, JAMES	CODEINE/APAP	E PAYABLE	9:45 AM	19
1503230.00021	BROWN, JAMES	GABAPENTIN 8	E PAYABLE	9:25 AM	10
1503230.00021	BROWN, JAMES	GABAPENTIN 8	E REJECTED	9:19 AM	9
1503230.00021	BROWN, JAMES	GABAPENTIN 8	E REJECTED	9:12 AM	11

Rejected Claims by Rejection Code

Select Claim results and status Option: RCR Rejected Claims by Reject Code

Enter Beginning Prescription Release Date: 010111

Enter Ending Prescription Release Date: T

Please Select a Pharmacy or leave blank for ALL:

Please choose an insurer or leave blank for ALL POS electronic insurers:

Please choose a REJECTION CODE or leave blank for ALL:

select one of the following:

S SUMMARY
D DETAILED

Please select S for Summary or D for Detailed: S//

DEVICE: HOME//

Pharmacy Point of Sale Rejection Report
Claims sorted by Rejection Reason
From JAN 01, 2011 TO MAY 03, 2011
SUMMARY REPORT

PHARMACY: DEMO HOSPITAL PHARMACY
REJECTION CODE:

01:M/I Bin

TOTALED:	RX COUNT
51.06	1

TOTAL FOR PHARMACY: \$51.06
RX REJECTED FOR PHARMACY: 1

GRAND TOTAL: \$51.06
RX REJECTED: 1



Pharmacy Point of Sale Rejection Report

Claims sorted by Rejection Reason

From JAN 01, 2011 TO MAY 03, 2011

SUMMARY REPORT

PHARMACY: DEMO HOSPITAL PHARMACY

REJECTION CODE:

TOTALED:

RX COUNT:

01:M/I Bin

51.06

1

TOTAL FOR PHARMACY: \$51.06

RX REJECTED FOR PHARMACY: 1

GRAND TOTAL: \$51.06

RX REJECTED: 1

TOTAL FOR RELEASED DATE MAR 16, 2011: \$ 0.00

***** Detailed Report *****

CHT #	NAME	RX #/FILL #	COBPayer	INSURER	AMT BILLED
CARD HOLDER ID #	GROUP #	NDC #		DRUG NAME	

PHARMACY: DEMO HOSPITAL PHARMACY RELEASED DATE: MAR 18, 2011

REJECTION CODE: 01:M/I Bin

SUPER,HERO	1503278/0P	RX EXPRESS SCRIPTS	\$ 51.06
234442345	00093117410	PENICILLIN VK= 500MG TAB	

TOTAL FOR DEMO IND HOSPITAL PHARMACY: \$ 51.06

TOTAL FOR RELEASED DATE MAR 18, 2011: \$ 51.06

TOTAL FOR RELEASED DATE APR 12, 2011: \$ 0.00

TOTAL FOR RELEASED DATE APR 18, 2011: \$ 0.00

TOTAL FOR RELEASED DATE MAY 03, 2011: \$ 0.00

TOTAL AMOUNT REJECTED: \$ 51.06

Closed Claim Report

Select Claim results and status option: Closed Claim Report
...updating the Report Master file, please stand by...

Previous selection: RELEASED DATE from Jan 1,2009 to Jan 1,2009@24:00

START WITH RELEASED DATE: Jan 1,2009// (JAN 01, 2009)

GO TO RELEASED DATE: LAST// LAST

* Previous selection: TRANSACTION:CLOSED REASON from A

START WITH CLOSED REASON: A//

GO TO CLOSED REASON: LAST//

DEVICE:

POS CLOSED claims for prescriptions RELEASED on FEB 19,2010
DEMO HOSPITAL PHARMACY
NPI #1649374943 NCPDP (NABP) #3711062 Medicaid #0865592

05/03@12:50

Internal RX#	Cardholder ID	Group Number
Closed Date	Closed By	Closed Reason
Rejects	\$Billed	

CLOSED REASON: Claim Too Old

**** ALERT, AMBER

1503256	90200300301	GEBCI0902
FEB 24,2010 09:18	BRADY,CHRISTINA	Claim Too Old
98:Connection To Payer Is Down		
85:Claim Not Processed		

	9.01

SUBTOTAL	9.01
SUBCOUNT	1
SUBMEAN	9.01

TOTAL	9.01
COUNT	1
MEAN	9.01



Claim Results and Status By Site Menu – (SITE)

Report Name	What it Does
Payable Claims Report By SITE - (PAY)	Patch 29 & 32 - Lists payable electronic claims grouped by insurer for the specified site. Both billed and paid amounts are shown.
Rejected Claims Report By Site - (REJ)	Patch 29 - Lists rejected claims, grouped by insurer and patient for the specified site. The billed amount is shown and the most expensive prescriptions are listed first for each patient. The rejection reasons, as received from the insurer in response to the electronic claim, are shown. The insurer's Help Desk phone number is at the top of the report.
Totals By Released Date By Site - (DAY)	Patch 29 - Totals each day's Point of Sale activity by categories and allows you to sort by site. Report will show a status of (PAYABLE, SHORTED, PAPER, CAPTURED, REJECTED, UNINSURED, DUPLICATE)
Totals By Insurer By Site - (INS)	Patch 29 - Prompts you for a range of insurer names and then a range of prescription released dates.

Payable Claims Report by Site

Select Claims result and status by site option: Payable claims report by site
 ...updating the Report Master file, please stand by...

· Previous selection: RELEASED DATE from Jan 1,2010

START WITH RELEASED DATE: Jan 1,2010// (JAN 01, 2010)

GO TO RELEASED DATE: LAST//

* Previous selection: TRANSACTION:PHARMACY from A

START WITH TRANSACTION:PHARMACY: A//

GO TO TRANSACTION:PHARMACY: LAST//

DEVICE:

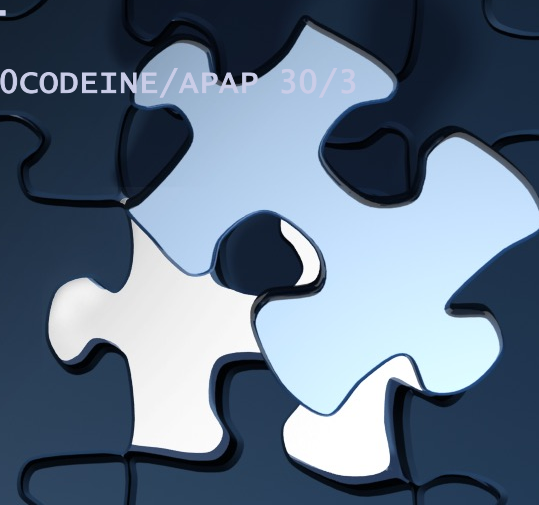
POS PHARMACY PAYABLE claims for prescriptions RELEASED on NOV 26,201005/03@13:01

DEMO HOSPITAL PHARMACY

NPI #1649374943 NCPDP (NABP) #3711062 Medicaid #0865592

RX-TEST Help Desk:(800)788-2949

Trans. Date	Presc/Fill	\$billed	Ins.Pd.
APR 9,2011 BROWN,JIMMY WADE	`1503274/0	10.61	1.00CODEINE/APAP 30/3
SUBTOTAL		10.61	1.00
SUBCOUNT		1	1
SUBMEAN		10.61	1.00
SUBTOTAL		10.61	1.00
SUBCOUNT		1	1
SUBMEAN		10.61	1.00
TOTAL		123.19	3.00
COUNT		3	3
MEAN		41.06	1.00



Rejected Claims Report by Site

Select Claims result and status by site Option: REJ Rejected claims report by site
...updating the Report Master file, please stand by...

* Previous selection: RELEASED DATE from Jan 1,2011
START WITH RELEASED DATE: Jan 1,2011// (JAN 01, 2011)
GO TO RELEASED DATE: LAST//
* Previous selection: TRANSACTION:PHARMACY from A
START WITH TRANSACTION:PHARMACY: A//
GO TO TRANSACTION:PHARMACY: LAST//
DEVICE:

POS REJECTED claims for prescriptions RELEASED on MAR 18,2011 05/03@13:09
DEMO HOSPITAL PHARMACY
NPI #1649374943 NCPDP (NABP) #3711062 Medicaid #0865592
RX EXPRESS SCRIPTS Help Desk:(800)824-0898

Trans. Date/Time	Claim ID	Presc/Fill	NDC Number
Cardholder ID	Group Number	Qty \$billed	

**** SUPER, HERO

MAR 21,2011 11:03	P11-003858-100000	1503278/0	00093117410
234442345		120 51.06	PENICILLIN VK= 500MG TAB

Pharmacy has submitted an incorrect BIN,PCN,RXGroup,MemberID.
Please verify/correct info using member's ID card or call ESI
Pharmacy Helpdesk for assistance
01:M/I Bin
04:M/I Processor Control Number
06:M/I Group Number

SUBTOTAL	51.06
SUBCOUNT	1
SUBMEAN	51.06

TOTAL	51.06
COUNT	1
MEAN	51.06



Totals by Released Date by Site

Select Claims result and status by site Option: Totals by Released Date by site

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

* Previous selection: RELEASED DATE from Jan 1,2001
 START WITH RELEASED DATE: Jan 1,2001// (JAN 01, 2001)
 GO TO RELEASED DATE: LAST//

* Previous selection: TRANSACTION:PHARMACY from A to Z
 START WITH PHARMACY: A//
 GO TO PHARMACY: Z//
 DEVICE:

POINT OF SALE TOTALS MAY 3,2011
 From thru 1:17 PM

	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	DUPLICATE	
MAR 16,2011							
PHARMACY: DEMO HOSPITAL PHARMACY							
SUBTOTAL	0.00	0.00	4.79	0.00	0.00	0.00	
SUBCOUNT							1
SUBTOTAL	0.00	0.00	4.79	0.00	0.00	0.00	
SUBCOUNT							1
MAR 18,2011							
PHARMACY: DEMO HOSPITAL PHARMACY							
SUBTOTAL	0.00	0.00	0.00	51.06	0.00	0.00	
SUBCOUNT							1
SUBTOTAL	0.00	0.00	0.00	51.06	0.00	0.00	
SUBCOUNT							1
APR 18,2011							
PHARMACY: DEMO HOSPITAL PHARMACY							
SUBTOTAL	0.00	0.00	64.56	0.00	0.00	0.00	
SUBCOUNT							1
SUBTOTAL	0.00	0.00	64.56	0.00	0.00	0.00	
SUBCOUNT							1
MAY 3,2011							
PHARMACY: DEMO HOSPITAL PHARMACY							
SUBTOTAL	0.00	0.00	51.17	0.00	0.00	0.00	
SUBCOUNT							1
SUBTOTAL	0.00	0.00	51.17	0.00	0.00	0.00	
SUBCOUNT							1
TOTAL	0.00	0.00	120.52	51.06	0.00	0.00	
COUNT							4



Totals by Insurer by Site

Select Claims result and status by site option: Totals by Insurer by site
 ...updating the Report Master file, please stand by...

* Previous selection: TRANSACTION:PHARMACY from A
 START WITH PHARMACY: A//
 GO TO PHARMACY: LAST//

* Previous selection: RELEASED DATE from Jan 1,2011
 START WITH RELEASED DATE: Jan 1,2011// (JAN 01, 2011)
 GO TO RELEASED DATE: LAST//

DEVICE:

POINT OF SALE TOTALS
 From thru MAY 3,2011
 1:25 PM

	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	DUPLICATE	
PHARMACY: CHEROKEE HOSPITAL PHARMACY							
INSURER: MEDICARE							
RELEASED DATE: MAR 16,2011							
SUBTOTAL	0.00	0.00	4.79	0.00	0.00	0.00	
SUBCOUNT							1
RELEASED DATE: APR 18,2011							
SUBTOTAL	0.00	0.00	64.56	0.00	0.00	0.00	
SUBCOUNT							1
RELEASED DATE: MAY 3,2011							
SUBTOTAL	0.00	0.00	51.17	0.00	0.00	0.00	
SUBCOUNT							1
SUBTOTAL	0.00	0.00	120.52	0.00	0.00	0.00	
SUBCOUNT							3
INSURER: RX EXPRESS SCRIPTS							
RELEASED DATE: MAR 18,2011							
SUBTOTAL	0.00	0.00	0.00	51.06	0.00	0.00	
SUBCOUNT							1
SUBTOTAL	0.00	0.00	0.00	51.06	0.00	0.00	
SUBCOUNT							1
SUBTOTAL	0.00	0.00	120.52	51.06	0.00	0.00	
SUBCOUNT							4
TOTAL	0.00	0.00	120.52	51.06	0.00	0.00	
COUNT							4



Claim Results and Status By Site Menu – (SITE)

Report Name	What it Does
Totals By Medicare Part D By Site - (MPD)	Patch 29 – Lists Medicare Insurance in Alphabetical order by site. The report shows a number of what was Payable, Adjusted, Paper, Rejected, and RX Count by site.
Closed Claim Report By Site - (CLO)	Patch 29 - Lists claims that have been successfully transmitted to the payer, have been returned rejected, and have been closed using the POS Close Claim Action option. This report is sported by site.
Totals By Private Insurance By Site – (PVT)	Patch 29 - Lists Private Insurance in Alphabetical order by site. The report shows the number of processed claims by what was Payable, Adjusted, Paper, Rejected, and RX Count by site.

Totals by Medicare Part D by Site

Totals by Medicare Part D Insurers For site

Enter the Beginning Date: 010111 (JAN 01, 2011)

Enter the Ending Date: T (MAY 03, 2011)

PHARMACY: CHEROKEE HOSPITAL PHARMACY//

DEVICE:

TOTALS BY MEDICARE PART D INSURERS (ABSPOSMF)
For JAN 1,2011 through MAY 3,2011

MAY 3,2011@13:37:06

	PAYABLE	ADJUSTED	PAPER	REJECTED	RX CNT
RX D-MEDICARE COMPLETE	0.00	0.00	0.00	0.00	0
RX D-PHARMACARE	0.00	0.00	0.00	0.00	0
RX D-PRESCRIPTION PATHWAY	0.00	0.00	0.00	0.00	0
RX D-PRESCRIPTION SOLUTIONS	0.00	0.00	0.00	0.00	0
RX D-RX SOLUTION610494	0.00	0.00	0.00	0.00	0
RX D-SILVERSCRIPT	0.00	0.00	0.00	0.00	0

Closed Claim Report by Site

Select Claims result and status by site option: Closed Claim Report by Site
 ...updating the Report Master file, please stand by...

* Previous selection: RELEASED DATE from Jan 1,2000
 START WITH RELEASED DATE: Jan 1,2000// 010110 (JAN 01, 2010)
 GO TO RELEASED DATE: LAST//
 START WITH CLOSED REASON: FIRST//
 * Previous selection: TRANSACTION:PHARMACY from A
 START WITH PHARMACY: A//
 GO TO PHARMACY: LAST//

DEVICE:

POS CLOSED claims for prescriptions RELEASED on FEB 19,2010 05/03@13:40
 CHEROKEE HOSPITAL PHARMACY
 NPI #1649374943 NCPDP (NABP) #3711062 Medicaid #0865592

Internal RX#	Cardholder ID	Group Number
Closed Date	Closed By	Closed Reason
Rejects	\$Billed	

CLOSED REASON: Claim Too Old
 PHARMACY: CHEROKEE HOSPITAL P

**** ROACH,LAWANDA S

1503256	90200300301	GEBCI0902
FEB 24,2010 09:18	BRADY,CHRISTINA	Claim Too Old
98:Connection To Payer Is Down		
85:Claim Not Processed		

	9.01

SUBTOTAL	9.01
SUBCOUNT	1
SUBMEAN	9.01

TOTAL	9.01
COUNT	1
MEAN	9.01



Totals by Private Insurer by Site

Select Claims result and status by site Option: Totals by Private Insurer by site
...updating the Report Master file, please stand by...

* Previous selection: TRANSACTION:PHARMACY from A

START WITH PHARMACY : A//

GO TO PHARMACY : LAST//

* Previous selection: RELEASED DATE from Jan 1,2011

START WITH RELEASED DATE: Jan 1,2011// (JAN 01, 2011)

GO TO RELEASED DATE: LAST//

DEVICE:

POINT OF SALE TOTALS

MAY 3,2011

From thru

1:44 PM

PAYABLE SHORTED PAPER REJECTED UNINSURED DUPLICATE
PHARMACY :DEMO HOSPITAL PHA

PRIVATE

RX EXPRESS SCRIPTS

MAR 18,2011

SUBTOTAL	0.00	0.00	0.00	51.06	0.00	0.00	1
SUBCOUNT							
SUBTOTAL	0.00	0.00	0.00	51.06	0.00	0.00	1
SUBCOUNT							
SUBTOTAL	0.00	0.00	0.00	51.06	0.00	0.00	1
SUBCOUNT							
TOTAL	0.00	0.00	0.00	51.06	0.00	0.00	1
COUNT							

Maintenance Reports Menu – (MNT)

Report Name	What it Does
Duplicate Claims Report (should be none) – (DUP)	<p>Patch 29 - Lists duplicates of payable electronic claims. This happens if the claim has already been paid, and it is submitted to the insurer again without having first been reversed.</p> <p>if you have duplicate claims, you must</p> <ol style="list-style-type: none">(1) Reverse the claim and wait for a response of “reversal accepted.”(2) Resubmit the claim, which should return a “payable” or a valid “rejection” response.
Find Prescriptions Missed by POS - (MISS)	<p>Patch 29 -Lists claims missed by Point-of-Sale. If your site does manual data entry to Point-of-Sale, you may want to run this report regularly. Otherwise, there should never be any missed claims, unless you experience a downtime with Point-of-Sale.</p>
Reversals Needed - (NRV)	<p>Patch 29-Lists all the claims for prescriptions which are deleted (or marked for deletion) or marked with a RETURNED TO STOCK date/time.</p>
Update Report Master File for a Date Range - (URM)	<p>Patch 29-Updates the Report Master file thoroughly for a date range that you specify. Each of the Claim Results and Status reports, PAY through UN, does a quick update of the Report Master file and then uses the Report Master file as the source of its data.</p>
List possibly stranded claims- (STR)	<p>Patch 29-Produces a report that enables you to view claims that did not finish processing due to an unexpected software or hardware problem. The hoped for result is ***NO RECORDS TO PRINT***.</p> <p>If there are any stranded claims, the first claim can be resubmitted and Point Sale will then start processing the rest of the claims. To capture any/all stranded claims, the “Start with Start Time” prompt should be FIRST.</p>

Duplicate Claims Report (should be none) – (DUP)

Select Maintenance Reports Option: DUP Duplicate claims report (should be none)
...updating the Report Master file, please stand by...

START WITH RELEASED DATE: FIRST//
DEVICE: VT Right Margin: 80//

*** NO RECORDS TO PRINT ***



Find Prescriptions Missed by POS

Select Maintenance Reports Option: Find prescriptions missed by POS
...updating the Report Master file, please stand by...

* Previous selection: RELEASED DATE from Jan 1,2011 to May 3,2011@24:00

START WITH RELEASED DATE: Jan 1,2011// 010111 (JAN 01, 2011)

GO TO RELEASED DATE: May 3,2011// T (MAY 03, 2011)

DEVICE:

PRESCRIPTIONS MISSED BY POINT OF SALE

MAY 3,2011

from JAN 1,2011 thru MAY 3,2011

3:32 PM

RELEASED DATE: APR 12,2011

RESULT TYPE: 15

*** SUPER, HERO

`1503279/0 2716450 HEPATITIS A VACCINE 1440E 9:23 AM

SUBCOUNT 1

RELEASED DATE: MAY 3,2011

RESULT TYPE: 15

*** DUCK, DONALD

`1503282/0 2716453 DIPHENHYDRAMINE= 25MG CAP 9:31 AM

SUBCOUNT 1

COUNT 2



Reversals Needed

Select Maintenance Reports Option: Reversals needed
...updating the Report Master file, please stand by...

· Previous selection: RELEASED DATE from Jan 1,2000 to Jan 1,2000@24:00

START WITH RELEASED DATE: Jan 1,2000// (JAN 01, 2000)

GO TO RELEASED DATE: Jan 1,2000// 010110 (JAN 01, 2010)

DEVICE:

PRESCRIPTIONS NEEDING REVERSALS IN POINT OF SALE MAY 3,2011
from JAN 1,2000 thru JAN 1,2010 3:43 PM

RELEASED DATE: SEP 5,2006

***BROWN, JAMES

`1382013/0 2604950 ORTHO NOVUM 7/7/7 (28) 3:14 PM PAPER

Billed to insurer:

SUBCOUNT 1

RELEASED DATE: NOV 15,2006

***DUCK, DONALD

`1395221/0 2617578 AMITRIPTYLINE= 25MG TAB 8:19 AM E OTHER

Billed to insurer:RX ADVANCE RX

SUBCOUNT 1

COUNT 489



Update Report Master File for a Date Range

Select Maintenance Reports Option: URM Update Report Master File for a date range

The last time the Report Master file was updated was MAY 3,2011@16:05:16
The update covered MAY 3,2011 thru MAY 3,2011@24:00

Choose the date range of prescription RELEASE DATE
to include in this report.

Starting at date@time: 010100 (JAN 01, 2000)

Thru date@time: T (MAY 03, 2011)

Thinking...

Done



List Possibly Stranded Claims

Select Maintenance Reports Option: STR List possibly stranded claims

* Previous selection: START TIME from Apr 1,2011

START WITH START TIME: Apr 1,2011// (APR 01, 2011)

GO TO START TIME: LAST//

DEVICE: VT Right Margin: 80//

CLAIMS WHICH MIGHT BE STRANDED

MAY 3,2011 16:17 PAGE 1

NUMBER PATIENT

INSURER

LAST UPDATE

STATUS: 0

1503282.00001 SUPER,HERO

MAY 3,2011 09:31



Administration Reports Menu – (ADMIN)

Report Name	What it Does
Totals By Release date – (DAY)	Patch 29 - Totals each day's Point-of-Sale activity by categories Payable, Shorted, Paper, Uninsured.
Totals By Insurer - (INS)	Prompts you for a range of insurer names and then a range of prescription released dates.
Totals Medicare Part D Insurers - (MPD)	Lists Medicare Insurance in Alphabetical order. The report shows a number of what was Payable. Adjusted, Paper, Rejected, and RX Count.
Totals By Private Insurer - (PVT)	Patch 34 - Prompts you for a range of insurer names and then a range of prescription released dates.
Billed and Collected Drug Cost - (DRUG)	Lists dollar amount billed/collected grouped by insurer for the specified site. Both billed and paid amounts are shown. Patch 30. Modified to include the ability to filter by selected drug name. Patch 34

TOTALS - by RELEASED DATE

Select Administration reports Option: TOTALS - by RELEASED DATE
...updating the Report Master file, please stand by...

* Previous selection: RELEASED DATE from Jan 1,2010
START WITH RELEASED DATE: Jan 1,2010// 010111 (JAN 01, 2011)
GO TO RELEASED DATE: LAST// T (MAY 03, 2011)
DEVICE:

POINT OF SALE TOTALS		MAY 3,2011				
From JAN 1,2011 thru MAY 3,2011		4:27 PM				
	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	DUPLICATE
MAR 16,2011						
SUBTOTAL	0.00	0.00	4.79	0.00	0.00	0.00
SUBCOUNT						1
MAR 18,2011						
SUBTOTAL	0.00	0.00	0.00	51.06	0.00	0.00
SUBCOUNT						1
APR 18,2011						
SUBTOTAL	0.00	0.00	64.56	0.00	0.00	0.00
SUBCOUNT						1
MAY 3,2011						
SUBTOTAL	0.00	0.00	51.17	0.00	0.00	0.00
SUBCOUNT						1
TOTAL	0.00	0.00	120.52	51.06	0.00	0.00
COUNT						4

TOTALS - by INSURER

Select Administration reports Option: INS TOTALS - by INSURER
...updating the Report Master file, please stand by...

* Previous selection: TRANSACTION:INSURER from

START WITH TRANSACTION:INSURER: //

GO TO TRANSACTION:INSURER: LAST//

* Previous selection: RELEASED DATE from Jan 1,2010

START WITH RELEASED DATE: Jan 1,2010// 010110 (JAN 01, 2010)

GO TO RELEASED DATE: LAST//

DEVICE: VT Right Margin: 80//

POINT OF SALE TOTALS

MAY 3,2011

From JAN 1,2010 thru

4:29 PM

	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	DUPLICATE	
D-SIERRA RX							
SUBTOTAL	0.00	0.00	0.00	49.96	0.00	0.00	
SUBCOUNT							1
D-TEST							
SUBTOTAL	0.00	0.00	0.00	37.09	0.00	0.00	
SUBCOUNT							2
MEDICARE							
SUBTOTAL	0.00	0.00	127.93	0.00	0.00	0.00	
SUBCOUNT							+
NORTH CAROLINA MEDICAID							
SUBTOTAL	0.00	0.00	0.00	276.78	0.00	0.00	
SUBCOUNT							4
RX ANTHEM							
SUBTOTAL	0.00	0.00	0.00	49.16	0.00	0.00	
SUBCOUNT							1

TOTALS - MEDICARE PART D INSURERS

Totals by Medicare Part D Insurers

Enter the Beginning Date: 010111 (JAN 01, 2011)

Enter the Ending Date: T (MAY 03, 2011)

DEVICE:

TOTALS BY MEDICARE PART D INSURERS (ABSPOSMF)
For JAN 1,2011 through MAY 3,2011

MAY 3,2011@16:31:34

	PAYABLE	ADJUSTED	PAPER	REJECTED	RX CNT
RX D-UNITED MCARE MEDADVANCE	0.00	0.00	0.00	0.00	0
RX D-WALGREENS HLTH INITIATIVE	0.00	0.00	0.00	0.00	0
RX D-WELLCARE	0.00	0.00	0.00	0.00	0
RX D-YOURX PLAN	0.00	0.00	0.00	0.00	0
RX FIRST HEALTH-RX	0.00	0.00	0.00	0.00	0
RX MEDIMPACT	0.00	0.00	0.00	0.00	0

TOTALS - by PRIVATE INSURER

Select Administration reports Option: PVT TOTALS - by PRIVATE INSURER
...updating the Report Master file, please stand by...

* Previous selection: RELEASED DATE from Jan 1,2001 to Mar 1,2010@24:00
START WITH RELEASED DATE: Jan 1,2001// (JAN 01, 2001)
GO TO RELEASED DATE: Mar 1,2010// (MAR 01, 2010)

DEVICE:

POINT OF SALE TOTALS

MAY 3,2011

From JAN 1,2001 thru MAR 1,2010

4:35 PM

	PAYABLE	SHORTED	PAPER	REJECTED	UNINSURED	DUPLICATE	
PRIVATE							
3M MEDICAL PLAN							
SUBTOTAL	0.00	0.00	104.84	0.00	0.00	0.00	
SUBCOUNT							2
AARP HEALTH CARE OPTIONS							
SUBTOTAL	0.00	0.00	28089.69	0.00	0.00	0.00	
SUBCOUNT							450
AARP HEALTHCARE OPTIONS							
SUBTOTAL	0.00	0.00	14573.32	0.00	0.00	0.00	
SUBCOUNT							186
ACCORDIA NATIONAL							
SUBTOTAL	0.00	0.00	48752.53	0.00	0.00	0.00	
SUBCOUNT							718
ACORDIA BENEFITS OF SOUTH,IN							
SUBTOTAL	0.00	0.00	290.44	0.00	0.00	0.00	
SUBCOUNT							8
T							

Billed and Collected DRUG Cost

Select Administration reports Option: Billed and Collected DRUG cost
...updating the Report Master file, please stand by...

* Previous selection: RELEASED DATE from Jan 1,2010
START WITH RELEASED DATE: Jan 1,2010// (JAN 01, 2010)
GO TO RELEASED DATE: LAST//
* Previous selection: RXI:DRUG from A
START WITH DRUG: A//
GO TO DRUG: LAST//

DEVICE:

DRUG REPORT BY INSURER

MAY 3,2011 16:41 PAGE 1

BILLED \$

PAID \$

PHARMACY: DEMO HOSPITAL PHARMACY

INSURER: RX-TEST

RELEASED DATE: FEB 19,2010

DRUG: AMOXICILLIN/CLAV= 250MG/12

SUBTOTAL	89.92	1.00
SUBCOUNT	1	1
SUBMEAN	89.92	1.00
SUBTOTAL	89.92	1.00
SUBCOUNT	1	1
SUBMEAN	89.92	1.00



Administration Reports Menu – (ADMIN)

Report Name	What it Does
Print Expense Report - (EXP)	Provides a receipt for the patient listing the RX #, Transaction date, Transaction type, Drug Name, NDC #, Qty, D/S (day supply), Provider Name and NPI #, Total Price Billed, Amount Insurer Paid, and Amount Due from patient. Patch 30. Modified to include statistical information that shows total amount billed, total amount paid, and total amount due Patch 34. Printer Device – (this patch corrects problems with this prompt) Patch 36
A/R Period Summary Report – (PSR)	The PSR report is one of the main A/R reports used during the facility's month end process. This report provides a summary of all bills that were posted or had an A/R transaction activity. The report can be sorted for all billing sources for a specified date range, including total billed, payment, adjustment amounts, and more detailed parameters, which assists the manager with printing customized reports. Patch 37

Print Expense Report

Select Administration reports Option: Print Expense Report
...updating the Report Master file, please stand by...

Generate A patient expense report for which Patient?

ROBERTS,JULIA <A> F 02-08-1954 XXX-XX-9667 DM 102186

Enter Beginning Prescription Release Date: 050111

Enter Ending Prescription Release Date: T

DEVICE:

PATIENT: ROBERTS,JULIA DOB: Feb 08, 1954 HRN: 102186
PHARMACY RELEASE DATES FROM MAY 01, 2011 TO MAY 03, 2011

RELEASE DATE: MAY 03, 2011

PHARMACY: DEMO HOSPITAL PHARMACY

RX #/REFILL: `1503281/0

TRANSACTION DATE: MAY 03, 2011

TRANSACTION TYPE: PAPER

DRUG NAME: PENICILLIN G BENZATHINE 1.2 MIL UNIT INJNDC#: 61570014710

QTY: 2

D/S: 1

PROVIDER NAME: PROVIDER,ONE

PROVIDER NPI#: 1194748327

TOTAL PRICE: 51.17

INSURER PAID: 0.00

AMOUNT DUE: 51.17

TOTAL FOR DATE: 51.17

INS PAID FOR DATE: 0

DUE FOR DATE: 51.17

GRAND TOTAL : 51.17

TOTAL INS PAID: 0

TOTAL DUE: 51.17

AR Period Summary Report

Select Administration reports Option: AR Period Summary Report

NOTE: This report will contain data for VISIT location(s) regardless of BILLING location.

Select Visit LOCATION: DEMO INDIAN HOSPITAL

select one of the following:

- 1 A/R ACCOUNT
- 2 CLINIC TYPE
- 3 VISIT TYPE
- 4 DISCHARGE SERVICE
- 5 ALLOWANCE CATEGORY
- 6 BILLING ENTITY
- 7 INSURER TYPE

Select criteria for sorting: 2 CLINIC TYPE

Select Clinic: ALL// PHARMACY 39

Select Another Clinic:

===== Entry of TRANSACTION DATE Range =====

Select Beginning Date: 010111 (JAN 01, 2011)

Select Ending Date: T (MAY 03, 2011)

Output DEVICE: HOME//



Administration Reports Menu – (ADMIN)

Report Name	What it Does
A/R Statistical Report - (STA)	Patch 37 - The A/R Statistical Report should be used to identify accurate collection amounts. This report shows what services have been billed, paid, and collected based on the approval date, the visit date, or the export date. This report may be sorted by clinic or visit type.
Insurance Coverage Report - (RIC)	Patch 38 - Prints information about the number of registered patients who are currently enrolled in an insurance type that you will select.
Transaction Posting Summary – (TPS)	Patch 38 - By selecting an A/R Bill or an IHS Bill Number, the user can see the list of attractions associated with that bill.

A/R Statistical Report

NOTE: This report will contain data for VISIT location(s) regardless of BILLING location.

INCLUSION PARAMETERS in Effect for A/R Statistical Report:

=====

Select one of the following:

- 1 LOCATION
- 2 BILLING ENTITY
- 3 DATE RANGE
- 4 PROVIDER

Select ONE or MORE of the above INCLUSION PARAMETERS: 3 DATE RANGE

Select one of the following:

- 1 Approval Date
- 2 Visit Date
- 3 Export Date

Select TYPE of DATE Desired: 2 Visit Date

===== Entry of VISIT DATE Range =====

Enter STARTING VISIT DATE for the Report: 010110

Enter ENDING DATE for the Report: T

INCLUSION PARAMETERS in Effect for A/R Statistical Report:

=====

- Visit Dates from.....: 01/01/2010 to: 05/03/2011

Select one of the following:

- 1 LOCATION
- 2 BILLING ENTITY
- 3 DATE RANGE
- 4 PROVIDER

Select ONE or MORE of the above INCLUSION PARAMETERS:

Sort Report by [V]isit Type or [C]linic: v// CLINIC

Select Clinic: ALL// PHARMACY 39

Select Another Clinic:

This report will only contain APPROVED bills.
Do you wish to include CANCELLED bills? N// 0

Output DEVICE:



A/R Statistical Report

=====

A/R STATISTICAL REPORT for ALL BILLING SOURCE(S) MAY 3,2011@16:56 Page 1
at ALL visit location regardless of Billing Location with VISIT DATES
from 01/01/2010 to 05/03/2011
at ALL visit location(s) regardless of Billing Location

=====

CLINIC	NUMBER VISITS	UNDUP PATIENTS	BILLED AMOUNT	PAID AMOUNT	ADJ AMOUNT	UNPAID AMOUNT
DEMO HOSPITAL						
PHARMACY	10	6	2,348.51	0.00	0.00	2,348.51
	-----	-----	-----	-----	-----	-----
	10	6	2,348.51	0.00	0.00	2,348.51
TOTAL COVERED INPATIENT DAYS	0					

END OF REPORT



Insurance Coverage Report

Select Administration reports Option: Insurance Coverage Report
...updating the Report Master file, please stand by...

This option will print information about the number of registered patients who are currently enrolled in an insurance type that you will select. You will be asked if you wish to include only active patients. You will be asked to select a particular POS insurance company of the type selected PATIENT DETAIL can be selected unless ALL insurance companies are specified

You will be asked to enter an "As of" date to be used in determining those patients who are "actively" enrolled in a plan of the selected type.

Select one of the following:

D	MEDICAID FI
P	PRIVATE
MD	MEDICARE PART D

SELECT INSURER TYPE: MD// MEDICARE PART D

Please choose an insurer or leave blank for ALL: D-SILVER SCRIPT(SCRIPT/SCRIPTSSILVER/SILVERSCRIPT)

The following word was not used in this search: D

D-SILVER SCRIPT - P.O. BOX 280200
NASHVILLE, TN 37228
OK? Y// Y

Reporting For Insurance Type: MEDICARE PART D
The following POS Insurer(s) will be included on this report:
D-SILVER SCRIPT

Display eligibility as of what date?: Today// 010100 (JAN 1,2000)

Do you wish to EXCLUDE inactive and deceased patients? YES//

Do you wish to view detail (patients)? NO// YES



Insurance Coverage Report

(EXAMPLE OF VIEW DETAIL: YES)

MAY 4,2011

Page 1

REGISTERED PATIENTS - ACTIVE MEDICARE PART D ENROLLEES
D-SILVER SCRIPT
Actively enrolled as of JAN 1,2000

Service Unit: DEMO

PLAN NAME HRN	SUBSCRIBER NAME	COUNT EFF.DT	END.DT	SUBSCR.ID
D-SILVER SCRIPT		3		
100488	SUPER,HERO	JAN 1,2000		123456789
141430	BROWN,JAMES	JUL 1,1990		987654321
146326	DUCK,DONALD	JAN 1,1990		123987456

TOTAL FOR DEMO SERVICE UNIT: 3

TOTAL NUMBER OF ACTIVE ENROLLEES: 3

(REPORT COMPLETE)

(EXAMPLE OF VIEW DETAIL: NO)

MAY 4,2011

Page 1

REGISTERED PATIENTS - ACTIVE MEDICARE PART D ENROLLEES
D-SILVER SCRIPT
Actively enrolled as of JAN 1,2000

Service Unit: DEMO

PLAN NAME	COUNT
D-SILVER SCRIPT	3
TOTAL FOR DEMO SERVICE UNIT:	3
TOTAL NUMBER OF ACTIVE ENROLLEES:	3

(REPORT COMPLETE)



Select Administration reports Option: RIC Insurance Coverage Report
...updating the Report Master file, please stand by...

This option will print information about the number of registered patients who are currently enrolled in an insurance type that you will select. You will be asked if you wish to include only active patients. You will be asked to select a particular POS insurance company of the type selected. PATIENT DETAIL can be selected unless ALL insurance companies are specified

You will be asked to enter an "As of" date to be used in determining those patients who are "actively" enrolled in a plan of the selected type.

Select one of the following:

- D MEDICAID FI
- P PRIVATE
- MD MEDICARE PART D

SELECT INSURER TYPE: MD// MEDICARE PART D
Please choose an insurer or leave blank for ALL:

Reporting For Insurance Type: MEDICARE PART D

The following POS Insurer(s) will be included on this report:

- D-HUMANNA
- D-SILVER SCRIPT
- D-TEST

Display eligibility as of what date?: Today// 010110 (JAN 1,2010)

Do you wish to EXCLUDE inactive and deceased patients? YES//

DEVICE:
MAY 4,2011

Page 1

REGISTERED PATIENTS - ACTIVE MEDICARE PART D ENROLLEES
Actively enrolled as of JAN 1,2010

Service Unit: DEMO ANYCITY, ANystate

PLAN NAME	COUNT
D-HUMANNA	0
D-SILVER SCRIPT	3
D-TEST	2
TOTAL FOR DEMO SERVICE UNIT:	5
TOTAL NUMBER OF ACTIVE ENROLLEES:	5

(REPORT COMPLETE)



Transaction Posting Summary

Select Administration reports Option: TPS Transaction Posting Summary

Select A/R BILL/IHS BILL NUMBER: 123456A-DH-2055

DEVICE:

List of Transactions for Bill 123456A-DH-2055

Patient: MANEY, PENNEACHE

Beg DOS : JAN 02, 2011

Address: 34 BROOKSIDE DRIVE

End DOS : JAN 02, 2011

ANY PLACE, ANY STATE 12345

LST STMT:

Phone #: 555-555-5555

Insurer: MEDICARE

Balance: 0.00

Trans Dt	By	Trans Type A/R Account	Batch	Amount	Balance Item
01/18/2011		BILL NEW MEDICARE	NO BATCH	157.00	157.00
05/12/2011	CMS	PAYMENT MEDICARE	DEMO HO-04/12/2011-14	(125.60)	31.40
05/12/2011	CMS	ADJUST ACCOUNT MEDICARE	DEMO HO-04/12/2011-14	0.00	31.40
05/12/2011	CMS	CO-PAY/Co-Payment Amount MEDICARE	DEMO HO-04/12/2011-14	(31.40)	0.00

Administration Reports Menu – (ADMIN)

Report Name	What it Does
Collection Productivity Report - (CPR)	Patch 38 - The CPR Report replaces the WRR Report. provides claims that were previously rejected in the POS package and have been worked to provide a payable claim
POS Table Maintenance Site Parameters Audit – (AUD)	Patch 39 - The Menu options under the SET (Pharmacy Point of Sale Setup Menu s included in the Audit trail and report. Any changes made in these menus are tracked with the old value to the new value, and with who made the change.
Transaction History Report – (THR)	Patch 40 – Shows the number of times the Point of Sale User Screen was used to resubmit a claim by a particular user. The report will display the total for that user for that day.

Collection Productivity Report

Select Administration reports Option: CPR Collection Productivity Report

Enter Beginning Prescription Release Date: 010110

Enter Ending Prescription Release Date: T
Please Select a Pharmacy or leave blank for ALL:

Pharmacy Point of Sale Collection Productivity Report
From JAN 01, 2010 TO MAY 04, 2011

RELEASED DATE: FEB 19, 2010
PHARMACY: DEMO HOSPITAL PHARMACY
USER: ALL

RX #/REFILL: `1503254/0
TRANSACTION DATE: MAR 22, 2011 RECOVERED BY: STOUT,CINDY
TOTAL PRICE: 89.92 PAID BY INSURER: 79.92
1. REJECTION CODE: 85REASON: Claim Not Processed

PHARMACY TOTAL 89.92 INSURER PAID: 79.92
DATE TOTAL: 89.92 TOTAL PAID BY INSURER FOR DATE: 79.92

RELEASED DATE: MAY 06, 2010
PHARMACY: DEMO HOSPITAL PHARMACY
USER: ALL

RX #/REFILL: `1503264/0
TRANSACTION DATE: MAR 22, 2011 RECOVERED BY: STOUT,CINDY
TOTAL PRICE: 22.66 PAID BY INSURER: 12.66

PHARMACY TOTAL 22.66 INSURER PAID: 12.66
DATE TOTAL: 22.66 TOTAL PAID BY INSURER FOR DATE: 12.66

GRAND TOTAL: 112.58 GRAND TOTAL INSURER PAID: 92.58



POS Table Maintenance Site Parameters Audit

Select Administration reports Option: AUD POS Table Maintenance Site Parameters Audit

EXCLUSION PARAMETERS Currently in Effect for RESTRICTING the EXPORT to:

=====

select one of the following:

- 1 PHARMACY
- 2 DATE RANGE

Select ONE or MORE of the above EXCLUSION PARAMETERS: 2 DATE RANGE

===== Entry of EDIT DATE Range =====

Enter STARTING EDIT DATE for the Report: 010111 (JAN 01, 2011)

Enter ENDING DATE for the Report: T (MAY 04, 2011)

EXCLUSION PARAMETERS Currently in Effect for RESTRICTING the EXPORT to:

=====

- Edit Date Range....:JAN 1,2011 to: MAY 4,2011

select one of the following:

- 1 PHARMACY
- 2 DATE RANGE

Select ONE or MORE of the above EXCLUSION PARAMETERS:

Output DEVICE:



POS Table Maintenance Site Parameters Audit

LISTING of Audited fields

MAY 4, 2011 Page 1

Date/Time	User	Old Value	New Value
ABSP INSURER Fld: RX - NCPDP Record Format			
FEB 25, 2011@09:06:01	STUDENT, USER ONE	ALTA RX 5.1	HLTHSPRING PDP 5.1
APR 7, 2011@19:10:55	STUDENT, USER FIVE	BC/BS MINNESOTA 5.1	
ABSP INSURER Fld: RX - Dispensing Fee			
MAR 29, 2011@15:15:41	STUDENT, USER FOUR	4.00	5.00
ABSP INSURER Fld: RX - Help Telephone #			
MAR 29, 2011@14:59:21	STUDENT, USER SIX	(800)824-0898	(888)777-6543
ABSP INSURER Fld: GRACE PERIOD			
MAR 29, 2011@15:00:08	STUDENT, USER SEVE	1	0
ABSP INSURER Fld: INSURER NPI FLAG			
MAR 29, 2011@14:59:02	STUDENT, USER FOUR	BOTH	PHARMACY ONLY
ABSP INSURER Fld: RX PRIORITY			
MAR 29, 2011@14:59:25	STUDENT, USER SIX	20	20
MAR 29, 2011@16:32:59	STUDENT, USER EIGH	20	650
ABSP PHARMACIES Fld: INSURER			
JAN 19, 2011@10:45:12	STUDENT, USER THREE	NEW MEXICO BC/BS INC	
ABSP PHARMACIES Fld: INSURER-ASSIGNED #			
JAN 19, 2011@10:45:12	STUDENT, USER ONE	B4749	
ABSP SETUP Fld: OTC DRUGS ARE UNBILLABLE			
JAN 31, 2011@15:55:35	STUDENT, USER EIGHT	OTC DRUGS ARE UNBILL	OTC DRUGS ARE UNBILL
ABSP SETUP Fld: GLOBAL NPI FLAG			
JAN 19, 2011@10:33:42	STUDENT, USER TWO	NO	YES
JAN 19, 2011@10:34:01	STUDENT, USER TWO	YES	NO
APR 8, 2011@10:49:15	STUDENT, USER EIGHT	NO	YES

(REPORT COMPLETE):



Transaction History Report

Select Administration reports Option: Transaction History Report

Enter Beginning POS Transaction Date: 050111

Enter Ending POS Transaction Date: T

Please Select a Pharmacy or leave blank for ALL:

Please Select a User or leave blank for ALL:

DEVICE:

Pharmacy Point of Sale Transaction History Report

From: MAY 01, 2011 TO: MAY 04, 2011

Pharmacy: ALL

User: ALL

PHARMACY: DEMO HOSPITAL PHARMACY TRANSACTION DATE: MAY 03, 2011

POS USER: STOUT,CINDY

		RX/REFILL: 1503279/00			
SUBMISSION	STATUS	REJ	REJ REASON	BILLED AMT	PAID AMT
1	CLOSED			0.00	0.00

		RX/REFILL: 1503281/0			
SUBMISSION	STATUS	REJ	REJ REASON	BILLED AMT	PAID AMT
1	PAPER			51.17	0.00

FOR USER STOUT,CINDY:

Prescriptions: 2

POS Submissions: 2

Total Paid: \$ 0.00

FOR PHARMACY DEMO HOSPITAL PHARMACY:

Prescriptions: 2

POS Submissions: 2

Total Paid: \$ 0.00

FOR TRANSACTION DATE MAY 03, 2011:

Prescriptions: 2

POS Submissions: 2

Total Paid: \$ 0.00

Report Totals:

Prescriptions: 2

POS Submissions: 2

Total Paid: \$ 0.00



Setup (Configuration) Reports – (SET)

Report Name	What it Does
POS Setup - Detailed Report - (DET)	This Report shows the configuration set up for your site
POS Setup - Pharmacies Report – (PHAR)	Patch 21 - Includes recently added NPI numbers
POS Setup – Summary of Insurers – (SUMI)	This report will list all insurance that are entered into RPMS to be billed electronically
POS Setup – Rx Billing Status Report (RXB)	Prints the RX Billing Status for insurances that are set up to be billed Point of Sale or Unbillable
Display User Preference Settings – (USER)	Prints a list sorted by user of the preferences set for each user. The following items are listed for each user. Ask Insurance, Ask Preauthorization, Ask Pricing, Ask fill date, Define NDC

POS Setup - Detailed Report

Select Setup (Configuration) reports option: DET POS Setup - Detailed Report
DEVICE:

Point of Sale - Detailed Configuration Report

MAY 4,2011@14:48:57

1.0 Base level 1

Shutdown flag = 0

Maximum transmitter/receiver jobs = 1

===== File 9002313.99 ABSP SETUP =====

POINT OF SALE SETUP

440.01 DEFAULT DIAL OUT: 9 (ENVOY DIRECT VIA T1 LINE)

170.01 A/R PACKAGE: 3 (IHS 3RD PARTY BILLING)

----- Input settings -----

941 RX NUMERIC:

943 USUAL INPUT METHOD: 1 (RPMS RX CALLS POS)

----- Miscellaneous insurance parameters -----

951 INS GRACE DEFAULT: 0

(A report of in-use insurance rules, if any, appears later in this report.)

----- Unbillable Items (system default settings) -----

(A list of insurers with specific settings for)

(billable/unbillable items appears later in this report.)

2128.13 UNBILLABLE OTC: 1 (OTC DRUGS ARE UNBILLABLE)

2128.11 UNBILLABLE NDC #:

2128.12 UNBILLABLE DRUG NAME: ^TMP(3568,9002313.99,"1",2128.12)

----- Miscellaneous other settings -----

1501 OUTSIDE LINE:

Also included in this report:

A printout of insurance selection rules.

A printout of file 9002313.56: ABSP PHARMACIES

A printout of file 9002313.55: ABSP DIAL OUT

A printout of file 9002313.54: ABSP MODEM TYPES

A printout of file 9002313.53: ABSP PRICING TABLES

A printout of file 9002313.515: ABSP INPUT USER PREF

DEVICE:



POS Setup - Pharmacies Report

Select Setup (Configuration) reports Option: PHAR POS Setup - Pharmacies Report
DEVICE:

ABSP PHARMACIES LIST

MAY 4,2011 15:05

PAGE 1

NUMBER: 1

NAME: DEMO HOSPITAL PHARMACY
DEFAULT DEA #: AU1234567
MEDICAID #: 01234567
INSURER: CALIFORNIA MEDICAID
MED-CAL SUBSCRIBER ID: KAW118TEST
INSURER: HAMMERMILL HEALTH
CA FAMILY PACT ID: 6
INSURER: RX-TEST
INSURER: RX PRIME THERAPEUTICS
CA FAMILY PACT ID: N
OUTPATIENT SITE: CIHA
PHARMACY NPI # (c): 1234567890
OUTPATIENT SITE: DEMO
PHARMACY NPI # (c): 1234567890
AUTOPRINT PHARMACY EXPENSE RPT: No Patients
DEFAULT DEVICE: TERM
NUMBER: 2

NCPDP #: 1234567
ENVOY TERMINAL ID: 0001
DEFAULT CAID PROVIDER #: 0012345
INSURER-ASSIGNED #: 1
CA FAMILY PACT ID: PACT CA ID
INSURER-ASSIGNED #: PHAR
INSURER-ASSIGNED #: 9114113001
INSURER-ASSIGNED #: 9114113001

NAME: MENARD TELEHEALTH
DEFAULT DEA #: 475657
DEFAULT CAID PROVIDER #: 123456
INSURER: ACS, INC
MED-CAL SUBSCRIBER ID: 4565767
OUTPATIENT SITE: DEMO
PHARMACY NPI # (c): 1234567890
AUTOPRINT PHARMACY EXPENSE RPT: No Patients

NCPDP #: 123456789
MEDICAID #: 1234567
INSURER-ASSIGNED #: 34567
CA FAMILY PACT ID: 3445



POS Setup - Summary of Insurers

Select Setup (Configuration) reports Option: SUMI POS Setup - Summary of Insurers
DEVICE:

PHARMACY ELECTRONIC CLAIMS INSURERS

MAY 4,2011 15:18 PAGE 2

Insurer	Pricing Formula	Disp Fee Override	Grace Per Override	Ins. Sel. Pts.
---------	-----------------	----------------------	--------------------------	----------------------

----- Using electronic FORMAT: ADVANCE PRSCPT MGMT ADV 5.1

BIN: 004336

NPI FLAG: EMPTY

RX ADVANCE RX	STANDARD			10.00
---------------	----------	--	--	-------

NPI FLAG: PHARMACY ONLY

D-SILVER SCRIPT	STANDARD	4.50	0	650.00
-----------------	----------	------	---	--------

----- Using electronic FORMAT: AETNA 5.1

BIN: 610502

NPI FLAG: EMPTY

RX AETNA US PHARMACY	STANDARD	5.60	30	
----------------------	----------	------	----	--

POS Setup - Rx Billing Status Report

Select Setup (Configuration) reports Option: RXB POS Setup - Rx Billing Status Report
...updating the Report Master file, please stand by...

Choose from:

P BILLED POINT OF SALE - insurers set-up to bill RX's through POS
U UNBILLABLE - insurers set to NOT bill RX's

Select one of the following:

P BILLED POINT OF SALE
U UNBILLABLE

Enter response: P BILLED POINT OF SALE

RX BILLING STATUS - BILLED POINT OF SALE
NOWHERE INDIAN HOSPITAL

MAY 4,2011

PAGE 1

INSURER NAME	RX BILLING STATUS	LINK TO POS
ABC SCRIPTS RX	BILLED POINT OF SALE	N
ADVANTRA MCR ADVANTAGE	BILLED POINT OF SALE	N
AETNA HEALTHCARE	BILLED POINT OF SALE	N
AETNA USHC	BILLED POINT OF SALE	N
ALTA RX	BILLED POINT OF SALE	Y
ALTA RX	BILLED POINT OF SALE	Y
ANTHEM BCBS	BILLED POINT OF SALE	N
BC/BS OF IL	BILLED POINT OF SALE	N
BLUE CROSS BLUE SHIELD-N.C.	BILLED POINT OF SALE	Y
CALIFORNIA MEDICAID	BILLED POINT OF SALE	Y
CAREMARK RX	BILLED POINT OF SALE	Y
CIRCLE PLUS RX	BILLED POINT OF SALE	N
CWI-BENE/MGT MED	BILLED POINT OF SALE	N
D-BC/BS OF NORTH DAKOTA	BILLED POINT OF SALE	Y
D-FIRST HEALTH	BILLED POINT OF SALE	N
D-HUMANNA	BILLED POINT OF SALE	N
D-KEY BENEFIT	BILLED POINT OF SALE	N
D-MAERIGROUP	BILLED POINT OF SALE	N

POS Setup - Rx Billing Status Report

Select Setup (Configuration) reports option: POS Setup - Rx Billing Status Report
...updating the Report Master file, please stand by...

Choose from:

P BILLED POINT OF SALE - insurers set-up to bill RX's through POS
U UNBILLABLE - insurers set to NOT bill RX's

Select one of the following:

P BILLED POINT OF SALE
U UNBILLABLE

Enter response: UNBILLABLE

RX BILLING STATUS - UNBILLABLE
NOWHERE INDIAN HOSPITAL

MAY 4,2011

PAGE 1

INSURER NAME	RX BILLING STATUS
-----	-----
AAG BENEFIT PLAN	UNBILLABLE
AARP	UNBILLABLE
AARP CLAIM UNIT	UNBILLABLE
AARP EXPRESS SCRIPT	UNBILLABLE
ADVENTIST RETIREMENT PLAN	UNBILLABLE
AETNA (FRITO LAY, INC)	UNBILLABLE
AETNA - SRC	UNBILLABLE
AETNA DENTAL	UNBILLABLE
AETNA LIFE INS. (LEVI STRAUS)	UNBILLABLE
AETNA-DENTAL	UNBILLABLE
AFLAC'S EQUALIZER	UNBILLABLE
AMERICAN PIONEER	UNBILLABLE
AMERICAN REPUBLIC INS	UNBILLABLE
AMERICAN REPUBLIC INS. CO.	UNBILLABLE
AMERITAS DENTAL GROUP OFFICE	UNBILLABLE
ANTHEM BLUE CROSS/BLUE SHIELD	UNBILLABLE
BANKERS FIDELITY LIFE INS.CO	UNBILLABLE
BANKERS LIFE AND CASUALTY	UNBILLABLE



Display user preference settings

Select Setup (Configuration) reports Option: USER Display user preference settings
DEVICE:

RX POS USER PREFERENCES

MAY 4,2011 15:24 PAGE 1

NAME	first, Copy of	INS	PREAUTH	PRICING	DATE	DEF.
old-style Input		Ask	Ask	Ask	Ask	FILL

for USER,ONE
USER,ONE

for USER,TWO
USER,TWO

for USER,THREE
USER,THREE

YES NO YES YES YES



Survey of RPMS Database – (SURV)

Report Name	What it Does
Survey insurers by frequency – (INS)	This report will list pharmacy insurers that are set up to be billed electronically through Point of Sale
Survey if Recent Providers Have ID #s – (PROV)	This report will list all providers and ID numbers that are associated with that provider
Survey of Volume – (VOL)	This report will list the number of transactions that are recorded via Point of Sale. This report lists data in a weekly format , sub-divided by daily totals.
Survey Pharmacy Divisions - (DIV)	This report lists fills and refill counts by Outpatient Site.
Survey Patients' Beneficiary/Eligibility Status – (BEN)	This report counts how many fills and refills were made, sorted by the patients' beneficiary classification and eligibility status.

Survey insurers by frequency

Select surveys of RPMS database Option: Survey insurers by frequency

Survey insurances from recent prescriptions to see which additional formats we might like to have.

Start date: MAR 5,2011// 010110 (JAN 01, 2010)

DEVICE:

Survey of Insurers (ABSPOS32) MAY 4,2011@15:38:34

For JAN 1,2010-MAY 4,2011

Count	Name	Now sending format
9	MEDICARE(`2)	
6	RX-TEST(`2968)	
3	NORTH CAROLINA MEDICAID(`685)	NEW YORK MEDICAID 5.1
3	RX PCS FEP-ONLY(`2483)	PCS 5.1
2	D-TEST(`2967)	MEDICARE BLUE RX PDP25 5.1
2	RX-TESTING INSURER(`2970)	WEBMD TESTING 5.1
1	FIRST HEALTH ADVANTAGE(`1718)	PCS 5.1
1	RX EXPRESS SCRIPTS(`1828)	EXPRESS SCRIPTS 5.1
1	UNITED HEALTHCARE - GA(`1839)	
1	RX FIRST HEALTH-RX(`2343)	HLTHSPRING PDP 5.1
1	RX PRIME THERAPEUTICS(`2943)	
1	D-SIERRA RX(`2971)	SIERRA HEALTH SRVCS RXSHS 5.1

-- END OF REPORT -- (Press <ENTER> to return to menu):

Survey if Recent Providers Have ID #s

Select surveys of RPMS database option: Survey if recent providers have ID #s

Survey prescribers from recent prescriptions and see if we have DEA #s, Medicaid #s, etc. on file for them.

Start date: MAR 5,2011// 010110 (JAN 01, 2010)

DEVICE:

Survey of Prescribers (ABSPOS31) MAY 4,2011@15:40:51

For JAN 1,2010-MAY 4,2011

Count	Name	NPI #	DEA#	CAID	CARE
19	PROVIDER,ONE	9876543210	AA2012033	B12345	8H12A3
8	PROVIDER.TWO	1194748327	AS2018491	89127GW	8TA111
1	PROVIDER,THREE		AB2013770		
1	PROVIDER,FOUR	0123456789	AA2016473	C56789	8H98J2
1	PROVIDER,FIVE		AA2017057		
1	PROVIDER,SIX	0012345678	AM2017487	H98765	8H00123

-- END OF REPORT -- (Press <ENTER> to return to menu):



Survey of Volume

Select surveys of RPMS database option: Survey of volume
Survey of pharmacy volume

Enter the Beginning Date: 040111 (APR 01, 2011)

Enter the Ending Date: T (MAY 04, 2011)

DEVICE:

Survey of Pharmacy Volume (ABSPOS35)
For APR 1,2011 through MAY 4,2011

MAY 4,2011@15:47:11

2011	MON	TUE	WED	THU	FRI	SAT	SUN	WK. TOTAL
					0	0	0	0
APR 4	0	0	0	0	0	0	0	0
APR 11	0	1	0	0	0	0	0	1
APR 18	1	0	0	0	0	0	0	1
APR 25	0	0	0	0	0	0	0	0
MAY 2	0	2	0					
INDEX	Total	Average						
AL	4	0.1						
AJ	0	0.0						

-- END OF REPORT -- (Press <ENTER> to return to menu):

Survey Pharmacy Divisions

Select surveys of RPMS database Option: DIV Survey pharmacy divisions

Survey DIVISION from recent prescriptions

Start date: MAY 4,2010// 010111 (JAN 01, 2011)

DEVICE: HOME// VT Right Margin: 80//

...thinking...

Survey of Divisions (ABSPOS33)

MAY 4,2011@15:49:09

For JAN 1,2011-MAY 4,2011

Count	Name
6	DEMO(`2)

-- END OF REPORT -- (Press <ENTER> to return to menu):



Survey Patients' Beneficiary/Eligibility Status

Select Surveys of RPMS database Option: BEN Survey patients' beneficiary/eligibility status

Survey BENEFICIARY/ELIGIBILITY status from recent prescriptions

Start date: MAY 4,2010// (MAY 04, 2010)

DEVICE:

Survey of Beneficiary/Eligibility Status (ABSPOS34)

MAY 4,2011@15:50:15

For MAY 4,2010-MAY 4,2011

Count	Status
15	INDIAN/ALASKA NATIVE,CHS & DIRECT
2	INDIAN/ALASKA NATIVE,DIRECT ONLY
2	NON-INDIAN (FEE FOR SERVICE),INELIGIBLE

-- END OF REPORT -- (Press <ENTER> to return to menu):



Medicare Part D eligibility Check - (ELIG)

Report Name	What it Does
Medicare Part D Eligibility Check – (ELIG)	This report will list the patient's Medicare Part D Insurance Coverage



Medicare Part D Eligibility Check

Select Pharmacy electronic claims reports Option: Medicare Part D Eligibility Check

Generate eligibility chk (Med Part D) for which patient?

DUCK,DONALD

<A>

M 02-08-1934 XXX-XX-9667

DM 102186

Please specify the pharmacy: DEMO HOSPITAL PHARMACY//

Accept the default current date of MAY 04, 2011 or
Enter a date between FEB 03, 2011 and AUG 02, 2011

Enter Service Date: MAY 4,2011// (MAY 04, 2011)

Transmitting eligibility check, please stand by.....

Send report to device:



DUCK,DONALD

<A>

M 02-08-1934 XXX-XX-9667

DM 102186

A check was previously submitted for this patient:

On: APR 30, 2009@07:58:25

Patient Name: DUCK, DONALD

Medicare ID: 999999999A

Status: A

Authorization #:

PATIENT INFORMATION

LAST NAME : DUCK
FIRST NAME : DONALD
DOB : FEB 08, 1934

MEDICARE D INFORMATION

Insurance Level : 0
BIN : 610211
PCN : PDP
GROUP : PRESCRX
CARDHOLDER ID : 101052766
PERSON CODE :
PHONE NUMBER : 8008452490
CONTRACT ID : S5597
RX BENEFIT PLAN : 260
EFFECTIVE DATE : JAN 01, 2009
TERMINATION DATE:
LOW-INCOME COST : Y
FORMULARY ID :

FUTURE MEDICARE PART D INFORMATION:

EFFECTIVE DATE :
TERMINATION DATE:

OTHER COVERAGE INFORMATION

Secondary Coverage

None

Tertiary Coverage

None

would you like to send a new eligibility check? N//



Other Reports – (OTH)

Report Name	What it Does
List Electronic Claims Formats – (FMT)	This report will list current formats that are ready to be linked to electronic insurers.
List NCPDP Fields – (FLD)	This report lists NCPDP numbers and their corresponding file names. This report is seldom, if ever, needed



List electronic claims formats

Select other reports option: FMT List electronic claims formats

DEVICE:

PHARMACY ELECTRONIC CLAIMS FORMATS

MAY 4,2011 16:08 PAGE 1

Format

BIN

Plan #

PCN #

Help #

Production/Testing Status: PRODUCTION

4D PHARMACY MGT SYSTEMS 5.1	600428	7054	01990000	
AAA PRESCRIPTION SAVINGS 5.1	004336	4343	AAA	(800)364-6331
AARP DISCOUNT CARD PROGRAM 5.1	610652	3240	82266461	(800)207-2568
ABILITY CARE MPD 5.1	610455	7392	MPDSA	(800)821-4795
ADV RX MGT MEDICARE PDP 5.1	004336	2447	ADV HDN	(800) 364-6331
ADVANCE ECPAI 5.1	004336	3047	ECPAI	(800)364-6331
ADVANCE MEDBLUERX PDP 5.1	004336	2447	ADV HDN	(888) 645-6025
ADVANCE PARADIGM NASE 5.1	004336	4374	NASE HDN	(800) 364-6331
ADVANCE PRSCPT MGMT ADV 5.1	004336	2447	ADV HDN	
ADVANCEPCS 5.1	004336	6850	ADV	(800) 600-8065
ADVENTIST HS DME 5.1	007895	3333	ADHSMS	800-922-1557
AETNA 5.1	610502	722	670000	(800) 238-6279
ALABAMA MEDICAID 5.1	004146	2302		(334) 834-3330
ALASKA MEDICAID 5.1	009661	1890	P013009661	(800) 884-7387
ALASKA NATIVE TRIBAL HLTH 5.1	004336	5460	WISRX	800-364-6331
ALL SAVERS PLAN 5.1	009117	3260	ASP HDN	(866) 257-1419
ALLWIN DURABLE MED EQUIP 5.1	004766	5200	USMCA	(800) 879-6153
ALTA RX 5.1	002286	2437	6000002286	(800) 844-9636
AMCARE 5.1	003585	7755	45700	(800) 788-2949
AMERICAN HEALTH CARE 5.1	610118	6293	AHC TQC	(800) 872-8276
AMERICAN INDIAN HEALTH 5.1	011925	6528	P023011925	(800) 634-1340
AMERICORP SEVEN CORNERS 5.1	610468	2225	SVC TQC	(800) 777-1023
AMERIGROUP 5.1	610415	917	73227	(800) 454-3730
AMERIHEALTH FUTURESCRIPT 5.1	600428	912	03840000	888-678-7012
AMERISCRIP 9999 5.1	012957	1208	AMER9999	(800) 681-6912
AMERISCRIP LAB 5.1	012924	1431	AMER9999	(800)681-6912
AMERISOURCE BERGEN 5.1	006012	8288	NONE	(800) 549-0081
AMNET RX SAVINGS CARD 5.1	610455	1743	AM	(800)603-7078/(414)398-3869



List NCPDP Fields

Select other reports Option: FLD List NCPDP Fields

DEVICE:

LIST OF NCPDP FIELDS

MAY 4,2011 16:12 PAGE 1

NCPDP

FIELD

NUMBER NCPDP FIELD NAME

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
115	MEDICAID ID 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
147	PHARMACY SERVICE TYPE
201	SERVICE PROVIDER ID
202	Service Provider ID Qualifier
301	GROUP ID
302	CARDHOLD ID
303	PERSON CODE
304	DATE OF BIRTH
305	PATIENT GENDER CODE
306	PATIENT RELATIONSHIP CODE



A/R Cancelled Bills Report

NOTE: This report will contain data for VISIT locations(s) regardless of BILLING location.

INCLUSION PARAMETERS in Effect for Cancelled Bills Report:

=====
Report Type.....: DETAIL

select one of the following:

- 1 LOCATION
- 2 BILLING ENTITY
- 3 DATE RANGE
- 4 CANCELLING OFFICIAL
- 5 PROVIDER
- 6 ELIGIBILITY STATUS
- 7 REPORT TYPE

Select ONE or MORE of the above INCLUSION PARAMETERS: 3 DATE RANGE

Select one of the following:

- 1 Approval Date
- 2 Visit Date
- 3 Export Date

Select TYPE of DATE Desired: 2 Visit Date

=====
Entry of VISIT DATE Range =====

Enter STARTING VISIT DATE for the Report: 060122

Enter ENDING DATE for the Report: 063022



A/R Cancelled Bills Report

INCLUSION PARAMETERS in Effect for Cancelled Bills Report:

=====

- Visit Dates from.....: 06/01/2022 to: 06/30/2022
- Report Type.....: DETAIL

Select one of the following:

- 1 LOCATION
- 2 BILLING ENTITY
- 3 DATE RANGE
- 4 CANCELLING OFFICIAL
- 5 PROVIDER
- 6 ELIGIBILITY STATUS
- 7 REPORT TYPE

Select ONE or MORE of the above INCLUSION PARAMETERS:

Sort Report by [V]isit Type or [C]linic: v// ISIT TYPE

Select Visit Type: ALL// Phm army cy POS

Select Another Visit Type:

NOTE: You have selected to produce a DETAIL Cancelled Bills Report
For ALL Visit Locations
containing ONLY bills with an Open Balance.

Proceed? YES//

Output DEVICE: HOME//



A/R Cancelled Bills Report

WARNING: Confidential Patient Information, Privacy Act Applies

DETAIL Cancelled Bills Report

AUG 19,2022@06:16

Page 1

For ALL Visit Locations

containing ONLY bills with an open balance.

Patient	HRN	Active Insurer	Claim Number # BILLS	Visit Date AMT BILLED	Reason BALANCE
---------	-----	----------------	-------------------------	--------------------------	-------------------

Cancelling official: Unknown Cancelling official

VISIT Location: DEMO HOSPITAL

Visit Type: Pharmacy POS

DEMO,PATIENT,J	98765	018448 PCN	662	9802XXXXA-PIJUN 07, 2022	Not Listed
DEMO,PATIENT,J	98765	018448 PCN	662	9821XXXXA-PIJUN 21, 2022	Not Listed
DEMO,PATIENT,J	98765	018448 PCN	662	982XXXXA-PIJUN 24, 2022	Not Listed
DEMO,PATIENT D	123456	020974 PCN	CWH	983XXXXA-PIJUN 30, 2022	Not Listed
DEMO,PATIENT Q	123456	610494 PCN	999	982XXXXA-PIJUN 18, 2022	Not Listed
DEMO,DEMO T	123456	001553 PCN	AIR	987XXXXA-PIJUN 29, 2022	Not Listed
DEMO,DEMO T	123456	001553 PCN	AIR	987XXXXA-PIJUN 30, 2022	Not Listed
DEMO,DEMO T	123456	001553 PCN	AIR	987XXXXA-PIJUN 29, 2022	Not Listed

8 264.03 264.03

** VISIT Location Subtotal 8 264.03 264.03

Cancelling official subtotal: 8 264.03 264.03

*** REPORT TOTAL 8 264.03 264.03



A/R Age Open Items Report

NOTE: This report will contain data for the BILLING location you are logged into. Selecting a Visit Location will allow you to run the report for a specific VISIT location under this BILLING location.

Select Visit LOCATION: ALL

Select one of the following:

- | | |
|---|--------|
| 1 | 0-30 |
| 2 | 31-60 |
| 3 | 61-90 |
| 4 | 91-120 |
| 5 | 120+ |

Select aging range for bills: 2 31-60

Select one of the following:

- | | |
|---|---------|
| I | INSURER |
| P | PATIENT |

Should the report contain data for Insurer or Patient (I/P): I// NSURER

Select Insurer or press <RETURN> for all Insurers: ALL

Output DEVICE: HOME//



A/R Age Open Items Report

VISIT Location: DEMO HOSPITAL

A/R Account: 011552 PCN 1215

DEMOAA,PATIENT O	XXXXXXXXA-PI-XXXXXX	07/10/2022	21.56
DEMOAA,PATIENT N	XXXXXXXXA-PI-XXXXXX	07/19/2022	26.60
DEMOAA,PATIENT N	XXXXXXXXA-PI-XXXXXX	07/19/2022	30.50

* 011552 PCN 1215 TOTAL			78.66

A/R Account: 011552 PCN BCTX

DEMO,PATIENT	XXXXXXXXA-PI-XXXXXX	07/08/2022	1,011.15
DEMO,PATIENT X	XXXXXXXXA-PI-XXXXXX	07/11/2022	16.42

* 011552 PCN BCTX TOTAL			1,106.23

** PHOENIX INDIAN MEDICAL CENTER TOTAL 5,736.64

*** REPORT TOTAL 38,689.51



A/R REPORTS

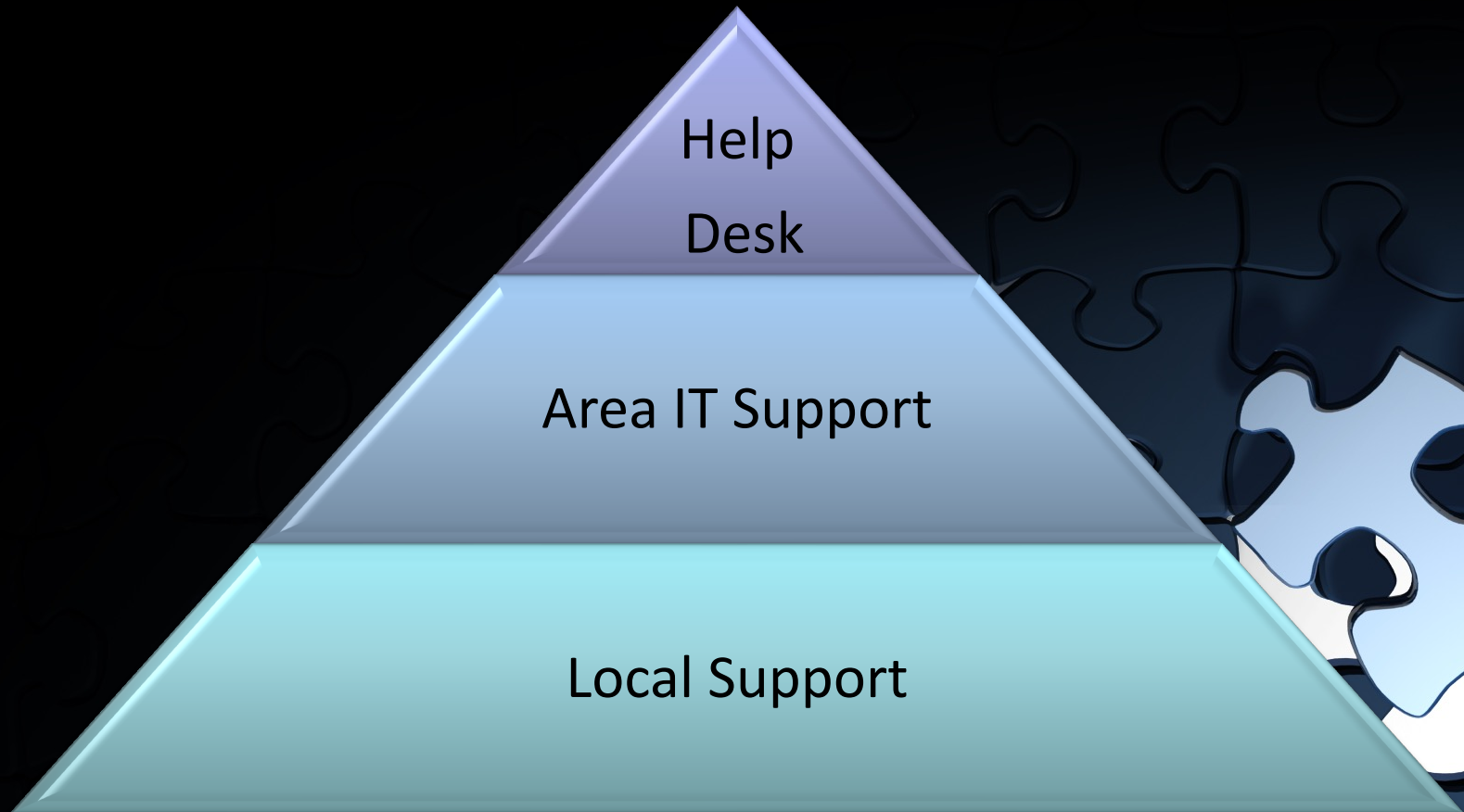
Report Name	What it Does
Canceled Bills Report– (CXL)	This report will list all bills that have been canceled in the Pharmacy Point of Sale package
Age Open Items Report– (AOI)	This report will list all bills that still have an open balance in Accounts Receivable

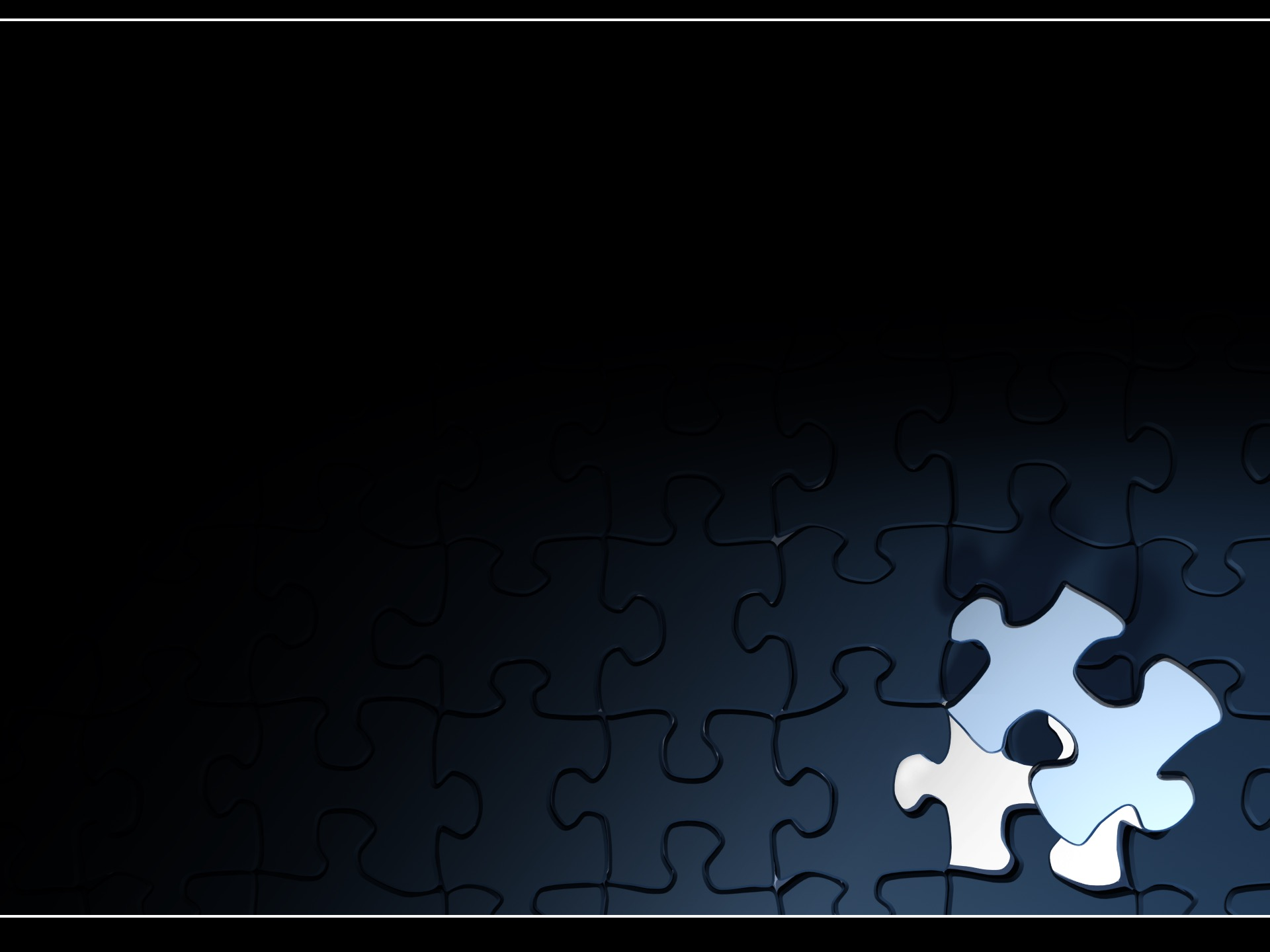


Three Tiered Support Structure

Phone: 888-830-7280

E-Mail: support@ihs.gov





Thank you!

LCDR Phillip O'Bourke Pharm. D. Lawton Indian Hospital

Cheryle King, Revenue Cycle Director Lawton Indian Hospital



Questions

