Indian Health Service

Pharmacy Point of Sale(POS) Billing: A Revenue Cycle Team Member

LCDR MICHAEL HUNT, DPH

AUGUST, 2025

Learning Objectives:

1. Explanation of pharmacy point of sale (POS) billing

2. Identification of POS Daily Tasks that should be performed

3. Realize the impact pharmacy POS can make on your budget

4. Look at department functions within the revenue cycle

5. Highlight communication between departments for success

….other Objectives include…..

- Join in by asking/answering questions

- Have fun

- Stay awake!!! ☺

First of all…
what is pharmacy point of sale (POS) billing?

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

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

Thankfully, IHS does not charge patient copays. ☺

Path of a PAYABLE pharmacy POS claim
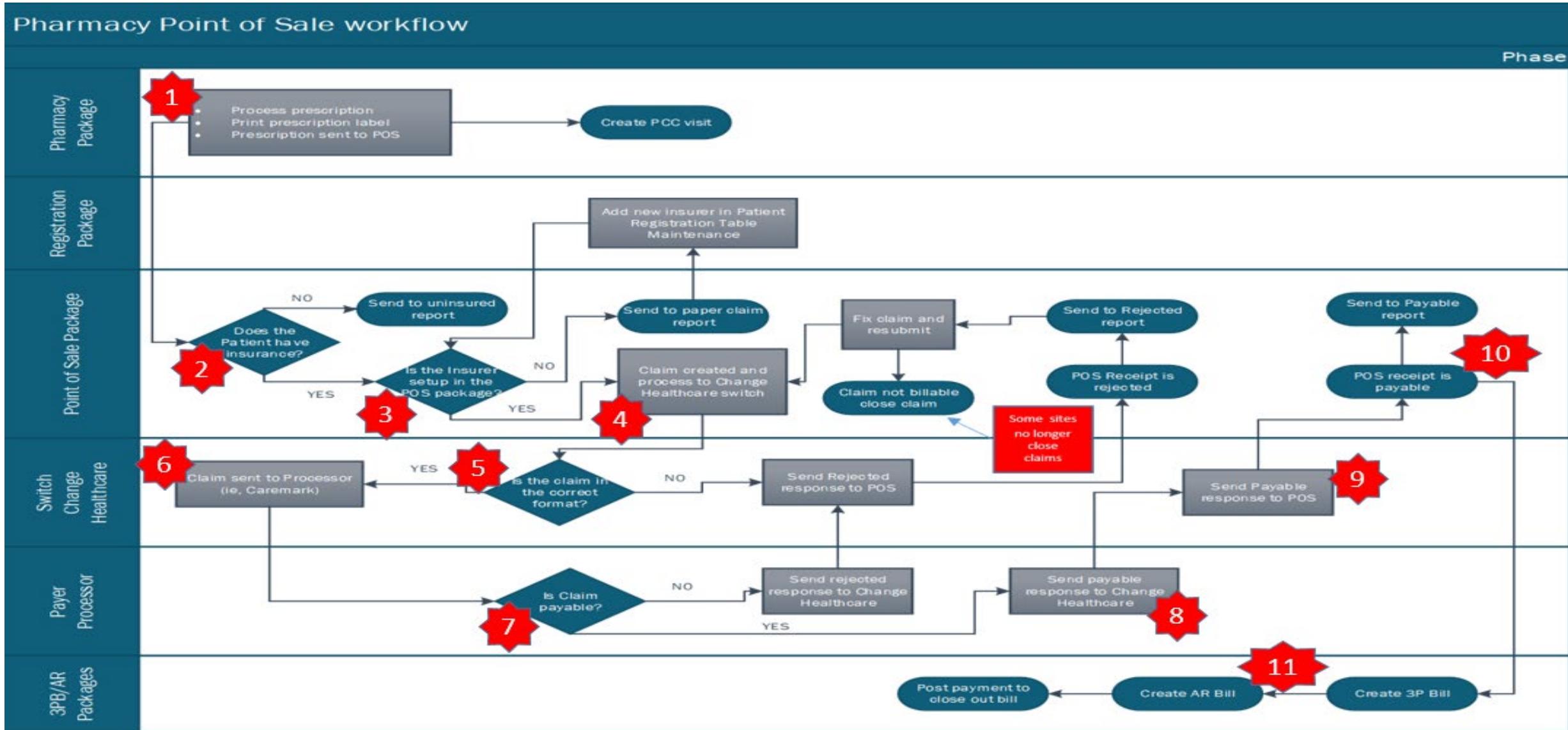
Additional steps with a REJECTED pharmacy POS claim
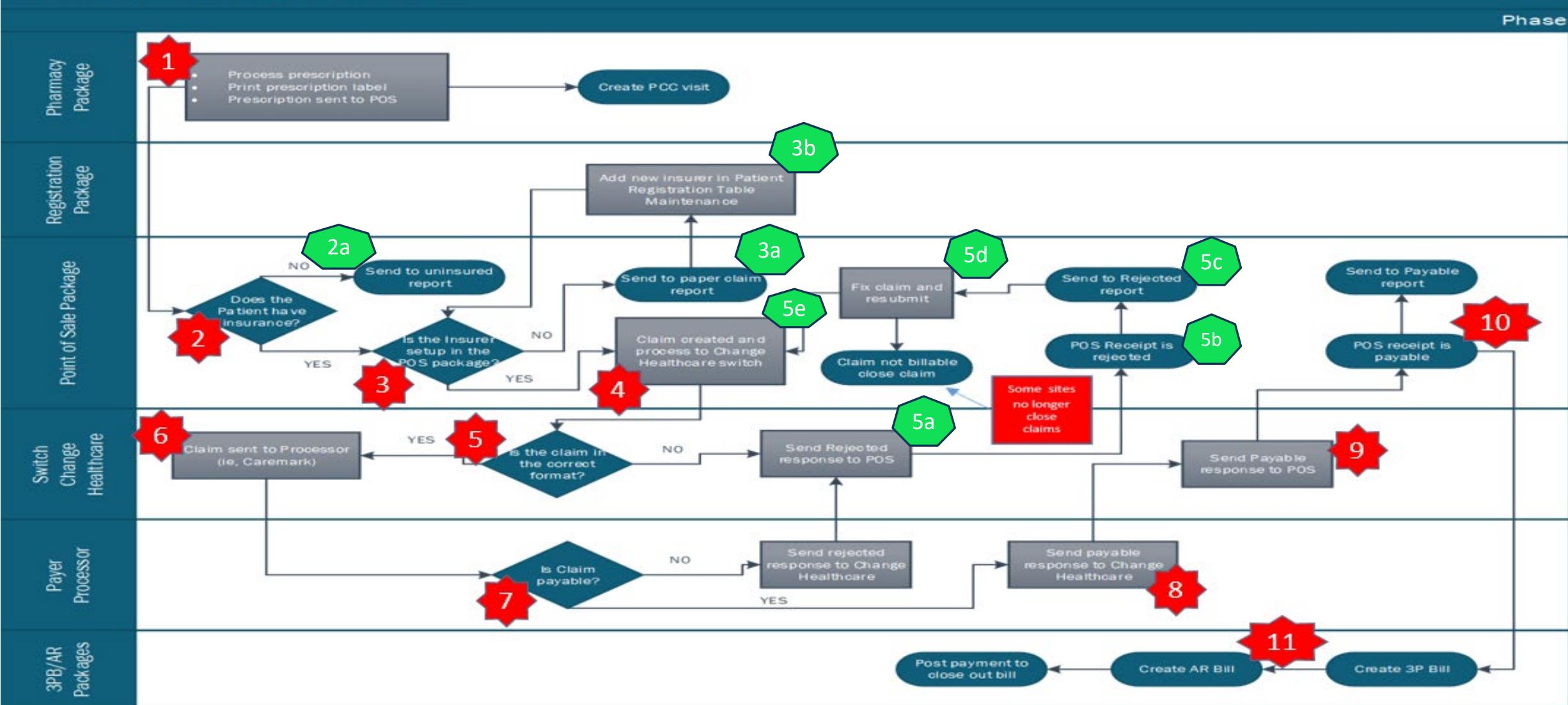
Individual claim receipt shows paid amount

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

Impact of Third Party Dollars on Budget

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

- $29.3 million from IHS funding
  - PRC is included in this and is $16.3 M of this total

- $28.6 million from third party collections (Medical + Pharmacy)
  - **$17.7 million from Pharmacy Point of Sale (61% of total collections)**

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

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

Pharmacy Point of Sale Collections can Change the "Appearance" of your Site

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

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

Facility **After** Increaed 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

Absence of service

Incomplete services: poorly staffed, insufficient resources

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

Why do these efforts matter?

**Indian Health Service Mission**:

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

Indian Health Service Goal:

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

Main pieces of the pharmacy POS puzzle

Paid Claims: No additional Effort Required
(Made Possible by past insurance entry, updated drug files, informed purchasing)

Prior Authorizations

Correction of POS Rejections

Identification/Entry of Third Party Coverage for Uninsured Patients

Pharmacy Point of Sale Tutorial

Table of Contents:

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

Create your Pharmacy POS Game Plan

Daily Tasks:

- **Run reports:** Run URM to update report master file, identify stranded/duplicate/paper claims that need attention and identify rejected claims that need worked

- **Work rejections:** once identified, correction of claims can result in PAID claims

- Initiate/complete **Prior Authorizations (PAs):** These are identified while working rejections

- **Reverse negative-copay claims**: prevents deductions from checks received from insurers

- Advise **ordering of billable products** and updating of drug filed for proper billing (avoid repacks, if possible)

Weekly or Monthly:

- Review paper claim report, missed opportunity report, released/unreleased report

- Search for and **add insurance for uninsured patients**
  - Back-bill claims on newly found insurance (90 – 180 day back-bill window)

Daily Pharmacy Point of Sale Reports

URM **Update Report Master File for a date range**

DAY Totals-by Released Date (Run BEFORE working rejections)

DUP **Duplicate Claims Report**

STR **List possibly stranded claims**

RCR **Rejected Claims by Reject Code, or**

Fileman **Negative Copays**

URM Update Report Master (Repeated AFTER working rejections)

DAY Totals-by Released Date (Run AFTER to working rejections)

#1: Correction of Rejections

Paid Claims: No additional Effort Required
(Made Possible by past insurance entry, updated drug files, informed purchasing)

Prior Authorizations

Correction of POS Rejections

Identification/Entry of Third Party Coverage for Uninsured Patients
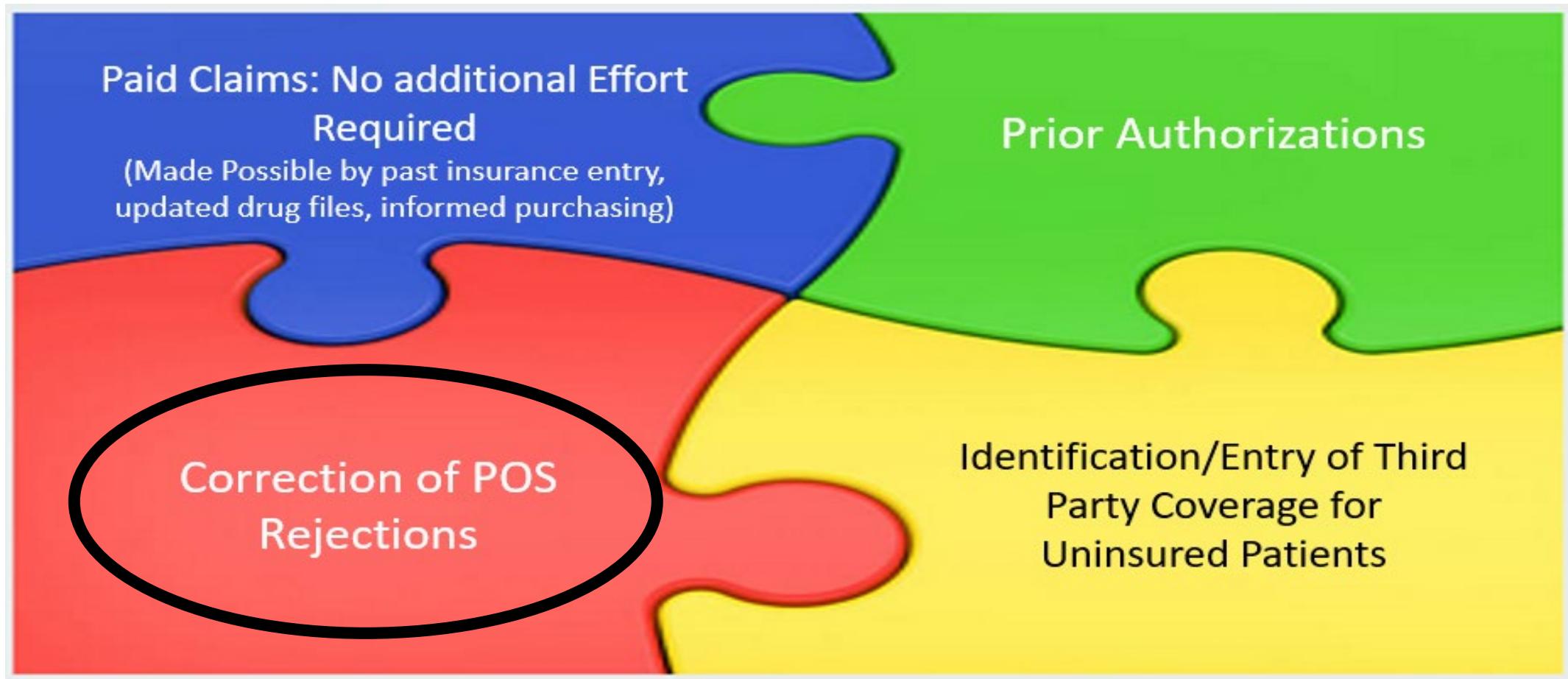
Identifying and working POS rejections

Rejected Claims Report (RCR)
◦ Uploaded into RRIP to convert claims to Excel
  ◦ (RRIP (RPMS Report and Information Processor) created by CAPT Sparrow)

1. Review each rejection to determine if it is fixable

2. REJECT LIST tab on the POS Tutorial gives common resolutions for each type

3. The FIXING A REJECTION tab gives step by step directions to correct claim

Pharmacy Point of Sale Tutorial
Table of Contents:

POS Tutorial REJECT LIST Tab:
Identifies how to resolve each rejection type

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

First, locate your reject code.	Second, read possible reasons for rejection and follow guidance on how to resolve.
POS Rejection	Possible Reasons for Rejection
7X:Days Supply Exceeds Plan Limitation	1. Prescription may be for a greater day supply than insurance allows. Check receipt. Order may need changed to fill just a 30 day supply of medication. 2. Actual day supply on insulin may exceed 30 day limit by insurance. On these, we enter the prescription order as the ACTUAL DAY SUPPLY for the quantity being dispensed. If the claim rejects and the box can not be broken (insulin vial/pens, inhalers, etc.) we call the insurer for an override and, if instructed to do so, resubmit with the day supply allowed and make an EHR chart note to reflect the reason.
[Clai]m Too Old	Noncontrolled prescriptions are good for 1 year. C III-V are good for 6 months. CII prescriptions are good for 30 days (in Oklahoma). This is usually only a problem if prescriptions are suspended for CMOP when it is suspended for a future fill date that is past the prescription expiration date. Also on CMOP prescriptions, fill dates will update in RPMS when CMOP actually fills the prescription, which could be 1-3 days after the date it was actually processed at your site. Either way, there is no way to fix it after the fact. Prescriber will need to enter a new order.
85:Claim Not Processed	Just need to RESEND the claim in POS. Caused if either your site or the insurer is having internet issues at the time of filling.
88:DUR Reject Error	Could be many reasons. Must check claim receipt. 1. Refill too soon: claim receipt will give next fill date. 2. DUR codes may need to be entered for override after consulting pharmacist/provider. See DUR CODES section of CODES sheet at the bottom of this document for instructions. 3. Rx could exceed the number of doses per day allowed by that insurance. Verify quantity and day supply are correct. May only be able to bill for the allowable amount (i.e. 30 tablets for 30 days, or whatever the limitation is).
8S: Basis of Cost Determination Value Not Supported	Go into Advance Setup of Insurer(^ADV) and change the value of field 423 Special code from 0 to 07. EXAMPLE OF HOW IT SHOULD LOOK: SPECIAL CODE: S ABSP("X")="07" See SETUP OF INSURER tab for special codes.
891:Days Supply Is Less Than Plan Minimum	Check the receipt. If the claim is Express Script/Medco and says SUBMT 90DS OR OVD w/08/0891 w/SUBMTD DS in the receipt, you will override by going up to Ask Preauth and enter YES, then enter 8 in prior authorization type(Payer defined exemption), and 0891 in the Prior Authorization ID field, then resubmit.

1. Locate rejection

2. See common solutions

Next, the Fixing a Rejected Claim tab

Gives step by step directions on how to fix rejected claims

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

For additional training materials on Fixing a Rejected Claim, go to ABSP Pharmacy Point of Sale

https://www.ihs.gov/rpms/training/course-materials/

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

First, go to Pharmacy Point of Sale and select #1.

```
Select Core Applications Option: ^pos

    1     Pharmacy Point of Sale  [ABSPMENU]    (POS)
    2     CMOP Activity Report  [APSP CMOP ACTIVITY]    (POS)
```

Select: U   Pharmacy POS User Menu

```
    U       Pharmacy POS User Menu ...
    MGR     Pharmacy POS Manager Menu ...
    BILL    RX Point of Sale Billing Menu ...
    RPT     Pharmacy electronic claims reports ...
```

Then: U Claims data entry screen

```
    U       Claims data entry screen...
    RPT     Pharmacy electronic claims reports ...
```

Correcting Rejected Claims: Impact on Collections

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

To track impact:

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

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

Example: Clinton Service Unit January 2024

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

Impact from correcting POS rejections for 2023

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

Paid Claims total (Blue Piece):
Obtained from daily total before performing POS Tasks

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

#2: Identification and Entry of Insurance
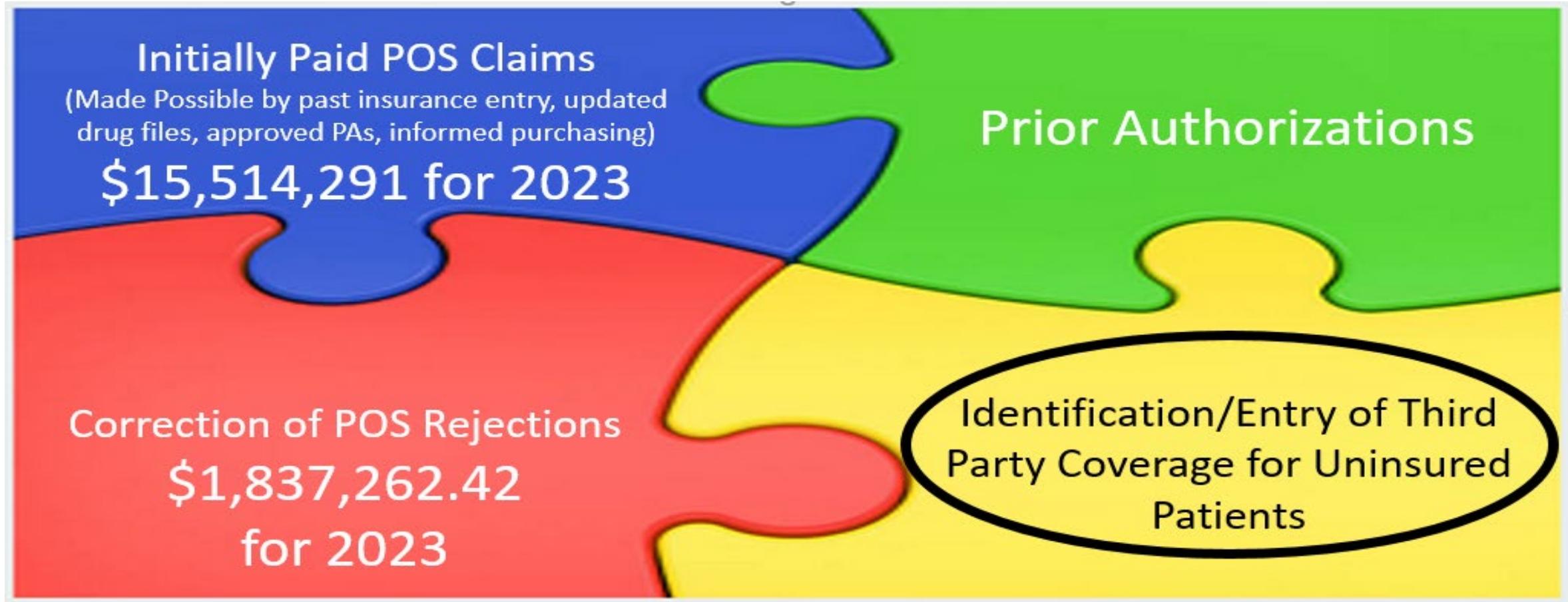
VGEN (Visit General Retrieval) Report

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

Our report is printed on the 1st of the month for the previous month date range, and includes everything needed when using Cardfinder:
- Patient Name
- HRN (Health Record Number)
- Date of birth
- Zip code

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

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,RCR)
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. Availity
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) & Pro____onsent Form

"How To" Section
A. Calculating Days Supply
B. Running Reports for Monitoring Pharmacy POS Success

Prior Authorization Log for Tracking Collections

Insurer Asleep

Medicare Part B

VA Billing

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

Home Page | Contact info | Recorded Trainings | POS Setup | Daily Tasks | Reject List | Fixing a Rejected Claim | Codes | Eligibility Search | Setup of In

Change Healthcare Cardfinder Service

eR̽x 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 pharmacyservices@qs1.com or call 800.845.7558, ext. 1471.

🌐 http://www.erxnetwork.com/

Change Healthcare Cardfinder Service

Change Healthcare Cardfinder Service   https://secure.erxnetwork.com/NS/Cardfinder/CardFinder.aspx

This service is currently down since cyber attack on 2-21-24

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

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

Cost involved
◦ Must have local contract in order to utilize PRIVate insurance eligibility check.
  ◦ Cost is $25 per month, plus $0.025 for every positive lookup

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

For questions regarding acquisition of a Cardfinder account for your site, contact Change Healthcare support at:

https://secure.erxnetwork.com/Public/Contact.aspx

Phone support for pharmacy staff:

866-379-6389

RPMS involved Government Contact for Change Healthcare IHS 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

Search VGEN list through Cardfinder

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

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

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

VGEN Search Impact on Collections:

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

YEARLY TOTALS	2015 RX	2015 MEDICAL	2016 RX	2017 RX	2018 RX	2019 RX	2020 RX	2021 RX	2022 RX	2023 RX	2024 RX	2025 RX	Grand Totals
PATIENTS IDENTIFIED					769	747	796	915	724	782	0	0	4733
MEDICAID	$30,999.21	$11,41_.70		$68,521.13	$97,858.81	$99,912.89	$142,665.00	$114,660.00	$219,795.0_	$195,067.00	$0.00	$0.00	$1,014,072.74
MEDICARE PART D	$1,872.29	$_.54		$3,704.31	$42,563.41	$6,503.04	$456.06	$34,750.50	$29,313.6_	$35,408.17	$0.00	$0.00	$156,731.95
PRIVATE INSURANCE	$38,864.29			$21,641.16	$43,542.46	$36,189.94	$21,410.35	$51,595.36	$59,170.34	$95,642.2_	$0.00	$0.00	$412,408.77

Initial Findings Only!

Total number of patients identified	4,733
PDSA GRAND TOTAL SINCE INCEPTION	$1,835,618.81

Total for 2023

#3: Prior Authorizations

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

Prior Authorizations

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

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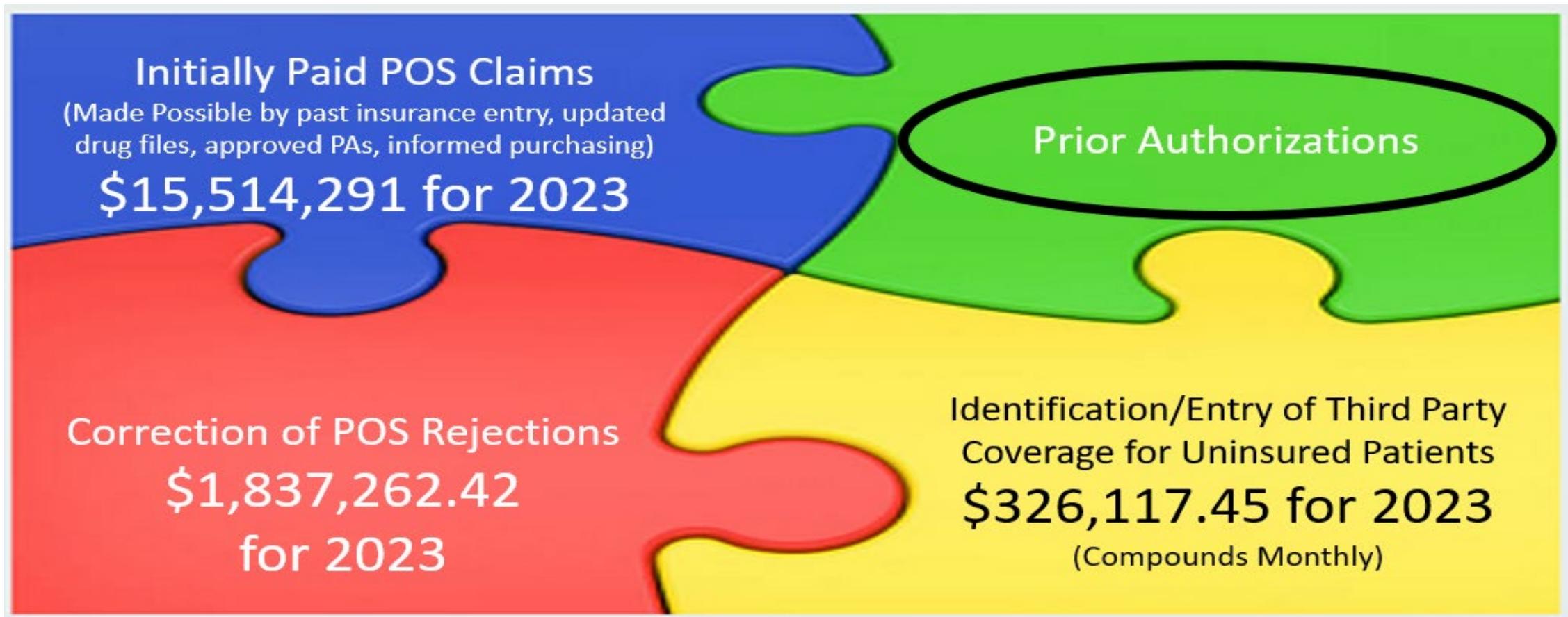
Prior Authorizations

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

Indian Health Service: Prior Authorization completion is usually the responsibility of the pharmacy. **The driving force is the pharmacy to increase third-party collections.** Patient is usually not impacted as they will receive their medication at no cost. Often PA's are done after the patient has already received and started their medication. However, PA's can often be backdated up to 30 days with a phone call to the insurer.

Initial Rejection Types that Might Require a PA

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

569:Provide Beneficiary with CMS Notice of Appeal

608:Step Therapy, Alt Drug Therapy Required

70:Product/Service Not Covered

75:Prior Authorization Required

76:Plan Limitations Exceeded

MR:Product Not On Formulary

R6:Product/Service Not Appropriate For This Location

Covermymeds

- Free website for Prior Authorization completion for most third-party plans.

- Search for forms by entering BIN, PCN, and GROUP numbers.

- Website stores patient, prescriber, and pharmacy information once it is entered.

- Greatly speeds the PA process through online completion. May receive immediate response in some cases.

- Stores outcomes of PA's to show trends of which meds are normally approved/denied.

POS Tutorial: PRIOR AUTHORIZATIONS Tab

Impact from Completion of prescription Prior Authorizations (PA)

Initial Collections
Totals repeat with each refill

FY 2023

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

Our Puzzle is now Complete

Pharmacy Point of Sale (POS) Staff

Point of Sale Pharmacist:

Oversee pharmacy POS billing operations

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

Provide clinical oversight while working rejections and completing prior authorizations

Ensure good communication between revenue generating departments

Be trained in all tasks performed by POS Technicians listed below

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

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

With multiple employees, tasks can be divided to speed the process
- Work POS rejections by entering overrides
- Complete prior authorizations
- Search/identify/enter insurance for uninsured by using online search tools

Financial Return on POS Staff Investment

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

Typical Pharmacy Billing Tasks by Department

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

Billing clerk (Business Office)
- VA claims are processed on electronic paper claims
- Create claims to match Nebulizers billed online in pharmacy

Accounts Receivable clerk (Business Office)
- Reconcile and post payments received from third party payers

RPMS Keys Required for Different Departments

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

Billing clerk (Business Office)
- ABMZMENU

Accounts Receivable clerk (Business Office)
- BARZMENU

Satisfying the Need for Training

Recorded trainings are available:

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

Power point presentations and training tools are available:

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

Monthly Pharmacy Point of Sale Office Hours

- Second Tuesday of each month at 11 AM CST

Pharmacy POS Tutorial created for beginning users

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

POS Listserv: Single most beneficial resource for guidance

- Instructions on how to sign up are on the POS Tutorial
- **POS@Listserv.IHS.GOV**

Training topics recorded from POS Office Hours

Topic	youtube recording link
Pharmacy Point of Sale Tutorial	https://youtu.be/xxwf_nSDSiw?si=e9TPhEw2a3K-xVxy
Daily Task Checklist	https://www.youtube.com/watch?v=5zC3UDlkDV4
Correcting Rejections	https://www.youtube.com/watch?v=Js4-eKmlKX8
Days Supply Calcuations and Rejectoins	https://www.youtube.com/watch?v=1WvCjvojdWk
How to Run RRIP Report and Manipulate the report	https://youtu.be/lfLD4pB1uhM?si=_ahtwoDmjp8Fb9n8
Entry of insurance cards	https://youtu.be/iLVMthg01Ac?si=lYBSEfUDHNjLB45B
RPMS Insurance Eligibility Search Functions	https://youtu.be/d-zjTmGtnH0?si=MfTWNts5gC0xyJyA
Prior Authorization Pain Relief	https://www.youtube.com/watch?v=bNdEvwh7BkU
Reports to track POS progress/success	https://youtu.be/83mJhewcTCU?si=y8PwgxvMsMe13Sf4
Making Drugs Billable or Unbillable in RPMS	https://youtu.be/xMBQFYuqGEg?si=wvnvv1QUgP3_YowM
Using VGEN and log session to create an uninsured report	https://www.youtube.com/watch?v=DInmr-VlYXY
Special Codes and Field Suppression	https://www.youtube.com/watch?v=86sYigj_zFM
Submission Clarification Codes	https://www.youtube.com/watch?v=uAAWr5iXhmw

Differences Between Medical & Pharmacy POS Billing

Medical Claims

◦ **Automatically generate** when new medical coverage is added

◦ Have a longer backbilling window than pharmacy claims

◦ Take longer to be billed, receive a response, and be posted in Accounts Receivable (A/R)

◦ Require a signed Assignment of Benefits (AOB) or Medicare Secondary Payer Questionnaire (MSPQ), depending on coverages

Differences Between Medical & Pharmacy POS Billing

Pharmacy Point-of-Sale (POS) Claims

◦ **Do not automatically bill and must be manually billed**

◦ Bill in just a few seconds displaying the amount we should be paid, then payment from insurer comes two to four weeks later

◦ Have a backbilling window of 90 to 180 days, depending on insurer

◦ Payments are then reconciled by A/R

Examples of Interdepartmental Teamwork
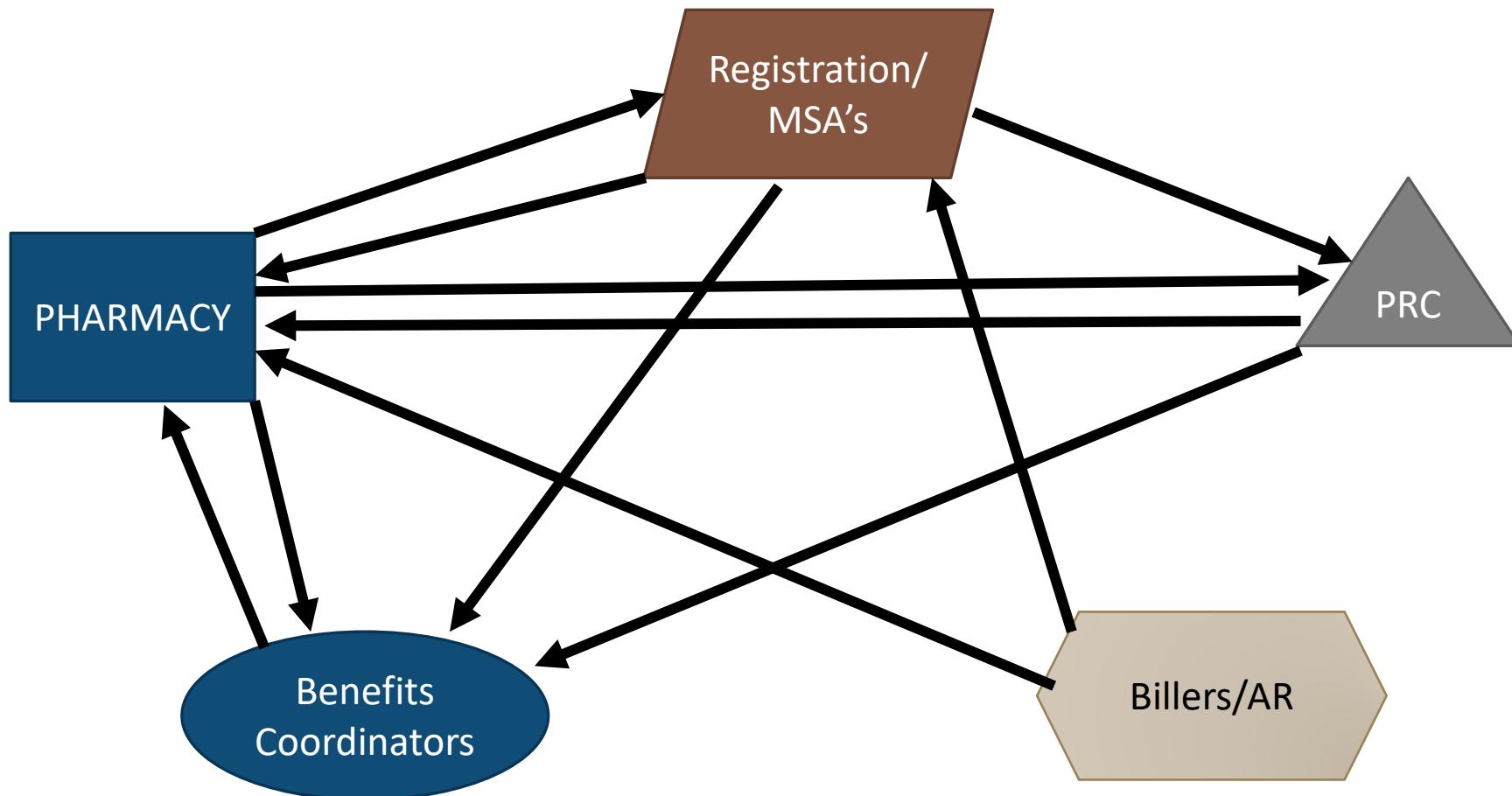
Two-way Communication Between Pharmacy and Registration

Registration communicates with Pharmacy
- Registration alerts Pharmacy when a new pharmacy insurance is entered so that pharmacy can backbill claims

Pharmacy communicates with Registration
- Pharmacy lets Registration know when pharmacy insurance is found, can alert registration to research/identify medical insurance, gain the proper documents (AOB, MSPQ, etc.), and add the insurance
- Pharmacy lets registration know of any issues that may need updating on a patient's file (address, phone number, dependents, etc.)

Two-way Communication Between Pharmacy and Benefits Coordinators

Benefits Coordinators communicate with Pharmacy
- Benefits Coordinators (BC) let Pharmacy know when new coverage is added (i.e., recently obtained approval for Oklahoma Medicaid)
- This will alert Pharmacy to backbill POS claims

Pharmacy communicates with Benefits Coordinators
- Pharmacy notifies Benefits Coordinators when either Medicaid has termed on a patient, or if a patient is dual eligible for Medicare and Medicaid, but has no Part D plan
- This can increase collections by renewed coverage/acquisition of Medicare Part D plan
- It can help BCs on their PMAPs by increasing encounters for benefits coordinators

Two-way Communication Between Pharmacy and Purchased Referred Care (PRC)

PRC communicates with Pharmacy

- PRC can notify Pharmacy when new coverage is identified/entered so pharmacy can backbill claims

Pharmacy communicates with PRC

- Pharmacy can notify PRC when a patient updates their address
- This can sometimes place the patient outside of our Purchased Referred Care Delivery Area (PRCDA), which can affect PRC coverage/payments

Two-way Communication Between Pharmacy and Billers/Accounts Receivable (AR)

Billers/AR communicates with Pharmacy
- ◦ Billers/AR notifies pharmacy when new coverage is added/identified to alert pharmacy to backbill POS claims.

Pharmacy communicates with Billers/AR
- ◦ Pharmacy diligently provides information regarding any billing issues
- ◦ Informs billers when Nebulizer is billed as DME online through Oklahoma Medicaid so that a bill can be created to match up with the payment that will be received

Two-way Communication Between Pharmacy and the Business Office Manager (BOM)

BOM communicates with Pharmacy

◦ BOM can notify pharmacy when a new plan is entered so pharmacy can complete the POS settings to ensure proper billing

Pharmacy communicates with BOM

◦ When rejections occur that alert when a provider's Medicaid contract has expired

◦ Paper claims are occurring when medical plans may be set up incorrectly

◦ New plans/groups are identified on Cardfinder as active for a patient but are not in our system.

Possible Tools to Improve Communication

- Shared spreadsheet

- INSURANCE UPDATE schedule created in GUI/Moonwalk

- Create a group in Microsoft Teams or WebEx

- Notepad

- Phone call

- Passenger pigeon ☺

Shared Spreadsheet on S Drive Lists Patients Who May be

Fill Date	Division	Rx#/Fill#	Insurer	Amount Billed	Cardholder	Group	Drug Nam	Status	Comments	Employee	Benefits Coord. Comments	Pharmacy Coverage Patient Status	Pharmacy Collections
07/11/23	CLINTON	3163037/3	D-HUMANA BIN:015581 P:	$10,584.01	xxxxxxxxxxxx		ETANERCEPT 50 MG/		NEEDS PART D	JUANITA	UPD/ADDED D-HUMANA RX	RESUBMITTED/PAID	$7,542.79
09/05/23	EL RENO	3207885/0	OKLAHOMA MEDICAID	$1,413.65	xxxxxxxxxxxx		SEMAGLUTIDE 1 MG/		MEDICAID TE	TERESA	10/03/23 VERIFIED PT HAS ACT SNCR, UPDATED INSURANCE. TLM	CLAIMS RESUBMITTED	$3,270.00
06/01/23	EL RENO	3083849/2	OKLAHOMA MEDICAID	$81.46	xxxxxxxxxxxx		DROPLET PEN NEEDL		MEDICAID NEEDS RENEWED	JUANITA	EHAP RECERT APPROVED	RESUBMITTED/PAID	$3,270.00
08/09/23	CLINTON	3099086/3	OKLAHOMA MEDICAID	$848.24	xxxxxxxxxxxx		INSULIN ASPART 100		MEDICAID TE	TERESA	09/07/23 APPROVED PT WITH MCD. TLM	CLAIMS RESUBMITTED	$2,616.00
09/05/23	WATONGA	3207926/0	OKLAHOMA MEDICAID	$12.16	xxxxxxxxxxxx		DIAZEPAM 5 MG TAB		MEDICAID TE	ANGIE	PT APPROVED THRU 9.30.24	RESUBMITED/PAID	$2,616.00
10/02/23	EL RENO	3163922/3	OKLAHOMA MEDICAID	$19.75	xxxxxxxxxxxx		TRUE PLUS LANCET 3		MEDICAID NE	ANGIE	PT APP MCD THRU 9/30/24	RESUBMITED/PAID	$1,962.00
06/01/23	EL RENO	3066186/3	OKLAHOMA MEDICAID	$12.25	xxxxxxxxxxxx		OMEPRAZOLE 20 MG		MEDICAID NEEDS RENEWED	JUANITA	EHAP RECERT APPROVED	RESUBMITTED/PAID	$1,308.00

Insurance Update Schedule Created in GUI/Moonwalk

Create appointments for patients that need updating
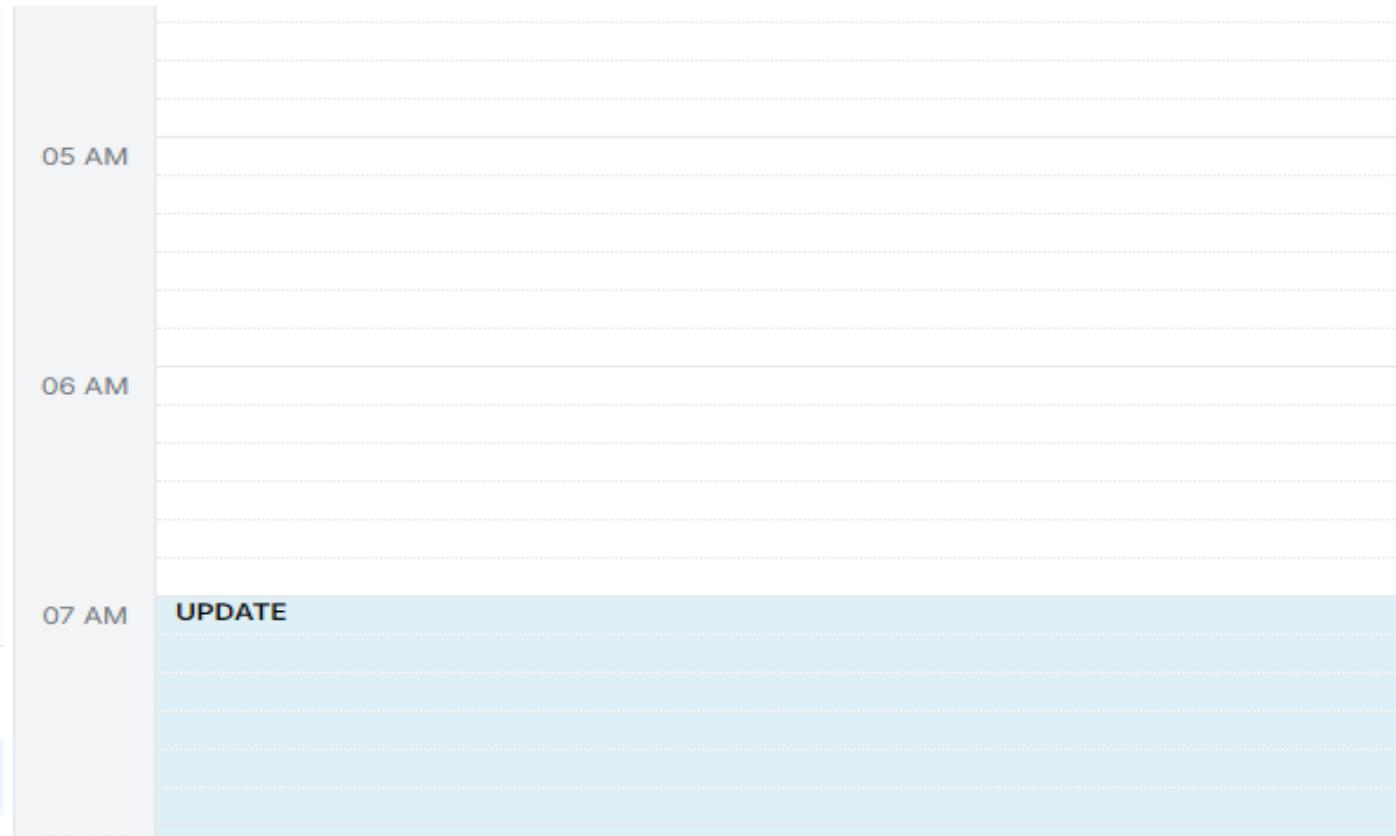
Microsoft Teams or WebEx Groups
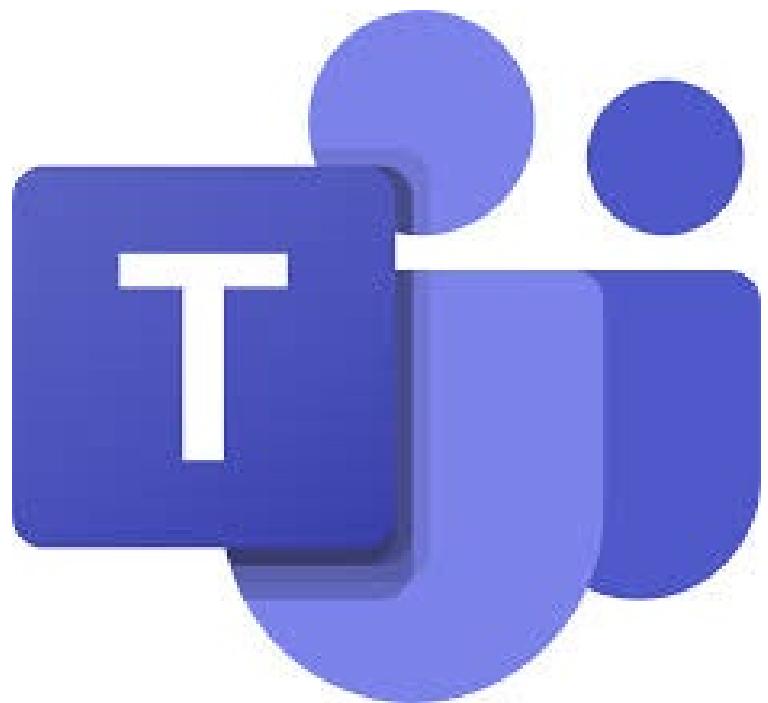
Additional Tools to Improve Communication

- Notepad with chart numbers jotted down (low tech, but very effective)
  - Have a system for pharmacy to go pick up the list daily/weekly

- Phone call to/from Patient Registration to/from Pharmacy

- Passenger Pigeon
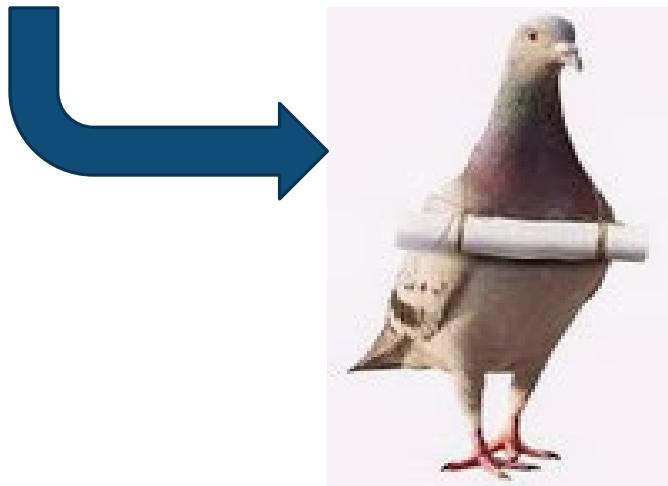
Important Pieces

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

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

Remember this from earlier???

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

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

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

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

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

El Reno Indian Health Center Additional Services

9 chair dental department (Increased Size)

2 additional primary care providers

Laboratory

Behavioral Health

Optometry department (NEW)

Physical Therapy Department (NEW)

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

Upcoming expansion is being scheduled soon!!!!!

Knowledge Check Question #1

TRUE OR FALSE

Pharmacy POS claims transmit to the insurer immediately at the 'point of sale' when a prescription is processed.

Knowledge Check Question #1

TRUE OR FALSE

Pharmacy POS claims transmit to the insurer immediately at the 'point of sale' when a prescription is processed.

Answer: TRUE

Knowledge Check Question #2

The following departments are highly involved in the revenue cycle.

A. Patient registration

B. Accounts receivable

C. Business office

D. Benefits Coordinators

E. Purchased Referred Care (PRC)

F. All of the above

Knowledge Check Question #2

The following departments are highly involved in the revenue cycle.

A. Patient registration

B. Accounts receivable

C. Business office

D. Benefits Coordinators

E. Purchased Referred Care (PRC)

F. All of the above

Knowledge Check Question #3

A _____ _____ is the process of the pharmacy or provider requesting for a prescription medication to be covered by insurance that is not normally covered. It can be done through _____ __ _____.

A. Post Authorization,   Cover Your Meds

B. Prior Authorization,   Cover My Meds

C. Medical Authorization,   Take My Meds

D. Clinical Authorization,   Take Your Meds

Knowledge Check Question #3

A _____ _____ is the process of the pharmacy or provider requesting for a prescription medication to be covered by insurance that is not normally covered. It can be done through _____ __ _____.

A. Post Authorization,   Cover Your Meds

B. Prior Authorization,   Cover My Meds

C. Medical Authorization,   Take My Meds

D. Clinical Authorization,   Take Your Meds

Knowledge Check Question #4

The _____ _____ tab on the Pharmacy POS Tutorial shows a list of common POS Reject codes and a list of possible solutions.

A. Daily Tasks

B. Prior Authorization

C. Reject List

D. Insurance Identification

Knowledge Check Question #4

The _____ _____ tab on the Pharmacy POS Tutorial shows a list of common POS Reject codes and a list of possible solutions.

A. Daily Tasks

B. Prior Authorization

C. Reject List

D. Insurance Identification

Knowledge Check Question #5

Pharmacy needs to be notified when prescription insurance has been added to a patient's record:

A. For no reason whatsoever.

B. Because POS claims to not automatically process when new coverage is added

C. In case there are POS Claims that can be back-billed

D. Both B & C.

Knowledge Check Question #5

Pharmacy needs to be notified when prescription insurance has been added to a patient's record:

A. For no reason whatsoever.

B. Because POS claims to not automatically process when new coverage is added

C. In case there are POS Claims that can be back-billed

D. Both B & C.

Knowledge Check Question #6

The idea of using Passenger Pigeons as an interdepartmental communication tool:

A. Would be pretty cool to see in action.

B. Is nonsense

C. Proves the presenter is off his rocker

D. All of the above

Knowledge Check Question #6

The idea of using Passenger Pigeons as an interdepartmental communication tool:

A. Would be pretty cool to see in action.

B. Is nonsense

C. Proves the presenter is off his rocker

D. All of the above

RPMS Pharmacy Billing Questions?

Utilize the POS@Listserv.ihs.gov

Or, give me a holler!

LCDR Michael Hunt, DPh

Clinton Service Unit

580-331-3351

Michael.hunt@ihs.gov