Pharmacy Management System
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1. Introduction

Office Hours and Locations

TECHNICAL SUPPORT - MAINTENANCE, UPDATES, AND SUPPLIES:

FOUNDATION SYSTEMS, INC.
15 North State St.
Lindon, Utah 84042

Phone: **801-785-7720**   Hours: **8:00 a.m.** to **6:00** p.m.
Fax: **801-785-2966**   Mountain Time - Weekdays

SALES, ADMINISTRATION, AND INVOICING:

FOUNDATION SYSTEMS, INC.
890 East 700 North
American Fork, Utah 84003-1321

Phone: **801-756-7715**   Hours**: 8:30 a.m.** to **5:00 p.m.**
Fax: **801-756-6136**   Mountain Time - Weekdays

AFTER HOURS SERVICE (EVENINGS, WEEKENDS, HOLIDAYS):

Call the normal service number: **801-785-7720**. Beginning each business day at 6:00 p.m. (mountain time) until 8:00 a.m. (mountain time) the next business day, our phones will be placed on call forwarding to a cellular telephone. This cellular telephone is active all hours that the technical support office is closed. If the cellular phone is in use the call is forwarded to a voice mail message system. Please leave a voice mail message, your Pharmacy Name, Telephone Number, and a Short Description of the Problem would be helpful. Our technician will contact you as soon as possible.
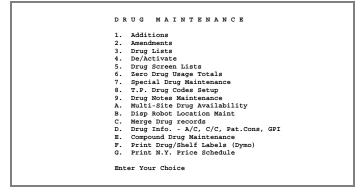
Phone: **801-785-7720**
Cost: **After Hours Service Rates Apply (subject to change).** A nominal fee is charged for answering the call and an additional charge for each minute per the duration of the "after hours" service call.

Basic System Guidelines

The Pharmacy Management System is a menu-driven system. For example, the following screen was taken from *Drug Maintenance*:
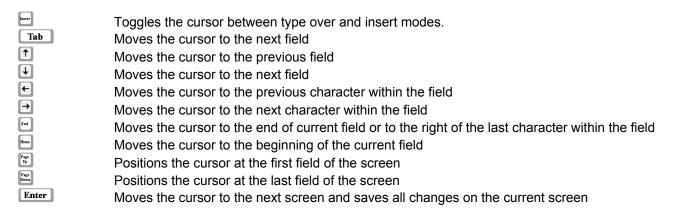
1. All menu options follow a single digit number or letter. Press the number or letter to activate the option. You do not need to press Enter after your selection.

2. Enter dates into the system in a month, day, year, and century format. For example, if the date entered is July 4, 2001, type **07040120**.

```
D R U G   M A I N T E N A N C E

1.  Additions
2.  Amendments
3.  Drug Lists
4.  De/Activate
5.  Drug Screen Lists
6.  Zero Drug Usage Totals
7.  Special Drug Maintenance
8.  T.P. Drug Codes Setup
9.  Drug Notes Maintenance
A.  Multi-Site Drug Availability
B.  Disp Robot Location Maint
C.  Merge Drug records
D.  Drug Info. - A/C, C/C, Pat.Cons, GPI
E.  Compound Drug Maintenance
F.  Print Drug/Shelf Labels (Dymo)
G.  Print N.Y. Price Schedule

Enter Your Choice
```

3. Several keys are used repeatedly in the Pharmacy Management System:

Enter   ***Save and Move Forward*** - Press Enter when you are finished with the entire screen and are ready to move onto the next screen. If the screen has multiple fields, use the ↑ ↓ ← → keys or Tab to move from field to field. The system can be configured to allow Enter to move the cursor from field to field and Ctrl Enter to advance to the next screen.

F1   ***Abort and Back Out*** - If pressed repeatedly, this key will return you to the ***Main Menu***. This process will not save any changes made before the key was pressed.

ESC   ***Acknowledge Information and Continue*** - When information given by the computer is considered crucial (drug-to-drug interaction, etc.), the screen prompts the user to acknowledge the information by pressing ESC.

Ctrl B ***Return to Main Menu*** - This key combination returns you to the ***Main Menu*** from anywhere within the pharmacy system.

.   ***Recall Last Search Item*** - During a data search, the period key recalls the last database record with which you worked (last patient, Rx, drug, etc).

Ctrl G ***Create a Subroutine*** - At any point in the program, this key creates a sub-task. You will be placed at the ***Main Menu*** to begin the additional task. Press F1 an additional time at the ***Main Menu*** to return to the point where you were prior to pressing Ctrl G.

4. The function keys, F1 through F12, are used to run special routines or shortcuts in the Pharmacy Management System**.**   Instructions on the screen will tell you when the functions are available.

5. Bracket field editor function keys:

Key	Description
Insert	Toggles the cursor between type over and insert modes.
Tab	Moves the cursor to the next field
↑	Moves the cursor to the previous field
↓	Moves the cursor to the next field
←	Moves the cursor to the previous character within the field
→	Moves the cursor to the next character within the field
End	Moves the cursor to the end of current field or to the right of the last character within the field
Home	Moves the cursor to the beginning of the current field
Page Up	Positions the cursor at the first field of the screen
Page Down	Positions the cursor at the last field of the screen
Enter	Moves the cursor to the next screen and saves all changes on the current screen

Ctrl E	Erases all characters from the cursor position to the end of field
Delete	Removes character at the current cursor position
Ctrl Page Up	Moves the cursor up a field in the same column
Ctrl Page Down	Moves the cursor down a field in the same column
Ctrl Enter	If you are using the enter key to go from field to field, these keys will take you from screen to screen
Ctrl R	Reads the current field, from the cursor position forward, into a temporary memory buffer.
Ctrl W	Writes the copied information from the temporary buffer into the current field.

Importance of Backup and Compare

Since the data stored in the computer is the foundation of your business, ensure that you make a backup and compare of your data on a daily basis. The value of this backup and compare process cannot be overstated. Please follow the recommended backup procedures as discussed in 'Backup and Compare Procedures', later in this chapter.

Start-up/Shutdown Procedures

The various operating systems supported by the **Foundation Systems Pharmacy Management System** each have their own start-up procedures. Please follow the start-up process for your type of operating system.
SCO-Unix, Linux, DOS and most Multi-User systems each require a shutdown before they are powered off. Make certain you follow the shutdown procedures correctly or you will lose data.
All systems should be equipped with a UPS/Surge protector to help prevent damage due to power shortage or fluctuation. If you experience a power outage, remember that a UPS is only meant to keep power to the computer long enough for you to do a shutdown - do not try to operate on your UPS during a power outage. It is recommended that you shutdown and power off each evening. If the power is out for an extended period of time while the pharmacy is unattended, the UPS will fail and your pharmacy system will lose power (most UPS systems last approx. 3 to 5 minutes).

Start-up

DOS Based Systems:

1. Turn on the power to the computer and printers.
2. Wait for the system to come to the command prompt.
3. Type **CD C:\FSI** `Enter`
4. Type **RUN PHARM** `Enter` or **RUN PHARM E** `Enter`

Note: RUN PHARM E allows you to use the `Enter` key to advance bracket to bracket through the screen. To advance to the next screen press the `Ctrl` `Enter` keys.

DOS - Windows Based Systems:
1. Turn on the power to the computer and printers.
2. Wait for the system to come to the Windows Desktop.
3. Select the FSI Icon.

Note: If no icon appears for FSI, click on 'Start' on the windows taskbar, click on programs, and then click on the MS Dos Prompt icon. A Dos window will display with a C:\Windows prompt displayed. Type cd \FSI and press `Enter`. This will display a C:\FSI prompt. Type R and press `Enter`. This should run the Pharmacy Management System. If this does not work, please call the **FSI Technical Support Helpdesk** at **801-785-7720** for assistance.

SCO-UNIX Based Systems:

1. Turn on the power to the computer and printers.

> **SCO System V/586**
>
> **Boot:**

2. Press `Enter`.

> **Type CONTROL-d to go on with normal startup,**
> **(or give root password for system maintenance):**

3. Hold the Ctrl key down and press the d key.

> **Current System Time Tue Apr 14 08:55:31am 2001**
> **Enter new time ([yymmdd]hhmm):**

4. If the date and time are correct, press Enter to continue.

> **scosysv**
> Welcome to the SCO System V/586 Release 5.0.5
> scosysv login:

5. Type **fsi** and press Enter. The System will bring you to the *Main Menu*.

Note: Always make sure the 'CAPS LOCK' key light is lit when you are in the Pharmacy Management System.

To switch between tasks, hold down the Alt key while pressing a function key representing the task number, i.e., Alt F1. The main terminal is capable of up to 12 tasks. Workstation (slave) terminals are capable of two tasks, depending on system configurations and pharmacy package options that were purchased.
SCO-Unix allows DOS-based systems to be used as secondary terminals FSI provides an emulation program for each slave terminal (if the terminal is a PC). To switch from UNIX, to DOS press Ctrl X. You will see the DOS command prompt. To return to UNIX from DOS type *TERM* Enter.

LINUX Based Systems:

1. Turn on the power to the computer and printers.

> **LILO Boot:**

Press Enter or will automatically continue the boot up process in approximately 10 seconds.
After several scrolled screens the following screen is displayed:

> **linsys login:**

4. Type in **fsi** and press Enter

OR this screen is displayed:

> **Linux Manufacturer Logo**
>   **Name:**
>   **Password:**

At this point, hold down the Ctrl key and the Alt key at the same time and press the F1 key, at the new screen press the Enter key and the login screen will be displayed.
Note: Always make sure the 'CAPS LOCK' key light is lit when you are in the FSI Pharmacy Management System.

To switch between tasks, hold down the Alt key while pressing a function key representing the task number, i.e., Alt F1. The main terminal is capable of up to 12 tasks. Slave terminals are capable of two tasks, depending on system configurations and pharmacy package options that were purchased.
Linux allows DOS-based systems to be used as secondary terminals. FSI provides an emulation program for each slave terminal (if the terminal is a PC). To switch from Linux, to DOS press Ctrl X. You will see the DOS command prompt. To return to Linux from DOS type *TERM* Enter. It is also possible to use windows based 'terminal emulator' programs to be used to access the Linux server from the windows computer. It is recommended to contact the **Foundation Systems Technical Support Helpdesk** for recommendations of which programs will work. The **Foundation Systems Technical Support Helpdesk** cannot provide technical assistance for any program not purchased directly from FSI.

Shutdown & Power Off

Single user DOS systems may power down from the main menu of the FSI Pharmacy program. To power down your computer simply turn your computer power switch to the off position.
Multi-User DOS systems must *exit* the FSI Pharmacy package and perform a **shutdown** command **BEFORE** turning off the power to the computer. **If this is not done, the system files can be damaged**. To power down your Multi-User DOS system, exit the Pharmacy package. At the C:\FSI prompt type: **sd** Enter. The computer will tell you when it is safe to power off or reboot the system. For DOS-Windows Based Systems select the START button located in bottom left of monitor screen display and select the shutdown process.
When using Linux or SCO Unix, it is necessary to perform a **haltsys** command **BEFORE** turning off the power to the computer. **If this is not done, the system files can be damaged**. To power down your Unix system, exit the Pharmacy package. At the # prompt type: **haltsys** Enter*. The monitor screen will display when it is safe to power off or reboot the system.

The Main Menu

The Main Menu as shown to the right is the starting point of the Pharmacy Management System. Select the appropriate selection by pressing the numeral or letter shown to the left of the menu option to proceed.

Additional system messages will also be displayed on the Main Menu, messages about program updates and others. Also on the Main Menu, the initials of the pharmacist and tech, the date, site number and time will be displayed.

```
                    KREIG'S TEST SYSTEM              Sh F2 HELP
             P H A R M A C Y   M A N A G E M E N T   S Y S T E M

          1. Process by Patient        7. Nursing Home System
          2. Process by Script         8. Exit Pharmacy System
          3. Utility Programs          9. Pharm/Tech Secur. Log-Off
          4. New Rx - Last Patient     A. Cash Register Function
          5. Consulting/Appoint Review B. Rx Status - Work Flow
          6. Accounts Receivable       U. Update Notice Display

                                    Enter Your Choice



            MediSpan Drug Update not yet Applied (rduds)


                  (c) 2005 Foundation Systems, Inc.
      Pharm: KM                    Rev. 04.05

      Wed 23 Mar 05            Site # 1-SITE1              03:07 pm
```

Process by Patient

The 'Process by Patient' Main Menu function allows for the user to work with the patient. This work could include adding a new patient, recalling an existing patient, filling new prescriptions, refilling existing prescriptions, or recalling (bringing up) existing prescriptions, along with other utilities to work with a specific patient.

After selecting this menu option, the screen shown here will be displayed. Enter in the name of the patient in any of the ways shown on the screen,

```
                  P R O C E S S   B Y   P A T I E N T

          Enter the Patient Name  [                    ]

            You May Search By:    LastName,FirstName
                                  LastName/FirstName(6 Digits)
                                  LastName;Phone(Last 4 Digits)
                                  LastName!B-Date(MMDDYY)
                                  3rd Party Card ID #
                                  ,Phone Number
                                  'Miscellaneous ID #
                                  :S.S.N.
                                  \Acct-Episode #
                                  -Non-Volatile ID #
```

the most common way being **LastName,FirstName**. As just shown, enter in the last name of the patient, followed by a comma, then the first name of the patient without any spaces between the last name, comma, and first name. After entering the name to search for, press ⌈Enter⌉. The program will search the patient file for any names that match what was entered, and a list of matching names will be displayed (if more than one match was found) allowing the user to select the patient to work with. For more information on working with patients, please refer to **Chapter 2** of this manual.

Process by Script

The 'Process by Script' function from the Main Menu allows for the user to bring up a prescription already entered in the 'Pharmacy Management System'. After entering the prescription number, the following screen shown here will be displayed.

From the 'Rx Status' screen, the following functions can be performed:
Refill a Prescription
Edit a Prescription
Change the Prescription Status
Reprint Labels
Cancel a Refill for the Prescription (May require Reversal before performing)
Transfer the Prescription
Change the number of refills on the Prescription
Print Call doctor Labels

```
TEST PATIENT B.15 Nov 65 Age.38   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  801-785-7720
                                      Charge   21.28   Cost   11.07
 000085          5 Refills Before 11/04/05v 04  MFG: ZENTH
 TEST PATIENT                          Usage 30 Since 11/02/04
 TAKE 1 TABLET 3 TIMES                 SOH -30
 DAILY                                 Dr Fax # 785-2966
                                       Dr # 222 4444 222 4445
 30   AMOXICILLIN 500MG CAP  ZENTH     Quantity Owing 150 Refs 5
 Dr TEST DOCTOR           KM    exp11/04/05  Not Refillable After 04 Nov 05


Refs: 5 Rem'g of 5  Wrtn 04 Nov 04 For AMOXICILLIN 500MG CAP ZENTH
1 $21.28c#30 04 Nov 04 AMOXICILLI ZENTH



Rx STATUS:
1. Refill Script       7. Xfer Remain'g Refs.   D. Edit Short Script Note
2. Edit Script         8. Change # of Refills   E. Edit Long Rx/Pat Notes
3. Change Rx Status    9. Call Doctor Label      F. Disp Not-Filled Script
4. Label Only (Last)   A. Immediate Refill Req.  M. More Script Functions
5. Label Only (Choose) B. Store Refill Request   Enter Your Choice
6. Cancel Prev Ref.    C. New From Old
```

Print Fax Refill Request Forms
Create a New Prescription (New from Old)
Edit the Prescription 'Short' and 'Long' Notes
Dispense the Prescription if 'Not-Filled'
More Prescription Functions, including; Send an 'Auto Fax Refill Request' (if purchased), Transfer the prescription info to POS (if purchased), Miscellaneous Interface functions.

Utility Programs

Utility programs are programs used to maintain key files within the Pharmacy Management System. As shown to the right, the 'Utility Programs' menu includes the following functions:
Utilities Menu #2, Sundry Printouts, Drug Maintenance, Give Price Quote,
Doctor Maintenance, Pharmacy Statistics,
Third Party Processing,
Change Pharmacist's Initials,
Change Technician's Initials, O.T.C. Labels,
Check Drug Interactions, Electronic Reporting, FSI

```
         U T I L I T Y   P R O G R A M S

         1.  Utilities Menu #2
         2.  Sundry Printouts
         3.  Drug Maintenance
         4.  Give Price Quote
         5.  Doctor Maintenance
         6.  Pharmacy Statistics
         7.  Third Party Processing
         8.  Change Pharmacist's Initials
         9.  Change Technician's Initials
         A.  O.T.C. Labels
         B.  Check Drug Interactions
         C.  Electronic Reporting
         D.  FSI TeleCommunications System
         E.  Wholesaler Ordering/Management
         G.  Pickup Logging/Reporting
         H.  Return Items to Stock
         O.  Special/Custom Processing

         Enter your choice.
```

TeleCommunications System, Wholesaler Ordering/Management, A/R System Utilities, Pickup Logging/Reporting, Return Items to Stock, Special/Custom Processing

New Rx - Last Patient

This Main Menu option is used to begin new prescription processing for the last patient processed in the system.

Consulting/Appoint Review

This is a special FSI Pharmacy package option that permits access to patient history information without access to the rest of the pharmacy package. This is typically used in hospital and clinic environments.

```
TEST PATIENT B.15 Nov 65 Age.38   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

Consulting Rev.             Allergic - Sensitive to:
1. Change Patients          NO KNOWN DRUG ALLERGY
2. Review All/Sens
3. Review History        Rx No. Drug Name          Doc    Date    Qty Ra-Rr
4. Rev Ext History       000101 ALLEGRA 60MG TAB    TEST 11/08/04  60 12 11
5. Rev Dis History Avalbl 000100 BENTYL 20MG TAB     TEST 11/08/04  30  6  5
6. Pr Consulting Sheet   000099 IMODIUM 2MG CAP     TEST 11/08/04  30  6  5
Appntmnt Rev. -E 17 Days 000098 PREVACI 30MG DR CAP TEST 11/08/04  30 12 11
7. Select Date Range     000097 ZYRTEC 5MG/5ML SYP  TEST 11/05/04  30
8. Dis-Continue Script   000096 ZITHROMAX 600MG TAB TEST 11/08/04  30  6  5
9. Review/Print P.M.R.   000095 CLARIT 10-240MG TAB TEST 11/08/04  60  6  5
A. Print Pat Med Rec     000094 ASPIRI 325MG EC TAB TEST 11/05/04 120
B. Edit Eligib'lty Date  000093 MOTRIN 800MG TAB    TEST 11/05/04 100  6  6
                         000092 DIAZEPAM 5MG TAB    TEST 11/05/04  60
Enter Your Choice.       000091 VALIUM 5MG TAB      TEST 11/05/04  60  5  5
                         000090 IBU 800MG TAB       TEST 11/05/04 120 12 12
                         000089 TYLENOL 500MG TAB   TEST 11/05/04 100 99 99
                         000088 AMOXICILL 500MG CAP TEST 11/05/04  30  5  5
                              History Complete
```

Accounts Receivable

The FSI Accounts Receivable system consists of two systems. The first is the 'Integral Accounts Receivable (Customer Accounts Receivable)'. This system is used to bill track and send out bills to patients on a monthly basis. This program is an optional system to the Pharmacy Management System. To purchase this system, please contact the **FSI Sales Office, 800-333-0926**.

```
                    TEST PHARMACY

           P H A R M A C Y   M A N A G E M E N T
       I N T E G R A L   A C C O U N T S   R E C E I V A B L E

           1.  Customer Processing
           2.  Invoice Inquiry
           3.  Print Transactions
           4.  Edit Transactions
           5.  Month End Processing
           6.  Year End Processing
           7.  Print Customer List
           8.  User Maintenance
           9.  Index Maintenance
           A.  Exit Accounts Receivable
           B.  ExPort Transactions and Zero
           C.  Transaction Archive Utility

           Enter Your Choice.

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```

The second is used to track and record billing for third parties. This system is called the 'Third Party Accounts Receivable System'.

For more information on both of the Accounts Receivable systems, please refer to the **Chapter 11** of this manual or contact the **FSI Technical Support Helpdesk** at **801-785-7720**.

```
        T P   A C C O U N T S   R E C E I V A B L E

           1.   TP A/R Reconciliation
           2.   TP A/R Reports
           3.   Reconcile Specific Script
           4.   Edit A/R by Script
           5.   Enter Rx to TP A/R
           6.   Rebill to Invoice
           7.   Medi-Cal Inquiry Form
           8.   X12-835 Reconciliation
           9.   Rapid RxEMIT Reports

        Enter Your Choice.
```

Nursing Home System

The FSI Nursing Home System is designed to allow users to Setup & Maintain Nursing Homes, print Packing List, and Billing Statements by Facility. The Nursing Home System is an optional software module. To purchase this system, please contact the **FSI Sales Office, 800-333-0926**.

```
                    TEST PHARMACY

        N U R S I N G   H O M E   M A N A G E M E N T

           1.   Print Packing Lists
           2.   Patient List By Facility
           3.   Patient Monthly Charge Statements
           4.   Facility Monthly Charge Statement
           5.   Patient Profiles By Facility
           6.   Fixed Period Log By Facility
           7.   Variable Period Log By Facility
           8.   Cycle Filling System
           9.   Utility Programs

                Enter Your Choice.

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```

Exit Pharmacy System

This function leaves the **Pharmacy Management System** and returns to the operating system.

Cash Register

The FSI Cash Register System is designed to allow user's to ring up, and track the sales of prescriptions. The Cash Register System integrates with the FSI Pharmacy Management System, and the FSI Integral Accounts Receivable System. The Cash Register System is an optional software module. To obtain more information, or to purchase this program, please contact the **FSI Sales Office, 800-333-0926**.
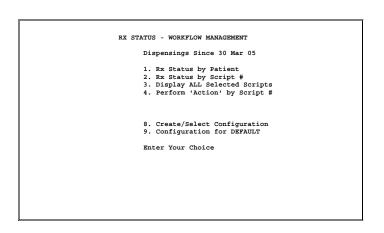
Options one, two, and four enter the *Prescription Pathway.* The *Prescription Pathway* contains the steps needed to fill a prescription, and is described in the next section of this manual.
The bottom portion of the screen shows the initials of the pharmacist logged in to that terminal, Month, Day, Year, the site #, and time (if so configured in that display format). If a technician is logged in it will show his or her initials as well.

Rx Verify – Work Flow

This function is used to allow the pharmacy to designate certain stations for specific purposes of filling prescriptions. This is used mostly in larger establishments to know what the status of the patient's prescription's are.
For more information on the 'Rx Verify – Work Flow' program refer to **Chapter 10** of this manual.

```
        RX STATUS - WORKFLOW MANAGEMENT

           Dispensings Since 30 Mar 05

        1. Rx Status by Patient
        2. Rx Status by Script #
        3. Display ALL Selected Scripts
        4. Perform 'Action' by Script #


        8. Create/Select Configuration
        9. Configuration for DEFAULT

        Enter Your Choice
```

Update Notice Display

This Main Menu option is used to display and print the most recent 24 update notices.

These contain the same text as the installation notices but starting with the 'Please review the following notes:' message. These notes will be available for a year, until the same update period is installed the following year.

Having the prior update notices available allows users of the 'Pharmacy Management System' to go back and review the changes that were made on prior updates.

```
                      UPDATE FILES
        A.  01 Jan              M.  01 Jul
        B.  15 Jan              N.  15 Jul

        C.  01 Feb              O.  01 Aug
        D.  15 Feb              P.  15 Aug

        E.  01 Mar              Q.  01 Sep
        F.  15 Mar              R.  15 Sep

        G.  01 Apr              S.  01 Oct
        H.  15 Apr              T.  15 Oct

        I.  01 May              U.  01 Nov
        J.  15 May              V.  15 Nov

        K.  01 Jun              W.  01 Dec
        L.  15 Jun              X.  15 Dec

     Enter the letter of the update file to view [ ]
       NOTE: Only highlighted letters are available.
```

SH + F2 HELP (upper right hand corner)

This option provides 'HELP' functions to find text information related to FSI terms and possible keystrokes to perform specific functions and/or determine certain informational sequences within the FSI Pharmacy Software.

Type the word that comes 'nearest' the function or term that you are desirous to learn about. Press the [Enter] key and the search command will display a new screen with the information for the function - term, or you will see a message line in the bottom left corner indicating that item/request is not available at this time

```
           General Help Information          F10 Name List
   The help option (SHIFT+F2) is setup to give you helpful information
   to efficiently and more easily use the pharmacy functions, including
   hardware and outside utilities.

   Access the help information by simply typing the 'HIGHLIGHTED'
   key words (upper case) in the space at the bottom of each section.
   Try any key word in the search, even if not listed on that screen.
   Press the F10 key to get a list of available help file names.

   Return to the Pharmacy Management System by pressing Enter when the
   bracket is blank.

   General search topics:

   GENERAL        HARDWARE        FINDIT HOWTO

       Enter the help topic to search for [            ]
        Sh F3 to print or Press Enter to Return to Pharmacy
```

Backup and Compare Procedures

Since the data stored in your computer is the foundation of your business, ensure that you make a backup and compare of your data on a daily basis. The value of this backup and compare process cannot be overstated. When your system crashes, a successful backup and compare will be your salvation. Make a backup and compare a daily habit.

Some tape software systems will make the backup and compare separate processes. If this is the case, always do the compare process after the backup. A backup alone is not sufficient. Without a compare, there is no assurance that the backup completed successfully, and the time and effort of a backup is worthless.

Do not leave a backup and compare running overnight. Both processes should be supervised to monitor their progress and effectiveness. Tapes should not be left in the drive for any extended length of time because of the wear on both tape and drive.

Backup and Compare Schedules

Foundation Systems suggests either a four-tape rotation schedule, or, for extra protection, an eight-tape rotation schedule. If it becomes necessary to restore data from a backup tape, having more tapes in the rotation will lower the risk of permanent data loss.

The following charts display each type of rotation system:

4 Tape Rotation (Two week period)

Day of the Week	Tape #1	Tape #2	Tape #3	Tape #4
Monday	X			
Tuesday		X		
Wednesday	X			
Thursday		X		
Friday	X			
Saturday			X	
Sunday		X		
Monday	X			
Tuesday		X		
Wednesday	X			
Thursday		X		
Friday	X			
Saturday				X
Sunday		X		

7 Tape Rotation (Two week period)

Day of the Week	Tape #1	Tape #2	Tape #3	Tape #4	Tape #5	Tape #6	Tape #7
Monday	X						
Tuesday		X					
Wednesday			X				
Thursday				X			
Friday					X		
Saturday						X	
Sunday							
Monday	X						
Tuesday		X					
Wednesday			X				
Thursday				X			
Friday					X		
Saturday							X
Sunday							

8 Tape Rotation (Two week period)

Day of Week	Tape #1	Tape #2	Tape #3	Tape #4	Tape #5	Tape #6	Tape #7	Tape #8
Monday	X							
Tuesday		X						
Wednesday			X					
Thursday				X				
Friday					X			
Saturday							X	
Sunday						X		
Monday	X							
Tuesday		X						
Wednesday			X					
Thursday				X				
Friday					X			
Saturday								X
Sunday						X		

General Information

Tape Use - Wear and Tear

The life of a backup tape will depend on the type of tape and the care given to it. The following are general rules of tape care:

1.   Always keep the tape in it's protective case when not in use.
2.   Never leave the tape in the tape drive when not in use. This may shorten the life of both your tape and tape drive.
3.   Always let your tape fully rewind before pulling it from drive.
4.   Keep tapes away from heat, liquids, and food.
5.   Store tapes in a cool, dry, and dust-free environment. The weekly tape rotations (Saturday's tape) should be taken off-site, in case of fire.

There are many brands of backup tapes available on the market. The brand you buy does not matter so much as the model or type of tape.

Tape Errors & Diagnostics

With a backup and compare process, there is always a possibility that you will experience an error. There are any numbers of reasons that errors may occur. Some of the most typical are:

   The multi-user system is still active
   No tape in drive
   Static
   Bad tape
   Tape is not formatted

General Diagnostics for Backup and Compare Errors

1.   Power down the system. Bring the system back up and try the process again.
2.   Mark the tape reporting the error and try a second tape (Do NOT use your most recent backup tape).
3.   If the system freezes upon initial startup of backup:
- Read entire screen, checking to see if the system is waiting for a response
- If Multi-Terminal System, make sure you are in single user
- Make sure tape is in drive.

4.   If needed, call FSI Customer Support, perform the following before calling:
- Write down the error message.
- Write down full path name where the error occurred.
- Did the error occur during the backup or compare?

Backup Types

The following pages contain backup and compare information for several different backup types. If your type of backup system is not listed here and you have questions or concerns about your backup and compare process, please contact FSI.

BACKUP AND COMPARE STEPS

Sco Unix Version

Backup and Compare Process:

STEP 1:   Go to the *Main Menu* of the Pharmacy Management System. Press 8 to exit.

STEP 2:   Ensure that all tasks and users are logged off of the system by typing *haltsys.* Reboot the system and exit the Pharmacy System by pressing 8.

STEP 3:   Insert the backup tape into the drive.

STEP 4:   At the pound sign, type: ***backup*** ⌨Enter. The backup and compare process will begin.

STEP 5:   When the process is complete, return to the Pharmacy System by typing ***r*** at the pound sign.

*Systems with floppy tape drives type: **fbackup** ⌨Enter

Tape Format for UNIX:

If your backup tape requires a format, type ***tape format*** ⌨Enter at the pound sign.

*Does not apply to Everex Floppy Tape system.

SCO Unix – Colorado Memory

Backup and Compare Process:

STEP 1:   Go to the ***Main Menu*** of the Pharmacy Management System. Press ⌨8 to exit.

STEP 2:   Ensure that all tasks and users are logged off of the system by typing ***haltsys.*** Reboot the system and exit the Pharmacy System by pressing ⌨8 .

STEP 3:   Insert the backup tape into the drive.

STEP 4:   At the pound sign, type: c***backup*** ⌨Enter. The backup and compare process will begin.

STEP 5:   When the process is complete, return to the Pharmacy System by typing ***r*** at the pound sign.

Tape Format for UNIX - Colorado Memory:

If your backup tape requires a format type ***jtape format*** ⌨Enter at the pound sign.

SCO Unix / Linux CD-ROM Disc

CD - R - W   BACKUP

FSI recommends the following backup schedule with CD-ROM discs.
Mon - Fri   Use '**CD-Rewritable Media'**. Recommend 10 of these CD-ROM discs , one for each day the
pharmacy is open over a two week period. Therefore, a CD-ROM disc would not be re-used for a backup for a two
week period.
At the # prompt insert the CD Rewriteable disc in the CD-ROM drive and
Type: **cdrwback** ⌨Enter
Upon completion of the update remove the CD Rewriteable disc and place in a marked container with the current
date of the backup. This CD Rewriteable disc would then be used again as a backup media in two weeks from the
current date of the backup.
Saturday/Sunday   Use '**CD – R'** .   Recommend 52 of these, one for each Saturday or Sunday backup. This disc
can only be used once and would be used by FSI in case a long term problem was detected and the need to go

back several backups was required.
At the # prompt insert the CD-R disc in the CD-ROM drive and
Type: **cdrback** [Enter]

Upon completion of the backup remove the CD-R disc and place in a marked container with the Saturday or Sunday date of the backup. This CD-ROM disc will not be used again to make a backup, but might be used to perform a restore of your pharmacy data by FSI Technical Support

2. Prescription Pathway

This Chapter covers four key elements of the Pharmacy Management System, and includes documentation for the Medi-Span modules used within the FSI Pharmacy Management System.

Process by Patient:

In this section, the adding and maintaining of patients, the patient profile, and patient profile menu will be covered.

Patient Profile:

This section will cover the patient profile, and the patient profile menu options.

Prescription Processing:

In this section, the processing of filling prescriptions, the Medi-Span checks, online billing, and printing the label.

Process by Script:

In this section, the 'Rx Status' screen will be covered. This menu is used for maintaining the prescription status, reprinting labels, and miscellaneous utilities.

Medi-Span Information and Disclaimers:

In the final section of this chapter, information and disclaimers will be discussed for the Medi-Span systems. The following systems are what will be discussed:

> Cross-Chek System*
> Drug-to-Drug Interactions*
> Patient Consultation System*
> Aller-Chek System*
> Duplicate Therapy System*
> Drug-Disease System*
> Dose-Chek System*
> Patient Drug Education System*
> Drug Therapy Monitoring System*
> Warning Label Database*
> Drug Imprint Database*

*Information has been abstracted from Documentation provided by Medi-Span, by permission of Medi-Span.

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Process By Patient

From the *Main Menu,* select *Process by Patient*.
The screen shown to the right will be displayed.

Below the field to enter the patient's name in, a list
of available formats is shown:

```
           P R O C E S S   B Y   P A T I E N T

Enter the Patient Name  [                      ]

   You May Search By:   LastName,FirstName
                        LastName/FirstName(6 Digits)
                        LastName;Phone(Last 4 Digits)
                        LastName!B-Date(MMDDYY)
                        3rd Party Card ID #
                        ,Phone Number
                        'Miscellaneous ID #
                        :S.S.N.
                        \Acct-Episode #
                        -Non-Volatile ID #
```

LastName,FirstName:
> Type the patient's last name, a comma, and
> the patient's first name. Do not place a space
> between the comma and the first name.

LastName/FirstName:
> Type part of the patient's last name followed
> by a slash and part of the patient's first name.
> Additionally, a forward slash and part of the patient's first name will sort on first names listing last names.

LastName;Phone:
> Type part of the patient's last name followed by a semicolon and the last four digits of the patient's phone
> number.

LastName!B-Date:
> Type part of the patient's last name followed by an explanation mark and the patient's date of birth in
> MMDDYY format.

Third Party Card ID:
> Enter the third party card ID.

,Phone Number:
> Type a comma followed by the phone number as it appears in the patient's profile.

'Miscellaneous ID#:
> Type in an apostrophe followed by the miscellaneous ID as it appears in the patient's profile.

: S.S.N:
> Type in a colon followed by the patient's social security number as it appears in the patient's profile.

\ Acct - Episode #:
> Type in a back-slash followed by the patient's Account Episode number as it appears in the patient's
> profile.

-Non-Volatile ID #:
> Type in a dash (-) followed by the patient's Non-Volatile ID #.

After entering in the search criteria for the patient
to be found, a screen similar to the one shown
here will be displayed. Depending on the criteria
entered, a list will be displayed of up to the first 9
matches for what was entered. Below the list
available options are displayed.

```
1. PATIENT,TEST  15 N. STATE STREET LINDON  TEST  DOB 15 Nov 65
2. PATIENT,TEST2  3283 ALEXANDRIA LANE P.G.  PAID  DOB 18 Dec 43

R:Re-enter; 1-2:Select One; A:Add
```

M:
> If more than 9 matches are found for the patient search criteria entered, 'M:More' will be an available option.
> Pressing 'M' will display the next 9 matches. Continue pressing 'M' until the patient is found.

R:

Pressing 'R' allows the user to 'Re-enter' the patient search criteria. This is useful when typing in the name incorrectly or to enter a more specific search to cut down on the number of matches.

1-9:

If the patient is displayed in the list displayed on the screen, press the number shown to the left of the patient's name. This will select the patient and display the patient's profile.

A:

If the patient is not in the list, and the search was entered correctly, the patient might be a new patient to the pharmacy. If this is the case, pressing 'A' to 'Add' will go to 'Patient Additions'. After pressing 'A', the following screen might display:

This screen is shown when no patient is found with a matching first name search, but patients were found with the same last name as what was entered.

```
                P A T I E N T   A D D I T I O N S

Choose From Another Family Member or 'R' for None of These.

1. PATIENT,TEST  15 N. STATE STREET LINDON   TEST  DOB 15 Nov 65
2. PATIENT,TEST2  3283 ALEXANDRIA LANE P.G.   PAID  DOB 18 Dec 43

R:Re-enter; 1-2:Select One; A:Add
```

Select the appropriate family member and that member's information will be transferred to the new patient's file. Whether the new patient is added independently or as a member of a family, a screen similar to the following will be shown:

Patient Additions

Main Screen

Due to the fact that some of the fields shown are self explanatory, only fields of note will be discussed.

```
                P A T I E N T   A D D I T I O N S

              Name  [                    ]  (Last,First)
           Address  [                    ]
  Optional Address  [                    ]
              City  [            ]    State  [  ]
               Zip  [        ]
             Phone  [            ]    Phone2  [                    ]
         Birthdate  .[mmddyycc]    Sex [ ]
     Patient Email  [                    ]
     Patient S.S.N. [           ]  Foreign Language [ ] (Y,N,2)
              Note  [                    ]

   In Long Term Care  [ ] (Y/N)  LTCF Code [     ]  Location [  ]
       LTCF Location  [                  ]  Usual Doctor Code [    ]

       Special Case  [      ]
  _____
    F2 Misc. Pat/TP      F3 TP (CASH)     F4 Charge Acct      F5 Interface
   ShF1 Misc. Info.     ShF2 Help       ShF5 Mail Order     ShF10 No PNote
```

Name:

Enter the patient's name, **Last,First** - followed by initials if desired. For example; ***ADAMS,JOHN B.*** **NOTE:** There is no space between the comma following the last name and the first name of the patient. If a space is entered here, searches by first name will not be found and displayed correctly.

Phone:

Enter the phone number of the patient in this field. It is important when entering phone numbers in the 'Pharmacy Management System' that they be entered in the same way. FSI recommends entering the area code, dash, exchange, dash, and the phone number. For example, 801-785-7720.

Phone2:

This field is used to enter an auxiliary phone number for the patient. This field is can be used to enter a fax, cellular, or work phone number for the patient. This field is oversized to accommodate entering a note of what the number is at the end.

Birthdate:

Enter the patient's date of birth, in MMDDYYCC form. I.e., 09215119 represents September 21, 1951. It is important to select the century portion of the date. It should not be left blank.

Patient Email:
Use this field to enter the email address for this patient. Currently this field is used for informational purposes only.

Patient S.S.N.:
This field is used to enter the Social Security Number of the patient. Currently, this is used in conjunction with the "Pers ID" for FSI pharmacies using the automated telephone refill request system, or the 'Internet Refill Request' system. When entering a SSN in this field, it is not large enough to accommodate dashes, so enter the number without.

Foreign Language:
This field is used to specify which 'definition' line of the 'Sig Maintenance' should be used for this patient. Set this field to 'Y' to use the 'Foreign Language' line. This is typically used for Spanish. Set this field to '2' to use the '2nd For.Lang' line, and leave this field blank, or set to 'N' to use the 'Direction' line. The 'Direction' line is reserved for the English definition of the sig.

Note:
Use this space to enter miscellaneous information about the customer. This note is displayed on the *Patient Profile* screen. If the first character of the patient note is an * (asterisk), the system asks you to acknowledge the information by pressing the `ESC` key whenever the patient's information is recalled. If the first character of the patient note is a # (pound sign), the note will not print on a claim form. If the patient note is being used to print the diagnosis codes on a HCFA form, separate the diagnosis's by using ; (semi-colon) between each.

In Long Term Care:
If the patient is in a care facility, set this field to 'Y'. This field links a patient to the **Nursing Home System**. Additionally, if used for California MediCal a '4' will indicate Board and Care, a 'C' will indicate Skilled Care, and a 'F' will indicate Acute Care. These MediCal values also have the effect of setting the NCPDP 'Customer Location' field to '07'- Skilled Care Facility when performing an on-line (modem) claim.

LTCF Code:
Enter the **L**ong **T**erm **C**are **F**acility code. This code is a nursing home abbreviation, and will link the patient to a nursing home in the **Nursing Home Package**. The **Nursing Home System** does not have to be installed for this field to operate within the Pharmacy Management System. The 'Board and Care' functions available under 'Sundry Printouts' also use this field to determine patients to be printed. Also, 'Log of Scripts' can be set to print by **LTCF** code.

Location:
The contents of this field will be transmitted in the NCPDP version 3.2 'Customer Location' for an on-line modem claim. The following values apply to this field:

01- Home	07- Skilled Care Fac.
02- Inter-Care	08- Sub-Accute Fac.
03- Nursing Home	09- Acute Care Fac.
04- Long Term Extended Care	10- Outpatient
05- Rest Home	11- Hospice
06- Boarding Home	

This field will override the effect of the 'In Long Term Care' field (above) for California MediCal on-line claims.

LTCF Location:
Enter the patient's location within the nursing home. I.e., Bed number, room number, etc. The content of this field is printable on some 'Board and Care' forms.

Usual Doctor Code:
Enter the code of the patient's primary care physician. This code defaults in the doctor's name field of the *Prescription Pathway*.

Special Case:

This field can be used to link or isolate patient's that have no other common tie together for reporting purposes.

F2 – Misc. Pat/TP

Refill Reminder:

This field is used to specify whether this patient's prescriptions should be recorded into the refill reminder system. This field has two valid settings, 'Y' and 'F'. When this field is set to 'Y', the refill reminder will be saved as a 'To Call' status. When this field is set to 'F', the reminder will be saved as a 'To Fill' status.

For more information on the different status's and how to use the 'Refill Reminder' system, please refer to **Chapter 6** of this manual.

```
               M I S C .    P A T I E N T / T P

        Refill Reminder  [ ]    (Y/N)    [ ]  Prefers Generic
                 Pr PDE  [ ]    (Y/N)    [ ]  Span. PCM/PDE
              Safety Cap  [ ]    (Y/N)    [ ]  Duplicate Receipt
By-Pass Interactions/DT  [ ]    (Y/N)
          Delivery Route  [ ]

          MisID  [            ]          MisID2  [            ]
        Pers ID  [            ]     Acct/Epis #  [            ]

  Diag1  [     ]  Onset .[     ]  Diag2  [     ]  Onset .[        ]
  Diag3  [     ]  Onset .[     ]  Diag4  [     ]  Onset .[        ]

    Patient Status  [ ] (I,C,A)     Child Covered to age  [0 ]
    Eligi/Reg. Date .[      ]   Third Party Allocation $[0     ]
       Co-Pay Trade $[0    ]            Type Contract  [       ]
     Co-Pay Generic $[0    ]            Incentive Rx #  [0     ]

       Discontinued  [ ]  (Y/N)
    _____

    F1 Cancel
```

Prefers Generic:

If the patient prefers generic products enter a 'Y' in this field. The screens shown here will be displayed. Notice that BELOW the 'Drug Prescribed/Dispensing' field a note is displayed: 'Patient Prefers Generics'. If the 'Prefers Generic' in 'Patient Amendments' is set to 'N', the display shown here would read: 'Patient Prefers NO Generics'.

The two messages will be displayed in 'Reverse Color' to highlight the message. For more information on 'Reverse Color', please refer to 'Color Selections' in the 'System Configuration' section of **Chapter 8** of this manual.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                          Sh F10 NO PNote
 ┌──────────────────────────────────────┐
 │ 000108                   28 Jan 05    │
 │                                       │
 │                                       │
 │                                       │
 │                                       │   F2 - Dispensing Date 28 Jan 05
 │                                       │   F3 - Dispensing Note
 └──────────────────────────────────────┘   F4 - Script Note
[                     ] Drug Prescribed/Dispensing
Patient Prefers Generics
Drug Search Options:                      Shift F1 -> Drug Maintenance
   Drug Code                              Shift F4 -> Do Price Quote
   Partial Drug Name (T or G)
   Partial Name,Strength
   Drug NDC Code          #Rx number (Choose Rx & ReCall/ReFill)
   :Partial Speed Code List  'Multiple Exact Speed Code List
   ;Drug (Uses Generic Name)  /Drug (Managed Care Formulary Alternates)
   *Drug (DeActivated Drugs)  ~Drug (Compounds Only)
   $Drug (Displays AWP)       ^Drug (Non-Compounds Only)
   @Drug Record Number
```

Pr PDE:

Set this field to 'Y' to have a '**P**atient **D**rug **E**ducation' monograph print when printing a label. This field only defaults the 'Print PDE' option displayed on the 'Number of Labels' screen. The setting defaulted can be over-ridden. This PDE option will print a PDE on plain paper, not on the prescription label. If this field is set to 'N', then 'N' will be defaulted on the 'Number of Labels' screen. When this field is blank, the system will act as if 'Y' was set in this field.

Span. PCM/PDE:

Set this field to 'Y' to have the '**P**atient **D**rug **E**ducation' monograph and the '**P**atient **C**onsultation **M**essage' print in Spanish. Medi-Span maintains the translations for these two databases.

Safety Cap:

When this field is set to 'Y', on the label screen, a reminder that the patient wants a safety cap will be displayed on the 'Number of Labels' screen of the prescription filling process. An example of the screen is shown here. Notice at the right of the 'Number of Labels' prompt, the message 'Use Safety Cap' is shown.

This message will display in 'Reverse-Blink Color' to highlight, and flash if the terminal being used is capable of flashing. For more information on 'Reverse-Blink Color', please refer to 'Color Selections' in the 'System Configuration' section of **Chapter 8** of this manual.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                     Charge  15.87   Cost   7.24
000108          5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                                  Usage 30 Since 11/02/04
                                             SOH -30


30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR            Unk     exp01/28/06  Not Refillable After 28 Jan 06


Number of Labels  [1 ]         Use Safety Cap
Pr PDE Monograph  [N]    Imprint: tablet oblong scored off-white film-coated
                             (PVK500)(GG  950)

   Rx000108  Best if medication is taken on an empty stomach. Finish all
   medication. Take on schedule. May reduce effectiveness of birth
   control pills. Report hives/itching/problems in breathing to Dr.
   Promptly report unusual symptoms/effects to Dr.
```

If this option is set to 'N', and message will be displayed indicating that the patient does not want a safety cap. This message will display in a combination of 'Reverse-Blink Color' and 'Reverse Color'.

These indications can also be programmed to print on the prescription labels. For more information on how to do this, please refer to 'Label Maintenance' section of **Chapter 8** of this manual, or contact the **FSI Technical Support Helpdesk** at **801-785-7720**.

Duplicate Receipt:

If this field is set to 'Y', the pharmacy system will print two prescription labels for this patient. Additionally, if there is a "0" (zero) or a "3", the label question will be defaulted to 0 or 3 labels, respectively.

By-pass Interactions/DT:

Setting this field to 'Y' will skip the 'Cross-Chek' or 'DTMS' drug interactions systems and the 'Duplicate Therapy' indication system for this patient. This should only be used when a patient is added who is not the end user for the prescription, such as when adding a patient who is actually a house supply for a nursing home, or doctor who re-dispenses the medication to patients.

It is highly recommended to not set this field to 'Y' when the patient is the actual user of the medications being dispensed.

Delivery Route:

This field is used to specify the patient's delivery route. Use the 'Delivery Tracking System' under the 'Sundry Printouts' menu to print a list of prescriptions to be delivered. Please refer to **Chapter 8** of this manual for more information about the 'Delivery Tracking System'.

MisID:

If needed, enter the patient's alternate ID number. (For Example: in California could be a medical record number).

Note: This field is also used by certain interfaces available that interface the FSI Pharmacy Management System with various hospital and clinic systems as a common patient identifier.

MisID2:

This field is used to enter a second miscellaneous ID number. This field is most commonly used for special interface programs available from FSI.

Pers. ID:

This field will accept the personal identification number for those using the patient automated telephone refill request system, or the 'Internet Refill Request' system. If neither of these optional programs are being used in the pharmacy, this field can be used for any miscellaneous patient id number.

Account/ Episode #:
Use this field to specify the patient's 'Account/Episode' number. Some interface programs available will enter this information automatically. Depending on how the system is configured, the 'Account/Episode' number might be recorded to the prescription.

Diag1-4:
If you are using the ***Drug-Disease Monitoring*** function these fields will store the last four characters of the ***ICD-9*** codes for those diseases (1 being the most recent entry, 4 being the oldest entry). This field is used if the FSI MediCare package is installed. Additionally, larger chain operations use this field in association with their ADT interface systems. The diagnosis codes entered in these fields will over-ride the diagnosis codes entered in the patient note filed when printing out HCFA forms.

Onset:
This is field shows the date of onset for the appropriate ***diag***.

Patient Status:
This field is used to enter the age status of the patient.   I = Infant, C = Child, A = Adult.

Child Covrd to Age:
If the patient's insurance coverage expires after the patient reaches a certain age, enter that age here. As soon as the patient reaches the defined age, a prompt that the patient is no longer covered by the insurance company will be displayed.

Eligi/Reg. Date:
This field is used by a interface program available to enhance the FSI 'Pharmacy Management System' that allows certain hospital programs to send patient information to the pharmacy.

Third Party Allocation:
This field is used to define and track the amount of Third Party coverage a patient has in a specified period of time. In order for this filed to work, the Third Party has to be set to monitor and update this amount, and the patient has to get all of their prescriptions at this pharmacy. This does not work when an allocation is for a family.

Co-Pay - Trade:
Enter the amount of the patient's co-pay in this field if it is different from the usual plan specifications. Generally, this field will not be used. The co-pay will be assigned by an on-line claim or from the amount specified in the **Insurance Company Maintenance** setup.

This field is also used as a per patient copay override to a copay calculated from a third party pricing formula. The fixed dollar amount entered in this field will override the copay calculated on a 'non-online' third party plan.

Type Contract:
This field is used to mark the appropriate fields when printing TAR forms for Medi-Cal. Setting this field to:
     H   will mark 'Home' on the TAR form
     B   will mark 'Board and Care' on the TAR form
     T   is used for testing (will check each of the 4 boxes
     S   will mark 'Skilled Nursing' on the TAR form
     A   will mark 'Acute Care' on the TAR form
When this field is left blank, or when something other than the five above listed options,
'Home' will be marked by default.

Co-Pay - Generic:
This designates the co-pay amount for generic drugs. The same conditions apply as described above in 'Co-pay – Trade' discussed previously.

Incentive Rx #:

This field is used for Medicare billing (not Medicare PartD). This field will be populated automatically when billing to Medicare with the FSI Medicare Billing Module. For more information on enhancing your FSI 'Pharmacy Management System' with the Medicare Billing Module, please contact the **Foundation Systems Sales Office** at **800-333-0926**. The use of this field by the Medicare Billing Module is discussed in more length in the manual accommodating that software.
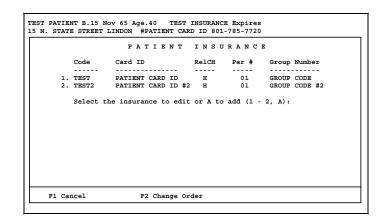
Discontinued:

To discontinue a patient put a 'Y' here. Note: You will be able to call up the patient but will not be to fill a script and 'discontinued' will be displayed.

F3 – TP

From the main screen of 'Patient Additions' or 'Patient Amendments', pressing the F3 key brings up the fields used to enter in third party billing information. An example of the 'Amendment' and 'Addition' screens are shown here.

Shown on the screen when F3 is pressed is the 'Third Party Code', 'Patient Card ID', 'Patient Relationship to Card Holder', 'Patient Person #', and 'Patient Group Number' for each third party profile entered for the patient. The FSI 'Pharmacy

```
TEST PATIENT B.15 Nov 65 Age.40   TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

                    P A T I E N T   I N S U R A N C E

       Code       Card ID          RelCH    Per #    Group Number
       ------     ---------------  -----    -----    ------------
   1.  TEST       PATIENT CARD ID    H        01      GROUP CODE
   2.  TEST2      PATIENT CARD ID #2 H        01      GROUP CODE #2

       Select the insurance to edit or A to add (1 - 2, A):




   F1 Cancel          F2 Change Order
```

Management System' supports up to 4 profiles for each patient. It is not necessary to have 'CA' (cash) as a profile.

To amend a profile already on file, press the number shown to the left of the 'Code' column. To add a new profile to the system, press 'A' to add. An example is shown here. Enter the appropriate information for the third party being added, and when finished, press Enter. The third party profile should then be displayed on the main screen of 'Third Party'.

```
TEST PATIENT B.15 Nov 65 Age.40   TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

                    P A T I E N T   I N S U R A N C E

       Code       Card ID          RelCH    Per #    Group Number
       ------     ---------------  -----    -----    ------------
   1.  TEST       PATIENT CARD ID    H        01      GROUP CODE
   2.  TEST2      PATIENT CARD ID #2 H        01      GROUP CODE #2

       Select the insurance to edit or A to add (1 - 2, A): A


      Insurance Code  [     ]             Card #  [             ]
  Relation to Card Ho  [ ] (H,S,C,O)     Person #  [   ]
         Group #  [              ]     Plan Code  [   ]
  Subscriber's Name  [            ]    Spec Cover  [   ]
         Expires .[       ] (mmddyycc) TP Alloc $[      ]


   F1 Cancel          F2 Change Order        ShF3 Search Ins List
```

Insurance code:

This field is used to enter the code for the insurance being added or edited for the patients. If adding a new third party profile or

amending a CA profile. Insurance codes can be looked up by pressing Shift F3 as shown on the screen when it's an available option.

After an insurance code has been entered, the required fields of information for the plan will appear in reverse colors.

Note: Insurance Codes must be at least two characters in length. System errors will occur when only single character Insurance codes are entered.

Card #:

This field is used to enter the billing card number for this insurance profile being added / amended. Different third parties will require different things. Some will require the letters in the ID number, some may not. If the user is having a problem billing, or getting a claim rejection similar to "Missing/Invalid Card Holder ID", it is recommended to contact the third party pharmacy claim helpdesk and confirm the ID being used.

Relation to Card Ho:

In this field, enter the patient's relationship to the card holder: H = Holder, S = Spouse, C = Child, O = Other.

Person #:

Use this field to enter the patient's person number as defined by the insurance company. This number is a two-digit number: 00, 01, 02, etc.

Group #:

Use this field to enter the group number assigned by the patient's primary insurance.

Plan Code:

Use this field to enter the plan code, if necessary, for the patient's primary insurance. TAR Tracking System also uses this field. If a TAR will be printed for this patient, enter the 'County Code' in this field and it will be printed on the TAR form.

Subscriber's Name:

Enter the name of the cardholder in this field, if the insurance company requires the information. The name is to be entered as 'LASTNAME,FIRSTNAME' format.

Special Coverage:

This field is used to reference any special coverage the insurance company provides to the patient. If a $ is placed in this field, the patient's co-pay will include an assigned surcharge. Refer to the **Surcharge** description in the **Insurance Company Maintenance** section of **Chapter 5** of this manual for more information. The 'TAR Tracking System' also uses this field. If a 'M' is set here, the 'Medicare Elig' 'YES' field will be checked when printing the TAR forms.

Entering a 'P' in this field will set a status of 'Pregnant' for the patient, and entering a 'S' in this field will set a status of 'Smoke' when billing to a Third Party company on NCPDP version 5.1. For either of these two statuses to be transmitted, the 'NCPDP 5.1 Selections' options have to be enabled in the Third party setup. For more information on how to configure these, please refer to **Chapter 5** of this manual.

This field is also used to override, on a per patient basis, a copay percentage to override the percentage entered in a third party profile. This is used to accommodate a special billing scenario where a copay has to be calculated for a second position non-online payer based on a percentage of the copay returned by an online primary payer. For more information on this, please refer to **Chapter 5**, 'Copay = Unpaid %' of this manual.

Expires:

Use this field to enter the expiration date of the insurance coverage. If the **Card Expiry Date** field in the **Insurance Company Maintenance** - **Required Info Matrix** screen is set to 'S', this field will appear as **Special Date** instead. If **Required Info Matrix** is set to 'I', this field will be titled 'Injury Date' instead of 'Card Expiry Date'.

TP Alloc $:

This field is used to define and track the amount of Third Party coverage a patient has in a specified period of time. In order for this filed to work, the Third Party has to be set to monitor and update this amount, and the patient has to get all of their prescriptions at this pharmacy. This does not work when an allocation is for a family.

ShF3 - > Search Ins List:

This option displays the Insurance File Search screen.

Type in the Name or Code of the Insurance Company that you think is appropriate. A list will appear, select the correct Insurance Company and that Code will automatically be inserted into the Insurance Code bracket on the Patient Amendment screen.

Note: If the Insurance Company is not on file, pressing 'F7' from the 'Insert T.P. To Amend'

```
                    I n s u r a n c e    F i l e    S e a r c h




        Insert T.P. To Amend [                        ]
           You May Search By   Insurance Name
                              !Insurance Code
                              :Ansi Bin#
                          F7- Search Insurance Reference File
```

prompt will go to the 'Insurance Company Reference File'. This file is provided to FSI by NDC, and is the same database used by the **FSI Technical Support Helpdesk** to look up insurance information.

F2 – Change Order

And additional function on the 'Third Party' screen of 'Patient Additions' or 'Patient Amendments' is the 'Change Order' function. From the main screen of 'Third Party press ⒡² and the screen shown here will be displayed. Each third party profile will be displayed with a number in a field shown to the left. Enter in the numeric value representing the order the third parties should be in. Upon entering a number for each third party profile or pressing enter, the third party profiles will be re-ordered. Entering a '0' (zero) will delete the profile.

```
          C H A N G E   T H I R D   P A R T Y   O R D E R

        Patient: PATIENT,TEST

       T.P. Code   Card ID              Group           RelCH
       ---------   -----------------    -------------   -----
   [1]  TEST        PATIENT CARD ID      GROUP CODE       H
   [2]  TEST2       PATIENT CARD ID #2   GROUP CODE #2    H


   Enter '0' to DELETE entry
```

F4 – Charge Acct

From the main screen of 'Patient Additions' or 'Patient Amendments', pressing the ⒡⁴ key allows for the patient to be linked to an existing 'Charge Account'.

This is discussed in greater detail in **Chapter 11** the 'Accounts Receivable System' chapter of this manual.

If the patient is already linked to an account, the information for the linked account will be displayed

```
TEST PATIENT B.15 Nov 65 Age.40   TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

               C U S T O M E R   C H A R G E   A C C T

                Charge Account Enabled: N

          BILL TO:  PATIENT,TEST
                    15 N. STATE STREET
                    LINDON, UT  84042
                    Acct Number: 1001

       Press Enter to accept or F3 to change BILL TO customer.


_____
   F1 Cancel             F2 to Enable Acct.        F3 Change BILL TO Cust
```
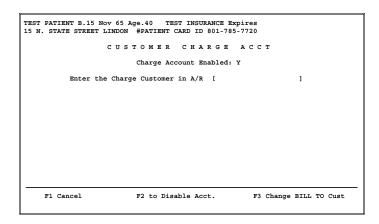
here. Displayed on the screen are the following data elements: the name on the account, the address, city, state, zip code and the account number.

If the account shown is not correct, press F3 to be able to change the account. If the patient has never been linked to an account before, the screen shown here will be displayed. Enter in the name of the account the patient is to be linked to. If a name is being entered, the account must already be created.

If the account has not previously been created, when at the screen shown here, a prompt will display below the 'Enter the Charge Customer in A/R' prompt. The prompt will read:

'Press F4 to Add Patient to A/R Customer File'

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                C U S T O M E R   C H A R G E   A C C T

                    Charge Account Enabled: Y

        Enter the Charge Customer in A/R  [               ]




        F1 Cancel          F2 to Disable Acct.      F3 Change BILL TO Cust
```

Pressing F4 at this prompt will create a new account for this patient, copying the name, address, city, state, zip code, and phone number based off what was entered for the patient. A prompt will be displayed to allow the user to enter in a 'Second Address Line' if needed. This is additional room for apartment numbers, suite number, etc. After entering all of the applicable information, press enter, and the account created will be displaced. When finished press F1 to get back to the main screen of 'Patient Amendments'.

F5 – Interface

The 'F5-Interface' function screen is used to enter in some miscellaneous information for the patient that are used specifically for various interface programs available from FSI to enhance the 'Pharmacy Management System' program to talk with other programs.

The first 4 pieces of information are not editable but are displayed for the user's information. Below them are the two editable fields.

```
                P A T I E N T   I N T E R F A C E

            Patient Entered     @
      Last Int'rfc Activity     @
      Patient Type Fin Class    Mapped to
      Patient Last Editted      @

            MisID  [               ]  (Medical Record Number)
        Acct/Epis # [               ]




        F1 Cancel          F6 Edit Pat Type Fin Class
```

MisID:
This field is most commonly used to record a patient specific password or pin number that the patient will specify when using interfaces like 'IVR – Telephone Refill Request' and 'Internet Refill Request'. When the patient first uses these programs, they might be prompted to enter in a pin number or password for future use. When entered, that number usually gets stored in this field. Access is allowed to this field for the pharmacy to be able to reset (clear the field) the pin/password if the patient forgets it.

Acct/Epis #:
This field is used and automatically populated and updated by pharmacies using various hospital system interfaces available for the FSI 'Pharmacy Management System'.

ShF1 – Misc. Info.

```
               Extended Information for: TEST PATIENT

             Insurance Code  [     ]

                    Employer  [                          ]
                  Employer ID  [         ] (NCPDP 5.1)
               Patient's Atty  [                          ]
              Employer's Atty  [                          ]
              Lien Claim Atty  [                          ]
                 Ins. Carrier  [                          ]
      Long Term Care Facility  [                          ]
                  Card Holder  [                          ]

       Items entered above MUST first be entered as records in 'Misc.
       Info Maintenance'.  Use the four character record 'CODE' or
       the first few characters of the name and select these items.
       This screen LINKs 'Misc. Info' records to the patient. Text
       is not stored directly.
       Exceptions: 'Employer ID' is stored 'as-is'.
                   'Card Holder' must be an existing patient.
       Press Sh F1 for Misc. Info Maintenance to Amend Item Information
```

This option allows the user to enter information and link the patient with several resources (Employer, Attorney's for the Patient, Employer or Lien Claim Agency) as well as the Insurance Carrier, Long Term Care Facility and Card Holder. The following screen is displayed if you press [Shift] [F1] from the main screen of Patient Amendments.

If miscellaneous information has not previously been entered for this patient, the screen shown above will be displayed. Enter in the information either by profile code of the information being entered, or by profile name. 'Profile' will be explained a little bit later.

If miscellaneous information has previously been entered for the patient before, the screen shown to the right will display. The 'Misc. Info' utility allows for up to 4 information profiles to be entered per patient.

```
        P A T I E N T   E X T E N D E D   I N F O R M A T I O N

                          TEST PATIENT

                    1  TEST
                    2  TEST2

                    A:Add; 1-2:Select One
```

For more information on how to enter in miscellaneous information to a patient for third party billing purposes, please refer to **Chapter 9** of this manual.

Profiles: When entering the information in the 'Misc. Info' screen, the information must have first been entered in the 'Miscellaneous Information Maintenance' system. Pressing [Shift] [F1] From this screen will take you to the **Miscellaneous Info Maintenance** system where additional information may be Added/Edited/Deleted. This is the same system that can be accessed from the Main Menu with selections, **3-Utility Programs, 1-Utilities Menu # 2, J-Misc. Records (EMP, ATTY, etc).** This option is discussed in more detail in **Chapter 8** of this manual.

If the patient has had miscellaneous information entered for them previously, a list of the previously entered miscellaneous information profiles will be displayed. Select the number to the left of the desired profile and that profile will be displayed for editing.

ShF2 HELP

```
               General Help Information          F10 Name List

       The help option (SHIFT+F2) is setup to give you helpful information
       to efficiently and more easily use the pharmacy functions, including
       hardware and outside utilities.

       Access the help information by simply typing the 'HIGHLIGHTED'
       key words (upper case) in the space at the bottom of each section.
       Try any key word in the search, even if not listed on that screen.
       Press the F10 key to get a list of available help file names.

       Return to the Pharmacy Management System by pressing Enter when the
       bracket is blank.

       General search topics:

       GENERAL          HARDWARE          FINDIT HOWTO

          Enter the help topic to search for [             ]
          Sh F3 to print or Press Enter to Return to Pharmacy
```

This option provides 'HELP' functions to find text information related to FSI terms and possible keystrokes to perform specific functions and/or determine certain informational sequences within the FSI Pharmacy Software.

Type the word that comes 'nearest' the function or term that you are desirous to learn about. Press the [Enter] key and the search command will display a new screen with the information for the function - term, or you will see a message line in the bottom left corner indicating that item/request is not available at this time

ShF5 – Mail Order:

This option allows the entry of specific information related to Mail Order customers. Additionally, this information can be formatted to print on a 2nd Generation Laser Label. The following screen is displayed to insert the Mail Order Information.

The 'Patient Mail Order Record' system is discussed in detail in **Chapter 8** of this manual.

```
        M A I L   O R D E R   R E C O R D   A D D I T I O N S

           Name  [                    ]  (Last,First)
         c/o Name [                    ]
         Address  [                    ]
      2nd Address  [                    ]
            City  [              ]
           State  [  ]  Zip [        ]
     Credit Card #  [                ]
       CC Exp Date  [          ]
   Shipping Method  [      ]
     Instructions  [                    ]
       Misc. Note  [                          ]
          Deleted  [ ]

         Patient has no Current Mail Order Record.
         Complete this screen and Press <Enter>
                          OR
     Press <F1> to Abort, <F3> to Search for an Existing Record.
```

ShF10 – Pat Note or No PNote

This option is used to enter and recall 'Long Patient Notes'. These notes can be used for any record keeping purpose, keeping in mind that under HIPAA Federal Law, upon request, the pharmacy must provide the patient all documentation entered for that patient, including these notes.

Press `Shift` `F10` to enter new or recall existing notes. A screen similar to the one shown here will be displayed.

```
        M U L T I   P A T I E N T / S C R I P T   N O T E S
Patient TEST PATIENT
  Patient: No Patient Note




F2-Edit Patient, F8-Edit 99 Line Note.
```
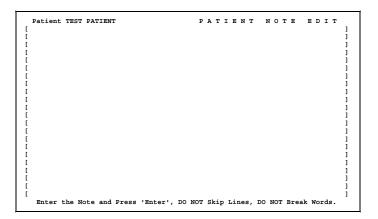
Any notes previously entered will be displayed on this screen. In the example shown here, no notes have previously been entered. Two options are displayed at the bottom of the screen, 'F2 – Edit Patient' and 'F8 – Edit 99 Line Note.'. These options will be discussed individually.

F2 – Edit Patient (note)

From the previous screen, pressing `F2` will display the screen shown here. Provided on the screen are 20 lines of patient notation room allowing the user to enter in up to 20 lines of notes for this patient.

As noted on the bottom of the screen, when entering a note, do not skip lines, and do not break words. This means to not start a word at the end of one line, and finish it in the beginning of the next line. The program will not automatically combine the words. Also, do not skip lines. The program will ignore and get rid of anything entered after the first blank line.

```
 Patient TEST PATIENT          P A T I E N T   N O T E   E D I T
[                                                            ]
...
   Enter the Note and Press 'Enter', DO NOT Skip Lines, DO NOT Break Words.
```

F8 – Edit 99 Line Note

This function is used for the same purposes as the other long patient note utility, this screen just gives room for more notations, up to 999 single line notes. In additions to the increase of notation room, additional utilities are implemented as noted at the bottom of the screen to give the user for functionality and control over the notes.

```
  Patient TEST PATIENT                  P A T I E N T   N O T E   E D I T
   Page 1, Lines 1 - 20
01[                                                                        ]
02[                                                                        ]
03[                                                                        ]
04[                                                                        ]
05[                                                                        ]
06[                                                                        ]
07[                                                                        ]
08[                                                                        ]
09[                                                                        ]
10[                                                                        ]
11[                                                                        ]
12[                                                                        ]
13[                                                                        ]
14[                                                                        ]
15[                                                                        ]
16[                                                                        ]
17[                                                                        ]
18[                                                                        ]
19[                                                                        ]
20[                                                                        ]
   Press F3-Print, F5-Next Page, F6-Delete Line, F7- Insert Line.
        F8-Copy to Other Patient, F9-Go to Page.
```

F3 – Print

This function is used to print out a report of all of the notes entered in the 'F8 – 99 Line Note' function.

F4 – Last Page

This function is used to back up one page of notes (20 notes or lines) at a time when on a page (shown at the top) other than 1 page. This function can be pressed multiple times to get to the desired page.

F5 – Next Page

This function is used to move forward one page (20 notes or lines) at a time when on a page (shown at the top) other than page 50. This function can be pressed multiple times to get to the desire page.

F6 – Delete Line

This function is used to delete a specific line. After pressing this option, a prompt will be displayed at the bottom of the screen allowing the user to specify which line is to be deleted. Enter line number 01 – 999, and the line will be deleted. It is not necessary to be on the page with the line to be deleted to delete the line.

F7 – Insert Line

This function is used to insert a line ABOVE a specified line. This will move all other note lines down by one line number. If a note is entered on line number 999, the note will be erased to accommodate the insertion of the new line.

F8 – Copy to Other Patient

This function is used to copy notes from the current patient to another patient. After selecting this menu option, the screen shown here will be displayed.

A description of each option is listed below. After entering all appropriate selections of where the notes are to be copied form and to, press Enter. If a patient name has been entered, a prompt will be displayed to select the correct patient. Then a final

```
          C O P Y   M U L T I - L I N E   P A T I E N T   N O T E S

  Patient: TEST PATIENT
          Copy Multi-Line Notes from line [   ] to [   ] of the above
          patient to other patient Name or LTCF code [N] (N,L)
          Patient Name/LTCF code [               ]
          Starting at Line# [   ].







              WARNING:  BE CAREFUL WITH THIS FUNCTION!
```

verification screen will be displayed asking 'Is this Correct:' and above that showing what is to be done. A warning is also displayed that the information being copied will overwrite existing notes that might be in the fields at the 'starting line' value.

'from line':

In this field, enter in the beginning note line to be copied from the current patient. This option is used in conjunction with the next option 'to line' to copy a range of notes all at one time.

'to line':

In this field, enter in the ending note line to be copied from the current patient. This option is used in conjunction with the previous option 'from line' to copy a range of notes all at one time.

Name or LTCF code:

This option is used to specify if notes are to be copied to one specific patient, or all patients in a specified LTCF code. Enter 'N' for one patient by name, or 'L' for all patients in a specific LTCF code.

Patient Name / LTCF code:

After specifying 'N' or 'L' for the previous option, in this field enter the name of the patient, or the code of the LTCF the notes are to be copied to.

Starting at Line#:

This field is used to specify a starting note line number where the notes are to be copied to on the patient or all patients in a specified LTCF code.

F9 – Go to Page

This function is used to just to a specific page of 20 lines of notes. After selecting this option, a field will be displayed asking for which page to be displayed. Enter the page number. If the number entered fills the bracket, the page will automatically be displayed. If the number does not fill the bracket, press Enter and the page will be displayed.

Patient Profile

The Patient Profile displays the patient's prescription history, allergy profile, and patient's personal information (address, phone, etc.). Additionally, the patient profile has a full menu of available functions specific to the selected patient.

Depending on the configuration of the Pharmacy Management System, the patients Primary Third Party, and other settings within the software, the display shown to the right might not be exactly what is shown by default upon accessing a patient. The screen shown is an attempt to show all available information on the patient profile screen.

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                         Sh F5 Mail Sh F10 NO PNote
1. Patient Amendments          Allergic - Sensitive to:
2. Hist,@:Org,*,$,#,!:Dg  Rx No.  Drug Name        Doc    Date    Qty Rf-Rm
3. New Script        A 0310397 ASPIRI 325MG EC TAB  TEST 03/24/06  100 99 99
4. Refill Rx    IVR-F6  B 0310396 TAGAMET H 200MG TAB TEST 03/24/06  30  4  4
5. Recall Rx         C*0000108 KENALOG 0.1% CRE     TEST          124*  6  5
6. Refs Rem'g ^:Org Date D*0000102 MOTRIN 800MG TAB    TEST 11/12/04  100 99 99
7. Extended History      E*0000101 ALLEGRA 60MG TAB    TEST 11/08/04   60 12 11
9. Add/Amend/Del ALL/SEN F*0000100cBENTYL 20MG TAB    TEST 11/08/04   30  6  5
A. Receipt for Script    G*0000099 IMODIUM 2MG CAP    TEST 11/08/04   30  6  5
B. Print Address Label   H*0000098 PREVACI 30MG DR CAP TEST 11/08/04  30 12 11
C. Sel From Same Family  I*0000097 ZYRTEC 5MG/5ML SYP  TEST 11/05/04  30
D. Tele Rx           J*0000096 ZITHROMAX 600MG TAB  TEST 11/08/04   30  6  5
E. Eligibility <F8> MCELIK*0000095tCLARIT 10-240MG TAB TEST 11/08/04  60  6  5
F. Display All/Sens      L*0000094cASPIRI 325MG EC TAB TEST 11/05/04  120
G. Choose Rx & Fill      M*0000093nMOTRIN 800MG TAB    TEST 11/05/04  100  6  6
H. Drug-Dis  Monitor     N*0000092XDIAZEPAM 5MG TAB    TEST 11/05/04  60
I. Add to Refill Queue   O*0000091iVALIUM 5MG TAB      TEST 11/05/04   60  5  5
J. CurPer,Signatures,B&C P*0000090 IBU 800MG TAB      TEST 11/05/04  120 12 12
                         Q*0000089 TYLENOL 500MG TAB   TEST 11/05/04  100 99 99

Enter Your Choice                    Press Option 2 for Complete History
```

The patient profile screen shows the options and information necessary to begin prescription processing. Again, depending on the configuration in 'Software Options', the patient profile can be displayed in different ways. The most common configuration is shown above. This configuration shows both the patient prescription history (as much as can be shown on the screen) and the patient's allergy profile. Using 'Software Options' this can be changed. Please refer to **Chapter 8**, **'Software Options – Page 4'** for more information on the configuration options for the patient profile.

At the bottom of the screen, a history indication is displayed. If 'History Complete' is shown, this indicates that the entire prescription history is being displayed. If 'Press Option 2 for Complete History' is shown, this indicates that there is more than what can be displayed on the screen. Use menu options '2. Rx Hist', '6. Refs Rem' and/or menu option '7. Extended History' to display more history on the screen. If 'CURRENT History Complete' is shown, this indicates that the system in configured to show the current history, and the entire history is displayed. If 'CURRENT History Complete (more)' is shown, this indicates that the current (as defined in Software Options) is displayed, but that there are more (not current) prescriptions that are not displayed. Use menu options 2, 6, and 7 to view more history.

If the pharmacy is a 'site' of a multi-site system, the profile might hide the prescription history and allergy if this site (location) has not dispensed a prescription for the patient. This is configured in 'Software Options'.

1. Patient Amendments

This selection allows you to make changes to a patient's information file. This option includes such items as the patient's name, address and third party information. If any required patient information is missing, a warning message will display above this option alerting you of the fact. 'Patient Amendments' was discussed previously in this manual.

2. RxHist

This option has 6 different selections. Each will be discussed separately.

Depending on the configuration of the FSI 'Pharmacy Management System' software, the default display usually shows the patient's allergies, and then below, as much history as what will fit on the screen. Press 2 will display a the

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                         Sh F5 Mail Sh F10 NO PNote
1. Patient Amendments          Allergic - Sensitive to:
2. Hist,@:Org,*,$,#,!:Dg  Rx No.  Drug Name        Doc    Date    Qty Rf-Rm
3. New Script        A 0310397 ASPIRI 325MG EC TAB  TEST 03/24/06  100 99 99
4. Refill Rx    IVR-F6  B 0310396 TAGAMET H 200MG TAB TEST 03/24/06  30  4  4
5. Recall Rx         C*0000108 KENALOG 0.1% CRE     TEST          124*  6  5
6. Refs Rem'g ^:Org Date D*0000102 MOTRIN 800MG TAB    TEST 11/12/04  100 99 99
7. Extended History      E*0000101 ALLEGRA 60MG TAB    TEST 11/08/04   60 12 11
9. Add/Amend/Del ALL/SEN F*0000100cBENTYL 20MG TAB    TEST 11/08/04   30  6  5
A. Receipt for Script    G*0000099 IMODIUM 2MG CAP    TEST 11/08/04   30  6  5
B. Print Address Label   H*0000098 PREVACI 30MG DR CAP TEST 11/08/04  30 12 11
C. Sel From Same Family  I*0000097 ZYRTEC 5MG/5ML SYP  TEST 11/05/04  30
D. Tele Rx           J*0000096 ZITHROMAX 600MG TAB  TEST 11/08/04   30  6  5
E. Eligibility <F8> MCELIK*0000095tCLARIT 10-240MG TAB TEST 11/08/04  60  6  5
F. Display All/Sens      L*0000094cASPIRI 325MG EC TAB TEST 11/05/04  120
G. Choose Rx & Fill      M*0000093nMOTRIN 800MG TAB    TEST 11/05/04  100  6  6
H. Drug-Dis  Monitor     N*0000092XDIAZEPAM 5MG TAB    TEST 11/05/04  60
I. Add to Refill Queue   O*0000091iVALIUM 5MG TAB      TEST 11/05/04   60  5  5
J. CurPer,Signatures,B&C P*0000090 IBU 800MG TAB      TEST 11/05/04  120 12 12
                         Q*0000089 TYLENOL 500MG TAB   TEST 11/05/04  100 99 99

Enter Your Choice                    Press Option 2 for Complete History
```

complete patient's prescription history. After pressing ②, the allergies will be cleared from the screen, making room for more history to display. If the patient's prescription history is still longer than what will fit on a screen, a prompt to display 'More? (Y,N)' will be displayed on the bottom of the screen. The displayed history will show the date of the most recent dispensing being shown on the screen.

Below is an explanation of the codes shown on the history display:

The symbol between the speed Letter and the prescription number indicates the following:

An '*' placed in front of the script number shows that this Rx has expired.
An 'e' placed in front of the script number shows that this Rx has been filled elsewhere.

If the symbol is between the Rx No and the Drug the following apply (they are listed in order of importance, most important being first, least importance being listed last -some scripts could have more then one condition that applies. In this case, only the condition with the greatest importance is displayed.):

x   placed after the Rx number indicates that this script was **deleted**.
f   placed after the Rx number indicates this script was **not filled**.
X   placed after the Rx number indicates that this script has been **transferred**.
n   placed after the Rx number indicates this script was **used to create a new script**.
c   placed after the Rx number indicates that **'Call Doctor is in Progress'**.
d   placed after the Rx number indicates this script has temporarily been **discontinued**.
t   placed after the Rx number indicates that the prescription was issued a **TAR #**.
i   placed after the Rx number indicates the drug used for the script has been **Inactivated**.

Note: Prescriptions marked as 'Deleted' and 'Not Filled' will not show up on default history display. Pressing a $ will show this as discussed further below. If the prescription has been refilled, the refill date is shown by default and is displayed in 'Low Intensity Color'. Colors can be modified by the user, for more information on 'Low Intensity Color', please refer to 'Color Selections' in the 'System Configuration' section of **Chapter 8** of this manual.

2. RxHist – @:OrgDt

Pressing the ⎡Shift⎤ ② option for history will display the 'Original Dispensing Date' for each prescription, instead of the 'Last Dispensing Date' which is the display default.

2. RxHist – *

Pressing the ⎡Shift⎤ ⑧ option for the history will display site # on the display instead of the code of the doctor for the prescription. This option is used only by users of the FSI 'Pharmacy Management System' 'Multi-Site' software module. This module allows for multiple pharmacies to run on one system, sharing the same patient file, prescription file, drug file, doctor file, Sig file and third party file. For more information on the FSI 'Multi-Site' module, please contact the **Foundation Systems Sales Office** at **800-333-0926**.

2. RxHist – $

Pressing the ⎡Shift⎤ ④ option for the history will display the complete history, including prescriptions that have been deleted and marked as 'Not Filled' for this patient. Prescriptions marked as 'Not Filled' will also display above the normal prescription history for a specified number of days. This number of days is specified in 'Software Options', 'Page 5 – Patient Functions', 'Disp Not-Filled Rxs for nn Days'. For more information on this and other 'Software Options', please refer to **Chapter 8** of this manual.

2. RxHist –

Pressing the [Shift] [3] option for the history controls whether prescriptions marked as 'Discontinued' and 'Used to Create New' are displayed or not displayed. Pressing [Shift] [3] once will cause that these scripts be hidden, and pressing [Shift] [3] again will cause them to be displayed again. The history program will remember the setting of whether the history should or should not display these items for each time each patient is brought up.

2. RxHist – !:Dg

If the patient history has more than one screen, pressing [Shift] [1] (a ! mark) will provide for a quick search for a drug.

After pressing [Shift] [1] the screen shown here will be displayed. Type in the drug name or the Script number (will choose Drug associated with this Script number). Arrow down to select the GPI # of characters to choose from, GPI (6, 10 or 14 character corresponding to therapeutic class or equivalent) by selecting 6 for 6, 0 for 10, or 4 for 14, the option defaults to 0 for 10 character GPI equivalents (if there is a GPI equivalent stored in the drug setup).

```
TEST PATIENT B.15 Nov 65 Age.40   TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720


                    Select History By Drug

    Enter the Drug to Select or Rx #  [                    ]

    GPI6,GPI10,GPI14, or Single Drug  [0]   (6,0,4,S)


     Searches: 6:  GPI6  = Same Therapeutic Class
               0:  GPI10 = Same Drug, All Forms & Strengths
               4:  GPI14 = Same Drug, Same Form & Strength
               S: Single = Same Drug, Same NDC
```

3. New Script

This selection enters new prescription processing for the patient. The procedure for filling a new prescription is discussed later in this chapter.

4. Refill Script

Use this option to refill a prescription. Enter the prescription number or the corresponding alpha character shown on the patient's history. If using alpha characters, you may type up to six letters and refill the six prescriptions one after the other (if a New from Old is required or if one of the prescriptions is not refillable for any reason, the remaining selections will be cleared and they will need to be selected again).

5. Recall Script

This selection is used to recall a prescription's information. Enter the prescription number or alpha character assigned to the prescription being recalled. The screen shown to the right will be displayed.

This menu is used to maintain the selected prescription. This would include functions such as, but not limited to, editing the prescription, refilling

```
TEST PATIENT B.15 Nov 65 Age.38   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  801-785-7720
                                       Charge   21.28   Cost   11.07
000085          5 Refills Before 11/04/05v 04  MFG: ZENTH
TEST PATIENT                           Usage 30 Since 11/02/04
TAKE 1 TABLET 3 TIMES                  SOH -30
DAILY                                  Dr Fax # 785-2966
                                       Dr # 222 4444 222 4445
30   AMOXICILLIN 500MG CAP  ZENTH      Quantity Owing 150 Refs 5
Dr TEST DOCTOR          KM      exp11/04/05  Not Refillable After 04 Nov 05


Refs: 5 Rem'g of 5  Wrtn 04 Nov 04 For AMOXICILLIN 500MG CAP ZENTH
1 $21.28c#30 04 Nov 04 AMOXICILLI ZENTH



Rx STATUS:
1. Refill Script       7. Xfer Remain'g Refs.   D. Edit Short Script Note
2. Edit Script         8. Change # of Refills   E. Edit Long Rx/Pat Notes
3. Change Rx Status    9. Call Doctor Label     F. Disp Not-Filled Script
4. Label Only (Last)   A. Immediate Refill Req. M. More Script Functions
5. Label Only (Choose) B. Store Refill Request  Enter Your Choice
6. Cancel Prev Ref.    C. New From Old
```

the prescription, changing the prescriptions status, rebilling and/or reversing the prescription, transferring the prescription, and requesting refills on the prescription.

This function is discussed in much greater detail, including each available function later on in this chapter.

6. Refills Rem'g ^:Org Date

Using opiton ⑥ will display prescriptions that have refills remaining. To list the original dispensing dates and original quantity of the prescriptions, press ⌈Shift⌉⑥.

7. Extended History

An 'extended history' displays each dispensing for each prescription and the prices charged. (If multi-site is activated it will also display the site at which the script was filled if other than the site you are logged in as.)

As many prescriptions as possible will be displayed on the screen. If more prescriptions are filled for the patient than what can fit on the screen, a prompt 'More? (Y,N)' will display at the bottom. Press 'Y' to see more history. The display will

```
TEST PATIENT B.15 Nov 65 Age.38   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
Rx No.   Drug Name                 Doctor              Date    Qty Ra-Rr
000102   MOTRIN 800MG TAB          DOCTOR,TEST        11/12/04  100 99 99
#100 11/12/04 TEST   $0.00 KM
000101   ALLEGRA 60MG TAB          DOCTOR,TEST        11/05/04   60 12 11
#60 11/05/04 TEST   $0.00 KM      #60 11/08/04 TEST   $0.00 KM
000100   BENTYL 20MG TAB           DOCTOR,TEST        11/05/04   30  6  5
#30 11/05/04 TEST   $0.00 KM      #30 11/08/04 TEST   $0.00 KM
000099   IMODIUM 2MG CAP           DOCTOR,TEST        11/05/04   30  6  5
#30 11/05/04 TEST   $0.00 KM      #30 11/08/04 TEST   $0.00 KM
000098   PREVACID 30MG DR CAP      DOCTOR,TEST        11/05/04   30 12 11
#30 11/05/04 TEST   $0.00 KM      #30 11/08/04 TEST   $0.00 KM
000097   ZYRTEC 5MG/5ML SYP        DOCTOR,TEST        11/05/04   30
#30 11/05/04 TEST   $0.00 KM
000096   ZITHROMAX 600MG TAB       DOCTOR,TEST        11/05/04   30  6  5
#30 11/05/04 TEST   $0.00 KM      #30 11/08/04 TEST   $0.00 KM
         More? (YorN)
```

scroll up one line at a time. Continue pressing 'Y' to see more history, or press 'N' when finished or press 🄵🄸.

8. Print B & C xx Form

Although this menu option is no longer displayed on the screen, it may still be selected.

This menu selection is used to print out a Board and Care form. This option will print the #1 form in the 'Stored Configurations' in the 'Board and Care Printouts' system. Setting up the #1 form will be discussed in greater detail in **Chapter 6** of this manual.

After selecting this menu option, the screen to the right will be displayed:

To print the specified form, press Ⓨ. The form will then be printed.

```
TEST PATIENT B.15 Nov 65 Age.38    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                     Sh F5 Mail Sh F10 NO PNote
1. Patient Amendments          Allergic - Sensitive to:
2. Hist,@:OrgDt,$,#,!:Dg    1  NO KNOWN DRUG ALLERGY
3. New Script            Rx No. Drug Name           Doc    Date    Qty Rf-Rm
4. Refill Rx           A 000102 MOTRIN 800MG TAB    TEST 11/12/04  100 99 99
5. Recall Rx           B 000101 ALLEGRA 60MG TAB    TEST 11/08/04   60 12 11
6. Refs Rem'g ^:Org Date C 000100 BENTYL 20MG TAB   TEST 11/08/04   30  6  5
7. Extended History    D 000099 IMODIUM 2MG CAP     TEST 11/08/04   30  6  5
8. Print B & C #H Form E 000098 PREVACI 30MG DR CAP TEST 11/08/04   30 12 11
9. Add/Amend/Del ALL/SEN F 000097 ZYRTEC 5MG/5ML SYP TEST 11/05/04  30
A. Receipt for Script  G 000096 ZITHROMAX 600MG TAB TEST 11/08/04   30  6  5
B. Print Address Label H 000095tCLARIT 10-240MG TAB TEST 11/08/04   60  6  5
C. Sel From Same Family I 000094cASPIRI 325MG EC TAB TEST 11/05/04  120
D. Enter a Tele Rx     J 000093nMOTRIN 800MG TAB    TEST 11/05/04  100  6  6
E. Fill a Tele Rx      K 000092XDIAZEPAM 5MG TAB    TEST 11/05/04   60
F. Display All/Sens    L 000091iVALIUM 5MG TAB      TEST 11/05/04   60  5  5
G. Choose Rx & Fill    Me000090 IBU 800MG TAB       TEST 11/05/04  120 12 12
H. Drug-Dis  Monitor   N*00                                        100 99 99
I. Cur Period Scripts  O*00                                         30  5  5
J. Print Cur Per Scripts        Print Board & Care #H (Y/N)
K. Patient Signat/Notes
Enter Your Choice 8
```

For more information on the form available in the 'Board and Care Printouts' system, please refer to **Chapter 6** of this manual.

9. Add/Amend/Del All/Sen

This option is used to add, amended, and deleted allergies and sensitivities for the selected patient. Select this option and the screen shown to the right will be displayed.

Four menu options are displayed, 'Add All/Sen', 'Amend All/Sen', 'Delete All/Sen' and 'Check for All/Sen'. Each of these options will be discussed individually below.

```
TEST PATIENT B.15 Nov 65 Age.38   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                              Sh F5 Mail Sh F10 NO PNote
                 Allergic - Sensitive to:
             1  NO KNOWN DRUG ALLERGY
             Rx No. Drug Name              Doc    Date    Qty Rf-Rm
             000102 MOTRIN 800MG TAB       TEST 11/12/04  100 99 99
             000101 ALLEGRA 60MG TAB       TEST 11/08/04   60 12 11
             000100 BENTYL 20MG TAB        TEST 11/08/04   30  6  5
             000099 IMODIUM 2MG CAP        TEST 11/08/04   30  6  5
             000098 PREVACI 30MG DR CAP    TEST 11/08/04   30 12 11
             000097 ZYRTEC 5MG/5ML SYP     TEST 11/05/04   30
             000096 ZITHROMAX 600MG TAB    TEST 11/08/04   30  6  5
             000095tCLARIT 10-240MG TAB    TEST 11/08/04   60  6  5
             000094cASPIRI 325MG EC TAB    TEST 11/05/04  120

                 ┌──────────────────────────────┐
                 │ 1. Add All/Sen               │
                 │ 2. Amend All/Sen             │
                 │ 3. Delete All/Sen            │
                 │ 4. Check for All/Sen         │
                 │                              │
                 │ Enter Your Choice.           │
                 └──────────────────────────────┘
```

1. Add All/Sen

This option is used to add a new allergy or sensitivity to the patient's profile. Pressing [1] will display the screen shown to the right.

There are two different ways to add a new allergy. The first is by allergen, and the second is by drug name.

To add an allergy by allergen, type in the name or numerical code for the allergen the patient is allergic to. If a partial allergen name is entered that matches more than one allergen, a list will be displayed allowing the user to select the appropriate allergen to be added.

```
TEST PATIENT B.15 Nov 65 Age.38   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                              Sh F5 Mail Sh F10 NO PNote
                 Allergic - Sensitive to:
             1  NO KNOWN DRUG ALLERGY
             Rx No. Drug Name              Doc    Date    Qty Rf-Rm
             000102 MOTRIN 800MG TAB       TEST 11/12/04  100 99 99
             000101 ALLEGRA 60MG TAB       TEST 11/08/04   60 12 11
             000100 BENTYL 20MG TAB        TEST 11/08/04   30  6  5
             000099 IMODIUM 2MG CAP        TEST 11/08/04   30  6  5
             000098 PREVACI 30MG DR CAP    TEST 11/08/04   30 12 11
             000097 ZYRTEC 5MG/5ML SYP     TEST 11/05/04   30
             000096 ZITHROMAX 600MG TAB    TEST 11/08/04   30  6  5
             000095tCLARIT 10-240MG TAB    TEST 11/08/04   60  6  5
             000094cASPIRI 325MG EC TAB    TEST 11/05/04  120

              ┌────────────────────────────────────────┐
              │      ALLERGY/SENSITIVITY ADDITIONS      │
              │                                         │
              │ Enter the ALL/SEN GROUP  [            ] │
              │  OR '!Drug Name'                        │
              └────────────────────────────────────────┘
```

The second way to add an allergen is by entering the drug the patient is allergic to. Doing this allows the Pharmacy Management System to load the allergen from the setup of the drug. An example of this is shown to the right. It is necessary to enter a '!' before the name of the drug. This tells the program that the name being entered is the name of a drug and not the name of an allergen. After the '!DRUGNAME' is entered, press [Enter]. A list of drugs matching the entered name will be displayed. Select an appropriate drug for the allergen desired. If the drug contains more than one allergen in its formula, another list will be displayed of the allergens. Select the appropriate allergen, or select 'A' to add **ALL** allergens.

```
TEST PATIENT B.15 Nov 65 Age.38   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                              Sh F5 Mail Sh F10 NO PNote
                 Allergic - Sensitive to:
             1  NO KNOWN DRUG ALLERGY
             Rx No. Drug Name              Doc    Date    Qty Rf-Rm
             000102 MOTRIN 800MG TAB       TEST 11/12/04  100 99 99
             000101 ALLEGRA 60MG TAB       TEST 11/08/04   60 12 11
             000100 BENTYL 20MG TAB        TEST 11/08/04   30  6  5
             000099 IMODIUM 2MG CAP        TEST 11/08/04   30  6  5
             000098 PREVACI 30MG DR CAP    TEST 11/08/04   30 12 11
             000097 ZYRTEC 5MG/5ML SYP     TEST 11/05/04   30
             000096 ZITHROMAX 600MG TAB    TEST 11/08/04   30  6  5
             000095tCLARIT 10-240MG TAB    TEST 11/08/04   60  6  5
             000094cASPIRI 325MG EC TAB    TEST 11/05/04  120

              ┌────────────────────────────────────────┐
              │      ALLERGY/SENSITIVITY ADDITIONS      │
              │                                         │
              │ Enter the ALL/SEN GROUP  [!MOTRIN     ] │
              │  OR '!Drug Name'                        │
              └────────────────────────────────────────┘
```

After selecting the appropriate allergen (either of the two methods), the selected allergen will be displayed and a prompt for a description is provided. This field is a note field associated to the allergen being added. Anything can be entered in this field, or the field can be left blank. Enter in an appropriate note (i.e. date allergen is added, effect of allergy (rash), etc) and press [Enter]. After enter is pressed, the allergen will be added to the patients allergy profile, and

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                              Sh F5 Mail Sh F10 NO PNote




              ┌────────────────────────────────────────┐
              │      ALLERGY/SENSITIVITY ADDITIONS      │
              │                                         │
              │ Sensitive - Allergic to:  NSAID         │
              │                                         │
              │       Description  [              ]     │
              └────────────────────────────────────────┘
```

depending on the configuration of the Pharmacy Management System, will be displayed above the patients prescription history.

2. Amend All Sen

The 'Amend' option listed after selecting menu option '9. Add/Amend/Del ALL/SEN' allows for an existing allergy to be amended in a patients profile. This would be used to edit the allergen group or to edit the description entered when that allergy was added. After selecting this function, select the allergy to be amended and make the correct amendments. To abort without saving the changes to the allergy, press [F1].

3. Delete All/Sen

The 'Delete' option listed after selecting menu option '9. Add/Amend/Del ALL/SEN' allows for an exiting allergy to be deleted from a patients profile. After selecting this function, select the allergy to be removed. To abort without deleting the allergy, press [F1].

4. Check for All/Sen

The 'Check for All/Sen' option listed after selecting menu option '9. Add/Amend/Del ALL/SEN' is provided to check a patients prescription history against the allergies listed in their profile. It is recommended to use this function when adding new allergies to the patients profile to verify that the patient will not react to any other product they may be taking.

A. Receipt for Script

Selecting this option will issue a receipt for a previously dispensed prescription. This is an option used by pharmacies that do not use the receipt/label combination.   If the receipt is for more than one prescription, a combination of the alpha characters can be listed in sequence. Clear the current receipt file by typing the word "***CLEAR.***" The file ZERO's when a script is finished for a new patient.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                               Sh F5 Mail Sh F10 NO PNote
1. Patient Amendments          Allergic - Sensitive to:
2. Hist,@:OrgDt,$,#,!:Dg    1  NO KNOWN DRUG ALLERGY
3. New Script           Rx No. Drug Name          Doc    Date    Qty Rf-Rm
4. Refill Rx          A 000102 MOTRIN 800MG TAB      TEST 11/12/04  100 99 99
5. Recall Rx          B 000101 ALLEGRA 60MG TAB      TEST 11/08/04   60 12 11
6. Refs Rem'g ^:Org Date C 000100 BENTYL 20MG TAB    TEST 11/08/04   30  6  5
7. Extended History   D 000099 IMODIUM 2MG CAP       TEST 11/08/04   30  6  5
8. Print B & C #H Form E 000098 PREVACI 30MG DR CAP  TEST 11/08/04   30 12 11
9. Add/Amend/Del ALL/SEN F 000097 ZYRTEC 5MG/5ML SYP TEST 11/05/04   30
A. Receipt for Script G 000096 ZITHROMAX 600MG TAB   TEST 11/08/04   30  6  5
B. Print Address Label H 000095tCLARIT 10-240MG TAB  TEST 11/08/04   60  6  5
C. Sel From Same Family I 000094cASPIRI 325MG EC TAB TEST 11/05/04  120
D. Enter a Tele Rx    J 000093nMOTRIN 800MG TAB      TEST 11/05/04  100  6  6
E. Fill a Tele Rx     K 000092XDIAZEPAM 5MG TAB      TEST 11/05/04   60
F. Display All/Sens   L 000091iVALIUM 5MG TAB        TEST 11/05/04   60  5  5
                        000090 IBU 800MG TAB         TEST 11/05/04  120 12 12
                        000089 TYLENOL 500MG TAB     TEST 11/05/04  100 99 99
Script Number [     ]   000088 AMOXICILL 500MG CAP   TEST 11/05/04   30  5  5
                        000046tOXYCO/AP 10-650 TAB   TEST 01/20/04   30
Enter 'CLEAR' to Clear the Current Receipt
                            Press Option 2 for Complete History
```

B. Print Address Label

This selection will print a mailing label for the selected patient. The label will be sent to the label printer. This function works for both Laser and Dot Matrix printers. For lasers, the 'Pat Address Label' options have to be configured in 'Software Options – Page 3'. If using a laser printer, the address label will print on the pharmacy prescriptions labels, and a form feed will eject the label from the printer after printing the address label.

C. Sel from Same Family

If you want to move to another family member's history, select this option. The system links patients by searching for (Hint: each family member must be set up exactly the same):

1. Patients with the same phone number.
2. Patients with the same card ID number.
3. Patients with the same address.

D. Tele Rx

This option is used to enter and fill Tele Rx's. A 'Tele Rx' is a prescription temporarily entered, awaiting the patient wanting to receive the prescription. Unlike 'Not-Filled' prescriptions that get assigned a prescription number, 'Tele Rx's do not. After selecting this menu option, the following screen will be displayed. There are two menu options available, 'Enter a Tele Rx', and 'Fill a Tele Rx'. Each will be discussed separately.

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                              Sh F5 Mail Sh F10 NO PNote
1. Patient Amendments           Allergic - Sensitive to:
2. Hist,@:Org,*,$,#,!:Dg   Rx No.  Drug Name        Doc    Date    Qty Rf-Rm
3. New Script          A*0000108 PENICILLN 500MG TAB  TEST 01/28/05   30  6  5
4. Refill Rx    IVR-F6  B*0000102 MOTRIN 800MG TAB     TEST 11/12/04  100 99 99
5. Recall Rx            C*0000101 ALLEGRA 60MG TAB     TEST 11/08/04   60 12 11
6. Refs Rem'g ^:Org Date D*0000100cBENTYL 20MG TAB    TEST 11/08/04   30  6  5
7. Extended History     E*0000099 IMODIUM 2MG CAP      TEST 11/08/04   30  6  5
9. Add/Amend/Del ALL/SEN F*0000098 PREVACI 30MG DR CAP TEST 11/08/04   30 12 11
A. Receipt for Script   G*0000097 ZYRTEC 5MG/5ML SYP   TEST 11/05/04   30
B. Print Address Label  H*0000096 ZITHROMAX 600MG TAB  TEST 11/08/04   30  6  5
C. Sel From Same Family I*0000095tCLARIT 10-240MG TAB  TEST 11/08/04   60  6  5
                        J*0000094cASPIRI 325MG EC TAB  TEST 11/05/04  120
  1. Enter a Tele Rx    IK*0000093nMOTRIN 800MG TAB    TEST 11/05/04  100  6  6
  2. Fill a Tele Rx     L*0000092XDIAZEPAM 5MG TAB     TEST 11/05/04   60
     Select Option      M*0000091iVALIUM 5MG TAB       TEST 11/05/04   60  5  5
                        N*0000090 IBU 800MG TAB        TEST 11/05/04  120 12 12
                        O*0000089 TYLENOL 500MG TAB    TEST 11/05/04  100 99 99
                        P*0000088iAMOXICILL 500MG CAP  TEST 11/05/04   30  5  5
                        Q*0000046tOXYCO/AP 10-650 TAB  TEST 01/20/04   30

                              Press Option 2 for Complete History
```

Enter a Tele Rx

Selecting this menu option, enters prescription information into a temporary file until the prescription needs to be filled. The Rx number is set to 000000 until the temporary script is filled. The Tele Rx entry process will go through all of the 'New Rx' entry allowing the user to enter all of the prescription information at the time of entry.

Fill a Tele Rx

If a patient has telephone prescriptions on file, you will see the abbreviation "*Avail*" flashing to the right of the 'Tele Rx' menu option. Select this option, and the screen shown here will be displayed. Choose the prescription number you wish to fill. The information previously entered will be defaulted. Press enter at each field to confirm the information, or make any necessary modifications.

Note: It is now possible to show all Tele Rx's on file, above the Patient History. To set this function

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                              Sh F5 Mail Sh F10 NO PNote
          F I L L   A   T E L E / T E M P   S C R I P T
   Qty  Drug                      Doctor        Refs    Date
1   30  DYAZIDE 37.5-25 CAP       DOCTOR,TEST      5   04/25/06

             Enter The Script to Fill [  ]  (1-1)

             Press F5 to Delete a Tele Script.
```

up, go to 'Software Options, page #4', and set 'Display Tele Rxs on Pat Menu' to a 'Y'. For more information on 'Software Options', refer to Chapter 8 of this manual.

E. Eligibility <F8>

This function is used to do an eligibility check for the patient for Medicare Part D. This program will not do Non-Medicare Part D (other third parties) eligibility checks.

After pressing option 'E', the screen shown here will be displayed. The first line, 'Eligibility Info: MCELI', should always show 'MCELI' there. In the second bracket 'Enter the Card Holder ID', enter

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                              Sh F5 NO MO Sh F10 Pat Note
1. Patient Amendments           Allergies Not Verified
2. Hist,@:Org,*,$,#,!:Dg   Rx No.  Drug Name        Doc    Date    Qty Rf-Rm
3. New Script          A*0000108 PENICILLN 500MG TAB  TEST 01/28/05   30  6  5
4. Refill Rx    IVR-F6  B*0000102 MOTRIN 800MG TAB     TEST 11/12/04  100 99 99
5. Recall Rx            C*0000101 ALLEGRA 60MG TAB     TEST 11/08/04   60 12 11
6. Refs Rem'g ^:Org Date D*0000100cBENTYL 20MG TAB    TEST 11/08/04   30  6  5
7. Extended History     E*0000099 IMODIUM 2MG CAP      TEST 11/08/04   30  6  5
9. Add/Amend/Del ALL/SEN F*0000098 PREVACI 30MG DR CAP TEST 11/08/04   30 12 11
A. Receipt for Script   G*0000097 ZYRTEC 5MG/5ML SYP   TEST 11/05/04   30
B. Print Address Label  H*0000096 ZITHROMAX 600MG TAB  TEST 11/08/04   30  6  5
C. Sel From Same Family I*0000095tCLARIT 10-240MG TAB  TEST 11/08/04   60  6  5
D. Tele Rx Avail.       J*0000094cASPIRI 325MG EC TAB  TEST 11/05/04  120
                                  OTRIN 800MG TAB      TEST 11/05/04  100  6  6
                                  IAZEPAM 5MG TAB      TEST 11/05/04   60
    Eligibility Info: MCELI       ALIUM 5MG TAB        TEST 11/05/04   60  5  5
                                  BU 800MG TAB         TEST 11/05/04  120 12 12
    Enter the Card Holder ID      YLENOL 500MG TAB     TEST 11/05/04  100 99 99
    [              ]              MOXICILL 500MG CAP   TEST 11/05/04   30  5  5
    Eligibility Code [MCELI]      XYCO/AP 10-650 TAB   TEST 01/20/04   30

                              Press Option 2 for Complete History
```

the Medicare Part A or B patient ID number, or enter the patients Social Security Number, and leave the 'Eligibility Code' set as 'MCELI'. Press enter. The program will return to the 'Patient Profile' screen. Now press F8. The program will query the eligibility system and return the response.

PUT MORE NOTES and eligibility response screen here.

F. Display All/Sens

When selected, this option removes the displayed history and displays the patient's allergies and sensitivities.

G. Choose Rx & Fill

Use this option to select a prescription from the same patient or a different patient to create a new prescription. Choose the prescription number from which you wish to copy the information. The information from the old prescription will be defaulted in the fields. Press enter to confirm the information. This process does **NOT** refill a prescription.

H. Drug Disease Monitoring

This displays the patient's disease profile, allowing the profile to be viewed, edited, and listed. If the patient has a drug-disease state on file, the flag *Monitor* will display after this option. After making this selection, the following menu will appear:

```
  Patient  TEST PATIENT  15 N. STATE STREET  LINDON
           Born 15 Nov 65  Age 40  Ph 801-785-7720
Usual Doc  TEST DOCTOR  Ph 222 4444

           D R U G - D I S E A S E   M O N I T O R I N G

            1.  Display Disease Profile
            2.  Add to Profile By Disease Class
            3.  Add to Profile By Drug Indication
            4.  Amend Disease Profile
            5.  Delete Disease From Profile
            6.  Check Drug For Contra-Indications
            7.  Delete Entire Disease Profile
            8.  List Medi-Span's Disease Classifications
            9.  Print ICD-9 Code/Description List
            A.  Add ICD-9 Code to Script

           Enter Your Choice.

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  Database Edition 06.1 - Expires April 2006
```

1. Display Disease Profile

Displays the patients current disease states, date of onset, associated drug and prescription number, and first and last dispensing.

2. Add to Profile By Disease Class

Enter a disease class, and it will be added to the patient's disease profile.

3. Add to Profile By Drug Indication

Enter a drug, and the corresponding disease state will be added to the patient's disease profile.

4. Amend Disease Profile

The patient's disease states will be listed. Enter the number of the disease to amend and make the changes as necessary.

5. Delete Disease From Profile

The patient's disease states will be listed. Enter the number of the disease to delete and enter "YES" to confirm the deletion.

6. Check Drug For Contra-Indications

Enter a drug to check against the patient's current disease states. Any contraindication will display on the screen.

7. Delete Entire Disease Profile

Enter "YES" to confirm the deletion of the patient's entire disease profile.

8. List Medi-Span's Disease Classifications

The entire disease classification list will be sent to the printer.

9. Print ICD-9 Code/Description List

This menu function is used to print a list of the ICD-9 codes available from the Medi-Span databases available in the FSI 'Pharmacy Management System'. After selecting this menu option, the screen shown here will be displayed.

Select the appropriate selection for the printout desired.

```
                    ICD-9 DIAGNOSIS CODE LIST


         Print list in:

         1. Numerical Order by ICD-9 Code
         2. Alphabetical Order by Code Description

         Enter your choice
```

A. Add ICD-9 Code to Script

This function is used to view ICD-9 codes by indication of drug and disease state. After selecting this option, a prompt will be displayed for the drug or Rx # to lookup the ICD-9 code for. If a drug name is entered, select the correct drug from the list provided, then the list of ICD-9's will be displayed. If an rx # is entered, the screen shown here will be displayed.

When doing the list by rx #, a field will be displayed to choose the 'Indicated ICD-9', and a selection to 'Add to Rx xxxxxxxx'. Enter the appropriate ICD-9 Indication, and specify whether the code should be added to the rx record. After making appropriate selections, press `Enter` or `F1`.

```
   Patient  KREIG MERRELL  15 NORTH STATE STREET  LINDON
            Born 03 Feb 78  Age 28  Ph 801-785-7720
Usual Doc  TEST DOCTOR  Ph 222 4444

      Drug  DOXAZOSIN 8MG TAB  GPI 36202005100340  Rx0000301

         ICD-9 Code       Description              Medi-Span
     1   389.02           CONDUCT HEAR LOSS TYMPAN    038902
     2   389.04           COND HEAR LOSS INNER EAR    038904
     3   389.1            SENSORINEURAL HEAR LOSS     03891
     4   391.0            ACUTE RHEUMATIC PERICARD    03910
     5   391.1            ACUTE RHEUMATIC ENDOCARD    03911
     6   391.8            AC RHEUMAT HRT DIS NEC      03918
     7   391.9            AC RHEUMAT HRT DIS NOS      03919
     8   392.0            RHEUM CHOREA W HRT INVOL    03920
     9   393.             CHR RHEUMATIC PERICARD      0393
    10   394.             DISEASES OF MITRAL VALVE    0394
    11   394.1            RHEUMATIC MITRAL INSUFF     03941
    12   394.9            MITRAL VALVE DIS NEC/NOS    03949

         Choose An Indicated ICD-9  [   ] (1-12,More)
              Add to Rx 0000301  [Y] (Y,N)
```

I. Add to Refill Queue

This option is added to allow the user to add electronic 'Refill Requests' in the system. This is an alternate to the 'grab a pad, write down the number' process of taking refill requests on the phone when a customer calls one in. Refills, when entered in the request queue are maintained on the system in the queue file until refilled or manually deleted. An example of the refill request entry is shown here.

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                            Sh F5 NO MO Sh F10 NO PNote
1. Patient Amendments              Allergies Not Verified
2. Hist,@:Org,*,$,#,!:Dg  Rx No.  Drug Name         Doc   Date   Qty Rf-Rm
3. New Script           A*0000108 PENICILLN 500MG TAB TEST 01/28/05  30  6  5
4. Refill Rx    IVR-F6  B*0000102 MOTRIN 800MG TAB    TEST 11/12/04 100 99 99
5. Recall Rx            C*0000101 ALLEGRA 60MG TAB    TEST 11/08/04  60 12 11
6. Refs Rem'g ^:Org Date D*0000100cBENTYL 20MG TAB   TEST 11/08/04  30  6  5
7. Extended History     E*0000099 IMODIUM 2MG CAP     TEST 11/08/04  30  6  5
9. Add/Amend/Del ALL/SEN F*0000098 PREVACI 30MG DR CAP TEST 11/08/04 30 12 11
A. Receipt for Script   G*00                              04   30
B. Print Address Label  H*00        Refill Request Entry  04   30  6  5
C. Sel From Same Family I*00                              04   60  6  5
D. Tele Rx Avail.       J*00     Pickup Time  [1618] 24hr 04  120
E. Eligibility <F8> MCELIK*00    Pickup Date :[04260620]  04  100  6  6
F. Display All/Sens     L*00  Delivery Method  [P]        04   60
G. Choose Rx & Fill     M*00  Call Back Phone  [       ]  04   60  5  5
                        N*00  Note [                   ]  04  120 12 12
                        O*00                              04  100 99 99
                        P*00                              04   30  5  5
                        Q*00                              04   30

                              Press Option 2 for Complete History
```

CurPer, Signatures, B&C

This menu option is used to get to utility options for the patient such as viewing and printing current period scripts, signature utilities for HIPAA and safety cap regulations, and printing Board and Care forms.

After selecting this option, a menu will display, as shown in the example here. Each of these menu options will be discussed individually in the following pages of this manual.

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                            Sh F5 NO MO Sh F10 NO PNote
1. Patient Amendments              Allergies Not Verified
2. Hist,@:Org,*,$,#,!:Dg  Rx No.  Drug Name         Doc   Date   Qty Rf-Rm
3. New Script           A*0000108 PENICILLN 500MG TAB TEST 01/28/05  30  6  5
4. Refill Rx    IVR-F6  B*0000102 MOTRIN 800MG TAB    TEST 11/12/04 100 99 99
5. Recall Rx            C*0000101 ALLEGRA 60MG TAB    TEST 11/08/04  60 12 11
6. Refs Rem'g ^:Org Date D*0000100cBENTYL 20MG TAB   TEST 11/08/04  30  6  5
7. Extended History     E*0000099 IMODIUM 2MG CAP     TEST 11/08/04  30  6  5
9. Add/Amend/Del ALL/SEN F*0000098 PREVACI 30MG DR CAP TEST 11/08/04 30 12 11
A. Receipt for Script   G*0000097 ZYRTEC 5MG/5ML SYP  TEST 11/05/04  30
B. Print Address Label  H*0000096 ZITHROMAX 600MG TAB TEST 11/08/04  30  6  5
C. Sel From Same Family I*0000095tCLARIT 10-240MG TAB TEST 11/08/04  60  6  5
D. Tele Rx Avail.       J*0000094cASPIRI 325MG EC TAB TEST 11/05/04 120
                               OTRIN 800MG TAB        TEST 11/05/04 100  6  6
                               IAZEPAM 5MG TAB        TEST 11/05/04  60
  1. Display Cur Period Scripts  ALIUM 5MG TAB        TEST 11/05/04  60  5  5
  2. Print Cur Per Scripts       BU 800MG TAB         TEST 11/05/04 120 12 12
  3. Patient Signatures/Notes    YLENOL 500MG TAB     TEST 11/05/04 100 99 99
  4. Print B & C #3 Form         MOXICILL 500MG CAP   TEST 11/05/04  30  5  5
     Select Option               XYCO/AP 10-650 TAB   TEST 01/20/04  30

                              Press Option 2 for Complete History
```

Display Current Period Scripts

This option lists the prescriptions the patient has received during a specified period. It includes the prescription cost, whether the prescription was a new or a refill, and which insurance company was billed for the prescription. At the bottom of the listing you will find the number of prescriptions dispensed, the total charged to the primary third party, secondary third party, cash, and, if applicable, the number of prescriptions dispensed with a TAR. The time interval of the current period is specified in ***Insurance Company Maintenance*** setup.

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                            Sh F5 Mail Sh F10 NO PNote
1. Patient Amendments     Scripts For: Current Calendar Quarter 01 Oct 04
2. Hist,@:OrgDt,$,#,!:Dg 000102  100 MOTRIN 800MG 11/12/04  $47.04 New UNBIL
3. New Script            000101   60 ALLEGRA 60MG 11/05/04   $0.00 New TEST
4. Refill Rx             000101   60 ALLEGRA 60MG 11/08/04   $0.00 R 1 TEST
5. Recall Rx             000100   30 BENTYL 20MG  11/05/04   $0.00 New TEST
6. Refs Rem'g ^:Org Date 000100   30 BENTYL 20MG  11/08/04   $0.00 R 1 TEST
7. Extended History      000099   30 IMODIUM 2MG  11/05/04   $0.00 New TEST
8. Print B & C #H Form   000099   30 IMODIUM 2MG  11/08/04   $0.00 R 1 TEST
9. Add/Amend/Del ALL/SEN 000098   30 PREVACI 30MG 11/05/04   $0.00 New TEST
A. Receipt for Script    000098   30 PREVACI 30MG 11/08/04   $0.00 R 1 TEST
B. Print Address Label   000097   30 ZYRTEC 5MG/5 11/05/04   $0.00 New TEST
C. Sel From Same Family  000096   30 ZITHROMAX 60 11/05/04   $0.00 New TEST
D. Enter a Tele Rx       000096   30 ZITHROMAX 60 11/08/04   $0.00 R 1 TEST
E. Fill a Tele Rx        000095   60 CLARIT 10-24 11/05/04   $0.00 New TEST
F. Display All/Sens      000095   60 CLARIT 10-24 11/08/04   $0.00 R 1 TEST
G. Choose Rx & Fill      000094  120 ASPIRI 325MG 11/05/04   $0.00 New TEST
H. Drug-Dis  Monitor     000093n 100 MOTRIN 800MG 11/05/04   $0.00 New TEST
I. Cur Period Scripts    000092   60 DIAZEPAM 5MG 11/05/04   $0.00 New TEST
J. Print Cur Per Scripts 000091   60 VALIUM 5MG T 11/05/04   $0.00 New TEST
K. Patient Signat/Notes  000090  120 IBU 800MG TA 11/05/04   $0.00 New CA
Enter Your Choice I      Totals -> 18 T.P. Scripts  1 Cash Scripts
```

Print Current Period Scripts

Each current period script list will include the pharmacy name, address, and phone number, the patient name, address, date of birth, and allergies, and the list description on the printout heading. The history that is printed will not print the prescriptions that are marked as 'Deleted'.

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720


        P R I N T   C U R R E N T   P E R I O D   S C R I P T S

            1.  Month-To-Date Scripts (All)
            2.  Month-To-Date Scripts (Non-TARs)
            3.  Year-To-Date Scripts
            4.  All (Non-Discontinued) Scripts

            Enter Your Choice.



        Make Sure Your Printer Is Ready Before Selecting
        One of the Above Menu Options.
```

Month-To-Date Scripts (All)

Prints all of the prescriptions processed for the patient during the current period.

Month-To-Date Scripts (Non-TARs)

Prints all non-TAR prescriptions processed for the patient during the current period.

Year-To-Date Scripts

Prints all of the prescriptions processed for the patient year-to-date.

All (Non-Discontinued) Scripts

Prints all non-discontinued prescriptions processed for the patient.

Patient Signat/Notes

This function has been added to the Pharmacy Management System to accommodate various signatures or notations of signatures relating to HIPAA and Safety Cap regulations.

This screen displays the patients HIPAA and Safety Cap signature status. If a signature was entered as being on file, to the right of the appropriate line, 'Sign on File' and the date the setting was entered will be displayed. If and electronic signature was captured, 'E-Sign On File' and the date the signature was recorded will be displayed.

```
      P A T I E N T   S I G N A T U R E / N O T E S
            H I P A A / S A F E T Y   C A P

          PATIENT,TEST
           HIPAA: No Signature - No Note

      1.  Flag HIPAA Privacy Signature on File
      2.  Flag Non-Safety Cap Signature on File
      3.  Capture a HIPAA Privacy Signature
      4.  Capture a Non-Safety Cap Signature
      5.  Enter a HIPAA Signature Note
      6.  Display HIPAA Signature Notes
      7.  Print HIPAA Signature/Note Report
      8.  PCL5 HIPAA E-Signature/Note Report
      9.  Non-Safety Cap Signature Report
      A.  Clear HIPAA Signature and Flag
      B.  Clear Non-Safety Signature and Flag

          Enter Your Choice.
```

If a note has been entered, but no signature has been received, 'Note On File' and the date of the most recent note will be displayed. If no signature has been recorded and there are no notes entered, 'No Signature – No Note' will be displayed.

The functions available to record HIPAA Signature and Notes, and to record Safety Cap Signature are outlined below.

Flag HIPAA Privacy Signature on File

This function is used to mark in the Pharmacy Management System that a signature has been acquired for the patient, and is being stored on paper. This will record in the Pharmacy Management System the date that it is entered, and will remind the pharmacy at the appropriate time to obtain a new, up-to-date signature.

```
      P A T I E N T   H I P A A   S I G N A T U R E

          PATIENT,TEST

    This is to certify that you have a HIPAA Privacy Signature On
    File for this patient. Enter 'YES'  [   ]


    This certifies that the patient has had the Opportunity
    to Read your Pharmacy's HIPAA Privacy Statement.
```

To mark that the patient has given their signature, enter 'YES' in the displayed field. This will mark in the Pharmacy Management System that there is a 'Signature on File' for the current date on the Pharmacy Management System server.

Flag Non-Safety Cap Signature on File

This function is used to mark in the Pharmacy Management System that a signature has been acquired for the patient, and is being stored on paper. This will record in the Pharmacy Management System the date that it is entered, and will remind the pharmacy at the appropriate time to obtain a new, up-to-date signature.

```
          P A T I E N T   S A F E T Y   C A P   S I G N A T U R E
                         PATIENT,TEST

         This is to certify that you have a Signature On File for Non-
         Safety-Cap Use for this patient. Enter 'YES'  [   ]
```

To mark that the patient has given their signature, enter 'YES' in the displayed field. This will mark in the Pharmacy Management System that there is a 'Signature on File' for the current date on the Pharmacy Management System server.

Capture a HIPAA Privacy Signature

This function is used to capture an electronic signature for the patient. This function will only work for Pharmacy Management Systems that have purchased the 'Signature Pad' program and hardware. Additionally, this function will only work for Pharmacy Management Systems running on SCO-Unix or Linux. This function is not available for DOS systems.

```
          P A T I E N T   H I P A A   S I G N A T U R E

         This is to certify that TEST PATIENT has been given
         the Opportunity to review your HIPAA Privacy
         Policies and Proceedures Statement.

         Press Any Key to Capture Signature.
```

Press ⌗Enter⌗. The screen will blank out and initialize the signature pad. When the signature pad is initialized, in the bottom left corner of the screen a message 'Begin Signature' will be displayed. When this message displays, have the customer/patient sign the pad.

As the customer signs, + signs in the form of the patient's signature should be displayed on the screen. If they do not, the signature is not being captured. Please contact the **FSI Technical Support Helpdesk** at **801-785-7720** for technical assistance.

After the customer finishes, press the 'ENTER' key, or after 3 seconds of no activity, the signature will be saved. If the customer needs to start over, press the 'F10' key before the signature is saved, to restart the signature.

Capture a Non-Safety Cap Signature

This function is used to capture an electronic signature for the patient. This function will only work for Pharmacy Management Systems that have purchased the 'Signature Pad' program and hardware. Additionally, this function will only work for Pharmacy Management Systems running on SCO-Unix or Linux. This function is not available for DOS systems.

```
       P A T I E N T   N O N - S A F E T Y   C A P   S I G N A T U R E

          This is to certify that TEST PATIENT has Authorized
          the use of Non-Safety Caps on Presriptions.

          Press Any Key to Capture Signature.
```

Press Enter . The screen will blank out and initialize the signature pad. When the signature pad is initialized, in the bottom left corner of the screen a message 'Begin Signature' will be displayed. When this message displays, have the customer/patient sign the pad.

As the customer signs, + signs in the form of the patient's signature should be displayed on the screen. If they do not, the signature is not being captured. Please contact the **FSI Technical Support Helpdesk** at **801-785-7720** for technical assistance.

After the customer finishes, press the 'ENTER' key, or after 3 seconds of no activity, the signature will be saved. If the customer needs to start over, press the 'F10' key before the signature is saved, to restart the signature.

Enter a HIPAA Signature Note

This function is used for entering 'Good Faith Effort' notes when giving prescriptions to someone who is unable to provide their HIPAA signature.

To enter a 'Good Faith Effort' note, enter in the initials of the technician or pharmacists entering the note. After that enter in the reason for not having a signature. A freehand note or a pre-programmed 'short hand' note may be entered. To use one of the 'short hand' notes, enter in the corresponding number for the note desired in the field and press Enter .

```
        H I P A A   S I G N A T U R E   N O T E   E N T R Y
                    PATIENT,TEST

    Without a HIPAA Privacy signature on file, you must document
    your good faith effort to get one.

    Operator's Initials  [    ]
    Note:
[                                                              ]

    You may enter a # from the list below for short hand.
    1. Patient's representative picking up script.
    2. Prescription being Delivered.
    3. Prescription being Shipped/Mailed.
    4. Patient Declined to Sign, Had Opportunity.
```

The 'Good Faith Effort' note is only good for a single day. Each time (different days) prescriptions are picked up, delivered, shipped or mailed, a new 'good faith effort' note will have to be entered until a HIPAA signature is acquired and documented within the Pharmacy Management System.

Display HIPAA Signature Notes

This menu function is used to display the 'Good Faith Effort' notes previously entered into the 'Patient Signature/Notes' utility.

A list of notes, including the initials of the person who entered the note and the date and time the note was entered.

```
        H I P A A   S I G N A T U R E   N O T E S
                    PATIENT,TEST
Note Entered by TST  16 Dec 04 @ 10:22
Patient's representative picking up script.
Press any key to Return.
```


Print HIPAA Signature/Note Report

This menu option is used to print a list of the 'Good Faith Effort' notes that have been entered for the patient. After selecting this option, the following screen will display:

Press the Enter key, and the report will be printed. An example of the report is shown below:

```
    H I P A A   S I G N A T U R E / N O T E S   R E P O R T

                PATIENT,TEST

            Press Any key to Print.
```

```
              H I P A A   S I G N A T U R E / N O T E S   R E P O R T

PHARMACY NAME                                                  02 Apr 03
PHARMACY ADDRESS
CITY, STATE  ZIP


Patient:   TEST PATIENT
           PATIENT ADDRESS
           CITY, ST  ZIP


HIPAA Notes:
YYY   02 Apr 03 @  11:15      Patient's representative picking up script.
XXX   01 Apr 03 @  09:00      Prescription being Shipped/Mailed.
```

If only notes are on file, the above is an accurate example. If a signature is on file, and notes had previously been entered, the report will print similar to the above, and at the end of the report, 'E-Signature On File' will be printed. This report will not print out the signature.

PCL5 HIPAA E-Signature/Note Report

This function is used to print an inquiry about the patients HIPAA signature status. There are 3 possible reports using this function, depending on whether the patient signed the FSI Electronic Signature Pad, if the patient signed a paper document and the pharmacy is storing that document, or the patient has not signed, and a note or multiple notes have been entered.

```
D R U G   M A I N T E N A N C E

1.  Additions
2.  Amendments
3.  Drug Lists
4.  De/Activate
5.  Drug Screen Lists
6.  Zero Drug Usage Totals
7.  Special Drug Maintenance
8.  T.P. Drug Codes Setup
9.  Drug Notes Maintenance
A.  Multi-Site Drug Availability
B.  Disp Robot Location Maint
C.  Merge Drug records
D.  Drug Info. - A/C, C/C, Pat.Cons, GPI
E.  Compound Drug Maintenance
F.  Print Drug/Shelf Labels (Dymo)
G.  Print N.Y. Price Schedule

Enter Your Choice
```

PHARMACY NAME
PHARMACY ADDRESS
CITY, STATE ZIP

HIPAA E-Signature/Notes Report   **01 May 03**

Patient: TEST PATIENT
                        PATIENT ADDRESS
                        CITY, ST ZIP

HIPAA Notes:
YYY 02 Apr 03 @ 11:15   Patient's representative picking up script.
XXX 01 Apr 03 @ 09:00   Prescription being Shipped/Mailed.

E-Signature: 01 May 03 @ 12:00

As shown in the example above, the patient's name for the prescription will be printed, followed by the patient's address, city, state and zip code. Following the patient information, any HIPAA Notes that have been entered for the patient will be printed, and then the HIPAA Signature. The date and time of when the signature was obtained will print above the signature.

If a signature was obtained on paper, and not electronically within the FSI Pharmacy Management System, a report similar to the following will print:

PHARMACY NAME
PHARMACY ADDRESS
CITY, STATE ZIP

HIPAA E-Signature/Notes Report   **01 May 03**

Patient: TEST PATIENT
                        PATIENT ADDRESS
                        CITY, ST ZIP

HIPAA Notes:
YYY 02 Apr 03 @ 11:15   Patient's representative picking up script.
XXX 01 Apr 03 @ 09:00   Prescription being Shipped/Mailed.

Signature on File 01 May 03

Non-Safety Cap Signature Report

This menu option is used to print a list of the 'Good Faith Effort' notes that have been entered for the patient. After selecting this option, the following screen will display:

Press the `Enter` key, and the report will be printed. A sample of a report is shown below:

```
D R U G   M A I N T E N A N C E

1.  Additions
2.  Amendments
3.  Drug Lists
4.  De/Activate
5.  Drug Screen Lists
6.  Zero Drug Usage Totals
7.  Special Drug Maintenance
8.  T.P. Drug Codes Setup
9.  Drug Notes Maintenance
A.  Multi-Site Drug Availability
B.  Disp Robot Location Maint
C.  Merge Drug records
D.  Drug Info. - A/C, C/C, Pat.Cons, GPI
E.  Compound Drug Maintenance
F.  Print Drug/Shelf Labels (Dymo)
G.  Print N.Y. Price Schedule

Enter Your Choice
```

N O N – S A F E T Y   C A P   S I G N A T U R E   R E P O R T

PHARMACY NAME   **02 Apr 03**
PHARMACY ADDRESS
CITY, STATE ZIP

Patient: TEST PATIENT
**   PATIENT ADDRESS**
**   CITY, ST ZIP**

No Signature.

If no signature has been obtained, the above is an accurate example. If a signature is on file, The following will be printed:

N O N – S A F E T Y   C A P   S I G N A T U R E   R E P O R T

PHARMACY NAME   **02 Apr 03**
PHARMACY ADDRESS
CITY, STATE ZIP

Patient: TEST PATIENT
**   PATIENT ADDRESS**
**   CITY, ST ZIP**

E-Signature: 01 May 03 @ 12:00

Please note that the signature can only be printed on a PCL5 or higher capable laser printer. Dot matrix printers cannot handle the information needed to print the signature data.

Clear HIPAA Signature and Flag

This function is used to remove a HIPAA Signature from the Pharmacy Management System. **USE CAUTION: This cannot be undone!** This function has only been added to allow the removal of a signature captured by mistake (i.e. If someone signed who was not actually the patient.)

This screen displays the name of the patient whose HIPAA signature, notes, and 'On File' flags will be removed for. If this is what is to be done, enter 'YES' in the field displayed. If it is not, or if unsure, press F1 to abort.

```
        D R U G   M A I N T E N A N C E

    1.  Additions
    2.  Amendments
    3.  Drug Lists
    4.  De/Activate
    5.  Drug Screen Lists
    6.  Zero Drug Usage Totals
    7.  Special Drug Maintenance
    8.  T.P. Drug Codes Setup
    9.  Drug Notes Maintenance
    A.  Multi-Site Drug Availability
    B.  Disp Robot Location Maint
    C.  Merge Drug records
    D.  Drug Info. - A/C, C/C, Pat.Cons, GPI
    E.  Compound Drug Maintenance
    F.  Print Drug/Shelf Labels (Dymo)
    G.  Print N.Y. Price Schedule

    Enter Your Choice
```

Clear Non-Safety Signature and Flag

This function is used to remove the 'Patient Non-Safety Cap' signature from the Pharmacy Management System. **USE CAUTION: This cannot be undone!** This function has only been added to allow the removal of a signature captured by mistake (i.e. If someone signed who was not actually the patient.)

This screen displays the name of the patient whose 'Safety Cap' signature, and 'On File' flags will be removed for. If this is what is to be done, enter 'YES' in the field displayed. If it is not, or if unsure, press F1 to abort.

```
TEST PATIENT B.15 Nov 65 Age.38    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                         Sh F5 Mail Sh F10 NO PNote
                Allergic - Sensitive to:
     1  NO KNOWN DRUG ALLERGY
     Rx No. Drug Name              Doc    Date    Qty Rf-Rm
     000102 MOTRIN 800MG TAB       TEST 11/12/04  100 99 99
     000101 ALLEGRA 60MG TAB       TEST 11/08/04   60 12 11
     000100 BENTYL 20MG TAB        TEST 11/08/04   30  6  5
     000099 IMODIUM 2MG CAP        TEST 11/08/04   30  6  5
     000098 PREVACI 30MG DR CAP    TEST 11/08/04   30 12 11
     000097 ZYRTEC 5MG/5ML SYP     TEST 11/05/04   30
     000096 ZITHROMAX 600MG TAB    TEST 11/08/04   30  6  5
     000095tCLARIT 10-240MG TAB    TEST 11/08/04   60  6  5
     000094cASPIRI 325MG EC TAB    TEST 11/05/04  120

        ┌─────────────────────────┐
        │  1. Add All/Sen          │
        │  2. Amend All/Sen        │
        │  3. Delete All/Sen       │
        │  4. Check for All/Sen    │
        │                          │
        │  Enter Your Choice.      │
        └─────────────────────────┘
```

Prescription Processing

This part of the manual will attempt to outline each step of filling a new prescription and processing prescription refills in the Pharmacy Management System.

New Prescription

To begin a new prescription, from the 'Patient Profile' select option ③ , 'New Script', or press ④ from the 'Main Menu' to do a new prescription for the last patient.

The following screen will be displayed. (Depending on the setting of various options in 'Software Options', the following screen may not be the first thing to be displayed.)

Note: As soon as a new prescription is started, a prescription number is automatically assigned to that prescription. A Script number is allocated when one of the following five functions is initiated:

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                             Sh F10 NO PNote
 000108                           28 Jan 05


                                        F2 - Dispensing Date 28 Jan 05
                                        F3 - Dispensing Note
                                        F4 - Script Note
[                    ] Drug Prescribed/Dispensing

Drug Search Options:                     Shift F1 -> Drug Maintenance
   Drug Code                             Shift F4 -> Do Price Quote
   Partial Drug Name (T or G)
   Partial Name,Strength
   Drug NDC Code          #Rx number (Choose Rx & ReCall/ReFill)
   :Partial Speed Code List  'Multiple Exact Speed Code List
   ;Drug (Uses Generic Name)  /Drug (Managed Care Formulary Alternates)
   *Drug (DeActivated Drugs)  ~Drug (Compounds Only)
   $Drug (Displays AWP)       ^Drug (Non-Compounds Only)
   @Drug Record Number
```

1) Modem claim; 2) Add Drug Disease state; 3) Link a TAR to the script (California MediCal); 4) Include a script note (long or short); 5) Completing any other script. If script processing is terminated after the number has been allocated, that number will be "wasted". "Wasted" script numbers may be tracked through 'Exceptions File Maintenance' **Software Options Page 6**, if activated ('Maintain Exceptions File' set to 'Y').

Verify/Enter the Acct/Episode # (User selectable option)

If selected, this option prompts for the Account or Episode number for this prescription. This feature is generally reserved for use by hospital pharmacies.
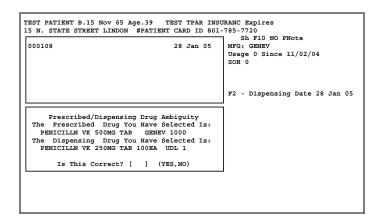
Enter the ICD-9 Diagnosis Code (User selectable option)

If selected, this option prompts for a Diagnosis Code. Pressing **F7** will advance without a code. This feature is generally reserved for use by hospital pharmacies.

Enter a Drug

Enter the name of the drug.

When filling a new prescription, the drug entered will be recorded as both the 'drug prescribed' and the 'drug dispensed'. When a drug is entered initially, and the 'F8' key is used to back up and make a change to the drug, if the two drugs are of the same drug (10 digit GPI match), but of different strengths, or of different forms, the following screen will be displayed:

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                       Sh F10 NO PNote
 000108                   28 Jan 05   MFG: GENEV
                                      Usage 0 Since 11/02/04
                                      SOH 0


                                      F2 - Dispensing Date 28 Jan 05


    Prescribed/Dispensing Drug Ambiguity
 The  Prescribed  Drug You Have Selected Is:
   PENICILLN VK 500MG TAB    GENEV 1000
 The  Dispensing  Drug You Have Selected Is:
   PENICILLN VK 250MG TAB 100EA  UDL 1

     Is This Correct? [   ]  (YES,NO)
```

If the 'Ambiguity' is correct, the doctor prescribed one drug but another drug is being dispensed, answer 'YES'. If this is not correct, answer 'NO'. Three options will be displayed prompting the user to press F1 to start the prescription over, or press P to set the drug dispensed to match the drug prescribed, or press D to set the drug prescribed to match the drug dispensed.

If the 'Ambiguity' is not for the same drug (10 digit GPI match) then the drug prescribed will automatically be set to the drug dispensed.

Beneath the drug input field, you can see the drug search options:

Drug Code:
Enter the drug abbreviation (speed code) for the drug. For example, PEN500 = Penicillin, 500mg. For more information regarding drug abbreviations, see section three of this manual.

Partial Drug Name (T or G):
Type in a portion of the drug name, either trade or generic.

Partial Name,Strength:
Type any portion of the drug name followed by a comma and the strength. For example, "PEN,500" will display all of the 500mg. penicillin on file.

Drug NDC Code:
Type any portion of the NDC code.

#Rx Number:
A pound sign followed by a Rx number will recall the script and allow the choice to start refilling the specified script.

:Partial Speed Code List:
Type a colon followed by any portion of the drug abbreviation.

'Multiple Exact Speed Code List:
An apostrophe before a drug code will recall the drugs with codes that match the input exactly.

;Drug (Uses Generic Name):
A semicolon preceding the drug name selects the trade name and then will display the product's generic name on the label.

/Drug (Managed Care Formulary Alternates):
Placing a slash before the drug name will list the appropriate drugs that are accepted under the patient's managed care formulary. For information on setting up the managed care formulary system, see sections three and five.

*Drug (DeActivated Drugs):
An asterisk preceding the drug name will include deactivated drugs in the search. A lower case "i" will appear in front of Deactivated drugs.

~Drug (Compounds Only)
Placing a ~ (Tilde) sign in front of the drug name will search for only drugs that are configured as compounds in 'Drug Record Amendments'.

$Drug (Displays AWP):

A dollar sign preceding the drug name will place the AWP to the left of the drug name when the computer displays the results of the search.

^Drug (Non-Compunds Only)
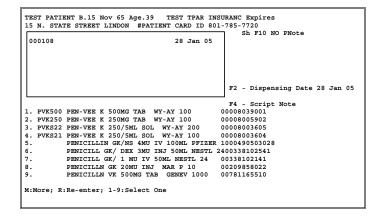
Using a ^ (carat) sign in front of the drug name will search only for drugs NOT configured as compounds to be listed.

@Drug Record Number:

Locates exact drug, by drug record number from the drug data file.

When the drug name is entered, the computer will search for a match. If the system finds the drug to match the input exactly, it will place the drug name on the label portion of the screen. If multiple drugs match the input, the computer will list all matching drugs on the screen. For example, if "**PEN**" is entered, the system displays:

Make your selection, and the system will continue.
  Note that if you type a "T" and then the number 1 thru 9 (your specific selection) the pharmacy system will pull up the Trade Name on the label (if it is entered on the **Drug Amendment** setup). Additionally, if you type a "G" and then the number, the system will pull up the Generic Name on the label (if it is entered on the **Drug Amendment** setup).

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                          Sh F10 NO PNote
 000108                         28 Jan 05



                                  F2 - Dispensing Date 28 Jan 05

                                  F4 - Script Note
1. PVK500 PEN-VEE K 500MG TAB  WY-AY 100       00008039001
2. PVK250 PEN-VEE K 250MG TAB  WY-AY 100       00008005902
3. PVKS22 PEN-VEE K 250/5ML SOL  WY-AY 200     00008003605
4. PVKS21 PEN-VEE K 250/5ML SOL  WY-AY 100     00008003604
5.         PENICILLIN GK/NS 4MU IV 100ML PFIZER 1000490503028
6.         PENICILL GK/ DEX 3MU INJ 50ML NESTL 2400338102541
7.         PENICILL GK/ 1 MU IV 50ML NESTL 24   00338102141
8.         PENICILLN GK 20MU INJ  MAR P 10      00209858022
9.         PENICILLN VK 500MG TAB  GENEV 1000   00781165510

M:More; R:Re-enter; 1-9:Select One
```

The system will store both the product prescribed and the product dispensed. The drug entered during this portion of the pathway will show on the record as the product prescribed. If you are dispensing a product that is different from the one prescribed - a generic, for example, change to the alternate product at the pricing screen by using F5 or Shift F5 . This operation will accurately document the prescription.

Additionally, if F1 or F8 is pressed during the course of the Script Pathway, the pharmacy package will now indicate whether the drug is the Dispensed Drug or the Prescribed Drug.
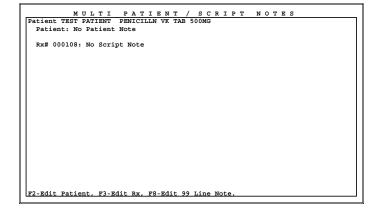
Function Keys

Multi-line Patient & Multi-line Rx Notes

Pressing Shift F10 anytime before you reach the pricing screen of the 'Prescription Pathway' enters the patient note field, with access to the script note field. An example of the screen is shown.

Press F2 to edit or create a patient note. Press F3 to Edit or create a note regarding the prescription. Press F8 to edit any of the 99 1-line notes. Pressing F1 will return you to the place where you left the pathway.

Regardless if a patient note has been entered, **Sh F10 Pat Note** will appear on the upper right-hand section of the screen to indicate that a note is available for review. Likewise, if a script note has been entered, **F4 Scr Note** appears. While the script note flag

```
      M U L T I   P A T I E N T / S C R I P T   N O T E S
Patient TEST PATIENT  PENICILLN VK TAB 500MG
  Patient: No Patient Note

  Rx# 000108: No Script Note









F2-Edit Patient, F3-Edit Rx, F8-Edit 99 Line Note.
```

makes its first appearance on the drug screen, the patient note flag will also display on the patient history screen. Multi Patient/Script notes may be printed from the *Sundry Printouts* menu.

DISPENSING DATE:

By pressing the F2 key, the dispensing date can be changed to a specified date. The dispensing date is defaulted as today's date if not changed. If the date is to be changed, press the F2 key and enter the correct date in mmddyycc format as noted on the screen. Press enter and the system will return to the 'Drug Prescribed/Dispensing' prompt.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                                Sh F10 NO PNote
 000108                          28 Jan 05



                                           F2 - Dispensing Date 28 Jan 05
                                           F3 - Dispensing Note
                                           F4 - Script Note
Enter the Dispensing Date :[01280520]  mmddyycc

Drug Search Options:                       Shift F1 -> Drug Maintenance
   Drug Code                               Shift F4 -> Do Price Quote
   Partial Drug Name (T or G)
   Partial Name,Strength
   Drug NDC Code            #Rx number (Choose Rx & ReCall/ReFill)
   :Partial Speed Code List  'Multiple Exact Speed Code List
   ;Drug (Uses Generic Name) /Drug (Managed Care Formulary Alternates)
   *Drug (DeActivated Drugs) ~Drug (Compounds Only)
   $Drug (Displays AWP)      ^Drug (Non-Compounds Only)
   @Drug Record Number
```

DISPENSING NOTE:

By pressing F3, a short note will be added to this dispensing only. The note will be saved once the script is finished processing. Press Enter when the note is complete. It will be seen in a 4-line log under Log of Scripts in *Sundry Printouts*. It will also appear when recalling the specific dispensing. The patient note does not "force" an allocated Rx # until the script is completed with a [Y   ] in the "Verify That Everything is Correct." question.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                                Sh F10 NO PNote
 000108                          28 Jan 05



                                           F2 - Dispensing Date 28 Jan 05

 [              ]  Dispensing Note
```

SCRIPT NOTE:

By pressing F4, a brief note may be attached to the script. Press Enter when the note is complete. The note will display each time the script is recalled. If the first character of the script note is an asterisk the system asks you to acknowledge the note by pressing the ESC key. Press F4 to delete the note as prompted on the screen. As soon as the script note is saved the prescription is saved (a Rx # is allocated) by the system, regardless if the prescription is completed or not.

```
              S C R I P T   N O T E   S Y S T E M

                   Script Number  000108
          Note [                                    ]

              Press F4 to Delete This Note.
```

DRUG MAINTENANCE:

Drug Maintenance can be reached by pressing
[Shift] [F1]. Press [F1] to return to the *Prescription Pathway.* For more information regarding drug maintenance, see section three.

```
                D R U G   M A I N T E N A N C E

            1.  Additions
            2.  Amendments
            3.  Drug Lists
            4.  De/Activate
            5.  Drug Screen Lists
            6.  Zero Drug Usage Totals
            7.  Special Drug Maintenance
            8.  T.P. Drug Codes Setup
            9.  Drug Notes Maintenance
            A.  Multi-Site Drug Availability
            B.  Disp Robot Location Maint
            C.  Merge Drug records
            D.  Drug Info. - A/C, C/C, Pat.Cons, GPI
            E.  Compound Drug Maintenance
            F.  Print Drug/Shelf Labels (Dymo)
            G.  Print N.Y. Price Schedule


            Enter Your Choice
```

DO PRICE QUOTE:

A price quote can be given from any point in the pathway by pressing [Shift] [F4]. [F1] will bring you back to the point you left the pathway. For more information on the 'Price Quote' function, please refer to **Chapter 7** of this manual.

Medi-Span

After the drug name is entered, the system will check for drug allergies, therapeutic duplications, drug-to-drug interactions, and drug-disease. Each of these informational programs is optional. The programs can be turned on, off, and configured in *System Configuration - Software Options*. For information on system configuration, please refer to **Chapter 8** of this manual. Information on Medi-Span options is contained in section four of this chapter under the heading **Medi-Span Information and Disclaimers**.

Drug Therapy Monitoring System (DTMS):

The first OBRA funtion performed when enterning a new (and refill when turned on) prescription is the DTMS or Cross-Chek system. These two systems are used to check the patients prescription history for drug to drug interactions. The details for the DTMS and Cross-Chek systems are discussed later in this chapter, and the configuration for the DTMS system is discussed in **Chapter 7** of this manual.

```
   Foundation Systems/Medi-Span DTMS Drug Interaction/P.A.R. System

   The information contained in DTMS is intended to supplement the knowledge
   of physicians, pharmacists, and other health care professionals regarding
   drug therapy problems. This information is advisory, and is not intended
   to replace sound clinical judgement in the delivery of health care.

   The information is derived from medical literature research and is
   subject to review and approval by Medi-Span's Editorial Board and
   Review Panel. However, Medi-Span, Stanford University, Medi-Span's
   Editorial Group and Foundation Systems disclaim all warranties,
   whether expressed or implied, including any warranty as to the quality,
   accuracy, or suitability of this information for any particular purpose.

   This program is protected by copyright. Use of DTMS is restricted to the
   terms of your Licensing Agreement. Any use beyond the terms of the
   Licensing Agreement or unauthorized use of copyrighted material will be
   subject to legal action. Use beyond the expiration date is prohibited.

          Copyright 2005 by Wolters Kluwer Health, Inc.
      Database Version 05.1,  Released 05 Jan 05,  Expires 01 May 05
      Enter 'Y' to Acknowledge
```

Only one system, DTMS or Cross-Chek, can be used to check for drug interactions. The system to be used is set in **Software Options**. For more information on how to select which system to be used, refer to **Chapter 8** of this manual.

The first time the DTMS system is used each day, a copyright message is displayed on the screen, press 'Y' to acknowledge this and continue on through the interaction process. If there is an interaction, a warning screen will be displayed like the one shown here:

```
    Foundation Systems/Medi-Span DTMS Drug Interaction System

  Food Interacts with PENICILLN VK
  Food - Member of Class Food (Co-administration)
  PENICILLN VK - Member of Class Penicillins(Oral)

    OnSet: Delayed          Documentation: Suspected
  Severity: Moderate          Distribution: Notify

  Warning: Concomitant ingestion of food with PENICILLN VK increases
  inactivation of PENICILLN VK in the stomach and may result in decreased
  antimicrobial effectiveness.

  Press F4 for More Information,
  Press F5 to Print Monograph, or
  Press ESC to Continue.



          Copyright 2005 by Wolters Kluwer Health, Inc.
```

Pressing [F4] will display on the monitor detailed information related to the drug shown. Pressing the [Enter] key will scroll the screen one line at a time until there is no more information to be displayed.

Pressing F5 will print the information listed by pressing F4. Pressing ESC will move to the next screen.

If the Pharmacy Management System has the DUR Interventions System configured to write interventions, the following screen will be displayed:

Based on what the interaction is, the conflict will be filled in by the system appropriately. Pressing the Enter key will display a question on the screen if this information is correct (if text was added) or a statement indicating that "no text" was added. For more information on the DUR Intervention System, and how to configure it, please refer to **Chapter 8** of this manual.

Cross-Chek System

The Cross-Chek system serves as an alternate to the DTMS system just previously discussed. If the Cross-Chek system is turned on in **Software Options**, when filling a prescription, if a drug to drug interaction is found, a screen similar to the one shown here will be displayed. If the interaction is acceptable, press the ESC key to continue filling the prescription, press F2 to print out the information.

```
   Foundation Systems/Medi-Span  Cross-Chek II  Drug Interaction System
   ──────────────────────────────────────────────────────────────────────
                  ASPIRIN Interacts with COUMADIN
   Interaction    ASPIRIN Increases the Effect of ANTICOAGULANTS
   Significance   Major, Severe, Yet Manageable
   Documentation  In Vitro/Animal Study
                  Human Clinical Trials
                  Case Report
   Reference      EDI Zucchero FJ, et al, First DataBank  Page 0/94

   Rx 000100      #30  COUMADIN 7.5MG TAB
                  Last Filled 08 Nov 04  Doc DOCTOR,TEST

                  Copyright 2005 Wolters Kluwer Health, Inc.  Ver 05.1

                  Press F2 to Print.
                  Press ESC to Continue.
```

Aller-Chek System

After the drug name is entered, and after checking for drug to drug interactions, the system checks the drug against known patient allergies. If any conflicts are indicated, the system displays a screen similar to the one shown here.

Press ESC to acknowledge the allergy warning. The message may be printed by pressing the F2 key. An **Aller-Chek** message will not display if allergy indications are not found.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                          Sh F10 NO PNote
 000108                        31 Jan 05   MFG: GENEV
 TEST PATIENT                               Usage 0 Since 11/02/04
                                            SOH 0

     PENICILLN VK 500MG TAB  GENEV


   Foundation Systems / Medi-Span  Aller-Chek  Drug Allergy/Sens System
 ----------------------------------------------------------------------------
  Allergic To PENICILLINS  Possible Reaction To PENICILLN VK



 Press ESC to Continue.
```

Duplicate Therapy System

After checking for drug to drug interactions, the system will check for duplicated treatments, if one is found, an example of a Duplicate Therapy warning is shown to the right.

To continue filling the prescription, press the ESC key.

```
  Patient  TEST PATIENT  15 N. STATE STREET  LINDON
           Born 15 Nov 65  Age 39  Ph 801-785-7720
 Usual Doc TEST DOCTOR  Ph 222-4444
       T H E R A P E U T I C   D U P L I C A T I O N S   F O U N D

      Significance: No Abuse Pot.        Duplication Allowance: 0
 PENICILLN VK and AMOXICILLIN are Members of the BETA-LACTAMS Class
 and May Represent Duplicate Therapy.
 Rx 000088  #30  AMOXICILLIN 500MG CAP  on 05 Nov 04

      Significance: No Abuse Pot.        Duplication Allowance: 0
 PENICILLN VK, ZITHROMAX and AMOXICILLIN are Members of the OTITIS/
 PHARYNGITIS ANTIBIOTICS Class and May Represent Duplicate Therapy.
 Rx 000096  #30  ZITHROMAX 600MG TAB  on 08 Nov 04
 Rx 000088  #30  AMOXICILLIN 500MG CAP  on 05 Nov 04




                                ┌──────────────────────────────────────┐
                                │ Copyright 2005 Wolters Kluwer Health, Inc.
 Press ESC to Continue.         │ Database Edition 05.1 - Expires April 2005
                                └──────────────────────────────────────┘
```

Drug Disease System

Depending on the configuration of **Software Options**, when filling a prescription, a prompt might come up to select the appropriate diagnosis for the treatment being prescribed.

A list of the diseases commonly treated by the medication being prescribed will be displayed. For each disease; the code, description and indication will be shown. This information is provided by *Medi-Span.* Select the appropriate disease, or press F1 to back out, or press F4 to skip the 'Drug Profile Additions' and continue with filling the

```
    Patient  TEST PATIENT  15 N. STATE STREET  LINDON
             Born 15 Nov 65  Age 39  Ph 801-785-7720
 Usual Doc  TEST DOCTOR  Ph 222 4444

        Drug  PENICILLN VK 500MG TAB  GPI 01100040100315

    Disease  Code     Description              Indication
       1.    017000   BACTERIAL INFECTION      Primary

               Choose An Indicated Disease  [1 ] (1-1)




        Press F1 to Back Out;  F4 to Skip Drug Profile Additions
```

prescription. Pressing the F1 key will return to the beginning of the prescription filling processing, prompting for the drug to be entered.

If a disease was selected, a screen similar to the one shown here will be displayed.

Press Enter to accept the current information and continue, or make the necessary changes.

```
    Patient  TEST PATIENT  15 N. STATE STREET  LINDON
             Born 15 Nov 65  Age 39  Ph 801-785-7720
 Usual Doc  TEST DOCTOR  Ph 222 4444

                A D D I T I O N S   T O   P R O F I L E

           Disease Code   017000
           Abbreviation   INFBAC
           Description    BACTERIAL INFECTION

        Date On Onset :[01280520] (mmddyycc)
        Script Number  [00000108]
    Last Dispensing :[01280520] (mmddyycc)
        Special Desc  [                        ]
            Duration  [A]  (A-Acute,C-Chronic,L-Life)


        Press F1 to Back Out, F4 to Skip Drug Profile Additions
```

Date of Onset:
This field is used to enter in the date the patient first started to have the selected disease state. This date is used to track the

Script Number:
This field will automatically be populated when adding a new disease state while filling a prescription. When adding a new disease state from the patient menu, this field allows a prescription to be linked to the disease state so that

Last Dispensing:
This field is used to set the date of the last dispensing for the prescription previously entered. When adding a disease while adding a new prescription, this field will automatically be populated.

Special Description:
This field is used to enter a note about this disease state.

Duration:
This field is used to define the duration of the disease. Enter a 'A' in this field to set the duration to 'acute', enter a 'C' in this field to set the duration to 'chronic', or set a 'L' in this field to set the duration of this disease to 'life'.

The system will check for any contraindications with this medication against the diseases stored in the patient's 'Drug Disease Profile'. If any contraindications appear, you will see:

Press ESC to acknowledge the contraindication.

```
    Patient  TEST PATIENT  15 N. STATE STREET  LINDON
             Born 15 Nov 65  Age 39  Ph 801-785-7720
 Usual Doc  TEST DOCTOR  Ph 222 4444

        Drug  COUMADIN 10MG TAB  GPI 83200030200325

 Priority  Relative   Disease HEPATIC DISORDERS Chronic  Onset 01 Jan 04
  Message  Contraindicated in severe hepatic disease with impairment of
           hemostasis.







 Press ESC to Continue.

                   Press F8 to Go To Drug-Disease Monitoring Menu.
```

Note: Should the interaction take off in a loop or take longer than expected, you can break out of the checking phase and continue on with the Script Pathway by pressing `Ctrl` `O`.

Drug Notes

When filling a prescription, after entering the drug, a note might be displayed forcing the user to press `ESC`. This note is called a 'Drug Note'. Drug notes are commonly used to warn the user of possible billing limitations for the drug. For each drug (ndc), a primary and secondary note can be entered, and depending on the configuration of the third party, the primary, secondary, no note, or both notes might be displayed. The configuration of drug notes is discussed in greater detail in **Chapter 3** of this manual.

Example: Some state Medicaid programs use drug notes to identify in what situations or disease states drugs may be used. The above is an example drug note for Pencicillin-VK when being billed to California MEDI-CAL:

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                        Sh F10 NO PNote
000108                         28 Jan 05   MFG: GENEV
TEST PATIENT                               Usage 0 Since 11/02/04
                                           SOH 0

     PENICILLN VK 500MG TAB  GENEV


 Drug Note:
MEDI-CAL DUR - MAXIMUM DURATION OF THERAPY - 14 DAYS



 Press ESC to Continue.
```
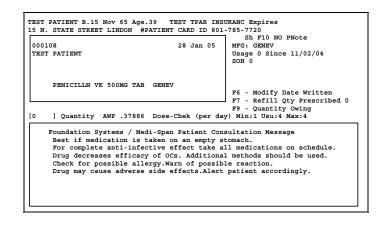
Press `ESC` to acknowledge the drug note(s) and continue to the next step of the 'Prescription Pathway'.

Drug Quantity

After the drug has been selected, the next step is to specify a dispense quantity:

Enter the quantity desired. If there is a **(Packs)** being displayed to the right side of the quantity field, the drug is setup as a specified pack - in which case the quantity should be entered as a number of packs in stead of a total number of units.

A professional consultation message appears beneath the quantity input field. The professional consultation message is described later in this section under the heading **Medi-Span Information and Disclaimers - Patient Consultation System**.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                        Sh F10 NO PNote
000108                         28 Jan 05   MFG: GENEV
TEST PATIENT                               Usage 0 Since 11/02/04
                                           SOH 0

     PENICILLN VK 500MG TAB  GENEV
                                           F6 - Modify Date Written
                                           F7 - Refill Qty Prescribed 0
                                           F9 - Quantity Owing
[0    ] Quantity  AWP .37886  Dose-Chek (per day) Min:1 Usu:4 Max:4

   Foundation Systems / Medi-Span Patient Consultation Message
    Best if medication is taken on an empty stomach.
    For complete anti-infective effect take all medications on schedule.
    Drug decreases efficacy of OCs. Additional methods should be used.
    Check for possible allergy.Warn of possible reaction.
    Drug may cause adverse side effects.Alert patient accordingly.
```

Function Keys

Modify Date Written:

When filling a new prescription, the **Pharmacy Management System** assumes that the date written is the same as the date the prescription is being entered into the system. If the date the prescription was written is different than the date it's being entered, the date can easily be changed by pressing the F6 key on the 'Quantity' screen. After pressing F6, the screen shown to the right will be displayed. Enter in the correct date the prescription was written and press Enter to save that change. The program will return to the 'Quantity' screen. Entering in the correct date written allows the **Pharmacy Management System** to expire the prescription on the correct date.

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                          Sh F10 NO PNote
000108                          28 Jan 05   MFG: GENEV
TEST PATIENT                                Usage 0 Since 11/02/04
                                            SOH 0

30    PENICILLN VK 500MG TAB  GENEV
                                            F6 - Modify Date Written
                                            F7 - Refill Qty Prescribed 0
                                            F9 - Quantity Owing
Enter The Date Written :[01280520]  mmddyycc

    Foundation Systems / Medi-Span Patient Consultation Message
    Best if medication is taken on an empty stomach.
    For complete anti-infective effect take all medications on schedule.
    Drug decreases efficacy of OCs. Additional methods should be used.
    Check for possible allergy.Warn of possible reaction.
    Drug may cause adverse side effects.Alert patient accordingly.
```

Refill Qty Prescribed:

From the 'Quantity' screen of the prescription process, a prompt for 'F7 – Refill Qty Prescribed' is displayed. This function allows the user to enter the quantity to be dispensed on refills. This quantity can be different than the original dispensing quantity. This would be in an instance where the prescriber wrote the prescription with an initial dose either less than or greater than the usual dose.

To change the quantity for the refills, press the F7 key and enter in the quantity for the refills. This is NOT the number of refills being prescribed.

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                          Sh F10 NO PNote
000108                          28 Jan 05   MFG: GENEV
TEST PATIENT                                Usage 0 Since 11/02/04
                                            SOH 0

30    PENICILLN VK 500MG TAB  GENEV


Refill Quantity Prescribed  [0  ]

    Foundation Systems / Medi-Span Patient Consultation Message
    Best if medication is taken on an empty stomach.
    For complete anti-infective effect take all medications on schedule.
    Drug decreases efficacy of OCs. Additional methods should be used.
    Check for possible allergy.Warn of possible reaction.
    Drug may cause adverse side effects.Alert patient accordingly.
```

Quantity Owing:

This function is used to add to the quantity owing that will be calculated by the system when the prescription is entered. The system calculates the quantity owing my multiplying the number of refills by the refill quantity. If the user enters a quantity owing on this screen, the amount entered in this field will be added to the amount calculated automatically. To enter in an amount to be added, press the F9 key. Enter in the amount to be added, and press Enter. The program will return back to the 'Quantity' screen.

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                          Sh F10 NO PNote
000108                          28 Jan 05   MFG: GENEV
TEST PATIENT                                Usage 0 Since 11/02/04
                                            SOH 0

30    PENICILLN VK 500MG TAB  GENEV
                                            F6 - Modify Date Written
                                            F7 - Refill Qty Prescribed 0
                                            F9 - Quantity Owing
Quantity Owing  [0   ]

    Foundation Systems / Medi-Span Patient Consultation Message
    Best if medication is taken on an empty stomach.
    For complete anti-infective effect take all medications on schedule.
    Drug decreases efficacy of OCs. Additional methods should be used.
    Check for possible allergy.Warn of possible reaction.
    Drug may cause adverse side effects.Alert patient accordingly.
```

Days Supply

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                        Sh F10 NO PNote
000108                        28 Jan 05   MFG: GENEV
TEST PATIENT                               Usage 0 Since 11/02/04
                                           SOH 0


30   PENICILLN VK 500MG TAB  GENEV


[15  ] # Days Supply  Dose-Chek (days) Min:5 Usu:14 Max:999

    Foundation Systems / Medi-Span Patient Consultation Message
     Best if medication is taken on an empty stomach.
     For complete anti-infective effect take all medications on schedule.
     Drug decreases efficacy of OCs. Additional methods should be used.
     Check for possible allergy.Warn of possible reaction.
     Drug may cause adverse side effects.Alert patient accordingly.
```

Enter the 'Days Supply' as prompted. Days supply will not be asked for if the patient is not using the refill reminder system, or if the days supply is not indicated in the *Required Information Matrix* of *Insurance Company Maintenance*. For more information on this, please refer to **Chapter 5**.

The 'Days Supply' can also be configured in 'Software Options' to be calculated from the sigs (directions). If this function is enabled, the 'Days Supply' prompt will not be displayed at this time, but will be displayed after the prompt for the 'Directions'. After entering the directions, press ⎡Enter⎤, and the 'Days Supply ' prompt will be displayed. If the days supply could be calculated from the directions that were entered, the 'Days Supply' field will have the calculation defaulted in it. If correct, press enter, if not correct, enter the correct days supply and press ⎡Enter⎤. In order for 'Days Supply' to be calculated from the directions, sig codes have to be used. The 'days' have to be setup within the sig code setup for the days supply to be calculated'. For more information on how to setup the sig codes, please refer to **Chapter 8** of this manual.

Medi-Span
Dose-Chek System

```
          Foundation Systems / Medi-Span  Dose-Chek System
    --------------------------------------------------------------------
       Patient:  TEST PATIENT              Drug:  PENICILLN VK
         Born:  15 Nov 65                          500MG TAB GENEV
          Age:  39 Years           Total Qty:  1000
       Status:  Adult              Days Supl:  15
                                   Daily Dose:  66.66

    Recommended Daily Dosage:  Min: 1  Usual: 4  Max: 4
    Daily Dose is Greater Than Recommended Dose.  Please Verify Daily Dose.

    Comments:
      SEVERITY OF THE DISEASE  May Cause Dose to Exceed Maximum Value.

    Reference:  USP-DI Info for the Health Care Pro Vol 1



    Copyright 2005 Wolters Kluwer Health, Inc.
    Database Edition 05.1 - Expires April 2005

  Press ESC to Continue.
```

If you are using the dose-check system, and the computer finds a problem with the dosage of the prescription, the system will flag the user at this point. For example, if 30 tablets are dispensed, for a Days Supply of 30, the following will be displayed:

Press ⎡ESC⎤ to acknowledge the note. Adjust the days supply or quantity as necessary, or continue as you see fit. Additional information regarding the Dose-Chek system is found in part four in this section.

Doctor

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                        Sh F10 NO PNote
000108                        28 Jan 05   MFG: GENEV
TEST PATIENT                               Usage 0 Since 11/02/04
                                           SOH 0


30   PENICILLN VK 500MG TAB  GENEV
                                           F6 - Set 'Stop Date'

[                ] Doctor ('UPIN, -N.V.ID)

Shift F1 -> Doctor Maintenance
```

Enter the doctor's name or code. If the doctor is not on file, the system asks if you wish to add the doctor to the file. If you answer "Y" the system enters *Doctor Additions*. When the information is complete, press ⎡Enter⎤ and you will return to the *Prescription Pathway*.

Shift F1 - Doctor Maintenance:

At the prompt for entering the doctor prescribing the prescription, a link is provided to press ⎡Shift⎤ ⎡F1⎤ to go to 'Doctor Maintenance'. This allows the user to add new doctors, amend existing doctors, and perform

other maintenance to the doctor file directly from the prescription process instead of having to abort the prescription and then redo it after correcting/adding the doctor. For more information on **Doctor Maintenance**, please refer to **Chapter 4** of this manual.

F6 - Set 'Stop Date':

This function is used to set the 'Stop Date' for the prescription. From the screen prompting for the doctor, press F6. This date is typically used when dispensing medications for patients in nursing type facilities. This date will print on various Board and Care forms available for printing through 'Sundry Printouts'.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                            Sh F10 NO PNote
000108                          28 Jan 05  MFG: GENEV
TEST PATIENT                               Usage 0 Since 11/02/04
                                           SOH 0


30   PENICILLN VK 500MG TAB  GENEV
                                           F6 - Set 'Stop Date'


Enter the 'Stop Date' :[02270520]  mmddyycc

Shift F1 -> Doctor Maintenance
```

STATE WELFARE WARNINGS:

If the patient is on state Medicaid, a state welfare warning flag may appear at this point. The warnings will vary from state to state and drug to drug. Answer the question regarding the warning or restriction, and continue. If your answer does not comply with the restriction, the system will process the claim as a cash prescription and inform you that the claim is not covered under the third party plan.

Verify/ Enter the Doctor's Location

If selected in the configuration of the **Pharmacy Management System**, this option prompts for the location of the doctor issuing the prescription. This is generally reserved for hospital systems. This is a select option under log of scripts. For more information on how to configure this option, please refer to **Chapter 8** of this manual.

DAW (Dispense As Written)

Depending on the configuration of both the drug and the third party being used for this prescription, after entering the doctor, a prompt may be displayed to enter the appropriate DAW code for this prescription. Most third parties now require this field to be entered, even if the DAW is set to '0' for 'No DAW'.

Enter the appropriate code for this prescription and press Enter to continue filling the prescription.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                            Sh F10 NO PNote
000108                          28 Jan 05  MFG: GENEV
TEST PATIENT                               Usage 0 Since 11/02/04
                                           SOH 0
                                           Dr Fax # 785-2966
                                           Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR

            This Drug May Require a DAW Code.

   0.  No DAW                5.  Brand Disp. as Generic
   1.  Doctor DAW            6.  Override
   2.  Patient Request       7.  Brand Mandated by Law
   3.  Pharmacist Selected   8.  Generic Not Available
   4.  Generic Not in Stock

        [ ]  Enter The DAW Code Which Applies.
```

For more information on configuring the drug and third party files to prompt or to not prompt for the DAW code, please refer to **Chapter 3** for **Drug Maintenance** and **Chapter 5** for **Third Party Maintenance**.

Pricing Screen

After entering the doctor, and depending on the configuration of the system, DAW and other options, the next step of filling a new prescription is the pricing screen. An example of the pricing screen is shown here. This screen will vary greatly depending on where the prescription is being bill, the configuration of the software and other factors.

Some of the functions on this page, when selected, will bring up a new display; these functions will be discussed a little later, and an example for each will be displayed.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                         Sh F10 NO PNote
 000108                        28 Jan 05   MFG: GENEV
 TEST PATIENT                              Usage 0 Since 11/02/04
                                           SOH 0
                                           Dr Fax # 785-2966
                                           Dr # 222 4444 222 4445
 30   PENICILLN VK 500MG TAB  GENEV
 Dr TEST DOCTOR

Chrg'g TP TEST TEST TPAR INSURANCE For 30      Shft F2 -> DAW Flag: 0
Price $[    18.87]  Form:Cost 11.37  Fee   7.50
                    Actu:Cost 11.37  Fee   7.50      Shift F1 -> Co-Pay
  UPD'd 07 Nov 02
 F2 ->   AWP= .3788                        MAC=  .1287
    /30      11.36                                  3.86
    /1000    378.86                               128.70
 F3 -> NDC00781165510 Welf#00781165510 SWFG0
          Gen Brand
 F4 -> Prim Form A  2nd Form A    SF4-> 2nd   18.87
 F5 -> Gen Srch/Same Pack   SF5-> Gen Srch/All Pack  Price
 F7 -> Disable Group Billing  F6 -> Alt Bill TEST2
 T.P. Pricing:  W + $7.5 + 0%  @Level 9999.99  CoPay $0+0%
```

Price

The calculated prescription price will be displayed in this field. If the price is correct, press Enter and the program will continue to the next step of the prescription filling process, which, depending on the configuration of the **Pharmacy Management System** can be a prompt for the pharmacists' initials or a prompt for the number of refills.

The price shown on this screen is calculated using either the formula defined in **Third Party Maintenance** or the 'Primary Price Code' defined in **Drug Maintenance**. More information about setting up these two different pricing systems will be covered in their corresponding chapters of this manual. To override the formulated price, enter a new price. When a price is overridden, the occurrence is logged in *Price* **Over-ride Report.** This report may be printed from the **Sundry Printouts** menu.

To the right of the price, two lines are displayed: **'Form:Cost/Fee'** and **'Actu:Cost/Fee'**. These two lines are used to display the cost and fee for the prescription. **'Form:'** shows the cost and fee from the formula being used to calculate the price of the prescription. **'Actu:'** shows the actual cost and fee of the prescription. This will only show the actual cost and fee if the 'Cost' of the drug has been entered in **'Drug Maintenance'**. If the cost has been entered, a **'DP'** column will be displayed on the **'F2'** section of the pricing screen. Additional information on how the price of the prescription was calculated is shown on the **'Pricing Line'**. This is the bottom line of the screen. The **'Pricing Line'** is discussed a little bit later in this manual.

Shift-F2- Set DAW Flag

This option will be shown if a brand-name drug is being filled or if the patient is using an insurance that requires generic substitution. Pressing Shift F2 will bring up a menu showing the options available for a **D**ispensed **A**s **W**ritten flag. Select the appropriate code and press Enter, and you will return to the pricing screen. An example of the DAW screen was shown previously.

Shift-F1 - Co-Pay

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                      Charge        Cost   11.37
000108                      28 Jan 05 MFG: GENEV
TEST PATIENT                          Usage 0 Since 11/02/04
                                      SOH 0
                                      Dr Fax # 785-2966
                                      Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR

Chrg'g TP TEST TEST TPAR INSURANCE For 30      Shft F2 -> DAW Flag: 0
Price $[   18.87] Form:Cost 11.37 Fee   7.50
                  Actu:Cost 11.37 Fee   7.50      Shift F1 -> Co-P$[    ]
  UPD'd 07 Nov 02
F2 ->   AWP= .3788                        MAC= .1287
   /30      11.36                              3.86
   /1000    378.86                           128.70
 F3 -> NDC00781165510 Welf#00781165510 SWFG0
            Gen Brand
 F4 -> Prim Form A  2nd Form A    SF4-> 2nd    18.87
 F5 -> Gen Srch/Same Pack  SF5-> Gen Srch/All Pack  Price
 F7 -> Disable Group Billing F6 -> Alt Bill TEST2
T.P. Pricing: W + $7.5 + 0%  @Level 9999.99  CoPay $0+0%
```

If the Co-pay for the prescription needs to be adjusted, enter the desired Co-Pay here. The copay shown here is calculated copay for insurances that are not billed electronically. If the third party being billed for the prescription is billed online, then this field should be blank and should be left blank. When the prescription is billed, the third party will send back the amount of copay to be collected from the patient. If the third party being billed for the prescription is not billed electronically at the time of processing, the third party file and pricing formula can be configured to calculate the copay. That copay will be displayed on this screen. If the copay is incorrect or blank, pressing Shift F1 will allow the amount to be edited. After entering the correct amount, press Enter and the new amount will be displayed next to the 'Shift F1 - > Co-Pay' prompt.

F2 - Change Price Data

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                  Sh F10 NO PNote
000108                      28 Jan 05 MFG: GENEV
TEST PATIENT                          Usage 0 Since 11/02/04
                                      SOH 0
                                      Dr Fax # 785-2966
                                      Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR


                AWP  [.37886 ]
                 DP  [0       ]  Press F2 Again to
           MiscPrice [0       ]  Enter Values by
                MAC  [.1287   ]  Full Pack Price.
               Cost2 [0       ]
Wholesaler Pack Size [1000 ]
  Acknowledge Update [N]
        Special Pricing: Qty  [0   ]  Reg $[0    ]  Sen Cit $[0     ]
        Special Pricing: Qty  [0   ]  Reg $[0    ]  Sen Cit $[0     ]
        Special Pricing: Qty  [0   ]  Reg $[0    ]  Sen Cit $[0     ]
        Special Pricing: Qty  [0   ]  Reg $[0    ]  Sen Cit $[0     ]
```

This function allows the prices for to be changed for the Cost, AWP, Misc.Price, MAC, and Cost2 pricing fields. The wholesaler pack size and special quantity pricing can also be updated here. When the screen is first displayed, the prices shown reflect the price per unit. Pressing F2 a second time will display the price per pack size. Entering the full pack price will avoid the need for any manual division calculating. After making the appropriate changes, press Enter to save the new pricing.

The lines displayed beside and beneath the **F2 ->** represent the AWP, CP, MISC, and MAC pricing for 1) the dispensing pack size, 2) the quantity being dispensed, and 3) the wholesaler pack size.

Note: If you use Direct Price (DP), the "UPD'd 01 Apr 00' entry on the screen will blink in reverse video (for up to 30 days after the change) to remind you that DP has been updated, pressing F2 will give you a chance to acknowledge this updated pricing information.

F3 - Change Drug Data

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                  Sh F10 NO PNote
000108                      28 Jan 05 MFG: GENEV
TEST PATIENT                          Usage 0 Since 11/02/04
                                      SOH 0
                                      Dr Fax # 785-2966
                                      Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR


   Manufacturer Disc. [Y]        NDC Number  [00781165510  ]
 Dispensing Pack Size [    ]  Welfare Number  [00781165510 ]
Wholesaler Pack Size [1000 ] Wholesaler Number [         ]
         Drug Inactive [N]        Manufacturer [GENEV ]
         Generic Brand [Y]   State Welf. Group [0]   [N] Continue Therapy Only
             OTC Drug [N]        TPE Group [0 ]
  Refill Reminder Drug [Y]        TPP Group [0 ]   [N] Compound
 Fed Must Subst (DAW) [N]      Medicaid Pay [Y]
    Acknowledge Update [N] Trade/Gen X-Ref Code [    ]
                Lot # [         ]
```

This option allows you to change information contained in the drug database for the drug being dispensed. For information regarding the fields displayed and what to enter in them when F3 is pressed, Please refer to **Chapter 3** of this manual.

When using this function, use caution, any drug data modified in this screen could effect all prescriptions previously dispensed with this drug. Some fields, like 'Lot #', are appropriate to modify using this function when filling a prescription. This allows the user to enter in the lot # from the drug

bottle so that the lot can be recorded in the dispensing of the prescription so that a report of prescriptions with a specific lot number can be printed if ever a recall were to occur. Other fields appropriately used with this function could be 'Manufacturer Disc.' and 'Drug Inactive' to discontinue or re-continue, inactivate or re-activate the drug as appropriate. Use of these fields has little to no effect on the prescriptions previously filled for this drug.

F4 - Change Pricing Formulas

This function allows the user to change the Primary and Secondary price formula(s) of the drug you are dispensing.

At the 'F4' line, displayed are the Primary and Secondary formulas for the drug. These codes are entered in the configuration of the drug (**Drug Maintenance)**.This function can also be used to define a 'Temp. Formula'. Changes made here will be saved in the drug record, and will be used automatically the next time this drug is dispensed. Entering a 'Temp. Formula' will use the specified

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                      Sh F10 NO PNote
000108                        28 Jan 05  MFG: GENEV
TEST PATIENT                             Usage 0 Since 11/02/04
                                         SOH 0
                                         Dr Fax # 785-2966
                                         Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR


  Primary Formula   [A]

Secondary Formula   [A]

    Temp. Formula   [ ]
```

formula for this one dispensing, over-ridding the Primary and Secondary formulas. These formulas are setup in *Price Formula Maintenance* which is discussed in **Chapter 8** of this manual.

Shift-F4 - Change Primary to Secondary

Pressing Shift F4 switches the price formula from the primary formula to the secondary formula, and visa-versa. Additionally, the price based off the formula not being used will be displayed, and if that price is less than the current price, it will be 'highlighted', warning the user that the prescription could be priced better for the customer.

F5 - Change Trade/Generic

The F5 option has two possible functions, depending on the configuration of the drug. The first function is to switch to the linked drug as setup within drug maintenance. When this is configured, this option allows the user to change the drug from trade to generic by pressing F5, or visa-versa. In order for this function to work properly, the trade and generic products must be linked in the manner described in **Chapter 3** of this manual (Generic X-Ref Drug Code).

The second function for this option it to do a search for generics with the same package size, based off the GPI number in the drug. This function will only be available when there is NOT a 'Generic X-Ref Drug Code' defined in the drug maintenance.
must be linked in the manner described in **Chapter 3** of this manual (Generic X-Ref Drug Code).

Shift-F5 - All same code

When dispensing a generic, Shift F5 will display all other generics using the same drug abbreviation (speed code). This will allow you to switch to a product from a different manufacturer. If the drug being dispensed does not have a drug code, a search for similar generics will be ran based off the GPI of the drug being dispensed.

F7 - Disable Group Billing

This will disable the primary third party billing for the prescription and use the secondary third party information to bill the claim. By pressing F7 multiple times, the billing will toggle between the patients secondary, third, and forth insurances. If no other third party information is available for the patient, or following the forth insurance, the billing will switch to cash.

F6 - Alternate Billing

This option will use the alternate third party information to bill the prescription. Alternate insurance is defined in the configuration of the third parties. Alternate insurances allows for one insurance code to be entered in the patient amendments, and then using the F6 key to toggle between many insurance. This will only work when the insurances linked together as alternate use the same patient identifiers. Also, if insurances are setup as alternates to each other, DO NOT enter the insurances in the patient amendments as primary and secondary. This will cause problems when trying to bill to the insurance companies.

Cost2

Cost2 is a pricing field used in 'Drug Maintenance' by pharmacies using the 'FSI Multi-Site System'. This field can store the cost of the medication unique for each site, where Cost is the same for all sites. In order for the 'Cost2' to display on the pricing screen, 'Software Options' 'Page 9 – Billing Functions' 'Use DP For Cost Calculation' has to be set to 'y' (lower case). When this is set, 'C2' will display in the F2 section of the pricing screen, in place of 'Cost'.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                           Sh F10 NO PNote
000108                          28 Jan 05    MFG: GENEV
TEST PATIENT                                 Usage 0 Since 11/02/04
                                             SOH 0
                                             Dr Fax # 785-2966
                                             Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR

Chrg'g TP CAL MEDI-CAL BATCH For 30          Shft F2 -> DAW Flag: 0
Price $[    15.87]  Form:Cost  11.37  Fee   4.50
                   Actu:Cost   7.24  Fee   8.63      Shift F1 -> Co-Pay
  UPD'd 07 Nov 02
F2 ->   AWP=  .3788    C2=  .2412    MISC=  .3599    MAC=  .1287
   /30      11.36           7.23          10.79            3.86
   /1000    378.86        241.23         359.99          128.70
F3 -> NDC00781165510 Welf#00781165510 SWFG0
         Gen Brand
F4 -> Prim Form A  2nd Form A    SF4-> 2nd    15.87
F5 -> Gen Srch/Same Pack   SF5-> Gen Srch/All Pack  Price
F7 -> Disable Group Billing  F6 -> Alt Bill CAL5
T.P. Pricing:  W + $4.5 + 0%  @Level 9999.99  CoPay $0+0%
```

For more information on configuring system to use the 'Cost2' field, please refer to **Chapter 8** of this manual. For more information on the 'FSI Multi-Site System', please contact the **Foundation Systems Sales Office** at **800-333-0926**.

Pricing Line

```
T.P. Pricing:  W + $4.5 + 0%  @Level 9999.99  CoPay $0+0%
```

The line at the bottom of the screen shows the formula used to calculate the price of the prescription. In the above example, the line shows that the system is using a third party pricing formula (T.P. Pricing); that the formula is using an AWP price (W), and adding $4.50 as a dispensing fee ($4.5). This formula is found at formula level 9999.99 (9999.99) in the Third Party Pricing Table. The co-pay is $0 plus 0% of AWP ($0+0%), which is found at the same level.

In addition to 'T.P. Pricing', other codes that will be displayed on this bottom line is 'U&C Pricing' and 'Cash Pricing'. Knowing how to read this line will greatly increase the users ability to understand how the Pharmacy Management System is calculating the price of the prescription, and how to maintain the pricing system within.

UNLISTED OPTIONS

Shift F3: By using this option the drug you are dispensing will be flagged by the ordering system to be included in the next order prepared. The message 'Will Be Ordered' will display in the bottom left corner of the screen when Shift F3 is pressed. When placing an item to be ordered through this method, the item will stay in 'order' mode until cleared by using the same function, pressing Shift F3 on the pricing screen.

Shift F7 : This option will bring up the ***Drug Amendments*** ordering information. As shown in the example, this information includes the 'Dispensing Pack Size, Wholesaler Pack Size, Stock on Hand, Re-Order point, and Primary and Seconday Wholesaler codes and package size fields. For more information on '**Drug Maintenance'** and these fields and how to configure them, please refer to **Chapter 3** of this manual. For more information on **Wholesale Ordering** please refer to **Chapter 7** of this manual or call the **Foundation Systems Technical Support** at **801-785-7720**.

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                              Sh F10 NO PNote
000108                            28 Jan 05   MFG: GENEV
TEST PATIENT                                  Usage 0 Since 11/02/04
                                              SOH 0
                                              Dr Fax # 785-2966
                                              Dr # 222 4444 222 4445
30    PENICILLN VK 500MG TAB   GENEV
Dr TEST DOCTOR


  Dispensing Pack Size  [     ]
  Wholesaler Pack Size  [1000 ]   (Must Match NDC)
          Stock On Hand [0    ]   (In Dispensing Units)
 Minumum Re-Order Point [0    ]
Primary Wholesaler Code [       ]
  '' Ordering Pack Size [0    ]   (In Dispensing Units)
2ndary Wholesaler Code  [       ]
  '' Ordering Pack Size [0    ]   (In Dispensing Units)
```

Enter the appropriate information and press Enter when finished.

Pharmacist

After the pricing screen, the next step of a new prescription is the pharmacist initials. Depending on the configuration of the Pharmacy Management System, this field may default the initials of the pharmacist last used on this terminal, or this prompt may come up blank, and if configured, this field may not come up at all.

This field is configured in 'Software Options' on 'Page 2' 'Ask For Pharmacist In Pathway'. When this field is set to 'Y', the pharmacist field will be prompted, but will be defaulted blank, forcing the user to enter in the initials of the pharmacist each time.

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                     Charge  15.87   Cost   11.37
000108                            28 Jan 05   MFG: GENEV
TEST PATIENT                                  Usage 0 Since 11/02/04
                                              SOH 0
                                              Dr Fax # 785-2966
                                              Dr # 222 4444 222 4445
30    PENICILLN VK 500MG TAB   GENEV
Dr TEST DOCTOR

                                     F9 - Edit This Doctor
[   ] Pharmacist
```

If this field is set to 'y' (lower case), the prompt for pharmacist will display, and the initials of the last pharmacist will be defaulted in the field. If the option in 'Software Options' is set to 'N', the prompt for pharmacist initials will not be prompted when entering a new prescription (refills also).

F9 - Edit this Doctor:

Pressing F9 from the screen prompting for the pharmacist will enter '**Doctor Amendments'** for the doctor entered previously. Enter any changes that need to be made to the doctor's file. When finished, press Enter to save the changes made and to return to the pricing screen of the prescription, or press F1 to escape without making changes to the doctor, and return to the prompt for the doctors name in the prescription process.

For more information about 'Doctor Maintenance', please refer to **Chapter 4** of this manual.

Number of Refills

The next step in entering a new prescription is to enter the number of refills prescribed for this prescription. Enter the number of refills or PRN may be entered in this field to display 'Refills as Required' or 'Refillable Until' as defined in 'System Configuration' 'Page #4' 'Refill'bl Until Exp Date Message' & 'Refill # Until Exp Date Message'. For more information on these two options and how they affect the label, please refer to **Chapter 8** of this manual.

The Pharmacy Management System will allow up to 99 refills to be entered. PRN = 99 refills.

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                       Charge   15.87   Cost   11.37
000108                        28 Jan 05   MFG: GENEV
TEST PATIENT                             Usage 0 Since 11/02/04
                                         SOH 0
                                         Dr Fax # 785-2966
                                         Dr # 222 4444 222 4445
30    PENICILLN VK 500MG TAB   GENEV
Dr TEST DOCTOR           Unk
                                         F7 - Refill Qty Prescribed 30
                                         F9 - Script Expiry Date
[0  ] Refills Ref Qty: 30
```

There are restrictions on entering refills. Narcotics will not be allowed any refills, and controlled drugs will be allowed a maximum of five refills. If you exceed the maximum, the system will automatically adjust the number of refills to the maximum allowed, and a message at the bottom left-hand corner will inform you of the reason for the change.

F7 - Refill Qty Prescribed:

By default, the Pharmacy Management System will assume that the quantity being dispensed for the original dispensing will be the quantity to be dispensed on future refills. If this is incorrect, the quantity for refills may be changed while entering the new prescription by pressing the F7 key on the 'Refills' screen.

After F7 is pressed, the screen shown here will be displayed. Enter in the correct quantity for the refills and press Enter. The program will return to the 'Refills' screen.

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                       Charge   15.87   Cost   11.37
000108                        28 Jan 05   MFG: GENEV
TEST PATIENT                             Usage 0 Since 11/02/04
                                         SOH 0
                                         Dr Fax # 785-2966
                                         Dr # 222 4444 222 4445
30    PENICILLN VK 500MG TAB   GENEV
Dr TEST DOCTOR           Unk

Refill Quantity Prescribed  [30 ]
```

F9 - Expiry Date:

By default, the Pharmacy Management System will assume that the date the prescription is being entered is the date the prescription was written by the doctor. The prescription expiration date is based off the date the prescription was written. Then, depending on the configuration of the system in 'Software Options' 'Page #2' and the 'Default Rx Expiry Days' settings (as appropriate for the drug schedule), the prescription expiration will be calculated.

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                       Charge   15.87   Cost   11.37
000108                        28 Jan 05   MFG: GENEV
TEST PATIENT                             Usage 0 Since 11/02/04
                                         SOH 0
                                         Dr Fax # 785-2966
                                         Dr # 222 4444 222 4445
30    PENICILLN VK 500MG TAB   GENEV
Dr TEST DOCTOR           Unk
                                         F7 - Refill Qty Prescribed 30
                                         F9 - Script Expiry Date
Prescription Expiry Date :[01280620] (mmddyycc)
```
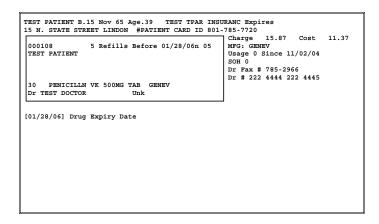
If the calculated expiration date is not correct, correct the date written on the 'Quantity' screen, or pressing the F9 key will allow the user to update the date manually. After pressing F9, the screen (as shown above) will be displayed. Enter in the correct date in

MMDDYYCC (as shown) format and press ⌈Enter⌋. The prescription expiration date will be updated and the system will return to the 'Refills' screen.

Drug Expiry Date

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                         Charge  15.87   Cost  11.37
000108           5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                             Usage 0 Since 11/02/04
                                         SOH 0
                                         Dr Fax # 785-2966
                                         Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR           Unk

[01/28/06] Drug Expiry Date
```

Label expiry date is an optional prompt available in 'Software Options'. Setting 'Use Label Expiry Date', 'Use 12 Month Expiry Date', 'Use Drug Default Expiry Date', and 'Update Drug Default Expiry Date' to various available settings control the way the 'Drug Expiry Date' comes up. These fields are found in 'System Configuration' 'Software Options' 'Page 4'.

Setting 'Use Label Expiry Date' to 'Y' will enable the prompt in the prescription process. Setting 'Use 12 Month Expiry Date' to 'Y' will cause the prompt to default to 12 months from the dispensing date. If 'Use Drug Default Expiry Date' is set to 'Y', the 12 month expiry will be over-written by the date, if entered, in the drug files 'Default Expiry Date' field. For more information on the software options explained here, please refer to **Chapter 8** of this manual. For more information on the 'Default Expiry Date' field in the drug configuration, please refer to **Chapter 3**.`

Misc Label Note

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                         Charge  15.87   Cost  11.37
000117           5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                             Usage 60 Since 11/02/04
                                         SOH -60
                                         Dr Fax # 785-2966
                                         Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR           Unk       exp01/28/06

[              ] Misc Label Note
```

The 'Misc Label Note' is an optional prompt that can be activated in the 'Software Options'. For more information, please refer to **Chapter 8** of this manual. The 'Misc Label Note' is unique to each prescription and each dispensing (refill). It can be programmed to print on any of the label programs in the 'Pharmacy Management System'.

For the 'Misc Label Note' prompt to come up, the option in 'Software Options' has to be activated, and a position has to be defined in 'Old (Fixed) Dot Matrix Bottle Label Maint' in 'Label Format Maintenance' under 'Utility Programs'. Although your system might be using the programmable label format, or Laser Label format, a position has to be defined to allow the 'Misc Label Note' to display on the screen example label.

Directions

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                         Charge  15.87   Cost  11.37
000108           5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                             Usage 0 Since 11/02/04
                                         SOH 0
                                         Dr Fax # 785-2966
                                         Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR           Unk       exp01/28/06

                                         F9 - Sig Additions

Directs [                    ]
```

Directions may be entered using Sig codes or by typing the directions longhand. Sig codes are abbreviations that represent a set of directions. For example, if you wanted the label to show "Take one tablet by mouth twice daily as directed" you may use the sig codes '1T PO BID UD'. When entered, these sigs will appear on the label as if the directions had been typed longhand. Sigs are entered and maintained in 'Sigs Maintenance'. You may enter 96 sig characters per prescription.

The directions may include a combination of sig codes and regular text. Each series of letters, separated by a space, will be looked for in the Sig file. If a match is found, that series of letters will be converted to the definition entered in the Sig file. For more information concerning 'Sig Maintenance', please refer to **Chapter 8** of this manual.

Additional functions are available from this screen, and are discussed below.

AUTOMATIC SIGS:

Entering and maintaining automatic sigs is explained in 'Automatic Sig Code Maintenance', contained in **Chapter 8** of this manual. Available automatic sigs display beneath the direction input field. For example, if you want "TAKE ONE TABLET BY MOUTH THREE TIMES A DAY" to appear on the prescription above, type a semicolon and press Enter. Any needed sig codes may precede the automatic sigs.

F9 - SIG ADDITIONS:

Pressing the F9 allows the user to jump from the directions screen into 'Sig Additions'. This allows the user to add a new desired Sig to the Pharmacy Management System without aborting the prescription being entered. Enter in the new Sig as outlined in 'Sig Maintenance' discussed in **Chapter 8** of this manual, and when finished, press Enter. Verify that everything is correct, and if so, answer 'Y'. The program will return to the prescription that was being entered when F9 was pressed. Additionally, after pressing F9, instead of

```
                  S I G   A D D I T I O N S

Abbreviation  [     ]
  Direction   [                                              ]
Foreign Lang  [                                              ]
2nd For.Lang  [                                              ]
 Times Daily  [  ]         Dispensed Metric Quantity  [      ]
Administration Times #1 [      ]   #2 [      ]   #3 [      ]
                     #4 [      ]   #5 [      ]   #6 [      ]

    Admin Quantities #1 [      ]   #2 [      ]   #3 [      ]
                     #4 [      ]   #5 [      ]   #6 [      ]

   Admin on Sun [ ]  Mon [ ]  Tue [ ]  Wed [ ]  Thu [ ]  Fri [ ]  Sat [ ]
```

entering a new Sig, the user can press the F1 key to get to the 'Sig Maintenance' menu. From this menu, Sigs can be added, amended, and lists can be viewed or printed. This is especially helpful when trying to look up a Sig.

- DO NOT INCLUDE GENERIC MESSAGE:

If your system is set to display the name of the trade drug on a generic label and the product you are dispensing is a generic, you will see a message on the screen: "**- = Not Inc. Generic for Mess.**" When a minus sign is included after the sigs, the "Generic for" message will not be included on the label.

Verify the Script

After the directions are entered, the system will ask you to verify that the information shown is correct. The following screen will be shown. You must enter in 'Y' to move on. You may set other options to flag the prescription for certain options.

F1 – Start Script Over:

Pressing the F1 key will start the prescription over, beginning at the drug prompt of the prescription

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                   Charge   15.87   Cost   11.37
000108           5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                                     Usage 0 Since 11/02/04
                                                 SOH 0
                                                 Dr Fax # 785-2966
                                                 Dr # 222 4444 222 4445

30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR            Unk      exp01/28/06


         Verify That Everything is Correct. And Enter the
         Appropriate Selections [      ]  Multiple Selections Allowed.

         F1  Start Script Over      D   Mark for Delivery
         F8  Back Up to Make Changes E   Filled Elsewhere
         Y   Accept As Is           N   Not Filled (Yet)
         B   Online 'Bill Later'    G   Discharge Med
         C   Print a Care Claim     I   Incomplete (Partial)
         P   Send to P.O.S.         1   One Year Rx Expiry
         R   NOT Refill Reminder
```

process. All information previously entered will be defaulted. Pressing [Enter] will keep the default, and just those fields needing correcting can be changed.

F8 – Backup to Make Changes:

Pressing the [F8] key allows the user to back up through the prescription process one step at a time. Pressing [F8] from the 'Verify That Everything is Correct' prompt will return to the 'Directions' prompt, pressing [F8] again will go back to the 'Misc Label Note', or 'Drug Expiry Date' or 'Refills' prompt, depending on the configuration of the system. Continue pressing [F8] until the desired prompt is displayed to make the necessary correction. After making the correction, press [Enter] to save it. Press [Enter] to keep the values previously entered in the other fields or make necessary changes.

Y – Accept as Is:

To continue with the prescription process, billing, and printing a label, a 'Y' has to be entered in the 'Verify Everything is Correct' field. Other options may also be entered, but 'Y' is required.

B – Online 'Bill Later':

Putting 'B' in the 'Verify Everything is Correct' field will cause the prescription to not be billed at this time. When being marked as 'Bill Later', the insurance code for the prescription will be set to 'UNBIL' until the prescription gets billed. The 'B' option will not be available if the prescription is being billed to a cash plan.

C – Print a Care Claim:

Placing a 'C' in this field was designed to trigger the FSI Care Claim System. The Care Claim System is currently under development.

P – Send to P.O.S.:

Placing a 'P' in the 'Verify Everything is Correct' field will cause the copay or patient pay information to be transferred to the Point of Sale System enabling that software to sale the prescription for the copay/patient pay price without having to manually enter the prescription information. For this option to be available the Point of Sale System will have to have been purchased, and 'Software Options' configured for that system.

Once the 'Point of Sale System' is installed and 'Software Options' is configured, the 'P' will be defaulted in the 'Verify Everything is Correct' field. It is not necessary to remove or re-enter the 'P', simply enter 'Y' and any other needed options and press [Enter] to continue with the prescription.w

The Point of Sale System is an separate software system that is available from FSI that works with the Pharmacy Management System to ease the operation of the pharmacy and the front end. For more information about capabilities of the Point of Sale System or for purchase information, please contact the **Foundation Systems Sales Office** at **800-333-0926**.

R – NOT Refill Reminder:

Entering a 'R' in the 'Verify Everything is Correct' field causes that a prescription that would qualify for the Refill Reminder System to not be entered into the system. In order for a prescription to qualify for the Refill Reminder System, the drug being dispensed and the patient both have to be configured for the system.

The Refill Reminder System is a utility program that is included in the Pharmacy Management System. For more information on the Refill Reminder System, please refer to **Chapter 6** of this manual.

D – Mark for Delivery:

Entering a 'D' in the 'Verify Everything is Correct' field marks the prescription for 'Delivery' and enters the prescription into the 'Delivery Tracking System' for the route entered in the patient file. If not route is entered and a 'D' is entered in the field, the prescription will be entered into the 'Delivery Tracking System' in a general delivery status (no route). If the patient has a route code entered, the 'D' will be defaulted in field. If the prescription is to not be delivered, remove the 'D' before pressing ⌨ Enter.

The 'Delivery Tracking System' is a utility program included in the 'Pharmacy Management System'. For more information about the 'Delivery Tracking System', please refer to **Chapter 8** of this manual.

E – Filled Elsewhere:

Entering an 'E' in the 'Verify Everything is Correct' field marks the prescription as 'Filled Elsewhere'. This option is used when entering a prescription that the patient got at a different pharmacy into the 'Pharmacy Management System'. This would be done so that the prescription can be checked for contra-indications to the other medications and allergies defined for the patient. Prescriptions marked as 'Filled Elsewhere' will be shown in the patient prescription history with an 'e' placed before the prescription number.

Prescriptions marked as 'Filled Elsewhere' will not print on the 'Log of Scripts' unless specifically set to print. For more information about 'Log of Scripts' and how to set 'Filled Elsewhere' prescriptions, and other functions of the 'Log of Scripts' program, please refer to **Chapter 6** of this manual.

N – Not Filled (Yet):

Entering a 'N' in 'Verify Everything is Correct' field marks the prescription as 'Not Filled'. Marking a prescription as 'Not Filled' places the prescription in the patient's profile, on 'hold' status. If setup in the 'System Options' the 'Not Filled' prescriptions can be displayed above the patient's active prescription history. 'Not Filled' prescriptions are similar to 'Tele Rxs', but 'Not Filled' prescriptions are assigned a prescription number, where 'Tele Rxs' are not.

G – Discharge Med:

Entering a 'G' in the 'Verify Everything is Correct' field will mark this prescription as a 'Discharge Medication'. This function is typically used by institutional, hospital, and clinic pharmacies in conjunction with special interfaces available from FSI to communicate with other software programs.

I – Incomplete (Partial)

Entering a 'I' in the 'Verify Everything is Correct' field marks this prescription as a 'Incomplete (Partial) Fill'. This setting is used by the 'Rx Verify - Work Flow' system to see and review prescriptions that were not dispensed the full prescription quantity.

For more information about the 'Rx Verify - Work Flow' system, please refer to **Chapter 10** of this manual.

1 – One Year Rx Expiry:

Entering a '1' in the 'Verify Everything is Correct' field will change the prescription expiry date from the software's default to 1 year from the date written. This function is most commonly used in pharmacies dispensing medications to patients in care facilities.

Note: If you are filling a prescription for cash, the label will be printed after you verify that all of the information is correct (the Rx # is allocated and saved to the system). If the prescription is sent over the modem, the transmission must be successful before the prescription number is allocated, saved to the pharmacy system and then the label will be printed if so selected.

Print Label

Enter in the number of labels to be printed.

If you are using the Patient Drug Education sheets, you may specify whether the monograph should be printed at this time. If the claim is going to be billed through the modem, the billing will take place before you print the label.

As part of the Patient Drug Education system included in the 'Pharmacy Management System', an option can be set in 'System Configuration' – 'Software Options' 'Page 9' called 'Use/Print Custom PDE Note'. This enables the pharmacist to type a custom note on the PDE printout. If this flag is set to 'Y' a note field will appear:

```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                  Charge   15.87   Cost    7.24
000108         5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                                  Usage 30 Since 11/02/04
                                              SOH -30


30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR          Unk      exp01/28/06  Not Refillable After 28 Jan 06


Number of Labels  [1 ]
Pr PDE Monograph  [N]    Imprint: tablet oblong scored off-white film-coated
                                (PVK500)(GG  950)

   Rx000108  Best if medication is taken on an empty stomach. Finish all
   medication. Take on schedule. May reduce effectiveness of birth
   control pills. Report hives/itching/problems in breathing to Dr.
   Promptly report unusual symptoms/effects to Dr.
```

```
             C U S T O M   P D E   N O T E

            Enter the Custom PDE Note as you wish.
     [                                              }
     [                                              ]
     [                                              ]
     [                                              ]

        Just type normally, don't break at the end of the lines.
        The computer will auto paragraph adjust when it prints.
```

Type the comment you want to print on the PDE. If you do not want a note for this patient, press Enter and the system will ask:

You Entered nothing. Confirm (Y,N)

If you pressed [Enter] by mistake answer 'N'. The system will return to the custom PDE note field. Otherwise, press 'Y' to continue. The system will prompt if the Custom Note is Correct, answer Y or N, and press [Enter].

```
                      N C P D P   C A L X
                   On-Line Transmitted Values
F5 DAW        0          F9 Edit$  U&C Less Than Gross Amount Due -<F2>
   Claim Clar.  0             Usual & Customary Price  $   18.49   Actual U&C
   Eligibility  1             Cost of Drug Dispensed   $   16.49   AWP
   Auth Type    1             Dispensing Fee           $    4.50
      Auth#                   Gross Amount Due         $   20.99   (less tax)
   Int' Auth#                 Other Payer Amount       $   23.99
Pri Diagnosis                      Sales Tax           $
Sec Diagnosis                     Basis of Cost            01
F6 OCov                                     (01=AWP,02=Whlslr,03=Direct,
Other Cov Code 2                             04=EAC,05=Acq.,06=MAC,
   Amount Paid  $  23.99 Qual                07=U&C,09=Other,
         Type                                6X=Med.Necess.)
         Date
      Payer ID          Qual
F7 DUR
Reason for Svc
Profession Svc
 Result of Svc
F8 Misc                              ┌──────────────────────────────┐
  Cust Location                      │     Press ANY Key to Continue │
     Rx Origin                       │              OR              │
F5DAW  F60Cov  F7DUR  F8Misc  F9Edit$│ Other Function Keys (<F5> - <F9>)│
                                     └──────────────────────────────┘
```

Third Party Billing Codes Entry

Before the prescription gets billed to the Third Party selected on the 'Pricing Screen' during the prescription data entry process, a screen will be displayed allowing the user to enter in codes that might be needed to get the prescription to be accepted by the Third Party. An example of this screen is shown here. The fields displayed might be slightly different depending on the configuration in the third party file.

The initial screen only displays the information already set to be transmitted to the Third Party. Press the corresponding function key ([F5], [F6], etc) to get to the fields needed.

Internet or Modem Claims

If the prescription claim is to be sent over the Internet or modem, the transaction will take place after you confirm that all the information shown on the bottle label is correct. If any additional information is needed (authorization code, denial override, etc.) you will be asked for it at this time. You will be informed that the claim is processing, sending the claim, waiting for a response, and concluding the transmission. If the claim is accepted, you will see a screen similar to the following: (see **Chapter 9** for Internet/Modem Billing Setup)

```
CALX  MEDI-CAL SKILLED  MSW:RSI Patient has 2nd Ins: 'PCS'        07 Jun 05
Billing  Claim Response: 1  Rx # 0000108        PATIENT,TEST
Claim Paid                    PENICILLN VK    Qty: 30.00


              Amount of Copay $[  20.00]
              Drug Cost Paid     127.06   AWP =   11.36  DP =    7.23
              Disp Fee Paid $[   2.25]   Change D.Fee If You Wish.
                 Returned Tax          Tax to   (T.P., Pat., Both)
            Total Amount Paid   109.31   TotPrice: 129.31  Bill:  12.80
            Claim Ref. Number  10281012  20040429

  ID NEXIUM 40MG CAPSULE      033104 # 00030
                                    SF2 -> Help
      F2 -> show DUR and Other Response information
      F3 -> Recalculate Fee and Co-Pay from Third Party Formula;
         Or Change Co-Pay or Disp. Fee or Press Enter To Continue.
         Drug Cost Off By More than 99%. Double Check Cost (11.37)
      F5 -> Go to Reversal
```

If you select a lower case 't' in Misc. Selections of the Insurance Company Maintenance setup you will have additional tax information displayed on the response screen that may not be displayed in the above example.

If all of the claim information is correct and acceptable, press the enter key and print the label and PDE. If there is a discrepancy in the information, you may reverse the claim by pressing [F5].

```
                RESPONSE SCREEN DESCRIPTIONS
    Copay:  Amount returned by Third Party to be collected from patient.
            Sales tax (if any) IS included.
Drug Cost:  'NO-COST' displays to the right of this item if not returned by
            T.P.  If this happens, Cost will show your formulated cost.
 Disp Fee:  'NO-FEE' displays to the right of this item if not returned by
            T.P.  If this happens, Fee will be calculated from 'TotPrice'
            minus 'Cost'.
Sales Tax:  Shows the amount of tax the Third Party calculates should be
            paid.  The amount displayed is distributed between T.P. & Copay.
Total Amt:  Is the amount the T.P. will pay for this claim.  It may include
            full or partial payment of sales tax.
 TotPrice:  Is the total amount to be reimbursed for this claim. It includes
            'Copay' and 'Total Amount', but NO 'Sales Tax'.
'Tax: ' displaying to the left of 'Amount of Copay' and 'Total Amount' items
    indicates the calculated tax for each of these items.
'TxRate:' is the pharmacy's stored tax rate as applicable.  'CalcTxRate:' is
based on the 'Sales Tax' returned by the T.P.  Press Any Key to Continue
```

SF2:

To get more information about the fields displayed on a claim response screen, press [Shift] [F2]. The following screen will

display. After looking at the screen, press F1 to return to the claim response screen.

Amount of Copay:

Amount returned by Third Party to be collected from patient. NO sales tax is included. If the T.P. includes sales tax in this item, it will be removed before displaying here.

Drug Cost Paid:

'NO-COST' displays to the right of this item if not returned by T.P. If this happens, Cost will show your formulated cost.

Disp Fee Paid:

'NO-FEE' displays to the right of this item if not returned by T.P. If this happens, Fee will be calculated from 'TotPrice' minus 'Cost'.

Returned Tax:

This shows the amount of tax the Third Party calculates should be paid. The amount displayed may or may not be paid by the T.P.

Tax to:

This portion of the screen will display who the tax is supposed to be charged to. If this area of the screen is blank, no tax was returned.

Total Amount Paid:

This is the amount the T.P. will pay for this claim. It may include full or partial payment of sales tax.

TotPrice:

This is the total amount to be reimbursed for this claim. It includes 'Copay' and 'Total Amount', but NO 'Sales Tax'.

Claim Reference Number:

The claim reference number returned, if returned from the Third Party, will be displayed here.

Of course, not all claims are paid. A claim may be rejected for a variety of reasons. For example:

In the example screen, the claim is being rejected for several reasons. If you want to abort the claim at this point and charge the patient on a cash basis, press F6 and reprocess the prescription.

Pressing Enter will do different things on different types of reject screens. On the example screen shown here, pressing enter will display DUR Codes brackets allowing the user to enter in the appropriate DUR overrides to possibly get the claim to be accepted. After entering in the

```
CALX  MEDI-CAL SKILLED  MSW:RSI Patient has 2nd Ins: 'PCS'        07 Jun 05
Billing  Claim Response: 1  Rx # 0000108            PATIENT,TEST
Claim Rejected
  Rejected: (2)

  1SD2359
  0673-
  76 Plan Limitations Exceeded
  E6 Missing/Invalid  Result of Service (outcome) Code

                    DUR: Press Any Key to Continue
```

appropriate codes, if available on the screens displayed for the rejection, press enter to save them.

The following screen will be displayed after there are no more override screens to be displayed.

Each of the available menu selections are discussed below.

```
CALX  MEDI-CAL SKILLED  MSW:RSI Patient has 2nd Ins: 'PCS'        07 Jun 05
Billing  Claim Response: 1  Rx # 0000108            PATIENT,TEST
Claim Rejected
  Rejected: (2)

 1SD2359
 0673-
 76 Plan Limitations Exceeded
 E6 Missing/Invalid  Result of Service (outcome) Code

                    Press F9 to Accept Claim as 'Paid'
                    Press F7 to Mark Claim as 'Bill Later', or
                    Press SHFT F7 to go to TAR tracking
                    Press SHFT F6 to Mark Claim as 'NotFilled'
                    Press F8 to Retry Transmission
                    Press SHFT F8 to Select Alternate Switch Code
                    Press F10 to Re-Do Script.
                    Press Any Other Key to Abort Script.
```

Shift F6: Mark Claim as Not Filled

Pressing ⎡Shift⎤ ⎡F6⎤ will mark the prescription as 'Not Filled'. This is useful when getting rejected for 'Refill too Soon', etc. This will store the prescription for later use, and a label can be printed. The dispensing number will print as 'NotFil' on the label.

F7: Mark Claim as Bill Later

Pressing ⎡F7⎤ marks the claim as 'Bill Later', indicating that you do wish to send the claim with the changes you have made, but at a later date.

Shift F7: Go to TAR Tracking

If the third party that was billed has one of the 'Medi-Cal' third party codes, pressing ⎡Shift⎤ ⎡F7⎤ (when shown as an option) will go to the 'Tar Tracking System' allowing the user to add a new TAR, update an existing TAR, etc.

F8: Retry Transmission

Pressing the ⎡F8⎤ key will transmit the claim again. If changes were made to the fields that were displayed after the rejection, press ⎡Enter⎤ to save the changes, and then press ⎡F8⎤ to send the claim with the changes.

Shift F8: Select Alternate Switch Code

Pressing ⎡Shift⎤ ⎡F8⎤ is used to select an alternate switch code, effectively sending the claim to a different phone number and switching service. Modem switch codes are discussed in **Chapter 5** of the manual. After pressing ⎡Shift⎤ ⎡F8⎤, a bracket will be displayed as shown here. The code currently being used will be displayed. Type in the code to be used, press ⎡Enter⎤ and the claim will automatically be submitted to the alternate code.

```
CALX  MEDI-CAL SKILLED  MSW:RSI Patient has 2nd Ins: 'PCS'        07 Jun 05
Billing  Claim Response: 1  Rx # 0000108            PATIENT,TEST
Claim Rejected
  Rejected: (2)

 1SD2359
 0673-
 76 Plan Limitations Exceeded
 E6 Missing/Invalid  Result of Service (outcome) Code

                    Press F9 to Accept Claim as 'Paid'
                    Press F7 to Mark Claim as 'Bill Later', or
                    Press SHFT F7 to go to TAR tracking
                    Press SHFT F6 to Mark Claim as 'NotFilled'
                    Press F8 to Retry Transmission
                    Press SHFT F8 to Select Alternate Switch Code
                    Press F10 to Re-Do Script.
                    Press Any Other Key to Abort Script.
   Warning: Switch code Selected will REPLACE current code in Ins. profile
                    Modem Switch Code  [RSI ]


                    SHFT F1 for Modem Switch Maintenance
```

F9: Accept Claim as Paid

This function is used to mark a claim that has already been paid, but is being re-entered into the 'Pharmacy Management System'. The prescription will be marked as paid, and recorded in the 'Third Party Accounts Receivable System' as being outstanding for payment.

F10: Re-Do Script

Press F10 to starts the prescription process again from the beginning. The data entered the first time will be maintained, make any changes needed to the prescription information and resubmit the claim.

Any other key that is pressed at this point will mark the claim as 'Rejected' in the Reconciliation file.

Note: '**Duplicate Paid'** claims are returned when the Insurance Company has already received the claim information on a previous transmission (and usually the FSI Software is missing the same information). Press the Enter key at this point and the FSI Software will accept the information that is displayed on the screen as if it were an original claim and place the returned Insurance Company information into the appropriate brackets for the prescription.

We cannot hope to discuss all of the different claim rejection situations you may encounter. All rejections will follow the format we have discussed above. We will continue to attempt to make claim processing as easy and painless as possible.

Printing a Receipt - Add to Delivery Log

Some pharmacies print a receipt on a separate receipt printer. If you are using a receipt printer, print a receipt for the last prescription filled by pressing the F10 key. The following will be displayed:

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                    Charge        Cost    7.24
0000108          5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                        Usage 60 Since 11/02/04
                                    SOH -60
                                    Dr Fax # 785-2966
                                    Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV  Quantity Owing 150 Refs 5
Dr TEST DOCTOR          Unk      exp01/28/06  Not Refillable After 28 Jan 06


Refs: 5 Rem'g of 5  Wrtn 28 Jan 05 For PENICILLN VK 500MG TAB GENEV
1  $0.00t#30 28 Jan 05 PENICILLN  GENEV


Rx STATUS:
1. Refill Script       7. Xfer Remain'g Refs.   D. Edit Short Script Note
2. Edit Script         8. Change # of Refills   E. Edit Long Rx/Pat Notes
3. Change Rx Status    9. Call Doctor Label     F. Disp Not-Filled Script
4. Label Only (Last)   A. Immediate Refill Req. M. More Script Functions
5. Label Only (Choose) B. Store Refill Request  Enter Your Choice
6. Cancel Prev Ref.    C. New From Old
```

Options:

Y:

Prints a receipt for your patient.

N:

Returns you to the Main Menu.

D:
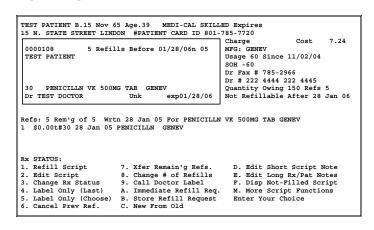
Prints a delivery message on the receipt.

P:

Prints a receipt without a Patient Consultation Message

M:

Prints a plain paper MAR for the last patient.

V:

Adds the last prescription filled to the delivery tracking system.

B:

Pressing the 'B' key will send the prescription information to the Baxter Robot interface program.

Process by Script

The process by script option can be used to refill or recall a prescription. From the *Main Menu* select *Process by Script*. Enter the prescription number. The system will retrieve the prescription information (the original dispensing and up to the most recent 7 dispensings) and display:

SCRIPT STATUS MENU:

After recalling a prescription from the Main Menu or from the Patient Menu, the above shown screen is displayed. On this screen, the patient information for the prescription, the most recent label information, the number of refills remaining of how many were originally given, the drug prescribed, the original dispensing record, and the 7 most recent dispensings will be displayed.

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                  Charge        Cost    7.24
0000108        5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                      Usage 60 Since 11/02/04
                                  SOH -60
                                  Dr Fax # 785-2966
                                  Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV Quantity Owing 150 Refs 5
Dr TEST DOCTOR        Unk    exp01/28/06  Not Refillable After 28 Jan 06


Refs: 5 Rem'g of 5  Wrtn 28 Jan 05 For PENICILLN VK 500MG TAB GENEV
1  $0.00t#30 28 Jan 05 PENICILLN  GENEV


Rx STATUS:
1. Refill Script        7. Xfer Remain'g Refs.  D. Edit Short Script Note
2. Edit Script          8. Change # of Refills  E. Edit Long Rx/Pat Notes
3. Change Rx Status     9. Call Doctor Label    F. Disp Not-Filled Script
4. Label Only (Last)    A. Immediate Refill Req. M. More Script Functions
5. Label Only (Choose)  B. Store Refill Request  Enter Your Choice
6. Cancel Prev Ref.     C. New From Old
```

Below that, the *Rx Status* is shown. If there is a 'status', it is shown to the right, above the menu options. Rx statuses include:

- Delvry (Delivery In Progress)
- FBDR (Filled by Dispensing Robot)
- Xfer'd (Transferred)
- NewRx#xxxxxx (There is a new prescription for this one. Shows the new number.)
- NFORx#xxxxxx (This is a new prescription for an old one. Shows the old number.)
- Disc'ntnd (This prescription is discontinued. Cannot be refilled.)
- Deltd (This prescription has been deleted.)
- CallDocIP (A call doctor label or fax request has been started.)
- OrgNotFilled (This prescription has never been filled.)
- DispNotFilled (This dispensing has not been filled.)

Additional messages including the TAR/PAN number, Increase Refill or Dup/Trip SN and others can be displayed on this line, space permitting.

Note: Between the Price and Quantity, of dispensings listed, the lower case letter represents the following:

c = Cash	t = Primary Ins Co
n = 2nd Ins Co	e = Filled Elsewhere
? = Unknown Ins Code	x = 2nd Ins Switched to Alt-Bil Code
s = Senior Citizen	a = Primary switched to Alt-Bil Code
u = UNBIL	

Refill Script:

This will process a refill for the prescription. Refilling a prescription is very similar to filling a new prescription, only with fewer steps. The number of steps in a refill process is dependant on the configuration of the 'Software Options'. In 'Software Options – Page 2', there are options to configure the behavior of 'Quick Refills'.

If the prescription cannot be refilled, as shown in the example here, a menu of alternative functions

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                  Charge        Cost    7.24
0000108       No Refills        28 Jan 05  MFG: GENEV
TEST PATIENT                      Usage 60 Since 11/02/04
                                  SOH -60
                                  Dr Fax # 785-2966
                                  Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV Quantity Owing 0
Dr TEST DOCTOR        Unk    exp01/28/06  Not Refillable After 28 Jan 06

                                  F3 -> Dispensing Note

No Refills Remaining;  You May:
   1.  Create New Script (Quick Meth)
   2.  Create New Script (Long Meth)
   3.  Print Call Doctor Label
   4.  Immediate Fax Refill Request
   5.  Stored Fax Refill Request (Print Later)
   7.  Increase Refills & Refill
   8.  New Script Processing
   9.  Send Auto Doctor Fax
   A.  Email Doctor Refill Request
Enter Your Choice
```

will be displayed. In the example shown here, the refill could not be processed because there are 'No Refills Remaining'. Other reasons may be 'Refills have Expired', 'Transferred Script – Cannot Refill', and others.

Edit Script:

When you choose script edit the following screen will be shown. This function allows you to edit and change information contained in the script and each dispensing.

As shown in the example here, FSI is not responsible for misuse of this utility. The pharmacy is responsible for knowing, and upholding all state and federal laws.

When a new prescription is filled, two pieces of information are written into the Pharmacy Management System, what FSI calls a 'main' and 'dispensing' record. The main record stores information that is unique to the entire prescription. The dispensing record stores information that is unique for every dispensing.

```
              S C R I P T   E D I T

       Patient: PATIENT,TEST
          Rx #: 0000108
          Drug: PENICILLN VK 500MG TAB

          1. Edit Main Script Record
          2. Edit Dispensing Record(s)
          3. Print Label (Most Recent)
          4. Print Label (Choose Disp)
          5. Charge Rx to T.P.
          6. Pricing Screen (Most Recent)

          Enter Your Choice.


    ┌────────────────────────────────────────────────────┐
    │ !! WARNING !!  Some State and/or Federal Laws and Regulations │
    │   may Prohibit Changes to Script Information.  USE CAUTION!   │
    │  FSI Will NOT be Liable for Illegal or Fraudulent Procedures. │
    └────────────────────────────────────────────────────┘
```

Edit Main Script Record:

To edit items stored in the 'Main' record, select menu option #1 from the 'Edit Script' menu. The screen shown here will be displayed. There are editable elements stored in the 'Main' record.

To edit a data element, enter in the line number for the data to be edited. The screen will then show what the data is currently set to, and allow the user to enter in the correction. After entering in the correct data, press Enter to save it.

Note: Item # 12 is also used to place the Duplicate Serial Number required for State Control Substance Reporting purposes (normally entered through the prescription pathway).

```
        E D I T   M A I N   S C R I P T   R E C O R D
            Patient  PATIENT,TEST

   1.            Rx #  0000108
   2.   Drug Prescribed  PENICILLN VK 500MG TAB  GENEV
   3.          Doctor  DOCTOR,TEST 1995 N. STATE OREM
   4.     Original Qty  30
   5.     Refill Qty's  30    5 Refills Remaining of 5
   6.    Quantity Owing  150
   7.    Date Written  28 Jan 05
   7.    Stop/Xfer Date            Start Date
   8.   First Disp Date  28 Jan 05
   9.    Rx Expiry Date  28 Jan 06
  10.        DAW Flag  0          Rx Origin
  11.    TAR/PAN Number
  12. Inc Ref/Xfer Note
  13.    ICD-9 Diagnosis
  14.  Episode/Acct Num
  15. Doctor's Location
  16.          Sigs

  [  ]  Enter The Item You Wish to Amend
```

Edit Dispensing Record(s):

If you choose edit dispensing record(s) from the script edit menu the following screen will appear and allow you to choose the dispensing that you want to edit.

Once you have chosen the desired dispensing the following screen will appear:

```
        E D I T   D I S P E N S I N G   R E C O R D

             Patient   TEST PATIENT
                Rx  0000108
        Drug Presribed   PENICILLN VK

  1. New 28 Jan 05 #   30 PENICILLN VK 500MG TAB  GENEV
  2. r 1 07 Jun 05 #   30 PENICILLN VK 500MG TAB  GENEV

  Choose One  [  ]  (1-2)  99-Most Recent Dispensing
```

An item may be edited by entering in the line number to be edited. The field for that item will then be displayed, and the correct value for that field can be entered. After editing, press ⎡Enter⎤ to save the changes. The pricing information is all contained in line(s) number 8. Selecting this option will give you edit fields for all of the various prices including the Third Party codes for both the Primary and Secondary online payment values.

```
           E D I T   D I S P E N S I N G   R E C O R D
 Patient: PATIENT,TEST              Rx # 0000108  New
 Pre Drug: PENICILLN VK 500MG TAB      T.P. CALX MEDI-CAL SKILLED
    1.      Dispensing Date  28 Jan 05 @ 11:45
    2.       Dispensed Qty   30
    3.     Drug Dispensed    PENICILLN VK 500MG TAB  GENEV
    4.        Days Supply    15
    5.        Pharmacist     Unk  Unknown RPh-DON'T REMOVE
    6.        Technician     K  KREIG MERRELL
    7.    Drug Expiry Date   01/28/06
                    Cost      $7.24    Primary Online     $0.00 CALX
                    Fee      $-7.24    Total TP A/R       $0.00
    8.     CoPay/Pat Price    $0.00    Sales Tax          $0.00
              Discounted      $0.00    Pat. S.Tax         $0.00
    9.  Usual & Customary    $12.80
   10.      Patient Paid      $0.00
   11.        Drug Lot #
   12.     Misc Label Note               Pickup ID
   13.    Episode/Acct Num
   14.    Claim Ref Number
   15.     Dispensing Note
                                      F2-Claim Reversal
   [  ]  Enter The Item You Wish to Amend  F3-Third Party A/R
```

F2 – Online Claim Reversal:

Pressing ⎡F2⎤ from the 'Edit Dispensing Record' (if the claim is recorded as being paid by an online third party) will start the claim reversal process. All of the information will be entered. Pressing ⎡Enter⎤ multiple times (3 times) will process the reversal.

F3 – Third Party A/R

Pressing ⎡F3⎤ from the 'Edit Dispensing Record' screen will display the billing information for this dispensing of this prescription. This is particularly useful when trying to see what, who and when this dispensing was billed to, and if the prescription has been paid. For more information about the 'Third Party Accounts Receivable System', please refer to **Chapter 11** of this manual.

Print Label (Most Recent)

From the 'Edit Script' menu screen, this option will print a label for the most recent dispensing. After selecting this menu option, the label screen will be displayed, as shown here.

Enter in the number of labels to be printed, specify whether the plain paper PDE should be printed, and press ⎡Enter⎤. The label and PDE (if selected) will print.
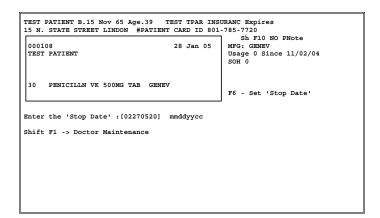
```
TEST PATIENT B.15 Nov 65 Age.39    TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                   Charge  15.87  Cost    7.24
000108         5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                                   Usage 30 Since 11/02/04
                                               SOH -30

30   PENICILLN VK 500MG TAB  GENEV
Dr TEST DOCTOR          Unk      exp01/28/06 | Not Refillable After 28 Jan 06

Number of Labels  [1 ]
Pr PDE Monograph  [N]     Imprint: tablet oblong scored off-white film-coated
                          (PVK500)(GG  950)

  Rx000108  Best if medication is taken on an empty stomach. Finish all
  medication. Take on schedule. May reduce effectiveness of birth
  control pills. Report hives/itching/problems in breathing to Dr.
  Promptly report unusual symptoms/effects to Dr.
```

Print Label (Choose Disp)

From the 'Edit Script' menu screen, this option will allow the user to select which dispensing to reprint the label for. A list of the dispensing records for the prescription will be displayed, as shown here.

Select the correct dispensing, and the label screen will be displayed. Enter in the number of labels to be printed, specify whether the plain paper PDE should be printed, and press ⎡Enter⎤.

```
              L A B E L   P R I N T E R

           Patient   TEST PATIENT
                 Rx  0000108
         Drug Presribed  PENICILLN VK

1. New 28 Jan 05 #   30 PENICILLN VK 500MG TAB  GENEV
2. r 1 07 Jun 05 #   30 PENICILLN VK 500MG TAB  GENEV

Choose One  [  ]  (1-2)  99-Most Recent Dispensing
```

Charge Rx to T.P.

This menu option serves as a shortcut to 'Charge Rx to TP' process. An example of the first screen displayed after selecting this menu option is shown here. The billing program defaults the last third party the selected dispensing was billed to.

The process for rebilling prescriptions is discussed in more detail in **Chapter 5** of this manual.

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

              Insurance Plan  MEDI-CAL SKILLED / CALX
                    Script #  0000108
   Quantity  30     Drug   PENICILLN VK 500MG TAB
                    Date   28 Jan 05          Days Supply  [15 ]
                    Cost $[  10.80]            Sales Tax $[        ]
                    Fee  $[   2.00]  Other Coverage Paid $[    ][ ]Code
                    Price    12.80        Payer Denial Date :[    ]
                    Co-Pay $[      ]   Patient PAID Amount $[      ]
     Non-Online 1st TP Pay $[    ]  Non-Online Amount Due $[      ]


    Prev.Billed: Days Supply       15
                        Cost      7.24              Fee     -7.24
              Total Price                      Sales Tax
          Patient Pay Amt                  Pat. Paid Amt
       CALX  1st TP Pay Amt
    Press F3 to switch to Secondary Insurance   Press F7 to change to Cash
    Press F6 to switch to Alternate Billing CAL
    Press Shft F6 to change Billing Type:  Bill Total to Primary Payer
```

Change Rx Status

The 'Chagne Rx Status' function is used to maintain various status's used for the prescription. Some of these status's will be turned on and turned off automatically, as differnet Rx Status menu options are used. Other status's can only be set by using the 'Change Rx Status' menu options.

And example of the screen that will display after selecting this menu option is shown here.

Each different 'Script Status Change' option will be discussed individually below.

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                          Charge       Cost    7.24
   0000108      No Refills        28 Jan 05  MFG: GENEV
   TEST PATIENT                               Usage 60 Since 11/02/04
                                             SOH -60
                                             Dr Fax # 785-2966
                                             Dr # 222 4444 222 4445
   30   PENICILLN VK 500MG TAB  GENEV        Quantity Owing 0
   Dr TEST DOCTOR        Unk      exp01/28/06  Not Refillable After 28 Jan 06

              S C R I P T   S T A T U S   C H A N G E
    1. Delete Script                8. Filled Elsewhere
    2. Dis-Continue Script          9. Transferred Here
    3. Transfer Script              A. Discharge Medication
    4. Delivery-In-Progress         B. Not Refill Reminder
    5. Call Doc-In-Progress
    6. Used to Create New              Enter Your Choice.
    7. Not Filled
```

Delete Script:

This function will mark the prescription as deleted. The prescription will not show on the patient history, but may be recalled by prescription number. When a deleted prescription is recalled, on the *'Rx STATUS'* line. The prescription can be 'un-deleted' by coming into 'Change Rx Status', 'Delete Script' and entering in 'YES' to the delete option again.

Dis-Continue Script:

This will discontinue a script so that it cannot be refilled. You may continue the prescription by using this option a second time. This option will leave a flashing message - **Discontinued** - on the *'Rx STATUS'* line.

Transfer Script:

This option allows the prescription to be mark as transferred to another pharmacy. This option will leave a flashing message – **Xfer'd** - on the *'Rx STATUS'* line. This option is considered to be obsolete. Please use menu option 7 from the 'Rx Status Menu' to 'Transfer' prescriptions.

Delivery-In-Progress:

This will allow the prescription to be marked as delivery in progress. This will leave a message of - **Delvry** - on the *'Rx STATUS'* line. Adding or removing the 'Delivery-In-Progress' flag will add or remove the prescription to the 'Delivery Tracking System' discussed in **Chapter 6** of this manual.

Call Doctor-In-Progress:

This option allows the 'doctor in progress' flag to be set/cleared manually. This flag is also turned on automatically when printing a 'Call Doctor Label, Immediate Fax Request, or Stored Fax Request. This flag will also be cleared automatically when the prescription is refilled. This will set the flashing message of – **CallDocIP** - on the *'Rx STATUS'* line.

Used to Create New:

This option allows the 'Used to Create New' flag to be set/cleared manually. This flag is set automatically when a 'New from Old' prescription is entered.

Not Filled:

Marks the script as Not Filled. This option will leave a message – **Not Filled** - on the *'Rx STATUS'* line.

The prescription may or may not be shown on the patient history, (depends on 'Disp Not-Filled Rxs For nn Days' setting in 'Software Options' 'Page 4') but may be recalled by prescription number regardless of whether it is displayed or not. Additionally, if the 'Not Filled' prescriptions are not showing up above the prescription history, from the patient profile menu, press 'SHIFT' + '4', and a complete history will be shown. 'Not Filled' prescriptions are indicated with 'f' between the prescription number and the drug name.

Filled Elsewhere:

Marks a script as being filled elsewhere. The prescription will not be shown on the patient history, but may be recalled by prescription number. This option will leave a message – **Filled Elsewhere** - on the *'Rx STATUS'* line.
 To see the 'Filled Elsewhere' prescriptions, from the patient profile menu, press `Shift` `4`, and a complete history will be shown, including the 'Deleted' and 'Not Filled' prescriptions. 'Filled Elsewhere' prescriptions are indicated with a 'e' between the prescription speed code and the prescription number.

Transferred Here:

Marks the script as a transfer to your pharmacy. When this option is set a flashing message of –**WasXferdHere** - will display on the *'Rx STATUS'* line. The prescriptions that are marked as being transferred here will be shown in the patient history.

Discharge Medication:

This is a special option used by institutional pharmacies that have a specific interface program used for reporting purposes.

Not Refill Reminder:

This option is used to set this prescription to not be monitored and/or reported by the Refill Reminder System. For more information on the Refill Reminder System, please refer to **Chapter 6** of this manual.

Label Only (last)

From the 'Edit Script' menu screen, this option will print a label for the most recent dispensing. After selecting this menu option, the label screen will be displayed, as shown here.

Enter in the number of labels to be printed, specify whether the plain paper PDE should be printed, and press Enter. The label and PDE (if selected) will print.

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                     Charge        Cost    7.24
0000108       No Refills        28 Jan 05  MFG: GENEV
TEST PATIENT                               Usage 60 Since 11/02/04
                                           SOH -60
                                           Dr Fax # 785-2966
                                           Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV         Quantity Owing 0
Dr TEST DOCTOR         Unk       exp01/28/06  Not Refillable After 28 Jan 06

Number of Labels  [1 ]
Pr PDE Monograph  [Y]    Imprint: tablet oblong scored off-white film-coated
                            (PVK500)(GG  950)

  Rx0000108  Best if medication is taken on an empty stomach. Finish all
  medication. Take on schedule. May reduce effectiveness of birth
  control pills. Report hives/itching/problems in breathing to Dr.
  Promptly report unusual symptoms/effects to Dr.
```

Label Only (Choose)

From the 'Edit Script' menu screen, this option will allow the user to select which dispensing to reprint the label for. A list of the dispensing records for the prescription will be displayed, as shown here.

Select the correct dispensing, and the label screen will be displayed. Enter in the number of labels to be printed, specify whether the plain paper PDE should be printed, and press Enter.

```
                L A B E L   P R I N T E R

              Patient  TEST PATIENT
                  Rx  0000108
          Drug Presribed  PENICILLN VK

 1. New 28 Jan 05 #   30 PENICILLN VK 500MG TAB  GENEV
 2. r 1 07 Jun 05 #   30 PENICILLN VK 500MG TAB  GENEV

 Choose One  [  ]  (1-2)  99-Most Recent Dispensing
```

Cancel Previous Refill

This function will cancel the last dispensing for the prescription. This function does not do a reversal, so if the prescription has been billed to a Third Party, a reversal should be processed before canceling the refill.

After selection this option, a prompt to verify will be displayed. If everything is correct, enter 'YES' in the field.

```
        C A N C E L   P R E V I O U S   R E F I L L

                  Refill for 30
                    on 07 Jun 05
     Is This the One you Wish to Cancel?  [  ]  (YES,NO)
```

Transfer Remaining Refills

```
         X F E R   R E M A I N I N G   R E F I L L S

    Transfer Remaining Refills  [   ] (TO or FROM Another Pharmacy)
Misc. Transfer Note (Where To)  [                                ]
              Transfer Date   (Will be set to 'Today')

   You may enter '@' followed by a code or name from the Misc Info file.
   This allows storing the complete name & address of the xfer to/from
   pharmacy. You may also include a note after the Misc Info Code.

                  Doctor DOCTOR,TEST  222 4444
                         1995 N. STATE
                         OREM, UT  84057
                  DEA DEA3434  St Lic STL2323




       Press Shft F1 for Misc. Info Maintenance to Amend Item Information
```

This function allows the ability to transfer the prescription to another pharmacy. When transferring refills, the program will 'Discontinue' the prescription, set the number of refills to 0, and flag the prescription as having been transferred.

When transferring a prescription to another pharmacy, that pharmacy can be recorded by placing a '@' symbol in the first position of the 'Misc. Transfer Note (Where to)' field, followed by the speed code of the pharmacy used in the 'Miscellaneous Info Maintenance' file. Do not enter a blank space between the @ and the code. For information on how to add a pharmacy into the 'Miscellaneous Info Maintenance' file, please refer to **Chapter 8** of this manual.

Using this feature allows the pharmacy who is receiving or sending the script, address, phone number, etc to be stored.

Following the '@code', the name of the person accepting, or giving the transfer can be documented. This information can be seen on the 'Rx Status' screen when recalling a prescription. The date a prescription is transferred 'TO' the pharmacy is stored in the 'Stop Date', and the date a prescription is transferred 'FROM' another pharmacy is stored in the 'Start Date' in the 'Main Script Record'. This information is shown on the 'Xfer Remaining Refills' screen.

The Pharmacy Management System will allow a prescription to be transferred more than one time if the 'Allow Multiple Rx Transfers' option is set to Y in 'Software Options – Page 2', and if the prescription is NOT schedule 2-5. The notes and records for the previous transfer can be copied into the 'Multi-Line Script Note' by pressing Shift F9. Pressing F3 to display/edit these notes that have been copied. Pressing Shift F1 will display the script notes without copying the transfer information into them.

Change # of Refills

```
              C H A N G E   R E F I L L S
      Refills: 5 Remaining of 5

      Change # of Refills By  [   ]  (Minus Will Decrease)
          Script Expiry Date  [01280620]  (mmddyycc or Dx, Mx, Yx)
   Person Authorizing Change:
    Use;     Main Script Note  [                              ]
     Or;      Dispensing Note  [             ]

   There Is One 'Main Script Note' for the Entire Script which prints on
   the 'THREE LINE' Log.  There is a 'Dispensing Note' for each dispensing
   which prints on the 'FOUR LINE' Log. The Dispensing Note is saved on the
   next dispensing, ONLY if You Refill it Immediately After this action.
```

This will allow you increase or decrease number of refills for this prescription. There are two fields to note the name of the person who authorized the increase.

'Main Script Note' is a larger field, and therefore seems to be the preference of pharmacies for which filed to use. Please be aware though, that there is only one 'Main Script Note' for the entire history of the prescription. If this field already has a note in it, and if that note is over-written with another note, the original note will no longer be in the Pharmacy Management System.

'Dispensing Note' is a smaller field, but there is one dispensing note for each dispensing of the prescription. Please be aware that if the 'Dispensing Note' field is used to record whom and when authorized the change in refills, a refill has to be processed immediately following the change. If a refill is not immediately processed, the note will not be stored in the Pharmacy Management System.

Both the 'Main' and 'Dispensing' notes can be printed on the 'Log of Scripts'. The 'Three Line Log' will print the 'Main Script Note' and the 'Four Line Log' will print the 'Dispensing Note'. For information on how to set 'Log of Scripts' to a 'Three Line' or 'Four Line' log, please refer to **Chapter 6** of this manual.

A message – **Note** - will appear on the *'Rx STATUS'* line followed by the name of the person who authorized the refill increase.

Call Doctor Label

This option prints a prescription label with the header 'Call Doctor Label' on it. The format is similar to the actual label used for prescriptions, but includes more of the doctor's information.

The 'Call Doctor Label' has a unique entry in the 'Printer Map'. This allows the 'Call Doctor Label' to be sent to a different printer, or different tray if desired.

As shown in the example screen shown here, after the 'Call Doctor Label' option is selected,

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                  Charge          Cost    7.24
0000108         5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                      Usage 60 Since 11/02/04
                                  SOH -60
                                  Dr Fax # 785-2966
                                  Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV  Quantity Owing 150 Refs 5
Dr TEST DOCTOR          Unk    exp01/28/06  Not Refillable After 28 Jan 06


Refs: 5 Rem'g of 5  Wrtn 28 Jan 05 For PENICILLN VK 500MG TAB GENEV
1  $0.00t#30 28 Jan 05 PENICILLN  GENEV


Rx STATUS: CallDocIP,
1. Refill Script      7. Xfer Remain'g Refs.   D. Edit Short Script Note
2. Edit Script        8. Change # of Refills   E. Edit Long Rx/Pat Notes
3. Change Rx Status   9. Call Doctor Label     F. Disp Not-Filled Script
4. Label Only (Last)  A. Immediate Refill Req. M. More Script Functions
5. Label Only (Choose) B. Store Refill Request  Enter Your Choice
6. Cancel Prev Ref.   C. New From Old
```

'CallDocIP' is shown in the *'Rx STATUS'* line. This indicates that the label was requested, and also serves as indication that the request is still pending. After the request for new refills is approved by the doctor, if the user increases refills and refills the prescription *OR* if a 'New From Old' is entered making a new prescription from this existing prescription, the 'CallDocIP' message will automatically be cleared.

Immediate Refill Req.

The 'Immediate Refill Request' is a paper form that has the same type of information as the 'Call Doctor Label', but in a fax format. There are two different formats for the 'Immediate Refill Request'. In 'Software Options', 'Page – Page 7 'Miscellaneous Functions', the option 'Print Foldable Fax Doctor Form' will print a form designed for faxing to the doctor, and when the fax is returned from the doctor, the form itself can be folded in quarters and be used as the hard copy for a new prescription number.

Similar to the 'Call Doctor Label', when an 'Immediate Refill Request' is selected, the 'CallDocIP' message will be turned on at the *'Rx STATUS'* line, and when refilled or 'New From Old' is created, the message will be cleared.

Store Refill Request

This function will store a refill request to be printed later by using the 'Print Stored Fax Doctor Sheets' from the 'Sundry Printouts' menu of 'Utility Programs'. This alternative to the 'Immediate Refill Request' allows for multiple prescription refill requests to be printed on one page per the same doctor or per the same patient & doctor.

Enter the appropriate 'Print by Doc or Pat' selection and enter 'YES' to have the requests printed.

```
         F A X   D O C T O R   S H E E T S


       Make Sure the Printer is Ready,

        Print by Doc or Pat  [D] (D,P)

        Enter 'YES' to Print  [  ]




       Press <F2> to Edit STORED Fax Message
       Press <F3> to Edit IMMEDIATE Fax Message
       Press <F4> to Restore IMMEDIATE Fax Message
```

For more information about the options available for the 'Print Stored Fax Doctor Sheets', please refer to **Chapter 6** of this manual.

Similar to the 'Call Doctor Label', when an 'Store Refill Request' is selected, the 'CallDocIP' message will be turned on at the ***'Rx STATUS'*** line, and when refilled or 'New From Old' is created, the message will be cleared.

New From Old

This will create a new prescription using the old prescription information. You will be asked to confirm each field of the prescription pathway. It will also place a U.T.C.N flag on the 'Script Status' line of the old prescription. This option provides for the 'Old' number to be referenced by the new number and the 'New' number to be referenced by the old number.

After selecting 'New From Old', the following screen will be displayed:

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                   Charge         Cost    7.24
0000108        No Refills      28 Jan 05  MFG: GENEV
TEST PATIENT                              Usage 60 Since 11/02/04
                                          SOH -60
                                          Dr Fax # 785-2966
                                          Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB   GENEV       Quantity Owing 0
Dr TEST DOCTOR          Unk    exp01/28/06 Not Refillable After 28 Jan 06

                                          F3 -> Dispensing Note
Quantity Owing 150;  You May:
   1.  Create New Script (Quick Meth)
   2.  Create New Script (Long Meth)
   3.  Print Call Doctor Label
   4.  Immediate Fax Refill Request
   5.  Stored Fax Refill Request (Print Later)
   6.  Refill From Quantity Owing
   7.  Increase Refills & Refill
   8.  New Script Processing
   9.  Send Auto Doctor Fax
   A.  Email Doctor Refill Request
Enter Your Choice
```

Many of the options available from the 'New From Old' menu have already been discussed previously in this section. Those that have not will be discussed now:

Create New Script (Quick Method):
This option is used to create a new prescription, copying the information from the existing prescription. The 'Quick Method' does not allow all of the prescription information to be modified. The fields that are displayed are as follows; Quantity, Price, # of Refills, Pharmacist. Depending on the configuration of various files within the Pharmacy Management System not all of the previously stated; or additional fields might be displayed. When using this method, the 'Date Written' will be the date written of the existing prescription.

The FSI Technical Support Helpdesk recommends using the 'Create New Script (Long Method)' to ensure prescription data accuracy when creating a 'New from Old' prescription.

Create New Script (Long Method):
Similar to the previous function, this is used to create a new prescription, using the information from the existing one. The difference between the 'Quick' and 'Long' methods is that the 'Long' method allows all script information to be changed, similar to the 'New Script Processing' method. The fields available for data change are as follows: Drug, Quantity, Days Supply, Doctor, Price, Pharmacist, # of Refills, Directions. When using this method, the 'Date Written' will be the current date, unless otherwise changed manually, or pending various system configurations.

Depending on the configuration of various files within the Pharmacy Management System not all of the previously stated; or additional fields might be displayed.

Refill From Quantity Owing:
This function allows a refill to be processed using medication that might still be owed to them based on the 'Quantity Owing' calculation. The 'Quantity Owing' is calculated based off the original 'Refill Quantity' and '# of Refills' as entered when writing the original prescription.

When processing refills, the quantity for that dispensing is deducted from the 'Quantity Owing'. If the refill quantity changes, the quantity owing will reflect the amount of originally prescribed quantity, and will warn of possible over dispensing (dispensing more than the quantity owing), or a refill can be processed when no refills are remaining, but there is still quantity owing.

Send Auto Doctor Fax:

This function is used to send a refill request via FSI Auto Fax interface programs (Faximum or Linfax). After selecting this option, the prescription will display on the screen. Depending on the configuration of the 'Auto Fax' interface, various note fields can be displayed to type in notes/messages to the doctor. Enter in the number of refills being requested, and press ⟨Enter⟩. The prescription will be added to the que for the 'Auto Fax' interface, and will be transmitted from that que.

Email Doctor Refill Request:

This function is used to email refill requests to the doctor. For this program to work, the doctor has to have an email address entered in the 'Doctor Maintenance' record. Additionally, the 'Email System' has to be configured to work with the existing email service for the pharmacy. Typically, for the email system to work, a DSL service has to be available, and the O/S has to be a 'Enterprise' version of the O/S. FSI supports two 'Enterprise' O/S's, Red Hat Linux and Sco Unix – Enterprise.

For more information about the 'FSI Email System', please refer to **Chapter 7** of this manual.

Edit Short Script Note

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                              Charge          Cost    7.24
0000108         5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                    Usage 60 Since 11/02/04
                                SOH -60
                                Dr Fax # 785-2966
                                Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV  Quantity Owing 150 Refs 5
Dr TEST DOCTOR        Unk       exp01/28/06  Not Refillable After 28 Jan 06

THIS IS THE SHORT PRESCRIPTION NOTE FIELD.

Refs: 5 Rem'g of 5  Wrtn 28 Jan 05 For PENICILLN VK 500MG TAB GENEV
1  $0.00t#30 28 Jan 05 PENICILLN  GENEV


Rx STATUS:
1. Refill Script       7. Xfer Remain'g Refs.   D. Edit Short Script Note
2. Edit Script         8. Change # of Refills   E. Edit Long Rx/Pat Notes
3. Change Rx Status    9. Call Doctor Label     F. Disp Not-Filled Script
4. Label Only (Last)   A. Immediate Refill Req. M. More Script Functions
5. Label Only (Choose) B. Store Refill Request  Enter Your Choice
6. Cancel Prev Ref.    C. New From Old
```

The 'Short Script Note' is a unique note for each prescription. This note is stored with the script information and is **not** overwritten by notes entered for different dispensings.

This note is displayed below the sample label when filling/refilling a prescription. In the example shown here, the short script note is shown directly below the box with the label information about it. If the note was entered with a * in the first field of the note, the note is set as being 'significant' and when the prescription is recalled, the user will have to acknowledge the note by pressing ⟨ESC⟩ before the 'Rx Status' menu is displayed.

Pressing option 'D. Edit Short Script Note' will display the screen shown here. Enter the desired note, and press ⟨Enter⟩ to save. Setting the first position of this field to an * (asterisk) will set this note to be 'Significant'. What this means is that when this prescription is recalled or refilled, a message will display the script note, and a message that it is a significant note, and a prompt to press the escape key to continue. The system will not continue until the escape key is pressed.

```
           S C R I P T   N O T E   S Y S T E M
                 Script Number  0000108

     Note  [                                    ]

           Press F4 to Delete This Note.
```

Edit Long Rx/Pat Notes

This menu options gives the user access to both the 'Long Rx Notes' and 'Long Patient Notes'.

After selecting this option, the screen shown here will be displayed. The existing notes will be displayed where 'Patient' and 'Rx#' are shown. At the bottom of the screen, three functions are shown. Pressing [F2] will allow the patient notes to be edited, pressing [F3] will allow the prescription note to be edited and pressing [F8] will allow the 99 single line patient notes to be edited.

If [F2] is pressed, the following screen will be displayed.

Enter in the note. As noted on the screen, when entering the text for the note, do not skip lines and do not break words. This means that the note should be typed how you would want it to look when the notes get printed out using 'Sundry Printouts' 'Print Multi Patient/Script Notes' printout. For more information about this printout, please refer to **Chapter 6** of this manual.

After the note is entered, as is should look when it is printed, press [Enter] to save the note. The

```
                M U L T I   P A T I E N T  /  S C R I P T   N O T E S
Patient TEST PATIENT  PENICILLN VK TAB 500MG
  Patient: No Patient Note

  Rx# 0000108: No Script Note








  F2-Edit Patient, F3-Edit Rx, F8-Edit 99 Line Note.
```

```
                S C R I P T   N O T E   E D I T

 Patient TEST PATIENT  Rx# 0000108  PENICILLN VK

 [                                                          ]
 [                                                          ]
 [                                                          ]
 [                                                          ]
 [                                                          ]
 [                                                          ]
 [                                                          ]
 [                                                          ]

    Enter the Note and Press 'Enter', DO NOT Skip Lines, DO NOT Break Words.
```

program will return to the previous screen. Press [F1] to get out, or select the appropriate function option for the next note to be edited.

Disp Not-Filled Script

This function is used to dispense a prescription that has been entered, but that was marked as being not filled (yet). This function will only work if the **'Rx STATUS'** is set to 'Org NotFill' or 'Disp NotFill'. To dispense the prescription, select this option, and follow through the prescription process. The 'Pharmacy Management System' takes the user through this process again because some things might have changed since it was originally entered (pharmacists, tech, price, third party, etc).

More Script Functions

This option will be available if the 'Pharmacy Management System' has additional purchased software functions (i.e.: FAX Software, Script Ready Display, POS, etc).

Depending on the additional software modules installed, when this function is selected, a menu of the available functions will be displayed. Only the options appropriate for the software installed will be displayed. Each of the options displayed are

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL SKILLED Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                    Charge          Cost    7.24
0000108        5 Refills Before 01/28/06n 05  MFG: GENEV
TEST PATIENT                        Usage 60 Since 11/02/04
                                    SOH -60
                                    Dr Fax # 785-2966
                                    Dr # 222 4444 222 4445
30   PENICILLN VK 500MG TAB  GENEV  Quantity Owing 150 Refs 5
Dr TEST DOCTOR          Unk     exp01/28/06  Not Refillable After 28 Jan 06


Refs: 5 Rem'g of 5  Wrtn 28 Jan 05 For PENICILLN VK 500MG TAB GENEV
1  $0.00t#30 28 Jan 05 PENICILLN  GENEV


Rx STATUS:
  1. Xfer Rx to P.O.S.
  2. Send Rx to Disp Robot
  9. Linux Auto Fax Rx
  Enter Your Choice.
```

discussed in the corresponding chapter manual for the software they are used in conjunction with.

Medi-Span Information and Disclaimers

The following pages are discussions on options and processes available during the ***Prescription Pathway*** to assist with State and Federal Laws, (i.e. OBRA '90), etc.

The option will appear in the section in the following order:

> Aller-Chek System*
> Cross-Chek II System*
> Drug-to-Drug Interactions*
> Patient Consultation System*
> Patient Drug Education System*
> Duplicate Therapy System*
> Dose-Chek System*
> Drug-Disease System*
> Drug Therapy Monitoring System*
> Drug Imprint System*

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Aller-Chek System

Allergic reactions to medications are a major cause of drug related illness, and occasionally death. Yet many of these reactions are avoidable if the patient's history of drug allergies is considered prior to the use of any drug.

When properly implemented as part of a pharmacy computer system, the **ALLER-CHEK DATABASE** provides an authoritative, reliable, and efficient method of screening patient profile records for drug allergies and potential cross-sensitivities. When the potential for an allergic drug reaction or possible cross-sensitivity is identified, the system alerts the user, reducing the potential for significant adverse drug reactions.

To enhance service and add an extra measure of safety for the patient, **ALLER-CHEK** provides automated screening of all new medication orders against the patient's history of allergies and alerts the health-care professional with precautionary messages.

ALLER-CHEK is an important risk management tool for health-care practitioners and health-care facilities. A prudent program of risk management suggests informing the prescribing physician, and the patient, of both, direct allergic and possible cross-sensitivity reactions when a previous reaction is well documented and of potential clinical significance.

DISCLAIMER

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Cross-Chek II – Drug-To-Drug Interactions

The FSI/Medi-Span **CROSS-CHEK II** databases provide an authoritative, reliable and efficient means of; 1.) Screening patient records for potentially harmful drug-to-drug interactions and 2.) Providing Patient Consultation Messages to promote the safe and effective use of prescription medications.

CROSS-CHEK II's interactions screening and advisory message functions will enhance both the efficiency and the effectiveness of clinical patient care activities. In addition, the implementation of **CROSS-CHEK II** in prescription drug order processing procedures is an effective risk management tool in assuring health-care professionals fulfill their responsibilities to protect the patient from drug interactions and provide the patient with appropriate guidance in the use of medications.

<div align="center">

DISCLAIMER

</div>

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The following is general information provided by Medi-Span regarding the **CROSS-CHEK II SYSTEM**:

DRUG-TO-DRUG INTERACTIONS

When properly implemented as part of a pharmacy or medical records computer system, the **CROSS-CHEK II** interaction module will screen all combinations of drugs in the patient profile for interacting drug combinations and alert the user to potential interactions. When a interaction is identified, the following information is immediately available:

EFFECT:
Identifies the interacting drugs and indicates the anticipated effect.

SIGNIFICANCE:
Indicates the probable clinical significance of the interaction.

REFERENCES:
Refers to specific pages of the principle published sources where more complete interaction information may be found.

CROSS-CHEK II provides reliable screening for drug-to-drug interactions documented in medical literature. It must be emphasized that the evaluation of a drug interaction in any given patient requires professional judgment based upon the specifics of each individual situation.

The **CROSS-CHEK II** database serves as a screening tool and an information resource but does not replace the clinical judgment of the health-care practitioner.

The discussions on the following pages provide a more detailed explanation of the **CROSS-CHEK II** system. Users are urged to review this information to gain an understanding of the meaning (operational definitions) of the abbreviated messages provided by the system.

NOTE: The information provided in the **CROSS-CHEK II** data base assumes that the user has an understanding of the mechanisms of drug interactions, the clinical skills necessary to interpret and evaluate the significance of drug interactions in patients, and appropriate reference materials to obtain more complete information when required. **CROSS-CHEK II** is designed as a screening and advisory tool and is not intended to replace the professional judgment or responsibilities of the health-care professional.

EFFECT

The interaction EFFECT message indicates which drugs in the patient profile interact, which drug in the interaction pair is affected, and what effect is expected to occur. The following EFFECT messages are used:

1. X INCREASES Y - The pharmacological effects of drug Y are expects to be enhanced when given with drug X.

2. x DECREASES Y - The pharmacological effects of drug Y are expected to be diminished when given with drug X.

3. ADVERSE EFFECTS - The combination of drugs X and Y may lead to adverse effects not expected with either drug given alone.

4. X INCREASED BY Y - Converse of #1 above.

5. X DECREASED BY Y - Converse of #2 above.

6. VARIABLE EFFECTS - The effects reported as a result of the interaction are variable; one or both drugs may be affected.

SIGNIFICANCE

The designation of the clinical significance of each interaction indicates the probability of the interaction leading to adverse consequences. This evaluation is based upon the potential **severity** of the effects of the evaluation is based upon the potential **severity** of the effects of the interaction, the **incidence** of occurrence, and the quality and quantity of the data available **documenting** the interaction. The general implications of the significance levels assigned to each drug interaction are as follows:

1. MAJOR   Includes those interactions which are relatively well documented and which are potentially harmful to the patient.

2. MODERATE Includes those interactions where the potential harm to the patient is less, or where more documentation is required.

3. MINOR   Includes those interactions which may occur but which are least significant because of one or more of the following factors:

    a: Documentation is poor.
    b: Potential harm to the patient is slight

c: Incidence of the interaction is quite low.

Clinical assessment of each individual situation is essential to determine the clinical relevance of any interaction.

Due to a number of patient, disease, pharmacologic, and pharmacokinetic variables, the manifestations of a drug interaction is any given patient cannot be accurately predicted. The significance level assigned to any `interaction must be interpreted as a generalization. A "major" interaction may be inconsequential in any particular patient; whereas even a "minor" interaction may cause significant effects in an occasional patient. Individual patient assessment, monitoring, and clinical judgment are essential in the interpretation of this data.

The action required to avoid, circumvent, or minimize the potential effects of an interaction will vary depending upon the nature of the interaction. Avoiding a given drug combination is occasionally necessary; however, in many situations, adjustments in dosage or administration frequently may be sufficient. In all cases, monitoring the patient's response to drug therapy is highly recommended.

REFERENCES

For conveniences in locating more comprehensive information about the interactions included in the system, **CROSS-CHEK II** provides page references to the principle drug interaction publications listed below. The electronic INDEX feature facilitates rapid access to these texts. **CROSS-CHEK II** users are encouraged to obtain one or more of the following.

> **DRUG INTERACTION FACTS**
> Mediphor Group, Richard J. Mangini, Editor
> Loose-leaf; updated quarterly
> > **Facts & Comparisons** Division
> > J B Lippincott Co.
> > 111 West Port Plaza, Suite 423
> > St Louis, MO 63146
> > (314) 878-2515

> **DRUG INTERACTIONS**, 5th Edition (1985)
> Philip D. Hansten, Editor
> Supplemented via **Drug Interactions Newsletter** and Hansten's **Updates**
> > Lea and Febiger
> > 600 South Washington Square
> > Philadelphia, PA 19106
> > (215) 922-1330

In addition to these principle references, other references may be given for selected interactions. These references are coded as follows:

> M   Other Mediphor (<u>Drug Interaction Facts</u>)

> H   Other Hansten (<u>Drug Interactions</u>)

> D   <u>Drug Newsletter</u> from (<u>Medi-Span</u>)

> N   Hansten's <u>Drug Interactions Newsletter</u>

> F   <u>Medi-Span</u> (loose-leaf edition)

P　　　Manufacturers' Package Inserts

U　　　Hansten's <u>Update's</u>

Cross-Chek II - Patient Consultation System

The patient Consultation Messages (PCM's) included in the **CROSS-CHEK II** database provide essential information concerning proper administration and cautionary information related to the safe and effective use of each medication. Each PCM is provided in both PATIENT-oriented language and in PROFESSIONAL terminology, which provides more specific technical information.

Printed PCM's have been demonstrated to be an effective adjunct to verbal consultation. The printed message is particularly beneficial for later reference and reinforcement of information communicated by the health-care professional. The health-care professional should review this information with the patient to assure an understanding of its nature and significance.

Studies have confirmed that the combination of verbal consultation and distribution of printed patient advisory information significantly enhance compliance and improve both the safety and effectiveness of drug therapy. Therefore, effective use of the **CROSS-CHEK II** PCM's serves as a valuable clinical, public relations, and risk management tool.

Although the PCM's for each medication are generally applicable to common usage, not all information will be relevant to all patients for all uses of each drug. It is the responsibility of the health-care professional to determine the appropriateness of the PCM's for each patient and to assure that the patient clearly understands the meaning and implications of all messages.

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PROFESSIONAL MESSAGES

The PROFESSIONAL version of the Patient Consultation Messages provides the health-care professional with the concise statements concerning the proper administration and cautions concerning use of each medication.
In some instances, there will not be a corresponding Patient Message for a given Professional Message. In such cases it is left to the discretion of the health-care professional to determine the advisability and method of communicating such information to the patient.

PATIENT MESSAGES

The PATIENT version of the PCM's are written in non-technical language intended to communicate essential information related to the safe and effective use of each medication. These messages are printed as PATIENT CONSULTATIONS to be dispensed with the prescription.

PCM's include the following essential information:

      1.   How to administer the medication

2.   What to avoid while taking the medication
3.   Precautions to observe
4.   What to report to the pharmacist or physician

Effective use of the **CROSS-CHEK II** PCM's should also include verbal consultation to clarify any questions and communicate any additional necessary information.

Patient Drug Education System (PDE)

The **PATIENT DRUG EDUCATION DATABASE** is an electronic database of product-specific, patient-oriented drug information to be used to provide a patient with a printed medication information sheet. This information is designed to supplement the verbal instructions to a patient by a physician or pharmacist concerning their medication regimen. The product information sheets (monographs) contain concise material concerning the indications, proper use, special instructions, precautions, and possible side effects for prescription medications. The information contained in the **PATIENT DRUG EDUCATION DATABASE** is abstracted from USP DI. This information is intended to augment proper patient counseling and does not contain all possible indications, adverse effects, precautions or instructions for use.

The **PATIENT DRUG EDUCATION DATABASE** assists providers in fulfilling patient drug education requirements established by federal laws (the Omnibus Reconciliation Acts of 1987 and 1990 - OBRA '87 and OBRA '90) and various accreditation bodies (the Joint Commission on Accreditation of Health Organizations - JCAHO).

Printing of the complete monograph assists the pharmacists in fulfilling all of the OBRA '90 patient education requirements except documenting the number of refills available. While not eliminating the need for verbal discussion of drug information, **PATIENT DRUG EDUCATION DATABASE** does provide a written reminder of the points of discussion covered and documents that this information was routinely given to each patient. Moreover, the information sheets can be referred to by the patient in the privacy of his/her home, at a later time, when questions arise on exactly how the pharmacist instructed him/her to use the product. Printing of the side effects section of the monograph assists the pharmacist is fulfilling the requirements of OBRA '87 for the nursing home patient. The printed section can then be attached to the patient's chart for physician review.

Due to the lag time between new drug availability and development of USP monographs, **PATIENT DRUG EDUCATION** monographs, for recently approved drugs, may be unavailable. Under these circumstances, the user may wish to consider accessing the Patient Counseling Messages (PCMs) contained in FSI/Medi-Span **CROSS-CHEK II SYSTEM**. The PCM is currently printed on the patient's receipt.

DISCLAIMER

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The information contained is FSI/Medi-Span **PATIENT DRUG EDUCATION DATABASE** is intended to supplement the verbal counseling of patients by physicians, pharmacists, and other health care professionals regarding drug therapy. This information is advisory only and is not intended to replace sound clinical judgment in the delivery of health care services.   The **PATIENT DRUG EDUCATION DATABASE** helps the patient to take his/her medicines as prescribed by informing him/her of the intended and proper use of the drug. However, **PATIENT DRUG EDUCATION DATABASE** is not a comprehensive listing of all possible indications, adverse effects, precautions or instructions for use.

Duplicate Therapy System

Detection and prevention of duplicate therapy can reduce a patient's exposure to potential additive or idiosyncratic adverse effects. Elimination of duplicate therapies can also reduce the total cost of medical care through the elimination of unnecessary drug therapy.

FSI/Medi-Span **DUPLICATE THERAPY DATABASE** is an electronic database of prescription and non-prescription drugs that is designed to aid in the detection of potential duplication of drug therapies within a patient's drug profile. Duplication of therapy includes prescribing a drug which duplicates the therapeutic use of a previously prescribed, yet active drug in the patient's drug profile (e.g. cephalexin and cefaclor). Duplicate therapy also occurs when identical or similar ingredients exist among multiple-ingredient drugs, even if in different therapeutic classes (e.g. acetaminophen with codeine and guaifenesin with codeine).

FSI/Medi-Span **DUPLICATE THERAPY DATABASE** identifies which drugs are involved, provides the class name of the therapeutic duplication and indicates the abuse/dependency potential of the duplication. Finally, since the use of multiple drugs for certain disease states is an accepted medical practice (e.g., hypertension), **DUPLICATE THERAPY DATABASE** allows the user to suppress duplicate therapy warnings unless the maximum number of products commonly prescribed for that class is exceeded.

Medi-Span **DUPLICATE THERAPY DATABASE** *User's Guide* provides the user with the clinical definitions and information necessary to interpret the results obtained when using **DUPLICATE THERAPY DATABASE** for ingredient and therapeutic duplication screening. Duplication of therapy may be appropriate, though atypical, in selected patients. Therefore, the results of duplicate therapy screening are most meaningful when considered in the context of an individual patient's medical history and current medical problems.

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The sole purpose of the **DUPLICATE THERAPY DATABASE** is to identify potential duplications of drug therapy. It is not intended to identify other drug-drug conflict situations such as drug interactions or drug combinations with additive toxicity potential.

Coding for duplicate therapy is based upon commonly accepted drug therapy principles and practices. A combination of drugs normally thought to represent duplicate therapy in most patients may be necessary, although atypical, in selected patients.

The following is general information provided by Medi-Span regarding the **DUPLICATE THERAPY SYSTEM**:

DUPLICATE THERAPY SCREENING

OVERVIEW OF DUPLICATE THERAPY SCREENING

This section will focus on the basic application of **DUPLICATE THERAPY DATABASE**, ingredient and therapeutic duplication (DT) screening. The basic processes involved in DT screening will be explained in the context of sample prescription filling.

The Concept of Duplicate Therapy Screening

It is important for the user of Medi-Span **DUPLICATE THERAPY DATABASE** to understand the purpose and limitations of DT screening. The purpose of DT screening is to alert the user when a patient's newly prescribed drug may duplicate the therapeutic effects of drugs already prescribed for the patient.

Medi-Span **DUPLICATE THERAPY DATABASE** is intended to be a broad screening tool to discover either of the following conditions:

> Duplication of drug products intended for the same therapeutic effect, which if left undetected, result in greater risk for toxicity and unnecessary costs

> Duplication of active ingredients in single- or multi-ingredient drug products, which if left undetected, result in greater risk for toxicity and unnecessary costs.

How Duplicate Therapy Screening Works

The **DUPLICATE THERAPY DATABASE** searches a patient's drug profile for potential therapeutic or ingredient duplicates on the basis of duplicate therapy classes. Most drugs in the database (there will be some items in the drug file without duplicate therapy classes) will have at least one duplicate therapy class assigned.

Each duplicate therapy class identifies a therapeutic use or active ingredient class of the drug. Upon presentation of a new prescription, the **DUPLICATE THERAPY DATABASE** screens for duplicate drug therapy by comparing each duplicate therapy class of the new drug with those duplicate therapy classes of the active drugs in the patient's profile. It detects possible therapeutic and ingredient duplication, even in those drugs used for more than a single therapeutic purpose.

It is common medical practice to treat certain medical conditions with multiple drug therapy. For example, Esidrex and Capozide (both having duplicate therapy classes of antihypertensive and diuretic) should cause a DT alert because of the active ingredient hydrochlorothiazide (diuretic class). However, co-administration of hydrochlorothiazide (antihypertensive, diuretic classes) and captopril (antihypertensive class) should not trigger a DT alert because it is common medical practices for these drugs to be prescribed together.
Two antihypertensives are commonly prescribed together, but two diuretics are not. (It may be more appropriate to administer the combination drug instead of two separate drugs, but the prescriber may have a specific reason to prescribe the two drugs separately.)

With the **DUPLICATE THERAPY DATABASE**, the maximum number of drugs commonly prescribed together for the same condition without causing a therapeutic duplication warning is identified. The **DUPLICATE THERAPY DATABASE** uses a Duplication Allowance Indicator to identify the maximum number of duplicate therapy matches allowed for a duplicate therapy class without creating a duplicate therapy warning. This prevents false-positive warnings in conditions when multiple drugs are commonly used to treat the medical condition.

Limitations of Duplicate Therapy Screening

It is important for users to understand the following limitations when using the **DUPLICATE THERAPY DATABASE** for DT screening:

The **DUPLICATE THERAPY DATABASE** does not examine the appropriateness of an individual drug within a therapeutic class. The **DUPLICATE THERAPY DATABASE** is NOT intended to provide users with a list of FDA-approved or accepted indications. The **DUPLICATE THERAPY DATABASE** identifies the common therapeutic uses of each drug but does not claim to identify all labeled, off-label and investigational uses of a particular drug.

The **DUPLICATE THERAPY DATABASE** is NOT intended to provide definitive duplicate therapy screening for the purposes of prescription drug benefit programs. Clinical verification of each possible therapeutic duplication is encouraged.

The sole purpose of the **DUPLICATE THERAPY DATABASE** is to detect duplications on the basis of therapeutic use, not drug interactions or additive toxicity.

CLINICAL DEFINITIONS

Therapeutic Duplication

Therapeutic Duplication is the co-administration of drugs with identical or similar therapeutic uses to a patient. Undetected, unintentional duplications of drug therapy can result in additive toxicity, additional medical care and increased cost.

The duplicate therapy classes used in these products are obtained from nationally recognized compendia, other reference texts and the primary clinical literature. Drugs identified as duplication of therapeutic use must be evaluated for clinical appropriateness in each individual patient. A combination of drugs normally thought to represent duplicate therapy in most patients may be necessary, although atypical, in selected patients.

Ingredient Duplication

Ingredient duplication is the co-administration of drugs with identical or similar active ingredients to a patient. Undetected, unintentional duplications of drug therapy can result in additive toxicity, additional medical care and increased cost.

The **DUPLICATE THERAPY DATABASE** uses duplicate therapy classes for this function. It detects ingredient duplication, but reports these as *CLASS* duplications (narcotic or diuretic) instead of an *Ingredient* duplication (codeine or hydrochlorothiazide). Medi-Span assumes that the user can determine the ingredient being duplicated if the **DUPLICATE THERAPY DATABASE** identifies the duplicating class. Reporting ingredient duplications via class names, rather than ingredients, save the computer space and processing speed.

Significance

The clinical significance of the identified duplication is designed to alert the user of the abuse/dependency potential of this combination. If programmed by the software vendor, the duplications is identified as having abuse/dependency potential (e.g., morphine, diazepam, amphetamine) or having no abuse/dependency potential (e.g., aspirin, hydrochlorothiazide, ampicillin).

Duplication Allowance Indicator

Recognizing that standard medical practice intentionally duplicates drug therapy in certain medical conditions, the **DUPLICATE THERAPY DATABASE** includes the maximum number of therapeutically identical of similar drugs commonly used at the same time in a patient. If programmed by the software vendor, the Duplication Allowance Indicator will identify the maximum number of DT matches before a DT warning should be generated. This limits the number of possible therapeutic duplications reported to the user that requires an override based on internal duplication.

Dose-Chek System

FSI/Medi-Span **DOSE-CHEK** is an electronic database of dosage parameters designed to aid in the detection of inappropriate medication dosing. This **DOSE-CHEK** section provides the end user with the clinical definitions and information necessary to interpret the results obtained from using **DOSE-CHEK** for Dose Range Checking and Duration of Therapy Screening:

Features and Benefits

Feature: Separate dosing values for pediatric, normal adult, and geriatric patients.

Benefits   Specific dosing for these patient ages.
                         Decreases number of false-positive and false-negative warnings by more clearly defining dosing for each type of patient.
                         Dosed on patient age - readily available to most users.

Feature: Minimum and maximum daily dosage units for each of the above patient populations.

Benefits   Potential sub-therapeutic and toxic daily doses determined through simple table reference.
                         Verify accuracy of pharmacist-entered quantity and days supply.

Feature: Usual daily dose and sig values.

Benefit   A common value to assist prescription writing applications.

Feature: Minimum/Usual/Maximum duration of therapy values.

Benefits   Allows calculation of appropriate duration of therapy.
                         Allows over/under-utilization monitoring by comparing refill pattern to minimum/maximum days supply values.

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DISCLAIMER NOTICE

The information contained in FSI/Medi-Span **DOSE-CHEK** is intended to supplement the knowledge of physicians, pharmacists, and other healthcare professionals regarding drug-dosing regimens. This information is advisory only and is not intended to replace sound clinical judgment in the delivery of health care services. Foundation

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The "usual dose" and "sig" represent a commonly prescribed dosage regimen. The usual dosage ranges are very wide for many products and the values included in the fields represent only one of many possible, acceptable dosage regimens.

DOSE-CHEK is intended as a broad screening tool to detect dosage regimens, which appear to be outside usual usage patterns. **DOSE-CHEK** is NOT intended to provide dosage recommendations for any given patient or for any particular clinical situation.

DOSE-CHEK screens dosage regimens by the number of dosage units prescribed per day. The amount and frequency of individual doses within the daily regimen are not screened for appropriateness. Minimum and maximum daily dosage unit fields are established as screening criteria for each specific drug product. **DOSE-CHEK** also provides minimum and maximum duration of therapy for drugs where this information is available. These values have been determined from a review of manufacturers' and standard reference texts' dosage regimen recommendations. Dosage regimens falling outside these limits may indicate the need for the health care professionals to verify the prescribed regimen. Due to individual patient variances, a dosage regimen outside these limits may be appropriate for a given patient; however, this is atypical. Conversely, dosage regimens within these limits may be inappropriate for a given patient.

The following is general information provided by Medi-Span regarding the **DOSE-CHEK SYSTEM**:

DOSE RANGE CHECKING

OVERVIEW OF DOSE RANGE CHECKING

This section will focus on a basic application of **DOSE-CHEK** data, Dose Range Checking (DRC). The basic processes involved in DRC will be explained in the context of normal adult patients. Special considerations for pediatric and geriatric patient populations will also be discussed.

The Concept of Dose Range Checking

It is important for the user of DOSE-CHEK to understand the purpose and limitations of DRC. The purpose of DRC is to alert the user when a patient's dosage regimen falls outside established minimum and maximum values. It is intended to be a broad screening tool, which can be used to discover errors such as:

> Prescriber confusing the dose of one drug for another;

> Misplaced decimal points;

> Prescription incorrectly entered into the pharmacy computer system.

DRC differs significantly from programs that determine a dosage regimen based on patient characteristics or lab test feedback. Since most patient-specific factors are not considered, DRC cannot determine whether or not a given dosage regimen is appropriate for a particular patient. This determination is dependant on the professional judgment of the health care professionals familiar with the factors affecting a patient's dosage requirements. This intent of **DOSE-CHEK** is to advise rather than replace the judgment of health care professionals.

How Dose Range Checking Works

DRC has been designed to function within a pharmacy or medical records computer system and at the pharmacy computer-third party administrator (TPA) interface. To achieve this functionality, DRC requires data typically available for claims submission such as "days supply" and "quantity dispensed". Therefore, DRC compares a dosage regimen on the basis of **<u>Daily Dosage Units</u>**. Dosage units are defined as the units of use such as tablets, capsules, milliliters, grams or vials according to the National Council for Prescription Drug Programs (NCPDP) standards. Liquid items such as an antibiotic suspension or an injectable drug in solution are expressed in milliliters.

Limitations of Dose Range Checking

It is important for users to understand the following limitations when using **DOSE-CHEK** for DRC:

DRC does not examine the appropriateness of an individual dose within a daily regimen, e.g.:

DRC would not differentiate between Sucralfate one gram tablets dosed one tablet four times a day (correct) vs. four tablets once a day (incorrect).

DRC is dependent on accurate entry and submission of the correct "days supply" and "quantity dispensed" values.

The design used for DRC in **DOSE-CHEK** is ideal for tablets, capsules, and oral liquids. There are several dosage forms that cannot be adapted to this design. These include:

inhalers

topical creams and ointments

dose-packs and kits

Dosage forms not included in DRC should be manually evaluated by the health care professional.

CLINICAL DEFINITIONS

Minimum Daily Dosage Units

Comparing a patient's dosage regimen against the minimum daily dosage unit value in **DOSE-CHEK** assists in the identification of dosage regimens that are potentially subtherapeutic. The values for this standard are obtained

from the normal prescribed range noted in the manufacturer's literature and reference texts. The lowest acceptable daily dose is established as the minimum daily dosage units value.

Minimum dose can be difficult to define for some drugs. If the therapeutic effect is achieved, the dosage regimen should be considered to be adequate regardless if the daily dose falls below the minimum daily dosage unit standard, e.g.;

> If a patient is free of seizures on a low dose of an anticonvulsant drug, the dosage regimen should be considered appropriate regardless of the standard. On the other hand, if the therapeutic efficacy of a drug is not readily apparent or measurable, a lower than normal dose would rarely be appropriate.

As mentioned in the overview of this chapter, DRC does not take into consideration many patient-specific factors. For this reason, DRC may identify dosage regimens as sub-therapeutic in the following situations:

> Patients with reduced dosage requirements due to a low body weight or short stature for drugs dosed on the basis of weight or body surface area;

> Patients with reduced dosage requirements due to impaired elimination (renal or hepatic dysfunction);

> Patients with concurrent drug therapies that decrease dosage requirements of a drug due to a drug interaction.

The minimum daily dosage unit values for DRC assume a normal maintenance dosage regimen wherever appropriate. Dosage regimens for drugs normally given on a regular schedule may be identified as sub-therapeutic in the following situations:

> Drug prescribed to be administered "as needed" or "prn";

> Drug prescribed to be administered on an odd schedule (e.g., one tablet daily for three weeks, then off one week).

For drugs frequently dosed on an "as needed" or "prn" basis; the minimum daily dosage unit value is usually established as one dosage unit per day. Minimum daily dosage units are expressed in terms of the least measurable quantity. As an example, tablets may be expressed in terms of half of a tablet as a minimum daily dosage value. Capsules, however, are generally expressed in terms of whole dosage units.

Maximum Daily Dosage Units

Comparing a patient's dosage regimen against the maximum daily dosage unit value in **DOSE-CHEK** assists in the identification of dosage regimens that are potentially excessive. The values for this standard are obtained from the normal prescribed range noted in the manufacturer's literature and reference texts. Loading doses and other temporary high dosing regimens are excluded from consideration. Greater than normal doses for rare indications are also not considered.

Occasionally patients will require dosage regimens that exceed the maximum daily dosage units value. Such a regimen may be considered appropriate if required to achieve therapeutic effect and the patient does not experience intolerable adverse effects.

As mentioned in the overview of this chapter, DRC does not take into consideration many patient-specific factors. For this reason, DRC may identify dosage regimens as excessive for the following patients.

> Patients with increased dosage requirements due to greater than normal body weight for drugs dosed on the basis of weight or body surface area;
> Patients with increased dosage requirements due to malabsorption or a hypermetabolic state;

Patients with concurrent drug therapies that increase dosage requirements due to a drug interaction.

Patients receiving a drug for a rare indication which requires greater than normal dosing.

Doses exceeding the maximum daily dosage unit value are not necessarily toxic. Conversely, doses less than this value may be toxic to some patients

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For adult patients (including geriatrics), **DOSE-CHEK** uses a range of 55 to 85 Kg (110 to 187 pounds) for drugs dosed on the basis of weight to establish the minimum and maximum daily dosage unit range. Patients with body weights below or above this range may be identified as having subpotent or excessive dosage regimens for these types of drugs. Manual verification of the patient's dosage regimen may be required under these circumstances

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Comments and Effect

When a daily dose falls outside the minimum and maximum limits established for DRC, possible explanations are offered for selected drugs in the form of a comment. The comment has been linked to an effect code that specifies the relationship of the comment to its possible effect on dosage requirements. Using theophylline as an example, the following comments and effects could be displayed for doses falling outside the minimum and maximum limits:

Comment	Effect
Smoking	Increase
CHF	Decrease
Weight	Variable

SPECIAL CONSIDERATIONS: GERIATRICS

Geriatric Dosing Information

Dosing information specifically intended for geriatric patients is not available for all drugs. Package literature for recently released drugs tends to address geriatric dosage considerations more frequently than drugs introduced several years ago. **DOSE-CHEK** also take geriatrics dosing information from official compendia as USP Drug Information, American Hospital Formulary Service, and AMA Drug Evaluations. Other references are consulted as deemed appropriate. Adult dosing information may be substituted in the absence of specific geriatric dosing recommendations.

When checking geriatric dosing regimens, the following references are also recommended as a source of geriatric dosing information:

> *The Merck Manual of Geriatrics* (Merck, Rahway, New Jersey)

> *Applied Therapeutics: The Clinical Use of Drugs* (Applied Therapeutics, Inc., Vancouver, Washington)

Limitations and Precautions

Patients 65 years of age or older are considered geriatric patients in **DOSE-CHEK**. The geriatric patient population is diverse. For example, most patients will show a decline in renal function with advancing age. With geriatric patients, however, renal impairment will range from mild or insignificant to major impairment. Also, one route of elimination for drug excretion may be relatively intact while another route is impaired. Monitoring serum drug concentrations is indicated for appropriate dosage adjustments for several drugs used in the elderly.

In addition to a potential impaired ability to excrete drugs, geriatric patients may also experience greater sensitivity to adverse effects which can decrease the maximum dose limits. Conversely, malabsorption may cause increased dosage requirements for selected drugs in geriatric patients.

SPECIAL CONSIDERATIONS: PEDIATRICS

Pediatric Dosing Information

Dosing information specifically intended for pediatric patients is not available for all drugs. In addition, many drugs are not available in dosage forms convenient for pediatric usage. **DOSE-CHEK** takes pediatric dosing information from the package literature and official compendia such as USP Drug Information, American Hospital Formulary Service, and AMA Drug Evaluations. Other references are consulted as deemed appropriate. In the absence of specific pediatric dosing recommendations, the adult dosing recommendations may be referenced.

How DOSE-CHEK Pediatric Dosing Data is Compiled

Much of the pediatric dosing information is expressed in terms of units per weight (example: mg/kg). For each year between ages one and fourteen, **DOSE-CHEK** assumes a weight range based on weight averages. (See the appendix for the weight averages used in **DOSE-CHEK**). The weight averages combine data for girls and boys.

For a given year of age, the maximum weight is multiplied with the maximum unit per weight dose to calculate the maximum daily dosage units. The minimum weight is multiplied with the minimum unit per weight dose to calculate the minimum daily dosage units.

Limitations and Precautions

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> **DOSE-CHEK** currently does not address children less than one year of age. Patients fifteen years or older are treated as adults in **DOSE-CHEK**.

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While **DOSE-CHEK** does consider the minimum average weights in calculating the minimum and maximum daily dosage units for DRC, **DOSE-CHEK** does not consider the weight of the specific patient whose dosage regimen is being evaluated. While a pharmacy computer system may have the capability to record a patient's weight, the **DOSE-CHEK** Database does not contain the appropriate records to utilize the patient's weight in any calculation of doses. Users should manually review drug dosing regimens for children who fall outside the established minimum and maximum weight averages used in **DOSE-CHEK**.

Special caution is urged when dealing with pediatric patients with serious childhood diseases (e.g., congenital heart disease, serious infections, cancer). These patients are frequently seen in tertiary care centers specializing in pediatrics and may receive drugs not normally thought of as pediatric drugs. The normal physiologic development and function of pediatric patients afflicted with these serious conditions is often disrupted. Therefore, dosage regimens used with these children may fall outside the limits established for DRC due to factors such as low body weight, malabsorption or diminished drug elimination. In such instances, a manual check of the patient's drug dosage regimen with an appropriate reference is strongly recommended.

In these instances it would be prudent to consult other references of pediatric dosing information. The following references are additional sources of pediatric dosing information:

> *The Harriet Lane Handbook* (Mosby-Year Book, St. Louis, Missouri)

The Pediatric Drug Handbook (Mosby-Year Book, St. Louis, Missouri)

The Pediatric Dosage Handbook (APhA, Washington, D.C.)

DURATION OF THERAPY CHECKING

OVERVIEW OF DURATION OF THERAPY CHECKING

This chapter will cover the use of **DOSE-CHEK** data for Duration of Therapy Checking (DTC). The clinical definitions used in DTC will be explained along with the limitations of DTC.

DTC is intended to detect instances where a patient's therapy duration does not fall within minimum and maximum durations established within the **DOSE-CHEK** Data Base,

CLINICAL DEFINITIONS

Minimum Duration of Therapy

The minimum duration of therapy value represents the minimum number of days that a drug is normally prescribed. This value is obtained from manufacturer's information and the official compendia cited elsewhere in this guide.

Comparing a patient's actual duration of therapy against the minimum duration in **DOSE-CHEK** may assist in identifying patients whose drug therapies have been prematurely interrupted. It should be obvious, however, that legitimate reasons for discontinuing drug therapies before a minimum duration has been completed do exist. These reasons include:

> Faster than normal achievement of the therapeutic endpoint (possibly in conjunction with an accelerated dosing regimen);

> Drug discontinued due to adverse effects;

> Therapeutic failure experienced early in therapy and an alternative selected.

Maximum Duration of Therapy

The maximum duration of therapy value represents the maximum number of days that a drug is normally prescribed. This value is obtained from manufacturer's information and the official compendia cited elsewhere in this manual. Drugs typically used for maintenance therapy, the duration of therapy value in **DOSE-CHEK** is "999".

Comparing a patient's actual duration against the maximum duration in **DOSE-CHEK** may assist in identifying patients whose drug therapies have been continued unnecessarily. Drug therapy may be appropriately continued beyond the normal maximum duration of therapy value in **DOSE-CHEK** for reasons that include the following:

> Therapeutic failure with the first round of therapy making a second course of therapy necessary;

> Prophylactic use of a drug normally used for treatment;

> re-occurrence of the disease or condition being treated.

APPENDIX

PEDIATRIC USUAL AGE-WEIGHT RANGES

AGE (years)	WEIGHT (Pounds) LOW	USUAL	HIGH	WEIGHT (Kg) LOW	USUAL	HIGH
1	18.4	23.4	29.0	8.4	10.4	13.2
2	23.5	28.6	34.6	10.7	13.0	15.7
3	27.6	33.1	40.4	12.5	15.0	18.4
4	31.2	37.4	46.7	14.2	17.0	21.2
5	34.8	42.7	53.1	15.8	19.4	24.1
6	39.6	48.9	60.4	18.0	22.2	27.5
7	44.5	53.9	68.7	20.2	24.5	31.2
8	48.6	60.6	77.0	22.1	27.5	35.0
9	52.6	66.5	85.5	23.9	30.2	38.9
10	57.1	72.2	95.1	26.0	32.8	43.2
11	62.6	80.2	106.0	28.5	36.5	48.2
12	69.5	88.5	118.0	31.6	40.2	53.6
13	77.1	99.0	130.1	35.0	45.0	59.1
14	87.2	110.2	142.4	39.6	50.1	64.7

COMPILED FROM: *GROWTH AND DEVELOPMENT OF CHILDREN,* Lowrey, G.H., Yearbook Medical
                             Publishers, Chicago, IL, 1986.

NOTE: Male and Female weights averaged.

Drug Disease System

Included in your **FOUNDATION SYSTEMS PHARMACY MANAGEMENT SYSTEM** is the implementation of the **FSI/Medi-Span DRUG-DISEASE MONITORING SYSTEM** to assist in compliance with the Omnibus Reclamation Act (OBRA) passed in 1990.

The **DRUG-DISEASE MONITORING SYSTEM** is a database of prescription drugs with indications and contraindications for their use to aid in the detection of inappropriate drug therapies. This product allows prospective and retrospective screening of medications contraindicated for use based upon a patient's disease state or medical condition. The drug to disease interactions are supported by warning messages which define the specific drug and disease or condition in conflict.

This database consists of a series of files that relate diseases treated by drug products, drug products contraindicated in certain disease states, messages to specify the disease state, and a description of the disease state. Two of these files link FSI/Medi-Span disease states to the *International Classification of Diseases Clinical Modification* (ICD-9-CM) coding system and a description of the ICD-9-CM disease condition. The *Generic Product Identifier* located in each **Drug Amendments**, makes this a companion product to Medi-Span **MASTER DRUG DATA BASEJ** (MDDB)

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DISCLAIMER

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The information contained in Foundation Systems/Medi-Span **DRUG DISEASE MONITORING SYSTEM** is intended to supplement the knowledge of physicians, pharmacists, and other health care professionals regarding drug therapy. The information is advisory only and is not intended to replace sound clinical judgment in the delivery or health care services.

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The following is general information provided by Medi-Span regarding the **DRUG-DISEASE MONITORING SYSTEM**:

INTRODUCTION

The Medi-Span **DRUG DISEASE MONITORING SYSTEMJ** provides an authoritative, reliable, and efficient manner of:

1.   Screening patient records for potentially harmful drug-to-disease interactions

2.   Building a patient disease history profile

When properly implemented as part of a pharmacy or medical computer system, **DRUG DISEASE MONITORING SYSTEM** screening will enhance both the scope and efficiency of patient care activities. In addition, the

implementation of **DRUG DISEASE MONITORING SYSTEM** is a practical risk management tool for assuring that healthcare professionals fulfill their responsibilities to protect the patient from interactions.

The information that follows provides a brief overview of the features of the **DRUG DISEASE MONITORING SYSTEM**.

DEFINITIONS

DRUG DISEASE MONITORING SYSTEM supports two major applications of screening patient records for harmful drug-to-disease interactions and identifying a patient's disease state, medical condition, or medical history.

When properly implemented, this product will screen all new prescriptions for interacting conditions coded in the patient's profile. As an interaction is identified, a message will be displayed to define the contraindicated condition.

DRUG DISEASE MONITORING SYSTEM provides screening for many drug-disease interactions documented in medical literature. It must be emphasized that this information is intended to supplement the knowledge of physicians, pharmacists, and other health care professionals regarding drug therapy. This information is advisory only and is not intended to replace sound clinical judgment in the delivery of health care services.

The definitions on the following pages provide a detailed explanation of the **DRUG DISEASE MONITORING SYSTEM**. Users are urged to review this information in order to gain an understanding of the meaning (operational definitions) of the data provided by the system.

NOTE: Information provided in the **DRUG DISEASE MONITORING SYSTEM** assumes the user has an understanding of the mechanisms of drug-disease interactions, the clinical skills necessary to interpret and evaluate the significance of the interaction in the patient, and has access to appropriate reference materials when more complete information is required.

Priority of Disease Interaction

> An interaction can be of two different levels of significance or priority in the **DRUG DISEASE MONITORING SYSTEM**. [Note: At this time, only "1" interactions are coded.) The definitions of the values are as follows:
>
> 1 = MAJOR =   The effects are potentially life-threatening or capable of causing permanent damage; the drug product is "generally contraindicated" in this condition/disease state.
>
> 2 = MODERATE =   The effects may cause a deterioration in the patient's clinical status. Additional treatment, hospitalization, or extension of hospital stay may be necessary; the drug product should be used with caution" in this condition/disease state.
>
> Clinical assessment of each individual situation is essential in determining the clinical relevance of an interaction. Because of a number of patient, disease, pharmacologic, and pharmacokinetic variables, the manifestations of an interaction in any given patient cannot be accurately predicted.
>
> The priority level assigned to any interaction must be interpreted as a generalization. A "major" interaction may be inconsequential in any particular patient; whereas even a "minor" interaction may cause significant effects in an occasional patient. Individual patient assessment, monitoring, and clinical judgment are essential in the interpretation of this data.
>
> The action required to avoid, circumvent, or minimize the potential effects of an interaction will vary depending upon the nature of the interaction. Avoiding a given drug class is usually necessary. In all cases, monitoring the patient's response to drug therapy is highly recommended.

Method of Interaction Coding

Disease interactions are coded at different levels. In order to improve the specificity of disease state monitoring, it is best to define the profile as precise as possible. For example:

Propranolol is contraindicated in Heart Disease, Arrhymias, and Congestive Heart Failure. If the patient's profile is only coded with the general classification, Heart disease, the message will include the contraindications of Arrhythmias and Congestive Heart Failure. **DRUG DISEASE MONITORING SYSTEM** is designed and coded to give the same information regardless of the disease state level where processing begins. However, if the patient's profile can be coded with the specific disease state, such as Arrhythmias or Congestive Heart Failure, fewer potentially erroneous "false positives" will occur.

Message Source

Each interaction is accompanied by a message containing a description of the specific contraindication or caution. It is the practitioner's decision whether the message is applicable to the particular patient and/or situation.

The message contains the specific condition that is contraindicated. For example, if the interacting state is "Heart Disease", the message will include the specific aspect referenced such as"...cardiac arrhythmias associated with tachycardia" or "...ventricular arrhythmias".

INCLUSION OF DISEASE STATE/CONDITION IN PATIENT PROFILE

DRUG DISEASE MONITORING SYSTEM includes data linking drug products with the disease states/conditions for which the drug is commonly used. This information is included as an aid in coding the patient profile with the condition usually treated by the current prescriptions in the patient's profile.

Both primary and secondary indications for the drug product are included in this data. Each product will have only one primary indication but may have several secondary indications. The primary indication is defined as conditions treated more than 50% of the time with this medication. Secondary indications are defined as conditions treated less than 50% of the time with this medication. In lieu of patient history, a disease state can be determined by current or previous prescription therapy.

One use of the secondary indications could be to restrict available choices in coding a disease state for a drug. For example, if a patient is treated with Propranolol, which does not have a primary indication, it can be assumed that he is being treated for the following secondary conditions:

> Angina
> Hypertension
> Pheochromocytoma
> Migraine

The practitioner, in consulting the patient about the condition being treated, can refer to the secondary indications as possible conditions rather than forcing the practitioner to remember all indications that a drug product can be used to treat.

A patient's medical history periodically should be reviewed for conditions that no longer exist or have been treated and resolved; for example, a temporary state of infection or a condition of pregnancy. The history should correspond to the active prescriptions in the patient's profile at the time of dispensing any new medication.

Drug Therapy Monitoring System (DTMS)

The DTMS system is a compilation of clinical data designed to be programmed into a patient care system to prospectively monitor for drug therapy hazards. The clinical data is contained in three copyrighted 'knowledge bases' maintained by Medi-Span, Inc (Drug-Drug Interactions, Food-Drug Interactions, Prior Adverse Reactions).

Information in the DTMS knowledge bases includes a broad range of interactions known to occur in man. This information has been developed through a critical evaluation of the primary medical literature and a consensus opinion of expert clinicians. You should note that interactions listed as 'unsubstantiated' at the present time may prove to be of major significance with more extensive study. Also, previously undocumented interactions may occur, but these are not included.

Drug-Drug Interaction

Drug-Drug Interactions are defined as <u>unwanted</u> and <u>unexpected</u> clinical responses secondary to the concomitant use of two medications. These include pharmacokinetic changes in absorption, distribution, metabolism, and elimination. They also may include pharmacodynamic receptor site interactions such as synergistic or antagonistic effects.

Drug Interactions do NOT include:

> Obvious additive effects (eg.: increased sedation with two CNS depressants)

> Beneficial effects of combining drugs therapeutically (eg.: multiple hypertensive drugs)

Drug-Drug Interactions are unwanted effects resulting from concurrent use of different drugs.

Food-Drug Interaction

Food-Drug Interactions includes the most significant, best-documented food-drug interactions. Unless an NPO (nothing by mouth) flag is set, the system assumes all patients are eating and screens automatically for interactions with food. If known, the types of foood that cause a particular interaction are noted in the Discussion section of each food-drug interaction monograph.

Interactions involving <u>ethanol</u>, as a component of a drug product, are handled as drug-drug interactions automatically. Whether ethanol should be presumed included in the diet (eg.:wine with meals), and therefore automatically included in screenings for food interactions, is an option normally addressed as part of system design.

Food-Drug Interactions are unwanted effects when a drug is used in combination with certain foods. This database considers food to be a drug.

Prior Adverse Reactions (PAR)

Prior Adverse Reactions are defined as unwanted effects resulting from a single drug. In particular, the PAR is intended to capture data concerning previous adverse drug experiences. In this way, PAR data may be used to predict, and therefore prevent, such reactions or cross-reactions with subsequent therapy.

PAR monographs are included only for adverse drug reactions that are well documented in the literature. Clinicians should note that the PAR system is designed to deal with all types of adverse reactions, not just the drug allergies typically covered by other systems.

Prior Adverse Reactions are unwanted effects resulting from a single drug.

Typically the DTMS system is incorporated into a real time patient care system, which maintains a list of the medications ordered for each patient. As each new prescription is ordered, DTMS data may be searched to identify potential problems. If potential problems are identified, specific screening criteria may be checked to determine if the problems should be reported to a clinician/user, based for example, on the severity of the problem. The type and mechanism for report generation may then be determined via specific reporting criteria.

The DTMS system may be implemented to create applications for either (or both) of the following situations:

> Monitoring Mode - to check each new prescription against a patient profile for potential interactions and adverse reactions.

> Inquiry Mode - to review the potential interactions and adverse reactions associated with a specific combination of drugs.

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3. Drug Maintenance

```
             D R U G   M A I N T E N A N C E

        1.  Additions
        2.  Amendments
        3.  Drug Lists
        4.  De/Activate
        5.  Drug Screen Lists
        6.  Zero Drug Usage Totals
        7.  Special Drug Maintenance
        8.  T.P. Drug Codes Setup
        9.  Drug Notes Maintenance
        A.  Multi-Site Drug Availability
        B.  Disp Robot Location Maint
        C.  Merge Drug records
        D.  Drug Info. - A/C, C/C, Pat.Cons, GPI
        E.  Compound Drug Maintenance
        F.  Print Drug/Shelf Labels (Dymo)
        G.  Print N.Y. Price Schedule


        Enter Your Choice
```

From the 'Main Menu', select 'Utility Programs' and 'Drug Maintenance'. The screen shown here will be displayed.

From the 'Drug Maintenance' menu, there are several utilities designed to allow the users of the 'Pharmacy Management System' add and maintain the drugs used by the 'Pharmacy Management System'. Each of the 'Drug Maintenance' menu options will be discussed in the following pages of this chapter.

Additions / Amendments

```
          D R U G   R E C O R D   A M E N D M E N T S

               Drug  [                    ]


   Drug Search Options:
        Drug Code
        Partial Drug Name (T or G)
        Partial Name,Strength
        Partial Name=Form
        Drug NDC Code
        :Partial Speed Code List    'Multiple Exact Speed Code List
        /(Managed Care Formulary Alternates)
        *(DeActivated Drugs)
        $(Displays AWP)
        ~(Compounds Only)
        ^(Non-Compounds Only)
        ?GPI Search
        @Drug Record Number
```

Select menu option **1** to add a new product to the system, or menu option **2** to amend a product already on file. If you are amending the drug, the system will ask you to enter the item to search for. The same search techniques used in the 'Prescription Pathway' apply here. You can search for the drug by full or partial name (it is recommended to use only the first three characters or more than six characters (to avoid a speed code match) of the drug name for a partial name), speed code, NDC number, etc. An asterisk preceding the name will include inactivated drugs in the search.

When making amendments to a drug, if the drugs trade or generic name, strength, or NDC number was changed, a warning message will be displayed 'CRITICAL DRUG ITEMS CHANGED'. This warning will tell the user what was changed, and ask them to verify the change. To save the changes, 'YES' must be typed in the 'Accept Changes?' field. To not save the changes, enter 'NO'. If 'NO' is entered, the program will return to the first page of 'Drug Record Amendments'. If 'YES' is entered, a record will be made that this drug was changed. In this record the name of the currently logged pharmacists and technician (if used) will be saved along with the date, the change that was made and an exception record written.

```
        CRITICAL DRUG ITEMS CHANGED!

   Changes are about to be made that will AFFECT ALL
   dispensings that have used this drug record!

   Changes to NAMEs and STRENGTH can ADVERSELY affect the patient!
   Changes to NDC, Spec. Disp. Pack Size, and Wholesaler Pack Size
   can possibly affect the patient AND billing amounts ($$$).

   The following items will be changed if you answer 'YES':
        VALIUM to VALIUM - TEST

   Pharmacist: KREIG MERRELL  K    Technician: KREIG MERRELL  K

   Date, time, and your Name will be recorded if you accept
   these changes to be made.  Accept changes? [   ] (YES,NO)
```

For the sake of example, the following screens are taken from a 'Drug Amendment'. If 'Additions' was selected, the screens will be similar, with the only difference being that in additions the fields will be blank.

3.1.1

Drug Amendment, Page #1

```
                    D R U G   R E C O R D   A M E N D M E N T S
          Drug Abbreviation  [VAL5 ]    Press Shft F7 for Whlsr items
                 Drug Name  [VALIUM            ]
               Generic Name  [DIAZEPAM                ]
                  Strength  [5MG   ]  Form [TAB ]  MFG  [ROCHE ]
   Spec. Dispensing Pack Size  [     ]    [N]  Generic Brand (Y,N)
         Automatic Sig Codes  [   ]     [28 ]  Aller-Chek Code
           Cross-Chek Code  [0004C]   [0153]  Pat Consult Mess Code
  Warning Labels: #1  [0  ]  #2 [0  ]  #3 [0  ]  #4 [0  ]   [ ] Laser Coupon
             Skip Dose-Chek  [N]   [A]  Bio-Equiv Rating
         National Drug Code  [00140000501 ]    [00140000501 ]  Welfare #
         Wholesaler Pack Size  [100 ]  Used By DUDS to Divide Pack Price
          Price Form:  Primary  [A] (0-9/A-Z/a-z) [A]   Secondary
     Generic X-Ref Drug Code  [GVAL5 ]   SvcCod/MiscID  [          ]
             Schedule (2,3,4,5)  [4]    [1]  St WF Group    TPE Grp  [0 ]
           Default Days Supply  [0  ]  [ ]  Cont. Therapy  TPP Grp  [0 ]
       Refill Reminder System  [Y]   [     ]  Default Exp. Date
           Medicaid Pay? (Y,N)  [Y]    [0 ]  T.P. Months to Rx Expiry
           Compounded Drug  [N]    [N]  Fed Must Sub (DAW)  DME  [ ]
              OTC Drug (Y,N)  [N]    [N]  Inactive (Y,N)   Disc'd  [N]
                  Taxable  [ ] (Y,N,C)  Wholesaler Num  [          ]
       Gen Product Identifier  [57100040000310]    Lot #  [        ]
           Shape/Color/Desc  [          ]  Imp ID # [     ] [      ]
           Reporting Usage   0 Since 02 Nov 04      SHF3  Add , SHF4 Modf'd
```

This example screen is taken from drug amendments. If it were an addition, the fields would be blank, and you would see an option at the bottom of the screen to press F6 to start with another drug. The F6 option will copy the information from a previously entered drug to this new record.

Some fields above are self-explanatory. The fields of note are:

Press Shft F7 for Whlsr Items:
> This option will permit you to see stock-on-hand and other items related to the Wholesaler.

Drug Information:
> Pressing F8 (not displayed on the screen) on the 'Drug Additions' or 'Drug Record Amendments' screens will add the drug to the dginfo.inf file. This file can then be transmitted to the FSI TeleCom System and retrieve 'most' of the identified brackets of information for the selected drug (this file compares with FSI's Drug Reference file and pulls the information back on to your server.).

Drug Abbreviation:
> This is the abbreviation (speed code) to call up the drug from the file in the future. It is important to keep the abbreviation logical and easy to remember.
> For example: VAL10 = Valium 10 Mg; GVAL5 = Diazepam 5 Mg; TAG300 = Tagamet 300Mg. When adding a new drug, the value entered in this field will be checked to see if the code has ever been used before. If the code has been used before for a drug that is of a different therapeutic class (first 6 digits of the GPI number), a warning message will be displayed.

Form:
> This field is used to enter the form of the medication. Examples are TAB, CAP, SOL, etc. The form will be displayed on drug search result list and on the prescription label (when configured). Some insurance companies now require that a 'Unit of Measure' be

Unit of Measure	Forms for this Unit of Measure
GM	POW, GRA, CRE, GRAM, GM, GEL, OIN, SPY, INH
ML	SUS, LIQ, SYP, DRO, DROP, SOL, INJ, ML, SUSP
EA	Everything Else

included in prescription claims. The FSI 'Pharmacy Management System' uses this 'Form' field to determine the 'Unit of Measure'. A chart showing the form and it's defined 'Unit of Measure' is shown to the right.

MFG:
> Enter the drug manufacturer abbreviation.

Spec. Dispensing Pack Size:
> If the medication is sold in pack size, i.e., 3.5 oz. tube, 50 ml bottle, etc., enter the pack size here and set the Wholesaler pack size to the number of packs per package. When using this field, the drug quantity entered in the Prescription Pathway will refer to the number of packs, not the total volume dispensed.

Generic Brand (Y,N):
> Is the product a Generic?

Automatic Sig Code:
> Enter the letter or number of the automatic sig code that applies to the product. Use up to three codes in this field. For more information regarding automatic sig codes, see section nine.

Aller-Chek Code:

The Medi-Span Aller-Chek code assigned by Medi-Span for patient allergies and sensitivities should be entered here. Contact Foundation Systems by phone or by using the 'Drug Information System' for this number. Note: Entries of [999] means Aller-Chek not yet applied to compound; [0   ] means that there are no known Allergies.

Cross-Chek Code:

The Medi-Span Cross-Chek code assigned by Medi-Span to check for drug interactions should be entered in this field. When entering a new drug, contact Foundation Systems by phone or by using the 'Drug Information System' for this number.

Patient Consultation Message Code:

The Medi-Span Patient Consultation Message code is placed in this field. This code, along with the Aller-Chek and Cross-Chek codes will be maintained and updated quarterly by the FSI update process.

Warning Labels 1-4:

Use these fields if you are using the laser label format. Enter the code for the desired warning label. These warning labels are warning labels manually created and maintained by the pharmacy. For more information about Warning Label Maintenance, please refer to section eight of this manual.

Laser Coupon:

This field is also for use with laser labels. Enter the appropriate coupon code for this drug. I.e., A, B, etc. For more information about Laser Coupon Maintenance, see section eight.

Skip Dose Check:

If you wish to skip the dose check process for this particular drug, place a 'Y' in this field.

Bio-Equiv Rating:

If appropriate, enter the bio-equivalence rating for the drug (not yet implemented, TBD).

National Drug Code:

Enter the product's National Drug Code. It is entered without hyphens, spaces, or periods. Use the 5-4-2 format:

Manufacturer Code - 5 Digits   Drug Identifier - 4 Digits   Pack size - 2 Digits

Note: Add leading zeros in the appropriate place if the NDC code does not appear in the 5-4-2 format, this code must be 11 characters in length for the search command to be effective.

Welfare #:

Enter the State Medicaid Drug Code for this product.

Wholesaler Pack Size:

Enter the pack size that corresponds to the NDC number.   I.e., bottle of 100, 500, 1000, 250 ml, etc. This field is used to divide the pack price. If you are using the dispensing pack size, this field should reflect the number of packs per package. For example, some birth control pills are packaged with twenty-eight tablets per compact; six compacts per box. If the dispensing pack size is entered as 28, the wholesaler pack size should be 6. When entering the quantity in the Prescription Pathway, enter "1" to reflect the compact (28 pills) dispensed.

Price Form: Primary:

Enter the primary pricing schedule of this drug. See section eight for more information about Price Formula Maintenance schedules. This formula might be used in the calculation of the Usual and Customary price, when billing to a Third Party. For more details about the calculation of the Usual and Customary, please refer to Chapter 5 of this manual.

Price Form: Secondary:

     If you will use a secondary pricing schedule for this product, enter it here.

Generic X-Ref Drug Code:

     Each drug on file has a field for a drug abbreviation. If the product you select is a trade drug, enter the drug abbreviation for the generic product you are using. Inversely, if the product is a generic, enter the drug abbreviation of the trade drug. This process links the trade and generic products, allowing them both to be accessed from the prescription pathway. This field is also used for the "Generic for…." message that can be printed on the labels. If the 'Generic X Ref Drug Code' is left blank, then various searches built into the 'Pharmacy Management System' will attempt to find applicable generics by a GPI search.

Service Code/ Misc ID:

     Generally reserved for hospital systems, service codes or a miscellaneous ID for the drug may be placed here.

Schedule (2,3,4,5):

     Place a 2, 3, 4, or 5 here to indicate the drug schedule. If an E is placed in this field, the HCFA 1500 claim form will recognize this drug as a Durable Medical Equipment (DME) item, and print the drug ID number in field 24d - Procedures, Services, and Supplies.

State Insurance Code	State Welfare Code	Code Definition
CAL &	1	Code 1 Restricted Diagnosis
CALX &	2	Minimum Quantity Requirement
CAWF	3	Frequency of Billing Limit
	4	Patient Age Restriction
	5	Maximum Quantity Requirement
	6	Combinations of 1 and 3
	7	Not Covered without TAR. Medical Patient with Tar
	8	Never Covered
	9	Covered in Long Term Patients Only
	A	Females Only
	B	Combinations of 1, 3 and 5
	C	Combinations of 3 and 5
	D	AWP Exceeds MAC
	E	Combinations of 2 and 4
	F	Combinations of 1 and 4
IDWF	1	Requires a Prior Authorization
	2	Not Covered
	3	Patient Age Restriction
	4	Does not expand quantity to metrics
ALWF	1	Requires a Prior Authorization
	2	Not Covered
		If LTCF Code is set to Y there is no CoPay. If Patient is less than 18 years there is no CoPay. If "P" in Speical Coverage for Pregnancy, no CoPay.
MOWF		Same as ALWF
WYWF		Same as ALWF (Except under 21 years no CoPay.
NMWF	1	Not Covered
UTWF	1	Requires a Prior Authorization
	2	Not Covered
	3	Patient Age Restriction
UTWFX	2	Not Covered (anything else requres Prior Authorization)
COWF	1	No CoPay
		If LTCF Code is set to Y there is no CoPay. If Patient is less than 19 years there is no CoPay.
NVWF	4	Not Covered
	7	Requires a Prior Authorization
		If OTC flag is set to Y, it is not covered If Age-Status is I=Infant or C=Child there is no CoPay.
TXWF		Same as UTWF
	4	Does not expand quantity to metrics
NYWF		Same as UTWF
	B	For box item to send box qty online (used for diabetic supplies)

St WF Group:

     Insert the appropriate state welfare group code. Valid State Welfare Group codes and their definitions appear on the following page. Most states share common State Welfare Group codes. If you do not find your state medicaid, then the specifications for your state will be identical to the Utah Medicaid codes. All medicaid plans will access these codes so long as the insurance code is comprised of four digits, the final two digits being "WF".

TPE Grp - Third Party Exclusion Group:

     If the drug belongs to an exclusion group specified in Third Party Processing, place the number of the group here. For more information on TPE Groups, please refer to Chapter 5 of this manual.

Default Days Supply:

     Input the normal days supply of this drug. This number will be defaulted in the Days Supply field of the Prescription Pathway.

Continued Therapy:

     This option flags the pharmacist to confirm that the drug complies with Continued Therapy. It is used only for Medi-Cal.

TPP Grp - Third Party Pricing Group:

     If the drug belongs to a pricing group specified in Insurance Company Maintenance, place the number of the

group here. For more information on TPP Groups, please refer to Chapter 5 of this manual.

Refill Reminder System:

Enter a Y if you want the drug to be included in the Refill Reminder System. See Refill Reminder System in Chapter 6 of this manual.

Default Expiration Date:

This is the expiration date of the drug itself. Several options are available for ways to default the Drug Expiry date in Software Options. The system is setup to accept a letter that corresponds to D=day; M=month; Y=year and then a number. Example: D14, the system will calculate out 14 days from the current date. Additionally, a 'B' entered in this field will display 'See Box' and a 'P' will display 'See Pkg'.

Medicaid Pay:

Entering an "N" in this field will indicate that the drug is not covered by the state Medicaid. (usually the DESI List, as less than effective). When filling the prescription, the system will indicate that the drug is not covered. [Y] will batch bill, [N] will not batch bill.

Federal Must Subst. (DAW) - Dispense As Written:

If the drug is included in the Federal Must Substitute Listing, place a 'Y' here. If you fill a prescription for a patient whose insurance company uses the Federal must Substitute list, a DAW flag will appear as you process the prescription.

Compounded Drug:

Place a 'Y' here if the drug is a compound.

Additionally, with the 'Drug Compounding System' this flag works with the Third Party Setup to send up to 24 drugs as one compound drug with associated ingredients and prices. The 'Drug Compounding System' program is an optional program available from Foundation Systems. For more information about this program, please contact the FSI Sales Office @ 800-333-0926.

Note: The price update from Medi-Span will not update prices on this record if the Compounded Drug bracket is set to a 'Y'.

DME:

Medi-Span updated, [Y] updated, [N] not updated, batch billing possible with this option.

OTC Drug (Y,N):

Is the product an OTC?

Inactive (Y,N):

If the drug is specified as inactive, it will not show in a drug search. For more information, see the De/Activate option in this section of the manual.

Disc'd:

If set to [Y] the ESC to continue will be prompted during the Rx pathway to remind the pharmacist that this drug has been flagged as being discontinued, for example: you are not going to replace this drug when the stock-on-hand goes to zero.

Taxable:

This option permits you to set this drug as a taxable item. (Y=yes; N=no; C=conditional). (Note: Conditional is not yet implemented at the time of this printing)

Wholesaler Number:

This is the stock number as specified by the wholesaler.

Generic Product Identifier:

The GPI number identifies the different therapeutic classes for each drug. The Drug Disease, Duplicate Therapy, PDE Monographs, Warning Labels and Dose-Chek procedures use this number. It is updated as needed by the FSI / Medi-Span Semi-Monthly updates.

Lot #:

Enter the lot number on the current product in stock. The lot number will be stored in the dispensing record, for each dispensing. The system can produce a "Log of Scripts" by Lot Number.

Shape/Color/Desc:

'Shape/Color Desc' has been added to the Programmable Dot Matrix labels (will not function for Laser Printers). With this item configured, the 'Shape/Color Desc' in the drug record will print on the label. Just enter normal text in this field for the identifiable description.

Imp ID #:

These fields are used to enter the stamp id of the drug being added or amended. Two fields are provided allowing for id's on each part of a capsule, or the front and back of a tablet, etc.

Reporting Usage:

The product amount dispensed since the amounts were last zeroed. This is the figure that appears on a Drug Usage Report.

Shift F3 add flag Shift F4 mod flag:

This option is used by central site, chain store drug record updates. Available only under UNIX.

Page #2

When the information on the first screen is complete, press Enter. You will see the following display:

The fields of note are:

Date Last Duds:

The date shown is the date the AWP was last updated but the Duds Program.

Date Last Disp:

This shows the date that this drug was last used for a prescription (new or refill).

```
  VAL5   VALIUM / DIAZEPAM  5MG TAB ROCHE
                NDC Code   00140000501
MS Pk  100.0
  Spec. Dispensing Pack Size [      ] .[       ]  Last Updated (MMDDYYCC)
       Wholesaler Pack Size  [100  ]  Used By DUDS to Divide Pack Price
      Acquisition/Direct Cost [0      ]  AWP [1.7704 ]  Cst2 [0       ]
                 Misc Price  [0      ]   MAC [0      ]  MAC2 [0       ]
       Price Form:  Primary [A] (0-9/A-Z/a-z) [A]  Secondary
       Special Pricing: Qty [0  ]  Reg $[0    ]  Sen Cit $[0    ]
       Special Pricing: Qty [0  ]  Reg $[0    ]  Sen Cit $[0    ]
       Special Pricing: Qty [0  ]  Reg $[0    ]  Sen Cit $[0    ]
       Special Pricing: Qty [0  ]  Reg $[0    ]  Sen Cit $[0    ]
       T. P. Formulary #1  [0      ]   #2  [0      ]  #3  [0      ]
       T. P. Formulary #4  [0      ]   #5  [0      ]  #6  [0      ]
       T. P. Formulary #7  [0      ]   #8  [0      ]
T. P. Drug Code #1  [          ]   #2  [          ]  #3  [          ]
T. P. Drug Code #4  [          ]   #5  [          ]  #6  [          ]
T. P. Drug Code #7  [          ]   #8  [          ]
     Admin Route Code  [   ] (NCPDP Standard - BUC DEN IHN INJ INT IRR MOU
        MUC NAS OPH ORA OTI PER REC SUB TOP DER LIN URE VAG ENT OTHer)
Medicare Certif. # [0 ] (1-15)      Medicaid Limit Exempt  [ ]
    CtrlSub Report  [N]   Pickup  [N]   S/N  [N]   Spec.Case [     ]
  Press F5 to Divide DP, AWP, MiscP, MAC, and MAC2 by Wholesaler Pack Size
  Press F8 to request Drug Info (A/C, C/C, PatCons, GPI codes
```

Spec. Dispensing Pack Size & Wholesaler Pack Size:

The information for these two fields is carried over from the previous screen. If the information was not entered previously, it can be entered at this point.

Date Last Updated:

This is the date of the last Medi-Span/Foundation Systems Inc. drug price update. If you manually update the prices of this drug, it is recommended you manually update this date as well.

Acquisition/Direct Cost:

This is the actual cost of the drug. This field is updated if selected as part of the semi-monthly Medi-Span update.

AWP:

This is the Average Wholesale Price of the drug, which is updated semi-monthly by Medi-Span. Note: this field will not be updated if the Compound Drug flag is set to 'Y' on the previous screen.

Cst2:
This is used by multi-site systems to keep two pricing formats separate, (IE. hospitals who have outpatient facilities).

Misc Price:
If you wish, the system can be set to use the price you enter here as the base for your price formula. For additional information, see 'Price Formula Maintenance' in Chapter 8 of this manual.

MAC:
Maximum Allowable Cost. This can be used for the Federal MAC or the State MAC. Again, the system can be set to use this as the basis for your formulary price.

MAC2:
Secondary Maximum Allowable Cost. This is used as a secondary miscellaneous price or a secondary MAC price.

Special Pricing:
These fields allow you to enter a special price for a specified quantity. Price can be designated for both regular and senior citizens. An additional option to 'Special Qty. Pricing' is for the pricing program to 'Interpolate' and 'Extrapolate' pricing for quantities not specified in the 'Special Qty. Pricing' fields. For this to work, 2 requirements must be met. The 'Interpolate Spec. Qty Price' on the 'Billing Functions (Page #7)' of Software Options has to be set to either 'Y', 'E' or '1' (Please refer to Chapter 8 of this manual for more information) and a minimum of 3 levels of Special Qty. Price must be set.

T.P. Formulary #1 - #8:
Some third parties have their own cost bases for particular drugs. Up to eight formularies can be designated here. See the F2 screen of the Insurance Company Maintenance - Claims Programming.

T.P. Drug Code #1 - #8:
If a third party uses a unique drug code, that code is placed here. Again, eight codes can be used for each drug. See the Drug ID Number bracket of the Insurance Company Maintenance.

Admin Route Code:
Enter the code from the options listed for the administration of the medication.

Medicare Certif. #:
Enter the 'Certificate of Medical Necessity' number used by the optional Medicare package.

Medicaid Limit Exempt:
This option used by the Medi-Cal TAR system, which limits the number of scripts on a monthly basis.

CtrlSub Report:
This option is used when only certain drugs need to be included in the reporting file submitted. Currently only New York State uses this feature. By placing a 'Y' in this field, this drug will be included on the report, or Log of Scripts. For the drug (s) to be included, option 'd. Drug Special Case' needs to be selected, and 'Reporting' set to a 'Y'.

Pickup:
This option gives the ability to prompt for a Customer Pickup ID on drugs other than just 'controlled' and 'narcotic' drugs. For this to work, a flag in Software Options – Script Pathway Functions needs to be set. For more detail on this function, or setting it up in Software Options, please refer to Chapter 8 of this manual.

S/N:

If this drug is not a 'controlled' or 'narcotic' drug, but you still need to record a duplicate or triplicate serial number for the prescription, set a 'Y' in this field. When filling a prescription for this drug, the user will be prompted to type in the serial number.

Spec.Case:

This field is used to link drugs together for reporting purposes. Various Utility Programs like the Tray Label program might also use this field to print only the drugs with the Special Case code specified.

Press F5:

When entering in the prices for the drug, it is possible to enter in the whole pack price, then press the F5 key, and the system will divide the whole pack price, by what is entered in the Wholesale Pack Size.

Press F8:

Pressing the F8 key, will add this drug into the Drug Info request file. For more information on this program, please refer to the Drug Info section in this manual.

Press ⌗Enter⌗ to advance to the next screen:

Page #3

Each numbered field represents a managed care formulary. Third Parties may be set to be a formulary #, i.e. Formulary 1. If the drug is covered on Formulary #1, enter: 'Y' for Covered, 'N' if Not Covered, 'C' if conditionally covered, or 'P' if the drug is preferred. Multiple Third Parties may be set on the same Formulary. For information on setting Managed Care Formulary's, and naming them, see Chapter 5 of this manual.

```
Man. Care Form. Table  VAL5  VALIUM 5MG TAB ROCHE  00140000501
 1[N]                   2[N]                        3[N]
 4[N]                   5[N]                        6[N]
 7[N]                   8[N]                        9[N]
10[N]                  11[N]                       12[N]
13[N]                  14[N]                       15[N]
16[N]                  17[N]                       18[N]
19[N]                  20[N]                       21[N]
22[N]                  23[N]                       24[N]
25[N]                  26[N]                       27[N]
28[N]                  29[N]                       30[N]
31[N]                  32[N]                       33[N]
34[N]                  35[N]                       36[N]
37[N]                  38[N]                       39[N]
40[N]                  41[N]                       42[N]
43[N]                  44[N]                       45[N]
46[N]                  47[N]                       48[N]
49[N]                  50[N]                       51[N]
52[N]                  53[N]                       54[N]
55[N]                  56[N]                       57[N]
58[N]                  59[N]                       60[N]
61[N]                  62[N]                       63[N]
64[N]
            Not Covered, Conditional, Yes Covered, Preferred
```

Press ⌗Enter⌗ to advance to the next screen:

Page #4

Most of the fourth page of 'Drug Record Amendments' is self explanatory, but the fields of note are:

Minimum Reorder Point:

When the stock on hand goes below the balance listed here, the system will list this item on the suggested order list.

Primary Wholesaler Code:

This is the primary wholesaler's catalog number for this drug.

Primary Ordering Pack Size:

This corresponds to the Dispensing Pack Size for the drug.

```
               D R U G   R E C O R D   A M E N D M E N T S
        VAL5  VALIUM / DIAZEPAM  5MG TAB ROCHE
                       NDC Code   00140000501

        Spec. Dispensing Pack Size  [     ]
            Wholesaler Pack Size  [100  ]   (Must Match NDC)
                    Stock On Hand  [30   ]   (In Dispensing Units)
         Minimum Re-Order Point  [0    ]
        Primary Wholesaler Code  [        ]
           '' Ordering Pack Size  [100  ]   (In Dispensing Units)
         Minimum Packs to Order  [0   ]     (In Order Packs)

           2ndary Wholesaler Code  [        ]
           '' Ordering Pack Size  [100  ]   (In Dispensing Units)
         Minimum Packs to Order  [0   ]     (In Order Packs)

                        UPC Code  [          ]
            External I.D. #1  [          ]
            External I.D. #2  [          ]
        Disp'nsg Robot Location  [0    ]   (Bank.Cell)
           Stock Room Location  [     ]
         Default Diagnosis Code  [     ]   [ ] Default DAW Code
              Bubble Pack Drug  [N] (Y,N)
```

Minimum Packs to Order:
        As the field suggests, enter the number of packs you wish to order.

2ndary Wholesaler Code:
        See Primary Wholesaler Code.

2ndary Ordering Pack Size:
        See Primary Ordering Pack Size.

UPC Code:
        The UPC of the product can be entered here. Various programs will refer to this field. Additionally, the
        Laser Label programs have the capability of printing the UPC code on the labels as a barcode. (***Note:
        Laser printers require a special chip to be added to have the ability of printing barcodes.)

External I.D. # 1 & 2:
        This option available for those pharmacy's using the Dispensing Robot feature.

Disp'nsg Robot Location:
        Provided for those pharmacy operations that have the Dispensing Robot.

Stock Room Location:
Option provided to identify the location of this product in the stockroom, or shelf.

Default Diagnosis Code:
This field is used to specify the default diagnosis code for this drug. The 'TAR Tracking System', when adding a
new TAR to file, uses this default code for the diagnosis for the TAR. The default code entered in this filed has to
match a 'Diagnosis Code' in the 'TAR Tracking System'.

Bubble Pack Drug:
If this is a drug that can be put into a Bubble Pack, enter a 'Y' in this field. This is only required if using the
optional program, Bubble Pack Labels.

Drug Lists

The 'Drug Lists' menu option is used to print or display lists of the drugs entered in the 'Pharmacy Management System'. There are 7 different lists available, and from those seven lists, various groups of drugs can be included or excluded from the list by using 'switches'.

The default for each list is to print all drugs loaded in the 'Pharmacy Management System'. To minimize the printed drugs to just the drugs desired, use 'switches' to customize what gets displayed or printed. Menu options with a (S/P) shown at the end of it's name can be shown to the screen and printed, menu options that do not have this displayed can only be printed.

```
              D R U G   L I S T S

       1. Complete File (requires 14" printer)
       2. Partial File By Name (requires 14" printer)
       3. By Price Code (9'') (S/P)
       4. Complete File (S/P)
       5. Partial File (S/P)
       6. Drugs W/Spec Qty Pricing (S/P)
       7. Export Items to file ('dglist.csv')

      Use the Following Options to Select Particular Items:
 A. Switch Active Only Flag          L. Switch Special Case
 B. Switch Modified Only Flag        M. Switch SVC/Misc ID
 C. Switch Narcotics Flag            N. Expired Since MMDDYYCC
 D. Switch Controlled Flag           O. Not Dispensed Since MMDDYYCC
 E. Select Manufacturer's Code       P. Switch Stock-on-hand
 F. Switch Bad NDC Codes Flag        Q. Missing Valid GPI
 G. Not Been Updated Since MMDDYYCC  R. Dispensed Since MMDDYYCC
 H. Updated Since MMDDYYCC           S. Set Form Type
 I. With Disp Robot Location         T. Select Spec. Pack
 J. Switch Discontinued Flag         U. Set St WF Group
 K. Switch Compounded Flag

                            Enter Your Choice
            Press <F2> to Change Sort Method
```

Each of the different reports and the switches used to customize what is printed on them is discussed below.

Complete File (14"):

This will give a printout (not displayable) of all drugs in the drug file. The printout will show abbreviation, trade and generic name, strength, form, manufacturer, NDC, and pricing information. This is a long report. It should be printed when you have plenty of time and paper. If you choose to terminate the listing before completion, you may do so at any time by pressing ⌈ **Ctrl** ⌉ ⌈ **C** ⌋. This report is formatted to fit on a wide carriage printer (14").

Partial File By Name:

By giving the system beginning and ending drug names, you can generate a printout (not displayable) with the same information as a complete drug list, but for a specified drug name range. This report is formatted to fit on a wide carriage printer (14").

By Price Code (9"):

This menu option will printout or display a list of drugs using a specified price code will be generated. The listing will contain drug abbreviation, trade name, strength, form, NDC, and price information. An example of the displayed list is shown next to the 'Complete File' option.

Complete File:

This option will display or print a list of each drug in the drug file. This report contains less information than the Complete File, option #1.

An example of the list shown to the screen is shown here.

```
ABREV  Drug Name           Strength  Form  Mfg     Pack      Drug NDC
---------------------------------------------------------------------------
       ACCU-CHEK           INST GLC  TES   BOEMN             50924091350
       ACCU-CHEK           INST GLC  TES   BOEMN             50924087710
       ACCU-CHEK           ADVANTAG  KIT   BOEMN             50924086001
ACCEAS ACCU-CHEK           ADV H     TES   BOEMN             50924078750
       ACCU-CHEK EZ        STRIPS    TES   BOEMN             50924056610
       ACCU-CHEK EZ        STRIPS    TES   BOEMN             50924056050
       ACCU-CHEK           ADVANTAG  TES   BOEMN             50924055350
       ACCU-CHEK           ADVANTAG  TES   BOEMN             50924033650
ACCT40 ACCUPRIL            40MG      TAB   PD                00071053523
ACPL20 ACCUPRIL            20MG      TAB   PD                00071053223
ACPL10 ACCUPRIL            10MG      TAB   PD                00071053023
ACPL5  ACCUPRIL            5MG       TAB   PD                00071052723
       ACCURETIC           20/25MG   TAB   PD                00071022306
       ACCURETIC           10/12.5   TAB   PD                00071022206
       ACCURETIC           20/12.5   TAB   PD                00071022006
       ACCUSURE            1CC/29G   MIS   QLTST             00603699821
       ACCUSURE            .5CC/29G  MIS   QLTST             00603699721
ACCU20 ACCUTANE            20MG      CAP   ROCHE             00004016949
ACCU40 ACCUTANE            40MG      CAP   ROCHE             00004015649
ACCU10 ACCUTANE            10MG      CAP   ROCHE             00004015549

Press Any Key To Continue.
```

Partial File:

This menu function uses the same search pattern as Partial File By Name, but with an abbreviated listing. This report is formatted to fit on a standard carriage printer (8").

Drugs w/Spec Qty Pricing:

This option is used to print or display a list of drugs that have 'Special Quantity Pricing' setup within the configuration of the drug in 'Drug Maintenance'.

Export Items to file ('dglist.csv')

The 'Export Items' menu option is used to create a file on the hard drive of the server that can then be copied over to another computer, and the files data imported into another program.

The switch options available from the 'Drug List' menu will be displayed again allowing the user to see the selections that were made before selecting option 7 to 'Export Items to file'.

```
                E X P O R T   F I L E   L I S T S

            This May Take a Long Time.

        Enter 'yes' to start output to file  [   ] (lower case 'yes')


    Selected Items:
    Switch Active Only Flag              Switch Special Case
    Switch Modified Only Flag            Switch SVC/Misc ID
    Switch Narcotics Flag                Expired Since MMDDYYCC
    Switch Controlled Flag               Not Dispensed Since MMDDYYCC
    Select Manufacturer's Code           Switch Stock-on-hand
    Switch Bad NDC Codes Flag            Missing Valid GPI
    Not Been Updated Since MMDDYYCC      Dispensed Since MMDDYYCC
    Updated Since MMDDYYCC               Set Form Type
    With Disp Robot Location             Select Spec. Pack
    Switch Discontinued Flag             Set St WF Group
    Switch Compounded Flag
```

Enter 'yes' (in lower case) to create the export file. The **Foundation Systems Technical Support** will assist in the creation of the file and will assist users with copying the file to a floppy disk. The **Foundation Systems Technical Support** does not provide technical support for copying the information from the floppy onto another computer and importing the information from the file into another program.

A list of the data fields is included here. The data included in the file is separated by a , (comma) delimiter. This is to ease the data importing into other programs. The data elements displayed here were accurate and up to date at the time this manual was written, but is subject to change.

```
dglist.csv File Field Definition

1. Drug NDC number                6. Drug Wholesaler Pack Size
2. Drug Name                      7. Drug AWP
3. Drug Strength                  8. Drug MAC
4. Drug Form                      9. Drug Cost (Acquisition/DP)
5. Drug Dispensing Pack Size      10. CR/LF
```

Switches:

'Switches' are user selectable options to customize which drugs are to be printed out on the 'Drug List'. These switches can be used in any combination with each other, as shown in the example here. Switch 'A. Switch Active Only Flag', 'C. Switch Narcotics Flag' and 'D. Switch Controlled Flag' are all turned on in addition to 'P. Switch Stock-on-hand'.

```
                D R U G   L I S T S

            1. Complete File (requires 14" printer)
            2. Partial File By Name (requires 14" printer)
            3. By Price Code (9'') (S/P)
            4. Complete File (S/P)
            5. Partial File (S/P)
            6. Drugs W/Spec Qty Pricing (S/P)
            7. Export Items to file ('dglist.csv')

        Use the Following Options to Select Particular Items:
    A. Switch Active Only Flag Actives      L. Switch Special Case
    B. Switch Modified Only Flag            M. Switch SVC/Misc ID
    C. Switch Narcotics Flag Sch 2          N. Expired Since MMDDYYCC
    D. Switch Controlled Flag Sch 3-5       O. Not Dispensed Since MMDDYYCC
    E. Select Manufacturer's Code           P. Switch Stock-on-hand ON
    F. Switch Bad NDC Codes Flag            Q. Missing Valid GPI
    G. Not Been Updated Since MMDDYYCC      R. Dispensed Since MMDDYYCC
    H. Updated Since MMDDYYCC               S. Set Form Type
    I. With Disp Robot Location             T. Select Spec. Pack
    J. Switch Discontinued Flag             U. Set St WF Group
    K. Switch Compounded Flag

                                Enter Your Choice
                    Press <F2> to Change Sort Method
```

Switch Actives Only Flag

The 'Switch Actives Only Flag' option will set the selected 'Drug List' report to print drugs that are not set 'Y' in the 'Inactive' field in 'Drug Maintenance'. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Switch Modified Only Flag

The 'Switch Modified Only Flag' option will set the selected 'Drug List' report to print drugs that have their 'Modified' option set in 'Drug Maintenance'. Setting 'Modified' is discussed earlier in this chapter under 'Drug Amendments'. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Switch Narcotics Flag

The 'Switch Narcotics Flag' option will set the selected 'Drug List' report to print drugs that have a schedule of '2' set in the 'Schedule' field in 'Drug Maintenance'. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Switch Controlled Flag

The 'Switch Controlled Flag' option will set the selected 'Drug List' report to print drugs that have a schedule of '3', '4' or '5' set in the 'Schedule' field in 'Drug Maintenance'. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Select Manufacturer's Code Flag

The 'Select Manufacturer's Code Flag' option will set the selected 'Drug List' report to print drugs that have a specific code entered in the 'MFG' field in 'Drug Maintenance'. After selecting this option, a field will display where the code can be entered, as shown in the example shown here. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

```
              D R U G   L I S T S

        1. Complete File (requires 14" printer)
        2. Partial File By Name (requires 14" printer)
        3. By Price Code (9'') (S/P)
        4. Complete File (S/P)
        5. Partial File (S/P)
        6. Drugs W/Spec Qty Pricing (S/P)
        7. Export Items to file ('dglist.csv')

        Use the Following Options to Select Particular Items:
A. Switch Active Only Flag           L. Switch Special Case
B. Switch Modified Only Flag         M. Switch SVC/Misc ID
C. Switch Narcotics Flag             N. Expired Since MMDDYYCC
D. Switch Controlled Flag            O. Not Dispensed Since MMDDYYCC
E. Select Manufacturer's Code        P. Switch Stock-on-hand
F. Switch Bad NDC Codes Flag         Q. Missing Valid GPI
G. Not Been Updated Since MMDDYYCC   R. Dispensed Since MMDDYYCC
H. Updated Since MMDDYYCC            S. Set Form Type
I. With Disp Robot Location          T. Select Spec. Pack
J. Switch Discontinued Flag          U. Set St WF Group
K. Swi
            Enter Manufacturer's Code: [      ] (or 5 digit Labeler#)
               Press <F2> to Change Sort Method
```

Switch Bad NDC Codes Flag

The 'Switch Bad NDC Codes Flag' is used to obtain a list of drugs that have invalid NDC codes entered. Invalid NDC codes are determined by the NDC length. Any NDC entered that is not 11 characters in length, it is considered to be an invalid NDC. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Not Been Updated Since MMDDYYCC

The 'Not Been Updated Since MMDDYYCC' option is used to print a list of drugs that have not been updated in the system since a specified date. The date has to be entered in month, day, year, century order. After entering the date, press [Enter] and select the menu number for the desired printout. The date stored in 'Drug Maintenance' that this option checks against is updated by the semi-monthly updates and by the 'Wholesaler Price Maintenance' program. After selecting this option, a field will display similar to the 'Select Manufacturer's Code' option. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Update Since MMDDYYCC

The 'Updated Since MMDDYYCC' option is used to print a list of drugs that have been updated in the system since a specified date. The date has to be entered in month, day, year, century order. After entering the date, press [Enter] and select the menu number for the desired printout. The date stored in 'Drug Maintenance' that this option checks against is updated by the semi-monthly updates and by the 'Wholesaler Price Maintenance' program. After selecting this option, a field will display similar to the 'Select Manufacturer's Code' option. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

With Disp Robot Location

The 'With Disp Robot Location' option is used to print out a list of drugs that have a location entered in the 'Disp'nsg Robot Location' field in 'Drug Maintenance'. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Switch Discontinued Flag

The 'Switch Discontinued Flag' option is used to print a list of drugs that have the 'Disc'd' field in 'Drug Maintenance' set to 'Y'. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Switch Compounded Flag

The 'Switch Compounded Flag' option is used to print a list of drugs that have the 'Compounded Drug' field in 'Drug Maintenance' set to a 'Y'. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Switch Special Case

The 'Switch Special Case' option is used to get a list of drugs that have a specified code entered in the 'Spec.Case' field in 'Drug Maintenance'. After selecting this option a field will be displayed allowing the user to enter the desired code. After entering the code, press [Enter] and select the menu number for the desired printout. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Switch SVC/Misc ID

The 'Switch SVC/Misc ID' option is used to print out a list of drugs that have something entered in the 'SvcCod/MiscID' field in 'Drug Maintenance'. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Expired Since MMDDYYCC

The 'Expired Since MMDDYYCC' option is used to print a list of drugs that have a specified expiry date in the 'Default Exp. Date' field in 'Drug Maintenance'. There are 5 valid formats for this option and the software will not accept any other format. The formats are; mmddyycc, mm/ccyy, mm/yy, mm/dd/yy, mm/dd/ccyy. Anything else will not be accepted. The format entered will have to match exactly what is entered in 'Drug Maintenance' at the time the report is requested.

This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Not Dispensed Since MMDDYYCC

The 'Not Dispensed Since MMDDYYCC' option is used to print a list of drugs that have not been dispensed since a specified date. The date has to be entered in month, date, year, century order. After entering the date, press Enter and select the menu number for the desired printout. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Switch Stock-on-hand

The 'Switch Stock on hand' option is used to print a list of drugs that have a positive number entered in the 'Stock on Hand' field in 'Drug Maintenance'. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Missing Valid GPI

The 'Missing Valid GPI' option is used to print a list of drugs that do not have a valid GPI code entered. A valid GPI code is a code entered in the 'Gen Product Identifier' field of 14 characters. Less that that or no code entered will be considered invalid. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Dispensed Since MMDDYYCC

The 'Dispensed Since MMDDYYCC' option is used to print a list of drugs that have been dispensed since a specified date. The date has to be entered in month, day, year, century order. After entering the date, press Enter and select the menu number for the desired printout. This switch can be used in conjunction with other switches. When multiple switches are used together, the drug has to meet all of the switch conditions to be printed on the report.

Set Form Type

The 'Set Form Type' option is used to print a list of drugs that have a specified form. After selecting this option, a field will be displayed allowing the user to enter in the form type the drug list is to be printed or displayed for. After entering the desired form type, press [Enter]. Select any other appropriate switches for the desired report and then select with type of report to be printed.

Select Spec. Pack

The 'Select Spec. Pack' option is used to print a list of drugs that have, or that do not have a specified pack size entered in the drug configuration. To select this option, press [T] once, and the option on the screen will show 'YES' to the right of the option. Pressing [T] again will set the option to 'Non-S Pack'. This will be for drugs that do not have a specified pack size entered.

Set St WF Group

The 'Set St WF Group' option is used to print a list of drugs that have a specific 'State Welfare Group' code entered in the drug configuration. After selecting this option, a field will display on the bottom of the screen allowing the user to enter the 'State Welfare Group' code the report is to be printed or displayed for. After entering the desired code, press [Enter]. Select any other appropriate switches for the desired report and then select with type of report to be printed.

De/Activate

The 'De/Activate' menu option from the 'Drug Maintenance' menu is used to activate or de-activate, by drug name, many drugs at one time through an automated process.

The purpose of activating and de-activating the drugs in the drug file is to keep the drugs that are displayed as options in drug searches minimal to just what the pharmacy has or usually has in stock.

After selecting this menu option, the screen shown above will be displayed.

Enter the name of the drug to De/Activate and press Enter. This will display a listing of the first nine drugs in the drug file by that name. For example, enter 'VALIUM' and press Enter. Select an appropriate drug from the displayed list. The screen shown in the last example will be displayed.

The letter at the far left of the listing indicates the current 'Active' or 'De-Active' status. An arrow will display to the left of this letter indicating which drug the status will be changed for. Enter an 'A' or 'D' to each drug to change the status, or press Enter to leave the drug unchanged. After making the appropriate selection, the program will advance to the next drug shown on the screen. This will be indicated by the arrow shown at the left moving down to the next line.

Press F1 at any point to stop the process.

Access de-activated drugs during a drug search by placing an asterisk (*) before the name of the drug.

```
              D E / A C T I V A T E    D R U G S

          Drug  [                    ]

          You May Enter the First 5 Digits of an NDC Code to
          Activate/De-activate by Drug Manufacturer.
```

```
              D E / A C T I V A T E    D R U G S

          Drug  [VALIUM              ]

          You May Enter the First 5 Digits of an NDC Code to
          Activate/De-activate by Drug Manufacturer.


1. VAL5    VALIUM 5MG TAB  ROCHE 100             00140000501
2. VAL5C   VALIUM - COMPOUND 5MG TAB  ROCHE 100  00140000502
3.         VALIUM 5MG/ML INJ 2ML ROCHE 10        00140193106
4. VAL10   VALIUM 10MG TAB  ROCHE 500            00140000614
5. VAL10   VALIUM 10MG TAB  ROCHE 100            00140000601
6. VAL5    VALIUM 5MG TAB  ROCHE 100             00140000501
7. VAL2    VALIUM 2MG TAB  ROCHE 100             00140000401

R:Re-enter; 1-7:Select One; M:More
```

```
              D E / A C T I V A T E    D R U G S

->  A VAL5    VALIUM / DIAZEPAM 5MG TAB  ROCHE 100
    A VAL5C   VALIUM - COMPOUND / DIAZEPAM 5MG TAB  ROCHE 100
    A         VALIUM / DIAZEPAM 5MG/ML INJ 2ML ROCHE 10
    A VAL5    VALIUM / DIAZEPAM 5MG TAB  ROCHE 500
    A VAL10   VALIUM / DIAZEPAM 10MG TAB  ROCHE 500
    A VAL10   VALIUM / DIAZEPAM 10MG TAB  ROCHE 100
    A VAL5    VALIUM / DIAZEPAM 5MG TAB  ROCHE 100
    A VAL2    VALIUM / DIAZEPAM 2MG TAB  ROCHE 100






        Activate or Deactivate  (A,D)
```

Drug Screen Lists

Note: This program is obsolete to the 'Drug List' function that now provides the ability to print and display lists. This program is slotted to be removed in the near future. Until it's removal, the manual will continue to include it.

The 'Drug Screen List' menu function from 'Drug Maintenance' is used to view lists of drugs on the screen instead of having to print them out using the 'Drug List' menu option.

```
        D R U G    S C R E E N    L I S T S

        1.  Complete File
        2.  Partial File By Name
        3.  By Price Code
        4.  Drugs With Spec Qty Pricing
        5.  Switch Active Only Flag
        6.  Switch Modified Only Flag
        7.  Switch Narcotics Flag
        8.  Switch Controlled Flag
        9.  Select Manufacturer's Code


        Enter Your Choice
```

There are several different types of screen lists that can be selected to get the desired screen information displayed. Each available option is discussed below.

Complete File

The 'Complete File' option will display a list of all drugs to the screen, from the beginning of the file by alphabet to the end. Drugs whose names begin with characters or numbers will be displayed before the alphabet, symbols before numbers, and then finally alphabet. The display will show up to 21 drugs at a time. If more are yet to be shown, at the bottom of the screen, 'Press Any Key To Continue.' will be displayed.

```
Drug Name          Strength Form Mfg     Pack        Cost      A.W.P  P/S  TPE
--------------------------------------------------------------------------------
VALCYTE            450MG    TAB  ROCHE                        33.0475  A A
VALIUM             5MG      TAB  ROCHE                         1.7704  A A
VALIUM - COMPOUND  5MG      TAB  ROCHE                          .0004  A A
VALIUM             5MG/ML   INJ  ROCHE   2ML                   4.3460
VALIUM             5MG      TAB  ROCHE            1.0000        1.7616  A A
VALIUM             10MG     TAB  ROCHE                          2.9723  A A
VALIUM             10MG     TAB  ROCHE                          2.9804  A A
VALIUM             5MG      TAB  ROCHE                          1.7704  A A
VALIUM             2MG      TAB  ROCHE                          1.1384  A A
VALPROIC ACD       250/5ML  SYP  COPLY                          .1515  B B
VALPROIC ACD       250/5ML  SYP  TEVA                           .1515  B B
VALPROIC ACD       250/5ML  SYP  MGP                            .1515  B B
VALPROIC ACD       250/5ML  SYP  HITEC            .0395         .1041  B B
VALPROIC ACD       250MG    CAP  SIDMA                          .8822  A A
VALPROIC ACD       250/5ML  SYP  COPLY                          .1515  B B
VALPROIC ACD       250/5ML  SYP  MAJOR                          .1166  B B
VALPROIC ACD       250MG    CAP  ROSE                           .8251  A A
VALPROIC ACD       250/5ML  SYP  GENEV                          .1441  B B
VALPROIC ACD       250/5ML  SYP  URL                            .1619  B B
VALPROIC ACD       250MG    CAP  URL                            .8020  A A
VALPROIC ACD       250/5ML  SYP  QLTST                          .0974  B B
Press Any Key To Continue.
```

After selecting this option, a screen similar to the one shown above will be displayed. As shown on the bottom of the screen, press Enter to continue to the next screen, or when finished, press F1 to exit from the list.

Partial File By Name

The 'Partial File By Name' screen list option will display a list of drugs to the screen, based on a starting name and ending name specified by the user. When selecting this option, the screen shown here will be displayed.

Enter the first name and last name for the desired drugs. Leaving the first name field blank will begin with drugs starting with symbols, then numbers and then drugs whose names begin with A. Leaving the 'Last Name' field blank will cause the file to go to end of the alphabet.

```
        P A R T I A L    F I L E    L I S T S

    First Name to Print  [               ]

    Last Name to Print   [               ]
```

By Price Code

The 'By Price Code' screen list will display a list of drugs that have a specified 'Price Code' in the 'Primary' or 'Secondary' price code fields as specified when requesting the screen list.

After selecting the 'By Price Code' menu option, enter the code to be printed, and specify whether the code should be found in the 'Primary' or 'Secondary' field and press Enter. The list will then be printed.

```
           L I S T   B Y   P R I C E   C O D E

      Enter the Price Code To Print  [ ]  (0-9/A-Z/a-z)
      Primary or Secondary Price Code [P]  (P,S)
```

Drugs With Spec Qty Pricing

The 'Drugs With Spec Qty Pricing' screen list will display a list of drugs that have a 'Spec. Qty Pricing' setup in the pricing definition in 'Drug Maintenance' of the drug. For more information on how to setup drug pricing, please refer to **Section 1** of this manual.

For more information on how to setup the formula's used for drug pricing, please refer to **Chapter 8** of this manual.

```
Drug Name       Strength Form Mfg       Cost    A.W.P SpQty  Rg Pc  SC Pc
-------------------------------------------------------------------------
TEST COMPOUND   10%      CRM  CMPD                        10  10.00
VALIUM - COMPOUND 5MG    TAB  ROCHE            .0004      30  25.00












Press Any Key To Continue.
```

Switch Active Only Flag

The 'Switch Active Only Flag' screen list option will only display a list of only drugs that are active. Active drugs are drugs whose 'Inactive' flag is not set to 'Y'.

After selecting 'Switch Active Only Flag', select any other switches needed to receive the desired list, then select the desired display option.

```
           D R U G   S C R E E N   L I S T S

             Active Drugs Only
        1.   Complete File
        2.   Partial File By Name
        3.   By Price Code
        4.   Drugs With Spec Qty Pricing
        5.   Switch Active Only Flag
        6.   Switch Modified Only Flag
        7.   Switch Narcotics Flag
        8.   Switch Controlled Flag
        9.   Select Manufacturer's Code

        Enter Your Choice
```

Switch Modified Only Flag

This menu option is used to include drugs that have had their 'Modified' flag manually set. This flag does not get set by any program that updates the drug, a user would manually set it, then a list can be displayed to see all of the drugs that were set as modified.

This switch can be used in conjunction with other switches.

```
        D R U G   S C R E E N   L I S T S

          Modified Drugs Only
      1.  Complete File
      2.  Partial File By Name
      3.  By Price Code
      4.  Drugs With Spec Qty Pricing
      5.  Switch Active Only Flag
      6.  Switch Modified Only Flag
      7.  Switch Narcotics Flag
      8.  Switch Controlled Flag
      9.  Select Manufacturer's Code

      Enter Your Choice
```

Switch Narcotics Flag

This switch is used to set the list to be for 'Narcotic' drugs. Narcotics are drugs whose schedule in 'Drug Maintenance' set to '2'.

This switch can be used in conjunction with other switches.

```
        D R U G   S C R E E N   L I S T S

          Narcotic Drugs
      1.  Complete File
      2.  Partial File By Name
      3.  By Price Code
      4.  Drugs With Spec Qty Pricing
      5.  Switch Active Only Flag
      6.  Switch Modified Only Flag
      7.  Switch Narcotics Flag
      8.  Switch Controlled Flag
      9.  Select Manufacturer's Code

      Enter Your Choice
```

Switch Controlled Flag

This switch is used to set the list to be for 'Controlled' drugs. Controlled drugs are drugs whose schedule in 'Drug Maintenance' are set to '3', '4', or '5'.

This switch can be used in conjunction with other switches.

```
        D R U G   S C R E E N   L I S T S

          Controlled Drugs
      1.  Complete File
      2.  Partial File By Name
      3.  By Price Code
      4.  Drugs With Spec Qty Pricing
      5.  Switch Active Only Flag
      6.  Switch Modified Only Flag
      7.  Switch Narcotics Flag
      8.  Switch Controlled Flag
      9.  Select Manufacturer's Code

      Enter Your Choice
```

Select Manufacturer's Code

This function is used to specify a specific manufacturer for the drugs to be displayed. After selecting this menu option, the following screen will be displayed:

Enter the code to search for, and press enter. As shown in the second image, the code entered will display above the options menu.

Select any other switches necessary for the desired list and select the appropriate list display function from the menu.

```
          D R U G   S C R E E N   L I S T S

          1.  Complete File
          2.  Partial File By Name
          3.  By Price Code
          4.  Drugs With Spec Qty Pricing
          5.  Switch Active Only Flag
          6.  Switch Modified Only Flag
          7.  Switch Narcotics Flag
          8.  Switch Controlled Flag
          9.  Select Manufacturer's Code

          Enter Your Choice 9

          Enter Manufacturer's Code: [      ]
```

```
          D R U G   S C R E E N   L I S T S

            Manufacturer's Code: ROCHE
          1.  Complete File
          2.  Partial File By Name
          3.  By Price Code
          4.  Drugs With Spec Qty Pricing
          5.  Switch Active Only Flag
          6.  Switch Modified Only Flag
          7.  Switch Narcotics Flag
          8.  Switch Controlled Flag
          9.  Select Manufacturer's Code

          Enter Your Choice
```

Zero Drug Usage

The 'Zero Drug Usage' menu option it used to zero the usage totals that are stored in each drug in the 'Pharmacy Management System'. When a prescription is dispensed, the quantity that was dispensed gets added to the exiting usage total for the drug. The 'Zero Drug Usage' option clears this total.

After selecting this menu option, the screen shown here will be displayed. As reported on the screen, this function does NOT produce a report, it will

```
              Z E R O   D R U G   U S A G E

        This will not produce a report, just zero the totals

       Are you sure you want to do this  [   ]  (YES,NO)

           Clear Stock On Hand As Well  [   ]  (YES,NO)
```

simply clear that status for ALL drugs loaded in the 'Pharmacy Management System'. To continue and clear all drug usage totals, enter 'YES' in the first field on the screen.

The 'Clear Stock On Hand As Well' field, when set to 'YES' will clear the 'Stock On Hand' (inventory) for all of the drugs in the 'Pharmacy Management System' in addition to the drug usage. To clear both the usage and stock on hand values, enter 'YES' in both fields.

Special Drug Maintenance

```
            S P E C I A L   D R U G   M A I N T E N A N C E

                    1.  Insert TPE Groups
                    2.  Insert TPP Groups
                    3.  Insert Default Days Supply
                    4.  Insert Default Expiry Date
                    5.  Insert A/C, C/C, PCM Codes
                    6.  Insert Auto Sig Codes
                    7.  Insert Refill Reminder Flag
                    8.  Insert Drug Mfg. Code
                    9.  Insert State Group Code
                    A.  Insert Drug Trade Name
                    B.  Insert CtrlSub & Special Case
                    C.  Clear Add/Modified Flags

                        Enter Your Choice
```

The 'Special Drug Maintenance' menu option is a compilation of special utility programs designed to allow the user to enter data into groups of drugs instead of having to enter the data one drug at a time.

Each of the utilities in 'Special Drug Maintenance' will be discussed individually in the following pages of this manual.

Insert TPE Groups:

```
            I N S E R T   T P E   G R O U P S

            Enter the TPE Group to Insert  [  ]
```

This option is used to insert a 'Third Party Exclusion Group' in multiple drugs at one time.

After selecting this menu option, the following screen will be displayed. Enter the number of the group to be inserted and press Enter. A second prompt will be displayed for a drug the group number is to be inserted into. Enter the name of the drug(s) the code is to be inserted into, and press Enter. Entering in a partial name (ie. VAL for Valium) will allow the system to search for all drugs that begin with VAL. The more specific the name, the fewer matches will be found. The less specific the name, the more matches will be found.

```
            I N S E R T   T P E   G R O U P S

            TPE Group 1

            Drug  [VAL               ]
0       VALCYTE G.VALGANCICLOVIR HCL  450MG TAB  ROCHE 60s

            Do It To This One  (Y,N)
```

The first drug that matches the name entered by the user will be displayed on the screen, and a prompt 'Do It To This One' will be displayed. An example of it is shown here. Answer 'Y' to have the TPE group number entered, or answer 'N' to have the TPE group left as it is. The existing TPE group number is displayed on the far left end of the screen.

Select 'Y' or 'N' for the displayed drug. The next drug that matches the name originally entered will be displayed. Select 'Y' or 'N' for it and continue until finished.

When you are finished, press F1 to return to Special Drug Maintenance.

Insert TPP Groups:

```
                    I N S E R T    T P P    G R O U P S
                  Enter the TPP Group to Insert  [  ]
```

This is used to insert a Third Party Pricing Group into multiple drugs at one time. It operates in the same manner as inserting TPE Groups.

After selecting this menu option, the following screen will be displayed. Enter the number of the group to be inserted and press [Enter]. A second prompt will be displayed for a drug the group number is to be inserted into. Enter the name of the drug(s) the code is to be inserted into, and press [Enter]. Entering in a partial name (ie. VAL for Valium) will allow the system to search for all drugs that begin with VAL. The more specific the name, the fewer matches will be found. The less specific the name, the more matches will be found.

```
                    I N S E R T    T P P    G R O U P S
                  TPP Group 1
                  Drug  [VAL               ]
0           VALCYTE G.VALGANCICLOVIR HCL  450MG TAB  ROCHE 60s

                     Do It To This One  (Y,N)
```

The first drug that matches the name entered by the user will be displayed on the screen, and a prompt 'Do It To This One' will be displayed. An example of it is shown here. Answer 'Y' to have the TPP group number entered, or answer 'N' to have the TPP group left as it is. The existing TPP group number is displayed on the far left end of the screen.

Select 'Y' or 'N' for the displayed drug. The next drug that matches the name originally entered will be displayed. Select 'Y' or 'N' for it and continue until finished.

When you are finished, press [F1] to return to Special Drug Maintenance.

Insert Default Days Supply:

```
            I N S E R T    D E F A U L T   D A Y S   S U P P L Y
              Enter the Default Days Supply to Insert  [    ]
```

This option is used to insert a Default Days Supply amount into multiple drugs at one time.

After selecting this menu option, the screen shown here will be displayed. In the displayed prompt, enter in the amount of days to be defaulted and press [Enter]. A second prompt will be displayed for a drug the default days supply amount is to be inserted into. Enter the name of the drug(s) the amount is to be inserted into, and press [Enter]. Entering in a partial name (ie. VAL for Valium) will allow the system to search for all drugs that begin with VAL. The more specific the name, the fewer matches will be found. The less specific the name, the more matches will be found.

The first drug that matches the name entered by the user will be displayed on the screen, and a prompt 'Do It To This One' will be displayed. An example of it is shown here. Answer 'Y' to have the specified default days supply amount entered, or answer 'N' to have the default days supply amount left as it is. The existing default days supply amount is displayed on the far left end of the screen.

Select 'Y' or 'N' for the displayed drug. The next drug that matches the name originally entered will be displayed. Select 'Y' or 'N' for it and continue until finished.

```
          I N S E R T   D E F A U L T   D A Y S   S U P P L Y

                       Default Days Supply 30

                       Drug  [VAL                ]
0          VALCYTE G.VALGANCICLOVIR HCL  450MG TAB  ROCHE 60s


                       Do It To This One  (Y,N)
```

When you are finished, press F1 to return to Special Drug Maintenance.

Insert Default Expiry Date:

```
          I N S E R T   D E F A U L T   E X P I R Y   D A T E
         Enter the Default Expiry Date to Insert  [      ]
```

This option is used to insert a Default Expiry Date into multiple drugs at one time. After selecting this menu option, a prompt will be displayed. An example is shown here. Type the date of expiry to be inserted, and press Enter.

A second prompt will be displayed for a drug the default expiry date is to be inserted into. Enter the name of the drug(s) the default expiry date is to be inserted into, and press Enter. Entering in a partial name (ie. VAL for Valium) will allow the system to search for all drugs that begin with VAL. The more specific the name, the fewer matches will be found. The less specific the name, the more matches will be found. If you wish the drug to expire a number of days after it is dispensed, type a "D" followed by the number of days until expiry. I.e., Amoxicillin suspension expires fourteen days after it is reconstituted. Insert 'D14' into the Amoxicillin suspension records. Additionally, a 'M' or 'Y' may be entered for month or year respectively.

The first drug that matches the name entered by the user will be displayed on the screen, and a prompt 'Do It To This One' will be displayed. An example of it is shown here. Answer 'Y' to have the specified default expiry date amount entered, or answer 'N' to have the default expiry date amount left as it is. The existing default expiry date amount is displayed on the far left side of the screen.

Select 'Y' or 'N' for the displayed drug. The next drug that matches the name originally entered will be displayed. Select 'Y' or 'N' for it and continue until finished.

```
          I N S E R T   D E F A U L T   E X P I R Y   D A T E

                       Default Expiry Date 5/2007

                       Drug  [VALIUM             ]
05/2006    VAL5    VALIUM G.DIAZEPAM  5MG TAB  ROCHE 100s


                       Do It To This One  (Y,N)
```

When you are finished, press F1 to return to Special Drug Maintenance.

Insert A/C, C/C, PCM Codes:

```
I N S E R T   A / C   C / C   P C M   C O D E S

     Enter the Aller Chek Number  [    ]
     Enter the Cross Chek Number  [     ]
     Enter the Pat. Cons. Number  [    ]
```

This option is used to insert 'Aller-Chek', 'Cross-Chek' and 'Patient Consultation Message' codes into multiple drugs at one time. After selecting this menu option, a prompt will be displayed. An example is shown here. Type in the 'Aller-Chek' code, 'Cross-Chek' code and 'Patient Consultation' code to be inserted, and press ⌨Enter. Leaving a field blank will cause that existing codes in the drug will be blanked out. **Note:** When using this option, make sure you have the correct codes or the effected systems (Aller-Chek, Cross-Chek, and Patient Consultation) will not operate properly.

A second prompt will be displayed for a drug the 'Aller-Chek', 'Cross-Chek' and 'Patient Consultation Message' codes are to be inserted into. Enter the name of the drug(s) the 'Aller-Chek', 'Cross-Chek' and 'Patient Consultation Message' codes are to be inserted into, and press ⌨Enter. Entering a partial name (ie. VAL for Valium) will allow the system to search for all drugs that begin with VAL. The more specific the name, the fewer matches will be found. The less specific the name, the more matches will be found.

Insert Auto Sig Codes:

Enter the letter(s) of the auto sig codes that you would like to insert. Enter the name of the drug that the codes will be assigned to. You will be asked to confirm each record before the changes are made.

Insert Refill Reminder Flag

```
I N S E R T   R E F I L L   R E M I N D E R   F L A G

              Refill Reminder Y

              Drug  [VALIUM                ]

Y  VAL5   VALIUM G.DIAZEPAM  5MG TAB  ROCHE 100s

              Do It To This One  (Y,N)
```

This function is used to enter in a specified Refill Reminder flag into a group of drugs in an automated manner. After selecting this menu option, a prompt will display to specify which flag to enter, 'Y' or 'N'. Specify which, and then a prompt will be displayed to enter the drug to be set.

The first drug that is found to match the name entered will be displayed. The screen shown here is an example. In the example shown here, 'Y' was entered for what is to be inserted. Answer 'Y' to have the drug displayed 'Refill Reminder' flag set to 'Y', or select 'N' to have it not set to 'Y'.

To set all drugs to one specific setting, please contact the **Foundation Systems Technical Support** at **801-785-7720** for assistance. The helpdesk has a special program that can set all drugs to one setting.

Insert Drug Mfg. Code

```
I N S E R T   D R U G   M F G   C O D E

     Enter the Drug MFG Code to Insert  [     ]
```

This function is used to enter in a specified manufacturer code into a group of drugs in an automated manner. After selecting this menu option, a prompt will display prompting for the manufacturer code to be inserted. Enter in the desired code and press Enter.

A prompt will be displayed to enter the drug to be set. The first drug that is found to match the name entered will be displayed. Answer 'Y' to have the manufacturer code specified entered into the drug displayed. The next drug found matching the name entered will be displayed, answer 'Y' or 'N' and continue until finished, or press F1 to stop the process.

Insert State Group Code

```
I N S E R T   S T A T E   G R O U P   C O D E

     Enter the State Group Code to Insert  [ ]
        Erase State Drug ID number (Y/N)  [N]
```

This function is used to enter or erase a 'State Group Code', and if specified, to have the 'State Drug ID Number' erased for a group of drugs in an automated manner. After selecting this menu option, a prompt, as shown to the right, will display prompting for the 'State Group Code' to be inserted, or for the code to be erased. Enter in the desired code, or enter 'Y' in 'Erase State Drug ID Number' and press Enter.

A prompt will be displayed to enter the drug to be set. The first drug that is found to match the name entered will be displayed. Answer 'Y' to have the specified 'State Group Code' entered for the drug, and if 'Y' was entered for 'Erase State Drug ID Number', to have that ID number erased from the drugs configuration. The next drug found matching the name entered will be displayed, answer 'Y' or 'N' and continue until finished, or press F1 to stop the process.

Insert Drug Trade Name

```
I N S E R T   D R U G   T R A D E   N A M E

     Enter the Drug Trade Name to Insert  [                ]
```

This function is used to enter in a specified trade name into a group of drugs in an automated manner. After selecting this menu option, a prompt will display prompting for the trade name to be inserted. Enter in the desired name and press Enter.

A prompt will be displayed to enter the drug to be set. The first drug that is found to match the name entered will be displayed. Answer 'Y' to have the drug displayed trade name changed to the trade name entered. The next drug found matching the name entered will be displayed, answer 'Y' or 'N' and continue until finished, or press F1 to stop the process.

Insert CtrlSub & Special Case

This function is used to enter in special case based on GPI codes and set other flags such as the option to insert the 'Controlled Substance Reportable' flag, 'Prompt for Pickup ID' flag and 'Prompt for Serial Number' flag. After selecting this menu option, a screen, as shown here, will be displayed.

```
          INSERT CONTROLLED SUBSTANCE & SPECIAL CASE INDICATORS


        Enter GPI of drug [            ] to set (sch=x-y)
    Controlled Substance Reportable  [ ]
              Prompt for Pickup ID   [ ]
          Prompt for Serial Number   [ ]
    Drug Record 'Special Case'  [      ]
         enter 'clear' to clear the 'Special Case' field
```

Enter GPI of Drug

The 'Enter GPI of Drug' field is used to define the drugs that the other options on this menu are to be inserted into. This field can be used to enter in the GPI, or as noted on the right of the field, a drug schedule range can also be entered. After entering the GPI or drug schedule, make the appropriate selections from the other options, leave blank to skip or ignore that function, and press Enter when all selections are made. The program will search the drug file and will display

```
          INSERT CONTROLLED SUBSTANCE & SPECIAL CASE INDICATORS


        Enter GPI of drug [2-2         ] to set (sch=x-y)
    Controlled Substance Reportable  [ ]
              Prompt for Pickup ID   [ ]
          Prompt for Serial Number   [ ]
    Drug Record 'Special Case'  [      ]
         enter 'clear' to clear the 'Special Case' field
       Match Drug Schedule: 2-2
       Set Controlled Substance Reportable to unchanged
                 Set Prompt for Pickup ID to unchanged
             Set Prompt for Serial Number to unchanged
             Set Drug Record 'Special Case' to unchanged

              Is this correct (Y,N)? Y

47100030201510  OPIUM  10% TIN
          Change this one (Y,N,All)?
```

the first match based off the entered GPI or schedule entered. An example is shown above. As seen at the bottom of the menu, the drug will be displayed, and a prompt asking 'Change this one (Y, N, All)?' is displayed. To change this drug enter 'Y' for yes, to not change this one and go to the next drug found, enter 'N' for no, or to do ALL drugs and not ask enter 'A' for all.

Controlled Substance Reportable

This option is used to enter a selection ('Y' or 'N') into the drugs that match the GPI or drug schedule entered previously. This option allows a drug not usually included in state required controlled and narcotic usage reporting to be included in the controlled substance report file created by 'Log of Scripts – Switch Electronic File (Elog) – CtrlSub'.

For more information on creating a controlled substance reporting file, please contact the **Foundation Systems Technical Support Helpdesk** at **801-785-7720**.

Prompt for Pickup ID

This option is used to set the 'Pickup' option in 'Drug Maintenance' to a specified selection ('Y' or 'N') for groups of drugs by drug GPI or drug schedule.

The 'Prompt for Pickup ID' when set to 'Y' causes the 'Controlled Substance Cust ID' prompt to be displayed when entering a prescription for this drug. This option is useful for users that do not have/use the 'Pickup Logging/Reporting' in which a prompt is always displayed to record the 'Pickup ID'.

Prompt for Serial Number

This option is used to set the 'S/N' field in 'Drug Maintenance' to a specified selection ('Y' or 'N') for groups of drugs by drug GPI or drug schedule.

The 'S/N' field when set to 'Y' causes the 'Duplicate/Triplicate S/N' field to be prompted when entering a prescription for this drug. This is used when this drug is required to be included in the controlled substance report and is not of a specific drug schedule already included in the report.

Drug Record 'Special Case'

This option is used to enter a 'Drug Record 'Special Case'' code in 'Drug Maintenance' for groups of drugs by drug GPI or drug Schedule.

The 'Drug Record "Special Case'' is used to link groups of drugs together for reporting purposes. Examples of reports that use this filed are 'Log of Scripts' and 'Drug Usage by Date Range' both available from 'Sundry Printouts'.
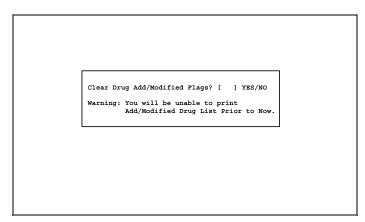
Clear Add/Modified Flags

This function is used to clear the 'Add' and 'Modified' flags used in the 'Drug Maintenance' file for each drug on file.

The 'Add' flag is set when a drug is added to the drug file and the added flag set by pressing Shift F3 from the first screen of 'Drug Maintenance'.

The 'Modified' flag is set manually by pressing Shift F4 on the first screen of 'Drug Maintenance' or by entering from the first screen to the second screen of 'Drug Maintenance'.

```
Clear Drug Add/Modified Flags? [   ] YES/NO

Warning: You will be unable to print
         Add/Modified Drug List Prior to Now.
```

When selecting this menu option, the screen shown here will be displayed. To have both the 'Add' and 'Modified' flags cleared, enter 'YES' in the displayed field, otherwise enter 'NO' or press F1 to escape without clearing the flags. Once 'YES' is entered, the process cannot be undone without restoring from a backup.

T.P. Drug Codes Setup

From Drug Maintenance, enter Third Party Drug Codes Setup.

Each of the functions listed under this menu option will be discussed individually in the following pages of this manual.

```
     T. P.   D R U G    C O D E S    S E T U P

   1.  Copy NDC Codes to T.P.
   2.  Copy NDC Codes to T.P. - Interactive
   3.  Clear T.P. Drug Codes
   4.  Managed Care Formulary Setup
   5.  Managed Care Formulary Setup Interactive
   6.  Copy Managed Care Formulary

   Enter Your Choice
```

Copy NDC Codes to T.P.:

Each drug entered in 'Drug Maintenance' has space for eight third party drug codes (miscellaneous drug id's). This function is used to enter the NDC number of the drug into a specified T.P. drug code number.

You may choose to insert the NDC into all drug records, or a combination of products designated as trades, generics, trades with a generic cross-reference code, or trades without generic cross-reference codes.

```
      T.P.   D R U G   C O D E S   S E T U P

   Copy NDC to T.P. Drug Code Number  [ ]  (1-8)
                       Copy All Drugs  [ ]  (Y,N)
                 Copy All Trade Drugs  [ ]  (Y,N)
               Copy All Generic Drugs  [ ]  (Y,N)
      Copy Trades That Have a Generic X-Ref  [ ]  (Y,N)
 Copy Trades That DO-NOT Have a Generic X-Ref  [ ]  (Y,N)
```

Copy NDC Codes to T.P. - Interactive:

Using this function allows you enter an NDC or clear the T.P. drug code for all drug records matching the name you specify. Enter the number of the third party drug code, followed by the product name.

All the products with the name you select will appear on the screen. To the left of the product name, enter a 'R' to remove the T.P. drug code, or a 'C' to copy the product NDC into the T.P. drug code.

```
      C O P Y   N D C   T O   T. P.   C O D E

   Copy NDC to T.P. Drug Code Number  [ ]  (1-8)

   Drug  [                    ]
```

Clear T.P. Drug Codes:

This function is used to clear values entered in a specific T.P. Drug Code field. Enter a number for the T.P. drug code, and the program will clear the T.P. drug code from all drug records with something entered in the specified 'T.P. Drug Code' field.

```
        C L E A R    T.P.   D R U G   C O D E S

        Clear T.P. Drug Code Number  [ ]  (1-8)
```

Managed Care Formulary Setup:

Use this option to set and maintain the managed care formularies located in each drug record:

Enter the managed care formulary number to setup or edit. Entering 'ALL' will setup/edit all formularies. Each of the options above will search the drug file and change the specified formulary number to 'Y' - covered, 'N' - not covered, 'C' - conditional, 'P' -preferred, provided the drug matches one of the options specified.

```
      M A N A G E D   C A R E   F O R M U L A R Y   S E T U P

                   Managed Care Formulary Number  [   ]  (1-64,ALL)
      CLEAR All Drugs Prior to Setting Options Below  [ ]  (Y,N)
   Set Option (P-preferred,Y-covered,C-conditional)  [ ]  (P,Y,C,N)

                              Set All Drugs  [ ]  (Y,N)
                  Set All Drugs with Type of  [ ]  (P,Y,C,N)
                         Set All Trade Drugs  [ ]  (Y,N)
                       Set All Generic Drugs  [ ]  (Y,N)
             Set Trades That Have a Generic X-Ref  [ ]  (Y,N)
      Set Trades That DO-NOT Have a Generic X-Ref  [ ]  (Y,N)
                    Set Drugs with GPI of [          ]
                    Set Drugs with NDC of [          ]  (5digit = MFG)
                         Set ALL OTC Drugs  [ ]  (Y,N)
```

CLEAR All Drugs Prior to Setting Options Below will clear the specified formulary number for all the drugs in the file before making any changes to a specified drug group. The options asking you to Set/Clear will ask you to enter 'S' to set the formulary number to 'Y' or 'C' to clear the formulary number for the specified drugs.

Managed Care Formulary Setup Interactive:

This function allows you to set or clear the managed care formulary for the drug records matching the name you specify. Enter the managed care formulary number, followed by the product name. Typing a '/' before a GPI number will search for drugs with that GPI. All the products with the name or GPI you select will appear on the screen. To the left of the product name, enter an 'S' to set the drug's managed care formulary number to 'Y', or enter a 'C' to clear the managed care formulary number.

```
      M A N A G E D   C A R E   F O R M U L A R Y   S E T U P

      Interactively Set/Clear Formulary #  [ ]  (1-64)

      Drug  [                  ]
      Use '/' to Search by GPI
```

Copy Managed Care Formulary:

If the managed care formulary you are creating has only minor differences from a formulary already created, use this option to copy one formulary to the new one. Enter the number of the formulary to copy from, followed by the number of the formulary to copy to. The program will scan the drug file and make the appropriate changes to each drug.

```
                C O P Y   M A N A G E D   C A R E   F O R M U L A R Y
        Copy Formulary  [       ]  to  [       ] (1-64,or FILENAME)
```

Drug Notes Maintenance

```
        D R U G   N O T E S   M A I N T E N A N C E

              Primary  Drug Notes Active

              1.  Add/Amend Drug Note
              2.  Delete Drug Notes
              3.  List Drug Notes
              4.  Copy Drug Note
              5.  Switch Primary/2ndary Flag

              Enter Your Choice.
```

Select Drug Notes Maintenance from the Drug
Maintenance menu:

This program will allow a 318-character drug note
to be entered for the drug. Drug notes can be
used to inform the pharmacist of third party
exceptions. The notes are stored under the first
nine digits of the drug NDC code. This storage
method allows you to enter one note to be used for
each corresponding manufacture, strength, and form. When filling a prescription that has a drug note, the system
displays the note and asks for acknowledgment by pressing the ᴱˢᶜ key. In order for the drug notes to display, the
patient's insurance setup must have the field Use Drug Notes set to 'Y', '2' or 'B'.

The following is a description of the menu options:

Add/Amend Drug Note:

```
              Add / Amend Primary Drug Note

       Enter Desired Drug  [               ]
```

Enter the name of the drug or the NDC number for
which you intend to enter a drug note. Based off
the 'Primary' or 'Secondary' selection shown on
the top of the original 'Drug Notes Maintenance'
menu, the appropriate note will be added or
amended. To change between primary or
secondary, use menu option '5. Switch
Primary/Secondary Flag'.

After entering the drug name or NDC number,
press Enter . Depending on what was entered, if
more than one drug is found to match, a list will be displayed allowing the user to select the appropriate drug the
note is to be added/amended for.

If a list is displayed, select the appropriate drug. If
no list is displayed, the screen shown here will be
immediately displayed. The drug and NDC the
note is being used for is displayed above the note
field. Type the note and press Enter to save and
continue.

```
              Add / Amend Primary Drug Note

       Drug VALIUM 5MG TAB  ROCHE

       NDC 001400005 First 9 Digits

[

                                                  ]




              Press F4 to Delete Note
```

Delete Drug Notes:

This function is used to delete a note previously entered for a drug. To delete a note, type in the drug name, or the first nine digits of the NDC, and press Enter . If more than one drug is found to match the entry, a list will be displayed allowing the user to select the appropriate one.

After pressing enter, or selecting the appropriate drug from the displayed list, the drug name, NDC number, and the note entered for the drug will be displayed. Prompted on the screen will be 'Do You Wish to Delete This Drug Note? (Y,N)'. If the note is the one to be deleted, enter 'Y', otherwise enter 'N' or press F1 to exit without deleteing.

```
                    Delete Primary Drug Note
          Enter Drug to Delete  [               ]
```

List Drug Notes:

This menu function is used to print out a list of the drug notes already entered into the system. When this option is selected, the screen shown here will be displayed.
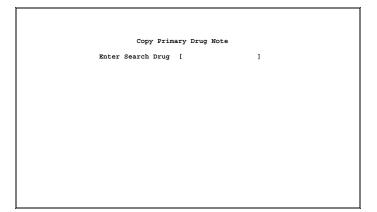
At the top of the screen, the notes to be printed will be displayed (primary or secondary). This will be decided by the notes selected from the original menu of 'Drug Notes Maintenance'. To change to the other drug notes, use option '5. Switch Primary/Secondary Flag'.

```
                    Primary Drug Note List
          Make Sure the Paper is in the printer and,
          Press any Key to Start Printing.
```

Copy Drug Note:

This menu option is used to copy a drug note used on one drug to be used on another drug too. After selecting this menu option, the screen shown here will be displayed.

Enter the name or NDC of the drug that has the note to be copied to another drug. After entering the name or NDC number, if more than one drug is found that matches what was entered, a list will be displayed to select from. Select the appropriate drug from the menu, and the following screen will be displayed.

```
                    Copy Primary Drug Note
          Enter Search Drug  [               ]
```

The drug entered to copy the note from will be displayed at the top of the screen, and the note that will be copied will be displayed at the bottom of the screen as shown in the example shown here. If the note is not correct, press [F1] to exit out of the process and start the process over again to get the correct drug and note to copy to another drug.

```
                          Copy Primary Drug Note
           Drug VALIUM 5MG TAB  ROCHE

                     Copy to Drug  [                 ]




        THIS MED IS NOT COVERED BY MEDICAID UNLESS THE PATIENT IS IN A NURSING HOME
```

Enter the name or NDC number for the drug the displayed note is to be copied to. An example of the screen is shown here. The first drug that matches the drug name or NDC entered will be displayed. To have the note copied to that drug, press 'Y', or press 'N' to have it not copied. The next drug will be displayed.

Continue selecting 'Y' or 'N' until the matches end, or when finished, press [F1] to end the process and return to the 'Drug Notes Maintenance' menu.

```
                          Copy Primary Drug Note
           Drug TYLENOL 500/15ML SOL  MNEIL

           NDC 505800500 First 9 Digits

                     Copy To This One  (Y,N)


        THIS MED IS NOT COVERED BY MEDICAID UNLESS THE PATIENT IS IN A NURSING HOME
```

Switch Primary/2ndary Flag:

The 'Drug Notes' system supports two drug notes per each 9 digit NDC number. They are called 'Primary' and 'Secondary'. This menu option is used to switch between the primary and secondary drug note.

The drug note to be used is determined by the configuration of the Third Party the prescription is being filled/billed under. For more information on how to configure which drug note (or none) to be used, please refer to **Chapter 5** of this manual.

```
            D R U G   N O T E S   M A I N T E N A N C E

                  Secondary  Drug Notes Active

                  1.  Add/Amend Drug Note
                  2.  Delete Drug Notes
                  3.  List Drug Notes
                  4.  Copy Drug Note
                  5.  Switch Primary/2ndary Flag

                  Enter Your Choice.
```

Multi-site Drug Availability

This function is used by pharmacies that use the 'FSI Multi-Site' system module to have multiple pharmacies using one copy of the 'FSI Pharmacy Management System'. This allows for all of the pharmacies on the 'Multi-Site' system to share common drug, doctor, patient, prescription, third party, and sig databases. For more information about the 'FSI Multi-Site System', please contact the **Foundation Systems Sales Office** at **800-333-0926**.

This function is used to find the availability of a specific drug at the other sites (locations) on the 'FSI Multi-Site System'. After selecting this menu option, the screens shown above will be displayed. Enter the name or NDC of the drug to be checked and press enter. The screen shown here will be displayed.

Shown on the screen will be the site # that the drug is at, the address and city of the store, the stores phone number and the stock on hand at that location.

In the example shown here, the drug entered was not available at any of the other locations.

```
          M U L T I - S I T E   D R U G   A V A I L A B I L I T Y
          Enter Drug to Check  [                        ]
```

```
          M U L T I - S I T E   D R U G   A V A I L A B I L I T Y
             Drug:  VAL5  VALIUM 5MG TAB   ROCHE
SiteID Address                      City            Phone        On-Hand

             This Drug is Nowhere On Hand

        That's All,  Press Any Key to Continue.
```

Disp Robot Location Maint

```
        D I S P   R O B O T   L O C A T I O N   M A I N T

               Drug  [                    ]
```

This menu option will only appear and be available for use when a dispensing robot interface program is installed in the 'Pharmacy Management System'. For more information about the robots that FSI is programmed to interface with, please contact the **Foundation Systems Sales Office** at **800-333-0926**.

If a dispensing robot is used in your pharmacy, and the 'Pharmacy Management System' is able to send information to it, this menu is used to tell the 'Pharmacy Management System' where in the robot each drug is located. Not all dispensing robots require this setup, so for more detailed information about how to setup your 'Pharmacy Management System' to communicate with your robot, please contact the **Foundation Systems Technical Support** at **801-785-7720**.

Enter the drug to define it's location by drug name, or NDC number. NDC number is the more accurate way to do this. After entering the drug, the screen shown here will be displayed.

Enter the location code (as instructed by FSI or your robot vendor) in the field provided. Press Enter to save the changes. The program will return to the prompt for the drug. Enter the next drug and repeat until finished. When finished, press F1 to return to the Main Menu.

```
        D I S P   R O B O T   L O C A T I O N   M A I N T

        VAL5  VALIUM / DIAZEPAM  5MG TAB ROCHE

                    NDC Code   00140000501

        Dispensing Robot Location  [1     ]  (Bank.Cell)
```

Merge Drug Records

This menu option is used to merge two drugs together. This process will keep one drug and delete the second drug and link all prescriptions for the drug that is deleted to the remaining drug. After selecting this menu option, the screen shown at the right will be displayed. This screen has some brief instructions how to perform the merge.

After reviewing the instructions displayed on the above shown screen, press [Enter]. The following screen will be displayed:

In the first field enter the drug name, NDC #, drug speed code or drug record number of the drug that is to be kept. After typing in the drug, press the [Tab] or [↓] key to move to the next bracket. Enter in the drug name, NDC #, drug speed code or drug record number of the drug that is to be deleted. After entering both drugs, press [Enter].

Depending on what was entered for each drug, if multiple matches (or if drug names were used) a listing of matches will be displayed. Depending on the search, an indicator will be displayed at the top prompting the user which drug is being verified. An example of this is shown below:

In the above shown example, the top left corner is prompting the user to 'Choose 1st Drug'. From the list displayed, enter the number displayed to the left of the drug line of the drug that is to be kept. Following the selection entered, a screen very similar to the previous might be displayed prompting the user to 'Choose 2nd Drug'. If this is the case, enter the number displayed to the left of the drug line of the drug to be deleted. This should not be the same drug as the first one selected. IF it is, the program will not merge the drugs.

If the options are picked correctly, the second drug will be merged into the first drug. All prescriptions that were entered for the second drug will be linked to the first, and the second drug will then be deleted.

Because of the sensitivity of the drug merge program, if you are unsure how to do the merge, or if the merge should even be done, please contact the **Foundation Systems Technical Support Helpdesk** at **801-785-7720** for assistance.

Other alternatives to merging a drug if duplicate drugs are entered in the Pharmacy Management System are to mark the duplicate drug as inactive or discontinued. These selections were discussed earlier in this chapter.

```
This program merges two drugs and updates script info.


The drug name entered first will be the one RETAINED.
ie.  Enter the first drug's name/ndc/rec#  (Return)
     Enter the second drug's name/ndc/rec#  (Return)

The program will now merge the scripts for 'second_drug'
to those held for 'first_drug'.  'second_drug' will be DELETED
automatically from the drug file.

The Stock-on-Hand of the DELETED drug will NOT be transferred.
Period-to-Date Usage and Price overrides will be transferred.

 DO NOT allow any processing of Scripts while this program runs!!

Press ANY KEY to continue.
```

```
         Enter First Drug's Name   [               ]  (Keep)

         Enter Second Drug's Name  [               ]  (Delete)
```

```
    Choose 1st Drug


         Enter First Drug's Name   [TEST           ]  (Keep)

         Enter Second Drug's Name  [TEST2          ]  (Delete)




1.       TEST CMPD-KREIG    25            99999999901
2.       TEST COMPOUND 10% CRM  CMPD 50   99999000001
3.       TEST DRUG #2    100              12345679112
4.       TEST DRUG       100              12345679111
5. TSTTTS TESTODERM TTS DIS  ALZA 30      17314471703
6. TEST62 TESTODERM 6MG/24HR DIS  ALZA 30 17314460903
7. TESTD4 TESTODERM 4MG/24HR DIS  ALZA 30 17314460803
8.       TESTOSTERONE CYPIONAT POW  GALLI 100 51552010499
9.       TESTOST PROP MICRONIZ POW  MDSCA 100 38779016505

M:More; R:Re-enter; 1-9:Select One
```

Drug Information System

```
dginfo.inf

                DRUG INFORMATION SYSTEM

    This program allows you to request drug codes, identifiers,
           and costs via modem based on the Drug NDC.


            1. Create New 'drug info' Request File
            2. Add Drug to Request File
            3. Display Existing Request File  No Item(s)
            4. Transmit Request/Retrieve Response File
            5. Retrieve Response File
            6. Apply Drug Info Response File
            7. Rebuild Drug Info Index
            8. Drug Info Configuration
            9. Delete a Request Item

                    Enter Your Choice

                SHF2 For Detailed Information

        IMPORTANT:  All Drug NDC Numbers Must Be Entered Correctly
```

This program allows the user to request drug codes, identifiers and costs via your pharmacy modem or Internet, with the FSI TeleCom System.

Each of the available functions will be discussed individually.

NOTE: When downloading a drug using the Drug Information System, BE ADVISED that it is still necessary to go into 'Drug Amendments' and finish setting up the drug. Various fields such as, but not limited to, 'Refill Reminder', 'Generic X-Ref Drug Code', 'Price Forms' and more may need to be entered. These are settings that can be unique for each pharmacy and thus, FSI cannot set them automatically.

Create New 'drug info' Request File

```
        C R E A T E   N E W   R E Q U E S T   F I L E

                     1 Items on file.
         Are you SURE you want to delete ALL items? (Y,N)
```

This menu option is used to delete the existing request file, and create a new empty one. This would be used when all of the drugs in the request file are 'Invalid' or 'Inactive', and the user wants to start the file over for new drug additions. Another time this option would be used, under the direction of the Foundation Systems Technical Support Helpdesk would be when the request file has become 'corrupted' or if there was a problem with the file. Be advised that this is not deleting the actual drugs from the Pharmacy Management System, but only deleting them from the request file.

After selecting this menu option, the following screen will be displayed:

The number of items in the request file will be displayed, followed by a prompt to verify that this is what should be done. To delete all of the items in the request file, and to create a new request file, press 'Y', otherwise press 'N' or F1 to abort.

Add Drug to Request File

```
                 Request File Drug Additions


            Add by drug name or complete NDC number.

              Add Drug  [                    ]

        Press F1 to return after all requests have been entered.


    NOTE: NDC's must be entered in the format xxxxxyyyyzz where
    xxxxx represents the first five digits before the first - and
    yyyy represents the next four digits before the next - and zz
    represents the last two digits of the NDC number printed on the
    package.  The whole NDC must be 11 digits in length.

    If the first section is less than five digits, 0 must be added
    to the front of that section.  The same idea applies to the
    other two sections to make them four and two digits respectively.
```

This menu option is used to add drugs to the request file for future downloading from FSI. After selecting this menu option, the following screen will be displayed:

At the screen shown here, the NDC of the drug to be requested can be entered. In addition to the NDC number, the name or speed code of the drug to be requested can be entered if the drug is already entered in the Pharmacy Management System and an update is being requested.

If the NDC of the drug entered does match a known manufacturer (first 5 digits of the NDC number) the screen shown here will be displayed. This serves as a double check to make sure that the NDC entered is in the correct 5-4-2 format, and that it matches the NDC on the bottle. If the entered NDC number is correct, enter 'YES' and the drug will be added to the request queue. If the NDC number is not correct, enter 'NO' or any other key or F1 to abort and try again.

```
      WARNING: The first 5 digits of the NDC entered do not match any
      known manufacturer codes.

      If the NDC# 00000111122 is correct, type YES to add it
      or press any other key to return and correct the NDC number.

                NDC Correct? (YES/AnyKey) [   ]
```

The 'Add Drug to Request File' function can be used in two different ways. The first way is to download information for drugs that have already been added to the Pharmacy Management System. The second way is to use the 'Add Drug to Request File' function to actually add the drug to the system, and at the same time, download the information for the new drug.

When downloading information for existing drugs, simply enter the name, NDC, or speed code for the drug to be downloaded. After entering the appropriate selection, press Enter, and the drug will be added to the request file. Depending on the configuration of the Drug Information System, a prompt may display asking if the AWP should be updated or not. If this prompt comes up after entering the drug to download, answer it appropriately.

If using the Drug Information System to add new drugs to the Pharmacy Management System, enter the NDC number of the new drug. Be sure that this NDC number is in the correct xxxxxyyyyzz format as outlined on the screen displayed. After typing in the NDC number, press Enter, and the following screen will be displayed:

The NDC will have been entered from the previous screen. Enter the name of the durg (or leave blank to have the name downloaded from FSI.), the wholesaler pack size (number of units in 1 bottle for example), and the cost of the medication. The cost should be entered in unit price (price for one pill).

```
              D R U G   A D D I T I O N S   M E N U


                     Drug NDC [            ]
               Drug Trade Name [                 ]
      Drug Wholesaler Pack Size [     ]

      Drug Acquisition/Direct Cost [        ]
      Drug Acquisition/Direct Cost2 [        ]



      CAUTION: This option allows you to add a drug to the main drug file
      and will also add an entry in the drug info request file.
      If the name is blank, it will be updated with the request file.

      F1 to cancel.
```

After entering the information, press Enter. The drug will be added to the Pharmacy Management System and will be placed into the request file. After adding the drug, it is recommended to download the information immediately following. The Drug Information System accommodates up to 9 drugs being added to the request file at one time, and then being downloaded all at once.

To download the information, please refer to the 'Transmit Request/Retrieve Response' area of this section.

Display Existing Request File

```
 Drug NDC#   Drug Name       Strength Form  A/C   C/C2  P/C2  GPI
 AWP

1  12345679111 TEST DRUG                     999   999   999


                        Press Any Key to Continue
```
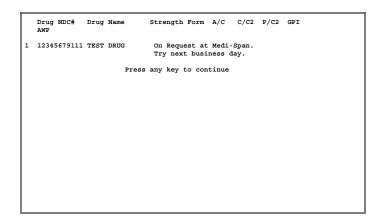
This function is used to view a list of the drugs that are in the request file, waiting for the information to be downloaded.

The above is a sample of what is shown when this function is selected. When finished viewing the list of drugs in the request file, pressing Enter will return the program to the Drug Information System menu.

Transmit Request/Retrieve Response File

```
 Drug NDC#   Drug Name       Strength Form  A/C   C/C2  P/C2  GPI
 AWP

1  12345679111 TEST DRUG        On Request at Medi-Span.
                                Try next business day.

                        Press any key to continue
```

This function is used to transmit the request file, and automatically retrieve the response from FSI. After selecting this menu option, the program will begin transmitting automatically. After/If the transmission is complete, the program will wait a moment and will attempt to retrieve the response to the request.

If this process is completed, the following screen will be displayed:

Each drug in the request file should have a line of information displayed. If the drug was on file at FSI the information will be displayed.

If the NDC was not on file at FSI, a message will display on the screen 'On request at Medi-Span. Try back next business day.' When this happens, the drug will remain in the request file to be re-requested at a later date. FSI maintains a file of the new drug requests, and submits those requests to Medi-Span. Under normal circumstances, these drugs should be available for download the next business day.

If the first five digits of the NDC number of a submitted drug do not match a known manufacturer, a message 'Unknown Manufacturer/Invalid NDC #' will be returned. When this message is received, the drug will not be updated by the Drug Information System and will not be added to the request file at FSI. If it is a new manufacturer, call the Foundation Systems Technical Support Helpdesk at 801-785-7720 and it will be added to the Drug Information System so that future requests can be made.

Another message, 'Inactive Drug' might also show up on this screen. These are drugs that Medi-Span used to have information on, but the NDC has been inactivated, and a newer NDC should be used.

Retrieve Request File

This function is used to download a response to a request that has already been submitted to FSI. Under normal operation, this option should not need to be used. When this option is used, the screen returned will be the same shown in the 'Transmit Request/Retrieve Response' section of this manual.

Apply Drug Info Response File

The 'Apply Drug Info Response File' function is used to apply information that was downloaded from FSI but was not applied at the time of download. This would be used under the same scenario as 'Retrieve Request File'.

Rebuild Drug Info Index

This menu option is used to rebuild the links the program used to access the data in the 'Drug Info System'. This function does not need to be ran regularly, and would only be used when directed by the **Foundation Systems Technical Support**.

```
                          Rebuild Drug Info Index

        Type 'YES' to rebuild the index or F1 to cancel [   ] (YES).
```

Drug Info Configuration

The 'Drug Info Configuration' is a utility that the pharmacy may use to customize the behavior of the Drug Information System. After selecting this menu option, the following screen will be displayed:

Enter the appropriate selection for each of the displayed options. The selections are discussed below:

```
                       Drug Info Parameter Setup

        These parameters set the default value for the following
        options.  If the option is set, you will not be prompted
        to set the value during the drug info request process.

        Always update:
                              AWP when available [ ] (Y/N)
                       Trade Name when available [ ] (Y/N)
                     Generic name when available [ ] (Y/N)

        When applying the drug information:
             Always apply All or One-at-a-time [ ] (A/O)

             Rebuild Labeler File Index? (YES) [   ]


    <F2> Add/Update Labeler Codes
```

AWP when available:
>   Set this field to a 'Y' to have the Drug Information System always update the AWP when it is available from the FSI system. Leaving this filed blank will cause the user to be prompted when adding a drug to the request file. Setting this field to 'N' will cause the AWP to not be updated.

Trade Name when available:
>   Set this field to a 'Y' to have the Drug Information System always update the Trade name when it is available from the FSI system. Leaving this field blank will cause the Trade name to be updated if left blank when adding the request to the Drug Information System. Setting this field to 'N' will cause the Trade name to not be updated.

Generic name when available:
>   Set this field to a 'Y' to have the Drug Information System always update the Generic name when it is available from the FSI system. Leaving this field blank will cause the Generic name to be updated if left blank when adding the request to the Drug Information System. Setting this field to 'N' will cause the Generic name to not be updated.

Always apply All or One-at-a-time:
>   Set this field to 'A' to have the Drug Information System apply 'All' of the downloaded drugs without being prompted after the download. Set this field to 'O' to have the ability to apply 'One' drug at a time. Leaving this field blank will cause the user to be prompted after the download completes.

Rebuild Labeler File Index? (YES):
Enter 'YES' in this field to have the Labeler File Index rebuilt. This option is a tool used by the FSI Technical Support Helpdesk to resolve data access problems. Use this function only under the direction of FSI.

<F2> Add/Update Labeler Codes
Pressing the F2 key will allow the user to add or to update the labeler codes in the Drug Information System. It is strongly recommended by the Foundation Systems Technical Support Helpdesk to only do this under their direction. New codes or changes made to the Labeler file might be overwritten by the Semi-Monthly updates as Medi-Span adds to the file.

```
            Enter Labeler's Code (first 5 digits of NDC) [     ]
                    and Manufacturer's Abbreviation [      ]

            Set Abbreviation to 'delete' to remove Labeler's Code.
```

Delete a Request Item

The 'Delete a Request Item' function is used to delete an item from the request file. This would typically be used to remove drug requests that were returned as 'Unknown Manufacture/Invalid NDC #', or 'Inactive' or similar.

After selecting this menu option, the following will be displayed:

Enter the line number of the item to be deleted from the request file. In the example shown

```
  Drug NDC#   Drug Name      Strength Form  A/C   C/C2  P/C2  GPI
  AWP

1 12345679111 TEST DRUG                    999   999   999




          Enter the number of the item to delete or enter 'I' to
          delete all items with 'Invalid NDC' numbers [ ] (#/I)
```

above, to delete the request item for the 'Test Drug', the user would enter '1' in the space provided and press Enter for it to delete.

SHF2 For Detailed Information

Pressing Shift F2 will display a screen with detailed information as to what is downloaded when using the Drug Information System.

```
            Additional Drug Information Notes

  These functions allow you to create a list of drugs that need the
  Medi-Span Codes and basic information.  This list can then be
  transmitted to FSI.  Upon reception at FSI, the NDCs of the request
  list will be compared to the drug data base maintained at FSI.
  Drugs found will be returned in the response file.  Drugs 'not on file'
  will be forwarded to Medi-Span daily.  You may request these 'not
  on file' item's information on the next business day.
  Cut-off time for submitting drugs 'not on file' for retrieval on the
  next business day is 2:30pm Mountain Standard/Daylight Time.
       NOTE: Selections 5 (Retrieve) and 6 (Apply) are automatic
              if option 4 (Transmit) is successful.

  Always updated: Aller Chek, Cross Check, Patient Consultation,
  GPI, Interaction 2, Patient Consultation 2
  Conditionally updated: Drug Name, Strength, Form, Drug MFG
  Generic Name, Generic/Brand Indicator, Drug Schedule, OTC. (if blank)
  AWP Price (if blank or if requested)
  California Only: MAC Price, Welfare#, Welfare Code, DME, Cont.Therapy,
  Medicaid Limit Exempt. (if blank)


            Press Any Key to Return
```

Compound Drug Maintenance

```
            D R U G   C O M P O U N D   M A I N T E N A N C E

                     F O R M U L A S

              1. Make a Formula (Additions)
              2. Amendments
              3. Delete
              4. List
              5. Batch Record Maintenance

              Enter Your Choice




       <F2> Index
```

The 'Compound Drug Maintenance System' is a additional (optional) software system that can be added to the 'Pharmacy Management System' to allow a compound to be added to the system, and the ingredients (components) defined for the compound. The 'Compound Drug Maintenance System' also allows for the ingredients to be transmitted to third party payors as well which is sometimes required for the pharmacy to be paid a compound price for the compounded prescription. For more information about the 'Compound Drug Maintenance System', please refer to **Chapter 16** of this manual.

Print Drug/Shelf Labels (Dymo)

```
                    P R I N T   D R U G   L A B E L

        Enter the Drug To Print  [                        ]
```
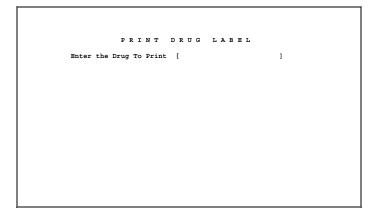
This program is used to print a label to be placed on drug bottles or drug shelves. After selecting this menu option, the following screen will be displayed:

Enter a drug to have the label printed for. This can be done any number of ways: entering the drug code, entering the name and selecting the correct drug from the provided list, or entering the drug NDC number can select the drug.

After entering the drug for the label to be printed for, the following screen will be displayed:

Enter the number of labels to be printed, and press [Enter]. The label will be printed to the Dymo label printer.

```
        P R I N T   D R U G   L A B E L

        Drug NDC  12345679111
            Name  TEST DRUG

        # of Labels to Print  [1 ]
```

The printed labels include the following information:

```
        Drug Name  Strength  Form  Manufacture
              Barcode of the NDC number
                   NDC number

                  Pharmacy Name
```

This label is printed to the 'Old Style Receipt Printer' entry in the printer map. This option in printer map should be set to 'D' for Dymo. This program will always use the third printer specification, not the specified printer port in the printer map.

Print N.Y. Price Schedule

```
        N . Y .   D R U G   P R I C E   S C H E D U L E

   This Program Prints a list required by New York State law.

   This Program Prints all drugs which have an 'ny' followed by
   a number (qty) in the drug 'Special Case' Field along with
   it's U & C Retail Price.

   Put Paper in the Printer and Press Any Key to Start Printing.
```

The 'Print N.Y. Price Schedule' is a function added to the Pharmacy Management System to ease the pain of New York to comply with the law for published prices of selected items.

This program prints a list of all drugs whose 'Special Case' field contains 'ny' followed by a number that is used as the printed quantity. This list will print the drug name, strength, form and the U&C (retail) price for the quantity derived from the Drug Special Case field.

EXAMPLE: If a drug's published quantity is 30, set the drug's 'Spec. Case' field to 'ny30'.

To print the list, press ⌜Enter⌟. The list will be printed to the report printer.

4. Doctor File Maintenance

```
          D O C T O R   M A I N T E N A N C E

          1.  Additions
          2.  Amendments
          3.  Doctor List (Code Sequence)
          4.  Doctor List (Name Sequence)
          5.  Delete a Doctor
          6.  Doctor's Script Summary
          7.  Doctor's Birthdate List
          8.  Doctor T.P. Code Setup
          9.  Merge Doctors


          Enter Your Choice
```

The 'Doctor Maintenance' menu option from 'Utilities Menu' is used to add and maintain the information for the doctors that have prescribed prescriptions dispensed by the pharmacy. After selecting menu option '4. Doctor Maintenance', the screens shown here will be displayed.

Each of the menu options shown on this screen will be discussed individually in the following pages of this manual.

Additions / Amendments

```
                     D O C T O R   A D D I T I O N S
     Doctor CODE  [    ]           Misc ID # [          ]
           Name  [                    ]  (Last,First)
        Address  [                    ]
    2nd Address  [                    ]
           City  [            ]
          State  [  ]  Zip [       ]
          Phone  [             ]  Phone #2  [              ]
      Fax Phone  [             ]  Location  [       ]
          DEA #  [           ]  State Lic # [           ]
         UPIN #  [           ]    NPI/HCI # [           ]
          Title  [   ]  (MD,DDS,DO,ND,OD,DVM,etc.)    Taxable [ ]
  Sup Phys Name  [           ]  (For PAs,Nurses,etc)
      Misc Note  [          ]     Discont'd [N]  Call/Fax Pref [ ]
  Allow Gen Sub  [Y]            Birthdate.[       ] (mmddyycc)
  Provider No 1  [           ]      # 2 [           ]
  Provider No 3  [           ]      # 4 [           ]
  Provider No 5  [           ]      # 6 [           ]
  Provider No 7  [           ]      # 8 [           ]


   F6 To Start With Another Doctor Record
```

The 'Additions' and 'Amendments' menu options will be discussed together since the information is the same for both. Select 'Additions' if you are adding a new doctor to the 'Pharmacy Management System', and select 'Amendments' if you are making changes to a doctor previously added to the 'Pharmacy Management System'.

If 'Additions' is selected, the screen shown above will be displayed. If 'Amendments' is selected, an example is shown below.

F6 To Start With Another Doctor Record

Pressing F6 will allow a new doctor to be added to the file copying information from an existing doctor. This comes in handy when adding doctors (and NP's, PA's, etc) at the same address as another doctor, or when adding a doctor that works at multiple addresses.

After pressing F6, enter in the code of the doctor to be copied from. If the code does not fill the code field, then press Enter. All of the information from the doctor being copied from will be loaded onto the screen with exception of the 'Doctor CODE'. Make sure to change the appropriate fields for this new doctor.

<u>Doctor CODE:</u>
This optional field is used to enter a speed abbreviation for the doctor being added or amended. This abbreviation can be one to four characters in length and can be letters or numbers or both. When assigning a doctor a speed abbreviation, it's important to not enter an abbreviation that could be a spelling that a user could enter to find a doctor by name (first four characters of the last name for example).

```
                     D O C T O R   A M E N D M E N T S
     Doctor CODE  [TEST]           Misc ID # [          ]
           Name  [DOCTOR,TEST        ]  (Last,First)
        Address  [1995 N. STATE      ]      N.V. ID # 0
    2nd Address  [SUITE 101A         ]
           City  [OREM        ]
          State  [UT]  Zip [84057   ]
          Phone  [222-4444     ]  Phone #2  [222-4445      ]
      Fax Phone  [785-2966     ]  Location  [       ]
          DEA #  [DEA3434    ]  State Lic # [STL2323    ]
         UPIN #  [           ]        HCI # [           ]
          Title  [MD ]  (MD,DDS,DO,ND,OD,DVM,etc.)    Taxable [ ]
  Sup Phys Name  [           ]  (For PAs,Nurses,etc)
      Misc Note  [          ]     Discont'd [N]  Call/Fax Pref [ ]
  Allow Gen Sub  [Y]            Birthdate.[       ] (mmddyycc)
  Provider No 1  [           ]      # 2 [           ]
  Provider No 3  [           ]      # 4 [           ]
  Provider No 5  [           ]      # 6 [01         ]
  Provider No 7  [           ]      # 8 [           ]
        Scripts          66  Value   $4,103.95     Since
  Last Activity   25 Apr 06
 <F2> Suspension Information
```

Misc ID #:
This field is used to enter an additional
identification number associated with the Doctor for external uses with hospital systems. Currently this field is used only for notation of that ID number, and does not have any actual function within the FSI 'Pharmacy Management System'.

Name:
This field is used to enter the name of the doctor. Enter the name in 'Last,First' (no spaces) format.

Address:
Enter the street address for the doctor. This is a text field, so the address can be entered in any desired way to meet any local, state or federal regulations.

N.V. ID #:
Special feature established for a unique function, not used by the FSI Pharmacy package.

2nd Address:
This field is used to enter in an extended address, like a suite or room number for the doctor. Like the previous 'Address' field, the information entered in this field can be entered in any desired way to meet any local, state, or federal regulations.

City:
This field is used to enter in the city for the doctor. If the name of the city is longer than the space provided, abbreviation will be necessary.

State:
Enter the two character code for the state of the doctor.

Zip:
This field is used to enter the zip code for the doctor. When adding a new doctor the FSI 'Pharmacy Management System' will require either the doctors zip code or DEA number to be entered for the doctor to be saved to file.

Phone:
This field is used to enter the phone number of the doctor. This field is just a text field, so there is no automatic formatting for the number that gets entered. Because of this, it's important that everyone using the FSI 'Pharmacy Management System', enter the phone numbers in the same format. It is recommended to use the area code – exchange – number format. (xxx-xxx-xxxx)

Phone2:
Like the 'Phone' field, this field is used to enter a secondary phone number for the doctor. This field has no automatic formatting for it, so enter the phone number in area code – exchange – number format. (xxx-xxx-xxxx). This field does have extra room in it. This extra room is often used to notate what the number is, like 'CELL'.

Fax Phone:
This field is used to enter the number of the doctors fax machine. The number entered in this field should be entered in the same format used for the phone numbers for the doctors, *UNLESS* the 'Linfax' program is used. If the 'Linfax' program is being used, the number should be entered exactly as the number would be dialed on a fax machine. This would include a '1' if calling long distance. Dashes can be entered, they will be ignored, but **DO NOT** enter blank spaces in the number. As soon as the program encounters a blank space, the number will stop being dialed.

Location:
This field is used to enter a location code to indicate where the doctor is. This is used in conjunction with a configurable software option; 'Track Doctors Locations' found on page # 6 of 'Software Options' to track

where the doctor prescribed the prescription from. This is usually used in clinic environments and when the doctor works at multiple locations.

For more information on 'Track Doctors Locations' and 'Software Options', please refer to **Chapter 8** of this manual.

DEA #:

This field is used to enter the DEA number of the doctor being added or amended. Enter a number and press [Enter] (when finished). The program will automatically perform a check of the DEA number to see if it is valid. If the DEA number is invalid, make the changes necessary or press the [F5] key to disable the DEA check. When adding a new doctor, the FSI 'Pharmacy Management System' will require either the doctors zip code or DEA number to be entered for the doctor to be saved to file. When searching for a doctor when filling a prescription or when selecting a doctor in other areas of the FSI 'Pharmacy Management System', doctors can be accessed by entering the DEA when entered correctly.

State Lic #:

This field is used to enter the State License number for the doctor if required by an insurance.

UPIN #:

This field is used to enter the UPIN number for the doctor. This number is often used by Medicare to identify the doctor. If billing to Medicare parts A & B, this number will most likely be required for the billing.

HCI #:

This field is used to enter the HCI ID number for the doctor. This number may also be referred to as the HCIDEA number or National Prescriber ID number. Some state Medicaid programs and other third party's are starting to use this number as an alternate to using the DEA number.

Title:

This field is used to enter in the title for the doctor being added or amended. This is a text field. Examples are listed to the right of the field, but other titles may be entered. When adding a nurse practitioner or physician assistant, enter 'NP' or 'PA' in as the title and be sure to enter the supervising physicians last name in the 'Sup Phys Name' field.

Taxable:

This option allows you to mark this Doctor as a 'taxable' prescriber and the FSI 'Pharmacy Management System' will automatically calculate the tax for the prescriptions written by this Doctor.

Sup Phys Name:

This option allows for the name of the responsible doctor when the Doctor Code is set to a Physicians Assistant or Nurse Practitioner. (Note: The name of this Sup Phys will print behind the PA or NP on the label).

Misc Note:

If desired, enter a note regarding the doctor or his office. This note will display in the ***Prescription Pathway***. If the first character of this note is an asterisk, the system will ask you to acknowledge the note in the ***Prescription Pathway*** by pressing the [ESC] key.

Discontinued:

If the doctor's record is no longer used, set this field to 'Y'. The doctor will not show on a doctor search.

Call/Fax Pref.:

This field is used to specify the doctor's preference of being faxed or called. Enter a 'F' for fax preference or 'C' for call preference. If 'F' is entered, on the 'Rx Status screen', the 'Immediate Refill Request' and 'Stored Refill Request' options will be highlighted indicating the fax preference. If 'C' is entered for call preference, the 'Call Doctor Label' option will be highlighted.

Allow Gen Sub:

If you place a 'Y' or 'N' in this field, the system will remind you that the doctor allows or does not allow generic substitution.

Birthdate (MMDDYYCC):

This field is used to enter in the date of birth for the doctor. This is an optional field. If the date of birth is entered, lists of doctors by birth month and birth week can be printed using the 'Doctors List by Selected Fields' report available under 'Sundry Printouts' and 'Doctor's Birthdate List' in 'Doctor Maintenance'.

For more information about the 'Doctors List by Selected Fields', please refer to **Chapter 6** of this manual.

Provider No 1 thru 8:

Some third parties may require a unique doctor identification number. Enter the ID numbers in these fields. The insurance company file can be configured to use these fields during prescription billing.

If you are using the market data system, the doctor record must have a DEA or ZIP code in order for the system to accept the doctor's information. If neither is present, the computer will respond with the message "**Must Have DEA or ZIP.**" Make the necessary changes and continue.

Note: When you make a change to an existing doctor record, the change will be reflected in all of the prescriptions that correspond to that record.

<F2> Suspension Information

```
        D O C T O R   S U S P E N S I O N   I N F O R M A T I O N

   ON Suspension Date .[      ] (mmddyycc)
 LAST Suspension Date .[      ] (mmddyycc)
    Leave 'LAST Date' blank for indefinite

              Level  [ ] (All, Sched 5-2)
         Suspension Level:
           A - ALL drugs
           5 - Schedules 5,4,3,and 2 are inhibited
           4 - Schedules 4,3,and 2 are inhibited
           3 - Schedules 3 and 2 are inhibited
           2 - Only Schedule 2s are inhibited
```

From the main screen of 'Doctor Amendments', pressing the F2 key, an option shown in the bottom left corner of the screen, will bring up the screen shown here. This screen allows for information to be entered specifying if the doctor is on suspension, when the doctor was last on suspension and the level of drugs that the doctor can dispense. After entering the appropriate information, press Enter to save the changes made. The program will return to the main screen of 'Doctor Maintenance'. If any changes are made to this screen, press Enter to save them or press F1 to leave 'Doctor Maintenance' without saving the changes.

ON Suspension Date:

This field is used to specify the start date of the suspension. The date should be entered in MMDDYYCC (month, day, year, and century) format.

LAST Suspension Date:

This field is used to specify the last date of the suspension. The date should be entered in MMDDYYCC (month, day, year, and century) format. Leaving this field blank will cause the suspension to run for an indefinite period of time from the start of the 'ON' date.

Level:

This field is used to specify what drug level the suspension is for. Enter the appropriate level. When a suspension ON/LAST is entered and a level defined, during the dates between ON/LAST, prescriptions will not be allowed to be entered for drugs matching the specified level entered here.

The levels are:
A – ALL Drugs. This will cause that no drug be dispensable during the suspension period.
5 – Schedules 5,4,3, and 2 are inhibited. Prescriptions for drugs of these schedules will not be allowed.
4 – Schedules 4,3, and 2 are inhibited. Prescription for drugs of these schedules will not be allowed.
3 – Schedules 3 and 2 are inhibited. Prescriptions for drugs of these schedules will not be allowed.
2 – Only Shedule 2's are inhibited. Prescriptions for schedule 2 drugs will not be allowed.

Add/Amend Screen #2

The second page of the 'Doctor Amendments' allows for the email address, 'Doc-PH' prescriber ID #, and the 'Doc-PH' prescriber type code to be entered. This information is used by various electronic prescribing systems like 'Sure-Scripts' and 'WebMD'.

After entering the appropriate information in this screen, press Enter to save the changes. The next screen of doctor amendments will be displayed.

```
                    D O C T O R   A M E N D M E N T S

              Doctor:  DOCTOR,TEST
                       1995 N. STATE
                       OREM, UT  84057

                      Email  [                              ]
       DOC-PH Prescriber ID  [                ]
          ''        ''  Type [   ]  (CRX,SSC,WMD,PXM,ESC)
```

Add/Amend Screen #3 – Physician Order Entry

After entering the appropriate information on the second screen of 'Doctor Amendments' and pressing Enter, the screen shown here will display *IF* the 'FSI Physician Order Entry' software system has been purchased and activated. This screen is used to specify security and user options for each doctor.

```
                    D O C T O R   A M E N D M E N T S

              Doctor:  DOCTOR,TEST
                       1995 N. STATE
                       OREM, UT  84057

        Enter Doctor's Password  [            ]
           Password Expiry Date .[        ]  (mmddyycc)
          Default Pharmacy Site  [  ]
      Disp Hist If NO Prev Care  [ ]  (Y,N)
      Disp ALL If ANY Prev Care  [ ]  (Y,N)
      Allow Access to Utilities  [ ]  (Y,N)
```

Enter Doctor's Password:
This field is used for the password for the doctor to be entered and maintained. This field is case specific. When a doctor attempts to sign into the 'Physician Order Entry' system a prompt for their doctor code will be displayed. The doctor will need to enter their code as entered into the doctor file on the pharmacy system. Then a prompt for password will come up. The doctor will need to enter the exact (case sensitive) password as entered on this screen.

Password Expiry Date:
A date in mmddyycc format may be entered in this field. If a date is entered, on or after this date, the password entered will no longer be valid, and a new password will have to be assigned.

Default Pharmacy Site:
This field is used by pharmacies using the FSI 'Multi-Site' system. If using this system, enter the site (pharmacy) the order entry process should default. The site can be changed, this is just a way to specify which one to use by default.

Disp Hist If NO Prev Care:
This field is used to control whether the doctor should be able to see the patients' prescription history if no previous history is found for the doctor when the history is displayed. Enter a 'Y' in this field for the doctor

to be able to see the patient prescription history without prior prescribing history. Enter a 'N' in this field for the doctor to not see patient prescription history without prior prescribing history.

Disp ALL if ANY Prev Care:
Setting this field to a 'Y' will allow the doctor to see prescription history for all doctors if this doctor has any prescribing history for the patient.

Allow Access to Utilities:
This function is used to control access for this doctor to the Utility Programs for the 'Physician Order Entry' system.

Doctor List (Code Sequence)

From the Doctor Maintenance screen select Doctor List - Code Sequence. A screen similar to the following will be displayed:

This report will list all of the doctors in the Pharmacy Management System in alphabetically order of their 'code'.

```
                    D O C T O R   L I S T S

                 Is The Printer Ready? (Y,N)
```

Doctor List (Name Sequence)

From the Doctor Maintenance screen select either Doctor List - Name Sequence. A screen similar to the following will be displayed:

This report will list all of the doctors in the Pharmacy Management System in alphabetically order of their name.

```
                        D O C T O R   L I S T S
                     Is The Printer Ready? (Y,N)
```

Delete A Doctor

From Doctor Maintenance select 'Delete a Doctor':

Enter the name of the doctor you wish to delete.
When a doctor has been deleted, the doctor will
not show up in a regular name search. The doctor
can still be accessed however by typing in either
the Doctor's code, or by placing an * in front of the
name.

If the doctor has been deleted by mistake, the
deletion can be reversed. To reverse the deletion,
access the doctor through 'Doctor Amendments', using either the doctor code or an * in front of the doctor's name.
 The 'Discont'd' flag should already be set to 'N'. Press enter to save and the deleted flag will be cleared. This
procedure will 'Un-Delete' the doctor.   It is also possible to delete all doctors who have not had prescriptions filled
since a specified date.

```
            D O C T O R   D E L E T I O N S

         Doctor  [                ]

      or enter date (MMDDYYCC) to delete doctors with
      no activity since the entered date.
```

Doctor's Script Summary

From **Doctor Maintenance** select **Doctor's Script Summary**. A doctor script summary will list the doctors on file, the number of prescriptions written by each doctor, and the total dollar values of those prescriptions.

This is a cumulative report. When you zero the totals, the new totals will accumulate from then until the next time you print the list and zero the totals.

```
D O C T O R ' S   S C R I P T   S U M M A R Y
         Make Sure The Printer is Ready.
        Shall We Zero the Totals? (Y,N)
```

Doctor's Birthdate List

From the Doctor Maintenance menu, select
Doctor's Birthdate List.

A doctor birthday list will print the doctors who
have a birthday during the month specified. The
month is entered in two-digit form. I.e., 02 = FEB;
10 = OCT.

```
Print Doctor's Birthdate List by Month

Make Sure Paper is loaded in the printer.

And Enter the Month You Wish  [  ]
```

Doctor T.P. Code Setup

Enter Doctor T.P. Code Setup from Doctor Maintenance.

Each doctor record has space for eight third party provider numbers. Option ①, *Copy DEA Codes to T.P.*, will enter the doctors' DEA number into the Provider # you specify. This is a global function - every doctor record will be affected. Option ②, *Clear T.P. Doctor Codes*, will clear the Provider # specified. This also affects every doctor record.

```
     T. P.   D O C T O R    C O D E S   S E T U P

          1.  Copy DEA Codes to T.P.
          2.  Clear T.P. Doctor Codes

          Enter Your Choice
```

Merge Doctors

This option will merge two doctors and update the script information for the remaining doctor. Upon selection of this option you will be given a help screen with instructions to follow to complete this process.

After reviewing the instructions displayed on the above shown screen, press Enter. The following screen will be displayed:

```
This program merges the dispensings of two doctors.

ie.  DR J BROWN / DR JOHN BROWN

The doctor name entered first will be the one RETAINED.
ie.  Enter the first doctor's name:  DR J BROWN (Return)
     Enter the second doctor's name:  DR JOHN BROWN (Return)

The program will now merge the scripts for DR JOHN BROWN
to those held for DR J BROWN.  DR JOHN BROWN will be DELETED
automatically from the doctor file.

Press ANY KEY to continue.
```

In the first field enter the name, speed code or record number of the doctor that is to be kept. After typing in the first doctor, press the Tab or ↓ key to move to the next bracket. Enter in the name, speed code or record number of the doctor that is to be deleted. After entering both doctor's, press Enter.

```
        Enter First Doctor's Name   [              ]  (Keep)

        Enter Second Doctor's Name  [              ]  (Delete)
```

Depending on what was entered for each doctor, if multiple matches (or if doctor names were used) a listing of matches will be displayed. Depending on the search, an indicator will be displayed at the bottom of the screen prompting the user of which doctor is being verified. An example of this is shown below:

In the above shown example, the bottom left corner is prompting the user to 'Choose 1st Doctor'. From the list displayed, enter the number displayed to the left of the doctor line of the doctor that is to be kept.

```
        Enter First Doctor's Name   [DOCTOR        ]  (Keep)

        Enter Second Doctor's Name  [DOCTOR        ]  (Delete)


1. T2    DOCTOR 2,TEST
2. TEST  DOCTOR,TEST MD 1995 N. STATE  222 4444  DEA3434

R:Re-enter; 1-2:Select One




Choose 1st Doctor
```

Following the selection entered, a screen very similar to the previous might be displayed prompting the user to 'Choose 2nd Doctor'. If this is the case, enter the number displayed to the left of the doctor line of the doctor to be deleted. This **should not** be the same doctor as the first one selected. IF it is, the program will not merge the doctors.

```
        Enter First Doctor's Name   [DOCTOR        ]  (Keep)

        Enter Second Doctor's Name  [DOCTOR        ]  (Delete)


1. T2    DOCTOR 2,TEST
2. TEST  DOCTOR,TEST MD 1995 N. STATE  222 4444  DEA3434

R:Re-enter; 1-2:Select One




Choose 2nd Doctor
```

If the options are picked correctly, the second doctor will be merged into the first, all prescriptions that were written to the second doctor will be updated to the first, and the second doctor will then be deleted. A doctor deleted by using the merge

process cannot be un-deleted.

Because of the sensitivity of the doctor merge program, if you are unsure how to do the merge, or if the merge should even be done, please contact the **Foundation Systems Technical Support Helpdesk** @ **801-785-7720** for assistance.

Another alternative to merging a doctor if duplicate doctors are entered in the Pharmacy Management System is to mark the duplicate doctors as **discontinued**. This selection was discussed earlier in this chapter.

```
        Merging DOCTOR,TEST (keep)

          AND DOCTOR 2,TEST (delete)

           Is this Correct? [   ] (YES,NO)



        BE SURE you REALLY Want to DO this merge!!

    WARNING:  ALL scripts currently assigned to the doctor to
   be DELETED will be assigned to the doctor to keep.  This
   process is  IRREVERSIBLE.  Once the scripts have been assigned
   to the retained doctor there is no way to restore the scripts
   and deleted doctor without a complete restore from backup!
```

5. Third Party Processing

```
T H I R D   P A R T Y   P R O C E S S I N G

    1.  Insurance Company Maint
    2.  Charge Script to Third Party
    3.  Print Third Party Forms
    4.  Edit Third Party Invoices
    5.  Third Party Drug Exclusion Groups
    6.  Third Party Pricing Groups
    7.  Allocate Third Party Funds
    8.  Electronic Data File (Batch) Billing
    9.  Modem Reversals, Switches, Formats, Etc.
    A.  Third Party Accounts Receivable
    B.  OTC Billing (ELCF23)
    C.  Auto Charge Script to Third Party
    D.  Managed Care Formulary Names Maint
    E.  Print Care Claim Forms
    F.  Medicare Functions
    G.  Third Party Authorization System
    H.  Modem Claim Log
    I.  Auto Charge 'UNBIL'led claims
    J.  Auto Transmit to 'CASH'

        Enter your choice.
```

This menu option from the 'Utilities Menu' allows the users of the FSI 'Pharmacy Management System' to setup, maintain, bill and reconcile prescriptions to third party companies and various other payers or plans.

From the 'Third Party Processing' there are several menu options available. Each of these options will be discussed individually in the following pages of this manual.

Insurance Company Maintenance

```
I N S U R A N C E   C O M P A N Y   M A I N T E N A N C E

    1.  Add/Amend Third Party Record
    2.  Enter Payment
    3.  List Third Parties
    4.  Script Financial Report /Third Party
    5.  Delete Third Party
    6.  Change Claim Form Numbers
    7.  Cut Third Party For Update
    8.  Amend Third Party Prov. Numbers
    9.  Print 1 Inch Labels of Contact Names

    Enter your choice.
```

'Insurance Company Maintenance' is the first and most used menu options of 'Third Party Processing'. From 'Insurance Company Maintenance' new third parties or plans can be added, existing ones maintained, lists printed, and more.

After selecting the 'Insurance Company Maintenance', the screen shown above will be displayed. Each option will be discussed below.

Add / Amend Third Party Record

```
            Insurance Company Add/Amend

    Ins. Code to Add/Amend  [     ]
        F3 - Search by Name
```

After selecting menu option '1. Add/Amend Third Party Record', the screen shown here will be displayed. To add a new third party, enter the new code (a code not already used) and press Enter if the code does not fill the entire field. To amend an existing third party, enter the code to be amended and press Enter if the code does not fill the entire field.

The Add / Amend Third Party record will be discussed in two sections, Addition's and Amendments. The first screen of the third party setup will be covered in additions, with the remainder of the setup screens under Amendments.

As shown on the screen, in addition to searching for third parties by code, a search can be performed to find previously added third parties by pressing F3.

F3 – Search by Name:

To bring up an existing third party profile, the code of the third party must be entered. If the code is not known, pressing the F3 key allows the user to search the third party file by the name of the insurance.

As shown here, after pressing the F3 screen, the user can search for third parties in 3 different ways. Those are discussed here.

```
            I n s u r a n c e   F i l e   S e a r c h



     Insert T.P. To Amend [                   ]
        You May Search By  Insurance Name
                          !Insurance Code
                          :Ansi Bin#
                     F7- Search Insurance Reference File
```

Insurance Name:
The default search is by the name of the third party. Simply enter the partial or full name of the third party to be searched for and press Enter. A list of the found matches will be displayed. If the insurance being searched for is found, enter the number shown left of it's name and that insurance will be recalled and displayed on the screen.

! Insurance Code:
To search for an insurance by code, or to see if a specific code is already being used, enter a '!' and then enter the code to be searched for. Press Enter. The results of the search will be displayed on the screen.
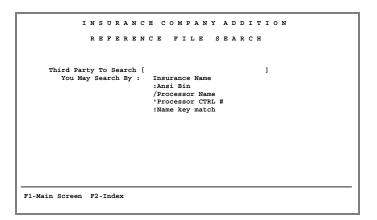
: Insurance Bin:
To search for an insurance company by bin number, enter a ':' and then enter the bin number to be searched for. Press Enter. The results of the search will be displayed on the screen.

F7 – Search Insurance File

If the insurance being looked for is not being found in the insurance file of the 'Pharmacy Management System', pressing the F7 key allows the user to search a reference file of insurances provided by Emdeon-WebMd/Envoy. From the Reference file insurance companies can be searched through by Name, Bin, Processor Control Number, Processor Name, etc. If the desired insurance is found in the reference file, it can be added to the 'Pharmacy Management System' third party file by entering the list number shown on the list and entering an unused third party code and press Enter to save it.

```
         I N S U R A N C E  C O M P A N Y  A D D I T I O N
            R E F E R E N C E   F I L E   S E A R C H


     Third Party To Search [                       ]
        You May Search By :   Insurance Name
                             :Ansi Bin
                             /Processor Name
                             'Processor CTRL #
                             !Name key match




     _____
     F1-Main Screen  F2-Index
```

Additions

If the Insurance Code entered is not on file, the following screen will be displayed:

When adding a new third party plan, a message will display at the bottom of the screen:
"Press F6 To Start With Another Third Party Record"   "F7 Search Ins. Reference File".

```
     I N S U R A N C E   C O M P A N Y   M A I N T E N A N C E

  Insurance Company Code  [    ]  Grp Code [    ]  Alt Bill Code [    ]
      Company/Plan Name   [                       ]
  Submitter (Pharmacy) Name [                     ]
     Pharmacy Provider #  [             ] Qual. [ ] (1-9,A-F,G='99')
 Use Drug Notes,(2nd,Both) [ ]  (Y,N)   [ ] Generic Required
    For Third Party Billing [ ]  (Y,N)
         Claim By Modem   [ ]  (Y,N,M)
    Use Doctor ID Number  [ ]  (Dea,St#,TP1-8,Upin) Qual. [ ] (1-9,A-F,G)
     Use Drug ID Number   [ ]  (NDC,St#,TP ID.#1-8) Qual. [ ] (1-9,A-F,G)
          Printed CF#     [ ] Electronic CF# [  ]
     Modem Switch Code    [    ]        Allow 'Preferred' Change [ ]
     ANSI Bin Number      [     ]
     Processor Ctrl#      [           ]    Certification# [         ]
     Processor Ctrl#      [           ]    Certification# [         ]
     Cost Selections      [         ] (CcBDEFGIOPTtUu)
     Misc. Selections     [            ] (AabCDdEIiMmNnrstZ04RR)
   DAW Codes Permitted    [        ] (blank = any)
               Note       [                        ]
       _____
   F6 To Start With Another Third Party Record F7 Search Ins. Reference File
```

F6 – Start With Another Third Party Record

When you press **F6** you will be asked to enter an insurance code with which to start. Enter a code, and the information from that plan will default into the fields for the new plan. The information may then be modified as needed. It is recommended when copying from an existing insurance, to copy from one that will have a similar pricing setup, and to not use Medicaid plans.

Pressing **F7** will go to the Insurance Reference file. These options were discussed earlier in this section.

When adding a new third party, fields of note on this screen are:

Amendments

To amend a third party that is already entered in the 'Pharmacy Management System', after selecting '1. Add/Amend Third Party Record' from the 'Insurance Company Maintenance' menu, enter the code of the third party to be amended. The screen shown here will be displayed. For example purposes, 'Paid Prescriptions' insurance company is being used.

Each field on the screen is discussed below:

```
     I N S U R A N C E   C O M P A N Y   M A I N T E N A N C E

  Insurance Company Code  [TEST ]  Grp Code [    ]  Alt Bill Code [    ]
      Company/Plan Name   [TEST INSURANCE       ]
  Submitter (Pharmacy) Name [                   ]
     Pharmacy Provider #  [1234567      ] Qual. [7] (1-9,A-F,G='99')
 Use Drug Notes,(2nd,Both) [N]  (Y,N)   [N] Generic Required
    For Third Party Billing [Y]  (Y,N)
         Claim By Modem   [Y]  (Y,N,M)
    Use Doctor ID Number  [D]  (Dea,St#,TP1-8,Upin) Qual. [ ] (1-9,A-F,G)
     Use Drug ID Number   [N]  (NDC,St#,TP ID.#1-8) Qual. [3] (1-9,A-F,G)
          Printed CF#     [0] Electronic CF# [0 ]
     Modem Switch Code    [RSI ]        Allow 'Preferred' Change [ ]
     ANSI Bin Number      [610014]
1st  Processor Ctrl#      [HDS        ]    Certification# [HDS     ]
     Processor Ctrl#      [           ]    Certification# [        ]
     Cost Selections      [uCFGDE   ] (CcBDEFGIOPTtUu)
     Misc. Selections     [            ] (AabCDdEIiMmNnrstZ04RR)
   DAW Codes Permitted    [2345678 ] (blank = any)
               Note       [                        ]
SF1 Switch Maint.                                          SF2 HELP
   _____
   F2 Price Table F3 Required Info F4 TPE & TPP F5 Misc Sel. F6 Statistics
```

Insurance Company Code:
Enter a two to five character (must be more than one character, do not use a one character abbreviation) code identifying this plan. If the plan is a form of California Medicaid, the code selected needs to be 'CALX', 'CAL', 'CAWF', or 'CAL1' to 'CAL9'. All other state Medicaid plans require the last two digits of the code to be 'WF'. Additionally, there are several plans that must stay unmodified: CA = Cash; SC = Senior Citizens; CASH = special Third Party cash applications; and UNBIL = conditional Third Party setup for reversed claims.

Note: Do Not use an asterisk *, slash /, or period . in the abbreviation code of an Insurance Company Code.

Grp Code:
This field is used to group individual insurance plans together for reporting, and billing purposes. It is most commonly used to group plans together that have the same processor. This is convenient when printing recon, or batch recon or batch billing.

Alt Billing Code:
Using the alternate billing code, another insurance company plan may be linked to this plan. This is useful if you need an alternate way of billing the same insurance company.

For example, there are certain drugs that will not be paid on-line and need to be billed by paper or by an electronic data file. California Medical accepts most claims via modem, however OTC's and a few other products are not accepted on-line and must be billed by data file or paper claims. Using the Alt billing code, both forms of billing may be used by entering the other plan's code in this field, and vise-versa. Both plans will share the same patient information.

To use the alternate billing code while filling a prescription, press F6 at the pricing screen. The billing will be switched from the primary insurance to the insurance company indicated in the primary insurance's alternate billing code. It is very useful to connect Insurance Company's together by using the ALT-Bill code to perform the linking.

DO NOT use a ALT Bill code for an insurance that requires different patient information.

Company/Plan Name:
Enter the name of the insurance plan in this field. When billing an electronic third party, this field will not be transmitted, but is still required to be filled in. When billing to a paper invoice, the name is printed on plain paper forms.

Submitter (Pharmacy) Name:
The name field is used by a few plans (For Example: California MediCal) to identify the pharmacy. It is not generally used for on-line plans.

Pharmacy Provider #:
Enter the identification number assigned to your pharmacy by the insurance company. Generally, this will be the pharmacy's NCPDP number.

Qual.:
This field is used to enter the 'qualifier' for the 'Pharmacy Provider #'. This field has 9 valid numeric settings. The two most common settings are 5 and 7. 5 will indicate to the third party that a Medicaid ID number is being used as the pharmacy identifier. 7 will indicate that the NCPDP number is being used.

Use Drug Notes (2nd, Both):
A 'Y' here turns on the primary drug notes function. These notes will appear during the prescription pathway. Entering a '2' will use the secondary drug note file. 'B' will check both files. The drug notes may be used to indicate limits of coverage, etc. For more information regarding drug notes, please refer to Chapter 3 of this manual.

Generic Required:
If the insurance plan requires a generic product be substituted when available, entering a 'Y' will force a Dispensed As Written, DAW, flag during the prescription pathway if the product is a name brand and has a valid generic cross reference code.

For Third Party Billing:
This field controls who is going to pay for prescriptions billed to this code. Entering a 'Y' in this field will bill someone other than the patient. This can be by electronic billing over the modem or internet vi each claim or batch method. Entering a 'N' in this field bills the patient, making the third party a 'CASH' style of billing.

Claim By Modem:
This field is used to control how prescriptions are to be billed when the 'For Third Party Billing' is set to a 'Y'. Each option is used specified below:
'Y'= On-line modem or internet billing. Limit one claim per transmission.
'N'= Billing over the modem in a 'batch' method. Also used for paper (invoice) billing and cash (patient pay).
'M'= Multi-script on-line modem or internet billing. Up to 4 claims per transmission. This is however limited to

how many the third party is capable of accepting.
'1'= Limit of 1 on-line modem or internet claim per transmission.
'2'= Limit of 2 on-line modem or internet claims per transmission
'3'= Limit of 3 on-line modem or internet claims per transmission

Note: If you select 'M, 2, or 3' and one of the claims is rejected you cannot edit the rejected claim on the response screen like you can on a single claim. You will have to retrieve the claim from the 'UNBIL' file, make the edits and then send the claim again.

Use Doctor ID Number:
Each doctor record contains a field for a DEA number, a State ID number, eight provider numbers, sPIN #, or Upin #. Enter 'D', 'S', '1' – '8', 's', or 'U' to indicate which doctor ID field this insurance company should access.

Qual:
This field is used to enter the 'qualifier' for the 'Use Doctor ID Number'. This field has numerous values. The most common for third parties is to leave this field blank. When the 'Use Doctor ID Number' field is set to a 'D' for DEA number (the most common setting) a 12 will automatically be sent as the qualifier for the doctor.

Use Drug ID Number:
Each drug record has a field for an NDC number, a State ID number, and third party drug codes. Enter 'N', 'S', or '1' – '8' to indicate which drug ID this insurance company should access.

Qual.:
This field is used to enter the 'qualifier' for the 'Use Drug ID Number'. This field has 9 valid numeric settings. The most common settings is a 3. 3 will indicate to the third party that a NDC number is being used as the drug identifier.

Printed CF #:
Printed CF# refers to the pre-programmed format setup within the software. A list of the formats can be viewed under the "Print Alignment Forms" under the "Print Third Party Forms" menu.

Electronic CF#:
Electronic CF#'s refer to the different ways of arranging the data when submitting to a third party electronically. A list of the valid Electronic CF#'s may be viewed by entering Third Party Processing, Electronic Modem Billing, List Modem Claim Numbers. Enter the applicable claim form number for this plan. Usually 53 or 54 for NDC modem claims (sometimes 63 or 64), for RSI, RSIS, RSI2, ALLW, NDCIP and NDCI internet claims can only be 53 or 54 never a 63 or 64.

Modem Switch Code:
Enter the modem switch code that applies to this insurance plan. The modem switch code will call upon the baud rate, phone number, and network access information needed to send the claim to the switch or processor. Modem switch codes may be added, amended, and listed in Modem Switch Maintenance, located in this section.

Allow 'Preferred' Change:
This field is used to allow or prevent this third party from having it's 'Modem Switch Code' updated to the 'Preferred Switch' in the daily (morning) check routines. If this field is set to a 'Y' and the modem switch code entered is not the switch set as preferred, when the system is first ran after midnight the switch code will be restored to the 'Preferred Switch' as setup in 'Modem Switch Maintenance'.

ANSI BIN Number:
This number identifies the processor. It is generally obtained from the insurance contract. Sometimes the customer's insurance card will have this 6-digit number.

Processor Control ID:
This field is the most often used field for the valid processor control ID number. The number is usually obtained from the insurance company or processor adjudicating the claim. This was known as the submitter number in prior software versions. It is recommended to always use 1 set of the Processor Control ID & Certification# for

NDC, and the other for Envoy. In the Modem Switch Maintenance, the user specifies which set of Processor Control ID & Certification# to use.

Certification#:
This field is used to identify the FSI software to the insurance company. This is only used when a Third Party requires the software vendors to certify that the software is capable of transmitting to their computer system. The codes or values for this field will vary between insurances, and the switch that is being used for the transmission. Due to this factor, there are 2 Certification# fields available. As stated above, it is recommended to always use 1 set of the Processor Control ID & Certification# for NDC, and the other for Envoy. These fields will only be used on NCPDP format 5.1.

Cost Selections:
Enter the cost selections as required by the insurance company:

'**C**'= Sends the drug's AWP as entered on the 2nd screen of the Drug Amendments.
Example: Price - AWP = Transmitted Fee

'**c**'= Sends the drug's formulated cost, as calculated from the F2 screen Pricing Formula in the Insurance Company Maintenance setup.
Example: Price - Formula Cost = Transmitted Fee

'**B**'= Establishes what you are defining as your Basis of Cost. (Generally, this is defined by the F2 screen Pricing Formula 'Drug Pricing Field' in the Insurance Company Maintenance setup).

'**D**'= Displays all the cost fields at the end of the script pathway before transmission

'**E**'= Allows the above fields to be edited before transmission.

'**F**'= Sends the fee (total price minus 'selected cost' = fee) set from the F2 screen Pricing Formula in the Insurance Company Maintenance setup.

'**G**'= Transmits the sum of the cost and the fee in the NCPDP "Gross Amount Due" field, and then adds sales tax if calculated on this plan.

'**I**'= When the 'E'dit flag is also active, a field is shown allowing you to enter an incentive amount. If the Insurance plan permits this method, it is a way to bill on-line cognitive.

'**O**'= When the 'E'dit flag is also active, a field is shown allowing you to enter the amount of 'Other Coverage'.

'**P**'= Transmits the NCPDP "Patient Paid Amount" field as set in the pricing screen co-pay field (Prescription Pathway). If this field is transmitted, the returned co-pay may be reduced by the amount transmitted. The processor will assume the patient has already paid this amount (share of cost).

'**t**'= Calculates the Tax for the Patient

'**T**'= Calculates the Tax for the Third Party

'**U**'= Sends the price shown on the pricing screen (Prescription Pathway) in the NCPDP Usual and Customary field as in the Pricing Formula in the Insurance Company Maintenance setup.

'**u**'= Calculates and sends the usual and customary price as formulated in the cash pricing formula.

Misc. Selections:
A   Sends the patient's address, city, state and phone number; Prints the AWP on Medi-Cal form 7
a   Transmits the 'AltProd' & NDC numbers; Aligns the DME information for claim form #31; When sending an online claim, the NDC will be transmitted with the third party 'Use Drug ID' selection will be transmitted as the alternate product

b	Will print the patient's Date of Birth on the printed claim form #27.
C	Copayment Eligible Medi-Cal; Don't print drug name on claim form #29; Print copay on claim form #5
c	Transmits the Patient's Card ID # on a NCPDP 5.1 claim reversal; Transmits the components of a compounded drug when using the 'Compound Drug Maintenance' program (This is an optional system available for purchase. For more information contact the Foundation Systems Sales Office at 800-333-0926.); Sets an insurance as CCS for California
D	If the insurance code is 'WCOMP', it will print more detail on the billing invoice; If the insurance code is anything other than 'WCOMP', the days supply will print on HCFA forms. If printing 'Green Lien' forms, detail will be printed from recon on the Invoice.
DG	Adds 'DG' type authorization for Louisiana Medicaid for NCPDP claims.
d	Sends the doctor's last name on an NCPDP claim; The Drug and Doctor will print on Medical form #7; Prints the drug name on printed claim form #6
E	Sends the patient's employer information. Employer information is linked to the patient through the Miscellaneous Records database. The process is explained in greater detail in Chapter 9 of this manual; Marks box 25 for EIN on HCFA claim form #31
f	Calculates the 'reimbursement' amount for NYWF from a NCPDP claim response.
g	Transmits the patient's group number in an NCPDP claim reversal.
H	Prints Medicare secondary payor information in boxes 11, 11b and 11c on HCFA printed claim form #31
I	Sends the date of injury. The process is explained in greater detail in Chapter 9 of this manual.
i	Sends a TAR #; ignores 'Invalid TAR' warning when there is no number in that field; Inhibits the doctor descriptors (DEA, UPIN, SPIN, ID#) from printing on claim form #31
K	This option is used to get modifiers for on-line Medicare numbers (EZDME, Omnisys, and Allwin)
M	When printing 'WCOMP' billing, printed claim form #19, the patient's Miscellaneous ID will print as the Claim #; If a patient note is entered in 'Patient Amendmenents', the note will print in place of the 'Misc. ID' ;The patient's Misc.ID will print in HCFA box 26 when printing claim form #31; Transmits the 'Procedure ModCodes' for online Medicare billing (EZDME, Allwin, and Omnisys)
m	Calculates the Metric Qty for Medi-CAL claims; Prints the drug manufacturer on Medical form #7; Changes pack size rounding to multiply pack, then round
N	This will allow the drug and doctor names to be printed on the UCF claim form.
n	No co-pay overrides allowed on the On-Line response screen; Prints the patient 'NVID' in box #26 on HCFA form #31
ny	This combination of options is used for New York Medicaid Billing
o	ok to send authorization in NCPDP segment AM07
P	Used for PROCAPP; Sends the patient's plan code
p	Changes pack size rounding to round, then multiply the pack
Q	This option is used when printing HCFA claim forms. When a 'Q' is in this field, the quantity entered in the 'Prescription Pathway' instead of a calculated quantity of 'Prescription Pathway' quantity multiplied by 'Spec. Dispensing Pack Size'.
R	Prints the Rx# in box #26 on HCFA claim form #31
r	Reverses the Doctor name on printed HCFA forms.
S	Marks box #25 for SSN on HCFA form #3; Will not print the TP Pay amount on the Rx Summary report
s	This will make the doctor's 'State License' number print on TAR forms; The patient SSN will be printed on Medical form #7; The message 'Signature on File' will not print on HCFA claim forms 31
T	Disables the message 'Truncating Claim Response' when an online claim is returned with a claim response larger than the FSI claim reference number field.
t	Displays the returned tax separate from the total amount on an NCPDP claim response for NCPDP 3.2 and 5.1; Truncates the package size in the QTY field
txx	When printing HCFA forms, the default setting for field 24D is a 9. Placing a t immediately followed by the desired default service type code will override this default.
Z	Sends the patient's ZIP code.
0	Numeric Zero, sends a blank field for Metric Quantity, as required by some Third Party Insurance companies or processors.
1	Print one claim per claim form
4	Uses the NCPDP 4.0 format (required for special drug compounding program).
-	Sets California Medi-Cal form for compounds on form #7
diag	Sets the claim into diagnostic mode for ncpdp512. This should only be done at the direction of the

Foundation Systems Technical Support Helpdesk.

DAW Codes Permitted:
This option permits the entry of valid DAW codes (0-9) permitted by an Insurance Company, then when prompted for the DAW code in the script pathway and an invalid code is entered, you will be prompted that the entry is denied and another DAW selection must be made. The program always accepts DAW codes 0 and 1. Example: Entering codes '2' and '5' in this field will allow only codes, 0, 1, 2 and 5 to be entered at the DAW entry prompt. Having a value entered in this field (any number 0-9) will cause the DAW prompt to be displayed while filling a prescription for this Third Party.

Note:
This option allows for a small note for reference purposes.

Shift F1:
Press Shift F1 to enter Modem Switch Maintenance. View, add, or amend the modem switch codes as needed. Press F1 to return to insurance company maintenance. Modem switch maintenance is covered in more detail later in this section.

Shift F2:
The 'Shift F2' function on the 'Third Party Amendments' screen is used to display a partial list of the codes and their function description available for use with 'Cost Selections' and 'Misc. Selections'.

```
                COST & MISC. SELECTION DESCRIPTIONS
    Cost Selections:              Misc. Selections:
    c  Cost (formula)             A  Patient Address
    C  Cost (AWP)                 a  Transmit 'AltProd' & NDC
    B  Basis of Cost              b  Patient DOB (cf27)
    D  Display Transmitted Amounts C  Copayment Eligible Medi-Cal
    E  Allow Edit of Amounts      D  WCOMP prints detailed invoice
    F  Fee (price - cost)         D  Use days supply on HCFA
    G  Gross Amount Due           d  Doctor last name
    I  Incentive Amount           E  Employer Information
    O  Other Coverage Amount      I  Injury Date
    P  Patient PAID Amt (NOT copay) i Ignore invalid TAR check (CAL)
    t  Tax on patient             n  No Copay Overrides allowed
    T  Tax on T.P.                P  Patient Plan code (FO)
    u  Usual & Customary          M  WCOMP prints Misc ID as Claim#
    U  Transmit formula as U&C    m  Metric Qty calculation
                                  N  Print drug & doctor Name on UCF
                                  r  Reverse Doctor name on HCFA
    Miscellaneous:               s  Print Doc State Lic.# on TAR
    p  No Phcy Name on MediCAL FormR s Don't print 'Sig','.',Rx on HCFA Inv
oice File on Reversal            txxChange HCFA svc code to 'xx'
    Processor Ctrl is used for HCFA   Z  Patient Zip code
    Fed Tax ID & Medi-Cal Sub.#  4  Use NCPDP 4.0 for Compounds
```

Additional Third Party Setup Screens can be accessed by the keys as noted at the bottom of the Insurance Company Maintenance screen:

F2 Price Table, F3 Required Info, F4 TPE & TPP, F5 Misc Sel., F6 Statistics

F2 Price Table

```
              Pricing Formula For
      Trade Drug Pricing Field  [ ]  Enter 'N' for Cash Pricing
    Generic Drug Pricing Field  [ ]  If 2nd Half Generic Pricing
            Level Qualifier  [ ]  Cost, Days
      2nd Half Generic Pricing  [ ]
Charge The Lessor of U&C & Formula [ ]  [ ] Table Offset if Cost=0 (1-3)
Managed Care Formulary Table Number [0 ] (1-64, Is/Not Covered Table)
    Managed Care Form. Go Thru Level [N]  (C,Y,P Conditional,Covered,Preferred)
       Change to Cash at Max Cost of $[0      ]  Incentive $[0      ][ ](N,R,B)
     Usual & Customary at Max Cost of $[0      ]  Surcharge $[0      ] or %Inc.
If< Than [      ]  Fee is: $[      ]+[0   ]%  CoPay is: $[      ]+[0   ]%
If< Than [      ]  Fee is: $[      ]+[0   ]%  CoPay is: $[      ]+[0   ]%
If< Than [      ]  Fee is: $[      ]+[0   ]%  CoPay is: $[      ]+[0   ]%
If< Than [      ]  Fee is: $[      ]+[0   ]%  CoPay is: $[      ]+[0   ]%
If< Than [      ]  Fee is: $[      ]+[0   ]%  CoPay is: $[      ]+[0   ]%
If< Than [      ]  Fee is: $[      ]+[0   ]%  CoPay is: $[      ]+[0   ]%
If< Than [      ]  Fee is: $[      ]+[0   ]%  CoPay is: $[      ]+[0   ]%
If< Than [      ]  Fee is: $[      ]+[0   ]%  CoPay is: $[      ]+[0   ]%
If< Than [      ]  Fee is: $[      ]+[0   ]%  CoPay is: $[      ]+[0   ]%
OTC Price[      ]  Fee is: $[      ]+[0   ]%  CoPay is: $[      ]+[0   ]%
     Pricing Fields: C=Cost(DP), c=Cost2, W=AWP, P=MISC, M=MAC, m=MAC2
                u=Usual&Cust (copay=%price), U=U&C (copay=%cost)
                N=None, 1-8=T.P.Formularies
   F1-Main Screen
```

The 'Price Table' function is used to setup third party plan specific pricing. Pricing can be controlled on the basis of the drug being brand, generic, or OTC.

Drug Price Field - Trade / Generic:
This is the basis of cost that the formula will use to calculate a total price. The valid options are found at the bottom of the screen, and correspond to a price field found in each drug record:

'**C**'=   Cost, Direct Price (DP)
'**c**'=   Multi-Site cost tracking, unique cost to each store
'**W**'=   Average Wholesale Price (AWP)
'**P**'=   Misc Price
'**M**'=   MAC Price
'**m**'=   MAC2 Price
'**N**'=   None - refers to CASH pricing.
'**u**'=   Usual and Customary with Co-Pay, calculated as a % of total price, Cash instead of cost

'**U**'=   Usual and Customary with Co-Pay
'**1-8**'= Third party formulary 1 - 8
Example: Cost + Fee = Total
$10 + $5 = $15 , if 'U' is selected and there is a 20% Co-Pay the transmitted amount is .20 X $10 = $2; if Au@
is selected, with the same Co-Pay, the transmitted amount is .20 X $15 = $3.

Level Qualifier:
Is the formula based on the cost or the days supply? 'C' and 'D' are the available options. The Days Supply
prompt needs to be set to 'Y' in the Insurance Company Maintenance setup, F3 – Required Info Matrix screen, to
get the 'Days Supply' option when filling a prescription.

2nd Half Generic Pricing:
When this option is set to 'Y', the pricing levels will be divided into two halves. The first five pricing lines will be
used for trade drug pricing, and lines six through nine will be used for generic drug pricing.

Charge The Lessor of U&C & Formula:
Placing a 'Y' here will charge either usual & customary (CASH) or the plan's formulated price, whichever is less.

Table Offset:
This option allows an alternate pricing line if the selected cost basis of a drug is zero. For Example: if a Third
Party wanted the following defaults:
1) Trade, AWP - 11% + $2.95, and/or
2) Generic, MAC + $2.95, and/or
3) Generic, AWP - 21% +$2.95

This setup, with a 'W' in Trade Drug Pricing Field (for AWP), 'M' in Generic Drug Pricing Field (for MAC), 'C' in
Level Qualifier, for Cost, 'Y' for 2nd Half Generic Pricing, '1' for Table Offset (which pushes the generic starting
point down the number of lines selected to allow MAC calculations to take place), and then the separate entries
for the specified AWP and MAC requirements.

Managed Care Formulary Table Number:
If the insurance company is to use a managed care formulary, enter the formulary number here. Each drug has a
managed care formulary table. This table contains sixty-four managed care formularies, indicating whether the
drug is; Y-Covered, Not Covered, Conditionally Covered, or Preferred, on each formulary. The insurance
company will access the managed care formulary you have specified, and will disable the billing if the drug is not
covered under the Managed Care Formulary.

Managed Care Form. Go Thru Level:
This field regulates the level at which a managed care formulary drug may be entered. C = Conditional; Y =
Covered; P = Preferred. See sections three and five for more information regarding managed care formularies.

Change to Cash at Max Cost of:
The system changes the prescription to cash and the insurance company will not be billed if the formulated price
exceeds the amount shown in this field. If the field is left blank the option will remain inactive.

Incentive & N,R,B:
The 'Incentive' and 'N,R,B' fields are used to enter a default NCPDP 'Incentive Amount Submitted' to be included
with each claim associated with a third party. The first field is the dollar amount to be transmitted in the NCPDP
'Incentive Amount Submitted' (E3) field. The second, single character field determines if the amount is applicable
to new ('N'), refill ('R') or both new and refill ('B') claims.

Usual and Customary at Max Cost of:
The system will change to usual and customary if the formulated price exceeds the amount shown in this field.

Surcharge and %Inc.:
The dollar amount entered in this field will be added to the total formulated price. This option requires that there
be a [$] (dollar sign) in the Special Coverage bracket on the 2nd screen of the Patient Amendment setup. If 'For

Third Party Billing' is set to 'Y' on the first screen of the Third Party Amendments, the surcharge will be added to the Copay returned from the Third Party. If 'For Third Party Billing' is set to anything other than a 'Y', the surcharge will be added to the Dispensing Fee.

If there is a dollar amount in the 'Incentive' field, the 'Surcharge' field may contain an option percentage amount of the 'Incentive' amount to be applied to the patient's copay.

Price Lines:
If < Than [50   ] Fee is: $ [4.25] + [10]%   CoPay is: $[   ] + [   ]%
If < Than [9999] Fee is: $ [   ] + [8.25]%   CoPay is: $[   ] + [10]%
OTC Price [9999] Fee is: $ [   ] + [   ]%   CoPay is: $[   ] + [   ]%

The first column of the price line refers to the cost, as defined by the 'Drug Pricing Field'. The dispensing fee is a total of a fixed dollar amount and a percentage of the drug cost. Copay is defined in the same manner, a fixed dollar amount and a percentage of the drug cost. The Copay section of the Pricing Table is only used when U or u is set as the 'Cost Basis'. If the drug is an OTC drug, the OTC line will be used automatically. For OTC drugs, the 'Generic Brand' indicator will still be checked, and the appropriate 'Cost Basis' line in the pricing table will be used.

▣ Required Info:

This screen is used to set what patient information is required to be entered in a patient's profile. When one of the options has a 'Y' placed in the field, the corresponding field in Patient Amendments will be highlighted, showing the required information for the plan. Additionally, upon entering patient information, the FSI Software will display 'Incomplete Info' on the patient's script history screen if one of these 'Required Matrix Info' brackets was marked with a 'Y' and was not filled in on the patient's 'Amend Patient Information' screen.

```
              R E Q U I R E D   I N F O   M A T R I X

              Patient's Sex  [ ]   (All Questions Y or N)
                Card Number  [ ]
               Group Number  [ ]
                 Age Status  [ ]
              Type Contract  [ ]
            Subscriber's Name [ ]
                  Plan Code  [ ]   (Y=HomePlan, P=PlanCode)
       Relation to Card Holder [ ]
              Person Number  [ ]
        Pat in Long Term Care [ ]
            Card Expiry Date [ ]
               Date of Birth [ ]
           Third Party Co-Pay [ ]
                 Days Supply [ ]        Total      Period      Year
                Patient Note [ ]        Scripts
    Long Term Care Fac Code  [ ]         Cost
                  Diagnosis  [ ]        Retail
                    Misc ID  [ ]        Co-Pay
               Special Case  [ ]        Since
              Acct/Episode #  [ ]

    F1-Main Screen
```

These selections are also used to specify which information is to be submitted to a third party company when billing on NCPDP version 5.1. Setting the field to 'Y' will submit that data element, have the field set to 'N' will exclude that data element from being transmitted.

Some special options are:

Expiry Date:
When this option is set to 'Y', the 'Expiry Date' in 'Patient Maintenance' will be highlighted and required as discussed above. If the date entered in the 'Expiry Date' field is expired when trying to fill a script, a message will be display warning that the card is expired.

When this option is set to 'S', instead of the field in 'Patient Maintenance' displaying as 'Expiry Date', it will display as 'Special Date'. Additionally, if this option is set to 'I', the field in 'Patient Maintenance' will display as 'Injury Date'. These options are typically used when the Third Party is a workman compensation type of plan.

Days Supply:
When 'Days Supply' is set to 'N', the 'Days Supply' field in the 'Prescription Pathway' will be displayed. Most 'Third Parties' require the Days Supply. Additionally, Days Supply is required for 'Dose-Chek' from 'Walter's Klewer Heath / Medispan' to work.

Statistics:

Pressing Shift F10 will display a question, in bottom left corner, to clear all the stats to zero. Answer 'Y' to zero the statistics, answer 'N' to leave them how they are.

After setting the 'Required Info Matrix' as necessary for this Third Party, press the Enter key, and the following screen will be displayed:

NCPDP 5.1 Selections

These fields are used to send additional information to the Third Party that is not usually transmitted. These fields apply only to NCPDP version 5.1. These settings will vary between each Third Party.

For information on which of these fields might be required for the Third Party being added or amended to the Pharmacy Management System, please contact the Foundation Systems Technical Support Helpdesk at 801-785-7720 for assistance.

```
 Page 2            N C P D P 5 . 1   S E L E C T I O N S
                          |                (All Questions Y or N)
          Patient's S.S. Number  [ ]        [ ]  Phcy Address (AuthRep)
         Patient's Date of Birth  [ ]        [ ]  Patient Location Code
              Patient's Gender  [ ]
           Patient's First Name  [ ] (W=Whole Name)
            Patient's Last Name  [ ]
          Patient's Street Address  [ ]
           Patient's City & State  [ ]
              Patient's Zip Code  [ ]
                Patient's Phone  [ ]
        Pat. Primary Care Prov.  [ ]
             Patient's Employer  [ ]
                 Patient Smoke  [ ] (SpecCover=S)
               Patient Pregnant  [ ] (SpecCover=P)
              Doctor's Last Name  [ ]
             Doctor's First Name  [ ]
              Doctor's Location  [ ]
                Doctor's Phone  [ ]
                  Injury Date  [ ]
          Pharmacy Prov. Number  [ ]
             Original Rx Quantity  [ ]
             Send Unit of Measure  [ ]
 F1-Main Screen
```

�F4 TPE & TPP:
TPE – Third Party Exclusions Groups

The Third Party Drug Exclusion screen indicates which drug classification and groups are not covered by the third party plan.

For each exclusion group, indicate whether the group is: 'Y' - Covered, 'N' - Not covered, or 'C' - Conditional coverage. Each drug record contains a field for a TPE group number. When a drug is being dispensed, if the drug's TPE code shows that the drug is not covered or has conditional

```
   Contact Name  [                   ] Phone [          ]
      Address 1  [             ]   Addr2 [             ]
          City  [         ]   State [ ]   Zip [          ]
   Exclusion Note  [                   ]
              Drug Coverage Exclusions (N=Not Covered, C=Conditional)
 Grp  1 [ ] CONTRACEPTIVES, ORAL      Grp  2 [ ] CONTRACEPTIVES, OTHER
 Grp  3 [ ] INSULIN                   Grp  4 [ ] SYRINGES,INSULIN
 Grp  5 [ ] DIABETIC SUPPLIES         Grp  6 [ ] VITAMINS, PRENATAL RX
 Grp  7 [ ] VITAMINS, FLUORIDE        Grp  8 [ ] COMPOUNDED PRESCRIPTION
 Grp  9 [ ] INFERTILITY MEDS          Grp 10 [ ] INJECTABLE, NOT INSULIN
 Grp 11 [ ] OTC                       Grp 12 [ ] ANOREXIC MEDS
 Grp 13 [ ] ANTIBIOTIC UNLIMITED      Grp 14 [ ] STOP SMOKING MEDS
 Grp 15 [ ] FDA DESI DRUG             Grp 16 [ ] PROGESTERONE SUPP
 Grp 17 [ ] HYPERACTIVE MEDS          Grp 18 [ ] STATE ONLY LEGEND DRUGS
 Grp 19 [ ] IMMUNOLOGICALS            Grp 20 [ ] SYRINGES,NON-INSULIN
 Grp 21 [ ] HAIR RESTORING PREPS      Grp 22 [ ] AIDS RELATED DRUGS
 Grp 23 [ ] RETIN A                   Grp 24 [ ]
 Grp 25 [ ]                           Grp 26 [ ]
 Grp 27 [ ]                           Grp 28 [ ]
 Grp 29 [ ]                           Grp 30 [ ]
 Grp 31 [ ]                           Grp 32 [ ]

 F1-Main Screen    More on Next Screen
```

coverage, you will be warned in the prescription pathway that the third party plan will not cover the drug, or will only cover the drug conditionally.

The exclusion group names may be added or amended through Third Party Drug Exclusion Groups, an option on the Third Party Processing menu.

Exclusion Note:

If there is a note in this field, the note will be displayed in the script pathway just above the Script Number bracket (it is suggested that the Third Party telephone number be placed in this bracket should additional information be required).

The Contact Name field at the top of the screen is used for Worker's Compensation and related plans. The contact name and address will print on applicable claim forms and one inch labels. Additionally, information entered in the Misc. Information setup will take precedence over the information entered here.

TPP – Third Party Pricing Groups

In a manner similar to drug exclusion groups, each third party plan may have prices that apply to certain drug groups or classifications. Each drug record has a field for a TPP group number. If that number is active in the third party plan the special pricing will take effect. To activate a third party pricing group, enter the cost basis in the price field, along with the applicable dispensing fee and copay. The valid cost base options are shown at the bottom of the screen. Leave the price field at 'N' to deactivate a price group.

```
                  Third Party Pricing Groups For
                  Price        Disp Fee              Co-Pay
                  Field     Fixed   Percent       Fixed  Percent
 1                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
 2                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
 3                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
 4                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
 5                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
 6                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
 7                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
 8                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
 9                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
10                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
11                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
12                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
13                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
14                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
15                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%
16                 [N]     $[     ]+[0    ]%    $[     ]+[0    ]%

  Price Fields: C=Cost(DP), W=AWP, P=MISC, M=MAC, m=MAC2, u=Usual/Customary
            U=Usual/Cust with Co-Pay, N=None, 1-8=T.P.Formularies

 F1-Main Screen
```

The third party price groups may be added or amended in Third Party Pricing Groups, an option on the Third Party Processing menu.

F5 Misc. Info #1 – OnLine Related Items

```
       M I S C E L L A N E O U S   I N F O R M A T I O N

              Misc. Info #1 - OnLine Related Items
           Auto Print  [ ]   (Y,N)  [ ]  Recalc Copay (A,M,C,S)
     Miscellaneous  (Y,N,M,P) [ ]        [ ]  Auth.Code (Y,N,A,X,x=0fill)
      Claim Clarification  [ ]  (Y,N)  [ ]  Eligibility Clarification
   Diagnosis Code (Y,N,Pat) [ ]  (Y,N)  [ ]  Other Coverage ('y'=no clear)
   O Cov Default Paid Qual. [ ]         [ ]  Other Coverage Def. Type
   O Cov Def Payer ID Qual. [ ]
   Per. Code(Num,Pat,Alpha) [ ]  (Y,N)  [ ]  DUR Codes (Multi-page)
     Compound Drug ID Number [ ]   (1-9)[ ]  Cmpd Drug ID Qual.(NCPDP)
  Transmit Active Cmpd Ing. [ ](Y,2)    [ ]  Use Def. Drug DAW Code
    Alternate Drug ID Number [ ]   (1-8)[ ]  Use Doctor Taxonomy#
      Use Patient ID Number [ ]  (Misc)[ ]  Default Cost Basis
    Xfer PriPayer $ to GmtDue [ ]        [ ]  Pat. Card Qualifier

                   - Print Related Items

     Print Cost & Fee on UCF  [ ]  (Y,N)  [ ]  Refill # On UCF
      Mark Which Box On HCFA  [ ]  (1-7)  [ ]  Drug Name/Form after Dg ID
  Print Tot. Price on Receipt [ ]  (Y,N)  [ ]  Print C.F. Copay => Total
                Goes to ELCF1 [ ]  (Y,N)  [ ]  Print Claim Ref # On Receipt
       Print Gross Amt Due  [ ]  (Y,N)  [ ]  Print 2nd Provider Number
 F1-Main Screen    More on Next Screen
```

Auto Print:
When a claim is paid within the acceptable limits defined in System Configuration, this option will move past the claim response screen and print the label. 'Y' activates this option.

Recalc Copay:
This option permits the Recalculation of the patients Copay as the difference between the Billed Amount and the Third Party pay amount ('Total Amount') if the Copay plus the TP pay is less than the Billed Amount (thus any cutbacks are passed on to the Patient. 'M' is for Manual by pressing F3 to make the calculation. 'A' is for Automatically performs the calculation.

WARNING: Overriding the COPAY amount by these methods or by manual entry may constitute FRAUD ... Be Careful.   Note: 'n' placed in the Misc Selections field on the First Screen of the Insurance Company Maintenance setup will 'always' inhibit this option from being calculated.

Miscellaneous:
If the insurance plan requires miscellaneous information, using the following flags will cause the information templates to appear before the claim is sent over the modem:

'**M**'=   Miscellaneous Information: refills authorized, customer location, cost basis code, etc.

'**N**'=   No

'**p**'=   This option will not print the pharmacy header information on Pre-Printed California MediCal forms.

'**Y**'=   Multi-Level DAW

Authorization Code:
If a prior authorization code is required, enter one of the following and the system will prompt for the code before sending an on-line claim:

'**Y**' = Patient authorization number - right justified, zero filled

'**A**' = Alpha numeric authorization - left justified, space filled
Note: Option 'Y' or 'A' will transmit an 11-character field, always leading with a number 1.

'**X**' = Miscellaneous authorization codes - medical certification, exempt from copay, family planning indicator - coupled with patient authorization code. Left justified, space filled.
Note: Option 'X' will transmit a leading one-character bracket for type, followed by an 11-character field.

'**x**' = Miscellaneous authorization codes - medical certification, exempt from co-pay, family planning indicator - coupled with patient authorization code. Right justified, zero filled.

'**N**' = Blank

Claim Clarification:
A 'Y' here prompts for a 'denial override' or 'claim clarification'; IE, Vacation supply, Starter Dose, etc. Entering a '0' (zero) in this field will default a '0' in the claim clarification override filed when billing.

Eligibility Clarification:
Prompts for an eligibility override; IE, Full time student, disabled parent. Entering a '0' (zero) in this field will default a '0' in the eligibility clarification override filed when billing.

Diagnosis Code:
If a diagnosis code is required, enter one of the following:
'**Y**' = Allows space to insert diagnosis code
'**P**' = Use Patient First Name

Other Coverage:
When an insurance plan requires an Other Coverage flag, Primary Amount Paid, Primary Denial Date, and Date of Other Coverage, enter a 'Y'. See also Cost Selections.

O Cov Default Paid Qual:
This field is used to define the default value for the 'Other Coverage Paid Qualifier'. When this field is left blank, the field on the 'Other Coverage' screen will default blank.

Other Coverage Def. Type:
This field is used to define the default value for the 'Other Coverage Type'. When left blank, the field on the 'Other Coverage' screen will default blank.

O Cov Def Payer ID Qual:
This field is used to define the default value for the 'Other Coverage Payer ID Qualifier'. When left blank, the field on the 'Other Coverage' screen will default blank.

Person Code:
The person code will default to a numeric field as seen in the patient's amendments. If another type of person code is required, the options are:

'**N**'= Numeric, right justified, zero filled

'**P**'= First three characters of the patient's first name

'**A**'= Alpha numeric, left justified, space filled

DUR Codes:
When this option is enabled (set to 'Y' or 'M'), a screen similar to the following will appear prior to the claim being sent to the modem:

Enter the applicable conflict, intervention, or outcome codes. The codes will be sent over the modem with the claim information.

Note: The codes listed are the most common codes that are required by the various Third Parties. Any code required (even if not listed above) by the various Third Parties can be placed in the appropriate brackets and then transmitted to them for their approval.

When this field is set to 'M' (multiple DUR's), after entering the first DUR, an additional screen will be displayed. (example shown here)

The first line allows for the 'Level of Effort', 'Co-agent ID', and 'Qualifier' to be specified for the DUR codes entered on the previous screen. It then allows for up to four additional DUR code sets to be entered. After entering the appropriate codes, press Enter . The system will bill the claim with the multiple DUR codes entered.

```
              D U R   C O D E   E N T R Y

DUR Reason for Service (Conflict) Code  [  ]
Press <F2> to show standard codes

DUR  Prof. Service (Intervention) Code  [  ]
Press <F3> to show standard codes

DUR   Result of Service (Outcome) Code  [  ]
Press <F4> to show standard codes







F5DAW  F6OCov  F7DUR  F8Misc  F9Edit$
```

```
              D U R   C O D E   E N T R Y

1) Level of Effort  [  ]
     Co-agent ID  [                 ]  Qual.  [  ]

2)    Service Codes: Reason  [  ]  Professional  [  ]   Result  [  ]
   Level of Effort  [  ]
        Co-agent ID  [                 ]  Qual.  [  ]

3)    Service Codes: Reason  [  ]  Professional  [  ]   Result  [  ]
   Level of Effort  [  ]
        Co-agent ID  [                 ]  Qual.  [  ]

4)    Service Codes: Reason  [  ]  Professional  [  ]   Result  [  ]
   Level of Effort  [  ]
        Co-agent ID  [                 ]  Qual.  [  ]

5)    Service Codes: Reason  [  ]  Professional  [  ]   Result  [  ]
   Level of Effort  [  ]
        Co-agent ID  [                 ]  Qual.  [  ]


F5DAW  F6OCov  F7DUR  F8Misc  F9Edit$
```

Compound Drug ID Number:
This option allows a drug ID number to be specified for use on drugs marked as compound to override the drug ID number specified in the main setup of the third party. Enter in this field a 'N' to use the NDC code of the drug, 'S' to use the state ID number, and numbers 1-8 to correspond with the drug ID number field.

Compound Drug ID Qual. (NCPDP):
This field is used to tell the Third Party what type of drug ID number is being used for the compound drug in NCPDP claim submission format.

Transmit Active Cmpd Ing.:
This field has two options, 'Y' and '2'. When left blank or when set to an 'N', if the 'Drug Compounding System' has been purchased and installed on your system, when billing a compound drug electronically to a third party, the compound ingredients will be transmitted. Setting this field to a 'Y' will cause only the ingredients whose first 'Type' field is not set to 'I' (for inactive) to be transmitted. When this option is set to a '2' only ingredients whose second 'Type' field is not set to 'I' to be transmitted.

Use Def. Drug DAW Code:
This field, when set to a 'Y' will default the specified 'Default DAW Code' as entered in the configuration for the drug being dispensed. Using this default option is useful when certain drug items ALWAYS require the same DAW code for a particular third party.

Alternate Drug ID Number:
This field is used to specify which field is used to enter the 'Alternate Product ID' number in the 'Drug Amendments'. This is used when billing to Medicare using the 'FSI Medicare System'. This is optional software available for purchase. For more information on this system, please contact the Foundation Systems Sales Office at 800-333-0926.

Use Doctor Taxonomy#:
This field is used to specify which 'Provider No. x' field in the 'Doctor Maintenance' is used to enter the 'Taxonomy #'. This number is used for Medicare billing in a ANSI X12 format.

Use Patient ID Number:
When this field is set to 'M', the 'Misc. ID' patient ID will be submitted to the Third Party instead of the patient's Card ID.

Default Cost Basis:
This field is used to tell the Third Party what the cost basis of the prescription price is. Setting this field to a '1' will submit AWP as being the cost basis. Setting this field to a '7' will submit U&C as being the cost basis. Other valid options are:

Blank=Not Specified   **W**=AWP   **V**=Local Wholesaler
D=Direct   **E**=EAC   **C**=Acquisition
M=MAC   **N**=Brand Medically Necessary
O=Other   **U** or **u** =Usual and Customary

The value entered in this field will override the true cost basis from the formula being used to calculate the price.

Xfer PriPayer $ to GmtDue:
When set to a 'Y', this field is used for third parties like New York Epic that require the total reimbursed amount (TP Pay + Copay) of the primary payer to be transmitted to the secondary in the NCPDP 'DU' – Gross Amount Due field.

Pat. Card Qualifier:
This field is used to set up the 'Wellpoint Medicare' transmission of a third party ID in the NCPDP 'CX' and 'CY' fields.

Print Cost and Fee on UCF:
Enter a 'Y' if you want both cost and fee to print on a Universal Claim Form.

Refill # On UCF
This selection will print the Refill Number on the Universal Claim Form if a 'Y' is selected. Additionally, a lower case 'd' placed in this field will provide modem diagnosis during a modem On-Line claim.

Mark Which Box On HCFA Form:
Section one of the HCFA 1500 claim form indicates the type of plan that is being billed. Enter '1' to '7' as applicable:

1 = Medicare   **4** = ChampVA   **7**= Other
2 = Medicaid   **5** = Group Health Plan
3 = Champus   **6** = FECA Blk Lung

Entering one to seven will mark section twenty-seven of the HCFA form to indicate that the pharmacy will accept assignment. If you do not wish to accept assignment, use 'A' thru 'F' instead of one to seven, and the HCFA form will reflect the change.

Drug Name/Form after Dg ID:
When this option is set to 'Y', the drug name and form (tab, cap, sol, etc) will print immediately following the drug ID printed in block 24d of the HCFA form.

Print Total Price On Receipt:
'Y' - Prints the total price on the receipt instead of the co-pay amount.
'U' - Prints the usual and customary price on the receipt instead of the copay amount.

Print C.F. When Copay is => Total:
'Y' - Will print a claim form if the co-pay is equal to or greater than the formulated prescription price.

Goes to ELCF1:
'Y' - Allows the claims to be added to the ELCF1 file. This option is primarily used by chain stores for reconciliation operations. Additionally, the reconciliation file cannot be erased with this option set to 'Y'.

Print Claim Ref. # On Receipt:
If the plan returns a claim reference number with its on-line response, enter a 'Y' to print that number on the receipt.

Print Gross Amt Due:
This option is used to print the 'Gross Amount Due' on HCFA 1500 printed claim forms. Setting this field to a '+' will cause the charge column of that form (box 24F) to be calculated as 'Balance Due' (box 30) plus 'Amount Paid' (box 29). The 'Balance Due' field is derived from the 'Gross Amount Due' field of an invoice record.

Print 2nd Provider Number:
When set to a 'Y', this option will cause the 'Pharmacy Provider Number' value to be printed in box 31 of a HCFA 1500 claim form in addition to box 33.

Press ⌈Enter⌋ to advance to the 2nd Miscellaneous Screen:

Misc Info #2 – Plan 'Edit' Related Items

```
         M I S C E L L A N E O U S   I N F O R M A T I O N
           Misc. Info #2 - Plan 'Edit' Related Items
          Generic Required  [ ]  (Y,N)  [ ]  Gen Sub. Requested
            Spouse Covered  [ ]  (Y,N)  [ ]  Other Covered
          Children Covered  [ ]  (Y,N)  [ ]  Child Covered To Age
   Federal Must Subst. List  [ ]  (Y,N)  [ ]  Save Exceptions (Mcal)
   Refills Allowed On Plan  [ ] (Y,N)(D)[ ]  Periodic Cumulative Ded.
          Days to Rx Expire  [   ]        [ ]  Change MAC to AWP if DAW
  Use T.P. Months to Rx Exp  [ ]  (Y,N)
          Days Supply Limit  [   ]        [    ]  Maximum Dosage Units
     Max Days or Max Dosage  [ ]  (L,M)  Whichever's Less or More

        Authorization Tracking  [ ]  (Y,N)  [ ]  Is a Form of Medicaid
                                         [ ]  Use '340B' Stock
        Sales Tax On This Plan  [ ]  (Y,y,O,o)  [ ]  Copay = Unpaid %
       Transfer Tax to P.O.S.  [ ]  (Y,N)  [ ]  Copay = Unpaid on 2ndary
      Default Billing Method  [ ]  (Pri tot,pri unpaid,Sec tot,sec unpaid)
        Modify Price By: Trade  [   ]%   [    ]%  Generic
      Price Percent Modifier  [    ]%   (Modifies Cash Price Only)
   Current Scripts Time Period  [   ]  (Calendar Month,Quarter,Year,# of Days)
            Report Selection  [ ] (A-Z/a-z/0-9)
          Enter Billing Acct #  [                ]
      Refills Track Org Acct #  [ ] (Y,N)
F1-Main Screen
```

Generic Required:
If the insurance plan requires a generic product be substituted when available, entering a 'Y' will force a Dispensed As Written flag during the prescription pathway if the product is a name brand and has a valid generic cross reference code.

Generic Sub. Requested:
If the insurance plan requests a generic be substituted when available, entering a 'Y' will display Generic Substitution Requested at the beginning of the prescription pathway.

Spouse Covered:
If this Third Party plan does NOT cover the spouse you will need to place an 'N' in this flag the default flag is YES, regardless if the flag is set to 'Y' or BLANK.

Other Covered:
If this Third Party plan does NOT cover prescriptions for patients whose 'Relationship to Card Holder' is 'Other', set a 'N' in this field. If the Third Party plan does cover 'Other' relationship patients, set a 'Y' in this field. When left blank, 'Y' will be assumed.

Children Covered:
If this Third Party plan does NOT cover children you will need to place an 'N' in this flag the default flag is YES, regardless if the flag is set to 'Y' or BLANK.

Child Covered to Age:
This option will allow the prescription to be filled if the age of the child is equal to or less than the age of the child that is entered in this bracket.

Federal Must Substitute List Active:
If the third party uses the Federal Must Substitute listing (DESI). Place a 'Y' here. If the drug being dispensed is marked as a member of this list, the system will prompt for a DAW flag.

Save Exceptions (Mcal):
This option retains claims that are missing required information from being billed. These claims will be reported on an exception list. Exceptions are primarily used by California Medicaid batch and paper claims. . If 'Use TAR Tracking System' is set to 'Y' in 'Software Options', the exceptions will be saved regardless of this setting.

Additionally, if you have the MEDICARE package installed this function needs to be turned on in the third party setup for the Medicare insurance. Exception lists are covered later in this section

Refills Allowed on Plan:
If this flag is set to 'Y' or BLANK this Third Party will allow refills, if this bracket is set to 'N' this plan will NOT allow refills.

Periodic Cumulative Deduction:
Enter 'Y' to keep track of a total dollar value allocated to a patient by the insurance company during a certain period. With this option active, the system converts a prescription to cash if the patient does not have a dollar amount indicated in the third party allocation field of Patient Amendments.

Days to RX Expire:
Use this field to specify the number of days from the date written for the prescription to expire. This will over-ride the default 1 year default, or the 'Default Rx Refill Days' set in 'Software Options' for non-schedule 2-5 prescriptions.

Change MAC to AWP if DAW:
When this field is set to 'Y', the insurance is set to use MAC pricing and a DAW flag is set, the pricing formula will use AWP as a price base rather than MAC.

Use T.P. Months to Rx Exp:
This field, when used in conjunction with 'T.P. Months to Rx Expiry' in 'Drug Maintenance', is used to set a script's expiry date to a date other than the standard of 12 months from date written for individual drugs for selected third parties.

Days Supply Limit:
Enter the maximum days supply limit allowed by this third party. This setting will automatically display the Days Supply screen in the Script Pathway.

Maximum Dosage Units:
Enter the maximum dosage units allowed by this third party. This setting will automatically display with the Days Supply screen in the Script Pathway.

Max Days or Max Dosage (Whichever's Less or More):
Prescriptions can be charged by maximum days or maximum dosage, whichever is more or less. Insert 'M' for more or 'L' for less. In order for this to work properly, you must have values in the Days Supply Limit and Maximum Dosage Unit fields described above.

Authorization Tracking:
This option set to 'Y' will prompt through the script pathway for 'Prior Authorization'. If 'Y' is selected (script pathway) you will be given an information screen to enter information that will be required at a later date by this Third Party. Note: PCP Doctor field on the information screen must have an entry or the information will not be accepted.

Is a Form of Medicaid:
'Y' - If this insurance plan is a form of state Medicaid.

Use '340B' Stock
When used in conjunction with the ''340B' Stock Used' in the 'Alterable Items' of 'Drug Maintenance', when an rx is filled for a third party with 'Use '340B Stock' set to a 'Y', the amount dispensed will be added to the ''340B'Stock Used' field to keep record of how much has been used of '340B' stock.

Sales Tax On This Plan:
This option can calculate and send sales tax in the following ways. The tax rate is set in Software Options, Software Selections Page 7. The sales tax will print on any label that might be installed (Programmable or Fixed Dot Matrix Label and/or Laser label).

'**Y**'= Applies sales tax to cash plans. If the plan is on-line, the tax will be transmitted on line based on the total amount charged. The tax will be added to the copay. This setting will print on the label.

'**y**' =Transmits sales tax on the total amount charged. The tax will not be added to the   co-pay. This setting will NOT print on the label.

'**N**' =No sales tax. (If left blank, will default to no sales tax).

'**O**'=Applies sales tax to Over-The-Counter items. If the plan is on-line, the tax will be transmitted on-line based on the total amount charged. The tax will be added to the copay. This setting will print on the label.

'**o**'=Applies sales tax to Over-The-Counter items. If the plan is on-line, the tax will be transmitted on-line based on the total amount charged. The tax will be added to the co-pay. This setting will NOT print on the label.

'**R**'=Special setting for the following situation; calculates tax on all items, does not send the calculated sales tax, but will print your calculated sales tax amount on the label.

Copay = Unpaid %
This field is used to specify the copay amount based off an entered percentage of the amount left unpaid from a primary payor. This is used in secondary billing. For this option to function correctly, the field 'Copay = Unpaid on 2ndary' must be set to 'Y', and 'Default Billing Method' must be set to 'p' for (primary unpaid) or 's' (secondary unpaid).

The value entered in this field can be overridden by a value entered in the 'Spec Cover' in 'Patient Amendments'. In this field, a percentage can be entered to override the percentage entered in 'Copay = Unpaid %'. To use this patient specific override, enter the percentage in XX% format.

A fixed dollar amount entered in the patient's 'Co-pay [   ] Trade' or 'Co-pay [   ] Generic' fields will override the third party profile's calculation.

Transfer Tax on P.O.S.:
This option places the tax calculated on the prescription in the Point of Sale program.

Copay = Unpaid on 2ndary:
When set to 'Y', this field sets the returned copay from a primary payor to be the 'Unpaid' amount when billing to a secondary payor.

Default Billing Method:
This option allows you set the Default for Secondary Insurance on Charge Script to Third Party claims.
(P=Primary; p=Bill Unpaid as Primary (store 2nd); S=Bill Total as Secondary; s=Bill Unpaid as Secondary). See the section 'Charge Script to Third Party' later in this chapter.

Modify Price Field By: Trade:
The formulary price will be modified by the percentage specified here. This percentage will apply to name brand products. This setting calculates the cost and this entered percentage and then applies the formula found on the Pricing Formula Screen (F5) of Insurance Company Maintenance.

Modify Price Field By: Generic:
The formulary price will be modified by the percentage you specify here. This percentage will apply to generic products. This setting calculates the cost and this entered percentage and then applies the formula found on the Pricing Formula Screen (F5) of Insurance Company Maintenance.

Price Percent Modifier:
Increases the price charged to the insurance company by the percentage indicated here. The markup is based on the cash price.

Current Scripts Time Period:
This setup is generally for California Medi-Cal monthly 6 script limit, but can be used for other Third Party plan script limits.

Report Selection:
This option was developed for HMO type operations to separate information from the various health plans available for system printouts. Additionally, this field can isolate on a specific regeneration report as selected in the Script Financial Report - Third Party, found on the Sundry Printout menu.

Enter Billing Acct #:
This option provides for billing information to transmit a special identification number that defers from the other ID numbers listed throughout the pharmacy package.

Refills Track Org Acct #:
This function over-rides the user setting in 'Software Options, Page #2' 'Refills Use New Script Acct #'. Regardless of how the field is set in 'Software Options', when this field is set to 'Y', the 'Account/Episode Number' stored in the first Dispensing record for the prescription will be copied, and stored in the dispensing record for the refill. If this field is set to 'N', then the setting in 'Software Options' will be followed. If this field is not set to 'Y' or 'N', then the conditions for 'N' will be used.

F6 Statistics

These figures are used to produce the Script Financial Report spoken of in **Chapter 6** of this manual.

If the figures are in error, they may be edited at this point. If editing the values on this screen, be sure to enter 'YES' in the 'Save Changes To Stats' prompt.

Pressing Shift F10 on this screen will display a prompt to 'Clear Stats: Are you SURE?' in the lower left corner of the screen. To clear stats, answer 'Y', otherwise answer 'N'.

```
                    S T A T I S T I C S

          Last Activity Date:

          January           July
          February          August
          March             September
          April             October
          May               November
          June              December


  Periodic Accum:  Scripts  [0         ]   Total Co-Pay $[0         ]
           Total Rx Cost $[0         ]   Total Retail $[0         ]
  Yearly Accum:  Scripts  [0         ]   Total Co-Pay $[0         ]
           Total Rx Cost $[0         ]   Total Retail $[0         ]
       Amount Outstanding $[0         ]      Amount Paid $[0         ]
  Amount Not Going to Pay $[0         ]
       Save Changes To Stats  [   ] YES/NO          Since



  F1-Main Screen
```

Enter Payment

This menu function is obsolete. Please refer to 'Third Party Accounts Receivable'.

```
              Insurance Company List

    Code, Name, Group, OR BIN Sequence, Proc ctrl # (C,N,G,B,P,Msw)

        F7-Search Insurance Reference File
```

List Third Parties

The 'List Third Parties' menu option is used to display or print list of the third parties configured in the 'Pharmacy Management System'.

At this prompt, select the desired sort option for the third party list. For the options, 'C', 'N', 'G', and 'B', the list will include the plan name, code, percent modifier, Bin number, third party billing status, and pricing information. The printout may be sorted alphabetically or numerically by; plan code, plan name, group and ANSI Bin number.

After pressing the appropriate sort option, a prompt for 'Screen or Printer (S,P)' will be displayed:

Enter the appropriate selections, 'S' to have the report shown to the screen, or 'P' to have the report printed to the printer.

The first example shown below is of a 'Third Party (Insurance Company) List' in 'Name Order'. The second example is a 'Third Party (Insurance Company) List' by 'Processor Control'

```
                    Insurance Company List

        Code, Name, Group, OR BIN Sequence, Proc ctrl # (C,N,G,B,P,Msw)

            F7-Search Insurance Reference FileN

                  Screen or Printer (S,P)
```

For the sort option 'P', the report will print a little bit differently. An example of this report is shown below:

```
  Third Party (Insurance Company) List:                                13 Jun 06

                                        Modi    If <    Fees:      Co-Pay:
  Code  Group  Name              P%Mod  DPF  fied    Than    FDF     %DF   FCOP   %COP   CFN   TPB   Provider #
  -------------------------------------------------------------------------------------------------------------
  AAA    004336 AAA                      W          9,999.99  4.50                        0     Y     4698126
  AARP   003858 AARP HEALTH CARE OPTIONS W          9,999.99  4.50                        0     Y     4698126
  ACL    005848 ACLAIM                   W          9,999.99  4.50                        0     Y     4698126
  ADVRX  004336 ADVANCE PRES. MANAGEMENT W          9,999.99  4.50                        0     Y     4698126
  APM    004336 ADVANCE PRES. MANAGEMENT W          9,999.99  4.50                        0     Y     4698126
  APC    610617 ADVANCED PHARMACY CARE   W          9,999.99  4.50                        0     Y     4698126
  AETNA  610502 AETNA                    W          9,999.99  4.50                        0     Y     4698126
  ALPHA  610600 ALPHA SCRIPTS            W          9,999.99  4.50                        0     Y     4698126
  ALS    610036 ALPHA SCRIPT            W          9,999.99  4.50                        0     Y     4698126
  ALTA   002286 ALTA HEALTH             W          9,999.99  4.50                        0     Y     4698126
```

```
  Third Party (Insurance Company) List:                                13 Jun 06

  Code  Group  Name                    ECFN  BIN     Switch  Proc Ctrl#
  -------------------------------------------------------------------------------------------------------------
  PVANT  001465 PROVANTAGE              51    001465  RSI     0001893130
  SERVU  001553 SERV-U RX               51    001553  RSI     SERVU
  ALTA   002286 ALTA HEALTH             51    002286  RSI     6000002286
  BENE   003452 BENESCRIPT              51    003452  RSI
  INTC   003573 INTERCHANGE PMP         51    003573  RSI     PMPTULOK
  MCARE  003585 MEDCARE                 51    003585  RSI
  MSAMP  003585 MEDSAMPLE               51    003585  RSI     49750
  RXSOL  003585 PRESCRIPTION SOLUTIONS  51    003585  RSI     46015
  MEDIM  003585 GENERIC MEDIMPACT       51    003585  RSI
  FHP    003585 FOUNDATION HEALTH PLAN  51    003585  RSI
```

Script Financial Report

This program is no longer available. After selecting this menu option, a screen referring the user to use 'Rx Summary by Date Range' report will be displayed.

To print the 'Rx Summary by Date Range', go back to the 'Main Menu' of the 'Pharmacy Management System' and select options 'Utility Programs', 'Sundry Printouts' and 'Rx Summary by Date Range'.

```
                    OBSOLETE FUNCTION

        Use 'Rx Summary by Date Range'
            - 'For Third Parties'
            - 'Alphabetical Order'
         to generate an equivalent report.

             Press Any Key to Continue.
```

For more information about report and others, please refer to **Chapter 6** of this manual.

Delete Third Party
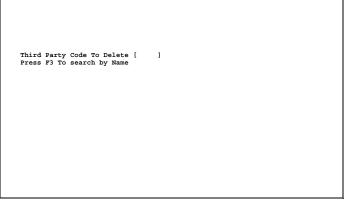
This menu option allows for the deletion of a third party that is no longer being used, or that may be a duplication of another third party. After selecting this menu option, the screen shown here will be displayed.
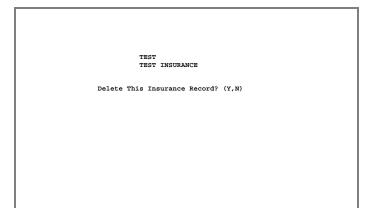
To delete a third party enter the plan code of the third party you wish to erase. The computer will ask for confirmation before erasing the third party record. Before deleting a third party, confirm that all invoices and reconciliation records belonging to

```
        Third Party Code To Delete [    ]
        Press F3 To search by Name
```

the plan have been cleared from the system, as they will be difficult to access without the third party information.

The deletion of a Third Party that still has prescriptions linked to it, will display an 'Orphaned' scripts comment on the log of scripts report and displays a '?' (meaning an unknown Third Party was originally billed) on the Rx Status screen.

If a third party gets deleted by mistake resulting in orphaned prescriptions, invoices and 'Third Party Accounts Receivable' records, the third party cannot be 'un-deleted', but will have to be re-entered using the same third party code as previously used.

```
                        TEST
                    TEST INSURANCE


        Delete This Insurance Record? (Y,N)
```

Change Claim Form Numbers

```
C H A N G E   C L A I M   F O R M   N U M B E R S

Change All CF Number [  ]  to CF Number [  ]
```

The 'Change Claim Form Numbers' function will change all printed claim form numbers having the claim number specified to a different claim form number.

Enter the claim form number you want to change, followed by the claim form number to insert. Again, this function only changes printed claim form numbers.

Cut Third Party for Update

```
Insurance Plan Cut For Update

Enter Third Party Code to Be Cut  [     ]

Add to Existing Cut File or Create New One  [A] (A,N)
```

This option is used by chain operations that update insurance company profiles at one site for use at additional sites.   Each third party may be cut separately and inserted in a data file called insadd.dat. This data file is sent to additional sites that can then run a program that transfers all insurance plans in the insadd.dat file to the Insurance Company Maintenance data file.

After selecting this option the following screen will be displayed:

In the first field, enter the third party code to add to the insadd.dat file. In the second field, enter a 'N' if you are starting a new update, or 'A' if you are adding the plan to the existing data file.

Amend Third Party Prov. Numbers

```
      T .  P .   P R O V I D E R   N U M B E R S

 1.  Name [NABP number      ]   Number [          ]
 2.  Name [TAX ID #          ]   Number [          ]
 3.  Name [STATE MEDICAID #  ]   Number [          ]
 4.  Name [STATE LICENSE #   ]   Number [          ]
 5.  Name [                  ]   Number [          ]
 6.  Name [                  ]   Number [          ]
 7.  Name [                  ]   Number [          ]
 8.  Name [                  ]   Number [          ]
 9.  Name [                  ]   Number [          ]
10.  Name [                  ]   Number [          ]
11.  Name [                  ]   Number [          ]
12.  Name [                  ]   Number [          ]
13.  Name [                  ]   Number [          ]
14.  Name [                  ]   Number [          ]
15.  Name [                  ]   Number [          ]
16.  Name [                  ]   Number [          ]
17.  Name [                  ]   Number [          ]
18.  Name [                  ]   Number [          ]
19.  Name [                  ]   Number [          ]
20.  Name [                  ]   Number [          ]
```

Amend Third Party Provider Numbers is used to document provider numbers for twenty plan names and numbers. This space can be used to refer to insurance company provider numbers, phone numbers, etc. The first 4 fields of this screen are reserved for the pharmacy's NABP, Tax ID, State Medicaid, and State License numbers. If the NABP number is entered in the 'Number' bracket on line 1, when adding an insurance company from the reference file, this number will be entered as the 'Pharmacy Provide Number' in Third Party Amendments. The first 4 fields of this screen are used by various systems within the software, and should not be used for anything other than what they are specified as.

Print 1 Inch Labels of Contact Names

On the Insurance Company Maintenance - Drug Exclusion Groups, the F4 screen, there is a place for contact names and addresses. This function prints these names and addresses on 1" labels.

After selecting this menu option, the user will be asked if they wish to print an alignment form. Answer 'Y' to have an alignment label printed, otherwise answer 'N'.

After answering 'N' (alignment label not needed) the screen shown here will be displayed. Specify 'V' to verify each contact to be printed, or specify 'A' to have all contacts printed.

Enter the number of labels for each contact to be printed. After making all appropriate selections, press Enter. The contact labels will then be printed.

```
                    Would You Like An Alignment Print (Y,N)
```

```
        Do you wish to Verify Each Contact or Print All (V,A) [V]

        Enter number of copies [1]
```

Charge Script to Third Party

Use this function to bill or re-bill prescriptions to insurance companies. The claims will bill on-line or to the invoice file, depending on the insurance company setup.

From the Main Menu, select Utilities Menu, Third Party Processing, Charge Script to Third Party. The screen shown here will be displayed:

```
                    Third Party Billing Information Entry

              Rx number for third party billing [      ]
```

Enter the Rx number of the prescription to be charged.

If this prescription has been dispensed more than once, the screen will display a list of the dispensings for that prescription the dispensing number, the date of dispensing and the quantity dispensed.

Enter the dispensing number shown to the lift of the dispensing to be charged.

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

              Insurance Plan  TEST INSURANCE  / TEST
                    Script #   0000108
              Disp     Date      Qty
    Original    1    28 Jan 05    30

        Choose the Dispensing you Wish to Charge  [  ]
```

The prescription dispensing billing information will be displayed.

The information will be defaulted to the patients Primary insurance and the pricing from the prescription dispensing record. These amounts may be changed if needed. Available functions are shown in the bottom 3 lines of the screen.

If needed, switch the prescription to the secondary third party by pressing the F3 key. The secondary third party information will appear on the screen. This option will display if the patient has a secondary third party set up in patient amendments.

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

              Insurance Plan  TEST INSURANCE  / TEST
                    Script #   0000108
    Quantity  30      Drug   PENICILLN VK 500MG TAB
                    Date   28 Jan 05          Days Supply  [15 ]
                    Cost $[   11.37]          Sales Tax $[        ]
                    Fee  $[    4.50]    Other Coverage Paid $[     ][ ]Code
                    Price       15.87        Payer Denial Date :[       ]
                    Co-Pay $[        ]    Patient PAID Amount $[      ]
    Non-Online 1st TP Pay $[        ]    Non-Online Amount Due $[      ]


    Prev.Billed:  Days Supply       15
                   Cost       7.24                     Fee     -7.24
              Total Price                        Sales Tax
              Patient Pay Amt                    Pat. Paid Amt
     UNBIL Other TP Pay Amt
     Press F3 to switch to Secondary Insurance    Press F7 to change to Cash

     Press Shft F6 to change Billing Type:  Bill Total to Primary Payer
```

By pressing F7 the script will be changed to cash. This will properly change the records in the script financial report, script dispensing file, and the Insurance profile statistics. This is the preferred method of changing the billing status and third party of a script.

Switch the prescription to the alternate billing code by pressing F6. The alternate plan is linked to the primary third party through the alternate billing code field in the Insurance Company Maintenance. This option will display if the primary third party has an alternate plan specified.

Pressing Shift F6 will alternate the Billing Type between the following options:

Bill Total as Primary - this is the Default option, Shift F6. will toggle to another option. This option will record any changes to the Primary Insurance, regardless of the Insurance Company selected and transmitted on the modem

or paper billed.

Bill Total as Secondary - this option will bill the entire amount according to the formula stored in the third party 'Add/Amend Insurance' profile. These amounts can be overridden. Press <Shift F6> until 'Bill Total as Secondary' displays OR set 'Default Billing Method' to 'S' inside 'Third Party Maintenance, Misc. Selections – Second screen. Using this method of billing will not display to the secondary insurance that there was a primary payor during the on-line claim.

Bill Unpaid as Primary (store 2nd) - this option will bill the amount of the copay indicated by the first payor. Cost & Fee will be proportional to the formula stored in this payor's third party profile. Overrides are permitted. Press 'Shift F6' until 'Bill Unpaid as Primary (store 2nd)' displays OR set 'Default Billing Method' to 'p' for this type. Additionally, this option doesn't show that there was another payor and stores the changes in the Secondary Insurance selected (not the Primary).

Bill Unpaid as Secondary - this option will bill the entire amount according to this second payor's formula. The amount paid by the first payor is indicated in the 'Other Coverage Paid' field and the 'Payor Denial Date' is set to the date of dispensing. This method is considered the 'formal' way of billing a second payor. This method only works properly with online billing. Press 'Shift F6' until 'Bill Unpaid as Secondary' displays OR set 'Default Billing Method' to 's' for this type.

Note: Reports can be generated either in 'Third Party Accounts Receivable' or 'Log of Scripts' by any of the Insurance Codes selected (but CANNOT be specified as Primary or Secondary Insurance sorted fields). Additionally, the Edit Dispensing option from the Script Status Menu will contain the Insurance Information selected from the various options listed above (On-Line = Primary; 2nd On-Line = Secondary).

Edit the information if needed and press Enter. The system will ask if you want to charge the prescription using the date of dispensing or today's date. Enter 'D' for 'Date of Dispensing' or 'T' for 'Today's Date' as applicable.

This option can be disabled and set to always bill with the date of dispensing in 'Software Options', 'Page 9 – Billing Functions', 'ChgRxTP: Always Use Disp Date'. When this is set to a 'Y', this option will not be prompted and the billing will be sent with the date of the dispensing. For more information on 'Software Options', please refer to **Chapter 8** of this manual.

```
TEST PATIENT B.15 Nov 65 Age.40   TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

              Insurance Plan  TEST INSURANCE  / TEST
                    Script #  0000108
   Quantity  30       Drug    PENICILLN VK 500MG TAB
                      Date    28 Jan 05          Days Supply   15
                      Cost       11.37              Sales Tax
                      Fee         4.50     Other Coverage Paid
                      Price      15.87       Payer Denial Date
                      Co-Pay                Patient PAID Amount
   Non-Online 1st TP Pay             Non-Online Amount Due



   Use Date of Dispensing or Today's Date?  (D,T)



                              Billing Type:  Bill Total to Primary Payer
```

The system will confirm that you wish to charge the prescription to the Insurance Company that you selected by pressing Shift F6. At this point the claim will either be sent On-Line on the modem or will be written to the invoice file for paper billing purposes under the selected Insurance Code/Billing method.

Additionally, if the prescription and prescription price has been sent to the FSI Point of Sale system, a prompt 'Update the existing POS record $amt? (Y,N)' will be displayed. If the new patient pay (co-pay or cash price) is to be collected, answer 'Y' to this prompt. Otherwise, answer 'N'.

```
TEST PATIENT B.15 Nov 65 Age.40   TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

              Insurance Plan  TEST INSURANCE  / TEST
                    Script #  0000108
   Quantity  30       Drug    PENICILLN VK 500MG TAB
                      Date    28 Jan 05          Days Supply   15
                      Cost       11.37              Sales Tax
                      Fee         4.50     Other Coverage Paid
                      Price      15.87       Payer Denial Date
                      Co-Pay                Patient PAID Amount
   Non-Online 1st TP Pay             Non-Online Amount Due



   Shall I Charge the Third Party for the above? (Yes,No)



                              Billing Type:  Bill Total to Primary Payer
```

If the insurance company is set up to allow multiple claims submission, there may be instances when claims are waiting to be billed. If there are claims waiting, they will display on the screen when you enter the Charge Script to Third Party option:

Press $\boxed{\text{F4}}$ and the system will begin on-line billing for these claims. Press $\boxed{\text{F5}}$ to erase the displayed claims.

```
              Third Party Billing Information Entry

         Rx number for third party billing [     ]

       2 Modem claims waiting to be billed to TEST for:
           PATIENT,TEST  15 N. STATE STREET  LINDON
                  Rx Number / Refill #
                     0000108 /   Orig.
                     0000102 /   Orig.

                  Press F4 to send claims.
                  Press F5 to delete these claims.
```

Print Third Party Forms

The 'Print Third Party Forms' menu contains the programs needed to print paper invoice bills.

To get to this part of the 'Pharmacy Management System', from the 'Main Menu', select 'Utility Programs', 'Third Party Processing', 'Print Third Party Forms'. The screen shown to the right will be displayed.

Each of the options listed on the screen will be discussed in the following pages of this reference guide.

```
                  Third Party Billing

          1.   Required Billing Report
          2.   Print Alignment Forms
          3.   Print Billing
          4.   Erase Billed Claims
          5.   List Claims By Insurance
          6.   Electronic T.P. (Batch) Billing
          7.   Print Exceptions Lists
          8.   Print Multi-Script Claim Forms
          9.   California Green Lien Invoice

          Enter Your Choice
```

Required Billing Report

The 'Required Billing Report' gives a report of all insurance claims in the invoice file that are waiting to be billed. The list can be generated on the screen or to the printer. Shown to the right is an example of a screen 'Required Billing Report'.

The list will report the insurance code, group, and name, as well as the printed and electronic claim form numbers, the number of claims for each plan, their totals, and a grand total for all claims.

Below is an example of the printed report.

```
InCode  InGrp   Insurance Company          CFN  ECFN  Claims      Amount
------------------------------------------------------------------------


TEST            TEST INSURANCE              51     2       64.34
                                                 ------  ---------
                                          Totals -->   2       64.34
                        Press <Enter> to Continue.
```

Note: On the screen and printed 'Required Billing Report', '# of Orphaned

```
TEST            TEST INSURANCE                   51         2        64.34
                                                         ------    ---------
                                            Totals -->      2        64.34
```

Claims' might be displayed or printed. Orphaned Invoices can occur with either deleted Insurance Codes or if an Insurance Code was modified to an abbreviation different from when the script was billed. The display will indicate Orphaned Invoices in the bottom left corner.

Print Alignment Forms

Use this process to align printed claim forms in the printer. It also serves as a reference to the printed claim forms supported by the system:

```
              P R I N T   A L I G N M E N T   F O R M S
                       Have The Forms Loaded
1.  CF No 1 (Universal)          20. CF No 20 (Utah Welfare (7-88))
2.  CF No 2 (Universal - 8.5x11) 21. CF No 21
3.  CF No 3 (Bulk Bill w/PDOB)   22. CF No 22 (GREEN LIEN)
4.  CF No 4 (Bulk Billing)       23. CF No 23 (PA Medical Assist.)
5.  CF No 5 (Blk Bill w/ID)      24. CF No 24 (Missouri Medicaid)
6.  CF No 6 (Medi-Cal RV 7 30-1) 25. CF No 25 (HCFA - Dec 90)
7.  CF No 6 (Medi-Cal Cmpd 30-4) 26. CF No 26 (Texas WrkCmp - 5/91)
8.  CF No 8 (FEMA acceptable Bulk)27. CF No 27 (Plain Paper)
9.  CF No 9                      28. CF No 28 (Kansas Welfare-cmpd)
10. CF No 10                     29. CF No 29
11. CF No 11 (Idaho WF)          30. CF No 30
12. CF No 12                     31. CF No 31 (HCFA - NoDesc)
13. CF No 13 (Nevada WF)         32. CF No 32 (White LIEN)
14. CF No 14                     33. CF No 33 (Louisiana Medicaid)
15. CF No 15 (Kansas Welfare)    34. CF No 34
16. CF No 16 (United Mine WA)    35. CF No 35 (Nevada WF - Acct/Epi#)
17. CF No 17 (Cal. PCC)          36. CF No 36 (Blk Bill-1 line/claim)
18. CF No 18 (Universal 3/97)    37. CF No 37 (Blk Billing(4) w/Note)
19. CF No 19 (Worker's Comp)     38. CF No 38 (New York Medicaid)

  Laser Top/Left Margins (F2)          Enter Your Choice  [  ]
```

Dot Matrix Forms

If using a dot matrix printer, line up the form in the printer; type in the applicable claim form number, and the system will print a sample form. Adjust the claim form and repeat the process if needed. When the forms line up properly, press F1 to exit and proceed with the billing process.

Laser Forms

If using a laser printer, put the forms in the correct tray (See Chapter 8 for 'Printer Map' information); type in the applicable claim from number, and the system will print a sample form. Adjust the printing on the form by using the F2 'Laser Top/Left Margins (F2)' function. Note: This function will only display if the 'Dot Matrix Form Printer' is set to 'H' in the printer map. Press F2 and two brackets appear representing Top and Left margins respectively. Type in the number of dots (720 dots per inch) required to align the form to start printing at the appropriate place. After the alignment form prints and is positioned correctly on the form, press F1 to exit and proceed with the billing process.

Print Billing

The 'Print Billing' menu option prints the insurance claims that are in the invoice file waiting to be billed. This process will print one claim per patient per form. After selecting this option, the following screen will be displayed:

To print the bills, enter the 'Insurance Code' or 'Insurance Group' codes followed by the starting and ending dates for the billing period. Leave the date fields blank to process all claims on file. Press Enter when you are ready to proceed.

To print a billing form for just one prescription, enter the insurance code to be billed and the prescription number in the field labeled 'Rx Number'. The prescription does have to exist within the third party invoice file in order to be printed (meaning the prescription first has to be billed to the insurance code prior to printing the form).

The system prompts you to ensure that the proper claim form is loaded. Press Enter after verifying this information and the system will begin printing. When the system has processed all the requested

```
                    Print Billing

   Enter Insurance Code  [     ]

   Or Insurance Group  [     ]   Rx Number  [        ]
          Starting Date :[        ] (mmddyycc)
            Ending Date :[        ] (mmddyycc)
   List in Name order  [N] (Y,N)

   Leave Starting and Ending Date Blank to Process ALL Claims.
```

```
                    Print Billing

   UNBIL /        Unbilled T.P. Claims

   Make Sure Claim Form No. 36 Is Loaded

   Press <Enter> to Print Them.
```

claims, the following will be displayed:

Answer 'NO' if a problem occurred and the claims need to be printed again. If the claim forms printed successfully, enter 'YES' to delete the invoices and prevent them from being printed again and cause billing duplication.

```
CAUTION: Before answering this question, Note that
if you answer 'NO' the computer will save the third party
invoices so you can bill them again. If you answer 'YES',
the computer will erase the invoices so you will not bill
them again.

Did The '' Forms Complete Successfully?  [   ]  (YES,NO)
```

After entering the appropriate selection, the program will return to the 'Print Billing' screen.

Note: Be certain that the claims print completely before moving or deleting the invoices. To get the claim information back a restore might be necessary after 'YES' is answered to this question.

Erase Billed Claims

The 'Erase Billed Claims' menu option is used when billing if the printer jams while printing claims or all of the claims do not complete properly, this option will erase the claims that printed correctly. The claims that are erased will not appear when the claims are re-printed.

```
        E R A S E    B I L L E D    I N V O I C E S

    This function is for use when you have billed quite a few
    claims and they did not finish for some reason.

    Be Careful using this function, It can erase invoices which
    You may have not printed yet. Be sure you enter the proper
    number of claims to erase.

    Enter the Insurance Code to Erase  [     ]

              Or Insurance Group  [      ]

          and the Number to Erase  [    ]

   Erase by Single, Multi, or Name Method  [S] (S,M,N)
```

To use this menu option, enter either the code or the group code of the insurance(s) that the first (original) print job was printed for. It is important that the same codes be used here so that the same set of invoices to be billed will be found.

After entering the Insurance Code or Insurance Group, enter the number of invoices (bills) to be erased. This number is how many invoices were correctly printed on the original print request that the user does not want to be printed again on the next invoice print job. This number can be found by counting the number of sequential good prints from the original

```
        E R A S E    B I L L E D    I N V O I C E S

    This function is for use when you have billed quite a few
    claims and they did not finish for some reason.

    Be Careful using this function, It can erase invoices which
    You may have not printed yet. Be sure you enter the proper
    number of claims to erase.

            Insurance  TEST - TEST INSURANCE

              Erasing  10

          Using Method  Single

      Are You Sure You Want to Do This? (YES)  [   ]
```

List Claims by Insurance

Printed or batched claims that are waiting to be billed are located in the invoice file. This option will print a list of claims that are in the invoice file.

Enter the insurance or group code, and qualify the listing by date range. Leave the date range blank to list all the claims waiting to be billed. The list may be sorted in prescription number or patient name order. By typing 'all' in the Insurance Group, all claims ready to be processed will be printed.

```
                    C L A I M S   L I S T I N G

           Enter Insurance Code  [    ]

             Or Insurance Group  [    ]
                  Starting Date :[        ] (mmddyycc)
                    Ending Date :[        ] (mmddyycc)
            List by Rx# or Name  [R] (R,N)
        Qualify by Days Supply/Dg SpecCase [ ] (In/Exclude)

           Enter all in Insurance Group to Print All Claims.
           Leave Starting and Ending Dates Blank For All Dates.
```

Electronic T.P. (Batch) Billing

The options on this submenu are discussed later in this section under the heading Electronic Data File (Batch) Billing. This is an alternate way of accessing those options.

Print Exceptions List

The 'Print Exceptions List' menu function is used to print a list of prescriptions in the invoice file that are missing information that might be necessary to be able to bill and get paid for the claims. Exceptions, if programmed for the printed claim form that is being used for the third party being billed, will not bill the claims that are considered 'exceptions'.

To print the exceptions list, select the menu option, and enter in the code or the group for the

```
         E X C E P T I O N S   L I S T   P R I N T I N G

              Enter Insurance Code  [     ]

                Or Insurance Group  [     ]
```

insurance being billed. The list of claim exceptions will then be printed. If the third party is set to print on a printed claim form that does not support exceptions, the message "Not Implemented For This Claim Form" will be displayed in the bottom left corner of the screen.

Print Multi-Script Claim Forms

This process is used to print claims on claim forms that are capable of holding more than one prescription per form:

The valid claim form numbers are listed on the screen, followed by the number of claims per patient each form is capable of holding. Enter the Insurance code or Insurance group, and qualify the search with a date range. Leave the dates blank to print all the claims for the insurance company specified. A screen will come up prompting to verify that the right claim form is in the printer, if they are,

```
     P R I N T   M U L T I - S C R I P T   C L A I M   F O R M S

         CF No  1  Universal (2 Rx/Cl)
         CF No  2  UCF - 8.5x11 (2 Rx/Cl)
         CF No  6  Medi-Cal (RV7) (4 Rx/Cl)
         CF No 10  CCS-Cal (4 Rx/Cl)
         CF No 17  Cal. PCC (3 Rx/Cl)
         CF No 18  Universal (3/97) (2 Rx/Cl)
         CF No 19  Worker's Comp (10 Rx/Cl)
         CF No 21  HCFA Form (6 Rx/Cl)
         CF No 22  'GREEN LIEN'
      CF No 25/31  HCFA Form (Dec90) (6 Rx/Cl)
         CF No 27  Plain Paper (10 Rx/Cl)
      CF No 29/30  Medi-Cal (RV5) (4 Rx/Cl)
         CF No 35  Nevada Medicaid (3 Rx/Cl)
         CF No 38  New York Medicaid (5 Rx/Cl)

         Enter Insurance Code  [    ]
           Or Insurance Group  [    ]   Rx Number  [        ]
                Starting Date :[        ] (mmddyycc)
                  Ending Date :[        ] (mmddyycc)
        Qualify by Days Supply/Dg SpecCase  [ ] (In/Exclude/All)
        Leave Starting and Ending Date Blank to Process ALL Claims.
                 Press <F2> to Change Sort Method
```

press Enter . The claim forms will then be printed.

To print a billing form for just one prescription, enter the insurance code to be billed and the prescription number in the field labeled 'Rx Number'. The prescription does have to exist within the third party invoice file in order to be printed (meaning the prescription first has to be billed to the insurance code prior to printing the form).

When the system has processed the requested claims, the following will display:

Answer 'NO' if a problem occurred and the claims need to be printed again. If the claim forms printed successfully, enter 'YES' to move the claims from the invoice file to the reconciliation file.

Note: Be certain that the claims print completely before moving or deleting the invoices.

```
CAUTION: Before answering this question, Note that
if you answer 'NO' the computer will save the third party
invoices so you can print them again. If you answer 'YES',
the computer will erase the invoices so you will not print
them again.

Did The 'PAID' Forms Complete Successfully?  [   ]  (YES,NO)
```

California Green Lien Invoice

California Green Liens are discussed in Claims Processing - section nine of this manual.

Edit Third Party Invoices

```
        T H I R D   P A R T Y   I N V O I C E   E D I T

                Enter the Script Number  [      ]
```

Once a non-online prescription is entered into the 'Pharmacy Management System', it is placed in the invoice file until the claim is printed or batch billed. Use this option to edit claims that are waiting in the invoice file.

From the 'Main Menu', select 'Utilities Menu', 'Third Party Processing', 'Edit Third Party Invoices'. The screen shown above will be displayed. Enter the prescription number to edit and the following will display:

Edit the fields that need to be changed and press Enter to save the changes. If you wish to delete the prescription from the invoice file (will not be billed), press F5.

```
        T H I R D   P A R T Y   I N V O I C E   E D I T

       Ins Code/Grp  CAL /
         Rx Number  00000108
          Patient  TEST PATIENT
             Drug  PENICILLN VK 500MG TAB

          Quantity  [30   ]
        Days Supply  [15 ]
     Date Dispensed .[01280520]
   Drug Cost (AWP) $[  11.37]          Total Price     11.37
    Dispensing Fee $[      ]
           Co-Pay $[      ]        Share of Cost $[      ]
        Sales Tax $[      ]      Gross Amount Due $[      ]
   Other Cov. Paid $[15.87  ]       Other Cov. Code  [ ]
        Misc Note  [          ]  Prior Approv. #, TAR, etc.
         DAW Flag  [0]   0-No, 1-Doc, 2-Pat, 3-Pharm, 4-NoGen
         Store ID  [1  ]

   Press F5 to Delete From Invoice File
   Medi-Cal Billing Remarks On Next Page
```

Edit Invoices - California Medi-Cal Remarks

Some Medi-Cal claims may require billing remarks appended to the invoice. If the insurance code is a valid Medi-Cal code -- CAL, CALX, CAWF, or CAL1 - CAL9 -- the edit invoices screen will appear similar to the following (note: non-CAL Third Parties will not offer the second screen):

If a billing remark is needed and the information shown is correct, press Enter to display the next screen:

Enter the billing limit exception code in the first field as required. The various exception and requirement explanations can be found in the state MediCal handbook. The first text field is used to support the reason behind the exception code. Additional remarks may be placed in the Other Remarks Text field.

```
        T H I R D   P A R T Y   I N V O I C E   E D I T

                    MEDI-CAL REMARKS

   6 Month Billing Limit Exc. Code  [ ]  (1,3,4,5)
    OR choose 7, 8, or 9 for type other than billing exception
   Billing exception and other type supporting Text:          [
   ]
   Other Remarks Text:
   [
                                                              ]


             Press: F9  -> Capture Remarks
                    F10 -> Insert Remarks
```

Remarks that are used on a repeated basis may be stored and recalled. If you wish to store a remark for future use, press F9, Capture Remarks. A screen with space for twenty remarks will be shown. Enter the line number in which to store the remark. To recall a stored remark, press F10 'Insert Remarks'. Type the number of the remark you wish to insert. Press Enter to save the remarks.

Third Party Drug Exclusion Groups

```
    T H I R D   P A R T Y   D R U G   E X C L U S I O N   G R O U P S

 Group  1  [CONTRACEPTIVES, ORAL   ]    Group  2  [CONTRACEPTIVES, OTHER   ]
 Group  3  [INSULIN                ]    Group  4  [SYRINGES,INSULIN        ]
 Group  5  [DIABETIC SUPPLIES      ]    Group  6  [VITAMINS, PRENATAL RX   ]
 Group  7  [VITAMINS, FLUORIDE     ]    Group  8  [COMPOUNDED PRESCRIPTION ]
 Group  9  [INFERTILITY MEDS       ]    Group 10  [INJECTABLE, NOT INSULIN ]
 Group 11  [OTC                    ]    Group 12  [ANOREXIC MEDS           ]
 Group 13  [ANTIBIOTIC UNLIMITED   ]    Group 14  [STOP SMOKING MEDS       ]
 Group 15  [FDA DESI DRUG          ]    Group 16  [PROGESTERONE SUPP       ]
 Group 17  [HYPERACTIVE MEDS       ]    Group 18  [STATE ONLY LEGEND DRUGS ]
 Group 19  [IMMUNOLOGICALS         ]    Group 20  [SYRINGES,NON-INSULIN    ]
 Group 21  [HAIR RESTORING PREPS   ]    Group 22  [AIDS RELATED DRUGS      ]
 Group 23  [RETIN A                ]    Group 24  [                        ]
 Group 25  [                       ]    Group 26  [                        ]
 Group 27  [                       ]    Group 28  [                        ]
 Group 29  [                       ]    Group 30  [                        ]
 Group 31  [                       ]    Group 32  [                        ]
```

Use this function to edit the third party exclusion template used in Add/Amend Third Party. The template is used to determine if an insurance company will cover a drug or drug class. Enter this function from the Main Menu by selecting Utility Programs, Third Party Processing, Third Party Drug Exclusion Groups:

Enter a description in a group number field. The template created here will appear in the insurance company profile. The template may be amended at any time.

Third Party Pricing Groups

Use this function to edit the third party pricing template used in Add/Amend Third Party. The template is used to charge an insurance company a special price for a drug or drug class. Enter this function from the Main Menu by selecting Utility Programs, Third Party Processing, Third Party Pricing Groups:

```
          T H I R D   P A R T Y   P R I C I N G   G R O U P S

Group  1  [MULTI V          ]    Group  2  [                ]
Group  3  [                 ]    Group  4  [                ]
Group  5  [                 ]    Group  6  [                ]
Group  7  [                 ]    Group  8  [                ]
Group  9  [                 ]    Group 10  [                ]
Group 11  [                 ]    Group 12  [                ]
Group 13  [                 ]    Group 14  [                ]
Group 15  [                 ]    Group 16  [                ]
```

Enter a description in a group number field. The template created here will appear in the insurance company profile. The template may be amended at any time.

Allocate Third Party Funds

```
            T H I R D   P A R T Y   A L L O C A T I O N

        Use This Program to Allocate the Third Party Funds Available
        To Patients. This Program Should be Used ONCE Per Allocation
        Period (ie. Monthly, Quarterly, etc.) as designated to the
        Particular Third Party.

            Enter the Third Party Code to Allocate  [      ]
                     Enter the Amount to Allocate $[      ]
```

If a third party plan offers prescription coverage up to a certain dollar amount per period, enter that amount here. Enter this function from the Main Menu by selecting Utility Programs, Third Party Processing, Third Party Allocation:

Enter the insurance code, followed by the allocation amount. The system will search the database for all patients with the specified insurance code and update their third party allocation fields.   The pharmacy system will deduct the amount placed in the 2nd screen of the Patient Information Amendment if the Periodic Cumulative Deduction is set to a [Y] on the F5 Misc Info # 2 screen of the Insurance Company Maintenance setup.

Electronic Data File (Batch) Billing

The following procedures are used to prepare batch claims for third party billing.

Get to this function from the 'Main Menu' by selecting 'Utility Programs', 'Third Party Processing', 'Electronic Data File (Batch) Billing'.

When in this utility, the screen shown here will be displayed. Each function available for this utility will be discussed in the next pages of this manual.

```
                Data File (Batch) Third Party Billing

                    1.  List File Formats
                    2.  Create Billing File
                    3.  Print T.P. Forms
                    4.  Print Exceptions Lists
                    5.  Transmit Medi-Cal Billing
                    6.  Process NCPDP 1.1 Response


                Enter Your Choice
```

List File Formats

This option lists the valid data file formats available.

If creating a batch file for California State Medi-Cal, the claim form number should be 32. This number is entered in the configuration of the third party in the 'Electronic CF#' field. Medi-Cal is the primary third party that the FSI 'Pharmacy Management System' system bills to in batch format. Others might be available.

```
                    List File Formats (Claim Form #)

CF No  1. Universal                 CF No 19. Reserved
CF No  2. IHC Care                  CF No 20. Repackaging
CF No  3. Utah Welfare              CF No 21. N.J. Medicaid (Unisys)
CF No  4. *Cal. MediCal             CF No 22. Texas Medicaid (DPI)
CF No  5. Penn. Welfare             CF No 23. ELCF-23 (Universal)
CF No  6. Kansas Welfare            CF No 24. New Mexico Medicaid
CF No  7. *Gr. San Diego Hlth Pln   CF No 25. Colorado Medicaid
CF No  8. *N.J. Medicaid (Scriptform)  CF No 26. Idaho Blue Shield
CF No  9. *N.J. Blue Cross (Scriptform) CF No 27. Montana Medicaid
CF No 10. Alaska Medicaid           CF No 28. Cal. MediCal - 1994
CF No 11. Idaho Medicaid            CF No 29. Cal. MediCal - 1994 (ssn)
CF No 12. FHP - DP/Rx               CF No 30. Louisiana State Emp. Grp
CF No 13. Louisiana Medicaid        CF No 31. Nevada Medicaid
CF No 14. Alabama Medicaid          CF No 32. Cal. MediCal (ncpdp 1.1)
CF No 15. ELCF-15 (Universal)
CF No 16. Florida Medicaid
CF No 17. Oregon Medicaid
CF No 18. Medicare (Part B)

                    Press Any Key To Continue.
```

Create Billing File

The 'Create Billing File' menu option is used to create a batch file from the invoices already created.

Before creating a batch file, it is recommended to use the 'Required Billing Report' and 'List Claims by Insurance' functions previously discussed to find out how many claims there are to be billed in the batch file. Additionally, 'Exceptions' can be printed using the 'Print Exceptions List' and the exceptions can be corrected before creating the batch file, thus allowing those claims to be billed in the batch created.

```
                    Create Billing File

          Enter Insurance Code  [     ]

          Or Insurance Group    [     ]
              Starting Date :[        ] (mmddyycc)
                Ending Date :[        ] (mmddyycc)

          Leave Starting and Ending Date Blank to Process ALL Claims.
```

To create a batch, select this menu option. Enter the insurance code or insurance group for the third party the batch is to be created for. Enter the Starting and Ending Dates for the claims to be included in the batch. As noted on the screen, leaving the dates blank will process all of the claims in the invoice file for this plan. After making all selections for the batch file creation, press Enter

The system will confirm that you wish to create the file. Press Enter to create the file or press F1 to abort without creating the batch file.

When the system has copied all of the claims to the data file, a screen similar to the following will be displayed:

Press P to print the control sheet. If the insurance company requires it, this sheet may be sent with the billing diskette or saved as an information sheet regarding what was created on this date. Additionally, pressing the letter 'S' (if shown as an option) will show the Exceptions found by the system (or print an Exceptions List before creating the Billing File).

After making the desired selections press the letter C to advance to the following display:

Answer 'N' if the file needs to be re-generated or if any errors were shown on the screen, or if something seems like it might not have worked right. **Warning:** Answering 'N' to this question will cause that the batch just created will not be finished, and the batch, if transmitted to the third party will be rejected. If the file appeared to create properly, enter 'Y' to move the claims from the invoice file to the reconciliation file, thus making it so that the claims will not be billed duplicate times.

Once the batch file is created and 'Y' is answered to finalize the creation,

```
                    Create Billing File

       CAL /          MEDI-CAL BATCH BILLING

       Creating a File Called MCALDISK

       Press RETURN to Bill Them.
```

```
      You must label the diskette with the following:
           Identification Number    SUBID622101
           Computer Manufacturer    IBM Compatible PC/AT
           Recording Density        Double Sided / Double Density
           Contact Person           Your Name
           Contact Address          Your Address
           Phone Number             Your Phone

      For Filling out the Control Sheet:
           Total Provider Records   1
           Total Claim Records      2
           Total Remark Records     0
           Total Amount Billed      20.51
           Identification Number    SUBID622101
           Submitter Number         SUBID
           Submitter Name
           Submitter Address        Your Address


      Press 'P' to Print, 'C' to Continue.
```

```
       CAUTION: Before answering this question, Note that
       if you answer NO the computer will save the third party
       invoices so you can print them again. If you answer YES,
       the computer will erase the invoices so you will not print
       them again.

     Did The 'CAL' File appear to Complete Successfully? (Y or N)
```

Print T.P. Forms

This menu function serves as a link to the same 'Print Third Party Forms' menu previously discussed in this chapter of the manual. All functions are the same as before. Please refer to **Section 3** of this manual.

```
                    Third Party Billing

            1.   Required Billing Report
            2.   Print Alignment Forms
            3.   Print Billing
            4.   Erase Billed Claims
            5.   List Claims By Insurance
            6.   Electronic T.P. (Batch) Billing
            7.   Print Exceptions Lists
            8.   Print Multi-Script Claim Forms
            9.   California Green Lien Invoice

            Enter Your Choice
```

Print Exceptions List

This process prints a list of claims from the invoice file that are missing required information. Without the required information, the claims will not be placed in a billing file.

Enter the insurance code the claims belong to, followed by a date range. A list includes all claims in the invoice file that fit the code and date range. Any information that is needed for a claim will be shown on the right-hand side of the list under the 'Missing' column. Correct the information before creating another billing file. Exceptions lists are primarily for use with Medi-Cal.

```
          E X C E P T I O N S   L I S T   P R I N T I N G

            Enter Insurance Code  [    ]

               Or Insurance Group  [      ]
```

Transmit Medi-Cal Billing

After you have created a billing file, the file may be sent to the EDS Telepoint system. Before sending claims, be sure that the proper testing has taken place, and EDS has qualified the pharmacy to send claims.

Enter this option and the screen will display:

Ensure that the pharmacy's password and the data file name - MCALDISK - are defaulted on the screen (the password is 'case' specific and must be exactly correct as EDS gave it to the pharmacy).

```
                    Transmit Medi-Cal Billing File

            EDS Password  [PASSWD        ]

         Enter file name  [MCALDISK   ]
          Insurance code  [CAL ]

                    F7.   Modem Diagnostics  Disabled
                    F8.   Dial Immediately Active
                    F9.   Set Dial Time
                    F10.  Transfer Block Size 128 byte
      Last Confirmation:
         Your VOLSER for this upload is 449355, please keep for
         your records.  09/20/2004  15:52:43
```

If you plan to send the claim immediately, ensure that 'Dial Immediately' is set to active by pressing F8.

If you are sending the file on a delayed transmission, press F9 to set the dial time. Enter the dial time in twenty-four hour format.

Press F10 to change the block size from 128 bytes to 1 Kbyte. This will speed the transmission time.

Confirm that the insurance code is the same Third Party Insurance Code that was used to create the billing file.

The system will dial and send the 'batched' claims over the modem. If a busy signal is encountered, the system will redial and try again. It will try to reach EDS twenty five times before the system needs to be reinitialized.

Upon 'successful' transmission of the Batch Billing File, a VOLSER number will be displayed on the screen. Write this number down or perform a print screen to secure a record of the VOLSER number and the date of the transmission. If no VOLSER number appears on the screen, then the transmission failed in the process and the file needs to be transmitted again.

```
          X M O D E M   F I L E   T R A N S F E R

 Press the F10 Key to Abort
Initializing Modem;
```

Process NCPDP 1.1 Response

After transmitting the batch file to Medi-Cal, a NCPDP 1.1 Response file can be downloaded from the Medi-Cal website. Foundation Systems Technical Support Helpdesk is not responsible for the technical support of retrieving this file from the website, and placing that file onto a form of media that can be read by the FSI Pharmacy Management System server.

```
     P R O C E S S   N C P D P   1 . 1   B A T C H   R E S P O N S E

        Enter Response File Name  [              ]
        Enter Batch Claim File Name  [              ]
```

After the file is on a media, that file has to be loaded onto the server. This process is going to vary greatly depending on the type of media that file is on, and the Operating System of the Pharmacy Management System server. For assistance, please contact the Foundation Systems Technical Support Helpdesk at 801-785-7720.

Enter the file name of the response file loaded onto the server, and enter the file name of the batch file that was submitted to Medi-Cal that matches this response. Often times this is going to be MCALDISK.x (where x is a numeric value of 1-9).

The 'Batch Response' program will read the file downloaded from the Medi-Cal website, and mark the found prescriptions in the 'Claim File' as being 'captured' or 'not-captured' in the 'Modem Claim Log'. No payment information is reported in this program, nor the file downloaded from Medi-Cal.

Modem Reversals, Switches, Formats, Etc.

Use this option to reverse a modem claim, list modem phone numbers, and change modem phone numbers.

From the 'Main Menu', select 'Utility Programs', 'Third Party Processing', 'Modem Reversals-Switches-Formats'. The screen shown here will be displayed. Each of the for menu functions will be discussed individually in the next pages of this manual.

```
            E L E C T R O N I C   M O D E M   B I L L I N G

              1.  NCPDP Claim Reversal
              2.  List Modem Claim Numbers
              3.  Modem Switch Maintenance
              4.  Change Modem Switch Codes

              Enter your choice.
```

NCPDP Claim Reversal:

This menu option is used to reverse claims for prescriptions from the third party that the claim was billed to. This menu option can also be used to reverse a claim from a third party that is not in the 'Pharmacy Management System'. This scenario can happen when a claim is billed, but before the response returns to the 'Pharmacy Management System', and error occurs or communications is lost, but the third party might have already adjudicated the claim.

```
                        Third Party Reversal

           Rx Number to Reverse [        ]
```

To reverse a prescription, enter the prescription number that you wish to reverse and press the ↓ or Tab key. If the prescription is on file, a list of the dispensings for that prescription will be displayed on the screen. Select the dispensing to be reversed and if needed, press Enter.

If the prescription is found on file, the information will be defaulted as shown in the example here. If everything is correct, press Enter and the reversal will be sent to the third party. If anything needs to be changed, press the F1 key and the fields will be editable. If the prescription is not found in the 'Pharmacy Management System', a prompt for the

```
              N C P D P   5 . 1   R E V E R S A L

        Enter:  Insur. Code  [TEST ]  (For Plan You Wish to Reverse)
                 Pharmacy #   1234567 Qual:7
                 Date Filled :[06190620]  mmddyycc
                  Rx Number  [2       ]  DUR Code  [      ] cciioo
                Claim Ref. #
                Product ID # [50580011250 ]   Prod. Qual  [03]
            Processor Control # [HDS        ]  Other Cov Code [ ] (C8)
                Certification # [HDS       ] Level of Service  [ ]
    MERRELL,KREIG       Card # [123456789        ]    Fill#  [0 ] (D3)
                   Group # [                ]
          Electronic Claim Form # [51]   Incentive Amt $[0      ]

              Modem Switch Code  [RSI ]
                   Baud Rate   28
                Phone Number   8277
            Modem Claim Network   r
            Network Access ID #   rsirx           ANSI BIN   610014
```

'Third Party Code' will be displayed. Enter the code for the third party the reversal is to be sent to, and then enter the drug identifier and product qualifier fields on the reversal screen and then, when everything is correct press Enter to process the reversal.

After the reversal is sent, a response screen will be returned showing if the reversal has been 'ACCEPTED' or 'REJECTED'. An example here is of an 'ACCEPTED' reversal. If a reversal is rejected, please contact the third party to have them indicate what was wrong with the reversal request, then contact the **Foundation Systems Technical Support** at **801-785-7720** for assistance in resolving the problem.

```
CALX   MEDI-CAL SKILLED  MSW:RSI Patient has 2nd Ins: 'PCS'        07 Jun 05
Reversal Claim Response: 1  Rx # 0000108         PATIENT,TEST

                    Reference Number: 22485586924999
                    Reversal Accepted

     22485586924999REVERSAL ACCEPTED


Updating Insco Stats:
NOT Changing Billing to 'UNBIL'
          Press F7 to Mark Claim as 'Bill Later' ('ReversalReject'), or
            Press Any Key to Re-do Reversal
            Press F1 to Exit Reversals.
            Press F2 Mark Rx as Manual Reversed
```

After the reversal has be accepted or rejected, or when finished working with it, press [F1] to exit the reversal process.

Third Party Reversals can also be processed from a paid prescription response screen and from the 'Edit Dispensing Record' screen. An example of each is shown here.

As shown in example here, pressing the [F5] key will process a reversal for the claim just previously paid. The reversal can be 'Accepted' or 'Rejected'. The screen will indicate the reversal status after the reversal is processed.

```
CALX   MEDI-CAL SKILLED  MSW:RSI Patient has 2nd Ins: 'PCS'        07 Jun 05
Billing  Claim Response: 1  Rx # 0000108         PATIENT,TEST
Claim Paid                      PENICILLN VK    Qty: 30.00


                 Amount of Copay $[   20.00]
                 Drug Cost Paid      127.06   AWP =   11.36  DP =     7.23
                 Disp Fee Paid $[    2.25]   Change D.Fee If You Wish.
                    Returned Tax            Tax to    (T.P., Pat., Both)
                 Total Amount Paid    109.31  TotPrice: 129.31 Bill:   12.80
                 Claim Ref. Number  10281012  20040429

   ID NEXIUM 40MG CAPSULE        033104 # 00030
                                        SF2 -> Help
       F2 -> show DUR and Other Response information
       F3 -> Recalculate Fee and Co-Pay from Third Party Formula;
         Or Change Co-Pay or Disp. Fee or Press Enter To Continue.
         Drug Cost Off By More than 99%. Double Check Cost (11.37)
       F5 -> Go to Reversal
```

As mentioned before, another way to process a reversal is from the 'Edit Dispensing Record' screen. To get there, from the Main Menu of the 'Pharmacy Management System', select menu option '2. Process By Script' and enter the prescription number. Then, select menu option '2. Edit Script' and menu option '2. Edit Dispensing Record'. If the prescription has been filled more than once, it will be necessary to select the dispensing to be reversed.

At this point, the screen shown here will be displayed. In the bottom right corner, a function 'F2 – Claim Reversal' will be displayed if the prescription has record of having been paid by a third party.

```
           E D I T   D I S P E N S I N G   R E C O R D
   Patient: PATIENT,TEST            Rx # 0000108  New
   Pre Drug: PENICILLN VK 500MG TAB    T.P. CALX MEDI-CAL SKILLED
     1.    Dispensing Date  28 Jan 05  @ 11:45
     2.    Dispensed Qty   30
     3.    Drug Dispensed  PENICILLN VK 500MG TAB  GENEV
     4.    Days Supply     15
     5.    Pharmacist  Unk  Unknown RPh-DON'T REMOVE
     6.    Technician  K   KREIG MERRELL
     7.    Drug Expiry Date  01/28/06
                    Cost      $7.24    Primary Online    $0.00 CALX
                    Fee      $-7.24    Total TP A/R      $0.00
     8.    CoPay/Pat Price      $0.00      Sales Tax      $0.00
           Discounted          $0.00      Pat. S.Tax     $0.00
     9.  Usual & Customary    $12.80
    10.    Patient Paid       $0.00
    11.    Drug Lot #
    12.  Misc Label Note                Pickup ID
    13.  Episode/Acct Num
    14.  Claim Ref Number
    15.  Dispensing Note
                                        F2-Claim Reversal
   [  ]  Enter The Item You Wish to Amend    F3-Third Party A/R
```

Press the [F2] key and a list of the third parties the claim is recorded as being paid by will be listed (for the purpose of secondary billing). Select the appropriate third party for the reversal, and the reversal screen shown above will be displayed. If everything is correct, press [Enter]. To make changes, press the [F1] key, make the changes, press [Enter] to save them, and press [Enter] again to process the reversal. Once processed, the 'Reversal Accepted' or 'Reversal Rejected' screen will be displayed.

List Modem Claim Numbers:

This menu option is designed as a reference of the valid 'Electronic Claim Form' numbers and what each number stands for, and a list of the known good claim processors.

The list includes for each known good processor the 'baud rate', 'modem phone number' 'claim network' 'access id' and 'submitter number'.

Please remember that this is just for reference, and due to the ever changing world of pharmacy and thus the ever changing world of claim processors, this list might not always be up to date. For questions about problems billing a claim through an electronic processor, please call the **Foundation Systems Technical Support** at **801-785-7720** for assistance.

```
                    List Modem Formats (Claim Form #)

   CF No 53. NCPDP 3.2
   CF No 54. NCPDP 3A
   CF No 55. NCPDP 3B (wcomp)
   CF No 56. PACE - NCPDP 3.2
   CF No 57. NCPDP 3C (medicaid)
   CF No 63. NCPDP 3.2 (NDC)
   CF No 64. NCPDP 3A (NDC)
   CF No 65. NCPDP 3B (wcomp NDC)
   CF No 67. NCPDP 3C (medicaid NDC)

Processor/Switch  Baud Rate  Modem phone#    Netw'k  Access ID  Submitter#
PCS/RECAP         1200       1-800-433-5976    P     N/A        3201200338
PCS/RECAP         2400       1-800-942-2173    P     N/A        3201200338
NDC               1200       1-800-637-1599    T     424100     varies
NDC               1200       Local Telenet #   T     424100     varies
NDC               2400       1-800-654-4518    N                varies
Envoy             1200/2400  1-800-669-0099    E                Terminal ID
Envoy             1200/2400  1-800-669-8555    E                Terminal ID

                       Press Any Key To Continue.
```

Modem Switch Maintenance:

Modem Switches are profiles of companies that the Pharmacy Management System transmits or receives information from. For each of these various companies, a unique profile must be entered. Once added these profiles or 'switches' can be used to send claims, transmit controlled substance reports, transmit batch billing files, and communicate with the Foundation Systems Technical Support Helpdesk.

```
       M O D E M   S W I T C H   M A I N T E N A N C E

            1.  Additions
            2.  Amendments
            3.  List
            4.  Delete an Entry

            Enter Your Choice
```

Additions/Amendments:

When adding or amending a switch code, it is strongly recommended to call the **Foundation Systems Technical Support** at **801-785-7720** before doing so. Making changes to a switch code could result in the failure to communicate with the company represented as the switch.

The fields of note are:

Code:
Enter the code that you wish to use with this switch profile. Ie., NDC, NDC01, RSI, RSIS, ALLW, etc. This code is what will be entered into the third party file or the FSI Telecommunication system.

Alt Code:
Enter an alternate switch code. When the switch code being used becomes 'un-available' for any number of possible reasons the alternate can then be used by simply pressing a function key that will be displayed as an available option at the time of transmission failure.

```
          M O D E M   S W I T C H   A D D I T I O N S
              Code  [    ]     Alternate Code  [    ]
              Name  [                 ] Preferred [ ]
  Help Desk Ph# [           ] Switch Type  [ ] (D,T,F)
Certification ID [      ]    Use Proc Ctrl# [ ]
     Miscellaneous Note:
     [                                    ]
        Baud Rate  [     ]
       Modem Phone [               ]
    Claim Network  [ ] (N,E,P,T,C)    FSI Relay  [    ]
       Access ID  [         ]
            UIC  [         ]   Skip Hangup  [ ] (Y,N)
     Modem Initialization String:
     [                                    ]

     Last Activity Date:
     January             July
     February            August
     March               September
     April               October
     May                 November
     June                December
 <F6> To Start With Another Switch Record
```

Switch Type:
This denotes dialing modem (D), TCP (T) Internet, FTP (F) Internet.

Certification ID:
This field is used to specify the 'Certification ID' for the software, with the switching company. This field will be used with the NCPDP version 5.1.

Use Proc Ctrl#:
This field is used to specify which 'Processor Ctrl' and 'Certification ID' set to use in the 'Third Party Maintenance' screen. If this field is left blank, the system will use the first 'Processor Ctrl' and 'Certification ID' set.

Baud Rate:
This is the speed at which the modem sends information to the insurance company Generally this is set to 2400 for claims using a 'regular' modem.

TCP Header Length:
This field is used to define the length of the header for information being submitted when using Internet submission (switch type set to 'T'). This number will vary depending on the company being added to the switch file. To obtain the correct setup parameters for this field contact the Foundation Systems Technical Support Helpdesk at 801-785-7720.

Modem Phone:
Enter the phone number of the company or switch to which the claim is sent. A 'T' before the phone number will set the modem for tone dialing. See section nine for the modem phone numbers being used at the time of this printing.

TCP Socket#:
This field is used to define the network socket the Pharmacy Management System is to connect to when submitting information to the company being added the switch file. This number will vary for each company. To obtain the correct setup parameters for this field contact the Foundation Systems Technical Support Helpdesk at 801-785-7720.

Modem Claim Network:
"N" = NDC or NO CARRIER   "P" = PCS   "G" = GCC
"T" = TELENET   "E" = ENVOY   "R" =
"C" =   "X" = X.25   "S" = Sockets
"H" = HDX   "r" = RSI   "g" = GCC (800) 331-1286 only

Access ID:
If you are using an access network for on-line claims, enter the ID number or name assigned to your account. For example, the Telenet access ID to NDC is 424100.

Host Name / IP(s):
These fields are used when submitting information to various companies over the Internet. The value entered in these fields must match an entry in the /etc/hosts file on the server running the Pharmacy Management System. To obtain the correct setup parameters for this field contact the Foundation Systems Technical Support Helpdesk at 801-785-7720.

Modem Initialization String:
If your modem requires an initialization string, enter it here. Initialization strings will vary with each brand of modem. Refer to the documentation that came with your modem for specific initialization strings, or call the FSI Technical Support Helpdesk @ 801-785-7720.

TCP Max Sockets:
This field is used to enter the number of simultaneous connections the Pharmacy Management System server can establish to this company. This number will vary from company to company. To obtain the correct setup parameters for this field contact the Foundation Systems Technical Support Helpdesk at 801-785-7720.

Activity Statistics:

The date that the switch was last dialed appears on the screen. The total number of times that the switch was dialed per month appears beneath the last activity date. Reversals are included in these statistics.

List:

The list of modem switch codes may be sent to the screen or to the printer. The report lists the switch code, name, help desk phone number, claim network, baud rate, and modem phone number.

Delete an Entry:

Enter the code of the modem switch code you want to delete. The system will ask you to confirm your entry before deleting the modem switch entry.

Change Modem Switch Codes:

Use this function to replace one modem switch code with another.

All of the insurance company records that were using the first code will be set to use the second code that was entered.

```
        C H A N G E   T H I R D   P A R T Y   M O D E M   C O D E S

              Find Modem Switch Code  [    ]
                          Change to  [    ]
```

Third Party Accounts Receivable

The 'Third Party Accounts Receivable' system is a full program designed to keep track of all prescription claims bill to third party companies, and the payments received from those companies, and the balances owed.

For more information on the 'Third Party Accounts Receivable' system, please refer to **Chapter 11** of this manual.

```
          T P   A C C O U N T S   R E C E I V A B L E

          1.   TP A/R Reconciliation
          2.   TP A/R Reports
          3.   Reconcile Specific Script
          4.   Edit A/R by Script
          5.   Enter Rx to TP A/R
          6.   Write Claims to Invoice
          7.   Medi-Cal Inquiry Form
          8.   X12-835 Reconciliation
          9.   Medi-Cal EDS Reconciliation
          A.   Rapid RxEMIT Reports
          B.   TP A/R Notes
          C.   Reason Code Maintenance

          Enter Your Choice.
```

O.T.C. Electronic Billing (ELCF23)

```
TEST PATIENT B.15 Nov 65 Age.40    TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                        Charge    8.09   Cost    3.59
                                        MFG: INPHA
                                        Usage 0 Since 09/06/01
                                        SOH 0


 100  IBUPROFEN 200MG TAB  INPHA


[100 ] QuCostty        3.59
       Fee             4.50
                      --------
       Price           8.09

       Copay
                      --------
       Balance         8.09

       Do You wish to enter claim to elcf23 (Y/N)?
```

This function is used to create a billing file - named ELCF23.DAT - for over the counter products. This process is useful for payroll deduction programs when the claims are sent to an external billing system.

From the Main Menu, select Utilities Menu, Third Party Processing, and O.T.C. Billing.

Enter the patient name, and select the appropriate patient. Enter the drug name, quantity, and price. When the filling process is complete, you will see the charges that will be sent to the billing file:

If the totals are correct, press 'Y' to append the claim to the ELCF23 billing file. This doesn't look for a 23 in the Electronic CF # (1st screen of the Insurance Company Maintenance) the Third Party must be a valid Insurance Company. This function does not work for the Third Party setup - CASH.

Auto Charge Script to Third Party

This program will search the script file for claims that were originally charged to the invoice file for a particular insurance company and recharge those prescriptions to the invoice file. This is especially useful in cases where the print or batch process might not have completed. Access this option from the 'Main Menu' by selecting 'Utility Programs', 'Third Party Processing', 'Auto Charge Script to Third Party'.

```
              Automated Third Party Billing Information Entry

                  Third Party Code  [    ]    'UNBIL'd [ ] (Yes,Any,No)

             Enter Beginning Date :[08100620]  (mmddyycc)
                     Ending Date :[08100620]
                              OR
                  List File Name  [                ] (rx #,disp date)
             NCPDP 1.1 Claim File  [ ]  (Y/N)
                 Verify Each Entry  [Y]  (Y/N)
          Today's or Dispensing Date  [D]  (T/D)


          This program will NOT perform OnLine (modem) billing.
          Only if the scripts found have been previously billed will
          be billed by this program.  Any Third Party exclusions,
          authorizations, etc. will NOT be checked.
          A claim will not be created if it already exists in the
          billing file.
```

Enter the insurance code and date range. You may verify each claim before it is entered in the invoice file, or allow all the claims meeting the specifications to be entered without verification. The user may specify what type of claims to be billed by their billing status (Unbilled, Any claims, or Not Unbilled). Enter either a 'T' or a 'D' to bill the claims using today's date or the date of dispensing.

As the screen states, the function does not bill modem claims. Additional limitations to the billing are mentioned on the screen.

Managed Care Formulary Names Maintenance

```
M A N A G E D   C A R E   F O R M U L A R Y   N A M E S

              1.  Amend Formulary Names
              2.  List Formulary Names

                  Enter Your Choice.
```

The 'Managed Care Formulary Names Maintenance' utility is used to enter and maintain the names associated to each of the 64 managed care formularies available for use in the FSI 'Pharmacy Management System'.

To get to this utility function, from the 'Main Menu', select options 'Utility Programs', 'Third Party Maintenance', and 'Managed Care Formulary Names Maintenance'. The screen shown here will be displayed.

Amend Formulary Names:

```
A M E N D   F O R M U L A R Y   N A M E

   Formulary  1

   Formulary Name  [                 ]
```

Enter the number of the managed care formulary that you wish to amend. The system will display the current name.

Make any changes necessary. The new formula name will appear on the managed care formula table in each drug record.

List Formulary Names:

A list of each managed care formula number and their corresponding names will be sent to the printer.

Print Care Claim Form

Most of these options have yet to be developed.

```
        C A R E   C L A I M   F O R M S - B I L L I N G

            1.  Add a Care Claim
            2.  Amend a Care Claim
            3.  List Care Claims
            4.  Print Care Claim Forms
            5.  Care Claim Disc Codes Maint
            6.  Care Claim Heading/Box Maint
            7.  Delete a Care Claim

            Enter Your Choice.
```

Medicare Functions

This is an optional software package designed to integrate the Pharmacy Management System with the data entry required for billing claims to Medicare. This program allows electronic claim batch submission to DMERC Region D.

```
M E D I C A R E / H C F A   U T I L I T I E S

   Selected Patient:  TEST PATIENT
         Insurance:  TEST / TEST INSURANCE

      1. Submitter/Provider Maintenance  <F4> Rec# 1
      2. Extended Patient Info
      3. Certificates of Medical Necessity
      4. Edit Claim Record (Rx Number)
      5. Edit Extended Script info
      6. Required Billing Report/Execptions List
      7. Claims Listing
      8. Generate Billing File
      9. Transmit Billing File
      A. Retrieve Billing Summary

      C. Indexes/Create Files
      D. Medicare System Options

         Enter Your Choice

      F5 Select Another Patient
      F6 Select Another Insurance
```

Third Party Authorization System

```
        T H I R D   P A R T Y   A U T H O R I Z A T I O N   S Y S T E M

                    1. Additions
                    2. Amendments
                    3. Deletions

                    5. List TPAuths




                    Enter Your Choice
```

The 'Third Party Authorization System' is a system designed to add/amend/track authorization(s) for prescriptions. This system mimics the function designed for California Sate 'Medi-Cal's TAR Tracking system, but will work for any third party that requires prior authorizations on prescriptions, not just the state Medicaid.

Additions

```
        T H I R D   P A R T Y   A U T H   A D D I T I O N S

            Script Number   [      ]
```

The 'Additions' menu function is used to add an existing prescription to the 'Third Party Authorization System'.

After selecting this menu function, the screen shown here will be displayed.

Enter the prescription number to be added and press `Enter`.

The following screen should be displayed:

Most of the information on the screen shown will be populated from the prescription file, and cannot be changed. The fields that can be changed will bill in brackets. These fields are discussed below.

Script Number:
This field will be automatically populated with the prescription number entered. This number should not need to be changed, but if it does, simply enter the correct prescription number.

Drug Code:
This field will be populated with the NDC number for the drug the prescription was filled for. The number can be changed if necessary.

```
          T H I R D   P A R T Y   A U T H   A D D I T I O N S
   Patient Name  PATIENT,TEST                T.P. CardID  PATIENT CARD ID
       Address   15 N. STATE STREET       Age 40    DOB  15 Nov 65
    City/St/Zip  LINDON, UT  84042         Patient SpCase
   Phone Number  801-785-7720     Sex M        Plan Code
    Doctor Name  DOCTOR,TEST            Refill Reminder  No
   Script Number [00000108]   Refills  6   Remaining   5   Disp. Qty  30
   Drug  Str/Frm  PENICILLN VK 500MG TAB  (GENEV)            Pack
      Drug Code: [00781165510 ]          Insurance Code [CA  ]
      PCP Doctor [                  ]
   Authorization# [PATIE000001     ]  Dispens Authorized [1 ]  Remaining [1 ]
         Request Print [Y]  (Y,N)     Req. Print Date :[        ] (MMDDYYCC)
    Authorization Type  [A]  (A/ctive, R/etroactive, P/ending, I/nactive)
       Effective Date :[08310620]  (MMDDYYCC)   Expiry Date :[         ]
   Last Activity  Date :[08310620]  (MMDDYYCC)
   Note: [                    ]
   [                                                          ]


      <F4> Save      <F1> Quit
```

Insurance Code:
This will be defaulted as the last billed insurance. Change if appropriate.

PCP Doctor:
Use this field to enter the name of the Primary Care Physician. This field is required to save the authorization to file.

Authorization #:
This is the Authorization # given by the Third Party. When adding a new authorization to file, this number will default to a temporary number. Enter in the correct number, or save it as the temporary number, and use 'Amendments' to later record the actually authorization number.

Dispens Authorized:
This field is used to enter in the number of dispensings the authorization is good for.

Remaining:
This field is used to record the number of dispensings still remaining for the authorization. This number should automatically increment as refills are filled and billed with the authorization.

Request Print:
At this time, this field is for notation purposes only. It does not have any true functionality within the program.

Request Print Date:
At this time, this field is for notation purposes only. It does not have any true functionality within the program.

Authorization Type:
This field is used to set the status of the authorization.
'A'   Sets the Authorization to 'Active'. The Authorization #, PCP Physician, Effective Date and Expiry Date will be checked for validity.
'R'   Sets the Authorization to 'Retroactive'. This means that the Authorization may also cover dispensings previous to the active date.
'P'   Sets the Authorization to 'Pending'. The Authorization #, Effective and Expiry dates will not be checked.
'I'   Indicates that the Authorization is now Inactive.

Effective Date:
This field is used to specify the date the authorization starts. The date entered in this field should be entered in MMDDYYCC (month, day, year, century) format.

Expiry Date:
This field is used to record the expiry date of the authorization. The date entered in this field should be entered in MMDDYYCC (month, day, year, century) format.

Last Activity Date:
This field shows the last time the authorization is used. The date entered in this field should be entered in MMDDYYCC (month, day, year, century) format.

Note:
This field is used to enter in a short and a long note for the authorization.

Amendments

The 'Amendments' menu option is used to look at and/or make changes to 'Authorizations' already entered in the 'Third Party Authorization System'.

Deletions

This allows Authorizations that are on file to be deleted. An Authorization can be deleted by; Script Number, by all expired Authorizations, or by Authorizations with no activity since a specified date.

```
    T H I R D   P A R T Y   A U T H   D E L E T I O N S

    Enter Script Number for individual deletion or EXP
    to delete all Auth records indicated as expired.
    Enter a'D' and a Date (mmddyy) to delete TARs with
    no Dispensing Activity since the entered date.

    Script Number, EXP, or Date (Dmmddyy)  [           ]
```
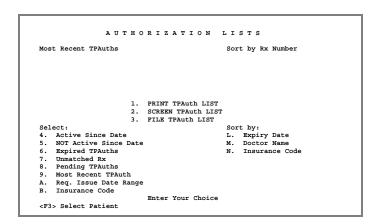
List TPAuths

This menu option is used to print lists of the Authorizations entered in the 'Pharmacy Management System'.

After selecting this menu option, the screen shown here will be displayed.

On the screen there are three print options, 'PRINT', 'SCREEN', and 'FILE'. Before selecting one of these options, 'Select' selections can be made to get the list of just the desired authorizations. A 'Sort By:' selection can also be made.

```
                    A U T H O R I Z A T I O N   L I S T S

   Most Recent TPAuths                              Sort by Rx Number




                              1.   PRINT TPAuth LIST
                              2.   SCREEN TPAuth LIST
                              3.   FILE TPAuth LIST
   Select:                                          Sort by:
   4.   Active Since Date                           L.   Expiry Date
   5.   NOT Active Since Date                       M.   Doctor Name
   6.   Expired TPAuths                             N.   Insurance Code
   7.   Unmatched Rx
   8.   Pending TPAuths
   9.   Most Recent TPAuth
   A.   Req. Issue Date Range
   B.   Insurance Code
                              Enter Your Choice
   <F3> Select Patient
```

1. Print TPAuth LIST

This will print a list of the Authorizations on file, based off the variables specified in the top right, and top left corners of the screen. In the example shown above, selecting option 1 would print a list of the Authorizations, for the "Most Recent TPAuths", sorted by "Sort By Rx Number".

2. Screen TPAuth LIST

Same as 'Print TPAuth LIST' mentioned above, only it will display on the screen.

3. File TPAuth LIST

Same as 'Print TPAuth LIST' mentioned above, except the data will be exported into a file.

Active Since Date

This option allows for a date to be used to include only the TPAuths that have been used since a specified date on the list.

NOT Active Since Date

This option allows for a date to be used to include only the TPAuths that have not had activity one them since a specified date.

Expired TPAuths

This will set the listing to include only the TPAuths that have expired.

Unmatched Rx

Using this option will include only the TPAuths that have an rx number recorded to the TPAuth, that is no longer in the prescription file.

Pending TPAuth

This will include only the TPAuths that are set to 'Pending' status.

Most Recent TPAuth

This option toggles between 'Most Recent TPAuths' and 'All TPAuths Selected'.

Insurance Code

This option allows for an insurance code to be the selection of TPAuths.

Expiry Date

This option allows the list to be sorted by expiry date. It also allows the user to set the priority of the expiry date sort in comparison to the other sort options.

Doctor Name

This option allows the list to be sorted by doctor name. It also allows the user to set the priority of the doctor name sort in comparison to the other sort options.

Insurance Code

This option allows the list to be sorted by insurance code. It also allows the user to set the priority of the insurance code sort in comparison to the other sort options.

Modem Claim Log

This option tracks the modem claims sent over the previous 99 days of FSI System operation, especially tracking the 'UNBIL' and 'Bill Later' claims (will display a message on the Main Menu). This information can be displayed on the screen or printed to the report printer.

Selection of this option displays the following screen:

Pressing F2 will toggle option # 1 from Script Number order to Reverse Chronological order.

```
          M O D E M   C L A I M   L O G


   1.  Modem Claim Log List - Order <F2>: Rev. Chrono
   2.  List 'UNBIL' & 'Bill Later'
   3.  Claim Detail by Script Number
   4.  Print Claim Detail
   5.  Switch Log   Active: Today's 01 Mar 06
       + , - , * = +10 , / = -10

       Enter your choice.
          Total Claim Log Records: 40




   <F6> Build Index
```

Modem Claim Log List:

This Function is used to show a list of the claims billed in the selected day/period.

Pressing F4 will display the previous screen of modem claims transmitted on the modem and pressing F5 display the next screen (when enough modem claims have been transmitted to fill that number of screens).

Similar screens are displayed with options 2 thru 4 with command prompts indicating possible selections.

```
        MODEM CLAIM LOG LIST     Date: 08/01/2005      Prev <F4>  Next <F5>

Rx No.   Patient Name          M Sw  Comm Status      Claim Stat  Time  TcPh U/B
--------------------------------------------------------------------------------
00000108 PATIENT,TEST          RSI   Successful       Rejected    17:27

Press the 'P' Key to Print the Log or Any Other Key to Return to Menu
```

List 'UNBIL' & 'Bill Later':

This option will print out a list of the claims that have been marked as 'Bill Later' or that are 'UNBIL'. The 'Bill Later' are only the claims that have been marked as bill later from a claim response screen. They are not the claims marked as bill later from within the prescript fill process. This list can be printed to the screen, or to a printer.

```
            MODEM CLAIM 'UNBIL'/'Bill Later' LIST

                 Screen or Printer (S/P)?
```

Claim Detail by Script Number:

This menu option will show on the screen, the detail for a specified claim. IE.. Reject Codes, Payment Detail, Claim Status, etc..

```
              C L A I M   D E T A I L   B Y   S C R I P T
Rx No.    Patient Name      M Sw  Comm Status     Claim Stat  Time  TcPh U/B
00000108 PATIENT,TEST          RSI   Successful      Rejected   17:27
Msg: 1SD2359
Rejected: (3)                                                          CALX
07 Miss/Inv Cardholder ID            34 Miss/Inv Submission Clarification Code

13 Miss/Inv Other Coverage Code
```

Print Claim Detail:

This menu option will print a report listing the claim detail mentioned above. This function is used in conjunction with the 'Auto Charge 'UNBIL'led claims' program discussed later in this chapter.

Switch Log

Use this option to toggle back to a previous days log. The program will store the last 99 days worth of claims, and the current days.

Auto Charge 'UNBIL'led Claims

```
        A U T O   B I L L   ' U N B I L '   S C R I P T S

        This function will Scan the Script Dispensing File and will
        automatically bill the Scripts found with a 'Fill Date'
        between the dates specified.  The first insurance code in
        the patient's profile will be billed as first position payor.

             Enter the Starting Date  :[08310620]  (mmddyycc)

              Enter the Ending Date  :[08310620]  (mmddyycc)
```

This program is designed to automatically bill all scripts marked as 'UNBIL' within a specified date range. Be careful when running this program during normal operating hours, so that the claim modems do not get tied up when other claims need to be processed. This program is also particularly useful when used in conjunction with the 'B – Bill Later' option in the prescription processing sequence. If a Third Party is down, mark the prescription as "YB" on the 'Accept as Is' screen in the prescription process. When the Third Party comes back up for processing, this program can automatically charge all of those 'Bill Later' prescriptions. After the processing is done, refer to the Print Claim Detail report in the Modem Claim Log to find the payment status. Rebill any rejected claims individually.

Enter in a starting and ending date, or leave the dates blank to include everything. After entering in the dates, press ENTER. The system will prompt for the dates to be verified. If the dates are correct, press 'Y' and the billing will start.

Auto Transmit to 'CASH'

```
            AUTO TRANSMIT CLAIMS to 'CASH'

   This function will Scan the Batch Invoice File and
   automatically transmit the Items found with a 'Fill Date'
   between the dates specified for the selected third party
   to the 'CASH' pseudo Third Party.

   This function is NOT INTENDED to BILL claims to third
   parties, but as a mechanism to transmit information for
   INVENTORY MANAGEMENT or other non-billing uses.

   Enter Insurance Code  [      ]

    Or Insurance Group  [     ]   Rx Number  [        ]
          Starting Date :[         ] (mmddyycc)
            Ending Date :[         ] (mmddyycc)

   Leave Starting and Ending Date Blank to Process ALL Claims.



   Use 'List Claims by Insurance' for a List to be Transmitted.
        Use 'Modem Claim Log' for Transmission Report.
```

This function is used to transmit cash prescriptions with a 'Fill Date' between the dates specified on this screen to the selected third party to the 'CASH' third party.

This function is not intended to BILL claims to a third party, but is a mechanism to transmit information for inventory management and other non-billing functions.

To use this program, enter in the code of the third party the cash claims are filled for. Enter in the beginning and ending date the claims are for, and press Enter .

Upon pressing Enter , the claims will be transmitted to the 'CASH' third party.

'340B' Reporting

This utility program is designed to assist pharmacy using '340B' stock to keep track of the separate drug inventories and report their '340B' drug usage.

```
              ' 3 4 0 B '   R E P O R T I N G

              1.   Enter Replacement Stock
              2.   Amend Stock Report Records
              3.   Replacement Stock Reports
              4.   '340B' Usage Reports
              5.   Enter Dispensed Stock by Rx#

                   Enter Your Choice.
```

6. Sundry Printouts

```
            S U N D R Y   P R I N T O U T S

1. Patient History  (Selective)   J. Patient Rx Usage by Date Range
2. Drug Usage Report              K. HIPAA Security Reports
3. Log Of Scripts                 L. Generic PDE Monograph
4. Prepack Labels                 M. Print Multi Patient/Script Notes
5. Insurance Forms                N. Print Clinic Drug Usage Report
6. Script Financial Report /T. P.  O. Print Stored Fax Doctor Sheets
7. Patient History  (By Alphabet) P. Rx Summary by Date Range
8. Refill Reminder System         Q. New Pats/Docs List by N.V. ID #
9. O.T.C. Labels                  R. Calendar Month Rx Summary
A. Patient List By Sel. Fields    S. Med. Reports (Psyc-Active&Ther.Class)
B. Doctor List By Sel. Fields     T. Patient Paid Report
C. Price Over-Ride Report         U. Drug/Rx List by Site & Date Range
D. Memo/Letter Write Function     V. Patient/Rx List by T.P. & Date Range
E. Board & Care Printouts         W. Patient/Rx (Packing) List
F. Drug Usage by Date Range       X. Elog Report Builder
G. List of Temp/Tele Scripts      Y. Sales/Financial Reports
H. Patient History T.P Receipt
I. Drug Usage by Pharmacists      Enter Your Choice
```

The 'Sundry Printouts' menu option from 'Utility Programs' is the main source of reports within the 'Pharmacy Management System'.

To get to 'Sundry Printouts', from the 'Main Menu' select options '3. Utility Programs', and '2. Sundry Printouts'.

Patient History - (Selective)

```
     P R I N T E D   P A T I E N T   H I S T O R Y

    Enter the Patient Name  [                    ]
     OR Patient LTCF Code  [      ] (Blank for all)
           Entire Family  [N]  (Y,N)  [N]  Totals Only
Include Ref. Inc. Auth.  [N]  (Y,N)  [N]  Include NDC
Include Sigs/Directions  [N]  (S,D,N)
  Screen, Printer (S,P)  [P]  Screen Only if Totals Only
     for Insurance Code  [    ] (Blank to Select All)
   Third Party Receipt   [ ]  (Y,N) Prints RPh Signature line
            Drug Class   [              ] (Enter GPI6/10/14)
                              (Blank to Select All)
    Display Total Price   [N]
    Print Patient Note    [N]

       Beginning Date :[        ] (MMDDYYcc)
         Ending Date :[        ] (MMDDYYcc)
         Site Number  [  ]  (Blank for All)
```

The 'Patient History – Selective' report is used to print patient histories based off selected fields.

Patients Name:
Enter in the patient's name in entirety, or part of the name, and hit the TAB key. Pressing ENTER will assume that the remaining fields are set, and it will print the history listing.

Entire Family:
If the entire family for the patient selected should be on the listing, set this field to 'Y'. A family is considered any patient's with the same telephone number. When this option is enabled, it will print a patient history, one for each patient within the family.

Totals Only:
When set to 'Y', this will cause the report to print the 'Total Price' only for each prescription.

Include Ref. Inc. Auth.:
When this is set to 'Y', the Increase Refills/Xfer Note for the prescription will be printed. This only prints if there are refills on the prescription.

Include NDC:
If this field is set to 'Y', the NDC number for the drug will print to the right of the drug name. This prints the NDC number for the Drug Prescribed in the 'Main Script Record'.

Include Sigs/Directions:
Setting this option to a 'D' will cause the directions for the prescriptions to print on the history printout. Setting this field to 'S' will cause the sigs for the prescriptions to print. The directions/sigs will print on a new line, following the dispensings and pricing information.

Screen, Printer:
Setting this option to a 'S' will cause the information to show on the screen, whereas setting it to a 'P' will cause it to print out on the report printer as defined in the Printer Map.

For Insurance Code:
This allows the 'Patient History' to be for only Rx's filled for the specified Insurance Code.

Third Party Receipt:
Setting this option to 'Y' will cause that a signature line be printed at the bottom of the report for the pharmacists to sign.

Drug Class
This will cause the History to only be for prescriptions that were filled or dispensed for only certain types of drugs. To set this option, type in the GPI number for the types of drugs to be included in the report. Entering in a 6 digit GPI will print all drugs in the patient history that have the same Therapeutic Class as the GPI entered. Using a 10 digit GPI will include only the same drug, but all forms and strengths of the drug, and a 14 digit GPI will be only that drug, same strength and same form.

Display Total Price:
Setting this option to a 'Y' will print an additional column on the report showing the 'price' of the prescription. Price is calculated by the formula's cost + fee.

Beginning and Ending Dates:
Use these fields to set the date range for the history to be printed by. Be sure to enter the dates using the format MMDDYYCC, meaning MONTH, DAY, YEAR, CENURY. If the history is supposed to be for January 1st 2000 through December 31st 2000, the beginning date would be entered as 01010020, and the ending date would be entered as 12310020.

Below is an example of the 'Patient History' report.

```
PATIENT NAME       PHARMACY NAME
PATIENT ADDRESS    PHARMACY ADDRESS
PATIENT CITY, STATE, ZIP       PHARMACY CITY, STATE, ZIP
BORN: PAT'S DOB
                                                      Patient    Patient
Rx #     Drug NameDoctor     Date      Qty      Refs     Rem    Pay        Total
-------------------------------------------------------------------------------------------------------------------------------------------
-----
000020              DRUG NAME  STRENGTH FORMDOCTOR  15 JAN 04 30       1        1          XX.XX     XX.XX
000019    TD        DRUG NAME  STRENGTH FORMDOCTOR  01 JAN 04 30       1                   XX.XX     XX.XX
                              15 DEC 03 30                    XX.XX     XX.XX
000017              DRUG NAME STRENGTH  FORMDOCTOR  30 NOV 03 45       1        1          XX.XX     XX.XX
                                                                       ========
                                                      Total ->         XX.XX
```

This report was printed by patient name, with no miscellaneous options selected. This report will print in prescription order, with the newest prescription on the top. Prescriptions with more than one dispensing will show each dispensing date, and then the next prescription will be printed.

Setting 'Totals Only' will print the following:

```
PATIENT NAME       PHARMACY NAME
PATIENT ADDRESS    PHARMACY ADDRESS
PATIENT CITY, STATE, ZIP       PHARMACY CITY, STATE, ZIP
BORN: PAT'S DOB
                                            Patient    Patient
Rx #     Drug Name                          Pay        Total
-------------------------------------------------------------------------------------------------------------------------------------------
-----
000020              DRUG NAME  STRENGTH FORM                        XX.XX     XX.XX
000019    TD        DRUG NAME  STRENGTH FORM                        XX.XX     XX.XX
                                            XX.XX     XX.XX
000017              DRUG NAME STRENGTH  FORM                        XX.XX     XX.XX
                                            ========
                                            Total ->   XX.XX
```

Setting the 'Include NDC' and 'Include Ref. Inc.Auth.' fields to 'Y' will print the following:

```
PATIENT NAME        PHARMACY NAME
PATIENT ADDRESS     PHARMACY ADDRESS
PATIENT CITY, STATE, ZIP        PHARMACY CITY, STATE, ZIP
BORN: PAT'S DOB
                                                Patient   Patient
Rx #      Drug NameDoctor     Date     Qty      Refs      Rem     Pay     Total
----------------------------------------------------------------------------------------------------------------------------------
-----
000020              DRUG NAME  STRENGTH FORM  xxxxxxxxxxx      DOCTOR  15 JAN 04  30       1        1        XX.XX    XX.XX
000019    TD        DRUG NAME  STRENGTH FORM  xxxxxxxxxxx      DOCTOR  01 JAN 04  30       1                 XX.XX    XX.XX
                         @123, TECH NAME             15 DEC 03 30                  XX.XX    XX.XX
000017              DRUG NAME STRENGTH  FORM  xxxxxxxxxxx      DOCTOR  30 NOV 03 45        1        1        XX.XX    XX.XX
                                                                       ========
                                                            Total ->           XX.XX
```

Setting the 'Include Sigs/Directions' will print the sigs or directions after the 'Refill Inc. Auth' note for each prescription. Two lines will be allocated for the directions or sigs to print in.

```
PATIENT NAME        PHARMACY NAME
PATIENT ADDRESS     PHARMACY ADDRESS
PATIENT CITY, STATE, ZIP        PHARMACY CITY, STATE, ZIP
BORN: PAT'S DOB
                                                Patient   Patient
Rx #      Drug NameDoctor     Date     Qty      Refs      Rem     Pay     Total
----------------------------------------------------------------------------------------------------------------------------------
-----
000020              DRUG NAME  STRENGTH FORM  xxxxxxxxxxx      DOCTOR  15 JAN 04  30       1        1        XX.XX    XX.XX
THE DIRECTIONS OR SIGS WOULD SHOW
IN THIS AREA
000019    TD        DRUG NAME  STRENGTH FORM  xxxxxxxxxxx      DOCTOR  01 JAN 04  30       1                 XX.XX    XX.XX
                         @123, TECH NAME             15 DEC 03 30                  XX.XX    XX.XX
THE DIRECTIONS OR SIGS WOULD SHOW
IN THIS AREA
000017              DRUG NAME STRENGTH  FORM  xxxxxxxxxxx      DOCTOR  30 NOV 03 45        1        1        XX.XX    XX.XX
THE DIRECTIONS OR SIGS WOULD SHOW
IN THIS AREA

                                                                       ========
                                                            Total ->           XX.XX
```

Drug Usage Report

The 'Drug Usage Report' menu option is used to print a report of the amount of each drug used since the drug usage totals were last zeroed.

To get to this function, from the Main Menu select '3. Utility Programs', '2. Sundry Printouts' and select '2. Drug Usage Report'.

After selecting this option, the following will display:

```
This function Superceded by 'F. Drug Usage by Date Range'
```

This message is just a warning that there is a newer drug usage report. This report (2. Drug Usage) will be removed in the future. For now, the report will continue to work, and after a few seconds the following screen will be displayed:

This will produce a report showing the product quantity dispensed since the last time the report was printed and the usage figures were zerod. The usage amounts may also be zeroed using Zero Drug Usage Totals in Drug Maintenance.

With this report, you have the option to print drugs from a certain manufacturer, print only narcotic or controlled products, sort the list according to drug name or NDC, or print the list to the screen.

```
            D R U G   U S A G E   R E P O R T
         Do you Wish To Zero the Quantities?   [N]   (Y,N)
  Enter Manufacturer, First 5 of NDC or 'ALL'  [ALL   ]
       Include Narcotics, Controlled, or All   [A]   (N,C,A)
                          Screen or Printer    [P]   (S,P)
     Printed In Name, Gen.Name or NDC Order     [N]   (N,G,D)
```

```
D R U G   U S A G E   R E P O R T          01 JAN 04
Last Zeroed  01 Jan 03

NDC Code Abrev       Name: Trade/Generic  Strength   Form      Pack      Mfg       Used
-----------------------------------------------------------------------------------------------------
```

Log of Scripts

The 'Log of Scripts' Sundry print out menu option allows for a prescription based report to be printed. The 'Log of Scripts' system allows for may selections to be selected to control the prescriptions that are to be included on the report, and also allows for an export file to be created allowing users to take the export file to another program for other purposes.

To get to this report option, from the Main Menu select options '3. Utility Programs', '2. Sundry

```
                    L O G   O F   S C R I P T S
    Selections:                               Actions:
A. Switch Narcotics (Sch 2) Flag              1. New Scripts
B. Switch Controlled (Sch 3-5) Flag           2. Refilled Scripts
C. Switch 2/3/4 Line Log Flag                 3. Both News and Refills
D. Set Drugs                                  4. Combined Scripts
E. Set Doctors                                   Enter Your Choice
F. Set Rx Numbers              Make Selections then Choose An Action.
G. Set Pharm/Tech's Initials              V. Switch CallDocInProg Flag
H. Set Insurance Code                     W. Set Drug GPI
I. Set Price Formula Code                 X. Set Price Range
J. Switch 'Totals Only' Flag              Y. Set Pat's State/City/Zip
K. Switch Investigational (Sch 1)         Z. Set Episode/Acct #
L. Set DrugLot#/ExpDate/Mfg               a. Switch OTC Flag
M. Set Pat Special Case                   b. Switch Dup/Trip S/N
N. Set Pat's Age                          c. Switch Sales Tax Flag
O. Set Pat's Sex                          d. Set Drug Spec.Case
P. Set Patient Name                       e. Switch Transferred Rx
Q. Set 'Stop Date'                        f. Switch Signature
R. Site Number 1                          g. Set Long Term Care Fac
S. Switch Electronic File (Elog)          h. Set 'Filled'
T. Set ICD-9 Diagnosis                    i. Set 'TAR #'
U. Set Doctor Location                    j. Set 'Counseling'
            <ShF1> Select Deleted Rx            <F3> DC'd Rx
```

Printouts' and select menu option '3. Log of Scripts'. The screen shown above will be displayed. There are two basic functions on this screen: 'Selections' and 'Actions'. Each function is discussed in the following pages of this manual section.

Selections:

```
                    L O G   O F   S C R I P T S
    Selections:                           Actions:
A. Switch Narcotics (Sch 2) Flag On       1. New Scripts
B. Switch Controlled (Sch 3-5) Flag       2. Refilled Scripts
C. Switch 2/3/4 Line Log Flag             3. Both News and Refills
D. Set Drugs                              4. Combined Scripts
E. Set Doctors                               Enter Your Choice
F. Set Rx Numbers             Make Selections then Choose An Action.
G. Set Pharm/Tech's Initials TST
H. Set Insurance Code TEST                V. Switch CallDocInProg Flag
I. Set Price Formula Code                 W. Set Drug GPI
J. Switch 'Totals Only' Flag              X. Set Price Range
K. Switch Investigational (Sch 1)         Y. Set Pat's State/City/Zip
L. Set DrugLot#/ExpDate/Mfg               Z. Set Episode/Acct #
M. Set Pat Special Case                   a. Switch OTC Flag
N. Set Pat's Age                          b. Switch Dup/Trip S/N
O. Set Pat's Sex                          c. Switch Sales Tax Flag
P. Set Patient Name                       d. Set Drug Spec.Case
Q. Set 'Stop Date'                        e. Switch Transferred Rx
R. Site Number 1                          f. Switch Signature
S. Switch Electronic File (Elog)          g. Set Long Term Care Fac
T. Set ICD-9 Diagnosis                    h. Set 'Filled'
U. Set Doctor Location                    i. Set 'TAR #'
                                          j. Set 'Counseling'
                  <ShF1> Select Deleted Rx          <F3> DC'd Rx
```

The selections on the left side of the screen and under the 'Actions' are options that may be used to modify the content of the log being produced.

The selections can be used alone or in any combination. Press the corresponding letter to activate or deactivate the selection. When the switches are active, there will be a note to the right side of the option.

Some options, such as 'Switch Narcotics (Sch 2) Flag' require no additional information. They will become active as soon as the option is pressed. If the option requires additional information, the information will be requested before the selection is activated.

Some options, such as 'Switch Dup/Trip S/N' and 'Switch Electronic File (Elog)' will toggle between their available settings. To do this, press the letter for that option multiple times.

Set Log by Drugs and Set Log by Doctors allow you to enter a list of drugs or doctors to search for. Leaving the input field blank ends the list and activates the option.

Example: If you want a log of narcotics filled by a particular pharmacist and billed to a particular insurance, turn selection A on, and use options G and H to specify the pharmacist's initials and insurance company. The screen will appear as:

An example of the basic 'Log of Scripts' is shown below:

```
L O G   O F   S C R I P T S      COMBINED SCRIPTS   18:45 on   01 JAN 04

PHARMACY NAME   ADDRESS
Log Dates From  01 Jan 04  to  01 Jan 04      PAGE  # 1


Fill Date   Date Wrtn  Rx #     Patient    Qty      Drug-Strength-Form   Cost      Price     Ref      -Rem      PI      Prescriber
-----------------------------------------------------------------------------------------------------------------------------------


No New Scripts With Zero Qty
          Total Num. Of Combined Scripts:
          Total Cost Of Combined Scripts:
          Total Price Of Coombined Scripgs:
          Ave. Cost Per Combined Scirpt:
          Ave. Price Per Combined Script:
          % Profit Of Combined Scripts:

0 'Unbilled dispensings encountered.
```

Some 'Selections' of note are itemized below:

Switch 2/3/4 Line Log Flag

This selection in the 'Log Of Scripts' program is used to change the printed log between printing one line of information per prescription to printing 2 lines, 3 lines or 4 lines of information for each prescription. Below is a sample header of a '4 line' Log Of Scripts:

```
L O G   O F   S C R I P T S      COMBINED SCRIPTS   01 JAN 04

PHARMACY NAME   ADDRESS
Log Dates From  01 Jan 04  to  01 Jan 04      PAGE # 1


Fill Date    Date Wrtn  Rx #        Patient    Qty          Drug-Strength-Form   Cost       Price      Ref        -Rem     PI       Prescriber
             TPCod      Address      Sch        Mfg          Doc's Address        Ttl        TI         DEA #
             Sigs       Inc. Refs. Auth. Note
             Episode#   ICD-9        Pat Card#  Pat MiscID  Dg NDC    Dg MiscID  Dg LOT     Doc Loc    Disp Note
------------------------------------------------------------------------------------------------------------------------------------------------
```

The default for 'Log Of Scripts' is the 'single line' print option. To change this to 2 lines, 3 lines, or 4 lines, press 'C' until the desired setting is displayed to the right of option 'C'. This must be done in UPPERCASE. A lowercase 'c' turns on and off the 'Sales Tax' selection for 'Log Of Scripts'.

After setting the desired # of lines, make any other appropriate 'selections', and then enter the desired 'action', enter in the date range, and the report will be printed.

Switch 'Totals Only' Flag

This 'selection' is used to obtain a report with only the report summary and no prescription detail. To turn this on/off press 'J'. When 'Totals Only' is active, 'ON' will display to the right of option 'J'. An example follows:

```
L O G   O F   S C R I P T S      COMBINED SCRIPTS   01 JAN  04

PHARMACY NAME   ADDRESS
Log Dates From  01 Jan 04  to  01 Jan 04      PAGE # 1


Fill Date    Date Wrtn  Rx #        Patient    Qty          Drug-Strength-Form   Cost       Price      Ref        -Rem     PI       Prescriber
------------------------------------------------------------------------------------------------------------------------------------------------


No New Scripts With Zero Qty
             Total Num. Of Combined Scripts:
             Total Cost Of Combined Scripts:
             Total Price Of Coombined Scripgs:
             Ave. Cost Per Combined Scirpt:
             Ave. Price Per Combined Script:
             % Profit Of Combined Scripts:

             Total Num. Of Brand Scripts:
             Total Cost Of Brand Scripts:
             Total Price of Brand Scripts:
             Ave. Cost Per Brand Script:
             Ave. Price Per Brand Script:
             % Profit Of Brand Scripts:

             Total Num. Of Generic Scripts:
             Total Cost Of Generic Scripts:
             Total Price of Generic Scripts:
             Ave. Cost Per Generic Script:
             Ave. Price Per Generic Script:
             % Profit Of Generic Scripts:

0 'Unbilled dispensings encountered.
```

Set Log by Pat Special Case

```
L O G   F O R   S P E C I A L   C A S E

Specify Special Case Code  [      ]

Search for Partial or Complete String  [C]  (P,C)
Press F1 to End List, Press F4 to Clear Special Case Log
```

As discussed in Chapter 2 of this manual, the 'Patient Special Case' field is used to link patients that have no other common tie together for reporting purposes. 'Log Of Scripts' is one of the reports that can be printed by using that field.

To print a Log Of Scripts by 'Pat Special Case', press 'M' from the 'Log Of Scripts' menu. The following will be displayed:

Enter the special case code the report is to be printed for, and specify if the entered code is a partial string or a complete string by entering 'P' for partial or 'C' for complete in the second field on the screen.

After entering the first special case and pressing Enter to save it, the entered special case will display in the list. A sample of this is shown below:

```
L O G   F O R   S P E C I A L   C A S E

Specify Special Case Code  [      ]

Search for Partial or Complete String  [C]  (P,C)
Press F1 to End List, Press F4 to Clear Special Case Log

SpecCs  P/C     SpecCs  P/C     SpecCs  P/C     SpecCs  P/C    SpecCs  P/C
AAABBB   C
```

Continue to enter in the special case codes for the report. When finished entering all applicable codes, press F1 to end the list.

To clear the entered codes and start the list over, press the F4 key.

Site Number

```
L O G   F O R   S I T E

Specify Site Number  [1    ]

Zero For All Sites
```

This 'selection' is used to specify which 'site' the report is to be printed for. This is used in conjunction with the FSI Multi-Site Software Module. For users that have the Multi-Site system installed, pressing 'R' will allow the site number to be specified. After pressing 'R', the following will be displayed:

Enter the site number for the appropriate site, or enter '0' (zero) for the report to print for ALL sites. After entering the appropriate site number, press Enter. The program will return to the 'Log Of Scripts' menu and the site number entered will display to the right of option 'R'. Make any other appropriate 'selections', then an 'action', enter the date range, and the report will be printed.

Electronic Data File (Elog) Flag

The 'Electronic Data File (Elog) Flag' Log Of Scripts 'selection' is used to create a text file on the server that can later be used on other applications.
Disclaimer: FSI is only responsible for the support of creating the 'Elog' file, not for the support of using the created file in any other non-FSI program.

This option has three available settings. When pressing 'S' the first time, 'On' will display to the right. This will create a 'fixed width' file called 'elog.dat' on the hard drive based on the other 'selections' chosen by the user. A definition of the file format will follow.

The second option for this 'selection' is 'CtrlSub'. This option is used to create a file on the server that can be used to report the pharmacies controlled substance usage data to the agency responsible for the data collection. When making this selection, 'selections' 'A' and 'B' will also be turned on. Depending on what state the pharmacy is in, one or both of these options might need to be turned off, or other 'selections' might need to be turned on. It is recommended to consult with the Foundation Systems Technical Support Helpdesk if in doubt of how to create the appropriate 'Controlled Substance Report' for your state.

Note: Creating the file is only the first step. After creating the 'Controlled Substance Report', it is necessary to transmit it to the appropriate agency. The Foundation Systems Technical Support Helpdesk will be able to assist the user with this process.

The third and final option is 'Delim '|''. This is similar to the 'On', but instead of creating a 'fixed width' text file, it separates each piece of data with a | symbol. Most users prefer this option to the 'On' because of the ease of opening the text file in other applications.

Below is a definition of the fields included in the elog.dat file, the starting position (used for fixed width format), the # of characters in that field, and the justification of the data inside of the field.

Elog Field Definition

# Field		Position	#'s	Just
1.	PATIENT'S NAME	1	26	LJ
2.	PATIENT'S ADDRESS	27	25	LJ
3.	PATIENT'S TP ID NUMBER`	52	15	LJ
4.	PATIENT'S GROUP NUMBER	67	16	LJ
5.	PATIENT'S GENDER (M, F)	83	1	LJ
6.	PATIENT'S BIRTH DATE (CCYYMMDD)	84	8	RJ
7.	SCRIPT NUMBER	92	8	RJ
8.	REFILLS AUTHORIZED	100	2	RJ
9.	REFILLS REMAINING	102	2	RJ
10.	ORIGIONAL RX DATE (CCYYMMDD)	104	8	RJ
11.	DATE RX WRITTEN (CCYYMMDD)	112	8	RJ
12.	DAYS SUPPLY	120	3	RJ
13.	SCRIPT COST (999999v99)	123	8	RJ
14.	SCRIPT FEE (999999v99)	131	8	RJ
15.	SIGS (AS ENTERED)	139	96	LJ
16.	DOCTOR'S NAME	235	20	LJ
17.	DOCTOR'S DEA NUMBER	255	13	LJ
18.	DRUG NAME / STREN / FORM / PACK / MFG	268	45	LJ
19.	DRUG NDC	313	12	LJ
20.	SCRIPT DISP DATE (CCYYMMDD)	325	8	RJ
21.	SCRIPT QUANTITY	333	5	RJ
22.	PHARMACIST'S INITIALS	338	3	LJ
23.	CHARGE TO PATIENT (COPAY)	341	8	RJ
24.	PAYMENT TYPES (TP, CASH, SECIT)	349	5	LJ
25.	NEW OR REFILL (N, R)	354	1	
26.	CASH PRICE CODE	355	1	
27.	PATIENT'S CITY	356	15	LJ
28.	PATIENT'S STATE	371	2	
29.	PATIENT'S ZIP CODE	373	10	LJ
30.	PATIENT'S MISC. ID	383	15	LJ
31.	PATIENT'S NOTE	398	32	LJ
32.	EPISODE (ACCOUNT) NUMBER	430	12	LJ
33.	AMOUNT PAID BY PATIENT	442	8	RJ
34.	PATIENT NON-VOLATILE ID#	450	6	LJ
35.	DOCTOR NON-VOLATILE ID#	456	6	LJ
36.	SCRIPT METRIC QUANTITY (999999v99)	462	8	RJ
37.	PATIENT SPECIAL CASE FIELD	470	6	LJ
38.	DOCTOR UPIN #	476	12	LJ
39.	DOCTOR SPIN #	488	12	LJ
40.	DOCTOR ADDRESS	500	25	LJ
41.	DOCTOR CITY	525	15	LJ
42.	DOCTOR STATE	540	2	LJ
43.	DOCTOR ZIP CODE	542	10	LJ
44.	DOCTOR PHONE	552	12	LJ
45.	PATIENT PHONE	564	12	LJ
46.	DOCTOR STATE LICENSE	576	12	LJ
47.	RELATION TO CARD HOLDER	588	1	
48.	SCRIPT DAW	589	1	
49.	CARD HOLDER NAME	590	16	LJ
50.	USED DRUG ID	606	12	LJ

#	Field	Position	#'s	Just
51.	REGISTRATION EXP. DATE (CCYYMMDD)	618	8	RJ
52.	SITE NUMBER	626	3	RJ
53.	REFILL NUMBER	629	2	RJ
54.	TIME OF DISPENSING	631	4	H,M
55.	EXCEPTION ITEM CODE	635	1	
56.	EXCEPTION 'WASTED' CODE	636	1	
57.	DELIVERY INDICATOR	637	1	D,N
58.	DISCHARGE MEDICATION INDICATOR	638	1	D,N
59.	DRUG COMPOUND NAME	639	42	LJ
60.	DOCTOR PHONE #2	681	12	LJ
61.	DOCTOR FAX PHONE	693	12	LJ
62.	DOCTOR TITLE	705	4	LJ
63.	PATIENT PERSON NUMBER	709	2	LJ
64.	DRUG LOT NUMBER	711	9	LJ
65.	DRUG GPI	720	14	LJ
66.	A/R CHARGE INDICATOR	734	1	
67.	PAT LTCF CODE	735	6	LJ
68.	TRANSFER REM. REF'S INDICATOR	741	1	
69.	ALLERGY INDICATOR	742	3	RJ
70.	ALLERGY INDICATOR	745	3	RJ
71.	ALLERGY INDICATOR	748	3	RJ
72.	ALLERGY INDICATOR	751	3	RJ
73.	ALLERGY INDICATOR	754	3	RJ
74.	ALLERGY INDICATOR	757	3	RJ
75.	PATIENT DIAGNOSIS 1	760	7	LJ
76.	PATIENT DIAGNOSIS 2	767	7	LJ
77.	PATIENT DIAGNOSIS 3	774	7	LJ
78.	PATIENT DIAGNOSIS 4	781	7	LJ
79.	SCRIPT NUMBER OF NEW RX (NFO)	788	8	LJ
80.	SCRIPT NUMBER OF ORIGIONAL RX (NFO)	796	8	LJ
81.	'CALL DOCTOR PREFERENCE	804	1	
82.	PATIENT 'PERS. ID'	805	12	
83.	SCRIPT USUAL & CUSTOMARY (999999.99)	817	8	RJ
84.	THIRD PARTY PAY AMOUNT (999999.99)	825	8	RJ
85.	TECH INITIALS	833	3	RJ
86.	MISC. LABEL NOTE	836	18	LJ
87.	DRUG GENERIC INDICATOR	854	1	
88.	DRUG OTC INDICATIOR	855	1	
89.	DRUG COMPOUND INDICATOR	856	1	
90.	RX NOTE (INC. REFILL, XFER, S/N)	857	16	LJ
91.	TAR/AUTHORIZATION	873	16	LJ
92.	DRUG SVC CODE/MISC ID	889	12	LJ
93.	CURRENT DRUG AWP (999999.99)	901	8	RJ
94.	PATIENT SSN	909	10	LJ
95.	PROFIT MARGIN	919	6	RJ

	Position	#'s
FILLER SPACES	925	98
CR/LF RECORD DELIMINATOR	1023	
ELECTRONIC LOG FILE RECORD LENGTH	1024	

Note: The Electronic Data File (Elog) filename is elog.dat in the current directory.

Set Price Range

This option is used to get a list of prescriptions that fall within a specified price range. After selecting this menu options, the following screen will be displayed:

```
          P R I C E   M I N S / M A X S

     Set Minimum Total Price $[     ]

     Set Maximum Total Price $[     ]

 Inside or Outside These Prices  [ ] (I,O)

      Check Cost (not price) [ ] (Y,N)

      Low Margin Scripts  [ ] (Y,N)
      Scripts with margin <  %[ ]

   Leave Inside/Outside Blank to clear
```

Enter the correct minimum and maximum price for the desired report.

Inside or Outside These Prices:
Setting this option to 'I' (inside) will print prescriptions with a price that is within the minimum and maximum price specified. Setting this option to 'O' (outside) will print prescriptions with a price that is outside of the entered minimum and maximum. Leaving this field blank will clear the settings entered in 'Set Minimum Total Price' and 'Set Maximum Total Price'. The 'Inside or Outside' field has to be specified in order to create a 'Log of Scripts' report based off price range.

Check Cost (not price):
This option is used to have the minimum and maximum entered values checked against the 'cost' of the prescription instead of the 'price' of the prescription. Again, the 'Inside or Outside These Prices' specified.

Switch Dup/Trip S/N

This option is used to print a list of prescriptions that do or do not have a 'Duplicate/Triplicate S/N (serial number). When used in conjunction with the 'Switched Narcotics' and 'Switch Controlled' flags, this can provide a list of prescriptions that do have a serial number for verification, or a list of prescriptions that do not have a serial number. This is a report that can be printed before submitting the 'Controlled Substance Report' to the responsible agency.

This option has two settings. Pressing 'b' once will set the option to 'Present'. This will print prescriptions that do have a serial number present.

The other setting (pressing 'b' twice) is 'Absent'. This will print a list of prescriptions that do not have a serial number.

Drug Special Case

```
         L O G   F O R   D R U G   S P E C I A L   C A S E

            Specify Special Case Code  [     ]

       Search for Partial or Complete String  [C]  (P,C)

           Leave Top Field Blank to Clear Special Case

         Select Items that require:
                      Reporting  [ ] (Y,N)
                      Pickup ID  [ ]
                  Serial Number  [ ]
                    Med. Guide   [ ]
      A dispensing is selected if any of the above items match.

                       PSE Item  [ ]
                  Generic/Brand  [ ] (G,B)
              St Welf Grp Code   [       ] (1-9,A-F)
             Partial Dispensing  [ ] (Y,eXclude TotQty=DispQty)
                 Compound Drug   [N] (Y,N,'I'=Ingredients,
                                     'S'=Selected ingred.,
                                     'L'='x of x' Label qty,
                                     'X'=eXclude label=disp qty)
```

This option is used to print the 'Log Of Scripts' for prescriptions filled for drugs that meet various setting criteria's. After selecting this option, the following will be displayed:

Enter the special case code the report is to be printed for, and specify if the entered code is a partial string or a complete string by entering 'P' for partial or 'C' for complete in the second field on the screen. After entering the special case code and complete or partial string selection, press Enter , and the 'Log Of Scripts' menu will be displayed. Make any other appropriate 'selection's, then enter the desired 'action', enter in the date range, and the report will be printed.

Other options are available on the 'Drug Special Case' selection screen.

Reporting:
This field is used to print a Log of Scripts for prescriptions filled for drugs whose 'Reporting' flag is set to a specified value. Setting a 'Y' in this field will print a Log Of Scripts report for prescriptions filled for drugs whose 'Reporting' flag is set to 'Y'. Setting this field to 'N' will print for prescriptions filled for drugs whose 'Reporting' flag is set to 'N'. Leaving this field blank will cause this selection to be skipped.

Pickup ID:
This field is used to print a Log of Scripts for prescriptions filled for drugs whose 'Pickup ID' flag is set to a specified value. Setting a 'Y' in this field will print a Log Of Scripts report for prescriptions filled for drugs whose

'Pickup ID' flag is set to 'Y'. Setting this field to 'N' will print for prescriptions filled for drugs whose 'Pickup ID' flag is set to 'N'. Leaving this field blank will cause this selection to be skipped.

Serial Number:
This field is used to print a Log of Scripts for prescriptions filled for drugs whose 'Serial Number' flag is set to a specified value. Setting a 'Y' in this field will print a Log of Scripts report for prescriptions filled for drugs whose 'Serial Number' flag is set to 'Y'. Setting this field to 'N' will print for prescriptions filled for drugs whose 'Serial Number' flag is set to 'N'. Leaving this field blank will cause this selection to be skipped.

Med. Guide:
This field is used to print a Log of Scripts for prescriptions filled for drugs whose 'Med. Guide' flag is set to a specified value. Setting a 'Y' in this field will print a Log of Scripts report for prescriptions filled for drugs whose 'Med. Guide' flag is set to 'Y'. Setting this field to 'N' will print for prescriptions filled for drugs whose 'Med. Guide' flag is set to 'N'. Leaving this field blank will cause this selection to be skipped.

PSE Item:
This field is used to exclude prescriptions for drugs whose 'PSE' flag is set to 'Y' in Drug Maintenance. Without this field set, drugs marked as 'PSE' 'Y' will be included by default.

Generic/Brand:
This field is used to print a list of prescriptions for drugs that are as 'Generic' or 'Trade' (brand). Log of Scripts will by default include both brand and generic drugs.

St Welf Grp Code:
This field is used to print a Log of Scripts for prescriptions filled for drugs whose 'St Welf Grp Code' flag is set to a specified value. Leaving this field blank will cause this selection to be skipped.

Partial Dispensing:
This field has two options available. Setting this field to 'Y' will print of any dispensing that have been partially filled or have previous dispensings that have been filled partially and now have zero quantity owing. Setting this field to 'X' will exclude any partial dispensings that have been completely dispensed (dispensing quantity owing = 0).

Compound Drug:
This field is used to print a Log of Scripts for prescriptions filled for drugs whose 'Compound' flag is set to a specified value. Setting a 'Y' in this field will print a Log Of Scripts report for prescriptions filled for drugs whose 'Compound' flag is set to 'Y'. Setting this field to 'N' will print for prescriptions filled for drugs whose 'Compound' flag is set to 'N'. Leaving this field blank will cause this selection to be skipped.

After entering the appropriate settings for the report desired, press Enter. This will return to the 'Log Of Scripts' menu. Choose any other appropriate 'selections', then choose the desired 'action', enter the date range for the report and press Enter. Verify the dates, and if they are correct, answer 'Y', and the report will be printed.

Switch No Signature

This 'Log Of Scripts' option is used to print a list of prescriptions that have been filled, but that have 'No Signature' indicating that the prescription might not have been picked up yet.

Actions:

After the selections have been chosen, choose an action in order to print the log.

New Scripts:

Produces a log of new prescriptions filled during a specified date range. The system will default to the current date. If you need to change these dates, enter the date range for which you wish to produce the report.

Refilled Scripts:

This will produce a log of prescriptions refilled during a specified date range. The system will default to the current date. If you need to change these dates, enter the date range for which you wish to produce the report.

Both News and Refills:

This will print a log of new prescriptions followed by a log of refills. Again, the current date will be defaulted. Change the dates if needed.

Combined Scripts:

The combined log will print new and refill prescriptions on the same log. No distinction is made between the two types of prescriptions on the log and they are printed in filled order.

Prepack Labels

Use the 'Prepack Label' option for pre-labeling OTC items, printing stored address labels, or for whatever reason you find a use for storing and printing a label. The label is compatible with a Dot Matrix printer and with a Laser printer.
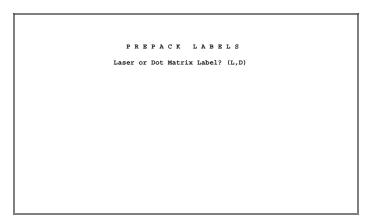
To get to 'Prepack Labels', from the Main Menu select options '3. Utility Programs', '2. Sundry Printouts' and select menu option '4. Prepack Labels'. The screen shown here will be displayed.
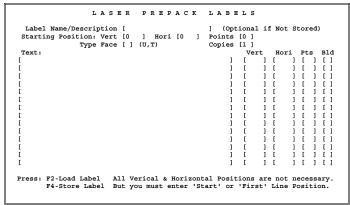
Enter 'L' if the label is to be printed on a laser printer, or enter 'D' is the label is to be printed on a Dot Matrix printer.

```
         P R E P A C K   L A B E L S
       Laser or Dot Matrix Label? (L,D)
```

```
       L A S E R   P R E P A C K   L A B E L S

  Label Name/Description [                    ]  (Optional if Not Stored)
  Starting Position: Vert [0   ]  Hori [0   ]  Points [0 ]
             Type Face [ ] (U,T)              Copies [1 ]
 Text:                                 Vert   Hori   Pts   Bld
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
[                                ]  [     ] [     ] [   ] [ ]
 Press: F2-Load Label   All Verical & Horizontal Positions are not necessary.
        F4-Store Label  But you must enter 'Start' or 'First' Line Position.
```

Laser Prepack Label

If 'L' is selected for Laser you will see the following display:

Before a label can be printed, it must first be setup. Each of the different options for the laser prepack label is discussed below.

Label Name/Description:
This field is used to name the label. If this label is to be stored (saved) for future use, this field is required. If this is a one time only print, this field is optional.

Starting Position: Vert:
This field is used to specify the starting vertical (from the top of the label) position. The setting being entered in this field should be entered as a numeric value in 300 dpi (dots per inch). If the starting position for the label is one inch down from the top of the label, 300 would be entered in this field.

Starting Position: Hori:
This field is used to specify the starting horizontal (from the left of the label) position. The setting being entered in this field should be entered as a numeric value in 300 dpi (dots per inch). If the starting position fro the label is one in right from the top of the label, 300 would be entered in this field.

Points:
This field is used to define the overall point size for the text of the label.

Type Face:
This field is used to define the font for the label. Enter a 'U' for 'Universe' font, or enter a 'T' for 'Times New Roman' font.

Copies:
This field is used to define how many times this label is to be printed each time a print is requested.

Text, Vert, Hori, Pts, & Bld:
These lines are used to enter the text for the label. The 'Vert', 'Hori', 'Pts' follow the same rules as previously discussed, but control the position and size for each line of the label. 'Bld', when set to 'Y' will print that line in bold.

F2 – Load Label

This function is used to load a format previously setup and stored on the system. After pressing the **F2** key, the screen shown here will be displayed. Select the label from the list and press **Enter**. That label will be loaded.

Note: if only one label format has been stored, the screen shown here will not be displayed. The label will automatically be loaded when **F2** is pressed.

```
                    L A S E R   P R E P A C K   L A B E L S
 1. TEST PREPACK LABEL
 2. TEST PREPACK LABEL 2




















 Load From Which Label Number [   ] (1-2)
```

F4 – Store Label

This function is used to store the format after setting it up for later recall and reuse.

To store this format, press the **F2** key and the prompt shown in the screen shown here will be displayed. The prompt allows the user to specify the stored label file number to use. The last digit (3 in the example here) will store it as a new format, where using the other number (1 or 2 in this example) will save this format, overwriting the format already saved as that number.

```
              L A S E R   P R E P A C K   L A B E L S

 Label Name/Description [TEST PREPACK LABEL ]  (Optional if Not Stored)
 Starting Position: Vert [300 ]  Hori [300 ]  Points [10]
           Type Face [U] (U,T)              Copies [1 ]
 Text:                                      Vert    Hori  Pts  Bld
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]
 [                                    ] [0   ] [0  ] [0 ] [ ]

 Store Into Which Label Number [1  ] (1-3)                      .
```

Dot Matrix Prepack Label

If 'D' for Dot Matrix is selected you will see the following display:

There are two Dot Matrix Prepack Label options, a 'Compressed Print' and a 'Normal Print'.

The 'Compressed Print' label allows for 16 lines of information to be entered with 45 characters per line.

The 'Normal Print' label allows for 16 lines of information to be entered with 27 characters per line.

```
           P R E P A C K   L A B E L S

         Do you wish this information to be in
                  Compressed Print or
                  Normal Print? (C,N)
```

Each of these options will be discussed in the following pages of this manual.

Compressed Print

```
                    P R E P A C K   L A B E L S
         Enter information on Label as Desired.      Stored Labels:
     1 [                                        ]  1. TEST(N)
     2 [                                        ]  2. JOES KEFLEX(C)
     3 [                                        ]  3. TYLENOL PREPACK(C)
     4 [                                        ]  4. RANDY TEST(N)
     5 [                                        ]
     6 [                                        ]
     7 [                                        ]
     8 [                                        ]
     9 [                                        ]
    10 [                                        ]
    11 [                                        ]
    12 [                                        ]
    13 [                                        ]
    14 [                                        ]
    15 [                                        ]
    16 [                                        ]

       Press F2 To Use Sig Codes
       Press F4 To Load/Store Label
       Press F6 Additional P.P. Labels
```

The 'Compressed Print' Prepack Label allows for more information to fit on the standard 3" label by printing the information entered in 17 cpi (characters per inch) where the 'Normal Label prints the information in 10 cpi.

After selecting 'C' for 'Compressed Print', the screen shown here will be displayed. Enter the information into the 16 lines provided. When finished, press Enter. A prompt verifying that the information is correct will be displayed. Answer 'Y' if the information is correct, otherwise answer 'N'. If 'Y' is answered, a prompt for the number of labels will be displayed. Enter the number of labels to be printed and press Enter. The label(s) should then print. The program will return to a blank label screen allowing a new label to be typed.

Under the 16 text lines, three options are available to use. These are discussed below:

Press F2 To Use Sig Codes

```
                    P R E P A C K   L A B E L S
         Enter information on Label as Desired.      Stored Labels:
     1 [                                        ]  1. TEST(N)
     2 [                                        ]  2. JOES KEFLEX(C)
     3 [                                        ]  3. TYLENOL PREPACK(C)
     4 [                                        ]  4. RANDY TEST(N)
     5 [                                        ]
     6 [                                        ]
     7 [                                        ]
     8 [                                        ]
     9 [                                        ]
    10 [                                        ]
    11 [                                        ]
    12 [                                        ]
    13 [                                        ]
    14 [                                        ]
    15 [                                        ]
    16 [                                        ]

     Enter Sig Starting Line # [  ]   And The Sigs:
    [                                                        ]
```

Pressing the F2 key allows for the user to specify a starting line for the directions, and then allows the user to enter in the sig codes for the prescription.

When finished, press Enter and the program will translate the codes to the directions and will show that translation in the text lines starting at the line specified.

Note: When entering in sig codes, enter each code, separated by a space, and then the next code, just as it would be done when entering a prescription in the 'Prescription Pathway'.

Press F4 To Load/Store Label

```
                    P R E P A C K   L A B E L S
         Enter information on Label as Desired.      Stored Labels:
     1 [                                        ]  1. TEST(N)
     2 [                                        ]  2. JOES KEFLEX(C)
     3 [                                        ]  3. TYLENOL PREPACK(C)
     4 [                                        ]  4. RANDY TEST(N)
     5 [                                        ]
     6 [                                        ]
     7 [                                        ]
     8 [                                        ]
     9 [                                        ]
    10 [                                        ]
    11 [                                        ]
    12 [                                        ]
    13 [                                        ]
    14 [                                        ]
    15 [                                        ]
    16 [                                        ]

     Load or Store (L,S)
```

Pressing the F4 key allows the user to store this label to be recalled and used at a later time without having to retype the label.

After pressing F4 a prompt to select 'L' for 'Load' or 'S' for 'Store' will be displayed, as shown in the example here.

Press 'L' to Load an existing label from the list shown on the right side of screen. A prompt will be displayed allowing the user to enter in the number for the label to be loaded. Enter the number for the label, and press Enter. The label will then display on the screen.

Press 'S' to Store the label just entered for future use. A prompt will display allowing the user to select the label number to store this label as.

Entering a number of a label already on file will overwrite that labels information with this label. Entering the next number (unused) will save this label as a new label.

When doing this, a prompt, as shown in the example here, will display allowing the user to enter a description for the label.

```
                    P R E P A C K   L A B E L S
        Enter information on Label as Desired.     Stored Labels:
   1 [                                     ]  1. TEST(N)
   2 [                                     ]  2. JOES KEFLEX(C)
   3 [                                     ]  3. TYLENOL PREPACK(C)
   4 [                                     ]  4. RANDY TEST(N)
   5 [                                     ]
   6 [                                     ]
   7 [                                     ]
   8 [                                     ]
   9 [                                     ]
  10 [                                     ]
  11 [                                     ]
  12 [                                     ]
  13 [                                     ]
  14 [                                     ]
  15 [                                     ]
  16 [                                     ]


   Enter Desc For Label #5  [                 ]
```

Press F6 Additional P.P. Labels

Pressing F6 will display more stored labels, if there are more than what can be displayed on the screen.

Normal Print

The 'Normal Print' Prepack Label allows for 16 lines of text to be entered and that text prints the information in 10 cpi (characters per inch).

After selecting 'N' for 'Normal Print', the screen shown here will be displayed. Enter the information into the 16 lines provided. When finished, press Enter. A prompt verifying that the information is correct will be displayed. Answer 'Y' if the information is correct, otherwise answer 'N'. If 'Y' is answered, a prompt for the number of

```
                    P R E P A C K   L A B E L S
        Enter information on Label as Desired.     Stored Labels:
   1 [                    ]  1. TEST(N)
   2 [                    ]  2. JOES KEFLEX(C)
   3 [                    ]  3. TYLENOL PREPACK(C)
   4 [                    ]  4. RANDY TEST(N)
   5 [                    ]
   6 [                    ]
   7 [                    ]
   8 [                    ]
   9 [                    ]
  10 [                    ]
  11 [                    ]
  12 [                    ]
  13 [                    ]
  14 [                    ]
  15 [                    ]
  16 [                    ]

      Press F2 To Use Sig Codes
      Press F4 To Load/Store Label
      Press F6 Additional P.P. Labels
```

labels will be displayed. Enter the number of labels to be printed and press Enter. The label(s) should then print. The program will return to a blank label screen allowing a new label to be typed.

Under the 16 text lines, three options are available to use. These are discussed below:

Press F2 To Use Sig Codes

Pressing the F2 key allows for the user to specify a starting line for the directions, and then allows the user to enter in the sig codes for the prescription.

When finished, press Enter and the program will translate the codes to the directions and will show that translation in the text lines starting at the line specified.

Note: When entering in sig codes, enter each code, separated by a space, and then the next code, just as it would be done when entering a prescription in the 'Prescription Pathway'.

Press F4 To Load/Store Label

Pressing the F4 key allows the user to store this label to be recalled and used at a later time without having to retype the label.

After pressing F4 a prompt to select 'L' for 'Load' or 'S' for 'Store' will be displayed.

Press 'L' to Load an existing label from the list shown on the right side of screen. A prompt will be displayed allowing the user to enter in the number for the label to be loaded. Enter the number for the label, and press Enter. The label will then display on the screen.

Press 'S' to Store the label just entered for future use. A prompt will display allowing the user to select the label number to store this label as.

Entering a number of a label already on file will overwrite that labels information with this label. Entering the next number (unused) will save this label as a new label.

When doing this, a prompt will display allowing the user to enter a description for the label.

Press F6 Additional P.P. Labels

Pressing F6 will display more stored labels, if there are more than what can be displayed on the screen.

Insurance Forms

The 'Insurance Forms' menu contains the steps needed to produce paper insurance billing.

This menu option serves as a link to the 'Third Party Billing' system found in 'Third Party Processing' under the 'Utility Programs'. These functions are discussed in Chapter 5 of this manual, and will not be outlined again in this chapter.

```
        Third Party Billing

   1.  Required Billing Report
   2.  Print Alignment Forms
   3.  Print Billing
   4.  Erase Billed Claims
   5.  List Claims By Insurance
   6.  Electronic T.P. (Batch) Billing
   7.  Print Exceptions Lists
   8.  Print Multi-Script Claim Forms
   9.  California Green Lien Invoice

Enter Your Choice
```

Script Financial Report /Third Party

This report has been replaced by the 'Rx Summary by Date Range' report. IF this option is selected, the following will be displayed:

Press Enter to proceed to the 'Rx Summary by Date Range' report function.

This menu option will be recycled into a new report in the future.

```
                    OBSOLETE FUNCTION

          Use 'Rx Summary by Date Range'
            - 'For Third Parties'
            - 'Alphabetical Order'
           to generate an equivalent report.

                Press Any Key to Continue.
```

Patient History – (By Alphabet)

```
        P R I N T E D    P A T I E N T    H I S T O R Y

     Enter the Patient Name  [                        ]
       OR Patient LTCF Code  [      ] (Blank for all)
              Entire Family  [N]  (Y,N)   [N]   Totals Only
     Include Ref. Inc. Auth. [N]  (Y,N)   [N]   Include NDC
     Include Sigs/Directions [N]  (S,D,N)
        Screen, Printer (S,P) [P]  Screen Only if Totals Only
         for Insurance Code  [      ] (Blank to Select All)
        Third Party Receipt  [ ]  (Y,N) Prints RPh Signature line
                 Drug Class  [              ] (Enter GPI6/10/14)
                                        (Blank to Select All)
         Display Total Price [N]
          Print Patient Note [N]

            Beginning Date :[         ]  (MMDDYYcc)
               Ending Date :[         ]  (MMDDYYcc)
               Site Number  [ ]  (Blank for All)
         Enable Form Feed  [Y]  (Y,N)
    Print To End of Alphabet [N]  (Y,N)
Enter The Name you wish to start with. The computer will continue printing
patient profiles until it reaches the end of that letter in the alphabet.
```

From Sundry Printouts select Patient History (By Alphabet):

Using the first letter of the last name as a reference, enter a patient name, and the system will print histories until it reaches the last patient that matches the reference. The top half of the screen is identical to Patient History (Selective).

Patients Name:
Enter in the patient's name entirely, or part of the name, and hit the TAB key. Pressing ENTER will assume that the remaining fields are set, and it will print the history listing.

Entire Family:
If the entire family for the patient selected should be on the listing, set this field to 'Y'. A family is considered any patient with the same telephone number. When this option is enabled, it will print a patient history, one for each patient within the family.

Totals Only:
When set to 'Y', this will cause the report to print the 'Total Price' only for each prescription.

Include Ref. Inc. Auth.:
When this is set to 'Y', the Increase Refills/Xfer Note for the prescription will be printed. This only prints if there are refills on the prescription.

Include NDC:
If this field is set to 'Y', the NDC number for the drug will print to the right of the drug name. This prints the NDC number for the Drug Prescribed in the 'Main Script Record'.

Include Sigs/Directions:
Setting this option to a 'D' will cause the directions for the prescriptions to print on the history printout. Setting this field to 'S' will cause the sigs for the prescriptions to print. The directions/sigs will print on a new line, following the dispensings and pricing information.

Screen, Printer:
Setting this option to a 'S' will cause the information to show on the screen, whereas setting it to a 'P' will cause it to print out on the report printer as defined in the Printer Map.

for Insurance Code:
This allows the 'Patient History' to be only for Rx's filled for the specified Insurance Code.

Drug Class
This will cause the History to be only for Rx's that were filled or dispensed for only certain types of drugs. To set this option, type in the GPI number for the types of drugs to be included in the report. Entering in a 6 digit GPI will print all drugs in the patient history that have the same Therapeutic Class as the GPI entered. Using a 10 digit GPI will include only the same drug, but all forms and strengths of the drug, and a 14 digit GPI will be only that drug, same strength and same form.

Display Total Price:
Setting this option to a 'Y' will print an additional column on the report showing the 'price' of the prescription. Price is calculated by the formula's cost + fee.

Print Patient Note:
Setting this option to a 'Y' will cause that the single line note in the 'Patient Amendments' to be printed on the history. The 'Note:' will print at the top of the report below the 'Born:'.

Beginning and Ending Dates:
Use these fields to set the date range for the history to be printed by. Be sure to enter the dates using the format MMDDYYCC, meaning MONTH, DAY, YEAR, CENURY. If the history is supposed to be for January 1st 2000 through December 31st 2000, the beginning date would be entered as 01010020, and the ending date would be entered as 12310020.

Site Number:
This field is used to specify the site number the history for the patient(s) is to be printed for.

Enable Form Feed:
This field, when set to a 'Y' will feed to the end of a page between each of the different patients being printed.

Print to End of Alphabet:
This function, when set to 'Y' will print to the end of the alphabet from the name entered to the end.

An example of the report follows:

```
PATIENT NAME                                          PHARMACY NAME
PATIENT ADDRESS                                       PHARMACY ADDRESS
PATIENT CITY, STATE, ZIP                              PHARMACY CITY, STATE, ZIP
BORN: PAT'S DOB
                                                                           Patient     Patient
Rx #    Drug Name                        Doctor        Date     Qty  Refs Rem    Pay        Total
----------------------------------------------------------------------------------------------------------------------------------
-----
000020  DRUG NAME  STRENGTH FORM         DOCTOR        15 JAN 04  30   1    1    XX.XX      XX.XX
000019  TDDRUG NAME  STRENGTH FORM       DOCTOR        01 JAN 04  30   1         XX.XX      XX.XX
                                                       15 DEC 03  30              XX.XX      XX.XX
000017  DRUG NAME STRENGTH  FORM         DOCTOR        30 NOV 03  45   1    1    XX.XX      XX.XX
                                                                                            ========
                                                                        Total ->            XX.XX
```

Refill Reminder System

```
          R E F I L L   R E M I N D E R   S Y S T E M

              1.  List Refills Coming Up
              2.  Print Rx Labels
              3.  Print 1'' Mailing Labels
              4.  Erase Old Reminders
              5.  Erase Printed Reminders
              6.  Print/Export Call/Recall List
              7.  Print 'To Fill' List
              8.  Change Refill Reminder Status
              9.  Auto Refill 'To Fill' Scripts
              A.  Add Refill Reminder Record

              Enter Your Choice.



     F2 -> Output to File: OFF
```

From Sundry Printouts select Refill Reminder System:

The Refill Reminder System will keep track of the date that a patient's compliance medication needs to be refilled. The system works properly when two conditions are met:

1. The patient profile must have the Refill Reminder field set to 'Y' or 'F'. This field is located in first screen of Patient Amendments. The difference between 'Y' and 'F' is the status that the reminder is written as. 'Y' writes the reminder as a 'Call' status, whereas 'F' writes the reminder as a 'Fill' status. The reminders have to be marked as a 'To Fill' status in order to use the 'Auto Fill' feature. These settings and programs will be discussed in greater detail throughout this manual.

2. The drug dispensed must have the Refill Reminder field set to 'Y'.

List Refills Coming Up:

```
          R E F I L L   R E M I N D E R   L I S T

         Make Sure Paper Is Loaded in the Printer.

          Enter the Starting Date  :[        ]  (mmddyycc)

           Enter the Ending Date  :[        ]  (mmddyycc)

       Enter a Pat. Special Case   [      ]  (Optional)

       Enter a Drug Special Case   [      ]  (Optional)

        LongTerm Care Fac. Code    [      ]  (Optional)
```

Using the dates you specify as a guide, this option prints a list of maintenance prescriptions that need to be refilled (the report only lists those prescriptions that have refills remaining). The prescriptions will be sorted by patient name. Enter the starting and ending date parameters for the report. You may also enter a special case code in order to sort the report. The report shows the prescription number, date filled, the date for refill, refills remaining, quantity, drug name, patient name and address, and patient phone number. At the end of the printing process the system asks if you want to erase the reminders just printed.

Print Rx Labels:

```
          R E M I N D E R   R X   L A B E L S

        Make Sure Rx Labels Are Loaded in the Printer.

          Enter the Starting Date  :[        ]  (mmddyycc)

           Enter the Ending Date  :[        ]  (mmddyycc)

       Enter a Pat. Special Case   [      ]  (Optional)

       Enter a Drug Special Case   [      ]  (Optional)
```

This will print reminder mailing labels using your prescription labels. The patients name and address will print on the bottle label, and the prescription number, last fill date, refill date, drug, strength, and form will print on the auxiliary labels. Again, at the end of the printing process you will be asked if you want to erase the reminders just printed.

Print 1" Mailing Labels:

This menu option is used to print a 1" mailing label for patients that have refills coming due withing a specified starting and ending date, with a specified patient 'Special Case' code or a specified drug 'Special Case' code.

The format for the 1" mailing labels is the same as described in Print Rx Labels. Two labels are printed per reminder to accommodate the information.

```
                 R E F I L L   R E M I N D E R   1 ' '   L A B E L S
            Make Sure 1'' Labels Are Loaded in the Printer.

              Enter the Starting Date  :[        ]  (mmddyycc)

                Enter the Ending Date  :[        ]  (mmddyycc)

          Enter a Pat. Special Case   [      ]  (Optional)

          Enter a Drug Special Case   [      ]  (Optional)
```

Erase Old Reminders:

This option erases previously expired reminders that have not been printed and erased.

To use this function, enter the date range for the reminders that you wish to erase and press **Enter**.
 A screen will be displayed showing the 'From' and 'To' dates to confirm they were entered correctly, if the dates are correct, press 'Y', otherwise, press 'N'.
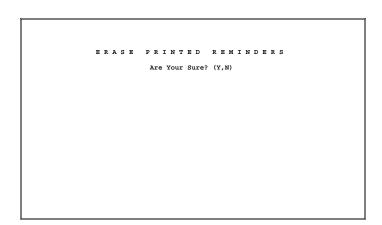
If 'Y' is entered, reminders within the dates entered will be erased. If 'N' is entered, the program will return to allow the user to enter in the correct date range.

```
               E R A S E   O L D   R E M I N D E R S


         Enter the Starting Date  :[06010520]  (mmddyycc)

           Enter the Ending Date  :[06300520]  (mmddyycc)
```

Erase Printed Reminders:

When the system prints a refill reminder log, it sets a flag on the reminder showing that it has been printed.

If you choose not to erase at the time of printing, you may use this option to erase the reminders that were previously printed. To erase the printed reminders, press 'Y' to, otherwise, press 'N'.

After 'Y' is selected, the reminders will be erased.

```
          E R A S E   P R I N T E D   R E M I N D E R S
                    Are Your Sure? (Y,N)
```

Print/Export Call/Recall List

This function allows you to print refill reminders that are set to 'Call' or 'Recall' status.

To print the list, enter the Starting and Ending dates desired as well as any special case flags (optional). Press Enter to continue. A prompt will then be displayed to verify the dates and cases are correct. Press 'Y' to proceed or 'N' to abort the job.

```
              P R I N T   C A L L / R E C A L L   L I S T

            Make Sure Paper Is Loaded in the Printer.

           Enter the Starting Date  :[         ]  (mmddyycc)

              Enter the Ending Date  :[         ]  (mmddyycc)

        Enter a Pat. Special Case   [      ]  (Optional)

        Enter a Drug Special Case   [      ]  (Optional)

          LongTerm Care Fac. Code   [      ]  (Optional)

         Print Report or Export File   [P]  (P,E)
```

Print 'To Fill' List

This function will print refill reminders that are set to a 'To Fill' status.

To print the list, enter the Starting and Ending dates as desired, as well as any special case flags (optional). Press Enter to continue. A prompt will be displayed to verify the information prior to printing. Press 'Y' to proceed and print, or press 'N' to not print, and make changes to the settings.

```
              P R I N T   ' T O   F I L L '   L I S T

            Make Sure Paper Is Loaded in the Printer.

           Enter the Starting Date  :[         ]  (mmddyycc)

              Enter the Ending Date  :[         ]  (mmddyycc)

        Enter a Pat. Special Case   [      ]  (Optional)

        Enter a Drug Special Case   [      ]  (Optional)

          LongTerm Care Fac. Code   [      ]  (Optional)

     Refills/No Refills Rem'ng Only   [B]  (R,N,Both-Optional)
```

Change Refill Reminder Status

The 'Change Refill Reminder Status' menu option is used to look at and make modifications to the prescriptions 'Refill Reminder' record.

After selecting this menu option, the screen shown here will be displayed.

To look at or modify the refill reminder, enter the script number that is to be changed and press the Enter key.

```
         C H A N G E   R E F I L L   R E M I N D E R   S T A T U S

         Enter Script Number for Status Change  [        ]
```

A screen similar to the following will be displayed:

Below the information shown above, a list of other prescriptions may display. Fields of note are:

Current Status:
Use this field to set the status for the reminder. Depending on the configuration of the software, the default status can be 'F' or 'C'. These settings are used to determine what needs to be done with the refill.

```
           C H A N G E   R E F I L L   R E M I N D E R   S T A T U S
Patient  TEST PATIENT              Rx #  00000108  Qty 30  5 Refs Rem'g
  Addr   15 N. STATE STREET        Drug  PENICILLN VK 500MG TAB
         LINDON, UT 84042          Date  07 Jun 05
  Sex  Male   Age 40               T.P.  CA
Phone  801-785-7720
  Note [                        ]   ShF10 Multi Pat Notes
              Current Status  [C]  (Call,Recall,Fill,Done)
              Compliance Date :[06220520]  (Possibly Fill or Recall Date)
                   Fill Date :[06220520]  (mmddyycc)
                   Fill Qty [30  ]    Note [                        ]




    <F5> to Delete this Record
```

The 'C' would typically indicate that the reminder needs to be verified by calling the patient, and if the patient wants this prescription refilled, the field would then be set to 'F' indicating the prescription is ready to be refilled. The valid selections for this filed are listed below:

C – 'C' typically indicates that the reminder needs to be called on.
R – 'R' indicates that the reminder has been called on, but that a recall is necessary.
F – 'F' indicates that this reminder is ready to be filled. This field must be set to 'F' in order for the 'Auto Fill' option to be used.
D – 'D' indicates that this reminder has already been filled, and is no longer needed.

Compliance Date:
This field is designed for the pharmacy to use as an internal date of sorts. Some use it to indicate the date called, or the date they need to recall on, etc.

Fill Date:
Use this field to change the fill date if necessary. For an example, when calling the patient, if they indicate that they don't want the prescription until next week, this date can be changed, so that the prescription is not filled early. This is especially useful when delivering.

<F5> to Delete this Record:
Pressing the F5 key will delete this record (prescription) from the 'Refill Reminder System'. This is commonly used when a patient decides they do not want to be called about refills or they do not want the pharmacy to automatically refill their prescriptions. It can also be used if for any reason a prescription gets entered into the 'Refill Reminder System' multiple times.

Auto Refill 'To Fill' Scripts

The 'Auto Refill 'To Fill' Scripts' function is used to automat the process of refilling prescriptions that come due for refill for a set criteria.

The criteria is qualified by 'Starting' and 'Endind' date, patient 'Special Case' and drug 'Special Case' and a 'LongTerm Care Fac. Code' that the user can specify. This give great flexibility to the user to access and refill only the scripts that they want to process refills for. After selecting this menu option, a warning will come up on the

```
        A U T O   F I L L   ' T O   F I L L '   S C R I P T S

   This function will Scan the Refill Reminder File and will
   automatically refill the Scripts found with a 'Fill Date'
   between the dates specified and have the Status set to 'Fill'.

   Enter 'YES' to Continue with the Auto Fill Function  [   ]
```

screen, if this is really what is desired to be done, enter 'YES' and the next screen will be displayed.

Enter in the criteria for the refills, the 'Starting' and 'Ending' dates, the special case codes, and the 'LongTerm Care Fac. Code' if so desired. Press Enter and a verification screen will be displayed. If everything is correct, enter 'Y', otherwise press 'N' and the criteria can be re-entered.

Displayed on the screen (an example shown here) will be the name of the patient, the prescription number, quantity and number of refills remaining, the patient phone number, the drug name and the date the prescription was last filled. Also on the screen will be displayed the date that this dispensing will be recorded for, and the date of last dispensing.

```
            A U T O   F I L L   ' T O   F I L L '   S C R I P T S

   Patient TEST PATIENT              Rx # 00000108   Qty 30   6 Refs Rem'g
      Phone 801-785-7720             Drug PENICILLN VK 500MG TAB
                                     Fill Date   22 Jun 05

                    Date of This Dispensing: 26 Sep 06
                    Date of Last Dispensing: 28 Jan 05

        Press the F4 Key to Set Dispensing Date to Refill Reminder Date.
        Press the F8 Key to Edit Dispensing for a Specific Date.

                        Refill This Script? (Y,N)
```

Fields of note are:

Press the F4 Key:
By pressing the 'F4' key before answering 'Y' to refill the script, the 'Dispensing Date' will be set to the date shown as the 'Fill Date' on the screen. After pressing 'F4', then answer 'Y' to refill the script.

Press the F8 Key
By pressing the 'F8' key, the 'Dispensing Date' can be specified. After pressing 'F8', a field will come up to enter in the date. Remember to enter the date in the MMDDYYCC format.

Add Refill Reminder Record

```
            A D D   R E F I L L   R E M I N D E R   R E C O R D

   Enter The Script Number for the Reminder You Want to Add  [        ]
```

This menu option for the 'Refill Reminder System' allows for prescriptions not already entered in the 'Refill Reminder System' to be added manually.

To add a prescription, from the Main Menu select option '3. Utility Programs', '2. Sundry Printouts', '8. Refill Reminder System' and 'A. Add Refill Reminder Record'. The screen shown here will be displayed.

Enter the Script Number for the Reminder you want to add and press Enter.

After typing the in the script number and pressing enter, the following screen will display:

Set the 'Reminder Status', make the appropriate changes to the 'Next Fill Date', and 'Next Fill Qty', and press 'Enter' to save the prescription into the Refill Reminder System.

```
            A D D   R E F I L L   R E M I N D E R   R E C O R D

   Patient TEST PATIENT              Rx # 00000108    6 Refs Rem'g
      Phone 801-785-7720             Drug PENICILLN VK 500MG TAB
                                 Days Supply 15

                    Set Status  [C]  (Call,Recall,Fill,Done)
             Call/ReCall Date :[02120520]  12 Feb 05
               Last Fill Date :[01280520]  28 Jan 05
               Next Fill Date :[02120520]  12 Feb 05
                 Last Fill Qty [30   ]
                 Next Fill Qty [30   ]
                         Note [                       ]
```

F2 -> Output to File:

This function allows the information in the 'Refill Reminder System' to be exported into a file on the hard drive of the server for the 'Pharmacy Management System', that can then be transferred to another machine for external purposes.
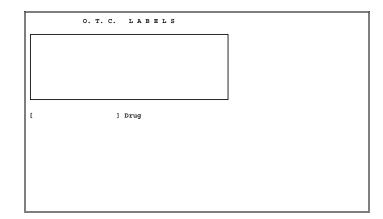
After pressing F2 type in the name for the file to be called, and press Enter. To disable the 'Output to File' function, blank out the filename bracket. To delete an old file, press the F10 key. On the screen, it will display the size of the current file were 'xxxx' shows in the sample screen.

O.T.C. Labels

```
              O. T. C.   L A B E L S

  ┌─────────────────────────────────────┐
  │                                     │
  │                                     │
  │                                     │
  │                                     │
  └─────────────────────────────────────┘

  [                    ] Drug
```

From Sundry Printouts select O.T.C. Labels:

This option is for printing labels (Laser or Dot Matrix Printers) for 'Over The Counter' drugs.

Enter the drug, quantity, price, directions and number of labels. All processes used in O.T.C. labels are identical to their respective processes in the Prescription Pathway, with the following exceptions:

When entering the drug, the system will only accept products that have the OTC flag set in Drug Amendments.

When entering directions press F4 to translate the sigs into a foreign language, provided the sigs have foreign equivalencies specified in Sig Maintenance.

Enter the number of labels needed, and the system asks how many dispensings are being issued. Insert the appropriate number, and the system will adjust the stock on hand.

Patients List By Sel. Fields

```
              S E L E C T I V E   P A T I E N T   L I S T S

         01. City                      21. New Patients
         02. State                     22. Active Patients
         03. Zip Code                  23. In-Active Pats
         04. Insurance Code            24. Minimum Age
         05. Sex                       25. Maximum Age
         06. Group Number              26. Birth Month
         07. Discontinued              27. Birth Week
         08. A/R Charge                28. HIPAA Signature
         09. Refill Reminder
         10. Pat. In LTCF
         11. Long Term C.F.
         12. Usual Doctor              94. DC Patients
         13. Spec Coverage             95. Admissions Report
         14. 2ndary Ins Code           96. Create plist.dat
         15. Age Status                97. Print Totals Only
         16. Special Case              98. Print Labels
         17. Acct/Episode #            99. Print List
         18. Personal Id
         19. Foreign Lang.
         20. Spanish PCM/PDE           Enter Your Choice  [  ]

      <F2> Select Laser Label
```

The 'Patient List By Sel. Fields' menu option is used to get a list of patients by certain criteria the user can select to control the patients that come out on the report.

To get to this utility, from the Main Menu selection option '3. Utility Programs', '2. Sundry Printouts' and select menu option 'A. Patient List By Sel. Fields'.

A search of some form is required in order to print this report. If a complete patient list, or labels for all patients is desired, enter an asterisk (*) into one of the options, and then select which print option.

A selective patient list will produce a list of patients that fall within the parameters that you specify in items one to twenty-seven. For example, if you wanted a list from your patient file showing all females in Utah over twenty-three that have a charge account with your store, use options 2, 5, 8, and 24. The screen will show:

When entering search parameters, an asterisk may be entered in any field to print a list of all the patients on file. Wildcards (*) can also be used to search for matches. I.e., You want a list of all patients with the beginning zip code of 846 - enter 846* in the zip code field.

```
              S E L E C T I V E   P A T I E N T   L I S T S

         01. City                      21. New Patients
      UT 02. State                     22. Active Patients
         03. Zip Code                  23. In-Active Pats
         04. Insurance Code  Over 23 Years 24. Minimum Age
       F 05. Sex                       25. Maximum Age
         06. Group Number              26. Birth Month
         07. Discontinued              27. Birth Week
       Y 08. A/R Charge                28. HIPAA Signature
         09. Refill Reminder
         10. Pat. In LTCF
         11. Long Term C.F.
         12. Usual Doctor              94. DC Patients
         13. Spec Coverage             95. Admissions Report
         14. 2ndary Ins Code           96. Create plist.dat
         15. Age Status                97. Print Totals Only
         16. Special Case              98. Print Labels
         17. Acct/Episode #            99. Print List
         18. Personal Id
         19. Foreign Lang.
         20. Spanish PCM/PDE           Enter Your Choice  [  ]

      <F2> Select Laser Label
```

Most of the available options are self explanatory, but some fields of note are:

<u>Personal Id:</u>
This option is used to enter a 'Personal Id' number for the list of patients to be printed for. A '*' (asterisk) may be entered in this field to print a list of patients who have anything in the 'Pers. ID' field in 'Patient Amendments'.

<u>New Patients:</u>
Using this option allows the user to specify "New Patients" as patient's who have had their first prescription filled within the last 'xx' number of days.

<u>Active Patients:</u>
This will allow the user to specify "Active Patients" as patient's who have had a prescription filled within the last 'xx' number of days.

<u>Inactive Patients:</u>
This is setup similar to the previous function, only for patients that have not had a prescription filled in the last 'xx' number of days.

HIPAA Signature:
Unlike most of the selectable options that have only one available setting, the 'HIPAA Signature' selection has several. After pressing this option, the following screen will display:

A list of the available selections is shown on the screen. Up to three selections may be made for one print job. Selections 'X' and 'x' cannot be combined with other selections. After entering the selections, press Enter to return to the 'Patient List' menu and enter the 'action'.

```
        H I P A A   S I G N A T U R E   S T A T U S

        Patients HIPAA Signature Status  [   ]
E  has an Electronic (Sig Pad) Signature on file
W  has a Written Signature on file
N  has a 'Good faith effort' Note on file
X  does NOT have any Signature type or Note on file
x  does NOT have any Signature on file
```

DC Patients

This function allows the user to discontinue patients that have not had prescription dispensing activity within 365 or more days.

To do this, from the Main Menu selection option '3. Utility Programs', '2. Sundry Printouts', 'A. Patient List By Sel. Fields' and select menu option '23. In-Active Pats' and set this 365 and press Enter.
The selection option '94. DC Patients' and the patients that have not had dispensing in the last 365 days will be discontinued.

```
     S E L E C T I V E   P A T I E N T   L I S T S

     01. City                          21. New Patients
     02. State                         22. Active Patients
     03. Zip Code        Last 365 Days 23. In-Active Pats
     04. Insurance Code                24. Minimum Age
     05. Sex                           25. Maximum Age
     06. Group Number                  26. Birth Month
     07. Discontinued                  27. Birth Week
     08. A/R Charge                    28. HIPAA Signature
     09. Refill Reminder
     10. Pat. In LTCF
     11. Long Term C.F.
     12. Usual Doctor                  94. DC Patients
     13. Spec Coverage                 95. Admissions Report
     14. 2ndary Ins Code               96. Create plist.dat
     15. Age Status                    97. Print Totals Only
```
```
     Are you SURE you want to DISCONTINUE Patients with No Script
     Activity for Greater than 365 Days?
```

Admissions Report:

This function is used to print an 'Admissions Report' based off the search criteria specified using options 1 through 28. The 'Admissions Report' is a custom report (customer paid). After entering in the search criteria (example: New Patients), entering 95 will print this report. After selecting this option, a screen asking 'Include Accounts Receivable Patient Information? (Y/N)' will be displayed. Answer this question, and the admissions report will be printed for the criteria entered.

Press 'Y' to have the patient's Accounts Receivable account information included on the report, otherwise, press 'N'. After making this selection, the report will be compiled and printed.

An example is shown below:

```
PATIENT ADMISSIONS REPORT 01 Jan 04

New Patients in Last 7 Days

A/R Name A/R Address      A/R City   St        A/R Zip   A/R Phone 2nd A/R Address
Name     Address   City   St         Zip Code  Phone     Birthdate LTCF      LTCF-Location
SSN      Insure    Card ID. # 2nd Ins.  2nd Card ID      DIAG1     DIAG2     Allergies   Spec Cover
-------------------------------------------------------------------------------------------------------------------------------


-------------------------------------------------------------------------------------------------------------------------------
Total patients selected:
```

Create plist.dat:

This function is used to create a data file of the report instead of printing it to a printer. This allows the user to import the information into another program to be manipulated at the user's discretion. The name of the file created is 'plist.dat'. This file is an ASCII text file. Below is the layout of the file created when using this option.

#Field	Position	#'s Just
1. PATIENT NON-VOLATILE ID NUMBER	0	13
2. PATIENT NAME	13	27
3. PATIENT ADDRESS	40	26
4. PATIENT CITY	66	16
5. PATIENT STATE	82	3
6. PATIENT ZIP CODE	85	10
7. PATIENT PHONE NUMBER	95	13
8. PATIENT PRIMARY INSURANCE CODE	108	6
9. PATIENT DATE OF BIRTH (ccyymmdd)	114	9
10. PATIENT SEX	123	2
11. PATIENT PRIMARY INSCO CARD #	125	19
12. PATIENT SOCIAL SECURITY CARD #	144	11
13. PATIENT PRIMARCY INSCO GROUP #	155	17
14. PATIENT SECONDARY INSCO CODE	172	6
15. PATIENT PERSON NUMBER	178	3
16. PATIENT MISCELLANEOUS ID #	181	16
17. CR/LF	97	2

This will create a file called plist.dat in the /usr/fsi directory on Unix, or in the /home/fsi directory for Linux users. This is a fixed length file and does not have a delimiter function.

This will create a file called plist.dat in the /usr/fsi directory on Unix, or in the /home/fsi directory for Linux users. This is a fixed length file and does not have a delimiter function.

Print Totals Only:

This function will print a 'Totals Only' report. Instead of printing each patient that qualified the entered search criteria, a report will be printed with just the 'Total patients selected' line showing how many patients were found for the search.

Print Labels:

This function is used to print 1" Mailing Labels for the patients found within the entered search criteria.

Print List:

This option is used to print out the list of the patients after entering the search criteria. An example of this report is shown below:

```
PATIENT LIST          01 Jan 04

New Patients in Last 7 Days

Name     Address   City      St        Zip Code  Phone     Insure    LTCF      UsDoc      BirthDate
----------------------------------------------------------------------------------------------------------------------------------------------



Total patients selected:
```

Doctor List By Sel. Fields

From Sundry Printouts choose Doctor List By Sel. Fields:

The same search and print methods described in Patient List by Sel. Fields apply to Doctor List by Sel. Fields.

The 'Doctor List by Sel. Fields' will not print doctors that are marked as 'Deleted' and 'Discontinued'.

Below is an example of the printed report.

```
            S E L E C T I V E   D O C T O R   L I S T S
                        01.   City
                        02.   State
                        03.   Zip Code
                        04.   Note
                        05.   Type (Title)
                        06.   Provider #1
                        07.   Provider #2
                        08.   Provider #3
                        09.   Provider #4
                        10.   Provider #5
                        11.   Provider #6
                        12.   Provider #7
                        13.   Provider #8
                        14.   UPIN #
                        15.   E-Mail
                        16.   Active Doctors
                        17.   In-Active Doctors
                        18.   Edit Marketing Letter

       96.  Print Marketing Letter   98.  Print Labels
       97.  Print TOTALS ONLY        99.  Print List
                 Enter Your Choice  [  ]
```

DOCTOR LIST	01 Jan 04								

Doctors Active in Last xx Days

Name	Address	City	St	Zip Code	Phone	St Lic#	DEA Num		Fax Num
DOCTOR,TEST	111 N. 222 E.	LINDON	UT	84042	801-785-7720	9876543	AB123456		801-785-2966

Price Override Report

From Sundry Printouts select Price Override Report. This gives a report showing price override totals on a drug basis. These totals come from product formula prices being changed in the Prescription Pathway.

To print the report, the prompt "Shall We Zero the Totals After Printing", has to be answered. It is recommended to answer 'N' if you do not want to zero, or if you are unsure. Answer 'Y' to have the totals zeroed. Once zeroed, the totals cannot be retrieved without doing a restore from backup.

```
        P R I C E   O V E R - R I D E   R E P O R T

        Make Sure Paper is loaded in the Printer.

    Shall We Zero the Totals After Printing  (Y,N)
```

The new totals will begin to accumulate from the time the old totals are zeroed. When printing this report, it is recommended that no one be using the Pharmacy Management System. If the Pharmacy Management System is used while printing this report, data loss may occur.

Below is an example of the 'Price Over-ride Report':

```
PRICE OVER-RIDE REPORT        01 Jan 04

DG Abr    Drug NameStrength/FormPack/Mfg        Times     Dollars
----------------------------------------------------------------------------------------------------------------------------
VAL5       VALIUM    5MG TAB  ROCHE     3        -75.25
```

Memo/Letter Write Function
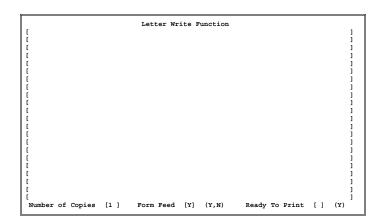
From Sundry Printouts select Memo/Letter Write Function:

Note that this screen represents half of an 8" x 11" paper. If you need more room than is provided on the screen, put a 'N' in the form feed field before printing. The printer will stop immediately following the printed text, and the system will blank the fields. The printer will print the next screen on the second half of the sheet.

```
                        Letter Write Function
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
 Number of Copies  [1 ]   Form Feed  [Y]  (Y,N)    Ready To Print  [ ]  (Y)
```

The following is a list of the different commands and function keys used in this function:

Insert	= Toggles cursor between type over and insert modes.
↑	= Moves cursor to the previous field
↓	= Moves cursor to the next field
←	= Moves cursor to the previous character within the field
→	= Moves cursor to the next field within the field
End	= Moves cursor right of the last character within the field
Page Up	= Positions cursor to first field of the screen
Page Down	= Positions cursor to last field of the screen
Enter	= Moves cursor to next screen and saves all changes to this screen
Ctrl E	= Erases all characters from cursor position to end of field
Delete	= Removes character of from current cursor position

When the memo is complete, place a 'Y' in the Ready to Print bracket.

Board & Care Printouts

```
              B O A R D   &   C A R E   P R I N T O U T S

1.  MAR (Briggs 3951)              K.  MAR - Wide (Wallace 6153009)
2.  Phys Order (Briggs 3950)       L.  Phys Order (NDC 157974)
3.  MAR (RxSys 5640)               M.  MAR - Wide (MP 2701)
4.  Plain paper Physician's Order  N.  Phys Order (MP 1213)
5.  Phys Order/MAR (Mal Brogan 1)  O.  MAR - Wide (MP 2011)
6.  MAR (OKI '93)                  P.  MAR (Briggs 3999)
7.  MAR w/'Gen. for'(RxSys 5640)   Q.  MAR - Wide Laser (ModHlth)
8.  Plain paper MAR
9.  MAR Sheet (w/Diag.)            S.  Laser Formats
A.  Phys Order (w/Diag.)
B.  Cent. Stored Med (plain paper)     Enter Your Choice
C.  Phys Order/MAR (RxSys 34111)
D.  Phys Order/MAR (Mal Brogan 1)
E.  Cent.Stored MedII(plain paper)
F.  MAR (Briggs 3953)
G.  MAR (MP 2101)
H.  MAR/Phys Order (MP 2901/7503)  <ShF5> Top/Left/Orient  0    0      P
I.  MAR - Wide SJCC (StdReg)
J.  Treatments: (MP 2901/7503)     <ShF7> Posting Date   23 Oct 06
                                   <ShF8> Printer Map    Report
 <F5> Diag/Med.Category Maint      <ShF1> Stored Configurations
```

From the Sundry Printouts menu select Board and Care Printouts:

The Board & Care options have been designed to print patient prescription information to be given to facilities giving care to the patients. Most of the forms listed in the screen print shown above are pre-printed forms, on which the Pharmacy Management System can print the information on. These forms are typically pin feed forms, which require a dot matrix printer to be used when printing the forms. A few exceptions to this are the forms mentioned as "Plain Paper". Each non 'plain paper' form lists the name of the Printer, and the Form # to the right of the form description.

All the printouts have the ability to be printed for a single patient or long-term care facility. Select the menu option that corresponds to the form to be printed on. A screen will display allowing the user to set various options to further customize the information to be printed.

The available print options for all of the forms will be discussed at the end of this section.

The following screen print is a sample of the screen for form H.

```
Form 17     M A R   F o r m   #   M P   2 9 0 1   B H C
        Enter the Patient to Print  [                    ]
               or Enter LTCF Code  [      ]
  Name, Rec#, or LTCF Loc. Order   [N] (N,R,L,l=regen idx)
        Include/Exclude [ ]  Drug Special Case of [      ]
          Print Directions, Sigs, or None (D,S,N)  [D]
Use Sig Times (Y,Print 'PRN',N,Admin Only,Qty)  [Y]
         Print 'Gen. for' if not Trade (Y,G,N)  [Y]
        LASER ONLY: Number of Copies to Print  [1]
  Combine or Separate PRN and Routine scripts  [S] (C,S,s=rev)
         Separate Controlled Drugs at Schedule [5] (2 - 5)
                            Print Drug NDC  [N] (Y,N)
    Print Qty, Exp Dt, Fill Dt, Dr., RefRem  [Y] (Y,y,N)
                      Print Physicians Orders  [ ] (Y,N)
                   Disable Header Printing  [d] (Y,D,d,n,N)
                         Print Diet  [N] (Y,Diet,N)
          Misc. Selections  [          ]
          Administration Times Substitutions
       #1 [      ] #2 [      ] #3 [      ] #4 [      ]
     Print Dispensings After :[11198818] (mmddyycc)  Exempt PRN [N]
              Print NH Name  [Y] (Y,N)
          Calendar Period :[10010620]    Ending :[10310620]
```

In the example shown above, some of the options available allow the user to specify the order that the MAR's should be printed in, if the sigs or directions should be printed, if the PRN and Routine meds should print together, or be separated, etc.

Not all forms will have the options shown above, and the option shown above does not have all options available on other forms. If the form being used is not on the list, contact the Foundation Systems Technical Support Helpdesk at 801-785-7720 to request a "Program Request Form". By submitting a program request, the FSI programmers will be able to review the request, and provide a quote for the programming. The programming for all 'Board and Care' printouts (MAR's, Physician Orders, Central Stored Med Sheets, Treatment Forms, etc.) is funded by the requesting pharmacy.

An example of each pre-printed from the FSI 'Pharmacy Management System' is programmed to print for is shown at the end of this section.

Laser Formats

```
          B O A R D  &  C A R E  L A S E R  M A I N T

CURRENT FORMAT FILE:
 fsiB  - Centrally Stored Medication -Plain Paper

PRINT FUNCTIONS                      FORM CONFIGURATION
R. Print Forms                       1. Patient Items
P. Print a Test Form                 2. Medication Block - Script Items
                                     3. Medication Block - Drug Items
                                     4. Medication Block - Misc Items
                                     5. Medication Block - Doctor Items
                                     6. Pharmacy Items
                                     7. Misc Items
                                     8. Medication Block - Bar Coded Items
GENERAL CONFIGURATION                9. Text Items
Q. Offset/General Setup              A. Picture Frames
S. Show Active Set                   B. Filled Rectangles
T. Change Format File Name           E. 'Usual' Doctor Items


                       Enter Your Choice.
```

The 'Laser Formats' menu option will show as menu letter 'S' when this option module has been purchased. The 'Laser Formats' allows users to modify pre-configured laser 'board and care' forms, or create their own. This program was designed to accommodate the growing number of pharmacies working with care facilities and those facilities wanting forms specialized for their needs.

If the 'S. Laser Formats' option does not appear on the 'Board & Care Printouts' menu, it is likely that this optional module has not been purchased. For more information about this module, it's capabilities, or to purchase this module, please contact the **Foundation Systems Sales Office** at **800-333-0926**.

After selecting this menu option, the screen shown above will be displayed. Each of the menu options will be discussed in the following pages of this manual.

Patient Items

```
               P A T I E N T   I T E M S (100)

     1. Name (First Last)      22. Subscriber's Name
     2. Name w/Addr (S2-5)     23. Patient Note (No #)Act
     3. Addr,City,St,Zip       24. HIPAA Sign Status
     4. Street Address         25. No-HIPAA Sign Warning
     5. City,St,Zip            26. No-NonSaftyCap Sign Warning
     6. Card Number            27. 2nd Phone Number
     7. Group Number           28. Full HIPAA Sign Mess w/Line
     8. Misc ID                29. Patient's Email Addr
     9. Age                    30. Optional Street Address
    10. Date-of-BirthAct       31. Gender
    11. Phone Number           32. Diet (DT:)
    12. N.V. ID                33. Diagnosis (DX:)
    13. S.S.N.                 34. Admit Date (AD:)
    14. Personal ID            35. Medical Category (MC:)
    15. Episode/Acct #         36. Care Facility NameAct
    16. Safety Cap Flag        37. Care Facility License
    17. A/R Charge Acct Num    38. Allergy ListAct
    18. LTCF Code              39. Patient Note Comments (CX:)
    19. LTCF Location          40. Care Facil. AdministratorAct
    20. Address If S2-5        41. Primary Insurance Code
    21. Name (Last,First)Act   42. Disease Class Description
               Enter Your Choice [  ]
```

The 'Patient Items' menu option is used to add, move, and remove patient related data on the form. After selecting this menu option the screen shown here will be displayed.

As shown in the example, lines with 'Act' shown at the right of the option are items that are already set to print one or more times on the form.

To add, move, or to remove an item on the form, enter the menu number of the desired data element. A screen similar to the following will be displayed.

If this data element is already being printed, one or more line #'s will be displayed on the screen, showing their 'V-Pos' and 'H-Pos' and other settings. These are described below.

```
          B O A R D  &  C A R E  L A S E R  M A I N T
               D A T E - O F - B I R T H (110)
     # 1. V-Pos 700  H-Pos 1950  Pts 10   Port  Norm  Unvrs  Uprit

  VertPos [700 ]  HorzPos [1950]  Points [10 ]      Port/Land [P] (P,L)
    Bold [N]     TypeFace [U]     Style [U]
         T-Thin          U-Universe       U-Upright
         L-Light         T-CGTimes        I-Italic
         N-Normal                         O-Outline
         Y-Bold                           S-Shadowed
         B-Black                          C-Condensed
                                          c-Cond Ital
                                          E-Expanded
                                          i-Inline
                                          o-Outln Shad
```

To edit an existing setting, press E to edit and the settings will be displayed like in the example shown here.

To add a new (first time or additional) position for the data element, press A and fill in the options and press Enter to have this setting added.

To delete a data element from printing, press E to edit and blank or zero out the 'VertPos' and press Enter. This will delete the data element from printing on the form.

V-Pos (Vertical Position):
This setting defines where the data element is to start printing from the top of the page (printer margin depending). This value is based on 300 dpi (dots per inch). In the example above, setting the 'VertPos' to 700 sets the 'Date of Birth' to print two and a third inches down from the printers starting margin.

HorzPos:
This setting defines where the data element is to start printing from the left of the page (printer margin depending). This value is based on 300 dpi (dots per inch). In the example above, setting the 'HorzPos' to 1950 sets the 'Date of Birth' to print six and a half inches down from the printers starting margin.

Points:
This setting sets the print size for the item being printed. The greater the value entered, the larger the text will be.

Port/Land:
This option specifies whether the orientation of the printed item should be left to right or bottom to top.

Bold:
Setting this field to 'Y' will cause the item to be printed darker than it normally would. Leaving this field blank or setting it to 'N' will not do anything. Other bolding options and the variable to select them are listed on the screen.

TypeFace:
This field is used to specify a font. Enter a 'U' in this field to use the font 'Universe' or 'T' to use the 'CGTimes' font.

Style:
This function is used to apply various styles to the printed item. Some of the styles include italics, outlining, and shadowing. Other options, and the variables to select them are listed on the screen.

The positions entered in these options are based off the printers 0 position and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Medication Block – Script Items

```
M E D I C A T I O N   B L O C K   S C R I P T   I T E M S (200)

 1. Script NumberAct          21. Filled By Robot Flag
 2. Original Rx Number        22. Dispensing Time
 3. Date Filled               23. Delivery Flag w/Route
 4. Date Last FilledAct       24. Next Refill Date
 5. Date Originally Filled    25. Dispensed QuantityAct
 6. Script Expiry Date        26. Original Quantity
 7. Fill Number               27. Refill Quantity
 8. Refills Authorized        28. T. P. Code (Not Cov)
 9. Refills Remaining         29. XofX Label Numbering
10. Refills Remaining #-OnlyAct 30. Most Recent Third Party Code
11. Pharmacist's Initials     31. Third Party Claim Table
12. Pharmacist's Name         32. Status Flags Del,NF,Else,etc
13. Tech's Initials           33. Date Script Written
14. Days Supply               34. Metric Quantity
15. Third Party Code          35. Sigs
16. Claim Reference #         36. Directions (Lang As Nec)
17. DAW Flag                  37. English DirectionsAct
18. Misc Label Note           38. Short (42 Char) Script Note
19. Generic For Message       39. Administration Times (HOURS)
20. Script Episode/Acct #     40. Script 'Stop' Date
              Enter Your Choice [ ]
```

The 'Medication Block – Script Items' menu option is used to add, edit, or remove prescription information from the 'Medication Block'. The 'Medication Block' is the area of the printed form that will repeat for each prescription found for the qualifying search entered when requesting a print.

Follow the same guidelines discussed under 'Patient Items' for setting up 'Medication Block – Script Items' for the form.

The positions entered in these options are based off the 'Vertical Position Origin' and 'Horizontal Position Origin' position defined in 'Offset/General Setup' and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Medication Block – Drug Items

The 'Medication Block – Drug Items' menu option is used to add, edit, or remove drug information from the 'Medication Block'. The 'Medication Block' is the area of the printed form that will repeat for each prescription found for the qualifying search entered when requesting a print.

Follow the same guidelines discussed under 'Patient Items' for setting up 'Medication Block – Drug Items' for the form.

```
     M E D I C A T I O N   B L O C K   D R U G   I T E M S (300)

 1. #Qty Name Strength Form Mfg    16. M/S's Written Warning Labels
 2. Name Strength Form Mfg         17. Intercon Warn Labs (Eng Only)
 3. Name Strength FormAct          18. Intercon Warn Labs (Eng/Span)
 4. NDC CodeAct                    19. Drug Stock-On-Hand
 5. Drug Expiry DateAct            20. Primary Wholesaler Code
 6. Lot Number                     21. Intercon2 Warn Labs (Eng Only)
 7. Shape/Color/Description        22. Intercon2 Warn Labs (Eng/Span)
 8. Prescribed Drug                23. Mixture Ingred (Table w/Lot#,Exp)
 9. Old W/L Pharmex Label #s       24. Generic Name
10. Old W/L Written Warn Labs      25. Background CII-CV
11. Old W/L Intercon Warn Labs     26. Generic Name (IF Trade)
12. Mixture Ingred (Table Format)  27. Brief Imprint
13. Mixture Ingred (Paragraph Form) 28. Verbose Imprint
14. Service Code/Misc ID Number    29. P.D.E.
15. M/S's Pharmex Label #s         30. P.C.M.
                           Enter Your Choice [  ]



<F2> Swap Intercon/Intercon II Warning Labels
```

The positions entered in these options are based off the 'Vertical Position Origin' and 'Horizontal Position Origin' position defined in 'Offset/General Setup' and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Medication Block – Misc Items

The 'Medication Block – Misc Items' menu option is used to add, edit, or remove miscellaneous information from the 'Medication Block'. The 'Medication Block' is the area of the printed form that will repeat for each prescription found for the qualifying search entered when requesting a print.

Follow the same guidelines discussed under 'Patient Items' for setting up 'Medication Block – Misc Items' for the form.

```
    M E D I C A T I O N   B L O C K   M I S C   I T E M S (400)

        1. Physician Orders (PX:)
        2. Treatments (TX:)
        3. Aide Flow (AX:)
        4. Script Text ItemsAct
        5. Physician Orders (PX:) Text Items
        6. Treatments (TX:) Text Items
        7. Aide Flow (AX:) Text Items
        8. Admin Times-Calendar 'X-Out' Days
      Enter Your Choice [  ]
```

The positions entered in these options are based off the 'Vertical Position Origin' and 'Horizontal Position Origin' position defined in 'Offset/General Setup' and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Medication Block – Doctor Items

The 'Medication Block – Doctor Items' menu option is used to add, edit, or remove prescriber information from the 'Medication Block'. The 'Medication Block' is the area of the printed form that will repeat for each prescription found for the qualifying search entered when requesting a print.

Follow the same guidelines discussed under 'Patient Items' for setting up 'Medication Block – Doctor Items' for the form.

```
    M E D I C A T I O N   B L O C K   D O C T O R   I T E M S (500)

        1. Name (First Last)
        2. Name    ''     '' w/DEA (S2-5)
        3. Name (Last,First)Act
        4. Name    ''     '' w/DEA (S2-5)
        5. Address City St Zip
        6. DEA Number
        7. Phone #
        8. Phone #2
        9. Fax Phone #
       10. N.V. ID #
       11. Name Phone1 Phone2
       12. Name (Frst Lst) (PA/Doc)
       13. Name (Lst,Frst) (PA/Doc)
       14. Addr Addr2 City St Zip
       15. Address
       16. Address2
       17. City, State Zip
       18. State Lic Number
       19. Alternate Physician (AP:)
          Enter Your Choice [  ]
```

The positions entered in these options are based off the 'Vertical Position Origin' and 'Horizontal Position Origin' position defined in 'Offset/General Setup' and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Pharmacy Items

The 'Pharmacy Items' menu option is used to add, edit, or remove information about the pharmacy from the form. The 'Pharmacy Items' is not part of the 'Medication Block' because this information does not usually need repeat for each prescription found for the qualifying search entered when requesting a print.

Follow the same guidelines discussed under 'Patient Items' for setting up 'Pharmacy Items' for the form.

```
        P H A R M A C Y   I T E M S (600)

   1.  Pharmacy NameAct
   2.  Pharmacy Street AddressAct
   3.  Pharmacy Street Address #2
   4.  Pharmacy City, State Zip
   5.  Pharmacy City
   6.  Pharmacy State
   7.  Pharmacy Zip
   8.  Pharmacy Phone NumberAct
   9.  Pharmacy Fax Phone Number
  10.  Pharmacy DEA #
  11.  Pharmacy I.D.
  12.  Intercon Font Card Small Logo
  13.  Intercon Font Card Large Logo
       Enter Your Choice [  ]
```

The positions entered in these options are based off the printers 0 position and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Misc Items

The 'Misc Items' menu option is used to add, edit, or remove miscellaneous information from the form. The 'Misc Items' is not part of the 'Medication Block' because this information does not usually need repeat for each prescription found for the qualifying search entered when requesting a print.

Follow the same guidelines discussed under 'Patient Items' for setting up 'Misc Items' for the form.

```
        M I S C   I T E M S (700)

   1.  D.U.R.
   2.  Receipt Message
   3.  Coupon
   4.  Recent History
   5.  Today's (Post) DateAct
   6.  Page #Act
   7.  Last Page #Act
   8.  Chart Date Start (DD MMM YY)
   9.  Chart Date End (DD MMM YY)
  10.  Chart Date Start Month ('January')
  11.  Chart Date Start Month ('JAN')
  12.  Chart Date Start Year ('2006')
  13.  Chart Date Start Year ('06')
  14.  Chart Calendar Days
  15.  Chart Calendar 'Cross-Out' Days
  16.  Chart Calendar 'Cross-Out' Days (2)
  17.  'Print Dispensings After' Date
  18.  'Print Dispensings Before' Date
  19.  'Date Type'
       Enter Your Choice [  ]
```

The positions entered in these options are based off the printers 0 position and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Medication Block – Bar Coded Items

The 'Medication Block – Bar Coded Items' menu option is used to add, edit, or remove bar codes representing various pieces of information from the 'Medication Block'. The 'Medication Block' is the area of the printed form that will repeat for each prescription found for the qualifying search entered when requesting a print.

Follow the same guidelines discussed under 'Patient Items' for setting up 'Medication Block – Bar Coded Items' for the form.

```
  M E D I C A T I O N   B L O C K   B A R   C O D E   I T E M S (800)

   1.  Rx # For FSI POS (UPC)      11.  McK2000 Robot Rx#Fill# (3/9)
   2.  Drug NDC (UPC)              12.  PharmAssist Robot FillRec# (3/9)
   3.  Drug UPC (UPC)              13.  Kirby Lester NdcRx#Qty (128)
   4.  Pat N.V. ID (UPC)           14.  Ret Man Sol Rx#Fill#Price (128)
   5.  Rx # / Price w/oTax (UPC)   15.  Drug NDC (3/9)
   6.  Rx # / Price w/Tax (UPC)    16.  Rx # (3/9) Double Height
   7.  Script Number (UPC)         17.  Harmons POS 79Rx#Fill#Price (128)
   8.  Rx # (3/9)                  18.  McKes POS %RRx#Fill#Price (3/9)
   9.  2RxRxRx$$$cc (3/9)          19.  DDN Script # Label (3/9)
  10.  McK1000 Robot NdcQty (3/9)
                    Enter Your Choice [  ]
```

The positions entered in these options are based off the 'Vertical Position Origin' and 'Horizontal Position Origin' position defined in 'Offset/General Setup' and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Text Items

The 'Text Items' menu option is used to add, edit, or remove miscellaneous text from the form. The 'Text Items' is not part of the 'Medication Block' because this information does not usually need repeat for each prescription found for the qualifying search entered when requesting a print.

Follow the same guidelines discussed under 'Patient Items' for setting up 'Text Items' for the form.

```
              T E X T   I T E M S (900)

        1. Group 1  - Combined Meds
        2. Group 2  - 'PRN' Meds
        3. Group 3  - Routine Meds
        4. Group 4  - Controlled Meds
        5. Group 5  - Physician Orders
        6. Group 6  - Treatments
        7. Group 7  - Aide Flow
        8. Group 8  - Signature Lines
        9. Group 9  - HeaderAct
       10. Group 10 - TrailerAct
       11. Group 11 - Misc
         Enter Your Choice [  ]
```

'Text Items' is broken down into 11 groups allowing the user to try to organize the various text items added to the form for looking up at a later time. After selecting the group the text best fits into, a list of the text items already in the group will be displayed. Press [A] to add another text item, or enter in the number for the item to be edited or deleted. After pressing [A] or the number, The text will be displayed with the settings below the text.

The positions entered in these options are based off the printers 0 position and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Picture Frames

The 'Picture Frames' menu option is used to add boxes to the form. These options are the only options that draw boxes on the form.

The 'Picture Frames' menu is broken up in to groups to ease the organization of the blocks being printed on the form and for finding the appropriate block in the future for editing or removal. Groups that repeat with a sequence number are to allow for more positions to be defined. Each group has a limit of 18 definitions.

```
           P I C T U R E   F R A M E S (1000)

        1. Group 1 - Header IAct
        2. Group 2 - Header II
        3. Group 3 - Medication Blocks IAct
        4. Group 4 - Medication Blocks II
        5. Group 5 - Administration Frames I
        6. Group 6 - Administration Frames II
        7. Group 7 - Calendar I
        8. Group 8 - Calendar II
        9. Group 9 - Calendar III
        A. Group A - Calendar IV
        B. Group B - Trailer I
        C. Group C - Trailer II
        D. Group D - Trailer III
        E. Group E - Misc I
        F. Group F - Misc II
          Enter Your Choice [ ]
```

After selecting a group, a list of the picture frames already in the group will be displayed. Press [A] to add another picture frame (if not in excess of 18) or enter in the number for the item to be edited or deleted. After pressing [A] or the number, a screen similar to the one shown here will be displayed.

'VertPos' and 'HorzPos' follow the same guidelines already outlined in this manual.

```
         B O A R D   &   C A R E   L A S E R   M A I N T
              G R O U P   1   -   H E A D E R   I (1001)
        # 1. V-Pos 1130   H-Pos          Height  150   Width 2260

      VertPos [1130]   HorzPos [0  ]    Height [150 ]     Width [2260]
    Thickness [2 ]   Shade [100] %   Repeat [0 ]   Hrz/Vrt [ ]
```

Height:
This field is used to define the height of the picture frame. This value should be entered in 300 dpi.

Width:
This field is used to define the width of the picture frame. This value should be entered in 300 dpi.

Thickness:
This field is used to define the thickness of the line for the picture frame. The larger the number, the thicker the line will be.

Shade:
This field is used to define the darkness of the line for the picture frame. 100% will be a black line, where as less than 100% will be lines that are less and less dark.

Repeat:
This field is used to define how many times this picture frame is to be printed. Leaving this field to blank, or setting this field to a '1' will print only the first picture frame. Setting this field to a '2' will print the original with a repeated picture frame printing immediately following it in the direction defined in 'Hrz/Vrt', and so on.

Hrz/Vrt:
This field is used to define the direction of the picture frame repetition. Setting this field to a 'H' will repeat horizontally, going to the immediate right of the original picture frame. Setting this field to a 'V' will repeat vertically, going to the immediate bottom of the original picture frame.

The positions entered in these options are based off the printers 0 position and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Filled Rectangles

The 'Filled Rectangles' menu option is used to add shading or pattern to areas and boxes on the form. 'Filled Rectangles' will not print their own box, so a 'Picture Frame' position and size will need to be entered if trying to create a box with shading or pattern.

The 'Filled Rectangles' menu is broken up in to groups to ease the organization of the shading and pattern being printed on the form and for finding the appropriate setting in the future for editing or removal. Groups that repeat with a sequence number are to allow for more positions to be defined. Each group has a limit of 18 definitions.

After selecting a group, a list of the filled rectangles already in the group will be displayed. Press [A] to add another filled rectangle (if not in excess of 18) or enter in the number for the item to be edited or deleted. After pressing [A] or the number, a screen similar to the one shown here will be displayed.

'VertPos', 'HorzPos', 'Height' and 'Width' follow the same guidelines already outlined in this manual.

```
          F I L L E D   R E C T A N G L E S (1100)

            1. Group 1 - Header I
            2. Group 2 - Header II
            3. Group 3 - Medication Blocks I
            4. Group 4 - Medication Blocks II
            5. Group 5 - Administration Frames I
            6. Group 6 - Administration Frames II
            7. Group 7 - Calendar I
            8. Group 8 - Calendar II
            9. Group 9 - Calendar III
            A. Group A - Calendar IV
            B. Group B - Trailer I
            C. Group C - Trailer II
            D. Group D - Trailer III
            E. Group E - Misc I
            F. Group F - Misc II
             Enter Your Choice [ ]
```

```
        B O A R D   &   C A R E   L A S E R   M A I N T
            G R O U P   1  -  H E A D E R   I (1101)
                No Records Defined For This Item.
        VertPos [1025]  HorzPos [900 ]   Height [100 ]    Width [300 ]
          Type [C]      Pattern [X]       Shade [10 ] %
    Cross Hatch - C    If Type C: H - Horizontal
      Shaded - S                 V - Vertical
     All Black - B                D - Diagonal (/)
                                  d - Diagonal (\)
                                  C - Hor/Vert Cross
                                  X - Diagonal Cross
```

Type:
This field is used to define the type of 'filling' to be used for the defined space. Enter a 'C' in this field for 'Cross Hatch', a 'S' for 'Shade' ro a 'B' for 'All Black'.

Pattern:
If the 'Type is set to 'C' for Cross Hatch, then this field allows the type of pattern to be used for the Cross Hatch.

Shade:
This field is used to define the percentage of shading when 'Type' is set to 'S' for 'Shade'. '0' entered in this field will be 'No Shading' and '100' entered in this field will be 'Black'. Anything entered between 0 and 100 will be varying darkness of gray.

The positions entered in these options are based off the printers 0 position and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

'Usual' Doctor Items

The 'Usual Doctor Items' menu option is used to add, edit, or remove information about the patients 'Usual Doctor' for the form.

The 'Usual Doctor' is determined by the code entered in the 'Usual Doctor Code' field in 'Patient Amendments'.

The 'Usual Doctor Items' is not part of the 'Medication Block' because this information does not usually need repeat for each prescription found for the qualifying search entered when requesting a print.

```
        ' U S U A L '   D O C T O R   I T E M S (1400)

          1. Name (First Last)
          2. Name   ''    '' w/DEA (S2-5)
          3. Name (Last,First)Act
          4. Name   ''    '' w/DEA (S2-5)
          5. Address City St Zip
          6. DEA Number
          7. Phone #
          8. Phone #2
          9. Fax Phone #
         10. N.V. ID #
         11. Name Phone1 Phone2
         12. Name (Frst Lst) (PA/Doc)
         13. Name (Lst,Frst) (PA/Doc)
         14. Addr Addr2 City St Zip
         15. Address
         16. Address2
         17. City, State Zip
         18. State Lic Number
         19. Alternate Physician (AP:)
             Enter Your Choice [  ]
```

Follow the same guidelines discussed under 'Patient Items' for setting up 'Usual Doctor Items' for the form.

The positions entered in these options are based off the printers 0 position and are subject to the 'Vertical Position Offset' and the 'Horizontal Position Offset' in 'Offset/General Setup'.

Print a Test Form

The menu function will print a test form so the user can see the setup of the form currently defined in 'T. Format File Name'. This is particularly handy to check that the form is the correct one before printing a full batch of forms, and when setting up or making modifications to a form.

Offset/General Setup

The 'Offset/General Setup' menu option is used to set general configuration parameters for the form. After selecting this menu option, the screen shown here will be displayed.

Each of the options available on this screen will be discussed in the following pages of this manual.

```
              O F F S E T / G E N E R A L   S E T U P

  Format: fsiB    Desc: [Centrally Stored Medication -Plain Paper]

        Minimum Directions Point Size   [8 ]
      Portrait or Landscape Orientation [P] (P,L)
          Forms or Report Printer       [F] (F,R)
          Vertical Position Offset      [0  ]   (May Be Negative
          Horizontal Position Offset    [0  ]    If Necessary)

  Medication Block Definitions
           Vertical Position Origin   [1320] (300/inch)
           Horizontal Position Origin [10 ] (300/inch)
                Height per Block       [200 ] (300/inch)
                 Width per Block       [0  ] (300/inch)
    Number of Med Blocks per Page: Vert. [9 ]   Horz. [0 ]

       Administration 'HOUR' Horiz. offset [0  ] (300/inch)
                 Admin Item Height   [0  ] (300/inch)
         Number of Admins per Med Block  [0 ]

         Reverse Side Format File Name  [        ]
      Suppress 2nd Page  [Y] (Y,N) [ ]  Suppress Name Display
```

Desc:
This field is used to enter the description for the form. This helps in knowing what form is to be used for what purpose.

Minimum Directions Point Size:
This field is used to specify the minimum font point size for the directions of the medication. The smaller the number entered in this field, the smaller the directions can print to fit them in the space defined on the form for the directions to print in, but, the smaller the size, the harder the directions may be to read.

Portrait or Landscape Orientation:
This field defines the overall orientation for the form. Enter a 'P' in this field for 'Portrait' orientation, or enter 'L' in this field for 'Landscape' orientation. Portrait orientation stands tall, where Landscape orientation is wide.

Forms or Report Printer:
This field is used to define which 'Printer Map' entry settings the forms should print with. Enter a 'F' to use the 'Forms Printer', or enter a 'R' to use the 'Report Printer' entry in 'Printer Map'. For more information about 'Printer Map' please refer to **Chapter 8** of this manual.

Vertical Position Offset:
This field is used to enter a general page 'Vertical' offset. The vertical offset changes where the form begins printing from the top of the form. The value entered in this field should be in 300 dpi. The offset set in this field will not effect the position of the 'Medication Block' which has its own offsets.

Horizontal Position Offset:
This field is used to enter a general page 'Horizontal' offset. The horzontal offset changes where the form begins printing from the left of the form. The value entered in this field should be in 300 dpi. The offset set in this field will not effect the position of the 'Medication Block' which has its own offsets.

MedBlock – Vertical Position Origin:
This field is used to enter the 'Vertical' starting position for the 'Medication Block'. The 'Medication Block' is the area of the form where the prescription detail selected for the form will print, and will repeat for each prescription. The value entered in this field in conjunction with the 'Horizontal Position Origin' and 'Height per Block' and 'Width per Block' will determine the area (size) for the information for each prescription to be printed. As noted on the screen, the value entered in this field should be in 300 dpi.

MedBlock – Horizontal Position Origin:
This field is used to enter the 'Horizontal' starting position for the 'Medication Block'. As noted on the screen, the value entered in this field should be in 300 dpi.

MedBlock – Height per Block:
This field is used to enter the height of the space for the 'Medication Block'. As noted on the screen, the value entered in this field should be in 300 dpi.

MedBlock – Width per Block:
This field is used to enter the width of the space for the 'Medication Block'. As noted on the screen, the value entered in this field should be in 300 dpi.

MedBlock – Number of Med Blocks per Page: Vert. | Horz.:
These fields are used to specify the number of 'Medication Blocks' per page going in a vertical direction and/or a horizontal direction. Setting either field to a '0' will cause that the 'Medication Block' to not repeat in that direction.

Administration 'HOUR' Horiz. Offset:
This field is used to define the offset for the 'Administration Hour'. The value entered in this field should be entered in 300 dpi.

Admin Item Height:
This field is used to set the height of the 'Administration Hour'. The value entered in this field should be entered in 300 dpi.

Number of Admins per Med Block:
This field is used to specify the number of 'Administration Hour's to be printed for each 'Medication Block'. Setting this field to '0' will cause that no 'Administration Hour's will be printed.

Reverse Side Format File Name:
This field is used to specify the file format name for information to be printed on the back side of the printout. This function will only work if the printer printing the forms is equipped with a duplexer. When this field is populated with a valid file name, the first side of the form will print the format specified in 'Format File Name' on the first menu of the 'Laser Forms' menu, and then the back side of the page will be printed based off this file format.

Supress 2nd Page:
This option is used to suppress the print of a second page for the form. Sometimes depending on the make and model of printer being used to print the forms, a second page, usually blank, will print after the form is printed. If this happens, set this option to a 'Y' and the printing of that page will be suppressed.

Supress Name Display:
This option is used to to suppress the displaying of the patient names in the bottom left corner of the screen while the forms are being printing. The display of names is used to show the user when printing large batches of forms at a time that the program is working. This does cause a problem however when printing to a 'term' printer, so setting this option to a 'Y' will cause that the names will not be displayed in the bottom left corner of the screen.

Print Forms

This menu option is used to print the forms in the format displayed in the top left corner of the screen. After selecting this menu option, the screen shown here will be displayed.

Enter the appropriate selections for the desired data to be printed with the form and when all is correct, press Enter.

If a name of patient was entered, a list might display allowing the user to select the correct patient from a list of possible matches.

```
Format: fsiB        P R I N T   M A R   F O R M S
                Centrally Stored Medication -Plain Paper

          Enter the Patient to Print  [                        ]
                or Enter LTCF Code  [      ]
    Name, Rec#, or LTCF Loc. Order  [N] (N,R,L,l=regen idx)
        Include/Exclude [ ]  Drug Special Case of [      ]
          Include/Exclude [ ]  Direction Code of  [      ]
            Use Admin Times (Y,N,Print 'PRN',)  [Y]  [ ] Remove 'Subs'
                Add 'Gen.for' to Directions  [ ] (Y,N)
    Combine or Separate PRN and Routine scripts  [S] (C,S,s=rev)
        Separate Controlled Drugs at Schedule  [ ] (2 - 5)
            Print Most Recent Dispensed Drug  [ ] (Y,P)
Print Rx,Physicians Orders,Treatments,Aide Flow  [   ] (R,P,T,A)
              Administration Times Substitutions
          #1 [      ] #2 [      ] #3 [      ] #4 [      ]
        Print Dispensings After :[10020520] (mmddyycc)  Exempt PRN [ ]
        Print Dispensings Before :[        ]    Date Type [ ] (L,O,W)
              Calendar Period :[11010620]   Ending :[11300620]
                Misc. Selections  [          ]
        Number of Copies to Print  [ ]   'Cross-Out' Character [ ]
```

After pressing enter and if prompted, selecting the patient, the form(s) will begin to print for the selection entered.

Show Active

This function is used when setting up or modifying a form to see which options 'Form Configuration' options are being used. The use of this option eases the location of the printed items in the program. To select this option simply press 'S' on the 'Board & Care Laser Maint' menu. The word 'Set' will show to the right of the option when activated as shown in the example here.

```
            B O A R D   &   C A R E   L A S E R   M A I N T

CURRENT FORMAT FILE:
 fsiB  - Centrally Stored Medication -Plain Paper

PRINT FUNCTIONS                      FORM CONFIGURATION
R. Print Forms                       1. Patient Items
P. Print a Test Form                 2. Medication Block - Script Items
                                     3. Medication Block - Drug Items
                                     4. Medication Block - Misc Items
                                     5. Medication Block - Doctor Items
                                     6. Pharmacy Items
                                     7. Misc Items
                                     8. Medication Block - Bar Coded Items
GENERAL CONFIGURATION                9. Text Items
Q. Offset/General Setup              A. Picture Frames
S. Show Active Set                   B. Filled Rectangles
T. Change Format File Name           E. 'Usual' Doctor Items


                    Enter Your Choice.
```

Change Format File Name

This menu option is used to select the format the information is to be printed in.

After selecting this menu option, a screen similar to the one shown here will be displayed. A list of the available formats will show.

At the bottom of the screen a prompt for 'Format File Name' will display. Enter the name of the format to be used in this field. If the format is to be a new format, in the second field 'Create', 'Delete', or 'Copy' can be entered.

```
Existing B&C Laser Format Files:
av5161
fsiB
fsiH
fsiHC
fsiHrev
fsiO
fsiOrev
fsiQ
fsiQC
mpsp1201
mpsp1201C
physform




    Format File Name: [fsiB      ]     Create/Delete/Copy? [     ]
```

Create

When 'Create' is entered in the second field, the name entered in 'Format File Name' will be used to create a new configuration file to start a new 'Laser Board & Care' format.

After creating a new format file, the name will be used as the 'Format File Name' and the program will return to the 'Board & Care Laser Maint' menu where the form can be programmed and printed.

```
Existing B&C Laser Format Files:
av5161
fsiB
fsiH
fsiHC
fsiHrev
fsiO
fsiOrev
fsiQ
fsiQC
mpsp1201
mpsp1201C
physform




    Format File Name: [TEST      ]     Create/Delete/Copy? [Create]
```

Delete

When 'Delete' is entered in the second field, the name entered in 'Format File Name' will be deleted.

After entering 'Delete', a message will display in the bottom left corner of the screen asking 'Delete "filename" (Y,N)?'. If the name displayed is the correct name for the file to be deleted, press Y, otherwise press N.

```
Existing B&C Laser Format Files:
av5161
fsiB
fsiH
fsiHC
fsiHrev
fsiO
fsiOrev
fsiQ
fsiQC
mpsp1201
mpsp1201C
physform




    Format File Name: [TEST      ]     Create/Delete/Copy? [Delete]
```
Delete TEST (Y,N)?

Copy

When 'Copy' is entered in the second field, the name entered in 'Format File Name' will be copied to a new name.

After entering 'Copy' a new field will be displayed allowing the user to enter in the name the 'Format File Name' entered should be copied to. Then name entered in 'Copy to' can be a new format file name.
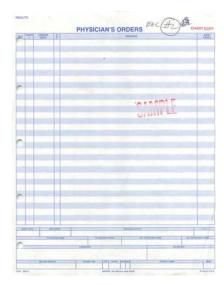
```
Existing B&C Laser Format Files:
av5161
fsiB
fsiH
fsiHC
fsiHrev
fsiO
fsiOrev
fsiQ
fsiQC
mpsp1201
mpsp1201C
physform




    Format File Name: fsiB          Copy to  [          ]
```

Examples of Pre-Printed Board & Care Forms
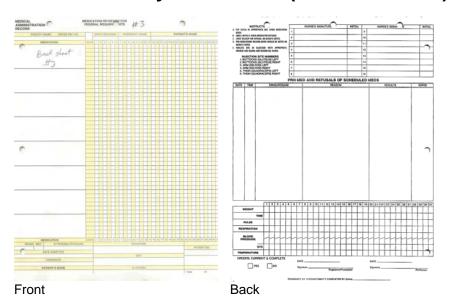
Form 1 – Briggs 3951 (front and back)

Front   Back
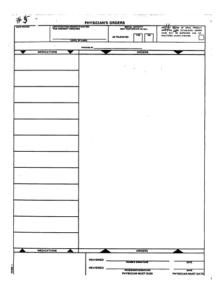
Form 2 – Briggs 3950 (single sided)

Form 3 – Rx Systems 5640 (front and back)

Front   Back
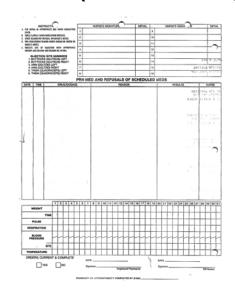
Form 5 & D – Mal Brogan

Form 6 – Drug Package LASBFS-MED

Front   Back

Form 7 – Rx Systems 5640 (front and back, top & bottom sheets)

Top Page – Front   Top Page – Back   Bottom Page
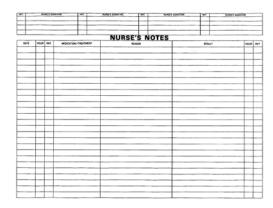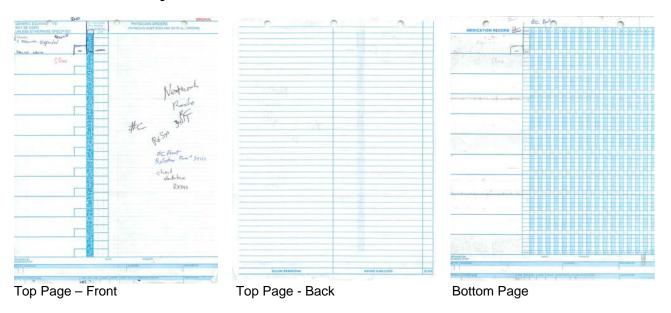
Form 9
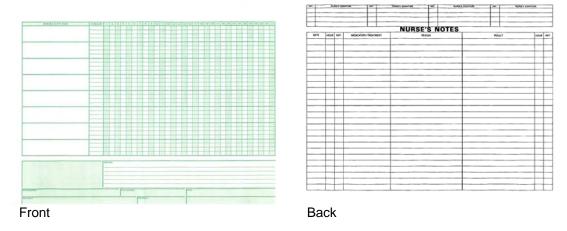
Front   Back

Form C – Rx Systems 34111

Top Page – Front   Top Page - Back   Bottom Page

Form F – Briggs 3953

Front   Back

Form G, – MedPass 2101

Front   Back

Form H & J – MedPass 2901 & 7503
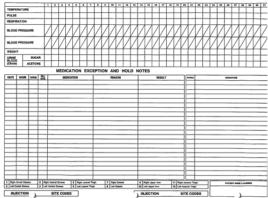
Form I – StdReg
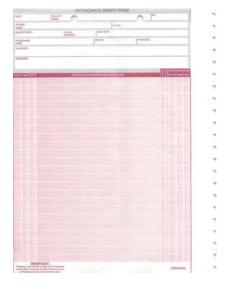
Sorry, no example available at this time.

Form K – Wallace 6153009
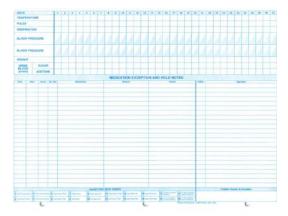
Form L – NDC 157974

Form M – MedPass 2701
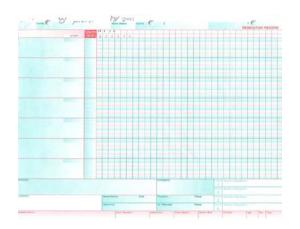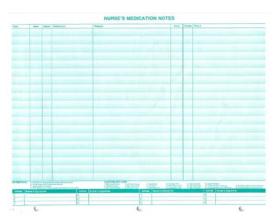
Form N – MedPass 1213
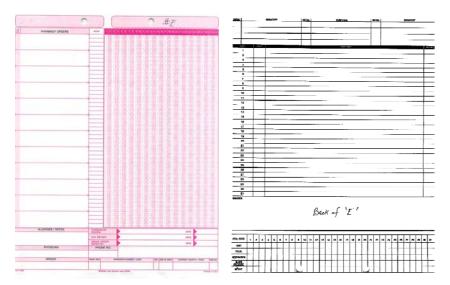
Form O – MedPass 2011
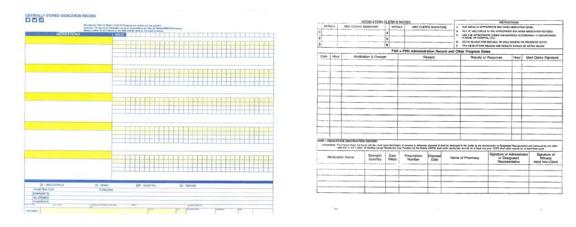
Form P – Briggs 3999

Form Q – ModHlth

Drug Usage by Date Range

```
        D R U G   U S A G E   b y   D A T E   R A N G E

    Enter Beginning Date :[      ]  (mmddyycc)

              Ending Date :[      ]

         Print the top  [     ] Drugs (blank for all)
         Leave Selections below blank to include all
       For Doctor Code  [     ]
     Insurance Code/Group [    ]/[     ] <F4> Report Selections ALL
       Drug/Manufacturer [         ]  (MFG= 1st 5 Digits of NDC)
       Therapeutic Class [     ]       (1st 6 Digits of GPI)
     Primary Price Code  [ ]  [ ]  Trade, Generic
         Drug Schedules  [     ]
       Drug Special Case [     ] [     ] St WF Group
         Pat LTCF code   [     ]

       Quantity Tabulation  [D]  (Dispensed, Multiply by Pack Size)
            Two Line Log    [N]  (Y,N,File Includes NDC,Whlslr#,cost)

       Printed in Order of  [R]  (Rx's, Qty, Dollars, Name)

   Press <F3> to Print Generic Name
```

Choose Drug Usage by Date Range from Sundry Printouts:

After entering the date range, you may qualify the report with a doctor code, manufacturer, therapeutic class, or price code. The report may show the quantity dispensed or metric quantity, and can be printed in order of prescription volume, product quantity, or dollar amount. Use as many of the qualifying fields as necessary to produce the report. The report will show the drug code, name, strength, form, pack, manufacturer, number of prescriptions, quantity, and dollar amount.

Example: A printout is needed showing the top ten drugs manufactured by URL that sold for the most money during the first week of May. Input the correct date range, input '10' in the 'Print the top [   ] Drugs' field, enter '00677' in the Drug Manufacturer, and specify that you want the drugs printed in dollar order by placing a 'D' in the 'Printed in Order of' bracket

Print the top:
This option is used to define the number of drugs, in order of most amount, to be printed on the report. For example, if you wanted to print a report showing the top 100 drugs dispensed this year, enter in the beginning and ending dates, and enter 100 in the 'Print the top' field. Leaving this field blank will cause that all drugs meating the other selections to be printed.

For Doctor Code:
Enter in the 'Doctor Abbreviation' (speed code) for the doctor the report is to be printed for. Leaving this field blank will cause that drugs dispensed for all doctors to be included (based off other selections) to be printed.

Insurance Code/Group:
These two fields are used to print the drug usage amounts for drugs for prescriptions filled for a specific third party code, or multiple third party's assigned to a specific group. To print for a specific third party, enter the third party code in the first field. To print for a third party group, enter the code for the group in the second field.

<F4> Report Selections:
This function is used to print the drug usage report for just drugs with or without a pre-set 'Report Selection' code. To print the report for a specific 'Report Selection', press F4 and enter the code for the 'Report Selection' and specificy 'I' to include drugs with that code, or 'E' to exclude drugs with that code. A description for 'Include' and 'Exclude' is included on the screen.

Drug Manufacturer:
Enter the first 5 digits of an NDC number for a product to produce a list by the manufacture the report is to be printed for.

Therapeutic Class:
To specify drugs by Therapeutic Class, enter in the first 6 digits of the Generic Product Identifier for a drug to be included on the report. An easy way to get the GPI number is to look it up by going into Drug Maintenance, pull up a drug within the same therapeutic class, and note the first 6 digits.

Trade, Generic:
This option is used to specify either trade drugs or generic drugs to be included in the report. Setting this field to 'T' will calculate the drug usage report for 'Trade' drugs. Setting this field to 'G' will calculate for 'Generic' drugs. Leaving this field blank will not exclude drugs based off trade and generic.

Drug Schedules:
Enter in the schedule (s) for the drugs to be included on the report. Leaving this field blank will print drugs of all schedules. It is also possible to enter in multiple schedules at the same time.

Drug Special Case:
Enter in the special case for the products the report is to be for. The case entered on this screen has to be an exact match to the case entered into the drug in Drug Maintenance.

St WF Group:
This option allows for the drug usage report to be printed for drugs that have a 'State Welfare Group' in the setup of the drug. This field is big enough to allow for up to 6 selections to be made. For more information on 'State Welfare Group', please refer to **Chapter 3 – Drug Maintenance** in this manual.

Pat LTCF code:
This field is used to print the drug usage report for only prescriptions filled for patients that have a specific 'LTCF' code entered in the setup of the patient. This option will print for patients with the specified code in their setup at the time of the print request, not at the time of the prescription being filled.

Quantity Tabulation:
This field is used to specify how the quantity is to be calculated for the prescriptions. Enter a 'D' in this field to go off of the quantity dispensed (quantity number on that prints on the label) or enter a 'M' to multipy the prescritpion quantity by the 'Dispensing Pack Size' set in the drug setup for the quantity.

Two Line Log:
Setting this field to 'Y' will print an additional line to each drug printed. The additional line will print the Wholesaler Item # and the cost of the drug as entered in the Drug Maintenance. This field can also be set to 'F' to have a file created of the drug usage information that can then be imported into a different software application. The 'F' option will print the report and create the file. Setting this field to a 'f' will only create the file, not print the report. Following the definitions of these options is the layout for the 'dguse.txt' file.

Print in Order of:
This field is used to change the sorting of the drugs printed. Setting this field to 'R' will cause the report to list the drugs with the greatest number of prescripts first. Setting it to 'Q; will list the drugs with the greatest dispensed quantity, 'D' will list by the greatest dollar value, and 'N' will sort the list alphabetically by drug name. The selected sort option will print on the top of the report.

<F3> Print Generic Name:
This option is used to print the 'Generic Name' for the drug setup on the report in place of the 'Drug Name' from the drug setup.

'dguse.txt' field definition

Below is the file format for the exported file:

#Field	Position	#'s	Just		#Field	Position	#'s	Just
1.	NDC NUMBER	0	12		7.	MANUFACTURER	67	7
2.	QUANTITY	12	7		8.	LAST USED DATE	74	9
3.	TOTAL # OF RX'S	19	7		9.	STRENGTH	83	9
4.	WHOLESALER # FOR WHOLESALER #1	26	11		10.	FORM	92	5
5.	WHOLESALER # FOR WHOLESALER #2	37	11		11.	CR/LF	97	2
6.	DRUG NAME	48	19					

This will create a file called dguse.txt in the /usr/fsi directory on Unix, or in the /home/fsi directory for Linux users. This is a fixed length file and does not have a delimiter function.

Below is an example of the 'Drug Usage by Date Range' report.

```
Drug Usage by Date:  From  01 Jan 04  to  31 Jan 04      Script Order
         Printed  04 Feb 04


Code       Drug NameStrength   Form      Pack      Mfg      Scripts   Quantity   Dollars    PC
----------------------------------------------------------------------------------------------------------------------------------------------------------------------
VAL5       VALIUM/DIAZEPAM   5MG      TAB                ROCHE    1         30         92.85      A


Number of Drug Items:   1
```

List of Temp/Tele Scripts

Select List of Temp/Tele Scripts from Sundry Printouts. This option will produce a list of all the temporary telephone prescriptions that you have on file.

Pressing any key will start the list printing. This will print all Tele Rx's that are on the system.

It is possible to delete old Tele Rx's on file by pressing the F4 key.

After pressing F4, a prompt displays to enter the cutoff date. Enter the date to delete all Tele Rx's entered prior to.

Below is an example of the 'Temp/Tele Scripts List':

```
              L I S T   T E M P / T E L E   S C R I P T S
            Load the Paper and Press Any Key to Continue.

            Press F4 to Delete Old Tele Scripts.
```

```
            D E L E T E   O L D   T E M P / T E L E   S C R I P T S

         Enter the Cutoff Date to Delete Tele Script :[        ] (mmddyycc)
```

```
TEMP/TELE SCRIPTS LIST          01 Jan 04

Date        Patient     Phone       Qty         Drug        Doctor
----------------------------------------------------------------------------------------------------------------------------------------------
01 Jan 04  PATIENT,TEST             801-785-7720            30          VALIUM  5MG  TAB    DOCTOR,TEST
```

Patient History T.P. Receipt

```
          P R I N T E D   P A T I E N T   H I S T O R Y

     Enter the Patient Name [                      ]
          Entire Family  [N]  (Y,N)

          Beginning Date :[       ]  (mmddyycc)
            Ending Date :[       ]
```

Choose Patient History T.P. Receipt from Sundry Printouts. The patient history printout will be similar to option Sundry Printout menu option #1, Patient History (Selective), with the following differences:

1)   Quantity is shown in metric values.
2)   Days supply is shown.
3)   Prints patient card ID and group number on the header, if entered in the patient's amendments.
4)   Always prints a line at bottom of the printout for Pharmacist's signature, whereas the 'Patient History (Selective)' prints a line only when selected.

This option will print a patient history for a particular date range. Leave the dates blank to print a patient's entire history.

Patients Name:
Enter in the patient's name entirely, or part of the name, and hit the TAB key. Pressing ENTER will assume that the remaining fields are set, and it will print the history listing.

Entire Family:
If the entire family for the patient selected should be on the listing, set this field to 'Y'. A family is considered any patient with the same telephone number. When this option is enabled, it will print a patient history, one for each patient within the family.

Beginning and Ending Dates:
Use these fields to set the date range for the history to be printed by. Be sure to enter the dates using the format MMDDYYCC, meaning MONTH, DAY, YEAR, CENURY. If the history is supposed to be for January 1st 2000 through December 31st 2000, the beginning date would be entered as 01010020, and the ending date would be entered as 12310020.

```
PATIENT NAME                              PHARMACY NAME
PATIENT ADDRESS                           PHARMACY ADDRESS
PATIENT CITY, STATE, ZIP                  PHARMACY CITY, STATE, ZIP
BORN:  PAT'S DOB
                                                    Metric  Days            Patient   Patient
Rx #     Drug Name                 Doctor        Date      Qty    Sup  Refs-Rem    Pay      Total
-----------------------------------------------------------------------------------------------------------------
000020   DRUG NAME  STRENGTH FORM  DOCTOR     15 JAN 04    30              1   1   XX.XX     XX.XX
000019   DRUG NAME  STRENGTH FORM  DOCTOR     01 DEC 03    30              1       XX.XX     XX.XX
                                              15 JAN 04    30                      XX.XX     XX.XX
000017   DRUG NAME STRENGTH  FORM  DOCTOR     30 NOV 03    45              1   1   XX.XX     XX.XX
                                                                                  ========
                                                                 Total ->          XX.XX
```

Drug Usage by Pharmacists

```
        D R U G   U S A G E   b y   P H A R M A C I S T   I N I T I A L S

        Enter Beginning Date :[        ]  (mmddyycc)

              Ending Date :[        ]

        Starting Script #  [        ]  (blank for 1st Script in File)



        F4 to edit Pharmacist Initials and Descriptions.
        Pharmacists activated for printing are highlighted.
```
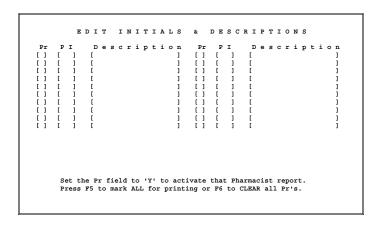
Enter Drug Usage by Pharmacists from the Sundry
Printouts menu and the following will display:

This option will generate a drug usage report for
the pharmacists you specify. To specify which
pharmacists to include in the report, press F4 (this
report could take a long time to generate). If this is
the first time using this report, after entering the
date range, the program will advance to the F4
screen automatically. Specify the initials for the pharmacists on file, and enter in the name of the pharmacists.
These fields are not generated from the pharmacists file, so if new pharmacists have been added since last using
this report, it will be necessary to add them to have them included on the report.

Place a 'Y' in the 'Pr' field to include the
pharmacist in the report. Pressing F5 will mark all
pharmacists listed to be printed, and pressing F6
will clear all Pr fields. After entering the data press
Enter to return to the first screen.

```
        E D I T   I N I T I A L S   &   D E S C R I P T I O N S

   Pr   PI    D e s c r i p t i o n    Pr   PI     D e s c r i p t i o n
   [ ]  [  ]  [                    ]   [ ]  [  ]   [                      ]
   [ ]  [  ]  [                    ]   [ ]  [  ]   [                      ]
   [ ]  [  ]  [                    ]   [ ]  [  ]   [                      ]
   [ ]  [  ]  [                    ]   [ ]  [  ]   [                      ]
   [ ]  [  ]  [                    ]   [ ]  [  ]   [                      ]
   [ ]  [  ]  [                    ]   [ ]  [  ]   [                      ]
   [ ]  [  ]  [                    ]   [ ]  [  ]   [                      ]
   [ ]  [  ]  [                    ]   [ ]  [  ]   [                      ]
   [ ]  [  ]  [                    ]   [ ]  [  ]   [                      ]
   [ ]  [  ]  [                    ]   [ ]  [  ]   [                      ]


        Set the Pr field to 'Y' to activate that Pharmacist report.
        Press F5 to mark ALL for printing or F6 to CLEAR all Pr's.
```

If the information is correct on the first screen
press Enter and the report will begin. After this
report is generated for the first time, the dates will
default on the first screen for the current calculated
usage file. The program will prompt "Do you want
to regenerate the data (Y/N) ?" each time the
report is printed. If it has been a while since
regenerating this file, or if a pharmacist has been
added, or if printing the report for dates other than the dates that were defaulted, answer 'Y' to this question.

Patient Rx Usage by Date Range

From Sundry Printouts, choose Patient Drug Usage by Date Range. The setup of Patient Drug Usage by Date Range is similar to Drug Usage by Date Range, described above. The report will show the patient name, address, city, state, zip, phone, number of prescriptions, quantity, and dollar amount.

```
P A T I E N T   S C R I P T   U S A G E   b y   D A T E   R A N G E

        Enter Beginning Date :[       ]  (mmddyycc)

                Ending Date :[       ]

            Print the top  [       ] Patients (blank if all)

        Starting Script #  [       ] (blank for 1st Script in File)

           For Doctor Code  [      ] (blank to include all)
        Primary Price Code  [ ] (blank to include all)

        Printed in Order of  [ ]  (Rx's, Qty, Dollars)
        Dates Shown are Dates of Current Usage File
```

This report will print a report for each patient that has prescriptions that qualify within the settings specified.

Most of the options are common to many of the report menus and self explanatory, some fields of note are:

Print the top:
This will print only the top 'xx' number of patients by the number of scripts filled within the date range specified.

Starting Script #:
This will print only the patients with prescriptions filled after the prescription number specified.

Print in Order of:
This field is used to change the order in which the patient reports are printed. Setting this field to 'R' will cause the report to print the report for the patient with the greatest number of prescripts first. Setting it to 'Q; will report the patient with the greatest dispensed quantity first, 'D' will list by the greatest dollar value, and 'N' will sort the list alphabetically by drug name.

HIPAA Security Reports

```
            'AUTHORIZED ACCESS' (HIPAA SECURITY)

              1.   ePHI Access Reports
              2.   'Failed Login' Reports
              3.   'LogWatch' Access Reports

              Enter Your Choice
```

The 'HIPAA Security Reports' menu option from 'Sundry Printouts' contains reports used to monitor the attempted and failed connections and logins to the server and 'Pharmacy Management System' and to report who is accessing what data on their system.

There are currently 3 different reports, and each of these reports will be discussed individually in the following pages of this manual.

ePHI Access Reports

```
         'AUTHORIZED ACCESS' REPORTS (HIPAA SECURITY)

       Make Sure the Printer is Ready and,

         Enter Starting Date :[       ]  (mmddyycc)

         ''      Ending Date :[       ]      ''

                 Pharmacist  [   ] (blank=all)

                 Technician  [   ] (blank=all)

   <ShF2>  Access Type Code [     ] (blank=all)

             Output to file [              ](comma delimited)

           Select Patient  [ ] (Y,N)  PATIENT,TEST
                                         <F3> to change

              Site Number  [   ]  (0=ALL)
```

The 'ePHI Access Report' is a report that shows the different PHI (Protected Health Information) accesses and which pharmacist and technician were signed into the system at the time of the access.

There are several different options to use to get the information desired from this report program. The various options are discussed below.

Beginning / Ending Dates:
These two fields are used to set the beginning date and the ending date for the report. Enter the dates in month, day, year, and century order. For example, if the beginning date should be January 01, 2004, it would be entered as 01010420. To help the users of the system to remember the format, mmddyycc is shown to the right of the fields.

Pharmacist:
This field allows the user to specify the initials of a pharmacist the report is to be printed for. When a code is entered, and valid, the report will only include PHI accesses for that pharmacist, but any technician.

Technician:
This field allows the user to specify the initials of a technician the report is to be printed for. When a code is entered, and valid, the report will only include PHI accesses for that technician, but any pharmacist.

Access Type Code:
This field allows the user to specify which accesses are to be included on the report. Pressing Shift F2 will show a list of the valid codes. An example of the screen is shown here.

Enter the code for the accesses to be included on the report, and enter all other appropriate selections. When all selections are entered, press Enter and the report will be printed.

```
              A C C E S S   C O D E S

     Code        Description
     BAC         Board & Care Print Out
     DELIV       Delivery/Pickup/WillCall
     FAXDOC      Refill Request
     LOGRX       Log of Scripts
     LOG2        Elog Report Builder
     MPNOTE      Multi-Line Patient Note
     MPSNTP      Multi-Line Script Note
     NEWRX       New Script Processing
     Nw<-Ol      New-from-Old Script Processing
     PATREC      Patient Receipt
     PDGUSE      Patient Drug Usage
     PKLIST      Patient Script List
     PMENU       Patient Menu
     POUTH       Patient History
     PSYCHO      Psycho-Active Med Reporting
     REFILL      Refill Script Processing
     REFREM      Refill Reminder
     RXDGL       Drug/Rx List
     RXSTAT      Rx Status - Work Flow
     TRXLST      Temp/Tele Script List
```

Output to file:
This field is used to export the information from the

report to a file on the hard drive instead of printing out on the report printer. The data from this file will be delimited with a ',' (comma) to ease the importation to another software system. Though not necessary, the **Foundation Systems Technical Support** recommends entering the file name in lowercase letters. Be sure to make note of what the file name is so that it can be located and transferred to another computer.

Select Patient:
This field is used to set the report to print accesses for just one patient. The patient can be selected by pressing F3 and the patient currently selected is displayed on the screen. The report will only be limited to accesses of this patients information if a 'Y' is entered in the 'Select Patient' field.

Site Number:
This field is used to set the site number for pharmacies that are on a 'Multi-Site' system. For more information about the FSI 'Multi-Site System', please contact the **Foundation Systems Sales Office** at **800-333-0926**.

'Failed Login' Reports

The 'Failed Login' report is used to list failed login attempts to the FSI 'Pharmacy Management System' system.

After selecting this menu option, the screen shown here will be displayed. Enter the beginning and ending date and the appropriate other selections for the desired report and press Enter. The report will then be printed.

```
        'LOGIN FAILURE' REPORTS (HIPAA SECURITY)

      Make Sure the Printer is Ready and,

      Enter Starting Date :[        ]  (mmddyycc)

        ''    Ending Date :[        ]      ''

                    Pharmacist  [   ] (blank=all)

                    Technician  [   ] (blank=all)

   <ShF2> Failure Type Code  [       ] (blank=all)

              Output to file  [               ](comma delimited)


             Site Number  [   ]  (0=ALL)
```

Data on this report includes the date and time, the pharmacist initials that were attempted, the technician initials that were attempted, the error code, what was logged, the terminal name that was being used, and the site number.

'LogWatch' Access Reports

The 'LogWatch' Access report is a list of failed login attempts to the Linux operating system. The 'LogWatch' does not work for Unix systems.

```
        'LogWatch' Access REPORTS (HIPAA SECURITY)

      Make Sure the Printer is Ready and,

      Enter Starting Date :[        ]  (mmddyycc)

        ''    Ending Date :[        ]      ''


   Number of Log Days to retain [  ]
        Printer or Screen  [ ] (P,S)
```

Generic PDE Monograph

```
            G E N E R I C   P D E   M O N O G R A P H

        Enter the Drug to Print PDE For  [                    ]

                                    Spanish  [N]  (Y,N)
```

Choose Generic PDE Monograph from the Sundry Printouts menu. This option will print a Patient Drug Education Monograph for a specified drug. A 'generic' PDE' does not show a prescription number, nor the patients name.

Type the drug name for which you wish to print the monograph. The monograph is identical to the one printed from the prescription pathway, with the exceptions mentioned above. Place a 'Y' in the Spanish bracket and the PDE will print in Spanish.

For each requested PDE, the following will be printed; drug name, strength, form, date printed, generic name, common uses for the prescription, before using this medication warnings, how to use this medicine instructions, caution notes, possible side effects, overdose precautions, additional information, a 'global' note from the pharmacist, a 'custom' note from the pharmacist, and a note from First Data Bank.

The 'global' note is a note that can be setup inside the 'System Configuration' to be printed on the bottom of each PDE printed. The 'custom' note is a note field that comes up every time a PDE is to be printed. It can be used for the pharmacists to document, or interact with the patient on a custom basis. For more information on how to setup the 'global' and 'custom' notes, please refer to Chapter 8, Section 'Software Options' of this manual.

The PDE length will vary from drug to drug. When using a Laser printer, the Pharmacy Management System will keep the PDE on a single page by decreasing the font size. If the PDE is printing on a Dot Matrix printer, the PDE for some drugs will print on two pages.

Print Multi Patient/Script Notes

```
M U L T I   P A T I E N T / S C R I P T   N O T E S   P R I N T I N G

                    1.  Patient Notes by Creation Date
                    2.  Script Notes by Creation Date
                    3.  Patient Notes by Date Edited
                    4.  Script Notes by Date Edited

                    Enter Your Choice.
```

Multi-Patient/Multi-Script notes may be entered for each patient or prescription as you are working in the Prescription Pathway. These notes may be printed by creation date or by the date that the notes were edited. Use options one or two to print the notes by creation date, and options three and four to print by the edit date.

Patient Notes by Creation Date

This menu option is used to print a list of notes entered for patients within a specific date range. This report will show the name of the patient, the date the note was created and the date the note was last editted, and the note will be printed below the name and dates.

Script Notes by Creation Date

This menu option is used to print a list of notes entered for prescriptions within a specific date range. This report will show the prescription number, the name of the patient, the drug for the prescription, the date the note was created and the date the note was last edited, and the note will be printed below the previous information.

Select 'QA:':
This function has been added to facilitate the tracking of 'Quatily Assurance' items as required by California state law. When set to a 'Y', only notes with the three characters 'QA:' at the beginning of the note will be printed. Implementation of a 'Quality Assurance' program is entirely the responsibility of each pharmacy.

```
M U L T I - L I N E   S C R I P T   N O T E S   P R I N T I N G

    Print Script Notes Created between :[        ]  (mmddyycc)
                                and
                                     :[        ]  (mmddyycc)

                    Select 'QA:'  [ ]  (Y,N)
```

Patient Notes by Date Edited

This menu option is used to print a list of notes editted for patients within a specific date range. This report will show the name of the patient, the date the note was created and the date the note was last editted, and the note(s) will be printed below the name and dates.

Script Notes by Date Edited

This menu option is used to print a list of notes entered for prescriptions within a specific date

```
MMUULLTTII--LLIINNEE  PSACTRIIEPNTT  NNOOTTEESS  PPRRIINNTTIINNGG

    PPrriinntPattient Notes Edited between :[        ]  (mmddyycc)
                                and
                                     :[        ]  (mmddyycc)

                    Select 'QA:'  [ ]  (Y,N)
```

range. This report will show the prescription number, the name of the patient, the drug for the prescription, the date the note was created and the date the note was last editted, and the note will be printed below the previous information.

Select 'QA:':
This function has been added to facilitate the tracking of 'Quatily Assurance' items as required by California state law. When set to a 'Y', only notes with the three characters 'QA:' at the beginning of the note will be printed. Implementation of a 'Quality Assurance' program is entirely the responsibility of each pharmacy.

Print Clinic Drug Usage Report

```
D R U G   U S A G E   B Y   C L I N I C

1.  Select Clinic (Patient)
2.  Clear Year-to-Date Period
3.  Generate Monthly Report Data
4.  Print Report
5.  Add/Amend Product Groups
6.  List Product Groups (ID order)
7.  List Product Groups (Desc. order)


    Enter Your Choice
```

Print Clinic Drug Usage Report is a program to record the product volume being dispensed to off-site clinics. Select Print Clinic Drug Usage Report from Sundry Printouts:

In order for this program to operate properly, the clinic must be set up in the patient database and must have a department code entered in the group code field. The clinic must have a dispensing history to be able to print the report. In addition, a product group ID must be inserted in the drug record's secondary wholesale code, for each drug in the clinic's prescription history. Note: Pressing number 8 from the screen shown above will rebuild the 'Drug Usage By Clinic Index', this is a hidden option that will not display on the screen.
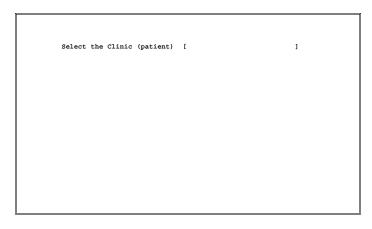
To prepare the clinic drug usage report, use the following steps:

Select Clinic (Patient)

```
        Select the Clinic (patient)  [                    ]
```

Select menu option one, and a field for the patient's name will display. Enter in the clinics name as entered in the patient database, and press Enter . A list of matching names will display, select the correct clinic/patient from the list.

After selecting the clinic/patient, the program will return to the previous screen.

The Year-to-Date and Monthly Report Data dates will display next to their menu options.

If this is the first time the Clinic (patient) has been used, a prompt will display asking 'Do You Want to Create Files for this Clinic (Y,N)'. To use the Clinic (patient), answer 'Y'.

Clear Year -to-date Period

```
        Create New (empty) Data File for:
        PATIENT,TEST
        YES or NO  [   ]
```

Although the name of this option implies that it will clear only the 'Year-to-Date' values, this option is used to clear all existing report data.
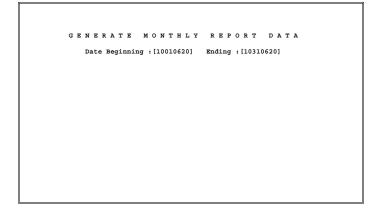
Since this program gets it's information from 'accumulated' totals, it is possible from time to time for the information to be incorrect.

If this happens, use this function to clear the report data, then use 'Generate Monthly Report Data' to regenerate it. It will regenerate both the monthly and yearly data values.

Generate Monthly Report Data

```
G E N E R A T E   M O N T H L Y   R E P O R T   D A T A
        Date Beginning :[10010620]   Ending :[10310620]
```

The beginning and ending dates will default to the previous month. Make any changes as necessary. The system will scan the clinic history. If the history contains any drugs that are not assigned product group codes, the report data will not generate. The drugs that are missing the product group codes will print on the printer. Insert a product group code in the drug's secondary wholesaler code and generate the monthly data again. Although a date range can be specified, if a current file exists, the date range may not be set to a date prior to what currently exists. If the report needs to be generated for a prior period, use the 'Clear Year-to-Date Period' as discussed earlier, then generate the new period totals.

Print Report

After the monthly data has generated the report data, print the report using option four. The summary will report the data in product group order. It is not necessary to 'Generate Monthly Report Data' each time this report is printed. The period will show on the menu, if that period is correct, then press '4', and the report will be printed.

Add/Amend Product Groups

```
A D D / A M E N D   P R O D U C T   G R O U P S
     Product Group ID to Add/Amend [        ]
```

This function is used to enter a description for the codes being entered into the drug maintenance file.

If the codes are defined in this function, and a description entered for the code, then on the printed report the code from the drug file and the description for the group will be printed.

List Product Groups (ID order)

```
Product Group List

Do you want this list to go to the (S)creen, or (P)rinter? S
Starting at [        ] (or leave blank to start at beginning)
```

This will allow for the groups that have been entered using the previous function to be printed either on the screen, or on the report printer.

This function will list those groups in alphabetical order by the group ID.

```
          P R O D U C T   G R O U P   L I S T
Prod ID    Description
----------------------------------------------------------------
TEST       THIS IS A TEST GROUP FOR ADD/AMEND PRODUCT GROUPS.
```

List Product Groups

6.23.2

```
Total Number of Groups on File is 1    Press any key to continue
```

(Desc. order)

This will allow for the groups that have been entered using the previous function to be printed either on the screen, or on the report printer.

This function will list those groups in alphabetical order by the group description.

Print Stored Fax Doctor Sheets

If you have stored Call Doctor requests during the course of filing prescriptions, use this option to print the call doctor sheets in fax form. For more information on how to store fax request, refer to Chapter 2 of this manual.

```
        F A X   D O C T O R   S H E E T S

      Make Sure the Printer is Ready,

       Print by Doc or Pat  [D] (D,P)

      Enter 'YES' to Print  [   ]



      Press <F2> to Edit STORED Fax Message
      Press <F3> to Edit IMMEDIATE Fax Message
      Press <F4> to Restore IMMEDIATE Fax Message
```

Print by Doc or Pat:
This option allows for the report to be printed in doctor or patient order. Enter 'D' for doctor, or 'P' for patient.

Press F2 To Edit Message:
By pressing the F2 key, a message may be entered, edited, or deleted. This message will print on all Refill Request forms.

After answering 'YES', the requests will be printed. The printed requests will be sorted by doctor and then by the patient, and may contain up to four prescriptions per form, for the same patient. A sample of a call doctor request is shown below.

```
Prescription Refill Request                      04 Jul 01
For:
         Dr        DAN HENRY          Pharmacy  THE BEST PHARMACY
                   210 N 400 W                  72 GREEN HARVESTER RD.
                   INTERNATIONAL, ID            INTERNATIONAL, ID.
         Phone     225-6666           Phone 226-6077
         Fax       222-6666           Fax 226-0502


         Patient:  JOHN ADAMS                   Born  04  Apr  35    Ph.  801-785-7720
                   100 PHILLY AVE OREM, UT

 Rx: 001776          Date Written: 06 Apr 01
     #30 PEN-VEE-K 250MG TAB  Last Refill: 04 Jul 01

Directions: TAKE 1 TABLET THREE TIMES DAILY ON AN EMPTY STOMACH TILL GONE

May Refill_____ Time(s) or Until_____    Authorized by _____

Rx: 001777Date Written: 06 Apr 01
     #30 VALIUM 5MG TAB        Last Refill: 04 Jul 01

Directions: TAKE 1 TABLET EVERY SIX HOURS AS NEEDED FOR PAIN

May Refill_____ Time(s) or Until_____    Authorized by _____
```

Rx Summary by Date Range

```
        R X   S U M M A R Y   B Y   D A T E   R A N G E

                  1.  For Third Parties
                  2.  For Doctors
                  3.  For Drugs
                  4.  For Pharmacists
                  5.  For Technicians
                  6.  Set Site #  1 - SITE1

              Enter Your Choice
```

The 'Rx Summary by Date Range' is actually 4 different possible reports.

Each of the 4 reports are quite similar, with the biggest difference being what the information is categorized by. For example, menu option 1, 'For Third Parties', will print the financial information broken down by each third party.

Note: For Multi-Site users, use menu option 5 to set which site the report should be for. Setting the site to '0' will set the report to calculate the data for each site.

After selecting which report to print, the following will display. For example purposes, the screen sample shown below is for the 'Rx Summary by Date Range – For Third Parties'.

```
        R X   S U M M A R Y   B Y   D A T E   R A N G E

              For Third Parties

              Print in:

              1.  'Number of Scripts' Order
              2.  Alphabetical Order

              Enter Your Choice
```

After selecting the print order for the report, a screen will come up allowing the date range to be specified. Enter in the starting and ending dates, and press enter.

Note: Because this report program calculates the data from the prescription files at the time it is requested, the data is very accurate. However, because it has to be generated, depending on the speed of the computer, and the size of the date range specified, the report could take quite some time to generate and print.

Caution: The pharmacy system is setup to only generate one print job, on one task, at one time. Do not swap tasks and generate another report. Make sure that the first requested print job is completed before generating the next report (on the same task and/or any other task).

```
        R X   S U M M A R Y   B Y   D A T E   R A N G E

              For Third Parties, in # of Scripts Order

              Enter Starting Date :[mmddyycc]
                      Ending Date :[11140620]

              Cost or UAC Column  [C]  (C,U)
              Press F3 for Report Selections   ALL
        This Report is Only Accurate for Primary Payors
```
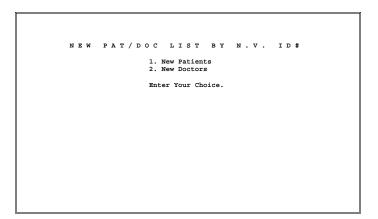
New Patient/Doctor List By N.V. ID#

```
N E W   P A T / D O C   L I S T   B Y   N . V .   I D #

                    1. New Patients
                    2. New Doctors

                Enter Your Choice.
```

New Patients

This will print a list of all of the patients whose N.V. patient ID is equal to or greater than the starting ID entered.

New Doctors

This will print a list of all of the doctors whose N.V. doctor ID is equal to or greater than the starting ID entered.

Calendar Month Rx Summary

Generates a report of the daily activity for the Month (selected), itemized by the day of the month including the following listings:

The report includes the following information:

      Day of Week
      Day of Month
      Total Rx's
      Total of New Rx's
      Total of Refill Rx's
      Cost of New Rx's
      Price of New Rx's
      Cost of Refill Rx's
      Price of Refill Rx's
      Cost of Total Rx's
      Price of Total Rx's
      Gross Profit
      Gross Profit %

```
            C A L E N D A R   M O N T H   R X   S U M M A R Y

                        1.   January
                        2.   February
                        3.   March
                        4.   April
                        5.   May
                        6.   June
                        7.   July
                        8.   August
                        9.   September
                       10.   October   (Last Month)
                       11.   November
                       12.   December

              Month  [10]     Year  [2006]
```
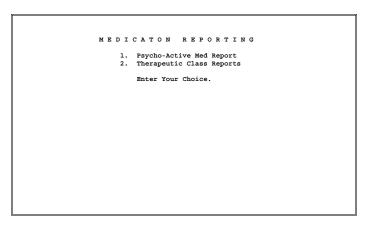
Med. Reports (Psych-Active&Ther.Class)

```
M E D I C A T O N   R E P O R T I N G

        1.   Psycho-Active Med Report
        2.   Therapeutic Class Reports

             Enter Your Choice.
```

The 'Med. Reports (Psyc-Active&Ther.Class)' menu option is used to print reports based of the drug used on the prescription. After selecting this menup opiton, the screen shownd to the right of here will be displayed.

Two menu options are available. Menu option '1' is to print a 'Psycho-Active Med Report' and menu opiton '2' is used to print 'Therapeutic Class' based reports. Each of these reports will be discussed individually in the following pages of this manual.

Psyco-Active Med Report

```
P S Y C H O - A C T I V E   M E D   R E P O R T

    Print ALL non-DC'd Meds in Patient Histories and
    any DC'd Meds Dispensed within the Dates Entered.

      Enter Beginning Date :[05020120] (mmddyycc)
              Ending Date :[11140620]     '')

   Long Term Care Facil Code  [OLD   ] (as in Patient File)
     Long Term Care Facility  [                    ] (Prt'd On Report)

 TPE Grp for Anti-Psychotics  [1 ]   (1-32)
 ''   ''  '' Anti-Depressants [0 ]     ''
 ''   ''  ''   Anxiety Drugs  [0 ]     ''
```

The 'Psyco-Active Med Report' is designed to print a report of specific drugs by a specified date range.

Select option 1 from the 'Med Reports' menu and the following will display:

Fill in the appropriate options, such as the date range, the LTCF code , and which TPE groups identify the 3 different types of drug classifications for this report.

The report will print the patient's name, and the medications being taken by the patient that qualify by the 3 specified TPE groups. It is necessary to have the TPE groups setup prior to printing this report. For more information about TPE groups, and how to set them up, refer to Chapter 5 of this manual. The report will list each patient that qualifies by the date and LTCF parameters, and will list all qualifying medications into their prospective groups.

Therapeutic Class Reports

```
T H E R A P E U T I C   C L A S S   R E P O R T S

        1.   Create/Amend Report Groups
        2.   List Report Groups
        3.   Rename Report Groups
        4.   Delete Report Groups

        5.   Create/Amend Reports
        6.   Print Reports

             Enter Your Choice.
```

The 'Therapeutic Class Reports' menu option from 'Med Reports' in 'Sundry Printouts' is designed to print reports of prescriptions filled for drugs based on the drugs 'Therapeutic Class'.

There are several menu functions in the 'Therapeutic Class Reports' program that are used to setup and configure what drugs are to be printed for various desired reports. These functions will be discussed individually in the follow pages of this manual.

Create/Amend Report Groups

```
                    T H E R A P E U T I C   C L A S S   R E P O R T S
                              Create Report Group

                    Group Code  [TEST ]
                        Title  [                        ]
                     Subtitle  [                        ]
              Representative Drugs in Group (Size:2,4,6,10='0',14='W'hole)
                GPI          Size Name                GPI          Size Name
          1. [           ] [ ]              2. [           ] [ ]
          3. [           ] [ ]              4. [           ] [ ]
          5. [           ] [ ]              6. [           ] [ ]
          7. [           ] [ ]              8. [           ] [ ]
          9. [           ] [ ]             10. [           ] [ ]
         11. [           ] [ ]             12. [           ] [ ]
         13. [           ] [ ]             14. [           ] [ ]
         15. [           ] [ ]             16. [           ] [ ]
         17. [           ] [ ]             18. [           ] [ ]
         19. [           ] [ ]             20. [           ] [ ]
         21. [           ] [ ]             22. [           ] [ ]
         23. [           ] [ ]             24. [           ] [ ]
         25. [           ] [ ]             26. [           ] [ ]
         27. [           ] [ ]             28. [           ] [ ]
         29. [           ] [ ]             30. [           ] [ ]
             <F4> Next Items (1 - 30)
```

The 'Create/Amend Report Groups' menu option is sued to create groups of drugs based on their therapeutic class. The FSI 'Pharmacy Management System' determins the therapeutic class based on the drugs 'GPI' (Generic Product Identifier) assigned by 'Walters Kluwer Health "Medi-Span"'.

To create a group, after selecting this menu option, enter in the code to be assigned to the group. For example purposes, 'TEST' has been used here. Enter in the code, and press Enter . The screen shown above will be displayed.

Enter the code for the group, the title, subtitle and the GPI's (or drug name, drug abbreviation, NDC) and size for all of the drugs to be included in this group. Up to 90 different drugs (by GPI) can be added to one group.

Group Code:
The 'Group Code' field displays the code assigned for this group of drugs. The group code is the identifier used when printing the reports. When a group code is entered for printing, all prescriptions filled within the specified date range for drugs with the therapeutic classes entered for the specified group will be included on the report.

Title:
The 'Title' field is used for identifying the group. This field is not optional.

Subtitle:
The 'Subtitle' field is used to further identify the group and what it is for. This field is optional.

GPI:
The 'GPI' (Generic Product Identifier) is a 14 digit number assigned to a drug by 'Walters Kluwer Health "Medi-Span"'. There are multiple ways to get this number. One is to look up the drug within 'Drug Record Maintenance' and get the number for the setup of the drug. Additional ways are to enter the name of the drug in this field, and when finished entering all of the information needed on this screen, press Enter and the program will allow the user to select the drug from a list and will automatically populate the field with the GPI entered for the selected drug.

Size:
The 'Size' field is used to specify which drugs within the GPI group are to be included. Entering a '2' in this field will cause that all drugs in the same 'Group' to be included for the GPI entered. Entering a '4' in this field will cause that all drugs in the same 'Class' to be included for the GPI entered. Entering a '6' in this field will cause that all drugs in the same 'Therapeutic Class' to be included for the GPI entered. Entering a 0 reprenting a 10 digit GPI match will cause that only the same drug, but all forms and strengths to be included for the GPI entered. Entering a 'W' representing a 'Whole' or 14 digit GPI match will cause that only the same drug, same form and same strength to be included on the report for the GPI entered.

Name:
The 'Name' of the drug that is used to load the GPI or, the first name matching the GPI entered in the drug file will be displayed in this column. Since this is not a 'field', it cannot be entered/modified.
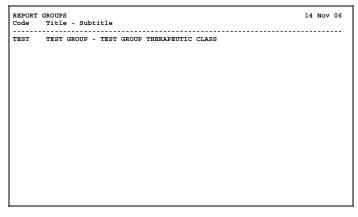
<F4> Next Items:
This function allows the user to get to the second and third, and then back to the first page of GPI enteries, thus allowing the user to enter up to 90 different GPI's for this one group.

List Report Groups

This menu function is used to list the groups that have already been added to the 'Therapeutic Class Reports' program.

On the screen below the option the groups already added will be shown, as many as will fit on the screen. In the option enter a 'P' to have the list printed to the report printer, or enter 'S' to have the list shown to the screen. If 'S' is entered, the first groups will be displayed, alphabetically by the group code. If more groups exist, press `Enter` and the next page of groups will be displayed. An example of the screen is shown above.

```
REPORT GROUPS                                                        14 Nov 06
Code    Title - Subtitle
--------------------------------------------------------------------------------
TEST    TEST GROUP - TEST GROUP THERAPEUTIC CLASS
```

Rename Report Groups

This menu function is used to rename an existing group. This will change one group code to another group code.

To use this function, as shown in the example screen shown here, there are two fields on the screen. In the first field enter in the code for the group to be renamed. In the second field, enter in the name (new code) the group is to be renamed to. After entering both codes (existing and new) press enter and the group will be renamed to the new code entered.

```
            T H E R A P E U T I C   C L A S S   R E P O R T S
                            Rename Groups

            Enter Group to Rename  [TEST ] to [     ]
        This will rename all references to the group in all REPORTs.
Existing Therapeutic Groups:
TEST    TEST GROUP
```

Delete Report Groups

This function is used to delete groups from the 'Therapeutic Class Reports' system.

After selecting this menu option, the screen shown to the right here will be displayed.

Enter in the name of the group to be deleted and press the enter key. If the name of the group is a valid group name, the group will be deleted and a message at the bottom left of the scree will display 'TEST Group DELETED' (where TEST is the group code).

```
            T H E R A P E U T I C   C L A S S   R E P O R T S
                            Delete Groups
                    Enter Group to Delete  [TEST ]

Existing Therapeutic Groups:
TEST    TEST GROUP
```

Create/Amend Reports

```
        T H E R A P E U T I C   C L A S S   R E P O R T S
                    Create Report Profile

            Report Code  [TEST  ]
                 Title  [                         ]
              Subtitle  [                         ] [  ] Format Code
   Group Codes & Titles
       GrpCode   Title - Subtitle
    1. [      ]
    2. [      ]
    3. [      ]
    4. [      ]
    5. [      ]
    6. [      ]
    7. [      ]
    8. [      ]
    9. [      ]
   10. [      ]
   11. [      ]
   12. [      ]
   13. [      ]
   14. [      ]
   15. [      ]
```

The 'Create/Amand Reports' function of the
'Therapeutic Class Reports' system is used to
configure what groups are to be included for a
'Report Profile'.

After selecting the 'Create/Amend Reports' menu
option, enter a 'Report Profile' code. Existing
'Report Profile' codes will be displayed on the
screen, or enter a new code. The screen shown to
the right will be displayed.

On this screen enter the title, subtitle and Format
Code the report is to be printed in. Then enter the 'Group Codes' to be included on the report. After entering all of
the 'Group Codes' to be included, press Enter. The program will then display the 'Title' and 'Subtitle' for each of
the included groups.

Print Reports

```
        T H E R A P E U T I C   C L A S S   R E P O R T S
                  Print Therapeutic Reports

                  Report Code  [TEST  ]
        Enter Beginning Date :[         ] (mmddyycc)
                 Ending Date :[         ] (mmddyycc)
   Long Term Care Facil Code  [     ] (in Patient File - optional)
    OR  Patient Special Case  [      ] (optional)
                 Summary ONLY [ ]  (Y,N)
                 Format Code  [  ] ('cl' = clear)
```

This menu option is used to print the reports.

After selecting this option, the screen shown to the
right will be displayed.

Enter the 'Report Code' (previously set up) and the
beginning and ending dates. Additional selections
for 'Long Term Care Facility Code' and/or Patient
Special Case may also be entered.

Patient Paid Report

This option provides a report for the amount actually paid by a patient. For this report to be used, the 'Pharmacy Cash Register' program must be installed, and in use. The 'Pharmacy Cash Register program is different from the 'FSI Point of Sale System'. For information about the Pharmacy Cash Register program, please contact the FSI Sales Office at 800-333-0926.

```
                P A T I E N T   P A I D   R E P O R T

        Enter Starting Date :[        ]  (mmddyycc)

        ''      Ending Date :[        ]  (mmddyycc)

          Days to Look Back  [    ]   (Dispensed Days Before Pickup)

     Use Only Date Dispensed  [ ] (Y,N)(Does Not Used Date Picked Up)

     Please Note, To Calculate Amount Actually Paid, You Must Use The FSI
     Pharmacy Cash Register to Record All Script Pickups/Purchases, and
     answer 'N' to the Last Question.

     Answering 'Y' to the Last Question Will Ignore the Date Picked Up and
     Use Only the Date Dispensed and Will Not Calculate Amount Paid.
```

Drug/Rx List by Site & Date Range

This report provides information related to the Rx's and Drugs dispensed by each site.

To print the report, begin by entering a date range, beginning and ending date, for the desired data. On the screen (as shown here) the dates the data was previously compiled for will be displayed. If these dates are still the dates for the report to be printed, the compilation process/time may be skipped by pressing F4 instead of entering beginning and ending dates.

```
           S I T E   D R U G / R X   L I S T

     Enter Starting Date :[        ]  (mmddyycc)

      ''    Ending Date :[        ]  (mmddyycc)

     Previously Compiled Data Found:
     From 01 Jan 99 to 27 Mar 06

     If the Existing Compiled Data is Current,
     You May Press F4 to Print the List.
```

After entering the date range or pressing F4 to keep the existing dates, the screen shown here will be displayed.

Enter the site number the report is to be printed for, and specify what drugs (all, narcotic, controlled, or by schedule) to include on the report.

A final option is allowed to print the pharmacy name for site #1 on the report. To have this printed, enter a 'Y' in this field, otherwise enter a 'N'.

```
           S I T E   D R U G / R X   L I S T

     Data Compiled For 01 Jan 06 to 11 Dec 06

     Print Rx/Drug List For Site Number  [  ]  (1-2)

      ''     '' All, Narc, Cont, Other  [A]  (A,N,C,O'DrgSched')

     Put Site 1 Name in Up Right Corner  [ ] (Y,N)

     Leave Site Number Blank to Print All Sites.
```

Patient/Rx List by T.P. & Date Range

This report provides information on Patient information related to prescriptions dispensed within a selected date range.

If the file was previously complied the F4 keystroke will print the existing information. If the information needs to be complied, after entering the date range and pressing the Enter key, the following screen will be displayed:

If the information is correct, answer 'Y', if not, answer 'N', and the previous screen will display, allowing the date range to be modified.

```
                P A T I E N T / R X   L I S T

     Enter Starting Date :[        ]  (mmddyycc)

       ''    Ending Date :[        ]  (mmddyycc)

     Previously Compiled Data Found:
     From 01 Jan 99 to 09 Mar 04

     If the Existing Compiled Data is Current,
     You May Press F4 to Print the List.
```

```
                P A T I E N T / R X   L I S T

            Starting on  01 Nov 06

             Ending on  14 Nov 06

           Is This Information Correct? (Y,N)
```

Patient/Rx (Packing) List

```
           P A T I E N T / R X   ( P A C K I N G )   L I S T

        Enter the Patient Name  [                        ]

                Beginning Date :[        ]  (mmddyycc)
                  Ending Date :[        ]

     Print & Sub Del'd Scripts  [  ]  (Y,N)
```

This report is used to print a list of prescriptions for a specified patient within a date range in a packing list or invoice format.

After selecting this report option, the following screen will be displayed:

Enter the name of the patient the 'Patient/Rx (Packing) List' is to be printed for. This can be done any number of ways. Follow the search options discussed in Chapter 2 of this manual.

After entering the patient name, enter the dates for the prescriptions to be included on the report. These fields will default the current date.

Select whether the deleted prescriptions should be printed on the list, and subtracted from the 'Total' on the report.

After entering the appropriate selections, press Enter. The program might prompt to verify the patient if the name entered returns multiple matches. If so, find the correct patient, and select them by pressing the number shown to the left of their name. The report will then be printed.
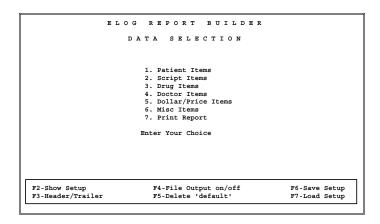
Below is a sample of the printed report.

```
PATIENT NAME          PHARMACY NAME
PATIENT ADDRESS       PHARMACY ADDRESS
PATIENT CITY, ST  ZIPCD       PHARMACY CITY, ST  ZIPCD
Epi/Acct#       From    01 May 03  To  01 May 03


                                 Unit
Rx #    Drug Name      Drug NDC       Date    Qty     Cost    Total
---------------------------------------------------------------------------------------------------------
----------------------
000001 DRUG NAME  XXXXXYYYYZZ          01 May 03     30      xxx.xx
         xxx.xx
000002 DRUG NAME  XXXXXYYYYZZ          01 May 03     30      xxx.xx
         xxx.xx
                                       ==========
                        Total  - >              xxx.xx

Signature _____
```

Elog Report Builder

```
E L O G   R E P O R T   B U I L D E R

D A T A   S E L E C T I O N


1. Patient Items
2. Script Items
3. Drug Items
4. Doctor Items
5. Dollar/Price Items
6. Misc Items
7. Print Report

Enter Your Choice



F2-Show Setup              F4-File Output on/off      F6-Save Setup
F3-Header/Trailer          F5-Delete 'default'        F7-Load Setup
```

The 'Elog Report Builder' allows a report to be printed from the data that is exported using the 'Log Of Scripts', 'Elog' function. For more information on creating the 'Elog' file, or the data contained within it, please refer to the 'Log Of Scripts' area of this chapter.

The 'Elog Report Builder' allows for one line of data elements to be programmed for each prescription. Any information programmed beyond the page width will just print off the end of the page.

Each data element contained within the 'Elog' is sorted into seven categories. These categories are shown in the sample shown below.

F2 Show Setup

```
L O G   F O R M A T

   Description          Print Loc  Print Len   Sort By  Total   Line
1. Script #                 1          8          N        N       1










Select 1-1 [  ] to Edit
```
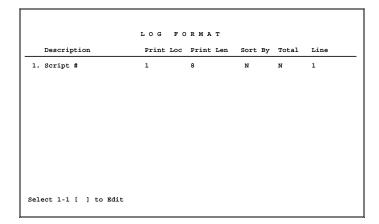
This function displays the selections entered into the 'Elog Report Builder'.

The print positions can be edited by entering the 'Description' line number. This will allow the 'Print Location', 'Print Length', and 'Sort By' options.

Additionally, this function can also be used to remove a selected data element from the report. To do this, select the desired data element to be removed by entering the appropriate line number. This will display the data elements settings. Blank out the 'Print Loc' and 'Print Len' fields, and press Enter. This will remove that data element from the 'Log Format'.

F3 Header/Trailer

Pressing the F3 key will toggle between the Header and Trailer being turned off and on. After pressing this key, the new setting will be displayed in the bottom left corner of the screen. This function enables and disables both the header and the trailer with the single key press.

F4 File Output on/off

This function is used to turn on and off the 'File Output' option. When this option is turned on, the report created by the 'Elog Report Builder' can be recreated into a file to then be exported into another software for further data extraction and manipulation. When pressing the F4 key, the bottom line of the screen will display either 'Create Output File: 'log2xxxx'' or 'Output File OFF'.

F5 Delete 'default'
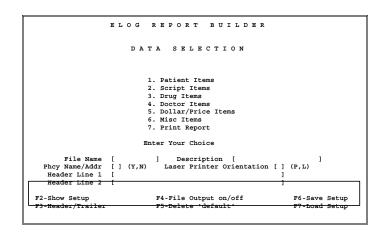
This function is used to delete the 'default' file format. This saves time from having to go in and clear each of the data elements before creating a new layour.

F6 Save Setup

```
                 E L O G   R E P O R T   B U I L D E R

                       D A T A   S E L E C T I O N


                          1. Patient Items
                          2. Script Items
                          3. Drug Items
                          4. Doctor Items
                          5. Dollar/Price Items
                          6. Misc Items
                          7. Print Report

                          Enter Your Choice

       File Name  [     ]    Description  [           ]
  Phcy Name/Addr  [ ] (Y,N)   Laser Printer Orientation [ ] (P,L)
   Header Line 1  [                              ]
   Header Line 2  [                              ]

 F2-Show Setup              F4-File Output on/off        F6-Save Setup
 F3-Header/Trailer          F5-Delete 'default'          F7-Load Setup
```

This function is used to save the current layout, assigning it a name, description, and more. After pressing the F6 key, a screen similar to the one shown here will be displayed.

File Name:
This field is used to assing a name to this format being saved for future referenece. Though it is not necessary, the Foundation Systems Technical Support would recommend using lower case letters.

Description:
This field is used as a description for the file layout. For example, if the format being saved was for a copay report, the description might be 'THIRD PARTY COPAY REPORT.

Phcy Name/Addr:
When set to 'Y', this will cause that the pharmacy name and address print at the top of the printed report. When blank or set to 'N', this field will do nothing.

Laser Printer Orientation:
This field, when set to a 'P' will print the report portrait oriented (tall). When set to 'L', the report will pring landscaped oriented (wide).

Header Line #1 & #2:
These two fields are used to enter in two lines of header information that will print on the header (report title).

F7 Load Setup

```
                    R e p o r t   S e l e c t i o n
 1. copay        employee copay
 2. COPAYRPT     COPAY REPORT
 3. TEST1
 Make Selection [  ]
```

This function is used to load an existing setup previously saved for future use. After pressing F7 a screen simliar to the one shown here will be displayed.

After selecting this menu option, a list of the existing saved formats will be displayed. Enter in the line number for the desired report to be loaded. If necessary, press Enter after entering yoru selection.

Patient Items

Below is an example of the menu of patient items that can be printed on the report produced by the 'Elog Report Builder'.

For example, to print the patients name on the report, select menu option '1. Patients Name'. The following will display:

Enter the location that this data element is to begin printing at. This will be defaulted as the next unused position. The field length will default the length of the data element, and then specify whether this field should be the sort. To have the report sorted by this field, enter a 'Y' in this field. Only one data element can be the 'sort'.

```
        P a t i e n t   I t e m s

        1. Name
        2. Phone
        3. Address
        4. T.P Id#
        5. Group #
        6. Gender
        7. DOB
        8. City
        9. State
        A. Zip
        B. Misc Id
        C. Note
        D. NVID
        E. SpCase
        F. Personal ID
        G. Person Num
        H. SSN
        I. LTCF Code
     Enter Your Choice
```

Script Items

This menu displays the prescription data elements that can be printed.

```
        S c r i p t   I t e m s
        1. Script Number
        2. Refills Auth
        3. Refills Rem
        4. Original Date
        5. Date Written
        6. Days Supply
        7. Disp Date
        8. Disp Time
        9. Quantity
        A. Metric Quantity
        B. Sigs(as entered)
        C. DAW
        D. NewFromOld New Rx#
        E. NewFromOld Old Rx#
        F. Rx Charged to A/R
        G. Misc. Label Note
        H. Insurance Code
        I. TAR (Auth) Number
        J. Rx Note (S/N)
        K. Drug Exp Date
        L. Dispensing Pickup Day
     Enter Your Choice
```

Drug Items

This menu allows for drug data elements to be printed on the 'Elog Report Builder' report.

```
        D r u g   I t e m s


        1. Name/Str/Frm
        2. NDC
        3. Lot #
        4. GPI #
        5. Cmpnd Name
        6. ID Used
        7. SvcCod/MiscID
     Enter Your Choice
```

Doctor Items

This menu allows for doctor elements to be printed on the 'Elog Report Builder' report.

```
        D o c t o r   I t e m s


        1. Name
        2. DEA #
        3. NVID
        4. UPIN#
        5. SPIN#
        6. Address
        7. City
        8. State
        9. Zip
        A. Phone
        B. 2nd Phone
        C. Fax
        D. Title
        E. St Lic.
     Enter Your Choice
```

Dollar/Price Items

This is the menu option to use to add Dollar and Price data elements to the 'Elog Report Builder' report.

```
                    D o l l a r   I t e m s


                 1. Charged to Pat(Copay)
                 2. Patient Paid
                 3. Script Cost
                 4. Script Fee
                 5. Script U & C
                 6. Script Price(Cost+Fee)
                 7. Third Party Pay
                 8. Current AWP
                 9. Profit Margin
               Enter Your Choice
```

Misc Items

This menu is used to add miscellaneous items to the report created by the 'Elog Report Builder'.

```
                   M i s c .   I t e m s


                 1. Pharmacist Inits
                 2. Payment Type
                 3. Rel to Holder
                 4. Card Holder
                 5. Site Number
                 6. Refill Number
                 7. Technician Inits
               Enter Your Choice
```

Print Report

This menu option is used to print the report outlined by all of the previously discussed menus. Below is an example of the printed report.

```
              E L O G   R E P O R T   B U I L D E R

                  D A T A   S E L E C T I O N


                 1. Patient Items
                 2. Script Items
                 3. Drug Items
                 4. Doctor Items
                 5. Dollar/Price Items
                 6. Misc Items
                 7. Print Report

                   Enter Your Choice 7
          Print Space or Line after each Record [N] S,L,N



 F2-Show Setup              F4-File Output on/off          F6-Save Setup
 F3-Header/Trailer          F5-Delete 'default'            F7-Load Setup
```

```
L O G   O F   S C R I P T S      10:00  ON   01 May 03
                      PAGE # 1
Patients Name          Script #
-----------------------------------------------------------------------------------------------------------------------------------
--
PATIENT,TEST           000001
```

In the example shown above, two data elements were selected, patients name and script number.

Sales/Financial Reports

The 'Sales Financial Reports' menu option from 'Sundry Printouts' has printable reports for accounting purposes.

As shown here, there are several reports available from the 'Sales Financial Reports' menu. Noted above the top of the menu will be the site number the reports will be printed for, unless changed using menu option '9. Change Reporting Site'.

```
        S A L E S / F I N A N C I A L   R E P O R T S

              Reporting Site 1
          1.  Sales Summary by Date Range
          2.  Current A/R Status
          3.  Daily T.P. Activity by Date Range
          4.  Financial Exceptions Reporting
          5.  Customer A/R Aged Balance Summary
          6.  T.P. A/R Aged Balance Summary
          7.  Sales Summary Third Party (Multi-Payor)
          8.  Sales Summary Third Party (Prim/Sec-Payor)
          9.  Change Reporting Site
          F.  TP A/R Reports

              Enter Your Choice.




Financial Exception Flag Not Turned On. These Reports will not Remain Static.
```

Each of the reports will be discussed in the following pages of this manual.

Sales Summary by Date Range

The 'Sales Summary by Date Range' report is a summary report of the prescriptions filled within a beginning and ending date.

Data on the report includes a calculation of 'Gross Revenue', 'Adjustments', 'Net Revenue', 'Revenue Distribution' and 'Revenue Not Picked Up' (subject to the selection of 'Report Not Picked Up Scripts').

```
        S A L E S   S U M M A R Y   B y   D A T E   R A N G E

              Enter Starting Date :[        ]  (mmddyycc)

                ''    Ending Date :[        ]  (mmddyycc)

        Report Not Picked Up Scripts  [N]  (Y,N)
```

Current A/R Status

The 'Current A/R Status' report is used to print a report of the total aged balances in both Customer Accounts Receivable and Third Party Accounts Receivable.

Data on the report includes Current, 30 Day, 60 Day, 90 + Day and total balances for Customer Accounts Receivable. Current, 30 Day, 60 Day, 90 Day, 120 + Day and total balances for Third Party Accounts Receivable. Also included is transaction activity including # of claims billed, reversed, and settled and the value of each and the total.

```
              C U R R E N T   A / R   S T A T U S

          Enter Starting Date :[        ]  (mmddyycc)

          Starting Date is Option. If Entered, the Report
          will show Activity from that date until Now.
```

Daily T.P. Activity by Date Range

The 'Daily T.P. Activity by Date Range' report is used to see the value of transactions posted to the

```
        D A I L Y   T . P .   A C T I V I T Y   B y   D A T E   R A N G E

              Enter Starting Date :[        ]  (mmddyycc)

                ''    Ending Date :[        ]  (mmddyycc)
```

'Third Party Accounts Receivable' system each day, within a spedified date range.

Data on the report includes the day, the value of the claims billed, value of claims reversed, the value of the 'Net Third Party Revenue, payments posted, fees posted, write off's posted, charitable write off's posted and the 'Third Party Accounts Receivable System' balance as of that date. Each column is totaled at the end of the report to show the total of claims, reverslas, 'Net Third Party Revenue', payments, fee's, write off's, and charitable write off's.

Financial Exceptions Reporting

The 'Financial Exceptions Report' menu option is used to print reports of exceptions (changes) to financial data. In order for these reports to be useful and for the FSI 'Pharmacy Management System' system to keep track of the exceptions, 'Track Financial Exceptions' must be turned on in a special configuration not available within the regular 'Pharmacy Management System'. This is to keep the configuration from being change accidentially or by the wrong user.

```
        F I N A C I A L   E X C E P T I O N S   R E P O R T S

                    Reporting Site 1
              1.  List By Date Range
              2.  Daily Activity
              3.  Review FinExc by Script
              4.  Change Reporting Site

              Enter Your Choice.
```

For assistance on checking to see if your system is keeping financial exceptions, please call **Foundation Systems Technical Support** at **801-785-7720**.

List by Date Range

The 'List by Date Range' report function prints a list of the financial excptions logged within a specified date range.

Data on this report includes the rx number, the dispensing number, the exception date, original date, the action or type of exception, amount, positive revenue amount, negative revenue amount, usual and customary value, and the initials of the pharmacist and technician that were logged into the terminal at the time the exception was recorded.

```
        F I N A N C I A L   E X C E P T I O N S   L I S T

   Enter Starting Date :[        ]  (mmddyycc)

   ''    Ending Date :[        ]  (mmddyycc)

        Totals Only  [ ]   (Y,N)

        Fin Exc Type  [ ]   (AL-All, RD-Deleted, CR-Can'd Refill,
                            NF-Not Filled, FE-Filled Elsewhere,
                            RE-Rx Editted, CT-ChrgRxToThrdPrty
```

Totals Only:
When this field is set to a 'Y', only the totals will be printed, instead of each exception within the dates specified being printed.

Fin Exc Type:
This allows the user printing the report to select the type of exceptions to be included on the report. This field will default to a 'AL' for All exceptions. Other options are listed on the screen and what exception type the code stands for.

Daily Activity

The 'Daily Activity' report function is used to print a summary of exception activity by day within a specified date range.

Data on this report includes date, number of exceptions, amount of positive revenue, the amount of negative revenue and the amount of usual and customary.

A total or each column is printed at the end of the report.

```
               D A I L Y   A C T I V I T Y

    Enter Starting Date :[        ]  (mmddyycc)

      ''    Ending Date :[        ]  (mmddyycc)

    ''Exception Period  [R]   (All,Daily,Report)
```

Review FinExc by Script

This report function has not been implemented yet. When selected, a message will be displayed in the bottom left corner fo the screen saying 'Not Fully Implemented Yet'.

Change Reporting Site

This function is used to change the site number the 'Financial Exception Reports' print for.

After slecting this option, the screen shown here will be displayed.

Enter the site number to print reports for or enter '0' to have the reports print data for all of the sites.

After entering the site number or '0' for all sites, the site will be displayed above the 'Financial Exceptions Report' menu.

```
       C H A N G E   R E P O R T I N G   S I T E
      Enter Reporting Site  [   ] (0 For ALL Sites)
```

Customer A/R Aged Balance Summary

The 'Customer A/R Aged Balance Summary' menu function is a convenient link to a report available in 'Customer Accounts Receivable'. This report is not for 'Third Party Accounts Receivable'.

After selecting this menu option, a list of the billing cycles will be displayed, and a prompt to select the billing cycle to print the report for. Enter the appropriate billing cycle and press Enter.

```
       A G E D   B A L A N C E   S U M M A R Y

      For Which Billing Cycle (1-24)  [1 ]
                1. 1ST
                2. 15TH
```

An additional prompt bill be displayed asking 'Do you want all of yoru customers to appear on this report or just the ones with a NON zero balance? (A-All; B-Balance only)'. Enter 'A' to have all customers be printed on the report, or enter 'B' to have only customers with a balance to be printed on the report. After making this selection the report will be calculated and printed.

T.P. A/R Aged Balance Summary

The 'T.P. A/R Aged Balance Summary' menu function is used to print a summary report for each Third Party that has be billed with claims in Accounts Receivable and what their balances are.

Data printed on this report includes the insurance code, insurance group, insurance company name, total amount due, total number of claims, amount owed – current, amount owed – 30 days, amount owed – 60 days, amount owed – 90 days, and amount owed – 90 days+.

```
              T P   A C C O U N T S   R E C E I V A B L E
                        Aged  A/R  Summary

                  Site Number  [001] or ALL
                  Print Contact  [N]
              Bill or Fill date  [B] B/F
```

At the end of the report a total for each column of information will be printed.

Sales Summary Third Party (Multi-Payor)

The 'Sales Summary Third Party (Multi-Payor) menu function is used to print a summary report of sales by Third Party within a specified date range. The data on this report will include billings of prescriptions to more than a first and second payor.

```
S A L E S   S U M M A R Y   B y   D A T E   &   T H I R D   P A R T Y

        Enter Starting Date :[      ]  (mmddyycc)

        ''     Ending Date :[      ]  (mmddyycc)
```

Data printed on this report includes the third party code, third party name, the number of prescriptions, number of claims, third party or group revenue, prescription cost, and total prescription revenue.

At the end of the report a total for each column of data will be printed.

Sales Summary Third Party (Prim/Sec-Payor)

The 'Sales Summary Third Party (Prim/Sec Payor) menu function is used to print a summary report of sales by Third Party within a specified date range. The data on this report will only include billings of prescriptions to a primary and secondary payor, not multiple billings (tertiary a beyond).

```
S A L E S   S U M M A R Y   B y   T H I R D   P A R T Y

        Enter Starting Date :[      ]  (mmddyycc)

        ''     Ending Date :[      ]  (mmddyycc)
```

Data printed on this report includes the third party code, third party name, the number of prescriptions, number of claims, amount of gross

revenue, amount of primary charges, amount other third party charges, amount of copay, amount of this third as secondary, amount of total third party charges, amount of cost, amount of gross profit and amount of profit margin.

Change Reporting Site

This function is used to change the site number the 'Financial Exception Reports' print for.

After slecting this option, the screen shown here will be displayed.

Enter the site number to print reports for or enter '0' to have the reports print data for all of the sites.

After entering the site number or '0' for all sites, the site will be displayed above the 'Sales/Financial Reports' menu.

```
            C H A N G E   R E P O R T I N G   S I T E

         Enter Reporting Site  [   ] (0 For ALL Sites)
```

TP A/R Reports

The 'TP A/R Reports' menu option serves as a link to the reporting function in the 'Third Party Accounts Receivable System'.

After selecting this menu option, the screen shown here will be displayed.

For more information on the 'TP A/R Reports', please refer to **Chapter 11 – Accounts Receivable** of this manual.

```
    T P   A C C O U N T S   R E C E I V A B L E    (Reports)

         1.  TP A/R Script List
         2.  Aged TP A/R Report
         3.  TP A/R Summary
         4.  Transaction List
         5.  TP A/R Report Builder
         Z.  Print Patient Payment History

         Enter Your Choice.
```

7. Utility Programs

```
U T I L I T Y   P R O G R A M S

1.  Utilities Menu #2
2.  Sundry Printouts
3.  Drug Maintenance
4.  Give Price Quote
5.  Doctor Maintenance
6.  Pharmacy Statistics
7.  Third Party Processing
8.  Change Pharmacist's Initials
9.  Change Technician's Initials
A.  O.T.C. Labels
B.  Check Drug Interactions
C.  Electronic Reporting
D.  FSI TeleCommunications System
E.  Wholesaler Ordering/Management
G.  Pickup Logging/Reporting
H.  Return Items to Stock
O.  Special/Custom Processing

Enter your choice.
```

This chapter will cover the utility programs available on the 'Utility Programs' menu that are not covered in other chapters.

For 'Sundry Printouts', please refer to **Chapter 6** of this manual.

For 'Drug Maintenance', please refer to **Chapter 3** of this manual.

For 'Doctor Maintenance', please refer to **Chapter 4** of this manual.

For 'Third Party Processing', please refer to **Chapter 5** of this manual.

In this chapter we will discuss the following:

> Give Price Quote
> Pharmacy Statistics
> Change Pharmacist's Initials
> Change Technician's Initials
> OTC Labels
> Check Drug Interactions
> Electronic Reporting
> FSI Telecommunications System
> Wholesale Ordering System
> Accounts Receivable Utilities
> Pickup Logging / Reporting
> Return Items to Stock
> Backup Utility
> End of Day Processing

Price Quote

The 'Price Quote' utility program is used to look up a price of a prescription. The price can be calculated for both cash and third party plans, but when doing a quote for a third party plan, the price that will be calculated will be the price that is billed to the third party company, not the copay price that the patient would usually end up paying.

There are a few steps to getting a price quote. After selecting the 'Price Quote' option, the screen shown here will be displayed.

```
                P R I C E   Q U O T E
   ┌─────────────────────────────────────┐
   │                                     │
   │                                     │
   │                                     │
   │                                     │
   └─────────────────────────────────────┘
   Third Party Code  [CA  ]
```

The first step to giving the price quote is to enter the code for the third party or cash plan the quote is for. After entering in the code, press Enter.

At the next step you will be asked to enter the drug name. This field will accept the same search parameters as the new script processing and when recalling a drug in 'Drug Amendments'.

These parameters include, but are not limited to, entering the drug by 'Drug Abbreviation', 'Trade Name', NDC number, Partial 'Trade Name', and Partial Name & Strength (Partial Name,Strength).

```
                P R I C E   Q U O T E
   ┌─────────────────────────────────────┐
   │                                     │
   │                                     │
   │                                     │
   │                                     │
   └─────────────────────────────────────┘
   Drug  [                 ]
```

Enter in the drug search parameters, and press Enter. Depending on what was entered as the search parameters, a list will usually be displayed, as shown in the example here, of the matches to the search.
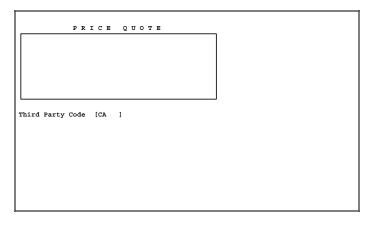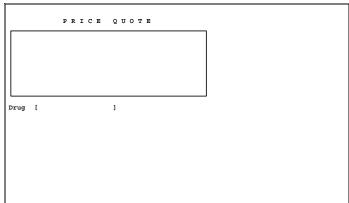
Displayed on this list is the 'Drug Abbreviation', 'Trade Name', 'Strength', 'From', 'Manufacturer', 'Wholesaler Pack Size', and then the last data column can be changed in 'Software Options'.
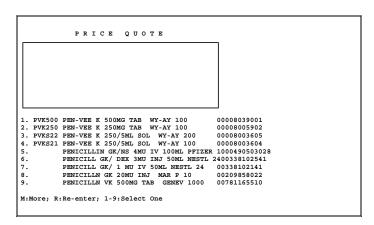
In the example shown here, the NDC of the drug is displayed. Other options are 'Generic Drug Name' and 'Stock on Hand'.

```
                P R I C E   Q U O T E
   ┌─────────────────────────────────────┐
   │                                     │
   │                                     │
   │                                     │
   │                                     │
   └─────────────────────────────────────┘
1. PVK500 PEN-VEE K 500MG TAB  WY-AY 100        00008039001
2. PVK250 PEN-VEE K 250MG TAB  WY-AY 100        00008005902
3. PVKS22 PEN-VEE K 250/5ML SOL  WY-AY 200      00008003605
4. PVKS21 PEN-VEE K 250/5ML SOL  WY-AY 100      00008003604
5.        PENICILLIN GK/NS 4MU IV 100ML PFIZER 1000490503028
6.        PENICILL GK/ DEX 3MU INJ 50ML NESTL 2400338102541
7.        PENICILL GK/ 1 MU IV 50ML NESTL 24  00338102141
8.        PENICILLN GK 20MU INJ  MAR P 10       00209858022
9.        PENICILLN VK 500MG TAB   GENEV 1000   00781165510

M:More; R:Re-enter; 1-9:Select One
```

The next prompt is for the Quantity for the Quote. Note that in the top right corner, the manufacturer, the drug usage, and the stock on hand display. This information is extracted from the drug file.

```
                P R I C E   Q U O T E
   ┌─────────────────────────────────────┐   MFG: GENEV
   │                                     │   Usage 0 Since 11/02/04
   │                                     │   SOH 0
   │                                     │
   │    PENICILLN VK 500MG TAB   GENEV    │
   └─────────────────────────────────────┘
   [0   ] Quantity
```

Enter in the quantity of the medication being dispensed in the number of 'Dispensing Pack Size' is being given. This means that if the drug is setup with a 'Dispensing Pack Size' of 30, then in the 'Quantity' for the price quote, the number of 30's that are being given will be entered. To ease in the determining if the drug is a pack size or not, on the drug list (and on the example label), if the drug

is setup as a 'Dispensing Pack Size', between the 'Form' and the 'Manufacturer', the pack size will be displayed. An example of this is shown in the previous 'Drug List' on line #5. When the drug is setup as a pack size, the wholesaler pack size will not be displayed on the screen list.

After entering the quantity, press Enter.

The price for the prescription will display on this screen.

Miscellaneous information will also display, such as the AWP, DP, etc. Most of the options available on this screen have previously been discussed in Chapter 2 of this manual.

The pricing information shown here is identical to the information shown in the Prescription Pathway. Pressing Enter or F1 at this point will allow you to do another price quote.

```
            P R I C E   Q U O T E
 ┌─────────────────────────────┐  MFG: GENEV
 │                             │  Usage 0 Since 11/02/04
 │                             │  SOH 0
 │                             │
 │30   PENICILLN VK 500MG TAB  GENEV│
 │                             │
 └─────────────────────────────┘
 CASH CUSTOMER For 30
Price $[    13.37]  Form:Cost  11.37  Fee   2.00
                    Actu:Cost  11.37  Fee   2.00
  UPD'd 07 Nov 02
 F2 ->   AWP= .3788                        MAC=  .1287
    /30     11.36                                 3.86
    /1000   378.86                             128.70
 F3 -> NDC00781165510 Welf#00781165510 SWFG0
         Gen Brand  Mfg Disc'd
 F4 -> Prim Form A  2nd Form A    SF4-> 2nd    13.37
 F5 -> Gen Srch/Same Pack   SF5-> Gen Srch/All Pack  Price
Cash Pricing:  W + $2 + 0%   STANDARD DRUGS  @Level 9999
```

You may perform a Price Quote while filling a prescription by pressing Shift F4 from the Prescription Pathway, on the prompt for the drug. When you are finished with the quote press F1 twice to return to the place you left the Prescription Pathway.

Pharmacy Statistics

From the Utility Programs menu select Pharmacy
Statistics. The following screen will be displayed:

Pressing the F4 key will print the statistics shown
on the screen. Pressing Shift F4 will clear all the
fields and enable you to start keeping track of your
next time period. Manual changes can be made to
any of the above fields by typing in the change and
inserting a 'Y' in the make changes field. This
screen represents an accumulation of scripts since
the report was last zeroed. This information
should only be used as an indicator of business, not as an absolute report. The date the report was last zeroed
will display to the right of the line starting with 'Press Shift F4'. Note: A similar report can be printed by selecting at
the Main Menu, Utility Programs, Utilities Menu # 2, Weekly Pharmacy Report. Once this report is zeroed, it
cannot be regenerated.

```
                    P H A R M A C Y   S T A T I S T I C S

    Brand: New Scripts:  #  [0    ]   Price $[0        ]   Cost $[0        ]
           Refills:  #  [0    ]   Price $[0        ]   Cost $[0        ]
  Generic: New Scripts:  #  [0    ]   Price $[0        ]   Cost $[0        ]
           Refills:  #  [0    ]   Price $[0        ]   Cost $[0        ]
    Total: New Scripts:  #  [0    ]   Price $[0        ]   Cost $[0        ]
           Refills:  #  [0    ]   Price $[0        ]   Cost $[0        ]

                 Press F4 to Print Statistics.

           Press Shift F4 to Clear Statistics... Last Cleared  13 Dec 06

              Make Changes  [ ]   (If Not 'Y', Changes Will Not Happen)
```
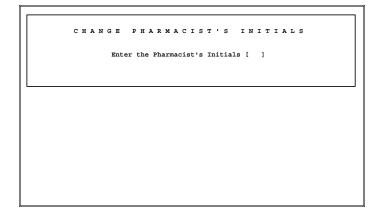
Change Pharmacist's Initials
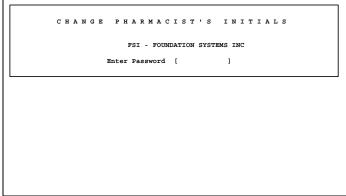
The 'Change Pharmacist's Initials' utility program allows the pharmacist currently logged into the system to be changed to another pharmacist. This is useful if the 'Pharmacy Management System' is being ran without utilizing the FSI 'Security System' module. If the 'Security System' is being used, it's recommended to go to the 'Main Menu' and select option '9. Pharm/Tech Secur. Log-Off' to sign the existing technician and pharmacist off.

The initials of the last pharmacist will be defaulted. Change the initials to those of the pharmacist on duty and press Enter. If the 'Security System' is enabled on the system, a prompt for the pharmacist's password will be displayed. Enter the password, and if correct the program will return to the 'Main Menu'. The password will not display while it's being entered, and is case sensitive.

These initials will be used during the Prescription Pathway.

To add a new pharmacist, or to amend an existing pharmacist to the system, from the 'Main Menu' select options '3. Utility Programs', '1. Utility Menu #2' and 'G. Pharmacist File Maint'.

```
       C H A N G E   P H A R M A C I S T ' S   I N I T I A L S


               Enter the Pharmacist's Initials [   ]
```

```
       C H A N G E   P H A R M A C I S T ' S   I N I T I A L S

                    FSI - FOUNDATION SYSTEMS INC

               Enter Password  [          ]
```

Change Technician's Initials

```
          S E T   T E C H N I C I A N ' S   I N I T I A L S

              Enter the Technician's Initials [   ]

                    Press F5 For NO Technician.
```

The 'Change Technician's Initials' utility program allows the technician currently logged into the system to be changed to another technician. This is useful if the 'Pharmacy Management System' is being ran without utilizing the FSI 'Security System' module. If the 'Security System' is being used, it's recommended to go to the 'Main Menu' and select option '9. Pharm/Tech Secur. Log-Off' to sign the existing technician and pharmacist off.

The initials of the last technician will be defaulted. Change the initials to those of the technician on duty and press Enter. If the 'Security System' is enabled on the system, a prompt for the technician's password will be displayed. Enter the password, and if correct the program will return to the 'Main Menu'. The password will not display while it's being entered, and is case sensitive.

```
          S E T   T E C H N I C I A N ' S   I N I T I A L S

                    FSI - FOUNDATION SYSTEMS INC

              Enter Password  [            ]
```

These initials will be used during the Prescription Pathway as the entry tech.

To add a new technician, or to amend an existing technician to the system, from the 'Main Menu' select options '3. Utility Programs', '1. Utility Menu #2' and 'H. Technician File Maint'.

O.T.C Labels

```
                    O . T . C .   L A B E L S

     ┌─────────────────────────────────────┐
     │                                     │
     │                                     │
     │                                     │
     │                                     │
     └─────────────────────────────────────┘

     [                 ]  Drug
```

From Sundry Printouts select O.T.C. Labels:

This option is for printing labels (Laser or Dot Matrix Printers) for 'Over The Counter' drugs.

Enter the drug, quantity, price, directions and number of labels. All processes used in O.T.C. labels are identical to their respective processes in the Prescription Pathway, with the following exceptions:

When entering the drug, the system will only accept products that have the OTC flag set in Drug Amendments.

When entering directions press F4 to translate the sigs into a foreign language, provided the sigs have foreign equivalencies specified in Sig Maintenance.

Enter the number of labels needed, and the system asks how many dispensings are being issued. Insert the appropriate number, and the system will adjust the stock on hand.

Check Drug Interactions

```
          C H E C K   D R U G   I N T E R A C T I O N S

                 1.   Cross Chek II System
                 2.   DTMS Interaction System

                 Enter Your Choice.
```

From the Utility Programs menu select Check Drug Interactions. The following screen will be displayed:

Disclaimer: The information provided by the Cross Chek II and the DTMS Interaction systems are subject to the setup of the drugs within the 'Drug Maintenance' system. If a drug is not setup correctly, these systems may report incorrect information.

Cross Chek II System

```
  Foundation Systems/Medi-Span  Cross-Chek II  Drug Interaction System


   Enter The Drug To Test  [                ]  F1 to Start Over
```

If you select Option # 1 you will see the following display:

To begin checking for drug interactions, enter in the first drug for the interaction check. After entering the drug name, press enter and select an appropriate drug from the list.

The screen will return to a screen similar to the one shown here, showing the selected drug below the 'Enter The Drug To Test' field.

```
  Foundation Systems/Medi-Span  Cross-Chek II  Drug Interaction System


   Enter The Drug To Test  [COUMADIN        ]  F1 to Start Over

                 1.   ASPIRIN 81MG EC TAB
```

Now enter the name of the second drug, as shown in the example to the right. After entering the name of the second drug, press Enter and select an appropriate drug from the list.

At this point the Cross-Chek II Drug Interaction System will check to see if the two drugs entered have an interaction based on the configuration of the 'Software Options' on 'Page 10 – General OBRA Functions'. For more information on 'Software Options' and 'Page 10 – General OBRA Functions', please refer to **Chapter 8** of this manual.

An example of an interaction is shown to the right.

The information on the interaction screen includes the two drugs involved in the interaction, what interacts with what in each drug, the significance of the interaction, the documentation available for the interaction information and the reference where the data was obtained from.

```
  Foundation Systems/Medi-Span  Cross-Chek II  Drug Interaction System

                 COUMADIN Interacts with ASPIRIN
  Interaction   The Drug ANTICOAGULANTS is Increased in Effect By ASPIRIN
  Significance  Major, Severe, Yet Manageable   F2 to Print Interactions
  Documentation In Vitro  COUMADIN 5MG TAB
                Human Class ASPIRIN 81MG EC TAB
                Case Report
  Reference     EDI Zucchero FJ, et al, First DataBank  Page 0/94

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                Press ESC to Continue.
```

Press the ESC key to continue. This will return to the screen to enter in the drugs to check. This allows for interaction checks with multiple drugs.

Press the F1 key to clear the listed drugs or press

7.7.1

the ⬚ key to print the interactions for the drugs listed, or the ⬚ key twice to return to the Main Menu.

For information concerning the manner of interaction checks and the references listed on the screen, please refer to **Chapter 2** of this manual.

There is a maximum of 100 drugs that can be added at the same time for interaction checks.

DTMS Interaction System

The DTMS Interaction System is in essence a more powerful, and more detailed version of the Cross Chek II Drug Interaction program. The DTMS system can check for up to 99 ingredients per drug. The DTMS Interaction System can also report interactions between drugs and alcohol and interactions between drugs and food.

If you select Option # 2 the following screen will appear: (Note: The first time the DTMS Database is accessed, a copyright screen will display. If the screen comes up with the copyright information, simply press 'Y' to accept the copyright information.)

Manually Check Drug Interactions

To begin checking for drug interactions, enter in the first drug for the interaction check. After entering the drug name, press enter and select an appropriate drug from the list.

```
   Foundation Systems/Medi-Span DTMS Drug Interaction/P.A.R. System

            1.   Manually Check Drug Interactions
            2.   Single Drug Interaction Look Up
            3.   DTMS System Options/Configuration

                 Enter Your Choice.
```

```
      Foundation Systems/Medi-Span DTMS Drug Interaction System

    Enter The Drug To Test  [              ]  F1 to Start Over




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```

The screen will return to a screen similar to the one shown here, showing the selected drug below the 'Enter The Drug To Test' field.

Now enter the name of the second drug, as shown in the example to the right. After entering the name of the second drug, press ⬚ and select an appropriate drug from the list. The DTMS Drug Interaction System will not allow two of the same drug (Valium 5mg and Valium 3mg for example) to be selected.

At this point the DTMS Drug Interaction System will check to see if the two drugs entered have an interaction based on the configuration in 'DTMS System Options/Configuration which will be discussed later in this section.

An example of an interaction is shown to the right.

The information on the interaction screen includes the two drugs involved in the interaction, what drug class each of the drugs belong to, the level of onset, the documentation level, the interaction severity, the distribution level, and the warning text for the interaction.

Press the ⬚ key to see more information about

```
      Foundation Systems/Medi-Span DTMS Drug Interaction System

   ASPIRIN Interacts with COUMADIN
   ASPIRINer MhmmDrugfTClTestSal[COUMADIN        ]  F1 to Start Over
   COUMADIN - Member of Class Anticoagulants, Oral
                  Drug Selected Thus Far; (max 20)
      OnSet: Delayed        Documentation: Absolute/Known
   SeverityASMajGN 81MG CHW  Distribution: Notify

   Warning: The risk of bleeding, particularly gastrointestinal, may be
   increased by co-administration of COUMADIN with ASPIRIN. However, use
   of low-dose aspirin with COUMADIN may provide benefit that outweighs
   the risk of minor bleeding.

   Press F4 for More Information,
   Press F5 to Print Monograph, or
   Press ESC to Continue.



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```

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```
            S I N G L E   D R U G   I N T E R A C T I O N
       COUMADIN Interacts With:
   1. Acarbose  Delayed, Moderate
   2. Acetaminophen  Delayed, Moderate
   3. Activated Protein C  Rapid, Major
   4. Allopurinol  Delayed, Major
   5. Aminoglutethimide  Delayed, Moderate
   6. Aminoglycosides(Oral)  Delayed, Moderate
   7. Amiodarone  Delayed, Major
   8. Androgens (17-alkyl Derivatives)  Delayed, Major
   9. Androgens-1 (Non-17-alkyl Derivatives)  Delayed, Moderate
  10. Antineoplastic Agents  Delayed, Major
  11. Aprepitant  Delayed, Moderate
  12. Arginine Derivatives  Delayed, Moderate
  13. Barbiturates  Delayed, Major
  14. Barbiturates-2  Delayed, Major
  15. Benzbromarone  Delayed, Moderate
  16. Beta-Adrenergic Blockers  Delayed, Moderate
  17. Beta-Adrenergic Blockers-2  Delayed, Moderate
  18. Boldine  Delayed, Major
  19. Carbamazepine  Delayed, Moderate
  20. Carnitine  Delayed, Major
[  ]  Select 1-20 for Additional Info, 88-Print List, or 99-For More.
```

the interaction. This will show all of the interaction information comparable to the information available in the 'DIF' book.

Press the F5 key to printout the information about the interaction. This will print all of the interaction information, comparable to the information available in the 'DIF' book.

Press the ESC key to continue. This will return to the screen to enter in the drugs to check. This allows for interaction checks with multiple drugs.

Press the F1 key to clear the listed drugs or press the F2 key to print the interactions for the drugs listed, or the F1 key twice to return to the Main Menu.

For information concerning the manner of interaction checks and the references listed on the screen, please refer to **Chapter 2** of this manual.

There is a maximum of 20 drugs that can be added at the same time for interaction checks.

```
        Foundation Systems/Medi-Span DTMS Drug Interaction System
       _____

       Enter The Drug To Test  [                    ]  F1 to Start Over
                                                       F2 to Re-Check
                          Drug Selected Thus Far; (max 20)

          COUMADIN 6MG TAB
          ASPIRIN 81MG CHW




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```

Single Drug Interaction Look Up

This function will provide a list of all drug classes that interact with a specified drug.

Enter in the drug to be looked up, and select the drug from the list displayed on the screen. After selecting the drug, a list of all drug classes that interact with the selected drug will be displayed. A sample list is shown below. (For the example below, Valium 5mg was used.)

Each interacting drug class will be displayed, including the onset level, and interaction severity. A field is prompted to enter in the drug class. By entering in the number shown to the left of the drug class, the interaction information will come up. The monograph will include the 'Effects', the 'Mechanism', the 'Management' and the 'Discussion' information for the interaction.

DTMS System Options/Configuration

This is used to configure the DTMS System to only warn of the interactions the pharmacist wants to know about.

The available options are listed beside each field. Set the options as desired, and enter 'YES' in 'Write Changes Away'. Failure to enter 'YES' in this field will result in the changes not being saved.

```
        Foundation Systems/Medi-Span DTMS Drug Interaction/P.A.R. System

                    DTMS System Options/Configuration
    Perform Food Interact'n Check [ ] (Y,N) [ ] Perform Alcohol Int Check
  Perform Activity/Route Screen'g [ ] (Y,N)

        Warn of Ints @ Onset Level [ ] (1,Delayed,2-Rapid)
         ''   ''   ''  Severity Level [ ] (0-None,1-Minor,2-Moderate,3-Major)
         ''   ''   ''  Distrib Level [ ] (1-Ignore,2-Notify,3-Alert)
         ''   ''   ''  Documen Level [ ] (1-Doubt,2-Poss,3-Susp,4-Prob,5-Abs)
            Report Interactions [   ] Days After Script Discontinued

  Include On Screen:Mechanism Sec [ ] (Y,N) [ ] Management ''
       ''   ''   ''  Discussion Sec [ ] (Y,N) [ ] Reference ''

  Include On Monogr:Mechanism Sec [ ] (Y,N) [ ] Management ''
       ''   ''   ''  Discussion Sec [ ] (Y,N) [ ] Reference ''

              Write Changes Away [   ]  (YES,Otherwise-Will Not Save)
```

Perform Food Interact'n Check:
Setting this field to a 'Y' will set the DTMS System to warn of possible Drug-to-Food interactions. Setting this field to a 'N' will disable this feature.

Perform Alcohol Int Check:
Setting this field to a 'Y' will set the DTMS System to warn of possible Drug-to-Alcohol interactions. Setting this field to a 'N' will disable this feature.

Perform Activity/Route Screen'g:
Setting this field to a 'Y' will set the DTMS System to identify and differentiate between route-specific interactions. This permits interaction screening between oral, topical and parenteral routes.

Warn of Ints @ Onset Level:
Use this field to set the onset level at which the DTMS System is to begin warning of interactions. Setting this field to '1' will warn of both Delayed and Rapid interactions. Setting it to '2' will warn of only Rapid interactions.

Warn of Ints @ Severity Level:
Use this field to set the severity level at which the DTMS System is to begin warning of interactions. Setting this field to '0' will warn of all interactions at any severity level. Setting this field to a '1' will warn of minor, moderate and major interactions. Setting it to '2' will warn of only moderate and major interactions. Setting this field to '3' will warn of only the major interactions.

Warn of Ints @ Distrib Level:
Use this field to set the distribution level at which the DTMS System is to begin warning of interactions. Setting this field to '1' will warn of distribution levels. Setting it to '2' will warn of notify and alert levels, and setting this field to '3' will only warn of interactions at the alert level.

Warn of Ints @ Documen Level:
Use this field to set the documentation level at which the DTMS System is to begin warning of interactions. Setting this field to '1' will warn of any documented interactions. Setting it to '2' will warn of documented possible, suspected, probable, and absolute interactions. Setting it to '3' will warn of suspected, probable, and absolute documented interactions. Setting the field to '4' will warn of probable and absolute, and setting the field to '5' will only warn of absolute documented interactions.

Report Interactions:
Use this field to specify the number of days to check prescriptions for possible interactions, after the prescription has been discontinued.

Include On Screen:Mechanism Sec:
Setting this field to 'Y' will cause the mechanism for the interaction to be displayed when pressing 'F4' from the interaction screen, or by selecting the interaction number from the 'Single Drug Interaction Look Up' listing. Setting it to a 'N' will cause it to not be displayed.

Include On Screen:Management Sec:
Setting this field to 'Y' will cause the management for the interaction to be displayed when pressing 'F4' from the interaction screen, or by selecting the interaction number from the 'Single Drug Interaction Look Up' listing. Setting it to a 'N' will cause it to not be displayed.

Include On Screen:Discussion Sec:
Setting this field to 'Y' will cause the discussion for the interaction to be displayed when pressing 'F4' from the interaction screen, or by selecting the interaction number from the 'Single Drug Interaction Look Up' listing. Setting it to a 'N' will cause it to not be displayed.

Include On Screen:Reference Sec:
Setting this field to 'Y' will cause the reference for the interaction to be displayed when pressing 'F4' from the interaction screen, or by selecting the interaction number from the 'Single Drug Interaction Look Up' listing. Setting it to a 'N' will cause it to not be displayed.

Include On Monogr:Mechanism Sec:
Setting this field to 'Y' will cause the mechanism for the interaction to be printed when pressing 'F5' from the interaction screen. Setting it to a 'N' will cause it to not be printed.

Include On Monogr:Management Sec:
Setting this field to 'Y' will cause the management for the interaction to be printed when pressing 'F5' from the interaction screen. Setting it to a 'N' will cause it to not be printed.

Include On Monogr:Discussion Sec:
Setting this field to 'Y' will cause the discussion for the interaction to be printed when pressing 'F5' from the interaction screen. Setting it to a 'N' will cause it to not be printed.

Include On Monogr:Reference Sec:
Setting this field to 'Y' will cause the reference for the interaction to be printed when pressing 'F5' from the interaction screen. Setting it to a 'N' will cause it to not be printed.

Write Changes Away:
It is necessary to enter 'YES' in this field in order to save any changes made to the DTMS System Options/Configuration page. Failure to do so will cause all changes to be lost.

Note: To 'Turn-On' the DTMS System you have to go into Software Options - Page 8, Use CrossChek/DTMS Int System, this bracket must be set to [D].

Electronic Reporting

The 'Electronic Reporting' utility program has 3 utilities in it that allows for files to be created with specific report data in the file that can then be copied and imported into other software systems.

To get to this option, from the 'Main Menu' of the 'Pharmacy Management System' select '3. Utility Programs' and 'C. Electronic Reporting'. The screen shown here will be displayed.

```
            E L E C T R O N I C   D A T A   F I L E   R E P O R T I N G

                      1.  Script Totals Report
                      2.  T. P. Financial Report
                      3.  Electronic Log of Scripts

                          Enter Your Choice
```

Script Totals Report:

The 'Script Totals Report' utility function will create a financial report based off the information contained in the 'Pharmacy Statistics Report' (Main Menu, Utility Programs, Pharmacy Statistics), and the data entered manually in the screen shown below.

The file created is named 'STREP.DAT'.

```
            S C R I P T   T O T A L S   R E P O R T

        A File by the Name STREP.DAT will Be Created.

           Fill In the Following Values:

                   Pharmacy Hours  [        ]
                      Total Hours  [        ]
          Special Sales Net Cost  $[        ]
               ''      ''    Retail $[        ]
             Rx Retail Coupons  $[        ]
                      Purchases  $[        ]
              # of Third Party   [        ]
```

STREP.DAT Field Definition

	Position	#'s	Just
1.	PHARMACY HOURS	0	8
2.	SPECIAL SALES NET COST	8	8
3.	SPECIAL SALES RETAIL	16	8
4.	RX RETAIL COUPONS	24	8
5.	RX RETAIL PURCHASES	32	8
6.	# OF THIRD PARTY	40	8
7.	TOTAL OF NEW SCRIPTS	48	8
8.	PRICE OF NEW SCRIPTS	56	8
9.	COST OF NEW SCRIPTS	64	8
10.	TOTAL OF REFILL SCRIPTS	72	8
11.	PRICE OF REFILL SCRIPTS	80	8
12.	COST OF REFILL SCRIPTS	88	8
13.	TOTAL OF GENERIC NEW SCRIPTS	96	8
14.	TOTAL OF GENERIC REFILL SCRIPTS	104	8
15.	COST OF GENERIC NEW SCRIPTS	112	8
16.	PRICE OF GENERIC NEW SCRIPTS	120	8
17.	COST OF GENERIC REFILL SCRIPTS	128	8
18.	PRICE OF GENERIC REFILL SCRIPTS	136	8
19.	TOTAL OF TRADE NEW SCRIPTS	144	8
20.	TOTAL OF TRADE REFILL SCRIPTS	152	8
21.	COST OF TRADE NEW SCRIPTS	160	8
22.	PRICE OF TRADE NEW SCRIPTS	168	8
23.	COST OF TRADE REFILL SCRIPTS	176	8
24.	PRICE OF TRADE REFILL SCRIPTS	184	8
25.	DATE (mmddyy)	192	6
26.	TOTAL HOURS	198	8
27.	NOTE	206	48
28.	CR/LF	254	2

The data for fields 1-6 and 26 is derived from the screen shown previously. The data for the other fields is derived from the Pharmacy Statistics screen that was discussed earlier in this chapter. A sample of that screen is shown here.

```
            P H A R M A C Y   S T A T I S T I C S

  Brand: New Scripts:  #  [0    ]   Price $[0       ]   Cost $[0        ]
           Refills:  #  [0    ]   Price $[0       ]   Cost $[0        ]
 Generic: New Scripts:  #  [0    ]   Price $[0       ]   Cost $[0        ]
           Refills:  #  [0    ]   Price $[0       ]   Cost $[0        ]
  Total: New Scripts:  #  [0    ]   Price $[0       ]   Cost $[0        ]
           Refills:  #  [0    ]   Price $[0       ]   Cost $[0        ]

              Press F4 to Print Statistics.

        Press Shift F4 to Clear Statistics... Last Cleared  13 Dec 06

          Make Changes  [ ]  (If Not 'Y', Changes Will Not Happen)
```

T.P. Financial Report:

All of the data contained in a printed third party financial report will be stored in a file named 'TPFREP.DAT'.

```
          T. P.   F I N A N C I A L   R E P O R T

     A File by the Name TPFREP.DAT will Be Created.

            Press Any Key to Create File.
```

TPFREP.DAT Field Definition

	Position	#'s	Just
1.	INSURANCE CODE	0	6
2.	INSURANCE GROUP	6	6
3.	INSURANCE NAME	12	24
4.	INSURANCE PROVIDER NUMBER	36	14
5.	PERIODIC NUMBER OF SCRIPTS	50	8
6.	PERIODIC COST OF SCRIPTS	58	8
7.	PERIODIC PRICE OF SCRIPTS	66	8
8.	PERIODIC COPAY OF SCRIPTS	74	8
9.	YEARLY NUMBER OF SCRIPTS	82	8
10.	YEARLY COST OF SCRIPTS	90	8
11.	YEARLY PRICE OF SCRIPTS	98	8
12.	YEARLY COPAY OF SCRIPTS	106	8
13.	DATE (mmddyy)	114	6
14.	CR/LF	120	2

This will create a file, with the above listed information for each Third Party on file.

Electronic Log of Scripts:

The 'Electronic Data File (Elog) Flag' Log Of Scripts 'selection' is used to create a text file on the server that can later be used on other applications.
Disclaimer: FSI is only responsible for the support of creating the 'Elog' file, not for the support of using the created file in any other non-FSI program.

This option has three available settings. When pressing 'S' the first time, 'On' will display to the right. This will create a 'fixed width' file called 'elog.dat' on the hard drive based on the other 'selections' chosen by the user. A definition of the file format will follow.

The second option for this 'selection' is 'CtrlSub'. This option is used to create a file on the server that can be used to report the pharmacies controlled substance usage data to the agency responsible for the data collection. When making this selection, 'selections' 'A' and 'B' will also be turned on. Depending on what state the pharmacy is in, one or both of these options might need to be turned off, or other 'selections' might need to be turned on. It is recommended to consult with the Foundation Systems Technical Support Helpdesk if in doubt of how to create the appropriate 'Controlled Substance Report' for your state.

Note: Creating the file is only the first step. After creating the 'Controlled Substance Report', it is necessary to transmit it to the appropriate agency. The Foundation Systems Technical Support Helpdesk will be able to assist the user with this process.

The third and final option is 'Delim '|''. This is similar to the 'On', but instead of creating a 'fixed width' text file, it separates each piece of data with a | symbol. Most users prefer this option to the 'On' because of the ease of opening the text file in other applications.

Below is a definition of the fields included in the elog.dat file, the starting position (used for fixed width format), the # of characters in that field, and the justification of the data inside of the field.

Elog Field Definition

#	Field	Position	#'s	Just
1.	PATIENT'S NAME	1	26	LJ
2.	PATIENT'S ADDRESS	27	25	LJ
3.	PATIENT'S TP ID NUMBER`	52	15	LJ
4.	PATIENT'S GROUP NUMBER	67	16	LJ
5.	PATIENT'S GENDER (M, F)	83	1	LJ
6.	PATIENT'S BIRTH DATE (CCYYMMDD)	84	8	RJ
7.	SCRIPT NUMBER	92	8	RJ
8.	REFILLS AUTHORIZED	100	2	RJ
9.	REFILLS REMAINING	102	2	RJ
10.	ORIGIONAL RX DATE (CCYYMMDD)	104	8	RJ
11.	DATE RX WRITTEN (CCYYMMDD)	112	8	RJ
12.	DAYS SUPPLY	120	3	RJ
13.	SCRIPT COST (999999v99)	123	8	RJ
14.	SCRIPT FEE (999999v99)	131	8	RJ
15.	SIGS (AS ENTERED)	139	96	LJ
16.	DOCTOR'S NAME	235	20	LJ
17.	DOCTOR'S DEA NUMBER	255	13	LJ
18.	DRUG NAME / STREN / FORM / PACK / MFG	268	45	LJ
19.	DRUG NDC	313	12	LJ
20.	SCRIPT DISP DATE (CCYYMMDD)	325	8	RJ
21.	SCRIPT QUANTITY	333	5	RJ
22.	PHARMACIST'S INITIALS	338	3	LJ
23.	CHARGE TO PATIENT (COPAY)	341	8	RJ
24.	PAYMENT TYPES (TP, CASH, SECIT)	349	5	LJ
25.	NEW OR REFILL (N, R)	354	1	
26.	CASH PRICE CODE	355	1	
27.	PATIENT'S CITY	356	15	LJ
28.	PATIENT'S STATE	371	2	
29.	PATIENT'S ZIP CODE	373	10	LJ
30.	PATIENT'S MISC. ID	383	15	LJ
31.	PATIENT'S NOTE	398	32	LJ
32.	EPISODE (ACCOUNT) NUMBER	430	12	LJ
33.	AMOUNT PAID BY PATIENT	442	8	RJ
34.	PATIENT NON-VOLATILE ID#	450	6	LJ
35.	DOCTOR NON-VOLATILE ID#	456	6	LJ
36.	SCRIPT METRIC QUANTITY (999999v99)	462	8	RJ
37.	PATIENT SPECIAL CASE FIELD	470	6	LJ
38.	DOCTOR UPIN #	476	12	LJ
39.	DOCTOR SPIN #	488	12	LJ
40.	DOCTOR ADDRESS	500	25	LJ
41.	DOCTOR CITY	525	15	LJ
42.	DOCTOR STATE	540	2	LJ
43.	DOCTOR ZIP CODE	542	10	LJ
44.	DOCTOR PHONE	552	12	LJ
45.	PATIENT PHONE	564	12	LJ
46.	DOCTOR STATE LICENSE	576	12	LJ
47.	RELATION TO CARD HOLDER	588	1	
48.	SCRIPT DAW	589	1	
49.	CARD HOLDER NAME	590	16	LJ
50.	USED DRUG ID	606	12	LJ
51.	REGISTRATION EXP. DATE (CCYYMMDD)	618	8	RJ
52.	SITE NUMBER	626	3	RJ
53.	REFILL NUMBER	629	2	RJ
54.	TIME OF DISPENSING	631	4	H,M
55.	EXCEPTION ITEM CODE	635	1	
56.	EXCEPTION 'WASTED' CODE	636	1	
57.	DELIVERY INDICATOR	637	1	D,N
58.	DISCHARGE MEDICATION INDICATOR	638	1	D,N
59.	DRUG COMPOUND NAME	639	42	LJ
60.	DOCTOR PHONE #2	681	12	LJ
61.	DOCTOR FAX PHONE	693	12	LJ
62.	DOCTOR TITLE	705	4	LJ
63.	PATIENT PERSON NUMBER	709	2	LJ
64.	DRUG LOT NUMBER	711	9	LJ
65.	DRUG GPI	720	14	LJ
66.	A/R CHARGE INDICATOR	734	1	
67.	PAT LTCF CODE	735	6	LJ
68.	TRANSFER REM. REF'S INDICATOR	741	1	
69.	ALLERGY INDICATOR	742	3	RJ
70.	ALLERGY INDICATOR	745	3	RJ
71.	ALLERGY INDICATOR	748	3	RJ
72.	ALLERGY INDICATOR	751	3	RJ
73.	ALLERGY INDICATOR	754	3	RJ
74.	ALLERGY INDICATOR	757	3	RJ
75.	PATIENT DIAGNOSIS 1	760	7	LJ
76.	PATIENT DIAGNOSIS 2	767	7	LJ
77.	PATIENT DIAGNOSIS 3	774	7	LJ
78.	PATIENT DIAGNOSIS 4	781	7	LJ
79.	SCRIPT NUMBER OF NEW RX (NFO)	788	8	LJ
80.	SCRIPT NUMBER OF ORIGIONAL RX (NFO)	796	8	LJ
81.	'CALL DOCTOR PREFERENCE	804	1	
82.	PATIENT 'PERS. ID'	805	12	
83.	SCRIPT USUAL & CUSTOMARY (999999.99)	817	8	RJ
84.	THIRD PARTY PAY AMOUNT (999999.99)	825	8	RJ
85.	TECH INITIALS	833	3	RJ
86.	MISC. LABEL NOTE	836	18	LJ
87.	DRUG GENERIC INDICATOR	854	1	
88.	DRUG OTC INDICATIOR	855	1	
89.	DRUG COMPOUND INDICATOR	856	1	
90.	RX NOTE (INC. REFILL, XFER, S/N)	857	16	LJ
91.	TAR/AUTHORIZATION	873	16	LJ
92.	DRUG SVC CODE/MISC ID	889	12	LJ
93.	CURRENT DRUG AWP (999999.99)	901	8	RJ
94.	PATIENT SSN	909	10	LJ
95.	PROFIT MARGIN	919	6	RJ
96.	DISPENSED DRUG EXPIRY DATE (CCYYMMDD)	925	8	
97.	DISPENSING PICKUP DATE (CCYYMMDD)	933	8	

	Position	#'s	
FILLER SPACES	941	82	
CR/LF RECORD DELIMINATOR	1023		
ELECTRONIC LOG FILE RECORD LENGTH	1024		

7.8.3

FSI TeleCommunications System

```
          F. S. I.   T E L E C O M M U N I C A T I O N S   S Y S T E M
                 1.  Send Marketing Data

                 3.  Send File
                 4.  Pick Up Update
                 5.  Pick Up File
                 6.  Pick Up Mail
                 7.  Display/Print Mail
                 8.  Send Marketing Data (Delayed)
                 9.  Disp/Print Mkt Data Log  20 Aug 03  OK
                 A.  Send OnLine Claim/Response File  Not Available
                 B.  Send Controlled Substance File  Not Available
                 C.  Send 'Print Screens'
                 D.  Generate/Send Config Info

                F7.  Modem Diagnostics ON
                F8.  Dial Immediately Active
                F9.  Set Dial Time
               SF1.  Switch Maintenance
               SF3.  Sliding Windows Xmit-ahead 24
               SF8.  Change Switch Code FSIP   Protocol 1K byte
                      CtrlSub FTP Sw Code ATLAN
                     Enter Your Choice.
```

From the Utility Programs menu select FSI TeleCommunications System:

The FSI TeleCommunications menu is used for communicating with the Foundation Systems technical support office, and Atlantic Associates to report Controlled Substance Data.

Send Marketing Data:

```
              S E N D   M A R K E T I N G   D A T A

                         14 Dec 06

          Marketing Data must be sent between Saturday and
          Monday Morning weekly (or after Closing Friday).


                  Are You Sure You Want to Transmit ? (Y/N)
      Select 'Y' Only if Directed by FSI.  Otherwise, You may send the wrong data.




      Transmit Data is for the Correct Period of 30 Sep 06 to 04 Dec 06   count: 14
```

If you are participating in the marketing data program, the data should be sent to FSI every Friday evening at the close of business, Saturday, Sunday or Monday morning before 10AM local time.   If you choose this option on Friday afternoon/evening, you will be asked to confirm that the pharmacy is closed before you send the data. Otherwise, if everything is correct, the system will begin the data transfer without any further user input needed.

If the system finds a problem with the date range of the data, you will see a screen similar to the one shown here.

If it is Friday or later, and there will be no other prescriptions to be filled for the day, answer 'Y' to this question.

Send File:

```
                 S E N D   F I L E
     Enter The File You Wish to Send  [                    ]
                File Name Must Be In Lower Case.
```

This will send a file to FSI. The letter case for the file to be sent, must match the case of the file on the computer.

This option is usually used under the direction of FSI.

Please do not send files to the **Foundation Systems Technical Support** without first talking to a technician so that someone is expecting the file, and that tech can relocate the file so that the daily cleanup programs do not erase the file before it is used for the intended purpose.

Pickup Update:

This option is used to pick up various updates from the FSI Telecom computer. Choose this option and the following screen will be displayed (additionally at the Main Menu Shift F3 will bring you to this same screen):

Note: The 'Period' in the upper right hand corner will display the date of the next Update to be picked up from the FSI TeleCom system. If you need an Update or File from a previous 'period' press F3 to display the appropriate 'period' to be

```
                      L O A D   U P D A T E

  1.  Complete Update (SM)               Current Period: dec 01
  2.  Drug Price (SM)!                       <F3> Prior Period
  3.  State Formulary (M)!                  <SF3> Next Period
  4.  Patient Drug Ed. -PDE (M)!
  5.  AllerChek/CrossChek (M)!           Updates Available:
  6.  DoseChek/Dup. Therapy (M)!            1st and 3rd Wednesday
  7.  Drug Disease (M)!                      of each month.
  8.  Spanish PDE (M)!
  9.  Warning Labels (M)!                (SM) Semi-Monthly
  A.  DTMS Update (M)!                    (M) Monthly
  B.  Imprint II Update (M)!              (Q) Quarterly
  C.  Drug Image Update (M)               !  in 'Complete Update'
  D.  Weekly Drug Price (fsdw2.dec)
      Select which option to LOAD.


  Update Status:         BETA          <F5> Install Log
  01 Dec 06 Update - DELTA (beta)      <F6> Media: CD-ROM
  Applied 12 Dec 06  At 09:36:55       <F7> View/Print UpdNotes
                                       <F8> Dial Immediately Active
                                       <F9> Set Dial Time
```

picked up. Once you have the correct 'period' in the upper right corner then press the Number or Letter Option from the Menu and the system will attempt to load the update for the selected period.

Note: The Media type has to be selected by pressing F6 until the correct type is displayed (Telecom for modem or Internet, Disk for floppy diskette, CD-ROM for CD Disc). (To install the picked up file Shift F5 from the Main Menu of the FSI Pharmacy System will display the 'Installation Update' Menu).

Additionally, pressing F5 will display a log of the completed Updates to identify the last completed Update.

Pick Up File:

This menu option is used to pick up a file from **Foundation Systems Technical Support**.

Enter the name of the file to pick up in the letter case specified by **Foundation Systems Technical Support**.

This option should only be used under the direction of FSI. If **Foundation Systems Technical Support** has previously instructed the user to pickup a file to correct a problem, **DO NOT** pick the

```
                    P I C K   U P   F I L E

   Enter The File You Wish to Pick Up  [                    ]
              File Name Must Be In Lower Case.
```

file up again without being otherwise instructed to do so. The files downloaded from **Foundation Systems Technical Support** have to be created uniquely to the update status of the system retrieving the file.

Pick Up Mail:

This menu function will pick up the current mail from the FSI technical support.

After the mail has been received, if there was mail to receive, the mail will be displayed on the screen. Press P if you wish to print the mail, otherwise press F1 several times to go back to the Main Menu. The 'Pick Up Mail' function is typically used as a diagnostic tool.

```
 File:  mail
Press F10 to Abort  1019 Byte Records.

Send'g Packet   100 of      1.




No Mail For You at the Present Time.
Closing TCP/IP Connection;


Press Any Key To Return to Menu.
```

Display/Print Mail

This will recall/print the last mail message downloaded from the FSI Tech Support Office.

Send Marketing Data (Delayed):

```
Compressing Marketing Data


                    Waiting For Dial Time of 23:30

                        Current Time is 09:52:59


            You May Press F1 to Abort and Return to Menu.


        When the Current Time becomes equal to the Dial Time,
        Communication Processing will begin.  If the FSI Host
        Communication System is busy, this program will redial
        repeatedly until the communications transaction is successful.
        (Note: Busy Signals cost nothing).  If there are five
        unsuccessful communications, this automatic process will
        be terminated.
```

This menu option allows for the 'Marketing Data' file to be transmitted at a later time. This is useful if sending the 'Market Data' file over a modem and the modems at **Foundation Systems Technical Support** are busy.

If no dial time is specified, this function will wait to send the market data until 11:30 pm. Dial time is set by using menu option F9, which will be discussed later in this manual.

Disp/Print Mkt Data Log:

```
                 M a r k e t   D a t a   L o g     Prev <F2>  Next <F3>

Trans Date Start Time  End Time  Data Dates         Status
-----------------------------------------------------------------------------
20 Aug 03  12:35:02    12:35:04  09 Aug 03  15 Aug 03  Complete

Press the 'P' Key to Print the Log or Any Other Key to Return to Menu
```

The 'Disp/Pring Mkt Data Log' menu option is used to display and to print the Marketing Data Log. This log keeps track of when each Marketing Data file is sent and if the transmission completed or not.

The last attempted market data transmission date and results will appear to the right of this option. When the option is entered, a log of prior transmissions will appear.

Press 'P' to print the log. Additionally, pressing F2 or F3 will allow the next and previous screens of history to be displayed.

Send OnLine Claim/Response File

```
          F. S. I.  T E L E C O M M U N I C A T I O N S   S Y S T E M
                  1.  Send Marketing Data

                  3.  Send File
                  4.  Pick Up Update
                  5.  Pick Up File
                  6.  Pick Up Mail
                  7.  Display/Print Mail
                  8.  Send Marketing Data (Delayed)
                  9.  Disp/Print Mkt Data Log  20 Aug 03  OK
                  A.  Send OnLine Claim/Response File  cmrptty1.zip
                  B.  Send Controlled Substance File  Not Available
                  C.  Send 'Print Screens'
                  D.  Generate/Send Config Info

                 F7.  Modem Diagnostics ON
                 F8.  Dial Immediately Active
                 F9.  Set Dial Time
                 SF1.  Switch Maintenance
                 SF3.  Sliding Windows Xmit-ahead 24
                 SF8.  Change Switch Code FSIP   Protocol 1K byte

                      Enter Your Choice.
```

The 'Send OnLine Claim/Response File' menu option is used to send a copy of the last 'claim' (file transmitted to the third party) and last 'response' (file returned from the third party) file to **Foundation Systems Technical Support** for troubleshooting of billing problems.

This function is 'task' specific. This means that the claim and response files are unique for each session of FSI that is opened. When sending a claim/response file to **Foundation Systems Technical Support** it is important that you remain on the same 'task' that you were on that had the billing problem.

After selecting this menu option, the 'FSI TeleCommunications System' will connect to the servers at **Foundation Systems Technical Support** and will transmit the files. It is recommended to only use this feature under the direction of a technician at **Foundation Systems Technical Support**.

After the file is transmitted, a screen similar to the following might be displayed. At the top of the screen will be the name of the file transmitted. This should be the NCPDP ID number for the pharmacy. If it is not, then a configuration is incorrect in the 'Pharmacy Management System'.

```
 File: 4601717c.zip
Press F10 to Abort  1019 Byte Records.

Send'g Packet    2 of    2.  100% Done.  Started:08:54:14  ETtC:




Transmission Complete.
Closing TCP/IP Connection;


Press Any Key To Return to Menu.
```

If this happens, please contact **Foundation Systems Technical Support** for assistance in correcting the problem.

Send Controlled Substance File

This option is used to send the controlled substance file to Atlantic Associates and other various state agencies. This submission is only accepted for pharmacies in certain states.

For this option to work, the controlled substance file first had to have been created using the elog function in 'Log of Scripts', and second the modem switch code has to have been setup in 'Modem Switch Maintenance' and defined in 'Change Switch Code' which will be discussed later in this manual. For more information on setting up modem switch codes, please refer to **Chapter 5** of this manual.

As shown in the example here, when a controlled substance file exists, the name of the file shows to the right of the menu option. After selecting the 'Send Controlled Substance File' menu option, the file will be transmitted to the company defined in the 'Change Switch Code', 'Ctrl Sub Code'. For assistance learning what code should be entered in this field, please call **Foundation Systems Technical Support**.

```
        F. S. I.  T E L E C O M M U N I C A T I O N S   S Y S T E M
                 1.   Send Marketing Data

                 3.   Send File
                 4.   Pick Up Update
                 5.   Pick Up File
                 6.   Pick Up Mail
                 7.   Display/Print Mail
                 8.   Send Marketing Data (Delayed)
                 9.   Disp/Print Mkt Data Log  20 Aug 03  OK
                 A.   Send OnLine Claim/Response File  cmprtty1.zip
                 B.   Send Controlled Substance File  4601717.dat
                 C.   Send 'Print Screens'
                 D.   Generate/Send Config Info

                F7.   Modem Diagnostics ON
                F8.   Dial Immediately Active
                F9.   Set Dial Time
               SF1.   Switch Maintenance
               SF3.   Sliding Windows Xmit-ahead 24
               SF8.   Change Switch Code FSIP   Protocol 1K byte
                      CtrlSub FTP Sw Code ATLAN
                      Enter Your Choice.
```

```
                 F T P   U T I L I T Y

   Connecting to Host computer sftp.aainh.com

   Sending SFTP 4601717.dat          5 bytes.   Please wait. . .

   Send: Execution Complete 2752




   pw:2c5412a
```

Send 'Print Screens'

This function is used to electronically send 'Print Screens' to the **Foundation Systems Technical Support Helpdesk**. Before sending these print screens, they first have to be created. This would normally be done under the direction of the Foundation Systems Technical Support Helpdesk. Creating and sending electronic print screens to the Foundation Systems Technical Support Helpdesk without being instructed by a helpdesk technician might result in the print screens not being acknowledged.

```
 File:  4601717z.scr
Press F10 to Abort  1019 Byte Records.

Send'g Packet    2 of    2. 100% Done.  Started:13:10:55  ETtC:




Transmission Complete.
Closing TCP/IP Connection;


Press Any Key To Return to Menu.
```

Generate/Send Config Info

This function is used to create and send a compilation of some of the key files used to run the Pharmacy Management System and other key files for the operating system of the computer. The file that is created and transmitted is sent to the Foundation Systems Technical Support Helpdesk and identified with the pharmacies NCPDP identification number.

```
 File:  4601717.cfg
Press F10 to Abort  1019 Byte Records.

Send'g Packet   72 of   72. 100% Done.  Started:09:56:18  ETtC:00:00:01




Transmission Complete.
Closing TCP/IP Connection;


Press Any Key To Return to Menu.
```

Modem Diagnostics

This menu function is used to enable or disable the 'Modem Diagnostics' functionality.

Pressing the F7 key will toggle the setting for 'Modem Diagnostics'. Having the modem diagnostics turned on allows the codes and commands the modem is using to be seen on the screen.This is sometimes useful when trying to troubleshoot a problem with the modems.

```
      F. S. I.   T E L E C O M M U N I C A T I O N S   S Y S T E M
               1.  Send Marketing Data

               3.  Send File
               4.  Pick Up Update
               5.  Pick Up File
               6.  Pick Up Mail
               7.  Display/Print Mail
               8.  Send Marketing Data (Delayed)
               9.  Disp/Print Mkt Data Log  20 Aug 03  OK
               A.  Send OnLine Claim/Response File  cmprtty1.zip
               B.  Send Controlled Substance File  4601717.dat
               C.  Send 'Print Screens'
               D.  Generate/Send Config Info

              F7.  Modem Diagnostics ON
              F8.  Dial Immediately Active
              F9.  Set Dial Time
             SF1.  Switch Maintenance
             SF3.  Sliding Windows Xmit-ahead 24
             SF8.  Change Switch Code FSIP   Protocol 1K byte
                     CtrlSub FTP Sw Code ATLAN
                   Enter Your Choice.
```

Dial Immediately:

The 'Dial Immediately' menu function is used to set the 'FSI TeleCommunications' system into a mode that when menu options 1-7 and 9-D are used, the selected function will start immediately.

This option, when set, will show 'Active' next to the option.

An example of this is shown here.

```
      F. S. I.   T E L E C O M M U N I C A T I O N S   S Y S T E M
               1.  Send Marketing Data

               3.  Send File
               4.  Pick Up Update
               5.  Pick Up File
               6.  Pick Up Mail
               7.  Display/Print Mail
               8.  Send Marketing Data (Delayed)
               9.  Disp/Print Mkt Data Log  20 Aug 03  OK
               A.  Send OnLine Claim/Response File  cmprtty1.zip
               B.  Send Controlled Substance File  4601717.dat
               C.  Send 'Print Screens'
               D.  Generate/Send Config Info

              F7.  Modem Diagnostics ON
              F8.  Dial Immediately Active
              F9.  Set Dial Time
             SF1.  Switch Maintenance
             SF3.  Sliding Windows Xmit-ahead 24
             SF8.  Change Switch Code FSIP   Protocol 1K byte
                     CtrlSub FTP Sw Code ATLAN
                   Enter Your Choice.
```

Set Dial Time:

With all of the above functions, you have the option to dial out at a preset dial time. This option will temporarily set a dial time. Enter the time in 24 hour format, with no semicolon between the hours and minutes. For example, if you wanted to set a dial time of 11:45 p.m., enter 2345 in the field. When you enter one of the above options, you will see a screen similar to the following:

Leave this screen as it stands. When the current time matches the dial time, the process you have requested will begin.

```
             S E T   D I A L   T I M E
    Enter Desired Dial Time  [0   ]  24 Hour Clock

              Currently  13:27:32
```

Switch Maintenance

This function serves as a shortcut key to the maintenance screen for the current switch code as displayed on the 'SF8' line. This is used primarily when FSI is trying to diagnose a problem with telecommunications between the pharmacy and the tech support helpdesk.

Sliding Window Xmit-ahead

This menu function is used to configure the number of packets that can be sent ahead.

This setting only works when the 'Telecom System Protocol' is set to 'S' for 'Sliding Window Mode'. When set to anything else, the 'Xmit-ahead' will be ignored.

It is recommended to only change this setting at the direction of **Foundation Systems Technical Support**.

```
       F. S. I.   T E L E C O M M U N I C A T I O N S   S Y S T E M
              1.  Send Marketing Data

              3.  Send File
              4.  Pick Up Update
              5.  Pick Up File
              6.  Pick Up Mail
              7.  Display/Print Mail
              8.  Send Marketing Data (Delayed)
              9.  Disp/Print Mkt Data Log  20 Aug 03  OK
              A.  Send OnLine Claim/Response File  cmprtty1.zip
              B.  Send Controlled Substance File  4601717.dat
              C.  Send 'Print Screens'
              D.  Generate/Send Config Info

             F7.  Modem Diagnostics ON
             F8.  Dial Immediately Active
             F9.  Set Dial Time
            SF1.  Switch Maintenance

                 Transmit-Ahead Value  [24 ]

                 Enter Your Choice.
```

Change Switch Code

The 'Change Switch Code' menu function is used in to define which switch codes are to be used for different communication means to FSI and other non third party entities. Pressing Shift F8 allows for the codes to be changed.

After selecting this option, a screen similar to the one shown here will be displayed. Each of the four fields are discussed in the following pages of this manual.

```
       F. S. I.   T E L E C O M M U N I C A T I O N S   S Y S T E M
              1.  Send Marketing Data

              3.  Send File
              4.  Pick Up Update
              5.  Pick Up File
              6.  Pick Up Mail
              7.  Display/Print Mail
              8.  Send Marketing Data (Delayed)
              9.  Disp/Print Mkt Data Log  20 Aug 03  OK
              A.  Send OnLine Claim/Response File  cmprtty1.zip
              B.  Send Controlled Substance File  4601717.dat
              C.  Send 'Print Screens'
              D.  Generate/Send Config Info

             F7.  Modem Diagnostics ON
             F8.  Dial Immediately Active
             F9.  Set Dial Time
            SF1.  Switch Maintenance

        Modem Sw Code  [FSIP]  FTP Code  [   ]  CtrlSub Code  [ATLAN]
     Telecom System Protocol  [1] (Orig,Slid'g,512,1K)
```

7.9.6

Modem Sw Code:
This field is used to enter the switch code used to communicate to the FSI Telecom system. This code will typically be either FSITC for modem or FSIP for Internet connections.

FTP Code:
This field is used to define the switch code to be used to communicate to FSI through our FTP communication server. The code will typically be FSIFT. The FTP communication system is very useful when downloading or sending very large files.

CtrlSub Code:
This field is used to define the switch code to be used to transmit the controlled substance report file to Atlantic Associates via their FTP server. If this field is left blank, the default codes for the state the pharmacy is in will be used.

Telecom System Protocol:
This field defines which protocol to use when communicating to FSI. This will normally be either '1' (one) or 'S'. The advantage to using 'S' is that if communication is lost when downloading a file, if the 'F8' key is pressed to retry, the file will resume where it left off instead of having to start all over.

Enter only codes that have previously been setup in 'Modem Switch Maintenance'. For more information on modem switch maintenance, please refer to Chapter 5 of this manual.

Wholesale Ordering/Management

```
        W H O L E S A L E R   O R D E R I N G / M A N A G E M E N T
                        (Primary)

                    1.  Ordering System
                    2.  Price Maintenance
                    3.  Electronic Messages
                    4.  Switch to 2ndary Wholesaler
                    5.  Ordering Configuration

                        Enter Your Choice




        F2 -> Change Baud Rate.              F4 -> Clear SOH (All or Negative only)
```

The 'Wholesale Ordering/Management' system is designed to give pharmacies the ability to place orders, retrieve confirmations, and download pricing information directly from their wholesaler.

Although a function might be displayed on the screen, the function may not be available depending on the wholesaler being used by the pharmacy.

To get to the 'Wholesale Ordering/Management' system, from the 'Main Menu' select options '3. Utility Programs' and 'E. Wholesale Ordering/Management'.

Initial Setup

Wholesalers known to work with the 'Ordering System' include 'McKesson', 'Cardinal' and 'Amerisource/Bergen'. Other wholesalers might work, but are not supported by **Foundation Systems Technical Support**.

All of the listed wholesalers are able to offer this service through a system called 'EDI'. Before trying to use these utilities it is necessary to have your wholesaler (contact your wholesale representative) setup an EDI account for you. All listed wholesalers offer their EDI services through 'dial-in' (modem) communication, and McKesson offers 'dial-in' (modem) and internet (FTP) communications. If using a dial-in connection it is necessary to have a modem connected to the FSI server with an analog telephone line connected to it for the 'Ordering System' to be able to communicate to the wholesaler and your EDI account.

After that account is created, an 'initial load file' will need to be created by the wholesaler to load their item numbers (and direct costs) into the drug file on the FSI 'Pharmacy Management System'. After the initial load file has been created for the EDI account, contact **Foundation Systems Technical Support** for assistance in downloading and applying the 'initial load file'. Once done, and inventory has to be taken and entered into the drug file so that the 'Ordering System' will know when to order each drug.

While entering the inventory for each drug, you'll be able to enter in 'Minimum Re-Order Point', 'Ordering Pack Size' and 'Minimum Packs to Order'. These fields in the drug have previously been discussed in **Chapter 3** of this manual.

After the EDI account has been setup and the 'initial load' file created, downloaded, and applied to your FSI 'Pharmacy Management System', and the inventory has been entered, you are now ready to use the 'Ordering System'.

```
        W H O L E S A L E   O R D E R I N G   S Y S T E M  (enh)
                        MCKESSON (Primary)

        Ready to Order  1.  Prepare an Order




                        C.  Display Prior Orders
                        D.  Switch to 2ndary Wholesaler

                            Enter Your Choice
    _____
    F2 -> Change MSWCode: MCK       F3 -> Test/Prod.      F4 -> Clear SOH
    F5 -> Print Re-order Points.    F6 -> Configuration   F7 -> 'NoOrder' Show
    F8 -> Pickup Price Update (832)
```

Ordering System

The 'Ordering System' menu option is used to place orders, retrieve order confirmations and update 'Stock on Hand' levels for the drugs ordered.

The screens shown throughout this manual will be

shown as if using 'Enhanced Wholesale Ordering' which will be discussed more under 'Ordering Configuration' at the end of this section of the manual. Basically, when using 'Enhanced Wholesale Ordering' is enabled, only the options valid for selecting at any time will be displayed on the menu.

'McKesson' is the wholesaler used in the screen examples used in this manual, but other wholesalers can be used. Wholesalers known to work with the 'Ordering System' include 'McKesson', 'Cardinal' and 'Amerisource/Bergen'.

Before preparing and transmitting your first order, it is necessary to have all of your 'EDI' account information entered in the configuration of the program for this function to work properly. Please contact **Foundation Systems Technical Support** for assistance in putting in the EDI account information prior to preparing your first order.

Prepare an Order:

After selecting the 'Prepare an Order' menu option, the screen shown here will be displayed. To have the system calculate an order based on the 'Stock on Hand' and the 'Re-Order Point', enter 'YES' in the displayed field.

NOTE: Only drugs with wholesaler numbers will be automatically added to the order when below their set re-order point. If a drug does not have a wholesaler number it will not be added to the order when 'Prepare an Order' is selected.

```
              O R D E R   P R E P A R A T I O N   SITE1

    Based on a combination of drug Re-Order quantities and the minimum
    reorder point in your drug file, the computer will now generate an
    order.  You may later list, edit or add to the order to take into
    account trends, seasons, promotions and even OTC items.

    This will take a few minutes. The computer will return to the
    ordering system menu when it is finished.

    Enter 'YES' to Prepare the Order  [   ]
    Last Order Create: 23 Mar 06  Time: 10:48:01


    Enter 'MAN' to create an empty order file suitable for manual order
    entry using the 'Add to the Order' function.
```

After an order is calculated, as stated on the screen, the user will then be able to list, edit, add to or remove items from the order before transmitting it to the EDI account at the wholesaler.

To prepare a manual order (enter the items you want to order manually) enter 'MAN' in the displayed field.

Also noted at the top of the screen will be the site number if the 'Pharmacy Management System' is setup in a 'Multi-Site' mode. This allows the user to be sure they are ordering for the correct pharmacy site.

List the Order

After an order is prepared, the order can then be listed to see if everything needed is included on the order, or if things not really needed can be removed before placing the order.

```
    W H O L E S A L E   O R D E R I N G   S Y S T E M  (enh)
                     MCKESSON (Primary)

    Order in Process.  Order Created   19 Dec 06  16:10:16
                       2.  List the Order
                       3.  Edit the Order
                       4.  Add to the Order
                       5.  Create Transmit File




                       B.  Clear Current Order
                       C.  Display Prior Orders
                       D.  Switch to 2ndary Wholesaler

                           Enter Your Choice
    _____
    F2 -> Change MSWCode: MCK        F3 -> Test/Prod.      F4 -> Clear SOH
    F5 -> Print Re-order Points.     F6 -> Configuration   F7 -> 'NoOrder' Show
    F8 -> Pickup Price Update (832)
```
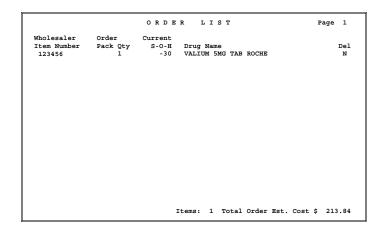
To list the order, select menu option 2.

A screen will be displayed showing the date and
time the order was created, the P.O. and invoice
numbers. An option will be displayed allowing the
user to select to list the order to the screen or
printer. Enter 'S' to list the order to screen, or 'P'
to list the order to the printer. The example shown
here is the list shown to the screen.

```
                    O R D E R    L I S T              Page  1

Wholesaler       Order      Current
Item Number      Pack Qty   S-O-H   Drug Name                        Del
 123456            1          -30    VALIUM 5MG TAB ROCHE              N







                                 Items:  1  Total Order Est. Cost $  213.84
```

Edit the Order

After preparing an order, the order can be edited.
This allows for order quantities to be changed and
items to be removed from the order prior to the
order being transmitted.

The 'Edit the Order' menu function does not allow
for items to be added to the order. To add
something to the order, please refer to 'Add to the
Order' in this manual.

When editing an order, the 'Wholesaler Item
Number', 'Order Pack Qty', 'Current S-O-H', 'Drug

```
                    O R D E R    E D I T I N G        Page  1
Wholesaler       Order      Current
Item Number      Pack Qty   S-O-H   Drug Name                        Del
[123456    ]     [1    ]     -360    VALIUM 5MG TAB ROCHE            [N]










  F2 Prev Page  F3 Next Page     Items:  1  Total Order Est. Cost $  213.84
```

Name', and 'Del' will be shown. The 'Current S-O-H' and 'Drug Name' cannot be edited, but are shown for
informational purposes.

To increase or decrease the amount of an item being ordered, change the 'Order Pack Qty'. To delete an item
from the order, enter a 'Y' in the 'Del' field for the appropriate item.

*NOTE: Changing the 'Wholesaler Item Number' does not change the item being ordered from the FSI 'Ordering
System'. The wholesaler will get the changed number, and will send the correct item for the number entered, but
the FSI 'Ordering System' will update the SOH for the item originally found when the order was prepared.*
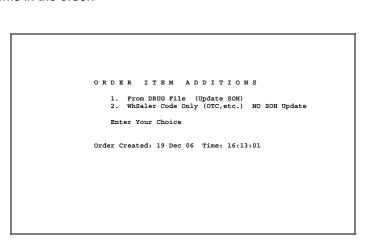
As shown on the bottom of the screen, pressing the F3 key will show the next page of items in the order, or
pressing the F2 key will display the previous page of items in the order.

After finishing editing the order, press Enter to
save any changes and press F1 to go back to the
'Ordering System'.

Add to the Order

The 'Add to the Order' menu function is used to
add items to the order that were not automatically
added when the order was prepared.

These would be items that have stock on hand that
is greater than the re-order point, but that is known

```
         O R D E R   I T E M   A D D I T I O N S

         1.  From DRUG File  (Update SOH)
         2.  WhSaler Code Only (OTC,etc.)  NO SOH Update

         Enter Your Choice


     Order Created: 19 Dec 06  Time: 16:13:01
```

to be needed before the stock on hand falls below the re-order point.

To add items to the order, select option 4 from the 'Ordering System'. A menu will be displayed allowing the user to chose to add an item from then 'Drug File' or to add an item from 'Wholesaler Code Only'. Each option will be discussed below.

```
                 Order Additions From Drug File
        Enter DRUG  [                    ]
```

When adding items to the order with option '1. From DRUG File (Update SOH)' a screen will be displayed prompting to enter the drug to be added to the order. Enter in the name of the drug and press Enter. A list of drugs matching the name entered will be displayed. Select the correct drug to be added from the list. The next screen shown here will be displayed:

Enter in the wholesaler item code for the item. If the code has previously been entered in the drug file, the code will be defaulted in this screen.

```
               Order Additions From Drug File

          TEST DRUG/ANOTHER TEST

      WhS #        Pack
                   100

         WhSaler Code  [         ]

              Quantity  [     ]  (Packs)
```

Enter in the quantity to be ordered (in wholesaler packs) and when all of the information entered is correct, press Enter. This item will then be added to the order.

When adding products to the order with option '2. WhSaler Code Only (OTC, etc.) NO SOH Update' a screen will be displayed prompting to enter in the wholesaler code of the item to be ordered and the quantity and description of the item to be ordered. When all information entered is correct, press Enter and the item will be added to the order.

NOTE: When ordering items with '2. WhSaler Code Only (OTC,etc.) NO SOH Update' menu option, the items ordered will not be applied to any inventory levels of any drug in the 'Pharmacy Management System'.

Create Transmit File

After preparing, reviewing, and making any necessary changes and when ready to transmit the order, use the 'Create Transmit File' menu option to prepare the order for transmission.

After selecting this menu option, the screen shown here will be displayed: Enter 'YES' in the first field on the screen to create the transmit file, and if needed, enter the P.O. number for the order. A number will usually be defaulted.   The P.O. number is required for being able to send the file. If a wholesaler receives an order with no P.O.

```
          T R A N S M I T   F I L E   C R E A T I O N

     This function takes the order which you and the computer have
     generated and builds a transmit file for the wholesaler.

     If you have not completely finished the order, do not create the
     transmit file.  If you go ahead and create the transmit file,
     be sure you transmit it.

     While this is running, you MUST NOT use any other terminal
     for any function that will affect the Drug File.

     If you wish to go ahead, Enter 'YES' to Continue.

         If not, Press F1  [  ]

     Enter P.O. Number  [061219001386     ]
```

Number, their computer system will discard the order without any notification to FSI. After entering the P.O. Number, press Enter and the file will be created, ready to send to the wholesaler.

Transmit the Order

```
          W H O L E S A L E   O R D E R I N G   S Y S T E M  (enh)
                         MCKESSON (Primary)

     Order in Process.  Transmit file Created   19 Dec 06  16:26:01
                          2.  List the Order


                          6.  Transmit the Order


                          9.  Process Out-Of-Stocks From Order
                          A.  Accept Current Order (Update SOH)
                          B.  Clear Current Order
                          C.  Display Prior Orders
                          D.  Switch to 2ndary Wholesaler

                              Enter Your Choice
    _____
     F2 -> Change MSWCode: MCK       F3 -> Test/Prod.      F4 -> Clear SOH
     F5 -> Print Re-order Points.    F6 -> Configuration   F7 -> 'NoOrder' Show
     F8 -> Pickup Price Update (832)
```

After creating the transmit file, menu option '6. Transmit the Order' will become available. This menu option is used to send the order just created to the wholesaler shown above.

After pressing this menu option, the screens shown after it will depend on if the wholesaler is setup for a dial-in (modem) or internet (ftp) communication. Currenty, only McKesson is capable of internet communication of the order at this time.

For example purposes, the picture shown here is similar to what will be seen as the order is being sent. The screen will clear, the modem will be initialized, the wholesaler will be dialed, and the order will be transmitted.

```
   LogMatch:  PassMatch:   McKesson
   Initializing Modem;

   Dialing;


   Transmission Complete.

   Order File Save Complete.

   Hanging Up Phone;

               Press Any Key to Return to Menu.
```

After the order is transmitted, the order file will be saved for later recall (informational purposed only, the same order cannot be sent more than once) and then the modem will disconnect from the wholesaler. After all of this is complete, a prompt will display on the screen saying 'Press Any key to Return to Menu'. At this prompt, press the `Enter` key and the 'Ordering System' menu will be displayed again. The menu option '6. Transmit the Order' will no longer be displayed.

If the order did not transmit, or you have reason to suspect that it did not, please contact the **Foundation Systems Technical Support** at **801-785-7720** for assistance.

Retrieve Order Confirmation:

```
          W H O L E S A L E   O R D E R I N G   S Y S T E M  (enh)
                         MCKESSON (Primary)

     Order in Process.  Confirmation Received   05 Feb 07  11:39:01
                          2.  List the Order


                          7.  Retrieve Order Confirmation (855)


                          A.  Accept Current Order (Update SOH)
                          B.  Clear Current Order
                          C.  Display Prior Orders
                          D.  Switch to 2ndary Wholesaler

                              Enter Your Choice
    _____
     F2 -> Change MSWCode: MCK       F3 -> Test/Prod.      F4 -> Clear SOH
     F5 -> Print Re-order Points.    F6 -> Configuration   F7 -> 'NoOrder' Show
     F8 -> Pickup Price Update (832)
```

After an order is transmitted to the wholesaler, the '7. Retrieve Order Confirmation (855)' option becomes available. Before using this menu option it is necessary to wait for an amount of time to give the wholesaler computer system enough time to process the order just transmitted to them and prepare the order confirmation. For most wholesalers, when sending the order in the evening, this wait can be 30 to 45 minutes.

If only preparing orders for one wholesaler, and doing only one order a night, it is possible to transmit the order in the evening, and retrieve the order confirmation the next morning.

To retrieve the order confirmation, select this menu option and the 'Ordering System' will try to retrieve an order confirmation in the same method that the order was transmitted. After the order confirmation is retrieved, a prompt will display on the screen saying 'File Receive Complete', at this point, press enter, and the confirmation file will be re-compiled. When that is finished, the program will return to the 'Ordering System' menu. At this point options '8. Print Order Confirmation' and '9. Process Out-Of-Stocks From Order' will be displayed.

Print Order Confirmation:

After a confirmation is retrieved, it is **required** to 'Print Order Confirmation' before proceeding or preparing a new order.

The 'Print Order Confirmation' is programmed to process the order confirmation and update the 'Process Out-Of-Stocks from Order' list.

After selecting '8. Print Order Confirmation', the screen shown here will be displayed. You may select 'S' to show the order to the screen, or you may select 'P' to print the order confirmation to the report printer.

Either of these two options will process the confirmation, updating the 'Process Out-Of-Stocks from Order'. An example of the list shown to screen is shown here:

As shown on the first screen, by default, all items are to be included on the list, item costs are to be updated, and only items matching the P.O. in the order confirmation will be displayed.

Press F2 to change this to 'Display Out-of-Stock or shorted Items'. Press F2 again to change back to 'Display ALL Items. Press F3 to change 'Update Item Costs' to 'Do NOT Update Item Costs'. Press F3 again to change back to 'Update Item Costs. Press F8 to change from 'List P.O. Matching Order Confirmation Items' to 'List ALL Order Confirmation items' and press F8 again to change back. Changes made to these options will be set back to default each time 'Print Order Confirmation' is used.

After displaying to screen press Enter and a summary of the order will be displayed. Shown on this summary includes how many items were Accepted as ordered, Reduced in Quantity, Increased in Quantity, items NOT in P.O. Acknowledgment, and items Out-of-Stock. Press enter through this screen.

When printing the order confirmation the summary will print at the end of it.

```
        P R I N T   O R D E R   C O N F I R M A T I O N   SITE1

   List the Order Confirmation on Screen or Printer (S or P)


   Display ALL Items.                            Press <F2> to change.
   Update Item Costs.                            Press <F3> to change.
   List P.O. matching Order Confirmation items.  Press <F8> to change.
```

```
Line  PDE #     Ordrd  Supld  Psize    Drug Name Strength Form Mfg Pack  Status
27    123456                    1      WARN - 18 Sep 2006                Rejected
27    123456                    1      WARN - 18 Sep 2006                Rejected
Press RETURN to Continue
```

```
                    Process Out-Of-Stocks From Confirmation

                        Items Accepted as Ordered: 0
                        Items Reduced in Quantity: 0
                       Items Increased in Quantity: 0
              Items NOT in P.O. Acknowledgement: 0
                              Items Out-of-Stock: 0

   2 Items found in P.O. Confirmation file of different P.O. Number.
   That's All -- Press RETURN to Continue
```

Process Out-of-Stocks From Order:

This option will allow the Out-Of-Stocks to be processed manually. This is typically used when an order confirmation was not available, or for wholesalers that do not offer electronic order confirmation.

Note: If a confirmation for the order was received, and the 'Print Order Confirmation' function was used, it is not necessary to use this function.

```
                 P O S T   O R D E R   E D I T I N G        Page  1
Wholesaler    Order    Received
Item Number  Pack Qty   Pack Qty  Drug Name                      Est.Cost
 123456         1      [1    ]    VALIUM 5MG TAB ROCHE            213.84








   F2 Prev Page  F3 Next Page       Items: 1  Total Order Est. Cost $  213.84
```

After selecting this option the above will be displayed:

If the item displayed was out of stock, short filled, or omitted from the shipment for any other reason, enter in the quantity not received or shorted. Continue making necessary changes to the 'Received Pack Qty' until all items on the screen are correct, then press [Enter] to save the changes and continue to the next page.

Accept Current Order (Update SOH):

After doing the 'Print Order Confirmation' **or** 'Process Out-Of-Stocks From Order' functions, the last step to the ordering process is to 'Accept Current Order (Update SOH)' function.

This function will apply the received quantities of each drug into the 'Stock on Hand' inventory.

After selecting this menu function the screen shown here will be displayed. A message on the screen prompts 'Are you SURE you want to ACCEPT the Current Order?'. Enter 'YES' in this field to have the order accepted and the 'Stock on Hand' updated.

```
            A C C E P T   C U R R E N T   O R D E R

   Wholesaler Name: MCKESSON
     Order Status:  Confirmation Received   05 Feb 07  11:39:01
                          P.O. Number:  061219001386
   Invoice Number:
Second Inv Number:
   Number of Items:        1
   Estimated Cost: $  213.84

   Are you SURE you want to ACCEPT the Current Order? [   ] (YES,NO)
              Enter Invoice Number  [              ] (Optional)
              Enter 2nd Inv Number  [              ] (Optional)
```

Space is provided on this screen for two possible invoice numbers to be entered. This is optional.

After entering 'YES', the order will be processed, the 'Stock on Hand' will be updated, and the screen shown here will be displayed.

When finished, a prompt will be shown on the screen to 'Press ANY key to continue.

Press [Enter].

The program will return to the 'Wholesale Ordering System' menu, ready to prepare a new order. The wholesaler previously used will be defaulted. Use option 'D. Switch to 2ndary Wholesaler' to prepare an order for another wholesaler.

```
            A C C E P T   C U R R E N T   O R D E R

          Accepting Current Order

          Updating Stock-on-Hand
          Creating archive entry
          Rename current order, order.dat to or061219.388
          Clearing 'current order'

          Current Order Acceptance Complete

          Press ANY key to continue




 Building Index File orderdt.idx   From Data File orderd.dat    Level    0
%0---10---20---30---40---50---60---70---80---90---100%      Records        5
=====================================================      Currently       5
```

Clear Current Order:

This menu option is used to clear an order in process.

After selecting this menu option, the screen shown here will be displayed:

A prompt will be displayed 'Are you SURE you want to CLEAR the Current Order?'.

To clear the order, enter 'YES', otherwise enter 'NO' and press Enter.

```
                C L E A R   C U R R E N T   O R D E R

     Wholesaler Name:  MCKESSON
       Order Status:  Order Created   06 Feb 07  12:36:01
         P.O. Number:
      Invoice Number:
  Second Inv Number:
     Number of Items:        26
      Estimated Cost: $20614.50

     Are you SURE you want to CLEAR the Current Order? [   ] (YES,NO)
```

Display Prior Orders:

The 'Display Prior Orders' menu option is used to recall, look at and print prior orders.

After selecting this menu function, the screen shown here will be displayed.

Enter in the date of the order that you are looking for. This date should be entered in YYMMDD (year, month, day) format. After entering the date, a list of the orders for that date will be displayed. If you are unsure of the date, press enter with no date entered the screen will display a list from newest to oldest of all orders.

```
                D I S P L A Y   P R I O R   O R D E R S


           Enter Date  [      ] (yymmdd) (New->Old)




   <F4> Search by P.O. Number                    <F5> Delete 'old' Orders
```

From the list, select the desired order from the PO search results by entering the number displayed to the left of the P.O. Number on the list displayed.

If the order you're looking for is not there, enter 'R' (Re-enter) and press Enter or enter 'M' (More) and press Enter, or press F1 to back up and retry.

After selecting the desired order, the order information will be displayed and the user can select to have the order listed to the screen or printer, similar to the 'List the Order' function discussed previously in this manual.

```
                D I S P L A Y   P R I O R   O R D E R S
   P.O. Number          Invoice Number        Date    Item Est.Cost Status
 1 070206001388                             06 Feb 07          Accept
 2 061219001386                             19 Dec 06     1     Accept
                      R:Re-enter; 1-2 [  ]
```

When finished looking at the order, press Enter through the complete order, or press F1 to abort out. The program will return to the 'Wholesale Ordering System' menu.

Switch to 2ndary Wholesaler:

Upon entering the 'Wholesale Ordering System', if the wholesaler shown at the top is not the wholesaler the order is to be prepared for, press D to switch to the secondary wholesaler. The secondary wholesaler will have to have already been setup in the 'configuration'.

If you are switching to a secondary wholesaler, press this key to make the switch before performing an order function. The secondary wholesaler's name will appear at the top of the screen. The key acts as a toggle - use it to switch back and forth from secondary to primary.

F2 -> Change MSWCode

The 'F2 -> Change MSWCode' function is used to change the modem switch code used to communicate with the wholesaler shown on the screen. The current modem switch code will be displayed on the screen. Pressing F2 will switch to the switch codes 'alternate'. This has to be setup in the configuration of the modem switch before it will work on this screen.

For more information on modem switch codes, please refer to **Chapter 5** of this manual.

F3 -> Test/Prod

This function is used to switch between 'Test mode' and 'Production Mode'. Upon entry of the 'Wholesale Ordering System', production mode is selected automatically. Press F3 to switch into 'Test mode' only upon direction of **Foundation Systems Technical Support**.

F4 -> Clear SOH

This menu function is used to clear 'Stock on Hand' for multiple drugs at one time. After pressing F4, the screen shown here will be displayed:

NOTE: A warning is displayed on the screen. 'Perform NO Other Pharmacy System Operations while this runs.' This means that no one should be working on FSI during the time that this program runs.

There are three different options available on this screen. In the first bracket, enter 'YES' to clear 'Stock on Hand' for all drugs whose 'Stock on Hand' is a negative number, or enter 'ALL' to clear 'Stock on Hand' for all drugs, regardless of what the 'Stock on Hand' is.

The third option, second bracket on the screen, is used to clear the 'Re-order Points' for drugs that are marked as 'Inactive'. To do this, enter 'YES' in the second bracket.

After making the appropriate selections, the screen will scroll a bunch of numbers on the screen

```
                  Clear Negative Stock-On-Hands for Site:  1

          Perform NO Other Pharmacy System Operations while this runs.

              Enter YES to clear NEGATIVE SOH, ALL to clear ALL SOH, or
              F1 to ABORT [   ]
              Clear Reorder Point of Inactive drug items [   ] (YES,NO)
```

```
                  Clear Negative Stock-On-Hands for Site:  1

          Perform NO Other Pharmacy System Operations while this runs.

              Enter YES to clear NEGATIVE SOH, ALL to clear ALL SOH, or
              F1 to ABORT [YES]
              Clear Reorder Point of Inactive drug items [YES] (YES,NO)

256     512     768     1024    1280    1536    1792    2048    2304    2560
2816    3072    3328    3584    3840    4096    4352    4608    4864    5120
5376    5632    5888    6144    6400    6656    6912    7168    7424    7680
7936    8192    8448    8704    8960    9216    9472    9728    9984    10240
10496   10752   11008   11264   11520   11776   12032   12288   12544   12800
13056   13312   13568   13824   14080   14336
26 Negative SOH's cleared.
        Press ANY key to Continue
```

(showing that it's working) and then when finished, a prompt will be displayed: 'Press ANY key to Continue'. Press Enter. The program will return to the 'Wholesale Ordering System' menu.

F5 -> Print Re-order Points

This menu function is used to get a list of drugs with 'Re-Order Points' set within a specific range.

After selecting this menu option, the screen shown here will be displayed.

Enter the beginning and ending 'Re-order points' that are to be printed. Press Enter and the report will be printed listing all drugs that have a re-order point within the specified range.

```
                Print Drug Record Re-Order Points for Site:  1

        Print Records with Re-Order Points between [    ] and [    ]
        (Above values are inclusive)
```

F6 -> Configuration

Pressing the F6 key will display the configuration page when using the 'Enhanced Ordering' system to create, place, and retrieve order and price information. When the 'Use 'Enhanced' Whlsl Ordering' flag is set in the 'Ordering Configuration' screen, this configuration page will be used in place of the displayed page. The following is a sample of the 'Enhanced Ordering Configuration' page.

```
              O R D E R I N G   C O N F I G U R A T I O N
      Primary Wholesaler  [                 ]  Transmit Warn [  ](min)
        X12 Receiver ID   [                 ]  Qual [ ] Ver [      ]
        X12 Sender ID     [                 ]  Qual [ ] SegTerm [ ](m=cr)
        Customer Number   [           ]  Login Format  [ ]
                 Login    [           ]  Modem Sw Code  [    ]
              Password    [           ]     P.O.# Type [ ] (S,D)
        Xmit'n Format  [ ] Pak[ ] CRC[ ]  Sequence#  [        ]
      2ndary Wholesaler   [                 ]  Transmit Warn [0 ](min)
        X12 Receiver ID   [                 ]  Qual [ ] Ver [      ]
        X12 Sender ID     [                 ]  Qual [ ] SegTerm [ ](m=cr)
        Customer Number   [           ]  Login Format  [ ]
                 Login    [           ]  Modem Sw Code  [    ]
              Password    [           ]     P.O.# Type [ ] (S,D)
        Xmit'n Format  [ ] Pak[ ] CRC[ ]  Sequence# [0      ]
   Order Item wo/Wh Code [ ] (Y,N)  Modem Diagnostics [Y] (Y,N)
   P.O.# Types:                     Transmission Formats:
   S - Site# + Date (mmdd)          1.  V.F. Grace
   D - Date + Sequence# (yymmddxxxxxx)  2.  Bergen Brunswig
                                    3.  McKesson
                                    4.  Cardinal
                                    5.  Bindley Western
   SF1 Switch Maint.                6.  Programmable
```

This configuration page supports two wholesalers to be setup. Currently this is the limit within the 'Wholesale Ordering System'. The first section is for the 'Primary' wholesaler, the second section is for the 'Secondary' wholesaler.

Some fields of note are:

Order Items w/o Wh Code:
When this field is set to blank, when an order is prepared, drugs without a wholesaler number will still be included on the order.

Modem Diagnostics:
When set to a 'Y', when communicating to the wholesaler (transmitting the order, retrieving an order confirmation, downloading a price update) the modem codes will be displayed on the screen. Under normal operation, this function is not necessary, and may be confusing to the user. This will typically be set to 'Y' when working with a **Foundation Systems Technical Support** technician troubleshooting a problem with the 'Wholesale Ordering System'.

Because the values that need to be entered in this screen are going to be unique for every pharmacy, and the various wholesalers that the system works with, contact the **Foundation Systems Technical Support Helpdesk** at **801-785-7720** for assistance in configuring this system.

F7 -> 'NoOrder' Show

This menu function is no longer used. It was used when in an order confirmation a wholesaler only sent what was NOT coming. At the printing of this manual, no wholesalers were using this type of order confirmation.

F8 -> Pickup Price Update (832)

This menu function is used to pickup a price update from the wholesaler currently shown at the top of the screen. This will be discussed in greater detail in 'Price Maintenance' later on in this manual.

Price Maintenance

The 'Price Maintenance' menu option contains utility programs used to retrieve and apply price update files from wholesalers.

These utilities may not work for all wholesalers, and most of the menu options have been made obsolete by newer programming used in the 'Wholesale Ordering System' to streamline the downloading of the price updates.

```
        W H O L E S A L E R   P R I C E   M A I N T E N A N C E
                      MCKESSON (Primary)

                 1.  McKesson Price Update (May 05)
                 2.  HDSmith Price Update

                 4.  Retrieve Update from Wholesaler
                 5.  Recompile Update from X.12 Format
                 6.  Apply Update from X.12 Format
                 7.  Switch to 2ndary Wholesaler

                     Enter Your Choice
```

McKesson Price Update (May 05)

This menu function is no longer used. Price updates for 'McKesson', 'Cardinal', and 'Amerisource/Bergen' are retrieved using the 'Wholesale Ordering System' and are downloaded with the order confirmations.

For more information on how to download your price update for the above listed wholesalers, please refer to 'Retrieve Order Confirmation' in the 'Ordering System' area of this manual.

```
           Wholesaler Drug Price Update    Site: SITE1
                      McKesson Format

      Enter file name  [            ]
      Primary or Secondary Vendor  [P]
            Retail Price to Field  [ ] (Acq,Misc,1-8)
               MAC Price to Field  [ ] (MAC,1-8)
         Acquisition Cost to Field [A] (Acq,Cst2,MAC,misc,1-8)
     2nd Acquisition Cost to Field [ ] (Acq,Cst2,MAC,misc,1-8)
                       Update AWP  [Y] (Y,N)
               Add drugs not found [ ]
              Print drugs not found [N]
           Print price before update [ ]

      Press <F2> to Search by NDC
      Press <F3> to SAVE drug file
      Press <F4> to RESTORE drugfile
```

HDSmith Price Update

The 'HDSmith Price Update' menu option of the 'Wholesaler Price Maintenance' system is used to download and apply price update files from the wholesaler 'HD Smith'.

There are 5 steps to doing a price update from 'HD Smith'. Each step of this process is it's own menu option in an attempt to make the process understandable.

Each of these steps (menu options) is outlined below.

```
            HD SMITH PRICE UPDATE (832)

            1.  Pickup Price Updates
            2.  Create Price Update (whsform6)
            3.  Recompile Update from X.12 Format
            4.  Apply Update from X.12 Format
            5.  Erase Price Updates @ Whlslr

                Enter Your Choice
```

Pickup Price Updates

The 'Pickup Price Update' menu option is used to connect to 'HD Smith' and retrieve any (all) price update files that they have on their system for the pharmacy.

Create Price Update (whsform6)

After the price update files are downloaded from 'HD Smith', the individual files downloaded have to made into one file. The 'Create Price Update (whsform6)' menu option does this. Select this menu option and update file (whsform6) will be created.

Recompile Update from X.12 Format

After the update file is created, then the file has to be converted into a format that FSI can then apply the price information from. This is done by selecting the 'Recompile Update from X.12 Format' menu option. Select this menu option and the file will be converted. When finished, the file will be ready to be applied.

Apply Update from X.12 Format

After using the 'Recompile Update from X.12 Format', the price update file can now be applied to the drug file. Select this menu option and the screen shown here will be displayed.

Make the appropriate selections for the update to be applied and when finished press [Enter]. The update will then be applied. The selections used previously are remembered and selected by default each time this menu option is selected.

```
              Wholesaler Drug Price Update    Site: SITE1

          Enter file name  [whsform6.upd      ]
          Primary or Secondary Vendor  [P]
             Retail Price to Field  [ ] (Acq,Misc,1-8)
                MAC Price to Field  [ ] (MAC,1-8)
           Acquisition Cost to Field  [A] (Acq,Cst2,MAC,misc,1-8)
       2nd Acquisition Cost to Field  [ ] (Acq,Cst2,MAC,misc,1-8)
                       Update AWP  [Y] (Y,N)
               Add drugs not found  [ ]
             Print drugs not found  [N]
          Print price before update  [ ]

          Press <F2> to Search by NDC
          Press <F3> to SAVE drug file
          Press <F4> to RESTORE drugfile
```

Each of the menu options are discussed below:

Enter file name:
> This field is used to specify the name of the update file to be applied to the drug file. The file name 'whsform6.upd' is automatically created when the 'Recompile Update from X.12 Format' menu option is run.

Primary or Secondary Vendor:
> This field is used to specify where in the drug file the update program should look for the item number. When set to a 'P' the update program will look for a match to the item in the 'Primary Wholesaler Code' in the drug setup. When set to a 'S' the update program will look for a match to the item in the '2ndary Wholesaler Code' in the drug setup.

Retail Price to Field:
> This field is used to copy the 'Retail Price' from the update file to a list of field options in the drug. This field is typically left blank because the wholesaler does not usually send a 'Retail Price' on a drug file update. If a 'Retail Price' is sent, enter a 'A' in this field to copy it to the 'Acquisition/Direct Price' field in drug setup. Enter a 'M' here to copy the 'Retail Price' to 'Misc Price' in the drug setup, or enter 1 through 8 to have the 'Retail Price' copied into 'T.P. Formulary #x' (where 'x' is the formulary number) field.

MAC Price to Field:
> This field is used to copy the 'MAC Price' from the update file to either the 'MAC' or 'T.P. Formulary #x'

(where 'x' is the formulary number) fields in the drug setup. Enter a 'M' to copy to 'MAC' or enter the number 1 – 8 for the formulary number field to be copied to.

Acquisition Cost to Field:
This field is used to copy the 'Acquisition Cost' from the update file to the 'Acquisition/Direct Price', 'Cst2', 'MAC', 'Misc Price', or 'T.P. Formulary #x' fields (where 'x' is the formulary number). Enter an 'A' to copy to 'Acquisition/Direct Price' field, 'C' to copy to the 'Cst2' field, 'M' to copy to the 'MAC' field, 'm' to copy to the 'Misc Price' field, or enter numbers 1 – 8 for the formulary number field to be copied to.

2nd Acquisition cost to Field:
This field is used to copy the '2nd Acquisition Cost' from the update file to the 'Acquisition/Direct Price', 'Cst2', 'MAC', 'Misc Price', or 'T.P. Formulary #x' fields (where 'x' is the formulary number). Enter an 'A' to copy to 'Acquisition/Direct Price' field, 'C' to copy to the 'Cst2' field, 'M' to copy to the 'MAC' field, 'm' to copy to the 'Misc Price' field, or enter numbers 1 – 8 for the formulary number field to be copied to.

Update AWP:
This field is used to specify whether to update the drugs AWP from the update file. Enter a 'Y' in this field to have the AWP updated, or enter 'N' or leave blank to not have the AWP updated.

Add Drugs not found:
This field is used to specify whether to have drugs added to the drug file that are in the update file, but that are not found in the drug file. To have drugs added, enter a 'Y' in this field, otherwise enter a 'N' or leave blank to not have the drugs added. ***USE CAUTION:*** *drugs added by the update program will not have the 'Aller-Chek', 'Cross-Chek', 'Pat Consult Mess Code' and 'Gen Product Identifier' codes needed to safely fill a prescription for a patient.*

Print drugs not found:
This field is used to specify whether to print the drugs that are in the update file, but that are not found in the drug file. Enter a 'Y' here to have the drugs printed, otherwise enter a 'N' in this field or leave blank to have the drugs not be printed.

Print price before update:
This field is used to specify whether to have the old price (price before update) be printed. Enter a 'Y' in this field to have the old price printed, otherwise enter an 'N' in this field, or leave blank to have the old price not be printed.

Press <F2> to Search by NDC

This function key option is used to change the way drugs are searched for in the update program. By default, the program will search by the 'Wholesaler Number' specified in the 'Primary or Secondary Vendor' option. When pressed, the program will then search by the NDC of the drug. Pressing the F2 key again will change back to search by Wholesaler number.

Press <F3> to SAVE drug file

This function key option is used to save the drug file before the update is applied. When pressed, if another 'Drug File Archive' exists, a message will display on the screen as shown here.

To make a new copy (recommended), answer 'Y', otherwise answer 'N'. The program will returned to the previous screen, and if saved, a message will display in the bottom left corner of the screen saying 'Save Complete'.

```
                    Drug File Archive Exists.




          Last Update Applied: 19 Feb 07  Time: 11:53:10
          Are You SURE you want to OVERWRITE this Archive?
```

Press <F4> to RESTORE drug file

This function key option is used to restore the drug file previously created. This is used if a price update file caused another problem with the drug file, or if the prices in the drug update file were incorrect.

To restore a previously backed up file, press F4 and the screen shown here will be displayed.

Enter a 'Y' to have the drug file backup restored, otherwise press 'N'. After the selection is made, the program will return to the previous screen. If 'Y' is selected, when finished, 'Restore Complete' will display in the bottom left corner of the screen.

```
        Last Update Applied: 19 Feb 07  Time: 11:53:10

        Are You SURE you want to RESTORE the Drug Files?
```

Erase Price Updates @ Wholesaler

After the price update is applied to the drug file, it is necessary with 'HD Smith' to remove the price update files from their system so that the same price updates are not downloaded and applied again the next time 'Pickup Price Updates' is done.

Select this menu option, and the program will connect to the computer system at 'HD Smith' and will delete the price update files on the system..

NOTE: *It is recommended to use the 'Erase Price Updates @ Wholesaler' immediately after completing the 'Apply Update from X.12 Format' to prevent the erasing of price update files not applied from the wholesaler.*

Retrieve Update From Wholesaler:

This menu option is no longer used. Updates are retrieved from the wholesaler when receiving an order confirmation for 'McKesson', 'Cardinal', and 'Amerisource/Bergen'. Updates are retrieved for 'HD Smith' by using menu option '2. HDSmith Price Update'.

ReCompile Update from X.12 Format:

This menu option is no longer used. Updates are automatically recompiled after being retrieved from the wholesaler when receiving an order confirmation for 'McKesson', 'Cardinal', and 'Amerisource/Bergen'. Updates are re-compiled for 'HD Smith' by using menu option '2. HDSmith Price Update'.

Apply Update from X.12 Format

After a price update is retrieved with an order confirmation and is automatically recompiled, the

```
         Wholesaler Drug Price Update   Site: SITE1

     Enter file name  [whsform6.upd     ]
    Primary or Secondary Vendor  [P]
       Retail Price to Field  [ ] (Acq,Misc,1-8)
          MAC Price to Field  [ ] (MAC,1-8)
    Acquisition Cost to Field  [A] (Acq,Cst2,MAC,misc,1-8)
2nd Acquisition Cost to Field  [ ] (Acq,Cst2,MAC,misc,1-8)
                  Update AWP  [Y] (Y,N)
          Add drugs not found  [ ]
        Print drugs not found  [N]
     Print price before update  [ ]

     Press <F2> to Search by NDC
     Press <F3> to SAVE drug file
     Press <F4> to RESTORE drugfile
```

7.10.14

price update file can be applied to the drug file. Select this menu option and the screen shown here will be displayed.

Make the appropriate selections for the update to be applied and when finished press Enter . The update will then be applied. The selections used previously are remembered and selected by default each time this menu option is selected.

Each of the menu options are discussed below:

Enter file name:

> This field is used to specify the name of the update file to be applied to the drug file. The file name 'whsform6.upd' is automatically created when the 'Recompile Update from X.12 Format' menu option is run.

Primary or Secondary Vendor:

> This field is used to specify where in the drug file the update program should look for the item number. When set to a 'P' the update program will look for a match to the item in the 'Primary Wholesaler Code' in the drug setup. When set to an 'S' the update program will look for a match to the item in the '2ndary Wholesaler Code' in the drug setup.

Retail Price to Field:

> This field is used to copy the 'Retail Price' from the update file to a list of field options in the drug. This field is typically left blank because the wholesaler does not usually send a 'Retail Price' on a drug file update. If a 'Retail Price' is sent, enter an 'A' in this field to copy it to the 'Acquisition/Direct Price' field in drug setup. Enter an 'M' here to copy the 'Retail Price' to 'Misc Price' in the drug setup, or enter 1 through 8 to have the 'Retail Price' copied into 'T.P. Formulary #x' (where 'x' is the formulary number) field.

MAC Price to Field:

> This field is used to copy the 'MAC Price' from the update file to either the 'MAC' or 'T.P. Formulary #x' (where 'x' is the formulary number) fields in the drug setup. Enter a 'M' to copy to 'MAC' or enter the number 1 – 8 for the formulary number field to be copied to.

Acquisition Cost to Field:

> This field is used to copy the 'Acquisition Cost' from the update file to the 'Acquisition/Direct Price', 'Cst2', 'MAC', 'Misc Price', or 'T.P. Formulary #x' fields (where 'x' is the formulary number). Enter an 'A' to copy to 'Acquisition/Direct Price' field, 'C' to copy to the 'Cst2' field, 'M' to copy to the 'MAC' field, 'm' to copy to the 'Misc Price' field, or enter numbers 1 – 8 for the formulary number field to be copied to.

2nd Acquisition cost to Field:

> This field is used to copy the '2nd Acquisition Cost' from the update file to the 'Acquisition/Direct Price', 'Cst2', 'MAC', 'Misc Price', or 'T.P. Formulary #x' fields (where 'x' is the formulary number). Enter an 'A' to copy to 'Acquisition/Direct Price' field, 'C' to copy to the 'Cst2' field, 'M' to copy to the 'MAC' field, 'm' to copy to the 'Misc Price' field, or enter numbers 1 – 8 for the formulary number field to be copied.

Update AWP:

> This field is used to specify whether to update the drugs AWP from the update file. Enter a 'Y' in this field to have the AWP updated, or enter 'N' or leave blank to not have the AWP updated.

Add Drugs not found:

> This field is used to specify whether to have drugs added to the drug file that are in the update file, but that are not found in the drug file. To have drugs added, enter a 'Y' in this field, otherwise enter a 'N' or leave blank to not have the drugs added. *USE CAUTION: drugs added by the update program will not have the 'Aller-Chek', 'Cross-Chek', 'Pat Consult Mess Code' and 'Gen Product Identifier' codes needed to safely fill a prescription for a patient.*

Print drugs not found:

> This field is used to specify whether to print the drugs that are in the update file, but that are not found in

the drug file. Enter a 'Y' here to have the drugs printed, otherwise enter a 'N' in this field or leave blank to have the drugs not be printed.

Print price before update:
This field is used to specify whether to have the old price (price before update) be printed. Enter a 'Y' in this field to have the old price printed, otherwise enter an 'N' in this field, or leave blank to have the old price not be printed.

Press <F2> to Search by NDC

This function key option is used to change the way drugs are searched for in the update program. By default, the program will search by the 'Wholesaler Number' specified in the 'Primary or Secondary Vendor' option. When pressed, the program will then search by the NDC of the drug. Pressing the F2 key again will change back to search by Wholesaler number.

Press <F3> to SAVE drug file

This function key option is used to save the drug file before the update is applied. When pressed, if another 'Drug File Archive' exists, a message will display on the screen as shown here.

To make a new copy (recommended), answer 'Y', otherwise answer 'N'. The program will return to the previous screen, and if saved, a message will display in the bottom left corner of the screen saying 'Save Complete'.

```
                    Drug File Archive Exists.




                    Last Update Applied: 19 Feb 07  Time: 11:53:10

                    Are You SURE you want to OVERWRITE this Archive?
```

Press <F4> to RESTORE drug file

This function key option is used to restore the drug file previously created. This is used if a price update file caused another problem with the drug file, or if the prices in the drug update file were incorrect.

To restore a previously backed up file, press F4 and the screen shown here will be displayed.

Enter a 'Y' to have the drug file backup restored, otherwise press 'N'. After the selection is made, the program will return to the previous screen. If

```
                    Last Update Applied: 19 Feb 07  Time: 11:53:10

                    Are You SURE you want to RESTORE the Drug Files?
```

'Y' is selected, when finished, 'Restore Complete' will display in the bottom left corner of the screen.

Switch to 2ndary Wholesaler:

If you are switching to a secondary wholesaler, press this key to make the switch before selecting a menu function. The secondary wholesaler's name will appear at the top of the screen. The key acts as a toggle - use it to switch back and forth from secondary to primary.

Ordering Configuration

'Ordering Configuration' from the 'Wholesaler Ordering / Management' menu is used to configure the ordering system.

After selecting this menu option, the screen shown here will be displayed.

The setup fields on this screen are discussed below.

```
          O R D E R I N G   C O N F I G U R A T I O N

          Use 'Enhanced' Whlsl Ordering  [Y] (Y,N,S)
   Primary Wholesaler  [              ]
       Modem Phone #  [              ]
     Customer Number  [          ]
             Login  [          ]  Modem Sw Code [    ]
          Password  [          ]     P.O.# Type [ ] (S,D)
      Xmit'n Format  [ ]   Sequence# [     ]
   2ndary Wholesaler  [  ]
       Modem Phone #  [              ]
     Customer Number  [          ]
             Login  [          ]  Modem Sw Code [    ]
          Password  [          ]     P.O.# Type [ ] (S,D)
      Xmit'n Format  [ ]   Sequence# [     ]
  P.O.# Types:em wo/Wh Code  [ ]  (Y,N)  Transmission Formats:
  S - Site# + Date (mmdd)              1.  V.F. Grace
  D - Date + Sequence# (yymmddxxxxxx)   2.  Bergen Brunswig
                                       3.  McKesson
                                       4.  Cardinal
                                       5.  Bindley Western
```

Use 'Enhanced' Whlsl Ordering:
> This option provides use of the Wholesale Ordering system in 'Enhanced Version' format. If this flag is set to a 'Y' the configuration on this screen will be used by the 'Price Maintenance' system, but not the 'Ordering System'. When this field is set to 'Y', the 'Ordering System' will use the configuration from the 'Ordering System' menu, option 'F6 –> Configuration'. This option when set to 'N' or blank will use the configuration on this screen for both the 'Ordering System' and 'Price Maintenance'. One advantage to using 'Enhanced Whlsl Ordering' is that only functions available in sequence will be shown when preparing, reviewing and transmitting the order.
>
> Note: Current supported Wholesalers are: McKesson, Cardinal, and Amerisource/Bergen.

Primary / 2ndary Wholesaler:
> These fields contain the names of the primary and secondary wholesalers.

Modem Phone #:
> This field is used to enter the wholesaler's modem phone number.

Customer Number:
> Enter the number assigned to your pharmacy by the wholesaler. This is usually your account number. With McKesson, a special account number is created for the use of 'EDI' systems. Enter that number in this field if the wholesaler is McKesson.

Login:
> Enter the name needed to log on to the wholesaler's system. This will vary between wholesalers.

Password:
> Enter the password needed to log on to the wholesaler's system. This will vary between wholesalers.

Xmit'n Format:
> Enter the transmission format number assigned to the wholesaler. The formats for currently approved wholesalers appear at the bottom of the screen.

Sequence #:
> This will show the last order sequence number sent to the wholesaler.

Order Item w/o Wh Code:
> Set this option to "Y" if you are not ordering electronically. When this field is set to 'N', or blank (and 'Enhanced Whlsl Ordering' is not set to 'Y'), when an order is created and if the item to be ordered does not have a 'Wholesaler Code', the item will not be added to the order. When this field is set to 'Y', the item will still be added to the order, but it is likely that the wholesaler will no know how to process the item (wont be received).

Accounts Receivable Utilities

This function will only be available if the 'Customer Accounts Receivable' option is installed, and setup on the Pharmacy Management System.

The 'Customer Accounts Receivable' system is an optional software. For information about the 'Customer Accounts Receivable' system, or to purchase, please contact the **FSI Sales Office** at **800-333-0926**.

```
              A / R   S Y S T E M   U T I L I T I E S

                 1.  Charge Script to A/R
                 2.  Go To Accounts Receivable
                 3.  Charge to A/R by Date Range

                 Enter your choice.
```

These utilities are used primarily to charge and re-charge prescriptions to the 'Customer Accounts Receivable' system.

Charge Script to A/R

The 'Charge Script to A/R' menu option is used to charge a prescription to the account linked to the patient.

To charge a single prescription into 'Customer Accounts Receivable', select menu option 1, and the screen shown here will be displayed:

Enter in the script number, and press [Enter].

```
              C H A R G E   S C R I P T   T O   A / R

           Enter the Script Number to Charge  [        ]
```

The following screen will be displayed:

On this screen will be displayed the prescription information and a list of the dispensings for the prescription will be displayed.

On the bottom of the screen, the charge account that will be billed is shown.

Enter in the dispensing number to be billed to the charge account, and if necessary, press [Enter].

```
              C H A R G E   S C R I P T   T O   A / R

                 Script # 00000108
                 Patient   TEST PATIENT
                 Drug      PENICILLN VK
                 6 Refills Remaining of 6

        Dispensings:          1) #30 28 Jan 05

        Enter the Dispensing to Charge (1-1) [  ]




     CHARGE CUSTOMER:
     PATIENT TEST  15 NORTH STATE STREET  LINDON
```

The screen shown here will be displayed:

A screen showing the charge account balances will be displayed. A prompt 'Do You Wish to Charge This Script?' will be displayed. If the correct charge account is displayed and the charge amount is correct, answer 'Y'. If not, answer 'N'.

```
CHARGE CUSTOMER:   Rx 00000108  30 PENICILLN VK 500MG
PATIENT TEST  15 NORTH STATE STREET  LINDON
BALANCES:
    Current      30 Day      60 Day      90 Day      Total      Last Payment
     $0.00       $0.00       $0.00       $0.00      $0.00
                                                                    None

                    Charge On This Script   $15.87

              Do You Wish to Charge This Script? (Y,N)
```

Go to Accounts Receivable

Selecting this option will display the Main Menu for the Pharmacy Management Integral Accounts Receivable system. For more information about this menu, and the options available, please refer to the Accounts Receivable manual.

Charge to A/R by Date Range

Use this function to bill all prescriptions that have their 'Charged to A/R' flag set to 'Y'. In essence this is to re-bill all prescriptions formerly billed to Accounts Receivable. This would be used if the Accounts Receivable data files crashed. It is strongly recommended to first consult the **FSI Tech Support Helpdesk** at **801-785-7720** before using this function. It might be possible or necessary to restore the data from a backup prior to using this function.

Pickup Logging/Reporting

```
          R X   P I C K U P   L O G G I N G / R E P O R T I N G

               1.   Log a Pickup by RX #
               2.   Log a Pickup by PickupID
               3.   Reverse a Pickup
               4.   Script Pickup Status
               5.   Pickup Report
               6.   Specify Pickup Date Today
               7.   Log a Multi-Script Pickup w/E-Sig
               8.   Print E-Signature Inquiry
               9.   Signature Pad Setup

               Enter Your Choice.




          Options #1 & #2 May be used to Re-Log a Pickup While
          Retaining a Signature Previously Logged by Option #7.
```

The 'Pickup Logging/Reporting' is a utility program designed to record a prescription as being picked up at the time of sale. To best utilize this utility, it is convenient to have a terminal next to the pickup window, or cash register, so that when the prescription is picked up, it can also be logged into the software.

Note: Optional programs are available from FSI that serve as cash registers to the Pharmacy Management System. There are two versions available. A very basic system called 'Cash Register' and a very elaborate software called 'Point of Sale'. For more information about these two programs, contact the FSI Sales Office at 800-333-0926.

Note: Menu option 9 will only be available if the optional 'Signature Pad' software module has been purchased and installed into the Pharmacy Management System. For more information about this program, contact the **FSI Sales Office** at **800-333-0926**.

Log a Pickup by Rx

```
                    L O G   A   P I C K U P

          Enter The Script Number For Pickup  [          ]
```

Use this utility to log a pickup using the prescription number.

Enter in the prescription number and press Enter. The following screen will display:

The prescription number, patient name for the prescription, refill number, date filled, and prescription quantity-drug name-strength-form will be displayed.

```
                    L O G   A   P I C K U P

          Rx #00000108  PATIENT,TEST

          New   28 Jan 05

          30  PENICILLN VK 500MG TAB

          Enter the Pickup ID  [                ]
```

Enter in the ID of the person picking up the prescription if applicable, and press Enter.

Log a Pickup by PickupID

This utility is used in conjunction with the 'Customer ID' prompt available for use in the prescription pathway when filling controlled and narcotic prescriptions. To set the software up for this option to be displayed in the prescription process, set 'Prompt for Cust. ID on Contrl' to 'Y' in 'Software Options' 'Page 2'.

When this option is set to 'Y' when filling prescriptions for controlled or narcotic drugs, a prompt will display for the customer id. Enter in the 'customer's id' (ie.. Driver's License number).

```
                    L O G   A   P I C K U P

       Enter The Pickup ID For Pickup  [                 ]
```

When the prescription is picked up, the 'Log a Pickup by PickupID' function can be used to enter in the same ID number that was entered in the prescription to log all of the prescriptions with that id as being picked up.

Reverse a Pickup

The 'Reverse a Pickup' menu utility is used to reverse the pickup on a prescription that was previously marked as picked up. This would be if a prescription was returned, the wrong prescription got marked as picked up, or other various reasons.

After selecting this option, enter in the prescription number to be returned. The screen shown below will be displayed.

Some functions of the FSI 'Pharmacy Management System' will automatically prompt that prescriptions marked as being picked up must first have the pickup reversed, like when making edits to a prescription, canceling a refill, marking as not filled, or deleting the prescription.

If making edits to a prescription that is really still 'picked up', reverse the pickup (this will not delete the signature on file for the rx), make the necessary edits, and then us the 'Log a Pickup by Rx #' function to mark the prescription as picked up again.

```
                 R E V E R S E   A   P I C K U P

       Enter The Script Number To Reverse  [           ]
```

```
                 R E V E R S E   A   P I C K U P

       Rx #00000108   PATIENT,TEST

       New   28 Jan 05

       30  PENICILLN VK 500MG TAB

       Enter the Pickup ID  [                  ]
```

If the prescription was marked as picked up on a date different than it's being marked again, use menu option 'Specify Pickup Date' to set the date, mark the prescription as picked up, and then set the date back to the current date.

7.12.2

Script Pickup Status

This menu option is used to look up the status of a prescription being picked up by prescription number. After selecting this menu option, the screen shown here will be displayed:

Enter the prescription number of the prescription to be checked and press Enter.

After entering in the prescription number, the following screen will display:

If the prescription has been picked up, (like in the example shown here), the prescription number, patient name, prescription fill number, date filled, quantity, drug name, drug strength, drug form and date the prescription was picked up will be displayed.

If the prescription has been filled more than once, each dispensing of the prescription will be shown on the screen. Dispensings with a 'Picked up' with a date are the ones that have been picked up. If there is no 'Picked up' and a date, that dispensing has not been marked as picked up in the FSI 'Pharmacy Management System'.

```
                    S C R I P T   P I C K U P   S T A T U S
              Enter The Script Number to Check  [         ]
```

```
                    S C R I P T   P I C K U P   S T A T U S
                    Rx #00000108   PATIENT,TEST
         New 28 Jan 05 #   30 PENICILLN VK 500MG TAB Picked up 19 Feb 07

         Press Any key to Continue.
```

Pickup Report

Use this utility to print a report of the number of prescriptions picked up within a specified date range. The dates default for the last 7 days, but can be changed.

There are several options available on this screen to customize the report that will be printed. These options are discussed below.

```
                    S C R I P T   P I C K U P   R E P O R T

                    Make Sure the Printer is Ready and,

                    Enter Starting Date :[02130720]  (mmddyycc)

                    ''      Ending Date :[02190720]      ''

                    Summary or Detail  [S] (S,D,d)

                     Third Party Code  [   ] (blank=all)

                       Select Patient  [ ] (Y,N)  PATIENT,TEST2
                                                <F3> to change

                         Site Number  [1  ]  (0=ALL)


                    These are Dispensing Dates, Not Pickup Dates <F2>
```

Summary or Detail:

This field is used to control the report printing just a summary or printing prescription detail. There are 3 options for this field. 'S' will print just the summary. The summary prints how many prescriptions were picked and not picked up within the dates specified, and then breaks them down into how many were picked up the date they were dispensed, the next day, 2nd day, 3rd, 4th, 5th, 6th, and 7th+ day after it was dispensed.

Setting this field to 'D' for Detail will print a list of the prescriptions picked up within the dates specified. On this report the 'Picked Up Date', 'Dispensing Date', 'Prescription #', 'Patient Name', 'Drug-Strength-Form', 'Copay', 'Third Party', 'Time of Pickup' and 'Pickup Signature on File' will be printed. If there is a pickup signature on file, this will print Yes, otherwise, nothing in this column will be printed. After this detailed report, the summary will still be printed. The report may abbreviate some of the above descriptions for space purposes.

Setting this field to a 'd' for detail will print a list of the prescriptions picked up with the dates specified. On

this report the 'Picked Up Date', 'Dispensing Date', 'Prescription #', 'Patient Name', 'Third Party Card ID', 'Date of Birth', 'Copay', 'Third Party', 'Time of Pickup' and 'Pickup Signature on File' will be printed. If there is a pickup signature on file, this will print Yes, otherwise, nothing in this column will be printed. The report may abbreviate some of the above descriptions for space purposes.

Third Party Code:
This field is used to print a summary or detailed list of prescriptions picked up for prescriptions billed to a specific third party code. This report looks only for the primary payor code, not secondaries.

Select Patient:
This field allows the pickup summary or detailed reports to be printed for on specific patient. The last patient used on the computer task the report is being used on will be defaulted on the screen. This field must be set to 'Y' to print the report for just the prescriptions for this patient. The patient shown on the screen can be changed by pressing the F3 key.

Site Number:
This field is used to specify the site number the report should be printed for. This field will default the site the computer task is signed in as. This is only applicable for 'Pharmacy Management System's' running the 'Multi-Site System'. Setting this field to '0' (zero) will include all sites in the report.

<F2> Dispensing Dates / Pickup Dates
This message that displays on the bottom of the screen shows the user that the report is being based off dispensing date of the prescription, or the pickup date of the prescription. Pressing the F2 key will change it to the other setting.

After making the appropriate selections, press Enter . A summary screen will be displayed showing what selections were made and giving the user the opportunity to verify that everything is correct.

If everything is correct, press 'Y' and the report will be printed. If everything is not correct, press 'N' or press the F1 key and the program will return to the previous menu allowing the user to make changes to the selections made.

```
                    For  Dispensing Dates
            Starting  13 Feb 07

               Ending  19 Feb 07

                        Summary Only

             Is this Correct? (Y,N)
```

Specify Pickup Date

Use this function to change the date of pickup. This is most commonly used to log delivered prescriptions the day following. When the date is changed, the program will stay on that date until the date is manually changed again, the 'Rx Pickup Logging/Reporting' system is backed out of (pressing the 'F1' key), or by aborting the Pharmacy Management System.

```
         S P E C I F Y   P I C K U P   D A T E

         Enter The Date :[02190720]   (mmddyycc)

    Enter 'YES' to Change  [   ]
```

Log a Multi-Script Pickup w/E-Sig

Use this function to log multiple prescriptions for the same patient as being picked up at the same time. This function is also used to capture electronic signatures into the Pharmacy Management System. The electronic signature capture is an optional software module available from FSI (additional hardware required). For more information about the Signature Pad Module, please contact the FSI Sales Office at 800-333-0926.

Enter in the prescription number for the prescription to be picked up. If the 'Auto Get All Scripts for Patient' option is set to 'ON', all prescriptions not already picked up for that patient filled within the previous 14 days will be selected also.

After entering the prescription(s), the prescription number, patient name, date filled, fill qty – drug name – drug strength – drug form will be printed.
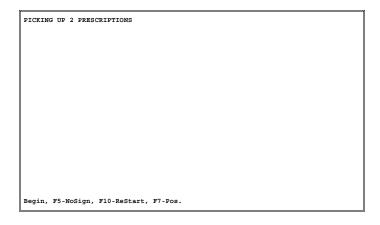
After all prescriptions being picked up are entered, press the 'F8' key. A prompt to enter the pickup ID, and to specify whether the patient has received counseling will be displayed. Enter the ID of the person picking up the prescriptions, and the counseling flag in the displayed fields as appropriate. The program does not require these fields to be filled in.

Following the 'Pickup ID' prompt, if the electronic signature pad module has been purchased and installed into the Pharmacy Management System, the screen will clear, and a message 'Clearing Signature Pad…' will be displayed.

After the signature pad is cleared, a bar will display on the bottom of the screen with the message 'Begin Signature, Press F10 to Re-Start'. It is at this point that the customer should sign on the pad.

As the customer signs, + signs in the form of the patient's signature should be displayed on the screen. If they do not, the signature is not being captured. Please contact the FSI Technical Support Helpdesk at 801-785-7720 for technical assistance.

After the customer finishes, press the 'ENTER' key, or after 3 seconds of no activity, the signature will be saved. If the customer needs to start over, press the 'F10' key before the signature is saved, to restart the signature.

```
PICKING UP 2 PRESCRIPTIONS













Begin, F5-NoSign, F10-ReStart, F7-Pos.
```

Print E-Signature Inquiry

Use this function to print a proof of pickup. If the electronic signature pad module has been purchased and installed into the Pharmacy Management System, this function will print the signature (if available).

Enter in the prescription number, and press Enter. If the prescription is recorded as being picked up, the following screen will display:

```
              M U L T I - S C R I P T   P I C K U P
                E - S ILGONGA TAU RPEI CIKNUQPU I R Y
             Enter The Script Number For Pickup  [          ]
             Enter The Enter the Number up For Inquiry  [        ]]
             Did Pa Auto Get All Scripts for Patient, Off (TT1)
      The Print function Only Works New PCL5 (HP1Compa Deskjet,Printers
             Press F8 to End List & Enter Pickup ID.

1.u00000108 PATIENT,TEST 28 Jan #30 PENICILLN VK 500MG TAB              15.87
2.u00000108 PATIENT,TEST 28 Nov #100 PROTEINLN 0VMG5WAMG TAB            18.00
2. 00000102 PATIENT,TEST 12 Nov #100 MOTRIN 800MG TAB               ======0.00
                                                                   ===$15.87
                                                                      $15.87




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      WARNING!  'Un-Billed' Items found.
```

The prescription information will be displayed, including the date the prescription was dispensed and the date the prescription was picked up. Press the 'P' key to print the 'Script Pickup Inquiry' sheet on a PCL5 compatible laser printer. (This function will not work on dot matrix printers)

The following is a sample of an 'E-Signature Inquiry':

```
        E - S I G N A T U R E   I N Q U I R Y

   Rx #00000108  PATIENT,TEST

   #30  PENICILLN VK 500MG TAB

   Dispensed 28 Jan 05,  Picked Up 19 Feb 07

   Pickup ID
   Counseling

   The Print function Only Works on PCL5
   (HP Compatible) Printers

   Press P to Print
   Any Other key to Continue.
```

```
        PHARMACY NAME
        PHARMACY ADDRESS
        CITY, STATE  ZIP
   _____

   Script Pickup Inquiry     01  Jun  03
   _____


        Rx #     000001
        Patient  PATIENT,TEST
        Quantity        30
        Drug    AMOXICILLIN  325MG  TAB
        Dispensed       01  May  03
        _____


        Picked Up       03  May  03
        Pickup ID
        Counseling      NO
        E-Signature
```


Signature Pad Setup

Use this function to define the properties for the signature pad software module. The example shown here is for an XL – Sigpad (4x5" writing surface area).

CAUTION: These settings are configured uniquely for your system. DO NOT CHANGE THESE SETTINGS WITHOUT BEING DIRECTED TO DO SO BY FOUNDATION SYSTEMS TECHNICAL SUPPORT HELPDESK.

```
        S I G N A T U R E   P A D   S E T U P

   Next Signature File Number [        ]

                    Minimum X Value [680 ]  (Left)
                    Minimum Y Value [820 ]  (Top)
                    Maximum X Value [2550]  (Right)
                    Maximum Y Value [1415]  (Bottom)
      Minimum Valid Signature Points [50 ] (50-500)
   L.T. Signature Storage Directory [          ]
         Auto Get All Scripts for Pat [N]  (Y,N)
   Print Signature Using Compression [ ]  (Y,N)
      Write Background Sign Message [Y]  (Y,N)
           Command Response Timeout [300]  (x/100 Sec)
                   Signature Pad Type [4x5 ]  (1x4,4x5)
         Signature End Wait Timeout [3]  (2-9)

                    Save Changes  [   ]  (YES)

   Make Sure this Information is Correct
```

Enter in the correct properties to configure the signature pad to function correctly within the Pharmacy

Management System. It is recommended to not try to configure the signature pad without assistance from the FSI Technical Support Helpdesk. Please contact the FSI Technical Support Helpdesk at 801-785-7720 for technical assistance.

Return Items to Stock

```
                    RETURN ITEMS TO STOCK


            Script Number   [        ]

                    <F2> Reports

         Use this function to return items to stock.  It performs
         the same operation as a 'Cancel Previous Refill' or
         'Delete Script' with the addition of logging the action
         so that a REPORT of returned items may be listed at a
         later time by date returned.  If a dispensing is canceled
         or entire script is deleted BEFORE a log of scripts is
         genenerated, use the individual 'Cancel Previous Refill'
         or 'Delete Script' functions.  IF a 'Log of Scripts' has
         been generated PRIOR to the need to return to stock, use
         this function.
```

The 'Return Items to Stock' function is designed to help log when a prescription has been returned to stock, and to help print reports that will reflect the amounts to be adjusted from reports that have already been printed.

This function is to only be used if the items being returned to stock have already been printed on a 'Log of Scripts' report. If the prescription has not already been printed, use the 'Cancel Previous Refill' and 'Delete Script' functions.

To return an item to stock, enter the prescription number in the field provided. Depending on the prescription, and whether it is an original dispensing, or a refill dispensing, the prompt shown on the screen will vary.

Note: This function does not cancel the electronic billing of the prescription. If this prescription was billed to a third party electronically, the prescription does need to be reversed before returning it to stock.

If the prescription was billed to a paper billed third party, and if that bill is still in the invoice file (not yet printed), the invoice record will be deleted.

F2 Reports:

```
                    REPORT OF RETURNED ITEMS


            Starting Date :[        ] (mmddyycc)
              Ending Date :[        ] (mmddyycc)
     Screen or Print (S,P) [ ]
      Sort by Patient Name [N] (Y,N)
                Site Number [1    ] (blank = all sites)

        Leave Starting and Ending Date Blank to List ALL.




     F2-Index
```

After processing the 'Return to Stock's, pressing the F2 key will take the use to the 'Report of Returned Items' screen where the date range and the option to print the report to the screen or printer will be displayed.

An example of the screen is shown here:

Enter in the appropriate beginning and ending date for the prescriptions that were returned, and select if the report should be shown the screen or printed out, and specify if the report should be sorted by patient name or not and when all selections are made, press Enter .

An example of the report shown to the screen is shown here:

Shown on the screen is the prescription number, date returned, dispensing date, the cost of the prescription, the price of the prescription, the patient copay amount, and the patient name. When done reviewing the information displayed, press Enter to continue.

```
RETURNED ITEMS REPORT                               Printed 19 Feb 07
for Items returned starting: 01 Jan 99 to Current
Rx Num    Date Ret'd Date Disp      Cost      Price   Pat Pay  Patient Name
=========================================================================
00000019  10 Sep 03  26 Aug 03      34.01     34.01            MERRELL,KREIG
00000012  28 Oct 03  08 Oct 03      35.86     10.00    10.00   MERRELL,KREIG
00000416  14 Dec 06  14 Dec 06                15.00    15.00   MERRELL,KREIG
00000416  14 Dec 06  05 Oct 06                15.00    15.00   MERRELL,KREIG

Total Items: 4                      69.87     74.01    40.00
```

If the report was printed to the printer, the same information will be printed, and just a summary of the returned items will be shown to the screen. When done reviewing the displayed summary, press Enter to continue.

Backup Utility

The 'Backup Utility' menu option is used to be able to perform the nightly backups of the FSI 'Pharmacy Management System' and any other extra FSI programs like the 'Point of Sale System' from within the program, not having to exit out of the 'Pharmacy Management System'.

This is especially useful for users in hospital and clinic type environments where user access has been prohibited from getting to the command prompt.

```
                    B A C K U P   U T I L I T I E S


                    1.  Perform Backup
                    2.  Check Backup Logs
                    3.  Restore Backup
                    4.  Backup Configuration

                        Enter Your Choice


                        Last Backup Failed



_____
Backup Status (30 days): 0 Successful Backups of 0 Attemps
Last Successful Backup:
   Last Backup Attempt:
```

Before this utility can be used, the 'Backup Utility' has to be configured. To configure the system, please refer to 'Backup Configuration' discussed later in this section.

Perform Backup

The 'Perform Backup' menu option is used to start the desired backup program. This is typically done in the evening after closing the pharmacy and after printing all the reports.

After selecting this menu option, the screen shown here will be displayed. The names shown for menu option 1 and 2 might be different for your system. For example purposes, we've used the two most common backup commands for this example.

```
                    P E R F O R M   B A C K U P


                    1.  cdrback
                    2.  cdrwback
                    3.  Specifiy Other

                        Enter Your Choice




_____
Backup Status (30 days): 0 Successful Backups of 0 Attemps
Last Successful Backup:
   Last Backup Attempt:
```

Depending on what type of media is being used for the backup, select the menu option appropriate, and the backup will begin. What will be shown on the screen will vary depending on what type of backup is being done.

When the backup is finished, the program will return to the 'Backup Utilities' menu.

Check Backup Logs

The 'Check Backup Logs' menu option is provided to allow the status of the backup to be checked.

The log will show in newest to oldest order the last action (started or finished), what command was used for the backup, the date and time of the action and the status of the backup, and any message (if backup failed), the backup program returned.

Action	Command	Date	Time	Status	Message
Finished	cdrback	17 Feb 06	15:58:56	Successful	
Started	cdrback	17 Feb 06	15:51:52		
Finished	cdrback	05 Jan 06	14:46:01	Failed 103	FSI Zip Failed
Started	cdrback	05 Jan 06	14:45:54		
Finished	cdrback	04 Jan 06	14:54:41	Failed 110	Write CD failed
Started	cdrback	04 Jan 06	14:51:14		
Finished	cdrback	22 Dec 05	18:18:58	Failed 110	Write CD failed
Started	cdrback	22 Dec 05	18:15:33		
Finished	cdrback	15 Dec 05	16:38:31	Successful	
Started	cdrback	15 Dec 05	16:31:38		
Finished	cdrback	15 Dec 05	10:07:37	Successful	
Started	cdrback	15 Dec 05	10:00:45		
Finished	cdrback	02 Dec 05	13:04:22	Successful	
Started	cdrback	02 Dec 05	12:57:33		
Finished	cdrback	02 Dec 05	11:20:06	Successful	
Started	cdrback	02 Dec 05	11:13:02		
Finished	cdrback	04 Nov 05	15:50:40	Successful	
Started	cdrback	04 Nov 05	15:43:52		

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Restore Backup

```
Foundation Systems Restore

1.  Exit Restore
2.  Restore from /fsibackup
3.  Restore from CD

Enter Your Choice
```

The 'Restore Backup' menu option is used to restore an old backup onto the computer. This is typically only used in the event of a data crash.

NOTE: It is recommended to only use the 'Restore Backup' utility under the direction of the **Foundation Systems Technical Support Helpdesk**. Misuse of this function could result in a unrecoverable loss of data.

After this option is selected, the screen shown here will be displayed. Select option '1. Exit Restore' to get out of the restore function, select option '2. Restore from /fsibackup' if performing a restore from a file stored on the computer, or select option '3. Restore from CD' in restoring from a CD. Other option might exist depending on the configuration of your system.

Backup Configuration

```
        B A C K U P   C O N F I G U R E


    Primary Backup [cdrback       ]
  Secondary Backup [cdrwback      ]
   Restore  Backup [cdrest        ]



        Last Backup Failed


_____

Backup Status (30 days): 0 Successful Backups of 0 Attemps
Last Successful Backup:
   Last Backup Attempt:
```

The 'Backup Configuration' menu option is used to setup the 'Backup Utility' program. After selecting this menu option, the screen shown here will be displayed:

In 'Primary Backup' enter in the name of the backup performed most frequently in the pharmacy. This would be the command that is used nightly.

In the 'Secondary Backup' enter in the name of an alternate backup command used by the pharmacy. This might be a command that is used weekly or monthly.

In the 'Restore Backup' enter in the name of the command used to restore the media (tape, cd, dvd) being used to do the backup.

End of Day Processing

The 'End of Day Processing' menu option is a utility program designed to allow for common 'nightly' functions to be configured and all processed with a single request.

The most common report configurations are included in this option.

Before an 'End of Day Process' can be executed, the program first needs to be configured. This is achieved by using menu option '2. End Of Day Configuration'.

```
        E N D   O F   D A Y   P R O C E S S I N G

            1.  Do End Of Day Process
            2.  End Of Day Configuration

                Enter your choice
```

Do End Of Day Process

When selected, this menu option will begin printing out all reports configured, and when finished printing, will begin a backup, if configured. After selecting this menu option, no further action is required.

End Of Day Configuration

The 'End Of Day Configuration' menu option is used to configure the process to be ran when 'Do End Of Day Process' is selected.

After selecting this menu option, the screen shown here will be displayed:

Each of the available processes will be discussed individually.

For most of the report options available on this

```
        E N D   O F   D A Y   C O N F I G U R A T I O N

    Flag options to include in End Of Day Process:
                                                '0' = Today
    Log of Scripts, Combined [ ](Y/N/B)  days back to Start [0 ] End [0 ]
       Log of Scripts, Sch. 2 [ ] (Y/N)  days back to Start [0 ] End [0 ]
    Log of Scripts, Sch. 3-5 [ ] (Y/N)  days back to Start [0 ] End [0 ]
       Log of Scripts, UNBIL [ ] (Y/N)  days back to Start [0 ] End [0 ]
          Log of Scripts, CA [ ] (Y/N)  days back to Start [0 ] End [0 ]
        Log of Scripts, ELOG [ ](Y/N/D) days back to Start [0 ] End [0 ]
         TP AR Summary Report [ ] (Y/N)  days back to Start [0 ] End [0 ]
           Exceptions Report [ ] (Y/N)  days back to Start [0 ] End [0 ]
                  DUR Report [ ] (Y/N)  days back to Start [0 ] End [0 ]
         Print Pharmacy Stats [ ] (Y/N)  Clear Pharm. Stats [ ] (Y/N)
    Daily T.P. Activity Rep. [ ] (Y/N)  days back to Start [0 ] End [0 ]
             Nightly Backup [ ] (Y/N)
```

utility, there is an option to set the 'Days Back to Start / End'. This is used to control what day the report is to be printed for. If using this as a 'nightly' process, leave these fields to '0' (zero) to print for today. If doing this in the morning, set the 'Start / End' to '1' to print for yesterday.

Log of Scripts, Combined:
>   This option, when set to 'Y' will print a 'Log of Scripts – Combined' when the 'Do End Of Day Process' option is selected. When this option is set to 'B', the 'Log of Scripts – Both News and Refills' report will be printed.

Log of Scripts, Sch. 2:
>   This option, when set to 'Y' will print a 'Log of Scripts – Scheduled 2' report when the 'Do End Of Day Process' option is selected.

Log of Scripts, Sch. 3-5:
>   This option, when set to 'Y' will print a 'Log of Scripts – Scheduled 3 - 5' report when the 'Do End Of Day Process' option is selected.

Log of Scripts, UNBIL:
>   This option, when set to 'Y' will print a 'Log of Scripts – Insurance Code 'UNBIL' report when the 'Do End

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Of Day Process' option is selected. This provides a listing of all prescriptions that have not been billed to any third party or cash or discount plan.

Log of Scripts, CA:
This option, when set to 'Y' will print a 'Log of Scripts – Insurance Code 'CA' report when the 'Do End Of Day Process' option is selected. This provides a listing of all prescriptions that have been billed to the insurance code 'CA' (cash).

Log of Scripts, ELOG:
This option, when set to 'Y' will print a 'ELOG (Electronic Log of Scripts)' file when the 'Do End Of Day Process' option is selected. When this option is set to 'D' (delimited), the ELOG file will be created with a '|' (pipe sign) delimiter between each data element in the file.

TP AR Summary Report:
This option, when set to 'Y' will print a 'Third Party Accounts Receivable Summary' report when the 'Do End Of Day Process' option is selected. This report will show the outstanding A/R amount due for each third party.

Exceptions Report:
This option, when set to 'Y' will print the 'Exception Report' when the 'Do End Of Day Process' option is selected. The 'Exceptions Report' contains data about changes to key files that occurred.

DUR Report:
This option, when set to 'Y' will print the 'DUR Interventions List Report' when the 'Do End Of Day Process' option is selected. The 'DUR Intervention List Report' will list DUR warnings that were continued through when a prescription was entered. These interventions could include allergy warnings, dosage warnings, drug to drug interaction warnings and others. These warnings will only be stored in the DUR Intervention System when configured. For more information on the DUR Intervention System, please refer to **Chapter 8** of this manual.

Print Pharmacy Stats:
This option, when set to 'Y' will print the 'Pharmacy Statistics Report' when the 'Do End Of Day Process' option is selected. The 'Pharmacy Statistics Report' contains basic data about how many New Rx's, Refill Rx's and Total Rx's were done and the cost and price of them since last zero'd. When using this option, it is recommended to set the option on the right of it 'Clear Pharm. Stat's' to a 'Y' also.

Daily T.P. Activity Rep.:
This option, when set to 'Y' will print the 'Daily T.P. Activity Report' when the 'Do End Of Day Process' option is selected. The 'Daily T.P. Activity Report' contains information about how much has been billed to each third party on a daily process.

Nightly Backup:
This option, when set to a 'Y', after all reports are printed, will start the backup based off the backup command setup in the 'Backup Utility Configuration', 'Primary Backup' field.

8. Utilities Menu No. 2

```
             U T I L I T I E S   M E N U   # 2
    1.   Change Next Rx Number      G.   Pharmacists File Maint
    2.   Sig Maint                  H.   Technicians File Maint
    3.   Drug Price Setup           I.   Repackaging
    4.   Price Formula Maint        J.   Misc. Records (EMP,ATTY,etc.)
    5.   All/Sen Groups Maint       K.   TAR Tracking
    6.   Label Formats Maint        L.   Special File Diagnostics
    7.   Warning Label Maint        M.   Laser Coupon Maint
    8.   Automatic Sig Codes Maint  N.   System Configuration
    9.   Family/Patient Maint       O.   Special/Custom Processing
    A.   Rx/Pat Profile Repair      P.   Exception File Maintenance
    B.   Inventory Reporting        Q.   DUR Intervention System
    C.   Rebuild New Indexes        R.   Email System
    D.   Bulk Supply Xfer/Billing   S.   Patient Mail Order Records
    E.   Weekly Pharmacy Report     T.   Script Drug Check/Rdy Display
    F.   City Lookup File Maint     U.   Script Drug Fill Check
                                    V.   Delivery Tracking System
                                    W.   Task Alert Edit

                                    Enter your choice.
```

From the Main Menu select Utility Programs, Utility Menu #2.

Each of the menu options will be discussed in order.

Change Next Rx Number

```
        C H A N G E   N E X T   R X   N U M B E R

    Your NEXT SCRIPT Number is   00000435

    Do you wish to CHANGE it? (Y or N)
```

From Utilities Menu #2 select Change Next Rx Number. The following will be displayed:

Prescription numbers are incremented by the system as each prescription is processed. The next prescription number can be viewed or changed by this process. If the script number needs to be changed, enter "Y", and amend the script number. If you do not want to change the script number, press "N", and the system will take you back to the Utility Programs menu.

NOTE: It is very important to not set the next prescription number below the last used number. Doing so will cause duplicate prescription numbers.

Sig Maintenance

When inputting directions for a prescription, it is possible to enter abbreviations instead of typing the directions in longhand form.

Sig Maintenance is the program that maintains the sig. abbreviations.

Enter the function from Utilities Menu #2 by selecting Sig Maintenance:

```
            S I G   M A I N T E N A N C E

        1.  Additions
        2.  Amendments
        3.  List (Code Sequence)
        4.  List (Direction Sequence)

            Enter Your Choice
```

Additions

Use this function to add a code to the sig file. After pressing '1', the following screen will be displayed.

```
                    S I G   A D D I T I O N S
        Abbreviation  [      ]
          Direction  [                                              ]
        Foreign Lang  [                                             ]
        2nd For.Lang  [                                             ]
         Times Daily  [  ]          Dispensed Metric Quantity  [       ]
        Administration Times #1 [      ]   #2 [      ]   #3 [      ]
                             #4 [      ]   #5 [      ]   #6 [      ]

           Admin Quantities #1 [      ]   #2 [      ]   #3 [      ]
                             #4 [      ]   #5 [      ]   #6 [      ]

        Admin on Sun [ ]  Mon [ ]  Tue [ ]  Wed [ ]  Thu [ ]  Fri [ ]  Sat [ ]
```

Abbreviation:
Enter in the abbreviation, or code, to be used when filling prescriptions.

Direction:
Enter in what the code entered in the 'Abbreviation' field is supposed to translate to in English.

Foreign Lang:
Enter in what the code entered in the 'Abbreviation' field is supposed to translate to in Spanish.

2nd For. Lang:
Enter in what the code entered in the 'Abbreviation' field is supposed to translate to in a language, other than English and Spanish. It is important that all sigs secondary language be the same language. The language chosen must have the same alpha characters as the English language.

Times Daily:
The Times Daily and Administration Times will be printed on various Board and Care printouts. Enter the number of times the medication will be taken. This number should be reflected by the sig.

Administration Times:
Enter the times that the medication should be taken. Because the Times Daily and Administration Times are only used with board and care printouts, they are optional.

Administration Quantities:
These fields are used to enter 'Administration Quantities' to be used by special programs available within the Pharmacy Management System. These programs include, but are not limited to, 'Bubble Pack', 'Tray Label', 'AutoMed'. For more information about these additional programs, please contact the Foundation Systems Sales Office at 800-333-0926.

Admin on x:
These fields are used by the AutoMed Interface available for the Pharmacy Management System. For more information about obtaining this interface, or the interface capabilities, please contact the Foundation Systems Sales Office at 800-333-0926. For more information on using the AutoMed Interface, please call the Foundation Systems Technical Support Helpdesk at 801-785-7720.

Amendments

Similar to Sig Additions, but a prompt to enter the sig to be amended will display in advance.

If you amend a sig that has been used in a previous prescription, the system will display the date that the sig was last used, and warn you not to change the meaning of the sig. An amendment will be reflected in all prescriptions in which the sig has been used.

Sig Lists (Code Sequence)

Sig Lists by Code Sequence will print a list in order of the code for the sig. After selecting opting 3 for Sig List, an option for 'Screen' or 'Printer' will display. If the list should be printed to the report printer, select 'P', and it will begin printing. Selecting 'S' will cause the list to be displayed to the screen. After keying 'S' a prompt will display to enter a starting point for the list. Only the English directions will appear on the screen. The printed list will print both the English and Spanish directions.

```
Sig List

Do you want this list to go to the (S)creen, or (P)rinter? S
Starting at [     ] (or leave blank to start at beginning)
```

Sig Lists (Desc. Sequence)

Similar to 'Sig List by Code Sequence', this option allows a list of the sigs to be printed to the report printer, or for a list to be displayed to the screen. The only difference with this option versus the previous is that this list will be sorted in order of the directions, not the code. Only the English directions will appear on the screen. The printed list will print both the English and Spanish directions.

```
                S I G     L I S T
                -----     -------
Abbrev  Directions
----------------------------------------------------
TID     3 TIMES DAILY
TIW     3 TIMES WEEKLY
TK      TAKE
TO      TO
TOREL   TO RELIEVE
TOS     TO START
TOST    TO START
TQ      3 OR 4 TIMES DAILY
TS      TABLETS
TT2     USE UP ALL OF THE AVAILABLE FIELD
TTT     TAKE ONE TABLET AS NEEDED. THIS LABEL IS BEING GENERATED TO
TUD     TAKE AS DIRECTED
TUES    TUESDAY
TWAN    TAKE WITH ANTACIDS
TWF     *TAKE WITH FOOD*
U       USE
UAT     UNTIL ALL TAKEN
UBOF    URINARY BURNING OR FREQUENCY
UC      UNTIL CLEAR
Press any key to continue
```

Drug Price Setup

```
D R U G    P R I C E    S E T U P

  1.  Set Specified Packs Primary
  2.  Set Specified Packs 2ndary
  3.  Set Primary
  4.  Set 2ndary
  5.  Set By Drug Name
  6.  Set Form, 'P', SP by Name
  7.  Set All Generic Drugs
  8.  Set By Drug NDC/GPI Code
  9.  Set OTC Drugs
  A.  Set Compound Drugs
  B.  Change Drug Formula

Enter Your Choice.
```

Drug Price Setup is a collection of utilities that will insert pricing formulas into specified drug classes. The pricing formulas are created and maintained in Price Formula Maintenance, and are covered in the next section of this chapter.

From the Utility Programs menu select Utilities menu #2, and Drug price setup:

All of the above selections work in the same manner. They will insert a price formula into the drug records that match the specifications of the option being used.

Set Specified Packs Primary

```
Set Specified Packs Primary to Price Formula  [ ]
```

This function allows a primary price formula to be inserted for all drugs with a 'Specified Pack'. A 'Specified Pack' is defined as a drug whose 'Spec. Dispensing Pack size' is set to a numeric value greater than 0. After selecting this option, enter the price formula to be inserted in the primary price formula of the drug record. Enter 'Y' to confirm the selection. The system will scan the drug file and set the 'Price Form: Primary' for all 'Specified Pack' drugs to the specified formula.

Set Specified Packs 2ndary

```
Set Specified Packs 2ndary to Price Formula  [ ]
```

This function allows a secondary price formula to be inserted for all drugs with a 'Specified Pack'. A 'Specified Pack' is defined as a drug whose 'Spec. Dispensing Pack size' is set to a numeric value greater than 0. After selecting this option, enter the price formula to be inserted in the secondary price formula of the drug record. Enter 'Y' to confirm the selection. The system will scan the drug file and set the 'Price Form: Secondary' for all 'Specified Pack' drugs to the specified formula.

Set Primary

This option will enter a price formula into the 'Price Form: Primary' for each non 'Specified Pack' drug in the drug file. Enter the code of the formula to be inserted and confirm your choice by pressing 'Y'. The system will change each non 'Specified Pack' drug's primary formula to the formula specified.

```
                    Set Primary to Price Formula  [ ]


             'Specified Pack' drug items will be skipped.
```

Set 2ndary

This option will enter a price formula into the 'Price Form: Secondary' for each non 'Specified Pack' drug in the drug file. Enter the code of the formula to be inserted and confirm your choice by pressing 'Y'. The system will change each non 'Specified Pack' drug's secondary formula to the formula specified.

```
                    Set 2ndarys to Price Formula  [ ]


             'Specified Pack' drug items will be skipped.
```

Set By Drug Name

This option will insert both primary and secondary price formulas into drug records that match the search string entered in the drug name field. At the following screen, enter the drug name - either full or partial, the desired pricing formulas, and whether you wish to verify each drug record before a change takes place.

Setting 'Verify Each Drug' to 'N' will allow the program to set all drugs that match the Drug Name entered to the specified formulas automatically.

Setting 'Verify Each Drug' to 'Y' will cause a prompt 'Do It To This One' to come up for each drug found. A sample of that screen is shown below.

The screen displays the formulas that are to be inserted, the drug name, and the current price formulas. To insert the new formulas into this drug record, press 'Y'.

```
                   SET PRICE FORMULA BY DRUG NAME
                           Drug  [                   ]
        Primary Price Formula  [ ]
         2ndary Price Formula  [ ]
            Verify Each Drug  [Y]  (Y,N)
```

```
        Inserting Formulas:  Primary A  2ndary A

   VAL5   VALIUM G.DIAZEPAM  5MG TAB  ROCHE 100s
   Currently Set To:  Primary P  2ndary P
          Do It To This One  (Y,N)
```

Set Form, 'P', SP by Name

Using the same principle as the above option, this will enter a 'Misc. Price', primary and secondary formulas, and sets 'Specified Pack' to 'Y' or 'N' in each drug record that you specify. You will be asked to confirm each drug record before it is changed. The 'Misc Price' field is optional. However, both price formulas and the specified pack field must have a value entered before the function will run.

```
              SET PRICE FORMULA BY DRUG NAME

                    Drug  [                    ]

             Misc Price  [        ]
   Primary Price Formula  [ ]
    2ndary Price Formula  [ ]
    Specified Pack (Y,N)  [ ]
```

Set All Generic Brand Drugs

Choose which primary and secondary drug codes to place in all drug records indicated to be generic. You have the option to verify each record before a change is made.

```
           SET ALL GENERIC BRAND DRUGS

      Primary Price Formula  [ ]

       2ndary Price Formula  [ ]

          Verify Each Drug  [Y]  (Y,N)
```

Set by Drug NDC Code

By entering either a full of partial NDC, primary and secondary price codes will be entered into corresponding drug records. Set the verify flag to 'Y' to confirm each record before the change is made.

```
        SET PRICE FORMULA BY DRUG NDC/GPI Code

         Drug NDC Code  [                    ]
          '?' = GPI Search

   Primary Price Formula  [ ]

    2ndary Price Formula  [ ]

       Verify Each Drug  [Y]  (Y,N)
```

Set OTC Drugs

Choose which primary and secondary drug codes to place in all drug records indicated to be over the counter drugs. Set the verify flag to 'Y' to confirm each record before the change is made.

```
               SET ALL OTC DRUGS

      Primary Price Formula  [ ]

       2ndary Price Formula  [ ]

          Verify Each Drug  [Y]  (Y,N)
```

Set Compound Drugs

This function is used to set the 'Primary' and 'Secondary' formulas for drugs whose 'Compound Drug' flag is set to 'Y' in 'Drug Maintenance'. Enter in the formula codes, and specify whether you want to verify each drug. Press Enter and the program will run.

```
              SET ALL COMPOUND DRUGS
       Primary Price Formula  [ ]
        2ndary Price Formula  [ ]
          Verify Each Drug  [Y]  (Y,N)
```

Change Drug Formula

This function is provided to allow the user to change all drugs that have one specific formula to have a different formula. This can be done for both the 'Primary' and 'Secondary' formulas.

```
     Change Primary Price Formula From [ ] to [ ]
     Change Secondary Price Formula From [ ] to [ ]
```

Price Formula Maintenance

Price formula maintenance creates and maintains price formulas for cash-based plans:

```
P R I C E    M A I N T E N A N C E

1.  Add/Amend Pricing Information
2.  List Pricing Information
3.  Copy Formula to another Formula

Enter Your Choice
```

Add/Amend Pricing Information

Each price formula is stored and recalled by a single digit code. These codes range from A-Z, a-z, and 0-9, giving sixty-two formulas available for storage and use.

When adding or amending a formula, you will be asked to enter the code of the formula you wish to modify. After entering the code, the following screen will be displayed.

In the upper left-hand corner, you will see the code of the formula. Enter a description for the price formula in the 'Desc' field. The rest of the fields are explained below:

```
P R I C E    M A I N T E N A N C E

Enter price code to modify (0-9/A-Z/a-z)
```

Level Qualifier:

Use this field to specify whether the formula should be based on a cost basis (ie. AWP, Direct Price, MAC) or be based off the quantity of the prescription. The values entered in the 'If <' fields need to be in reflection to the value entered in this field.

```
Formula A   Desc [                    ]      Level Qualifier  [C] (C,Q)
        If  [ ] Is < $[      ] Add [0    ]% + $[       ]  S©D [0    ]%  C-Cost
  (DP) Cost-C  If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%  Q-Quantity
(Site)Cost2-c  If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
      AWP-W  If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
Misc. Price-P  If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
      MAC-M  If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
     MAC2-m  If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
 % of Trade-T  If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
% of Generic-G  If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        If < $[0    ] Add [0    ]% + $[0       ]  S©D [0    ]%
        % Of Trade/Generic  [    ]%              S©D > 50 Are Pennies
```

Enter 'C' in this field to base the formula off the cost basis of the drug. A 'Q' will base the formula off the dispensing quantity of the prescription.

Cost Basis:

To the left of the price lines, the cost basis options for this formula are shown:

    If [W]
    (DP) Cost-C
    (Site) Cost2-c
    AWP-W
    Misc. Price-P
    MAC-M
    MAC2-m
    % of Trade-T
    % of Generic-G

8.4.1

Enter the code that corresponds to the price base that you chose to use for this formula. Each price field can be found in every drug record. When using the % of Trade and % of Generic fields, the trade and generic drug record must be properly linked using the Drug Abbreviation and Generic X-reference drug fields in the respective drug records. See section 5 of this manual for more information.

Price Line:
If < $[50   ]   Add [0]% + $[7.25]   SCD [10]%
If < $[9999]   Add [0]% + $[8.25]   SCD [10]%
        Cost\Quan   %of Cost Basis   Dispensing Fee   Senior Discount

The first column refers to either the cost or quantity of the product, depending which is specified in the formula's level qualifier.

The second column contains the percentage of cost basis (i.e. AWP) that will be added to the total price.

The third column specifies the dispensing fee that will be charged at this price level.

The final column contains the amount of the senior citizen discount. Values 1-50 refer to the percentage that will be deducted from the price, values over 50 refer to the amount in cents that will be discounted. For example, if there is a '10' in this field, and a 'W' in the cost basis field, ten percent of the total calculated price will be deducted for the senior citizen discount. If there is a '60' in the field, $.60 will be taken off of the total price.

% of Trade/Generic:
If a 'T' is entered in the cost basis code, and the product being dispensed is a generic, the system will use the specified percentage of the trade drug's 'Cost Basis' as set in the trade drug's 'Price Form. Primary'. The 'trade' drug is determined using the 'Generic X-Ref Drug Code'. Enter the desired percentage here. Keep in mind that this is a percentage of the trade/generic 'Cost Basis', not the total formula price. To price off a percentage of the trade/generic PRICE and not 'Cost Basis', set 'Software Option' 'Use Percent of Trade Price' found on 'Page 9' in 'Billing Functions' of 'Software Options' to a 'Y'. For more information on 'Software Options', please refer to **Section 23** of this manual.

Example:

Using formula 'A' as shown here, a prescription whose AWP is less than $10 will have 10% of the AWP added to it, then a dispensing fee of $3.75 added. If the patient is setup as a Senior Citizen (patient has to be set to SC for insurance code), a discount amount of 15% will be deducted.

If the AWP is greater than $10, then the next line of the table is checked. The program will check each line until the specified cost basis is less than the entered value.

```
Formula A   Desc  [STANDARD DRUGS        ]     Level Qualifier  [C] (C,Q)
        If  [W] Is < $[10   ] Add [10  ]% + $[3.75 ]  SCD [15  ]% C-Cost
  (DP) Cost-C  If < $[9999 ] Add [10  ]% + $[5.00 ]  SCD [15  ]% Q-Quantity
 (Site)Cost2-c  If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
       AWP-W  If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
Misc. Price-P  If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
      MAC-M  If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
     MAC2-m  If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
 % of Trade-T  If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
% of Generic-G  If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
            If < $[0    ] Add [0   ]% + $[0    ]  SCD [0   ]%
        % Of Trade/Generic  [100 ]%           SCD > 50 Are Pennies
```

List Pricing Information

```
        L I S T   P R I C I N G   F O R M U L A S

    Put Paper in Printer. Press <Enter> to Continue.
```

This function will print a listing containing the breakdown of each price formula.

After selecting this menu option, the screen shown here will be displayed. Press Enter and the list of the pricing formulas and their configuration will be printed.

Copy Formula to another Formula

```
Copy price formula [ ] to price formula [ ]
```

The information from one formula will be placed into another formula's fields.

Enter the code of the formula that you wish to copy from in the first column, and in the second field, enter the code of the formula where you want the information inserted. You will be asked to confirm your choice. Press "Y" to continue with the copy process.

Note:
It is required to have formula '0' (zero) configured in the system. The reason for this is that this formula will be used for 'Usual and Customary' calculation, if no formula has been entered into the 'Price Form: Primary' and 'Price Form: Secondary' in 'Drug Record Maintenance'.

All/Sen Groups Maintenance

The 'All/Sen Groups Maintenance' system is used to make modifications to the Allergy groups and Sensitivities. Because this file is from Medi-Span, it is replaced on the quarterly updates. Any changes made to it will be lost following that update.

```
                    ALLER/SENS GROUPS MAINTENANCE

                      1. Amendments
                      2. List

                      Enter Your Choice




          WARNING:        This MediSpan file is periodically replaced.
       Any changes made by the user to this file will be lost at the
       next update.  Use #963 'UNCODED ALLERGEN - REVIEW' instead of
       modifying this file if at all possible.
```

Amendments

Enter the code or name of the allergy/sensitivity to amend, and make the desired changes to the description. Press Enter to continue.

```
          A L L E R / S E N S    A M E N D M E N T S

        Desc or Group Number   [                           ]




     WARNING:
          This MediSpan file is periodically replaced.  Any changes
          made by the user to this file will be lost at the next update.
```

List

When this option is chosen, you will be given the option to print the list by the code number, or alphabetically by description.

The lists may be printed to the screen or the printer.

Below is a list shown to the screen.

```
                Aller/Sens GROUPS LISTS

                  1.  By Number
                  2.  Alphabetically

                  Enter Your Choice
```

```
        Allergy/Sensitivities List
      Grp  Desc
      --------------------------------------
      1     CORTICOTROPIN
      2     AMINOSALICYLIC ACID
      3     AMPHOTERICIN B
      4     ASPIRIN
      5     BARBITURATES
      6     BUPIVACAINE HCL
      7     CARBONIC ANHYDRASE INHIB.
      8     CEPHALOSPORINS
      9     CLINDAMYCIN/LINCOMYCIN
      10    NO KNOWN DRUG ALLERGY
      11    DEXTRANS
      12    DIBUCAINE
      13    DYCLONINE
      14    ETIDOCAINE HCL
      15    GOLD SALTS
      16    HEPARIN (PORCINE)
      17    HYDANTOINS
      18    HYDRALAZINE
      19    SESAME
      20    INSULIN (PORCINE)
      Press any key to Continue
```

Label Format Maintenance

The 'Label Format Maintenance' program is designed to allow the prescription labels to be customized to meet the unique requirements for each pharmacy. Depending on which of the 4 different types of label programs being used, (Dot Matrix Fixed, Dot Matrix Programmable, Original Laser Labels, and 2nd Gen. Laser) some items can be repositioned, added or removed.

```
              L A B E L   F O R M A T S

        1.  Old (Fixed) Dot Matrix Bottle Label Maint
        2.  Old (Fixed) Dot Matrix Aux Labels Maint
        3.  Programmable Dot Matrix Label Maint
        4.  Laser Label Maintenance
        9.  Dispensing Robot Label Format Maint

            Enter Your Choice.
```

Menu options 1 & 2 are for the Dot Matrix – Fixed label program. The 'Fixed' label was the original label program and is somewhat limited on the number of items that can be printed and repositioned. The 'Fixed' program is also what determines the sample label that displays on the screen when filling prescriptions, and doing 'Price Quotes'. This format is also used to enable the 'Miscellaneous Label Note'.

Menu option 3 is for the 'Programmable Dot Matrix' program. This is the more flexible of the two dot matrix printer label programs. This will be discussed in greater detail later in this section.

Option 4 'Laser Label Maintenance' is the most complete of the label programs. This program will be discussed in detail later in this section.

Option 9 will only be available when a dispensing robot is active on the system. For more information on the 'Dispensing Robot Label Format Maint', contact the FSI Tech Support Office at 801-785-7720.

Old (Fixed) Dot Matrix Bottle Label Maint

Note: This Label format is primarily used to configure the screen display. No program changes or enhancements will be made to this label format.

```
        B O T T L E   L A B E L   M A I N T      Label File: label.dat
                                               Line
 N123456        2 More Refills       21 Feb 07  1   1.  Drug Line
 Patient's Name Pat's Addr On Narcs             2   2.  Direction Line
 These Are The Lines for the                    3   3.  Num of Dir. Lines
 Medication Directions.                         4   4.  Rx Number L&C
   (Minimum of 3 Lines, Current-Misc--Note-     5   5.  Doctor L&C
    60  Drug Name Strength Form                 6   6.  Patient Line
 Dr. Jeckel DEA# On Narcs MP        Exp. Date   7   7.  Date L&C
                                                    8.  Pharm Init L&C
   Column 1   1   2   2   3   3   4   4          9.  Price L&C
 1    5   0   5   0   5   0   5   0   5         10.  Refills Rem. L&C
                                               11.  Expiry Date L&C
                                               12.  Misc Note L&C
                                               13.  Drug NDC L&C

                                               [  ]  Enter Your Choice
```

The 'Dot Matrix Bottle Label Maint' is used in formatting the Dot Matrix Fixed label. The 'Fixed' label is used to generate the screen display, and may also be used for the printing of labels. It is recommended before making changes to the label format, to first verify that the 'Fixed' label is the label program being used. To do this it is necessary to check the settings in the printer map. For assistance in checking which program is being used for the printing of labels, call the FSI Tech Support Helpdesk at 801-785-7720.

The twelve items on the right side of the screen are available to be placed on the bottle label. The label is on an x-y coordinate system, with 45 columns and 7 rows. When an item is placed, it will appear on the screen just as it will appear when the bottle label is printed.

Example:
To place the prescription number in the upper left hand corner of the prescription bottle label, select item number four - Rx Number L&C (line and column). Enter the item on line 1, column 1. The prescription number will appear on the screen.

Old (Fixed) Dot Matrix Aux Labels Maint

```
    A U X   L A B E L   M A I N T E N A N C E     Label File: label.dat
                                              Line 1-31 Rx Number L&C
Patient's Name Address City                     1   2-32 Drug (qty) L&C
N123456 21 Feb 07 PI        $12.50  Doc DEA #   2   3-33 Patient L&C
  60  Drug Name Strength Form                   3   4-34 Patient Addr (Y,N)
                                                4   5-35 Doctor L&C
Directions for 3 Linesy                         5   6-36 Doc Addr (Y,N)
                                                6   7-37 Doc Phone (Y,N)
 $Drug Cost$$      Drug NDC ##      OrgRx#       7   8-38 Price L&C
N123456  Patient's Name       PC219 21 Feb 07   8   9-39 Date L&C
  60  Drug Name Strength Form        $12.50 PI  9  10-40 Third Party Code L&C
                                               10  11-41 Pharm Init L&C
                                               11  12-42 Doctor's DEA L&C
                                               12  13-43 Drug NDC Code L&C
                                                   14-44 Refs Remain'g L&C
  Column  1    1    2    2    3    3    4    4      15-45 Patient ID # L&C
1       5    0    5    0    5    0    5    0    5   16-46 Original Rx # L&C
                                                   17-47 Drug Cost L&C
 64.  Reverse Lines     61.  Sigs Starting Line    18-48 Claim Ref Num L&C
 65.  Xtr Forward Lines 62.  # of Lines of Sigs    19-49 DAW Flag L&C
                        63.  Lines of Aux Label    20-50 Refills Authorized L&C
                                                   21-51 Patient's Phone # L&C
                   [  ]  Enter Your Choice         22-52 Pat's Birth Date L&C
```

Note: This label format in considered obsolete by FSI. No program changes or enhancements will be done to this format. For the newest features, and greatest program flexibility, it is recommended by FSI to use the 'Dot Matrix Programmable Label Format'.

Using the x-y coordinate system, the items are placed on the auxiliary label in the same manner as the dot-matrix bottle label. Each item on the right side of the screen may be placed on the auxiliary label twice. For this reason, the items are numbered twice. Place the item on the label the first time using the first item number, and the second time using the second item number.

Most of the available print options are self-explanatory, so they will not be discussed individually. The setup options are discussed below.

61. Sigs Starting Line:
Use this option to specify the starting line for the directions.

62. # of Lines of Sigs:
Use this option to specify the number of lines to be used to print the directions.

63. Lines of Aux Label:
This sets the total number of lines for the auxiliary label. The maximum value of usable lines for this field is 12. This field can be set to a value greater than 12, but those lines will not be viewable on the screen.

64. Reverse Lines:
'Reverse Lines' are used to pull the label back into the printer when the next label starts printing. Enter the number of lines for the printer to feed back into the printer in this field.

65. Xtr Forward Lines:
'Xtr Forward Lines' is used to set the number of lines to advance the label, to set the perforation to the tear position of the printer. This should be used in conjunction with the 'Reverse Lines' function.

Programmable Dot Matrix Label Maint

```
   P R O G R A M M A B L E   D O T   M A T R I X   L A B E L
                                                        pdmlabel
 1. Rx Number            22. A/R Charge Acct Num  43. Pharmacy Name
 2. Original Rx Number   23. A/R 'Charged' Flag   44. Pharmacy Address
 3. Disp. Drug (& qty)   24. Doctor Name (PA)     45. Pharmacy City St Zip
 4. Disp. Drug NDC       25. Doctor Address       46. Pharmacy Phone
 5. Disp. Drug Cost      26. Doctor DEA           47. Pharmacy DEA
 6. Total Price          27. Doctor Phone #       48. Pharmacy ID
 7. Patient Price        28. Date Filled          49. Pharmex #s
 8. Discount Amt         29. Last Fill Date       50. N.V. Pat ID #
 9. Sales Tax            30. Pharmacist's Inits   51. N.V. Doc ID #
10. On-Line T.P. Paid    31. Pharmacist's Name    52. Refs Rem'g # Only
11. Patient Name         32. Tech's Initials      53. Drug Lot #
12. Patient Add,City,St  33. Refills Authorized   54. Usual & Customary
13. Patient Street Addr  34. Refills Remaining    55. Rx Episode/Acct #
14. Patient City,St,Zip  35. Fill Number          56. Pat LTCF Code
15. Patient Card ID      36. Days Supply          57. Pat LTCF Location
16. Patient Group #      37. Third Party Code     58. Drg Shape/Color Desc
17. Patient Misc ID      38. Claim Reference #    59. Non-Discount Price
18. Patient Age          39. DAW Flag
19. Patient Date-o-Birth 40. Expiry Date          98. 2-D/3-D/60-95 Items
20. Patient Phone Number 41. Misc Label Note      99. Print a Test Label
21. Safety Cap Flag      42. Generic For Mess     [  ] Enter Your Choice
```

The programmable dot matrix label option allows each item on the label and receipt to be arranged and formatted as the user desires. This format may also extend to Call Dr. labels. In order for this function to work properly, the 'Printer Map' must be set up correctly. For more information on 'Printer Map Maintenance', please refer to Section 23 of this chapter.

If you plan to use the programmable label format for the prescription labels, a 'P' must be placed in the 'Dot Matrix Label Ptr Type'. If the programmable format is to be used for Call Dr. labels, the 'Call Doc. Label Ptr Type' must also be set to 'P'.

When you enter the programmable label function, you will see a list of the items available to be placed upon the label.

The options displayed on this first screen are the typical items to be printed on a label. A second menu is available by pressing '98'.

When you select '98' you will display an additional screen shown below, that will permit additional information to be printed on the label.

Format each item by pressing the item's number. We will use option 1, 'Rx Number', for an example, the same principle applies to all the items on the list.

```
        P R O G R A M M A B L E   D O T   M A T R I X   L A B E L
                    2-D/3-D/60+ Items
        60. Filled by Robot Flag          80. Lowest Priced Generic
        61. Prescribed Drug               81. Lowest Priced Generic Diff.
        62. Today's Date                  82. Third Party Code wo/NotCov
        63. Patient Name; Last,First
        64. No-HIPAA Sign Warning         91. Text Lines
        65. No-NoSftyCap Sign Warning     92. Line Spacing (6/8)
        66. Doctor Fax Phone #            93. Total Label Height
        67. Dispensed Drug                94. Extra Lines (Bottom)
        68. Brief Imprint                 95. Reverse Lines (Top)
        69. Antidepressant Warning
        70. LABEL ONLY Indicator          99. Print a Test Label

        71. Sigs                          [  ] Enter Your Choice
        72. Directions
        73. English Directions
        74. P.C.M.
        75. D.U.R.
        76. Pat Name w/Add(S2-5)
        77. Doc Name w/DEA(S2-5)
        78. Dirs Not Fit Label
        79. Brief Imprint - 3D
```

Selecting item one gives us the following screen:

Each time an item is added to the receipt, it must be given a line, column, and pitch setting. If there is not a line available to enter an additional setting, press Enter . An additional record will be created. Note: If the Line Number is set to '0' (zero) that line number will NOT print on the label.

```
        P R O G R A M M A B L E   D O T   M A T R I X   L A B E L

                         R X   N U M B E R

        Line [1 ]    Column [0    ]''   Pitch [10] (10,12,17 cpi)
        Line [9 ]    Column [0    ]''   Pitch [12] (10,12,17 cpi)
        Line [0 ]    Column [0    ]''   Pitch [12] (10,12,17 cpi)
        Line [6 ]    Column [3.2  ]''   Pitch [12] (10,12,17 cpi)

        Columns are expressed in Inches and Fractions of Inches.

        Line Number Set to 0 Will Not Print.

        You May Press F10 to Create Another Data Record For This Item.
```

Line:
Enter the line where the item should be placed on the label. Typically, each inch of the label will contain six lines. Next enter the column where the item will be placed.

Column:
The column is measured in inches and fractions of inches from the left-hand side of the label. For example, you wish to place the Rx number 4 & 1/8" from the left-hand side of the label, enter 4.125 in the column field.

Pitch:
The pitch designates the size of print that will be used when the item is printed on the label. The system will print in ten, twelve, or seventeen characters per inch.

Items that are designated as two or three dimensional (sigs, PCM message, etc.) will also ask for a height and width setting. Height is input as the number of lines the item will use. Width is expressed in inches and factions of inches.

Laser Label Maintenance

The Laser Label Maintenance system allows for a 'single' sheet laser label. All selected items can be printed on one laser label sheet. The format process and item placement is similar to the Laser Label sequence. If you are changing over from using a dot matrix label to a laser label, it is recommended to contact the **Foundation Systems Technical Support Helpdesk** at **801-785-7720** for assistance in setting up the system to print to a laser for the first time. Note: Option 'S' will mark the items that are currently selected in

```
        L A S E R   L A B E L   M A I N T

          1. Patient Items
          2. Script Items
          3. Drug Items
          4. Doctor Items
          5. Dollar/Price Items
          6. Pharmacy Items
          7. Misc Items
          8. Bar Coded Items
          9. Text Items
          A. Picture Frames
          B. Filled Rectangles
          C. Patient Mail Order Items
          P. Print a Test Label
          Q. Offset/General Setup
          S. Show Active
             logo2886.655
          Enter Your Choice.
```

each area that is printing on the Laser Label. The 'Vertical' and 'Horizontal' positions are in 300 dots per inch measurement.

The 'Laser Label Maint' options have been divided into groups depending on the category the item to be printed is under. For example, if the name of the patient needed to be added/removed/moved, it would be found under option 1 'Patient Items'.

The 'Laser Label Maint' program has the most item availability of all the label programs. The positioning for the item to be printed is set by a vertical and horizontal address.

Definitions for the field values used in the Laser Label programs are:

Vertical Position:
> Sets the top to bottom position. The greater the value set for vertical position, the printed item will move closer to the bottom of the label. Setting the vertical position to '0' (zero) will cause this entry for the item to not be printed.

Horizontal Position:
> Sets the left to right position. The greater the value, the closer to the right side of the label the item being printed will print. Setting the value for this field to '0' (zero) will position the text on the left most position.

Points:
> Sets the print size for the item being printed. The greater the value entered, the larger the text will be.

Port/Land:
> This option specifies whether the orientation of the printed item should be left to right or bottom to top.

Bold:
> Setting this field to 'Y' will cause the item to be printed darker than it normally would. Leaving this field blank or setting it to 'N' will not do anything. Other bolding options and the variable to select them are listed on the screen.

TypeFace:
> Enter a 'U' in this field to use the font 'Universe' or 'T' to use the 'CGTimes' font.

Style:
> This function is used to apply various styles to the printed item. Some of the styles include italics, outlining, and shadowing. Other options, and the variables to select them are listed on the screen.

(S2-5):
> This will be displayed after various printable items to indicate that it will only print the selected information if the prescription is for a drug marked as schedule 2-5. Some of the options that this is available on is

'Patients Name w/ addr', 'Patients Address', Doctor Name w/ DEA'.

Other configuration options might be available depending on the particular item being worked on. On the 'Laser Label Maint' menu, most of the options have a sub-menu, and therefore will be discussed individually. Those that do not have a sub-menu will be listed below.

Patient Items

This menu displays all of the printable settings that relate to the patient the prescription was filled for.

For example purposes, the 'Show Active' function has not been turned on. Select the item to be modified on the label. Following the selection, the following will be displayed. (For example purposes, 'Name (First Last) was selected.

```
                P A T I E N T   I T E M S (100)

     1. Name (First Last)      17. A/R Charge Acct Num
     2. Name w/Addr (S2-5)     18. LTCF Code
     3. Addr,City,St,Zip       19. LTCF Location
     4. Street Address         20. Address If S2-5
     5. City,St,Zip            21. Name (Last,First)
     6. Card Number            22. Subscriber's Name
     7. Group Number           23. Patient Note (No #)
     8. Misc ID                24. HIPAA Sign Status
     9. Age                    25. No-HIPAA Sign Warning
    10. Date-of-Birth          26. No-NonSaftyCap Sign Warning
    11. Phone Number           27. 2nd Phone Number
    12. N.V. ID                28. Full HIPAA Sign Mess w/Line
    13. S.S.N.                 29. Patient's Email Addr
    14. Personal ID            30. Optional Street Address
    15. Episode/Acct #         31. Patient Special Case
    16. Safety Cap Flag

                   Enter Your Choice [  ]
```

To add a new setting for the item, press 'A'. To edit, press 'E'. A field to enter in which setting to edit will be displayed. Enter in the appropriate line # and if necessary, press enter. The setting for that line will be displayed. Make the appropriate changes and press `Enter` to save.

Because the functionality for adding/amending settings on the '2nd Gen Laser Label' is the same regardless of which item is being amended, the procedure just discussed will not be discussed again in later items.

```
              L A S E R   L A B E L   M A I N T
              N A M E   ( F I R S T   L A S T ) (101)
     # 1. V-Pos  275  H-Pos   15  Pts 10   Port  Norm  Unvrs  Uprit
     # 2. V-Pos  280  H-Pos 1545  Pts  7   Port  Norm  Unvrs  Uprit
     # 3. V-Pos 2545  H-Pos 1225  Pts  7   Port  Bold  Unvrs  Uprit
     # 4. V-Pos  615  H-Pos  885  Pts  7   Port  Norm  Unvrs  Uprit
     # 5. V-Pos 2695  H-Pos  300  Pts 10   Port  Bold  Unvrs  Uprit
     # 6. V-Pos  625  H-Pos  150  Pts  7   Port  Norm  Unvrs  Uprit

    VertPos [275 ]  HorzPos [15 ]  Points [10 ]     Port/Land [P] (P,L)
      Bold [N]    TypeFace [U]     Style [U]
          T-Thin          U-Universe      U-Upright
          L-Light         T-CGTimes       I-Italic
          N-Normal                        O-Outline
          Y-Bold                          S-Shadowed
          B-Black                         C-Condensed
                                          c-Cond Ital
                                          E-Expanded
                                          i-Inline
                                          o-Outln Shad
```

Script Items

This menu displays all of the printable settings that relate to the prescription.

```
                S C R I P T   I T E M S (200)

     1. Script Number           20. Script Episode/Acct #
     2. Original Rx Number       21. Filled By Robot Flag
     3. Date Filled              22. Dispensing Time
     4. Date Last Filled         23. Delivery Flag w/Route
     5. Date Originally Filled   24. Next Refill Date
     6. Script Expiry Date       25. Dispensed Quantity
     7. Fill Number              26. Original Quantity
     8. Refills Authorized       27. Refill Quantity
     9. Refills Remaining        28. T. P. Code (Not Cov)
    10. Refills Remaining #-Only 29. XofX Label Numbering
    11. Pharmacist's Initials    30. Most Recent Third Party Code
    12. Pharmacist's Name        31. Third Party Claim Table
    13. Tech's Initials          32. Status Flags Del,NF,Else,etc
    14. Days Supply              33. Date Script Written
    15. Third Party Code         34. Metric Quantity
    16. Claim Reference #        35. Doc/Pharm Type
    17. DAW Flag                 36. Partial Qty Remaining of Total
    18. Misc Label Note          37. XofX Label Print Date
    19. Generic For Message

               Enter Your Choice [  ]
```

Drug Items

This menu displays all of the printable settings that relate to the drug.

<F2> Swap Intercon/Intercon II Warning Labels:

This function key is used to transfer all settings from options 17 and 18 to options 21 and 22.

For the 'Intercon2 Warning Labels' to function correctly, an 'Intercon2' font card must be installed in the laser printer.

```
                  D R U G   I T E M S (300)

   1. #Qty Name Strength Form Mfg    15. M/S's Pharmex Label #s
   2. Name Strength Form Mfg         16. M/S's Written Warning Labels
   3. Name Strength Form             17. Intercon Warn Labs (Eng Only)
   4. NDC Code                       18. Intercon Warn Labs (Eng/Span)
   5. Drug Expiry Date               19. Drug Stock-On-Hand
   6. Lot Number                     20. Primary Wholesaler Code
   7. Shape/Color/Description        21. Intercon2 Warn Labs (Eng Only)
   8. Prescribed Drug                22. Intercon2 Warn Labs (Eng/Span)
   9. Old W/L Pharmex Label #s       23. Mixture Ingred (Table w/Lot#,Exp)
  10. Old W/L Written Warn Labs      24. Generic Name
  11. Old W/L Intercon Warn Labs     25. Background CII-CV
  12. Mixture Ingred (Table Format)  26. Generic Name (IF Trade)
  13. Mixture Ingred (Paragraph Form) 27. Unit Dose Indicator (BubblePak)
  14. Service Code/Misc ID Number    28. Mixture Drug Days to Expiry

                  Enter Your Choice [  ]


<F2> Swap Intercon/Intercon II Warning Labels
```

Doctor Items

This menu displays all of the printable settings that relate to the doctor.

```
                D O C T O R   I T E M S (400)

   1. Name (First Last)
   2. Name    ''    '' w/DEA (S2-5)
   3. Name (Last,First)
   4. Name    ''    '' w/DEA (S2-5)
   5. Address City St Zip
   6. DEA Number
   7. Phone #
   8. Phone #2
   9. Fax Phone #
  10. N.V. ID #
  11. Name Phone1 Phone2
  12. Name (Frst Lst) (PA/Doc)
  13. Name (Lst,Frst) (PA/Doc)
  14. Addr Addr2 City St Zip
  15. Address
  16. Address2
  17. City, State Zip
  18. State Lic Number

      Enter Your Choice [  ]
```

Dollar/Price Items

This menu displays all of the printable settings that relate to the dollar/price items for the prescription.

```
            D O L L A R / P R I C E   I T E M S (500)

   1. Drug Cost
   2. Script Fee
   3. Patient Price w/oTax
   4. Patient Price w/Tax
   5. Total Price w/oTax
   6. Total Price w/Tax
   7. Patient Sales Tax
   8. Total Sales Tax
   9. Discount Amount
  10. Non-Discount Price w/oTax
  11. Non-Discount Price w/Tax
  12. Usual & Customary
  13. 1st T.P. Paid
  14. 2nd T.P. Paid
  15. Lowest Priced Generic
  16. Lowest Priced Generic Diff.

      Enter Your Choice [  ]
```

Pharmacy Items

This menu displays all of the printable settings that relate to the pharmacy.

```
            P H A R M A C Y   I T E M S (600)

   1. Pharmacy Name
   2. Pharmacy Street Address
   3. Pharmacy Street Address #2
   4. Pharmacy City, State Zip
   5. Pharmacy City
   6. Pharmacy State
   7. Pharmacy Zip
   8. Pharmacy Phone Number
   9. Pharmacy Fax Phone Number
  10. Pharmacy DEA #
  11. Pharmacy I.D.
  12. Intercon Font Card Small Logo
  13. Intercon Font Card Large Logo

      Enter Your Choice [  ]
```

Misc Items

This menu displays all of the printable settings that relate to the miscellaneous prescription items.

```
        M I S C   I T E M S (700)

     1. Sigs
     2. Directions (Lang As Nec)
     3. English Directions
     4. P.C.M.
     5. D.U.R.
     6. Receipt Message
     7. Coupon
     8. Recent History
     9. P.D.E.
    10. Today's Date
    11. Allergy List
    12. Brief Imprint
    13. Verbose Imprint
    14. Short (42 Char) Script Note
    15. Reverse Side PDE 'leftovers'


         Enter Your Choice [  ]
```

Bar Code Items

This menu is used to print barcodes on the label sheet. For these functions to work, the laser printer must first have a barcode chip installed.

The barcode print options do not have all of the print options like the text items that have been discussed. The barcode items have only a vertical/horizontal position, and a port/land setting. The size of the barcode and the darkness (bold vrs not bold) cannot be amended.

```
            B A R   C O D E   I T E M S (800)

     1. Rx # For FSI POS (UPC)      12. McK1000 Robot NdcQty (3/9)
     2. Drug NDC (UPC)              13. McK2000 Robot Rx#Fill# (3/9)
     3. Drug UPC (UPC)              14. PharmAssist Robot FillRec# (3/9)
     4. Pat N.V. ID (UPC)           15. Kirby Lester NdcRx#Qty (128)
     5. Rx # / Price w/oTax (UPC)   16. Ret Man Sol Rx#Fill#Price (128)
     6. Rx # / Price w/Tax (UPC)    17. Drug NDC (3/9)
     7. Script Number (UPC)         18. Rx # (3/9) Double Height
     8. Pat N.V. ID (3/9)           19. Harmons POS 79Rx#Fill#Price (128)
     9. A/R Acct Num (3/9)          20. McKes POS %RRx#Fill#Price (3/9)
    10. Rx # (3/9)                  21. DDN Script # Label (3/9)
    11. 2RxRxRx$$$cc (3/9)

             Enter Your Choice [  ]
```

Text Items

This menu is used to print miscellaneous text lines on the label sheet.

There are 9 different groups for the text lines to be sorted into, based off the major sections of a label sheet. Select the appropriate group of where the text line is to be placed. After selecting the group, the following screen will be displayed.

The screen will display the vertical/horizontal and point size settings for each text line within the group. Following those settings the text entered in the text line will be displayed. The entire context of the text field may not display however due to room limitations.

To add a new text line setting, press 'A'. To edit a text line setting, press 'E'. A field to enter in which setting to edit will be displayed. Enter in the appropriate line # and if necessary, press enter. The setting for that line will be displayed. Make the appropriate changes and press 'ENTER' to save.

```
         T E X T   I T E M S (900)

     1. Group 1  - Bottle Label
     2. Group 2  - Aux Labels
     3. Group 3  - Receipts
     4. Group 4  - Hard Copy
     5. Group 5  - P.C.M.
     6. Group 6  - D.U.R.
     7. Group 7  - Coupon
     8. Group 8  - PDE
     9. Group 9  - Misc
    10. Group 10 - Compounds Only
    11. Group 11 - 'Antidepressants'
    12. Group 12 - Label Only

         Enter Your Choice [  ]
```

```
         L A S E R   L A B E L   M A I N T
       G R O U P   1   -   B O T T L E   L A B E L (901)
  # 1. V-Pos 532  H-Pos 583  Pts 5  exp.
  # 2. V-Pos 240  H-Pos  15  Pts 8  RX:
  # 3. V-Pos 548  H-Pos 578  Pts 5  date:

    Press A-Add Another, E-Edit One, F1-Return
```

Picture Frames

This menu is used to print picture frames on the label sheet. Picture frames are used to accentuate specific pieces of information on the label sheet. Like the text lines, the 'Picture Frames' menu is broken up into groups for the different areas of the label sheet.

Select the appropriate group of where the picture frame is to be placed. After selecting the group, the following screen will be displayed.

To add a new picture frame setting, press 'A'. To edit a picture frame setting, press 'E'. A field to enter in which setting to edit will be displayed. Enter in the appropriate line # and if necessary, press enter. The setting for that line will be displayed. Make the appropriate changes and press Enter to save.

```
        P I C T U R E    F R A M E S (1000)

           1. Group 1 - Bottle Label
           2. Group 2 - Aux Labels
           3. Group 3 - Receipts
           4. Group 4 - Hard Copy
           5. Group 5 - P.C.M.
           6. Group 6 - D.U.R.
           7. Group 7 - Coupon
           8. Group 8 - PDE
           9. Group 9 - Misc

           Enter Your Choice [ ]
```

```
           L A S E R   L A B E L   M A I N T
        G R O U P   1  -  B O T T L E   L A B E L (1001)
      # 1. V-Pos  268   H-Pos   15   Hieght  100   Width  300

      VertPos [    ] HorzPos [    ]   Height [   ]    Width [    ]
    Thickness [    ] (Dots)              Shade [    ] %
```

Filled Rectangles

This menu is used to print filled rectangles on the label sheet. Filled rectangles are used to accentuate specific pieces of information on the label sheet. Like the text lines and picture frames, the 'Filled Rectangles' menu is broken up into groups for the different areas of the label sheet.

Select the appropriate group of where the filled rectangle is to be placed. After selecting the group, the following screen will be displayed.

To add a new filled rectangle setting, press 'A'. To edit a filled rectangle setting, press 'E'. A field to enter in which setting to edit will be displayed. Enter in the appropriate line # and if necessary, press enter. The setting for that line will be displayed. Make the appropriate changes and press 'ENTER' to save.

```
        F I L L E D    R E C T A N G L E S (1100)

           1. Group 1 - Bottle Label
           2. Group 2 - Aux Labels
           3. Group 3 - Receipts
           4. Group 4 - Hard Copy
           5. Group 5 - P.C.M.
           6. Group 6 - D.U.R.
           7. Group 7 - Coupon
           8. Group 8 - PDE
           9. Group 9 - Misc

           Enter Your Choice [ ]
```

```
           L A S E R   L A B E L   M A I N T
        G R O U P   1  -  B O T T L E   L A B E L (1101)
              No Records Defined For This Item.
      VertPos [0  ] HorzPos [0  ]   Height [0   ]    Width [0   ]
        Type [S]      Pattern [ ]       Shade [0  ] %
   Cross Hatch - C    If Type C: H - Horizontal
       Shaded - S                V - Vertical
    All Black - B                D - Diagonal (/)
                                 d - Diagonal (\)
                                 C - Hor/Vert Cross
                                 X - Diagonal Cross
```

Patient Mail Order Items

This menu is used to print the patient's mail order information on the label sheet.

```
         P A T I E N T   M A I L   O R D E R   I T E M S (1200)

                1. Name
                2. C/O Name
                3. Address Line 1
                4. Address Line 2
                5. City
                6. State
                7. Zip Code
                8. Credit Card #
                9. Credit Card Exp
               10. Shipping Method
               11. Shipping Instructions
               12. Note

               Enter Your Choice [   ]
```

Offset/General Setup

Use this menu to enter in the minimum point size for the directions to shrink to. Also use this menu to program an entire label offset value.

For example, if the entire label was printing a little too high on the label sheet, use 'Vertical Position Offset' to move everything printing on the label down a little. This can be used in the opposite, to move everything up, by entering in a negative value.

```
              O F F S E T / G E N E R A L   S E T U P

        Minimum Directions Point Size  [4]
            Vertical Position Offset  [0   ]    (May Be Negative
          Horizontal Position Offset  [0   ]     If Necessary)
```

The 'Horizontal Position Offset' is used to move everything printing on the label sheet from left to right, or the opposite, using a negative value.

Print a Test Label

This function will print a test label with the current settings. If any settings were just changed, they will be reflected in the next test print.

Show Active

Pressing this option will cause 'Act' to display to the right of each option that currently has a valid setting for the label. This is especially useful when trying to find a mysterious print object. A sample is shown below.

```
              P A T I E N T   I T E M S (100)

      1. Name (First Last)Act    17. A/R Charge Acct NumAct
      2. Name w/Addr (S2-5)      18. LTCF Code
      3. Addr,City,St,Zip        19. LTCF Location
      4. Street AddressAct       20. Address If S2-5
      5. City,St,ZipAct          21. Name (Last,First)
      6. Card Number             22. Subscriber's Name
      7. Group Number            23. Patient Note (No #)
      8. Misc ID                 24. HIPAA Sign Status
      9. AgeAct                  25. No-HIPAA Sign Warning
     10. Date-of-Birth           26. No-NonSaftyCap Sign Warning
     11. Phone NumberAct         27. 2nd Phone Number
     12. N.V. ID                 28. Full HIPAA Sign Mess w/Line
     13. S.S.N.                  29. Patient's Email Addr
     14. Personal ID             30. Optional Street Address
     15. Episode/Acct #          31. Patient Special Case
     16. Safety Cap FlagAct

                Enter Your Choice [   ]
```

Warning Label Maintenance

Warning labels can be programmed into the system for use with laser labels. When the warning labels are created, they must be placed in the appropriate drug records. See Chapter 3 for additional information related to warning labels. A 'Font Card' is required to print out the symbols associated with the warning labels. Also the 2nd Generation Laser Label can automatically produce printed Warning Labels.

```
          W A R N I N G   L A B E L S   M A I N T

              1.  Additions
              2.  Amendments
              3.  Screen List
              4.  Printer List
              5.  Print Font Card Icons

          Enter Your Choice
```

Additions

Each warning label is assigned a numeric code at the time it is created. Select option 1. Additions, and the following screen will be displayed.

Enter the text that you wish to print on the warning label. The size of the font will be adjusted according to the quantity of the text.

FONT CARDS:
 If your printer is compatible with the Intercon7 font card, enter a description of the label in the text field. Use the Laser Rx Card Icon # and Laser Rx Card Text # fields to access the font card capabilities. The font card will come with an insert showing the various icon and text numbers available for use, as well as example warning labels.

```
          W A R N I N G   L A B E L   A D D I T I O N S

                    Code    114
     Text  [                                    ]
      ''   [                                    ]

             Laser Rx Card Icon #  [   ]
             Laser Rx Card Text #  [   ]
                 Pharm-Ex Label #  [   ]
```

PHARM-EX7 LABEL FORMAT:
 If you are using Pharm-Ex7 labels, the system is capable of indicating which Pharm-Ex7 should be used with a particular medication.   Enter the Pharm-Ex7 label number in the text field. The warning label specifications in Laser Aux Label Maintenance must indicate that you are using the Pharm-Ex7 format.

Amendments

Enter the number of the warning label to view or amend. Press Enter to save any changes that are made.

```
       W A R N I N G   L A B E L   A M E N D M E N T S
     Warning Label Code you wish to AMEND (1-113)  [   ]
```

Screen List

This option produces a list of the warning label codes and directions currently on file. The list is shown to the screen. Only one screen of warning labels will show on the screen. Press Enter to advance to the next screen.

Printer List

This option produces a list of the warning label codes and directions currently on file. The list is printed to the printer.

```
Code  Directions                                     21 Feb 07
--------------------------------------------------------------------
  1   DO NOT TAKE ANTACIDS WITHIN ONE (1) HOUR OF TAKINGTHIS MEDICINE.
  2   YOU SHOULD FINISH TAKING THE MEDICATION IN THISCONTAINER
      BY_____
  3   DO NOT USE AFTER_____
  4   KEEP IN REFRIGERATOR DO NOT FREEZE
  5   DO NOT SHAKE BEFORE SPRAYING DO NOT INHALE SPRAY
  6   IT IS VERY IMPORTANT THAT YOU TAKE OR USE THISEXACTLY IS DIRECTED
      DO NOT SKIP DOSES
  7   FINISH ALL THIS MEDICATION UNLESS OTHERWISEDIRECTED BY PRESCRIBER.
  8   THIS BOTTLE IS NOT FULL BUT CONTAINS EXACT AMOUNTPRESCRIBED BY THE
      PHYSICIAN
  9   THIS BOTTLE IS NOT FULL BUT CONTAINS EXACTAMOUNTPRESCRIBED BY THE
      PHYSICIAN
 10   SHAKE WELL BEFORE USING, CLEAN MOUTHPIECE AFTEREACH USE WITH
      RUNNING WATER
 11   SHAKE WELL BEFORE USING
 12   SHAKE WELL
 13   REFRIGERATE-SHAKE WELLDISCARD
      AFTER_____
 14   SHAKE WELL AND KEEP IN REFRIGERATOR
 15   SOME NONPRESCRIPTION DRUGS MAY AGGRAVATE YOURCONDITION, READ ALL
            Press <Enter> To Continue.
```

Print Font Card Icons

This option will print out the warning label codes for the various Icons available on the Font Card. A font card must be installed in the printer for this option to work.

Automatic Sig Codes Maintenance

Drugs that have commonly used sigs can be assigned automatic sig codes. These automatic sig codes can be accessed while filling a prescription by typing a semicolon in the direction field.

```
A U T O   S I G   C O D E S   M A I N T

        1.  Amendments
        2.  List

    Enter Your Choice
```

Amendments

Each automatic sig code is assigned a single character code that it uses as a reference. Enter the code for the automatic sig code you wish to amend:

Enter an abbreviation and directions for the automatic sig code. In order for automatic sig codes to work properly, the sig code you enter here must also be in the sig file. After the sig and directions are entered here and in the sig file, the auto sig code must be entered into the appropriate drug record:

With the setup shown here, when a prescription for this drug is filled, the automatic sig will show on the screen beneath the direction field. Enter a semicolon in the direction field of the prescription to use the automatic sig.

```
A U T O   S I G   A M E N D M E N T S
  Auto Sig Code you wish to AMEND (A-Z,a-z,0-9)
```

```
A U T O   S I G   A M E N D M E N T S

        Code   A

    Abbreviation  [DNC ]

      Direction  [DNC DO NOT CHEW                    ]

    You MUST Have a Sig in Your Sig File for This Auto-Sig.
```

```
        D R U G   R E C O R D   A M E N D M E N T S
     Drug Abbreviation  [VAL5 ]    Press Shft F7 for Whlsr items
            Drug Name  [VALIUM            ]
          Generic Name  [DIAZEPAM                ]
             Strength  [5MG    ]   Form  [TAB ]  MFG  [ROCHE ]
  Spec. Dispensing Pack Size  [     ]      [N]  Generic Brand (Y,N)
      Automatic Sig Codes  [    ]   [28 ]  Aller-Chek Code
        Cross-Chek Code  [0004C]   [0153]  Pat Consult Mess Code
Warning Labels: #1 [0  ] #2 [0  ] #3 [0  ] #4 [0  ] [ ] Laser Coupon
          Skip Dose-Chek  [N]   [A]  Bio-Equiv Rating
      National Drug Code  [00140000501 ]   [00140000501 ] Welfare #
      Wholesaler Pack Size  [100 ]  Used By DUDS to Divide Pack Price
      Price Form:  Primary  [A] (0-9/A-Z/a-z) [A]  Secondary
  Generic X-Ref Drug Code  [GVAL5 ]   SvcCod/MiscID  [           ]
          Schedule (2,3,4,5)  [4]    [1]  St WF Group    TPE Grp  [0 ]
      Default Days Supply  [0  ] [ ]  Cont. Therapy  TPP Grp  [0 ]
      Refill Reminder System  [Y]   [        ] Default Exp. Date
      Medicaid Pay? (Y,N)  [Y]    [0 ]  T.P. Months to Rx Expiry
          Compounded Drug  [N]    [N]  Fed Must Sub (DAW)  DME  [ ]
            OTC Drug (Y,N)  [N]   [N]  Inactive (Y,N)  Disc'd  [N]
                Taxable  [ ] (Y,N,C)  Wholesaler Num  [           ]
  Gen Product Identifier  [57100040000310]     Lot #  [        ]
          Shape/Color/Desc  [           ]  Imp ID #  [     ] [   ]
          Reporting Usage   0 Since 02 Nov 04      SHF3  Add  , SHF4 Modf'd
```

List

Prints a list of current automatic sigs. The list may be printed to both the screen and the printer.

```
Code  Abbrev  Directions                    21 Feb 07
----------------------------------------------------------
 A    DNC     DNC DO NOT CHEW
 B    TWF     TWF TAKE WITH FOOD
 C    AC30    AC30 ONE-HALF HOUR BEFORE MEALS
 D    UF      UF UNTIL FINISHED
 E    WGW     WGW TAKE WITH A GLASS OF WATER
 F    COUM    COUM DO NOT TAKE WITH ASPIRIN
 G    PO      PO BY MOUTH
 H    SWR     SWR *SHAKE WELL AND REFRIGERATE*
 I    KR      KR KEEP IN REFRIGERATOR
 J    PREG    PREG DO NOT TAKE IF PREGNANT
 K    SUN     SUN AVOID EXCESSIVE SUN
 L    NA      NA AVOID ALCOHOL
 M    NOD     NOD IF DIZZY OR DROWSY DO NOT DRIVE
 N    SW      SW *SHAKE WELL*
 O    DAIRY1  AVOID DAIRY PRODUCTS FOR 1 HOUR BEFORE
 P    DAIRY2  AND 1 HOUR AFTER MEDICATION
 Q    1HR     1HR 1 HOUR BEFORE OR 2 HOURS AFTER MEALS
 R    DUF     DUF MAY DISCOLOR URINE OR FECES
 S    FB      TAKE WITH FIRST BITE OF MEAL
 X    EXT     EXT FOR EXTERNAL USE ONLY
         Press <Enter> To Continue.
```

Family/Patient Maintenance

'Family/Patient Maintenance' is a compilation of programs designed to make changing or correcting patient information on more than a 1 at a time basis.

```
        F A M I L Y / P A T I E N T   M A I N T E N A N C E

                1. Amend Family's Information
                2. Patient List
                3. Age/Sex Register
                4. Patient Mailing List
                5. Special Patient Utilities

                Enter Your Choice
```

Amend Family's Information

This function makes profile information changes for an entire family. Enter the person whose information you will be changing, then make the necessary changes.

After making the changes and pressing Enter, the names of the family members will appear one at a time, and you will be asked to confirm that the person's profile is to be changed.

Families are linked together by phone numbers. If the person you edit does not have a phone number, the system will search for profiles that match the patient's name as it was entered.

```
       F A M I L Y   I N F O   A M E N D M E N T S


   Patient to Amend  [                      ]
```

```
       F A M I L Y   I N F O   A M E N D M E N T S


            PATIENT,TEST

            Address  [15 N. STATE STREET     ]
               City  [LINDON          ]          Phone  [801-785-7720]
              State  [UT]                          Zip  [84042     ]
           Ins Type  [TEST ]              Group #  [GROUP CODE     ]
          Plan Code  [    ]         Type Contract  [    ]
         Spec Cover  [    ]                Co-Pay $[0   ]
         Subscriber  [NAME,SUBSCRIBER ]     Co-Pay $[0   ] Generic
             Card #  [PATIENT CARD ID    ]  Expires .[mmddyycc]
Child Covered to age  [0 ]
Update Insurance Info  [Y] (set to 'N' if only address changes)
```

Patient List

A patient list contains the name, address, phone number, and date of birth of each patient on file. This will be printed on the report printer.

```
        P A T I E N T   L I S T S
   Load Paper. Press Any Key to Continue.
```

Age/Sex Register

Produces a report of patient information within the age/sex boundaries you specify. Specify the patient gender and date of birth range to be included in the printout. The information will be printed in the same format as the patient list.

```
                        A G E / S E X   R E G I S T E R
          Enter Sex (Male,Female,Both,Discontinued)  [ ]
                             Starting Date of Birth :[        ] (mmddyycc)
                               Ending Date of Birth :[        ]     ''
```

Patient Mailing List

Prints address labels for all the patients on file. Enter the number of lines to print on the labels you are using. The system will print at six lines per inch, so if you are using 1" labels, tell the computer to print 6 lines; if a 1 1/2" label, 9 lines, and so on.

```
            P A T I E N T   M A I L I N G   L I S T
          Load Your Labels in the Printer and

          Enter the Number of Lines in Your Labels  [ ]

          Keep In Mind that computers print 6 line per inch,
          so if your labels are exactly 1 inch from the top of
          one label to the top of the next label, enter 6 to
          the above question.
```

Special Patient Utilities

'Special Patient Utilities' are programs designed to 'find' as specific piece of information, and 'replace' it with another specific piece of information.

```
          Special Patient Utilities

          1. Change Insurance Code
          2. Change Zip Code
          3. Set Patient Area Code
          4. Set Patient Group Number
          5. Change TP Code to Another
          6. Set Refill Reminder

          Enter Your Choice
```

Change Insurance Code

The 'Change Insurance Code' program is designed to find patient profiles with a specific Insurance Code, and replace that code with a new one. A sample of the screen is shown below.

After specifying which code to find, and which code to replace it with, confirm your selection. The system will search the patient file and make the indicated changes.

```
          Change Insurance code [     ] to [     ]
```

8.9.2

Change Zip Code

Using the same format as Change Insurance Code, this function will change all patients with one zip code to the zip code that you specify.

```
                      Change Zipcode [          ] to [           ]
```

Set Patient Area Code

The 'Set Patient Area Code' program works much like the two previous programs. It is designed to replace or insert 'area codes' into patients profiles, if meeting a specified criteria.

Specify what the area code is to be set as, enter in the zip codes or patient cities where the area code is effective. Specify whether to insert area codes if none exist, and press 'ENTER' when all of the fields are set as desired.

If everything is correct, press 'Y' to proceed, or 'N' to abort.

```
                     Change Patient Phone Area Code

            Set the patient's area code to [   ]

             When the current area code is [   ]
        OR when the patient's zip code is [          ]
                   OR the patient's city is [            ]

        Add area code if no area code exists (Y/N) [N]
```

Set Patient Group Number

The 'Set Patient Group Number' function works much like the previous options. It is designed to replace or insert 'Group Number' into patient profiles, if meeting a certain criteria.

Specify what the 'Insurance Code' is to search for, and specify what the 'Group #' is to be set as if the specified 'Insurance Code' is found, and press Enter to save the settings and run the program. Please note that leaving the 'Group #' field blank will cause that if the specified 'Insurance Code' is found, the 'Group #' entered will be cleared from the patient profile.

```
     Enter insurance code [      ] and patient group# [             ]

                  Leave patient group# blank to clear it.
```

Change TP Code to Another

The 'Change TP Code to Another' function is used to change all patients third party profiles that have one third party code to use a new third party code. This is a 'find and replace' function. Enter the code to be found in the first bracket and then the code to replace with in the second bracket. Press

```
                    Update Records to Selected TP Code

   Note: This program will change all Records from TP Code 1 to TP Code 2.
         (Patient,2nd TP,Script,Invoice,TP/AR)

          TP Code 1 [     ]
          TP Code 2 [     ]
```

8.9.3

Enter to save your settings. A verification prompt will come up allowing the user to press F1 to exit without making the changes or to press any key to run the program. When finished the program will return to the 'Special Patient Utilities' menu.

Set Refill Reminder

The 'Set Refill Reminder' function is used to set the 'Refill Reminder' status for all patients. This is typically only done when doing the initial setup for the 'Refill Reminder System'.

There are 3 valid settings for the 'Refill Reminder' flag in a patient record. Enter the setting desired to be set in all patients on the 'Pharmacy Management System' and the program will immediately run.

A summary of how many patients that were set will be displayed on the bottom line of the screen.

```
                S E T   R E F I L L   R E M I N D E R



        Set Patient Refill Reminder To [ ] (Y,N,F)
```

Rx\Patient Profile Repair

The functions discussed for this menu are programs designed to repair problems with patient's prescription histories. It is strongly recommended to use these programs with extreme caution, and only under the direction of the FSI Tech Support Helpdesk.

```
        R X / P A T   P R O F I L E   R E P A I R

        1.  Merge Patient Histories
        2.  Fix a Repeating History
        3.  Remove a Patients' History
        4.  Fix a Break in a Patients' History
        5.  Change a Script to another Patient
        6.  Re-Date Scripts

        Enter your Choice
```

Merge Patient Histories

This program will merge two patient histories. The first screen of this function provides information on how the program will work. Please note that the first patient entered is the patient that will remain on file. The second patient will be deleted entirely after their prescriptions are moved to the first patient.

```
This program merges the history of two patients.

ie.  MR J BROWN / MR JOHN BROWN

The patient name entered first will be the one RETAINED.
ie.  Enter the first patients name:  MR J BROWN (Return)
     Enter the second patients name:  MR JOHN BROWN (Return)

The program will now merge the scripts for MR JOHN BROWN
to those held for MR J BROWN.  MR JOHN BROWN will be DELETED
automatically from the patient file.

NB: Merged history may not appear in numeric order


Press ANY KEY to continue.
```

Enter the first patient's name. As the screen indicates, this patient's personal information will be the record kept on file. Enter the second patient's name. The second patient's prescription history will be added to the end of the first patient's history, and the second patient's personal information will be deleted.

```
Enter First Patients Name   [                ]  (Keep)

Enter Second Patients Name  [                ]  (Delete)
```

After the full or partial patient's names have been entered, the system will prompt for the patients to be verified. Select the appropriate patient (a prompt at the bottom of the screen will remind which is to be selected) for the selection. When the second patient's name is confirmed the system will merge the histories.

```
Enter First Patients Name   [PATIENT,TEST    ]  (Keep)

Enter Second Patients Name  [PATIENT,TEST2   ]  (Delete)



        Patient to Keep:  PATIENT,TEST
             DOB:  11/15/1965
             15 N. STATE STREET, LINDON, UT  84042  801-785-7720

        Patient to Delete:  PATIENT,TEST2
             DOB:  12/18/1943
             3283 ALEXANDRIA LANE, P.G., UT  84042  801-222-0011
              Is this correct (Y,N)?
```

Fix a Repeating History

This utility is used to fix a patient's history that repeats itself. It is recommended to contact the FSI Technical Support Help Desk for assistance in using this utility.

```
This program will stop a repeating history

ie.  When asking for a patients history, you may find the
script numbers appear as follows:
27  15  9  2  15  9  2  15  9  2  15  9  2 ...

In this case script number 2 is causing the problem.

Or maybe as follows:
15  9  2  1  1  1  1  1  1  1 ...

In this case script number 1 is causing the problem.


Enter The Script Number that is making it Repeat  [        ]
```

Remove a Patient's History

This utility is used to remove the prescription history from a patient's profile. It is recommended to contact the FSI Technical Support Help Desk for assistance in using this utility.

```
This program will remove all scripts on a patients history so they all may
be moved onto another patients history via the option to Fix a Break in a
Patients History.

Enter the patients name [                ]
```

Fix a Break in a Patient's History

This utility is used to fix a break in the patient's prescription history. It is recommended to contact the FSI Technical Support Help Desk for assistance in using this utility.

```
This program will link scripts to a patient - USE WITH UTMOST CARE..

ie.  MRS S SCOTT has scripts 6323, 6429, and 7731
However, the script 7731 is not appearing when her 'patient history'
is called BUT if we recall script '7731' the script does appear
under the patients' name


Enter Patients Name [                ]
Enter Script Number [        ]
```

Change a Script to Another Patient

If a prescription is mistakenly filled under an incorrect patient', it may be transferred to the correct patient using this function.

```
This program will change any script to belong to a different
patient.   ie  You entered script number 10076 to MR JOHN SMITH
when it really should have gone to MRS MARION SMITH.

To fix this, you will choose the CORRECT NAME for the patients
name and 10076 for the script number.  When you run PHARM script
number 10076 will be in MRS MARION SMITH's history.

Enter Patients Name  [                ]
Enter Script Number [        ]
```

Enter the name of the patient that the prescription should belong to, and the number of the prescription to be transferred. The system will search the patient file, and you will be asked to select the correct patient. The screen will show the name of the patient that the prescription originally belonged to, and ask you to confirm the change.

```
This program will change any script to belong to a different
patient.   ie  You entered script number 10076 to MR JOHN SMITH
when it really should have gone to MRS MARION SMITH.

To fix this, you will choose the CORRECT NAME for the patients
name and 10076 for the script number.  When you run PHARM script
number 10076 will be in MRS MARION SMITH's history.


Enter Patients Name  [PATIENT,TEST2        ]
Enter Script Number  [108      ]

This Script Previously belonged to PATIENT,TEST

Is this the one you wanted (Y/N)
```

Re-Date Scripts

Prescriptions to be re-dated are separated into two categories, new and refills. Choose which type of prescriptions that you wish to re-date. The system will ask you to specify a starting prescription number, followed by the date of the prescriptions to change. The system will begin at the starting prescription number, and change the date of all qualifying prescriptions from that point forward.

```
            R E - D A T E   S C R I P T S

      Change From Date :[        ]   (MMDDYYCC)
        Change to Date :[        ]   (MMDDYYCC)
```

Inventory Reporting

The 'Inventory Reporting' system is a compilation of reports and utilities designed to show, insert or update the Stock On Hand or 'SOH'.

The SOH is stored within each drugs record. For more information on drug maintenance, or where to find the 'Stock on Hand' field, please refer to Chapter 3 of this manual.

```
        I N V E N T O R Y   R E P O R T I N G

        1.  Print Complete File
        2.  Print Narcotic Drugs
        3.  Print Individual Drugs
        4.  Print Selected Drug Schedule
        5.  Print Selected Drug Location
        6.  Print Drugs By Selected Name
        7.  Print Drugs By Special Case
        8.  Set & Print Individual Drug SOHs
        9.  Update & Print Individual Drug SOHs
        A.  Create Inventory Export File

        Enter Your Choice



Press F3 to sort by Generic Name          Press F4 for Active drugs
Sort by Trade Active                      Printing All Drugs
```

Print Complete File

The 'Print Complete File' option will scan the entire drug file, and print the SOH for each drug. This report does not include drugs that do not have a SOH entered, nor drugs that have a negative SOH.

After selecting this menu option, a page will display asking if the printer is ready. If the printer is, answer 'Y'. Included on the report is the; schedule of the drug, the drug name and generic name, strength, form, manufacturer, wholesaler pack size, stock on hand, and the price of the drug. The price is based on the 'Direct Price' as entered for the drug. If no 'Direct Price' is entered, the AWP will be used, and 'AWP' will print just to the right of the price indicating that it is 'AWP' being used.

```
        I N V E N T O R Y   R E P O R T I N G

        Is the Printer Ready (Y,N or Totals only)
```

Print Narcotic Drugs

Similar to the previously discussed function, this option will produce a report to the printer, for all drugs with a schedule of 2 entered that have a positive stock on hand.

```
        I N V E N T O R Y   R E P O R T I N G

        Is the Printer Ready (Y,N or Totals only)
```

```
 P R I N T   I N D I V I D U A L   D R U G S

 Enter FINISH to End and Total

 Drug  [                      ]
```

Print Individual Entries

This function differs from the two previously discussed options. This option does not print the SOH entered in the drug maintenance. This function is used to select a drug, and enter in the

SOH for that drug.

Enter in the drug name, code, or NDC for the drug. If the name is entered, select the appropriate drug from the displayed list. The following screen will be displayed.

Enter in the quantity of the product in stock, and press enter. The quantity entered, and the value for that quantity will be displayed. If the displayed values are correct, answer 'Y'. The screen will return to enter in another drug. Follow this process until all drugs to be included are entered. After entering the quantity of the last drug, press 'ENTER'. In the 'Drug' field, type 'FINISH' to end the data entry, and the report will be printed.

This program is used as a inventory report builder. The quantity entered will not be saved as the SOH for that drug in the drug maintenance. The quantities entered cannot be recalled, and the report cannot be reprinted.

```
   P R I N T   I N D I V I D U A L   D R U G S

VALIUM / DIAZEPAM 5MG TAB  ROCHE 100

Qty  [        ]
```

```
   P R I N T   I N D I V I D U A L   D R U G S

VALIUM / DIAZEPAM 5MG TAB  ROCHE 100

  Qty         100

Value   $165.4400

Is the Information Correct? (Y or N)
```

Print Selected Drug Schedule

Similar to the first two reports, this will print the SOH for all drugs that have a specified schedule set in the drug maintenance. This report will list only drugs that have a positive stock on hand.

```
        I N V E N T O R Y   R E P O R T I N G

     Print Selected Schedule

     Enter Schedule List [     ]
     Print Drugs with 0 or Minus SOH  [N] (Y,N)

     Example: 34  will print schedule 3 and 4 drugs
     No entry (blank) will print all.
```

Print Selected Drug Location

This will produce a report for all drugs with a specified location. The location must first be entered in the 'Stockroom Location' field in drug maintenance. Entered in the location for the drugs to be printed, and the report will be generated, and printed to the report printer. If the 'Location' field is left empty, the report will be generated for all drugs with a positive stock on hand. If the 'none'

```
        I N V E N T O R Y   R E P O R T I N G

     Print Selected Location

     Enter Location Code [     ]

     No entry (blank) will print all.
     Enter 'none' to print items that have no code.
```

is entered in the 'Location' field all drugs with a positive stock on hand that do not have a location entered in drug maintenance will be printed.

Print Drugs By Selected Name

This function of 'Inventory Reporting' is used to print the stock on hand for all drugs that match a specified drug name. To print this report, enter in the name of the drugs to be printed. It is not necessary to enter in a complete drug name. If a partial name is entered, all drugs with a positive stock on hand, that match the partial name will be printed.

```
                    Stock Take By Selected Drug Name

         Enter Drug Partial Name to List  [                ]


    Leave Drug Name Blank to list All Normal Drugs and Exclude
    Drugs Which Start With 1-,2-,3-,etc->,9-.
```

Print Drugs By Special Case

This option is used to print a list of the drug inventory levels for drugs that meet certain options the user can set. After selecting this menu option, the following screen will be displayed:

Enter the appropriate selections for the desired report.

```
            I N V E N T O R Y   R E P O R T I N G

                 Print By Drug Special Case

                Enter Drug Spec. Case  [      ]
              Print if Wholesale Code 1 [ ] or
              Print if Wholesale Code 2 [ ]
    Search for Partial or Complete String  [C] (P,C)

         Print Drugs with 0 or Minus SOH  [N] (Y,N)
             Use Cost2 Field for Cost Calc  [N] (Y,N)

    Leave Sp Case Blank to Print Drugs With No Special Case
```

Enter Drug Spec. Case:
> This field is used to specify a 'Drug Special Case' to select a specific group of drugs for the inventory report. For this function to work, the special case entered in this field must match (partial or completely as set in the next option) a special case already entered into the drug. For more information on setting the special case into the drug, please refer to Chapter 3 – Drug Maintenance of this manual.

Search for Partial or Complete String:
> This option is used to specify if the special case entered in the previous option is to be a partial or complete match. If the match is to be partial, enter a 'P' in this field. If the match is to be a complete match, enter 'C' in this field. If no drug special case is entered in the previous option, this field does not need to be set.

Print Drugs with 0 or Minus SOH:
> Set this option to 'Y' to have drugs printed on the report that have 0 or negative values for 'Stock On Hand'. When this option is set to 'Y', all drugs in the Pharmacy Management System will be printed.

Use Cost2 Field for Cost Calc:
> This option is used to change which field should be used to calculate the cost of the inventory. Setting this field to 'Y' will change from the 'Acquisition/DP' field to the 'Cost2' field in the drug file.

Set & Print Drug SOHs

This function is used to create an inventory report, and enter in the stock on hand into drug maintenance. To do this, enter in the name, drug code, or NDC number for the drug. If the drug name was entered, select the drug from the displayed list. The following screen will be displayed.

The screen will display the drug name, strength, form, manufactured, and wholesaler package size. The stock on hand from the drug maintenance will also be displayed.

Enter in the correct stock on hand quantity, and press enter. This will change the stock on hand in the drug maintenance to the quantity entered on this screen.

```
  S E T   I N D I V I D U A L   D R U G S
Enter FINISH to End and Total

Drug  [                  ]
```

```
  S E T   I N D I V I D U A L   D R U G S

VALIUM / DIAZEPAM 5MG TAB  ROCHE 100

Qty  [       ]

From File      -30
```

Update & Print Drug SOHs

This function is used to create an inventory report, and add to the stock on hand in drug maintenance. To do this, enter in the name, drug code, or NDC number for the drug. If the drug name was entered, select the drug from the displayed list. The following screen will be displayed.

The screen will display the drug name, strength, form, manufacture, and wholesaler package size. The stock on hand from the drug maintenance will also be displayed.

Enter in the incoming quantity, and press enter. This will add to the quantity entered in 'Stock on Hand' in the drug maintenance. This function is often times used to add incoming orders into inventory.

```
  U P D A T E   I N D I V I D U A L   D R U G S
Enter FINISH to End and Total

Drug  [                  ]
```

```
  U P D A T E   I N D I V I D U A L   D R U G S

VALIUM / DIAZEPAM 5MG TAB  ROCHE 100

Qty  [       ]

From File      -30
```

8.11.4

Create Inventory Export File

This menu option is used to export inventory information to a text file on the server that can then be imported into various outside application programs.

Upon selection of this menu option, the following screen will be displayed:

```
C R E A T E   I N V E N T O R Y   E X P O R T   F I L E

   Enter Export File Format  [OR] (ORiginal,GPi)

   Sort by Drug Name or NDC   [N] (N=Name,C=ndcCode)

   Include Negative S-O-Hs  [N] (Y,N)
        ''       Zero S-O-Hs  [N] (Y,N)
             Use Cost2 Field  [Y] (Y,N)

 Select by Drug Special Case [      ]  (Leave Blank for All)

   This Function Creates a Record for Each Drug on File
   that Meets the Stock-On-Hand & Drug Criteria.
   The file is called 'druginv.exp'.
```

Enter the appropriate selections for the desired report, and press **Enter** to begin the export. When the export is finished, the program will return to the 'Inventory Reporting' menu.

Enter Export File Format:
> This field is used to enter the export file format desired. Currently there is only one format 'OR', and this will be defaulted in this field.

Sort by Drug Name or NDC:
> This field is used to specify which field the report should be sorted by. Enter 'N' in this field to sort by the name of the drug, or enter 'C' to have the report sorted by the NDC of the drugs.

Include Negative S-O-Hs:
> Set this option to 'Y' to have drugs whose 'Stock On Hand' is a negative number to be included in the file. Leaving this field blank, or setting this field to a 'N' will exclude the drugs whose 'Stock On Hand' is negative.

Include Zero S-O-Hs:
> Set this option to 'Y' to have drugs whose 'Stock On Hand' is zero to be included in the file. Leaving this field blank, or setting this field to a 'N' will exclude the drugs whose 'Stock On Hand' is zero.

Select by Drug Special Case:
> This field is used to specify a 'Drug Special Case' to select a specific group of drugs for the inventory file. For this function to work, the special case entered in this field must match a special case already entered into the drug. For more information on setting the special case into the drug, please refer to Chapter 3 – Drug Maintenance of this manual.

druginv.exp   Field Definition

Field Position
1.   DRUG NAME
2.   DRUG GENERIC NAME
3.   DRUG STRENGTH
4.   DRUG FORM
5.   DRUG PACK SIZE
6.   DRUG MANUFACTURER
7.   WHOLESALER PACK SIZE
8.   DRUG NDC NUMBER
9.   DRUG 'STOCK ON HAND'
10. DRUG2 COST
11. STOCK VALUE (COST2 x 'STOCK ON HAND')
12. CR/LF

This will create a file, with the above listed information for each drug in the 'Pharmacy Management System' that meets the entered criteria. This file is in a delimited format, therefore there are no 'Positions' and 'Justification' shown in the above format. This file is delimited with the '|' (pipe) symbol.

Rebuild New Indexes

The 'Rebuild New Indexes' option is a tool used by the FSI Technical Support Helpdesk to resolve data access problems. Use this function only under the direction of FSI.

```
                I N D E X   M A I N T E N A N C E

        Once You Start An Index Building, You MUST Let it Finish,
        And many of these indexes take a long time to build.

         ALSO, while these indexes are being built, you cannot use
         your computer.

     Confirm Entry to Index Maintenance by Entering 'YES' [   ]

                       Or Press F1 to Exit.
```

Bulk Supply Xfer / Billing

```
B U L K   S U P P L Y   X F E R / B I L L I N G

        1.  Fill Bulk Supply
        2.  List Current Bulk Supply
        3.  Manually Print Packing List
        4.  Manually Send Bulk Supply to A/R
        5.  Manually Clear Bulk Supply
        6.  Price Formula/General Setup

     Enter Your Choice.
```

This option allows you to transfer stock (subtract Stock-on-hand) from your drug file and bill that stock to an Accounts Receivable customer. The transfer does not show up on the pharmacy patient's profile. Any histories of such transfers can be done with the A/R 'Transaction Archive Utility' (this option usually performed by multi-site operations transferring drugs from one facility to another). Note: Be sure to 'Archive the Aged Transaction' when using the 'Aging' function in 'Month End Processing'. Additionally, this option requires the Accounts Receivable module.

Before using this program, a patient needs to be entered for each unique billing account. For example, if drugs are supplied to a doctor's office and a clinic, and each place is to be billed separate from each other, two patient's must be entered in the Pharmacy Management System, and the 'Charge Account' field needs to be set to 'Y'. Create a charge account for each by pressing the 'F4' key and it asks for the charge customer name.

After adding the patients and creating the charge account for each, it is advised to consider placing all 'Bulk Supply' charge accounts on their own billing cycle within 'Accounts Receivable'. This will allow the statements to be printed for only these accounts, separate from the normal customer accounts. For more information on 'Accounts Receivable' and 'Billing Cycles' please refer to the Accounts Receivable manual.

Fill Bulk Supply

```
B U L K   S U P P L Y   X F E R / B I L L I N G

Enter Patient [                    ] (Doc,Dept,etc.)
```

This function allows for a patient to be specified, and drugs to be transferred/filled to that patient. This feature also allows for billing to the charge account specified in the selected patients profile.

Enter in the name of the patient for the drugs to be supplied to. A list of patient name matches will be displayed. Select the number corresponding to the correct patient. The following screen will be displayed. For example purposes, in the sample screens throughout this section of the manual, or patient's name is 'BULK SUPPLY' and the associated charge account is 'BULK SUPPLY CHARGE ACCT'.

The screen displays the selected patient's name, and the name on the charge account associated to that patient.

```
B U L K   S U P P L Y   X F E R / B I L L I N G

 Patient/Doc/Dept  PATIENT,TEST
   Charge Account  TEST,PATIENT

      Enter Drug [              ]
```

Enter in the name, code, or NDC number for the drug to be supplied. If the name of the drug is used, a list of matching names will be displayed. Select the appropriate drug.

The selected drug, and the Stock On Hand for that drug will be displayed. Enter in the quantity to be supplied.

Following the entry of the quantity, the price for the supplied amount will be displayed. If the price is incorrect, it may be over-written. The Cost and the AWP for the supplied amount will also be displayed. Once the price to be billed is correct, press the 'ENTER' key. A prompt to verify that everything is correct will display. If everything is correct, press 'Y'. If not, press 'N' and that process will be aborted.

Depending on how the 'Bulk Supply Xfer/Billing' system has been configured, either; a prompt to bill the price for the Xfer to the charge account will be displayed, or the following will display.

This display is shown when the configuration 'Allow Multi-Item Bulk Supplies' is set to 'Y' in 'Price Formula/General Setup'. This allows for the entry of multiple supplies per charge to Accounts Receivable.

Continue entering the supplies to be transferred as discussed previously until all items to be transferred to the defined 'Patient/Doc/Dept'. When finished, press the 'F5' key to bill the entered supplies to the account, and print the Packing List.

Pressing the 'F1' will back out of the supply xfer entry process. The current bulk supply order will be retained, so upon re-entry to the 'Bulk Supply Xfer/Billing' system, entry to the current order will be resumed.

Use the 'F4' and 'F5' function keys to list the items on the current order, and to close the existing order to start another order.

```
           B U L K   S U P P L Y   X F E R / B I L L I N G

     Patient/Doc/Dept   PATIENT,TEST
       Charge Account   TEST,PATIENT
                 Drug   VALIUM 5MG TAB   ROCHE
        Stock On Hand   -30

            Enter Qty [     ]

                     Minus Qty to Credit

     Returns/Credits Will Not Process Properly as a Multi-Line
     Bulk Supply Order. Do Returns/Credits as single Line Orders.
```

```
           B U L K   S U P P L Y   X F E R / B I L L I N G

     Patient/Doc/Dept   PATIENT,TEST
       Charge Account   TEST,PATIENT
                 Drug   VALIUM 5MG TAB   ROCHE
        Stock On Hand   -30
             Quantity   100

                Price $[    203.53]

             Cost       165.44
             Cost2      165.44
             AWP        213.84
             Misc       150.00
```

```
           B U L K   S U P P L Y   X F E R / B I L L I N G

     Patient/Doc/Dept   PATIENT,TEST
       Charge Account   TEST,PATIENT
                 Drug   VALIUM 5MG TAB   ROCHE
        Stock On Hand   -30
             Quantity   100
                Price   $203.53

             All Correct? (Y,N)
```

```
           B U L K   S U P P L Y   X F E R / B I L L I N G

     Patient/Doc/Dept   PATIENT,TEST
       Charge Account   TEST,PATIENT

            Enter Drug [                 ]

             F4 -> List Current Bulk Supply
             F5 -> Finish Up; Bill & Print
```

F4 -> List Current Bulk Supply:

Use this function to display the items in the current order. The list will be displayed to the screen, and will show the transfer quantity, the drug name, strength, form, manufacturer, and the price to be billed to Accounts Receivable.

F5 -> Finish Up; Bill & Print:

After entering the last item to be included in the current order, use this function to close the order, charge the total for the order to the defined charge account, and print the packing list. After pressing 'F5' the screen will display the account information from 'Accounts Receivable'. The information displayed includes the current, 30, 60, 90 day totals, the account total, and the last payment date.

'Charge This Account? (Y,N) will be displayed. The price to be billed will display above the before mentioned items. If everything is correct, answer 'Y'. If not, press the 'F1' key to abort. Pressing the 'F1' key will cause the order to not be closed out. This will allow for date corrections, such as, but not limited to the charge account, supply prices, etc.

Alternatively, pressing the 'N' key will cause the account to not be charged. Following the charge prompt, 'Do You Wish to Clear the Current Bulk Supply Order and Start a New One? (Y,N)' will be prompted. Answer 'Y' to clear the existing order, and start a new one. Answer 'N' to keep the existing order open.

List Current Bulk Supply

This function will display the items in the current order. If there is nothing to list, a message will be displayed in the bottom left corner of the screen 'Nothing to List'.

```
        B U L K   S U P P L Y   X F E R / B I L L I N G

        Patient/Doc/Dept   PATIENT,TEST
          Charge Account   TEST,PATIENT

    #100 VALIUM 5MG TAB 00140000501                    203.53

            Press Any Key To Continue.
```

Manually Print Packing List

Use this function to print a packing list for the current order. This will not clear the order. The information contained on the Packing List includes;

The name, address, city, state, zip code, and DEA number for the pharmacy the transfer is originating from as entered in 'Software Options.

The name, address, city, state, zip code, and DEA number for the customer the transfer is to be delivered to as entered in 'Patient Amendments'. The DEA number comes from the patient's 'Misc ID' field.

The transferred quantity, drug name, strength, form, manufactured, NDC #, and the priced billed. This information is shown for each item in the current order.

Manually Send Bulk Supply to A/R

This function will allow the total of the current order to be billed to the charge account defined for the selected 'Patient/Doc/Dept'. After selecting this option, the screen will display the account information from 'Accounts Receivable'. The information displayed includes the current, 30, 60, 90 day totals, the account total, and the last payment date.

'Charge This Account? (Y,N) will be displayed. The price to be billed will display above the before mentioned items. If everything is correct, answer 'Y', if not press 'N'. If 'Y' is selected, the account will be charged, and 'Do You Wish to Clear the Current Bulk Supply Order and Start a New One? (Y,N)' will be prompted. Answer 'Y' to clear the existing order, and start a new one. Answer 'N' to keep the existing order open.

```
          B U L K   S U P P L Y   X F E R / B I L L I N G

          Patient/Doc/Dept  PATIENT,TEST
            Charge Account  TEST,PATIENT
               Total Price  $203.53
                 Charge to  TEST,PATIENT
                            15 NORTH STATE STREET
                            LINDON, UT  84042
       BALANCES:
          Current      30 Day      60 Day      90 Day       Total   Last Payment
           $0.00       $0.00       $0.00       $0.00       $0.00
                                                                          None

                      Charge This Account? (Y,N)
```

```
          B U L K   S U P P L Y   X F E R / B I L L I N G

          Do You Wish to Clear the Current Bulk Supply Order

          and Start a New One? (Y,N)
```

Manually Clear Bulk Supply

Use this option to clear the current Bulk Supply order. After selecting this option, 'Do You Wish to Clear the Current Bulk Supply Order and Start a New One? (Y,N)' will be prompted. Answer 'Y' to clear the existing order, and start a new one. Answer 'N' to keep the existing order open.

If the existing order is blank or there is no existing order, if this function is selected, a message will display in the bottom left corner of the screen 'Nothing to Clear'.

```
          B U L K   S U P P L Y   X F E R / B I L L I N G

          Do You Wish to Clear the Current Bulk Supply Order

          and Start a New One? (Y,N)
```

Price Formula/General Setup

Use this configuration screen to set the price formula parameters, and set various user selectable settings.

Which Drug Price Field to Use:
Use this field to define which field in drug maintenance has the cost value to be used for the cost basis for 'Bulk Supply' pricing.

```
          B U L K   S U P P L Y   P R I C E   F O R M U L A

          Which Drug Price Field to Use  [C]  (C,c,W,M,m,P)
                    Add a Fixed Fee of $[5    ]
                    Add a Percent Fee of [20   ]%

          Allow Multi-Item Bulk Supplies  [Y] (Y,N)
                      Print Packing Lists [Y] ''

          Bulk Supply A/R Inv/Ref Number [109 ]
```

8.13.4

Add a Fixed Fee of:
Enter in the dollar value to be added to the cost basis to calculate the price for the bulk supply xfer.

Add a Percent of:
Similar to the last option, use this field to specify a percentage to be added to the cost basis.

Allow Multi-Item Bulk Supplies:
This function, when set to 'Y' allows for multiple supplies to be entered into one order, and therefore, only one charge into Accounts Receivable.

Print Packing Lists:
This function, when set to 'Y' allows for Packing Lists to be printed for the bulk supply orders.

Bulk Supply A/R Inv/Ref Number:
Use this field to specify the next invoice number to be used for the bulk supply orders. This invoice number is recorded in accounts receivable when the order is charged.

Weekly Pharmacy Report

```
                    W E E K L Y   P H A R M A C Y   R E P O R T

   Week Beginning  [      ]   Week Ending  [      ]   Store Number  [    ]

   1.  Total New Rx        [     2  ]   7.  Total Rx             [      9   ]
    + Total Refill Rx      [     7  ]    / Pharmacy Hours       [          ]
    = Total Rx            [     9  ]    = Rx Per Pharmacy Hour [          ]
   2.  Rx Net Cost       $[  711.82]   8.  Total Rx             [      9   ]
    + Spec. Sales Net Cost$[       ]    / Total Hours          [          ]
    = Total Net Cost     $[  711.82]    = Rx Per Total Hours   [          ]
   3.  Spec. Sales Retail $[       ]   9.  Rx Retail          $[   814.03]
    + Rx Retail          $[  814.03]    - Rx Cost            $[   711.82]
    = Total Retail       $[  814.03]    = Rx Profit          $[   102.21]
   4.  Total Retail       $[  814.03]  10  Rx Profit          $[   102.21]
    - Total Cost          $[  711.82]    / Total Rx            [      9   ]
    = Gross Profit       $[  102.21]    = Fee Per Rx         $[    11.35]
   5.  Gross Profit       $[  102.21]  11  Purchases          $[         ]
    / Retail             $[  814.03]       Total Net Cost     $[   711.82]
    = Gross Profit %      [   12.55]    +-Inventory          $[  -711.82]
   6.  Rx Retail          $[  814.03]  12  $ Value of Coupons $[         ]
    + Total No. Rx        [     9  ]
    = Ave. Rx Price      $[   90.44]  13  # of 3rd Party      [         ]

           Press:  Return or Enter to Re-Calculate,   F10 to Print Report
```

The 'Weekly Pharmacy Report' is an "accumulated" data report. The information used for this report is derived from the 'Pharmacy Statistics' available under the 'Utility Programs' menu. Accumulated reports are not always 100% accurate, and therefore should only be used to get an idea of the data contained within the report, not for true accounting purposes.

The figures shown here are obtained from Pharmacy Statistics, under the 'Utility Programs' menu.

The 'Week Beginning', 'Week Ending' and 'Store Number' fields are text fields used to print a header on the top of the report. Entering in dates, and pressing enter will not cause the report to be recalculated/regenerated for the entered time period.

The highlighted fields are fields in which data unknown to the 'Pharmacy Management System' may be entered, and the relating figures will be adjusted. After entering in these figures, pressing the Enter key will update the related values.

Print the report by pressing F10. The report is cleared in the first screen of Pharmacy Statistics by pressing Shift F4.

City Lookup File Maintenance

This program assigns a speed code to a city, state, and zip code. The information may be recalled when adding a new patient by typing the code in the patient's city field.

```
C I T Y   M A I N T E N A N C E

     1.  Additions
     2.  Amendments
     3.  List (Code Sequence)

         Enter Your Choice
```

Add/Amend

To add a new city into the 'City Lookup File' select option #1 'Additions' from the previous menu, enter in the code to be used when adding/amending patients and doctors.

After entering the code to be used, enter in the name, state and zip for that code to be translated to.

'Amendments' is identical to additions, only that instead of adding a new code into the file, enter in the code to be changed, and make the appropriate changes.

```
C I T Y   A D D I T I O N S

City Code  [     ]
     City  [               ]
    State  [   ]
 Zip Code  [          ]
```

List

This option lists the codes, city, state, and zip codes currently on file alphabetically by the city code. The list may be sent to the screen or to the printer.

```
Cities List

Do you want this list to go to the (S)creen, or (P)rinter?
```

Pharmacists File Maintenance

```
         P H A R M A C I S T S   M A I N T E N A N C E

              1.  Additions
              2.  Amendments
              3.  List
              4.  Hourly Report
              5.  Zero Rx & Over-Ride Totals

              Enter Your Choice
```

'Pharmacist File Maintenance' stores and maintains the pharmacist names and initials. It will also report filling statistics and produce hourly filling reports. A pharmacist's initials will not be accepted in the Prescription Pathway unless those initials have been entered into the Pharmacists File.

Also available from Foundation Systems is a 'Security System' software module, that adds the ability to grant or reject access to various areas of the software on a pharmacists or technicians initials basis. For more information regarding this software, please contact the FSI Sales Office at 800-333-0926.

Additions

```
             P H A R M A C I S T   A D D I T I O N S
           Pharmacist's Initials  [   ]
                 ''        Name   [                      ]
   Automatic Logoff Exit System  [ ]  (Y,N)
           Automatic Logoff Time  [    ] (10-3600 Seconds, 0=Off)
               Security Password  [            ]
           Password Expiry Date .[        ] (mmddyycc)
```

To add a pharmacist record, simply enter the pharmacist's initials and name. Press [Enter] to save the record.

Amendments

```
           P H A R M A C I S T   A M E N D M E N T S

           Pharmacist's Initials  [FSI]
                 ''        Name   [FOUNDATION SYSTEMS INC   ]
   Automatic Logoff Exit System  [ ]  (Y,N)
           Automatic Logoff Time  [    ] (10-3600 Seconds, 0=Off)
               Security Password  [            ]
           Password Expiry Date .[        ] (mmddyycc)

              Last Script Filled On
                Total # of Scripts              Since 25 Jul 97
              Number of Over-Rides
           Total Over-Ride Dollars

      Scripts Dispensed by Hour of the Day,  Since

          :00           1:00           2:00           3:00
         4:00           5:00           6:00           7:00
         8:00           9:00          10:00          11:00
        12:00          13:00          14:00          15:00
        16:00          17:00          18:00          19:00
        20:00          21:00          22:00          23:00
```

If needed, make changes to the pharmacist's initials and name. The statistics show the last prescription filled by this pharmacist, the number and amount of price overrides, and the number of prescriptions dispensed per hour.

After entering the information needed on the first screen, press [Enter] and a second screen will be displayed.

On this screen enter the security permissions for the pharmacist being added. This table will control what parts of the 'Pharmacy Management System' the pharmacist is allowed to access when logged on with their initials and password.

```
              P H A R M A C I S T   A M E N D M E N T S
                      Security Permissions Matrix

   Allowed Access to: (All Y,N)      [Y]  Process by Patient
          Patient Amendments  [Y]    [Y]  Patient History
     Patient Menu Functions  [Y]     [Y]  Fill New Scripts
             Recall Scripts  [Y]     [Y]  Refill Scripts
               Edit Scripts  [Y]     [Y]  Patient Consulting
       Script Menu Functions  [Y]    [Y]  Enter Tele Scripts
              Pricing Setup  [Y]     [Y]  Do Price Over-Rides
            Give Price Quotes  [Y]   [Y]  Utility Menus
     Third Party Processing  [Y]     [Y]  Ordering System (S-O-H)
             Report Printing  [Y]    [Y]  Misc File Maintenance
            Drug Maintenance  [Y]    [Y]  Doctor Maintenance
    Insurance Co. Maintenance  [Y]   [Y]  Sig Maintenance
   Financial Report Printing  [Y]    [N]  Limit to OTCs ONLY, New & Ref
    Label Format Maintenance  [Y]    [Y]  System Setup Functions
         Accounts Receivable  [Y]    [Y]  Nursing Home
      End of Period Processing  [Y]  [Y]  Exceptions File Maint
     Special File Diagnostics  [Y]   [Y]  Other's Passwords
     Claim Response File Edits  [Y]  [Y]  Consulting if SPCASE=EMP
        Tech's Security Matrix  [Y]  [Y]  Pharm's Security Matrix
```

List

This listing shows the initials, names, fill count, override count, and override dollars assigned to each pharmacist on file. The report can be sent to the printer or the screen.

```
              P H A R M A C I S T   L I S T
   Do you want this list to go to the (S)creen, or (P)rinter?
```

Hourly Report

The hourly report lists the prescription totals dispensed by each pharmacist on an hourly basis. The report may be printed in a twelve or twenty-four hour format. When the format is chosen, you will be asked at which hour you would like the listing to begin. At the completion of the report you will be asked if you would like to zero the totals:

```
          P R I N T   H O U R L Y   R E P O R T
                 1.  12 Hour Report
                 2.  24 Hour Report

                 Enter Your Choice.


            Make Sure the Printer is Ready.
```

Zero Rx & Over-Ride Totals

This function will zero the totals in the hourly statistics. Enter 'YES' to zero the totals and begin a new report period.

```
   Z E R O   R X   &   O V E R - R I D E   T O T A L S
      Enter 'YES' to Zero These Pharmacist Totals [   ]
```

Technicians File Maintenance

'Technician File Maintenance' stores and maintains the technician names and initials. It will also report filling statistics and produce hourly filling reports.

Also available from Foundation Systems is a 'Security System' software modules, that adds the ability to grant or reject access to various areas of the software on a pharmacists or technicians initials basis. For more information regarding this software, please contact the **FSI Sales Office** at **800-333-0926**.

Additions

To add a technician record, simply enter the technican's initials and name. Press Enter to save the record.

```
        T E C H N I C I A N S   M A I N T E N A N C E

            1.  Additions
            2.  Amendments
            3.  List
            4.  Hourly Report
            5.  Zero Rx & Over-Ride Totals

            Enter Your Choice
```

```
          T E C H N I C I A N   A D D I T I O N S
        Technician's Initials  [   ]
                ''        Name [                      ]
    Automatic Logoff Exit System  [ ] (Y,N) [ ] Discontinued
        Automatic Logoff Time  [     ] (10-3600 Seconds, 0=Off)
            Security Password  [            ]
            Password Expiry Date .[        ] (mmddyycc)
```

Amendments

If needed, make changes to the technician's initials and name. The statistics show the last prescription filled by this technician, the number and amount of price overrides, and the number of prescriptions dispensed per hour.

After entering the information needed on the first screen, press Enter and a second screen will be displayed.

```
          T E C H N I C I A N   A M E N D M E N T S

        Technician's Initials  [FSI]
                ''        Name [FOUNDATION SYSTEMS INC   ]
    Automatic Logoff Exit System  [N] (Y,N) [ ] Discontinued
        Automatic Logoff Time  [0   ] (10-3600 Seconds, 0=Off)
            Security Password  [            ]
            Password Expiry Date .[        ] (mmddyycc)

            Last Script Filled On
            Total # of Scripts            Since
            Number of Over-Rides
            Total Over-Ride Dollars

        Scripts Dispensed by Hour of the Day,  Since

            :00            1:00            2:00            3:00
           4:00            5:00            6:00            7:00
           8:00            9:00           10:00           11:00
          12:00           13:00           14:00           15:00
          16:00           17:00           18:00           19:00
          20:00           21:00           22:00           23:00
```

On this screen enter the security permissions for the technician being added. This table will control what parts of the 'Pharmacy Management System' the technician is allowed to access when logged on with their initials and password.

```
            T E C H N I C I A N   A M E N D M E N T S
                    Security Permissions Matrix

Allowed Access to: (All Y,N)        [N]  Process by Patient
         Patient Amendments  [N]    [N]  Patient History
    Patient Menu Functions   [N]    [N]  Fill New Scripts
             Recall Scripts  [N]    [N]  Refill Scripts
               Edit Scripts  [N]    [N]  Patient Consulting
      Script Menu Functions  [N]    [N]  Enter Tele Scripts
              Pricing Setup  [N]    [N]  Do Price Over-Rides
           Give Price Quotes [N]    [N]  Utility Menus
     Third Party Processing  [N]    [N]  Ordering System (S-O-H)
            Report Printing  [N]    [N]  Misc File Maintenance
           Drug Maintenance  [N]    [N]  Doctor Maintenance
   Insurance Co. Maintenance [N]    [N]  Sig Maintenance
   Financial Report Printing [N]    [Y]  Limit to OTCs ONLY, New & Ref
    Label Format Maintenance [N]    [N]  System Configuration Menu
        Accounts Receivable  [N]    [N]  Nursing Home
     End of Period Processing [N]   [N]  Exceptions File Maint
    Special File Diagnostics [N]    [N]  Other's Passwords
     Claim Response File Edits [N]  [N]  Consulting if SPCASE=EMP
Rx Status - Work Flow Access [ ]
        Tech's Security Matrix [N]  [N]  Pharm's Security Matrix
```

List

This listing shows the initials, names, fill count, override count, and override dollars assigned to each technician on file. The report can be sent to the printer or the screen.

```
            T E C H N I C I A N   L I S T

    Do you want this list to go to the (S)creen, or (P)rinter?
```

Hourly Report

The hourly report lists the prescription totals dispensed by each technician on an hourly basis. The report may be printed in a twelve or twenty-four hour format. When the format is chosen, you will be asked at which hour you would like the listing to begin. At the completion of the report you will be asked if you would like to zero the totals:

```
        P R I N T   H O U R L Y   R E P O R T

            1.  12 Hour Report
            2.  24 Hour Report

            Enter Your Choice.


        Make Sure the Printer is Ready.
```

Zero Rx & Over-Ride Totals

This function will zero the totals in the hourly statistics. Enter 'YES' to zero the totals and begin a new report period.

```
    Z E R O   R X   &   O V E R - R I D E   T O T A L S

    Enter 'YES' to Zero These Technician Totals [   ]
```

Repackaging

This option was created for a special situation related to surgical centers (created as patients) in a bulk dispensing operation, with the labels being the number of refills. It is recommended by the FSI Tech Support Helpdesk to consider the 'Bulk Supply Xfer/Billing' billing as an alternative to this program.

```
R X   R E - P A C K A G I N G

    1.  Print Labels
    2.  Print Billing
    3.  Print Repackaging Report

    Enter Your Choice
```

Print Labels

```
R X   R E - P A C K A G I N G

    1.  Print Labels
    2.  Print Billing
    3.  Print Repackaging Report

    Enter Your Choice 1

    2 Label sets to print.
Starting with Rx Number [232368]
```

Print Billing

```
R X   R E - P A C K A G I N G

    1.  Print Labels
    2.  Print Billing
    3.  Print Repackaging Report

    Enter Your Choice 2

    Printer Ready (Y/N)?
```

Print Repackaging Report

```
R X   R E - P A C K A G I N G

    1.  Print Labels
    2.  Print Billing
    3.  Print Repackaging Report

    Enter Your Choice 3

    Printer Ready (Y/N)?
```

Misc. Records

Miscellaneous information maintenance is used to store and maintain record information for a patient's employer, attorney, insurance company, and so forth. This information is used by certain worker's compensation plans and green liens. This process can also be accessed through Patient Amendments by pressing Shift F1 .

```
M I S C E L L A N E O U S   I N F O   M A I N T E N A N C E
          (Employers, Attorneys, etc.)

          1.   Additions
          2.   Amendments
          3.   List
          4.   Delete an Entry
          5.   Print 1 inch Address Labels

          Enter Your Choice
```

Another use for the 'Miscellaneous Info Maintenance' system allows the pharmacy to add other pharmacies in their area on the computer. Once a pharmacy is 'on file', that information can be accessed, and recorded when transferring a prescription. For more information on transferring a prescription, and how to document which pharmacy the prescription was transferred to, please refer to Chapter 2 of this manual.

Additions

When adding a record, a blank information template will appear.

Enter the name, address, and phone number of the person, company, or pharmacy. Other fields of note are:

```
M I S C E L L A N E O U S   A D D I T I O N S

          Name [                    ]  (Last,First)
       Address [                    ]
               [                    ]
          City [              ]
         State [ ]   Zip [       ]
         Phone [           ]   FAX Phone  [          ]
          Type [    ]   (EMP,ATTY,INS,PH,etc.)
          CODE [    ]   Carrier ID [         ]
   Discontinued  [N]
   Miscellaneous Note:
[                                                  ]
```

Type:
Enter a code that will link certain groups. EMP, ATTY, INS, and PH, are suggested for employers, attorneys, insurance companies, and pharmacies. Other codes can be used that are shown as examples.

Discontinued:
Place a 'Y' in this field if the record in no longer in use. The record may be recalled by an exact name match or code, but will not appear in a name search.

CODE:
Enter a two to four digit code that can be used to recall this record. This code is required to be able to link a pharmacy record to a transferred script.

Carrier ID:
On-line worker's compensation plans may use a different carrier ID for each employer they service. The carrier ID entered in this record will be used in conjunction with the information entered in Insurance Company Maintenance.

```
M I S C E L L A N E O U S   A M E N D M E N T S

          Name [FOUNDATION SYSTEMS, INC  ]  (Last,First)
       Address [15 NORTH STATE STREET     ]
               [                          ]
          City [LINDON        ]
         State [UT]   Zip [84097    ]
         Phone [801-785-7720]   FAX Phone  [801-756-7715]
          Type [EMP ]   (EMP,ATTY,INS,PH,etc.)
          CODE [FSI ]   Carrier ID [         ]
   Discontinued  [Y]
   Miscellaneous Note:
[                                                  ]




          Press F2 to Print 1 inch Address Label
```

Amendments

Amendments of 'Miscellaneous Info Maintenance' are like 'Additions', only that the information is already entered, and changes can be made.

List

The list will report the code, name, address, phone, and type of all the miscellaneous records on file. It is printed out on the report printer.

```
            M I S C E L L A N E O U S   I N F O   L I S T S
       Enter Record Type (EMP, ATTY, INS, etc.) [    ] (Blank for ALL)
```

Delete an Entry

Enter the name or code of the record that you wish to delete. The system will display the information on the screen and ask you to conform your choice. Enter 'Y' to delete the record.

```
            M I S C.   I N F O   D E L E T I O N S
                 Name   [              ]
```

Print One Inch Address Labels

```
            P R I N T   A D D R E S S   L A B E L S
            Would You Like An Alignment Print (Y,N)
```

The 'Print One Inch Address Labels' menu function is used to print address labels for the profiles entered into the 'Miscellaneous Information Maintenance' system.

After selecting this menu function, the screen shown here will be displayed. Currently this program is only able to print correctly on Dot Matrix printers. At this prompt, the user can enter 'Y' to print an alignment label to make sure the labels are lined up in the printer before printing a full batch of labels.

Next the screen shown here will be displayed. Enter in the 'Type' to be printed. This would be 'EMP' to print labels for all of the Employers in the system, or 'ATTY' to print labels for all of the Attorneys, or enter any other type for the information profiles that are to be printed.

```
            P R I N T   A D D R E S S   L A B E L S
       Enter type to print  [     ] (ATTY, EMP, etc.)
       Do you wish to Verify Each Contact or Print All (V,A) [V]

       Enter number of copies [1]
```

Tar Tracking

The Tar Tracking system is discussed in detail in **Chapter 9**, **Claims Processing**.

```
T A R   T R A C K I N G   S Y S T E M

    1. Additions
    2. Amendments
    3. Deletions
    4. Print TARs
    5. List TARs
    6. Diag./Just. Code Maintenance
    7. Form Type  - Standard
    8. Forms Offset Top/Left
       (in 1/720ths inches)
       No Page Clear
    9. Print Sigs on Forms No
    A. Print Diagnosis on Forms No
    B. Default Insurance Code CALX


    Enter Your Choice
```

Special File Diagnostics

Special File Diagnostics functions are used by FSI to maintain the data file system and diagnose problems that may occur in the system. Use these functions only under the direction of FSI Technical Support.

```
       S P E C I A L   F I L E   D I A G N O S T I C S
   These File Diagnostic Programs Must ONLY Be Used Under the
   Direction of Foundation Systems, Technical Support Office.

       Do Not Play or Experiment With These Programs!

   Confirm Entry to Special Diagnostics by Entering 'YES' [   ]

                   Or Press F1 to Exit.
```

Laser Coupon Maintenance
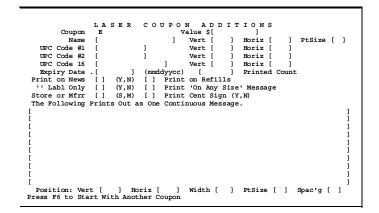
Laser label formats have reserved space for a coupon to be printed with each label. These coupons are user programmable, and may be linked to certain drugs or prescription types.

```
          L A S E R   C O U P O N S   M A I N T

                  1.  Additions
                  2.  Amendments
                  3.  List

              Enter Your Choice
```

Additions

If you are adding a new coupon, you have the option to press F6 to start with another coupon. By using the information from a previous coupon, you need only amend the fields that need to be changed.

The 'Laser Coupon' is only available for 'Laser Labels'. Dot Matrix printers cannot handle the information contained within the 'Laser Coupon' configuration.

```
              L A S E R   C O U P O N   A D D I T I O N S
          Coupon   E                Value $[      ]
          Name   [              ]   Vert [   ]  Horiz [   ]  PtSize [  ]
    UPC Code #1  [            ]      Vert [   ]  Horiz [   ]
    UPC Code #2  [            ]      Vert [   ]  Horiz [   ]
    UPC Code 16  [             ]     Vert [   ]  Horiz [   ]
    Expiry Date .[      ]  (mmddyycc)   [      ]  Printed Count
  Print on News  [ ]  (Y,N)  [ ]  Print on Refills
  '' Labl Only   [ ]  (Y,N)  [ ]  Print 'On Any Size' Message
  Store or Mfrr  [ ]  (S,M)  [ ]  Print Cent Sign (Y,N)
  The Following Prints Out as One Continuous Message.
[                                                              ]
[                                                              ]
[                                                              ]
[                                                              ]
[                                                              ]
[                                                              ]
[                                                              ]
[                                                              ]
[                                                              ]
    Position: Vert [   ]  Horiz [   ]  Width [   ]  PtSize [  ]  Spac'g [  ]
Press F6 to Start With Another Coupon
```

Coupon:
Each coupon is assigned a code at the time it is created. The codes are assigned alphabetically.

Value:
Enter the dollar value of the coupon.

Name:
Use this field to give a brief description for the coupon. The name will print on the coordinates entered to the right of the name.

UPC Code #1:
Enter in the numeric value for the UPC barcode to be printed on the coupon. A barcode chip has to be installed in the printer for this information to be converted and printed as a barcode by the laser printer.

Enter the vertical and horizontal print locations for the UPC to be printed at.

UPC Code #2:
Use this field to print a second barcode on the coupon. The same rules apply to this barcode that were specified previously.

UPC Code 16:
Similar to the previous two UPC fields, only this field is 16 characters in length, and the previous two are only 11 in length.

Expiry Date:
The coupon will not print after the date specified in this field.

Print on News:
If this field is set to 'Y', this coupon will be printed on 'New' prescriptions that have this coupon set as the 'Laser

Coupon' in 'Drug Maintenance', or as the 'Default Laser Coupon' in 'Software Options'.

Print on Refills:
If this field is set to 'Y', this coupon will be printed on 'Refill' prescription labels that have this coupon set as the 'Laser Coupon' in 'Drug Maintenance', or as the 'Default Laser Coupon' in 'Software Options'.

" on Labl Only:
Set this field to a 'Y' if the coupon should be printed on re-printed labels.

Print 'On Any Size' Message:
Set this field to 'Y' if the message 'On Any Size' should be printed on the coupon. This message will be printed on the bottom of the coupon.

Store or Mfrr:
Set this field to 'S' to make this a store coupon, or 'M' if it is a coupon from a Manufacturer.

Print Cent Sign:
Use this field to print a cent sign at the end of the entered value.

One Continuous Message:
The program gives ten lines to enter text for the coupon. These text lines are placed on the coupon by entering coordinates in the corresponding line coordinate fields.

Position:
The fields at the bottom regulate when the coupons will print. You may set the coupons to print on new prescriptions, refills, or label only. The printed count will report the number of coupons that have been printed.

After the coupon has been setup, you may link it to a specific drug record, or set it as a default coupon. Link the coupon to a drug record by entering the coupon code in the 'Laser Coupon' field of the drug record. When the drug is dispensed, the coupon will print on the label. A 'default coupon' is specified by entering the coupon code in the 'Default Laser Coupon' field located in 'System Configuration' – 'Software Options - Page 3'. If a coupon is not indicated for the drug being dispensed, the default coupon will be printed.

```
            L A S E R   C O U P O N   A M E N D M E N T S
       Coupon   A                  Value $[0      ]
        Name  [TEST COUPON       ]  Vert [1840]  Horiz [1450]  PtSize [13]
  UPC Code #1  [          ]         Vert [0  ]  Horiz [0  ]
  UPC Code #2  [          ]         Vert [0  ]  Horiz [0  ]
  UPC Code 16  [          ]         Vert [0  ]  Horiz [0  ]
  Expiry Date .[01319719]  (mmddyycc)   [12   ]   Printed Count
 Print on News  [Y]  (Y,N)  [Y]  Print on Refills
  '' Labl Only  [Y]  (Y,N)  [N]  Print 'On Any Size' Message
 Store or Mfrr  [M]  (S,M)  [Y]  Print Cent Sign (Y,N)
 The Following Prints Out as One Continuous Message.
[THIS IS A TEST LABLE TO SEE IF THIS NEW PROGRAM WORKS.              ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
  Position: Vert [1875]  Horiz [1375]  Width [30 ]  PtSize [13]  Spac'g [50]
```

Amendments

The screens for 'Amendments' are just like the additions screen. After selecting this option, enter the coupon code to be amended, and make the necessary changes.

List

The coupon list will show each coupon code, name, expiry date, and value. The list may be sent to the screen or the printer.

```
            L A S E R   C O U P O N   L I S T
    Do you want this list to go to the (S)creen, or (P)rinter?
```

System Configuration

Selecting System Configuration from Utilities
Menu #2 will display these options.

Note: The 'Multi-Site Map' option is only available
if the 'Multi-Site Module' has been purchased and
installed in the 'Pharmacy Management System'.

```
            S Y S T E M   C O N F I G U R A T I O N

                 1.  Software Options
                 2.  Central System
                 3.  Color Selections
                 4.  Printer Map
                 5.  Terminal Map
                 6.  Multi-Site Map

            Enter Your Choice.
```

Software Options

Selecting Software Options from the System configuration menu will show the following screens.

Software Options Page # 1

Most of the fields on this screen are self-
explanatory and therefore, might not be discussed
below. Fields of note are discussed below:

Store Identification:
This can be used as an identifier if the pharmacy
belongs to a chain of multiple stores.

Pharmacy Name:
This name will print at top of all reports, receipts,
and labels.

```
Page 1               S O F T W A R E   O P T I O N S

                 Store Ident  [     ]
               Pharmacy Name  [                   ]
              Address Line 1  [                 ]
              Address Line 2  [                 ]
                        City  [             ]
                       State  [  ]     Zip  [       ]
                Owner's Name  [               ]
                 Telephone #  [           ]    Fax #  [           ]
            Dr's Line Phone #  [           ]    NPI #  [         ]
                 State Lic #  [           ]    DEA #  [           ]
              E-Mail Address  [                   ]
            Ctrl Sub Log ID #  [             ]  Cnty Code  [ ] (TX doc ID)
            Ctrl Sub Name Type  [ ] (D=date)  Alt.Prescr.  [ ]
```

Dr's Line Phone:
This phone number is your Pharmacy direct line phone number (for Doctors or special customers) that will print
on Immediate Fax or Stored Fax requests.

NPI #:
This field is used to enter the pharmacy's NPI number. This number became necessary for pharmacies to have
for identification and third party billing April 2007.

State Lic Number:
The license number assigned to the pharmacy by the state regulation office. If required, it will appear on reports
and third party billings.

DEA Number:
This is the license number assigned to the pharmacy by the DEA.

E-Mail Address:
This field can be used to enter the pharmacy's email address. This field is used by the 'EDIFact Doc-Pharm
Interface' program when sending outgoing refill request messages to the doctor.
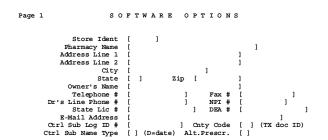
Ctrl Sub Log ID:
Controlled Substance Log ID is the number that is required as the pharmacy identifier by the agency you are
reporting the information to.

Cnty Code:
This option is required in some states in association with the Ctrl Sub Log ID function. Note: If your 'code' is only

one character you MUST put a 'space' first, then your single character code. Additionally, Texas Controlled Substance Reporting requires that the Doctor ID be flagged here, 'S' for State License number, 's' for SPIN, 'U' for UPIN, or '1' through '8' for the enumerated 'Provider' numbers.

Ctrl Sub Name Type:
This field is used by some state governments to identify a controlled substance report in a date format. This is not used by states submitting controlled substance reports to Atlantic Associates. Setting this field to a 'd' will cause the file to be created in a <Ctrl Sub Log ID#><mmddyy>.dat format. This is currently used in Virginia. Setting this field to a 'D' will cause the file to be created in a <date>c.dat format. This is currently used in Alabama.

Atl.Presc.:
This field is used to submit in addition to the doctor DEA number an alternate prescriber identifier. This field accepts 'S' for State License and 1 through 8 to transmit on of the eight 'Provider No's. This is currently required in Texas.

Software Options Page # 2

```
Page 2              S O F T W A R E   O P T I O N S
                         Script Pathway Functions
   Script Number Length (digits) [ ]     (6-8)
   New-Fr-Old Quick Use Date Wrtn [ ]     (A,O,T; Ask,Orig,Today)
      Always Ask for Date Written [ ]     (Y,or DgSch Level:2,3,4,5)
 Non-Sched Default Rx Refill Days [    ][  ] Sched 2 Default Rx Expiry Days
 Sched 3-4 Default Rx Expiry Days [   ] [  ] Sched 5 Default Rx Expiry Days
  Use Drug File Default Exp. Date [ ]    [ ] Update Drug Default Exp Date
      Prompt For Dup. S/N on Narc [ ](2) [ ] Track ICD-9 Codes W/Script
     Prompt For Cust. ID on Contrl [ ](4) [ ] Manually Number Scripts
    Prompt For Rx Orig. on Contrl [ ](4) [ ] Refills Use New Script Acct #
      Patient Menu After New Script [ ]  (R)[ ] Refs Remain'g = QOWE/Last Qty
Check if Last Disp was Picked Up [ ]     [ ] Round Up Refs Rem from QOWE
     Auto Refill After Inc Refills [ ]    [ ] New-Fr-Old Use Orig Rx Acct #
        Set Drug Disp'd to Dg Presc'd [ ] [ ] New-Fr-Old Use Last Disp. Drug
       Set Refill Qty to Last Disp'd [ ]  [ ] Always Use Drug Trade Name
          Use 12 Month Expiry Date [ ] (Py)[ ] Ask For Pharmacist In Pathway
 Ask to Move Note w/New-From-Old [ ]     [ ] Track Episode/Account Numbers
Check Back n Days f/Tele-NotFld [   ] NL[ ] Quick Ref Meth Bill Now/Later
     Ask Correct on Quick Refills [ ]  QL[ ] Ref Rem Use Quick or Long Method
       Print Label on Quick Refills [ ]  A[ ] Allow 'Q' Refill on Script Menu
            Ask For Rush Delivery [ ]    [ ] Calculate Days Supply from Sigs
```

Script Number Length (digits):
Enter the number of digits contained in the prescription number. The system will accommodate a six to eight digit prescription number. Note: Any digit entered less than six, the system will default a six.

New-Fr-Old Quick Use Date Wrtn:
This option allows a default response based on the three choices offered, when selecting a New-From-Old prescription:
'A' = Ask for the date to be written.
'O' = Original Date of the Old prescription.
'T' = Today's date in creating the New-From-Old.
Note: Blank will default to the original dispensing date.

Always Ask For Date Written:
This option has six valid options:
'Y' = Will prompt for the 'Date Written' on all prescriptions.
'2' = Will prompt for 'Date Written' on schedule 2 prescriptions.
'3' = Will prompt for 'Date Written' on schedule 2 and 3 prescriptions.
'4' = Will prompt for 'Date Written' on schedule 2 thru 4 prescriptions.
'5' = Will prompt for 'Date Written' on schedule 2 thru 5 prescriptions.
'N' = Will not prompt for 'Date Written' when writing a prescription.
This option, if left blank, will follow the behavior pattern of being set to 'N'.

Non- Sched Default Rx Refill Days:
The value entered in this field will be used to calculate the 'Prescription Expiry Date' for all non-scheduled prescriptions.

Sched 2 Default Rx Expiry Days:
This field is used to define the number of days to calculate the prescription expiration date from the date the prescription was written for prescriptions filled for drugs marked as schedule #2.

Sched 3-4 Default Rx Expiry Days:
This field is used to define the number of days to calculate the prescription expiration date from the date the prescription was written for prescriptions filled for drugs marked as schedules 3 and 4.

Sched 5 Default Rx Expiry Days:
This field is used to define the number of days to calculate the prescription expiration date from the date the prescription was written for prescriptions filled for drugs marked as schedule 5.

Use Drug File Default Expiry Date:
In Drug Amendments, each drug record contains a Default Exp. Date field. If this option is set to a 'Y', the value entered in the drug record will display as the drug expiry date in the Prescription Pathway.

Update Drug Default Exp Date:
When set to 'Y', the date entered in the Expiry Date field of the Prescription Pathway will be saved in the Default Exp. Date field in Drug Amendments. This should be used in conjunction with 'Use Drug File Default Expiry Date' mentioned above.

Prompt For Dup. S/N On Narc:
Use this field to have a field display when filling a prescription for the Duplicate/Triplicate serial number to be entered into. Setting this option to a 'Y' will cause this field to come up on all controlled and narcotic prescriptions. Setting this option to '2' will cause the field to come up on only prescriptions for schedule 2 drugs.

Track ICD-9 Codes W/Script:
Setting this field to a 'Y' will cause a field to be displayed when filling a new prescription, for the ICD-9 Diagnosis to be entered into. Additionally, when creating a 'New from Old' prescription, the ICD-9 Diagnosis code will be copied into the new prescription from the original prescription. When billing to Third Parties, the ICD-9 code entered during the Prescription Pathway will be entered as the 'Diagnosis Code' for billing purposes.

Prompt For Cust. ID on Contrl:
Setting this option to a 'Y' will cause a field to display when filling and refilling prescriptions for controlled drugs, that a pickup id may be entered into. Setting this option to a '4' will cause the field to display only for drugs set as schedule 4.

Manually Number Scripts:
Set this option to 'Y' to have the ability to assign the prescription number manually. This function is used primarily when trying to re-enter prescriptions following a data loss. Obviously, this practice can cause problems with prescription numbering and storage; - use with caution. Under normal operation, it is recommended to allow the software to automatically number the prescriptions by setting this field to 'N'.

Prompt For Rx Orig. On Contrl:
Setting this option to a 'Y' allows the prescription origin to be entered when filling a new prescription. The valid values for the field when entering a new prescription are W, T, or F. (W = Written, T = Telephoned, or F = Faxed)

Refills Use New Script Acct #:
When set to a 'N', and doing a refill, the current 'Account/Episode #' from 'Patient Amendments' will be stored in the 'Dispensing Record' for this prescription. When this option is set to 'Y', the 'Account/Episode #' stored in the 'Main Script Record' will be copied and stored in the dispensing record. However, this field can be over-ridden by the 'Third Party Setup' for the third party being billed. Please refer to Chapter 5 of this manual for more information.

Patient Menu After New Script:
This returns you to the patient's profile after processing a new prescription when set to a 'Y'. Alternatively, setting this option to a 'N', after filling a prescription, will return to the drug question, to allow for another new script for the same patient.

Refills Remain'g = QOWE / Last Quantity:
This option will calculate the number of refills remaining on the prescription by dividing the quantity of product owed to the patient by the last quantity filled. 'R' will divide by the original refill quantity. The 'Quantity Owing' on the prescription is calculated when entering the new prescription by multiplying the quantity being dispensed by the number of refills. This automatic calculation can be over-ridden by using the miscellaneous functions available on the 'Quantity' screen, and the '# of Refills' screen when entering the new prescription. For more

information regarding using these functions, please refer to the New Script Processing section of Chapter 2 of this manual.

Check if Last Disp was Picked Up:
This field, when set to a 'Y' will cause that when entering a new dispensing for a prescription that the previous dispensing be checked to see if it was picked up. If the previous dispensing was not picked up, a warning will be displayed on the screen alerting the user that there is still a dispensing waiting for the patient.

Round Up Refs Rem from QOWE:
This option when set to a 'Y', and with 'Refs Remain'g = QOWE/Last Qty' set to 'Y' or 'R', the number of refills printed on the label will be rounded up to the next whole number. With this option set to 'N' or left blank, if the quantity owing is less than the whole dispensed quantity, the quantity owing will not be indicated on the label.

If this option is set to '2', the 'Round Up' will also be calculated for schedule II drugs.

Auto Refill After Inc Refills:
This option, when set to 'Y', will automatically start at the refill screen after increasing the number of refills for the prescription.

Note: If refills are increased and the authorization information is entered in the dispensing note, the note will not be saved unless the refill is done immediately following the increase. Please refer to Chapter 2 – 'Process by Script' for more information.

New-Fr-Old Use Orig Rx Acct #:
When this option is set to 'Y', when doing a 'New from Old – Quick Method' prescription, the 'Episode #' from the 'Main Record'' of the original prescription will be copied into both the 'Main Record' and 'Dispensing Record' for the new prescription.

Set Drug Disp'd To Dg Presc'd:
When entering a new and new-from-old prescription (long method), the user can enter in a drug name go through part of the prescription entry process, and then use the F8 key to backup to the drug prompt again and change the drug. Normally, the first drug entered will be recorded as the 'Drug Prescribed' and the second drug would be recorded as the 'Drug Dispensed'. Setting this option to 'Y' will record the second drug as both 'Drug Dispensed' and 'Drug Prescribed'.

New-Fr-Old Use Last Disp. Date:
This option set to a 'Y' will select the last dispensed date on the old script to be the date written on the new script.

Set Refill Qty to Last Disp'd:
This option allows the refill quantity of the 'Main Record' to be set to the last quantity dispensed. This may be useful when the days supply and quantity of a third party is less than prescribed. The quantity and days supply is changed in the script

Always Use Drug Trade Name:
This option permits the operator to search by generic name but print the trade name of the drug.

Use 12 Month Expiry Date:
When this option is in use with Use Label Expiry Date, the expiry date of the prescription is defaulted to twelve months from the date of fill. Press Enter to accept the date, or type in another. This option will be over-ridden by the 'Use Drug Default Exp Date' option discussed previously.

Ask For Pharmacist In Pathway
When this option is set to 'N', no prompt for 'Pharmacists Initials' will be displayed when filling the prescription, and the pharmacists that is logged in will be assigned to the prescription. When using this option, the pharmacist's initials can be changed using the 'Utility Programs' option '8. Change Pharmacists Initials'.

When set to a 'Y', a prompt for the 'Pharmacists Initials' will display when filling a prescription, and the initials of

the pharmacist logged in will be defaulted. The initials can be changed at this point, and the new initials will be saved as the 'logged in' pharmacist, and therefore will be the initials that will be defaulted the next time a prescription is filled. When this field is set to a 'y', the prompt for the pharmacist initials will display, but no initials will be defaulted in this field. This function works best in pharmacies that have multiple pharmacists working, so the initials of the responsible pharmacist will have to be entered each time.

An additional setting for this option is 'P'. 'P' is going to behave like 'N' when filling new and new-from-old prescriptions, but when doing refills, and this option is set to 'P', the 'logged in' pharmacist will be used, and a forced acknowledgement of the PCM message will be displayed. Press the 'ESC' key to acknowledge.

Ask to Move Note w/New-From-Old:
When this option is set to 'Y', the program will prompt to move the note to the new prescription. When set to 'N', the notes will be moved without asking.

Track Episode/Account Numbers:
When this option is set to 'Y', a prompt to verify the 'Account/Episode #' will display when writing a new prescription. If an 'Account/Episode #' is entered in the patient amendments, that number will be defaulted in the displayed field. That number can be overwritten with a new number; however, the new number will not be saved in the patient amendments for future use. To track the 'Account/Episode #' on refills, check the settings on 'Refills Use New Script Acct #' on this screen of 'Software Options' and 'Refills Track Org Acct #' in the 'Third Party Maintenance'.

Check Back n Days f/Tele-NotFld:
This option is used to specify the number of days the system should check back for 'Tele Rx's' and 'Not Filled' prescriptions when entering a new prescription. If the system finds a 'Tele Rx' or 'Not Filled' that matches the same therapeutic class as the drug for the new prescription within that date range, then a 'reminder' will be displayed that such a prescription exists. The display will show if it is a 'Not Filled' or 'Tele Rx' the prescription number (IA), and the day that it was entered. To use the 'Not Filled' or 'Tele Rx' press the 'F5' key, or press 'ESC' to continue doing a new prescription.

Quick Ref Meth Bill Now/Later:
Use this option to set the billing properties when doing a 'Quick' refill. Setting this option to 'L' will set all quick refills to be 'Bill Later'. This will cause the refill to not be billed at the time of filling, and will have to be billed at a later time. For information on how to obtain lists of the 'Bill Later' scripts, and how to bill them in a 'batch' process, please refer to Chapter 5, sections; 'Modem Claim Log' and 'Auto Charge 'UNBIL'led Claims'. Setting this option to 'N' will cause the refill to be billed at the time of filling.

Ask Correct on Quick Refills:
Use this option to define whether the 'Verify That Everything is Correct.' message should display after finishing the refill. Setting this field to; 'Y' will cause the prompt to display, 'N' will cause it to not display, and leaving this field blank will use the settings for 'Y'.

Ref Rem Use Quick or Long Method:
If this option is set to 'Q' it will use the Quick Refill Method when increasing refills, if set to 'L' it will use the original method for refilling. Either setting is only used if the 'Auto Refill after Inc Refills' option on this same screen is set to 'Y'.

Print Label on Quick Refills:
Automatically prints a label if set to 'Y' when using the Quick Refill Method.

Allow 'Q' Refill on Script Menu:
If this option is set to 'A' the system will allow the Quick Refill Method from the Rx Status screen.

Ask For Rush Delivery:
It is now possible to generate the Delivery Log export file on a per route basis. The program will also ask if you want to mark as 'RUSH' if this option is set to a 'Y'.

Calculate Days Supply from Sigs:
With this option set to 'Y', the prompt for Days Supply will appear AFTER the prompt for the 'Directions' when entering a prescription. When set to 'Y', the program will attempt to calculate the days supply based on the 'quantity' previously entered AND the sigs which have 'Times Daily' and 'Dispensed Metric Quantity' setup up. For more info on how to setup the Sig file correctly, please refer to 'Sig Maintenance' discussed earlier in this chapter.

For example, the directions: 5ML PO TID and a prescription qty of 240 (ml) will calculate a days supply of 16 IF there is a sig '5ML' defined with it's 'Dispensed Metric Qty' set to '5' AND a sig 'TID' defined with it's 'Times Daily' set to '3'. Therefore, days supply is calculated as 240 / (5 * 3) = 16.

Software Options Page # 3

```
Page 3                S O F T W A R E   O P T I O N S
                         More Script Pathway Functions

        Print Label @ End of Path [ ]        [ ] Negative Stock-on-Hand Alert
       Allow Multiple Rx Transfers [ ]        [ ] Display NDC on Drug Search
       Default Delivery w/route to D [ ]       [ ] Store Undiscounted U&C Price
    Don't Stop for DUR Contraindic. [ ]       [ ] Bypass DUR Checking
         Bypass RPh Entry (use 'Unk') [ ]      [ ] Bypass Inc.Ref. Note Warning
       Prompt for Episode # at Rx End [ ]      [ ] Do NDC Check during Refill
    List Generic Drug if TP Require [ ]       [ ] Always Ask for Pickup Id on Ipaq
       List Active Drug if Inactive [ ]        [ ] Skip Price Screen Y/N/Online
       Use Compound Rx Number Type [ ]         [ ] Ignore Registration Expiry
        Display SOH on Drug Search [ ]         [ ] Prompt for 'static sigs'
                Prompt for Stop Date [ ]        [ ] Verify Rx After Print Label
               Prompt for Start Date [ ]        [ ] Use PSE Rx Number Type
              Sched 5 Drug Refill Limit [  ]     [ ] Display Whsl# next to 'SOH:'
```

Print Label @ End of Path:
This function, when set to 'N' skips the label question when filling prescriptions. This is designed to be used in conjunction with the 'Work Flow – Rx Verify' system.

Negative Stock-on-Hand Alert:
When set to 'Y', this option will cause the 'SOH' line on the pricing screen to blink if the dispensing being entered will cause the 'Stock On Hand' to fall below a 0 (zero) quantity. This is useful for pharmacies that track their inventory levels within the Pharmacy Management System.

Allow Multiple Rx Transfers:
When this option is set to 'Y' and if a prescription is NOT schedules 2 – 5, multiple script transfers will be permitted. Pressing [Shift][F9] when transferring a prescription will save the current transfer notes to the prescriptions multi-line notes. After pressing [Shift][F9], press [F3] to display/edit these notes that have been copied. Press [F1] to return to the transfer screen.

If there are not at least THREE lines available in the multi-lines notes, the [Shift][F9] option will not appear. To display/edit the script's current notes without copying the transfer info, press the [Shift][F10] keys.

Display NDC on Drug Search:
This option has been added to allow for the NDC number for the drug to show on the list of drugs in place of the generic name. To show the NDC number, enter 'Y' in this field.

Default Delivery w/route to D:
This option is used to enable and disable the 'D' for delivery flag being set when finishing the prescription on the 'Verify That Everything is Correct' screen. Setting this field to a 'Y' will default the 'D' in the 'Verify' step, whereas setting this field to a 'N' will not default the 'D' in the 'Verify' step.

Store Undiscounted U&C Price:
A dispensing's STORED U&C PRICE for discounted plans (such as 'SC' and other cash types) can use the same price as un-discounted amount if this option is set to a 'Y'. This is useful if the U&C price is printed on a patient's receipt to indicate that their price has been discounted.

Don't Stop for DUR Contraindic.:
This option, when set to 'Y' will not force the operator to acknowledge a contraindication (Press ESC to continue, etc). DUR information is accumulated (if enabled) for printing on labels. This option is designed to be used with the FSI 'Graphical Verification System' where the pharmacist will be able to review the DUR Contraindication when they verify the prescription.

Bypass DUR Checking:
This option, when set to 'Y' will omit interaction checking during prescription entry. DUR information will NOT accumulate, thus will NOT print on labels. Interaction checks can be performed by the 'Script Drug Check / Rdy Display' function. (menu options, 3 1 T)

Bypass RPh Entry (use Unk):
When this option is set to 'Y' the prompt for pharmacist in the prescription pathway will be disabled. Rather, the pharmacist will be set to 'Unk – Unknown Pharmacist'. When the prescription is 'Verified' by the pharmacist using the 'Rx Status / Workflow' system, the pharmacist initials will then replace the 'Unk' in the prescription data record.

Bypass Inc.Ref. Note Warning:
When this option is set to 'Y', the '8. Change # of Refills' will not give a warning message about overwriting existing increase refill notes. Set this option to 'Y' ONLY if a four line log of scripts is printed daily to preserve increase refill note information.

Prompt for Episode # at Rx End:
This option, when set to 'Y' will cause that a prompt for the 'Episode/Acct #' prompt be displayed at the end of the prescription entry process. Data entered in this field is printable on the 'Log of Scripts' and 'elog' reports.

Do NDC Check during Refill:
When this option is set to 'Y', a prompt to verify the NDC of the drug being dispensed will appear during the refill process. This option is typically used by pharmacies that have invested in drug bottle barcode scanners.

List Generic Drug if TP Require:
This option, when set to 'Y' will cause that when a Third Party profile has it's 'Generic Required' flag set to 'Y', when dispensing a brand drug for a new prescription, a list of GPI generic equivalents will be displayed. If the brand drug is still to be dispensed, a selection of 'D' for DAW can be selected by the operator.

Always Ask for Pickup ID on Ipaq:
Setting this option to 'Y' will cause always prompting for 'Pickup ID' when using the wireless pickup device (HP Ipaq's).

List Active Drug if Inactive:
This option when set to 'Y' will cause that when doing a refill, if the drug being dispensed is inactive, a list of GPI equivalent active drugs will be displayed to select from.

Skip Price Screen Y/N/Online:
This option, when set to 'Y' will cause the pricing screen to be skipped during the prescription pathway. This is to prevent operators from changing the price of the prescription and other script data. When set to 'O', the pricing screen will only be skipped for 'online' third parties.

Use Compound Rx Number Type:
The character entered in this field will precede the prescription number when the drug is marked as being a compounded drug on 'Log of Scripts', 'Laser Label' and the 'sample Label' shown in the prescription pathway.

Ignore Registration Expiry:
This option is used when utilizing the 'Eligi/Reg. Exp Date' in the patient's profile to 'discontinue' a patient when printing MAR forms, without actually having to discontinue them. When using the Eligi/Reg Exp Date' field in the patient setup for this purpose, this 'Software Option' should be set to 'Y' so the user will not be prompted to put in a new 'Eligi/Reg. Date'.

Display SOH on Drug Search:
This option, when set to 'Y' will change the display parameters on the search results list to not display the drugs generic name, but to display the 'Stock on Hand' for each drug in the search result list. This option may be used in conjunction with the 'Display NDC on Drug Search'.

Prompt for 'static sigs':
This option, when set to 'Y' will cause the "'Static' Sigs" prompt to display on the 'Directs' screen of the new prescription entry process. Marking the "'Static' Sigs" field to 'Y' will cause the directions entered to not convert if found in the sig file.

Prompt for Stop Date:
When this option is set to 'Y' a field will be displayed prompting for a 'Stop Date' to be entered when doing new, refill, and new-from-old prescriptions. The date entered in this field should be the date the patient should stop taking the medication. This field is typically used by the FSI Board and Care printouts and utilities.

Verify Rx After Print Label:
This option, when set to 'Y' will cause a drug check and a fill check process to be ran similar to the 'T. Script Drug Check/Rdy Display' program in 'Utility Programs' and 'S. Rx Status / Work Flow' – 'Perform Action by Script #' do.

Prompt for Start Date:
Setting this option to 'Y' causes a prompt for 'Start Date' after the drug (and also after the date written prompt if turned on). If a default B&C form is defined to be a programmable 'Laser Format', this date is initialized to the beginning 'Calendar Period' date. This function is applied to new and new-from-old prescriptions. This function does not apply to refill prescription processing.

Use PSE Rx Number Type:
Any character entered in this field besides 'N', 'C' and numbers, will precede the prescription number on 'Log of Scripts', 'Laser Label' and the 'sample Label' shown in the prescription pathway if the drug for the prescription has it's 'PSE' flag is set to 'Y'.

Sched 5 Drug Refill Limit:
This field allows the user to specify the number of refills allowed for a prescription filled for a schedule 5 drug. When this field is blank, the default maximum number of refills is 5.

Display Whsl# next to 'SOH:':
This option, when set to 'Y' will display the primary wholesaler # of the drug next to the 'SOH' shown to the right of the sample label displayed during the prescription filling process.

Software Options Page # 4

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Page 4               S O F T W A R E   O P T I O N S
                            Label Functions
                    Default Laser Coupon [ ]     (A-Z)
       Print 'Dr.' or Title On Label [ ]D,T  [ ] Activate XofX Numbering (IVs)
              Use Label Expiry Date [ ]       [ ] Use Misc. Label Note
   Dirs Only Lab On Directs Not Fit [ ]       [ ] MFG on Label (G=Generic)
       Print Pharmacy Name on Label [ ]   S,E[ ] Trade Name on Gen. Rx Label
       Doctor's DEA Number on Label [ ]       [ ] Ask for Another Label
          Receipt / Label Combination [ ]   (W)[ ] Wide/Narrow Rec/Lab Combs.DC
  Refill'bl Until Exp Date Message [ ]       [ ] Print No (More) Refills Mess
     Refill # Until Exp Date Message [ ]     [ ] Patient Address on Narc Rx
   Pat. Consul. Messages on Receipt [ ]      [ ] # of Pat Cons Lines on Rec
   Print Discount Amount on Receipt [ ]      [ ] Print Misc. Message on Rec
           Print Bar Code on Receipt [ ]P,R  [ ] Print PHI on Receipt
         Print 'exp' exp date on Label [ ]   [ ] Pharmacist Name on Label
   Put Age After Name on Aux Label [ ]       [ ] Print 'No-DUR' Message
       Print Drug Code If For Lang 2 [ ]     [ ] Force ESC On Dirs Not Fit
       Never Verify Large Label Num [ ]      [ ] Print Pat. Cons. at 12 CPI
          Use Drug Imprint Data Base [ ](D)(M[ ] Print Metric Qty on Label
           Warning Label Repeat Count [ ]    [ ] Print Non-Delivery Indicator
  Pat Address Label; Patient Line [    ] [    ] Pharmacy Line (300 Dots/Inch)
         Point Size [ ]   Column [   ] [    ] Column   [ ] Pointsize
```

Default Laser Coupon:
When formatting a coupon in Laser Coupon Maintenance, the coupon is assigned a character as a search code. Enter in the 'coupon code' in this option for the coupon to be printed as the default. The 'Default Laser Coupon' will be used when no coupon is specified in 'Drug Maintenance' for the drug being used for the prescription. For more information on setting up Laser Coupons, please refer to the 'Laser Coupon Maintenance' section in this chapter.

Print 'DR.' or Title On Label:
Use this option to set whether to print "Dr." in front of the doctor's name, or to print the doctor's title following their name. Setting this field to 'D' will print "Dr.", where setting it to 'T' will print the title.

Activate XofX Numbering (IVs):
Setting this option to 'Y' causes that a prompt be displayed for 'Starting with Label #' as shown in the example here. This will only be displayed for drugs with 'Spec.Case' field is set to either 'IV' or 'TPN'. This function will

print the number of labels as specified in 'Number of Labels' and can print 'X of XX' (where X is the label number and XX the total number of labels) on the label. This is setup to print using the Laser Label maintenance program under 'Utility Programs' and 'Utilities Menu #2'.

Use Label Expiry Date:
When set to 'Y', a prompt for 'Drug Expiry Date' will display when filling a prescription. This date is the date that the medication will expire. Depending on how 'Use Drug File Default Exp Date' and 'Use 12 Month Expiry Date' are configured in 'Software Options' 'Page #1', this field might default a date. If correct, press 'ENTER' to continue, or enter in correct date and press 'ENTER'.

Use Misc. Label Note:
When this option is set to 'Y', a field will display when filling both new and refill prescriptions for a 'Misc. Label Note'. This note is a text field in which anything can be entered. Use 'Label Format Maintenance' to allocate space on the bottle label for the miscellaneous note.

Note: Regardless of which 'Label Format' is being used to create/print the prescription labels; a valid setting has to be defined in the 'Dot Matrix Bottle Label Maint' for the 'Misc. Label Note' in order for the prompt to display when filling the prescription.

Dirs Only Lab On Directs Not Fit:
When this option is set to 'Y', the remaining directions will automatically print on the next label that did not fit on the original label. (DOT Matrix Labels only, laser labels are compressed to fit)

MFG's Name on Labels:
If this option is set to "Y", the manufacturer will be printed on all prescriptions. When set to "G" the manufacturer will be printed on generic prescriptions only.

Print Pharmacy Name on Label:
When set to 'Y', the pharmacy name, address, and phone number will be printed on the label. This option is used for 'Dot Matrix Bottle Label Maint' and 'Dot Matrix Aux Label Maint' only.

Trade Name On Generic Rx Label:
Use this option to have the name of the trade drug print on labels printed for the generic drugs. This function will only work when the drug profile for the generic drug has a valid 'Generic X-Ref Drug Code' code entered. There are 3 valid settings for this option. The setting and what that setting will do is listed below:

If this option is set to 'Y' the label will print;

      Gen. for

If you place an 'S' in the option, the label will print;

      Substituted for

If you place an 'E' in the option, the label will print;

      Equivalent for

For more information on setting up the 'Generic X-Ref Drug Code' within the drug maintenance, please refer to Chapter 3 of this manual.

Doctor's DEA Number on Label:
This will print the doctor's DEA number on all prescriptions. If the option is set to 'N', the DEA will print only on the labels of scheduled drugs. This option works with both of the Dot Matrix label programs, and the original Laser Label program, but not the '2nd Generation Laser Label' program. To print the doctor's DEA number on the '2nd Generation Label' program, please refer to the corresponding section of this chapter.

Ask for Another Label:
When this option is set to 'Y', the system will ask for another label, following a label being printed.

Receipt / Label Combination:
This allows for the use of the Receipt / Label combination format. This only applies to the Fixed Dot Matrix Label programming.

Wide/Narrow Rec/Lab Combination:
There are two formats of the receipt label combination, use 'W' for wide labels, and 'N' for narrow labels. ('D' and 'C' for various chain operation systems)

Refill'bl Until Exp Date Message:
When this option is set to 'Y', this substitutes "Refills as Required" with "Refillable Until MM/DD/YY" on the label when a prescription is given PRN refills.

Print No (More) Refills Message:
If this option is set to "Y," and there are no more refills remaining, the label will print "No More Refills" as opposed to "0 Refills Remaining." If no refills are given the label will state "No Refills."

Refill # Until Exp Date Message:
If this option is set to 'Y', the label will print # of refills remaining 'until the expiration date'.

Patient Address on Narc Rx:
When this option is set to 'Y', this will print the patient's address on the label of all narcotic medications. If an 'A' is entered in this option, the system will print the patient address on all labels.

Pat. Consul. Messages on Receipt:
If this option is set to 'Y', the First DataBank / FSI Patient Consultation Messages will be printed on the receipt.

of Pat Cons Lines on Rec:
Use this option to specify the number of lines available to print a Patient Consultation Message on the receipt. The following guidelines apply:

For a three part or 3" label, enter "5" or "6."
For a four part or 3" label, enter "6" or "7."
For a five part or 4" label, enter "7" or "8".

Print Discount Amount on Receipt:
Set this option to 'Y' to print any discount amount generated by the system on the patient's receipt.

Print Misc. Message On Rec:
When this option is set to 'Y', this will print the 'Receipt Message' found on 'Software Options' 'Page 10'.

Print Bar Code on Receipt:
This function when set to a 'P' allows a POS formatted barcode to be printed on the receipt function within the Pharmacy Management System. Setting this field to 'R' will print a regular script number barcode on the receipt.

This function only works when a 'D' is found in the 'Receipt Printer Make' in the printer map, and will only print on a Dymo brand label printer.

Print PHI on Receipt:
This field, when set to 'N', causes the drug name to not be printed on the pharmacy receipt. This receipt is not the receipt printed on the label.

Print 'exp' exp date on Label:
With this option set to 'Y', 'EXP' will print before the expiry date on the bottle label. Space on the label will need to be allocated in Label Format Maintenance.

Pharmacist Name on Label:
Set this option to a 'Y' to have the pharmacist's name rather than his initials printed on the bottle label. Space on the label will need to be allocated in Label Format Maintenance.

Put Age After Name on Aux Label:
When this option is set to 'Y', this will print the age of the patient on the auxiliary label immediately following the patient's name when using the Fixed Dot Matrix Label programming to produce the label. If the Programmable Dot Matrix Label programming is being used, this will print where 'programmed'. Note: This is for Schedule 2 drugs only.

Print 'No DUR' Message:
With this option set to 'Y', the system will print a confirmation that the drug utilization review found no pertinent information. The DUR information is only available when printing labels after filling the prescription, not on label reprints.

Print Drug Code If For Lang 2:
If using a second foreign language, a 'Y' in this option will print the drug code instead of the drug name on a laser label.

Force ESC On Dirs not fit:
If the number of sigs entered exceeds the maximum number of sigs that can be stored; this option when set to 'Y' will force the 'ESC' key to be pressed for acknowledgement.

Never Verify Large Label Num:
This option when set to a 'Y' will NOT ask 'Are You Sure?' if the number of labels requested is greater than two.

Print Pat Cons at 12 CPI:
When set to 'Y', this causes the patient consultation messages to print at 12 characters per inch. This option is for use with a wide carriage label.

Use Drug Imprint Data Base:
When this field is set to 'Y' or left blank, the imprint information will display on the '# of Labels' question screen. Setting this field to a 'N' will disable the imprint information from being disabled on this screen. Additionally, if this field is set to a 'N', the imprint information will not be printed on the 2nd Generation Laser Labels, regardless of whether a position is specified or not.

Setting this field to 'D', allows the information entered in the drug's 'Shape/Color/Desc' and 'Imp ID #' to over-ride and replace the Drug Imprint information provided by Facts and Comparisons™. This is used when the Drug Imprint information is newer than the stock that might still be in the pharmacy, the older Imprint information can be entered in the drug, and when using the 'D' in this field, the information entered in the drug will be printed in place of the Facts and Comparisons™ Imprint information.

Print Metric Qty on Label:
This field is used to define how the 'Metric Quantity' should be printed on the bottle label. When set to 'Y', a drug item that has a dispensing pack size will print the dispensing pack size instead of the dispensed quantity of packs. For example, if the dispensing pack size is 3.5GM and the quantity for the prescription is 1, the label would print '3.5GM DRUGNAME', instead of the current '1 DRUGNAME 3.5GM'. For multiple pack quantities (using the above example with a prescription quantity of 3) the label will print '3 DRUGNAME 3.5GM'. Setting this filed to a 'M' (multiples) the previous example would print '10.5GM DRUGNAME (3)' indicating that the total metric quantity is 10.5 in the 3 dispensed packs.

These new layouts will be printed on the label only if the pharmacy is using either the '2nd Generation Laser Label' or the 'Programmable Dot Matrix' label programs. If your unsure of which program the pharmacy is using to print the labels, please contact the Foundation Systems Technical Support Helpdesk for assistance.

Warning Label Repeat Count:
This option is used to define the maximum number of unique Medi-Span's warning labels to be printed. Medi-Span offers up to 5 warning labels per drug, but if your label only accommodates 4, then 4 can be entered in this field. This is only necessary when setting up a label format that prints the same warning labels multiple times on the label sheet.

Under this scenario, more than 4 positions will be defined in the label format configuration, and without defining this option, the 5th warning label would print in the first position of the second set of labels.

Print Non-Delivery Indicator:
When a label format is setup to print a 'Delivery Route' indication, when a prescription is NOT set to be delivered, the label prints 'Del-N' indicating that the prescription is NOT delivery. To disable this printing, set this option to 'N'. When this option is blank or 'Y', the 'Del-N' will be printed on labels for prescriptions NOT set for delivery.

Pat Address Label; Line, Column, Point Size:
These three fields are used to specify a line and column setting, along with the point size (size of text) on a laser label sheet. These fields are used to print the patient's address.

Pharmacy Line, Column, Point Size:
These three fields are used to specify a line and column setting, along with the point size (size of text) on a laser label sheet. These fields are used to print the pharmacy's address.

Software Options Page # 5

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Page 5            S O F T W A R E   O P T I O N S

                         Patient Functions
Display Pat search DOB at age [ ]     (1-99)
Dispensed Date +Days Supply + [   ]   Days Fudge Factor for Current
Display History, Allsen, Both [ ]     On Patient Menu (H,A,B)
Def Hist, Disp All / Curr Rxs [ ]     (A-All,C-Current)
Check for Duplicate Card ID's [ ]       [ ] History in Recent Disp Order
   Default New Pats to 'CASH' [ ]       [ ] Default New Pats A/R to 'Y'
    ''  ''  '' Ref Rem to 'Y' [ ](F)(Z)[ ] Force Pat Addr Before Fill'g Rx
Default New Pats Foreign Lang [ ](2)   [ ] Force Pat Allergy ''   ''   ''
          Flash Patient Notes [ ]       [ ] Use Automatic City Insertion
  Display Tele Rxs on Pat Menu [ ]    [    ] Disp Not-Filled Rxs For nn Days
   Force & Validate LTCF Code [ ]       [ ] Require HIPAA Sign in Pathway
   Require Non-Safety Cap Sign [ ]      [ ] Require HIPAA Sign in Pickup/Deliv
  Prompt for Board & Care Dates [ ]     [ ] HIPAA Notes Good More Than One Day
  Display Other Site's Scripts [ ]      [ ] Only Disp Hist if Any Filled Here
        PSE Monthly Limit (mgs) [    ][    ] PSE Daily Limit (mgs)
```

Display Patient search DOB at Age:
When doing a patient search, the date of birth will display for all patients whose age is equal to or less than the age you specify in this option.

Dispensed Date + Days Supply + [   ] Days Fudge Factor for Current:
This option provides for the number of days you wish the software to calculate back to verify interactions for the patient.

Display History, Allsen, Both [ ] On Patient Menu:
Use this option to set the automatic display properties for the 'Patient Profile'. Regardless of this setting, the menu options available on the 'Patient Profile' can be used to display the information not shown by default. When this option is set to 'H', only the patient history will display on the profile. When set to 'A', only the patients 'Allergy/Sensitivity' profile will display. When set to 'B', both the prescription history and 'Allergy/Sensitivity' profile will be displayed. This prescription history is subject to the 'Dispensed Date + Days Supply +' and 'Def Hist, Disp All / Curr Rxs' settings discussed in this section.

Def Hist, Disp All / Curr Rxs:
This option allows the history display properties to be specified. To display all valid prescription's for the patient, set this option to 'A'. To display only the 'current' prescriptions for the patient, set this option to 'C'. To set the value for 'current' please refer to the 'Dispensed Date + Days Supply +' manual entry discussed previously. When 'C' (current) is set, the 'History Complete' indication will display 'CURRENT History Complete'. If any scripts have been skipped, the message 'CURRENT History Complete (more)' will display.

Check for Duplicate Card ID:
When this option is set to 'Y', the 'Card Id' will be checked for duplicate ID's when adding a new patient.

History in Recent Disp Order:
This option, when blank or set to 'Y' will organize and list the patient history on the patient menu screen in the

most recent dispensed order. When set to 'N', this option will show the history on the patient menu screen in original entry order. When changing this option to a new setting, a full system history re-chain will need to be done. Please contact the **Foundation Systems Technical Support** for support on doing this.

Default New Pats to CASH:
When adding new patients to the 'Pharmacy Management System', if this option is set to 'Y', the 'Insurance Code' will be defaulted to 'CASH'. This is typically used by pharmacies that subscribe to a 'Pre-Post' editing service.

Default New Pats A/R to 'Y':
This option, when set to 'Y' will automatically set the patient's 'Charge Account' field to 'Y' when adding a new patient.

Default New Pats Ref Rem to 'Y':
When set to 'Y', this option sets the patient's 'Refill Reminder' field to 'Y' when adding new patients. When this option is set to 'F', the 'Refill Reminder' field will be set to 'F' when adding a new patient. The difference between the two settings it the way the reminder is written into the 'Refill Reminder System'. When the field in 'Patient Maintenance' is set to 'Y', the reminder will be written as a 'To Call' status. Alternatively, when the field in 'Patient Maintenance' is set to 'F', the reminder gets written as a 'To Fill' status. For more information on what these status's are, please refer to the 'Refill Reminder System' section of Chapter 6 of this manual.

Force Pat Addr Before Filling Rx:
When this option is set to 'Y', the software will require the patient's address be completely entered before a script may be processed. Setting this option to 'Z' will require the patient's address and zip code.

Default New Pats Foreign Lang:
When this option is set to 'Y' the 'Foreign Language' field in 'Patient Additions' will be defaulted to 'Y'. This sets the patient who is being added to use Spanish PCM's, PDE's and the 'Foreign Lang' line of the Sig definition. When this field is set to '2', the 'Foreign Language' field in 'Patient Additions' will be defaulted to a '2'. This will use the 2nd For.Lang' definition for the sig. The PCM's and PDE's will be printed in English.

Force Pat Allergy Before Filling Rx:
This option, when set to 'Y' will require the patient's allergies be defined before the processing of a script can be initiated (even if the patient has 'No Known Drug Allergies').

Flash Patient Notes:
When this option is set to 'Y', the patient note that displays above the patient 'Allergy/Sensitivity profile and prescription history will blink. When this option is set to 'N', the note will still be displayed, but will be solid instead of blinking.

Use Automatic City Insertion:
When this option is set to 'Y', the pharmacy's city, state, and zip code information will be defaulted into the patient's city, state, and zip code on 'Patient Additions'. The city, state, and zip code information used is derived from 'System Configuration' – 'Software Options'.

Display Tele Rxs on Pat Menu:
This option, when set to 'Y', will display the TeleRx's that have been entered for this patient above the patient's 'Allergy/Sensitivity' and prescription history.

Disp Not-Filled Rxs For nn Days:
This option is used to specify the number of days the 'Not Filled' prescriptions should be displayed on the patient history screen after being entered.

Force & Validate LTCF Code:
When set to 'Y', this field causes the Pharmacy Management System to 'Force' and to 'Validate' the LTCF code entered for a new patient. This is used mostly when the pharmacy is a 'closed door' pharmacy. When set to 'Y' and adding a new patient, the system will require a 'valid' LTCF code to be entered. A 'valid' code means a code entered into the Nursing Home System.

Require HIPAA Sign in Pathway:
When set to 'Y' or when left blank, this field will cause the Pharmacy Management System to prompt for a 'Patient HIPAA Signature' before filling or refilling prescriptions. When this field is set to 'N', this prompt will be disabled.

Require Non-Safety Cap Sign:
When this field is set to 'Y', the patients 'No-Safety Cap Signature' status will display on the 'Patient Signature/Notes' screen.

Require HIPAA Sign in Pickup/Deliv:
When set to 'Y' or when left blank, this field will cause the Pharmacy Management System to prompt for a 'Patient HIPAA Signature' if not already on file before allowing the prescriptions to be marked as 'Picked Up' or being signed for. When this field is set to 'N', this check will be disabled from the 'Pickup Logging/Reporting' program.

Prompt for Board & Care Dates:
This option, when set to 'Y', will allow an 'After' and 'Before' date range to be specified when using patient menu option '8. Print B&C Form'. These dates will cause that only the prescriptions filled between the dates to be printed on the form.

HIPAA Notes Good More Than One Day:
When set to a 'Y', this field allows the HIPAA Notes to be good for more than one day. This is useful in a 'Closed Door' or 'Veterinary Pharmacy' environment. USE CAUTION with setting this field to a 'Y', this is CONTRARY to FSI's understanding of the HIPAA law.

Display Other Site's Scripts:
This option, when set to 'Y' will allow this site (a site is one of multiple pharmacies running on one server sharing common databases) to see prescriptions filled for this patient at the other sites. When set to a 'N' this pharmacy will only be able to see the prescriptions they have filled.

Only Disp Hist if Any Filled Here:
This field is used for Pharmacy Management Systems using the FSI Multi-Site module. Setting this field to 'Y' will display only the prescriptions filled at the site looking up the patient. Setting this field to 'N', or leaving this field blank will display all of the patients prescription history, regardless of which site it was filled at.

PSE Monthly Limit (mgs):
This field is used to enter the monthly maximum of milligrams allowed by local, state, or federal requirements. Enter in the least amount allowed by any of the three above listed governing bodies.

PSE Daily Limit (mgs):
This field is used to enter the daily maximum of milligrams allowed by local, state, or federal requirements. Enter in the least amount allowed by any of the three above listed governing bodies.

Software Options Page # 6

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Page 6              S O F T W A R E   O P T I O N S

                          Doctor Functions
Automatic Assign of Usual Doctor [ ]      [ ] Use Usual Doctor
         Track Doctors Locations [ ] (D,T)[ ] Print 'Dr.' or Title On Label


                       Cash Price Rounding Table
         Round Third Party CoPay [ ]      [ ] Rounding Table Times Ten

                     Round Digit 0 To Digit [  ]
                     Round Digit 1 To Digit [  ]
                     Round Digit 2 To Digit [  ]
                     Round Digit 3 To Digit [  ]
                     Round Digit 4 To Digit [  ]
                     Round Digit 5 To Digit [  ]
                     Round Digit 6 To Digit [  ]
                     Round Digit 7 To Digit [  ]
                     Round Digit 8 To Digit [  ]
                     Round Digit 9 To Digit [  ]
```

Automatic Assign of Usual Doctor:
When this option is set to 'Y', the 'Doctor Code' of the doctor assigned to the prescription will be entered in the 'Patient Amendments' 'Usual Doctor Code' if blank. If the field is not blank, the code entered will not be over-written.

Use Usual Doctor:
When this option is set to 'Y', the code entered in 'Usual Doctor Code' in 'Patient Amendments' will default as the doctor when entering a new prescription. If the doctor is not the doctor for the prescription, the correct doctor can still be entered.

Track Doctors Locations:
Set this option to 'Y', to have the ability to enter the doctor's location when entering a new prescription. The location entered in the 'Location' field of 'Doctor Amendments' will be defaulted. If the defaulted location is not correct, enter in the correct location. The location entered manually will not change the location entered in 'Doctor Amendments.

The location entered during the new prescription process is saved to the prescription, and can be used as a search item for the 'Log of Scripts' report.

Print 'Dr.' or Title On Label:
When this option is set to 'D', 'Dr.' will print in front of the doctor's name on the label. When this option is set to 'T', the title entered in 'Doctor Amendments' will print following the doctor's name. When this option is not set, or blank, 'Dr.' will print before the name.

Round Third Party CoPay:
Set this option to 'Y' to have the third party co-pay rounded by the standards set in the 'Cash Price Rounding Table'.

Note: The Cash Price rounding table will replace the last digit of the prescription price with the appropriate number specified in the table.   For example, if the formulated price is $4.44; and 'Round Digit 4' has a 5 entered, the price rounding table will round the price to $4.45. If the formulated price is $4.48 and 'Round Digit 8' has a 10 entered, the table will round the price to $4.50.

Rounding Table Times Ten:
When this option is set to 'Y', this multiplies the figures in the 'Cash Price Rounding Table' by a factor of ten.

Note: When using 'Rounding Table Times Ten', the first digit following the decimal point will be checked against the rounding table, and rounded accordingly. For example, if the formulated price of the prescription is $4.88, and 'Round Digit 8' is set to 89, the rounded price would be set at $4.89. If 'Round Digit 8' is set to 100, the rounded price would be $5.00.

Software Options Page # 7

```
Page 7              S O F T W A R E   O P T I O N S
                       Miscellaneous Functions
  T.C. Transmission Time 24 Hr. [   ]
   Modem Diagnostics Displayed [ ]    (Y,N,B)
      Nursing Home Facilities [ ]      [ ] Integral Accounts Rec'ble
  Use Directions in Pat Con #4 [ ]      [ ] Use Patient Consult'g
       P.O.S. System Installed [ ]      [ ] Use TAR Tracking System
      Ask For Technician Log-In [ ]      [ ] Disable Update Pickup Prompt
          Update Main Menu Time [ ]      [ ] Use Marketing Data System
     Use Expanded Sigs for ELOG [ ]      [ ] Beep Non-Medicaid Message
      Xfer Zero Amt Due to P.O.S. [ ]      [ ] Ref Reminder wo/ Refills Remain
     Include Decimal Point in ELOG [ ]      [ ] Print Drug Name on Deliv. Log
  Always ask for Pharmacist Login [ ]      [ ] Enable Online 'F9-Alrdy Paid'
     Disable Rx Edit After Disp Dt [ ]      [ ] Disable Ph Init Edit Aft Disp Dt
          Default Log of Rx PSE Item [ ]
```

T.C. Transmission Time 24 Hr.:
Use this option to program in a delayed start time for downloading or sending files to the FSI Telecom System. This is used primarily for sending 'Marketing Data' or downloading updates.

Modem Diagnostics Displayed:
To display the modem activity during modem use, set this option to 'Y'. Setting this option will allow the modem to be operated in 'background' mode, letting the user know when it is safe to switch to another task. Setting this option to 'N' or leaving this option blank will cause the diagnostics to not be displayed and the modem dialing to happen on the screen, not in background mode.

Nursing Home Facilities:
Set this option to a 'Y' after purchasing the 'Nursing Home System' module from FSI. The 'Nursing Home System' is an optional software module that allows for care facilities to be added to the computer, and data entered for that facility. Monthly charge statements, packing lists, and patient profiles may be printed from this system for the patients in each facility. For more information regarding this software module, or to get a manual for the 'Nursing Home System', please contact the FSI Sales Office at 800-333-0926.

Integral Accounts Rec'ble:
After purchasing the 'Accounts Receivable' software module from FSI, enter a 'Y' in this option. This will display a new selection on the Main Menu of the Pharmacy Management System '6. Accounts Receivable'. Press '6' to access the 'Accounts Receivable' system. For more information about this system, please refer to the Accounts Receivable manual. To get a copy of the manual, please contact the FSI Sales Office at 800-333-0926.

Use Directions in Pat Con #4:
This option, when set to a 'Y' will cause long hand directions instead of sig codes to be displayed on menu option '4. Review Ext History' in the 'Consulting/Appointment Review' program.

Use Patient Consult'g:
When this option is set to 'Y', this turns on the Medi-Span / FSI Patient Consultation Message System. The information activated when this option is set to 'Y' is a more clinical version of the printed PCM, and will be displayed during the script processing, on the quantity prompt screen.

P.O.S. System Installed:
After purchasing and installing the 'Point-of-Sale' software module, set this option to 'Y'. Having this set to 'Y' will add a 'P' to the 'Verify That Everything is Correct' prompt after completing a prescription fill. Leave the 'P' there; it will transfer the copay price to the POS software, so that when a clerk scans or enters the prescription into the POS software, the copay price will come up.

Use TAR Tracking System:
When this option is set to 'Y', this activates the TAR tracking system. When processing a prescription, the script will be checked against the TAR file, and if a TAR is on file for the prescription, a prompt to process with TAR again will display. Additionally, if a TAR is not on file, and the 'State WF Group Code' is set as requiring a TAR, if no TAR is on file, a TAR can be placed on file during the prescription process. For more information see Chapter 9 of this manual.

Note: A lower case 'y' will not check in the script pathway for a TAR.

Ask For Technician Log-In:
Set this option to 'Y', to have the ability to have a technician log in when entering the Pharmacy Management System. When using the function, the initials of the technician who is logged in will be recorded in the prescription dispensing record. The initials can be printed on the prescription label, and various reports are available by technician.

Disable Update Pickup Prompt:
When updates are available to be picked up from FSI, a prompt will display on the Main Menu of the Pharmacy Management System. Setting this option to 'Y' will disable that message from displaying.

Update Main Menu Time:
If this option is set to a 'Y', the time on the Main Menu will be updated by the second.

Use Marketing Data System:
This option should be set to 'Y' if you are participating in the marketing data program. Additionally, with this prompt set, the Dr. DEA #, the Dr. zip code, the patients date-of-birth and the patients gender will be requested as required information when adding or amending patients.

Use Expanded Sigs for ELOG:
When this option is set to 'Y', the directions will be stored in the elog.dat file, instead of the sig codes. The space allocated in the elog.dat for the sigs or directions is only 96 characters long, so if the directions end up exceeding that available space, the directions shown in the elog.dat file may not be complete.

Beep Non-Medicaid Message:
When this option is set to 'Y', when dispensing prescriptions for a Medicaid plan, if the drug is indicated as not being covered by Medicaid in 'Drug Amendments', the system will beep to alert that the drug is not covered under the Medicaid plan.

Xfer Zero Amt Due to P.O.S.:
If the Point of Sale system is installed on the server for the Pharmacy Management System, set this option to a 'Y'. This option allows the Pharmacy Management System to transfer $0 amount copay prescriptions to the Point of Sale system for signature pickup logging.

Ref Reminder wo/ Refills Remain:
When this option is set to 'Y', the 'Refill Reminder' system will write refill reminders for prescriptions that do not have any refills.

Include Decimal Point in ELOG:
Setting this option to a 'Y' will include the decimal point in dollar amounts included in the 'elog' file. When doing an elog in 'fixed' file length, the maximum number of spaces for a dollar figure is 8 characters. The decimal point takes one character making the maximum dollar amount possible 99999.99. Any value greater than that will be set to this maximum value in the elog report. When doing an elog in 'delimited' format there is not a field length limitation.

Print Drug Name on Deliv. Log:
This option, when set to 'N', will disable the name of the drug from being printed on the 'Delivery Tracking System's delivery logs.

Always ask for Pharmacist Login:
This option, when set to 'N', will cause that the prompt for 'Pharmacist Login' to not come up when signing into the 'Pharmacy Management System'. This field when set to anything else will cause the prompt to be displayed.

Enable Online 'F9-Alrdy Paid':
This option is used to control the availability of the function on the claim response screen to press F9 to mark a claim as 'Accept Claim as Paid' and have it recorded in the 'Third Party Accounts Receivable' system. Setting this option to 'N' will disable this functionality. When this option is set to 'Y' or left blank, this function will be enabled.

Disable Rx Edit After Disp Dt:
This option is used to control the ability to edit the prescription dispensing data after the date of dispensing. When this option is set to 'Y', the data that cannot be edited includes: Dispensing Date, Dispensed Quantity, Days Supply, Drug Dispensed, Technician, Pharmacist, and Drug Expiry Date.

Disable Ph Init Edit Aft Disp Dt:
This option is used to control the ability to edit the Pharmacist on a dispensing after the date of dispensing. Setting this option to 'Y' will prohibit the editing of the Pharmacist Initials after the date the prescription was dispensed.

Default Log of Rx PSE Item:
This option is used to set the 'Log of Scripts' default setting for the inclusion or exclusion of PSE prescriptions on the report. Setting this option to 'Y' will cause the 'Log of Scripts' to be set by default to print ONLY PSE's. Setting this option to 'N' will set the 'Log of Scripts' to exclude PSE's, and leaving this option blank will cause the 'Log of Scripts' to not have any exclusions or limitations.

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Maintain Exceptions File:
This option must be set to 'Y' for the following exception options to function correctly. An exception is basically a record of changes made to the status, or data records for the prescription.

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Page 8              S O F T W A R E   O P T I O N S
                        Exceptions Functions
           Maintain Exceptions File [ ]  (A)[ ] Print Exceptions At End Of Log
 Erase Exceptions At End Of Log [ ]     [ ] Print No Except'ns Page If None
           Inhibit Exception Edit [ ]     [ ] Write Exception On File Edit

                         Fax Doctor Functions
     Print Foldable Fax Doc Form [ ]     [ ] Fax Doc Two Signature Lines
  Print Doc DEA on Fax Doc Form [ ]  O,L[ ] Fax Doc Use Orig or Last Disp Qty
      Print Fax Doc With Auto Fax [ ]    [ ] Fax Doc CPI; 10,12,17
  Don't Xmit # of Refills Req'd [ ]      [ ] Inhibit Fax Doc above Dg Sched
    Fax Doc Drug Name Follows Rx [ ]

                        Pickup/Verify Functions
    Ask for Counseling Pharmacist [ ]  (y)[ ] Ask for Verifying Pharmacist
  Pickup Requires Counseling RPh [ ]    [ ] Pickup Requires Verifying RPh
 Pickup Requires NDC Verify Tech [ ]    [ ] Pickup Requires Fill Tech
      Pickup Requires Entry Tech [ ]    [ ] 'Auto Get' Days Back
 Use DRobot Ver for Verify Pharm [ ]    [ ] Use DRobot Ver for Verify Tech
    Prompt for Pickup Relationship [ ]
```

Actions that would result in an exception being recorded are as follows; 'Rx Deleted', 'Rx Un-Deleted', 'Rx Discontinued', 'Rx Re-Continued', 'Refill Canceled', and 'Rx Number Wasted', 'Main Rx Record Edited', 'Rx Dispensing Record Edited', 'Dispensing Reversed', and 'Rx Charged to Third Party'. The 'Rx Number Wasted' consists of five reasons: 'Claim Rejected', 'Drug Disease Contra', 'Short Script Note', 'Multi-Line Rx Note', 'TAR', and 'Rx Re-Numbered'.

For more information about exceptions, or to find out how to report the exceptions, please refer to Chapter 7, Exception File Maintenance section of this manual.

Print Exceptions at End of Log:
This option, when set to 'Y', will print the exceptions report after printing a log of scripts (New, New& Refill, or Combined - NOT Refills only).

Erase Exceptions at End of Log:
When this option is set to 'Y', the exceptions for the date range the log of scripts was printed for will be erased. If using the exceptions file to keep record of the changes made, it is recommended to have this option set to 'N'.

Print No Except'ns Page If None:
Set this option to 'Y' to have a page print with the heading 'No Exceptions', when there are no exceptions. This just confirms that there are no exceptions, so no guessing takes place.

Inhibit Exception Edit:
When this option is set to 'Y' the 'Edit Exceptions' and 'Delete Exceptions' functions on the 'Exception File Maintenance' menu will not be available.

Write Exception On File Edit:
In addition to the exceptions discussed previously in 'Maintain Exception File', when this option is set to 'Y', a record will be kept of changes made to other key files within the Pharmacy Management System.

The files that will be monitored for changes are; the Doctor file, Drug file, Third Party file, Pharmacist file, Technician file, and Sig file.

Print Foldable Fax Doc From:
This option, when set to 'Y' will cause that the 'Immediate Refill Request' be printed in a 'foldable' form layout designed to be folded in quarters to be the hardcopy for the new prescription. This option does not apply to 'Stored Refill Request' and refill requests requested via 'Linfax'.

Fax Doc Two Signature Lines:
This option, when set to 'Y', will display the text 'Substitution Permitted' and 'Dispense as Written' on the fax received by the prescriber instead of the normal 'Authorized by' signature line. This option applies only to the 'Linfax' program and the 'Immediate Refill Request' printed sheet. This will not apply to the 'Stored Fax Refill Requests'.

Print DEA on Fax Doc Form:
This menu option, when set to 'N' will disable the doctors DEA number from being printed on the 'Immediate' and 'Stored Refill Request' forms.

Fax Doc use Orig or Last Disp Qty:
This option, when set to 'O', will cause the 'Immediate Refill Request' and 'Linfax' refill request to print the original quantity. When this option is set to anything other than 'O', the last dispensed quantity will be printed.

Print Fax Doc With Auto Fax:
With this option set to 'Y', when adding a refill request into the 'Faximum' or 'Linfax' Auto Fax queue, a paper 'Refill Request' will also be printed on the designated report printer.

Fax DocCPI; 10,12,17:
Use this option to specify the character spacing on the Fax Doctor Sheets. Available settings for this option are 10, 12, and 17 characters per inch. If nothing is set in this option, the default value is 17. This option is only valid for Dot Matrix printers.

Don't Xmit # of Refills Req'd:
This option, when set to 'Y' will make the 'Linfax' refill request forms to not print the '# of Refills Requested'.

Inhibit Fax Doc above Dg Sched:
This option prevents prescription refill requests from being sent for scheduled drugs. Setting this option to a 'Y' will inhibit refill requests for all drugs marked as schedules 2 – 5. Alternatively, setting this option to 2 will inhibit only drugs marked as schedule 2. Setting this option to 3 will inhibit drugs marked as schedules 3 and 2, and so on.

Fax Doc Drug Name Follows Rx:
Set this option to 'Y' to have the name of the drug on the refill requests always be the same drug name (when 'Use Generic Name' is used) as what was printed on the prescription label.

Ask for Counseling Pharmacist:
Setting this option to 'Y' and when used in conjunction with setting the prescriptions 'Counseling Rec'd' flag through 'Prescription Edit' or 'Script Drug Check' will cause that when the prescription is being marked as picked up with the 'Pickup Logging/Reporting' program, the user will be prompted for 'Counseling Required!'.

Ask for Verifying Pharmacist:
This option, when set to 'Y' will cause the 'Script Drug Check' program to prompt for the initials of the 'verifying' pharmacist.

Pickup Requires Counseling RPh:
This option, when set to 'Y' and when using the 'Pickup Logging/Reporting' program, will cause a force of entry of the 'Did Patient Recv Counseling' and 'Counseling Pharmacist' fields.

Pickup Requires Verifying RPh:
This option, when set to 'Y' will not allow prescriptions that have not been marked as 'Verified by Pharmacist' using the 'Rx Status / Workflow' or 'Script Drug Check' systems to be added to the list of prescriptions to be picked up.

Pickup Requires NDC Verify Tech:
This option, when set to 'Y', will not allow prescriptions that have not been marked as 'Verified by Technician' using the 'Rx Status / Workflow' system to be added to the list of prescriptions to be picked up

Pickup Requires Fill Tech:
This option, when set to 'Y' will not allow prescriptions that have not been marked as 'Filled by Technician' using the 'Rx Status / Workflow' system to be added to the list of prescriptions to be picked up.

Pickup Requires Entry Tech:
This option, when set to 'Y' will not allow prescriptions that have not been marked as 'Entered by Technician' using the 'Rx Status / Workflow' system to be added to the list of prescriptions to be picked up.

'Auto Get' Days Back:
This option allows the system to be configured for the number of days back to look for prescription dispensings that have not previously been picked up.

Use DRobot Ver for Verify Pharm:
This option, when set to 'Y', will cause that the 'DRobot Ver' from 'Multisite Map' or 'Terminal Map' to be used as the initials of the 'Verifying Pharmacist'. This should only be set to 'Y' when using a Script Pro dispensing machine that can verify the drug dispensed with NDC and drug picture. For this option to work correctly, a pharmacist needs to be added to the 'Pharmacist File Maintenance' system with the initials of 'sp' (lower case) and the name of 'Verified by Script Pro'.

Use DRobot Ver for Verify Tech:
This option, when set to 'Y', will cause that the 'DRobot Ver' from 'Multisite Map' or 'Terminal Map' to be used as the initials of the 'Verifying Technician'. This should only be set to 'Y' when using a Script Pro dispensing machine that can verify the drug dispensed with NDC and drug picture. For this option to work correctly, a technician needs to be added to the 'Technician File Maintenance' system with the initials of 'sp' (lower case) and the name of 'Verified by Script Pro'.

Prompt for Pickup Relationship:
This option, when set to 'Y' will force the entry of the relationship code of the person picking up the prescriptions to the patient the prescriptions are for. This is now required by some states.

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Modem Claim Cost Diff. %age:
This option, when set to 'Y', will compare the amount an insurance company returns for a claim against the amount that the pharmacy billed. If the difference is outside the percentile specified here, the system will warn you before you accept the claim.

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Page 9            S O F T W A R E   O P T I O N S
                          Billing Functions
      Modem Claim Cost Diff. %age [ ]
                 Sales Tax Rate [    ]%
           Minimum Script Price$[    ]  Exclude OTCs [ ] (Y,N)
           Faulty Price Minimum$[   ]  Maximum $[    ]
     Chain Store Price District [ ]
        Override Insurance Code [     ]
    Cmpd Drug Factor Price Code [ ]   (aWp,misc Price, t.p. 1 - 8)
      Modem Log Reporting Days [  ]  (default = 99)
         Inhibit Pricing Screen [ ]     [ ] Display Cost > Price Warning
   Force ESC When C/P/Q Change [ ](T)  [ ] Compare OnLine Pay to Acq Cost
    Interpolate Spec. Qty Price [ ]  (y)[ ] Use DP For Cost Calculation
  ChgRxTP: Always Use Disp Date [ ]     [ ] Store Tax with Online Copay
   Credit A/R on Chg Rx to T.P. [ ]     [ ] Ask A/R in Chg Rx to T.P.
          Use NDC on A/R Line Item [ ](D)  [ ] Save T.P. Claim History (recon)
 Use 'Copay' on A/R Line Item [ ]     [ ] Use Percent of Trade PRICE
     Multi-Screen 'Online' bill [ ]     [ ] Prompt if 2nd T.P. Possible
      Force Balance Recon/Check [ ]   [   ] Online Reversal Days from Disp.
  Operator Inits on Claim Resp. [ ]     [ ] Default TP Code to Last Disp'd
   Ask to Credit A/R on RxEdit [ ]     [ ] Inhibit Increase Refills (TP)
```

Sales Tax Rate:
Use this option to enter the state or local sales tax rate for cash prescription sales. If the tax rate is five and one-half percent, enter 5.5 in this option.

Minimum Script Price:
Enter the minimum script price in this option. When filling a prescription, if the formulated price falls below this minimum, the price will automatically be adjusted to the price entered in this option. The 'Minimum Script Price' applies only to 'cash' and 'usual and customary' pricing formulas. When using 'third party pricing', the 'Minimum Script Price' is ignored.

Exclude OTCs:
This option, when set to 'Y', will exclud OTC prescriptions from the 'Minimum Script Price'.

Faulty price Minimum\Maximum:
Use this option to enter a Minimum prescription price and a Maximum prescription price. On the pricing screen of the prescription pathway, if the price is outside of the defined values entered in these two options, a message will display in the bottom left corner of the screen and a prompt to press 'ESC' will force an acknowledgement of the price.

Chain Store Price District:
This option is specifically designed for FSI's chain store clients.

Override Insurance Code:
This field is only used under a special hospital clinic multi-site environment. Leave this field blank unless specifically told to enter something here by the Foundation Systems Technical Support Helpdesk.

Cmpd Drug Factor Price Code:
Use this option to specify which price field in 'Drug Maintenance' to use as the cost basis for each ingredient being used to create the compounded drug. This option is only checked when the optional 'Drug Compound' software module had been purchased and installed in the Pharmacy Management System. This module allows for a compound drug to have individual ingredient quantities specified, and the price according to each ingredient quantity.

Note: W = AWP; P = Misc Price, 1 - 8 = TP.

For more information on the 'Drug Compound' software module, please contact the FSI Sales Office at 800-333-0926.

Modem Log Reporting Days:
This option is used to define the number of days the 'Modem Claim Log' is to be kept for. When left blank, the default is '99' days.

Inhibit Pricing Screen:
When this option is set to 'Y', this will turn off much of the pricing information shown on the pricing screen. If using this option, the additional information can be viewed by pressing the F2 key from the pricing screen.

Display Cost > Price Warning:
When set to 'Y', this option will display a message indicating when the cost of a medication exceeds the price being charged for the prescription.

Force ESC When C/P/Q Changes:
This option, when set to 'Y', will prompt to press the ESC key when the refill Cost, Price, or Quantity differs from the previous fill.

Compare Online Pay to Acquisition Cost:
When sending on-line claims, this option when set to 'Y', compares the on-line payment to the drug acquisition cost and prompts if there is a discrepancy. Additionally, when this option is set to 'W' the online reimbursement will be compared to AWP rather than acquisition cost. It is recommended to use this selection if you do NOT maintain acquisition costs, but you want to know when a third party is paying less than AWP.

Interpolate Spec. Qty. Price:
Special Quantity prices may now be interpolated by setting the 'Interpolate Spec. Qty Price' to 'Y', 'E', or '1' (one).

The interpolate Special Quantity Price option has been extended to three types:

- Select 'Y' to interpolate only between the quantities and prices entered.
- Select 'E' to extrapolate beyond the highest quantity using the last calculated slope.
- Select '1' (one) to extrapolate beyond the highest quantity using a slope of one. This will be the cost per unit quantity of the highest quantity entered.

For interpolate and extrapolate functions to work, a minimum of 3 'Spec. Qty Price' levels have to be set in the drug profile.

Use DP for Cost Calculations:
When this option is set to 'Y', the 'Acquisition/Direct Price' as entered in the drug profile will be used as the cost of the prescription for reports, and the 'Actu:Cost | Price' entry on the pricing screen during the prescription fill process. Other settings available for this option are 'y' and 'F'. 'y' sets the 'Cst2' field to be used as the cost price. This is used in 'Multi-Site' establishments wanting to keep unique costs per each site. A 'F' will set the cost of the prescription to be the cost basis of the formula being used to price the prescription.

ChgRxTP: Always Use Disp. Date:
This option, when set to 'Y', will always set the 'date' to the 'dispensing date' of the prescription when using the Charge Script to Third Party function. The prompt for 'Use Date of Dispensing or Today's Date (D,T)', will not be displayed.

Store Tax with Online Copay:
When this option set to a 'Y' the co-pay amount returned by online (modem) claims will be stored with 'tax included' (if any). Otherwise, any tax included with online co-pay amounts will be removed before storing with the script dispensing record. With this selection set to 'Y' the patient histories will display the total amount the patient paid (tax included). Otherwise, the co-pay less the tax will display.

Credit A/R on Chg Rx to T.P.:
If the prescription was previously charged to an 'Accounts Receivable' charge account, when charging prescriptions to a Third Party, a prompt will display when this option is set to 'Y', to credit the A/R charge.

Ask A/R in Chg Rx to T.P.:
This option, if set to 'Y', will ask to charge the script to the patients charge account, after billing to the patients insurance.

Use NDC on A/R Line Item:
When this option is set to 'Y', the NDC number of the drug will be included in the line item information for the charge. The functionality for this option is pending the setting in the 'Accounts Receivable' 'User Maintenance' 'Print Invoice $, Line Item $, Both'. This option has to be set to L or B for the Line Item to be printed on the statements.

Save T.P. Claim History (recon):
This field has been added for future use. It currently has no function within the FSI Pharmacy Management System.

Use 'Copay' on A/R Line Item:
When set to 'Y', this will use the word 'Copay' on the 'Line Item' description when a prescriptions copay is charged to the Accounts Receivable system from the Pharmacy Management System.

Use Percent of trade PRICE:
This option, when set to 'Y' and when pricing using a 'Percent of Trade' pricing formula will price based off the PRICE of the trade prescription, not just the 'Cost Basis' of the prescription. For more information on setting up pricing formulas, please refer to **Section 4** of this chapter of the manual.

Multi-Screen 'Online' bill:

This option, when set to 'Y', separates all of the third party billing screens from one summary to individual group screens. When using 'Multi-Screen' mode, the user is forced to enter through each screen in order to process the prescription, whereas when this option is blank or set to 'N' all of the override functions are combined into one summary screen called the 'Online Transmitted Values' screen, allowing the users to only have to enter through one screen when not needing the overrides.

Prompt if 2nd T.P. Possible:

This option, when set to 'Y' will check the patients 2ndary insurance, and if it's configured as a secondary payer specifically, after billing the patients primary insurance, a prompt to bill the secondary will be displayed on the payment response screen.

Force Balance Recon/Check:

This option, when set to 'Y', will require that the 'Difference' on a Third Party Accounts Receivable reconciliation process be $0.00 before the reconciliation can be applied.

Online Reversal Days from Disp.:

The number of days specified in this field, between 0 and 255, will inhibit the reversal of an online claim if today's date is greater than the number specified here days ago. This applies to all online claims for this pharmacy, and is not third party code specific. The intent for this option is to prevent an operator reversing an older, incorrect dispensing by mistake. Setting this field to 0 disables the option. Setting this field to 1 – 255 sets the number of days prescriptions can be reversed from today's date.

Operator Inits on Claim Resp.:

When set to 'Y' this option will cause a prompt for the operators initials (person using the computer) on the claim response screen.

Default TP code to Last Disp'd:

This option, when set to 'Y', will default the third party, if still in the patients third party profile to the primary payer of the prescriptions previous dispensing.

Ask to Credit A/R on RxEdit:

This option, when set to 'Y', will cause that when a prescription dispensing is edited that is recorded as having been charged to 'Customer Accounts Receivable' the user will be prompted to credit the account before editing. If this is enabled, remember to re-charge the prescription when appropriate after the editing is complete.

Inhibit Increase Refills (TP):

Setting this option to a 'Y' will inhibit the 'Rx Status' screen menu option '8. Change # of Refills' for prescriptions whose patients primary third party code is as 'Charge Script to Third Party' = 'Y'. This will NOT inhibit the increase of refills for prescriptions for patients whose primary third party code is set as a cash type plan (CA, SC, etc.)

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Page 10           S O F T W A R E   O P T I O N S

                       General OBRA Functions
    Check Interaction Until Rx is [  ]   Days Old
    # Days to Check for Dup Ther [  ]
  Use CrossChek/DTMS Int System [ ] (D) [ ] Use AllerChek System
      Exclude Minor Interactions [ ]      [ ] Check Cmpd Ingred. Interactions
    Dose-Chek All Pats (M-Medi) [ ] (M) [ ] Drug-Dis All Pats (M-Medi)
  Dup Therapy All Pats (M-Medi) [ ](M)   [ ] Add Diseases in Rx Pathway
    Force ESC On No Dup. Therapy [ ]      [ ] Force ESC On No Dose-Chk Wrng
    '' ESC On No Drug-Dis Contra [ ]      [ ] Display OBRA Settings daily
    Do CrossChek/DTMS on Refills [ ] (D) [ ] Do AllerChek On Refills
    Do Duplic Therapy on Refills [ ]

                         Drug Functions
  New trade drug def. price code [ ]        [ ] New generic drug def. price code
  OTC trade drug def. price code [ ]        [ ] OTC generic drug def. price code
     Display NDC on Drug Search [ ]        [ ] Default New Drug Ref Rem to 'Y'
     Force ESC on Drug Inactive [ ]        [ ] Display SOH on Drug Search
```

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Check Interaction Until Rx is [   ] Days Old:

This option is used to define the number of days a prescription should be checked for interactions with new prescriptions being added. Enter in the number of days. A typical setting for this field ranges between 90 and 365 days. The value entered should represent the duration that the patient would be taking the medication. This option is used for the Cross-Chek II drug interaction system.

Days to Check for Dup. Ther.:
Use this option to define the number of days a prescription should be checked for therapeutic duplications with new prescriptions being added. Enter in the number of days. A typical setting for this field ranges between 90 and 365 days. The value entered should represent the duration that the patient would be taking the medication.

Use CrossChek/DTMS Int System:
Use this option to specify which of the two possible drug interaction systems to use. Setting this option to 'Y' will use the 'Cross Chek II System', where setting this option to 'D' will use the 'DTMS Interaction System'. Setting this option to a 'N' will disable interaction checks within the Pharmacy Management System.

The greatest differences between the two interaction systems are; the 'DTMS' system can check for interactions for up to 99 individual ingredients per drug, it can warn of interactions with food and alcohol, and has the interaction monographs available for viewing on the computer screen or can be printed on the report printer.

Setting 'Y' in the 'Bypass Interactins/DT' field in 'Patient Maintenance' may disable the interaction check on a patient level.

Use AllerChek/DTMS PAR System:
This option is used to specify which allergy interaction system to use within the Pharmacy Management System. Currently, only the 'Aller-Chek' system is available. Set this option to 'Y' to use the 'Aller-Chek' system. Setting this option to 'N' will disable allergy checks within the Pharmacy Management System.

Exclude Minor Interactions:
Set this option to 'Y' to not have the minor interactions found display when using the 'Cross-Chek II' interaction system. This setting has no function when using the 'DTMS' interaction system.

Check cmpd Ingred. Interactions:
This option, when set to 'Y' will cause that the 'Medi-Span' 'Cross-Chek' system check for drug interactions on ingredients of a compounded drug. Compound ingredient checking with DTMS, Aller-Chek, Duplicate Therapy and Drug Disease will be available in future updates of the FSI 'Pharmacy Management System'.

Dose-Chek All Pats (M-Medi):
Set this option to 'Y' to activate the 'Medi-Span Dose-Chek' system. Setting this option to 'Y' will check dosage for all patients; whereas setting this option to 'M' will check for Medicaid patients only. When this option is set to 'N', no dose checks will be preformed in the Pharmacy Management System.

Drug Disease All Pats (M-Medi):
Setting this option to 'Y' activates the Medi-Span 'Drug-Disease Monitoring System'. Enter 'Y' to check all patients or 'M' for Medicaid patients only. When this option is set to 'N', or left blank, no drug-disease checks will be performed.

Dup. Therapy All Pats (M-Medi):
When this option is set to 'Y', the Medi-Span 'Duplicate-Therapy' system is activated. 'Y' is used to check all patients or 'M' for Medicaid patients only. When this option is set to 'N', or left blank, no drug-disease checks will be performed.

Setting 'Y' in the 'Bypass Interactins/DT' field in 'Patient Maintenance' may disable the therapeutic duplication check on a patient level.

Add Diseases During Rx Pathway:
Set this option to 'Y' to have the ability to add the disease classification for the treatment of a new prescription during the prescription process.

Force ESC On No Dup. Therapy:
When this option is set to 'Y', when no 'Duplicate Therapy' is reported, a prompt to 'Press ESC to Continue' will display forcing an acknowledgement by the user.

Force ESC On No Dose-Chek Wrng:
When this option is set to 'Y', when no 'Dose Check' is reported, a prompt to 'Press ESC to Continue' will display forcing an acknowledgement by the user.

Force ESC On No Drug-Dis Contra:
When this option is set to 'Y', when no 'Drug-Disease' is reported, a prompt to 'Press ESC to Continue' will display forcing an acknowledgement.

Display OBRA Settings Daily:
Set this option to 'Y' to have the settings of the OBRA programs displayed the first time using the system the first time each day. Having this set to 'Y' is the recommendation of the FSI Technical Support Helpdesk. The reason for this is if one of the OBRA programs gets disabled for any reason, having this option report the program status each day will remind that a program is disabled, and should be re-enabled.

Do CrossChek/DTMS on Refills:
Set this option to 'Y' to have the Pharmacy Management System check the prescription history for drug-to-drug interactions using the CrossChek system when processing refills. Setting this filed to 'D' will cause the prescription history to be checked for drug-to-drug using the DTMS system.

Do AllerChek On Refills:
When this option is set to 'Y', the prescription being refilled will be checked against the patient's allergy profile for interactions.

Do Duplic Therapy on Refills:
Set this option to 'Y' to have the patient's prescription history checked for Duplicate Therapy when processing a refill.

New trade drug def. price code:
This option, when set to a value of '0 – 9', 'A – Z' or 'a – z' will cause that when a new trade drug is added to the system, the drugs 'Primary Price Form.' will be set to the value entered in this field.

New generic drug def. price code:
This option, when set to a value of '0 – 9', 'A – Z' or 'a – z' will cause that when a new generic drug is added to the system, the drugs 'Primary Price Form.' will be set to the value entered in this field.

OTC trade drug def. price code:
This option, when set to a value of '0 – 9', 'A – Z' or 'a – z' will cause that when a new trade OTC drug is added to the system, the drugs 'Primary Price Form.' will be set to the value entered in this field.

OTC generic drug def. price code:
This option, when set to a value of '0 – 9', 'A – Z' or 'a – z' will cause that when a new generic OTC drug is added to the system, the drugs 'Primary Price Form.' will be set to the value entered in this field.

Display NDC on Drug Search:
This option, when set to 'Y' will cause that the NDC of the drug be displayed to the right of the drugs name, in place of the generic name of the drug.

Default New Drug Ref Rem to 'Y':
This option, when set to 'Y' will cause that when a new drug gets added to the system, it's 'Refill Reminder' field be set to the 'Y' automatically.

Force ESC on Drug Inactive:
This option, when set to 'Y', will cause that when filling a prescription, if the drug is set to 'Inactive', the operator will have to press the ᴱˢᶜ key to continue. This is typically used by pharmacies making use of the 'Inventory Tracking System' built into the 'Pharmacy Management System'. When this is turned on, the warning serves as an indication that they should change the drug being dispensed to one that is active (meaning on the shelf).

8.23.25

Display SOH on Drug Search:
This option, when set to 'Y', will cause the current 'SOH' (Stock on Hand) to be displayed to the right of the drugs name, and if turned on, to the right of the NDC on the list of drugs found by a drug search.

Software Options Page # 11

```
Page 11              S O F T W A R E   O P T I O N S

                            PDE Settings
     Pat. Drug Education Installed [ ]      [ ] Force ACK Of New PDE Text Mess.
        Print Pharmacy Name On PDE [ ]  (M)[ ] Print PDE All Pats (M-Medicaid)
            Print PDE On Refills [ ]    (S)[ ] Print PDE On New-From-Old
         Use/Print Custom PDE Note [ ]      [ ] Print Patient Name on Label PDE
         Print PDE on 'Not-Filled' [ ]      [ ] Print PDE on 'Med Guide' Items
                                     (BHT)[ ] 'Med Guide' Item to PDE Printer
                                      (NR)[ ] 'Med Guide' Exclude Refills,NFO
            PDE Logo Location:  Line [   ]       Column [   ]
         PDE Logo #2 Location Line [   ]       Column [   ]
            PDE Body Starting Line [   ]

                            DUR Settings
       Disable Label Only DUR Print [ ]      [ ] Auto Print Drug Interaction
          Auto Print Allergy Warning [ ]      [ ] Auto Print Dose-Chek Warning
       Auto Print Dup. Ther. Warning [ ]      [ ] Auto Print Drug-Dis Warning
```

Pat. Drug Education Installed:
Set this option to 'Y' to activate the 'Patient Drug Education' system. The 'Patient Drug Education' or PDE module is what provides the information monograph about the patient's medication. For more information regarding Patient Drug Education Monographs, please refer to Chapter 2 and Chapter 6 of this manual.

Force ACK Of New PDE Text Messg:
When this option is set to 'Y', this will prompt to acknowledge that the PDE monograph message has changed.

Print Pharmacy Name on PDE:
This option, when set to 'Y', prints the pharmacy name and address on the PDE monograph.

Print PDE All Pats (M-Medicaid):
When set to 'Y', this option will default 'Y' in the 'Print PDE Monograph' field on the label question during prescription processing. If you place an M here, a 'Y' will default for Medicaid patients only. Setting this option to 'N' will default a 'N' in the Print PDE Monograph' field on the label question.

Print PDE on Refills:
Similar to the previous option, when set to 'Y', the 'Print PDE Monograph' field will be defaulted to a 'Y' when processing refills. When set to 'N', the 'Print PDE Monograph' field will be defaulted to 'N'.

Print PDE on New-From-Old:
Similar to the previous two options, when processing 'New from Old' prescriptions, the 'Print PDE Monograph' field on the label screen will be defaulted to the setting specified in this option. When set to 'S', the PDE will not be printed on the '2nd Generation Laser Label' when doing a 'New from Old' prescription.

Use/Print Custom PDE Note:
When this option is set to 'Y', this will allow a custom note to be entered to a PDE printout. The final step of the prescription pathway will be a field to type the custom note for the PDE.

Print Patient name on Label PDE:
This option, when set to 'N' will disable the printing of the patients name on the 'plain paper' PDE printed with (not on) the prescription label. This does not affect the PDE that is printed on the prescription label sheet.

Print PDE on 'Not-Filled':
This option, when set to 'N', will disable the PDE from being printed for prescriptions marked as 'Not Filled'.

Print PDE on 'Med Guide' Items:
This option is used to print the PDE for drugs that are marked as being 'Med Guide' drugs.

'Med Guide' Item to PDE Printer:
This option is used to enable the screen prompt of 'Print Med Guide' to display below the 'Pr PDE' and 'Number of Labels' prompts on the label screen of the prescription pathway and label reprint options. This allows the operator to control when the medication guide is printed.

'Med Guide' Exclude Refills, NFO:
This option is used to control the default of the medication guide being printed on refilled and New-from-Old prescriptions. Putting an 'R' in this field will default a medication guide to not be printed on refilled prescriptions. Putting an 'N' in this field will default a medication guide to not be printed on New-from-Old prescriptions. This field is two digits big allowing both 'R' and 'N' to be entered.

PDE Logo Location: Line & Column:
This option is used to specify the line and column position for the pharmacy logo to be printed on the PDE Monograph. This option requires that an 'Intercon Font w/ Logo' card be installed in the laser printer. To position the logo, the Line and Column positions are in 300dpi.

PDE Logo # 2 Location: Line & Column:
This option is used to position the second half of the pharmacy logo on the label. Because of the data required to print the logo, the logo is divided into two segments. Position this setting as close to the previous for a seamless icon.

PDE Body Starting Line:
This option is used to adjust the starting position of the PDE text when using the PDE Logo locations. The positioning for the text body is in 300dpi.

Disable Label Only DUR Print:
This option, when set to a 'Y', will disable the ' Label Only, No DUR Checks Performed.' message from printing on a label or plain paper.

Auto Print Drug Interactions:
When set to 'Y', this will automatically print any drug interactions that were found during the script processing. This information will print in the DUR area allocated on the laser label, or plain paper DUR report.

Auto Print Allergy Warnings:
When set to 'Y', this will automatically print any allergy indications that were found during the script processing. This information will print in the DUR area allocated on the laser label, or plain paper DUR report.

Auto Print Dose-Chek Warning:
When set to 'Y', this will automatically print any dosage warnings that were found during the script processing. This information will print in the DUR area allocated on the laser label, or plain paper DUR report.

Auto Print Dup. Ther. Warning:
When set to 'Y', this will automatically print any therapeutic duplication's that were found during the script processing. This information will print in the DUR area allocated on the laser label, or plain paper DUR report.

Auto Print Drug-Dis. Warning:
When set to 'Y', this will automatically print any drug disease warnings that were found during the script processing. This information will print in the DUR area allocated on the laser label, or plain paper DUR report.

Software Options Page # 12

```
Page 12              S O F T W A R E   O P T I O N S
                        P.D.E. Monograph Message
[                                                          ]
[                                                          ]
[                                                          ]
[                                                          ]
[                                                          ]
                        Spanish P.D.E. Message
[                                                          ]
[                                                          ]
[                                                          ]
[                                                          ]
[                                                          ]

  End each line on a word boundary. The lines will be combined with a space
  between each, then paragraph adjusted when printed on the PDE Monograph.

                           Receipt Message
        Receipt Message [                              ]
              Line 2 [                              ]
```

P.D.E. Monograph Message:
Use the provided lines to enter in a global note from the pharmacists to be printed on the bottom of the PDE Monograph. This option can be used in conjunction with the 'Use/Print Custom PDE Note' to communicate with the patients.

Spanish P.D.E. Message:
Use the provided lines to enter in a global note from the pharmacists to be printed on the bottom of the PDE Monograph. These lines will be used when the 'Foreign Language' field in 'Patient Amendments' is set to 'Y'. The information entered in these lines will be printed as entered. They will not be translated to Spanish. This option can be used in conjunction with the 'Use/Print Custom PDE Note' to communicate with the patients.

Receipt Message:
Use the provided lines to enter in a message that can be programmed to print on the receipt portion of the pharmacy label. This applies to both of the Laser Label programs and the 'Fixed' Dot Matrix label program.

Central System

```
        C E N T R A L   S Y S T E M   C O N F I G U R A T I O N
                         Corporate Config

        Corporate Name  [                        ]
        ''  Address 1   [                    ]
        ''  Address 2   [                    ]
        ''     City     [              ]
        ''     State    [ ]
        ''  Zip Code    [          ]
        ''     Phone    [                ]
        ''  Fax Phone   [            ]




          The Optional Security System is Turned ON
```

The options contained within the 'Central System' are options that determine how key aspects of the Pharmacy Management System are handled.

These settings are system wide (not site specific).

Misc Selections

```
        C E N T R A L   S Y S T E M   C O N F I G U R A T I O N
                         Misc Selections
    File Header/Disk Space Check Days  [ ]  (Max of 9 Days)
       Medi-Span Update Direct Prices  [N]  (Y,N)
         Medi-Span Update NDC Changes  [Y]  (Y,N)
      Auto Apply Medi-Span Drug Update [ ]  (Y,N)
     Auto Apply Medi-Span Calif. Update [ ]  (Y,N)
       Medi-Span Update California MAC [ ]  (Y,N)
        Medi-Span Update % Modifier    [0     ]
          Allow Action After Rx Xfer   [N]  (Y,N)
       Allow Xfer'g Rxs More Than Once [Y]  (Y,N)
       Automatic Logoff Key Response   [M]  (F,M,S;Fast,Med,Slow)
        Automatic Logoff Exit System   [ ]  (Y,N)
             Automatic Logoff Time     [0   ]  (10-3600 Seconds, 0=Off)
                 Server IP Address     [                ]
          Allow Multi-Site Refills     [ ]  (Y,N)
    Common Multi-Site Drug Xref Code   [ ]  (Y,N)
```

File Header /Disk Space Check Days:
Use this option to set the frequency at which the 'File Header Check', and 'Disk Space Check' programs should be run. The value entered in this option should be in number of days.

The 'File System Check' is a program that checks the beginning of each key file within the Pharmacy Management System. If the beginning of the file is corrupt, this program will report that corruption, and alert the user to contact the FSI Technical Support Helpdesk at 801-785-7720 for assistance. Having this check performed on a routine basis minimizes the chance of key files becoming corrupted without being detected.

The 'Disk Space Check' program checks the availability of hard disk space, and reports when the available disk space becomes low. Having this check performed on a routine basis alerts the pharmacy as soon as the hard disk availability approaches a low level, so accommodations can be made in time for the installation of new equipment. Contact the FSI Technical Support Helpdesk at 801-785-7720 for assistance.

Medi-Span Update Direct Prices:
If this option is set to 'Y', the Semi-monthly Price Update will update the Direct Price field in Drug Amendments when available.

Medi-Span Update NDC Changes:
Set this option to 'Y' to have the FSI Update Installation program apply the NDC changes provided by Medi-Span. Leaving this field blank will cause the program to behave as if 'Y' were entered. Setting this option to 'N' will cause that the NDC's not be changed.

Auto Apply Medi-Span Drug Update:
When installing an FSI Program/Drug update, a prompt displays allowing the person running the update to make modifications to the default parameters. When these prompts are displayed, the installation program pauses, and waits for the user to press ⎡Enter⎤ before continuing. Setting this option to 'Y' will apply the 'RDUDS' (Drug Changes, AWP updates, etc.) using the default parameters, without stopping for a prompt. This is useful when running updates overnight. Leaving this option blank, or setting this option to 'N' will cause that the RDUDS screen to be displayed, and pause waiting for the user to modify and/or press ⎡Enter⎤.

Auto Apply Medi-Span Calif. Update:
This option is similar in use as the previous. When this option is set to 'Y' the update installation program will apply the 'California Update' without pause for user input. This program updates the 'State Drug ID's', 'Group Codes', and 'MAC's'. This update is only for pharmacies in California. Setting this option to 'N' will cause the 'California Update' not to be run, but will allow the update installation to proceed. Leaving this option blank will cause the 'California Update' prompt to display, and pause for the user to modify and/or press ⎡Enter⎤.

Medi-Span Update California MAC:
Setting this field to an 'N' will disable the MAC portion of the Medi-Span Price Updates. Setting this option to 'Y' or leaving it blank will allow the update to update/set the MAC pricing.

Medi-Span Update % Modifier:
If an amount is entered here the Semi-monthly Drug Updates will modify your Cost field in Drug Amendments by the amount entered.

Allow Action After Rx Xfer:
If this option is set to a 'Y'. The script will allow action to take place after the script has been transferred.

Note: This is not legal in some states. You must check with Local, State, and Federal laws before this option is set to 'Y'.

Allow Xfer'g Scripts More Than Once:
If this option is set to a 'Y' the system will allow you to transfer the script as many times as you want.

Note: In some states this is not legal. You must check with Local, State, and Federal laws before setting this option to 'Y'.

Automatic Logoff Response:
The value entered in this option determines the frequency at which the program checks for keystrokes on the keyboard. Options F = Fast, M = Medium, S = Slow differ in the speed at which the logoff takes place.

Note: Using 'F'ast response on a system with many terminals may noticeably slow the performance of the system.

Automatic Logoff Exit System:
This option, when set to 'Y', will cause that the FSI Pharmacy Management System be exited when the 'log-off' conditions are met.

Note: If the FSI Security System has been installed, set this option to 'N', otherwise, choose 'Y' to activate this

selection

Automatic Logoff Time:
This option is used to specify the number of seconds that, if a terminal is left unattended (no key presses) for the specified time selected (10 or up to 3600 seconds), the Pharmacy Management System program will be logged off as set in the prior options.

Server IP Address:
This field is used to enter the network IP address of the server. This is used by the FSI Graphical Verification system to create the webpage for the verification with the drug and hard copy images.

Pharm/Tech Password Change Days:
This option is used to control on a master level how frequently each pharmacist and technician must change their password to access the FSI 'Pharmacy Management System'. This field may be set to 0 to disable the requirement of passwords being changed, or setting this field to 1 – 999 will require the passwords to be change that that interval of days.

Password Change on Main Menu:
This option, when set to 'N' will disable and hide the option on the Main Menu for 'P. Password Change'.

Allow TP AR Edit from Rx Edit:
This option, when set to 'N', will disable the ability to edit Third Party Accounts Receivable items from the Rx Edit menu.

Allow Multi-Site Refills:
If the 'Multi-Site System' software module has been installed, and if this option is set to 'Y', the system will allow refills to be processed that were originally filled at another site on your system. When set to a 'Y', no stops or warnings will be preformed or displayed, so use caution when setting this option.

If this field is set to an 'N', refills will not be permitted on the prescription for any other site than the site originally dispensed from.

When not set (blank) this function will cause when a site other than the last dispensing site tries to do a refill that a screen come up with a warning and give the user a chance to enter 'OVER' to override the warning, or 'XFER' to transfer the prescription to the new dispensing site.

If 'XFER' is entered, a note will be displayed. The note is defaulted as 'IH Xfer to Site 'x-xx''. 'x-xx' is where the new site number and code will be showed. 'IH' is for 'in-house'. If this default note meets all state and federal requirements, press ⌨Enter or enter in your own note. After pressing enter, the 'New from Old – Long' process will automatically begin.

Note: In some states this is not legal. FSI is not responsible for illegal use of this option. Please check with all Local, State, and Federal regulations to determine if this option can be used in accordance with the law.

Common Multi-Site Drug Xref Code:
This option allows the same Drug Xref Code to be used between Multi-sites.
If you do not have the security system, the screen will always display 'The optional security system is turned off'.

Modem Selections

```
        C E N T R A L   S Y S T E M   C O N F I G U R A T I O N
                        Modem Selections

            Modem Port #1 TTY File  [ttyS1       ]
            Modem Port #2 TTY File  [            ]
            Modem Port #3 TTY File  [            ]
            Modem Port #4 TTY File  [            ]
            Modem Port #5 TTY File  [            ]
            Modem Port #6 TTY File  [            ]
        Use Modem Multipl'xg/Locking  [Y]  (Y,N)
        Modem Locking Directory Path  [                    ]
              Pre-Initialize Modem  [N]  (Y,N)
            Modem Initialize Wait  [100]  (100/sec)
                  Modem Dial Wait  [60]  (Seconds)
          FSI TeleCom Switch Code  [FSIP ]
      FSI FTP TeleCom Switch Code  [FSIFT]  CtrlSub Sw Code  [ATLAN]
            X.25 Port Base Address  [   ]
              Number of X.25 Ports  [ ]
          Telecom System Protocol  [S]  (O,S,5,1 Orig,Slid'g,512,1k)

    SF1 Switch Maint.
```

Modem Port # TTY File:

The six fields are used to define the hardware addresses where the modems are located. On Unix or Linux systems, it will be the serial port address. Up to 6 modems can be defined, the last modem in the list being the first modem used by the Pharmacy Management System.

Note: 'Modem Port # 4 TTY File' is also used to define the port being used by X.25.

Use Modem Multiplexing/Locking:

If multiple modems are in use, this option needs to be set to 'Y'. This will rotate to the next modem if one or more modems are in use.

Modem Locking Directory Path:

This field is used to specify the directory where the modem locking file is located. This is used when multiple Pharmacy Management Systems reside on the same server, and those Pharmacy Management System's share the same modem devices. When this situation exists, the 'Modem Locking Directory Path' will normally be set to '/home/fsi' (Linux server) or '/usr/fsi' (Unix server).

Pre-Initialize Modem:

When this option is set to 'Y', the modems will be initialized with a command built into the Pharmacy Management System. Following this initialization, the 'Modem Initialization String' as entered in the 'Modem Switch Maintenance' will be used to command the modem how to communicate with the company being communicated with.

Modem Initialize Wait (100/sec):

This field is used to enter in the amount of time to wait while the modem is being initialized. Typical settings for this field range between 65 and 80. For suggestions on what to use for this field, please contact the FSI Technical Support Helpdesk at 801-785-7720.

Modem Dial Wait (Seconds):

This field is used to specify the amount of time to wait for the computer system being dialed to enquire. Typical settings for this field range between 30 and 45. This value will differ between different brands of modems. For suggestions on what to use for this field, please contact the FSI Technical Support Helpdesk at 801-785-7720.

FSI TeleCom Switch Code:

Enter the modem switch code for telecommunications with FSI. Modems will have FSITC. Internet users will have FSIP (might have FSIP2).

FSI FTP TeleCom Switch Code:

Internet users will have FSIFT entered here. Modem users will need to leave this field blank.

CtrlSub Sw Code:

This field is used to define the switch code the controlled substance report is to use to send the report to the agency responsible for collecting the data. Some states use 'Atlantic Associates' whose code will be 'CTRLS' for dial out modem communication, or 'ATLAN' for internet submission. If your state does not report through Atlantic Associates, please contact the **Foundation Systems Technical Support** at **801-785-7720** for assistance in setting up the switch code appropriate for your state.

X.25 Port Base Address:

If the X.25 billing system has been installed to the Pharmacy Management System server, enter the port address in this field.

# of X.25 ports:
Use this field to specify the number of X.25 ports the system is using (usually 4 to 8 ports).

Telecom System Protocol:
This field is used to set the platform by which you will communicate with FSI over the modem (FSITC) and internet (FSIP).

'O' = standard modem transmission with FSITC, modem phone number 18017858858, with a Baud Rate of 2400.

'1' = specialized configuration for high speed modem transmissions with FSITC, modem phone number 18017852910, Baud Rate 19200 or 38400.

'5' = specialized configuration for modem transmissions with FSITC (only used under FSI direction).

'S' = specialized configuration for modem transmissions with FSITC (only used under FSITC direction).

Color Selection

The color selection program allows you to change the attribute colors that appear on the screen.

Enter the attribute number that you want to change, followed by the foreground and background colors to assign to the attribute. For example, if you want to change the color of the draw box, select attribute number nine. Select a foreground color, number one if you want a red box. Select a background color, number zero for a red-on-black draw box.

```
                              Foreground Colors

                              0.  Black
                              1.  Red
        Attribute Numbers     2.  Green
                              3.  Yellow
     1.  Sub-Heading Color     4.  Blue
     2.  Blink Color           5.  Magenta
     3.  Heading Color         6.  Cyan          Background Colors
     4.  Reverse-Blink Color   7.  White
     5.  Reverse Color         8.  Brown         0.  Black
     6.  High Intensity Color  9.  Gray          1.  Red
     7.  Low Intensity Color  10.  Lt Red        2.  Green
     8.  Invisible Color      11.  Lt Green      3.  Brown
     9.  Box Draw Color       12.  Lt Blue       4.  Blue
    10.  Current Bracket Color 13.  Lt Magenta   5.  Magenta
    11.  Message Window Color  14.  Lt Cyan      6.  Cyan
    12.  Background Space Color 15. Lt White     7.  White

        Enter Attribute # [ ]
```

Printer Map Maintenance

The printer map is used to direct the printer output for certain functions to a particular printer.

This enables different printers with different emulations to do different jobs. If you are operating on a multi-user system, it is possible to set up printer maps for different tasks and terminals

```
        P R I N T E R   M A P   M A I N T E N A N C E

        Printer Map for tty1

        1. Amend Printer Map
        2. Copy From Another TTY
        3. Log In To Another TTY
        5. Delete the Map for This TTY
        6. Copy To Other TTY(s)

        Enter Your Choice.
```

Amend Printer Map:

Entering a printer make in the first column turns each option on. Valid printer makes/emulations are displayed at bottom of the screen. Leaving the printer make field blank will deactivate the option.

The printer ports as designated in the 'fshpal.cfg' file. On most systems, the three printers defined for the terminal will be displayed on the bottom

```
      A M E N D   P R I N T E R   M A P   Printer Map for tty1

      Report Printer Make [H]    Port [3]      Tray [1]
      Laser Label Ptr Make [ ]   Port [ ]      Tray [ ]       Font Card [ ]
                                 Color [ ]     Turn 180 [N]
  Dot Matrix Label Ptr Make [I]  Port [1]      Type [P](F,P)
          Forms Ptr Make [H]     Port [3]      Tray [1]
          D.U.R. Ptr Make [ ]    Port [ ]      Tray [ ]       Form Feed [ ]
   Call Doc Label Ptr Make [H]   Port [3]      Tray [1]       Form Feed [Y]
                                               Type [P](F,P)
          P.D.E. Ptr Make [H]    Port [3]      Tray [1]       Logo Card [ ]
      Spanish PDE Ptr Trans [H]  (H,I,A)
          Receipt Ptr Make [H]   Port [3]      Tray [1]       Form Feed [Y]
  Label Format Files:
          Laser [kreiglab.dat]      Dot Matrix [clnlabel]
      Obs Laser: llabel.dat         Obs DotMat [label.dat  ]
      TPN Laser [              ]
  Valid Ptr Makes:      C - C.Itoh w/Rev    c - C.Itoh wo/Rev
          I - IBM Pp w/Rev  i - IBM Pp wo/Rev  H - HP (PCL5) Laser

      Laser PDE:              U - Universe      T - Times
```

right of the screen.

Note: The Default printer map will be used by all terminal names or network addresses that do not have their own map. Use CAUTION when making changes to the Default Printer Map. Any changes made will affect all terminals using the Default Map.

Each of the definable printout types (discussed below) have common fields that will be set for each one, these include 'Make', 'Port', 'Tray', and some have 'Form Feed'. These common fields will be discussed first, and then each of the printout types.

Make:
The 'Make' field is used to define the type of printer the printout is going to be going to. 'H' is used for all PCL 5 compatible laser printers. These printers must have the PCL 5 coding built into them, and cannot rely on a driver. Driver dependant printers will not work correctly with FSI programs.

'I' is for IBM compatible dot matrix printers. Again, these printers must have the IBM coding built into them and cannot rely on a driver.

Other printer makes are listed under and to the right of 'Valid Ptr Makes:' displayed on the screen.

Port:
The port field is used to select for this printer map / terminal which of the 3 printer names displayed on the bottom of the screen (below the box, following the terminal name) the printout is to be sent to. Valid settings will be 1, 2 or 3.

Tray:
The 'Tray' field is used to define which tray if using a PCL5 compatible laser printer the printout is to go to. Unfortunately, the PCL5 tray command does not directly reflect the physical tray it's going to print on. A chart is included here showing the two most common FSI supported laser printers and the Printer Tray to the Printer Map tray relation. These are only correct in a '2 pull out tray' printer configuration. Adding additional trays to the printer may change the tray numbering for that printer. For more support in setting up the trays in the printer map for your printer, please contact the **Foundation Systems Technical Support** at **801-785-7720** for assistance.

Form Feed:
This option is used for printouts that only print out a little bit of information per print job. To have the paper feed out of the printer, set 'Form Feed' to a 'Y'. This works on both laser and dot matrix printers.

Report Printer:
This line of options is used to specify the printer make and 'port' where the reports are to be sent to. Reports are basically anything that is not a label or that does not have its own printer map option.

Laser Label Printer:
The laser label printer make will override any printer designated in the Dot Matrix Label Printer Make field

Laser Label Printer Font Card:
Enter a 'Y' in this field if the printer the laser labels are printed to has a 'Font Card' installed in it. Font Cards enable the FSI programs to print 'Intercon (picture) warning labels' and also barcodes. Also, custom fort cards can be ordered that contain the pharmacies logo on them, and that logo can be printed on the prescription labels verses being pre-printed at the label factory.

Laser Label Printer Color:
If the laser label printer has color capability, enter a 'Y' in this field. Then , using the 'Laser Label Maintenance' program, each piece of data printed on the label can have a print color assigned to it.

Laser Label Printer Turn 180:
This option, when set to 'Y' will cause the data being printed on the label to be turned 180°. This is to accommodate printers that need to print the label in the opposite direction to prevent jamming in the printer.

Dot Matrix Label Printer:
Prints the continuous feed dot matrix prescription labels.

Dot Matrix Label Printer Type:
This option is used to define if the dot matrix labels are to be printed with the 'Fixed Label' program, or with the 'Programmable Dot Matrix Label' program. Enter a 'F' in this field for 'Fixed' or enter a 'P' for 'Programmable'.

Forms Printer:
This line is used to specify the setting for various 'forms' within the Pharmacy Management System. Systems that can use this line are 'Print Third Party Forms', 'Board and Care Forms (depending on selection within Board and Care Printouts menu).

When printing forms, the Pharmacy Management System has been programmed to print the forms at 6 lines per inch. It is important for the printer being used to print these forms to match that setting. If the printer is not programmed to print at 6 lpi, the printing will not stay in alignment with the form.

DUR Printer:
Any drug interaction, dose checking, allergy, drug-disease, or duplicate therapy warnings will be sent to this printer. This is used only to report the DUR's on a per prescription basis, at the point of filling. If you want the printout to form feed after it completes, enter a 'Y' in the Form Feed option. If using laser labels, the DUR printout can be printed on the label. Leave this printer map option blank.

Call Dr. Label Printer:
The Call Dr. labels will be sent to this printer. If printing the Call Dr. labels to plain paper, set Form Feed to 'Y' to scroll the page after the label prints.

PDE Printer:
The Patient Drug Education sheets will print on this printer. If you are using a laser label printer with a dual tray, set the make and port to the same settings as the laser label printer setting. If your pharmacy logo is programmed into a font card, set Font Card to 'Y'. If this option is set to 'y', a small logo will be printed. This setting is used for 'plain paper' PDE's, and does not pertain to the PDE's that print on the prescription label.

PDE Logo Card:
Set this option to a 'Y' if the printer printing the PDE print jobs is a laser printer with an installed font card that has been programmed with the pharmacy's logo image. Setting this field to a 'Y' will cause that logo to be printed on the PDE.

Spanish PDE Ptr Trans:
This option sets the printer to print Spanish PDE's with accents. Set this option to 'H' for laser printers, 'I' for dot matrix printers, or 'A' for no accents to be printed (for those printers unable to print Spanish accents).

Receipt Printer:
Enter the information as it relates to your style of roll-paper receipt printer. If you are not using such a printer, set the Old Style Receipt Printer Make to 'N'. Other, optional software modules, such as the 'Tray Label' and 'Bubble Pack' modules will also use this line to define their printer port.

The 'Print Drug/Shelf Labels (Dymo)' function on the 'Drug Maintenance' menu uses this setting to determine the location of the Dymo printer. To set this, place a 'Y' in this field.

Additionally, this field is used by the 'Receipt/Delivery System Interface' system. When a 'D' is entered in this field, a receipt will be printed to the Dymo printer, which has the capability to print barcodes for the prescription number.

Label Format File – Laser:
Use this field to define the file name that contains the configuration data for the '2nd Generation Laser' label program. This program has by far the most extensive print options available to it.

Label Format File – Dot Matrix:
Use this field to define the file name that contains the configuration data for the 'programmable' dot matrix label program. In order for this format to be used, a 'P' must be entered in the 'Type' option to the right of 'Dot Matrix Label Ptr'.

Label Format File – Obs Dot Matrix:
Use this field to define the file name that contains the configuration data for the 'fixed' dot matrix label program.

Label Format File – Obs Laser:
This displays the file name that contains the configuration data for the 'original' laser label program. This cannot be changed.

TPN Laser:
This field is used to define the file name that contains the configuration data for the TPN laser label.

Note: Only the 'Programmable Dot Matrix' and '2nd Generation Laser Label' programs are available to have new programming added. The 'Fixed' Dot Matrix and 'Original' Laser Label programs are now considered to be obsolete, and no new programming will be added to them.

Copy From Another TTY

```
            C O P Y   F R O M   A N O T H E R   T T Y

        Enter the TTY You Wish to Copy From  [          ]

Available TTYs:
 DEFAULT
 tty1
```

Use this function to copy an existing printer map into this printer map. This is used on Unix and Linux network systems that have printer maps setup for each terminal. After configuring one printer map, that map may be copied into other terminal names that use the same printer configuration.

To use this function, a map first has to be created for the terminal Id, or network address being used. To do this, press menu option 4. This will create a map based off of the 'Default' map. After creating a unique map, select menu option 2, and type in the map name to copy from. After typing in the map name to copy from, press 'ENTER'. This will copy the map.

The Default Printer map is the only map that a configuration cannot have a configuration copied into.

Log into Another TTY

```
            L O G   I N   T O   A N O T H E R   T T Y

        Enter the TTY You Wish to Log In To  [          ]

Available TTYs:
 DEFAULT
 tty1
```

This option allows a printer map to be accessed from a terminal different from the terminal it belongs to. This is used to make amendments to various maps from one terminal.

Create a Map for This TTY

Use this function to create a unique printer map for the 'terminal name' or network address being used

on the terminal. This option is typically used in large networks that have multiple printers being used to print the same type of print jobs. After the map is deleted, this terminal will then use the Default map.

Delete the Map for This TTY

Choose this option to delete the printer map for the 'terminal name' or network address being used on the terminal. The system will ask for confirmation before it deletes the map.

```
                    Delete Printer Map for TTY  tty1

        Are Your Sure you Want to Delete This Printer Map  [   ]  (YES,NO)
```

Copy to Other TTY(s)

This menu option is used to copy a printer map into multiple existing printer maps.

After selecting this option, a list of the existing printer maps will be displayed, and a prompt for the printer map (terminal name) for this map to be copied to will be displayed.

Enter in the name of the printer map to be copied to. For example, to copy this printer map to the printer map term11a, enter 'term11a' in the displayed field. To copy this printer map to the

```
                C O P Y   T O   O T H E R   T T Y (s)

            Enter the Term Name You Wish to Copy to  [          ]

    Available TTYs(<F4>=next):
     DEFAULT        term10a         term18a        term4b
     SUDOS          term10b         term18b        term4c
     bill           term11a         term1a         term4d
     default        term11b         term1b         term5a
     fsi            term12a         term1c         term5b
     mini           term12b         term1d         term5c
     poe            term13a         term2          term5d
     pts-0          term13b         term2a         term6a
     pts-1          term14a         term2b         term6b
     pts-2          term14b         term2c         term7a
     pts-3          term15a         term2d         term7b
     pts-4          term15b         term3a         term8a
     pts-5          term16a         term3b         term8b
     pts-6          term16b         term3c         term9a
     pts-7          term17a         term3d         term9b
     register       term17b         term4a         tty1
```

printer maps term11a and term11b, enter in the displayed field term11 and press enter. A prompt will be displayed 'Copy to term11a (Y/N)'. To copy this map to the map for term11a, press 'Y'. Then another prompt will be displayed, 'Copy to term11b (Y/N)'. Answer 'Y' again to copy this map to the map for term11b. After all matching maps for the entered value are found, the program will return to the 'Printer Map Maintenance' menu.

Terminal Map Maintenance

The terminal map is used to store the name of the last patient and last pharmacist/technician that were selected in a search. Using the same methods as the printer map, each 'terminal name' or network address may be setup with its own terminal map.

```
    T E R M I N A L   M A P   M A I N T E N A N C E

        Terminal Map for tty1

        1. Amend Terminal Map
        2. Copy From Another TTY
        3. Log In To Another TTY
        5. Delete the Map for This TTY

        Enter Your Choice.
```

Amend Terminal Map

Use this function to specify the 'Last Patient' and 'Last Pharmacist/Technician' file names, site number, and other key properties unique to each 'terminal name' or network address.

Note: The Default terminal map will be used by all terminal names or network addresses that do not have their own map. Use CAUTION when making changes to the Default Terminal Map. Any changes made will affect all terminals using the Default Map.

```
        A M E N D   T E R M I N A L   M A P
             Terminal Map for tty1

  Last Patient Record File [lastpat        ]
Last Pharmacist/Tech File [pharmtch        ]
            Site Number [1    ]  (1-32765)
       Modem Diagnostics [ ]  (Y,N,B)
 Dispensing Robot Version [ ]  (BX-Baxter,CS-Consis,MK-McKess)
                               (OC-OmniCell,A4-R400,A8,AF-FDS)
                               (FR-FtpRobot,PR-Parata)
    ''      '' Host Name [          ]
    ''   '' Delivery Loc [   ]
    ''   '' Requestg Loc [   ]
  Script Export Version [   ]  (WSP,EPIc)
  Scr2  Export Version [   ]  (WSP,EPIc)
         Terminal Type [ ]  (AL,XW,al,NV)
  Graphic Screen Formats [        ] [        ]
      Remote Server IP [              ]
 Rx Status Configuration [          ]
```

Last Patient Record File:
Use this field to specify the file name to be used to store the last patient record. This file name should be unique for each terminal map. An example of a name would be 'lptty01.dat'. This file name is lp for 'last patient' and the terminal name/network address, ending in .dat.

Last Pharmacist/Tech File:
Use this field to specify the file name to be used to store the last pharmacist/technician record. This file name should be unique for each terminal map. An example of a name would be 'ptty01.dat'. This file name is pt for 'pharmacist/technician' and the terminal name/network address, ending in .dat.

Site Number:
If the 'Multi-Site System' software module is installed in the Pharmacy Management System, use this field to specify the site this 'terminal name' or network address is assigned to.

Modem Diagnostics:
This option is used to specify the properties for the modems from this terminal. Although the modems are connected to the server, depending on the type of the terminal being used, the configuration of the modems varies slightly. Set this option to a 'Y' to have the diagnostic information display on the terminal screen when dialing, set this option to 'N' to not have the diagnostics displayed, and if using multiple modems, with 'pcterm' terminals, set this option to 'B' for background processing.

Background modem processing is necessary when multiple terminals are using multiple modems. This will cause the Pharmacy Management System to allocate the modem, and verify that all of the information is stored for the claim, and then display a message that it is safe to switch to another task. It is at this point that the user can switch to another session on the terminal while waiting for the claim to be processed.

Dispensing Robot Version:
Use this field to specify the Dispensing Robot being used by this terminal. This field will over-ride the Dispensing Robot version specified within the 'Multi-Site Map'. If no dispensing robot is installed, leave this field blank.

Dispensing Robot Host Name:
Use this field to specify the host name or alias as entered in the /etc/hosts file. This is used to find the network address for the robot.

Dispensing Robot Delivery & Requestg Loc(s):
The Consis Dispensing Robot uses these two fields.

Script & Scr2 Export Version:
These fields are used to enter in the version of 'Script Export' interfacing this terminal is using. These interfaces are optional software available from FSI. For more information about FSI's script export interfaces, please contact the **Foundation Systems Sales Office** at **800-333-0926.**

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Script Export Version:
This field is used to specify which export program version is to be used. Currently there are two script export versions, WSP is used in this field when the pharmacy has purchased the Wireless Signature Pad module, and EPIc for a hospital system script export interface.

Scr2 Export Version:
This field is used to specify a secondary export version.

Terminal Type:
This field is used to define the type of terminal this terminal is. Enter 'AL' if this terminal is a windows terminal running the AlphaCom terminal emulator program and is to be used with the FSI 'Graphical Verification System' to view medication and hardcopy images on the 'NDC' check. Set this field to 'al' if this terminal is a windows terminal running the AlpahCom terminal emulator program, but is not to be used with the FSI 'Graphical Verification System' on the 'NDC' check.

Enter 'XW' if using a linux computer in X-Windows (GUI) mode. The code entered in this field will also be used by the FSI Graphical Verification System. 'NV' is used for 'No Verify'. When this field is set to 'NV', the graphical verification screen will not be generated and displayed.

Graphic Screen Formats:
These two fields are used to specify configurable format files for the FSI Graphical Verification System. These formats are created using the 'Laser Board and Care' form program. If these fields are left blank then the FSI Graphical Verification System will use the default layout.

Remote Server IP:
This field is used to override the 'Server IP' set in 'Central System' for the FSI Graphical Verification System.

Rx Status Configuration:
This field is used to define the default 'Rx Status / Work Flow' program configuration to be used for this terminal name.

Page #2

```
           A M E N D   T E R M I N A L   M A P
                   Terminal Map for tty1

Scan Port Name [net:10.0.0.127:fujitsucert:libusb:001:002      ]
             Scan Hard Copy On New Rx  [Y] (Y,N) ScanLock [site1 ]
             Use Image Name Extension  [ ] (Y,N)
                Scanner X,Y Positions #1 [105] [135]  Desc. [1/4 PAGE ]
                Scanner X,Y Positions #2 [135] [105]  Desc. [1/2 PAGE ]
                Scanner X,Y Positions #3 [250] [280]  Desc. [FULL PAGE ]
                   Image Width, Height  [500] [400] Default 356, 278
              Auto Logoff Exit System  [ ]  (Y,N)
                     Auto Logoff Time  [0  ] (10-3600 Seconds, 0=Off)
        Prompt for Verify & Fill Initials  [N]

                Signature Pad Port Name  [ttyS1     ]
                   Sig Pad Host Name  [            ]
                    Sig Pad Socket #  [     ]
            Sig Pad Minimum X Value  [300 ]  (Left)
            Sig Pad Minimum Y Value  [300 ]  (Top)
            Sig Pad Maximum X Value  [2400]  (Right)
            Sig Pad Maximum Y Value  [1000]  (Bottom)
                      Sig Pad Type  [1x4   ]  (1x4,4x5)
           Signature End Wait Timeout  [2]  (2-9)
```

Scan Port Name:
This field is used to enter the hard copy scanner port address for this terminal. An example of a port address is 'fujitsucert:libusb:001:002' or if the scanner is connected to a remote linux box, an example address is:
'net:10.0.0.12:fujitsucert:libusb:001:002'.

Scan Hard Copy On New Rx:
This field is used to specify if this terminal should prompt to scan the hard copy on a new rx. Enter a 'Y' in this field to prompt to scan, or set this option to 'N' or leave blank to not prompt.

ScanLock:
This field is used to enter in a file name to use for locking of the scanner program. This is used by multi-site systems to lock only the scanner for the one site, and not all sites when in use.

Use Image Name Extension:
This option, when set to 'Y', will record as part of the file name, what size the hard copy was scanned at. This is used by the configurable graphical verification screens to be able to set the display size of the images for each scan size independently.

Scanner X,Y Positions #1, #2, #3:
These fields are used to set the scanners X/Y coordinates for up to 3 different sizes of hard copies for this terminal.

Desc. #1, #2, #3:
These fields are used to assign names to the three scanner X/Y position settings.

Image Width, Height:
These fields are used to define the size the drug image and hard copy image are displayed at for the non-configurable graphical verification screen.

Auto Logoff Exit System:
If using the 'Auto Logoff', when this option is set to 'Y', when a logoff occurs, the user will be exited from the FSI 'Pharmacy Management System' and taken to the operating system. Depending on the configuration of the server, this could be the # or an operation system login.

Auto Logoff Time:
This option is used to specify the amount of idle time for this terminal to allow before logging off.

Prompt for Verify & fill Initials:
This option, when set to a 'Y' will prompt for the user of the 'FSI Graphical Verification System' to enter in their initials after doing a 'NDC Check' or a 'Pharmacist Verification' or other configurable 'actions'.

Signature Pad Port Name:
Use this field to specify the serial port the signature pad being used by this terminal is connected to. For assistance in determining what the port address is, and how to configure the signature pad, please contact the **FSI Technical Support Helpdesk** at **801-785-7720**.

Sig Pad Host Name:
This field is used to enter in the host name for a signature pad connected to a network device. For assistance in determining what the port address is, and how to configure the signature pad, please contact the **FSI Technical Support Helpdesk** at **801-785-7720**.

Sig Pad Socket #:
This field is used to specify the network port the signature pad is to be communicated with on the network. For assistance in determining what the port address is, and how to configure the signature pad, please contact the **FSI Technical Support Helpdesk** at **801-785-7720**.

Sig Pad Minimum X Value:
This field is used to enter in the minimum X value for the signature space on the signature pad. For a 1x4 pad this is usually 300. For a 4x5 pad this is usually 620.

Sig Pad Minimum Y Value:
This field is used to enter in the minimum Y value for the signature space on the signature pad. For a 1x4 pad this is usually set to 300. For a 4x5 pad this is usually set to 850.

Sig Pad Maximum X Value:
This field is used to enter in the maximum X value for the signature space on the signature pad. For a 1x4 pad this is usually set to 2400. For a 4x5 pad this is usually set to 2550.

Sig Pad Maximum Y Value:
This field is used to enter in the maximum Y value for the signature space on the signature pad. For a 1x4 pad this is usually set to 1000. For a 4x5 pad this is usually set to 1415.

Sig Pad Type:
This field is used to define what size pad is connected or communicate to from this terminal. If the pad is the

small pad (1"x4" writing surface) enter 1x4 in this field. If the pad is the large pad (4"x5" writing surface) enter 4x5 in this field.

Signature End Wait Timeout:
This field is used to specify the amount of time to wait after the signature stops before the signature data is automatically saved.

Note: The signature pad settings in 'Terminal Map Maintenance' will override the signature pad settings in 'Signature Pad Setup' in 'Pickup Logging/Reporting'.

Copy From Another TTY

Use this function to copy an existing terminal map into this terminal map. This is used on Unix and Linux network systems that have terminal maps setup for each terminal. After configuring one terminal map, that map may be copied into other terminal names that use the same printer configuration.

Because of the uniqueness of each terminal map, if using this option, be sure to amend the map after copying from an existing map, and change the 'Last Patient' and 'Last Pharmacist/Technician' file name to be unique from the other maps file names.

```
             C O P Y   F R O M   A N O T H E R   T T Y

         Enter the TTY You Wish to Copy From  [            ]

   Available TTYs(<F4>=next):
    DEFAULT          term10a          term18a          term4b
    SUDOS            term10b          term18b          term4c
    bill             term11a          term1a           term4d
    default          term11b          term1b           term5a
    fsi              term12a          term1c           term5b
    mini             term12b          term1d           term5c
    poe              term13a          term2            term5d
    pts-0            term13b          term2a           term6a
    pts-1            term14a          term2b           term6b
    pts-2            term14b          term2c           term7a
    pts-3            term15a          term2d           term7b
    pts-4            term15b          term3a           term8a
    pts-5            term16a          term3b           term8b
    pts-6            term16b          term3c           term9a
    pts-7            term17a          term3d           term9b
    register         term17b          term4a           tty1
```

Log into Another TTY

This option allows a terminal map to be accessed from a terminal different from the terminal it belongs to. This is used to make amendments to various maps from one terminal.

```
             L O G   I N   T O   A N O T H E R   T T Y

         Enter the TTY You Wish to Log In To  [            ]

   Available TTYs(<F4>=next):
    DEFAULT          term10a          term18a          term4b
    SUDOS            term10b          term18b          term4c
    bill             term11a          term1a           term4d
    default          term11b          term1b           term5a
    fsi              term12a          term1c           term5b
    mini             term12b          term1d           term5c
    poe              term13a          term2            term5d
    pts-0            term13b          term2a           term6a
    pts-1            term14a          term2b           term6b
    pts-2            term14b          term2c           term7a
    pts-3            term15a          term2d           term7b
    pts-4            term15b          term3a           term8a
    pts-5            term16a          term3b           term8b
    pts-6            term16b          term3c           term9a
    pts-7            term17a          term3d           term9b
    register         term17b          term4a           tty1
```

Create a Map for This TTY

Use this function to create a unique terminal map for the 'terminal name' or network address being used on the terminal.

Delete the Map for This TTY

Choose this option to delete the terminal map for the 'terminal name' or network address being used on the terminal. The system will ask for confirmation before it deletes the map. After the map is deleted, this terminal will then use the Default map.

```
         Delete Terminal Map for TTY  tty1

   Are Your Sure you Want to Delete This Map  [   ]  (YES,NO)
```

Copy to Other TTY(s)

This menu option is used to copy a terminal map into multiple existing terminal maps.

After selecting this option, a list of the existing terminal maps will be displayed, and a prompt for the terminal map (terminal name) for this map to be copied to will be displayed.

Enter in the name of the terminal map to be copied to. For example, to copy this terminal map to the terminal map term11a, enter 'term11a' in the displayed field. To copy this terminal map to the

```
                    C O P Y   T O   O T H E R   T T Y (s)

          Enter the Term Name You Wish to Copy to  [         ]

   Available TTYs(<F4>=next):
    DEFAULT          term10a           term18a           term4b
    SUDOS            term10b           term18b           term4c
    bill             term11a           term1a            term4d
    default          term11b           term1b            term5a
    fsi              term12a           term1c            term5b
    mini             term12b           term1d            term5c
    poe              term13a           term2             term5d
    pts-0            term13b           term2a            term6a
    pts-1            term14a           term2b            term6b
    pts-2            term14b           term2c            term7a
    pts-3            term15a           term2d            term7b
    pts-4            term15b           term3a            term8a
    pts-5            term16a           term3b            term8b
    pts-6            term16b           term3c            term9a
    pts-7            term17a           term3d            term9b
    register         term17b           term4a            tty1
```

terminal maps term11a and term11b, enter in the displayed field term11 and press enter. A prompt will be displayed 'Copy to term11a (Y/N)'. To copy this map to the map for term11a, press 'Y'. Then another prompt will be displayed, 'Copy to term11b (Y/N)'. Answer 'Y' again to copy this map to the map for term11b. After all matching maps for the entered value are found, the program will return to the 'Terminal Map Maintenance' menu.

Multi-Site Map

The 'Multi-Site Map' is used to enter in the unique properties for each site on a 'Multi-Site' system. The 'Multi-Site Map' option will only be available on the 'System Configuration' menu after the 'Multi-Site Software Module' has been installed in the Pharmacy Management System. This module is an optional software package available from FSI. For more information about this module, and the capabilities it adds to the Pharmacy Management System, please contact the FSI Sales Office at 800-333-0926.

```
     M U L T I - S I T E   M A P   M A I N T E N A N C E

          Your Terminal Map Site Number is 1

        Site ID   [SITE1 ]
      Site Name   [                        ]
      Address 1   [                        ]
      Address 2   [                        ]
           City   [                    ]
          State   [  ]
       Zip Code   [          ]
        Phone #   [            ]
      Directory   [/home/fsi/site1        ]

   If This Site is Not Correct for Your Location, Press the F10 Key
   to find the Correct Site Number.Then go to 'Terminal Map Maint'
   to Correct it.
```

Most of the fields on this screen are self explanatory, but some fields of note are:

<u>Site ID:</u>
Use this field to specify the number for this site's information. It is recommended to have this correspond to the 'sub-directory' used to store the unique files used in multi-site systems.

<u>Directory:</u>
Use this field to specify the directory where the specified sites files are located.

Dispensing Robot / Display Setup

This screen is accessed after entering on the first page of 'Multi-Site Map' amendments. This screen is used to specify the properties for the sites 'Dispensing Robot', and 'Script Ready Display' programs. This screen will only be displayed if a dispensing robot interface, or a 'script ready' display

```
    R O B O T / D I S P L A Y / I M P O R T / E X P O R T   S E T U P
                Your Terminal Map Site Number is 1
                Robot Version  [AP] (SP-ScriptPro,BX-Baxter,BC-BakerCell)
                                    (Automed:AF-FDS,A4-R400,A8-R800)
                                    (MK-McKesson,CS-Consis,FR-FtpRobot)
                                    (PX-Pyxis,AP-AsciiPOS,PA-PharmASSIST)
                                    (OC-OmniCell,sp-ScproN-1,mk-McKN-1)
                                    (PR-Parata)
           Require Cell/Bin #  [ ]  (Y,N)
           Use Drug Ext. ID #  [ ]  (1,2,Gpi)
          Script Ready Display [ ]  (FSI,TLX-TransLux,WINdows)
          Activate Auto Display [ ] (Y,N)
        Script1 Export Version [WSP] (WSP,EPIc)
        Script2 Export Version [ ]  (WSP,EPIc)
   Complete Data Export Version [ ] (MME,MOT)
       ADT/Script Import Version [ ] (PAMf)
         e-Refill Request Version [ ] (EPIc,EDIfact)
      Patient Query Update Version [ ] (KCJail)
          Real Time Billing Version [ ] (NXG)
      RelTim Clinical Records Vers [ ] (NXG)
                Change Settings  [ ]   (Must be 'YES' to Write Them)
         It is Crucial that this Setup be Absolutely Accurate. If You Do Not
         Know Exactly What You Are Doing, DO NOT Change These Settings.
```

interface has been installed in the Pharmacy Management System.

Robot Version:
Use this field to specify the manufacturer of the dispensing robot being used by this site. This has to match the interface programming installed by the FSI Technical Support Helpdesk on the pharmacy server. If no robot is installed, leave this field blank. A legend of the codes for this field, and the robot that code is used for is displayed on the screen. For more information on the robots supported by the FSI and the Pharmacy Management System, please contact the FSI Sales Office at 800-333-0926.

Require Cell/Bin #:
If a dispensing robot is installed for this site, and if that robot requires the Pharmacy Management System to tell the robot which cell or bin number the drug is in, place a 'Y' in this option.

Use Drug Ext. ID #:
This option is used to specify which 'External Drug ID' number to use from 'Drug Maintenance'. Only the 'Baxter/OptiFill' dispensing robot uses this option.

Script Ready Display:
Use this field to specify the version of 'Script Ready Display' being used at this site. The 'Script Ready Display' module is an optional software module offered by FSI to display to waiting patients when their prescriptions are ready. A legend of the available codes for this field, and the display manufacturer is shown on the screen.

For more information about this software module, or to purchase it, please contact the FSI Sales Office at 800-333-0926.

Activate Auto Display:
If the 'Script Ready Display' software module has been purchased and installed in the Pharmacy management System for this site, place a 'Y' in this field. Otherwise, leave this field blank, or set it to an 'N'.

Script Export Version:
This field is used to specify which export program version is to be used. Set this field to 'WSP' when the pharmacy has purchased the Wireless Signature Pad module or 'EPI' (EPIC) if the pharmacy is using the 'EPIC Hospital Interface' program.

Scr2 Export Version:
This field is used to specify a secondary export version.

Complete Data Export Version:
This field is used to specify which 'Complete Data Export' interface has been purchased. There are currently two 'Complete Data Export' interfaces available for the FSI Pharmacy Management System. For more information on these interfaces, please contact the Foundation Systems Sales Office at 800-333-0926.

ADT/Script Import Version:
Similar to the 'Complete Data Export', this field is used to specify which data import interface is to be used. This is an additional software purchase. For more information on this, please contact the Foundation Systems Sales Office at 800-333-0926.

e-Refill Request Version:
This field is used to specify which 'e-Refill' system is installed for the FSI Pharmacy Management System. This is an additional software purchase. Please contact the **Foundation Systems Sales Office** at **800-333-0926** for more information.

Patient Query Update Version:
This field is used to specify the version of 'Patient Query Update' interface version being used by the pharmacy. This is an additional software purchase. Please contact the **Foundation Systems Sales Office** at **800-333-0926** for more information.

Real Time Billing Version:
This field is used to specify the 'Real Time Billing' interface version being used by the pharmacy. This is an additional software purchase. Please contact the **Foundation Systems Sales Office** at **800-333-0926** for more information.

RelTim Clinical Records Vers:
This field is used to spedify the 'Real Time Clinical Records' interface version being used by the pharmacy. This is an additional software purchase. Please contact the **Foundation Systems Sales Office** at **800-333-0926** for more information.

Change Settings:
After making modifications to this screen, 'YES' must be entered in this field for the changes to be saved. It is Crucial that this Setup be Absolutely Accurate. If You Do Not Know Exactly What You Are Doing, DO NOT Change These Settings.

End Of Period Processing

This function/program is used to maintain optional special programs available from FSI. These programs are typically special interfaces, the 'auto' fax modules, and special nursing home label generation programs.

Depending on which programs are installed, other menu option will be displayed on the screen shown above. The sequence in which they have been installed will determine which menu number they are assigned.

```
          S P E C I A L / C U S T O M   P R O C E S S I N G

              1.   Print Tray Labels
              2.   Bubble Pack Program/Labels
              3.   Linux Auto Fax Doctor Interface
              4.   Pocket PC Wireless Signatures
              5.   Smart Shelf Will-Call System
              6.   Patient/Script Input Interface
              7.   Doctor-Pharmacy EDIFact Interface

                   Enter Your Choice.




       Shft F1 Activation
```

Exception File Maintenance

```
E X C E P T I O N S   M A I N T E N A N C E

        1.  Print Exceptions (byDate)
        2.  View An Exception (byRx#)
        3.  Edit An Exception (byRx#)
        4.  Delete An Exception (byRx#)
        5.  Delete Exceptions (byDate)
        6.  Delete All Exceptions

        Enter Your Choice
```

The 'Exception File Maintenance' utility program is used to maintain and print the exception records created when filling prescriptions, and, depending on some system configuration, file edits.

Before starting to use this program, 'Maintain Exceptions File' in 'Software Options' must be set to 'Y'. This will begin to record exceptions while prescriptions are filled and edited. In addition to the prescription exceptions, exceptions can be created by file edits as well. For this to take place, 'Write Exception On File Edit' in 'Software Options' must also be set to 'Y'.

In addition, since this program can be used to track file changes, a 'Software Option' exists that when enabled, prevents edits and deletions to the Exception File Maintenance database. The 'Software Option' is 'Inhibit Exception Edit' found on 'Page 8'. When this is set to 'Y', the menu options 4 – 6 will be disabled as shown here.

```
E X C E P T I O N S   M A I N T E N A N C E

        1.  Print Exceptions (byDate)
        2.  View An Exception (byRx#)
        3.  Edit An Exception (byRx#)

        Edit & Delete Functions Inhibited

        Enter Your Choice
```

Prescription Exceptions are written when the following activities take place; the prescription is deleted or un-deleted, discontinued or re-continued, a refill is cancelled, the prescription number is 'wasted', the prescription main or fill records are edited, a dispensing is reversed, or if the prescription is charged to a TP.

A prescription number is wasted when a prescription is started, and data has to be stored to the prescription number, but the prescription is not completed. Instances when this could happen would be if a DUR is entered, a 'short script note' is entered, a TAR is entered, a Multi-Line Rx note is entered, if a Drug-Disease Contra-Indication is entered, if the claim is rejected and aborted, or if the prescription is re-numbered.

Files that are monitored for edits when 'Write Exception On File Edit' is turned on are; the doctor file, drug file, sig file, insurance company file, pharmacist file, and technician file.

Print Exception (byDate)

```
P R I N T   E X C E P T I O N S

Enter the Beginning Date to Print :[09130720]  (mmddyycc)

''    ''    Ending Date to Print :[09130720]  (mmddyycc)

List Only Edits for Which File  [ ]  0-All Exceptions
                                     1-Only Edits, All Files
                                     2-Only Doctor Edits
                                     3-Only Drug Edits
                                     4-Only Insco Edits
                                     5-Only Pharmacist Edits
                                     6-Only Technician Edits
                                     7-Only Sig Edits
                                     8-Only Rx Exceptions
                                     9-Only Misinfo Edits

     Enter an Optional Record Number [     ]
```

Use this menu option to print the Exceptions by a date range.

After entering in the date range to print the desired exception records, specify the type of exceptions to be included on the report. Setting 'List only Edits for Which File' to '0' will list all exceptions for all files for the entered date range.

View an Exception (byRx#)

Use this menu option to view the information for a specific Rx number. If an exception is found, a screen similar to the following will be shown:

```
                    V I E W   A N   E X C E P T I O N
                 Enter the Script Number to View [      ]
```

The screen will display the Rx number, the date of the exception, the Date Filled, what the exception is & why it was created, who the pharmacist logged in was, who the technician logged in was (ia), and the time the exception was created.

```
   Rx #00000002      V I E W   A N   E X C E P T I O N

 Exc. Date  Fill Date  Exception                    Phrm  Tech   Time
 20 Jun 06  19 Jun 06  Rx Deleted                    FSI   K    10:08:08

                 Press Any Key to Continue.
```

Edit an Exception (byRx#)

Use this option to edit the exception record. This function might not be available depending on the settings in 'Software Options'. If this option is available, enter the Rx number for the exception to be edited. A screen similar to the following will be displayed:

Enter in the correct Exception type code. A list is shown to the right of the field, and pressing the 'F4' key will display the legend for those codes.

If the Exception code is 'W', the 'Rx # Waste' field will also have to be entered. A list of the valid codes is also displayed to the right of the field, and pressing the 'F5' key will display the legend for the 'Rx # Waste' reasons.

If the Exception code is 'M' or 'F', then the 'Rx # Waste' code should not be filled in, but the 'Edit Field' field has to be. For a list of the valid codes for this field, press the 'F6' key.

```
                 E D I T   A N   E X C E P T I O N
               Enter the Script Number to Edit [      ]
```

```
                 E D I T   A N   E X C E P T I O N
                     Rx #     00000002
                 Exc. Date   20 Jun 06
                 Fill Date   19 Jun 06
                 Pharmacist  FSI
                 Techician   K
                     Time    10:08

           Exception  [D]    (D,U,d,r,C,W,M,F,R,c)  F4-List Codes
                              Rx Deleted
           Rx # Waste  [ ]    (R,D,S,M,T,N)         F5-List Codes
           Edit Field  [0 ]                         F6-List Fields

        For Exception Code 'W', You Must Enter an 'Rx # Waste' Code.
        For Exception Codes 'M' & 'F', You Must Enter an 'Edit Field' #.
```

8.25.2

Delete an Exception (byRx#)

Use this option to delete the exception record. This function might not be available depending on the settings in 'Software Options'. If this option is available, enter the Rx number for the exception to be deleted. A screen similar to the following will be displayed:

```
              D E L E T E   A N   E X C E P T I O N

          Enter the Script Number to Delete  [       ]
```

If the exception is the correct one to be deleted, type 'YES'. After an exception is deleted from the Pharmacy Management System, it can not be re-entered without doing a restore. Use caution when using this utility.

```
              D E L E T E   A N   E X C E P T I O N

                    Rx #  00000002
               Exc. Date  20 Jun 06
               Fill Date  19 Jun 06
              Pharmacist  FSI
               Techician  K
                    Time  10:08
               Exception  Rx Deleted

      Are You Sure You Want to Delete This Exception  [   ]  (YES)
```

Delete Exceptions (byDate)

Use this option to delete ALL exceptions within a date range. This function might not be available depending on the settings in 'Software Options'.

If this option is available, enter in the beginning date and ending date, and after double-checking the dates, type in 'YES'. All exceptions found within the date range will be deleted from the Pharmacy Management System.

```
              D E L E T E   E X C E P T I O N S

   Enter the Beginning Date to Delete :[09130720]  (mmddyycc)

     ''    ''    Ending Date to Delete :[09130720]  (mmddyycc)

   Enter 'YES' to Confirm These Deletions  [   ]
```

Delete All Exceptions

Use this option to delete all of the exceptions from the Pharmacy Management System. A prompt to verify that this is what is to be done will be displayed. After deleting the exceptions, the only way to get them back will be do a restore. USE EXTREME CAUTION when using this option. When running this option, no report will be generated. To obtain a list of the exceptions prior to deleting them, use the 'Print Exceptions (byDate)' utility.

```
              D E L E T E   A L L   E X C E P T I O N S

   Are You Sure You Want to Delete All Exception Records  [   ]  (YES,xxx)
```

DUR Intervention System

```
D U R   I N T E R V E N T I O N   S Y S T E M

     1.  Manually Add/Amend DUR Intervention
     2.  Script Number Intervention Inquiry
     3.  List Interventions by Date Range
     4.  Erase Old Intervention Records
     5.  System Configuration

         Enter Your Choice.
```

The DUR Intervention System adds the ability to track and notate various interactions, contraindications etc. for prescriptions. It is based upon the industry model of 'conflict', 'intervention', and 'outcome'. The pharmacy system for a long time has had the ability to print DUR warnings (allergy, drug disease, duplicate therapy, and dose check) on labels or plain paper. This system allows you to associate notes relating to intervention and outcomes with these warning messages on a prescription basis.

Manually Add/Amend DUR Intervention

```
A D D / A M E N D   D U R   I N T E R V E N T I O N

Enter The Script Number for Intervention  [       ]
```

This function allows for the manual entry or amendments of DUR Interventions.

Upon the entry of a Script Number the following script information is displayed: (If the entered prescription number has multiple dispensings, the correct dispensing will have to be selected prior to this screen being displayed.)

When one of the DUR Functions listed above is selected a screen similar to the following will be displayed:

Note: The ADD INTERVENTION header will be followed by the function name that was selected (i.e. Drug Interaction, Drug Allergy/Sensitivity, Drug/Disease Contraindication, Duplication of Therapy, Dose Check Contraindication).

```
A D D / A M E N D   D U R   I N T E R V E N T I O N

          Patient    TEST PATIENT
               Rx    00000108
   Drug Presribed    PENICILLN VK 500MG TAB
           Doctor    DOCTOR,TEST
             Date    28 Jan 05
         Quantity    30
   Drug Dispensed    PENICILLN VK 500MG TAB

        I.  Drug Interaction
        A.  Drug Allergy/Sensitivity
        D.  Drug/Disease Contraindication
        P.  Duplicate Therapy
        S.  Dose Check Contraindication

            Enter the DUR Function.
```

The prescription information and intervention type will be displayed on the top of the screen, followed by the; conflict, intervention, and outcome fields. These fields are text fields, so anything can be entered into them. Enter in what the conflict, intervention, and outcomes are, and when finished, press the 'ENTER' key. After pressing 'ENTER', a prompt to verify that everything is correct will be displayed. If it is press 'Y'.

```
A D D   I N T E R V E N T I O N       Drug Interaction
  Pat TEST PATIENT  Rx 00000108  Date 28 Jan 05
  Doc DOCTOR,TEST  Qty 30  Drug PENICILLN VK 500MG TAB
Pharm [FSI] FOUNDATION SYSTE  Tech [K ] KREIG MERRELL    Date :[09130720]
Conflict:                                                        13 Sep 07
[                                                                          ]
[                                                                          ]
[                                                                          ]
[                                                                          ]
[                                                                          ]
[                                                                          ]
[                                                                          ]
[                                                                          ]
[                                                                          ]
 Intervention:
[                                                                          ]
[                                                                          ]
[                                                                          ]
 Outcome:
[                                                                          ]
[                                                                          ]
```

Script Number Intervention Inquiry

Use this function to view existing Intervention records. After entering the prescription number, the first intervention will be displayed. After reviewing it, press the 'ENTER' key, and the next intervention record will be displayed.

Note: Only one intervention type (dosage, drug interaction, etc.) can be displayed on the screen at a time.

```
        D U R   I N T E R V E N T I O N   I N Q U I R Y
          Enter The Script Number for Inqiry  [       ]
```

```
    D U R   I N T E R V E N T I O N        Drug Interaction
       Pat TEST PATIENT  Rx 00000108  Date 28 Jan 05  New
       Doc DOCTOR,TEST  Qty 30  Drug PENICILLN VK 500MG TAB
  Pharm FSI FOUNDATION SYSTE   Tech K KREIG MERRELL          13 Sep 07
 Conflict:
 DRUG INTERACTION INTERVENTION
 Intervention:
 DOCTOR CONTACTED, IS MONITORING
 Outcome:
 DISPENSED MEDICATION AS ORDERED.




         Press Any Key To Return to Menu.
```

List Interventions by Date Range

Use this function to print a list of the interventions by date range. After entering the beginning and ending dates press 'ENTER'. The dates will be displayed for verification, if the dates are correct press 'Y'. The list will then be printed. The report will include the 'DUR Type', Intervention Date', Pharmacists Initials, Technician Initials, Rx Number, Rx Date, Refill Number, Rx Quantity, Drug Name-Form-Strength-Mfg, Doctor name, Conflict message, Intervention message, and Outcome message.

```
        D U R   I N T E R V E N T I O N   L I S T
     Enter Starting Date :[09070720]  (mmddyycc)

             Ending Date :[09130720]     ''
```

Erase Old Intervention Records

Use this option to erase the 'old' interventions from the Pharmacy Management System.

Enter in the date to delete all records entered prior to. After entering the date, the date will be displayed, and a field to confirm will be displayed.

```
     E R A S E   O L D   D U R   I N T E R V E N T I O N S
         Prior to What Date :[       ] (mmddyycc)


    Make Sure No One Enters Any DUR Interventions While You Do This.

          This Process May Take a Few Minutes.
```

If the date is correct, enter 'YES' in the field. The DUR's will then be deleted. After the program completes, the 'DUR Intervention System' menu will be displayed.

Note: It is strongly encouraged to have a successful backup prior to running any utility or program that is designed to delete mass amounts of data. For more information on doing backups, or how to verify that backups have been run on the Pharmacy Management System, contact the FSI Technical Support Helpdesk at 801-785-7720.

System Configuration

Use this function to configure the properties of when to write intervention records, and other DUR System properties.

Write Intervention if…:
Use these 5 options to determine whether an interaction should be written when there is a drug interaction, drug allergy warning, drug-disease contra-indication, therapeutic duplication warning, or a dosage warning. Set the appropriate fields to 'Y' for an intervention record to be written, or 'N' if no intervention record is to be written.

```
        D U R   I N T E R V E N T I O N   C O N F I G U R A T I O N

        Write Intervention if Drug Interactions  [Y]  (Y,N)
             ''            ''    ''  ''    Allergy  [Y]
             ''            ''    '' Drug Disease Contra  [Y]
             ''            ''    '' Duplicate Therapy  [Y]
             ''            ''    '' Dose Check Contra  [Y]

        Transfer Notes in From Drug Interactions  [N]  (Y,N)
             ''      ''  ''  ''  ''      Allergies  [N]
             ''      ''  ''  ''      Drug Disease  [N]
             ''      ''  ''  '' Duplicate Therapy  [N]
             ''      ''  ''  ''      Dose Check  [N]

        Auto Print DUR Interventions at End of Log  [N]  (Y,N,A)
        Write Conflict Without Intervention or Outcome  [Y]
        Activate DUR Intervent Review During Refills  [N]
```

Transfer Notes in From…:
Use these 5 options to determine whether the notes should be transferred in from an interaction, to the intervention. When the appropriate option is set to 'Y', the information shown during the prescription pathway will be copied into the 'conflict' field of the intervention record. Set this field to 'N' to not have the interaction information copied into the intervention record.

Note: When these options are set to 'N', if no data is entered into the intervention while processing the prescription, the intervention will not be saved.

Auto Print DUR Interventions at End of Log:
Use this option to set whether the DUR's should be printed at the end of a Log of Scripts. Setting this option to 'Y' will cause the DUR's to be printed automatically, whereas, setting this option to 'A' will cause the prompt 'Do You Wish to Print DUR Interventions? (Y,N)' to be displayed following the Log of Scripts being printed. Answer 'Y' to print the DUR's or 'N' to not print the DUR's.

Note: Printing the DUR's following a Log of Scripts will print all DUR's within the same date range the Log of Scripts was printed for.

Write Conflict Without Intervention or Outcome:
Setting this option to 'Y' will allow an intervention record to be written without the 'intervention' and 'outcome' fields being entered. When this option is set to 'N', if no 'intervention' and 'outcome' information is entered for the intervention record, the following message will be displayed:

'No Intervention or Outcome Entered? Is The Above Correct? (Y,N)'

If 'Y' is answered to this message, the program will return to the prescription pathway. The DUR intervention WILL NOT be saved.

Activate DUR Intervent Review During Refills:
When this option is set to 'Y', if a DUR Intervention is on file, the DUR information will be displayed during the refill process.

Email System

This program has been designed to allow pharmacies that have Internet access on their Pharmacy Management System server to email from within the Pharmacy Management System. This email program supports most email formats, but does not handle attachments.

```
              F S I   E M A I L   S Y S T E M
Account: Setup Account

1. Create Mail
2. Receive Mail
3. Sent Mail 0
4. Inbox 0
5. Old Mail 0
6. Select/Add Accnt.
7. Account Setup
8. Enter Doctor Email Note
   Enter Your Choice
```

Create Mail

This utility is used to write email.

Enter in the address the email is to be sent to, and the subject for the email. After entering in the address and subject, press `Enter` or `Tab` from the 'Subject' line, and the first 12 lines of message area will be displayed.

Type the message to be emailed. If all 12 lines are filled, 2 more lines will be displayed. This procedure will continue until the entire message is entered. When the message is entered, press either `F4` to scroll backwards to review the message, or press `F2` to send the message. Pressing `F1` will abort the message, and return to the main 'FSI Email System' menu.

```
              F S I   E M A I L   S Y S T E M
      To: [                                        ]
  Subject: [                                        ]




                                              



  F3-Doctor Srch.  F4-Patient Srch.
```
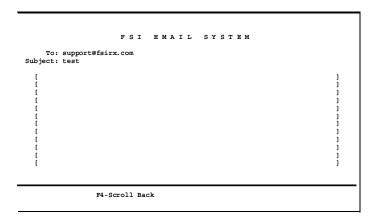
Some functions of note are:

`F2`:
Use this function key to send the message upon completion of entering the desired message.

`F3`:
When entering the 'Create Main' function, pressing `F3` will allow an email address to be selected from the doctor file. For this function to work, an email address has to be entered for the selected doctor. If the selected doctor has no email address entered, a message will be displayed in the bottom left corner of the screen 'Doctor has No Email Address'.

```
              F S I   E M A I L   S Y S T E M
      To: support@fsirx.com
  Subject: test

  [                                              ]
  [                                              ]
  [                                              ]
  [                                              ]
  [                                              ]
  [                                              ]
  [                                              ]
  [                                              ]
  [                                              ]
  [                                              ]
  [                                              ]


         F4-Scroll Back
```

`F4`:
This function key has multiple uses depending on where in the 'Email System' program it is pressed. When entering the email address to send to, pressing `F4` will allow an email address to be selected from the patient's profile. For this function to work, an email address has to be entered for the selected patient. If no email address has been entered for the selected patient, a message will display in the bottom left corner of the screen 'Patient Has No Email'.

Pressing `F4` while entered in the message will scroll the displayed message lines back 1 line at a time. This allows the message to be reviewed and modified before sending.

Receive Mail
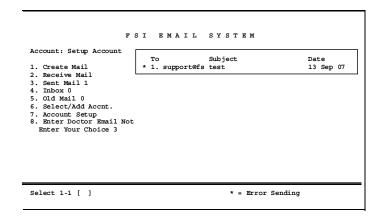
This function, when selected, will download any new email for the current account. The current account is displayed above the 'Email System' menu.

Sent Mail

This function allows previously sent messages to be viewed, edited, and forwarded to another email address.

After selecting 'Sent Mail' a box will display to the right of the menu showing the sent emails. Enter the number for the email to be accessed.

Note: If an * is shown to the left of the # of the email, an error was encountered when attempting to send the email.

```
                    F S I   E M A I L   S Y S T E M

Account: Setup Account      ┌────────────────────────────────────┐
                            │   To          Subject        Date  │
1. Create Mail              │ * 1. support@fs test         13 Sep 07 │
2. Receive Mail             └────────────────────────────────────┘
3. Sent Mail 1
4. Inbox 0
5. Old Mail 0
6. Select/Add Accnt.
7. Account Setup
8. Enter Doctor Email Not
   Enter Your Choice 3



─────────────────────────────────────────────────────────────────
Select 1-1 [  ]                              * = Error Sending
```

After entering in the email number, the email will be displayed, similar to the above. Some functions of note are discussed below.

F3 - Delete Mail:
Pressing the 'F3' key will delete the displayed email message from the 'Sent Mail' folder. This function will not delete the message from the recipients email.
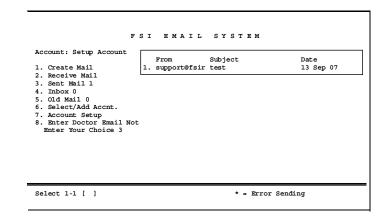
F5 - Forward Mail:
Pressing the 'F5' key will allow the displayed email to be forwarded to another email address. After pressing 'F5', the address screen shown previously in this section will be displayed. Enter in the email address, or use the search options to 'lookup' the email address for doctors or patients.

Inbox

This function is used to view the new emails in the current account's 'Inbox'. The displayed messages can be viewed, deleted, and forwarded. A 'new' email is a received email that has not been 'opened' yet.

To view an email, enter in the # to the left of the desired email message. The first 12 lines of the message will be displayed on the screen, along with the email address the message was sent from, and the subject for the email.

```
                    F S I   E M A I L   S Y S T E M

Account: Setup Account      ┌────────────────────────────────────┐
                            │   From        Subject        Date  │
1. Create Mail              │ 1. support@fsir test         13 Sep 07 │
2. Receive Mail             └────────────────────────────────────┘
3. Sent Mail 1
4. Inbox 0
5. Old Mail 0
6. Select/Add Accnt.
7. Account Setup
8. Enter Doctor Email Not
   Enter Your Choice 3



─────────────────────────────────────────────────────────────────
Select 1-1 [  ]                              * = Error Sending
```

Use the Enter key to scroll through the message, us the F4 key to scroll backwards through the message. Press the F3 key to delete the message, and press F5 to forward the message to another email address. Press F1 to back out of the message. The message will be saved in the 'Old Mail' folder for later viewing.

Old Mail

The 'Old Mail' folder stores email messages that have been opened in the Inbox, but that have not yet been deleted. Email messages can still be opened, forwarded, and deleted from the 'Old Mail' folder.

Select/Add Account

The 'FSI Email System' allows for multiple accounts to be setup within the system. Use this function to specify which account to work with. After selecting this option, a list of the installed accounts will be displayed.

Select the appropriate account by entering in the number shown to the left of the account name.

Note: For support purposes, the email accounts shown in the sample screen above are required

```
              F S I   E M A I L   S Y S T E M

Account: Setup Account
                         Name         Description
1. Create Mail          1. fsiinfo      FSI Information
2. Receive Mail         2. notsetup     Setup Account
3. Sent Mail 1          3. updbeta      FSI Critical Updates
4. Inbox 0              4. updchar      FSI Information
5. Old Mail 0           5. upddelta     FSI Critical Updates
6. Select/Add Accnt.
7. Account Setup
8. Enter Doctor Email Note
   Enter Your Choice 6



Select 1-5 [  ]  F3-Add Account
```

accounts maintained by FSI. These accounts cannot be deleted or modified. Additional accounts can be added to the FSI Email System for the pharmacy's use.

F3 - Add Account:

By pressing the F3 key, new accounts can be installed into the FSI Email System. Enter in the appropriate information, and be sure to set 'Save Changes to a 'Y' when finished. For assistance with installing an existing

email account into the FSI Email System, get the 'SMTP Server address', 'POP3 Server Address', 'Account Password', 'Account User Name', and 'Email Address'. With all of the previously listed information, contact the FSI Technical Support Helpdesk at 801-785-7720 for assistance.

Account Setup

This function is used to make changes to existing email accounts within the FSI Email System.

It is recommended to contact the FSI Technical Support Helpdesk at 801-785-7720 for assistance.

```
              F S I   E M A I L   S Y S T E M

Account:

1. Create Mail       ┌─────────────────────────────────────────────┐
2. Receive Mail      │ Contact your ISP for Account Information     │
3. Sent Mail 0       │    Description [              ]              │
4. Inbox 0           │      User Name [             ]              │
5. Old Mail 0        │    SMTP Server [                ]           │
6. Select/Add Accnt. │    POP3 Server [                ]           │
7. Account Setup     │       Password [             ]              │
8. Enter Doctor Email│  Email Address [                          ] │
   Enter Your Choice 6│ Default Account [ ]  Del. Mail From Server [ ]│
                     │ Number Of Day's [100] To Keep Sent Mail Records│
                     │ Number Of Day's [380] To Keep Received Mail Records│
                     │ Auto Check Email [N]   Save Changes   [N]   │
                     └─────────────────────────────────────────────┘

You Cannot Leave SMTP or POP Servers Blank.
```

Enter Doctor Email Note

Use this function to enter in a note to be included in 'Email Refill Requests'. This note will be used on all refill requests emailed.

```
              F S I   E M A I L   S Y S T E M

  This Note Will be Included on Doctor Email Refill Requests.

[                                                           ]

[                                                           ]
```

Patient Mail Order Records

```
M A I L   O R D E R   R E C O R D   M A I N T E N A N C E

            1.   Additions
            2.   Amendments
            3.   List
            4.   Delete an Entry

            Enter Your Choice
```

A record system for mail order information has been created to store two names & address lines, credit card information, etc. that is useful for mailing prescriptions. The 2nd Generation laser label program can print items. Patients may be linked to these records by using the Shift F5 key press while in 'Patient Amendments'.

Additions

Use this function to create a 'Mail Order' profile for a patient. When adding a profile in this manner, the patient will not automatically be linked to the mail order profile.

After entering in the appropriate fields, press Enter to save the information. After pressing enter the screen will clear to allow the entry of another new mail order record. After entering all new records, press the F1 key on a blank profile to abort to the 'Mail Order Record Maintenance' menu.

```
M A I L   O R D E R   R E C O R D   A D D I T I O N S

           Name  [                    ]  (Last,First)
         c/o Name  [                    ]
          Address  [                    ]
      2nd Address  [                    ]
             City  [              ]
            State  [ ]  Zip  [          ]
      Credit Card #  [                ]
       CC Exp Date  [        ]
    Shipping Method  [      ]
      Instructions  [                    ]
        Misc. Note  [                              ]
           Deleted  [ ]
```

When adding the mail order records through this menu function, the patient will have to be linked to the mail order record. To accomplish this, pull up the appropriate patient, and go into 'Patient Amendments'. From the first screen of the amendments, press 'Shift+F5'. This will bring up the patient's mail order profile. If the patient formerly had no link to a mail order profile, the program will go into 'Mail Order Record Additions' automatically.

Since a profile has already been added for the patient, press the 'F3' key to 'Search for an Existing Record' as prompted on the bottom of the 'Mail Order Record Additions' screen.

```
M A I L   O R D E R   R E C O R D   A D D I T I O N S

           Name  [PATIENT,TEST2        ]  (Last,First)
         c/o Name  [                    ]
          Address  [3283 ALEXANDRIA LANE  ]
      2nd Address  [                    ]
             City  [P.G.          ]
            State  [UT]  Zip  [84042     ]
      Credit Card #  [                ]
       CC Exp Date  [        ]
    Shipping Method  [      ]
      Instructions  [                    ]
        Misc. Note  [                              ]
           Deleted  [ ]

       Patient has no Current Mail Order Record.
       Complete this screen and Press <Enter>
                        OR
   Press <F1> to Abort, <F3> to Search for an Existing Record.
```

After pressing 'F3', enter in the name used to add the mail order record, and press 'ENTER'. A list of the first 9 matches will be displayed. If the appropriate mail order record is shown, press the corresponding number displayed to the left of the name. If the appropriate mail order record is not shown, and more than 9 matches were found, press 'M' to show more, or press 'R' to re-enter the name to be searched for.

After selecting the appropriate mail order record, the program will return the patients profile, on the 'Mail Order Record Amendments' screen. Make any necessary changes, and press enter to save. This will link the patient to the mail order record. From this point, press the 'F1' key to abort from the patient amendments.

Amendments:

Use this function to make changes to mail order records that are already on file. Accessing the mail order record from patient amendments can also be used to make the changes.

```
         M A I L   O R D E R   R E C O R D   A M E N D M E N T S

              Name  [PATIENT,TEST          ]  (Last,First)
            c/o Name  [                     ]
            Address  [15 N. STATE STREET    ]
          2nd Address  [                     ]
                City  [LINDON               ]
               State  [UT]  Zip  [84042     ]
        Credit Card #  [                     ]
          CC Exp Date  [         ]
      Shipping Method  [        ]
         Instructions  [                     ]
           Misc. Note  [                                    ]
             Deleted  [ ]



              Press <F2> to Print 1 inch Address Label
       CAUTION!  This record may be used by other patients.
              If WRONG, <F3> Search, may be more appropriate than changing.
```

List

Use this function to print a list of all mail order records. After selecting this option, the following screen will be displayed:

If the printer is ready, answer 'Y' and the list will begin printing, if not then answer 'N', the function will be aborted, and the previous menu will be displayed.

```
         M A I L   O R D E R   R E C O R D   L I S T S


              Is The Printer Ready? (Y,N)
```

Delete an Entry

Use this function to delete mail order records.

```
      M A I L   O R D E R   R E C O R D   D E L E T I O N S

   PATIENT,TEST
   15 N. STATE STREET

   LINDON, UT  84042

   Is This The One You Wish to Delete? (Y,N)
```

Script Drug Check / Rdy Display

This utility program serves a dual function. The first, 'Script Drug Check', is used to verify the drug dispensed in the Pharmacy Management System is the same as the drug bottle used to fill the prescription. This is done typically by scanning barcodes (prescription number) printed on the label (laser printer & font card required) followed by the drug bottle, but manual entry of this data can be used.

Shown here is an example of the 'Script Drug Check / Rdy Display' screen:

At this prompt, type or scan the prescription number. If the number was manually keyed in, press Enter to load the prescription. If the number was scanned from a barcode, the prescription should be loaded automatically. The following will display:

At this prompt, enter or scan the NDC or UPC from the drug bottle. If the number was entered manually, press Enter to process the check, if the NDC/UPC was scanned, the check will be processed automatically. One of the two following screens will be displayed:

The following is an example of a 'Script Drug Check' when the Rx NDC matches the drug bottle NDC.

If the Rx NDC and the Drug Bottle NDC match, the program will display the match for 5 seconds and then return to the prompt to enter the prescription number. This allows the person processing the verification to continue without any additional input.

Alternatively, the following is an example of a 'Script Drug Check' when the Rx NDC DOES NOT match the drug bottle NDC.

If the Rx NDC and the Drug bottle NDC do not match, a prompt to press the 'ESC' key will be displayed. The program will not proceed until this key is pressed as an acknowledgement to the 'NDC Mismatch'.

NOTE: Because not all drug manufacturers use the same UPC format, a special scanner is required to be able to scan drug bottles with any

```
                    S C R I P T   D R U G   C H E C K

            Enter/Scan The Script Number to Check  [           ]
```

```
                    S C R I P T   D R U G   C H E C K

            Patient  PATIENT,TEST
               Rx #  00000108  Dispensed  28 Jan 05
               Drug  PENICILLN VK 500MG TAB GENEV
            Quantity 30

            Imprint  tablet oblong scored off-white film-coated
                     (PVK  500)(GG  950)

       Enter/Scan The Drug NDC/UPC From Bottle  [            ] F7-Skip
                        NDC  00781165510




        Current NDC Verifying Tech:  K - KREIG MERRELL
```

```
                    S C R I P T   D R U G   C H E C K

            Patient  PATIENT,TEST
               Rx #  00000108  Dispensed  28 Jan 05
               Drug  PENICILLN VK 500MG TAB GENEV
            Quantity 30


              ┌──────────────────────────────┐
              │    Rx NDC Matches Bottle NDC   │
              │                                │
              └──────────────────────────────┘
```

```
                    S C R I P T   D R U G   C H E C K

            Patient  PATIENT,TEST
               Rx #  00000108  Dispensed  28 Jan 05
               Drug  PENICILLN VK 500MG TAB GENEV
            Quantity 30


              ┌──────────────────────────────┐
              │   Rx NDC / Bottle NDC Mismatch │
              │                                │
              └──────────────────────────────┘

            Bottle NDC  00078116510
                  Drug  Unknown Drug/Not Found
       Press ESC to Continue.
```

degree of accuracy. For more information about this scanner, or to purchase, please contact the **FSI Sales Office** at **800-333-0926**.

Additionally, if the 'Script Ready Display' software module has been purchased and installed into the Pharmacy Management System, after checking the drug with the 'Script Drug Check', the prescription will be transferred to the 'Script Ready Display' as being ready to be picked up. For more information about this software module, or to purchase, please contact the **FSI Sales Office** at **800-333-0926**.

Script Drug Fill Check

This utility program is used to serve a workflow function of recording that the prescription has been filled.

If the FSI 'Graphical Verification System' has been purchased and installed, and correctly configured on your system for this or any terminal, an additional graphical verification screen can be displayed allowing the operator to see a picture of the medication and of the hard copy.

```
                     F I L L   D I S P E N S I N G



        Enter Rx Number to Fill [       ]








       'Filling' Tech:  K - KREIG MERRELL   <F5> to change
```

After selecting this menu option, the screen shown above will be displayed. Enter the prescription number to be recorded as being filled, either manually by typing it in, or if the terminal is equipped with a barcode scanner, and a barcode is printed on the label, it may be scanned to enter in the prescription number.

Next, the screen shown here will be displayed. The name of the patient, the prescription number entered, the date of dispensing, the drug/strength/form/manufacturer, prescription quantity, the imprint information for the medication and the NDC number will be displayed. This is for systems trying to use this utility program that have not purchased the FSI 'Graphical Verification System'.

If the information on this screen is correct, and the prescription has been filled, record it as being filled by entering either the prescription # (either by manual entry or by scanning the barcode) or by entering 'YES'.

```
          F I L L   D I S P E N S I N G
   Patient  PATIENT,TEST
     Rx #  00000108  Dispensed  28 Jan 05
     Drug  PENICILLN VK 500MG TAB GENEV
  Quantity  30

   Imprint  tablet oblong scored off-white film-coated
            (PVK  500)(GG  950)

      NDC  00781165510

  Mark as 'Filled' [        ]  (Rx#,YES,CLEAR)
                               F4-Edit Script
                               F5-Change Filling Tech
                               F7-Skip


   Current Filling Tech:  K - KREIG MERRELL
```

Three additional functions are available on this screen and they are discussed below.

F4 – Edit Script

If the information on this screen is not correct, pressing F4 will take the operator to the 'Script Edit' program allowing the prescription to be reversed (if billed to a third party), edited, rebilled, and finally returning the the 'Script Drug Fill Check' program to be recorded as filled.

F5 – Change Filling Tech

If the 'Current Filling Tech' as displayed on the bottom of the screen is not the technician using this terminal, pressing the F5 key allows the correct technician to sign in so that the correct user initials are recorded in the dispensing record of the prescription.

F7 - Skip

Pressing the F7 key skips recording this prescription as filled. This might be useful if other processes still need to be done to this prescription before it is to be recorded as filled, or if the information on the prescription is not

accurate, but the operator doing the filling is not the operator to correct the prescription in 'Script Edit'.

Delivery Tracking System

```
           D E L I V E R Y   T R A C K I N G   S Y S T E M

                1. Create/Print List(Obsolete)
                2. Add Rx to Route
                3. Print Lists By Route
                4. Print Lists By Sequence(Obsolete)
                5. Print List of All Scripts
                6. Clear Rx Delivery Flags
                7. Print,Export,&Clear Del Log
                8. Export Route to Wireless Sign
                9. Re-Index Delivery Files

                <F7>  Separate Patients off
                <F8>  'By Route' Duplicate off

                Enter Your Choice
```

The Delivery Tracking System creates and prints logs to track prescriptions that are to be delivered. The logs may be printed by route code, in order of entry, or a complete log of all prescriptions to be delivered.

Prescriptions may be entered into the 'Delivery Tracking System' one of two ways. The first way is to send the prescription to the Delivery System at the time of fill. To do so, specify at the Verify Script screen at the end of the Script Pathway with a 'D'. For example:

The 'D' can be manually entered on the screen shown above, or if in 'Patient Amendments' the patients 'Delivery Route' is set to anything, the 'D' will be set automatically on the screen shown above.

```
TEST PATIENT B.15 Nov 65 Age.39   TEST TPAR INSURANC Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
                                    Charge  15.87   Cost   11.37
000108          5 Refills Before 01/28/06n 05   MFG: GENEV
TEST PATIENT                        Usage 0 Since 11/02/04
                                    SOH 0
                                    Dr Fax # 785-2966
                                    Dr # 222 4444 222 4445

30   PENICILIN VK 500MG TAB  GENEV
Dr TEST DOCTOR           Unk        exp01/28/06


    Verify That Everything is Correct. And Enter the
    Appropriate Selections [      ]  Multiple Selections Allowed.

    F1  Start Script Over       D   Mark for Delivery
    F8  Back Up to Make Changes E   Filled Elsewhere
    Y   Accept As Is            N   Not Filled (Yet)
    B   Online 'Bill Later'     G   Discharge Med
    C   Print a Care Claim      I   Incomplete (Partial)
    P   Send to P.O.S.          1   One Year Rx Expiry
    R   NOT Refill Reminder
```

The patient's prescription information will be sent to the Delivery Tracking System, along with any delivery route code that is specified in the patient's amendments.

The second way is to add the prescription to the delivery log manually using the 'Add Rx to Route' option on the main 'Delivery Tracking System' menu. This will be covered later in this section.

Create/Print List

```
            C R E A T E / P R I N T   L I S T

    Enter Heading (Route, Driver, etc.) [               ]
                        Route Code [  ] (Optional)
```

If a prescription was not added to the Delivery System at the time of fill, it may be added to the system using this process.

Enter a heading to print on the log, and if you wish to print the log for a particular route, specify that route. After the heading and route information has been entered, the system will ask if the heading is correct. Press 'Y' to continue.

You will be prompted to enter the number for each prescription that will be delivered. As each number is entered, the drug, patient, route, address, doctor, and amount due will appear on the screen. Indicate that the information is correct, and the prescription will be added to the log. When all of the desired prescription numbers have been added to the log, press enter with no prescription number in the prescription number field. You will be asked to indicate if the log is complete. Answer 'Y' if finished, and the log will print.

```
              A D D   R x   t o   R O U T E

                    OREM DELIVERY

            Enter Script Number to Log   [108    ]

        Rx #  00000108
        Drug  PENICILLN VK 500MG TAB  (GEN)
      Patient  TEST PATIENT               Route
      Address  15 N. STATE STREET  LINDON, UT 84042
       Doctor  TEST DOCTOR
      Amt Due  $     15.87

               Correct (Y/N)?
```

Add Rx to Route

This option is useful to add scripts to delivery that were omitted during the script pathway.

After entering the prescription number, press 'ENTER', and the prescription data will display on the screen:

If the correct prescription information displays, and the amount due for the prescription is correct, answer 'Y'. The prescription will be added to the 'Delivery Tracking System' and the 'Delivery' status will be set on the 'Rx Status' menu for that prescription.

After adding all of the prescriptions to be added, press 'ENTER' on a blank 'Enter Script Number to Log' field, and a prompt for 'End of Log' will appear. If there are no additional scripts to add, answer 'Y'. This will not print the log, but will return to the 'Delivery Tracking System' menu.

Print Lists by Route

Using this option, a list may be printed by the route codes setup within the patient's profiles.

Enter in the route code in the field, and the list will be printed. Alternately, 'al' may be entered in the field to print a delivery list for all prescriptions within the 'Delivery Tracking System'.

It is recommended to follow-up on the deliveries using the 'Clear Rx Deliver Flags' option discussed later in this chapter. This option will clear the delivery flags set in the 'Rx Status' menu for each prescription.

```
              P R I N T   L I S T   b y   R O U T E

          Enter Route Code to Print  [ ]  (al=ALL,bl=blank)

          Enter 'PL' for Packing List  [ ]  (PL Header-No Price)

    Rt   Rxs
           2
    4      2
```

Print Lists by Sequence

This option in the 'Delivery Tracking System' is obsolete and has been removed from the program. If this menu option is selected the program will go to 'Print List of All Scripts' as an alternative. This menu option will be re-used by new programming in a future update.

Print List of All Scripts

As the name implies, this option prints all prescriptions that are marked for delivery.

If the printer is ready, press 'ENTER', and the list will start printing.

```
P R I N T   L I S T   A L L   S C R I P T S
       Press Any Key to Start Printing
```

Clear Rx Delivery Flags

As prescriptions are added to the delivery file and then printed, they are flagged as being 'In Delivery' status. After the prescriptions are delivered to the patient, the prescriptions need to be removed from the delivery file and the status flags need to be cleared. Using this option, you may clear the delivery records by sequence number, route code, script number, date range, or all prescriptions from the file.

```
C L E A R   D E L I V E R Y   F L A G S

        1. Clear by Sequence Number
        2. Clear by Route Code
        3. Clear by Script Number
        4. Clear by Date Range
        5. Clear ALL

        Enter Your Choice


   These Options will erase the delivery records from the Delivery
   Log File and clear the 'Delivery Flag' for the associated
   Scripts in the Script File.
```

Clear by Sequence Number

Use this function to clear the delivery logs by sequence number.

Enter in the sequence number that is printed on the top of the delivery log printed by using option 1 "Create/Print List' on the main 'Delivery Tracking System' menu. This will clear the delivery log and will also clear the 'Delivery' status on the 'Rx Status' menu.

```
C L E A R   D E L I V E R Y   F L A G S   by   S E Q U E N C E   #
        Clear Delivery Flags for Sequence # [      ]
```

Clear by Route Code

Use this function to clear all scripts from the Delivery Tracking System by a route code.

Enter the route code, and press 'ENTER'. When the program is finished, in the bottom left corner of the screen, it will indicate the number of prescriptions whose 'Delivery' status was cleared.

```
C L E A R   D E L I V E R Y   F L A G S   by   R O U T E
        Clear Delivery Flags for Route  [  ] ('bl' = blank)
```

8.31.3

Clear by Script Numbers

Use this function to clear the delivery logs by a prescription number range.

Enter the beginning and ending prescription numbers, and press 'ENTER'. When the program is finished, in the bottom left corner of the screen, it will indicate the number of prescriptions whose 'Delivery' status was cleared.

```
C L E A R   D E L I V E R Y   F L A G S   by   S C R I P T   #

            Enter Beginning Script # [        ]

                  Ending Script # [        ]
```

Clear by Date Range

Use this function to clear the delivery logs by a date range.

Enter the beginning and ending dates, and press 'ENTER'. When the program is finished, in the bottom left corner of the screen, it will indicate the number of prescriptions whose 'Delivery' status was cleared.

```
C L E A R   D E L I V E R Y   F L A G S   by   D A T E   R A N G E

          Enter Beginning Date :[        ]   (mmddyycc)

                  Ending Date :[        ]
```

Clear ALL

Use this function to clear ALL prescriptions in the delivery file.

The user will be prompted to type 'YES' in the field to confirm. This cannot be undone.

```
C L E A R   D E L I V E R Y   F L A G S   for   A L L   S C R I P T S

                  Enter 'YES' to Confirm [   ]
```

Print,Export,&Clear Del Log

The ' Print,Export,&Clear' utility has been designed to print a delivery log, then export the data from the delivery file into an ascii text file called 'delex.dat', and clear the delivery files.

The user will be prompted to type 'YES' in the field to confirm. This cannot be undone. The exported file contains the patients name, patient address, patient city, patient state, patient zip, patient phone number, pharmacy name, pharmacy address, pharmacy city, pharmacy state, pharmacy address,

```
P R I N T - E X P O R T - C L E A R

This Function will Print a Delivery LOG, Create an Electronic
Delivery Export File Called 'delexnn.dat', and Clear Out the
Current Delivery File.

          Enter Route Code [ ]  (Leave Blank for All Routes)

     Put Route in Tracking # [ ]  (Y,N)

Enter 'YES' to Confirm this [   ]
```

pharmacy phone number, and patient c.o.d amount.

Export Route to Wireless Sign

```
          E X P O R T   R O U T E   T O   W S P

     Enter Route Code to Export  [  ] (al=ALL)

      Enter Pocket PC Host Name  [test2  ] (wspxxx)
       Delete Exported Scripts?  [ ]

Rt  Rxs
     2
4    2
```

This menu option of the 'Delivery Tracking System' is used to transmit prescription to a hand held wireless (mobile) signature pad. The model of hand held wireless signature pads currently supported by the FSI 'Pharmacy Management System' is the HP Ipaq and the Dell Axim.

Note: These devices requires the FSI Signature program to be installed on them as well as connectivity to a wireless network. Devices not purchased from FSI may be subject to additional technical support fees.

To export the prescriptions to be delivered and signed for on the wireless signature pad, select menu option '8. Export Route to Wireless Sign'. The screen shown above will be displayed. Enter the code of the route whose prescriptions are to be exported to the wireless signature pad, or enter 'al' for All delivery prescriptions. Enter the hostname of the wireless signature pad to receive the prescriptions and specify if the prescriptions are to be deleted from the 'Delivery Tracking System'.

Enter Route Code to Export:
Enter in the route code from the list displayed on the screen for the prescriptions to be exported to the wireless signature pad. Alternatively, enter 'al' to export all delivery prescriptions regardless of which route they are marked for.

Enter Pocket PC Host Name:
This field is used to specify the 'hostname' of the wireless signature pad the prescription data is to be exported to. This hostname is assigned by FSI at time of installation and orientation on the 'Wireless Signature Pad'. The hostname is typically 'wsp' and the number of the last segment of the wireless signature pads static network IP address.

Delete Exported Scripts:
Mark this field to 'Y' to have the prescriptions that are exported to the wireless signature pad be deleted from the 'Delivery Tracking System'.

Re-Index Delivery Files

This option is used to rebuild the 'index' files used by the FSI programming to access the data used within the 'Delivery Tracking System'.

Upon pressing this menu option, the index will be immediately rebuilt. There will be no display or indication on the screen, other than a 'flicker' of the screen.

<F7> Separate Patients

This function is used to separate the delivery logs by patient. This is a 'toggle' function. Pressing the 'F7' ' key will toggle between 'ON' and 'off'.

<F8> 'By Route' Duplicate

This function is used to print duplicate copies of the 'Delivery Log' automatically. This is a 'toggle' function.
Pressing the 'F8' key will toggle between 'off' and 'ON'.

Task Alert Edit

The 'Task Alert Edit' program has been
implemented into the FSI 'Pharmacy Management
System' to be used as a general purpose reminder
program that can be used to alert all or a single
workstation to perform a task.

Up to eight reminders may be configured in the
'Task Alert Edit' program. Select the reminder to
be configured.

The screen shown here will be displayed:

Each of the enterable fields are discussed below.

Task Name:
Enter in the name or description for this reminder.

Start Date Range:
Enter the beginning date for the date this reminder
is to start.

End Date Range:
Enter the ending date for this reminder. If this is a
repeating reminder with no ending date, just leave
this field empty.

```
           E D I T   T A S K   L I S T

   Task Name                  Due Date              Start Date
                              Time                  End Date

1  SEND CONTROLLED SUBSTANCE RPT  18 Sep 07         01 Jul 07
   Checking                   08:00                 No End
2  General Purpose-2
   Inactive
3  General Purpose-3
   Inactive
4  General Purpose-4
   Inactive
5  General Purpose-5
   Inactive
6  General Purpose-6
   Inactive
7  General Purpose-7
   Inactive
8  General Purpose-8
   Inactive

        Enter Task Number to Edit (1 - 8) or <F1> to Exit
```

```
           E D I T   T A S K   L I S T
         Task Name  [SEND CONTROLLED SUBSTANCE RPT ]
   Start Date Range .[07010720]  ACTIVE
     End Date Range .[mmddyycc]
             Time  [0800] (24 hour format)

     Repeat Period  [W]  (Daily,Weekly,Monthly,Yearly)
   Repeat Frequency [1 ] (1-99)  Every Week
 If Monthly, by Day [ ]  (4th Saturday)  OR Date  [ ] (Nov. 30th)

   IF Weekly, Repeat  [ ] [ ] [Y] [ ] [ ] [ ] [ ]
                      Sun Mon Tue Wed Thu Fri Sat
      Terminal Name  [tty1      ] (<name>, <partial_name>*)

             Status  [ ]  (Alert,Missed alert)
```

Time:
Enter the time of day on the date of reminder the reminder is to display.

Repeat Period:
This field is used to specify the period at which this reminder is to repeat. Enter 'D' in this field to have the
reminder repeat Daily, enter 'W' for Weekly or enter 'Y' for Yearly.

Repeat Frequency:
Enter the frequency per repeat period the reminder should be repeated. In the example shown above, the
'Repeat Period' is set to 'W' for weekly, and the 'Repeat Frequency' is set to '1', thus making it every week.

If Monthly, by Day OR Month:
If the 'Repeat Period' is set to 'M' for monthly, these fields are used to define when monthly the reminder should
be. Use 'by Day' to set it to repeat on a 1st, 2nd, 3rd something (4th Saturday for example) or use 'Date' to set the
reminder for a certain day (November 30th for example).

If Weekly, Repeat:
If the 'Repeat Period' is set to 'W' for weekly, use these seven fields to define which day of the week the reminder
should be displayed.

Terminal Name:
Enter the complete or partial name of the terminal the reminder should be displayed on. For example, if the
terminal is term11, with sessions a, b, c, and d, setting this field to 'term11a' will display the reminder only on
'term11a'. Setting this field to 'term11' will display the reminder on all term11 sessions.

Status:
This field will show the current status for the reminder. This field is planned for future development for 'snooze'.

9. Claim Processing

This chapter discusses the various billing processes available in the Pharmacy Management System.

1. Modem Billing
2. TCP/Frame Relay Billing
3. Internet Claims Billing
4. Modem Claim Formats & Phone Numbers
5. Print Billing
6. HCFA 1500 Claim Form
7. Worker's Compensation Billing
8. California PCC Billing
9. Green Lien Billing
10. Tar Tracking
11. Medi-Cal Batch Billing

Some of the items or steps in the item processes have been discussed earlier in the manual. This section will bring the steps together in an attempt to discuss the processes in entirety.

MODEM BILLING

Because of the number of plans available and the frequency of changes in those plans, this manual will make no attempt to include the plan settings for all of the plans that can be serviced by the FSI 'Pharmacy Management System'. Instead, this manual will give tips for setting up and changing an insurance plan setup and display the general setups for switching through NDC, Envoy, and RSI.

Adding a New Insurance Plan

Step 1 - Gather Initial Information for the Plan:
Check the plan contract or call the plans help line and ask the following four questions:

1. Who is the Processor (i.e. Argus, PCS, Paid, Proserve, etc.)?
2. What is the 6-digit ANSI BIN number?
3. What is the Processor Control ID, if it is required?
4. What NCPDP version are they using (5.1)?

Step 2 - Add the Insurance Company Plan to the Pharmacy Management System:
From the *Main Menu,* press `3` `7` `1` `1`. Type in a 2-5 character code for the new plan, and press `Enter`.

If the information you have gathered is similar to that of a plan already on file, press `F6` to copy the information from the existing plan. Type the insurance code of the existing plan. If not, or if unsure, just enter in the information from scratch.

Note: Insurance companies can also be added by using the 'Reference File'. This file is the same file used by the **FSI Technical Support Helpdesk**. To access the 'Reference File', press the `F3` key when

```
      I N S U R A N C E     C O M P A N Y     M A I N T E N A N C E

  Insurance Company Code  [    ]  Grp Code [    ]  Alt Bill Code [    ]
       Company/Plan Name  [                    ]
  Submitter (Pharmacy) Name  [                    ]
       Pharmacy Provider #  [              ] Qual. [ ] (1-9,A-F,G='99')
  Use Drug Notes,(2nd,Both)  [ ]  (Y,N)    [ ] Generic Required
   For Third Party Billing  [ ]  (Y,N)
           Claim By Modem  [ ]  (Y,N,M)
      Use Doctor ID Number  [ ]  (Dea,St#,TP1-8,Upin) Qual. [ ] (1-9,A-F,G)
       Use Drug ID Number  [ ]  (NDC,St#,TP ID.#1-8) Qual. [ ] (1-9,A-F,G)
              Printed CF#  [ ] Electronic CF# [ ]
         Modem Switch Code  [    ]        Allow 'Preferred' Change  [ ]
          ANSI Bin Number  [     ]
          Processor Ctrl#  [          ]   Certification#  [         ]
          Processor Ctrl#  [          ]   Certification#  [         ]
          Cost Selections  [          ] (CcBDEFGIOPTtUu)
         Misc. Selections  [            ] (AabCDdEIiMmNnrstZ04RR)
     DAW Codes Permitted  [        ] (blank = any)
                    Note  [                        ]

 _____

 F6 To Start With Another Third Party Record F7 Search Ins. Reference File
```

prompted for the insurance code, and **F7** on the next screen. Then type in the insurance name and press enter and a list of matching third parties will be displayed. Additionally, the reference file may be searched by bin number, processor name and processor control number.

Change the Company/Plan Name and update the required fields as needed.

Enter the Electronic CF # for this plan. Please keep in mind that use of any electronic format other than NCPDP 5.1 is prohibited by HIPAA regulation. A list of valid electronic claim form numbers follows this section. Use this list or check *List Modem Claim Numbers* in *Insurance Company Maintenance* for current numbers.

Enter the ANSI BIN number.

Generally, the Processor Control ID (sometimes referred to as the Payor Carrier ID) will need to be placed in the Processor Control field. Two 'Processor Ctrl #' fields are available on the screen. The purpose for this is to accommodate occasions where the processor control number is determined by which 'switch' company is being used. To set this up correctly, within the setup for the different switches, a field is used to specify which 'Processor Ctrl#' field to use. (This will be discussed in greater detail in the 'Modem Switch' section of this chapter)

Enter the 'Cost Selections' for this third party. Typically this would be 'uCFGBDE' for most third parties. The 'D' and the 'E' are optional, but for optimal control of the claim data, **Foundation Systems Technical Support** recommends including these two flags. Other flags might be required varying from third party to third party, but the above listed ones are the most common.

Press **Enter** to save the screen. Now recall the same third party again by pressing **.** and **Enter**, or typing in the third party code again and pressing **Enter**. Press **F3** for the 'Required Information Matrix'. The information here will vary greatly. Refer to the configuration of a similar third party if unsure of which flags to set. After setting the fields on this screen press **Enter** and a second screen will display. Set these fields and press **Enter** when complete.

Try to bill a claim. If there is a problem, check the rejection message to determine if it is something you can change. I.e., Missing card or group number in patient information, dashes or spaces in the number fields, etc.

If you are still having difficulties with the claim transmission, call the **FSI Technical Support Helpdesk** at **801-785-7720** for assistance.

Changing an Insurance Plan

Identify What Changes Need to Be Made:

What needs to be modified? New processor? NCPDP version? New plan information (person code, group code, etc.)?

If this plan was previously working, check for any possible mistakes (dashes or spaces in patient or plan #'s, etc) or missing information. If you cannot find any, call the Third Party's help desk to find out what has changed (be sure to have your NABP # and customer ID # available).

From the *Main Menu* press **3** **7** **1** **1**. Type in the insurance code and press **Enter**.

Changing Processors

If there is a new processor, get following information:

What is the Processor name?   I.e., Argus, Paid, PCS.

Is a Processor Control ID required? If so, what is it?

Who is the switch? I.e., Modem = NDC, ENV
Internet = NDCI, ALLW, RSI, etc.

What is the 6-digit ANSI BIN number?

What NCPDP version are they using?

Changing Information for an Existing Processor

Enter the Electronic CF # for this plan. Please keep in mind that use of any electronic format other than NCPDP 5.1 is prohibited by HIPAA regulation. A list of valid electronic claim form numbers follows this section. Use this list or check *List Modem Claim Numbers* in *Insurance Company Maintenance* for current numbers.

Insert the ANSI BIN number.

Generally, the Processor Control ID (sometimes referred to as the Payor Carrier ID) will need to be placed in the Processor Control field. Two 'Processor Ctrl #' fields are available on the screen. The purpose for this is to accommodate occasions where the process control number is determined by which 'switch' company is being used. To set this up correctly, within the setup for the different switches, a field is used to specify which 'Processor Ctrl#' field to use. (This will be discussed in greater detail in the 'Modem Switch' section of this chapter)

Try to bill a claim. If there is a problem, check the rejection message to determine if it is something you can change. I.e., Missing card or group number in patient information, dashes or spaces in the number fields, etc.

If you are still having difficulties with the claim transmission, call the **FSI Technical Support Helpdesk** for assistance.

General Switching Setups

Not all switches are set up the same. It is the pharmacy's responsibility to ensure that all the fields are set up correctly for each plan.

NDC SETUP:

To recall the setup for the modem switch code entered in the 'Modem Switch Code' field, press
[Shift][F1] to get to the 'Modem Switch Maintenance' screen for your entered switch code. (This 'shortcut' only works from 'Third Party Amendments', not 'Additions'.)

Note: The statistics are automatically reset, for that month, on the 1st of every month. Additionally, the statistics only increment, by one, when there is a 'connection' (ENQ. is sent), this includes Reversals.

```
               Code [NDC  ]     Alternate Code  [     ]
               Name [NATIONAL DATA CORPORATION] Preferred [N]
   Help Desk Ph# [           ] Switch Type  [D] (D,T,F)
Certification ID [         ]     Use Proc Ctrl#  [ ]
   Miscellaneous Note:
   [                                              ]
      Baud Rate [2400 ]
    Modem Phone [T18006544518          ]
   Claim Network  [N] (N,E,P,T,C)    FSI Relay  [      ]
      Access ID  [            ]
            UIC  [           ]   Skip Hangup  [ ] (Y,N)
   Modem Initialization String:
    [AT&M4&N0                          ]

   Last Activity Date: 24 Aug 04
   January             July
   February            August
   March               September
   April               October
   May                 November
   June                December
```

Some of the more important fields required for effective modem transmissions:

Switch Type:
This option refers to the type of transmission being performed by the Switch Code. D= Dial Up; T=TCP and F= FTP. Under a modem dialup connection, this field should be set to 'D'. This field controls the display names for the fields following it.

Use Proc Ctrl #:
Use this field to specify which of the two 'Processor Control ID' fields in 'Third Party Maintenance' to use when billing on this switch code. Enter '1' to use the first, and '2' to use the second. If this field is left blank, then the first will be used.

Baud Rate:
Usually this field will have [2400   ], other valid baud rates can be: 300; 1200; 4800; 9600; 19200; 38400; 56000. Special setups will allow the use of one of these 'other' baud rates. Call the **FSI Technical Support Helpdesk** at **801-785-7720** for assistance.

Modem Phone:
The phone number to be dialed will vary depending on which switch company is being added/amended. This number always starts with a 'T', followed by the number (no spaces, no hyphens, no periods). If you have to dial a '9' to get out of the pharmacy, the number will start T9,'the number' (the 9, (comma) gives the modem enough pause time for the phone system to provide an outside line).

Claim Network:
This selection must be set accurately to the Switch Code that is being added/amended. A list of valid 'Claim Networks' is shown below:

N = National Data Corp (NDC)	T = Telnet
n = NCD Internet version	g = Compuserve (special)
G = WebMD (GCC)	E = Envoy (WebMD)
P = PCS	Q = Quick Exchange
R = RSI (through a Windows Terminal)	
r = RSI (direct Internet)	F = FSI Modem Dial-up or FTP
C = Compuserve	f = FSI TCP

Access ID:
This field is used for Telnet and some NDC Modem Phone numbers [424100].

UIC:
This field is used for Quick Exchange transmissions.

Initialization String:
This bracket is used to establish specific modem commands (each command is different for varying manufacturers) for the generation of a modem transmission.

Note: If the modem switch code is not in the Modem Switch Maintenance database the following screen will be displayed:

Either select number 3 to list current Modem Switch Codes to choose from a switch code already entered into the database (either prints to the Screen or Printer) or select number 1 to add the information required, as displayed above.

Other baud rates and phone numbers are available for various modem switch codes. See the following section, Modem Claim Formats, for more information. Another modem switch code can be ENV (WebMD), as detailed with the following screen displays:

```
           M O D E M   S W I T C H   M A I N T E N A N C E

                    1.  Additions
                    2.  Amendments
                    3.  List
                    4.  Delete an Entry

                    Enter Your Choice
```

ENVOY MODEM SWITCH CODE

The same rules and key sequences to access the NDC switch code apply to all switch codes, so the sequence will not be discussed again. The following print screen is for the ENVOY dial-up switch code.

```
              Code [ENVOY]    Alternate Code  [    ]
              Name [ENVOY CORPORATION    ] Preferred [N]
      Help Desk Ph# [800 333-6869] Switch Type  [D] (D,T,F)
    Certification ID [         ]    Use Proc Ctrl#  [ ]
       Miscellaneous Note:
       [                                          ]
         Baud Rate [2400 ]
        Modem Phone [T18006690099          ]
       Claim Network  [E] (N,E,P,T,C)    FSI Relay  [    ]
         Access ID  [           ]
              UIC  [           ]    Skip Hangup  [ ] (Y,N)
       Modem Initialization String:
        [AT&M4&N0                                 ]

      Last Activity Date: 30 Aug 05
      January             July
      February            August
      March               September
      April               October
      May                 November
      June                December
```

TCP/Frame Relay Billing

Billing prescriptions over a Frame Relay or TCP/IP connection varies only by speed. Third Parties will still be setup the same, with the only variance possibly being the 'Processor Control ID' number. The prescription filling process does not change between the different types of claim submission (dial-up, Internet, Frame Relay, Quick Exchange).

```
              Code [TCP ]      Alternate Code  [    ]
              Name [ENVOY CORPORATION - TCPIP] Preferred [N]
      Help Desk Ph# [             ] Switch Type  [T] (D,T,F)
    Certification ID [            ]    Use Proc Ctrl#  [ ]
      Miscellaneous Note:
      [                                              ]
    TCP Header Length  [20   ]
        TCP Socket#  [1277                ]
      Claim Network  [S] (r,S,s,H,w)    FSI Relay  [     ]
      Host Name / IP  [envoy      ]
              2nd IP  [           ]  3rd IP  [          ]
                UIC  [           ]
    TCP Max Sockets
        [4                                           ]
      Last Activity Date:
      January              July
      February             August
      March                September
      April                October
      May                  November
      June                 December
```

To bill prescriptions over a Frame Relay line, the line is first going to have to be installed and configured on the network the pharmacy is functioning on. This could be a network established by/within the pharmacy itself, the building the pharmacy is in, etc. Similar installation is necessary for TCP/IP or DSL Internet billing. The line or service first has to be installed onto the network the pharmacy is using. Because both of these services are network associated, a networking O/S 'Operating System' is required. FSI supports networking on SCO Unix – Enterprise version, and Red Hat Linux.

If the pharmacy has elected to not use a supported O/S, the pharmacy will be responsible for the support of the O/S, and FSI's programming for TCP/IP and Internet functions might not work.

Below is a sample of a modem switch code for Frame Relay billing:

It is recommended to call the **FSI Technical Support Helpdesk** to verify the setup. Other settings might be required into the O/S to allow this switch code to function correctly.

Internet Claims Billing

Billing prescriptions over an Internet connection varies between the different ways an internet connection is achieved. Third Parties will still be setup the same, with the only variance possibly being the 'Processor Control ID' number, which will vary depending on which switch is being used. The prescription filling process does not change between the different types of claim submission (dial-up, Internet, Frame Relay, Quick Exchange).

To bill prescriptions over an Internet connection, the connection first has to be achieved from the Pharmacy Management System server. This could be a DSL or similar connection established by/within the pharmacy itself, the building the pharmacy is in, etc.

Because an Internet connection can be achieved in so many different ways, the actual connection process will not be discussed in this manual. The speed of the transmission will vary greatly depending on the connection type being used by the pharmacy. Network connections (TCP/IP, DSL, FRAME, T1, etc) are by far the fastest means. FSI supports networking on SCO Unix – Enterprise version, and Red Hat / Fedora Linux.

If the pharmacy has elected to not use a supported O/S, the pharmacy will be responsible for the support of the O/S, and FSI's programming for TCP/IP and Internet functions might not work.

Internet Claims (TCP/IP)

RSI (Retail Solutions Inc.)

Shown here is an example of the 'RSI' switch code used for billing prescription claims over the internet.

It is recommended to call the **FSI Technical Support Helpdesk** to verify the setup. Other settings might be required into the O/S to allow this switch code to function correctly.

```
                Code  [RSI ]     Alternate Code  [    ]
                Name  [RETAIL SOLUTIONS, INC.  ] Preferred [N]
      Help Desk Ph#  [            ] Switch Type  [T] (D,T,F)
   Certification ID  [          ]     Use Proc Ctrl#  [ ]
     Miscellaneous Note:
     [                                                  ]
   TCP Header Length  [28   ]
        TCP Socket#  [8277                ]
      Claim Network  [r] (r,S,s,H,w)    FSI Relay  [    ]
     Host Name / IP  [rsirx      ]
             2nd IP  [rsirx2     ]    3rd IP  [rsirx3     ]
                UIC  [          ]
   TCP Max Sockets
     [8                                                 ]
     Last Activity Date: 01 Jun 07
     January               July
     February              August
     March                 September
     April                 October
     May                   November        8
     June                  December        2
```

For the setup shown here, some fields of note are:

Switch Type:
This option refers to the type of transmission being performed by the Switch Code. D= Dial Up; T=TCP and F= FTP. Under a TCP/IP environment, this field should be set to 'T'. This field controls the display names for the fields following it.

Use Proc Ctrl #:
Use this field to specify which of the two 'Processor Control ID' fields in 'Third Party Maintenance' to use when billing on this switch code. Enter '1' to use the first, and '2' to use the second. If this field is left blank, then the first will be used.

TCP Header Length:
This field is used to specify the length of the claim header. Often times the header contains the pharmacy ID number specified within the 'Third Party Maintenance'.

TCP Socket #:
This field is used to specify the network socket the connection to the switch is to be made on. If this is not setup correctly, no connection will be made.

Claim Network:
This field is used to specify the header format to be used for the claim. Each switch requires the header to be formatted differently from the other, so each displayed option is unique from the others. 'r' is used for RSI on a TCP/IP connection, 'R' is used for RSI on a serial connection. 'w' is used for Allwin, 'n' for NDC on a TCP/IP connection, and so on. It is recommended when adding a new switch to call the **FSI Technical Support Helpdesk** for assistance.

Host Name / IP:
These fields are used to specify the 'host names' of the computers the connection is to be established with. The names entered in these fields have to be entered in the /etc/hosts file on the server. In the /etc/hosts file, the name is found, and associated to the name is an IP network address for the machine to be connected to. For assistance in setting this up, or to verify that the addresses on the server are correct, please contact the **FSI Technical Support Helpdesk** at **801-785-7720**.

TCP Max Sockets:
This field is used to specify the maximum number of socket connections permitted by the switch company.

ERx

ERx, like RSI is an internet third party billing switch company. Shown here is an example of the setup for ERx.

Additional setup and monthly fees apply for the configuration and use of ERx. Please contact the **Foundation Systems Sales Office** and **Foundation Systems Technical Support** for more information.

```
              Code  [ERX ]      Alternate Code  [     ]
              Name  [ERX            ] Preferred [N]
   Help Desk Ph#  [            ] Switch Type  [T] (D,T,F)
Certification ID  [          ]    Use Proc Ctrl#  [ ]
    Miscellaneous Note:
    [                                            ]
TCP Header Length  [24   ]
      TCP Socket#  [5021              ]
    Claim Network  [w] (r,S,s,H,w)    FSI Relay  [     ]
    Host Name / IP  [localerx    ]
          2nd IP  [            ]   3rd IP  [          ]
             UIC  [            ]
TCP Max Sockets
    [1                                            ]
    Last Activity Date: 03 Jul 06
    January              July
    February             August
    March                September
    April                October
    May                  November
    June                 December
```

Modem Claim Formats & Helpdesk Phone Numbers

Below is shown helpful information for adding/amending switches in the Pharmacy Management System.

Electronic Claim Form Numbers

CF No 51 NCPDP Version 5.1 (HIPAA COMPLIANT CLAIM FORM)

<u>**Other claim forms available, but not HIPAA compliant:**</u>

CF No 53. NCPDP Version 3.2	CF No.63. NDC (NCPDP v3.2)
CF No 54. NCPDP Version 3.A	CF No 64. NDC (NCPDP v3.A)
CF No 55. NCPDP Version 3.B	CF No 65. NDC (NCPDP v3.B)
CF No 56. NCPDP Version 3.C (NABANCO)	CF No 67. NDC (NCPDP v3.C)
CF No.57. NDC Version 3.C	

53-67 can use any combination of the above numbers, depending upon the Processor requirements.

Switch Help Numbers:

<u>**Switch Helpdesk Phone #**</u>
NDC   1-800-388-2316
ENVOY   1-800-333-6869 (Envoy, Medi-America, RSI, RSIS, ALLW)
TELENET   1-800-877-5045 Customer Service
TELENET   1-800-473-7983 Automated Access Number Delivery System

Print Billing

If a Third Party does not accept billing electronically (modem or internet), then they most likely have to be billed on paper. Some of the most common companies that have to have this type of billing are 'Worker's Compensation', 'Medicare', 'Green & White Leans', some 'Medicaids', 'In-House' type plans, or any other entity that will be billed from the Pharmacy Management System that does not have an ANSI bin number for electronic billing.

Insurance Company Setup

In order to process insurance claims on paper claim forms, the following brackets must be entered correctly.

For Third Party Billing 'Y', Claim By Modem 'N', Printed CF# '31' or the Printed Claim Form number that you want to print on. Ensure that the Claim by Modem field is set to 'N', and that there is a valid printed claim form number in the Printed CF # field. Valid printed claim form numbers are listed below, and can also be found in *Print Alignment Forms*, an option on the *Print Third Party Forms Screen*.

```
      I N S U R A N C E    C O M P A N Y    M A I N T E N A N C E

   Insurance Company Code  [    ] Grp Code [    ] Alt Bill Code [    ]
         Company/Plan Name  [                    ]
     Submitter (Pharmacy) Name  [                    ]
       Pharmacy Provider #  [              ] Qual. [ ] (1-9,A-F,G='99')
 Use Drug Notes,(2nd,Both)  [ ]  (Y,N)   [ ] Generic Required
    For Third Party Billing  [ ]  (Y,N)
           Claim By Modem  [ ]  (Y,N,M)
      Use Doctor ID Number  [ ]  (Dea,St#,TP1-8,Upin) Qual. [ ] (1-9,A-F,G)
       Use Drug ID Number  [ ]  (NDC,St#,TP ID.#1-8) Qual. [ ] (1-9,A-F,G)
             Printed CF#  [ ] Electronic CF# [ ]
       Modem Switch Code  [    ]          Allow 'Preferred' Change  [ ]
         ANSI Bin Number  [      ]
          Processor Ctrl#  [            ]  Certification# [            ]
          Processor Ctrl#  [            ]  Certification# [            ]
          Cost Selections  [            ] (CcBDEFGIOPTtUu)
          Misc. Selections  [            ] (AabCDdEIiMmNnrstZ04RR)
        DAW Codes Permitted  [        ] (blank = any)
                     Note  [          ]                   ]

   F6 To Start With Another Third Party Record F7 Search Ins. Reference File
```

Note: Other fields on the screen may be required or can be helpful for your third party plan processing.

Billing the Invoices

The Invoice File

When processing prescriptions for a patient whose insurance is setup as a paper or 'Invoice' plan, the prescriptions will be billed to an 'invoice' file. This file holds the prescriptions until the invoices are printed, or batched.

Prescriptions in the invoice file can be listed, viewed, edited and deleted. To get to the invoice file functions, from the 'Main Menu' of the Pharmacy Management System, select 3 – 'Utility Programs, 7 – 'Third Party Processing', and 3 – 'Print Third Party Forms'. An example of this menu is shown here.

```
          Third Party Billing

     1.  Required Billing Report
     2.  Print Alignment Forms
     3.  Print Billing
     4.  Erase Billed Claims
     5.  List Claims By Insurance
     6.  Electronic T.P. (Batch) Billing
     7.  Print Exceptions Lists
     8.  Print Multi-Script Claim Forms
     9.  California Green Lien Invoice

     Enter Your Choice
```

To view, edit, and delete specific invoices, use menu 4 – 'Edit Third Party Invoices'.

Printing the Claims

From the 'Main Menu', select 'Utility Programs',
'Third Party Processing', 'Print Third Party Forms'
and 'Print Billing'.

Feed the forms in the printer, and select 'Print
Alignment Forms'. Enter the number that
corresponds to the form you are using. Repeat
the process until the form is properly aligned.
Press F1 to return to the 'Third Party Billing' menu.

```
                    Print Billing

Enter Insurance Code  [      ]

  Or Insurance Group  [      ]    Rx Number  [        ]
        Starting Date :[        ]  (mmddyycc)
          Ending Date :[        ]  (mmddyycc)
  List in Name order  [N] (Y,N)

Leave Starting and Ending Date Blank to Process ALL Claims.
```

If your claim form is capable of holding multiple
prescriptions per patient, select 'Print Multi-Script Claim Forms'. If you are printing one claim per form, select
'Print Billing'. Enter the insurance code or insurance group and a date range. Press Enter and confirm the
selection.

The claims will begin printing.

Depending on the setup you have chosen, you may be asked if you wish to move the claims to the reconciliation
file. Enter 'YES' to move the claims. It is recommended to use 'Write Claims to Recon' when paper billing. The
Recon file serves as a backup copy of the claims printed and deleted. If for some reason, the printing does not
complete, then the claims can be copied from recon, back into the invoice file, and then reprinted, without having
to re-bill each prescription again.

Note: Printed Claim Form #27 will allow editing of the Company/Plan name. Additionally, LTCF Location can be
entered as the type of injury with Printed Claim Form #27.

HCFA 1500 Claim Form

HCFA 1500 claim forms differ from other printed billings only in the amount and location of information required to process a form. There are two printed claim form numbers available for HCFA 1500 forms. Number 25 is the standard format, and the field placement information is described in the following pages. Claim form 31 is identical to number 25 with two exceptions: 1) Box 1a contains the patient's card ID rather than group number, and 2) the quantity printed is calculated from the input quantity multiplied by the product pack size.

The following page attempts to explain where the information printed on the forms should be placed in the pharmacy software. It displays the HCFA section name, pharmacy system location, and the pharmacy system field name.

HCFA Section Name	Location in Pharmacy System	Pharmacy Field Name
1. Type of Billing	InsCo Maintenance – Miscellaneous Selections #1	Mark which box on HCFA Form
1a. Insured's ID No#	Patient Amendments	Group ID (CLF #25)
1a. Insured's ID No#	Patient Amendments	Patient Card # (CLF #31)
2. Patient's Name	Patient Amendments	Patient Name
3. Patient's Birthdate	Patient Amendments	Patient DOB
4. Insured's Name	Patient Amendments	Subscriber's Name
5. Patient's Address	Patient Amendments	Address, City, St, Zip, Phone
6. Relationship to Insured	Patient Amendments	Relation To Cardholder
7. Insured's Address	N/A	
8. Patient's Status	N/A	
9. Other Insured's Name	N/A	
9a. Other Insured Policy #	Patient Amendments	Card ID#
9b. Other Insured's DOB	N/A	
9c. Employers Name	N/A	
9d. Insurance Plan Name	InsCo Maintenance - Claims Programming	Submitter Name
10. Patients Condition Related To	N/A	
10a. Employment?	Automatic Set to NO	
10b. Auto Accident?	Automatic Set to NO	
10c. Other Accident?	Automatic Set to NO	
11. Insured Policy Group or FECA	Patient Amendments	LTCF Location
11a. Insured's DOB	N/A	
11b. Employer's Name	N/A	
11c. Insurance Plan Name	N/A	
11d. Is There another Health Plan?	Automatic Set to YES	
12. Patient's Authorized Signature	Automatic Set to Signature On File	
13. Insured's Authorized Signature	Automatic Set to Signature On File	
14. Date Of Incident	N/A	
15. First Date of Incident	N/A	
16. Dates Unable to Work	N/A	
17. Physician's Name	Doctor Amendments	Doctor Name
17a. Physician's ID#	Doctor Amendments	Use Dr ID - InsCo Maintenance D=DEA; S=State; 1-9=Provider #
18. Dates Hospitalized	N/A	
19. Reserved for Local Use	Miscellaneous-InsCo Main-Claims Programming	1-9 prints doctor=s UPIN# if needed
20. Outside Lab?	N/A	
21. Diagnosis	Patient Amendments or Script Edit	Patient Amendments – F2 'Misc' – Diag #1 or Script Edit, Main Script Record, ICD-9 Diag.
22. Medicaid Remission Code	N/A	
23. Prior Authorization	Edit Invoice	Misc Note (Auth, TAR, Etc.)
24. Services	Script Information	Up to 6 scripts
24a. Dates Of Service	Script Information	Date Filled
24b. Place Of Service	Patient Amendments	Location, when blank set to 12 by Default
24c. Type Of Service	Automatic Set to 9	
24d. Procedures	Script Information	Drug Information
24d. Procedures - DME	Drug Info, Ins. Co Maintenance	'E' in drug schedule prints drug ID in 24d
24e. Diagnosis Code	Patient Amendments or Script Edit	Patient Amendments if only one is entered, otherwise, Script Edit
24f. Charges	Script Information	Rx Billed Amount
24g. Days Or Units	Script Information	Days Supply
24h. EPSDT Family Plan	N/A	
24i. EMG	N/A	
24k. Reserved	Script Information	Rx Number
25. Federal Tax Id #	InsCo Maintenance - Claims Programming	Processor Ctrl #
26. Patient's Account #	N/A	
27. Accept Assignment?	InsCo Maintenance - Claims Programming	Mark which box on HCFA form Set to **YES** if 1-6, **NO** if A-F
28. Total Charge	Total of all Script Charges	
29. Amount Paid	Total of all Patient Copays	
30. Balance Due	Total Amount Billed	
31. Signature of Doctor	N/A	
32. Facility Name	N/A	Inserts Billing Date
33. Physician's Supplier	User Maintenance & Ins. Co Maintenance	Pharmacy Name. Address, Provider

Workers Compensation Billing

Billing Workers Compensation plans is more complex than billing the average third party plan. Workers Compensation plans require information about the patient's attorney, employer, and insurance carrier, in addition to the standard information.

Insurance Company Setup

```
        I N S U R A N C E   C O M P A N Y   M A I N T E N A N C E

      Insurance Company Code [    ] Grp Code [     ] Alt Bill Code [     ]
           Company/Plan Name [                      ]
     Submitter (Pharmacy) Name [                     ]
          Pharmacy Provider # [             ] Qual. [ ] (1-9,A-F,G='99')
    Use Drug Notes,(2nd,Both) [ ] (Y,N)   [ ] Generic Required
      For Third Party Billing [ ] (Y,N)
             Claim By Modem [ ] (Y,N,M)
        Use Doctor ID Number [ ] (Dea,St#,TP1-8,Upin) Qual. [ ] (1-9,A-F,G)
          Use Drug ID Number [ ] (NDC,St#,TP ID.#1-8) Qual. [ ] (1-9,A-F,G)
                 Printed CF# [ ] Electronic CF# [ ]
           Modem Switch Code [    ]      Allow 'Preferred' Change  [ ]
            ANSI Bin Number [    ]
             Processor Ctrl# [         ] Certification# [          ]
             Processor Ctrl# [         ] Certification# [          ]
             Cost Selections [         ] (CcBDEFGIOPTtUu)
             Misc. Selections [          ] (AabCDdEIiMmNnrstZ04RR)
          DAW Codes Permitted [         ] (blank = any)
                       Note [                         ]
    _____
     F6 To Start With Another Third Party Record F7 Search Ins. Reference File
```

From the *Main Menu*, select *Utilities Menu, Third Party Processing, Insurance Company Maintenance, Add/Amend Third Party Record.* Enter the code you plan to use for the workers compensation plan. We recommend WCOMP.

Fields of note when setting up a third party for workers compensation billing are:

Pharmacy Provider Number:
Enter the pharmacy's IRS Tax ID number in this field. This number will be printed on the billing forms.

For Third Party Billing:
Set this field to a 'Y' to make it a third party billing plan, not a patient (cash) billing plan.

Claim By Modem:
Set this field to a 'N' to make this third party plan an 'invoice billing' plan, not an 'online' plan.

Use Doctor ID Number:
Set this field to a 'D' to use the doctors DEA number as the doctor ID on the third party invoice billing.

Use Drug ID Number:
Set this field to a 'N' to use the drugs NDC number as the drug ID on the third party invoice billing.

Printed CF#:
Set this field to the invoice format number desired to bill this plan. Typically this will be set to '19' for a plain paper workers compensation billing form. Set this field to 25, 31, or 34 if printing on a HCFA 1500 form. PCF# 34 is for the newest version of the HCFA 1500 with NPI on it.

Cost Selections:
Enter 'uCFG' in this field to have the 'Usual and Customary', 'Cost (from formula)', 'Fee (from formula)' and 'Gross Amount Due' calculated for claims billed to this third party.

After setting up the main screen of the third party, additional setting still need to be configured.

Press F3 to continue with the third party configuration.

F3 – Required Info Matrix

The 'Required Info Matrix', as shown here, is used to configure what information is required in 'Patient

```
        R E Q U I R E D   I N F O   M A T R I X

          Patient's Sex  [ ]   (All Questions Y or N)
            Card Number  [ ]
           Group Number  [ ]
             Age Status  [ ]
          Type Contract  [ ]
        Subscriber's Name [ ]
              Plan Code  [ ]   (Y=HomePlan, P=PlanCode)
    Relation to Card Holder [ ]
          Person Number  [ ]
      Pat in Long Term Care [ ]
        Card Expiry Date  [ ]
          Date of Birth  [ ]
        Third Party Co-Pay [ ]
             Days Supply  [ ]        Total      Period       Year
           Patient Note  [ ]        Scripts
    Long Term Care Fac Code [ ]        Cost
              Diagnosis  [ ]        Retail
                Misc ID  [ ]        Co-Pay
           Special Case  [ ]        Since
          Acct/Episode #  [ ]

    F1-Main Screen
```

Amendments' for the claims submitted to this third party to be covered and paid. Typical workers compensation plans will require that 'Patient's Sex', 'Card Number', 'Group Number', 'Card Expiry Date', 'Date of Birth' and 'Days Supply' to be set to 'Y'.

Field(s) of note:

Card Expiry Date:
Setting this option to 'I' will cause that on the third party profile configuration screen in 'Patient Amendments' that the 'Card Expiry Date' field be displayed as 'Injury Date'. Alternately, setting this field to 'S' will cause it to display as 'Special Date'.

After making the correct selections, press Enter . The following screen will be displayed:

F3 – Required Info Matrix, screen #2

```
 Page 2           N C P D P 5 . 1   S E L E C T I O N S
                                              (All Questions Y or N)
         Patient's S.S. Number  [ ]        [ ]  Phcy Address (AuthRep)
       Patient's Date of Birth  [ ]        [ ]  Patient Location Code
              Patient's Gender  [ ]        [ ]  Script Serial Number
          Patient's First Name  [ ] (W=Whole Name)
           Patient's Last Name  [ ]
       Patient's Street Address [ ]
         Patient's City & State [ ]
            Patient's Zip Code  [ ]
              Patient's Phone   [ ]
     Pat. Primary Care Prov.    [ ]
            Patient's Employer  [ ]
               Patient Smoke    [ ] (SpecCover=S)
             Patient Pregnant   [ ] (SpecCover=P)
             Doctor's Last Name [ ]
            Doctor's First Name [ ]
              Doctor's Location [ ]
                Doctor's Phone  [ ]
                   Injury Date  [ ]
         Pharmacy Prov. Number  [ ]
           Original Rx Quantity [ ]
           Send Unit of Measure [ ]
 F1-Main Screen
```

This screen is used to configure additional data to be transmitted when sending an online NCPDP claim to a workers' compensation plan.

The selections for this screen are going to vary from third party to third party, so an example of how to configure this screen is not possible.

For most third parties, 'Patient's Date of Birth', 'Patient's Gender', 'Patient's First Name' and 'Patient's Last Name' will need to be set to 'Y' for the claim to be accepted at the third party.

Fields of note are:

Patient's Employer:
When setting up a workers' compensation plan for online billing, enter a 'Y' in this field to transmit in the NCPDP claim the employer's information.

Injury Date:
When setting up a workers' compensation plan for online billing, enter a 'Y' in this field to transmit in the NCPDP the date of injury.

Misc. Information Record

```
     M I S C E L L A N E O U S   A D D I T I O N S
       Name  [                     ]  (Last,First)
    Address  [                     ]
            [                     ]
       City  [              ]
      State  [  ]  Zip [       ]
      Phone  [           ]  FAX Phone  [           ]
       Type  [   ]  (EMP,ATTY,INS,PH,etc.)
       CODE  [   ]  Carrier ID [       ]
 Discontinued [N]
 Miscellaneous Note:
 [                                                      ]
```

Use 'Misc Records' in Utility Menu #2 to setup insurance carriers, employers, and attorney information. The miscellaneous records may be linked the patient profiles. This process allows more than one patient to use the same information. 'Misc. Records' setup is covered in more detail in **Chapter 8** of this manual.

Select 'Utility Programs', 'Utilities Menu #2', and 'Misc Records (Atty,Emp, Etc.)'. If adding a new record, select additions from the menu. If making changes to an existing record, choose amendments.

When adding a record, a blank information template will appear. If you are amending a record, enter the name or code of the record and make the selection.

Most of the fields on this screen are self-explanatory, but some fields of note are:

Type:
Enter a code that will link certain groups. EMP, ATTY, INS, and PH, are suggested for employers, attorneys, insurance companies, and pharmacies. Other codes can be used that are shown as examples.

Discontinued:
Place a 'Y' in this field if the record in no longer in use. The record may be recalled by an exact name match or code, but will not appear in a name search.

CODE:
Enter a two to four digit code that can be used to recall this record. This code is required to be able to link a pharmacy record to a transferred script.

Carrier ID:
On-line worker's compensation plans may use a different carrier ID for each employer they service. The carrier ID entered in this record will be used in conjunction with the information entered in *Insurance Company Maintenance.*

Patient Profile

Before being able to bill prescriptions to the worker's compensation plan, the patient has to have that plan in their 'Insurance Code'.

The basic information on the first screen of patient amendments that will be required for third party workers compensation billing will be the patients 'Name', 'Address', 'City', 'State', 'Zip', 'Phone', 'Birthdate', 'Sex' and sometimes 'Social Security Number'.

```
              P A T I E N T   A D D I T I O N S
           Name [                    ] (Last,First)
        Address [                    ]
Optional Address [                    ]
           City [            ]       State  [  ]
            Zip [        ]
          Phone [              ]   Phone2  [              ]
       Birthdate .[mmddyycc]   Sex [ ]
  Patient Email [                        ]
  Patient S.S.N. [          ]  Foreign Language [ ] (Y,N,2)
           Note [                              ]

 In Long Term Care [ ] (Y/N) LTCF Code [     ] Location [  ]
    LTCF Location [                    ] Usual Doctor Code [   ]

      Special Case [      ]


_____
  F2 Misc. Pat/TP    F3 TP (CASH)    F4 Charge Acct     F5 Interface
ShF1 Misc. Info.   ShF2 Help      ShF5 Mail Order    ShF10 No PNote
```

Fields of note are:

LTCF Location:
This field is used for entering the type of injury notation needed for workers compensation billing.

After entering the necessary information on the first screen, press F2 to enter in the miscellaneous information for the patient.

Shown here is a sample of the F2 screen of 'Patient Amendments'.

Fields of note on this screen:

MisID:
This field is used to enter an additional identification number possibly required for workers compensation billing.

```
            M I S C .   P A T I E N T / T P
     Refill Reminder [ ]  (Y/N)    [ ] Prefers Generic
            Pr PDE  [ ]  (Y/N)    [ ] Span. PCM/PDE
         Safety Cap [ ]  (Y/N)    [ ] Duplicate Receipt
By-Pass Interactions/DT [ ]  (Y/N)
       Delivery Route [ ]

     MisID [            ]      MisID2 [           ]
     Pers ID [            ]   Acct/Epis # [           ]

 Diag1 [      ] Onset .[      ] Diag2 [      ] Onset .[      ]
 Diag3 [      ] Onset .[      ] Diag4 [      ] Onset .[      ]

   Patient Status [ ] (I,C,A)    Child Covered to age  [0 ]
   Eligi/Reg. Date .[      ]  Third Party Allocation $[0     ]
     Co-Pay Trade $[0     ]        Type Contract [      ]
     Co-Pay Generic $[0     ]        Incentive Rx # [0     ]

   Discontinued [ ]  (Y/N)

_____
   F1 Cancel
```

After entering in any information required on this screen, press ⌷ to enter the patients' third party information.

Shown here is a sample of the ⌷ screen of
Patient Amendments.

```
TEST PATIENT B.15 Nov 65 Age.40   TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

               P A T I E N T   I N S U R A N C E

       Code      Card ID            RelCH   Per #   Group Number
       ------    ---------------    -----   -----   ------------
    1. TEST      PATIENT CARD ID      H      01      GROUP CODE
    2. TEST2     PATIENT CARD ID #2   H      01      GROUP CODE #2

       Select the insurance to edit or A to add (1 - 2, A):




    F1 Cancel          F2 Change Order
```

After pressing ⌷, a screen similar to the one
shown here will be displayed. Press the number
for the third party to be edited, or if adding a new
third party to the patients file, press Ⓐ to add.

If adding a new third party profile to the patient,
the screen shown below will be displayed.

Some fields of note, specific to billing workers
compensation plans are discussed below.

Card #:
This field is used to enter the patients ID number
for the third party. Typically for workers
compensation billing this will be the patient's
Social Security Number.

Group #:
This field is used to enter the workers
compensation claim number.

Injury Date: (or Expires)
This field is used to enter the date of injury.

```
TEST PATIENT B.15 Nov 65 Age.40   TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

               P A T I E N T   I N S U R A N C E

       Code      Card ID            RelCH   Per #   Group Number
       ------    ---------------    -----   -----   ------------
    1. TEST      PATIENT CARD ID      H      01      GROUP CODE
    2. TEST2     PATIENT CARD ID #2   H      01      GROUP CODE #2

       Select the insurance to edit or A to add (1 - 2, A): A


        Insurance Code [    ]              Card # [               ]
   Relation to Card Ho [ ] (H,S,C,O)     Person # [  ]
           Group # [            ]       Plan Code [     ]
    Subscriber's Name [          ]      Spec Cover [  ]
          Expires .[       ] (mmddyycc) TP Alloc $[     ]


    F1 Cancel          F2 Change Order        ShF3 Search Ins List
```

Misc. Info for the Patient

To link the miscellaneous information to a patient,
press **Shift** **F1** from the first screen of 'Patient
Amendments'. The following will be displayed:

Enter the partial names or quick reference codes
for each type of record that needs to be linked to
the patient. If a new record needs to be entered,
press **Shift** **F1** to add or amend the information as
needed. After entering the needed information,
press the **Enter** key. For each entry, the system
will ask for the selection to be verified, unless a

```
          Extended Information for: TEST PATIENT

          Insurance Code [     ]

              Employer [                    ]
           Employer ID [        ] (NCPDP 5.1)
         Patient's Atty [                    ]
        Employer's Atty [                    ]
        Lien Claim Atty [                    ]
            Ins. Carrier [                    ]
  Long Term Care Facility [                    ]
            Card Holder [                    ]

   Items entered above MUST first be entered as records in 'Misc.
   Info Maintenance'.  Use the four character record 'CODE' or
   the first few characters of the name and select these items.
   This screen LINKs 'Misc. Info' records to the patient. Text
   is not stored directly.
   Exceptions: 'Employer ID' is stored 'as-is'.
             'Card Holder' must be an existing patient.
   Press Sh F1 for Misc. Info Maintenance to Amend Item Information
```

speed code was entered and found for a specific entry. Select the correct piece of data for each entry. After
verifying all of the selections, press the F1 key to exit the 'Extended Information' for the patient.

Billing the Invoices

The Invoice File

When the prescription is filled, the claim will enter the invoice file until the claims are printed. When you are ready to print the claims, first print a report of the claims in the invoice file by using the 'List Claims By Insurance' option.

Enter 'List Claims by Insurance' from the 'Main Menu' by selecting 'Utility Programs', 'Third Party Processing', 'Print Third Party Forms', 'List Claims By Insurance'.

```
                Third Party Billing

        1.   Required Billing Report
        2.   Print Alignment Forms
        3.   Print Billing
        4.   Erase Billed Claims
        5.   List Claims By Insurance
        6.   Electronic T.P. (Batch) Billing
        7.   Print Exceptions Lists
        8.   Print Multi-Script Claim Forms
        9.   California Green Lien Invoice

        Enter Your Choice
```

Printing the Claims

From the 'Main Menu', select 'Utility Programs', 'Third Party Processing', 'Print Third Party Forms'.

Feed the paper into the printer, and select either 'Print Billing' or 'Print Multi-Script Claim Forms'. Enter the insurance code or insurance group and a date range. Press Enter and confirm the selection. The claims will begin printing.

Depending on the setup you have chosen, you may be asked if you wish to move the claims to the reconciliation file. Enter 'YES' to move the claims.

```
                 Print Billing

   Enter Insurance Code  [      ]

    Or Insurance Group  [      ]   Rx Number  [       ]
          Starting Date :[       ] (mmddyycc)
            Ending Date :[       ] (mmddyycc)
    List in Name order  [N] (Y,N)

   Leave Starting and Ending Date Blank to Process ALL Claims.
```

The plain paper claim form will print similar to the example on the following page. The items in parenthesis indicate where the information is stored in the pharmacy package.

WORKERS COMPENSATION PRESCRIPTION BILLING

DD MM YY (Date Billed)

INSURANCE COMPANY   (Miscellaneous Info.: Insurance Name)
INSURANCE CO CONTACT   (Patient Amendments: Subscriber Name)
INSURANCE CO ADDRESS   (Miscellaneous Info.: Insurance Address)
CITY, STATE ZIP CODE   (Miscellaneous Info.: Insurance City, State & Zip)

Please Remit to: PHARMACY NAME   (User Maintenance)
                          PHARMACY ADDRESS   (User Maintenance)
                          PHARMACY ADDRESS #2   (User Maintenance)
                          CITY, STATE ZIP CODE (User Maintenance)
                          PHARMACY PHONE   (User Maintenance)
                          PHARM IRS NO. (Insur. Co Maint, p.1: Pharmacy Provider No.)

Patient   Employer
PATIENT NAME (Patient Amendments)   EMPLOYER'S NAME (Misc Info: Employers Name)
PATIENT ADDRESS (Patient Amendments)   EMPLOYER'S ADDRESS (Misc Info: Empl. ADDR)
PATIENT CITY, ST ZIP (Patient Amend.)   EMPLOYER'S CITY (Misc: Empl City, State, Zip)
PATIENT SOCIAL SEC. # (Patient Amendments: Card ID #)
MISCELLANEOUS ID # (Patient Amendments: Misc ID #)

Injury Date: 01 MAR 97   Claim No: 123456 (Patient Amend.: Group No.)
(Patient Amendments: Special Date)
Injury Type: HAND CUT (Patient Amendments: LTCF Location)

Date	Rx No.	Qty	Drug/Item	Doctor	Price
01/01/99	123456	100	DRUG STRENGTH FORM	DOCTOR'S NAME	12.50
			DRUG STRENGTH XXXXX-XXXX-XX	AB12345678	
01/01/99	123456	100	DRUG STRENGTH FORM	DOCTOR'S NAME	12.50
			DRUG STRENGTH XXXXX-XXXX-XX	AB12345678	
01/01/99	123456	100	DRUG STRENGTH FORM	DOCTOR'S NAME	12.50
			DRUG STRENGTH XXXXX-XXXX-XX	AB12345678	
01/01/99	123456	100	DRUG STRENGTH FORM	DOCTOR'S NAME	12.50
			DRUG STRENGTH XXXXX-XXXX-XX	AB12345678	
01/01/99	123456	100	DRUG STRENGTH FORM	DOCTOR'S NAME	12.50
			DRUG STRENGTH XXXXX-XXXX-XX	AB12345678	
01/01/99	123456	100	DRUG STRENGTH FORM	DOCTOR'S NAME	12.50
			DRUG STRENGTH XXXXX-XXXX-XX	AB12345678	

Total Charge: 75.00   Amount Paid: (Patient Copay)   Total Due: 75.00

9.7.6

California PCC Billing

California PCC Billing is 'Workers Compensation' billing, on a pre printed claim form. Follow all of the previously discussed procedures for 'Workers Compensation' billing.

The only difference for billing California PCC, is the 'Printed CF #' in the 'Third Party Maintenance'. Set the Printed CF# to '17'.

A sample of the information printed on the claim form is shown below:

```
        I N S U R A N C E    C O M P A N Y    M A I N T E N A N C E

    Insurance Company Code  [     ]  Grp Code [     ]  Alt Bill Code [      ]
        Company/Plan Name  [                            ]
  Submitter (Pharmacy) Name [                           ]
       Pharmacy Provider #  [              ] Qual. [ ] (1-9,A-F,G='99')
 Use Drug Notes,(2nd,Both)  [ ]  (Y,N)   [ ] Generic Required
   For Third Party Billing  [ ]  (Y,N)
          Claim By Modem    [ ]  (Y,N,M)
    Use Doctor ID Number    [ ]  (Dea,St#,TP1-8,Upin) Qual. [ ] (1-9,A-F,G)
    Use Drug ID Number      [ ]  (NDC,St#,TP ID.#1-8) Qual. [ ] (1-9,A-F,G)
          Printed CF#       [ ] Electronic CF# [ ]
    Modem Switch Code       [    ]      Allow 'Preferred' Change  [ ]
      ANSI Bin Number       [     ]
      Processor Ctrl#       [            ]  Certification# [         ]
      Processor Ctrl#       [            ]  Certification# [         ]
      Cost Selections       [           ] (CcBDEFGIOPTtUu)
      Misc. Selections      [              ] (AabCDdEIiMmNnrstZ04RR)
    DAW Codes Permitted     [         ] (blank = any)
              Note          [                          ]
    _____
    F6 To Start With Another Third Party Record F7 Search Ins. Reference File
```

```
  PHARMACY NAME                      PATIENT GROUP #

  PHARMACY ADDRESS              MISC INF-CARRIER    MISC INF-NOTE

  PHARMACY CITY    ST     ZIP      PATIENT NAME     PAT CARD EXPIRY

  PHARM PROVIDER # INS    SUBMITTER NAME    PATIENT ADDRESS    PAT CITY

              MISC INFO-EMPLOYER   MISC INF-CITY

              DOCTOR NAME         DOCTOR DEA #

  00031670163  01/09/99  103773   REGLAN 10MG       RO  55.1   50  60.06
  00140000514  01/09/99  103774   VALIUM 5MG        RO  48.3   50  53.15
  00045051560  01/09/99  103775   TYLENOL #4 W/COD  MN  50.9   40  55.70
```

When printing the invoices, the claim form can have up to 3 claims per form printed for the same patient. To have multiple claims print on the same claim form, be sure to use the 'Print Multi-Script Claim Forms' program.

Green Lien Billing

When billing prescriptions on Green Liens, several steps are followed to ensure that the information needed is available when billing. The steps involved are:

Setting up the Third Party
Setting up the Miscellaneous Information
Setting up the Patient
Linking the Miscellaneous Information to the Patient
Billing the Invoices and Printing the Statements

Each of these steps will be discussed individually in the following pages.

Setting up the Third Party

From the 'Main Menu', select 'Utilities Menu', 'Third Party Processing', 'Insurance Company Maintenance', 'Add/Amend Third Party Record'. Enter the code you plan to use for the green lien plan. We recommend GLIEN.

Fields of note when setting up a third party for green lien billing are:

```
         I N S U R A N C E    C O M P A N Y    M A I N T E N A N C E

     Insurance Company Code  [    ]  Grp Code [     ]  Alt Bill Code [     ]
            Company/Plan Name  [                    ]
    Submitter (Pharmacy) Name  [                           ]
         Pharmacy Provider #  [               ] Qual. [ ] (1-9,A-F,G='99')
  Use Drug Notes,(2nd,Both)  [ ]  (Y,N)   [ ] Generic Required
      For Third Party Billing  [ ]  (Y,N)
             Claim By Modem  [ ]  (Y,N,M)
        Use Doctor ID Number  [ ]  (Dea,St#,TP1-8,Upin) Qual. [ ] (1-9,A-F,G)
          Use Drug ID Number  [ ]  (NDC,St#,TP ID.#1-8) Qual. [ ] (1-9,A-F,G)
                  Printed CF#  [ ] Electronic CF# [  ]
           Modem Switch Code  [    ]          Allow 'Preferred' Change  [ ]
             ANSI Bin Number  [      ]
             Processor Ctrl#  [          ]  Certification# [          ]
             Processor Ctrl#  [          ]  Certification# [          ]
              Cost Selections  [         ] (CcBDEFGIOPTtUu)
             Misc. Selections  [            ] (AabCDdEIiMmNnrstZ04RR)
           DAW Codes Permitted  [          ] (blank = any)
                        Note  [                      ]
  _____

  F6 To Start With Another Third Party Record F7 Search Ins. Reference File
```

Pharmacy Provider Number:
Enter the pharmacy's IRS Tax ID number in this field. This number will be printed on the billing forms.

For Third Party Billing:
Set this field to a 'Y' to make it a third party billing plan, not a patient (cash) billing plan.

Claim By Modem:
Set this field to an 'N' to make this third party plan an 'invoice billing' plan, not an 'online' plan.

Use Doctor ID Number:
Set this field to a 'D' to use the doctors DEA number as the doctor ID on the third party invoice billing.

Use Drug ID Number:
Set this field to a 'N' to use the drugs NDC number as the drug ID on the third party invoice billing.

Printed CF#:
Set this field to the invoice format number desired to bill this plan. Typically this will be set to '22' for the green lien billing form.

Cost Selections:
Enter 'uCFG' in this field to have the 'Usual and Customary', 'Cost (from formula)', 'Fee (from formula)' and 'Gross Amount Due' calculated for claims billed to this third party.

After setting up the main screen of the third party, additional settings still need to be configured. Press F3 to continue with the third party configuration.

F3 – Required Info Matrix

The 'Required Info Matrix', as shown here, is used to configure what information is required in 'Patient Amendments' for the claims submitted to this third party to be covered and paid. Typical green lien plans will require that 'Patient's Sex', 'Card Number', 'Group Number', 'Card Expiry Date', 'Date of Birth' and 'Days Supply' to be set to 'Y'.

Field(s) of note:

Card Expiry Date:
Setting this option to 'I' will cause that on the third party profile configuration screen in 'Patient Amendments' that the 'Card Expiry Date' field will be displayed as 'Injury Date'. Alternately, setting this field to 'S' will cause it to display as 'Special Date'.

After making the correct selections, press `Enter`. The following screen will be displayed:

```
               R E Q U I R E D   I N F O   M A T R I X

          Patient's Sex  [ ]   (All Questions Y or N)
            Card Number  [ ]
           Group Number  [ ]
             Age Status  [ ]
          Type Contract  [ ]
        Subscriber's Name [ ]
              Plan Code  [ ]   (Y=HomePlan, P=PlanCode)
   Relation to Card Holder [ ]
          Person Number  [ ]
      Pat in Long Term Care [ ]
        Card Expiry Date [ ]
          Date of Birth  [ ]
       Third Party Co-Pay [ ]
             Days Supply [ ]        Total     Period     Year
           Patient Note  [ ]       Scripts
   Long Term Care Fac Code [ ]        Cost
              Diagnosis  [ ]       Retail
                Misc ID  [ ]       Co-Pay
           Special Case  [ ]        Since
          Acct/Episode # [ ]

     F1-Main Screen
```

F3 – Required Info Matrix, screen #2

This screen is used to configure additional data to be transmitted when sending an online NCPDP claim. To FSI's knowledge, there are no green lien plans currently accepting online NCPDP transactions. Therefore, this screen can remain blank.

```
 Page 2          N C P D P 5 . 1   S E L E C T I O N S
                                        (All Questions Y or N)
        Patient's S.S. Number [ ]    [ ] Phcy Address (AuthRep)
       Patient's Date of Birth [ ]    [ ] Patient Location Code
           Patient's Gender [ ]    [ ] Script Serial Number
        Patient's First Name [ ] (W=Whole Name)
         Patient's Last Name [ ]
      Patient's Street Address [ ]
         Patient's City & State [ ]
          Patient's Zip Code [ ]
             Patient's Phone [ ]
      Pat. Primary Care Prov. [ ]
          Patient's Employer [ ]
             Patient Smoke  [ ] (SpecCover=S)
           Patient Pregnant [ ] (SpecCover=P)
          Doctor's Last Name [ ]
         Doctor's First Name [ ]
           Doctor's Location [ ]
             Doctor's Phone  [ ]
               Injury Date  [ ]
       Pharmacy Prov. Number [ ]
         Original Rx Quantity [ ]
          Send Unit of Measure [ ]
    F1-Main Screen
```

Setting up the Misc. Information

Use 'Misc Records' in 'Utility Menu #2' to file insurance carriers, employers, and attorney information. The miscellaneous records may be linked the patient profiles. This process allows more than one patient to use the same information. Misc. Records setup is covered in more detail in **Chapter 8** of this manual.

```
       Extended Information for: TEST PATIENT

      Insurance Code  [     ]

           Employer [                    ]
         Employer ID [          ] (NCPDP 5.1)
       Patient's Atty [                  ]
      Employer's Atty [                  ]
       Lien Claim Atty [                 ]
         Ins. Carrier [                  ]
   Long Term Care Facility [             ]
         Card Holder [                   ]

 Items entered above MUST first be entered as records in 'Misc.
 Info Maintenance'.  Use the four character record 'CODE' or
 the first few characters of the name and select these items.
 This screen LINKs 'Misc. Info' records to the patient. Text
 is not stored directly.
 Exceptions: 'Employer ID' is stored 'as-is'.
            'Card Holder' must be an existing patient.
 Press Sh F1 for Misc. Info Maintenance to Amend Item Information
```

Select Utility Programs', 'Utilities Menu #2', and 'Misc Records (Atty,Emp, Etc.)'. If you are adding a new record, select additions. If you are making changes to an existing record, choose amendments.

When adding a record, a blank information template will appear. If you are amending a record, enter the name or code of the record and make the selection.

Most of the fields on this screen are self-explanatory, but some fields of note are:

Type:
Enter a code that will link certain groups. EMP, ATTY, INS, and PH, are suggested for employers, attorneys, insurance companies, and pharmacies. Other codes can be used that are shown as examples.

Discontinued:
Place a 'Y' in this field if the record in no longer in use. The record may be recalled by an exact name match or code, but will not appear in a name search.

CODE:
Enter a two to four digit code that can be used to recall this record. This code is required to be able to link a pharmacy record to a transferred script.

Carrier ID:
On-line worker's compensation plans may use a different carrier ID for each employer they service. The carrier ID entered in this record will be used in conjunction with the information entered in *Insurance Company Maintenance.*

Patient Profile

Before being able to bill prescriptions to the worker's compensation plan, the patient has to have that plan in their 'Insurance Code'.

The basic information on the first screen of patient amendments that will be required for third party workers compensation billing will be the patients 'Name', 'Address', 'City', 'State', 'Zip', 'Phone', 'Birthdate', 'Sex' and sometimes 'Social Security Number'.

Fields of note are:

LTCF Location:
This field is used for entering the type of injury notation needed for workers compensation billing.

After entering the necessary information on the first screen, press F2 to enter in the miscellaneous information for the patient.

Shown here is a sample of the F2 screen of 'Patient Amendments'.

Fields of note on this screen:

MisID:
This field is used to enter an additional identification number possibly required for workers compensation billing.

After entering in any information required on this screen, press F3 to enter the patients' third party information.

```
                 P A T I E N T   A D D I T I O N S

              Name  [                      ]  (Last,First)
           Address  [                      ]
  Optional Address  [                      ]
              City  [              ]      State  [ ]
               Zip  [        ]
             Phone  [              ]    Phone2  [                  ]
         Birthdate .[mmddyycc]   Sex [ ]
     Patient Email  [                          ]
    Patient S.S.N.  [          ]  Foreign Language [ ] (Y,N,2)
              Note  [                          ]

  In Long Term Care  [ ] (Y/N)  LTCF Code [     ]  Location [ ]
       LTCF Location [                  ]  Usual Doctor Code [    ]

       Special Case  [      ]


 _____
  F2 Misc. Pat/TP      F3 TP (CASH)      F4 Charge Acct     F5 Interface
 ShF1 Misc. Info.    ShF2 Help        ShF5 Mail Order    ShF10 No PNote
```

```
            M I S C .   P A T I E N T / T P

       Refill Reminder  [ ]   (Y/N)    [ ] Prefers Generic
               Pr PDE  [ ]   (Y/N)    [ ] Span. PCM/PDE
            Safety Cap  [ ]   (Y/N)    [ ] Duplicate Receipt
 By-Pass Interactions/DT [ ]   (Y/N)
        Delivery Route  [ ]

       MisID  [             ]        MisID2  [             ]
      Pers ID [             ]     Acct/Epis # [             ]

  Diag1 [     ] Onset .[     ]  Diag2 [     ] Onset .[       ]
  Diag3 [     ] Onset .[     ]  Diag4 [     ] Onset .[       ]

    Patient Status  [ ] (I,C,A)    Child Covered to age  [0 ]
    Eligi/Reg. Date .[       ]  Third Party Allocation $[0    ]
      Co-Pay Trade $[0     ]           Type Contract  [       ]
    Co-Pay Generic $[0     ]           Incentive Rx #  [0     ]

     Discontinued  [ ]  (Y/N)

 _____
  F1 Cancel
```

Shown here is a sample of the F3 screen of Patient Amendments.

After pressing F3, a screen similar to the one shown here will be displayed. Press the number for the third party to be edited, or if adding a new third party to the patients file, press A to add.

If adding a new third party profile to the patient, the screen shown below will be displayed.

Some fields of not, specific to billing workers compensation plans are discussed below.

Card #:
This field is used to enter the patients ID number for the third party. Typically for green lien billing this will be the patient's Social Security Number.

Group #:
This field is used to enter the green lien case #.

Special Date: (or Expires)
This field is used to enter the date of injury.

Misc. Info for the Patient

To link the miscellaneous information to a patient, press Shift F1 from the first screen of 'Patient Amendments'. The following will be displayed:

Enter the partial names or quick reference codes for each type of record that needs to be linked to the patient. If a new record needs to be entered, press Shift F1 to add or amend the information as needed. After entering the needed information, press the Enter key. For each entry, the system will ask for the selection to be verified, unless a speed code was entered and found for a specific entry. Select the correct piece of data for each entry. After verifying all of the selections, press the F1 key to exit the 'Extended Information' for the patient.

Billing the Invoices

The Invoice File

When the prescription is filled, the claim will enter the invoice file until the claims are printed. When you are ready to print the claims, first print a report of the claims in the invoice file by using the 'List Claims By Insurance' option. Enter 'List Claims by Insurance' from the 'Main Menu' by selecting

```
TEST PATIENT B.15 Nov 65 Age.40   TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

                P A T I E N T   I N S U R A N C E

        Code      Card ID          RelCH   Per #   Group Number
        ------    ---------------  -----   -----   ------------
     1. TEST      PATIENT CARD ID    H      01     GROUP CODE
     2. TEST2     PATIENT CARD ID #2 H      01     GROUP CODE #2

        Select the insurance to edit or A to add (1 - 2, A):




  F1 Cancel           F2 Change Order
```

```
TEST PATIENT B.15 Nov 65 Age.40   TEST INSURANCE Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720

                P A T I E N T   I N S U R A N C E

        Code      Card ID          RelCH   Per #   Group Number
        ------    ---------------  -----   -----   ------------
     1. TEST      PATIENT CARD ID    H      01     GROUP CODE
     2. TEST2     PATIENT CARD ID #2 H      01     GROUP CODE #2

        Select the insurance to edit or A to add (1 - 2, A): A


     Insurance Code [    ]              Card # [             ]
 Relation to Card Ho [ ] (H,S,C,O)    Person # [  ]
         Group # [            ]     Plan Code [     ]
  Subscriber's Name [            ]   Spec Cover [   ]
         Expires .[        ] (mmddyycc) TP Alloc $[     ]


  F1 Cancel           F2 Change Order        ShF3 Search Ins List
```

```
            Extended Information for: TEST PATIENT

          Insurance Code [    ]

              Employer [               ]
            Employer ID [      ] (NCPDP 5.1)
        Patient's Atty [               ]
       Employer's Atty [               ]
       Lien Claim Atty [               ]
            Ins. Carrier [               ]
  Long Term Care Facility [               ]
           Card Holder [               ]

   Items entered above MUST first be entered as records in 'Misc.
   Info Maintenance'. Use the four character record 'CODE' or
   the first few characters of the name and select these items.
   This screen LINKs 'Misc. Info' records to the patient. Text
   is not stored directly.
   Exceptions: 'Employer ID' is stored 'as-is'.
            'Card Holder' must be an existing patient.
   Press Sh F1 for Misc. Info Maintenance to Amend Item Information
```

```
             Third Party Billing

     1.  Required Billing Report
     2.  Print Alignment Forms
     3.  Print Billing
     4.  Erase Billed Claims
     5.  List Claims By Insurance
     6.  Electronic T.P. (Batch) Billing
     7.  Print Exceptions Lists
     8.  Print Multi-Script Claim Forms
     9.  California Green Lien Invoice

     Enter Your Choice
```

'Utility Programs', 'Third Party Processing', 'Print Third Party Forms', 'List Claims By Insurance'.

Printing the Claims

From the 'Main Menu', select 'Utility Programs',
'Third Party Processing', 'Print Third Party Forms'.

Feed the paper (forms) into the printer, and select
either 'Print Billing' or 'Print Multi-Script Claim
Forms'. Enter the insurance code or insurance
group and a date range. Press Enter and confirm
the selection. The claims will begin printing.

Depending on the setup you have chosen, you
may be asked if you wish to move the claims to
the reconciliation file. Enter 'YES' to move the claims.

```
                    Print Billing

Enter Insurance Code  [     ]

 Or Insurance Group  [     ]   Rx Number  [       ]
      Starting Date :[        ]  (mmddyycc)
       Ending Date :[        ]  (mmddyycc)
  List in Name order  [N] (Y,N)

Leave Starting and Ending Date Blank to Process ALL Claims.
```

The claim form will print similar to the following example:

                                        PAT GROUP #
                                         Amended

PATIENT NAME   PATIENT ADDRESS, PAT CITY, UT 84057

01 Jan 99   PATIENT CARD ID   01 Jan 70

PATIENT ATTORNEY-MISC INFO   PATIENT ATTORNEY ADDR, CITY, UT 84211

EMPLOYER NAME-MISC INFO   EMPLOYER ADDR, EMP CITY, UT 23423

INSURANCE NAME-MISC INFO

                                  INSURANCE ADDRESS #1
                                  CITY, UT 84601

EMPLOYER ATTORNEY-MISC INF   EMPLOYER ATTORNEY ADDR, CITY, UT 84534

PHARMACY NAME - USER MAINT   PHARMACY ADDRESS #1, ADDRESS #2
                                  CITY, CA 94619   PHONE NUMBER

LIEN CLAIM ATTORNEY-MISC

                                  LIEN ATTORNEY ADDRESS
                                  LIEN ATTY CITY, UT 34345

     Three Hundred, Fifteen Dollars and 71/100   315.71

        XX
                                               05 Jan 99

                        Signature On File

Invoice Statements

After the billing has been printed, the statements
must be printed. The statements are programmed
to print on plain paper. The steps must be done in
the proper order for the process to complete
properly.

From the 'Main Menu', select 'Utility Programs',
'Third Party Processing', 'Print Third Party Forms',
and 'California Green Lien Invoice'.

```
            Print Green Lien Invoice
Make Sure Plain Paper Is Loaded in Printer, and
          Press any key to continue.
```

Press Enter to begin the printing. When the
invoices complete, enter 'YES' to move the claims to reconciliation.

A sample of the Green Lien Statement is shown below:

```
       08 Jan 99                        ** S T A T E M E N T ** 								ACCT:
GREEN
            Page 1
       THE PHARMACY NAME
       ADDRESS
       CITY, ST  ZIPCD
       PHARMACY PHONE

       PATIENT ATTORNEY        INSURANCE
       ------------ ----------------     ------------------
       NAME,PATIENT    PATIENT ATTORNEY-MISC INFO     INSURANCE - MISC INFO
       ADDRESS         ADDRESS           ADDRESS
       CITY, ST  ZIPCD    CITY, ST  ZIPCD    CITY, ST  ZIPCD
       Employer: (PATIENT MISC INFO)
       Injured: (SPECIAL DATE)    Case: (PATIENT GROUP #)  Claim#:  (PATIENT MISC ID)

       Rx Num  Date    Doctor    Drug Name       Qty      Charge
       ------------------------------------------------------------------------------------------------------
       311630   08 Jan 99 NAME,DOCTOR      OCCLUSAL        30       43.32
                              62436-0185-10
       311629   08 Jan 99 NAME,DOCTOR      ROBAXIN  500MG TAB    20       20.50
                              54569-0850-04
       311628   08 Jan 99 NAME,DOCTOR      HALCION  0.125MG TAB  50       56.84
                              54868-0828-01
       311627   08 Jan 99 NAME,DOCTOR      GANTRISIN PEDIAT  5OO/5ML      100     20.48
                              54569-0078-02
       311626   08 Jan 99 NAME,DOCTOR      VALIUM  5MG TAB 40       42.72
                              00140-0005-13
                              3 Scripts  Sub Total     183.12
                                                       --------
                              5 Scripts  TOTAL AMT DUE       183.86
```

TAR Tracking

```
T A R   T R A C K I N G   S Y S T E M

        1. Additions
        2. Amendments
        3. Deletions
        4. Print TARs
        5. List TARs
        6. Diag./Just. Code Maintenance
        7. Form Type  - Standard
        8. Forms Offset Top/Left
           (in 1/720ths inches)
           No Page Clear
        9. Print Sigs on Forms No
        A. Print Diagnosis on Forms No
        B. Default Insurance Code CALX

        Enter Your Choice
```

TAR Tracking is a program used to track TAR numbers and print data from the Pharmacy Management System on the TAR forms. The system adds the TAR information during the 'Prescription Pathway' and allows you to add the TAR to the system independently. 'TAR Tracking' also checks the number of authorized dispensings remaining, as well as the TAR expiration date.

In order for 'TAR Tracking' to operate properly, certain items need to be indicated in the Pharmacy Management System:

An insurance code of CAL, CALX, or CAL1 through CAL9 must be used for your Medi-Cal insurance code.

The 'Use TAR Tracking System' option must be set to 'Y' in 'System Configuration' – 'Software Options' – 'Page 6'.

Drugs that require a TAR must have a '7' placed in the drug record 'St WF Group' field.

Once enabled, the program will prompt for TAR information as prescriptions are processed. When dispensing a drug that requires a TAR you will be asked:

Medi-Cal Conditional Coverage, Does This Script Comply With Med Pat with TAR? (Y,N) Press SHIFT F1 for TAR History.

Additions / Amendments

```
T A R   T R A C K   A D D I T I O N S

Script Number   [       ]
```

To add a tar for the prescription, press 'Y' to go to 'Tar Additions'. To not issue a TAR, press N. The prescription will be billed to the patients secondary insurance. If no secondary insurance is available, the prescription will be billed to cash.

Note: Pressing Shift F1 will display the patients TAR history. Pressing Y will enter the TAR tracking system. If the tar number has been previously entered, the pathway will continue as normal. If the TAR information needs to be added, the system will prompt you for the doctor, and then display:

Note: In 'System Configuration'-'Software Options' 'Page 6 – if 'Use TAR Tracking System' is set to 'Y' (Upper Case, the Pharmacy Management System allows the TAR to be updated during the script pathway. If 'y' (lower case) is entered, the Pharmacy Management System will NOT allow the TAR to be updated during the script pathway.

Most of the information required on the TAR form is defaulted on the screen from other fields in the system. The fields that can be edited or added are in brackets.

```
                  T A R   T R A C K   A D D I T I O N S
Patient Name  PATIENT,TEST                    Medicaid ID  123456789
    Address   15 N. STATE STREET          Age  41   DOB  15 Nov 65
City/St/Zip   LINDON, UT  84042           Patient Status  Home
Phone Number  801-785-7720    Sex M       Cnty Code
Doctor Name   DOCTOR,TEST
Script Number [00000108]   Refills  6   Remaining  6   Disp. Qty  30
Drug Str/Frm  PENICILLN VK 500MG TAB  (GENEV)                Pack
   Drug Code: [00781165510 ]
Services Req. [PENICILLN VK 500MG TAB          ]
   TAR Number [PATIE000003 ]    Dispens Authorized [1 ]  Remaining [1 ]
     Request Issue [Y]  (Y,N)     Req. Issue Date :[      ] (MMDDYYCC)
          TAR Type [A]  (N/ew Retro, R/efill Retro, P/ending, A/ctive)
      Effective Date :[01280520]  (MMDDYYCC)  Expiry Date :[        ]
Last Activity  Date :[04090720]  (MMDDYYCC)
Note: [              ]                    T.P. Code [    ]


  <F4> Save     <F1> Quit    <F5> Save/Print Form     <F6> Save/eTAR
```

Fields of note are:

Patient Status:
The patient status information comes form the Type Contract field in 'Patient Amendments'. Enter the letter in Type Contract that applies to the patient:

- H = Home
- B = Board and Care
- S = SNF/ICF
- A = Acute Hospital
- T = Test (all the boxes are filled in)

Note: When the field is left blank, Home is defaulted.

Note: With a lower case 'i' in 'Insurance Company Maintenance'-'Misc. Selections' field the software will ignore an invalid TAR # with alpha characters when print billing to the insurance.

Cnty Code:
The County Code also comes from 'Patient Amendments'-'Plan Code'. The information entered there will print above the Medi-Cal ID number on the TAR form. It is often used for a county designation.

Services Requested:
The drug name – strength - form defaults in this field. It may be edited as needed.

Note: Frequency of Sigs may be required.

TAR Number:
If you have already received a TAR number for this prescription, enter it here. If not, the system will assign the record a pseudo (temporary)-TAR number using the first five characters of the patients last name followed by a sequence number.

Dispensings Authorized and Remaining:
These quantities are independent of the doctor's refills authorized and remaining.

Request Issue:
Enter a 'Y' in this field if the TAR is still to be printed. This is used when 'batch' printing TAR's. When the TAR's are printed, a prompt to enter the prescription number is displayed. In this field type 'ALL' to print all TAR's that have 'Request Issue' set to 'Y'. After the TAR's are printed, the 'Request Issue Date' will be update with the current date.

TAR Type:
Use this field to specify the status of the TAR. The following is a list of the valid codes:

'A' = Active - the effective and expiry dates will be checked.

'P' = Pending - it is assumed that a TAR has been requested and not yet approved. The TAR form will print with the RETRO NO box on the TAR form marked, and the TAR will not bill.

'R' and 'N' = The RETRO YES box on the TAR form is marked. The effective and expiry dates will not be checked.

Effective, Expiry, and Last Activity Date:
As the names imply, enter the dates that the TAR is effective and expires. The last activity date will change as the prescription is refilled.

Note:
The note field is for the pharmacy's reference only.

Function: Enter – Next Page

After entering the appropriate selections on the first screen of TAR Additions/Amendments, if the 'TAR Type' is set to 'N' or 'R' for New or Refill Retro, the screen shown here will be displayed. This screen allows for the 'Diagnosis Description' and 'Medical Justification' to be entered to be printed on the form or to be submitted with the eTAR.

```
                 T A R   T R A C K   A M E N D M E N T S
 Patient Name  PATIENT,TEST                 Medicaid ID  123456789
     Address  15 N. STATE STREET            Age  41   DOB  15 Nov 65
 City/St/Zip  LINDON, UT  84042
 Script Number  00000108   Refills  6   Remaining  6   Disp. Qty  30
 <ShF1> to Codes Maintenance
 Diagnosis Description:
 [                                                              ]
 Expanded Diagnosis Description:


 Medical Justification:
 [

                                            ]
 Expanded Medical Justification:



 <F4> Save   <F1> Quit   <F5> Save/Print   <F6> Save/eTAR   <F2> Prev.Screen
```

Function: Shift – F1:

The code maintenance screen can be reached by pressing [Shift][F1]. 'Diag./Just. Code Maintenance' is discussed at greater length later in this section.

Function: F4 – Save

Press [F4] to save the changes and return to the 'Prescription Pathway' or 'TAR Tracking System, which ever was previously displayed. Alternately, press [F1] to quit without saving or press [F5] to save the TAR, and print the form.

Function: F5 – Save / Print

Press [F5] to save the TAR and print the TAR form on the designated printer. This will print the TAR at the time of request, so it is important to already have the TAR loaded in the designated printer before pressing [F5].

Function: F6 - Save / eTAR

Pressing [F6] will save the TAR and will go to the 'eTAR Record Maintenance' screen allowing the user to enter in additional information required to request the TAR electronically. This serves as an

```
          e T A R   R E C O R D   M A I N T E N A N C E
 Patient Name  PATIENT,TEST                 Medicaid ID  123456789
     Address  15 N. STATE STREET            Age  41   DOB  15 Nov 65
 City/St/Zip  LINDON, UT  84042            Patient Status  Home
 Phone Number  801-785-7720   Sex M        Cnty Code
 Script Number  00000108                   T.P. Code  CALX
        TAR #  [PATIE000003 ]              Modem Sw Code  RSI
   Attachment  [N ] (None,UN-Upload Now,U1-Upload 1hr,F1-Fax 1hr)
 Request Type  [I]  (Initial,Reauthorization,Deferred)
 Request Basis  [ ] (C1-ExCode1,MS-ExMed.Sup.Lim,6R-6 Rx Lim,ST-Step Ther.)
   Diagnosis Code #1  [     ]   [ ] Qualifier    <F2> Change Rx ICD-9
   Diagnosis Code #2  [     ]   [ ] Qualifier    Disp'ings Auth'd [12]
   Diagnosis Code #3  [     ]   [ ] Qualifier    Eff Date :[01280520]
   Diagnosis Code #4  [     ]   [ ] Qualifier    Exp Date :[01280620]
     Discharge Date :[mmddyycc] [ ] Last Response Type  Send w/o Just. [ ]



 <F3> Request      <F4> Inquiry      <F5> Last Inquiry      <F6> Edit SIGS

   <F7> eTAR Contact Information:       * Applies to ALL eTAR Records *
   Name [KREIG'S PHARMACY        ] (Last,First)
 Phone# [801-785-7720    ]         Fax# [801-785-2966      ]   [ ] LHSigs
                                                        <F8> TAR Amend
```

alternative to printing the TAR and faxing it into Medi-Cal for approval.

Most of the information will be defaulted on this screen based off the data of the prescription and the first screen of 'TAR Record Maintenance'. Some fields of note are:

Attachment:
This field is used to tell Medi-Cal when the eTAR is submitted if there is an attachment supporting the TAR Request, and if so, when and how they will receive the attachment. Setting this field to 'N' will tell Medi-Cal that there is no supporting attachment. Setting this field to 'UN' will tell Medi-Cal there is an attachment and it's being uploaded (from a windows based computer with web access to Medi-Cal's website) now. Setting this field to 'U1' tells Medi-Cal there is an attachment and that it will be uploaded in 1 hour, and setting this field to F1 tells Medi-Cal there is an attachment and that it will be faxed to them in 1 hour.

Request Type:
This field is used to tell Medi-Cal what type of TAR request this is. Enter a 'I' in this field for an 'Initial' request. Enter an 'R' in this field for a 'Reauthorization' request or enter a 'D' in this field for a 'Deferred' request.

Request Basis:
This field is used to tell Medi-Cal why a TAR is being requested. Enter 'C1' in this field if this prescription is exempt from 'Code 1 Restrictions'. Enter 'MS' if this prescription is 'Exempt from Medical Supply Limitations'. Enter '6R' if this TAR is being requested because the patient has exceeded the 6 prescription limit for the month, or enter 'ST' if this prescription is part of a 'Step Therapy' program.

Diagnosis Code #1 - #4:
Use these fields to enter in the diagnosis's of the prescription for the patient. At least the first diagnosis must be entered for the eTAR to be submitted. Pressing F2 on this screen will display a list of the available diagnosis's for the drug. Select the appropriate one for this patient, and press Enter. The diagnosis should then be populated in the first 'Diagnosis Code' field. Diagnosis Codes #2 - #4, if being entered, must be entered manually. The F2 will not work for them.

Other fields are on this screen, but are not required for the submission of the eTAR to Medi-Cal.

Function: F3 – Request

After entering the appropriate information on the 'eTAR Record Maintenance' screen, pressing F3 will submit the eTAR to Medi-Cal electronically. If any information necessary to send the request is missing, a pre-check will report what's missing on the bottom of the screen and will prevent the eTAR from being submitted.

Standard switching fees do apply to eTAR submissions.

Function: F4 – Inquiry

Pressing F4 will submit an inquiry transaction to Medi-Cal and will receive the eTAR information. If the eTAR has been approved, the TAR number and other information will be loaded into the TAR record.

Function: F5 – Last Inquiry

Pressing F5 will display the status of the eTAR as of the last inquiry request. An example of the screen is shown here.

```
        e T A R   R E C O R D   M A I N T E N A N C E
                    LAST INQUIRY DISPLAY

            Patient Name   PATIENT,TEST
              Rx Number    00000108
     Last Inquiry Date                  Response Type
            TAR Number                  PATIE000003
         Processed Date
          Effective Date               28 Jan 05
             Expiry Date               28 Jan 06
       Refills Authorized  0           11
      Quantity Authorized  0
      Quantity Accumulated 0
        Authorized Amount $
     Message:
```

Function: F6 – Edit Sigs

Pressing F6 will allow the sigs from the prescription to be edited. If the sigs entered do not fit in the maximum field length that Medi-Cal accepts for eTARs, this option will blink on the screen to alert the user that the sigs might need to be editied to fit.

```
        e T A R   R E C O R D   M A I N T E N A N C E
  Patient Name  PATIENT,TEST              Medicaid ID  123456789
       Address  15 N. STATE STREET        Age  41   DOB  15 Nov 65
   City/St/Zip  LINDON, UT  84042         Patient Status  Home
  Phone Number  801-785-7720   Sex M      Cnty Code
 Script Number  00000108                  T.P. Code  CALX
        TAR #  [PATIE000003 ]             Modem Sw Code  RSI
    Attachment [N ] (None,UN-Upload Now,U1-Upload 1hr,F1-Fax 1hr)
  Request Type [I]  (Initial,Reauthorization,Deferred)
  Request Basis [ ] (C1-ExCode1,MS-ExMed.Sup.Lim,6R-6 Rx Lim,ST-Step Ther.)
  Diagnosis Code #1 [     ]  [ ] Qualifier      <F2> Change Rx ICD-9
  Diagnosis Code #2 [     ]  [ ] Qualifier    Disp'ings Auth'd [12]
  Diagnosis Code #3 [     ]  [ ] Qualifier      Eff Date :[01280520]
  Diagnosis Code #4 [     ]  [ ] Qualifier      Exp Date :[01280620]
     Discharge Date :[mmddyycc]  [ ] Last Response Type  Send w/o Just. [ ]

          Enter SIGS  [                    ]  (24 character max)

  <F3> Request      <F4> Inquiry      <F5> Last Inquiry      <F6> Edit SIGS

     <F7> eTAR Contact Information:        * Applies to ALL eTAR Records *
    Name [KREIG'S PHARMACY        ] (Last,First)
   Phone# [801-785-7720     ]        Fax# [801-785-2966      ]   [ ] LHSigs
                                                        <F8> TAR Amend
```

Deletions:

Use this function to delete TAR's from the Pharmacy Management System.

There are 3 ways to delete the TARs:

1.   Enter the prescription number of the TAR to delete.
2.   Enter a date preceeded by a 'D' to delete all TARs with no activity since the date entered.
3.   Enter 'EXP' to delete all expired TARs.

```
        T A R   T R A C K   D E L E T I O N S

     Enter Script Number for individual deletion or EXP
     to delete all TAR records indicated as expired.
     Enter a'D' and a Date (mmddyy) to delete TARs with
     no Dispensing Activity since the entered date.

     Script Number, EXP, or Date (Dmmddyy)  [          ]
```

The system will ask you to confirm your choice before the TAR's will be erased.

Print TARs:

Enter an 'A' in the field to print an alignment form. Repeat the process until the forms are aligned in the printer correctly. Enter a prescription number to print the TAR form, or enter 'ALL'. If 'ALL' is entered, all of the records that are that have 'Request Issue' set to 'Y' will be printed.

If the TAR has formerly been 'issued', the following menu will be displayed:

```
        P R I N T   T A R   F O R M S

     Enter Script Number for individual print or ALL
     to print all TARs indicated to be requested for issue.
     Enter 'A' to print an alignment form.

     Script Number or ALL  [          ]
```

Select the appropriate option. If the TAR was previously printed, but needs to be printed again (the TAR was never received back) press 'I'. The TAR will be reprinted, and the 'Issue Date' in the TAR record will be update to the current date. To re-print the TAR but not have the 'Issue Date' updated, press 'P', and to not re-print the TAR press 'N'.

```
            P R I N T   T A R   F O R M S

      Enter Script Number for individual print or ALL
      to print all TARs indicated to be requested for issue.
      Enter 'A' to print an alignment form.


          Rx 00000108  Request Issue Date:  18 Sep 07
          TAR PATIE000003

          I)ssue (sets Request Issue Date)
          P)rint (does NOT Change Request Issue Date)
          N)o printing

              Enter Your Choice:
```

List TARs:

Use this function to print or view lists of the TAR's on file.

Use menu options 1 and 2 to select whether the TAR list should be printed or displayed on the screen. These menu options can be used in conjunction with the 'selections' shown below the heading 'Select'. When options 1 and/or 2 are used alone, all TAR's will be printed. Menu functions 4-9 allow for a specific type of tar to be specified for the list.

```
                   T A R   L I S T S

      All TARs Selected




                    1.   PRINT TAR LIST
                    2.   SCREEN TAR LIST
      Select:
      4.   Active Since Date
      5.   NOT Active Since Date
      6.   Expired TARs
      7.   Unmatched Rx
      8.   Pending TARs
      9.   Most Recent TAR
      A.   Req. Issue Date Range
      B.   eTAR Request Basis
                        Enter Your Choice
      <F3> Select Patient
```

Diag./Just. Code Maintenance

Use this function to enter codes and descriptions for use with the medical justification/diagnosis description fields. These codes allow faster entry of the information.

```
      D I A G N O S I S / J U S T I F I C A T I O N / D U R /

      C A R E - C L A I M   C O D E S   M A I N T E N A N C E

                    1.   Additions
                    2.   Amendments
                    3.   List (Code Seq.)
                    4.   List (Description Seq.)

                    Enter Your Choice
```

Additions/Amendments:

Enter the abbreviation and a description. When the abbreviation is entered, it will be used to print the description on the TAR form.

```
            C O D E   A D D I T I O N S

      Abbreviation  [      ]

      Description:
      [                                        ]
```

Lists:

Depending on the option chosen, the list will print either the code or description in alphabetical order. The list can be sent to the printer or the screen.

```
          C O D E S   L I S T
        (S)creen, or (P)rinter?
```

Toggle Form Type:

Press option 7 so that it corresponds to the TAR form type you are using. The options are Prior to 8/93 (obsolete), Fax (obsolete), 08/93 and the newest tar form 03/07. Note: 8/93 and 03/07 should be the only option used.

Forms Offset Top/Left:

This option permits the adjustment of the Top and Left margins if you are using the Laser TAR forms (Scale equals 720 dots per inch. (Example: 180 equals 1/4").

Note: If the TAR form needs to print the FAX # of the pharmacy place the FAX # in the Second Address Line of the Pharmacy (Main Menu - Utilities Menu #2 - System Configuration Page 1).

```
      T A R   T R A C K I N G   S Y S T E M
          1. Additions
          2. Amendments
          3. Deletions
          4. Print TARs
          5. List TARs
          6. Diag./Just. Code Maintenance
          7. Form Type  - FAX
          8. Forms Offset Top/Left [0   ] [0   ]
             (in 1/720ths inches)  ClearForm [ ] (Y,N)
             No Page Clear
          9. Print Sigs on Forms No
          A. Print Diagnosis on Forms Yes
          B. Default Insurance Code CALX

          Enter Your Choice 8
```

Medi-Cal Batch Billing

```
                Data File (Batch) Third Party Billing

                    1.   List File Formats
                    2.   Create Billing File
                    3.   Print T.P. Forms
                    4.   Print Exceptions Lists
                    5.   Transmit Medi-Cal Billing
                    6.   Process NCPDP 1.1 Response

                Enter Your Choice
```

As with all other paper or invoice-billed claims, the claims must be processed and entered into the invoice file before the billing process can take place. The following billing steps assume that the processing steps have been completed properly.

Note: Before creating and billing a batch, it is recommended to first list the claims being billed. To do this, from the 'Main Menu', select 'Utilities Menu', 'Third Party Processing', 'Print Third Party Forms', 'List Claims by Insurance'.

Enter the insurance code and dates for which you are processing. The listing will contain all the claims in the invoice file for the dates you entered.

List File Formats

```
                    List File Formats (Claim Form #)

CF No  1. Universal                  CF No 19. Reserved
CF No  2. IHC Care                   CF No 20. Repackaging
CF No  3. Utah Welfare               CF No 21. N.J. Medicaid (Unisys)
CF No  4. *Cal. MediCal              CF No 22. Texas Medicaid (DPI)
CF No  5. Penn. Welfare              CF No 23. ELCF-23 (Universal)
CF No  6. Kansas Welfare             CF No 24. New Mexico Medicaid
CF No  7. *Gr. San Diego Hlth Pln    CF No 25. Colorado Medicaid
CF No  8. *N.J. Medicaid (Scriptform) CF No 26. Idaho Blue Shield
CF No  9. *N.J. Blue Cross (Scriptform) CF No 27. Montana Medicaid
CF No 10. Alaska Medicaid            CF No 28. Cal. MediCal - 1994
CF No 11. Idaho Medicaid             CF No 29. Cal. MediCal - 1994 (ssn)
CF No 12. FHP - DP/Rx                CF No 30. Louisiana State Emp. Grp
CF No 13. Louisiana Medicaid         CF No 31. Nevada Medicaid
CF No 14. Alabama Medicaid           CF No 32. Cal. MediCal (ncpdp 1.1)
CF No 15. ELCF-15 (Universal)
CF No 16. Florida Medicaid
CF No 17. Oregon Medicaid
CF No 18. Medicare (Part B)

                    Press Any Key To Continue.
```

This utility just displays a list of the valid 'Electronic CF #' numbers available on the Pharmacy Management System.

Create Billing File

```
                    Create Billing File

            Enter Insurance Code  [      ]

            Or Insurance Group  [      ]
                 Starting Date :[          ] (mmddyycc)
                  Ending Date :[          ] (mmddyycc)

        Leave Starting and Ending Date Blank to Process ALL Claims.
```

From the 'Main Menu', select 'Utilities Menu', 'Third Party Processing', 'Electronic Data File Billing', and 'Create Billing File'.

Enter the Insurance code (or group) and date range (do not enter a date range to include all possible claims). The system will ask you to confirm your choice by pressing [Enter] to bill the claims. After pressing [Enter], the file will be compiled.

When the billing file is nearly complete, a control sheet will appear on the screen.

Press P to print this sheet and then C to continue.

Note: If 'Exceptions' shows with a number to the right, these are claims that are missing information required for the claim to be processed, so those claims will not be included in the batch. Press the S key to view these claims. If the batch is a large file, it might be advisable to proceed with the current batch and then fix the exceptions to be included in the next batch. If not, after viewing the exceptions, the file creation can be aborted by pressing the F1 key. Correct the problems, and then re-create the batch again.

```
You must label the diskette with the following:
     Identification Number    SUBID622101
     Computer Manufacturer     IBM Compatible PC/AT
     Recording Density         Double Sided / Double Density
     Contact Person            Your Name
     Contact Address           Your Address
     Phone Number              Your Phone

For Filling out the Control Sheet:
     Total Provider Records    1
     Total Claim Records       2
     Total Remark Records      0
     Total Amount Billed       20.51
     Identification Number     SUBID622101
     Submitter Number          SUBID
     Submitter Name
     Submitter Address         Your Address


     Press 'P' to Print, 'C' to Continue.
```

If you back out of this function without pressing C the billing file will not complete properly and the batch **WILL** be rejected. After pressing C to continue, the following screen will be displayed:

If the billing file appears to create properly, answer 'Y' to move the claims to reconciliation.

After creating the batch file, proceed to the 'Transmit Medi-Cal Billing'.

Note: If exceptions were reported, or to see if there were any exceptions withheld from the batch file, use menu option '4. Print Exceptions Lists'. *It is important to not forget to follow up on the Exceptions, these are prescriptions that have not been billed, thus they are prescriptions you will not be paid for.*

```
CAUTION: Before answering this question, Note that
if you answer NO the computer will save the third party
invoices so you can print them again. If you answer YES,
the computer will erase the invoices so you will not print
them again.

Did The 'CAL' File appear to Complete Successfully? (Y or N)
```

Print Third Party Forms

This function serves as a link to the 'paper' billing menu functions discussed previously in this chapter and in **Chapter 5** of this manual.

Print Exceptions Lists

Claims that do not have all the required information will not be included in the billing file. These claims are called *Exceptions*. Print an exceptions list to view claims that are missing information. To do this, from the 'Data File (Batch) Third Party Billing' menu, select option '4.Print Exceptions Lists'. The following will be displayed:

Enter the insurance code (or group) used for batch billing. Press Enter. The list of exceptions will be printed.

```
E X C E P T I O N S   L I S T   P R I N T I N G

     Enter Insurance Code  [    ]

        Or Insurance Group  [     ]
```

Correct any missing information so that the claims will be included in the next billing file. (When creating the next billing file, be sure to use a date range that will include the 'formerly excepted' claims.)

NOTE: Not all claims will print out on the listing that are in the invoice file under the Medi-Cal Batch insurance code, only those that have missing or incorrect information will be indicated/identified on the right side of the printout.

Shown here is a list of the Exceptions codes, and what each code is referring to:

1.	Pat Card PCARD	Missing Patient Card #
2	Pat ID PLEN	Card ID is not = to 10, 11, 14, or 15 characters
3.	Pat Sex PSEX	Missing Gender
4.	Pat Bir Date PDOB	Missing Patient DOB
5.	Drug Code	Missing selected drug code (Ndc, StWelf, etc.)
6.	NDC Code DgNDC1	NDC drug code is not 11 digits
7.	StDgCode DgSLen	State drug code is not 7 to 11 characters long
8.	Days Sup DaySup	Missing Days Supply
9.	Doc # Dstlic	Missing Doctor State License Number
10.	Pat Paper Claim Paper	Patient's "Spec Cov" field contains a "P"
11.	Drug Paper Claim DgPap	Drugs "Medicaid Pay" field is marked as "N"
12.	No Tar # NoTAR	Script is marked as TAR but invoice note is blank or missing in Tar Record "
	TARRec	Missing TAR Record
	NumNot	Tar Number is not numeric
13.	Tar DgCode TARdg	Missing drug ID in Tar Record

Transmit Medi-Cal Billing

From the 'Main Menu' select 'Utilities Menu', 'Third Party Processing', Electronic Data File Billing', and 'Transmit Medi-Cal Billing'.

Press F7 to enable modem diagnostics, and F10 to set the Transfer Block Size to 1 Kbyte, Press F8 to insure that Dial Immediately is 'Active'. Your password should default in the EDS Password field. Ensure that the correct insurance code is entered and press Enter.

Press P to 'Print the control sheet' or 'Press any key to continue'. This will transmit the batch file to Medi-Cal. The Pharmacy Management System will try up to 25 times to connect into the EDS system and transmit the batch file. If a connection is not established in 25 attempts, press F1 to abort, and try to transmit the file again later. After the batch file is transmitted, the modem will disconnect from EDS, and will display a '**volser**' number. Write this number down for future reference in identifying this batch submission to Medi-Cal/EDS if needed.

```
              Transmit Medi-Cal Billing File

       EDS Password  [PASSWD        ]

    Enter file name  [MCALDISK   ]
     Insurance code  [CAL ]

                  F7.  Modem Diagnostics  Disabled
                  F8.  Dial Immediately Active
                  F9.  Set Dial Time
                  F10. Transfer Block Size 128 byte
    Last Confirmation:
       Your VOLSER for this upload is 449355, please keep for
       your records.  09/20/2004  15:52:43
```

```
          X M O D E M   F I L E   T R A N S F E R

 Press the F10 Key to Abort
 Initializing Modem;
```

Process NCPDP 1.1 Response

```
P R O C E S S   N C P D P   1 . 1   B A T C H   R E S P O N S E

     Enter Response File Name  [              ]
   Enter Batch Claim File Name  [              ]
```

After transmitting the batch file to Medi-Cal, a NCPDP 1.1 Response file can be downloaded from the Medi-Cal website. Foundation Systems Technical Support Helpdesk is not responsible for the technical support of retrieving this file from the website, and placing that file onto a form of media that can be read by the FSI Pharmacy Management System server.

After the file is on a media, that file has to be loaded onto the server. This process is going to vary greatly depending on the type of media that file is on, and the Operating System of the Pharmacy Management System server. For assistance, please contact the Foundation Systems Technical Support Helpdesk at **801-785-7720**.

At this point, the screen shown above will be displayed:

Enter the file name of the response file loaded onto the server, and enter the file name of the batch file that was submitted to Medi-Cal that matches this response. Often times this is going to be MCALDISK.x (where x is a numeric value of 1-9).

The 'Batch Response' program will read the file downloaded from the Medi-Cal website, and mark the found prescriptions in the 'Claim File' as being 'captured' or 'not-captured' in the 'Modem Claim Log'. No payment information is reported in this program, nor the file downloaded from Medi-Cal.

10. Security & Rx Verify – Work Flow

Security System

The Foundation Systems Security System is used to 'grant' or 'deny' access to various parts of the Pharmacy Management System based off the technician and pharmacist logged onto the system. Proper use of the 'Foundation Systems Security System' helps meet compliance requirements with HIPAA PHI access and recording laws.

The easiest way to know if the 'Security System' has been activated in your Pharmacy Management System is to look at your Main Menu. If menu option '9.Pharm/Tech Secur. Log-Off' is available, the 'Security System' has been activated.

```
                    KREIG'S TEST SYSTEM                Sh F2 HELP
           P H A R M A C Y   M A N A G E M E N T   S Y S T E M

        1. Process by Patient            7. Nursing Home System
        2. Process by Script             8. Exit Pharmacy System
        3. Utility Programs              9. Pharm/Tech Secur. Log-Off
        4. New Rx - Last Patient         A. Cash Register Function
        5. Consulting/Appoint Review     B. Rx Status - Work Flow
        6. Accounts Receivable           U. Update Notice Display

                                         Enter Your Choice


              MediSpan Drug Update not yet Applied (rduds)

                    (c) 2005 Foundation Systems, Inc.

      Pharm: KM                    Rev. 04.05

      Wed 23 Mar 05              Site # 1-SITE1              03:07 pm
```

The Foundation Systems Security System will be discussed in three sections, 'Pharmacy Management System Integration', 'Pharmacists/Technician Security Matrixes', and 'Automatic LogOff's'.

Pharmacy Management System Integration

The 'Security System' is by design, automatically integrated with the Pharmacy Management System. When the 'Security System' is activated, the prompts for a pharmacists and technician login will automatically be turned on. These logins are a very pivotal part of the 'Security System'.

If unsure if these are enabled, or to double check, go to 'Software Options', 'Page 7 – Miscellaneous Functions'.

To enable the technician login prompt, enter a 'Y' in the field 'Ask For Technician Log-In'.

After activating the 'Security System', it is necessary for each technician and pharmacist on file within the Pharmacy Management System to be assigned a password, and for their 'Security System Matrix' to be setup. This will be discussed within the next section of this chapter.

When the security system is active, when logging into the Pharmacy Management System, the following screens will be displayed:

As shown in the screen to the right, the first prompt is to enter the initials of the technician for this workstation. Enter the initials and press Enter. The following will be displayed:

```
Page 7              S O F T W A R E   O P T I O N S
                       Miscellaneous Functions
   T.C. Transmission Time 24 Hr. [   ]
      Modem Diagnostics Displayed [ ]    (Y,N,B)
         Nursing Home Facilities [ ]     [ ] Integral Accounts Rec'ble
  Use Directions in Pat Con #4 [ ]       [ ] Use Patient Consult'g
         P.O.S. System Installed [ ]     [ ] Use TAR Tracking System
       Ask For Technician Log-In [ ]     [ ] Disable Update Pickup Prompt
            Update Main Menu Time [ ]    [ ] Use Marketing Data System
    Use Expanded Sigs for ELOG [ ]       [ ] Beep Non-Medicaid Message
    Xfer Zero Amt Due to P.O.S. [ ]      [ ] Ref Reminder wo/ Refills Remain
   Include Decimal Point in ELOG [ ]     [ ] Print Drug Name on Deliv. Log
  Always ask for Pharmacist Login [ ]    [ ] Enable Online 'F9-Alrdy Paid'
   Disable Rx Edit After Disp Dt [ ]     [ ] Disable Ph Init Edit Aft Disp Dt
        Default Log of Rx PSE Item [ ]
```

```
          S E T   T E C H N I C I A N ' S   I N I T I A L S

             Enter the Technician's Initials [   ]

                 Press F5 For NO Technician.
```

Enter the password for the technician displayed on the screen.

If no technician is signing in to this workstation, on the previous screen a prompt was displayed 'Press F5 For NO Technician'. Pressing the F5 key will skip the 'Technician', and prompt for a pharmacist to sign in. If a technician signs in, there will not be a prompt for the pharmacists to sign in (as long as a pharmacist has previously signed in on this task). In this case, the pharmacist's initials can be changed upon filling the first prescription. Another setting, 'Software Options', 'Page 2 – Script Pathway Functions ',' Ask For Pharmacists In Pathway, controls this.

```
        S E T   T E C H N I C I A N ' S   I N I T I A L S

              FSI - FOUNDATION SYSTEMS INC

          Enter Password  [           ]
```

The 'Ask For Pharmacists in Pathway' option has 4 possible settings. When this option is set to 'N', no prompt for 'Pharmacists Initials' will be displayed when filling the prescription, and the pharmacists that is logged in will be assigned to the prescription. When using this option, the pharmacist's initials can be changed using the 'Utility Programs' option '8. Change Pharmacists Initials'.

When set to a 'Y', a prompt for the 'Pharmacists Initials' will display when filling a prescription, and the initials of the pharmacist logged in will be defaulted. The initials can be changed at this

```
 Page 2              S O F T W A R E   O P T I O N S
                        Script Pathway Functions
    Script Number Length (digits) [ ]    (6-8)
   New-Fr-Old Quick Use Date Wrtn [ ]    (A,O,T; Ask,Orig,Today)
       Always Ask for Date Written [ ]    (Y,or DgSch Level:2,3,4,5)
  Non-Sched Default Rx Refill Days [  ][ ] Sched 2 Default Rx Expiry Days
  Sched 3-4 Default Rx Expiry Days [  ] [ ] Sched 5 Default Rx Expiry Days
   Use Drug File Default Exp. Date [ ]     [ ] Update Drug Default Exp Date
        Prompt For Dup. S/N on Narc [ ](2)  [ ] Track ICD-9 Codes W/Script
      Prompt For Cust. ID on Contrl [ ](4)  [ ] Manually Number Scripts
      Prompt For Rx Orig. on Contrl [ ](4)  [ ] Refills Use New Script Acct #
       Patient Menu After New Script [ ]  (R)[ ] Refs Remain'g = QOWE/Last Qty
   Check if Last Disp was Picked Up [ ]    [ ] Round Up Refs Rem from QOWE
         Auto Refill After Inc Refills [ ]    [ ] New-Fr-Old Use Orig Rx Acct #
        Set Drug Disp'd to Dg Presc'd [ ]    [ ] New-Fr-Old Use Last Disp. Drug
         Set Refill Qty to Last Disp'd [ ]    [ ] Always Use Drug Trade Name
              Use 12 Month Expiry Date [ ] (Py)[ ] Ask For Pharmacist In Pathway
  Ask to Move Note w/New-From-Old [ ]    [ ] Track Episode/Account Numbers
  Check Back n Days f/Tele-NotFld [  ] NL[ ] Quick Ref Meth Bill Now/Later
       Ask Correct on Quick Refills [ ]   QL[ ] Ref Rem Use Quick or Long Method
        Print Label on Quick Refills [ ]   A[ ] Allow 'Q' Refill on Script Menu
            Ask For Rush Delivery [ ]     [ ] Calculate Days Supply from Sigs
```

point, and the new initials will be saved as the 'logged in' pharmacist, and therefore will be the initials that will be defaulted the next time a prescription is filled. When this field is set to a 'y', the prompt for the pharmacist initials will display, but no initials will be defaulted in this field. This function works best in pharmacies that have multiple pharmacists working, so the initials of the responsible pharmacist will have to be entered each time.

An additional setting for this option is 'P'. 'P' is going to behave like 'N' when filling new and new-from-old prescriptions, but when doing refills, and this option is set to 'P', the 'logged in' pharmacist will be used, and a forced acknowledgement of the PCM message will be displayed. Press the 'ESC key to acknowledge.

Pharmacist/Technician Security Matrixes

After the 'Security System' is activated on the
Pharmacy Management System, each technician
and pharmacist need to be added to the system,
have a password assigned, and have their security
matrix configured.

This section of this chapter will outline this
process.

Setting up a pharmacist and technician are in
concept the same process with the only difference
being which menu option is chosen.

```
            U T I L I T I E S   M E N U   # 2

   1.  Change Next Rx Number      G.  Pharmacists File Maint
   2.  Sig Maint                  H.  Technicians File Maint
   3.  Drug Price Setup           I.  Repackaging
   4.  Price Formula Maint        J.  Misc. Records (EMP,ATTY,etc.)
   5.  All/Sen Groups Maint       K.  TAR Tracking
   6.  Label Formats Maint        L.  Special File Diagnostics
   7.  Warning Label Maint        M.  Laser Coupon Maint
   8.  Automatic Sig Codes Maint  N.  System Configuration
   9.  Family/Patient Maint       O.  Special/Custom Processing
   A.  Rx/Pat Profile Repair      P.  Exception File Maintenance
   B.  Inventory Reporting        Q.  DUR Intervention System
   C.  Rebuild New Indexes        R.  Email System
   D.  Bulk Supply Xfer/Billing   S.  Patient Mail Order Records
   E.  Weekly Pharmacy Report     T.  Script Drug Check/Rdy Display
   F.  City Lookup File Maint      U.  Script Drug Fill Check
                                  V.  Delivery Tracking System
                                  W.  Task Alert Edit

                         Enter your choice.
```

As shown in the example above, pressing option
'G' from the 'Utilities Menu #2' menu will go to the pharmacists file, and pressing menu option 'H' will go to the
technician file. Since these two files are setup in the same way, only one will be discussed in this manual. In this
example, the pharmacists file will be discussed.

After selecting menu option 'G. Pharmacists File Maintenance' (or 'H. Technician File Maintenance') the following
screen will be displayed:

If the pharmacist has already been added to the
system, select menu option '2. Amendments', and
the following will be displayed: (If the pharmacist
has not already been added, select menu option '1.
Additions' and follow the instructions covered in
Chapter 8 – '**Pharmacists File Maintenance'**.)

With the 'Security System' activated, two additional
fields are now available in the pharmacist file.
These are outlined below:

Security Password:

```
        P H A R M A C I S T   A M E N D M E N T S

   Pharmacist's Initials  [FSI]
           ''      Name  [FOUNDATION SYSTEMS INC  ]
              Provider ID  [            ][ ] Qualifier
 Automatic Logoff Exit System  [N] (Y,N) [ ] Discontinued
     Automatic Logoff Time  [0   ] (10-3600 Seconds, 0=Off)
        Security Password  [            ]
     Password Expiry Date .[       ] (mmddyycc)
 Last Script Filled On  27 Aug 07
     Total # of Scripts        34    Since 25 Jul 97
   Number of Over-Rides
 Total Over-Ride Dollars

 Scripts Dispensed by Hour of the Day,  Since

   :00            1:00            2:00            3:00
  4:00            5:00            6:00            7:00
  8:00            9:00      7    10:00      8    11:00      7
 12:00     -2    13:00           14:00           15:00      6
 16:00      7    17:00      1    18:00           19:00
 20:00           21:00           22:00           23:00
```

This field is used to specify the password for this
pharmacist. The contents of this field are case sensitive. When the password is entered, it is not encrypted, and
will display in text, so be sure no one is 'observing' the password that is being entered.

Password Expiry Date:

This field is used to enter a date that the entered
password will expire, and will have to be changed.
This date has to be entered in mmddyycc format
as shown on the screen. This is an optional field,
and if no date is entered, the password will never
expire.

After entering the password and expiry date, press
[Enter]. The following screen will be displayed:

The options shown on the above screen will be
discussed individually. When an option is set to 'N'
(with exception to the 'Limit to OTCs ONLY'

```
          P H A R M A C I S T   A M E N D M E N T S
                   Security Permissions Matrix

 Allowed Access to: (All Y,N)      [Y]  Process by Patient
        Patient Amendments  [Y]    [Y]  Patient History
   Patient Menu Functions  [Y]     [Y]  Fill New Scripts
           Recall Scripts  [Y]     [Y]  Refill Scripts
             Edit Scripts  [Y]     [Y]  Patient Consulting
     Script Menu Functions  [Y]    [Y]  Enter Tele Scripts
            Pricing Setup  [Y]     [Y]  Do Price Over-Rides
         Give Price Quotes  [Y]    [Y]  Utility Menus
   Third Party Processing  [Y]     [Y]  Ordering System (S-O-H)
          Report Printing  [Y]     [Y]  Misc File Maintenance
         Drug Maintenance  [Y]     [Y]  Doctor Maintenance
   Insurance Co. Maintenance  [Y]  [Y]  Sig Maintenance
 Financial Report Printing  [Y]    [N]  Limit to OTCs ONLY, New & Ref
 Label Format Maintenance  [Y]     [Y]  System Configuration Menu
 Patient Accounts Receivable  [Y]  [Y]  Nursing Home
    End of Period Processing  [Y]  [Y]  Exceptions File Maint
  Special File Diagnostics  [Y]    [Y]  Other's Passwords
  Claim Response File Edits  [Y]   [Y]  Consulting if SPCASE=EMP
 Rx Status - Work Flow Access  [Y] [Y]  End Of Day Processing
      Tech's Security Matrix  [Y]  [Y]  Pharm's Security Matrix
```
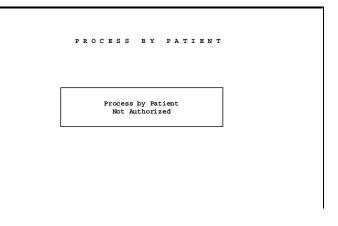
option), access will be denied to the functions under that option.

When access is denied, the following screen will
be displayed:

After setting up the security matrix for the
pharmacist (or technician), it is highly
recommended to test using the initials of the
pharmacist, and trying to get into the options that
have been denied for that pharmacist.

All of the options, with one exception, will be set
with a 'Y' to grant access or 'N' to deny access to
the programs protected by that option. The one
exception to this is the 'Limit to OTCs ONLY, New
& Ref' option, which will be discussed later.

Each option is discussed below:

P R O C E S S   B Y   P A T I E N T

```
Process by Patient
Not Authorized
```

Process by Patient:
This option, when set to 'Y', will allow access for this pharmacist to the Main Menu function '1.Process by Patient'.
When this option is set to 'N', access to this function will be denied.

Patient Amendments:
This option is used to grant/deny access to 'Patient Amendments'.

Patient History:
This option is used to grant/deny access to view patient histories. If the pharmacist has access to 'Process by
Patient', but does not have access to 'Patient History', the patient will be recalled, but no history will be displayed.

Patient Menu Functions:
This option is used to grant/deny access to all menu options on the 'Patient History' screen with exception to
'1.Patient Amendments'.

Fill New Scripts:
This option is used to grant/deny access to patient menu option '3.New Script', patient menu option 'E. Fill a Tele
Rx' and patient menu option 'G. Choose Rx & Fill'. If 'Patient Menu Functions' is set to 'N', patient menu options
'3.New Script', 'E. Fill a Tele Rx' and 'G. Choose Rx & Fill' will not work, regardless if this option is set to 'Y'.

Recall Scripts:
This option is used to grant/deny access to patient menu option '5.Recall Script' and Main Menu option '2.Process
by Script'.

Refill Scripts:
This option is used to grant/deny access to patient menu option '4.Refill Rx' and script menu option '1.Refill Script'.
 If 'Patient Menu Functions' is set to 'N', patient menu options '4.Refill Rx' will not work, regardless if this option is
set to 'Y'.

Edit Scripts:
This option is used to grant/deny access to editing of prescriptions. This option will allow the edit menu to be
accessed, and the main and dispensing records to be recalled, but will not allow any of the data to be changed.

Patient Consulting:
This option is used to grant/deny access to Main Menu option '5.Consulting/Appoint Review'.

Script Menu Functions:
This option is used to grant/deny access to the script menu options. The script menu is the menu displayed after recalling a prescription from the patient profile, or when processing by prescription. This option will grant/deny all menu options except for '1.Refill Script' and 'M. More Script Functions'.

Enter Tele Scripts:
This option is used to grant/deny access to patient menu option 'D. Enter a Tele Rx'.

Pricing Setup:
This option is used to grant/deny access to 'Utilities Menu #2' option '4.Price Formula Maint'.

Do Price Over-Rides:
This security option is used to grant/deny the capability to change the prescription price on the pricing screen through the script process.

Give Price Quotes:
This option is used to grand/deny access to utility program '4. Give Price Quote', main menu function ' Shift F4 ' and new prescription function ' Shift F4 ' (from the drug prompt screen).

Utility Menus:
This option is used to grant/deny access to miscellaneous utility menu functions. This option works with the option 'Misc. File Maintenance'. If a pharmacist is granted access to 'Misc File Maintenance', then they will also have access to 'Utility Programs'.

Third Party Processing:
This option is used to grant/deny access to utility program '7. Third Party Processing'. This will block users from all functions contained within this utility program.

Ordering System (S-O-H):
This option is used to grant/deny access to utility program 'E. Wholesaler Ordering/Management'. This option will not block the pharmacist from making changes to the 'Stock On Hand' through the 'Drug Maintenance' menus.

Report Printing:
This option is used to grant/deny access to utility program '2. Sundry Printouts' which is where most of the reports for the Pharmacy Management System are located. This option will not check access for other reports found other areas on the system.

Misc File Maintenance:
This option is used to grant/deny access to miscellaneous areas of the program that are not individually granted/denied by the other options uniquely specified. This includes most of the utility programs located on 'Utilities Menu #2'.

Drug Maintenance:
This option is used to grant/deny access to utility program '3. Drug Maintenance'.

Doctor Maintenance:
This option is used to grant/deny access to utility program '5. Doctor Maintenance'.

Insurance Co. Maintenance:
This option is used to grant/deny access to utility program '7. Third Party Processing'.

Sig Maintenance:
This option is used to grant/deny access to utility menu #2 option '2. Sig Maintenance'.

Financial Report Maintenance:
This option is used to grant/deny access to reports available within the Pharmacy Management System that are not on the 'Sundry Printout' menu screen. This includes, but is not limited to 'Pharmacy Statistics' and 'Script Financial Report / T.P.'.

Limit to OTCs ONLY, New & Ref
This option is the exception to the 'Y/N' rule that was discussed earlier. This option, when set to 'Y', will limit the pharmacist (or technician) to filling prescriptions (new and refill) for only drugs marked as 'OTC'. When set to 'N', this option will allow the pharmacist to fill prescriptions (new and refill) for all medications.

Label Format Maintenance:
This option is used to grant/deny access to utility menu #2 option '6. Label Formats Maint'.

System Setup Functions:
This option is used to grant/deny access to utility menu #2 option 'N. System Configuration'.

Patient Accounts Receivable:
This option is used to grant/deny access to main menu option '6. Accounts Receivable'.

Nursing Home:
This option is used to grant/deny access to main menu option '7. Nursing Home System.

End of Period Processing:
This option is used to grant/deny access to utility menu #2 option 'O. Special/Custom Processing'. This utility is used for special programs such as, but not limited to, 'Linux Auto Fax Doctor Interface', 'Pocket PC Wireless Signatures', and 'Sig Admin Times Maintenance'.

Exceptions File Maint:
This option is used to grant/deny access to utility menu #2 option 'P. Exception File Maintenance'.

Special File Diagnostics:
This option is used to grant/deny access to utility menu #2 option 'L. Special File Diagnostics'.

Other's Passwords:
This option is used to grant/deny access to the pharmacist and technician file passwords. When access is denied, the 'Password' and 'Password Expiry Date' fields will not display on the screen when adding/amending a technician or pharmacist.

Claim Response File Edits:
This option is used to grant/deny access to making changes to the 'Claim Response' screen. This is the screen that is displayed after billing a prescription, and before printing the label.

Consulting if SPCASE=EMP:
This option is used to grant/deny access to main menu option 'Consulting/Appoint Review' if the patient's 'Special Case' field is set to 'EMP'.

Rx Status – Work Flow Access:
This option is used to grant/deny access to main menu option 'Rx Status – Work Flow'.

End of Day Processing:
This option is used to grant/deny access to 'Utility Program' menu option 'End of Day Processing'.

Tech's Security Matrix:
This option is used to grant/deny access to 'Utility Menu #2' option 'H. Technicians File Maintenance'.

Pharm's Security Matrix:
This option is used to grant/deny access to utility menu #2 option 'G. Pharmacists File Maintenance'.

Automatic LogOff

In connection with the security system, the Pharmacy Management System can be configured to monitor activity per each workstation on the network, and log that terminal off after a pre-defined amount of time of inactivity.

The automatic logoff can be configured in three possible places. The first is on a system wide basis, in 'Central System'. The second is in 'Terminal Map' on a per terminal basis, and the third is in 'Pharmacist File Maintenance' and 'Technician File Maintenance' to have the automatic logoff time defined on a per user basis.

To configure the automatic logoff to function on a system wide basis, go to '3. Utility Programs', '1. Utilities Menu #2', 'N. System Configuration', and '2. Central System'. The first screen of 'Central System Configuration will be displayed, press [Enter] to get to the second screen.

The following screen will be displayed:

The 'Automatic Logoff Key Response', 'Automatic Logoff Exit System' and 'Automatic Logoff Time' fields are used to activate and configure the properties for the automatic logoff. These options are discussed below.

```
            C E N T R A L   S Y S T E M   C O N F I G U R A T I O N
                            Misc Selections
     File Header/Disk Space Check Days  [ ]  (Max of 9 Days)
        Medi-Span Update Direct Prices  [N]  (Y,N)
         Medi-Span Update NDC Changes   [Y]  (Y,N)
      Auto Apply Medi-Span Drug Update  [ ]  (Y,N)
      Auto Apply Medi-Span Calif. Update [ ]  (Y,N)
      Medi-Span Update California MAC   [ ]  (Y,N)
        Medi-Span Update % Modifier     [0    ]
           Allow Action After Rx Xfer   [N]  (Y,N)
         Allow Xfer'g Rxs More Than Once [Y]  (Y,N)
        Automatic Logoff Key Response   [M]  (F,M,S;Fast,Med,Slow)
         Automatic Logoff Exit System   [ ]  (Y,N)
             Automatic Logoff Time      [0    ] (10-3600 Seconds, 0=Off)
                   Server IP Address    [              ]
          Allow Multi-Site Refills      [ ]  (Y,N)
  Common Multi-Site Drug Xref Code      [ ]  (Y,N)
```

Automatic Logoff Response:

The value entered in this option determines the frequency at which the program checks for keystrokes on the keyboard. Options F = Fast, M = Medium, S = Slow differ in the speed at which the logoff takes place.

Note: Using 'F'ast response on a system with many terminals may noticeably slow the performance of the system.

Automatic Logoff Exit System:

This option, when set to 'Y', will cause that the FSI Pharmacy Management System be exited when the 'log-off' conditions are met.

Note: If the FSI Security System has been installed, set this option to 'N', otherwise, choose 'Y' to activate this selection

Automatic Logoff Time:

This option is used to specify the number of seconds that, if a terminal is left unattended (no key presses) for the specified time selected (10 or up to 3600 seconds), the Pharmacy Management System program will be logged off as set in the prior options.

To configure the automatic logoff to function on a terminal basis, go to '3. Utility Programs', '1. Utilities Menu #2', 'N. System Configuration', '5. Terminal Map' and select option '1. Amend Terminal Map'. The screen shown to the right will be displayed.

The first line of this screen, just below the screen title, the name of the terminal map is displayed. If 'DEFAULT' is displayed, making changes to this screen will cause that all terminals that do not have their own map will automatically use these settings. If 'DEFAULT' is not displayed, and a unique name for this terminal is, making changes

```
              A M E N D   T E R M I N A L   M A P
                    Terminal Map for tty1

  Scan Port Name [net:10.0.0.127:fujitsucert:1ibusb:001:002      ]
       Scan Hard Copy On New Rx  [Y] (Y,N) ScanLock [site1 ]
       Use Image Name Extension  [ ] (Y,N)
       Scanner X,Y Positions #1 [105] [135]  Desc. [1/4 PAGE ]
       Scanner X,Y Positions #2 [135] [105]  Desc. [1/2 PAGE ]
       Scanner X,Y Positions #3 [250] [280]  Desc. [FULL PAGE ]
         Image Width, Height  [500] [400] Default 356, 278
      Auto Logoff Exit System  [ ]  (Y,N)
           Auto Logoff Time    [0   ] (10-3600 Seconds, 0=Off)
  Prompt for Verify & Fill Initials  [N]

          Signature Pad Port Name [ttyS1   ]
               Sig Pad Host Name  [              ]
                 Sig Pad Socket #  [      ]
          Sig Pad Minimum X Value [300 ]  (Left)
          Sig Pad Minimum Y Value [300 ]  (Top)
          Sig Pad Maximum X Value [2400]  (Right)
          Sig Pad Maximum Y Value [1000]  (Bottom)
                   Sig Pad Type  [1x4  ]  (1x4,4x5)
        Signature End Wait Timeout [2]  (2-9)
```

to this map will affect only this terminal.

To activate the automatic logoff for this terminal, or all terminals using this terminal map name, enter in amount of time the terminal can be idle in the 'Auto Logoff Time' field and specify whether the terminal should be exited out of the Pharmacy Management System in 'Auto Logoff Exit System' field. After making the appropriate changes, press [Enter] to save them.

To configure the automatic logoff to work on a per user basis, for the desired user, access their 'Technician' or 'Pharmacist' file by selecting, from the Main Menu, '3. Utility Programs',
'1. Utilities Menu #2', and select either
'G. Pharmacist File Maintenance' OR
'H. Technician File Maintenance'.

The following will be displayed: (For example purposes, 'Pharmacist Amendments' is being shown. Technician Maintenance is done in the same manner.)

```
              P H A R M A C I S T   A M E N D M E N T S

            Pharmacist's Initials  [FSI]
                  ''          Name  [FOUNDATION SYSTEMS INC   ]
                    Provider ID  [                 ] [ ] Qualifier
    Automatic Logoff Exit System  [N] (Y,N) [ ] Discontinued
         Automatic Logoff Time  [0    ] (10-3600 Seconds, 0=Off)
              Security Password  [         ]
           Password Expiry Date .[         ] (mmddyycc)
          Last Script Filled On  27 Aug 07
             Total # of Scripts        34    Since 25 Jul 97
            Number of Over-Rides
          Total Over-Ride Dollars

    Scripts Dispensed by Hour of the Day,  Since

        :00              1:00                2:00                3:00
       4:00              5:00                6:00                7:00
       8:00              9:00       7       10:00       8       11:00       7
      12:00     -2      13:00               14:00               15:00       6
      16:00      7      17:00       1       18:00               19:00
      20:00             21:00               22:00               23:00
```

To activate the automatic logoff for this user, enter
in amount of time the user can be idle in the 'Auto Logoff Time' field and specify whether the terminal should be exited out of the Pharmacy Management System in 'Auto Logoff Exit System' field. After making the appropriate changes, press [Enter] to save them.

Note: If both a pharmacist and technician are signed in, and if both of the users have user specific automatic logoff properties, the automatic logoff settings will be used from the **technician** setup, not the pharmacist.

Rx Verify – Work Flow

```
            RX STATUS - WORKFLOW MANAGEMENT

            Dispensings Since 30 Mar 05

            1. Rx Status by Patient
            2. Rx Status by Script #
            3. Display ALL Selected Scripts
            4. Perform 'Action' by Script #


            8. Create/Select Configuration
            9. Configuration for DEFAULT

            Enter Your Choice
```

The 'Rx Verify – Work Flow' is used to check for prescriptions of various statuses's to aid in the tracking of prescriptions through the data entry, billing, dispensing, verifying and pickup processes.

The 'Rx Verify – Work Flow' program is NOT an alternate to filling a prescription in the prescription pathway, but will allow for various status's to be set or cleared for the prescription as it progress's through the pharmacies filling process.

Note: Menu options 5-7 are purposely not shown. These options have been excluded for future program development.

The 'Rx Verify - Work Flow' system will be discussed in 6 sections, 'Verify by Patient', 'Verify by Script', 'Display ALL Selected Scripts', 'Perform 'Action' by Script #', 'Create/Select Configuration' and 'Configuration for:'.

Verify by Patient

This function of the 'Rx Verify – Work Flow' program is a single line summary for each prescription entered in the Pharmacy Management System for a specified patient. This summary will report if a prescription has been billed, cost greater than price (or third party pay + copay), stock shortage, or various DUR alerts.

```
TEST PATIENT B.15 Nov 65 Age.39   MEDI-CAL BATCH Expires
15 N. STATE STREET LINDON  #PATIENT CARD ID 801-785-7720
  Rx       DispDt Drug Name/Strgth/Frm T.P.    Cost TotPrice Other Status
A 000102   12 Nov MOTRIN/800MG/TAB    UNBIL   29.02    47.04 Pk
B 000100   08 Nov BENTYL/20MG/TAB     TEST    16.49    23.99 St
C 000099   08 Nov IMODIUM/2MG/CAP     TEST    26.21    33.71 St
D 000098   08 Nov PREVACID/30MG DR/CAP TEST  148.82   156.32 DUR
E 000096   08 Nov ZITHROMAX/600MG/TAB TEST   436.59   600.58 DUR
F 000095   08 Nov CLARITI/10-240MG/TAB TEST  218.30   225.80 DUR
G 000094   05 Nov ASPIRIN/325MG EC/TAB TEST    2.54    10.04 Cd




  <F5> to Print,<ShF5> w/Rx Note
  Items to EXCLUDE from Action  [ABCDEFG           ] <Enter> to Show Detail.
      Actions: All Items Excluded
         Rdy to Pkup
```

Depending on the configuration of the terminal and the 'work flow' system, this option will show different things. A sample of a 'Verify by Patient' screen is shown here.

The example shows several prescription dispensings. Item 'A' has a billing problem. It's 'T.P.' is shown as 'UNBIL', indicating it has not been billed to a third party. Therefore, it's line code 'A' shows in the 'Items to EXCLUDE from Action' input field.

Pressing Enter will display more detail for dispensings that are indicated in this field. Otherwise, any items that do NOT display in this field can have three actions performed.

F2 Actions:

Pressing the F2 key will perform the actions shown below the '<F2> Actions: xx Items' line. In the example shown above, the action is 'Rdy to Pkup'. If the user were to press the F2 key from the screen shown above, any prescriptions shown on this screen NOT being 'excluded' would be marked as picked up. One the screen shown above, all prescriptions are excluded.

F5 to Print:

This function allows the user to print out the list of prescriptions displayed on the screen. This is particularly useful when the number of prescriptions exceeds the amount of room on the screen. This print job will print the list, without the note for each prescription.

Shift F5 w/Rx Note:

This function is used to print out the same list as the F5 option, but this list will include the 'Rx Note".

Shift F2 Status Code Help:

Pressing Shift F2 will display on the screen a
legend of the codes and statuses used and
displayed in the 'Rx Verify - Work Flow' system.

Most of the information shown on the
'Verify by Patient' displayed list is self explanatory,
but some of note are below:

```
                    'PROBLEM' CODE DESCRIPTION
<T.P. Code>  Billing            (including 'UNBIL')
<$Cost>      Cost less than Price
Au           Authorization (TAR) Indication
Cd           Call Doctor In-Progress
Dc           Discontinued Rx (DC)
Dl           Delivery
DUR          DUR indication     (Interaction, Allergy, Drug Disease,
                                 Duplicate Therapy, Doseage)
Gh           General Purpose Hold
Lb           Label Printed
Nf           'Not Filled'
Pf           Partial Fill
Pk           Ready to Pickup    (Rx Ready Display, Will-Call)
Pu           Picked Up
St           Out-of-Stock
Rx           Script Expiry Date

Cp           Counseling Pharmacist
Vp           Verifying Pharmacist
Et           Rx Entry Technician
Ft           Rx Filling Technician
Vt           NDC Verifying Technician
```

T.P.

This column shows the Third Party code the prescription was billed to. When 'UNBIL' shows in this column, this
indicates that the prescription is pending billing to a third party company or to cash.

TotPrice:

The amount shown in this column will be highlighted if the amount of total price is less than the cost of the
prescription. Total price is calculated as cost + fee in the dispensing record of the prescription.

Other Status

This column is used to report problems that exist with the prescription that could cause it to not be ready for the
task the terminal is setup to perform (bill, print label, etc). A list of the possible 'Other Status' is available on
screen by pressing Shift F2. To see a list of the available codes in this manual, refer to the example screen
shown next to the explanation of the Shift F2 function.

EXCLUDE:
This field displays the prescriptions that will be excluded from the action the terminal is configured to perform.
Pressing Enter will show detail of each script, one at a time, to be excluded.

REMEMBER: Only those dispensings that do NOT appear in the 'EXCLUDE' field will have the 'action' (print,
mark, check) performed on them.

Verify by Script

This menu function is used to show the 'Dispensing Detail' for a specific prescription, including the 'modem log' entry if it was online billed.

After selecting this menu option, enter the prescription number to be verified, and the following will display:

The top portion of the screen is for informational purposes only. No function or changes can be made to this area of the screen. Beginning at the 'HOLD STATUS <F2>' line, the functionality of the screen begins.

```
                    D I S P E N S I N G   D E T A I L
       Patient: PATIENT,TEST           Rx # 0000102   New        Qowe 9900
      Pre Drug: MOTRIN 800MG TAB

                                        T.P. UNBIL Unbilled T.P. Claims
             Dispensing Date 12 Nov 04  Quantity  100           RxExp  12 Nov 05
DAW 0     Drug Dispensed MOTRIN 800MG TAB  PH%UP
               Drug NDC 00009738702        Days Supply  30
                   Cost      $29.02     Primary Online      $0.00 UNBIL
                    Fee      $18.02     Total TP A/R        $0.00
         CoPay/Pat Price     $47.04        Total Price     $47.04
         Usual & Customary   $41.54    Acquisition Cost    $29.02
               Prescriber DOCTOR,TEST            DEA   DEA3434
Directions  TAKE 1 TABLET 3 TIMES DAILY
       Online Log          M Sw  Comm Status     Claim Status  Time      U/B
Xmit:  15 Dec 04           NDC   Successful      Rejected      11:52:57
Msg:
Rejected: (6)                                                         PCS
51 Non-Matched Group ID              07 Miss/Inv Cardholder ID
  HOLD STATUS <F2>     Rx Note <F4>
    Gen. Purpose Hold [N]        Billing Problem [N]      Call Doc In-Prog [N]
       Drug Disease [N]              Allergy [N]       Duplicate Therapy [N]
    Drug Interaction [N]             Dosage [N]             Discontinued [N]
       Out-of-Stock [N]         Partial Fill [N]     RPh NOT Verified [Y]
RPh [KM ]   Couns RPh [  ]    Tech [  ]   NDC V.Tech [  ]   Fill Tech [  ]
```

Each of the available statuses can be set or cleared by entering a 'Y' or 'N' in the appropriate status. Most of the statuses are self explanatory and will not be discussed individually. The bottom line of this screen displays the initials of the dispensing pharmacist, counseling pharmacist, dispensing technician, NDC verifying technician and the fill technician.

Some functions of note are:

Change Status <F2>:

Press the F2 function key displays a second screen of information (other statuses) for the selected prescription. And example of this screen is shown here.

Rx Note <F4>:

Pressing the F4 key allows the user to enter or edit the note. The note field defaulted on entry of 'Rx Verify - Work Flow' is the 'Script Note'. To change from 'Script Note', to 'Dispensing Note', to

```
                    D I S P E N S I N G   D E T A I L
       Patient: MERRELL,KREIG          Rx # 0000109   New        Qowe 210
      Pre Drug: AMOXICILLIN 875MG TAB

                                        T.P. CAL MEDI-CAL BATCH
             Dispensing Date 15 Mar 05  Quantity   30           RxExp  15 Mar 06
DAW 1     Drug Dispensed AMOXICILLIN 875MG TAB  RANBA
               Drug NDC 63304076320        Days Supply  15
                   Cost      $27.38     Primary Online      $0.00 CAL
                    Fee       $4.50     Total TP A/R        $0.00
         CoPay/Pat Price      $0.00        Total Price     $31.88
         Usual & Customary   $29.38    Acquisition Cost    $27.38
               Prescriber DOCTOR,TEST            DEA   DEA3434
Directions
      No Online Log Record Found.



  OTHER STATUS     Press Any Key to Return to 'HOLD STATUS'
    Delivery In-Prog  N    Ready to Pickup  N        'Not Filled'  N
       Picked Up  Not Yet        'UTCN'  N
  Refills Transferred  N    Transferred Here  N      Label Printed  N
  Authorization (TAR)  N    Auth. (TAR) Note
       Script Expiry  15 Mar 06
```

'Increase Refill Note', use the F3 function, which is discussed in greater detail later. When set to 'Script Note', enter or modify a note unique for this prescription. This is the same note that can be accessed from the 'Rx Status', 'Edit Short Script Note' function. When set to 'Disp Note', enter or modify a note unique to this one dispensing. Each dispensing (refill) for this prescription can have a different note. When set to 'Inc. Ref.', pressing F4 allows a note to be entered or modified. This is the same note field that is displayed when increasing refills or transferring remaining refills. If something is already in this note field, modifying this note will result in LOSS of the note previously entered here.

<ShF4> Multi- Rx/Pat Notes:

Pressing Shift F4 displays the 'Multi-Line Patient' and 'Multi-Line Rx' notes. After pressing the keys, a screen will display the existing entries for each note. To edit the 'Multi-Line Patient' notes, press the F2 key. To edit the 'Multi-Line Rx' note, press the F3 key. To edit the '99 Line Notes' for the patient, press the F8 key.

<F3> Disp.:

Pressing the `F3` key toggles the note field used when pressing the `F4`. There are 3 different settings for the `F3` key function. 'Disp.' which refers to the 'Dispensing Note', 'Inc. Ref.' which refers to the 'Increase Refill / Transfer Note' and 'Rx' which refers to the 'Script Note'. This prompt displays the code for the note field that pressing the `F3` kill WILL CHANGE to, not the current note field. The current note field is shown on the 'HOLD STATUS <F2>' line.

This screen is the same as the '<Enter> to Show Detail' from the 'Verify by Patient' screen.

Display ALL Selected Scripts

This function displays all of the current dispensings for the past number of days as specified in the '9. Configuration' setup menu and qualified by the items specified in the 'Include' column of that same menu. Items set to 'N' in the 'Check' column will NOT be 'highlighted' if a dispensing has that attribute active. Items in the 'Include' column will NOT be displayed if set to 'N'.

The prescriptions that have 'problems' with them will be displayed in the 'Items to EXCLUDE from Action' field. Prescriptions that do not have problems can have the defined 'Action' performed for them by pressing the F2 key. The defined

```
  Rx      DispDt Drug Name/Strgth/Frm T.P.      Cost TotPrice Other Status
A 000083  26 Jan DIAZEPAM/5MG/TAB     UNBIL     2.06
B 000103  22 Nov TYLENOL/500MG/TAB    UNBIL     1.84     6.80 CdPk
C 000102  12 Nov MOTRIN/800MG/TAB     UNBIL    29.02    47.04 Pk
D 000100  08 Nov BENTYL/20MG/TAB      TEST     16.49    23.99 St
E 000099  08 Nov IMODIUM/2MG/CAP      TEST     26.21    33.71 St
F 000098  08 Nov PREVACID/30MG DR/CAP TEST    148.82   156.32 DUR
G 000096  08 Nov ZITHROMAX/600MG/TAB  TEST    436.59   600.58 DUR
H 000095  08 Nov CLARITI/10-240MG/TAB TEST    218.30   225.80 DUR
I 000094  05 Nov ASPIRIN/325MG EC/TAB TEST     2.54    10.04 Cd
J 000082  28 Oct VALIUM/5MG/TAB       CAL      30.00    57.35 CdLbStPk
K 000081  25 Oct AMOXICILLI/500MG/CAP UNBIL    11.07    17.07 Dl
L 000071  20 Sep ZOCOR/40MG/TAB       WCOMP   143.61   148.11 Cd
M 000069  15 Sep ALPRAZOLAM/1MG/TAB   CA       33.80    34.80 Cd
N 000057  06 May DURAGES/100MCG/H/DIS UNBIL   296.74
O 000052  28 Apr TEST COMPOUN/10%/CRM PAID     1.20     5.45 Cd
P 000054  15 Apr PERCOCE/10-650MG/TAB UNBIL    69.36    77.61
Q 000053  15 Apr PERCOCE/10-650MG/TAB UNBIL    69.36    69.36

 <F5> to Print,<ShF5> w/Rx Note
Items to EXCLUDE from Action  [ABCDEFGHIJKLMNOPQ  ] <Enter> to Show Detail.
     Actions: All Items Excluded
        Rdy to Pkup
```

key. The defined actions will display below the '<F2> Actions:' line. In the example shown here, 'Rdy to Pkup' is the defined action.

Perform 'Action' by Script

The 'Perform 'Action' by Script #' function is used to perform the actions defined in the configuration for the station being used.

To perform actions for a specific script number, select '4. Perform 'Action' by Script #' from the 'Rx Verify - Work Flow' menu. Scan or type in the prescription number. The screen shown here will be displayed.

The actions that are enabled show below the '<F2> Actions:' line of the screen. In the example shown here, 7 actions are displayed. This is unusual, a typical number of actions would be 1 or 2.

```
KREIG MERRELL B.03 Feb 78 Age.27   MEDI-CAL BATCH Expires
746 EAST  30 NORTH OREM HAPVAL #2 801-224Note PATIENT NOTE FIELD.
  Rx       DispDt Drug Name/Strgth/Frm T.P.    Cost TotPrice Other Status
A 000109   15 Mar AMOXICILLI/875MG/TAB CAL    27.38   31.88 VpCpEtVtFt




 <F5> to Print,<ShF5> w/Rx Note
Items to EXCLUDE from Action  [                    ] <Enter> to Show Detail.
<F2> Actions: 1 Item
     Print              NDC Verify      Fill            DUR Check
     RPh Verify         RPh Counsel     Rx Rdy Disp
```

If the prescription has something wrong with it that would 'Exclude' it from having the defined actions performed, it will be listed in the 'Items to EXCLUDE from Action' field. If the prescription speed letter (A) is shown in this field, pressing Enter will display additional information about the prescription.

To perform the action (if the prescription is not excluded), press F2 and the action process will start. The screens that display next will vary greatly on which actions are defined for this 'Rx Verify - Work Flow' station.

Create/Select Configuration

This menu option is used to create and select configurations for the 'Work Flow – Rx Verify' program. These configurations determine the behavior and display properties for menu options '1. Verify by Patient' and '3. Display ALL Selected Scripts'.

After selecting this menu option, the following screen will be displayed:

The 'Create/Select Configuration Profile Named' field defaults to the 'terminal name' of the workstation.

```
                    CREATE CONFIGURATION PROFILE

        Create/Select Configuration Profile Named  [tty1       ]
                        Delete/Rename Profile  [   ] (DEL,REN)

Current Profiles Defined:
DEFAULT
DEL
bill
dur
fill
pku
rdy2pr
stk
```

To load a pre-defined configuration, enter the name as displayed below the 'Current Profiles Defined'. After entering the desired profile, the system will return to the 'Rx Verification – Workflow Management' menu screen.

If a profile name is entered that is not on file, the screen shown here will be displayed:

To create the new profile with the name displayed, answer 'Y', otherwise answer 'N' or press F1 to abort.

To delete an unused profile, enter the profile name and 'DEL' in the 'Delete Profile' field. Alternatively, if a profile exists that has the configuration desired, but does not match the name of the terminal it is being used one, the profile can be renamed. To do this, enter in the desired profile in the 'Create/Select Configuration Profile Named' field, and type 'REN' in the 'Delete/Rename Profile' field. After typing in 'REN', the screen shown here will be displayed:

```
                    CREATE CONFIGURATION PROFILE

      Are You Sure You Want to Create a Profile Named DUR?

Current Profiles Defined:
DEFAULT
DEL
bill
dur
fill
pku
rdy2pr
stk
```
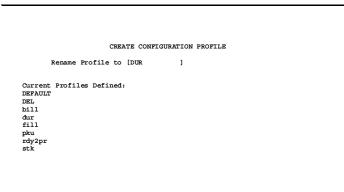
In the example shown here, the user is renaming a profile to be 'DUR'. Enter the desired name for the profile and press Enter to save it. Remember that naming profiles to match the name of the terminal being used will allow that terminal to use the profile by default, without having to select the configuration each time 'Rx Verify - Work Flow' is entered. If the profile name to be used does not match the terminal name, the 'Terminal Map' may be configured with the profile to be used by default.

```
                    CREATE CONFIGURATION PROFILE

        Rename Profile to [DUR       ]

Current Profiles Defined:
DEFAULT
DEL
bill
dur
fill
pku
rdy2pr
stk
```

Configuration for:

This menu option allows the user of 'Rx Verify - Work Flow' to define profiles to list and check for various statuses.

The settings for the current profile will be displayed. Each of these options will be discussed.

```
                 R X   S T A T U S   C O N F I G    for DEFAULT
    Days Back to Check Status  [365]   Quick Print  [N]   Display Cost  [ ]
                                         Check  Include (Y or N) [ ] ALL
                  General Purpose 'Hold'  [ ]   [ ]
                  DUR Contraindications  [Y]   [Y]
                 Refill Request (Call Doc)  [Y]   [Y]    Add'l Days Back [0 ]
                  Out-of-Stock Indication  [Y]   [Y]
                   Partial Fill Indication  [ ]   [ ]
                         Billing Problem  [Y]   [Y]
                 Cost greater than Price  [Y]   [Y]
          Authorization (TAR) Indication  [ ]   [ ]
                          Label Printed  [Y]   [Y]
             Pharmacist Verification Done  [ ]   [ ]
              Pharmacist Counseling Done  [ ]   [ ]
                  Entry Technician Check  [ ]   [ ]
        NDC Verifying Technician Check  [ ]   [ ]
               Filling Technician Check  [ ]   [ ]
              Ready to Pick Up (filled)  [Y]   [Y] (RxReady Disp/WillCall)
                    Delivery Indication  [N]   [Y]
                   Discontinued Scripts  [ ]   [N]
                    'Not-Filled' Scripts  [ ]   [ ]
                       Picked Up Scripts  [ ]   [ ]
                       Scripts Expiring  [ ]   [ ]    Days to Expiry [0 ]
          'Actions' on Next Page - Press <Enter>
```

Days Back to Check Status:
This field is used to define the number of days back the program will check for prescriptions to be used by the 'Rx Verification – Work Flow' system. The number entered in this field will be used starting back from the current date.

Quick Print:
This option, when set to 'Y' will cause the 'Number of Labels' screen to not be displayed, and the number of labels and PDE will be printed as configured in the 'Software Options' of the Pharmacy Management System and the within the 'Patients Amendments' to be printed without prompt. When this field is set to 'N' or when left blank, the 'Number of Labels' screen will be displayed allowing the user to specify how many labels and whether or not to print the PDE.

Display Cost:
When this option is set to 'Y', the cost of the prescription will be displayed on the script list displayed using 'Rx Verify - Work Flow' menu functions '1. Rx Status by Patient', '2. Rx Status by Script #', 'Display ALL Selected Scripts' and 'Perform 'Action' by Script #'.

ALL:
When this function is set to 'Y', all prescriptions, except prescriptions marked as deleted, will be displayed when this profile is used, regardless of the 'Include' settings.

Check/Include:
The 'Check' and 'Include' options are used to control the behavior of the 'Rx Verify – Work Flow' program. A 'Y' or blank in the 'Check' column will cause that status to be looked for when using this profile. When 'Check' is set to '-' (minus sign), the reverse of the status will be looked for. For example, if the profile is configured to check for 'Picked Up Scripts' with a '-', the program will look for prescriptions that do not have the 'Picked Up' status turned on.

The 'Include' column controls which items will be displayed in the list of prescriptions.

General Purpose 'Hold':
This option is a status of the prescription that can be set on the 'Dispensing Detail' screen. This can be used when wanting to put a prescription on 'Hold' for reasons other than the available statuses.

DUR Contraindication:
DUR Contraindications are interactions found by the Medi-Span modules when filling the prescription. These can include allergies, dosage, Drug-Drug interactions (both Cross-Chek and DTMS systems), duplicate therapy, and Drug-Disease interactions.

When the 'Include' option is set to a 'Y', the DUR Contraindications will be displayed in the 'Other Status', and when 'Verify' is set to 'Y', the DUR Contraindications will be highlighted.

Refill Request (Call Doc):

This option, when set to 'Y', will check for prescriptions with 'Call Doc in Progress' status. This status is set when printing call doctor labels, immediate and stored refill requests, and if a request for refill is sent via the Faximum or LinFax interface.

Add'l Days Back:

This field is used to define how many additional days to go back in addition to 'Days Back to Check Status' to find prescriptions for 'Refill Request' status qualification.

Out-of-Stock Indication:

This option, when set to 'Y', will check the prescriptions to make sure that sufficient Stock was available at the time the prescription was entered.

Partial Fill Indication:

This option when set to 'Y' will display prescriptions that were marked as partial fill when dispensing the prescription. 'Partial Fill' status is set on the ''Y' to Accept' prompt during the dispensing process. Placing a 'I' in this field will set the partial fill status.

Billing Problem:

Billing problems for a prescription include if the prescriptions is marked as 'Bill Later', 'UNBIL', or 'Rejected'. This option, when set to 'Y' will check for these problems.

Cost greater than Price:

For claims marked as being 'Paid', this option checks to make sure the price (amount paid by insurance + copay) is greater than the cost of the prescription. For this to function properly, the cost of the drugs used within the pharmacy should be entered into the Pharmacy Management System. When these options are set to 'Y', this will be checked.

Authorization (TAR) Indication:

This option is used to check/include prescriptions that have a Prior Authorization (TAR or PAN) number. The P.A. number will display, including the note on the 'Dispensing Detail' screen.

Label Printed:

This option is used to check/include prescriptions that have had a label printed already. Setting a '-' in the 'Check' column will show prescriptions that have NOT had a label already printed.

Pharmacist Verification Done:

This option will display prescriptions that have been verified by the pharmacist.

Pharmacist Counseling Done:

This check/include option will check and display prescriptions that have had pharmacist counseling set in the 'Prescription Pickup' program. This can be set as 'Y' counseled or 'R' refused counsel. Both will be checked and include as set in the 'Rx Verify - Work Flow' configuration

Entry Technician Check:

This will check/include prescriptions that have initials recorded for the 'entry tech'. That is any prescription entered in the system while a tech was signed in.

NDC Verifying Technician Check:

This will check/include prescriptions that have had their NDC verified by a tech using the 'Script Drug Check' system.

Filling Technician Check:

This will check/include prescriptions that have been filled and check using the 'Script Drug Fill Check' system in 'Utilities Menu'.

Ready to Pick Up (filled):
This will check/include prescriptions that have the 'Ready to Pick Up' status flag set. This flag gets set by the entering the prescription into the 'Will Call' or 'Rx Ready Display' systems.

Delivery Indication:
This option is used to 'Include' and 'Verify' or not the 'Delivery in Progress' indicator for each prescription.

Discontinued Scripts:
This will check/include prescriptions that are marked as discontinued.

'Not-Filled' Scripts:
This will check/include prescriptions that are marked as 'Not Filled'. This status gets set by entering a 'N' in the ''Y' to Accept' field prompt when entering a dispensing. This flag can also be set with 'Change Rx Status' on the 'Rx Status' screen.

Picked Up Scripts:
This will check/include prescriptions that have been marked as picked up. Placing a '-' in this field will check/include prescriptions that have not been picked up. Entering a 'X' in 'Include' for this status will exclude prescriptions that have already been picked up.

Scripts Expiring:
This will check/include prescriptions that will be expiring in within the 'Days Back to Check Status' date range, plus the amount of days entered in 'Days to Expiry'. This function is handy to provide a list of prescriptions that will expire to request additions refills for before the patient is ready for the refill.
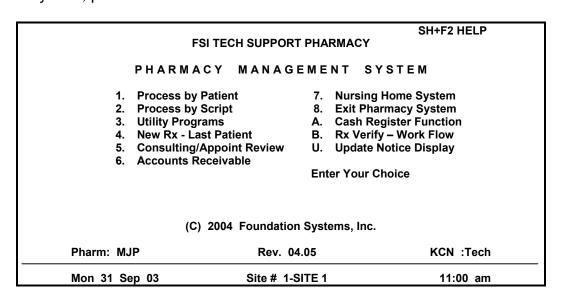
Days to Expiry:
This field is used to add additional days to the 'Days Back to Check Status' definition in searching for prescriptions that will be expiring soon.

11. Accounts Receivable Package

The Foundation Systems Accounts Receivable systems are fully integrated with the Pharmacy Management System. There are two Accounts Receivable systems. The first is the Customer Accounts Receivable system. This system is designed to charge copay and cash billing for patients and bill that on a monthly basis. The second is the Third Party Accounts Receivable system. This system is used to track and reconcile payments from Third Party companies and apply those to the outstanding balance of the prescriptions.

The Third Party Accounts Receivable system is included with the purchase of the Pharmacy Management System. The Customer Accounts Receivable system is an options system available at an addition price. For more information about purchasing the Customer Accounts Receivable System, please contact the **FSI Sales Office** at **800-333-0926**.

```
                                                      SH+F2 HELP
                         FSI TECH SUPPORT PHARMACY

                 P H A R M A C Y   M A N A G E M E N T   S Y S T E M

            1.   Process by Patient          7.   Nursing Home System
            2.   Process by Script           8.   Exit Pharmacy System
            3.   Utility Programs             A.   Cash Register Function
            4.   New Rx - Last Patient        B.   Rx Verify – Work Flow
            5.   Consulting/Appoint Review    U.   Update Notice Display
            6.   Accounts Receivable

                                             Enter Your Choice



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         Pharm:  MJP                Rev.  04.05                KCN  :Tech

         Mon  31  Sep  03           Site #  1-SITE 1              11:00  am
```

From the main menu, to access the Accounts Receivable systems, select menu option '6.Accounts Receivable'. The following will be displayed.

```
                    A C C O U N T S   R E C E I V A B L E

                1.   Customer A/R  (Copay/Other)
                2.   Third Party A/R  (Insurance)

                    Enter Your Choice.  _
```

This chapter will cover the Accounts Receivable systems in three sections - Pharmacy System Integration, 'Customer Accounts Receivable' menu options and 'Third Party Accounts Receivable' menu options.

Pharmacy System Integration

This section explains how to configure the Customer Accounts Receivable and Third Party Accounts Receivable systems to interface with the Pharmacy Management System. It also contains instructions on how the systems will function during normal prescription processing.

If the 'Customer Accounts Receivable' system was purchased and installed with your original software package, the software came configured to interface with the Pharmacy Management System. No further configuration is required.

Customer Accounts Receivable

To activate the Customer Accounts Receivable system within the Pharmacy Management System; from the Main Menu of the Pharmacy Management System, select 'Utility Programs', 'Utility Menu #2', 'System Configuration', and 'Software Options'. Press Enter until 'Page 7' is displayed. A sample of the screen is shown below:

```
Page 7
                          S O F T W A R E   O P T I O N S

                            Miscellaneous Functions
          T.C Transmission Time 24 Hr.  [      ]
         Modem Diagnostics Displayed  [ ]      (Y,N,B)
             Nursing Home Facilities  [ ]       [ ]  Integral Accounts Rec'ble
           Use Directions in Pat Con #4  [ ]    [ ]  Use Patient Consult'g
              P.O.S. System Installed  [ ]      [ ]  Use TAR Tracking System
             Ask For Technician Log-In  [ ]    [   ]  Fax Doc CPI; 10,12,17
            Print Foldable Fax Doc Form  [ ]     [ ]  Fax Doc Two Signature Lines
         Print Doc DEA on Fax Doc Form  [ ]
               Update Main Menu Time  [ ]       [ ]  Use Marketing Data System
            Use Expanded Sigs for ELOG  [ ]      [ ]  Beep Non-Medicaid Message
          Disable Update Pickup Prompt  [ ]      [ ]  Xfer Zero Amt Due to P.O.S.
            Print Fax Doc With Auto Fax  [ ]      [ ]  Ref Reminder wo/ Refills Remain

                             Exceptions Functions
            Maintain Exceptions File  [ ]       [ ]  Print Exceptions At End Of Log
         Erase Exceptions At End Of Log  [ ]      [ ]  Print No Except'ns Page If None
               Inhibit Exception Edit  [ ]       [ ]  Write Exceptions On File Edit
```

Place a 'Y' in the 'Integral Accounts Rec'ble' option to integrate Accounts Receivable into the Pharmacy Management System. Two menu items will be activated in the Pharmacy Management System:

```
                                                    SH+F2 HELP
                          FSI TECH SUPPORT PHARMACY

                 P H A R M A C Y   M A N A G E M E N T   S Y S T E M

          1.  Process by Patient          7.  Nursing Home System
          2.  Process by Script           8.  Exit Pharmacy System
          3.  Utility Programs            A.  Cash Register Function
          4.  New Rx - Last Patient       B.  Rx Verify – Work Flow
          5.  Consulting/Appoint Review   U.  Update Notice Display
          6.  Accounts Receivable

                                          Enter Your Choice



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          Pharm:  MJP              Rev.  04.05              KCN  :Tech

           Mon  31  Sep  03        Site #  1-SITE 1          11:00  am
```

After this option is set, the Main Menu of the Pharmacy Management System will display an option #6 'Accounts Receivable'. Additionally, after the 'Integral Accounts Rec'ble' option is set, the 'Utility Programs' menu will display option 'F. A/R System Utilities'.

```
                    U T I L I T Y   P R O G R A M S

               1.  Utilities Menu #2
               2.  Sundry Printouts
               3.  Drug Maintenance
               4.  Give Price Quote
               5.  Doctor Maintenance
               6.  Pharmacy Statistics
               7.  Third Party Processing
               8.  Change Pharmacist's Initials
               9.  Change Technician's Initials
               A.  O.T.C. Labels
               B.  Check Drug Interactions
               C.  Electronic Reporting
               D.  FSI TeleCommunications System
               E.  Wholesaler Ordering/Management
                F.  A/R System Utilities
               G.  Pickup Logging/Reporting
               H.  Return Items to Stock
               O.  Speical/Custom Processing

               Enter your choice.
```

This utility is used to charge prescriptions from the Pharmacy Management System into the Accounts Receivable System. The functions for this utility will be discussed later in this section.

Patient Configuration

As each responsible party (Accounts Receivable Account) is then established (setup) in the Integral Accounts Receivable System they can be selected from the Pharmacy Management

11.1.3

System – 'Patient Amendments' screen to have the patient's scripts charged to the responsible party of choice. An example of the 'Patient Amendments' screen is shown below:

```
              A M E N D   P A T I E N T   I N F O R M A T I O N

                 Name  [                        ]  (Last,First)
              Address  [                     ]
                 City  [              ]       State  [   ]
                  Zip  [        ]         Phone  [            ]
             Birthdate [        ]   Sex [ ]  Phone2 [          ]
         Patient Email [                              ]
     Usual Doctor Code [    ]  Safety Cap [ ] (Y,N)  [  ] Refill Reminder
        Prefers Generic [ ]       Duplic Rec [ ] (Y,N)  [  ] By-Pass Interactns/DT
               Card #  [               ] Misc ID [           ]
        Patient S.S.N. [          ]      Pers ID [          ]
    In Long Term Care  [ ] (Y,N)      LTCF Code [       ]  Location   [  ]
         LTCF Location [              ]  Print PDE [ ]  [ ] Spanish PCM/PDE
      Foreign Language [ ] (Y,N,2) Charge Account[ ]  [  ] Delivery Route
        Acct/Episode # [           ]          [        ] Special Case
                 Note  [                           ]
        Diag1 [       ]  Onset .[        ]  Diag2 [        ]  Onset .[       ]
        Diag3 [       ]  Onset .[        ]  Diag4 [        ]  Onset .[       ]
          Discontinued  [ ] (Y,N)   Insurance Code  [     ]

        ShF1-> Misc. Info.     ShF3 -> Search Ins List   ShF5-> Mail Order Record
            F9-> Special Case
                  Reverse Fields  Are Required Information For This Third Party
```

To link the patient to a charge account, enter a 'Y' in the 'Charge Account' field. Press Enter to continue and save the changes made to the screen. The following screen will be displayed:

```
    TEST PATIENT  B.01 Jan 45 Age.53   UTAH MEDICAID     Expires 01 Oct 99
    100 S 200 E OREM  #123123 756-1111  Note


              A / R   C H A R G E   C U S T O M E R

        Enter the Charge Customer in A/R  [                    ]

            Press F4 to Add Patient To A/R Customer File
```

On this screen enter the name of the account previously established in the Customer Accounts Receivable system. If this account has not been added to the system yet, do so now by pressing the F4 key. This will automatically create a new account based off the information entered in the patient file, and will link this patient to the newly created account.

Since the Accounts Receivable system accommodates a second address line, if F4 was pressed to add a new account for the patient, the following will be displayed:

```
TEST PATIENT  B.01 Jan 45 Age.53   UTAH MEDICAID     Expires 01 Oct 99
100 S 200 E OREM  #123123 756-1111  Note


                    A / R   C H A R G E   C U S T O M E R

        Second Address line if needed   [                         ]
```

Enter in the second address, if applicable, and press Enter to save. This will link the patient to the 'Customer Accounts Receivable' customer.

From this point forward, each time this patient is accessed for they system will display the account the patient is linked to for re-confirmation.

Charging Prescriptions

As prescriptions are filled for a patient that is linked to a 'Customer Accounts Receivable' account, the following screen *might* be displayed:

```
        TEST PATIENT  B.01 Jan 45 Age.53   UTAH MEDICAID     Expires 01 Oct 99
        100 S 200 E OREM  #123123 756-1111  Note

        CHARGE CUSTOMER:    Rx  000000   1  COUMADIN  5MG
        TEST PATIENT  100 S 200 E OREM                        MISC. NOTE

        ACCOUNT  #  1000
        BALANCES:
            Current      30 Day     60 Day     90 Day      Total     Last Payment
             $15.49                                       $15.49

                                                                     28 Aug 98

                        Charge On This Script   $23.97

                    Do You Wish to Charge This Script?  (Y,N)
```

Here, displayed on the screen will be the patients name and the account name, along with the current and aged balances of the account for your review. To charge the prescription to the account shown, answer 'Y', otherwise answer 'N'.

The screen shown above will only be displayed if the 'Customer Accounts Receivable' system is setup to 'Ask Charge Question during Rx Process'. This is one of the options available in 'User Maintenance'. This will be discussed later in this section.

A/R Utilities

Return to the 'Main Menu' of the Pharmacy Management System and select the 'Utility Programs'. Now select option F, 'A/R System Utilities' and the following is displayed:

```
                    A / R   S Y S T E M   U T I L I T I E S

                     1.   Charge Script to A/R
                     2.   Go to Accounts Receivable
                     3.   Charge to A/R by Date Range

                     Enter Your Choice
```

Each option available is discussed below.

Charge Script to A/R:

This process is used to charge a prescription to the accounts receivable that, for numerous reasons, did not initially get charged. After selecting this option the following is prompted:

```
                 C H A R G E   S C R I P T   T O   A / R

              Enter the Script Numer to Charge   [         ]
```

Type in the prescription number and the following is then displayed:

```
                 C H A R G E   S C R I P T   T O   A / R

                      Script  #  000002
                      Patient    TEST PATIENT
                      Drug       AMOXICILLIN
                      0 Refills Remaining of 0

              Dispensings:        1)  #10  04 Dec 01     2)  #10  17 Dec 01

              Enter the Dispensing to Charge (1-2) [   ]



              CHARGE CUSTOMER:
              TEST PATIENT   15 NORTH STATE STREET   LINDON
```

A listing of the dispensings for this prescription will be displayed. Select the dispensing number and the following will be displayed:

```
        TEST PATIENT  B.01 Jan 45 Age.53  UTAH MEDICAID    Expires 01 Oct 99
        100 S 200 E OREM  #123123 756-1111  Note

        CHARGE CUSTOMER:    Rx  000000   1  COUMADIN  5MG
        TEST PATIENT  100 S 200 E OREM                          MISC. NOTE

        ACCOUNT  #  1000
        BALANCES:
            Current      30 Day      60 Day      90 Day       Total     Last Payment
             $15.49                                           $15.49

                                                                        28 Aug 98

                        Charge On This Script   $23.97

                        Do You Wish to Charge This Script?  (Y,N)
```

If the account and amount to be billed are correct, answer 'Y' to charge the prescription, otherwise press 'N' to not bill it.

The computer will return you to the 'A/R System Utilities' menu.

Go to Accounts Receivable:

This option will take you to the Integral Accounts Receivable System. This is identical to selecting option 6 from the Main Menu of the Pharmacy Management System.

Charge to A/R by Date Range:

This function is used to bill prescriptions into the Accounts Receivable system by date range. This would typically be done following a data crash resulting in lost data within the Accounts Receivable system.

Note: It is recommended to use this utility only under the direction of the Foundation Systems Technical Support Helpdesk.

Third Party Accounts Receivable

The 'Third Party Accounts Receivable' system is designed to be a permanent billing history to be used to track billing and post payments to each prescription. Since the system is a permanent record there is no system setup required.

```
                I N S U R A N C E   C O M P A N Y   M A I N T E N A N C E

       Insurance Company Code  [      ]  Grp Code [       ]  Alt Bill Code  [       ]
            Company/Plan Name  [                              ]
     Submitter (Pharmacy) Name [                            ]
         Pharmacy Provider #   [                    ]  Qual.  [ ]  (1-9)
     Use Drug Notes, (2nd, Both) [ ]  (Y,N)       [ ] Generic Required
        For Third Party Billing [ ]  (Y,N)
            Claim By Modem      [ ]  (Y,N,M)
        Use Doctor ID Number    [ ]  (Dea,St#,TP1-8,Upin)    Qual. [ ] (1-9)
          Use Drug ID Number    [ ]  (Ndc,St#,TP ID.# 1-8)   Qual. [ ] (1-9)
               Printed CF#      [ ]  Electronic CF# [54]
          Modem Switch Code     [   ]  HIPAA Compliance Date .[          ]
            Ansi Bin Number     [     ]                    CDate:
           Processor Ctrl#      [             ]  Certification#  [           ]
           Processor Ctrl#      [             ]  Certification#  [           ]
           Cost Selections      [             ] (CcBDEFGIOPTtUu)
           Misc. Selections     [                ] (AabCDdEliMmNnrstZ04)
        DAW Codes Permitted     [         ]  (blank = any)
                    Note        [                              ]

       SF1 Switch Maint.                                          SF2 HELP
       --------------------------------------------------------------------------------
       F6  To Start With another Third Party Record    F7  To Search the FSI Data Base
```

One optional configuration is to enter the 'ANSI Bin Number' in the 'Grp Code' field when setting up a third party. Doing this allows the user to print out reports and reconcile for all insurances with that group code. This will be discussed more in the 'Third Party Accounts Receivable' section of this manual.

Customer Accounts Receivable - Menu Options

There are two ways of getting to the Customer Accounts Receivable System from the Pharmacy Management System. From the Main Menu of the Pharmacy Management System, pressing menu option 6 and then menu option 1 for 'Customer A/R', or from the A/R System Utilities menu in Utility Programs, select option 2. The Main Menu for the Accounts Receivable System will be displayed.

```
                            Test Pharmacy

                    P H A R M A C Y   M A N A G E M E N T
                 I N T E G R A L   A C C O U N T S   R E C E I V A B L E

                        1.   Customer Processing
                        2.   Invoice Inquiry
                        3.   Print Transactions
                        4.   Edit Transactions
                        5.   Month End Processing
                        6.   Year End Processing
                        7.   Print Customer List
                        8.   User Maintenance
                        9.   Index Maintenance
                        A.   Exit Accounts Receivable
                        B.   ExPort Transactions and Zero
                        C.   Transaction Archive Utility

                        Enter Your Choice

                    (c)  2004  FOUNDATION SYSTEMS,  INC.
```

Select the appropriate option by entering in the number or letter shown to the left of the option. Each menu option will be discussed in the following pages of this manual.

Customer Processing
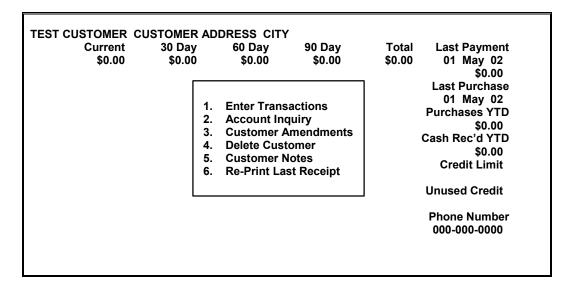
Use 'Customer Processing' to make changes to a customer's information, post transactions to a customers account, and view the customers balances.

```
        Customer's Name/Number   [                          ]
```

After selecting 'Customer Processing', enter in the customers name in 'Last,First' name format. Typically there will be no spaces between the comma and the first name. Unlike the Pharmacy Management System, a partial lastname/firstname search is not supported. The customer can also be entered using their AR account number.

After entering in the customer's name, select the correct customer from the list displayed. Depending on how the Accounts Receivable system is configured, either the customer

profile/menu will be displayed, or the program will jump into a transaction entry screen. For purposes of example, the next sample screen is the customer profile/menu.

```
TEST CUSTOMER  CUSTOMER ADDRESS  CITY
        Current        30 Day        60 Day        90 Day        Total      Last Payment
        $0.00          $0.00         $0.00         $0.00         $0.00       01 May 02
                                                                                 $0.00
                                                                            Last Purchase
                                                                             01 May 02
                              1.   Enter Transactions                        Purchases YTD
                              2.   Account Inquiry                               $0.00
                              3.   Customer Amendments                       Cash Rec'd YTD
                              4.   Delete Customer                               $0.00
                              5.   Customer Notes                            Credit Limit
                              6.   Re-Print Last Receipt
                                                                            Unused Credit

                                                                            Phone Number
                                                                            000-000-0000
```
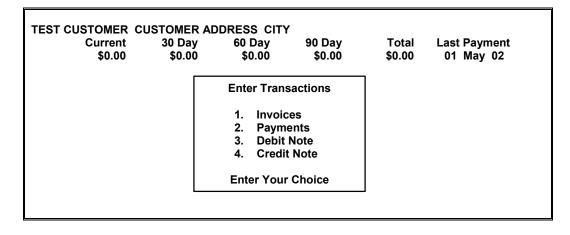
The customer's profile/menu will display the customer's name, addresses, city, and an option note if entered in 'Customer Amendments'. Also displayed are the remaining balances for 'Current', '30 Day', '60 Day', '90 Day', and the 'Total' balance. It will also display the date and amount of the last payment, the date of the last purchase, the dollar amount for the 'Year to Date Purchases' and 'Cash Received', and the customer's phone number.

Select the appropriate menu option, or press the F1 key to back out of 'Customer Processing'. Each of the menu options are noted below.

Enter Transactions

Use this function to enter 'Invoices' (charges), 'Payments', 'Debit Notes', and 'Credit Notes'.

```
TEST CUSTOMER  CUSTOMER ADDRESS  CITY
        Current        30 Day        60 Day        90 Day        Total      Last Payment
        $0.00          $0.00         $0.00         $0.00         $0.00       01 May 02

                              Enter Transactions

                              1.   Invoices
                              2.   Payments
                              3.   Debit Note
                              4.   Credit Note

                              Enter Your Choice
```

Select the appropriate transaction type, and enter the information as needed.

Invoices:

Use 'Invoices' to enter in charges to the customer's account.

```
TEST CUSTOMER  CUSTOMER ADDRESS  CITY
          Current      30 Day      60 Day      90 Day        Total     Last Payment
          $0.00        $0.00       $0.00       $0.00         $0.00      01  May  02

                    Inv. Number    [       ]
                       Amount    $[            ]
                   Description    [                                      ]
                   Inv. Taxable   [  ]    (Y,N)
                    Script Only   [  ]    (Y,N)  (Do Not Mix Rx and Non-Rx Items)
              Transaction Date    :[          ] (mmddyycc)
```

The first screen displayed is used to enter in the charge totals. After entering in the invoice total, description, set whether the Invoice is taxable or not, and if the invoice is only prescriptions or not, and the invoice date. Press Enter.

```
TEST CUSTOMER  CUSTOMER ADDRESS  CITY
          Current      30 Day      60 Day      90 Day        Total     Last Payment
          $0.00        $0.00       $0.00       $0.00         $0.00      01  May  02

Invoice # 100000
Line   Description                                   Amount      Qty
  1   [                                     ]       $[        ]   [   ]




                                                 Total Invoice -       $0.00
                                                 Item Subtotal -
                                                 Items to Come
TO END INVOICE – Press Return with Empty Fields
```

The next screen displayed will allow the total entered on the first screen to be itemized for each item that comprised the invoice total. After all individual items are entered, press Enter on a blank line, and a prompt to enter in the line number to change will be displayed. Enter in the line to be edited, or enter 0 and press Enter.

Payments:

Use this function to enter payments into a customers account. After selecting this option, the following screen will be displayed.

```
TEST CUSTOMER  CUSTOMER ADDRESS  CITY
        Current      30 Day      60 Day      90 Day      Total    Last Payment
        $0.00        $0.00       $0.00       $0.00       $0.00     01  May  02


              Rec. Number     [      ]

              Description     [                                    ]

                   Amount   $[          ]

          Transaction Date  :[         ] (mmddyycc)

                 Discount   $[          ]
```

Enter in the receipt number, the description will be defaulted as 'Payment: Thank You', enter in the amount of the payment, the transaction date, and a discount amount. When finished entering in the applicable information, press [Enter] to record the payment.

Debit Notes:

Use the 'Debit Note' function to enter in an adjustment to increase the balance of the current total.

Credit Notes:

Use the 'Credit Note' function to enter in an adjustment to decrease the balance of the current total.

Account Inquiry

Use 'Account Inquiry' to display the itemized transactions in the current period.

```
TEST CUSTOMER  CUSTOMER ADDRESS  CITY
        Current      30 Day      60 Day      90 Day      Total    Last Payment
        $0.00        $0.00       $0.00       $0.00       $0.00     01  May  02

Type  Number   Date     Description                     Debit      Credit
Inv   000000  01 May 02  Prescription 000000            5.00
Pay   000001  05 May 02  Payment:  Thank You                        5.00


        Press Any Key to Continue.
```

Customer Amendments

Use 'Customer Amendments' to make changes to the customer's profile. This is the same screen that is used when adding a new customer into Accounts Receivable. The following is a sample of the screen.

```
                    C U S T O M E R   M A I N T E N A N C E

              Customer Name     [                        ]
            Optional Address    [                        ]
                     Address    [                        ]
                        City    [                   ]
                       State    [   ]
                    Zip Code    [          ]
                Phone Number    [            ]
                  Misc. Note    [               ]
       Customer Account Number  [      ]   (Optional)
          Prescription Discount [      ]%
      Non-Prescription Discount [      ]%
                 Credit Limit   $[     ]      Svc Chgs  $[           ]
       Exempt From Service Charge [ ]  (Y,N)
          Exempt From Sales Tax  [ ]  (Y,N)
              Billing Cycle  (1-24)  [  ]
```

Most of the fields are self explanatory, but some fields of note are:

Customer Account Number:

Enter in the account number for this customer. This field is optional. If account numbers are entered, the account number can be used to access a customer. When a customer is added to the Accounts Receivable from the Pharmacy Management System, an account number will automatically be assigned.

Prescription Discount:

Enter in a percentage amount to be deducted from prescriptions when billed to the customer's account. This percentage discount is applied when the charge is entered both manually and from the Pharmacy Management System. For the discount to be applied when manually charging prescriptions, be sure to set 'Script Only' to 'Y'.

Non-Prescription Discount:

Enter the percentage amount to be deducted from invoices entered with 'Script Only' set to 'N'.

Credit Limit:

Use this field to specify the customer's credit limit. When entering an invoice, if the customer's balance exceeds this amount, a message will be displayed:

```
TEST CUSTOMER  CUSTOMER ADDRESS  CITY
        Current      30 Day     60 Day     90 Day        Total     Last Payment
        $0.00        $0.00      $0.00      $0.00         $0.00     01  May  02


                    Customer Has Exceeded Credit Limit.

                    Do You wish To Continue?  (Y,N)
```

To continue with entering the invoice, press 'Y' and enter the invoice as normal. Pressing 'N' will return to the 'invoice total' screen. To abort out of 'Invoice Entry', press the F1 key.

Svc Chgs:

The $ value shown in this field is an accumulated value of the service charges charged to the customer.

Exempt From Service Charge:

If the responsible party for this charge account is not to be charged a 'Service Charge', place a 'Y' in this field.

Exempt From Sales Tax:

If the responsible party for this charge account is tax exempt, place a 'Y' in this field. If this field is set to a 'Y', when entering in an invoice, 'Tax Exempt' will be displayed next to the 'Inv. Taxable' field.

Billing Cycle:
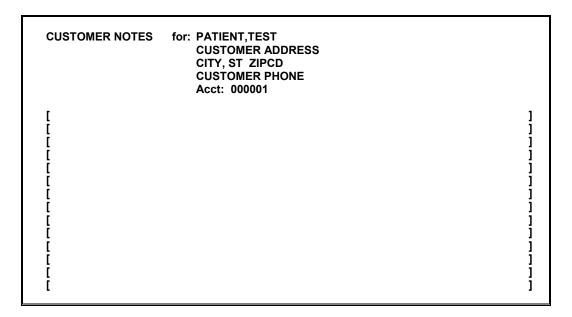
Enter the billing cycle number that this account is to be on. The billing cycle is used to print various reports and statements within the Accounts Receivable System for one specific group of accounts.

Delete Customer

Use this function to delete the customer from the Accounts Receivable System. In order to be able to delete a customer, the customer has to have no balances on the account, and no activity within the 'Current' period.

Customer Notes

This function is used to enter in extended note for each of the customer accounts within the Accounts Receivable system. After selecting this menu option, the following screen will be displayed:

```
    CUSTOMER NOTES    for: PATIENT,TEST
                           CUSTOMER ADDRESS
                           CITY, ST  ZIPCD
                           CUSTOMER PHONE
                           Acct:  000001

    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
    [                                                                    ]
```

This function allows the Accounts Receivable system user to enter up to fourteen lines of notes for the patient. These notes are for notation purposes only, and have no other functionality within the Accounts Receivable system.

Re-Print Last Receipt

Use this option to print a receipt for the last transaction posted to the current account. This option will only be available when 'Receipt Printer' within 'A/R User File Maintenance' is specified as a valid printer make. For more information on how to specify the 'Receipt Printer' please refer to the 'A/R User File Maintenance' section of this manual.

Invoice Inquiry

This function is used to view the detail of one 'invoice' or transaction. To get the invoice or transaction number, do an 'Account Inquiry' within the customer's file to get the invoice number. Keep in mind that the invoice or transaction still has to be in the 'Current' period. After 'Aging' accounts, all invoice detail is cleared and the total moved into the '30 Day' period.

Once the invoice # is found, select 'Invoice Inquiry', and enter in the invoice number. The following is a screen sample:

```
TEST CUSTOMER  CUSTOMER ADDRESS  CITY
          Current        30 Day        60 Day        90 Day          Total      Last Payment
          $0.00          $0.00         $0.00         $0.00           $0.00       01  May  02

INV  00000000  Description                                          Amount     Discount
01  May  02      Test Charge                                          1.00         0.00
                                                                   -----------  ------------
                                              Sub Total             $ 1.00
                                              Discounted                         $ 0.00
                                              Invoice Total          $ 1.00

Press ANY  KEY to Continue
```

On the screen, the invoice number, line item description, line item amount, the line item discount amount, invoice sub-total, invoice discount amount, and invoice total are displayed. When finished with the inquiry, press ⌞Enter⌟. The customer account for the account inquired will be displayed.

Print Transactions

This function is used to print a list of the transactions in the 'Current' period.

```
                    P R I N T   T R A N S A C T I O N S

      Enter Start Date   :[          ]  (mmddyycc)

            Ending Date   :[          ]  (mmddyycc)

          Billing Cycle    [   ]
```

This report can be printed using a date range, and by specifying a billing cycle. The report shows the transaction date, customer's name, invoice #, invoice description, the Invoice/Debit amount, Payment/Credit amount, and discount amount. At the end of the report, the totals for each amount column will be reported.

Edit Transactions

This function is used to make corrections to transactions previously entered into Accounts Receivable. After selecting this option, the following screen will be displayed.

```
TEST CUSTOMER  CUSTOMER ADDRESS  CITY
          Current        30 Day      60 Day      90 Day       Total     Last Payment
           $0.00         $0.00       $0.00       $0.00       $0.00       01 May 02
      Inv #          Description   I N V O I C E                         I Date
      [      ]      [                                    ]        :[         ]
      Total Invoice   $[             ]        Discount $[        ]    Tax  $[        ]
      Line   Description                                        Amount      Discount
        1  [                                        ]     $[          ]  $[         ]


                        Press F4 to Delete Transaction
```

Edit the appropriate fields and press Enter to save the changes.

F4 to Delete:

Pressing the F4 key from this screen will mark the transaction as being deleted. Doing this will remove the transaction from the current period in the customer's file.

Month End Processing

The 'Month End Processing' menu option will be covered later in this section.

Year End Processing

The 'Year End Processing' function is designed to zero the 'Purchases Year-to-Date', 'YTD Service Charges' and 'Cash Received Year-to-Date' accumulated totals.

```
                    Y E A R   E N D   P R O C E S S I N G

                        1.   Zero Year-To-Date Totals

                             Enter Your Choice.
```

Select option '1' to Zero the totals. After selecting option '1', the following screen will be displayed:

```
            Z E R O   Y E A R  T O  D A T E   T O T A L S

   This function zeros the Purchases Year-to-date, YTD
   Service Charges, and
   Cash Received Year-to-date for ALL Customers.

   Are you sure you want to do this?  [     ]   (YES,NO)
```

Note: It is recommended to do this only after completing a successful Backup and Verify. Failure to do this may result in a loss of data, and data recovery might not be possible without a successful backup.

Note: During the 'Year End Processing', it is also recommended to consider clearing previous years 'Archive' data. To do this, please refer to the section of this manual covering the 'Transaction Archive Utility'.

Print Customer List

This function allows a list to be printed for customers on a specific billing cycle, and the ability to have only the patients listed based on their balance status.

```
            A/R   C U S T O M E R   L I S T

   For Which Billing Cycle  (1-24)   [   ]

                    1.  1st
                    2.  2nd
```

Enter in the appropriate billing cycle number for the list to be printed.

```
            A/R   C U S T O M E R   L I S T

         Printing For Billing Cycle 1  (1st)

       Make Sure Paper is Loaded on the Printer.

   List All, Balance Only or With 30, 60, or 90 Day Balances   [  ]   (A,B,3,6,9)
```

Enter in the appropriate balance selection for the desired list, and press Enter to print the list.

The list prints the customer account number, the customer name, the customer address, customer city-state-zip, customer phone number, and the customer billing cycle number.

User Maintenance

The 'User Maintenance' functions allow the user to customize some of the behavior properties for the Accounts Receivable system. There are 3 screens of options and settings for configuring the Accounts Receivable. Each screen will be discussed in sequence.

Page #1

After selecting option '8. User Maintenance', the following screen will be displayed:

```
              A / R   U S E R   F I L E   M A I N T E N A N C E

                   User Phone    [                  ]
         Print Name on Statements?    [ ]   (Y,N)
                  Statement Type    [ ]   (F-Forms,P-Paper,M-Mailer,L-Laser)
       Printer Make  (E,C,O,I,t,H)    [ ]      [ ]   Receipt Printer  (Y,N,D,L)
            Report Printer Port    [ ] (1,2,3)
          Color System Installed    [ ]   LaserOffset  Top [     ] Left [     ]
   Minimum Printable Statement    $[         ]
                  Service Charge    [       ] %
   Service Charge At 30,60,90 Days    [ ]
         Minimum Service Charge    $[         ]
       Prescription Sales Tax Rate    [         ] %
   Non-Prescription Sales Tax Rate    [         ] %
        Automatically Calculate Tax    [ ] (Y,N) [ ]   Manually Number Invoices
      Print Invoice $, LineItem$, Both    [ ] (I,L,B)  On Statements
        Print Prev. Bal. on Statement    [ ] (Y,N,L)
             Default Credit Limit    $[         ]
   Ask Charge Quest. During Rx Proc    [ ] (Y,N) [ ]   Print Cust # on Pharm Rec.
   Auto Charge Rx If Below Cr Limit    [ ] (Y,N) [ ]   Go Directly to Invoice Entry
     Allow Inv Entry w/o Total First    [ ] (Y,N)
            Next Customer Number    [         ] [            ]   Next Invoice Number
```

User Phone:

Use this field to enter in the phone number for the pharmacy. This phone number will be printed on the statements and various reports.

Print Name on Statements?:

When this option is set to 'Y', the pharmacy name will be printed on the statements. If using pre-printed statements, set this option to 'N' to keep the pharmacy name from printing.

Statement Type:

Use this option to specify the type of statements being used. Set this option to 'F' if using the pre-printed 'Dot Matrix' duplicate forms available from Foundation Systems. Set this option to 'P' if using plain paper (Laser or Dot Matrix printers). Set this option to 'M' if using the pre-sealed mailer (Dot Matrix only). Set this option to 'L' if using the pre-printed laser form.

Printer Make:
Use this option to specify the type of printer being used to print the reports and statements from the Accounts Receivable system. Set this option to 'E' if using an Epson Dot Matrix printer, set this option to 'C' if using a Citoh Dot Matrix printer, 'O' if using an Old Okidata printer, and 'I' if using an Okidata Dot Matrix printer or any Dot matrix printer set to IBM emulation. 't' is for Toshiba Dot Matrix printers, but these printers will are no longer technically supported by FSI. Set this option to 'H' if using Laser printers with PCL5 emulation.

Receipt Printer:
Use this option to specify the type of printer being used to print the receipts when entering transactions into Accounts Receivable. This option can be blank, if not printing separate receipts from Accounts Receivable. Set this option to 'Y' if using receipts, or 'N' or blank if not printing receipts. Set this option to 'D' if printing receipts on a normal Dot Matrix printer, or 'L' if printing on Laser printer.

Report Printer Port:
Use this option to specify which printer specification to use.

Color System Installed:
If using colored monitors, set this option to 'Y'.

Laser Offset (Top/Left):
This function is used to adjust the printing area when printing statements to a laser printer, on pre-printed laser forms. To adjust the offset, enter values in both Top and Left. A positive number in each will move the print down and to the right. Entering negative values in these fields will move the print up and to the left.

Minimum Printable Statement:
Use this option to specify the minimum dollar amount to print statements at. Any accounts with a total balance less than this amount will not be printed during the 'Month End Processing'.

Service Charge:
Use this option to set the percentage rate for the service charge.

Service Charge At 30,60,90 Days:
Use this option to specify at which period to start charging a service charge. When setting this option to '0', a service charge will be billed for all balances, including current. Set this option to '3' 30 Day and over balances, and so on for '6' and '9'.

Minimum Service Charge:
Use this field to specify a minimum service charge.

Prescription Sales Tax Rate:
This field is used to enter the Sales Tax rate for prescriptions. Enter the value in as a percentage.

11.2.12

Non-Prescription Sales Tax Rate:
>   Use this field to specify the Sales Tax rate for non-prescription items. Enter the value in as a percentage.

Automatically Calculate Tax:
>   Set this option to 'Y' to have the Accounts Receivable system automatically calculate the Sales Tax when entering invoices.

Manually Number Invoices:
>   Set this option to 'Y' to not have the Accounts Receivable system automatically number the invoices. This will allow the user to enter in the invoice number manually.

Print Invoice $, LineItem $, Both:
>   When printing statements, there are 3 options available for which $ items to be printed. Use this option to specify which to print. Setting this option to 'I' will print only the 'Total Invoice' amount. Setting this option to 'L' will print each 'Line Item' amount, and setting this option to 'B' will print both the 'Invoice' and 'Line Item' amounts.

Print Prev. Bal. on Statement:
>   Set this option to 'Y' to have the customer's previous balance printed on the statements.

Default Credit Limit:
>   This option is used to specify the default value for the customer's credit limit. The amount entered in used when adding a new customer into the Accounts Receivable system. If no amount is entered, then new customers when added from the Pharmacy Management System are added with no credit limit.

Ask Charge Quest. During Rx Proc:
>   When this option is set to 'Y', when billing a prescription from the Pharmacy Management System, if a patient pay amount (copay) is returned, and if the patient is linked to a valid Accounts Receivable account, a prompt will display asking to charge the copay to the charge account.

Print Cust # on Pharm Rec.:
>   Set this option to 'Y' to have the customer account number to be printed when using the 'Fixed' label format program in the Pharmacy Management System.

Auto Charge Rx If Below Cr Limit:
>   When this option is set to 'Y', the 'Ask Charge Question' will be skipped, and all 'patient pay' amounts will automatically be charged when the patient is linked in the Pharmacy Management System to a valid Accounts Receivable customer account.

Go Directly to Invoice Entry:
>   When this option is set to 'Y', after selecting the customer, the Accounts Receivable system will go directly to 'Invoice' entry.

Allow Inv Entry w/o Total First:

    When entering invoices into the Accounts Receivable system, the total amount of the invoice has to be entered preceding entering in the line items. Setting this option to 'Y' causes the Accounts Receivable system to not require the invoice total.

Next Customer Number:

    This field is used to specify the account number for the next customer added into the Accounts Receivable system.

Next Invoice Number:

    This field is used to specify the next number to be used for the next invoice entered.

Page #2

The second screen of the User Maintenance is used to enter in receipt messages, Overdue messages for 60 Day and 90 Day, enter names for the 24 Billing Cycles, and specify the directory name for the P.O.S. System.

```
                A / R   U S E R   F I L E   M A I N T E N A N C E

        Receipt Note Line 1  [                                        ]
                     Line 2  [                                        ]

        60 Day Overdue Message  [                                  ]
        90 Day Overdue Message  [                                  ]

        General Statement Note:
          [                                                        ]
            Billing Cycle #1   [      ]    [      ]   Billing Cycle #2
            Billing Cycle #3   [      ]    [      ]   Billing Cycle #4
            Billing Cycle #5   [      ]    [      ]   Billing Cycle #6
            Billing Cycle #7   [      ]    [      ]   Billing Cycle #8
            Billing Cycle #9   [      ]    [      ]   Billing Cycle #10
            Billing Cycle #11  [      ]    [      ]   Billing Cycle #12
            Billing Cycle #13  [      ]    [      ]   Billing Cycle #14
            Billing Cycle #15  [      ]    [      ]   Billing Cycle #16
            Billing Cycle #17  [      ]    [      ]   Billing Cycle #18
            Billing Cycle #19  [      ]    [      ]   Billing Cycle #20
            Billing Cycle #21  [      ]    [      ]   Billing Cycle #22
            Billing Cycle #23  [      ]    [      ]   Billing Cycle #24
            P.O.S. Directory   [                  ]
```

Receipt Note:

    The two receipt note lines are used to enter in a message to display on the bottom of the receipt.

60 Day Overdue Message:

    Enter in a message to be printed on the bottom of the statement when a 60 Day balance is owed.

<u>**90 Day Overdue Message:**</u>
Enter in a message to be printed on the bottom of the statement when a 90 Day balance is owed.

<u>**Billing Cycle x:**</u>
The 24 fields displayed are used to name the various billing cycles.

<u>**P.O.S. Directory:**</u>
This field is used to specify the directory where the P.O.S. system is located. This should only be entered if the option P.O.S. system has been purchased and installed. This is used to accommodate multi-site P.O.S.

Page #3

This page displays the 'Financial Totals' for the Accounts Receivable system.

```
                    A / R   U S E R   F I L E   M A I N T E N A N C E
                                 Financial Totals
              Invoices   $[            ]      Payments   $[            ]
             Discounts   $[            ]         Debits   $[            ]
               Credits   $[            ]          Taxes   $[            ]
        Service Charges  $[            ]

               Press the F4 key to Print a Report of the Above Totals
```

These totals can be changed, or can be printed out by pressing the F4 key.

Index Maintenance

Index Maintenance is used by **Foundation Systems Technical Support Helpdesk** to resolve data access problems. Use this function only under the direction of FSI.

Exit Accounts Receivable

This function will exit the Accounts Receivable system and return to the Pharmacy Management System.

Export Transactions and Zero

The 'Transaction Exporter' is a utility program to the Accounts Receivable system that will export the Accounts Receivable data, and place that data into an electronic file.

```
                        T R A N S A C T I O N   E X P O R T E R

           If you do not know exactly what this program does, You Don't
           want to use it (or Even PLAY WITH IT).

           This program will wirte an Ascii text file named 'arextran.ard',
           with one record for each transaction in the current transaction
           file. Then it will zero the balance of every account in the A/R
           system (if selected) and create a New, Empty Transaction File.

           If you are not sure what you want from this program, Press the
           F1 key to exit this program. Otherwise, if you want to continue,
                     Enter Export Format   [   ]   (Original,KC-KingCnty)s
                     Enter 'YES' to confirm  [   ]
                     Enter 'DEL' to Delimit  [   ]   ('|' between fields)
           Enter 'YES' to Zero Accounts  [   ]   (And Erase Transactions)

           You CANNOT Enter Transactions on another terminal while this is
           going on.
```

Three options are available on this screen.

YES to Confirm:
> Enter 'YES' in this field to confirm that the transaction data is to be exported from Accounts Receivable.

DEL to Delimit:
> Enter 'DEL' in this field to have the export file data fields separated by a | (pipe) delimiter. Some spreadsheet software's can separate out the data fields by specifying what character separates each data field.

YES to Zero Accounts:
> Enter 'YES' in this field to have the transactions deleted after exporting the data into the file 'arextran.ard'.

Note: While using this utility program, NO ONE should be using the Accounts Receivable system until this process finishes.

Transaction Archive Utility

The 'Transaction Archive Utility' function is discussed later in this section.

Month End Processing

The 'Month End Processing' system is used to generate patient balance reports, print statements, and age the accounts to prepare them for the next month of activity. Foundation Systems Accounts Receivable System is a basic, balance forward system designed for accounts be printed and aged once a month.

```
          E N D   O F   M O N T H   P R O C E S S I N G

              1.   Print Customer Trial Balance
              2.   Print Statements
              3.   Print Aged Balance Summary
              4.   Totals Only Aged Balance Summary
              5.   Do Aging
              6.   Zero Accounts By Billing Cycle

                   Enter Your Choice
```

There are 6 programs available under 'Month End Processing' to maintain and report on the accounts. Each of these programs will be discussed individually in the following pages.

Note: It is recommended by the Foundation Systems Technical Support Helpdesk to do a Backup and Verify before doing the 'Month End Processing'.

Print Customer Trial Balance

The 'Customer Trial Balance' is essentially a paper copy of the data that would be printed on the statements. This function is often times used to find any errors before sending the statements to the customer's.

```
          P R I N T   C U S T O M E R   T R I A L   B A L A N C E

                 For Which Billing Cycle  (1.24)   [   ]

                              1.  1st
                              2.  2nd
```

Select the appropriate billing cycle number, and press ⌈Enter⌋.

```
              P R I N T   C U S T O M E R   T R I A L   B A L A N C E

                              Billing Cycle #1  (1st)
        Enter:

      Starting Name   [                    ] Null Defaults to First name on file

       Ending Name   [                    ] Null Defaults to First name on file
```

The next step is to enter in the 'Starting Name' and 'Ending Name'. Leaving these fields blank will cause all customers for the selected billing cycle to be printed.

The 'Customer Trial Balance' prints the customer #, customer name, current balance, 30/60/90 day balances, total balance, last payment date, previous balance, transaction date, transaction type, transaction invoice number, transaction invoice and line item descriptions, transaction debit or credit amount, and the total balance again.

Following the 'Customer Trial Balance' a summary will print with the billing cycles totals. The totals included on this report are the current, 30/60/90 day, total balance, total invoices, and total credits.

Print Statements

After reviewing the 'Customer Trial Balance', and fixing any errors, use this program to print the statements to be billed out to the customers.

Note: It is imperative that during the statement print, and until finishing the remainder of the 'Month End Processing', no activity be posted into Accounts Receivable. Doing so will result in the inability to age the printed accounts.

After selecting this option, the following will display:

```
                    P R I N T   S T A T E M E N T S

                For Which Billing Cycle  (1.24)   [   ]

                             1.  1st
                             2.  2nd
```

Enter the appropriate billing cycle number, and press Enter. The following will display:

P R I N T　　S T A T E M E N T S

Billing Cycle #1

Align the statement forms in the printer at this time.

Do you wish an alignment pattern to assist you in aligning the

statement form sin the printer? (Y, N, or S for Screen)

**NOTE: Printing Statements to the Screen Just Goes Through the
Statement Printing Routine without actually printing anything.**

If an alignment form needs to be printed to ensure that the forms are at the correct starting position press 'Y', or press 'N' to continue printing the statements. To do statements without printing, press 'S' for screen.

Note: Foundation Systems Technical Support Helpdesk urges using caution with the 'S' option. Printing statements to the Screen followed by aging might cause transaction detail from showing up on customers statements, thus causing the 'appearance' to the customer of inappropriate charging. The balances will still be correct, but the customer does not see the invoice detail.

After aligning the forms, or pressing 'N' to continue, the following will be displayed:

P R I N T　　S T A T E M E N T S

Do You Wish to Print All Invoices or Just
Invoices Dated Prior to Period Ending Date　　[ ] (A,P)

Enter Period Ending Date as　:[　　　　] (mmddyycc)

Enter in whether to print all invoices, or just invoices dated prior to a 'Period Ending Date'. To print All invoices, enter 'A', and press Enter, or to print only invoices dated prior to a date, enter 'P' and enter the cutoff date.

Note: It is important to realize that printing statements with a 'Period Ending Date' will only hold back invoices (charges) from printing on the statements. Any and all payments, debit notes, and credit notes will be printed, even beyond the 'Period Ending Date'.

After making the appropriate selection, and entering a 'Period Ending Date' if appropriate, press Enter to continue. The following screen will display:

11.2.19

```
              All Invoices
              Period Ending Date - > 19 Jun 02    Press F1 If NOT Correct

        Enter:

        Starting Name    [                    ]  Null Defaults to First name on file

        Ending Name    [                    ]  Null Defaults to First name on file
```

The selections made on the previous screen will show on the top of this next screen. For example purposes, the screen shown above shows that 'All Invoices' will be printed, with a period ending date of '19 Jun 02'.

Enter in the starting and ending names for the statement print. Leaving these fields blank will cause that all customers be printed for the selected billing cycle. After entering the appropriate selections (or nothing) press Enter to continue.

```
        Shall I Print Statements for Customers With Transactions

        but Balances Below Minimum Printable Level?  (Y,N)
```

This screen gives the user the option to print statements for customers that have had activity on their account, but whose total balance is below the 'Minimum Printable Level' as defined in 'User Maintenance'. Answer 'Y' to have all customers printed, regardless of their balance, or 'N' to have only those customers whose balance is at or above the 'Minimum Printable Level'.

```
        Shall I Verify Account Balances Against Transactions?  (Y,N)

        Be Aware, If an Account Balance discrepancy is Detected,
        the Statement Printing Process will be Suspended while I make
        You Aware of the Discrepancy; and will not continue until you
        Acknowledge the Discrepancy.
```

This option is used to have the statement print process verify that the balances within the customer's statements add up to the transactions. Answer 'Y' to this question to enable the verification process. **Be Aware** that when using this feature, if a discrepancy (balances do not add up) is found, the statements will not continue to print until the discrepancy is acknowledged (user presses Enter). After acknowledgment, the statements will continue to print.

After answering 'Y' or 'N' to the last option, the statements will then be printed.

Again Note: It is imperative that during the statement print, and until finishing the remainder of the 'Month End Processing', that no activity be posted into Accounts Receivable. Doing so will result in the inability to age the printed accounts.

Print Aged Balance Summary

The 'Aged Balance Summary' is a report that shows the current, 30/60/90 Day balances, total balance, date of last payment, and date of last purchase for each customer on the specified billing cycle. The report also reports the totals for each balance period, total balance, purchases YTD, and cash received YTD. (YTD = Year to Date)

After selecting this option, the following will be displayed:

```
                    A G E D   B A L A N C E   S U M M A R Y

                  For Which Billing Cycle  (1.24)  [   ]

                            1.  1st
                            2.  2nd
```

Enter in the appropriate billing cycle for the report, and press ⏎Enter. The following will display:

```
                    A G E D   B A L A N C E   S U M M A R Y

            Do you want all of your customers to appear on this report or
            just the ones with a NON zero balance?  (A-All; B-Balance only)
```

Enter whether **A**ll customers, or only customers with **B**alances are to be printed on the report. After making the appropriate selection, the report will be printed.

Totals Only Aged Balance Summary

This report is similar to the summaries available on the 'Aged Balance Summary' without the individual customers balances.

Do Aging

Aging is the program that deletes all to the transaction data for the current period, and advances the totals for each period. This should be done immediately following printing the statements. Failure to do so may result in having to reprint the statements.

After selecting this option, the following will display:

A G E D   B A L A N C E   S U M M A R Y

For Which Billing Cycle (1.24)   [   ]

        1. 1st
        2. 2nd

Enter in the appropriate billing cycle for the cycle the statements were just printed for. After selecting the billing cycle, the following will be displayed:

M O N T H L Y   A G I N G

You have Selected Option #5 to Do Aging (Not Aged Balance Summary)

If This is What You Want, Enter 'YES' to Confirm   [   ]

Enter 'YES' in the field, and the following screen will display:

M O N T H L Y   A G I N G

The Aged Transactions Will be Archived for Later

Reviewing or Printing.

Remember to Purge them Occasionally.

Press Any Key to Continue.

A message explaining that the transactions will be added to the archive for later reviewing or printing will be displayed. Press Enter to continue.

After the aging process completes, an aged balance summary will be printed. To print the report, the following screen will be displayed.

M O N T H L Y   A G I N G

**Do you want all of your customers to appear on this report or
just the ones with a NON zero balance? (A-All; B-Balance only)**

Enter whether **A**ll customers, or only customers with **B**alances are to be printed on the report. After making the appropriate selection, the report will be printed.
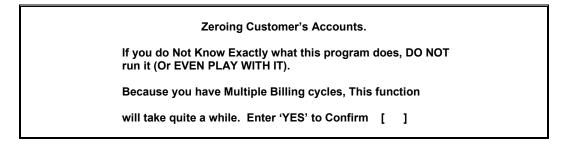
This completes the aging process.

Zero Accounts By Billing Cycle

Note: It is strongly recommended before using this function to complete a successful Backup and Verify. Failure to do so could result in data loss, and the inability to restore the data.

This function is used to zero **ALL** the balances for all accounts. Even though this utility is found under the 'Month End Processing' menu, this is not a normal part of 'Month End Processing'. Use extreme caution in using this program.

After selecting this option, the following screen will display:

```
                    Zeroing Customer's Accounts.

        If you do Not Know Exactly what this program does, DO NOT
        run it (Or EVEN PLAY WITH IT).

        Because you have Multiple Billing cycles, This function

        will take quite a while.  Enter 'YES' to Confirm   [    ]
```

Enter 'YES' to proceed. The following screen will be displayed:

```
                    Zeroing Customer's Accounts.

            For Which Billing Cycle  (1.24)   [   ]

                        1.  1st
                        2.  2nd
```

Enter in the appropriate billing cycle to zero and press Enter to continue.

Transaction Archive Utility

The 'Transaction Archive Utility' is a program used to browse/print previous months transaction detail that gets deleted from the account during the aging process.

```
        TRANSACTION  ARCHIVE  UTILITY

            1.   Browse Archived Transactions
            2.   Print Archived Transactions
            3.   Purge Archived Transactions
            4.   Pre-Statement/Age Data Restore

                 Enter Your Choice
```

Browse Archived Transactions

Use this program to view the archived transactions. After selecting this option, the following screen will display:

```
        BROWSE  ARCHIVED  TRANSACTIONS

    Customer's Name/Number   [                         ]
```

Enter in the customer's name whose transactions are to be viewed, and press Enter to continue.

```
        BROWSE  ARCHIVED  TRANSACTIONS

            Customer   CUSTOMER,TEST
             Address   CUSTOMER ADDRESS
                       CITY STATE
               Phone   XXX-XXX-XXXX

        Enter Starting Date   :[        ] (mmddyycc)
         Enter Ending Date    :[        ] (mmddyycc)

        Include Line Items    [ ]  (Y,N)

        Leave Dates Blank for All Transactions.
```

Enter in the date range for the transactions to be viewed. Enter a 'Y' in 'Include Line Items' to view the individual line items for each transaction. After entering the appropriate selections, press Enter to view the transactions. The following is a sample of the archived transaction screen:

11.2.24

Date	Typ	Inv #	Description	Item Amt	Inv/Deb	Pay/Cr
01 May 02	I	1000	Rx #00000000		10.00	
			30 Amoxicillin	10.00		
15 May 02	C	1001	Payment – Thank You			10.00

On the screen the transaction date, transaction type, transaction number, transaction description, line item amount, invoice or debit amount and payment or credit amount are displayed.

If there is more information than what can be displayed on the screen, a message, 'There's More, Press Any Key to Continue.' will be displayed on the bottom of the screen. Press Enter to scroll through the archived transactions. The scroll can only advance forward, there is no way to go backwards.

When finished, press the F1 key to back out. This will return to enter in another customer's name to browse their archived transactions. Pressing F1 again will return to the 'Transaction Archive Utility' menu.

Print Archived Transactions

Similar to the 'Browse Archived Transactions', with the only difference being that the transactions will be printed to the printer specified in 'User Maintenance' instead of being displayed on the screen.

Purge Archived Transactions

This function is used to delete old data from the archive.

Note: It is strongly recommended before using this function to complete a successful Backup and Verify. Failure to do so could result in data loss, and the inability to restore the data.

After selecting this option, the following screen will be displayed:

```
          P U R G E   A R C H I V E D   T R A N A C T I O N S

          Purge All Transactions Prior to :[          ]  (mmddyycc)
```

Enter in the date to delete all transaction dated prior to, and then press Enter to continue. The following screen will be displayed:

```
              P U R G E   A R C H I V E D   T R A N A C T I O N S

                     Purge Date    01 May 01

                     Is This Date correct:   [     ]   (YES,xxx)

                     Entering 'YES' Starts the Purge Process.
```

Enter 'YES' in the field to start the purge. The purge could take a while, so it is recommended by Foundation Systems Technical Support Helpdesk to run this process in the evening hours to allot enough time to allow the program to run to completion. When the purge is finished, the program will return to the 'Transaction Archive Utility' menu, with the message 'Purge Complete' displaying in the bottom left corner of the screen.

Pre-Statement/Age Data Restore

This function is designed to allow easier data restore for the Accounts Receivable system. It is recommended to have the assistance of the Foundation Systems Technical Support Helpdesk when using this function.

```
              A / R   D A T A   R E S T O R E

              1.   Restore Prior to Statements.
              2.   Restore Prior to Aging.

              Enter Your Choice.
```

Restore Prior to Statements

This program is designed to restore a copy of the accounts receivable data that was saved at the time of printing statements.

```
              A / R   D A T A   R E S T O R E

        This will Restore the A/R Data Files Back to Prior to Printing

        Statements.  IF That's What You Want to Do, Enter 'YESIDO'   [        ]
```

Enter 'YESIDO' to start the restore.

Note: When using this utility, any data that has been entered into the Accounts Receivable system since printing statements will be lost.

Restore Prior to Aging

This program is designed to restore a copy of the accounts receivable data that was saved at the time of aging the accounts.

```
            A / R   D A T A   R E S T O R E

      This will Restore the A/R Data Files Back to Prior to Aging.

      IF That's What You Want to Do, Enter 'YESIDO'   [        ]
```

Enter 'YESIDO' to start the restore.

Note: When using this utility, any data that has been entered into the Accounts Receivable system since aging will be lost.

Third Party Accounts Receivable

There are two ways of getting to the Third Party Accounts Receivable System from the Pharmacy Management System. From the Main Menu of the Pharmacy Management System, select option '6. Accounts Receivable' and then menu option '2. Third Party A/R (Insurance)'; or from the Third Party Processing menu in Utility Programs, select option 'A. Third Party Accounts Receivable'. The Main Menu for the Third Party Accounts Receivable System will be displayed.

```
          T P   A C C O U N T S   R E C E I V A B L E

              1.   TP A/R Reconciliation
              2.   TP A/R Reports
              3.   Reconcile Specific Script
              4.   Edit A/R by Script
              5.   Enter Rx to TP A/R
              6.   Rebill to Invoice
              7.   Medi-Cal Inquiry Form
              8.   X12-835 Reconciliation
              9.   Rapid RxEMIT Reports

              Enter Your Choice.  _
```

The Third Party Accounts Receivable System has been designed to keep a permanent billing history for each third party (non cash) prescription. The billing history includes what was billed to the insurance company, and if that third party was an online adjudicated third party payment, the amount of payment that was returned. The Third Party Accounts Receivable system will also keep track of the reversals, and allow adjustments, write offs and other applicable actions for tracking of the prescriptions payments from the third parties.

Each of the Third Party Accounts Receivable system menu options will be discussed in the following pages of this manual. The two main actions involved in the reconciliation and tracking of the payments for prescriptions are the data entry of the payment history, and the reporting of that history. These two actions will be covered in 'TP A/R Reconciliation' which is used to enter the data, and 'TP A/R Reports' which is used to print reports about the payment histories. These two options will be the first to be discussed.

TP A/R Reconciliation

The 'TP A/R Reconciliation' menu option is the option to be used when actually entering in information about a prescription's payment history. Extensive effort has been made to accommodate most variations in the way third party companies report the payment information to the pharmacy, and the different ways that pharmacies elect to enter and track that information.

11.3.1

The next several pages of this manual will outline the suggested way to reconcile payments received from third party companies into the Third Party Accounts Receivable system. If this reference guide does not cover a special scenario you encounter when trying to reconcile a payment received from the third party, please contact the **Foundation Systems Technical Support Helpdesk** at **801-785-7720**.

```
                    T P   A C C O U N T S   R E C E I V A B L E

            Insurance Code   [      ] or
            Ins Group/Bin    [      ]
            Beginning Date  :[          ] MMDDYYCC
              Ending Date  :[          ] NNDDYYCC

            EOB Reference #   [                  ]
                  Check #   [                  ]
            Check Amount  $[          ]
            Processing Fee $[    ] Per Claim
   Exclude Fee on Reversals   [  ] Y/N
              Site Number   [    ] or ALL
           Report Selection   [        ] or ALL      [  ] Include/Exclude
            Script Number   [            ] Leave Blank for All
        Sorted By:
        Name, Rxnum, Date, Date/Name, Date/Rx, Claim Ref.
              (N,R,D,DN,DR,d,dN,dR,CR)   [   ]
        'D' = date Billed.    'd' = date dispensed.
```

After selecting this menu option, the following screen will be displayed:

To begin reconciling an 'EOB' (Explanation Of Benefits, or check) into the Third Party Accounts Receivable system, enter in the appropriate information to sort out the prescriptions to be reconciled.

Insurance Code:

> This field is used to specify the code of the insurance the payment came from. Use this field if the check is for only one specific third party. Use 'Ins Group/Bin' if the check is for multiple insurance codes.

Ins Group/Bin:

> This field is used to enter in the code for an insurance group. The group gets defined in each third party file. If no group is entered in the third party setup, the BIN number is used by default. The bin number may be entered in this field as well and prescriptions for all insurances with that bin number will be included in the reconciliation script list.

Beginning / Ending Dates:

> These fields are used to enter the starting and ending dates for the scripts included on the check. These dates are searched by the prescription 'date billed' date.

EOB Reference #:

> This field is a text field that can be used to enter in a reference to the EOB or check. This can be the EOB number, EOB number & Date received, etc. It is recommended to

come up with one standard to be followed by all staff members entering reconciliation into the Third Party Accounts Receivable system.

Check #:

Use this field to record the check number for the check received from the third party.

Check Amount:

Enter in the amount of the check. This amount will be the amount to balance the individual prescription payments to.

Processing Fee:

Enter in the '***per claim***' processing fee charged by the third party. This amount will be deducted for each script, and the total amount of the processing fees will be displayed in the 'Fees' portion of the totals box.

Exclude Fee on Reversals:

When set to a 'Y', this option will not apply the 'Processing Fee' to reversals. When left blank or set to 'N', the fee will be applied.

Site Number:

This field is used to specify the site number the payments are for. This will default a 001. If the site number is not correct, enter the correct site number. This option is only to be used by customers that have the FSI Multi-Site System.

If you aren't sure, please contact the **Foundation Systems Technical Support Helpdesk** at **801-785-7720** for assistance in finding out. For more information on the FSI Multi-Site System, please contact the **Foundation Systems Sales Office** at **800-333-0926**.

Report Selection:

This field is used to get a reconciliation script list by a previously entered 'Report Selection' code. The report selection can be set when removing a prescription from the reconciliation list, entering a partial payment, and in the 'Edit Rx on List' function.

Include/Exclude:

This field specifies whether to include the entered report selection, or to exclude the entered report selection.

Script Number:

This field is used to specify a prescription number to see the Third Party Accounts Receivable history for that one specific prescription. The history will display in the Third Party Accounts Receivable reconciliation screen but will show all the dispensings, and all billing history for that specific prescription.

Sorted By:

This option is used to specify the way the prescriptions should be sorted pin the reconciliation list. There are nine different ways the list can be sorted. Below is the definition for each:

N	Sorts the reconciliation list in alphabetical order of the patient name.
R	Sorts the reconciliation list in prescription number order.
D	Sorts the reconciliation list in billing date order.
DN	Sorts the reconciliation list in billing date and alphabetical patient name order.
DR	Sorts the reconciliation list in billing date and prescription number order.
d	Sorts the reconciliation list in dispensing date order.
dN	Sorts the reconciliation list in dispensing date and alphabetical patient name order.
dR	Sorts the reconciliation list in dispensing date and prescription number order.
CR	Sorts the reconciliation list in claim reference order.

After entering in the search and sort criteria, a screen very similar to the following will be displayed:

```
                    T P  A C C O U N T S  R E C E I V A B L E

        Script#   Patient      Filled    Bill/Ref     Receivable  Remaining   R   Ins.
  A   *00000001  PATIENT,TEST  01
  B   *00000002  PATIENT,TEST  01    ┌──────────────────────────────────────────────┐
  C   *00000003  PATIENT,TEST  01    │                                                │
  D   *00000023  PATIENT,TEST  17    │           Add Script  # [40        ]           │
  E   *00000045  PATIENT,TEST  18    │                                                │
  F   *00000023  PATIENT,TEST  15    │    1.  Bill: 15 Jul 04   Fill:15 Jul 04 33.89 CALX 00
  G   *00000045  PATIENT,TEST  15    │                                                │
  H   *00000056  PATIENT,TEST  12    │                                                │
  I   *00000067  PATIENT,TEST  12    │                                                │
  J   *00000087  PATIENT,TEST  21    │                                                │
  K   *00000099  PATIENT,TEST  21    │    R:Re-enter;1-1:Select;M:More                │
  L   *00000067  PATIENT,TEST  10    └──────────────────────────────────────────────┘
  0      Billed:      $0.00   Reconcile:      $0.00 │ F2-Add/Del/Edit Record
  0    Reversed:      $0.00      Check:        $0.00 │ F3-Add TP Proc Fee
  0        Fees:      $0.00                          │ F4-Check      F5-Adjust
     Transactions:    $0.00   Difference:     $0.00 │ F6-Apply      F7-Print
         Unpaid:      $0.00   Selection:            │   -->Up       +->Down
```

There are 3 different parts to the above shown screen. There is the reconciliation script list at the top. In the left bottom box, the totals for the reconciliation are shown, and on the bottom right, the functions are shown. Each of these 3 parts is discussed below.

Reconciliation List

The top portion of the reconciliation screen is a list of the prescriptions found as being billed within the qualifications entered on the previous screen. 12 prescriptions can be displayed at a time. Additional prescriptions can be displayed by pressing the '+' key. This will be discussed more under the 'Functions' section. Each piece of information shown is discussed below.

```
                        T P   A C C O U N T S   R E C E I V A B L E

         Script#      Patient       Filled     Bill/Ref     Receivable   Remaining    R    Ins.
    A  *00000001    PATIENT,TEST  01 JAN 04                     48.73       48.73          CALX
    B  *00000002    PATIENT,TEST  01 JAN 04                     64.38       64.38          CALX
    C  *00000003    PATIENT,TEST  01 JAN 04                     87.23       87.23          CALX
    D  *00000023    PATIENT,TEST  17 FEB 04                     68.73       68.73          CALX
    E  *00000045    PATIENT,TEST  18 FEB 04                     84.82       84.82          CALX
    F  *00000023    PATIENT,TEST  15 MAR 04                     68.73       68.73          CALX
    G  *00000045    PATIENT,TEST  15 MAR 04                     12.67       12.67          CALX
    H  *00000056    PATIENT,TEST  12 JUN 04                    187.44      187.44          CALX
    I  *00000067    PATIENT,TEST  12 JUN 04                     94.45       94.45          CALX
    J  *00000087    PATIENT,TEST  21 JUN 04                    164.87      164.87          CALX
    K  *00000099    PATIENT,TEST  21 JUN 04                      8.90        8.90          CALX
    L  *00000067    PATIENT,TEST  10 JUL 04                     94.45       94.45          CALX
```

Speed Code

Each prescription in the list is assigned a speed letter. When working with the prescriptions within the Third Party Accounts Receivable system, the prescription number and/or the speed letter can be used to select the prescription. The speed letter is shown on the far left side of the screen.

Asterisk

Next to that (on the right) before the prescription number, an * may be displayed. The * indicates that the prescription is marked to be 'settled' by this reconciliation process. Use the 'Add/Del/Edit Record' function to remove the prescription from the reconciliation list if not paid at all or to enter in a partial payment if the payment received did not pay the 'Receivable' amount in full. These processes will be discussed in more detail in the 'Functions' section.

Script

The prescription number is shown in this column on the screen. It is possible to see the same prescription number multiple times in the reconciliation list. This would happen when a prescription got billed more than once in the same payment cycle from the insurance (vacation supply). Another possibility would be if a previous dispensing got re-billed to correct a billing problem in the same cycle that a due refill was processed.

In addition to prescription numbers being displayed here, a 'transaction id #' might also be displayed. These are fake prescriptions numbers to accommodate adjustments entered to make a reconciliation process balance the check amount received.

Patient

The patient name is displayed in this column of the reconciliation screen. Only the first 10 characters of the patients 'last name,first name' can be displayed.

In addition to the patient name, transaction titles might also be displayed in this column (i.e. 'Batch Adjustment'). These titles are also limited to the 10 character max display.

Filled

This column is used to display the date the prescription was filled.

Bill/Ref

The 'Claim Reference' number when billing an online third party will be displayed in this column. This column is also used to show if the prescription was re-entered into the Third Party Accounts Receivable system, if they were billed to a third party and marked as 'Already Paid', if a batch adjustment was entered, and others.

Receivable

This column shows the original amount to be received for the prescription.

Remaining

This column shows the amount still owing for the prescription.

R

Shows the 'Report Selection' for the prescription. A 'Report Selection' can be entered using the 'Add/Del/Edit Record' function. This will be discussed more under 'Functions'.

Ins.

This column displays the code for the insurance company the prescription was billed to.

Totals

This section of the reconciliation screen shows the balances and totals for the reconciliation process.

0	Billed:	$0.00	Reconcile:	$0.00	F2-Add/Del/Edit Record
0	Reversed:	$0.00	Check:	$0.00	F3-Add TP Proc Fee
0	Fees:	$0.00			F4-Check F5-Adjust
	Transactions:	$0.00	Difference:	$0.00	F6-Apply F7-Print
	Unpaid:	$0.00	Selection:		-->Up +->Down

Billed

Billed: displays the total dollar amount billed to the third party company for the search criteria entered. The number of prescriptions billed will show to the left of this line. This amount will automatically adjust as prescriptions are added and removed from the reconciliation list.

Reversed

Reversed: displays the total dollar amount reversed from the third party company for the search criteria entered. The number of prescriptions reversed will show to the left of this line. This amount will automatically adjust as prescriptions are added and removed from the reconciliation list.

Fees

Fees: displays the total dollar amount charged as fees. Fees are entered as a '*per claim*' amount, and this line will total that amount.

Transactions

Transactions: displays the total dollar value of manually entered transactions (adjustments).

Unpaid

Unpaid: displays the total dollar value of the unpaid amount left over from a 'partial payment'.

Reconcile

Reconcile: displays the amount to be received for payment after calculating initial 'Transactions' or adjustments.

Check

Check: displays the amount of the check as entered on the starting screen. This amount may be changed if entered incorrectly by using the 'F4-Check' function. This will be discussed more in the 'Functions' section.

Difference

Difference: displays the amount different from the 'Reconcile' and 'Check'. This amount will change as the reconciliation progresses, and the goal of reconciling is to get this amount to zero.

Functions

The functions portion of this screen is what allows the user to actually reconcile the prescriptions included in the reconciliation prescription list

0	Billed:	$0.00	Reconcile:	$0.00	**F2-Add/Del/Edit Record**
0	Reversed:	$0.00	Check:	$0.00	**F3-Add TP Proc Fee**
0	Fees:	$0.00			**F4-Check** **F5-Adjust**
	Transactions:	$0.00	Difference:	$0.00	**F6-Apply** **F7-Print**
	Unpaid:	$0.00	Selection:		**-->Up** **+->Down**

F2 Add/Del/Edit Record

The 'F2 Add/Del/Edit Record' is used for most reconciliation list maintenance required to balance the amount of the check to the amount being reconciled. After pressing this function option, the following screen will be displayed:

```
                  T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled    Bill/Ref    Receivable   Remaining   R   Ins.
   A   *00000001  PATIENT,TEST  01   ┌──────────────────────────────────────────────┐
   B   *00000002  PATIENT,TEST  01   │                                              │
   C   *00000003  PATIENT,TEST  01   │        A D J U S T   R X   L I S T           │
   D   *00000023  PATIENT,TEST  17   │                                              │
   E   *00000045  PATIENT,TEST  18   │     1.    Add Rx to List                     │
   F   *00000023  PATIENT,TEST  15   │     2.    Remove Rx From List                │
   G   *00000045  PATIENT,TEST  15   │     3.    Enter Partial Payment              │
   H   *00000056  PATIENT,TEST  12   │     4.    Edit Rx on List                    │
   I   *00000067  PATIENT,TEST  12   │           Enter Your Choice.  _              │
   J   *00000087  PATIENT,TEST  21   │                                              │
   K   *00000099  PATIENT,TEST  21   │                                              │
   L   *00000067  PATIENT,TEST  10   └──────────────────────────────────────────────┘
   0       Billed:       $0.00   Reconcile:       $0.00   F2-Add/Del/Edit Record
   0     Reversed:       $0.00      Check:        $0.00   F3-Add TP Proc Fee
   0        Fees:        $0.00                            F4-Check      F5-Adjust
       Transactions:     $0.00   Difference:      $0.00   F6-Apply      F7-Print
           Unpaid:       $0.00   Selection:                 -->Up      +->Down
```

There are four menu options shown. Each of these options will be discussed individually.

Add Rx to List

This menu option is used to add a prescription to the reconciliation list. This would be done when there is a prescription on the EOB that is not on the generated list. After picking this option, the following will be displayed:

```
                  T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled    Bill/Ref    Receivable   Remaining   R   Ins.
   A   *00000001  PATIENT,TEST  01   ┌──────────────────────────────────────────────┐
   B   *00000002  PATIENT,TEST  01   │                                              │
   C   *00000003  PATIENT,TEST  01   │                                              │
   D   *00000023  PATIENT,TEST  17   │        Add Script  # [         ]             │
   E   *00000045  PATIENT,TEST  18   │                                              │
   F   *00000023  PATIENT,TEST  15   │                                              │
   G   *00000045  PATIENT,TEST  15   │                                              │
   H   *00000056  PATIENT,TEST  12   │                                              │
   I   *00000067  PATIENT,TEST  12   │                                              │
   J   *00000087  PATIENT,TEST  21   │                                              │
   K   *00000099  PATIENT,TEST  21   │                                              │
   L   *00000067  PATIENT,TEST  10   └──────────────────────────────────────────────┘
   0       Billed:       $0.00   Reconcile:       $0.00   F2-Add/Del/Edit Record
   0     Reversed:       $0.00      Check:        $0.00   F3-Add TP Proc Fee
   0        Fees:        $0.00                            F4-Check      F5-Adjust
       Transactions:     $0.00   Difference:      $0.00   F6-Apply      F7-Print
           Unpaid:       $0.00   Selection:                 -->Up      +->Down
```

Enter in the prescription number to be added to the list, the following will be displayed:

11.3.9

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled    Bill/Ref    Receivable   Remaining   R   Ins.
   A  *00000001  PATIENT,TEST  01   ┌─────────────────────────────────────────────┐
   B  *00000002  PATIENT,TEST  01   │                                             │
   C  *00000003  PATIENT,TEST  01   │                                             │
   D  *00000023  PATIENT,TEST  17   │         Add Script  # [40        ]          │
   E  *00000045  PATIENT,TEST  18   │                                             │
   F  *00000023  PATIENT,TEST  15   │   1.  Bill: 15 Jul 04   Fill:15 Jul 04  33.89  CALX 00
   G  *00000045  PATIENT,TEST  15   │                                             │
   H  *00000056  PATIENT,TEST  12   │                                             │
   I  *00000067  PATIENT,TEST  12   │                                             │
   J  *00000087  PATIENT,TEST  21   │                                             │
   K  *00000099  PATIENT,TEST  21   │     R:Re-enter;1-1:Select;M:More            │
   L  *00000067  PATIENT,TEST  10   └─────────────────────────────────────────────┘
   0      Billed:        $0.00   Reconcile:          $0.00  F2-Add/Del/Edit Record
   0    Reversed:        $0.00      Check:           $0.00  F3-Add TP Proc Fee
   0        Fees:        $0.00                              F4-Check       F5-Adjust
     Transactions:       $0.00   Difference:         $0.00  F6-Apply       F7-Print
         Unpaid:         $0.00   Selection:                    -->Up       +->Down
```

A list of dispensing records will be displayed. Select the appropriate dispensing record. The program will return to the 'Add/Delete/Edit Record' menu.

Remove Rx From List

This menu option is used to remove a prescription from the reconciliation list. This would be done when there is a prescription on the reconciliation list that is not on the EOB. After picking this option, the following will be displayed:

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled    Bill/Ref    Receivable   Remaining   R   Ins.
   A  *00000001  PATIENT,TEST  01   ┌─────────────────────────────────────────────┐
   B  *00000002  PATIENT,TEST  01   │                                             │
   C  *00000003  PATIENT,TEST  01   │                                             │
   D  *00000023  PATIENT,TEST  17   │       Script Number [          ]            │
   E  *00000045  PATIENT,TEST  18   │                                             │
   F  *00000023  PATIENT,TEST  15   │                                             │
   G  *00000045  PATIENT,TEST  15   │                                             │
   H  *00000056  PATIENT,TEST  12   │                                             │
   I  *00000067  PATIENT,TEST  12   │                                             │
   J  *00000087  PATIENT,TEST  21   │                                             │
   K  *00000099  PATIENT,TEST  21   │                                             │
   L  *00000067  PATIENT,TEST  10   └─────────────────────────────────────────────┘
   0      Billed:        $0.00   Reconcile:          $0.00  F2-Add/Del/Edit Record
   0    Reversed:        $0.00      Check:           $0.00  F3-Add TP Proc Fee
   0        Fees:        $0.00                              F4-Check       F5-Adjust
     Transactions:       $0.00   Difference:         $0.00  F6-Apply       F7-Print
         Unpaid:         $0.00   Selection:                    -->Up       +->Down
```

Enter in the prescription number to be removed from the list. The following will be displayed:

11.3.10

```
                      T P   A C C O U N T S   R E C E I V A B L E

         Script#    Patient      Filled    Bill/Ref    Receivable  Remaining    R    Ins.
    A  *00000001  PATIENT,TEST  01  ┌─────────────────────────────────────────┐
    B  *00000002  PATIENT,TEST  01  │                                         │
    C  *00000003  PATIENT,TEST  01  │                                         │
    D  *00000023  PATIENT,TEST  17  │        Script Number [45        ]       │
    E  *00000045  PATIENT,TEST  18  │                                         │
    F  *00000023  PATIENT,TEST  15  │   1.  Bill: 15 Jul 04   Fill:15 Jul 04  33.89  CALX 00 │
    G  *00000045  PATIENT,TEST  15  │                                         │
    H  *00000056  PATIENT,TEST  12  │                                         │
    I  *00000067  PATIENT,TEST  12  │                                         │
    J  *00000087  PATIENT,TEST  21  │                                         │
    K  *00000099  PATIENT,TEST  21  │     R:Re-enter;1-1:Select;M:More        │
    L  *00000067  PATIENT,TEST  10  └─────────────────────────────────────────┘
    0       Billed:       $0.00    Reconcile:         $0.00 │ F2-Add/Del/Edit Record
    0     Reversed:       $0.00       Check:          $0.00 │ F3-Add TP Proc Fee
    0         Fees:       $0.00                             │ F4-Check      F5-Adjust
       Transactions:      $0.00    Difference:        $0.00 │ F6-Apply      F7-Print
            Unpaid:       $0.00    Selection:               │   -->Up       +->Down
```

A list of dispensing records will be displayed. Select the appropriate dispensing record. The following screen will be displayed:

```
                      T P   A C C O U N T S   R E C E I V A B L E

         Script#    Patient      Filled    Bill/Ref    Receivable  Remaining    R    Ins.
    A  *00000001  PATIENT,TEST  01  ┌─────────────────────────────────────────┐
    B  *00000002  PATIENT,TEST  01  │                                         │
    C  *00000003  PATIENT,TEST  01  │                                         │
    D  *00000023  PATIENT,TEST  17  │   Report Selection   [ ]  D-Denied  O=Outstanding │
    E  *00000045  PATIENT,TEST  18  │                            or A-Z       │
    F  *00000023  PATIENT,TEST  15  │   Adj. Reason Code   [   ] (optional)   │
    G  *00000045  PATIENT,TEST  15  │                                         │
    H  *00000056  PATIENT,TEST  12  │                                         │
    I  *00000067  PATIENT,TEST  12  │                                         │
    J  *00000087  PATIENT,TEST  21  │                                         │
    K  *00000099  PATIENT,TEST  21  │     R:Re-enter;1-1:Select;M:More        │
    L  *00000067  PATIENT,TEST  10  └─────────────────────────────────────────┘
    0       Billed:       $0.00    Reconcile:         $0.00 │ F2-Add/Del/Edit Record
    0     Reversed:       $0.00       Check:          $0.00 │ F3-Add TP Proc Fee
    0         Fees:       $0.00                             │ F4-Check      F5-Adjust
       Transactions:      $0.00    Difference:        $0.00 │ F6-Apply      F7-Print
            Unpaid:       $0.00    Selection:               │   -->Up       +->Down
```

Enter in the appropriate codes and press Enter to have the prescription removed from the list.

Report Selection:

    This field is provided to enter in a 'Report Selection' code. This code can be any letter from A-Z. 'D' is reserved for Denied and 'O' is reserved for Outstanding. The codes used for the report selections do not have any program specified meaning. The entered 'Report Selection' code allows the user to print reports for prescriptions in the reconciliation file with a specified code.

Adj. Reason Code:

This field is used to record a two-digit code explaining why the prescription is being removed from the reconciliation list. This could be used to record a code returned from the third party. This field is optional.

Enter Partial Payment

This menu option is used to enter a partial payment to a prescription/dispensing record in the reconciliation list. This would be done when there is a prescription on the EOB that is not on the generated list. After picking this option, the following will be displayed:

```
                    T P   A C C O U N T S   R E C E I V A B L E

                Insurance Code   [       ]  or
                Ins Group/Bin   [        ]
                Beginning Date  :[        ]  MMDDYYCC
                   Ending Date  :[        ]  NNDDYYCC

                EOB Reference #   [                  ]
                       Check #   [                  ]
                 Check Amount  $[          ]
                Processing Fee  $[     ]  Per Claim
   Exclude Fee on Reversals   [  ]  Y/N
                 Site Number   [   ]  or ALL
               Report Selection   [        ]  or ALL      [  ]  Include/Exclude
                 Script Number   [           ]  Leave Blank for All
     Sorted By:
     Name,  Rxnum,  Date,  Date/Name,  Date/Rx,  Claim Ref.
             (N,R,D,DN,DR,d,dN,dR,CR)   [    ]
     'D' = date Billed.    'd' = date dispensed.
```

Enter in the prescription number the partial payment was for. The following will be displayed:

11.3.12

```
              T P   A C C O U N T S   R E C E I V A B L E

      Script#    Patient      Filled   Bill/Ref    Receivable  Remaining   R   Ins.
  A  *00000001  PATIENT,TEST  01  ┌──────────────────────────────────────────┐
  B  *00000002  PATIENT,TEST  01  │                                          │
  C  *00000003  PATIENT,TEST  01  │                                          │
  D  *00000023  PATIENT,TEST  17  │       Script  Number  [45        ]       │
  E  *00000045  PATIENT,TEST  18  │                                          │
  F  *00000023  PATIENT,TEST  15  │  1. Bill: 15 Jul 04  Fill:15 Jul 04  33.89  CALX 00
  G  *00000045  PATIENT,TEST  15  │                                          │
  H  *00000056  PATIENT,TEST  12  │                                          │
  I  *00000067  PATIENT,TEST  12  │                                          │
  J  *00000087  PATIENT,TEST  21  │                                          │
  K  *00000099  PATIENT,TEST  21  │    R:Re-enter;1-1:Select;M:More          │
  L  *00000067  PATIENT,TEST  10  └──────────────────────────────────────────┘
  0      Billed:      $0.00   Reconcile:        $0.00 │ F2-Add/Del/Edit Record
  0    Reversed:      $0.00      Check:         $0.00 │ F3-Add TP Proc Fee
  0        Fees:      $0.00                           │ F4-Check      F5-Adjust
     Transactions:    $0.00   Difference:       $0.00 │ F6-Apply      F7-Print
           Unpaid:    $0.00   Selection:              │    -->Up      +->Down
```

Select the appropriate dispensing number. The following will be displayed:

```
              T P   A C C O U N T S   R E C E I V A B L E

      Script#    Patient      Filled   Bill/Ref    Receivable  Remaining   R   Ins.
  A  *00000001  PATIENT,TEST  01  ┌──────────────────────────────────────────┐
  B  *00000002  PATIENT,TEST  01  │                                          │
  C  *00000003  PATIENT,TEST  01  │                                          │
  D  *00000023  PATIENT,TEST  17  │   Amount of Payment   $[          ]      │
  E  *00000045  PATIENT,TEST  18  │   Report Selection   [ ] D-Denied  O=Outstanding
  F  *00000023  PATIENT,TEST  15  │                          or A-Z          │
  G  *00000045  PATIENT,TEST  15  │                                          │
  H  *00000056  PATIENT,TEST  12  │                                          │
  I  *00000067  PATIENT,TEST  12  │                                          │
  J  *00000087  PATIENT,TEST  21  │                                          │
  K  *00000099  PATIENT,TEST  21  │                                          │
  L  *00000067  PATIENT,TEST  10  └──────────────────────────────────────────┘
  0      Billed:      $0.00   Reconcile:        $0.00 │ F2-Add/Del/Edit Record
  0    Reversed:      $0.00      Check:         $0.00 │ F3-Add TP Proc Fee
  0        Fees:      $0.00                           │ F4-Check      F5-Adjust
     Transactions:    $0.00   Difference:       $0.00 │ F6-Apply      F7-Print
           Unpaid:    $0.00   Selection:              │    -->Up      +->Down
```

Enter in the amount of the payment and the report selection. Press Enter. The payment will be recorded and the 'Remaining' amount will be updated.

Edit Rx on List

The 'Edit Rx on List' function is used to enter in manual adjustments to a prescription on the reconciliation list. These adjustments can be debits (adds to the amount owing), credits (deducts from the amount owing), and edits to transactions already entered to the prescription/dispensing reconciliation record.

11.3.13

After selecting this function, the following screen will be displayed:

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled    Bill/Ref     Receivable   Remaining   R   Ins.
   A   *00000001  PATIENT,TEST  01    ┌────────────────────────────────────────────┐
   B   *00000002  PATIENT,TEST  01    │                                            │
   C   *00000003  PATIENT,TEST  01    │                                            │
   D   *00000023  PATIENT,TEST  17    │      Select Line or Enter Rx # [       ]   │
   E   *00000045  PATIENT,TEST  18    │                                            │
   F   *00000023  PATIENT,TEST  15    │                                            │
   G   *00000045  PATIENT,TEST  15    │                                            │
   H   *00000056  PATIENT,TEST  12    │                                            │
   I   *00000067  PATIENT,TEST  12    │                                            │
   J   *00000087  PATIENT,TEST  21    │                                            │
   K   *00000099  PATIENT,TEST  21    │                                            │
   L   *00000067  PATIENT,TEST  10    └────────────────────────────────────────────┘
   0      Billed:        $0.00   Reconcile:      $0.00   F2-Add/Del/Edit Record
   0      Reversed:      $0.00     Check:        $0.00   F3-Add TP Proc Fee
   0      Fees:          $0.00                           F4-Check      F5-Adjust
       Transactions:     $0.00   Difference:     $0.00   F6-Apply      F7-Print
          Unpaid:        $0.00   Selection:              -->Up      +->Down
```

Enter in the prescription number to be edited. The following screen will display:

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled    Bill/Ref     Receivable   Remaining   R   Ins.
   A   *00000001  PATIENT,TEST  01    ┌────────────────────────────────────────────┐
   B   *00000002  PATIENT,TEST  01    │                                            │
   C   *00000003  PATIENT,TEST  01    │                                            │
   D   *00000023  PATIENT,TEST  17    │      Select Line or Enter Rx # [       ]   │
   E   *00000045  PATIENT,TEST  18    │                                            │
   F   *00000023  PATIENT,TEST  15    │  1.  Bill: 15 Jul 04ouFill:15 Jul 04  33.89  CALX 00  │
   G   *00000045  PATIENT,TEST  15    │                                            │
   H   *00000056  PATIENT,TEST  12    │                                            │
   I   *00000067  PATIENT,TEST  12    │                                            │
   J   *00000087  PATIENT,TEST  21    │                                            │
   K   *00000099  PATIENT,TEST  21    │   R:Re-enter;1-1:Select;M:More             │
   L   *00000067  PATIENT,TEST  10    └────────────────────────────────────────────┘
   0      Billed:        $0.00   Reconcile:      $0.00   F2-Add/Del/Edit Record
   0      Reversed:      $0.00     Check:        $0.00   F3-Add TP Proc Fee
   0      Fees:          $0.00                           F4-Check      F5-Adjust
       Transactions:     $0.00   Difference:     $0.00   F6-Apply      F7-Print
          Unpaid:        $0.00   Selection:              -->Up      +->Down
```

Select the appropriate dispensing number. The following screen will be displayed:

```
                        T P   A / R   E D I T

Script Number   00000001  00        Billed   01 Jan 04       Receivable        2.00
 Patient Name   PATIENT,TEST        Filled   01 Jan 04     Actual Billed       3.36
 Billing Type   Manual Entry  CALX   Ref. #  Re-Entry           Copay

Line    Date       Type    Description                        Debit     Credit
No Transactions




        Amount Billed:     $5.36   │ F2-Enter Credit/Debit   F5-Report Selection
        Credit/Debits:     $0.00   │ F3-Settle               F6-Edit Transaction
     Amnt Outstanding:     $5.36   │ Make Selection              -->Up    +->Down
```
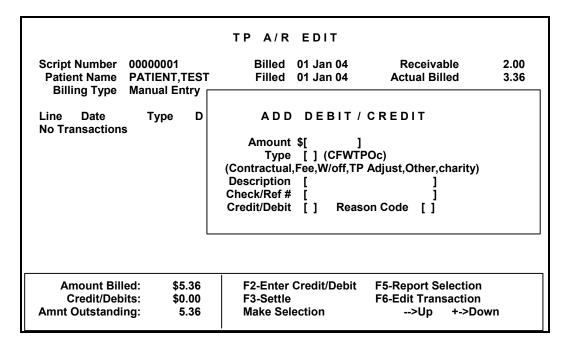
The above screen is the 'TP A/R Edit' screen. This screen shows all of the line item transactions for the prescription/dispensing record in the Third Party Accounts Receivable system. There are 4 functions available from this screen. They are shown in the bottom right corner of the screen, and will be discussed individually below.

F2 **Enter Credit/Debit**

This function is used to enter in manual credits and debits to the reconciliation record for this prescription/dispensing. After selecting this option, the following will be displayed:

```
                        T P   A / R   E D I T

  Script Number  00000001        Billed   01 Jan 04      Receivable        2.00
   Patient Name  PATIENT,TEST    Filled   01 Jan 04      Actual Billed     3.36
   Billing Type  Manual Entry  ┌─────────────────────────────────────────┐
                               │                                         │
  Line    Date       Type   D  │    A D D   D E B I T / C R E D I T      │
  No Transactions              │                                         │
                               │      Amount  $[          ]              │
                               │      Type    [ ] (CFWTPOc)              │
                               │  (Contractual,Fee,W/off,TP Adjust,Other,charity)
                               │   Description  [                    ]    │
                               │   Check/Ref #  [                    ]    │
                               │   Credit/Debit [ ]    Reason Code  [ ]  │
                               │                                         │
                               └─────────────────────────────────────────┘

  ┌──────────────────────────┬────────────────────────────────────────────┐
  │  Amount Billed:   $5.36   │  F2-Enter Credit/Debit   F5-Report Selection│
  │  Credit/Debits:   $0.00   │  F3-Settle               F6-Edit Transaction│
  │  Amnt Outstanding:  5.36  │  Make Selection             -->Up   +->Down │
  └──────────────────────────┴────────────────────────────────────────────┘
```

Enter in the appropriate information for the credit or debit.

Amount:

This field is used to enter in the dollar amount for the credit/debit being entered. This amount should be entered in xxxx.xx format.

Type:

This field is used to enter in the type of reason the credit/debit is being entered. A list of common types is listed below the field. 'C' should be entered if the credit/debit is based on a contractual agreement. 'F' is for a fee; 'W' for a write-off, 'T' is for an adjustment from the third party, 'c' is for charity and 'O' is for other.

Description:

This is a text field used to enter in a description for the debit/credit entry.

Check/Ref #:

This field is used to enter in the check number or reference number for the credit/debit. This could also be used to record the EOB number.

Credit/Debit:

This field is used to specify whether this entry is a credit or a debit to the remaining balance for the prescription/dispensing reconciliation record in the Third Party Accounts Receivable system. Enter a 'C' for credit or 'D' for debit in this field.

Reason Code:

This field is a two-digit field that allows the user to enter in a reason code. If a reason code is returned from the third party, that code (up to two digits) can be entered in this field.

11.3.16

F3 **Settle**

This function is used to manually settle a prescription from the reconciliation list. Usually this function is used when reconciling one individual prescription at a time and will be discussed more in 'Reconcile Specific Script' portion of this manual.
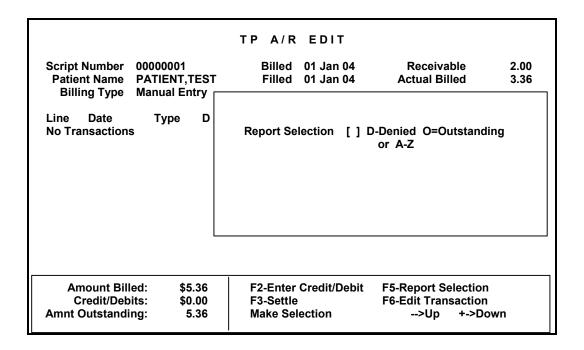
After selecting this option, the following will be displayed:

```
                        T P   A / R   E D I T

  Script Number   00000001           Billed   01 Jan 04        Receivable      2.00
    Patient Name  PATIENT,TEST       Filled   01 Jan 04      Actual Billed     3.36
     Billing Type Manual Entry  CALX    Ref#  Re-Entry            Copay

  Line    Date        Type    Description                        Debit      Credit
  No Transactions




                           Settle Record?  Y/N  _

       Amount Billed:      $5.36    F2-Enter Credit/Debit   F5-Report Selection
       Credit/Debits:      $0.00    F3-Settle               F6-Edit Transaction
    Amnt Outstanding:       5.36    Make Selection               -->Up    +->Down
```

After pressing F3 the prompt 'Settle Record? Y,N' will be displayed. Press 'Y' to settle the record, or press 'N' to exit from the settle prompt without settling the record. When a record is settled, the amount remaining is set to zero and an entry is recorded in the 'Edit Rx on List' screen. Examples of these screens will be shown in 'Reconcile Specific Script' section of this manual.

F5 **Report Selection**

This function is used to add a 'Report Selection' to the prescription/dispensing reconciliation record. This report selection allows reports to be printed for just prescription/dispensings with a specific code. After selecting this option, the following screen will be displayed:

```
                          T P   A / R   E D I T

   Script Number   00000001        Billed   01 Jan 04        Receivable        2.00
    Patient Name   PATIENT,TEST     Filled   01 Jan 04        Actual Billed     3.36
    Billing Type   Manual Entry
                                    Report Selection   [ ]  D-Denied  O=Outstanding
   Line    Date         Type    D                                or  A-Z
   No Transactions



   ┌────────────────────────────────┬──────────────────────────────────────────┐
   │   Amount Billed:      $5.36     │  F2-Enter Credit/Debit    F5-Report Selection │
   │   Credit/Debits:      $0.00     │  F3-Settle                F6-Edit Transaction │
   │   Amnt Outstanding:    5.36     │  Make Selection              -->Up   +->Down │
   └────────────────────────────────┴──────────────────────────────────────────┘
```
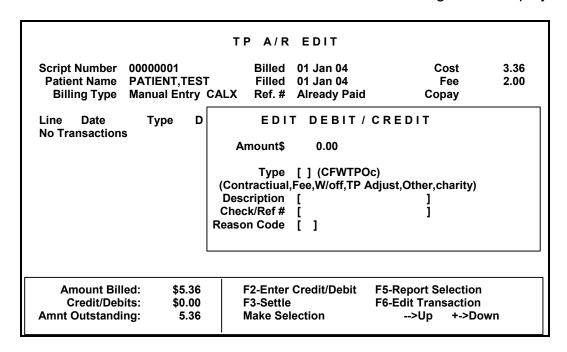
Enter in the appropriate report selection code and press Enter to save it.

F6 Edit Transaction

The 'F6 Edit Transaction' function allows for edits to be made to transactions entered for a prescription/dispensing record in the Third Party Accounts Receivable system. After selecting this menu option, the following will display:

11.3.18

```
                            T P   A / R   E D I T

    Script Number   00000001          Billed   01 Jan 04        Receivable      2.00
     Patient Name   PATIENT,TEST      Filled   01 Jan 04        Actual Billed   3.36
      Billing Type  Manual Entry  CALX  Ref. #  Already Paid        Copay

    Line    Date        Type    D │        E D I T   C R E D I T / D E B I T
    No Transactions                │
                                   │          Enter Line Number  [   ]
                                   │
                                   │
                                   │
                                   │
                                   │
                                   │
                                   │

    ┌──────────────────────────────┬────────────────────────────────────────┐
        Amount Billed:    $5.36     │  F2-Enter Credit/Debit    F5-Report Selection
        Credit/Debits:    $0.00     │  F3-Settle                F6-Edit Transaction
      Amnt Outstanding:    5.36     │  Make Selection              -->Up   +->Down
```

Enter in the line number to be edited. A screen similar to the following will be displayed:

```
                            T P   A / R   E D I T

    Script Number   00000001          Billed   01 Jan 04         Cost        3.36
     Patient Name   PATIENT,TEST      Filled   01 Jan 04         Fee         2.00
      Billing Type  Manual Entry  CALX  Ref. #  Already Paid        Copay

    Line    Date        Type    D │        E D I T   D E B I T / C R E D I T
    No Transactions                │
                                   │        Amount$      0.00
                                   │
                                   │            Type   [ ]  (CFWTPOc)
                                   │    (Contractiual,Fee,W/off,TP Adjust,Other,charity)
                                   │      Description   [                     ]
                                   │      Check/Ref #   [                     ]
                                   │    Reason Code   [   ]
                                   │

    ┌──────────────────────────────┬────────────────────────────────────────┐
        Amount Billed:    $5.36     │  F2-Enter Credit/Debit    F5-Report Selection
        Credit/Debits:    $0.00     │  F3-Settle                F6-Edit Transaction
      Amnt Outstanding:    5.36     │  Make Selection              -->Up   +->Down
```

When editing a reconciliation record, the dollar amount cannot be edited. If the amount remaining for the prescription has to be changed, a debit or credit has to be entered. This function allows the 'Type', 'Description', 'Check/Ref#' and 'Reason Code' to be edited.

11.3.19

- Up

Pressing the '-' (minus or dash key) will scroll the transaction list up. This function will only work when the transaction list is longer than a page (12 transactions), and the list has already been scrolled down.

+ Down

Pressing the '+' (plus key) will scroll the transaction list down. This function will only work when the transaction list is longer than a page (12 transactions), and the list has not already been scrolled all the way to the end.

F3 *Add TP Proc Fee*
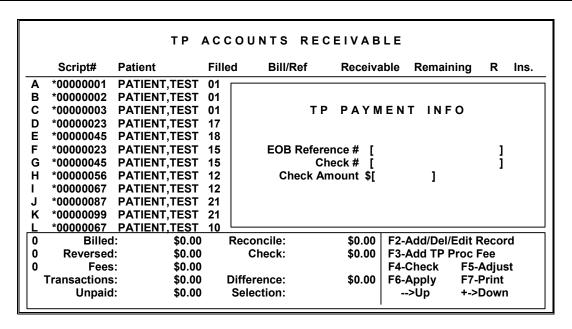
This function is used to enter or change the per prescription/dispensing fee charged by the third party for processing the check/EOB. After pressing the F3 key, the following will be displayed:

```
                    T P   A C C O U N T S   R E C E I V A B L E

         Script#    Patient       Filled    Bill/Ref     Receivable   Remaining   R   Ins.
   A  *00000001  PATIENT,TEST   01    ┌──────────────────────────────────────────────┐
   B  *00000002  PATIENT,TEST   01    │                                                │
   C  *00000003  PATIENT,TEST   01    │          A D D   B I L L I N G   F E E S       │
   D  *00000023  PATIENT,TEST   17    │                                                │
   E  *00000045  PATIENT,TEST   18    │   Enter Processing Fee  $[      ]  Per Script   │
   F  *00000023  PATIENT,TEST   15    │ Exclude Fee on Reversals   [ ] Y/N              │
   G  *00000045  PATIENT,TEST   15    │            Description   [                   ]  │
   H  *00000056  PATIENT,TEST   12    │                                                │
   I  *00000067  PATIENT,TEST   12    │   This Function will apply the above            │
   J  *00000087  PATIENT,TEST   21    │   amount to every prescription being            │
   K  *00000099  PATIENT,TEST   21    │   reconciled.                                   │
   L  *00000067  PATIENT,TEST   10    └──────────────────────────────────────────────┘
   0       Billed:      $0.00    Reconcile:      $0.00 │ F2-Add/Del/Edit Record
   0     Reversed:      $0.00       Check:       $0.00 │ F3-Add TP Proc Fee
   0        Fees:       $0.00                          │ F4-Check       F5-Adjust
       Transactions:    $0.00    Difference:     $0.00 │ F6-Apply       F7-Print
           Unpaid:      $0.00    Selection:            │   -->Up        +->Down
```

Enter in the fee amount (per prescription), and specify if the fee should apply to reversals. A field is also provided to enter in a note or description about the fee.

F4 *Check*

Using the 'F4 - Check' function allows the price of the check to be entered or changed.

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled   Bill/Ref     Receivable  Remaining   R   Ins.
   A  *00000001  PATIENT,TEST  01   ┌──────────────────────────────────────────┐
   B  *00000002  PATIENT,TEST  01   │                                          │
   C  *00000003  PATIENT,TEST  01   │           T P   P A Y M E N T   I N F O   │
   D  *00000023  PATIENT,TEST  17   │                                          │
   E  *00000045  PATIENT,TEST  18   │                                          │
   F  *00000023  PATIENT,TEST  15   │     EOB Reference #  [                 ]  │
   G  *00000045  PATIENT,TEST  15   │            Check #   [                 ]  │
   H  *00000056  PATIENT,TEST  12   │       Check Amount  $[          ]        │
   I  *00000067  PATIENT,TEST  12   │                                          │
   J  *00000087  PATIENT,TEST  21   │                                          │
   K  *00000099  PATIENT,TEST  21   │                                          │
   L  *00000067  PATIENT,TEST  10   └──────────────────────────────────────────┘
   0        Billed:      $0.00   Reconcile:         $0.00   F2-Add/Del/Edit Record
   0      Reversed:      $0.00      Check:          $0.00   F3-Add TP Proc Fee
   0         Fees:       $0.00                              F4-Check    F5-Adjust
      Transactions:      $0.00   Difference:        $0.00   F6-Apply    F7-Print
            Unpaid:      $0.00   Selection:                   -->Up     +->Down
```

If the amount was entered when beginning the reconciliation process, pressing F4 now allows for that amount to be changed. If the amount was not entered when starting reconciliation, it can be entered while reconciling.

F5 *Adjust*

The 'F5-Adjust' function allows for a manual adjustment to be entered. After selection this function option, the following screen will be displayed:

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled   Bill/Ref     Receivable  Remaining   R   Ins.
   A  *00000001  PATIENT,TEST  01   ┌──────────────────────────────────────────┐
   B  *00000002  PATIENT,TEST  01   │                                          │
   C  *00000003  PATIENT,TEST  01   │         A D D   D E B I T / C R E D I T   │
   D  *00000023  PATIENT,TEST  17   │                                          │
   E  *00000045  PATIENT,TEST  18   │       Amount  $[         ]                │
   F  *00000023  PATIENT,TEST  15   │         Type   [ ] (CFWTPOc)              │
   G  *00000045  PATIENT,TEST  15   │  (Contractual,Fee,W/off,TP Adjust,Other,charity) │
   H  *00000056  PATIENT,TEST  12   │     Description  [                    ]   │
   I  *00000067  PATIENT,TEST  12   │   Check/Ref  #   [                    ]   │
   J  *00000087  PATIENT,TEST  21   │   Credit/Debit  [ ]    Reason Code  [ ]   │
   K  *00000099  PATIENT,TEST  21   │                                          │
   L  *00000067  PATIENT,TEST  10   └──────────────────────────────────────────┘
   0        Billed:      $0.00   Reconcile:         $0.00   F2-Add/Del/Edit Record
   0      Reversed:      $0.00      Check:          $0.00   F3-Add TP Proc Fee
   0         Fees:       $0.00                              F4-Check    F5-Adjust
      Transactions:      $0.00   Difference:        $0.00   F6-Apply    F7-Print
            Unpaid:      $0.00   Selection:                   -->Up     +->Down
```

Enter in the appropriate selections and press Enter.

Amount:

This field is used to enter in the dollar amount for the credit/debit being entered. This amount should be entered in xxxx.xx format.

Type:

This field is used to enter in the type of reason the credit/debit is being entered. A list of common types is listed below the field. 'C' should be entered if the credit/debit is based off a contractual agreement. 'F' is for a fee; 'W' for a write-off, 'T' is for an adjustment from the third party, 'c' is for charity and 'O' is for other.

Description:

This is a text field used to enter in a description for the debit/credit entry.

Check/Ref #:

This field is used to enter in the check number or reference number for the credit/debit. This could also be used to record the EOB number.

Credit/Debit:

This field is used to specify whether this entry is a credit or a debit to the remaining balance for the prescription/dispensing reconciliation record in the Third Party Accounts Receivable system. Enter a 'C' for credit or 'D' for debit in this field.

Reason Code:

This field is a two-digit field that allows the user to enter in a reason code. If a reason code is returned from the third party, that code (up to two digits) can be entered in this field.

After pressing Enter, the amount credited or debited will show up in the reconciliation list as a 'Batch Adjustment'.

F6 *Apply*

After finishing reconciling the check to the reconciliation script list, press F6 to apply the payment and to mark all prescriptions/dispensings with a * to the left of the prescription number as 'Settled'. After pressing this menu option, one of two screens will be displayed. The first is shown below:

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled    Bill/Ref    Receivable  Remaining    R    Ins.
   A   *00000001  PATIENT,TEST  01  ┌──────────────────────────────────────────────┐
   B   *00000002  PATIENT,TEST  01  │                                                │
   C   *00000003  PATIENT,TEST  01  │                                                │
   D   *00000023  PATIENT,TEST  17  │     Are you sure you want to Reconcile          │
   E   *00000045  PATIENT,TEST  18  │     the listed Claims?   If you answer YES the  │
   F   *00000023  PATIENT,TEST  15  │     XX claims listed will be marked as paid.    │
   G   *00000045  PATIENT,TEST  15  │     Continue? [    ] Print Report  [Y]          │
   H   *00000056  PATIENT,TEST  12  │                                                │
   I   *00000067  PATIENT,TEST  12  │                                                │
   J   *00000087  PATIENT,TEST  21  │                                                │
   K   *00000099  PATIENT,TEST  21  │     F2-Change Transaction Type  P               │
   L   *00000067  PATIENT,TEST  10  └──────────────────────────────────────────────┘
   0       Billed:       $0.00   Reconcile:        $0.00   F2-Add/Del/Edit Record
   0     Reversed:       $0.00      Check:         $0.00   F3-Add TP Proc Fee
   0        Fees:        $0.00                             F4-Check      F5-Adjust
      Transactions:      $0.00   Difference:       $0.00   F6-Apply      F7-Print
          Unpaid:        $0.00   Selection:                  -->Up       +->Down
```

If everything has been entered and the 'Reconciled' and 'Cleared' match leaving a 'Difference' of 0, enter 'YES' in the field provided. A prompt is displayed to 'Print Report'. This field defaults a 'Y'. Leaving this option to 'Y' will print two reports, the first will print a '3rd Party Recon Scripts List' and the second report is a summary of the amounts that were applied. Changing this field to a 'N' will cause the '3rd Party Recon Scripts List' and 'Reconciliation Summary' to not print.

The second possible screen is shown below:

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled    Bill/Ref    Receivable  Remaining    R    Ins.
   A   *00000001  PATIENT,TEST  01  ┌──────────────────────────────────────────────┐
   B   *00000002  PATIENT,TEST  01  │                                                │
   C   *00000003  PATIENT,TEST  01  │                                                │
   D   *00000023  PATIENT,TEST  17  │     Check amount and applied payments           │
   E   *00000045  PATIENT,TEST  18  │     do Not match. Press any key  _              │
   F   *00000023  PATIENT,TEST  15  │                                                │
   G   *00000045  PATIENT,TEST  15  │                                                │
   H   *00000056  PATIENT,TEST  12  │                                                │
   I   *00000067  PATIENT,TEST  12  │                                                │
   J   *00000087  PATIENT,TEST  21  │                                                │
   K   *00000099  PATIENT,TEST  21  │                                                │
   L   *00000067  PATIENT,TEST  10  └──────────────────────────────────────────────┘
   0       Billed:       $0.00   Reconcile:        $0.00   F2-Add/Del/Edit Record
   0     Reversed:       $0.00      Check:         $0.00   F3-Add TP Proc Fee
   0        Fees:        $0.00                             F4-Check      F5-Adjust
      Transactions:      $0.00   Difference:       $0.00   F6-Apply      F7-Print
          Unpaid:        $0.00   Selection:                  -->Up       +->Down
```

This screen will be displayed when the 'Reconciled' and 'Cleared' amounts do not match, leaving a non-zero value as the 'Difference'.

11.3.23

⌨ *Print*

This function will print out a list of the prescriptions on the reconciliation list. After selecting this menu function, the following screen will display:

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#     Patient      Filled     Bill/Ref     Receivable Remaining    R   Ins.
   A   *00000001   PATIENT,TEST   01    ┌─────────────────────────────────────────────┐
   B   *00000002   PATIENT,TEST   01    │                                             │
   C   *00000003   PATIENT,TEST   01    │          T P   A / R   R E P O R T S         │
   D   *00000023   PATIENT,TEST   17    │                                             │
   E   *00000045   PATIENT,TEST   18    │                                             │
   F   *00000023   PATIENT,TEST   15    │        Print Transaction Detail  [ ]         │
   G   *00000045   PATIENT,TEST   15    │                                             │
   H   *00000056   PATIENT,TEST   12    │                                             │
   I   *00000067   PATIENT,TEST   12    │                                             │
   J   *00000087   PATIENT,TEST   21    │                                             │
   K   *00000099   PATIENT,TEST   21    │                                             │
   L   *00000067   PATIENT,TEST   10    └─────────────────────────────────────────────┘
   0      Billed:      $0.00    Reconcile:      $0.00   F2-Add/Del/Edit Record
   0    Reversed:      $0.00        Check:      $0.00   F3-Add TP Proc Fee
   0        Fees:      $0.00                            F4-Check      F5-Adjust
       Transactions:   $0.00    Difference:     $0.00   F6-Apply      F7-Print
             Unpaid:   $0.00    Selection:               -->Up       +->Down
```

Leaving or setting this option to 'N' will print out a summary of the '3rd Party RECON SCRIPTS List'. An example of this report is shown below:

```
PHARMACY NAME    Site:SITECD                                    Printed  01 Aug 04  @11:01:01  Page# 1
INSCO  3rd Party RECON SCRIPTS List                                    for  01 Jul 04   to   31 Jul 04
EOB#
Check#

                                                              Total     Total     Total    Net
Rx Num   Ins.   Patient      Date Fill   Claim Ref #   Billed   Reversed  Payments  Adjust's  Fees   Receivable
000001 PAID     PATIENT,TES 02 Jul 04  02 Jul 04        34.50                                          34.50
                                                               ------------  ------------  --------  ---------------
                                               Rx Total ->              0.00      0.00    0.00       34.50
-----------------------------------------------------------------------------------------------------------------------
1 Transactions              Totals ->                   34.50                                         34.50
                                               ================================================================
```

Setting the 'Print Transaction Detail' option to 'Y' will print the following report:

```
PHARMACY NAME    Site:SITECD                           Printed  01 Aug 04  @11:01:01  Page#  1
INSCO  3rd Party RECON SCRIPTS List                      for  01 Jul 04   to   31 Jul 04
EOB#
Check#


Rx Num   Ins.   Patient      Date Fill    Claim Ref #                 BIlled   Reversed  Payments   Adjust's   Fees   Receivable
                             Trans Date  Trans Type    Description
000001 PAID    PATIENT,TES  02 Jul 04   02 Jul 04                     34.50
                            02 Jul 04   Other         OTHER ADJUSTMENT                                $1.00
                                                                     ------------  -----------  --------  --------------
                                                       Rx Total ->                       0.00       $1.00     0.00      33.50
--------------------------------------------------------------------------------------------------------------------------------------------------
1  Transactions          Totals  ->                                  34.50                          $1.00                33.50
                                                                     ================================================================
```

- Up

Pressing the '-' (minus or dash key) will scroll the transaction list up. This function will only work when the transaction list is longer than a page (12 transactions), and the list has already been scrolled down.

+ Down

Pressing the '+' (plus key) will scroll the transaction list down. This function will only work when the transaction list is longer than a page (12 transactions), and the list has not already been scrolled all the way to the end.

TP A/R Reports

The 'TP A/R Reports' menu option is the option to be used to get reports about a prescription's payment history. Extensive effort has been made to have available the common reports with the data commonly needed, as well as having a report builder to accommodate user's wanting to have customized reports.

The next several pages of this manual will show each of the Third Party Accounts Receivable system's reports.

TP A/R Script List

The first and main report in the Third Party Accounts Receivable system is the 'TP A/R Script List'. After selecting this menu option, the following screen will be displayed:

```
              T P   A C C O U N T S   R E C E I V A B L E

            Insurance Code   [      ] or
           Insurance Group   [      ]
             Beginning Date :[          ] MMDDYYCC
                Ending Date :[          ] MMDDYYCC

              Patient Name   [                              ]

               Site Number   [    ] or ALL
          Report Selection   [       ] or ALL      [ ] Include/Exclude
             Script Number   [          ] Leave Blank for All
     Settled,NonSettled,Both [ ]     Show w/Balance Only  [ ]
                  Sorted By:
         Name, Rnum, Date, Date/Name, Date/Rx, Claim Ref.
             (N,R,D,DN,DR,d,dN,dR,CR)   [R ]
         'D' = date Billed.   'd' = Qualified by date dispensed.
```

To get the desired report, fill in the fields shown on the screen as appropriate for the desired report. The available options will be discussed below:

Insurance Code:
> This field is used to specify the code of the insurance the payment came from. Use this field if the check is for only one specific third party. Use 'Ins Group/Bin' if the check is for multiple insurance codes.

Ins Group/Bin:
> This field is used to enter in the code for an insurance group. The group gets defined in each third party file. If no group is entered in the third party setup, the BIN number is used by default. The bin number may be entered in this field as well and prescriptions for all insurances with that bin number will be included on the TP A/R Script List.

Beginning / Ending Dates:

    These fields are used to enter the starting and ending dates for the scripts included on the check. These dates are searched by the prescription 'date billed' date.

Patient Name:

    This field is used to enter in a patient name to get a TP A/R Script List for one specific patient.

Site Number:

    This field is used to specify the site number the payments are for. This will default to 001. If the site number is not correct, enter the correct site number. This option is only to be used by customers that have the FSI Multi-Site System.

    If you aren't sure, please contact the **Foundation Systems Technical Support Helpdesk** at **801-785-7720** for assistance in finding out. For more information on the FSI Multi-Site System, please contact the **Foundation Systems Sales Office** at **800-333-0926**.

Report Selection:

    This field is used to get TP A/R Script List by a previously entered 'Report Selection' code. The report selection can be set when removing a prescription from the reconciliation list, entering a partial payment, and in the 'Edit Rx on List' function. This field, when left blank or when set to 'all' will print all prescription/dispensings regardless of their report selection setting.

Include/Exclude:

    This field specifies whether to include the entered report selection, or to exclude the entered report selection.

Script Number:

    This field is used to specify a single prescription number for the TP A/R Script List. The history will display in the Third Party Accounts Receivable reconciliation screen but will show all the dispensings, and all billing history for that specific prescription.

Sorted By:

    This option is used to specify the way the prescriptions should be sorted by in the reconciliation list. There are nine different ways the list can be sorted. Below is the definition for each:

N	Sorts the reconciliation list in alphabetical order of the patient name.
R	Sorts the reconciliation list in prescription number order.
D	Sorts the reconciliation list in billing date order.
DN	Sorts the reconciliation list in billing date and alphabetical patient name order.
DR	Sorts the reconciliation list in billing date and prescription number order.
d	Sorts the reconciliation list in dispensing date order.
dN	Sorts the reconciliation list in dispensing date and alphabetical patient name order.

dR   Sorts the reconciliation list in dispensing date and prescription number order.

CR   Sorts the reconciliation list in claim reference order.

After entering in the search and sort criteria, a screen very similar to the following will be displayed:

```
                    T P   A C C O U N T S   R E C E I V A B L E

       Script#      Patient      Filled      Bill/Ref    Receivable   Remaining   R    Ins.
  A   *00000001s  PATIENT,TEST  01 JAN 04                   48.73       48.73          CALX
  B   *00000002   PATIENT,TEST  01 JAN 04                   64.38       64.38          CALX
  C   *00000003   PATIENT,TEST  01 JAN 04                   87.23       87.23          CALX
  D   *00000023   PATIENT,TEST  17 FEB 04                   68.73       68.73          CALX
  E   *00000045   PATIENT,TEST  18 FEB 04                   84.82       84.82          CALX
  F   *00000023s  PATIENT,TEST  15 MAR 04                   68.73       68.73          CALX
  G   *00000045   PATIENT,TEST  15 MAR 04                   12.67       12.67          CALX
  H   *00000056   PATIENT,TEST  12 JUN 04                  187.44      187.44          CALX
  I   *00000067   PATIENT,TEST  12 JUN 04                   94.45       94.45          CALX
  J   *00000087s  PATIENT,TEST  21 JUN 04                  164.87      164.87          CALX
  K   *00000099   PATIENT,TEST  21 JUN 04                    8.90        8.90          CALX
  L   *00000067   PATIENT,TEST  10 JUL 04                   94.45       94.45          CALX
  0       Billed:      $0.00        0-29:       $0.00 | F1-Exit      F2-Edit
  0     Reversed:      $0.00       30-59:       $0.00 | F3-Aging     F4-Report
  0  Transactions:     $0.00       60-89:       $0.00 | F5-Status
                                     90+:       $0.00 | F9-Print
      OutStanding:     $0.00     Selection:           |    -->Up      +->Down
```

This screen has 3 different sections. The first and at the top of the screen is the prescription list. Below it and to the left is the left is the totals section, and to the right of that is the functions section of the screen. These three sections will be discussed individually in the following pages of this manual.

Prescription List

The top portion of the reconciliation screen is a list of the prescriptions found as being billed within the qualifications entered on the previous screen. 12 prescriptions can be displayed at a time. Additional prescriptions can be displayed by pressing the '+' key. This will be discussed more under the 'Functions' section. Each piece of information shown is discussed below.

```
              T P   A C C O U N T S   R E C E I V A B L E

       Script#      Patient       Filled     Bill/Ref    Receivable    Remaining    R    Ins.
  A    00000001s    PATIENT,TEST  01 JAN 04               48.73         48.73            CALX
  B    00000002     PATIENT,TEST  01 JAN 04               64.38         64.38            CALX
  C    00000003     PATIENT,TEST  01 JAN 04               87.23         87.23            CALX
  D    00000023     PATIENT,TEST  17 FEB 04               68.73         68.73            CALX
  E    00000045     PATIENT,TEST  18 FEB 04               84.82         84.82            CALX
  F    00000023s    PATIENT,TEST  15 MAR 04               68.73         68.73            CALX
  G    00000045     PATIENT,TEST  15 MAR 04               12.67         12.67            CALX
  H    00000056     PATIENT,TEST  12 JUN 04              187.44        187.44            CALX
  I    00000067     PATIENT,TEST  12 JUN 04               94.45         94.45            CALX
  J    00000087s    PATIENT,TEST  21 JUN 04              164.87        164.87            CALX
  K    00000099     PATIENT,TEST  21 JUN 04                8.90          8.90            CALX
  L    00000067     PATIENT,TEST  10 JUL 04               94.45         94.45            CALX
```

Each piece of information on the screen will be discussed below.

Speed Code

Each prescription in the list is assigned a speed letter. When working with the prescriptions within the Third Party Accounts Receivable system, the prescription number and/or the speed letter can be used to select the prescription. The speed letter is shown on the far left side of the screen.

Asterisk

Next to that (on the right) before the prescription number, a * may be displayed. The * indicates that the prescription is marked to be 'settled' by this reconciliation process. If the prescription is not paid in full, use the 'Add/Del/Edit Record' function to remove the prescription from the reconciliation list if not paid at all, or to enter in a partial payment if the payment received did not pay the 'Receivable' amount in full. These processes will be discussed in more detail in the 'Functions' section.

Script

The prescription number is shown in this column on the screen. It is possible to see the same prescription number multiple times in the reconciliation list. This would happen when a prescription got billed more than once in the same payment cycle from the insurance (vacation supply). Another possibility would be if a previous dispensing got re-billed to correct a billing problem in the same cycle that a due refill was processed.

In addition to prescription numbers being displayed here, a 'transaction id #' might also be displayed. These are fake prescriptions numbers to accommodate adjustments entered to make a reconciliation process balance the check amount received.

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Patient

The patient name is displayed in this column of the TP A/R Script Lists. Only the first 10 characters of the patients' last name,first name' can be displayed.

In addition to the patient name, transaction titles might also be displayed in this column (i.e. 'Batch Adjustment'). These titles are also limited to the 10 character max display.

Filled

This column is used to display the date the dispensing was filled.

Bill/Ref

The 'Claim Reference' number when billing an online third party will be displayed in this column. This column is also used to show if the prescription was re-entered into the Third Party Accounts Receivable system, if they were billed to a third party and marked as 'Already Paid', if a batch adjustment was entered, and others.

Receivable

This column shows the original amount to be received for the claim record.

Remaining

This column shows the amount still owing for the claim record.

R

Shows the 'Report Selection' for the prescription. A 'Report Selection' can be entered using the 'Add/Del/Edit Record' function in the reconciliation process. This will be discussed more under 'Functions'.

Ins.

This column displays the code for the insurance company the claim was billed to.

Totals

This section of the reconciliation screen shows the balances and totals for the reconciliation process.

```
0        Billed:      $0.00    0-29:       $0.00 | F1-Exit     F2-Edit
0      Reversed:      $0.00    30-59:      $0.00 | F3-Aging    F4-Report
0  Transactions:      $0.00    60-89:      $0.00 | F5-Status
                               90+:        $0.00 | F9-Print
     OutStanding:     $0.00    Selection:        |    -->Up     +->Down
```

Billed

Billed: displays the total dollar amount billed to the third party company for the search criteria entered. The number of prescriptions billed will show to the left of this line.

Reversed

Reversed: displays the total dollar amount reversed from the third party company for the search criteria entered. The number of prescriptions reversed will show to the left of this line.

Transactions

Transactions: displays the total dollar value of manually entered transactions (adjustments).

OutStanding

OutStanding: displays the total dollar value outstanding (yet to be paid) for the search criteria entered for the TP A/R Script List.

0-29

0-29: displays the outstanding amount billed in the last 0-29 days.

30-59

30-59: displays the outstanding amount billed in the last 30-59 days.

60-89

60-89: displays the outstanding amount billed in the last 60-89 days.

90+

90+: displays the outstanding amount billed in the last 90 or more days.

Functions

The functions portion of this screen is what allows the user to actually reconcile the prescriptions included in the reconciliation prescription list

```
0        Billed:      $0.00      0-29:     $0.00 | F1-Exit      F2-Edit
0      Reversed:      $0.00     30-59:     $0.00 | F3-Aging     F4-Report
0    Transactions:    $0.00     60-89:     $0.00 | F5-Status
                                 90+:      $0.00 | F9-Print
     OutStanding:     $0.00    Selection:          -->Up      +->Down
```

F1 *Exit*

Pressing the F1 key exits from the TP A/R Script List screen and returns to the Third Party Accounts Receivable system menu.

F2 *Edit*

The 'Edit' function is used to enter in manual adjustments to a prescription on the TP A/R Script List. These adjustments can be debits (adds to the amount owing), credits (deducts from the amount owing), and edits to transactions already entered to the prescription/dispensing reconciliation record.

After selecting this menu option, enter in the line number or prescription number and select the appropriate dispensing number from the list. The following screen will be displayed:

```
                          T P   A / R   E D I T

   Script Number   00000001  00      Billed  01 Jan 04      Receivable      2.00
    Patient Name   PATIENT,TEST      Filled  01 Jan 04      Actual Billed   3.36
     Billing Type  Manual Entry  CALX   Ref. #  Re-Entry       Copay

   Line    Date       Type    Description                      Debit      Credit
   No Transactions
```

Amount Billed: $5.36	**F2-Enter Credit/Debit**	**F5-Report Selection**
Credit/Debits: $0.00	**F3-Settle**	**F6-Edit Transaction**
Amnt Outstanding: $5.36	**Make Selection**	**-->Up +->Down**

The screen shown above is the same screen with the same functions that was discussed in 'Edit Rx on List' function under the 'F2 Add/Del/Edit Record'. Since the functions of this screen have already been discussed, they will not be discussed again here.

F3 *Aging*

The 'F3 Aging' function is used to view claim history for the different aging groups. Each time the F3 key is pressed, the option will toggle to the next period. Below are examples of the screens as the F3 key is pressed.

```
0      Billed:      $0.00      0-29:     $0.00 | F1-Exit      F2-Edit
0      Reversed:    $0.00      30-59:    $0.00 | F3-Current   F4-Report
0   Transactions:   $0.00      60-89:    $0.00 | F5-Status
                               90+:      $0.00 | F9-Print
       OutStanding: $0.00      Selection:      |    -->Up     +->Down
```

```
0      Billed:      $0.00      0-29:     $0.00 | F1-Exit      F2-Edit
0      Reversed:    $0.00      30-59:    $0.00 | F3-30        F4-Report
0   Transactions:   $0.00      60-89:    $0.00 | F5-Status
                               90+:      $0.00 | F9-Print
       OutStanding: $0.00      Selection:      |    -->Up     +->Down
```

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0	Billed:	$0.00	0-29:	$0.00	F1-Exit	F2-Edit
0	Reversed:	$0.00	30-59:	$0.00	**F3-60**	F4-Report
0	Transactions:	$0.00	60-89:	$0.00	F5-Status	
			90+:	$0.00	F9-Print	
	OutStanding:	$0.00	Selection:		-->Up	+->Down

0	Billed:	$0.00	0-29:	$0.00	F1-Exit	F2-Edit
0	Reversed:	$0.00	30-59:	$0.00	**F3-90+**	F4-Report
0	Transactions:	$0.00	60-89:	$0.00	F5-Status	
			90+:	$0.00	F9-Print	
	OutStanding:	$0.00	Selection:		-->Up	+->Down

0	Billed:	$0.00	0-29:	$0.00	F1-Exit	F2-Edit
0	Reversed:	$0.00	30-59:	$0.00	**F3-Original**	F4-Report
0	Transactions:	$0.00	60-89:	$0.00	F5-Status	
			90+:	$0.00	F9-Print	
	OutStanding:	$0.00	Selection:		-->Up	+->Down

Each time this function is selected the prescriptions displayed on the screen will change to meet the new aging period set.

After going past the 90+ setting, the program will circle back to the original TP A/R Script List screen.

[F4] *Report*

The '[F4]-Report' function is used to select a group of prescription/dispensings by a previously entered code called a report selection. The report selection code would have been entered during the reconciliation process.

After selecting this option, the following screen displays:

11.3.34

```
                      T P   A C C O U N T S   R E C E I V A B L E

        Script#     Patient       Filled     Bill/Ref      Receivable   Remaining    R    Ins.
 A   *00000001  PATIENT,TEST  01  ┌─────────────────────────────────────────────────┐
 B   *00000002  PATIENT,TEST  01  │                                                 │
 C   *00000003  PATIENT,TEST  01  │     Report Selection   [     ] D-Denied O=Outstanding
 D   *00000023  PATIENT,TEST  17  │                            or A-Z,  all          │
 E   *00000045  PATIENT,TEST  18  │     Include/Exclude   [ ]                        │
 F   *00000023  PATIENT,TEST  15  │                                                 │
 G   *00000045  PATIENT,TEST  15  │                                                 │
 H   *00000056  PATIENT,TEST  12  │                                                 │
 I   *00000067  PATIENT,TEST  12  │                                                 │
 J   *00000087  PATIENT,TEST  21  │                                                 │
 K   *00000099  PATIENT,TEST  21  │                                                 │
 L   *00000067  PATIENT,TEST  10  └─────────────────────────────────────────────────┘
 0        Billed:      $0.00        0-29:        $0.00 │ F1-Exit     F2-Edit
 0      Reversed:      $0.00       30-59:        $0.00 │ F3-Aging    F4-Report
 0  Transactions:      $0.00       60-89:        $0.00 │ F5-Status
                                    90+  :        $0.00 │ F9-Print
        OutStanding:   $0.00    Selection:             │   -->Up      +->Down
```

Enter in the appropriate code for the type of prescriptions to be reported and specify whether those prescription/dispensing records are to be included in the list, or excluded from the list. Press ⌊Enter⌋ and the new list will be compiled and displayed.

This function does not print the report. To print out the report, use function ⌊F9⌋.

⌊F5⌋ *Status*

```
 0        Billed:      $0.00        0-29:        $0.00 │ F1-Exit     F2-Edit
 0      Reversed:      $0.00       30-59:        $0.00 │ F3-Aging    F4-Report
 0   Transactions:     $0.00       60-89:        $0.00 │ **F5-Status**
                                    90+:         $0.00 │ F9-Print
        OutStanding:   $0.00    Selection:             │   -->Up      +->Down
```

The ⌊F5⌋-Status' function is used to switch between 2 different claim status options. The first and default is to have all records show in the prescription/dispensing list. Pressing the ⌊F5⌋ key will toggle from showing all to showing only those that are marked as 'Settled'. An example of the screen is shown below.

```
 0        Billed:      $0.00        0-29:        $0.00 │ F1-Exit     F2-Edit
 0      Reversed:      $0.00       30-59:        $0.00 │ F3-Aging    F4-Report
 0   Transactions:     $0.00       60-89:        $0.00 │ **F5-Settled**
                                    90+:         $0.00 │ F9-Print
        OutStanding:   $0.00    Selection:             │   -->Up      +->Down
```

The status line changes to say 'Settled', and the list above will show only records marked as such. Press the ⌊F5⌋ key again and the list will change from settled claims to 'Not Settled'.

0	Billed:	$0.00	0-29:	$0.00	F1-Exit	F2-Edit
0	Reversed:	$0.00	30-59:	$0.00	F3-Aging	F4-Report
0	Transactions:	$0.00	60-89:	$0.00	**F5-Not Settled**	
			90+:	$0.00	F9-Print	
	OutStanding:	$0.00	Selection:		-->Up	+->Down

The list above will compile again and show only claims not marked as settled. Pressing the F5 key again will switch back to showing both settled and not settled records.

F9 *Print*

After making the appropriate selections (Aging, Report Selection, and Status) for the report desired, pressing the F9 key will print the report.

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient      Filled   Bill/Ref    Receivable  Remaining   R   Ins.
  A  *00000001  PATIENT,TEST  01
  B  *00000002  PATIENT,TEST  01
  C  *00000003  PATIENT,TEST  01            T P   A / R   R E P O R T S
  D  *00000023  PATIENT,TEST  17
  E  *00000045  PATIENT,TEST  18
  F  *00000023  PATIENT,TEST  15      Print Transaction Detail   [ ]
  G  *00000045  PATIENT,TEST  15
  H  *00000056  PATIENT,TEST  12
  I  *00000067  PATIENT,TEST  12
  J  *00000087  PATIENT,TEST  21
  K  *00000099  PATIENT,TEST  21
  L  *00000067  PATIENT,TEST  10
```

0	Billed:	$0.00	0-29:	$0.00	F1-Exit	F2-Edit
0	Reversed:	$0.00	30-59:	$0.00	F3-Aging	F4-Report
0	Transactions:	$0.00	60-89:	$0.00	F5-Status	
			90+ :	$0.00	F9-Print	
	OutStanding:	$0.00	Selection:		-->Up	+->Down

After pressing F9 a prompt will display for 'Print Transaction Detail'. This field will default 'N'. Leaving it set to 'N' and pressing Enter will print the following report:

```
PHARMACY NAME    Site:SITECD                              Printed  01 Aug 04 @11:01:01  Page# 1
INSCO  3rd Party RECON SCRIPTS List                          for  01 Jul 04   to   31 Jul 04
EOB#
Check#


Rx Num   Ins.   Patient      Date Fill   Claim Ref #              BIlled  Reversed  Payments  Adjust's  Fees  Receivable
                             Trans Date  Trans Type   Description
000001 PAID    PATIENT,TES 02 Jul 04  02 Jul 04                    34.50                                              34.50
                                                                   -------------  ------------  ---------  ---------------
                                                     Rx Total ->                  0.00     0.00     0.00      34.50
-----------------------------------------------------------------------------------------------------------------------
1  Transactions          Totals  ->                               34.50                                              34.50
                                                     ===================================================================
```

Answering 'Y' to above question will print the following:

```
PHARMACY NAME    Site:SITECD                                    Printed  01 Aug 04 @11:01:01  Page# 1
INSCO  3rd Party RECON SCRIPTS List                                 for  01 Jul 04   to   31 Jul 04
EOB#
Check#


Rx Num   Ins.    Patient      Date Fill    Claim Ref #                BIlled   Reversed  Payments  Adjust's   Fees    Receivable
                              Trans Date   Trans Type    Description
000001 PAID    PATIENT,TES  02 Jul 04   02 Jul 04                      34.50
                              02 Jul 04   Other        OTHER ADJUSTMENT                                       $1.00
                                                                    ------------  ------------  --------  --------------
                                                         Rx Total ->                            0.00       $1.00    0.00        33.50
---------------------------------------------------------------------------------------------------------------------------------
1  Transactions            Totals  ->                                 34.50                                $1.00                33.50
                                                                    ================================================================
```

After the report is printed, the program returns to the TP A/R Script List. Make changes to get another report or press the F1 key to exit to the Third Party Accounts Receivable Report system menu.

Bill Later List

The 'Bill Later List' allows for a list of prescription claims marked as 'Bill Later' to be printed. These claims are claims that were transferred from the old 'Third Party Reconciliation' system to the new Third Party Accounts Receivable system. Because only old claims previously entered into the old system are accommodated by this report, this report will be removed in the future.

Rejected List

The Rejected List' allows for a list of prescription claims marked as 'Rejected' to be printed. These claims are claims that were transferred from the old 'Third Party Reconciliation' system to the new Third Party Accounts Receivable system. Because only old claims previously entered into the old system are accommodated by this report, this report will be removed in the future.

Aged TP A/R Report

This function will print a report of all third parties with claims in reconciliation and will also include any prescriptions that have not been billed to a third party (UNBIL).

```
              T P   A C C O U N T S   R E C E I V A B L E
                          Aged A/R Summary

                   Site Number   [    ]  or ALL
                   Print Contact  [ ]
                   Bill or Fill date  [ ]  B/F
```

Enter in the appropriate selections for the desired report.

Site Number:

This field is used to specify the site number the payments are for. This will default a 001. If the site number is not correct, enter the correct site number. This option is only to be used by customers that have the FSI Multi-Site System.

If you aren't sure, please contact the **Foundation Systems Technical Support Helpdesk** at **801-785-7720** for assistance in finding out. For more information on the FSI Multi-Site System, please contact the **Foundation Systems Sales Office** at **800-333-0926**.

Print Contact:

Setting this field to a 'Y' will cause that the contact information for each third party to be printed out on the report. The contact information is entered in the setup of the third party on the 'F4 TPE & TPP' screen.

Bill or Fill Date:

This field is used to specify whether the aging should be calculated from the date the prescription was billed, or the date the prescription was filled. Enter 'B' for date billed or 'F' for date filled in this field.

After entering the selections, press Enter. The report will print. The program will return to the Report system menu. Below is an example of the printed report, with 'Print Contact' set to 'N'.

```
PHARMACY NAME     Site:SITECD
Aged TP A/R Report
Total Outstanding Third Party A/R as of 01 Jul 04 @ 08:44:29

                                 Total      Total
InCode  InGrp    Insurance Company  Amt Due    Claim      Current   30 Days   60 Days   90 Days   120+ Days
PAID    MEDCO    PAID PRESCRIPTIONS   38.00      3         33.50                                      4.50


                          Totals →   Claims:         3
                                     Current:    $0.00            %
                                     30 Days:   $33.50      88.15 %
                                     60 Days:    $0.00            %
                                     90 Days:    $0.00            %
                                     120+ Days:   $4.50      11.84 %
                                               ------------------   --------------
                                     Total:     $38.00       100  %
                                               ==============
```

Below is an example of the report with the 'Print Contact' set to 'Y'.

```
PHARMACY NAME     Site:SITECD
Aged TP A/R Report
Total Outstanding Third Party A/R as of 01 Jul 04 @ 08:44:29
```

InCode	InGrp	Insurance Company	Total Amt Due	Total Claim	Current	30 Days	60 Days	90 Days	120+ Days
PAID	MEDCO	PAID PRESCRIPTIONS	38.00	3	33.50				4.50
	Contact Name:								
	Contact Phone:								

```
                        Totals ->   Claims:            3
                                    Current:      $0.00          %
                                    30 Days:     $33.50     88.15 %
                                    60 Days:      $0.00          %
                                    90 Days:      $0.00          %
                                    120+ Days:    $4.50     11.84 %
                                               ------------------   --------------
                                    Total:       $38.00      100 %
                                               ==============
```

TP A/R Summary

The 'TP A/R Summary' report is a summary financial report for each third party.

```
              Print Third Party Recon Summary Report

           Make Sure Plain Paper Is Loaded in Printer, and

             Enter Beginning Date   [          ]   MMDDYYCC
                     Ending Date    [          ]

                  Insurance Code    [      ] or
                  Insurance Group   [       ]

           Leaving Both Code & Group Blank Will Print All
                     Site Number    [    ] or ALL
                 Summary or Detail  [  ] (S,D)
               Print Separation Line [  ] (Y,N)
```

Enter the beginning and ending dates, insurance code and/or group (remember a bin number can be used as a group number). Enter the site number or leave it blank to print for all sites.

Summary or Detail:

> This option is used to specify the type of report to be printed. Setting this option to 'S' will print a summary report. Setting this option to 'D' will print a detailed report. Examples of each will be shown below.

Print Separation Line:

> This option is used to enable or disable a separation line to print between each third party included on the reports.

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Set the appropriate selections for the desired report and press ⌜Enter⌝. The report will be printed and the program will return to the Report system menu. Below are examples of the printed report. In the examples, the 'Print Separation Line' option was set to 'Y'.

```
PHARMACY NAME                                                              28 Sep 04
A/R Summary by Date & T. P.
For Period:  01 Jan 04  to 28 Sep 04                                       As of 09:28
         Billed               Reversed                                         Net
Claims     $ Amount      Claims     $ Amount     Adjustments        Fees      Payments      Receivable
CA      CASH CUSTOMER           (Cash or Unbilled, Not in A/R)
20        $1098.86
-----------------------------------------------------------------------------------------------------------------
CALX    MEDI-CAL                (Cash or Unbilled, Not in A/R)
15        $646.90
-----------------------------------------------------------------------------------------------------------------
PAID    PAID PRESCRIPTIONS
 5         $39.95                  $0.00            $1.00           $0.00        $0.00         $38.95
-----------------------------------------------------------------------------------------------------------------
Copay Patient Copay             (Patient Pay, Not in A/R)
           $0.00
-----------------------------------------------------------------------------------------------------------------
Totals:
 40       $1785.71                $0.00            $1.00           $0.00        $0.00         $38.95
=================================================================================================================

 12  Orphaned Recon Records
Note: This Report Uses Billing Date for it's calculations.
         Scripts Become Receivable the Date they are Billed.
```

Above is an example of the summary report. Below is an example of the detailed report.

```
PHARMACY NAME    Site:SITECD                      Printed  01 Aug 04  @11:01:01  Page# 1
INSCO  3rd Party A/R Summary                                  for 01 Jul 04   to   31 Jul 04

                                                        Total      Total     Total    Net
Rx Num  Ins.   Patient      Date Fill   Claim Ref #   Billed  Reversed  Payments  Adjust's   Fees  Receivable
000001 PAID    PATIENT,TES  02 Jul 04   02 Jul 04             34.50                                      34.50
                            04 Aug 04   W/off     Claim Denied, Too Old              $33.50
                                                            ------------  ------------ --------  --------------
                                                   Rx Total ->            0.00       $33.50    0.00        34.50
---------------------------------------------------------------------------------------------------------------
1  Transactions              Totals  ->              34.50                $33.50               34.50
                                                   ========================================================
```

The detailed report will list each prescription/dispensing with the transaction history including the amount billed, amount reversed, payments, adjustments, fees, and the net receivable. This will print all of the prescriptions/dispensings for one insurance company. It will print a total for that third party, and then will print another report for the next insurance company.

Transaction List

The 'Transaction List' utility is used to print out a list of the transaction (debits, credits, payments, adjustments) in the Third Party Accounts Receivable system for a specific insurance company code or group and a specified date range. After selecting this report option, the following screen will display:

11.3.40

```
        T P   A C C O U N T S   R E C E I V A B L E
                  Transaction Type Report

            Insurance Code   [      ] or
           Insurance Group   [      ]
            Beginning Date  :[         ] MMDDYYCC
               Ending Date  :[         ] MMDDYYCC
               Site Number   [    ] or ALL
           Transaction Type  [  ] (CFWTPOc)
     Print in Rx or Date Order [  ] (D/R)
```

Enter in the code or group for the insurance whose claims are to be printed on the report. Enter in a beginning and ending date range, specify the site number the report is to be for, or leave the field blank for all. Specify the transaction type to be included on the report.

Transaction Type:
This field is used to specify the type of transactions to print out on the report. Enter 'C' for 'Contractual', 'F' for 'Fee', 'W' for 'Write-off', 'T' for 'TP Adjust', 'O' for 'Other', and 'c' for 'Charity'.

After making appropriate selections, press ⟨Enter⟩. An example of the printed report is shown below.

```
TEST PHARMACY                                              01 Nov 04
A/R Transaction Type  -P
For Period:  01 Oct 04  to  31 Oct 04                       As Of  10:15

Insurance      Rx Number     Disp    Date      Description                    Amount
_____

PAID           000001        00      01 Oct 04  TP PAYMENT                       4.50

=====================================================================================
                                                 1                               4.50
```

The report will show the prescription number, the dispensing number, the date, description and the amount of the transaction for the specified criteria entered to calculate the report.

TP A/R Report Builder

The 'TP A/R Report Builder' is a utility used to allow users of the Third Party Accounts Receivable system to allow user's to print custom reports from the data within the Third Party Accounts Receivable system.

The TP A/R Report Builder function will be discussed in four parts; Report Selection, Report Format, Report Builder menu functions, and Print Report.

After selecting this menu option, the following screen will be displayed:

Report Selection

```
                    T P   A C C O U N T S   R E C E I V A B L E
                                Report Builder

             Insurance Code   [       ] or
             Insurance Group  [       ]
              Beginning Date :[         ] MMDDYYCC
                 Ending Date :[         ] MMDDYYCC

                Patient Name  [                              ]

                 Site Number  [    ] or ALL
            Report Selection  [        ] or all      [ ]  Include/Exclude
      Settled,NonSettled,Both [ ]
               Script Number  [            ] Leave Blank for All
```

Enter in the code or group for the insurance(s) to be included on the report. Leaving these fields blank will include all insurances on the report. Enter in a beginning and ending date for the time period to be included in the report. Leaving these fields blank will cause prescriptions for any date to be included in the report. ***Use Caution: The larger the date range, the longer the report will take to compile.***

Patient Name:

To create a report for just one patient, enter in the name of the patient in the 'Patient Name' field. The name should be entered in lastname,firstname format.

Site Number:

This field is used to specify the site number the payments are for. This will default a 001. If the site number is not correct, enter the correct site number. This option is only to be used by customers that have the FSI Multi-Site System.

If you aren't sure, please contact the **Foundation Systems Technical Support Helpdesk** at **801-785-7720** for assistance in finding out. For more information on the FSI Multi-Site System, please contact the **Foundation Systems Sales Office** at **800-333-0926**.

Report Selection:

This field is used to get TP A/R Script List by a previously entered 'Report Selection' code. The report selection can be set when removing a prescription from the reconciliation list, entering a partial payment, and in the 'Edit Rx on List' function. This field, when left blank or when set to 'all' will print all prescription/dispensings regardless of their report selection setting.

Include/Exclude:
> This field specifies whether to include the entered report selection, or to exclude the entered report selection.

Settled,NonSettled,Both:
> This field is used to specify the type of claims to be included for the report. This field will default a 'B' for both. Change this field to 'S' to set the report for just settled claims, or set this field to a 'N' for non-settled claims.
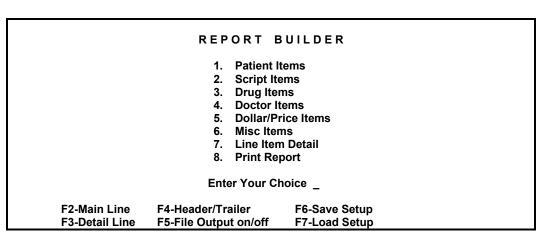
Script Number:
> To set the report builder to report for just one specific prescription, enter in the number of the prescription in this field.
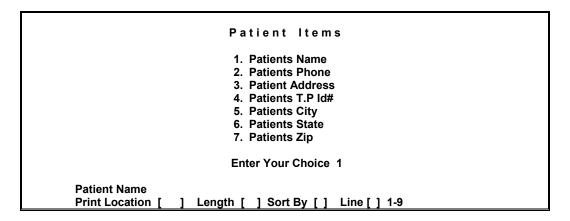
After setting the appropriate options press [Enter]. The following screen will be displayed:

Report Format

```
                    R E P O R T   B U I L D E R

                    1.   Patient Items
                    2.   Script Items
                    3.   Drug Items
                    4.   Doctor Items
                    5.   Dollar/Price Items
                    6.   Misc Items
                    7.   Line Item Detail
                    8.   Print Report

                    Enter Your Choice _

    F2-Main Line        F4-Header/Trailer        F6-Save Setup
    F3-Detail Line      F5-File Output on/off     F7-Load Setup
```

To set items to print, select a menu option, and select the desired item from the menu provided. An example is shown below:

```
                    P a t i e n t   I t e m s

                    1. Patients Name
                    2. Patients Phone
                    3. Patient Address
                    4. Patients T.P Id#
                    5. Patients City
                    6. Patients State
                    7. Patients Zip

                    Enter Your Choice  1

    Patient Name
    Print Location [    ]   Length [   ] Sort By [ ]   Line [ ] 1-9
```

Enter the appropriate settings.

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Print Location:

This field is used to specify the starting location from left to right on the page this item should begin printing at. This location will default with the position of the last item + the length of that item + a two digit space buffer. Unless beginning with a new line, the position defaulted should be the correct starting position.

Length:

This field is used to specify the amount of room needed for the item to print in. This field will be defaulted with the correct maximum length. This value in this field should not need to be adjusted.

Sort By:

This field is used to set the item being added to the report format to be the data element the report is sorted by. Only one item can be the 'sort by' item. To set this time to be the one the report is sorted by, enter a 'Y' in this field.

Line:

This field is used to specify the line number this data element is to be printed on. This field will default the line number the last item was added to. This field can be set to line number 1 through 9. When the report is printed, each prescription/dispensing record will print x number of lines depending on the greatest line number entered for any data element added to the format.

Entering the correct settings or if the defaulted settings are correct press Enter. They will be added to the report format.

All of the available data elements are grouped in categories as shown on the screen. When adding a data element, or to see what elements are available, select the appropriate category and a list of that categories data elements will be displayed. Below is an example of each categories data elements.

Patient Items

```
                        S c r i p t   I t e m s

                      1.  Script Number
                      2.  Fill Number
                      3.  Date Dispensed
                      4.  Date Billed

                      Enter Your Choice  _
```

Script Items

```
                        S c r i p t   I t e m s

                        1.  Script Number
                        2.  Fill Number
                        3.  Date Dispensed
                        4.  Date Billed

                        Enter Your Choice _
```

Drug Items

```
                        D r u g   I t e m s

                        1.  Drug Name/Str/Frm
                        2.  Drug NDC
                        3.  Drug Lot #
                        4.  Drug ID Used

                        Enter Your Choice _
```

Doctor Items

```
                        D o c t o r   I t e m s

                        1.  Doctors Name
                        2.  Doctors DEA #
                        3.  Doctros St Lic.

                        Enter Your Choice _
```

11.3.45

Dollar Items

```
                    D o l l a r I t e m s

              1.  TP Price
              2.  Copay
              3.  Pat Paid
              4.  Cost
              5.  Disp Fee
              6.  U & C
              7.  Billed (TP)
              8.  Sales Tax (TP)
              9.  Share of Cost
              A.  Outstanding
              B.  Payements
              C.  TP Fees
              D.  TP Adjustments
              E.  Contractual
              F.  Write Off
              G.  Other Adjustments
              H.  C+D+E+F

              Enter Your Choice  _
```
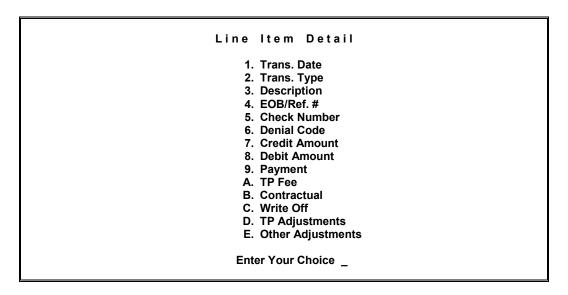
Misc Items

```
                    M i s c .   I t e m s

              1.  Ins. Code
              2.  Ins. Group
              3.  Claim Ref. #
              4.  Claim Status
              5.  Report Sel.
              6.  Date Settled
              7.  Denial Date

              Enter Your Choice  _
```

11.3.46

Line Item Detail

```
                    L i n e   I t e m   D e t a i l

                       1. Trans. Date
                       2. Trans. Type
                       3. Description
                       4. EOB/Ref. #
                       5. Check Number
                       6. Denial Code
                       7. Credit Amount
                       8. Debit Amount
                       9. Payment
                       A. TP Fee
                       B. Contractual
                       C. Write Off
                       D. TP Adjustments
                       E. Other Adjustments

                    Enter Your Choice  _
```

The options in 'Line Item Detail' are added to the report format just like all of the other data elements previously discussed with two exceptions, they cannot be sorted by and there is no prompt for the line number. There can only be one line for each transaction in the detail line. The program will allow the user to add elements that will exceed one line worth of print area, and when printed, will print off the edge of the page.

After setting all of the data elements for the desired report, the report is ready to print.

Report Builder menu functions

From the menu screen for the 'Report Builder' system, along the bottom of the screen, there are functions programmed into the system to make using the report builder more user friendly.

```
        F2-Main Line      F4-Header/Trailer      F6-Save Setup
        F3-Detail Line    F5-File Output on/off   F7-Load Setup
```

These functions will be outlined below.

F2-*Main Line*

The F2-Main Line function is used to view and edit the format for the 'main line'. The main line is the layout setup by the user. Although the title indicates it is just one single line, it is actually all of the lines, up to the maximum of 9 lines that can be setup by the user. After pressing F2, a screen similar to the following screen will display:

```
                        L O G   F O R M A T
                           Main Line
        Description            Print Loc  Print Len   Sort By   Total   Line
     1. Rx Num                    1          8           N        N       1
     2. Patients Name             11         26          N        N       1
     3. Drug Name,Strength,Form   39         45          N        N       1
     4. Fill #                    10         5           N        N       2
     5. Date Fl'd                 17         8           N        N       2
     6. Date Bl'd                 27         8           N        N       2


        Select 1-7  [    ]  to Edit
```

This screen displays the current layout as entered by the user. It shows the data element, the starting print location, the print length, if the data element is the sort element, if that column is to be totaled at the end of the report, and the line number that the data element will print on.

At the bottom of the screen, a prompt to enter the line number is displayed. Entering the line number of a data element opens the values for that element allowing the user to make changes to the layout from this screen. Additionally, from this screen, going into the settings for one of the data elements allows the user to blank out that lines settings, thus deleting that data element from the report layout.

After making the changes, press Enter to save them. The layout will once again display. When finished on this screen, press F1 to exit.

F3-*Detail Line*

The F3-Detailed Line function is used to view and edit the format for the 'detail line'. The detail line is the layout setup that prints the transaction detail for each prescription/dispensing.

```
                        L O G   F O R M A T
                           Detail Line
        Description            Print Loc  Print Len   Sort By   Total   Line
     1. Date                     2          8           N        N       D
     2. Type                     12         4           N        N       D
     3. Description              18         20          N        N       D
     4. Credit                   40         8           N        N       D
     5. Debit                    50         8           N        N       D


        Select 1-7  [    ]  to Edit
```

This screen displays the current layout for the detail line as entered by the user. The display and function of this screen is similar to that of the 'Main Line' except for the line number. For the detail line, the line number shows 'D' indicating 'Detail Line'. When the report is printed, if a data element is added from the 'Line Item Detail' list, a detail line will print for each transaction in the Third Party Accounts Receivable system.

F4-*Header/Trailer*

The 'F4-Header/Trailer' function is used to turn on and turn off the header and trailer for the file created by the 'F5-File Output on/off' function.

```
     F2-Main Line      F4-Header/Trailer      F6-Save Setup
     F3-Detail Line    F5-File Output on/off  F7-Load Setup
 Header Disabled
```

After pressing this menu function, 'Header Disabled' will display in the bottom left corner of the screen.

```
     F2-Main Line      F4-Header/Trailer      F6-Save Setup
     F3-Detail Line    F5-File Output on/off  F7-Load Setup
 Header Enabled
```

Pressing this option again will change the setting back to the default of 'Header Enabled'. This too will display in the bottom left corner of the screen.

F5-*File Output on/off*

The 'F5-File Output on/off' function is used to set the report builder to write information to a file on the program server instead of printing out the report.

```
     F2-Main Line      F4-Header/Trailer      F6-Save Setup
     F3-Detail Line    F5-File Output on/off  F7-Load Setup
 Create Output File:  'log2tty1'
```

The first time you press this function key the system will change from printing the report to writing the report to a file. The bottom left corner of the screen will display:
'Create Output File: log2tty1'.

```
     F2-Main Line      F4-Header/Trailer      F6-Save Setup
     F3-Detail Line    F5-File Output on/off  F7-Load Setup
 Output File OFF
```

Pressing the F5 key again will display: 'Output File OFF'. This indicates that that file will print again.

F6-*Save Setup*

The 'F6-Save Setup' function is used to save a layout for future use. If this format is one that will be used more than once, after setting up the print layout, press the F6 key and the following will display:

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```
                          R E P O R T   B U I L D E R

                    1.   Patient Items
                    2.   Script Items
                    3.   Drug Items
                    4.   Doctor Items
                    5.   Dollar/Price Items
                    6.   Misc Items
                    7.   Line Item Detail
                    8.   Print Report

                         Enter Your Choice _

        File Name    [              ]
        Description  [                        ]

        F2-Main Line      F4-Header/Trailer      F6-Save Setup
        F3-Detail Line    F5-File Output on/off  F7-Load Setup
```

Enter in the name for the layout to be saved, and a description for the file layout. Press Enter
and the layout will be saved. Saved layouts can be recalled using the 'F7-Load Setup'
function.

F7-*Load Setup*

The 'F7-Load Setup' function is used to load previously saved file layouts. After pressing the
F7 key, the following will display:

```
                    R e p o r t   S e l e c t i o n

        1.  TEST      TEST FORMAT
        2.  TEST2     TEST FORMAT #2
        Make Selection  [   ]
```

Enter in the line number for the format to be loaded. The program will return to the
'Report Builder' screen, and the following screen will display:

```
        F2-Main Line      F4-Header/Trailer      F6-Save Setup  FILENAME
        F3-Detail Line    F5-File Output on/off   F7-Load Setup
```

The name of the file layout selected will display to the right of the 'F6-Save Setup' line.

Print Report

After entering the selections for the desired report (insurance code, group, dates, etc), loading
or configuring the correct layout needed for the report, press option '8. Print Report' and the
following will be displayed:

11.3.50

```
                    R E P O R T   B U I L D E R

                    1.   Patient Items
                    2.   Script Items
                    3.   Drug Items
                    4.   Doctor Items
                    5.   Dollar/Price Items
                    6.   Misc Items
                    7.   Line Item Detail
                    8.   Print Report

                 Enter Your Choice  _

                    Print Transaction Detail   [ ]
         Print Space or Line after each Record  [ ]  S,L,N

        F2-Main Line      F4-Header/Trailer     F6-Save Setup
        F3-Detail Line    F5-File Output on/off  F7-Load Setup
```

Print Transaction Detail:

This option is used to specify whether the transaction detail should be printed on the report. Transaction detail will only print if a setting has been entered for a data element in the 'Line Item Detail' menu.

Print Space or Line after each Record:

This option is used to select to have the report print with a line, a space or nothing to print after each prescription on the report. Enter a 'S' in this field to have a space print after each, enter 'L' to have a line print after each, or leave this field set to 'N' to have nothing print after each prescription.

After making the appropriate selections for the desired report, the report will be printed, or *IF* 'F5 -File output' was turned on, the file will be created on the software server.

Reconcile Specific Script

This menu option is used to allow the user of the Third Party Accounts Receivable system to reconcile one prescription instead of reconciling prescriptions in a batch process.

```
                    Insurance Code/Group   PCS/PCS
                         Script Number     001776
                         Patient's Name    ADAMS,JOHN

     Tag   FILLED    BILLED/Ref       COST    FEE  Co-pay    Tax  Tot-Bil   N/R   Ins.
     ->*   14 Jul 01                  6.90   2.50   5.00            4.40    Ref   PCS
     ->*   07 Jul 01                  6.90   2.50   5.00            4.40    New   PCS


        Skip OR mark as '*' (settled), Denied or Outstanding (S,*,D,O).
        Press 'A' to Accept action on lines as Tagged.
```

After selecting this menu option, a prompt will display asking for the prescription number. Enter in the number of the prescription to be worked with, and a screen similar to the above example will display.

Each dispensing for the prescription recorded in the Third Party Accounts Receivable system will be displayed on this screen. The screen will display the date filled, the billing reference number or code. The cost of the prescription, the fee of the prescription, the copay, the total billed amount, the dispensing (new or refill) and the insurance code the dispensing was billed to will be displayed.

Tag:

This first column of the screen shows a 'tag' or mark indicating what is to be done with this dispensing/claim record. The default tag when first entering the Third Party Accounts Receivable system is a '*'. The '*' is to mark the claim as settled (paid).

Additional tags as shown on the bottom of the screen are 'S', 'D', and 'O'. 'S' is to skip, 'D' is to mark the claim as denied, and 'O' is to mark the claim as outstanding.

The tag column of this screen indicates what is to be done with the claim records. When first entering the reconciliation screen, all claim records will be marked with a '*' which is to mark it as settled. Tag each claim record appropriately (*,S,D or O). After marking the first claim record the cursor (->) will advance to the next claim record allowing the user to mark each one. When all of the claim records are tagged correctly, press 'A' to Accept. The claim records will be recorded in the Third Party Accounts Receivable system accordingly.

Edit A/R by Script

The menu option 'Edit A/R by Script' allows for all dispensing/claim records to be viewed and edited by prescription number.

After selecting this menu option, a prompt to enter the prescription number will display. Enter the number of the prescription and the following screen will be displayed:

```
                    T P   A C C O U N T S   R E C E I V A B L E
 Rx 000001
      TP Cost      ActBill      Filled      Bill/Ref      Receivable    Remaining    R    Ins.
 A     2.24s        5.60      01 JAN 04                      48.73        48.73           CALX
 B     5.67s       10.45      01 JAN 04                      64.38        64.38           CALX
 C     2.89         6.78      01 JAN 04                      87.23        87.23           CALX




 ┌──────────────────────────────────────────────────────────────┬──────────────────────┐
 │ 3      Billed:     $200.24        0-29:        $0.00 │ F1-Exit      F2-Edit   │
 │ 0    Reversed:       $0.00       30-59:        $0.00 │ F3-Aging     F4-Report │
 │   Transactions:      $0.00       60-89:        $0.00 │ F5-Status              │
 │                                   90+:      $200.24 │ F9-Print               │
 │   OutStanding:     $200.24    Selection:            │   -->Up      +->Down   │
 └──────────────────────────────────────────────────────────────┴──────────────────────┘
```

Claim Record List

The top portion of the 'Edit A/R by Script' is a list of the claim records for the prescription number. 12 claim records can be displayed at a time. Additional claim records can be displayed by pressing the '+' key. This will be discussed more under the 'Functions' section.

Each piece of information on the screen will be discussed below.

Speed Code

Each prescription in the list is assigned a speed letter. When working with the prescriptions within the Third Party Accounts Receivable system, the prescription number and/or the speed letter can be used to select the prescription. The speed letter is shown on the far left side of the screen.

TP Cost

This column displays the cost of the drug dispensed as recorded on the first billing for the dispensing.

ActBill

This column displays the amount actually billed to the third party. This amount will not reflect cutback from the third party, nor is it the amount returned from a third party on an online adjudicated claim.

Filled

This column is used to display the date the dispensing was filled.

Bill/Ref

The 'Claim Reference' number when billing an online third party will be displayed in this column. This column is also used to show if the prescription was re-entered into the Third Party Accounts Receivable system, if they were billed to a third party and marked as 'Already Paid', if a batch adjustment was entered, and others.

Receivable

This column shows the original amount to be received for the claim record.

Remaining

This column shows the amount still owing for the claim record.

R

Shows the 'Report Selection' for the claim record. A 'Report Selection' can be entered using the 'Add/Del/Edit Record' function in the reconciliation process. This will be discussed more under 'Functions'.

Ins.

This column displays the code for the insurance company the claim was billed to.

Totals

This section of the 'Edit A/R by Script' screen shows the balances and totals for the prescription.

```
0        Billed:      $0.00      0-29:      $0.00 | F1-Exit    F2-Edit
0     Reversed:       $0.00     30-59:      $0.00 | F3-Aging   F4-Report
0  Transactions:      $0.00     60-89:      $0.00 | F5-Status
                                  90+:      $0.00 | F9-Print
   OutStanding:       $0.00   Selection:          |   -->Up     +->Down
```

Billed

Billed: displays the total dollar amount billed to the third party company for the prescription. The number of claims billed will show to the left of this line.

Reversed

Reversed: displays the total dollar amount reversed from the third party company for the prescription. The number of claims reversed will show to the left of this line.

Transactions

Transactions: displays the total dollar value of manually entered transactions (adjustments).

OutStanding

OutStanding: displays the total dollar value outstanding (yet to be paid) for the prescription.

0-29

0-29: displays the outstanding amount billed in the last 0-29 days.

30-59

30-59: displays the outstanding amount billed in the last 30-59 days.

60-89

60-89: displays the outstanding amount billed in the last 60-89 days.

90+

90+: displays the outstanding amount billed in the last 90 or more days.

Functions

The functions portion of this screen is what allows the user to actually reconcile the claims for this specific prescription.

```
0        Billed:      $0.00      0-29:     $0.00 | F1-Exit     F2-Edit
0      Reversed:      $0.00     30-59:     $0.00 | F3-Aging    F4-Report
0   Transactions:     $0.00     60-89:     $0.00 | F5-Status
                                  90+:     $0.00 | F9-Print
     OutStanding:     $0.00    Selection:          -->Up      +->Down
```


[F1] *Exit*

Pressing the [F1] key exits from the 'Edit A/R by Script' screen and returns to the Third Party Accounts Receivable system menu.

[F2] *Edit*

The 'Edit' function is used to enter in manual adjustments to a prescription. These adjustments can be debits (adds to the amount owing), credits (deducts from the amount owing), and edits to transactions already entered to the prescription/dispensing reconciliation record.

After selecting this menu option, enter in the line letter or the prescription number and select the appropriate dispensing number from the list. The following screen will be displayed:

```
                          T P   A / R   E D I T

Script Number  00000001  00        Billed  01 Jan 04      Receivable      2.00
  Patient Name  PATIENT,TEST       Filled  01 Jan 04      Actual Billed   3.36
  Billing Type  Manual Entry  CALX   Ref. #  Re-Entry            Copay

Line    Date      Type    Description                         Debit      Credit
No Transactions




                                                                             
                                                                             

      Amount Billed:      $5.36   │  F2-Enter Credit/Debit   F5-Report Selection
      Credit/Debits:      $0.00   │  F3-Settle               F6-Edit Transaction
   Amnt Outstanding:      $5.36   │  Make Selection              -->Up    +->Down
```

The screen shown above is the same screen with the same functions that was discussed in 'Edit Rx on List' function under the 'F2 Add/Del/Edit Record'. Since the functions of this screen have already been discussed, they will not be discussed again here.

F3 *Aging*

The 'F3 Aging' function is used to view claim history for the different aging groups. Each time the F3 key is pressed, the option will toggle to the next period. Below are examples of the screens as the F3 key is pressed.

```
0      Billed:     $0.00       0-29:     $0.00 │ F1-Exit      F2-Edit
0    Reversed:     $0.00      30-59:     $0.00 │ F3-Current   F4-Report
0  Transactions:   $0.00      60-89:     $0.00 │ F5-Status
                               90+:      $0.00 │ F9-Print
     OutStanding:   $0.00    Selection:        │    -->Up      +->Down
```

```
0      Billed:     $0.00       0-29:     $0.00 │ F1-Exit      F2-Edit
0    Reversed:     $0.00      30-59:     $0.00 │ F3-30        F4-Report
0  Transactions:   $0.00      60-89:     $0.00 │ F5-Status
                               90+:      $0.00 │ F9-Print
     OutStanding:   $0.00    Selection:        │    -->Up      +->Down
```

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```
0        Billed:      $0.00        0-29:      $0.00 | F1-Exit      F2-Edit
0      Reversed:      $0.00       30-59:      $0.00 | F3-60        F4-Report
0    Transactions:    $0.00       60-89:      $0.00 | F5-Status
                                    90+:      $0.00 | F9-Print
       OutStanding:   $0.00     Selection:          |   -->Up      +->Down
```

```
0        Billed:      $0.00        0-29:      $0.00 | F1-Exit      F2-Edit
0      Reversed:      $0.00       30-59:      $0.00 | F3-90+       F4-Report
0    Transactions:    $0.00       60-89:      $0.00 | F5-Status
                                    90+:      $0.00 | F9-Print
       OutStanding:   $0.00     Selection:          |   -->Up      +->Down
```

```
0        Billed:      $0.00        0-29:      $0.00 | F1-Exit      F2-Edit
0      Reversed:      $0.00       30-59:      $0.00 | F3-Original  F4-Report
0    Transactions:    $0.00       60-89:      $0.00 | F5-Status
                                    90+:      $0.00 | F9-Print
       OutStanding:   $0.00     Selection:          |   -->Up      +->Down
```

Each time this function is selected the prescriptions displayed on the screen will change to meet the new aging period set.

After going past the 90+ setting, the program will circle back to the original 'Edit A/R by Script' screen.

F4 *Report*

The 'F4-Report' function is used to select a group of claim records by a previously entered code called a report selection. The report selection code would have been entered during the reconciliation process.

After selecting this option, the following screen displays:

```
                    T P   A C C O U N T S   R E C E I V A B L E

        Script#    Patient       Filled    Bill/Ref    Receivable   Remaining   R   Ins.
   A   *00000001  PATIENT,TEST  01   ┌─────────────────────────────────────────────────┐
   B   *00000002  PATIENT,TEST  01   │                                                 │
   C   *00000003  PATIENT,TEST  01   │   Report Selection   [    ] D-Denied O=Outstanding
   D   *00000023  PATIENT,TEST  17   │                        or A-Z,  all             │
   E   *00000045  PATIENT,TEST  18   │   Include/Exclude    [ ]                         │
   F   *00000023  PATIENT,TEST  15   │                                                 │
   G   *00000045  PATIENT,TEST  15   │                                                 │
   H   *00000056  PATIENT,TEST  12   │                                                 │
   I   *00000067  PATIENT,TEST  12   │                                                 │
   J   *00000087  PATIENT,TEST  21   │                                                 │
   K   *00000099  PATIENT,TEST  21   │                                                 │
   L   *00000067  PATIENT,TEST  10   └─────────────────────────────────────────────────┘
```

0	Billed:	$0.00	0-29:	$0.00	F1-Exit	F2-Edit
0	Reversed:	$0.00	30-59:	$0.00	F3-Aging	F4-Report
0	Transactions:	$0.00	60-89:	$0.00	F5-Status	
			90+ :	$0.00	F9-Print	
	OutStanding:	$0.00	Selection:		-->Up	+->Down

Enter in the appropriate code for the type of claim records to be selected and specify whether those claim records are to be included in the list, or excluded from the list. Press ⌊Enter⌋ and the new list will be compiled and displayed.

This function does not print the report. To print out the report, use function ⌊F9⌋.

⌊F5⌋ *Status*

0	Billed:	$0.00	0-29:	$0.00	F1-Exit	F2-Edit
0	Reversed:	$0.00	30-59:	$0.00	F3-Aging	F4-Report
0	Transactions:	$0.00	60-89:	$0.00	**F5-Status**	
			90+:	$0.00	F9-Print	
	OutStanding:	$0.00	Selection:		-->Up	+->Down

The ⌊F5⌋-Status' function is used to switch between 2 different claim status options. The first and default is to have all records show in the prescription/dispensing list. Pressing the ⌊F5⌋ key will toggle from showing all to showing only those that are marked as 'Settled'. An example of the screen is shown below.

0	Billed:	$0.00	0-29:	$0.00	F1-Exit	F2-Edit
0	Reversed:	$0.00	30-59:	$0.00	F3-Aging	F4-Report
0	Transactions:	$0.00	60-89:	$0.00	**F5-Settled**	
			90+:	$0.00	F9-Print	
	OutStanding:	$0.00	Selection:		-->Up	+->Down

The status line changes to say 'Settled', and the list above will show only records marked as such. Press the ⌊F5⌋ key again and the list will change from settled claims to 'Not Settled'.

```
0      Billed:        $0.00       0-29:      $0.00 | F1-Exit      F2-Edit
0     Reversed:       $0.00      30-59:      $0.00 | F3-Aging     F4-Report
0    Transactions:    $0.00      60-89:      $0.00 | F5-Not Settled
                                  90+:       $0.00 | F9-Print
     OutStanding:     $0.00    Selection:            -->Up      +->Down
```
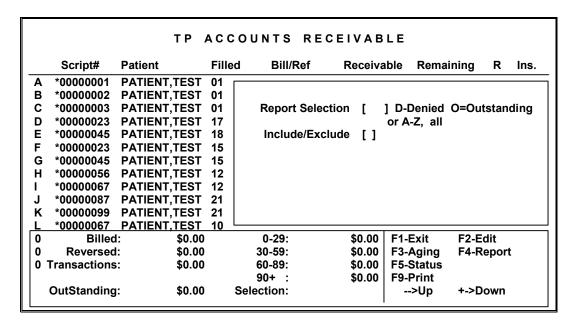
The list above will compile again and show only claims not marked as settled. Pressing the F5 key again will switch back to showing both settled and not settled records.

F9 *Print*

The 'F9-Print' function allows for a report to by printed for just this one prescription.

```
                    T P  A C C O U N T S  R E C E I V A B L E

        Script#    Patient      Filled    Bill/Ref    Receivable  Remaining   R   Ins.
  A  *00000001  PATIENT,TEST  01
  B  *00000002  PATIENT,TEST  01
  C  *00000003  PATIENT,TEST  01          T P  A / R   R E P O R T S
  D  *00000023  PATIENT,TEST  17
  E  *00000045  PATIENT,TEST  18
  F  *00000023  PATIENT,TEST  15      Print Transaction Detail   [ ]
  G  *00000045  PATIENT,TEST  15
  H  *00000056  PATIENT,TEST  12
  I  *00000067  PATIENT,TEST  12
  J  *00000087  PATIENT,TEST  21
  K  *00000099  PATIENT,TEST  21
  L  *00000067  PATIENT,TEST  10
  0      Billed:        $0.00       0-29:      $0.00 | F1-Exit      F2-Edit
  0     Reversed:       $0.00      30-59:      $0.00 | F3-Aging     F4-Report
  0    Transactions:    $0.00      60-89:      $0.00 | F5-Status
                                    90+ :      $0.00 | F9-Print
       OutStanding:     $0.00    Selection:            -->Up      +->Down
```

After pressing F9 a prompt will display for 'Print Transaction Detail'. This field will default 'N'. Leaving it set to 'N' and pressing Enter will print the following report:

```
PHARMACY NAME    Site:SITECD                                    Printed  01 Aug 04 @11:01:01  Page#  1
INSCO  3rd Party RECON SCRIPTS List                                     for  01 Jul 04   to   31 Jul 04
EOB#
Check#


Rx Num  Ins.   Patient      Date Fill  Claim Ref #           BIlled  Reversed  Payments  Adjust's  Fees  Receivable
                            Trans Date  Trans Type  Description
000001 PAID   PATIENT,TES 02 Jul 04  02 Jul 04                34.50                                                34.50
                                                            ------------  ------------  ---------  ---------------
                                                Rx Total ->            0.00      0.00     0.00         34.50
-----------------------------------------------------------------------------------------------------------------
1  Transactions          Totals  ->           34.50                                                34.50
                                              ===================================================================
```

Answering 'Y' to above question will print the following:

```
PHARMACY NAME    Site:SITECD                          Printed  01 Aug 04  @11:01:01  Page# 1
INSCO  3rd Party RECON SCRIPTS List                           for  01 Jul 04   to   31 Jul 04
EOB#
Check#


Rx Num   Ins.   Patient        Date Fill    Claim Ref #                BIlled   Reversed  Payments  Adjust's   Fees   Receivable
                               Trans Date  Trans Type   Description
000001 PAID   PATIENT,TES  02 Jul 04  02 Jul 04                        34.50
                           02 Jul 04   Other       OTHER ADJUSTMENT                                  $1.00
                                                                    ------------  ------------ --------  --------------
                                                          Rx Total ->            0.00      $1.00    0.00      33.50
-----------------------------------------------------------------------------------------------------------------------------
1  Transactions              Totals  ->                              34.50                          $1.00              33.50
                                                          ===========================================================
```

After the report is printed, the program returns to the 'Edit A/R by Script' screen for the prescription previously entered. Make changes to get another report or press the [F1] key to exit to the Third Party Accounts Receivable Report system menu.

Enter Rx to TP A/R

The 'Enter Rx to TP A/R' function is used to enter a prescription into the Third Party Accounts Receivable system. This should not have to be done under normal operation. The Third Party Accounts Receivable system is a non-removable record.

After selecting this option, the following screen will be displayed:

```
                    Re-enter Third Party A/R Information

          Rx number for third party recon [          ]
```

Enter in the number of the prescription to be added to the Third Party Accounts Receivable system. The following will be displayed:

```
JOHN ADAMS B.04 Apr 35 Age.66   PCS RECAP Expires
100 PHILLY AVE OREM HAPVAL #123456789 489-4897

          Insurance Plan   PCS RECAP  /  PCS              Re-Enter to TP A/R
                 Script #   000001
          Disp    Date    Qty
Original   1   04 Jul 01   30
Refill     2   14 Jul 01   30
Refill     3   24 Jul 01   30

Choose the Dispensing you Wish to Charge  [ ]
```

If the prescription has been dispensed more than one time, the above screen will be displayed. Select the dispensing to be added to Third Party Accounts Receivable and the following screen will display:

11.3.62

```
JOHN ADAMS B.04 Apr 35 Age.66   PCS RECAP Expires
100 PHILLY AVE OREM HAPVAL #123456789 489-4897

              Insurance Plan  PCS RECAP  /  PCS              Re-Enter to TP A/R
                   Script  #  000001
        Quantity 12    Drug  LOTAB7.5 TAB
                       Date  04 Jul 01          Days Supply   [10 ]
                       Cost  $[        ]          Sales Tax   $[        ]
                        Fee  $[        ]  Other Coverage Paid  $[        ] [  ]Code
                      Price                    Payer Denial Date  :[        ]
                     Co-Pay  $[        ]    Patient PAID Amount  $[        ]
      Non-Online 1st TP Pay Amt  $[        ]  Non-Online Amount Due  $[        ]

      (Possible Warning Messages will Appear Here)

      Prev. Billed:  Days Supply   10
                            Cost  37.10                     Fee
                     Total Price  46.40                 Sales Tax
                  Patient Pay Amt  2.55              Pat. Paid Amt
            MCARE 1st TP Pay Amt              PCS   2nd TP Pay Amt
            Press F3 to switch to Secondary Insurance     Press F7 to change to Cash
```

Press ⟦Enter⟧ when the above screen displays and the following screen will display:

```
JOHN ADAMS B.04 Apr 35 Age.66   PCS RECAP Expires
100 PHILLY AVE OREM HAPVAL #123456789 489-4897

              Insurance Plan  PCS RECAP  /  PCS              Re-Enter to TP A/R
                   Script  #  000001
        Quantity 12    Drug  LOTAB7.5 TAB
                       Date  04 Jul 01          Days Supply   [10 ]
                       Cost  $[        ]          Sales Tax   $[        ]
                        Fee  $[        ]  Other Coverage Paid  $[        ] [  ]Code
                      Price                    Payer Denial Date  :[        ]
                     Co-Pay  $[        ]    Patient PAID Amount  $[        ]
      Non-Online 1st TP Pay Amt  $[        ]  Non-Online Amount Due  $[        ]




      Use Date of Dispensing or Today's Date?   (D,T)  _
```

Enter 'D' to enter the prescription into Third Party Accounts Receivable with the date
dispensed, or enter 'T' to enter it with today's date. After making the appropriate selection the
following screen will display:

```
JOHN ADAMS B.04 Apr 35 Age.66   PCS RECAP Expires
100 PHILLY AVE OREM HAPVAL #123456789 489-4897
```

```
            Insurance Plan  PCS RECAP  /  PCS                    Re-Enter to TP A/R
                 Script  #  000001
     Quantity 12    Drug   LOTAB7.5 TAB
                    Date   04 Jul 01              Days Supply   [10 ]
                    Cost   $[          ]          Sales Tax   $[          ]
                    Fee    $[          ]          Other Coverage Paid   $[          ] [  ]Code
                    Price                         Payer Denial Date   :[          ]
                    Co-Pay  $[          ]         Patient PAID Amount   $[          ]
  Non-Online 1st TP Pay Amt  $[          ]        Non-Online Amount Due   $[          ]



      Shall I Enter this Information to TP A/R?  (Yes,No)  _
```

To enter the prescription into the Third Party Accounts Receivable system, answer 'Y' to the question as shown in the above example. The prescription is now added to Third Party Accounts Receivable.

Rebill to Invoice

The 'Rebill to Invoice' function allows prescriptions that have already been billed and deleted from the invoice file to be added back into the invoice file form the Third Party Accounts Receivable system instead of having to rebill each prescription individually. After selecting this menu option, the following screen will display:

```
                          Re-Bill to Invoice from Reconciliation

            Enter Beginning Date   :[          ]   MMDDYYCC
                     Ending Date   :[          ]
            (Leaving Dates Blank will Include ALL)

                             Site    [    ] or ALL
                  Insurance Code    [       ]  or
                  Insurance Group   [        ]
                  Non-Settled Only  [ ]

      Sorted By Name, Rxnum, Date  (billed)  date (filled)    [R]    (N,R,D,d)
             Screen or Printer (S or P)   [S]
                     TOTALS ONLY   [Y]

                  Leaving Both Code & Group Blank Will Print All
```

Enter Beginning/Ending Date:

Enter the date range for the claims to be rebilled. Leaving these fields blank will cause all prescriptions to be rebilled for the insurance code/group entered. Since the Third Party Accounts Receivable system is a non-removable record, leaving these fields blank could bill year's worth of prescriptions. Because of this, it is strongly recommended to enter in both a beginning and ending date.

Site Number:

This field is used to specify the site number the payments are for. This will default a 001. If the site number is not correct, enter the correct site number. This option is only to be used by customers that have the FSI Multi-Site System.

If you aren't sure, please contact the **Foundation Systems Technical Support Helpdesk** at **801-785-7720** for assistance in finding out. For more information on the FSI Multi-Site System, please contact the **Foundation Systems Sales Office** at **800-333-0926**.

Insurance Code:

This field is used to enter in the code of the insurance the claims are to be rebilled.

Insurance Group:

If the claims to be rebilled are for more than one insurance code, and the insurance's are on the same group code or have the same ANSI bin number, enter the group code or bin number in this field.

Non-Settled Only:

This field specifies whether to rebill only claims that have not been marked as settled, or to rebill all claims. This field will default 'Y'. Change this field to a 'N' if all claims meeting the other selections are to be rebilled.
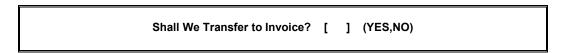
Sorted By Name, Rxnum, Date (billed), date (filled):

This option is used to specify how the claims being rebilled should be sorted (if the report is printed).

Totals Only:

Setting this field to 'Y' will cause that the printed report for this function will print the total numbers of claims instead of listing each prescription.

After entering in the appropriate options press ⟨Enter⟩ and a screen will display showing the total number of claims to be rebilled to the invoice file. Press ⟨Enter⟩. The following screen will display:

> **Shall We Transfer to Invoice?   [   ]   (YES,NO)**

Enter 'YES' in the field to rebill the claims, or enter 'NO' or press ⟨F1⟩ to abort the rebill process.

Medi-Cal Inquiry Form

This option is used to print an inquiry form to send to Medi-Cal. The program is setup to print on the continuous-feed forms. It will also store and maintain a remarks file for use with the forms.

After selecting this option the following menu will display:

```
        M E D I - C A L   C L A I M S   I N Q U I R Y   S Y S T E M

                1. Print Forms
                2. Remarks Maintenance

                Enter Your Choice
```

Print Forms:

This option will print the inquiry form by prescription number. After selecting this option the following screen will display:

```
            P R I N T   C L A I M S   I N Q U I R Y   F O R M S

                Enter Script Number [          ]

                Or enter A to Print an Alignment
```

Load the inquiry forms in the printer and print an alignment form by typing Ⓐ and pressing Enter. Repeat this step until the forms are aligned. Enter a prescription number. If the prescription has more than one dispensing, you will be asked to choose the dispensing for which you are printing the form. The system will display:

```
              P R I N T   C L A I M S   I N Q U I R Y   F O R M S

              Script#  001776    Disp Date   04 Jul 01
                Drug   PEN-VEE-K  500MG  TAB   (WY)
             Patient   JOHN ADAMS
             Address   100  PHILLY  AVE   OREM, UT   84057
              Doctor   DAN HENRY
           Insurance   CALX  Medi-Cal On-line


                    Patient Card ID   [                  ]
             Claim Control Number   [                ]
                          Drug ID   [                  ]
                   Amount Billed  $[         ]
          Attachment, Underpayment, Overpayment    [   ]
              Remarks codes   [                         ]
              Warrant Number   [                ]   Date :[        ]
```

Enter the claim control number and an adjustment code. Valid adjustment codes are:

> 'A' - See attachment for further explanation regarding payment request.
> 'O' - The claim was overpaid and is being returned for adjustment.
> 'U' - The claim was underpaid and is being returned for adjustment.

The 'Patient Card ID', 'Drug ID', 'Amount Billed' are fields displayed so that the information can be corrected if incorrect for the 'Inquiry'. These fields could be incorrect if a secondary billing was processed for the claim, after Medi-Cal had been billed. Correct the information if incorrect.

Enter appropriate remark codes, separated by spaces.   Enter the Warrant number and Date if needed, and press Enter to print the form. The system will ask for confirmation before it begins printing.

Remarks Maintenance

This option adds and amends the remarks codes which are printed on Medi-Cal inquiry forms. After selecting this option the following menu will be displayed:

```
           R E M A R K S   C O D E   M A I N T E N A N C E

                    1.  Additions
                    2.  Amendments
                    3.  List (Code Sequence)
                    4.  List (Description Sequence)
                    5.  Rebuild Remarks Indexes

                    Enter Your Choice
```

Add/Amend:

```
              R E M A R K S   C O D E   A M E N D M E N T S

      Abbreviation  [281  ]
      Description:
      [THIS PRESCRIPTION WAS DENIED UNDER CODE #281, PATIENT ON HMO.
      THE PATIENT'S CARD SHOWS THAT THE PATIENT IS NOT ON HMO, BUT IS
      ENTITLED TO FULL COVERAGE.  PLEASE REMIT THE BILLED AMOUNT.
                    ]
```

Enter an abbreviation to use for this remark. Enter a description for this abbreviation. When the abbreviation is typed in the Remarks Code field, the full description is printed on the form.

Lists:

Using options three and four, a list of remark code abbreviations and descriptions may be printed. Option three will print the list in alphabetical order by abbreviation (code). Option four prints the list in alphabetical order by description. The lists may be sent to the screen or to the printer.

The final option, Rebuild Remarks Indexes, is used by FSI for maintenance purposes. Use this option under the direction of FSI.

Rebuild Remarks Indexes

Use this only when being directed to by the **FSI Tech Support Help Desk**.

X12-835 Reconciliation

This menu option has been added to the Third Party Accounts Receivable system to accommodate future programming for the NCPDP format standard for electronic claims reconciliation. The programming for this system is to be finished in the future and will be added to the Pharmacy Management System through the FSI update system.

Rapid RxEMIT Reports

This menu option is used by 'Rapid RxEMIT' customers to download, display and print their reports.