Point-of-Sale GUI | QS/1's Graphical User Interface

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Ushering In A New Year

I hope everyone enjoyed a happy, healthy holiday season. Gearing up for a new year is always difficult, but QS/1 is already moving forward and excited about all the possibilities in 2007.

2007 will see the introduction of QS/1's Point-of-Sale Graphical User Interface (GUI) first showcased at the 2006 Customer Conference. QS/1 customers were very enthusiastic and appreciated the stylized graphics, touch screen operations and intuitive learning curve. We are confident that Point-of-Sale GUI is going to streamline your operations front-end even further.

The new year will also bring growth and restructuring within QS/1's Customer Support Center. A renewed commitment to customer satisfaction and proactive problem solving techniques are just a couple of areas where QS/1 is seeking to serve you better.

If one of your New Year's resolutions is to run daily backup files, relax. QS/1 is going to help you keep that resolution. QS/1 Backup Services are being made available to customers this quarter. We have fully automated the process. Turn off the lights and go home, your data is protected and secure.

Our Automated Dispensing Machine (QDM) has been perfected in both design and function. It now features a high tech look while performing routine counting and inventory tasks. QS/1 sees any time-saving device or service as imperative in today's pharmacy environment.

QS/1 continues to bring you the most current and relevant industry information. Jay Randolph writes on the web based program Pharmacy Cost Analyzer. Ester Apter, CEO of Medforce, discusses the revolutionary "Paperless Office". Cathy Graeff gives us the NCPDP view on the new National Provider Identifier (NPI). Additionally, Humana discusses its approach to Medication Therapy Management (MTM). QS/1 believes the more information our customers have at their fingertips, the easier it will be for them to do business in the fast-paced healthcare industry.

Finally, I'd like to wish all QS/1 customers, employees, vendors and friends a healthy and prosperous 2007.

Sincerely,

Tammy Devine
Senior Vice President, QS/1

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Hidden Money In Generics

Contributing Writer
Jay Randolf, Director of Pharmacy Programs, Verispan LLC

Verispan Reports Present Opportunities

Verispan's pharmacy clients have implemented a simple process of weekly analysis to identify third party reimbursements and cash pricing that fall well below industry benchmarks.

Using a client customized tool known as a Pharmacy Cost Analyzer (PCA) they are presented with weekly updates of market benchmarks in their area, as well as comparisons of their pharmacy business to these benchmarks. This reporting provides valuable market insight to help customers derive opportunities to increase profit margins.

A Real Life Example:

A pharmacy support manager from a regional drug chain uses reports designed by Verispan available via the Internet. He chooses one of Verispan's most popular reports: 'Top 100 Products by ARP'. He has learned that by identifying products with Additional Revenue Potential (ARP), he can routinely compare his chain's reimbursements and cash pricing against local benchmarks. He can also get the pricing of similar chains in his specific market. After generating or reviewing the report, he discovered ARP available from one of the chain's most filled prescriptions, Ranitidine.

Identifying Trends:
Ranitidine, the generic for Zantac®, has historically been a high margin generic that had not shown up on the ARP listing until recently. Over the last month the Support Manager noticed that the trending for Ranitidine had a declining reimbursement rate and was priced significantly below the industry cash benchmarks. Furthermore, the chain was being reimbursed at the usual and customary rate more often than desired.

Pricing System Error:
In the past, this process had identified pricing errors that contributed to products with ARP. Through a best-demonstrated practice, the Support Manager immediately ruled out a potential pricing error. This was a simple process, which had generated documented savings in the past when errors had been discovered. Now it was becoming more apparent that there was more to this than he alone could understand.

Conscious Business Decision:
The Support Manager brought the pricing issue to the attention of the Director of Pharmacy, who escalated it to a department meeting that afternoon. In the meeting, the discussion surrounding Ranitidine associated the lower reimbursement to a local market situation, which was a conscious business decision that was made by the pharmacy department weeks ago. The Director asked that he run additional reports on Ranitidine available through PCA, to better understand the business decision.

Resolution:
Through additional analysis and after reviewing the competitive benchmarks among other pharmacies at the local level, the chain determined that a price increase was warranted. Ranitidine was being reimbursed at the usual and customary rate more often than desired and the market condition that was present earlier no longer existed. The estimated impact of the price change was upwards of $50,000 (annualized).

Opportunity Cost:
The Support Manager continues to monitor market conditions and reimbursement rates using PCA. He estimates that his time using the automated PCA reports and the subscription services was two to three hours weekly. The savings associated with this one price adjustment alone was at least $50,000. How many more examples of ARP can he adjust to benefit the chain? How much has he already saved his chain by using PCA?

Through a data partnership with QS/1, Verispan is making this tool available at no cost to QS/1 chain clients in return for rights to their unidentified Rx data. Pending your chain's participation, QS/1 would act as the conduit for collection and submission of your unidentified data to Verispan. Verispan will then provide you with a customized (chain specific) PCA project. With over 25 national and regional chains using this process, it's clear that PCA is a key determining factor in the development of retail strategies and projections.

Contact your QS/1 representative for more information on how you can become a Verispan participant chain and start using PCA to assess your opportunities!

Example of a local price comparison report from PCA:

Pharmacy Type ▲	Metrics	TRx Count ▼	TRx $ ▼	Min Price ▼	Max Price ▼	Avg. Price ▼	ARP ▼	TRx Count U&C ▼	TRx Count U&C to ARP ▼
DEMO		38	$ 353	$ 3.46	$ 20.80	$ 9.30	$ 42	1	0
DRUG CHAIN		324	$ 3,576	$ 1.00	$ 29.99	$ 11.04	$ 0	3	0
MASS MERCHANDISE		195	$ 1,844	$ 2.71	$ 24.50	$ 9.46	$ 0	23	0
SUPERMARKET		188	$ 1,814	$ 3.21	$ 26.99	$ 9.65	$ 0	5	0
ALL INDEPENDENTS		16	$ 176	$ 4.72	$ 20.55	$ 10.98	$ 0	0	0

Time To Go Paperless

Contributing Writer
Ester Apter, CEO Medforce Tech

Document Imaging

We find ourselves in an environment where healthcare reimbursement is a moving target and paperwork changes are a way of life. The only way to stay profitable is to stay efficient. The solution to most inefficiencies is technology. Unfortunately, many organizations get lost in a "this is the way we have always done things" or "why fix what is not broken?" thought process. The truth is any system or process that does not provide optimal efficiencies is broken.

The Problem with Paper

Here are some statistics from studies on paper handling done by organizations such as the Department of Labor, University of Massachusetts and Coopers and Lybrant.

Professionals spend about 60% of their time handling paper. According to published survey results, large organizations lose one document every 12 seconds. 3% of all documents are incorrectly filed causing the need to spend extensive time searching for documents. 7.5% of documents are lost forever.

The average executive spends three hours per week hunting mislabeled, misfiled or lost documents. Per Department of Labor research, filing a document costs 25-30 cents per document. The University of Massachusetts conducted a study of documents stored in their medical center. They found that 11% of documents were missing or misfiled, this is slightly higher than Coopers and Lybrand's audit that showed 10.5% of documents missing or misfiled. In the DME/homecare business, billing and collection staff spend an average of 20-30 minutes per hour retrieving, copying, or searching for documents needed to process claims. An average document is copied 19 times. EOMBs with multiple patient names have to be copied multiple times. Someone has to black out other patient names on EOMBs when sending them out for billing purposes.

How Document Imaging Can Help My Business

Document imaging allows you to scan your documents and store them electronically, either on a server or one hosted and managed by a document company. Document imaging can make your office paperless and eliminate all filing cabinets allowing you to easily access documents via your computer.

Document imaging/paperless office technology is one of the most powerful options available to add efficiencies and cost savings. Converting from traditional paper and filing cabinets to utilizing an electronic imaging system eliminates wasted hours spent filing, refiling, retrieving, copying and searching for paper documents. 85 – 90% of claims appeals require that paperwork be pulled and reviewed to confirm information and attach a document to an appeal.

Going paperless saves money and adds efficiency. It will make your billing and collections people more competent, help you service your customers and conduct audits more efficiently. You will see a significant reduction in your DSO because you are adding time each hour of the day for your billing and collections staff.

Productive Time Per Hour

Lost / Wasted Time Per Hour
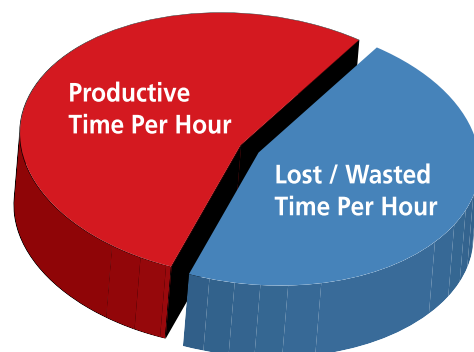
Imagine responding to a patient's call without leaving your desk, responding to a Medicare audit request for multiple documents in minutes and analyzing the contents of a patient's file with reports. Imagine having audit and security controls enabling you to fully comply with HIPAA regulations. Only document imaging can give you these controls.

Calculate Potential Savings

Document imaging will save you almost $10,000 per each employee retrieving documents. Money spent filing and refiling each document will also be saved. Studies show it takes between 4 to 6 minutes each time a file is handled. Retrieving an average of 5 documents an hour for 6 hours a day results in 2.5 hours spent retrieving documents.

The yearly filing cost of a DME provider doing a million dollars in sales per year is in excess of $4,000. Use the following averages: 10-25 documents/DME patient, dollar value of $235/claim, 3 additional documents/submitted claim. A DME provider doing 1 million per year generates about 4,255 claims a year, for approximately 354 patients. This results in an excess of 16,000 documents/year or $4000, calculated based on 25 cents/document per Department of Labor. Additional costs are generated each time the document needs to be retrieved and re-filed.

Difference Between Integrated and High-end Imaging Packages

Systems are available with vastly different pricing brackets, structures and features. A basic integrated package allows you to scan documents and link them with patients. You will see savings in the retrieval process for documents associated with specific patients. However, these systems are not designed to be a full paperless solution. Savings will be limited without robust automatic filing and other features found in a high-end packages. Some high-end packages are only designed for archiving documents, not live patient charts.

MedFORCE 5 Advantages

MedFORCE is a robust, full featured paperless office, billing assistance and compliance software solution that was designed by industry experts to boost the power of your billing software and maximize savings by eliminating all paper effectively and efficiently. Features such as integrated Electronic Remittance Advice (ERA) analysis, automatic filing of patient-specific EOMBs and UPS proof of delivery further enhance the system. MedFORCE auto-filing features saves between 50-75% of the cost of filing and a full-page text search feature increases productivity.
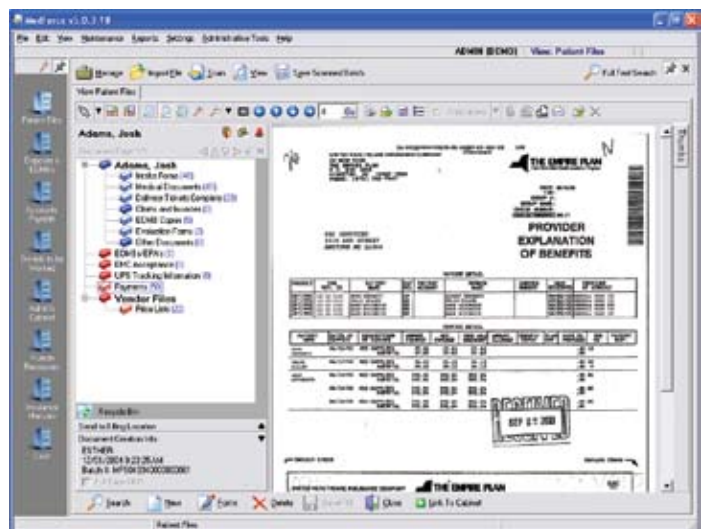
- **MedFORCE Denial & Reimbursement tools provide management of denials.**
- **MedFORCE D & R Reports analyze denials to provide customers with information to better manage accounts receivable.**
- **MedFORCE automates the appeals process to ensure no lost claims due to timely filing or missed opportunities to appeal denials.**
- **MedFORCE is available Web Based or install.**

Twenty years from now computers will be operating in a virtual atmosphere and mimicking human emotion and reasoning. Healthcare Document Imaging will be the standard. Providers will discuss the days when we used "paper" and laugh saying, "why didn't we convert sooner – what were we waiting for?".

Remember

The use of your NPI on HIPAA transactions is mandatory by May 23, 2007 for most health plans.

The NPI is not just a number. The reality is that the process to avoid claims payment or patient service disruption is much more complex. Planning and transitioning to the new NPI involves several internal and external steps, all which will directly affect the processing and payment of claims.

Getting Your NPI

The National Provider Identifier (NPI) is the new provider identifier, replacing the different provider identifiers pharmacies currently use including the NCPDP Provider ID number (formerly the NABP number). This new identifier, which implements a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), must be used by HIPAA covered entities, which include health plans, health care clearinghouses and health care providers that conduct HIPAA standard electronic transactions. Health care providers include individuals such as physicians, dentists and pharmacists. NPI also includes organizations such as hospitals, nursing homes, pharmacies and group practices. The use of your NPI on HIPAA transactions is mandatory by May 23, 2007 for most health plans (2008 for small health plans).

More information can be found at: http://www.cms. hhs.gov/apps/npi/01_overview.asp

Contributing Writer,
Catherine C Graeff, R.Ph, MBA
Sr. Vice President,
Communications & Industry Relations
National Council for Prescription Drug Programs

Pharmacies are able to apply for their NPI in one of three ways:

• Pharmacies may apply through a CMS National Plan and Provider Enumeration System (NPPES) web-based application process. The web address is https://nppes.cms.hhs.gov/NPPES/Welcome.do This is the quickest way for independent pharmacies and small chains to apply.

• Pharmacies may request a paper application from the Enumerator and send it to them for manual data entry and NPI assignment. Pharmacies may call the Enumerator for a copy of the application at 1-800-465-3203 or 1-800-692-2326.

• With pharmacy permission, NCPDP will submit pharmacy applications in an electronic file and provide the pharmacy's NPI to them. NCPDP recommends this option for medium and larger chains when the web method is too time consuming. Go to http://www.ncpdp.org/frame_news_npi-info.htm.

* NCPDP has already enumerated over 50% of the nation's pharmacies including over 90% of the nation's chain pharmacies.

Cautions in Obtaining an NPI

When applying on-line, the following are the most common errors that pharmacies are making, resulting in the need to go back and make changes in the NPPES system or risk payment disruption.

• Type of NPI

There are two types of NPIs: Type 1 (Individual) for individual pharmacists and sole proprietorships and Type 2 (Organizational) for entities recognized by the State as separate and distinct from the individual. Examples are LLCs, PCs, corporations, etc. Type 1 individuals can obtain only one NPI, which is used both for billing and pharmacist identification. Type 2 Organizations can obtain more than one NPI. If you only have one NCPDP Provider ID, you should obtain only one NPI. If you believe you need more than one NPI, it is important that you notify NCPDP. Most, if not all, claims processors plan on internally us-

ing your NCPDP Provider ID to process your claims, even though you will be sending the NPI on your claims after the compliance date.

• Selecting Taxonomy Codes

Pharmacies are having difficulties finding the taxonomy codes for pharmacies. On the NPPES on-line system you can find the pharmacy taxonomy codes by clicking on the "Supplier" drop down box in the right-hand list of codes. Select all the taxonomy codes listed that describe your pharmacy's lines of business. Type 1 Individual sole proprietorships may only choose the "Pharmacist" taxonomy code(s) in the left-hand list to obtain a taxonomy code for the owner/pharmacist in addition to the pharmacy taxonomy codes.

Obtaining an NPI is Just the Beginning - Now You Have to Share It

HIPAA mandates that you share your NPI with other covered entities with whom you send or receive HIPAA standard transactions.

Although the Compliance Date for using your NPI is May 23, 2007, now is the time to begin sharing your NPI with all those who need it to ensure your claims process properly. Share your NPIs with:
• Third party contracting entities
• All health plans with whom you do business, including Medicare Part D
• Medicaid
• Medicare Part B

How do you plan on sharing your NPIs with the many payers, processors and PBMs to whom you submit claims? Since many of these organizations subscribe to the NCPDP Pharmacy Database, contacting NCPDP is the single greatest way to reach many of these entities. The easiest way to facilitate this is to go to http://www.ncpdp.org/frame_news_npi-info.htm. Fill out the NCPDP ID and NPI Application Form and include your NPI along with a copy

of the document you received from the Enumerator containing your NPI. Fax it to NCPDP at the number on the form.

If you have utilized NCPDP to obtain your NPI, then your NPI is already on the NCPDP database along with your NCPDP ID and other information needed for proper claims processing. Remember, not everyone subscribes to the NCPDP Pharmacy Database. Those that do not will contact you and request your NPI along with a copy of the document received from the Enumerator. So, keep that NPI Notification in a safe place where it is easy to retrieve.
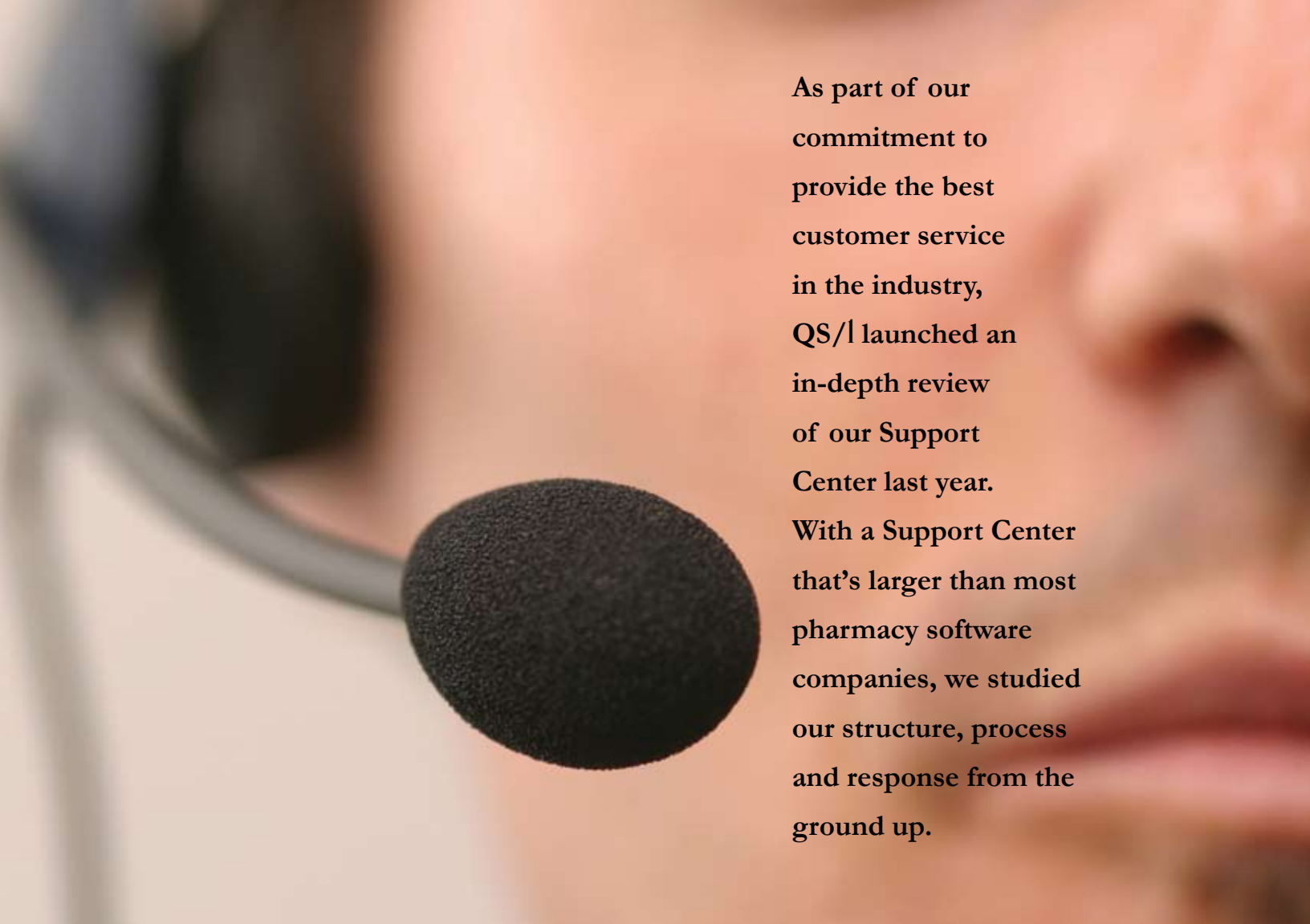
Speaking of sharing, don't forget to begin obtaining prescriber NPIs to use in identifying prescribers on the claim. The regulation requires the prescriber NPI be used if the prescriber has one. Now would be a good time to begin requesting prescriber NPIs when calling doctor's offices for other reasons. Populate your files with this additional identifier.

Using the NPI

Some pharmacy processors, PBMs and Medicaid agencies have indicated they will be ready to receive NPIs from pharmacies by February 2007. Beginning in January 2007, NCPDP will maintain a list of all those organizations that process pharmacy claims and are ready to receive NPIs. It's a good idea to contact the health plan/processor and confirm they are ready to receive NPIs on claims from you prior to sending them. Don't wait until May 23, 2007, to find out you have a problem. Send some claims early if health plans are ready so any possible issues can be identified and resolved before the mandatory Compliance Date.

For more information and a comprehensive list of FAQs, go to: www.ncpdp.org/frame_news_npi-info.htm

Please note, if you are an HME and pharmacy provider, you'll need to apply for two NPI numbers.

As part of our commitment to provide the best customer service in the industry, QS/l launched an in-depth review of our Support Center last year. With a Support Center that's larger than most pharmacy software companies, we studied our structure, process and response from the ground up.

Innovations for QS/1's Support Center

Contributing Writer, Wayne Adams

QS/1 Consolidates Support Centers

We have consolidated our Support Centers in Richmond, VA and Spartanburg, SC into one unit in our Spartanburg Headquarters. Consolidation will strengthen management oversight, upgrade training, enhance quality assurance and provide better staffing during peak call hours.

Outside Evaluation Creates Plan of Action

We enlisted a consulting firm for a fresh, unbiased look at current practices in our Support Center. The firm, Kramer & Associates from Cincinnati, Ohio, is one of America's top service center consulting firms. Over the past 18 years, they have shaped the service centers of some of America's best known companies including IBM, USAA, Bank of America, Cigna, Prudential and Chevron/Texaco.

Kramer's team spent weeks interviewing our staff, listening to calls, talking to customers, pouring over call data, and analyzing our call tracking technology and processes.

Kramer found our Support Center to have the necessary foundations -- committed management; knowledgeable, dedicated technicians; tracking system; and a good training program -- to take service to a new level. With their help, we've developed a plan of action to build a 'Best Practices Support Center' with the goal of resolving questions the first time you call.

Support Center
Goal: First Call Resolution

Our Support Center goal is simple, to have any call answered immediately by a technician who can resolve your question as quickly as possible. In a Support Center serving over 8,500 customers (most with multiple workstations and products), that's not a simple task but it is one that can be accomplished.

In the past, a receptionist has fielded incoming calls. When our changes are implemented, your call will no longer be answered by a receptionist. Instead, your call will be routed directly to a technician best suited to resolve your specific question.

More Extensive
Training to Enhance Expertise

A close examination of service calls is leading to more comprehensive training. First, rather than just having specialists in certain areas, we're cross-training technicians so they can resolve related issues. Upon calling, you will be automatically routed to the technician with the skills necessary to resolve your question.

Future training will take advantage of several tools proven to increase performance quality, including role-playing and comprehensive testing. Training for new technicians will be even more extensive.

We will also institute a certification process with various levels of technical qualifications and expertise. The improved training is designed to deliver consistent, best practices and technically structured solutions.

Quality Assurance to Maintain High
Performance Standards

Another key aspect of our Support Center Program will be an on-going quality assurance effort. New technicians will have calls monitored daily. All technicians will receive regular monitoring of calls along with monthly coaching and feedback. Reviews of calls will include not only the call itself, but the ensuing documentation.

Better Scheduling To
Ensure Optimum Coverage

Over the years, we've noted many obvious patterns of calls. For example, more calls are received on Monday and Tuesday than other days and call volume usually peaks around lunch. Kramer has helped us optimize technician schedules to coincide better with these peak periods to ensure optimum

coverage. Included with better scheduling is a greater focus on forecasting. We will be reviewing and revising our forecasting of anticipated spike volumes more frequently in order to adjust and optimize staff levels to meet the increased demand.

Comprehensive Management
Tools Lead To Better Decisions.

Using technology and more extensive tracking and reporting, we will be putting better information in our managers' hands. We regularly study call content, development activity, call patterns and other information so we can adjust training, staffing levels and a multitude of other factors to ensure you get answers as quickly as possible.

Changes To Be Implemented In 2007

Improvements to the Support Center will occur throughout the first half of 2007. Each initiative is designed to improve response time and the service. As the changes are phased in, you will begin seeing results.

In addition to improving Support Center operations, we're working in other areas to reduce call volume. Our new GUI systems like NRx and SystemOne -- and now, POS are easier to use than ever. Our Development Department is creating an automated quality assurance process for testing software enhancements that will improve our releases. Additionally, our customer training program is undergoing improvements that will help automate the training process.

It's a good time to be using QS/1.

Medication Therapy Management

What is Medication Therapy Management?

The Medicare Modernization Act of 2003 enacted the first federally funded drug benefit since the advent of the Medicare program 40 years ago. As part of the offering, the Medicare Modernization Act states that all Medicare Part D plan sponsors must provide Medication Therapy Management programs. Medication Therapy Management has been defined as a set of services aimed at improving therapeutic outcomes for Medicare-eligible patients. These programs are to be developed in conjunction with healthcare professionals, such as pharmacists, at no cost to the patient. For the first time, pharmacists will be reimbursed for providing patient counseling services. The law specifically states that Medication Therapy Management programs must be distinct and independent of the provision of prescriptions.

The primary goals of Medication Therapy Management are to:
- Optimize therapeutic outcomes through improved medication use
- Reduce the risk of adverse drug events

The Medicare Modernization Act provides minimal guidance as to the design and structure of Medication Therapy Management programs. However, it does define a set of eligibility criteria for the programs. Medicare members are eligible for Medication Therapy Management if they meet the following conditions:

- Diagnosed with multiple chronic conditions
- Utilize multiple Part D medications
- Have anticipated drug costs of $4,000

The number of chronic diseases and medications has been left to the discretion of the plan sponsor to define. As a result, there will be many different Medication Therapy Management programs catering to a variety of Medicare members.

Humana's MTM Model

Humana is excited to offer a variety of Medication Therapy Management programs that meet the needs of its members. Core to Humana's Medication Therapy Management belief is the notion of improving the health literacy of its members and teaching Humana members how to understand and optimize their medication therapy for better health outcomes.

Humana has developed the following member criteria to determine eligibility for its MTM programs:
- Diagnosed with multiple chronic conditions
- Utilize eight or more unique Part D medications in a 90-day period
- Have anticipated drug costs of $4,000

Humana's programs will be available to all members enrolled in either a Prescription Drug Program or Medicare Advantage Prescription Drug plan who meet the Medication Therapy Management eligibility criteria. Once members have been identified as Medication Therapy Management-eligible, they will be enrolled into Humana's programs for the entire calendar year and will be reevaluated on a yearly basis. Humana has divided the 2006 Medication Therapy Management year into three segments:

- Identification Period- January through March
- Ongoing Identification Period- May through November
- Notification Period - May through November
- Intervention Period - May through December

During the first three months of the year, Humana reviewed prescription claims to determine which members are eligible for Humana's Medication Therapy Management programs. We notified eligible members of the different programs available and provided them with information on

program enrollment. All Medication Therapy Management programs began in May 2006. Humana will continue to evaluate prescription claims monthly to identify new Medication Therapy Management-eligible members.

Humana members have unique needs and face different challenges with their drug therapies. The Humana approach utilizes a combination of services to optimize outcomes such as:
• Educational mailings
• Telephone-based counseling
• Retail pharmacy-based counseling services

Humana identifies Medication Therapy Management-eligible members and guides them to appropriate interventions for their specific needs.

For more information go to: www.humana.com

The definition of Medication Therapy Management and the Humana MTM Model were taken from Humana's Medication Therapy Management Implementation Guide.

RxCare Plus and PrimeCare

QS/1 Outcome File

As early as 1991, 12 years prior to the Medicare Modernization Act and the announcement of the Medication Therapy Management, QS/1 began developing software that would help manage patient outcomes. Using this tool, the Outcome File, QS/1 is now able to bill for Medication Therapy Management with Humana & HMSA through Argus.

The procedure is as follows:
• Create New Pharmacy CPT codes in the CPT code table.

• 0115T-intial consultation, 0116T-Follow-up consultation, 0117T- additional time interval of 15 minutes.

• Access Patient Outcomes From the Patient Record. Create a New Outcome. Enter a Reason for Service (Conflict), Professional Service Code (Intervention) and the result of Service Code (Outcome). Type a fee in the Fee Field to submit claim.

• Chose the appropriate CPT Code to bill from the list.

• To send the MTM service record for adjudication, return to the Outcome Scan and select the proper option to transmit the claim.

For specific instructions refer to your online Help.

Looking Ahead

Other companies are providing Medication Therapy Management Services that are internet based. One such company is Community MTM Services, Inc. (CMTM). In July, CMTM announced the rollout of the nation's fastest growing network of pharmacies using CMTM's pharmacy-based communication and intervention management services via the web.

Medication Therapy Management is still a very new process and many questions remain. It is QS/1's hope that more MTM programs will be developed allowing pharmacist to finally be reimbursed for valuable cognitive services.
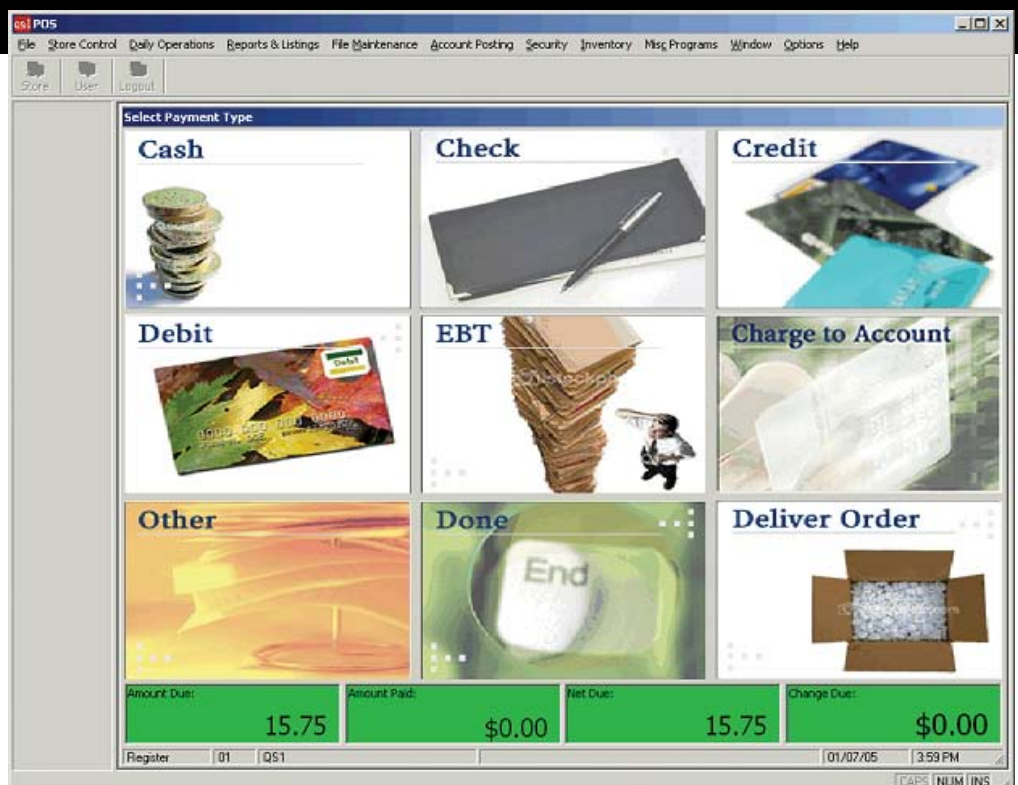
NRx
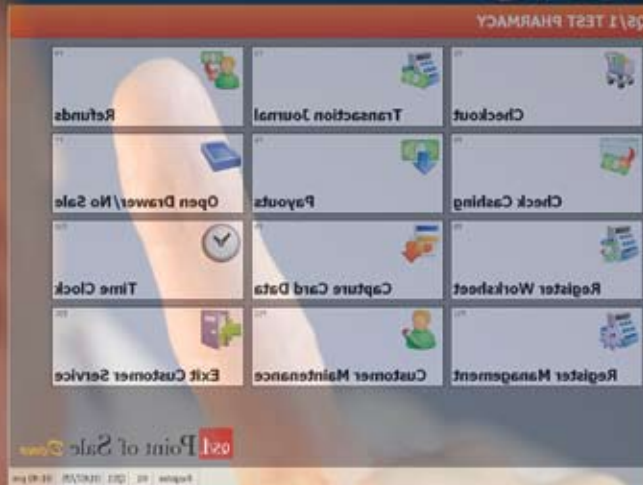
Point-of-Sale GUI

POS GUI: The Future of Register Management

QS/1 is pleased to announce that the same reliability you currently experience with our Point-of-Sale system will soon be available with a Graphical User Interface. The product is set for release during the first quarter of 2007.

by Kerry Philbeck, Staff Writer, QS/1

Our new Point-of-Sale GUI system helps make check out easier and more efficient while at the same time maximizing your time and profits.

According to Brian Cannon, Director of Application Development, "we feel our POS GUI product has been designed and constructed in a way that combines the best of time-tested products with current technology to deliver a solution that will satisfy our original design objectives and meet our customer's needs."

GUI Cash Payment

New Screen: Figure 1
Cash Payment Screen.
You now have the ability to tender the payment amount by using a touch screen. POS GUI also features an 'Exact' dollar amount button for ringing up exact payments.

Before

QS/1's POS GUI is a complete front-end and inventory management system that's easy to learn and user-friendly. Whether you have been a QS/1 customer for years and have a firm knowledge base to build upon or you are just learning, we feel you will benefit from the intuitive nature of the system.

For added piece of mind, QS/1's on-line Help is available for viewing complete training documentation and tutorials. Help also lists the latest system enhancements. As with other QS/1 GUI based programs, field sensitive help tools, along with built-in wizards make learning easy.

The GUI technology allows the flexibility to choose between standard keyboard entry and navigating the system with the use of a mouse. In addition, screen layout has been improved with color schemes and shadings designed with your eyes in mind. The check out process has also been updated with the introduction of touch screens which allow for added convenience and efficiency.

In keeping with our commitment to service and excellence, we at QS/1 are very excited about the upcoming release of POS GUI and believe that the advances made will streamline your pharmacy's front-end.

GUI Check out

New Screen: Figure 2

Check Out Screen.
All department keys are easily accessible from the Check Out Screen. All functions are clearly labeled in the left-hand side of the screen. Patient and account information is also visible to the right.

Before
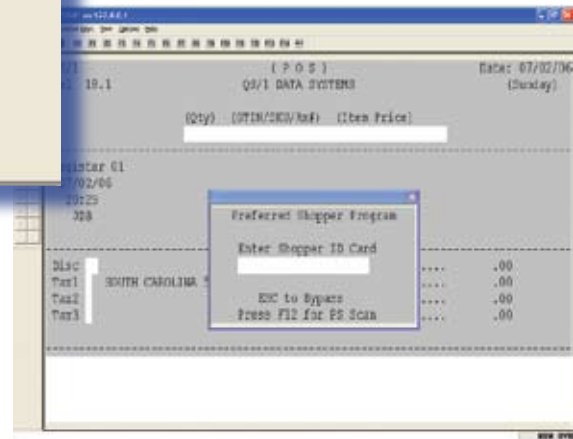
QS/1's POS GUI platform offers the following advantages:

- Easy to learn and train
- Intuitive
- Faster response times (touch screens)
- Improved layout
- Online HELP and training documentation if further explanation is needed

***Please note: Touch Screen feature is optional. Keyboard and number pad access are available by clicking the keyboard button (see Figure 3). This allows for data entry and lookup when barcodes are not available for scanning.
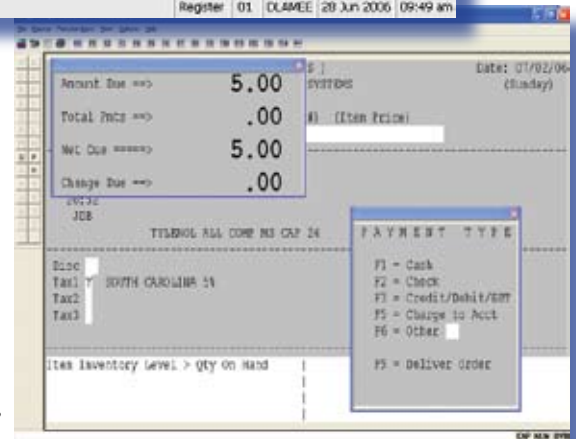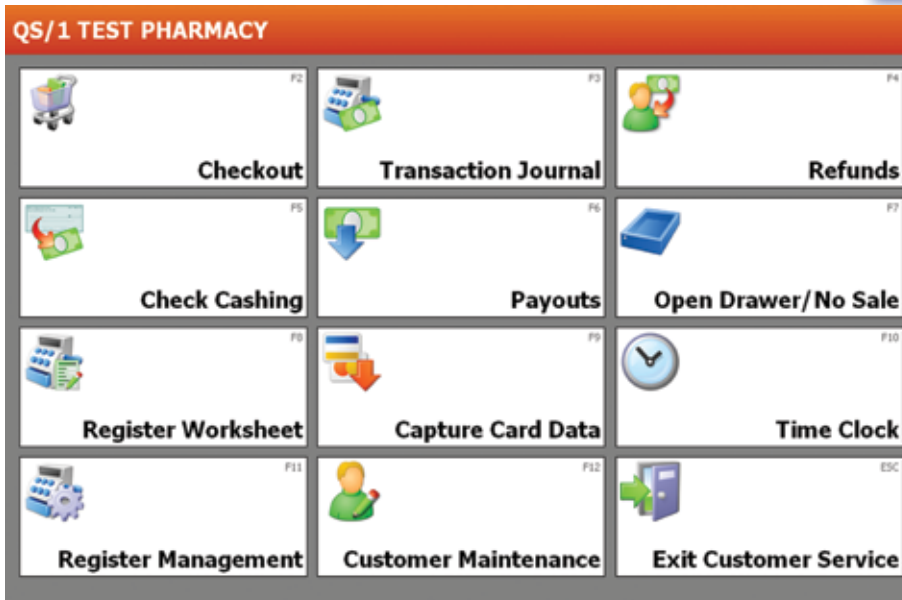
GUI Payment

New Screen: Figure 3

Payment Type Screen. Large, easy to read touch screen buttons or corresponding function keys may be used to identify payment method.

Before

GUI Daily Operation

New Screen: Figure 4

Daily Operations Screen. Access all POS system functions by touching the screen or by pressing the corresponding function key located on the keyboard.

Before

C.O. BIGELOW™
ESTABLISHED 1839
APOTHECARIES
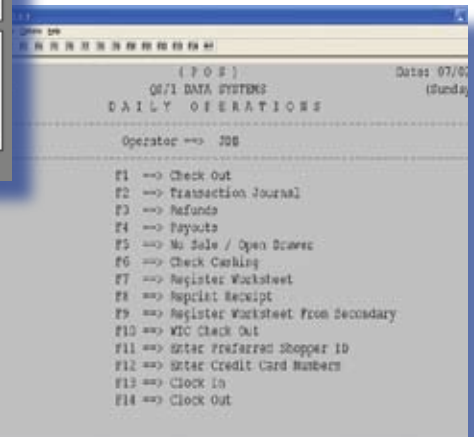
Standing the Test of Time

by Margery Morstein, Staff Writer, QS/1

Clarence Otis (C.O.) Bigelow came to New York at the age of 20 and retained a job as a clerk in an apothecary established by Dr. Galen Hunter in 1838. Nine years later C.O. Bigelow became its proprietor. Mr. Bigelow was owner of the drug store for 57 years, Treasurer of Columbia Pharmacy School for 40 years and President of West Side Savings Institution.

William Ginsberg, who attended Columbia School of Pharmacy, bought the apothecary in 1939 and continued the same standard of pharmaceutical excellence and customer service. 169 years later, the Bigelow still stands on its original site, 414 Sixth Avenue, under the watchful guidance of William Ginsberg's grandson, Ian Ginsberg.

With clientele that stretches back 169 years, it's not surprising that Bigelow counts both famous and historical figures among its regular customer base. Over the years, Eleanor Roosevelt, Samuel Clemons (Mark Twain) and Thomas Edison (who purchased a salve to sooth his fingers burned while working on the light bulb) have sought relief at Bigelow. Today, that same customer mix of celebrities and neighborhood regulars are shopping side-by-side at Bigelow.

A Recipe for Success

A pharmacy faces many challenges in today's market. The stress of retail and a highly regulated healthcare industry would keep the most optimistic pharmacy owner up at night. Not Ian Ginsberg, he sees these challenges as a way to separate C.O. Bigelow from the pack.

Ginsberg explains his strategy, "My job is to stay the course Bigelow carved out 169 years ago. You learn what works and what doesn't when you have that kind of history. Our longevity can be attributed to customer service, quality product development, knowledgeable sales clerks and a trusted pharmaceutical staff behind the counter."

Ginsberg goes on to say, "If you come into Bigelow looking for cough syrup you're going to have to go to the drug counter and request it from the pharmacist. Nothing is over-the-counter at Bigelow. It's all part of the service; our pharmacists are going to ask you questions, 'Are you on high blood pressure medicine?', 'Are you running a fever?', 'Do you have any allergies?'. Then they'll make a recommendation based on your personal medical history or symptoms. Bigelow remains one of the few apothecaries that still does compounding. Compounding is a lost art that is still relevant in today's society, especially in the areas of skin salves and beauty products."

Going into C.O. Bigelow is a shopping experience 365 days a year, (Christmas, New Years, Thanksgiving). Someone is always behind the pharmacy counter. The front of the store resembles an 1800's era apothecary with its long polished counters and white-coated pharmacists. The back of the store houses modern day technology, such as automation and IVR, enabling Bigelow to fill over 600 prescriptions a day. Bigelow

continues to modernize the back of the store in an on-going effort to streamline their prescription fulfillment programs.

Bigelow has been with QS/1 since 1993, when they converted to RxCare Plus. In a continuing effort to improve workflow, Ginsberg has asked QS/1 Consulting Services to team up with Bigelow's architect and perfect a remodeling plan that focuses on customer service. The remodel is part of an existing strategy highlighting customer service, which already utilizes QS/1's Point-of-Sale, to manage Bigelow's extensive on-site inventory.

Customers have come to rely on Bigelow's reputation of maintaining a wide inventory of prescription drugs and over-the-counter products. This includes their private-label beauty items. You'll discover aisles of beauty and home products formulated from "recipes", some over 100 years old. Unique packaging incorporates the original formulas into the design.
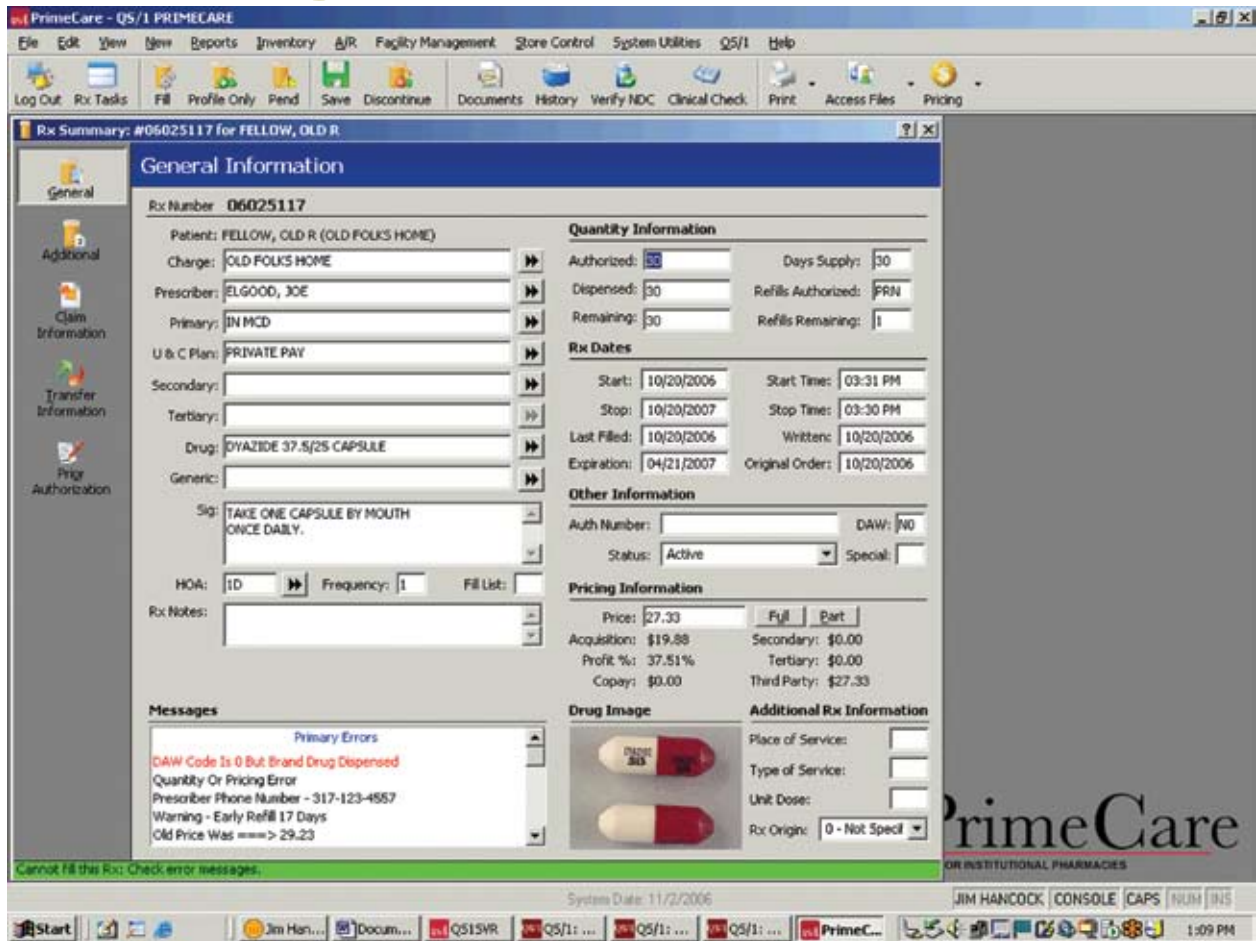
Today's pharmaceuticals, combined with yesterday's customer service, common sense retailing and 169 years of history are C.O. Bigelow's recipe for success.

PrimeCare GUI Graphical User Interface

by Jim Hancock, National Sales Manager-Institutional Products, QS/1

PrimeCare is making the move to GUI (Graphical User Interface). This allows customers to take advantage of the system's Windows-based look and feel, helping new or fill-in employees quickly get up to speed. Easy to recognize toolbar icons and drop-down menus speed up prescription workflow and eliminate the need to memorize function key operations. Wizards guide users step-by-step through many processes.
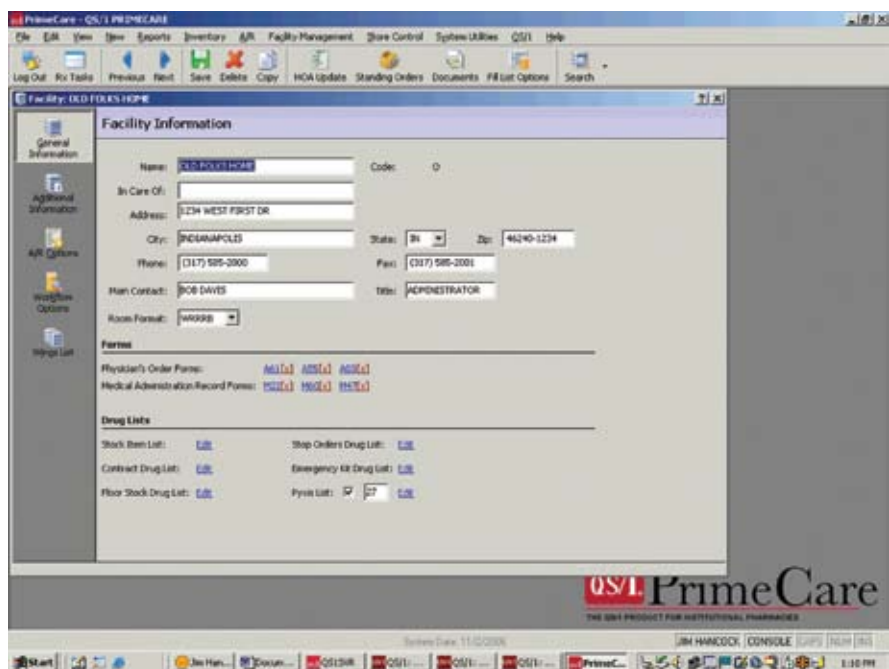
Look for more details on features and availability in the next issue of Insight.

A new release of WebConnect is available with SP 19.

WebConnect V2.0

by Jim Hancock, National Sales Manager-Institutional Products, QS/1
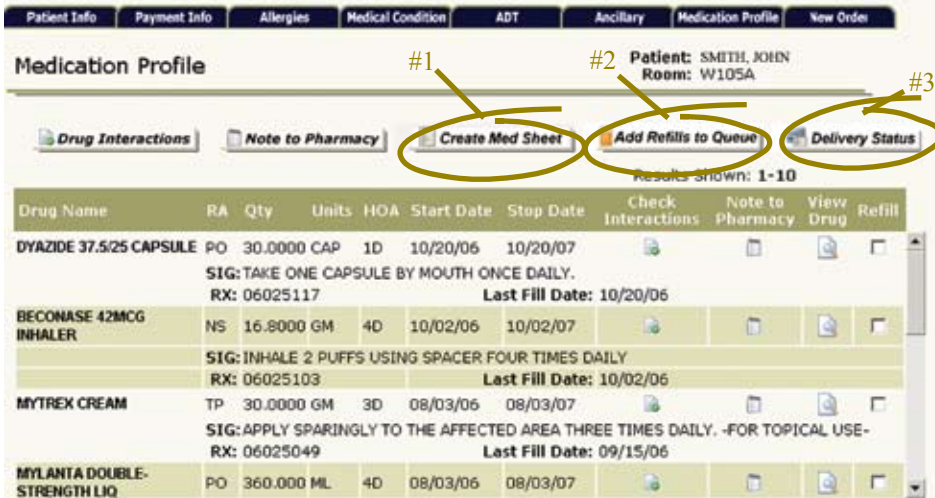
New buttons on the Patient Profile Screen

#1

Create Med Sheet – creates an interim plain paper MAR for use by the facility until the pharmacy printed MAR arrives with the medication orders.

#2

Add Refills to Queue – allows for easy reorder of refills from the profile.

#3

Delivery Status – Check delivery status of patients.
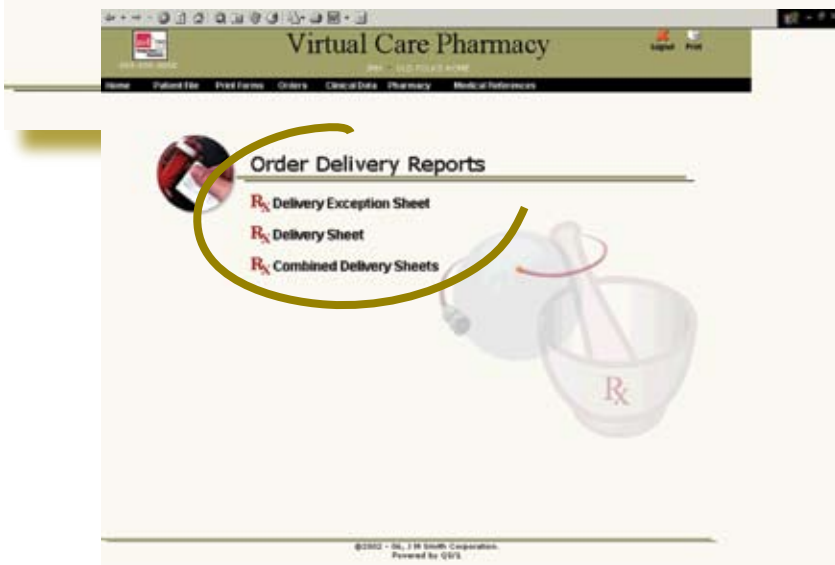
New Delivery Tracking Features

In conjunction with the Workflow Consolidated Delivery Sheet, you have the ability to look at the Exception Report and the Delivery Sheet

Understanding the Advantages of IVR

by Kerry Philbeck, Staff Writer, QS/1

Have you ever thought of your home, cell or business phones as tools of automation? When using QS/1's Interactive Voice Response System (IVR) in conjunction with QS/1's Pharmacy Management Systems, customers, patients and your staff benefit from the timesaving rewards of automation 24 hours a day, seven days a week.

On any given day, half of all incoming calls made to a pharmacy are requesting prescription refills. IVR streamlines your pharmacy's workflow by integrating seamlessly with other QS/1 products already in operation. The integrated system even checks refill limits automatically and faxes physicians for refill authorization, all while your work continues uninterrupted.

Your pharmacy customers will also enjoy the many benefits IVR provides. The system is easy to use and accessible all day, every day. With the ability to order refills 24 hours a day, pickup is scheduled at their convenience. This allows them the comfort of knowing their prescriptions will be ready for pickup when they arrive at the pharmacy.

Benefits of QS/1's IVR system:

- Minimized Interruptions
- Improved Workflow
- Focus on Patients
- Maximized Communications
- Increased in Efficiency
- Fully Integrated with QS/1 Software
- Ease of Use

QS/1 offers three IVR solutions from which to choose:

• IVR Standard
QS/1's primary IVR product and the "building block" for both the Central and MultiScript offerings.

• IVR Central
Designed for multiple store pharmacies that want to provide their customers with a single contact telephone number for prescription refills and / or assistance.

• IVR MultiScript
Designed for multiple store pharmacies which require a higher level of customization for each of their locations. Each location has its own telephone number and customized IVR script.

Call 1.800.231.7776 or visit www.qs1.com to learn more about QS/1's IVR product and how it can work for you.

Shipping Interface for SystemOne

QS/1 is proud to announce the release of the Shipping Interface for SystemOne, available in Service Pack 18.

by Chris Kinard, Market Analyst, QS/1

With the introduction of the SystemOne Shipping Interface, workflow efficiency is notably improved. The requirement for duplicate data entry of patient demographic information has been eliminated and important tracking information is stored and easily accessed from the transaction.

Figure 1

The new interface allows the HME provider to batch transactions for shipping and select the shipping provider of their choice. The shipping interface utilizes the new batch processing feature to identify transactions to be shipped and to pass the required shipping information to the shipper's software. This new batching feature is accessible from the Patient Screen, the Transaction Profile and the Daily Operations Menu.

When a batch is started, the HME provider has the option to create unique batch numbers or use the system default numbers. The system default numbers include a unique identifier as well as the date the batch was created. A message bar will appear at the bottom of the screen indicating that batch processing has been enabled, along with the following information:

- *The number of the transactions in the batch*
- *The corresponding batch numbers*
- *The shipping method and shipping priority*

Figure 2

All of this information will be stored on the Order Update screen located off of the Transaction Record (*Figure 1*). Individual transactions can be added to existing shipping batches by clicking the Shipping Request Icon on the Order Update Screen.

When creating a batch, the Shipping Method (DHL, FedEx, UPS, etc.) and Shipping Priority (ground, air, next day) are defined using the corresponding pull-down menus (*Figure 2*). The Shipping Method and the Shipping Priority are defined by the customer and can be edited as needed.

Once the transaction batch is complete and logged, SystemOne will send the appropriate customer demographic information, along with the Tracking Method and the Tracking Priority, to the shipper's software utilizing the Interface Queue.

The transaction batch information is stored in the Interface Queue while the package is being labeled and a tracking number is assigned. The tracking number is then passed back to SystemOne and stored on the Order Update Screen.

The SystemOne Shipping Interface is another example of QS/1's attention to workflow detail. Streamlining the shipping process enables employees to obtain maximum productivity throughout the day while meeting the delivery needs of the patient.

FamilyCare

Claim Reconciliation

by Martin Winters, Industry Network Specialist, QS/1

Is your pharmacy losing money to claim reconciliation?

Are you depositing your third party check under the assumption that all your claims are being correctly paid in full? In this highly competitive retail environment, pharmacy owners cannot afford to lose even a penny to an unreliable reimbursement system.

FamilyCare Reconciliation will support your bottom line with real numbers and accurate information. FamilyCare will provide you with a detailed remittance report including underpaid and unpaid claims. No more line-by-line claim reconciliation searches.

When QS/1 receives your pharmacy's Third Party Remittance Report the paid, underpaid and unpaid claims are posted on FamilyCare's secure website for you to review. If you're using RxCare Plus, NRx, or PrimeCare, you have the option to download the Electronic Remittance File from the FamilyCare website. After downloading, you will be able to import the remittance data into your Transaction File creating permanent records.

These reports can be printed, downloaded and saved in an Excel format for future reference and analysis.

FamilyCare is able to provide electronic claim recalculation for:

- CareMark
- CareMarkPCS
- Express Scripts
- TriCare
- First Health
- Medimpact.

With Medicare Part D increasing the number of third party claims, now is the time to consider FamilyCare's Reconciliation Service. Contact us at FamilyCare@qs1.com to enroll or request additional information.
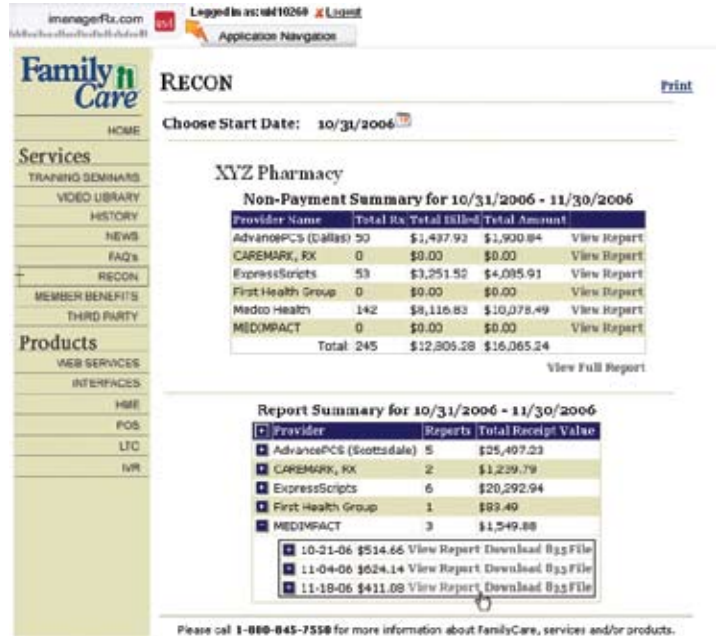
View the Variance reports or download the 835 Remittance File.

In this example, the prescription was billed for $73.54 and the insurance company paid -$63.54 which is indicated by the $10.00 variance.

CornerDrugstore.com
Increase Your Prescription Refills

Increase Your Bottom-line With *CornerDrugstore.com* Website

Consumer Health Information Corporation reports, "Nearly 30% of all refillable prescriptions are never filled." Task Force for Noncompliance, estimates a shortfall of about 140 million unfilled prescriptions annually, worth about $2.8 billion."

CornerDrugstore.com offers personalized pharmacy websites that:

- *Allows pharmacist to request their own unique web address*
- *Encourages patients to refill their prescription on time by sending automatic email refill reminders via the website*
- *Enhances name recognition and strengthen customer loyalty*
- *Allows customers to bookmark the site for quick access*

CornerDrugstore.com has developed 5.5"x 2.83" flyers to encourage pharmacy patients to register for online prescription refill reminders via email. Each flyer is complete with your web address and information on how your patients may setup their refill reminders.
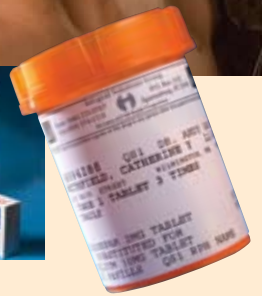
Getting Started

Call 1.800.559.5489 to order your initial supply of flyers and increase your online prescription refill volume today. Each order consist of 5000 5.5"x 2.83" flyers on glossy white paper for $103. You may also call the CornerDrugstore.com customer care number for more information on how to obtain your own pharmacy webite.

The difference between a catastrophe and an inconvenience is preparation. Introducing QS/1's Backup Service.

by Margery Morstein, Staff Writer, QS/1

Backing up data is one of those routine chores that all computer owner should do at the end of their business day. Unfortunately, we tend to let details or circumstances get in the way, such as:

- *Leaving backup files in the store, where they can be damaged along with the original data*
- *Not keeping enough backup media available for a seven day history*
- *Not verifying that the backup is running properly*
- *Forgetting to run a backup or running backups periodically*
- *Not taking the time to check for corrupt files*

These things alone do not become an issue until:

- *Fire or a weather event destroys your pharmacy*
- *A virus attacks your system*
- *Your hard drive crashes*
- *Your computers are stolen or vandalized*

At this point, taking advantage of backup measures (such as QS/1's) can save your business from a logistical, financial and reconstructive nightmare.

Preventative Measures

Preventative measures are a familiar topic in every aspect of the healthcare industry. Keeping this in mind, QS/1 designed a backup service that addresses the headaches, human errors and inconveniences of backing up data. This service automates the backup and turns it into a proactive, hands-free procedure, while maintaining high security standards as well as the integrity of the data.

"Our primary goal when establishing our Backup Service was to create a relaiable offsite backup for QS/1 customers, said Sonny Anderson, Director of Systems and Technology. "The backup will execute on a set schedule each night, push the data to QS/1, generate an email to the customer confirming that the backup occurred and then repeat itself each and every day. By automating the entire action, QS/1's Backup Service removes the chore of backing up data from the owner's 'to-do' list."

QS/1's Backup Service

Automated. QS/1's Backup Service is completely automated. Your data will transfer at the same time, everyday, on a pre-set schedule. You won't have to worry about employees backing up data or not following proper procedures.

Confirmation. QS/1's Backup Service will automatically generate and send an email confirmation that your data transferred safely and was received.

Encrypted Data. All data is encrypted twice. Once as it is transferred to QS/1 and again while it is stored at QS/1. Data is only available to people involved in the backup or restore process.

Alerts. If the backup ever fails to occur, you, along with QS/1 staff, will be notified by email that the back-up was unsuccessful. For example, if the power was to go out in your store you would be sent email notification.

Ten Backups. QS/1 retains the ten most recent backup transmissions of your data.

Fast. QS/1's Backup Service is programmed to compress and transmit only the changes you make between backups. This 'smart data collection' speeds up the process and allows for a more efficient transfer of your backup files.

Redundant. QS/1 doesn't just collect your data; we store it in two different locations for safe keeping.

Coming in 2007

QS/1's Backup Service will be ready for distribution during the first quarter of 2007. This means that you will have one less business chore and one less headache to carry with you into the new year.

If you would like to order QS/1 Backup Service or receive more information call Upgrades at 1-800-845-7558 Extension 1412

According to a U.S. consumer survey of computer owners, conducted by Harris Interactive:

- 89% of those polled know they should backup their data but do not do it with any regularity

- 44% of U.S. adult computer owners indicated that they have lost important data stored on their computer or laptop

- 35% of U.S. adults who have personal/professional data stored on a PC or laptop never backup their files.

- 76% do not backup often enough (once a month or less)

- 22% backup files once a year or less

- 9% backup files just once every 7-11 months

- 15% backup their digital information

This leaves a huge number of computer owners who ignore the safety measure entirely.

This information was posted on Feb. 2006

QS/1 Point-of-Sale Customer Credit Card Information

Please note that as of January 1, 2007, the following credit card processors are the only providers that are QS/1 certified:

- Heartland Payment Systems
- Global Payments, Inc
- First National Merchant Solutions

Any changes to this list will be communicated directly to QS/1 Point-of-Sale Customers via QS/1's *Insider*, *Insight*, press releases or our website.

QS/1 has been made aware of a situation involving independent sales representatives soliciting third party credit card processing business from QS/1 Customers. They are presuming a relationship with QS/1 based on a separate third party agreement that does not exist.

If you are considering changing processors or if you are signing any agreement that is not with one of our three certified processors, please contact QS/1's Point-of-Sale Support Group. They will verify that the processor that you are evaluating is certified. This will ensure your credit card transactions are handled in an accurate and timely fashion.

You can reach QS/1 Point-of-Sale Customer Support with any questions or concerns you may have at 1-800-845-7558.

Visit QS/1's at www.qs1.com

You can access *Insight* magazine and QS/1's weekly e-publication the *Insider* online. The *Insider* is updated every Wednesday with pertinent QS/1 and industry news. Upon login to the QS/1 website, select Customer Support then click the "Subscribe to QS/1 *Insider*" link. Instructions are provided to assure your free subscription to the *Insider* is a success.

Insight magazine can be accessed by clicking on the magazine link found on QS/1's home page, no subscription is needed.

Press Releases are also posted on the website to deliver the latest in QS/1 industry news.

Book Your Calendar Now For QS/1's Customer Conference In Palm Springs

2007

PRODUCT INFORMATION | INDUSTRY NEWS | SEMINARS | PHARMACY TRENDS

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EXCHANGE OF IDEAS ON THE BUSINESS AND CUSTOMER SIDE OF RUNNING A SUCCESSFUL PHARMACY

Palm Springs
Renaissance Esmeralda
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July 11-14

'07 QS/1 Customer Conference

FOR 2007 CUSTOMER CONFERENCE RESORT INFORMATION GO TO: WWW.RENAISSANCEESMERALDA.COM.
FOR RESERVATIONS CALL 1-800-466-9875. ASK FOR QS/1'S SPECIAL RATE OF $110.00 PER NIGHT.
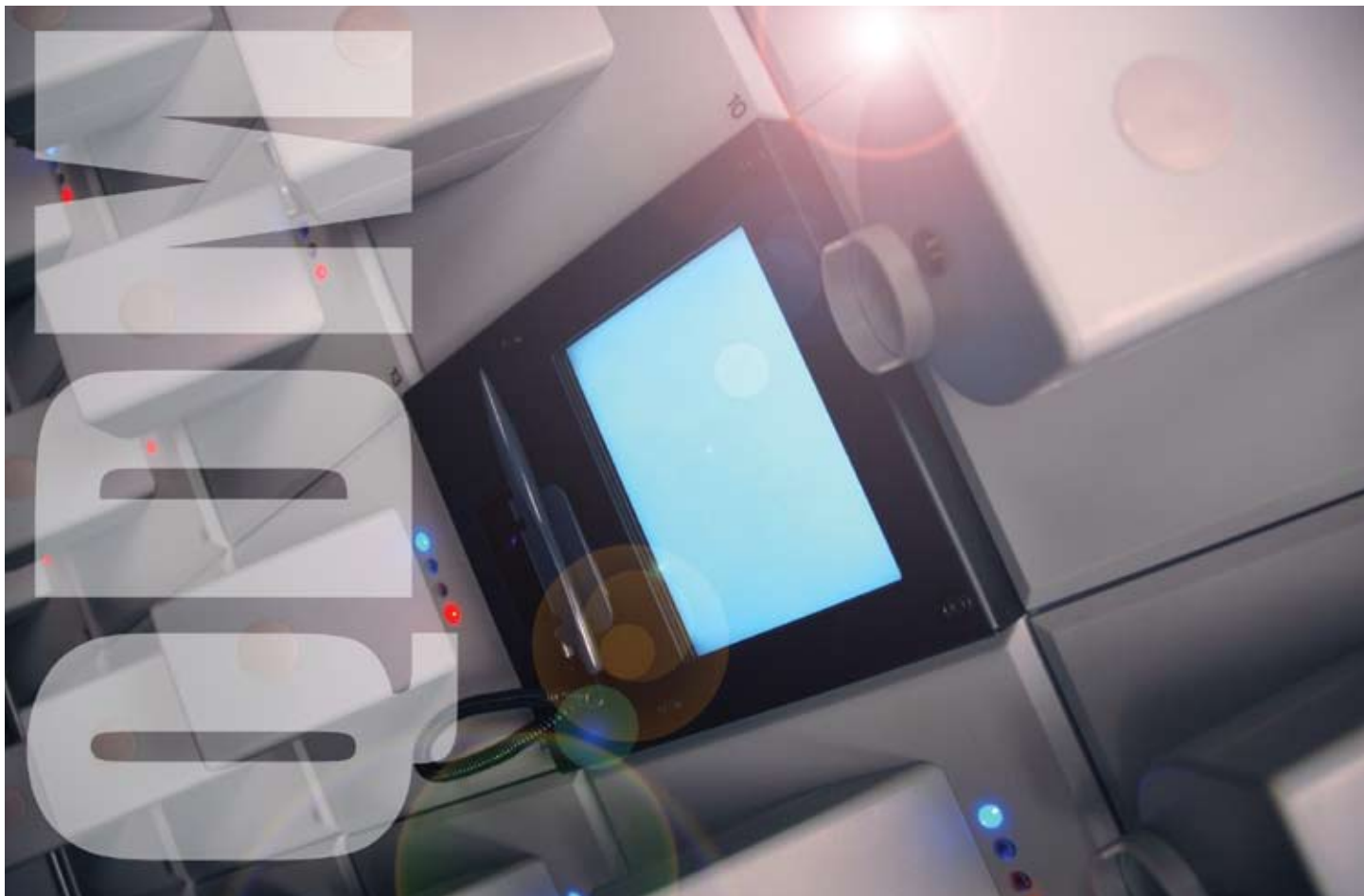
Add QDM cabinets as your pharmacy grows.

QS/1's Automated Dispensing Machine (QDM) has been perfected in both design and function. Displaying a high tech look that:

- **One handed, automatic pill dispensing**
- **A molded lip that accommodates multi-sized bottles**
- **Electronic prescription pad with touch screen and clear readability for easy input**
- **Neutral color to compliment any pharmacy decor**

The QDM performs routine counting and inventory tasks, freeing up the pharmacist to serve customers and handle important pharmacy business. QS/1 sees any time saving device or service as imperative in today's pharmacy environment.

QDM

Product Update

18.1.18 NRx Enhancements

Prescription Processing
- Added the ability to view Point-of-Sale patient information from NRx system.
- Modified the Patient Outcome window to include the Authorization Number, Reversal Number, CPT Code, Place of Service, Referring Doctor, Modifier and Units. Also added the ability to transmit an outcome and do a reversal from the Patient Outcome scan. Modified the lists for Conflict, Intervention, Outcome and Co-Agent Qualifier to include additional options.
- Added the ability to print pre-pack labels from the Drug Record.
- Added new field, Percent of Brand, to the Drug Record.

Store Control
- Added options, 'Outcome Code Table and CPT Table,' to Store Control menu. To access these options, the user must have access to Counseling Data in Security Access. For host/remote systems, these items display only if the user is logged in to the host store.

Miscellaneous
- Added the ability to add up to 50 network printers. To add additional network printers, click Configure Net Printers on the QS/1 Connect screen. Press Page Down to add up to 50 network printers. Additional printers display on the Printer Selection Menu on any screen where a printer can be selected. Press Page Down on the Printer Selection Menu to access additional printer options.

18.1.18 RxCare Plus Enhancements

Accounts Receivable
- Added print option, Use Alternate?, to Statement B to print the Patient Alternate Address on the statement if available.

File Maintenance
- Added option, Scanned Documents, to Automatic File Purge.

Prescription Processing
- Added option, Print Label, to the list of valid functions from the Drug Record to print pre-pack labels.

Patient Outcomes
- Modified the Patient Outcome window to include the Authorization Number, Reversal Number, CPT Code, Place of Service, Referring Doctor, Modifier and Units.
- Added the ability to transmit an outcome and do a reversal from the Outcome scan.
- Modified the lists for Conflict, Intervention, Outcome and Co-Agent Qualifier on the Patient Outcome window to include additional options.

Store Information
- Added the ability for more than 255 days in the Class 2 Stop Ord Dte Dflt (Days) field for Class Two drugs.

Miscellaneous
- Added the ability to add up to 50 network printers.

Product Update SystemOne SP18.1.18 Enhancements

• **With the addition of the Interface Queue,** the shipping interface is complete in SP18.

• Center for Medicare and Medicaid delivers improved CMNs and DIFs that are consistent with current medical practices and conform with Medicare guidelines. As of January 1, 2007, only the new CMN and DIFs are to be used.
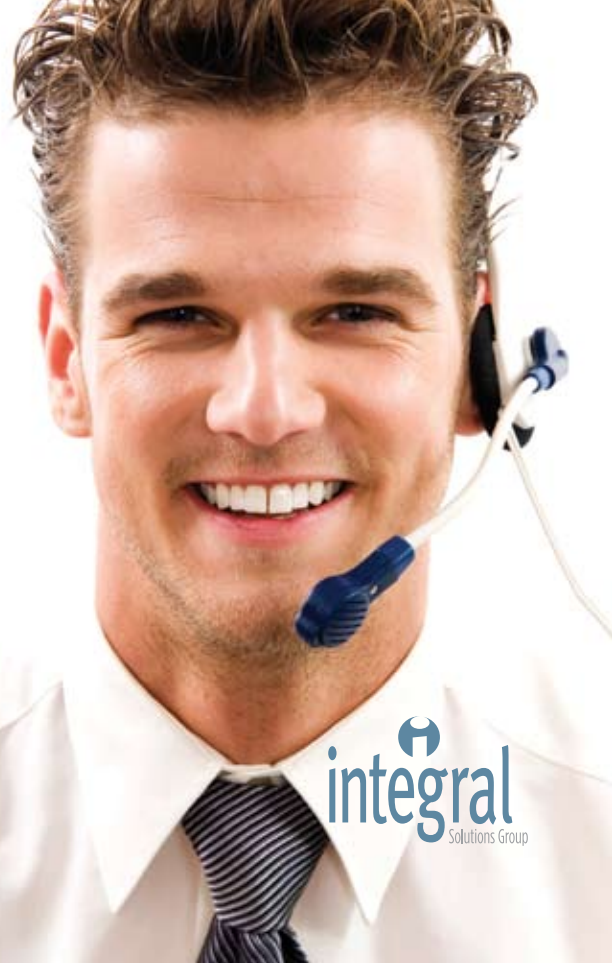
Current DMERC Forms	New DME MAC Forms
48.2 (Oxygen)	484.03 (Oxygen)
01.02A (Hospital Beds)	becomes obsolete (Hospital Beds)
01.02B (Support Surfaces)	becomes obsolete (Support Surfaces)
04.03B (Lymphedema Pumps)	04.04B (Pneumatic Compression Devices)
04.03C (Osteogenesis Stim.)	04.04C (Osteogenesis Stimulators)
06.02B (TENS)	06.03B (TENS)
07.02A (Seat Lift Mechanisms)	07.03A (Seat Lift Mechanisms)
09.02 (External Infusion Pumps)	09.03 (External Infusion Pumps)
10.02A (Parenteral Nutrition)	10.03 (Parenteral and Enteral
10.02B (Enteral Nutrition)	Nutrition) CMS-10126 DIF
11.01 (Section C Cont. Form)	11.02 (Section C Continuation Form)

• Added Medical Assistive Equipment (MAE) form for any mobility related product. The MAE is used to justify the type of equipment based on the need and diagnosis of the patient. The form prints the following: Patient, Provider and Physician Information, and Diagnosis Code and description.
1. Added field, 'MAE Item,' to the Item Record and the Item Batch Update Record. This field is used to specify that an item is an MAE item.
2. Added fields, 'MAE Item?' and 'MAE On File?', to the Order Update screen and the Transaction Batch Update Record.
3. Added ability to auto print the MAE Form during transaction processing. If the 'MAE Item?' field on the transaction is checked and the 'Auto Print MAE' option is selected in Store Level Options, Transaction Auto Print Options, the MAE auto prints during transaction processing.
4. Added ability to print MAE form from the Transaction Profile by clicking the Print Documents Icon.

• The 'Delivery Region' field located on the Alternate Information Tab on the Patient Record now prints on the Delivery Ticket.

• Added the ability to sort columns in the following scans: Patient, Doctor, Item and Vendor. Columns with a ^ symbol next to the header can be sorted. Click the column header to sort the data.

From The Support Center

SystemOne

### Change Insurance Companies on Existing HME Transactions

If a patient changes insurance companies after the initial transaction is logged, it is necessary to enter the correct billing information for claim filing. To change insurance on existing transactions:

1. Access the Patient Record.
2. Change the relevant Carrier Code to the new code; click Save.
3. Click Transaction Profile on the Vertical Icon Bar.
4. Double-click the transaction to be updated with the new carrier information.
5. Click Reprice Transaction icon on the Vertical Icon Bar. If the transaction has been previously posted the system displays a Void and Copy screen. Click Continue to void the existing transaction and create a new one.
6. Verify the new payment information.
7. Log the transaction.
8. Repeat this process for every affected transaction.

NRx

When entering a new patient, the First and Last name are case sensitive. If you use upper and lower case, you must remember to type the name that way when using the Search button.

Central Management System
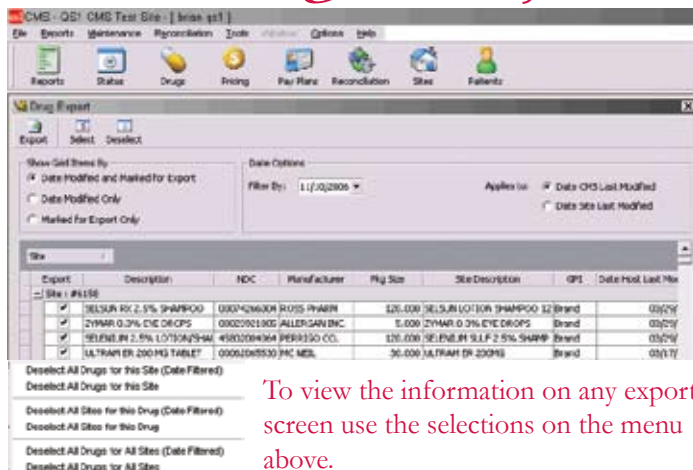
To view the information on any export screen use the selections on the menu above.

• If you want to view only items to be exported, select Marked for Export Only.
• If you select by Date Modified Only and then under Date Options select the date to filter by, the grid displays only items that have been changed on the selected date.
• To remove all items from the export, right click on the Deselect button and then select Deselect All Drugs for All Sites.

RxCare Plus

RxCare Plus now has an enhanced sign-on screen. To display the new screen, select Options at the top left of the sign on screen, then choose enhanced connect screen and new screen displays. To set up secondary clients and the host server, select the Add option and fill in the corresponding boxes. Once you have the setup complete, all you have to choose at the connect screen is the connection ID. This new screen acts like a macro to reduce the chance of mistakes at sign on.

When entering a new patient, the First and Last name are case sensitive. If you use upper and lower case, you must remember to type the name that way when using the Search button.

POS

If a customer is getting "RX NOT READY, CHECK WITH PHARMACY," this means there is secondary price code on their RX Transaction Record that is not present on the patient's Insurance Record. When this happens, the system can't make a match with the insurance record and deems the TX unready to process a label or to be checked out. Update the Transaction Record and the Patient Record secondary price code information, void the transaction and re-enter it so that it will process.

PrimeCare

The purpose of the Transfer feature in PrimeCare is to transfer a patient from one facility to another. To transfer, access the Patient Record through Order Processing. Press F10 to display Valid Functions. Press F9, Transfer Patient, and type the new Facility Group Code and the new facility room number.

When a patient is transferred from one facility to another, the prescriptions are discontinued in the old facility and become active in the new facility.

Trade Shows

Iowa Pharmacy Association -
Des Monies, IA
January 27, 2007

National Grocers Association -
NGA (http://www.nationalgrocers.org/)
Las Vegas, NV
January 29-February 1, 2007

**National Association
of Chain Drug Stores - Regional**
NACDS (http://www.nacds.org/)
Naples, FL
February 4-7, 2007

**National Community Pharmacists
Association - Multiple Locations**
NCPA (http://www.ncpanet.org/)
Aruba
February 14-18, 2007

California Pharmacists Association -
(http://www.cpha.com/)
Palm Springs, CA
February 17-18, 2007

Michigan Pharmacists Association -
(http://www.mipharm.com/)
Lansing, MI
February 22-25, 2007

MAMES-
Overland Park, KS
March 8-9, 2007

American Pharmaceutical Association - APhA
Booth # 535
(http://www.aphanet.org/)
Atlanta, GA
March 16-19, 2007

MESA-
San Antonio, TX
March 28-30, 2007

PrimeCare Customer Conference
Spatanburg, SC
Marriott Spartanburg at Renaissance Park
April 18-19, 2007

NCPA Convention
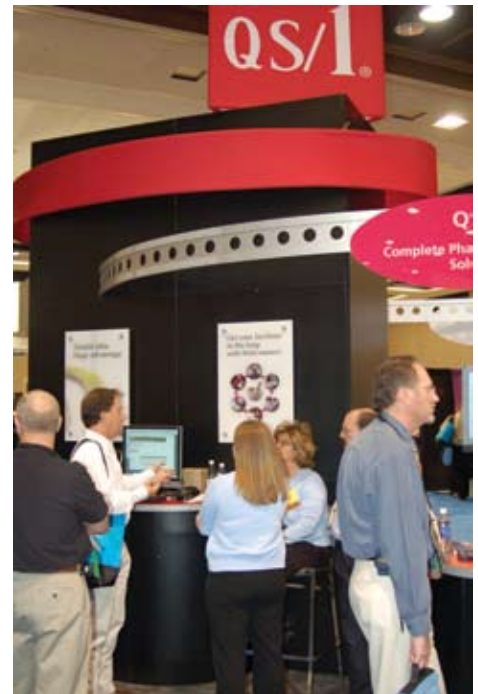
ASCP Convention

Medtrade Spring -
Booth # 559
(http://www.medtrade.com/)
Las Vegas, NV
April 25-26, 2007

Ohio Pharmacists Association -
(http://www.ohiopharmacists.org/)
Columbus, OH
April 27-28, 2007

Food Market Institute - FMI
(http://www.fmi.org/)
Chicago, IL
May 6-8, 2007

American Society of Consultant Pharmacists -
ASCP (http://www.ascp.com/)
Hollywood, FL
May 21-23, 2007

American College Health Association -
ACHA, May 29-June 2, 2007
San Antonio, TX

QS/1

PO BOX 6052
Spartanburg, SC 29304
Change Service Requested