INSIGHT

THE QS/1 MAGAZINE

October 2004

Moving day is here for QS/1

QS/1.

www.qs1.com

This is certainly a busy and exciting time at QS/1. The past few weeks, as we've made the move to our new corporate headquarters building and begun to make the space our own, have been especially exciting and gratifying for me. The new building's 120,000 square feet dwarfs the 45,000 square-foot facility that we had long ago outgrown. And the four-year planning and building process has forced me to reflect on the growth of QS/1 since 1979, when a dozen people worked out of our office on East Blackstock Road.

You will see when you read the article about the building in this issue that every aspect of the new building was designed to better serve our customers' needs, both now and in the future. We feel that this major move situates QS/1 perfectly to deal with the ever-changing face of the healthcare and governmental markets.

And as if moving 200 employees, 68 pallets of people's things, and our data center to a new location were not challenging enough, our staff has also been busy rolling out the expanded NRx system. We know that NRx, the next generation pharmacy system, provides a faster and more user-friendly option for prescription processing and clinical checking, and the response to the GUI-based system at the National Association of Chain Drug Stores in San Diego was enthusiastic. The trade show gave our marketing and sales staff a great opportunity to talk with customers and get their reaction to the new product that we are sure represents a huge step forward.

This issue also contains a number of articles that you will find interesting and informative, especially the update on Service Packs, Medicare and HIPAA compliance. If there's one thing that we've learned, it's that the world is moving at an ever more hectic pace. Being able to learn and grow, changing to meet the changing needs of the industry, is crucial to the success of everyone's business. Keeping informed and up-to-date is the best way that you can ensure that you'll be prepared to meet those future needs.

Another area of particular interest to those who want to strengthen their business' bottom line is how to utilize front end business to increase profits. The article featuring Rhoads' Pharmacy & Gift Shop in Hummelstown, Pennsylvania, details the formula that has worked for them. It might provide a model to follow for others who are frustrated with the fact that much of prescription profit is dictated by others.

We are grateful for the more than 300 of you who attended the July conference in Baltimore, taking advantage of the opportunity to share the excitement with us. The conference gave us a chance to renew old acquaintances as well as to get to know first-time conference attendees, but most of all it gave us all an opportunity to enjoy the sights of Baltimore and share ideas with colleagues. Everyone came back to QS/1 energized by the experience, and from the comments of many who attended we think that it did the same for our customers.

Bill Cobb
President, QS/1

October 2004

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What's New HIPAA

Business Associate Agreement

by Brent Thomasson, Finance Manager, QS/1

As a provider of software support, QS/1 has access to protected health information (PHI) for customers of pharmacies we service. That unique relationship makes it necessary for us to enter into separate agreements with each of our business associates. To do that, and to meet the requirements of both the Privacy Act and the Security Act, a business associate agreement (BAA) must be submitted to us by each of our customers.

One of the complexities of the BAA is that there is no single form that fits all. And in the past there has been some confusion about who should originate the document. QS/1 cannot be the originator of the BAA. It is the responsibility of the covered entity to submit its own BAA to us. If you have not yet submitted an agreement and are unsure about the format that you need to use, there are numerous sources where sample BAAs can be found. Local, state and national associations to which you belong are prime sources. In addition, for your convenience, QS/1 has also placed a sample form on its web site: www.qs1.com.

We know that sending a BAA to us is a small part of what you are doing to meet the requirements of HIPAA. But as small as it may seem, it is a component that is essential in order for you to be in compliance with the law and for QS/1 to continue to serve you well. Do not be surprised if QS/1 employees in all phases of our business remind you of the importance of the BAA and request that one be sent in to us to be put on file.

Though we understand the constraints and complexities of conforming with the myriad of HIPAA requirements, the fact of the matter is that 60 percent of our customers, the ones who do not have BAAs on file with us, are already in violation of the Privacy Act. Therefore, we must emphasize that completing this contractual agreement now has taken on a sense of urgency.

When the April 2005 deadline for full implementation of the Security Act arrives, the problem will become even more acute because even those customers who have BAAs on file to satisfy the requirements of the Privacy Act will need to submit amendments to cover the Security Act requirements.

QS/1 takes every precaution to protect patient health information that flows through our data center. It is the BAA that authorizes our employees to see these claims, satisfying the pharmacy's responsibility to protect the patient information that we are processing. The BAA is so important that QS/1 is requiring that it be in place before the upgraded software being prepared for release by April 2005 can be installed.

If you have not posted a BAA, along with the addendum for the Security Act, you should send a signed agreement to the attention of Rhonda Leonard as soon as possible. If you have questions, you may post them on the web site, www.qs1.com, and we will provide you with any information that you require.

'Lost in Translation'

A story of well meaning pharmacists, systems vendors and publishers who don't yet have it right

By Thomas E. Menighan, (tmenighan@yahoo.com)
Consultant to the National Council on Patient Information and Education (NCPIE)

If you're a community pharmacist who provides printed drug information (Consumer Medicine Information, or "CMI") to your patients, you're probably not in compliance with federal guidelines (www.talkaboutrx.org). But, you say, you just give patients what comes out of your pharmacy system. Surely that complies! After all, don't the computer system vendors or chain management license the monographs that print from publishers who make it their business to write "legal" drug information?

There are no simple answers. Regardless of where the information comes from, it is the pharmacy that will be judged by the government in an upcoming survey. And, it is the pharmacy's responsibility to provide "Useful Written Information" on new prescriptions to every consumer. A recent survey of CMI in systems representing 53,000 pharmacies and conducted by the organization that represents systems vendors (American Society for Automation in Pharmacy) found that nearly all respondents said they did not allow content editing at the pharmacy level. Astoundingly, however, most monographs omitted whole sections, such as drug interactions or overdose information.

> **"...it is the pharmacy's responsibility to provide "Useful Written Information" on new prescriptions to every consumer"**

Each of these sections, as well as other categories and criteria, is required according to guidelines developed by 34 organizations, including American Pharmacists Association, National Association of Chain Drug Stores and National Community Pharmacists Association. The guidelines were published in the "Action Plan for Provision of Useful Rx Information" (the Keystone Action Plan) and codified in Public Law 104-180, which was signed into law August 1996.

The law states that by 2006 (10 years after passage) 95% of consumers who receive new prescriptions must be provided with useful written information about their medicines. If pharmacists don't meet this requirement, a whole new set of regulations are likely to be enacted, leading to mountains of paper "Med Guides" that will have to be distributed with every new prescription order dispensed. None of the groups that represent pharmacy favored that scenario in 1996, and the same is true today. There are major workflow issues with changing the current system and significant benefits to providing written information from unbiased sources. Publishers can include well known medical knowledge that the manufacturer could not publish because it was outside the product labeling information.

Pharmacists sometimes dismiss the importance of CMI by saying "People just throw it away" and "It just scares them to get so much information on side effects." But the literature says otherwise, and consumers believe they have a right to know. Certainly, there are challenges to providing enough "real estate" on the forms commonly used for printing labels, receipts, store information, promotional information and CMI. However, if pharmacy is to meet the challenge, significant changes will need to be made.

What action can you take? Read the law at the following web site: www.talkaboutrx.org. Review your CMI. If sections are, the form is confusing or the print is too small to be easily read, then you may not be in compliance. Talk with your system vendor or chain management. If your vendor is not familiar with requirements, suggest he call NCPIE at 301.656.8565 or contact them online. The responsibility is yours.

CMN and Physician Order Processing

Certificates of Medical Necessity (CMNs) and Physician Orders (POs) are not only an important aspect in the billing process, but quite possibly the most frustrating. A company's account's receivable can increase due to the number of claims waiting for this documentation in order to be billed. One of the best ways to gain a complete CMN and PO, is to train your intake staff.

Your organization's intake staff must be trained on the coverage criteria on the variety of medical equipment they dispense. For new employees, start this training at the time of orientation. Develop cheat sheets with the information required and organize them in a binder separated by equipment category or you can copy the Medicare Medical Policy for all equipment which requires a CMN or specific detailed information on the Physician Order (i.e., surgical dressings). This coverage criteria is also important when the patient is only allowed a certain number of supplies per month and when a prior authorization is required. Intake personnel must also be aware of the Medicare requirements regarding dispensing orders and written orders prior to delivery (WOPD).

In order to assist your intake personnel in learning, make them correct their own mistakes. If they are missing information, then they must get it. It is not the responsibility of the billing department to go after information that was to be retrieved by customer service. Mistakes at intake lead to mistakes in the CMN and billing process, which leads to claim denials and hold up and ultimately results in increased AR.

It is helpful to designate a specific person in charge of processing CMNs and physician orders within the billing department. This person, along with the other billers, must have knowledge in the coverage criteria set forth by Medicare in their Medical Policy chapter and they must know the regulations on completing the CMN. If the medical documentation is not returned in a timely fashion, then the company's accounts receivable will increase due to the revenue that is waiting for the CMN or physician order to be returned in order to bill the payer.

An effective tracking system for medical documentation is imperative to increased claims submission each month and reduced accounts receivable. Employee accountability and responsibility over this area of the business is crucial to success. Your most effective CMN specialist is someone who is organized, has good people skills, has a good phone presence, and can make relationships with the physician's office personnel. An office assistant to the physician will work harder to get the information for you, if your CMN specialist has developed a friendly relationship with them.

A systematic process that is known throughout your billing department should be developed to track each CMN and/or PO that leaves the building.

The system should have a specific person(s) who is in charge of the documentation process. This person(s) is responsible for receiving the CMNs from the physician's office in a specified time frame. The system can be set up either manually or electronically. For a manual system, you could use a 1 – 31 day accordion file or a binder with tabs listing 1 – 31 days. For an electronic system, you can utilize a spreadsheet program or your billing software program if it is set up for this kind of tracking.

CMNs that go out today in the mail should be checked on within 7 days. CMNs sent via fax should be checked on within 3 days. If the CMN has not been received, then a phone call should be made to the physician. If a new CMN has to be resent, then the CMN person needs check on it in 7 days for mail and 3 days for fax. If it is still not received, then a phone call is made again.

Some companies choose to deliver the CMN directly to the physician (if possible) after the second attempt and return to pick it up within a few days.

This process is completed daily. If after three attempts at gaining the CMN from the physician, the Supplier has the option to notify the patient and tell them that if the physician doesn't return the form then they are responsible for payment on the equipment. This may encourage the patient to contact the physician.

Tenacity and constant vigilance to the process is essential to gaining your documents from the physician.

by Sarah Hanna, Vice President,
ECS Billing & Consulting, Inc.

Rhoads Pharmacy & Gift Shop: Utilizing Front End Business to Increase Profits

Shrinking profit margins on the sale of prescription drugs is a fact of life for today's pharmacies.

One way to offset that shrinking profit margin is by increasing front end sales. Rhoads Pharmacy & Gift Shop in Hummelstown, Pennsylvania, found a way to do that.

David and Jeanne Lutz bought the business in 1972, a 4,000 square-foot shop on Main Street. Now, after three decades in the same location, the operation has expanded to 11,000 square-feet and features a 2,500 square-foot pharmacy, a 3,500 square-foot Hallmark Gold Crown Leadership Store, a video rental section and a gift shop that offers over 20 collectible lines.

"When we had the 4,000 square-foot store, we thought our prescription customers would shop and buy in our gift department. Now we realize that has turned around," Lutz said of the two million dollar front end business. "Now customers come in for our gift line, observe our prescription operation and bring their prescriptions for us to fill. You can create a gift department where your prescription customers will shop with 1,000 square feet, but you can never be a destination gift shop without more space."

The key to a successful gift shop, Lutz said, rests also with the store's buyers. He credits his wife, Jeanne, the main buyer, with the "keen eye" that led to Rhoads being voted Best Gift Shop in Central Pennsylvania in a recent *Harrisburg Magazine* readers' poll. But success didn't come overnight, according to Lutz. "We had a vision from the beginning, but realizing it took blood, sweat and tears," he said.

Competing with chain pharmacies, they learned it took five dollars of prescription sales, an area in which 85 percent of the profit is dictated by someone else, to equal the profit margin of one dollar in front end sales. Fortunately, Lutz said, advances in technology became increasingly supportive of their goals, freeing them to spend time on the front end business. "I have worked with QS/1 products since 1980, back when we had to change floppies just to fill prescriptions," Lutz said, noting that now they use the latest system, the largest server and four point-of-sale registers. "QS/1 has grown with us, and we've grown with them."

Rhoads, with 40 employees, including four pharmacists and six technicians, totals eight million dollars in business each year. Lutz said they couldn't handle the two million out front without the point-of-sale system. He's also sure they couldn't serve their 500 customers each day without the continuity that comes from employees who have worked there for more than a decade. "We take good care of our employees," Lutz said. "If you develop a good relationship between yourself and your employees, you don't have to worry about them developing a relationship with customers. Customer service just comes naturally."

Although front end sales helped Rhoads Pharmacy & Gift Shop grow, Lutz is quick to point out that they never lost sight of their primary purpose. "The prescription business is still the heartbeat of the store," said the father of five and grandfather of 11, two of whom are now in pharmacy school. "When push comes to shove, the prescription department gets priority."

But, he adds, the numbers speak for themselves.

by Beverly Knight, Staff Writer, QS/1

Terminating Employees

by Bill Roberts, Director of Human Resources, QS/1

There are two basic situations in which an employer or manager might have to terminate an employee. First are those situations in which the employee's behavior leaves no room for doubt or compromise. When an employee engages in egregious behavior, such as deliberately ignoring instructions, endangering the safety of other employees or customers, stealing or fighting, that employee needs to be terminated quickly and professionally, but without anger.

The second type of employee termination involves poor job performance, bad attendance and other problems that leave some possibility for improvement. Separating employees who have displayed these types of behavior is a very difficult task which all of you should dread. Here are some tips that will help when you decide that you must let an employee go for performance related problems.

1. Never surprise an employee. An employee shouldn't be "shocked" that he is being terminated. Managers have a duty to provide employees with specific instructions regarding job requirements and periodic feedback on job performance. I had a friend once who managed a large manufacturing facility. Before he would approve the termination of an employee, he required the employee's manager to write a report listing the things that the manager could have done to avoid the termination. This may seem a little extreme, but by the time an employee is terminated you should be able to document that you have tried repeatedly to correct the performance issue. That's your job and you should hold yourself accountable for your own job performance, just as you hold your employees accountable for their performance.

2. Be prepared. Before you talk with the employee, gather all the documentation you have. If you haven't documented the employee's performance, reconstruct the employee's deficiencies and note all the times you talked with the employee about his performance as accurately as possible. Put everything in writing. Review all your notes and records more than once to be certain you are making the right decision.

3. Keep it short. A termination discussion is not a time for conversation. Briefly outline the events that have occurred. Then tell the employee what you are doing as a result of these events. Be understanding and supportive but be brief.

4. Expect an emotional response. When faced with termination, employees react in various ways. Some cry, some get angry, some get silent. Expect a reaction, but don't let the reaction control the conversation. Allow the employee a reasonable amount of time to get his emotions under control, then move on.

5. Don't sandwich. It is a mistake to try to soften the blow of termination by telling the employee what he has done well before you discuss what he has done poorly. This type of mixed message confuses employees. A termination session is not the place to compliment an employee.

6. Do not show anger. If you do become angry, wait until you are calm before terminating that employee. If you act while you are angry, you increase the risk of making a difficult situation dangerous, both physically and legally.

As another option to letting an employee go, you might offer a "Decision Day." To do this, discuss with the employee both his performance and your expectations. Then give the employee a day off to consider his future with your organization. After the "Decision Day," the employee should come in to talk with you and either accept the termination or outline how he proposes to improve his performance.

Terminating an employee for performance problems should be a rare occurrence in your business, and it should never be an easy task to perform. However, the way you handle this difficult task is important, not only to the employee who will be leaving, but also to the employees still working for you. In addition, finesse in terminating employees is necessary for continuing smooth business operations. The best way to avoid firing employees is to do well your job as a manager of people by instructing your employees, monitoring their work, helping them with their problems and allowing them time to grow into better employees.

Service Packs

Service Packs make same day updates a reality for QS/1 customers

QS/1 is prepared to make a great leap forward in providing quality technical support for customers.

As a result of technological advances, once customers convert their systems to the Release 18.1 software, they will be able to rely on Service Packs for updates. The Web-based Graphical User Interface (GUI) system will be available for all customers on Release 18.1.

"With this technology, we feel that we've topped the hill," Sonny Anderson, Director of Systems and Technology and head of the team that developed the new delivery system, said. "This capability certainly takes our services from being reactive to being proactive. Customers can get updates before they've ever experienced a disruption. They can get a fix before they ever encounter a bug."

As software programs became increasingly bigger and more powerful, transmitting them by dial-up was taking longer and longer. In addition, QS/1's new GUI-based systems employ complex graphical displays and cannot be transmitted through the old Software Distribution System (SDS). For those reasons, QS/1 began working on a faster and more efficient way to deliver programs and updates. "We needed to find a way to overcome the limitations of the dial-up process and to be able to send server and client software as well as applications," Anderson said.

The solution was Service Packs. The new Service Packs make it possible for QS/1 to discover problems, fix them and then make the fixes available for customers to download before they are ever aware that there is a problem.

Before, Anderson explained, when a customer encountered a problem, he called to see if there was a fix. If there was, the information was passed along to the customer. If the problem was a new one, technicians worked to solve it and then contacted the customer with a fix. The process could take days. It was clear that such reactive responses sometimes resulted in lost productivity. Thanks to QS/1's new Service Packs, delayed responses are now a thing of the past.

Anderson and his team were charged with the responsibility of creating a way to deliver new GUI-based products to customers the same day. After more than a year in development, the first Service Pack is ready for implementation.

"A tremendous advantage of Service Packs is the ability to move higher volumes of data quickly, to provide same-day delivery of fixes," Anderson said. "This delivery system is perfect for the newer generation of products that have been developed and will continue to be developed in the future."

With Service Packs, QS/1 can deliver application level software and any systems level software, including faxing and interactive voice response (IVR).

An advantage of the system is that a software fix can be posted as a Quick Service Update for one customer, using a link within the QS/1 page to Quick Service Update. That customer can come in and download the update to fix an immediate problem. Then the fix can be included in the next Service Pack so that it is available for all customers, thus eliminating the need for multiple calls on the same problem.

The system is Internet-based, and it works fastest using broadband access. With intelligent download, it only takes up unused bandwidth, assuming a low priority when the pharmacy is completing another task. For those with dial-up Internet, the system works just as well. It just takes a little longer. However, since the process can be completed when the computer is unattended, it does not prevent the pharmacy from handling business operations or more importantly taking care of their customers.

Businesses without Internet access on the office computer can download the software on a home computer using a CD writer and then install it on the office computer. Those that have no Internet access can receive the Service Packs on a CD which can then be installed on the business computer.

"If you have access to the Internet anywhere, you can get Service Packs. They do not have to be downloaded to the machine where they will be installed," Anderson explained, noting that the former system required retrieval only on the system on which the software was being installed. "We are convinced that the Service Packs will provide additional value for the customer."

Advantages to Service Packs

1. Updates can be downloaded without interrupting business.
2. Since downloading and installation is not one continuous process, installs can be scheduled for a time when the computer is unattended.
3. The system is proactive instead of reactive.
4. The system can deliver all different types of software, not just applications.

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by Beverly Knight, Staff Writer, QS/1

Medicare Updates

by Duane Ridenour, Product Research Specialist, QS/1

To Participate or Not To Participate

Are you a participating or non-participating Medicare provider? Do you know which status is best for your company? During the month of December providers are allowed to change their participation status in the Medicare program. That makes this is a good time to consider your participation status.

A participating provider is required to submit assigned claims, meaning you can only collect up to the allowed amount established by Medicare. This is true even if your cost for the item supplied is more than your the reimbursement allowed.

Conversely, a non-participating provider has the choice to submit claims as assigned or non-assigned. This choice is made on a claim-by-claim basis. You are only required to accept assignment except for those claims mandated by Medicare law. Being a non-participating provider does not mean that you are no longer accepting Medicare patients. Nor does it indicate that you are going to gouge your customers.

Many providers have found that by changing their participation status they can improve their bottom line. With the current fee schedule freeze and the upcoming reduction in selection DME items, this might be something you should investigate.

But remember, if you do decide to change your participation status, you must notify the National Supplier Clearinghouse of your desire in writing. So, the *choice* is yours.

Timely Filing: Medicare Style

Law requires that Medicare claims be submitted in a timely fashion. The good news is that "timely filing" means that you have one year from the date of service to submit an assigned claim before a penalty is imposed. Once imposed, this penalty is 10% per claim.

Another claim submission deadline is fast approaching. Claims with dates of service 10/01/02 through 9/30/03 must be submitted by 12/31/04. If you miss this deadline, you will have lost your opportunity to collect reimbursement for Medicare and/or the beneficiary.

Now is a good time to review your outstanding claims and make certain that those with dates of service prior to 9/30/03 are being appropriately worked.

QS/1 DATA SYSTEMS

NCPA and PRS HIPAA COMPLIANCE PROGRAM ORDER FORM
ADVANCE ORDERS NOW BEING TAKEN FOR NCPA SECURITY BOOK (Available late summer)

QS/1 DATA SYSTEMS

Pharmacy Name _____ Contact or Owner Name _____

Shipping Address _____ City _____ State _____ Zip Code _____

Phone Number _____ **QS/1 Customer Account Number:** _____

PRODUCT	LIST PRICE	QS1 MEMBERS	NCPA MEMBERS	QUANTITY	TOTAL
NCPA/PRS Combo Pack (NCPA Security Book / PRS Security HIPAA Compliance Program)	$674.00	$522.00	$422.00		
NCPA Security Handbook	$350.00	$265.00	$195.00		
Individual HIPAA Items – Can Be Purchased Separately					
PRS HIPAA Compliance Program - Version. 3.0 (Complete HIPAA Program Privacy & Security)	$597.00	$527.00	$497.00		
PRS HIPAA Compliance Program the Security Rule (Security Rule Program only)	$324.00	$297.00	$272.00		
PRS HIPAA Compliance Program Security Rule Update (PRS Version 2.0 to Version 3.0)	$274.00	$254.00	$244.00		
HIPAA Desktop Reference for Practicing Pharmacists	$199.00	$177.00	$127.00		
			Shipping and Handling		$24.95
			TOTAL		

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As our attorney advises: The HIPAA regulations are extensive, fluid, and subject to governmental interpretation, which overrides or supercedes information in PRS's program. As with any new government regulations, the client understands that they are responsible for reading the actual regulations and exercising their own good judgment in establishing their HIPAA program.

Customer Spotlight
from the 2004 QS/1 Customer Conference

by Kathryn Hix, Creative Services Technician, QS/1

The July 2004 Customer Conference brought over 300 QS/1 customers to Baltimore, Maryland, for a sample of QS/1's latest software developments and Baltimore's finest attractions. From demonstrations to dinners, banquets to baseball, software to sightseeing, there was something for everyone.

Why They Came

Long-time QS/1 customer Lynn Hostetler of Lynn's Pharmacy in Brazil, Indiana, traveled over 10 hours to reach the QS/1 Customer Conference. He has been attending QS/1 conferences for many years, and he loves the connections he makes with the QS/1 family -- both customer and employees.

"The main reason I went to the QS/1 conference?" asked Hostetler. "The people. I just enjoy meeting other QS/1 customers. I have been attending these conferences for 20 years, so friendships have developed. I like to talk to QS/1 employees also. I mean, I remember when Bill Cobb [President] came on board and when Tammy [Devine, Vice President] was a programmer. Now they're old friends."

First-time conference attendee Ken Giaquinto of Rye Pharmacy in New York may not have the personal relationships QS/1 staff that Hostetler enjoys, but he came to the conference in order to "learn to better utilize the system" and because he was pleased with the location: "Baltimore is a great town, and it is close to us." The location made it convenient for him to attend and bring his staff from Rye Pharmacy, RxCare Plus customers, as well as from Institutional Pharmacy Services, a PrimeCare business. Another first-timer at the QS/1 conference was Jay Needle of Health Spectrum Pharmacy in Pennsylvania. He came to Baltimore to have "questions answered and learn more about the system" because he believes he and his staff "don't use QS/1 to its full capacity."

The Best of the Best

Different attendees recounted different aspects of the conference as their favorites. For Hostetler, it was "getting the flavor of what's going on" at QS/1. "For me, from my perspective, it helps to see what is happening with QS/1 and see the new enhancements. It makes it more intuitive for me," Hostetler said. He also cited "getting his batteries charged" on the national pharmacy scene, talking with QS/1 representatives and mingling with peers as the best things he took away from Baltimore. "There is no one thing that is best. It is a combination of events, adding two and two and getting six or eight," he said.

Giaquinto valued his opportunity to meet other QS/1 customers to "brainstorm and network." He said it was beneficial for him to "meet other nursing home customers because it is such a niche industry. We were able to brainstorm about daily and long-term projects." Giaquinto also lauded the Hardware Expo as a great place "to see all parts of QS/1's product offerings in use." Needle described the conference as "very informative" and said he enjoyed meeting QS/1 staff face-to-face. For Needle, speaking with staff in person helped them to understand each other. "Talking on the phone is tough because it can be hard to explain some problems," he said.

Until Next Year...
Hostetler looks forward to more product demos and overview presentations for the Orlando 2005 conference. Giaquinto agrees that demonstrations of new offerings, such as scanners and workflow, in the QS/1 Hardware Expo would be helpful to him. Needle understands the importance of the technology introduced during conference presentations and product tracks but suggested that a more basic product track would benefit him. "I certainly don't want to hinder the people who understand the details of the software, but I need it brought down a couple of levels for me," he said.

Everyone agreed that next year's conference would be on their agenda for 2005. Gianquinto said he would like to attend another conference, because in Baltimore "QS/1 put on a great show -- everything from the hotel to the food to the activities was easy. That made it a lot of fun. Plus we were really impressed with how many quality people are using the system."

Moving Day is Here for QS/1

by Beverly Knight, Staff Writer, QS/1

QS/1 has moved into a beautiful new home.

After four years of planning and construction, the six-story headquarters building in downtown Spartanburg represents the company's commitment to its employees, its customers and its community.

"When we decided that we needed to relocate from the facility we had outgrown, we looked at a number of locations, both outside and inside the city. Finally, we concluded that we belonged downtown. Spartanburg is in the midst of a revival, and we wanted to be part of that revival," Bill Cobb, QS/1 President, said from his corner office that overlooks the city and surrounding countryside. "When we designed this building we wanted it to represent the things that are important to us. We wanted windows, light, high ceilings: all the things that make a workplace comfortable. You spend a lot of your life at work, so the building needed to be a place where we were happy to go."

Meeting those commitments meant that Chris Cox, Director of Product Support, served as QS/1's liaison between the company and the architect and builder and became intimately involved in every facet of the planning process, even working with the decorator picking out colors and fabrics to complete the look. Cox, Cobb and Russ Weber, former QS/1 Vice President of Operations who now serves as president of another J M Smith company, worked together with David Wise, project manager, and Cullen Pitts, principal architect, to develop and perfect the design.

"Our operation had been in place since the late 1980s. Building the new facility has given us the opportunity to redesign from the ground up, simplifying and enhancing while utilizing the latest technology," Cox said of the painstaking process of taking the project from conceptualization to construction then completion.

The Howard Street building had 45,000 square feet, and every square inch, in addition to portable units, was at full capacity. Such cramped quarters make the 120,000 square-foot building, with its spacious, open interiors, wider hallways and comfortable meeting areas, seem even more inviting to the 300-plus employees who moved into the new spaces.

To make the building even more user-friendly for those who work there, showers were installed to be used in case there is a community-wide power loss. "Our employees will be able to use facilities in the building, helping us to ensure that service to our customers is uninterrupted," Cox said.

The training facility for employees also has been enhanced, with two full-time training rooms that employ various media to provide 40 hours of training a year. In addition, every floor contains break rooms, conference rooms and bathrooms.

The heart of the facility houses a high tech data center with special fireproofing and its own Liebert unit, backed up with a generator, to control temperature and humidity, condition power and guard against power outages to the facility housing the sensitive electronic equipment. Power Distribution Units (PDUs) monitor power to computers, making sure that there are no power surges and ensuring that voltage doesn't drop. All of these features protect equipment and protect QS/1's investment. And the building also features access flooring that makes it possible for wiring to be reconfigured as needs change.

Those who've been with the project from its inception take pride in the fact that the building not only meets the needs of the present but that it was also designed to accommodate the future.

It's just that type of planning for the future that has everyone at QS/1 excited about the building's potential. Architects McMillan Smith & Partners, with Cullen Pitts as principal architect, and Harper Corporation General Contractors helped QS/1 create flexibility in the building plans that made it possible for the project to grow even after construction began, Cox said, and which will enable it to adapt as needs change.

One of the major concerns going into the project was fiscal responsibility. "We are a financially conservative company that built a facility that we could afford," Cobb explained. "We wanted the best building that we could get for our money, because just like everyone else, we had to save our money until we had enough to build this facility."

The timing of the project was perfect. Because of the economy, QS/1 received outstanding bids, enabling them to build for less than $100 a square foot. But in addition to controlling cost, the team wanted to be sure that the building was both energy efficient and environmentally friendly.

Following guidelines from the U. S. Green Building Council, a nonprofit coalition of corporations, builders, universities, government agencies and other nonprofit organizations that seeks to reduce the impact of buildings on the outdoor environment while creating a healthy environment for occupants, QS/1 aimed for LEED (Leadership in Energy and Environmental Design) Silver certification.

A rainwater harvesting program, possible with an underground collecting system, can collect up to 20,000 gallons of water that can be reused for irrigation, lowering the overall water consumption for the facility. The fountain that is the centerpiece for the building's front plaza has also been designed so that it can be used as an alternate water source, allowing the sprinkler system to function for 15 minutes on its water reserve if for any reason water is cut off to the building. That 15 minutes would provide the necessary time to evacuate 1,000 people from the building.

High-performance windows, enough that 90 percent of employees have views of Spartanburg and the rolling green of the Piedmont, help keep the building cool. Drop-down lighting fixtures reflect light from the ceiling, reduce glare and complement the natural light that floods the workplace.

Efforts were made to use as much recycled material as possible in construction, preserving natural resources even further. Both the Milliken carpet and interior wallboards were made from recycled material, and more than 75 percent of the waste from the construction site was recycled. In addition, the project used local suppliers whenever possible to eliminate the wasted energy in transporting materials to the building site.

The cooling system for the building is designed to limit the amount of greenhouse gases that are released and prevent damage to the ozone layer. In addition, there are thermostats and carbon dioxide monitoring stations that signal the system to bring in more outside air if the carbon dioxide level in the building gets too high.

"We are shooting for Silver certification," Cox said of the LEEDS certification that would make QS/1's only the third building in the state to be so designated. "Though many expect high costs for 'green' construction, the general rule of thumb is that you can build a LEED-certified or silver rating building for the same or less initial cost when LEED certification is approached early in planning. 'Green' buildings save money over the long-term as they use fewer resources in their operation and improve real estate value."

Another key component to the design is the SONET (Synchronous Optical Network) Ring, composed of a circle of fiber optic cable and network elements that, when cut or disabled, automatically reroute traffic around the fault to the unbroken side of the loop. Rings can detect, analyze, and restore themselves within 100 milliseconds (ms) of a fiber outage. BellSouth has installed two separate fiber connections that provide full service to the headquarters building from either side, resulting in 15-18 miles of fiber optic cable that roughly complete a circle. If the fiber cable is cut, power to the data center will simply reroute to the other side of the ring, ensuring that there will be no interruption of service, and ensuring that the support center will always be available to customers.
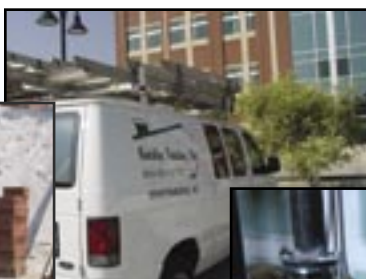
The Cisco IP (Internet Protocol) Phone System is also a feature that will increase efficiency. Since the system runs on the network, it is hooked to the computers, making the phone a network device. Any phone can be plugged into any network port, and the phone can also be used as an extension from home. Employees can even run a software phone on a laptop.

"When we moved, all we took with us were our personal belongings. Everything else stayed in the old building. The new building is outfitted with Steel Case furniture, all made in the United States," Cox said, adding that because they bought in volume, they received maximum discounts on the purchase.

A high-speed link between the Howard Street building and the new headquarters building provided a totally seamless transition for customers when the move was made in September. "The systems group has been working for 14 months planning the transition to downtown. We have always considered that one of the most important parts of the process," Cox said. "What we've done was expensive, but it was the best thing to do for our customers."

Though the main focus of the project was designing a functional and efficient building, the exterior design was important too. Situated at a gateway to the city, the building has quickly become a centerpiece of the downtown area. Making it beautiful was a priority.

The lobby, with its two-story windows, looks out onto the spacious plaza and fountain area, providing a space that Cobb hopes will be used by groups for community events. Landscaping, an ongoing project, will make the entire site appealing to the eye.

"The presentation room was designed so that we could close off the lobby and meeting room to give access to the space for group meetings and community functions. It's even possible for events to flow into the outside plaza and fountain area," Cobb said of the headquarters that has raised QS/1's profile and provided an efficient workplace for employees.

"Installing the right landscaping around the building was very important to us. A crown jewel deserves to be in a good setting," Cobb said.

QS/1 now has a home in which to grow and to expand its position in the rapidly expanding medical-market industry.
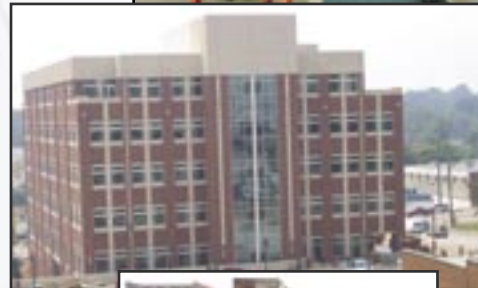
Family Care™

by Randy Burnett, Network Industry Coordinator, QS/1

FamilyCare

"Latest Updates from FamilyCare"

With reconciliation at the forefront of conversation and a hot topic at this year's Annual Customer's Conference in Baltimore, FamilyCare management is proud to announce that its Third Party Claim Reconciliation service is now ready to assist you in managing your Third Party receivables. If you are spending valuable time poring over remittance notices, looking for underpaid and non-paid claims or just banking the check and hoping you were paid correctly, FamilyCare's new optional service is available to assist you.

FamilyCare receives the reconciliation information electronically from the Third Parties and creates detailed reports showing what was and was not paid and any variances that may have occurred on individual claims. These electronic reports will then be loaded onto our FamilyCare web site where you will be able to print the reports, download them to a spread sheet or just view them online. You can choose to exercise just one or all three options.

Several of our payers' Third Parties have decided to continue to send payments directly to pharmacy. For the others, FamilyCare will receive the payment from the payer and then automatically deposit the reimbursement into the pharmacy's bank account.

FamilyCare is currently receiving electronic remittance from AdvancePCS, CareMark, Express Scripts, Medimpact, Medco Health and TriCare. Others will be added as they become available and demand calls for it.

With the cost for this service at only five cents per adjudicated claim, the recovery of just a few non-paid claims can offset the investment. To receive an enrollment package or request additional information about this valuable service, please contact FamilyCare support at 800.503.3395 or 800.845.7558, Ext. 1471.

CornerDrugstore

"New Arrival to your Pharmacy Connection Page!"

With any business, some level of success can be attributed to marketing. In the case of a web page, marketing can be the ultimate decider in the level of success, since it has no brick or mortar to advertise itself. In order to improve the success you are having on your site, CornerDrugstore is introducing a new marketing tool kit designed to help pharmacists drive their customers to their pharmacy's online store. This CornerDrugstore initiative provides advertising templates that allow pharmacists to personalize advertising materials through the managerial site.

The marketing tool kit provides a quick and easy way for CornerDrugstore customers to establish a high level of awareness with regard to their online pharmacy: counter cards, store brochures, refill reminder cards, staff buttons and bag stuffers. The marketing tool kit can be accessed by logging onto Pharmacy Connection with your user name and password, then clicking the Marketing tab located at the top of the Pharmacy Connection page at http://pharmacy.cornerdrugstore.com.

By taking full advantage of these tools, pharmacists will have visible advertisements to drive customers to their web page, ultimately increasing site activity as the pharmacy web site operates as a true extension of the pharmacy. Once you visit the site, please feel free to contact CornerDrugstore support with any additional questions at 800.559.5489.

More About NRx

by Beverly Knight, Staff Writer, QS/1
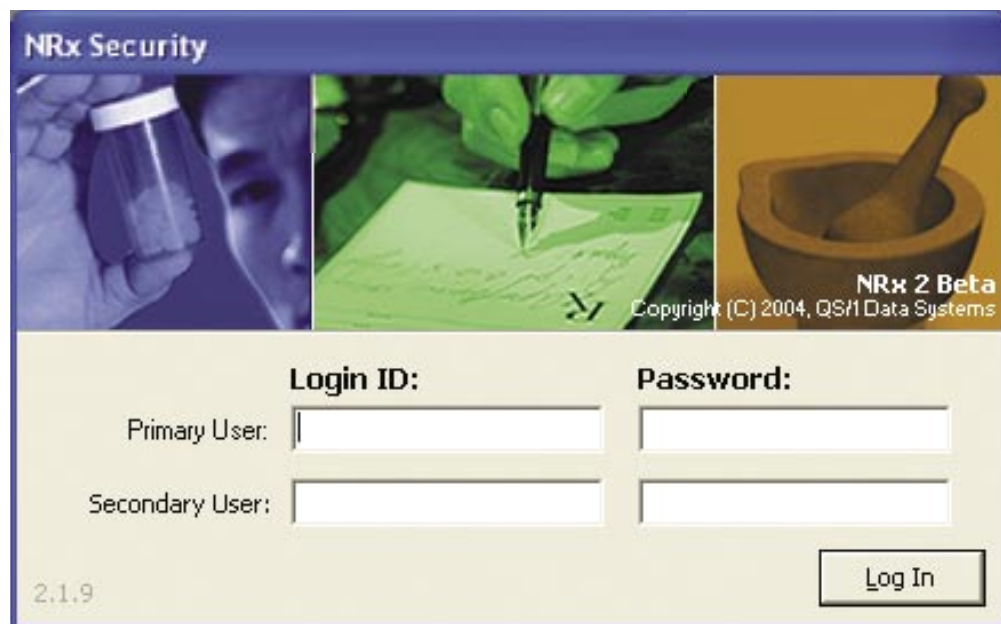
The expanded NRx, next generation pharmacy system, provides a faster and more user-friendly method for prescription processing and clinical checking.

The pharmacy management product, designed to be more intuitive than the former character-based system, contains all the best features of RxCare Plus and CRx—it is not only easier to use but also designed to communicate with the existing Central Management System. NRx, built on a reliable and proven platform with a strong framework, also provides a base upon which to build and deliver future enhancements.

"We are excited about the features of this software, especially its ease of use and expanded fields," Revonda Spratt, Director of Applications Development, said of the pharmacy package that she expects will appeal to a wide range of pharmacy customers.

Spratt takes pride in QS/1's newest offering. Her development group was heavily involved from the beginning in both the design and functionality of

NRx, ensuring continuity in the development process. The involvement of customers throughout the development process also ensured the final product would meet customers' needs.

NRx development began in late January 2004 and was completed on September 1. Spratt is quick to note that the development process does not end with the release of the basic pharmacy package, primarily designed for pharmacies that do not handle accounts receivable. Additional modules are still being tested in quality assurance. Over the next six months, programs for disease management, nursing home processing, accounts receivable, advanced reporting and security journals will be added to the expanded NRx package.

When the process of designing NRx began, several key objectives were identified: the program needed to be fast, easy to use, intuitive and easy to train. "In considering these

objectives, it occurred to me that building NRx could be approached in much the same way you would construct a house," Brian Cannon, Applications Development Manager, explained.

First, a carefully designed plan implementing design techniques that supported the objectives. In addition to ensuring that the program was built on a strong framework, it was important to ensure that it had an attractive appearance, one compatible with its power and usability.

The result is a program using N-tier architecture that allows flexibility in the Graphical User Interface (GUI) design, providing wizards to prompt the user through different processes.

The graphical nature makes it easier to capture and store scanned prescriptions, signatures and pill/drug images. The new and improved navigation provides shortcuts that allow new employees to quickly and easily fill prescriptions.

NRx relies heavily on intuitive icons, fonts, colors and organization, all of which lead the customer through the program. Even though RxCare Plus and CRx are character-based, the conversion to NRx's GUI should not be difficult for those accustomed to other Windows applications.

"This system is designed for mouse or keystrokes, whichever the customer feels most comfortable with," Spratt said of the new GUI format that also provides a clearer, easier-to-read system. "Our plan is to move all products to a GUI interface within six months to a year. The system is so much simpler to use."

NRx is available in modules, allowing customers to purchase only functions that they need, a clear advantage. Additionally, the architecture used to build NRx supplies its speed. Speed, in turn, translates to profit for customers by increasing the number of prescriptions filled per day.

Modules meet the unique needs of various pharmacy types. Larger pharmacies with multiple locations will appreciate the fully integrated Central Management System, Central Profiles, Central Workflow and Store Workflow Modules.

The Central Management System provides central control of drug files, third party files and pricing and allows changes to be sent to the individual pharmacies for consistency among all locations. A wide array of reports can be generated according to the pharmacy's business schedule.

The Central Profiles Module allows pharmacies under common ownership to add patients from other pharmacy locations and easily transfer prescriptions between pharmacies. Interaction checking can also be centralized. This module makes it possible for small chains and multi-location independent pharmacies to compete on the level of large chain businesses.

Using the Central Workflow Module, Store Workflow levels may be monitored by the central office in order to support individual stores when volumes begin to build. Supporting pharmacies with multiple employees provides more effective resource utilization, allowing tasks to be delegated to specific employees.

QS/1 offers online training to prepare customers to use NRx. Spratt is sure that customers will find the GUI platform is easier to train staff, thereby cutting training time significantly and increasing productivity.

The marketing staff previewed NRx at the National Association of Chain Drug Stores in San Diego in August 2004. According to Tammy Devine, Vice President, the response was enthusiastic. "They loved that NRx was built around CRx and RxCare Plus. That means they don't have to start over to convert their system. They just load the new interface and they're ready to go," Devine said of the program that has already been installed on the machines of the sales staff and is ready for marketing.

As more pharmacies open and the demand for pharmacists continues to outgrow the number of pharmacy school graduates, Devine said, having a system that new employees can learn to use quickly is essential. And with statistics indicating the average number of prescriptions per person is increasing, the advantage of a system that is easy to use and easy to train for can only grow.

Sunrise 2005 POS

by Pete Peeler, Product Research Specialist, QS/1

In 1997 the Uniform Code Council (UCC) selected Sunrise 2005 as the date that all United States and Canadian Companies that presently scan the 12-digit Universal Product Code (UPC) symbol should also provide the capability to scan and process data for the European Article Number (EAN), EAN-8 and EAN-13, digit symbols at Point of Sale. The UCC also recommended migration to 14-digit databases to accommodate future 14-digit symbols.

The Sunrise 2005 is no Y2K, but it is important to understand that the UCC, the body that assigns UPCs, is running out of numbers. As a consequence, as of January 1, 2005, it will no longer issue UCC Company Prefixes to new companies based outside the US and Canada. These new companies will instead be marking their products with EAN-8 and EAN-13.

The UCC began assigning the Lead Digit "1" in May of 2004 and will begin using the last available Lead Digit, "9," as the need arises. Since the UCC has the capability to issue company prefixes that begin with lead digits of "10" to "13" (EAN-Prefixes) to new companies, it will begin issuing these in the US and Canada when the "9"s are exhausted.

Even though QS/1's Point of Sale has been able to scan and recognize the 13-digit EAN for several years, we made the decision to go ahead and change our databases to accommodate the 14-digit Global Trade Item Number (GTIN) that uniquely identifies trade items (product and services) within the EAN.UCC system. In Software Release 18.1, the UPC fields have been renamed GTIN and expanded to 14-digits within all QS/1 software to allow storage of complete UPC and EAN codes, including the check digits which were omitted in the past. Adopting the 14-digit GTIN does not mean a standards change or new bar-codes for existing items.

A basic rule of thumb is "right justify and left fill with zeroes." For example: The 12-digit UPC for Cinnamon Flavored BLITZ Sugar Free Powermints, 777178799998, would be stored as 00777178799998. The following table portrays storage of the different codes:

Numbering Structures	14-digit Global Trade Item Number (GTIN)													
	T_1	T_2	T_3	T_4	T_5	T_6	T_7	T_8	T_9	T_{10}	T_{11}	T_{12}	T_{13}	T_{14}
EAN.UCC-14	N_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}
EAN.UCC-13	0	N_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}
UCC-12	0	0	N_1	N_2	N_3	N_4	N_5	N_6	N_7	N_8	N_9	N_{10}	N_{11}	N_{12}
EAN.UCC-8	0	0	0	0	0	0	N_1	N_2	N_3	N_4	N_5	N_6	N_7	N_8

The sky won't fall if you are not "Sunrise 2005 Compliant" on January 1, but you should anticipate that EAN- marked goods will likely increase as distributors elect to stop remarking EAN items with 12-digit UPCs and Canadian and US products begin to use the longer codes assigned to them. Upgrading your Point-of-Sale software to the latest release will help you avoid problems with scanning and processing products and services in the future.

QS/1 Customer Conference
BALTIMORE
2004

July 21 - 25, 2004

Everyone at QS/1 would like to thank our customers who joined us in Baltimore for the 2004 QS/1 Customer Conference. The week was a great success, and we thoroughly enjoyed talking with you. We returned from the conference energized and refreshed, ready to serve you better. See you in Orlando!

Tammy Devine, Vice President, QS/1

QS/1 Customer Conference

ORLANDO 2005

July 20 - 24
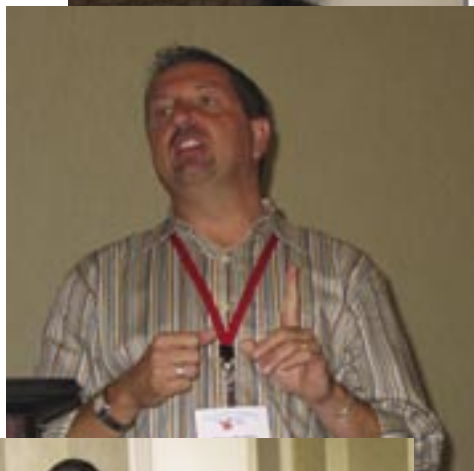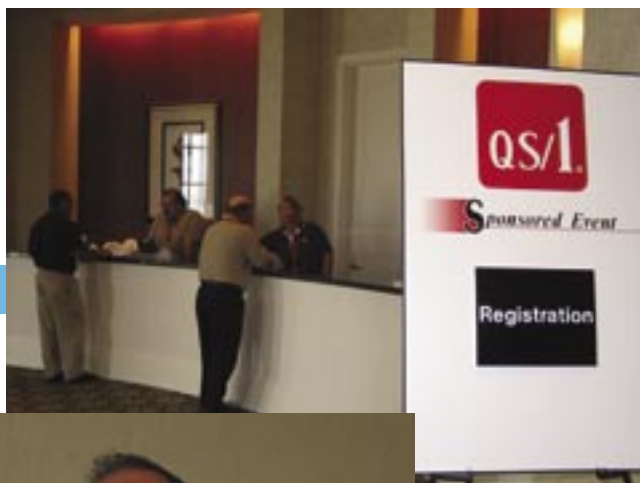
Disney's Contemporary Resort $159/night

Group Rate available three nights before and after conference.

Mark your calendars for the 2005 QS/1 Customer Conference!

Pharmacists Hit the Ground Running

by Dan Gerst, Marketing Operations Manager, QS/1

In November 2003 QS/1 Data Systems announced a special program offering its RxCare Plus OnDemand software at no cost to pharmacy schools and at half price to technical colleges offering a pharmacy technician program. QS/1 funds this program because of the belief that training the industry's future pharmacists and pharmacy technicians will better prepare students for the workplace and help employers hire graduates that are ready to hit the ground running.

RxCare Plus OnDemand, an Application Service Provider (ASP) solution, is based on QS/1's popular RxCare Plus software. Not only do we provide the institution with our pharmacy software we also provide, installation, support and two days of classroom training for lab instructors all at no charge. Because this is an ASP application, QS/1 monitors, manages and maintains the host servers to ensure that the schools always have the most up-to-date software features and enhancements including ongoing price updates, clinical updates and virus updates. Providing this effortless method of software delivery gives students the latest in pharmacy software technology and keeps them on the cutting edge of a rapidly changing industry.

Using ASP technology means that no school's IT resources are required; the school is only required to provide student workstations with Internet access. RxCare Plus OnDemand relieves instructors of the burdens of software maintenance and running backups, providing pharmacy school instructors with more time to focus on the education of their students.

The first university to use QS/1's Pharmacy Management ASP solution to train Pharmacy students is Arkansas State University - Searcy. According to Janet Liles, Arkansas State University - Searcy Pharmacy Lab Instructor, "QS/1 has always been ahead of other companies in offering the most advanced pharmacy management software solutions and this ASP solution provides us with a strategic educational advantage in attracting new students. The real benefit is that RxCare Plus OnDemand eliminates the ongoing system maintenance and software upgrades typically required to keep these systems running at peak performance."

If you would like information about RxCare Plus OnDemand for a pharmacy school, contact QS/1 at 1.800.845.7558.

*P*roduct *U*pdates

Medicine-on-Time Interface

A real-time interface between QS/1 and Medicine-On-Time is now available for QS/1's RxCare Plus and PrimeCare customers. This feature offers many benefits for those customers using both systems. Available with QS/1's Release 17.8 or higher, this interface eliminates the need for double entry of data, saving the pharmacy staff time that they can then use to focus on providing quality patient care. In addition, the instantaneous transmission of essential prescription information from the QS/1 system to the Medicine-On-Time system increases accuracy, efficiency and patient safety.

"Medicine-On-Time Gateway reduces the time we spend entering patient data into the system by half—it's a tremendous time saver," commented Jill Ashenfelter, assisted-living department supervisor at PharmaCare of Cumberland. "The interface allows us to focus our attention on our patients by freeing up valuable time. That lets us work on other patient safety programs such as barcode verification, as well as grow the Medicine-On-Time portion of the business."

This Medicine-On-Time interface not only provides real-time communication between Medicine-On-Time and QS/1's pharmacy management software, but it also allows for a safer, efficient and more accurate prescription process for customers taking multiple daily medications," said Chuck Gordon, Product Research Specialist for QS/1 Data Systems.

The real-time communication between QS/1 and Medicine-On-Time is especially beneficial for those pharmacies with a high volume of patients taking multiple daily medications. And the fact that all relevant information is sent directly to the Medicine-On-Time system as it is entered in QS/1's system means that the pharmacy's workflow and productivity will increase as well.

SystemOne

Medicare Modernization Act

Effective January 1, 2005, the Medicare Modernization Act has increased the Part B Medicare deductible. Medicare beneficiaries will be required to pay a $110 deductible, a 10% increase from the previous deductible of $100. For more information, visit the CMS web site at http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3121.pdf.

ICD-9 and HCPCS Codes

On February 6, 2004, CMS advised the provider community that the 90-day grace period for new/revised ICD-9 codes and HCPCS codes is being eliminated. However, the implementation dates are staggered. The effective date for diagnosis codes is October 1, 2004, while the implementation date for the HCPCS codes is January 1, 2005. Therefore, it is important to be current on your updates. If you subscribe to Database Services, the updated diagnosis codes will be included on the October CD. The updated HCPCS codes will be on the January CD. The HIPAA transaction and code set rule requires providers to use valid HCPCS code at the time of service.

CR 2620

Also on February 6, 2004, CMS published CR 2620, announcing the Implementation of New Medicare Redetermination Notice (MRN). Beginning October 2004, "Redeterminations" is the new name for the first level of appeals. Decisions for redeterminations will be made within 60 days. The formal decision letter will be called an MRN. The purpose of an MRN "is to describe the redetermination process, explain the results of the Medicare appeal and provide information on how to file an appeal regarding Medicare's decision." If the decision is made to pay the claim, the provider will receive a remittance notice while the beneficiary receives an MRN.

New Phone Extensions!

by Bart Mitchell, Project Planner, QS/1

At QS/1 our goal is to provide the best services and products that we possibly can to our customers and vendors. In support of this goal we have installed a new Cisco IP phone system which will provide us greater flexibility in communicating with our satellite and regional offices.

We know that communicating with us quickly and efficiently is also a priority for you, as a customer. Therefore, we want you to be aware that our direct support extensions have changed. You can still go through our IVR and press the appropriate number for the department you wish to reach, but for quicker service please keep QS/1's updated information on hand.

Address: 201 West Saint John Street, Spartanburg, SC 29306
Phone: 864.253.8600
Fax: 864.253.8690
Support Fax: 864-253-8691

Quick Reference for Support Extensions:

Department	Old Extension	New Extension
Accounting	7263	1404
Pharmacy Support	460	1406
PrimeCare Support	290	1407
PowerLine (FastClaim)	260	1408
HME Support	240	1409
POS Support	203	1410
Hardware Support	250	1411
Upgrades	155	1412
IVR Support	208	1421
Price Updates Support	355	1423
Marketing Support	175	1429
CornerDrug Store	507	1430

From the Support Center

Visit our web site at www.qs1.com and check out the Frequently Asked Questions section.

RxCare Plus:
If you are on Release 17.8 and your transaction billing history is not logging changes, access A) Store Information, 1) Identification. Scroll to Pharmacy Options and choose System Options. Make sure "Transaction Billing History" is set to Y. After making changes, close both the server and client.

PrimeCare:
When transferring a patient from one group to another, what happens to your fill list for both groups depends on the following conditions. If the facility from which you are transferring the patient has AUTO ADJUST=N, edit the fill list and adjust the cassette quantity to the correct dispensing quantity. If the edits are not done, then the full quantity will post when transactions are created. The facility to which you transferred the patient should have the correct cassette quantity -- from the date of the transfer to the end of the fill list date. If the facility from which you are transferring the patient has AUTO ADJUST=Y, both facilities will have the correct cassette quantities, because everything is automatically adjusted. When transactions are created from the fill list, there will be a transaction for both facilities.

Hardware:
Backups are a very important part of your pharmacy procedures, and you should check your backup on a daily basis. Most backup software does not indicate it is not operating properly unless there are critical errors. Always verify that the backup completed.

Error Messages
If you are rebooting your computer and get the error NTLDR during the reboot, make sure there is not a diskette in the diskette drive. If you are getting the error message, QPrint Handler, make sure that the POS box on the connect screen is not checked.

SystemOne:
To revise/recert a CMN: When creating initial CMN transactions, the Original Date, Beginning Date, and Date Needed Initial will match. You should also have Cert on File set to Y. There will be an expiration date on the transaction as well. Once the expiration date has been met, bring up that transaction and complete the Reassign option so that the Original Date and Beginning Date will match for the recertification. The Date Needed Initial will stay the same from the Initial transaction and the Cert on File will remain Y. Be sure to check the CMN on the reassigned transaction for recertification. For recertifications to transmit properly, the Original Date and Beginning Date must match. The Reassign function is N and Enter on the character system. If GUI, there is a Reassign button on the transaction.

CRx:
QS/1 Fax
In Release 17.8, you can now enter the doctor's fax number exactly the way you want it to dial. The restriction that the phone number must be 10 digits no longer applies. If you do not currently have a fax entered for the doctor, you will be prompted for fax number when you press F to fax a refill request. This number will be saved on the Doctor File. If you need assistance, call Customer Support at 1.800.441.1995, option 1.

CMS
In Release 17.8, the Software Updates utility has been added to the Menu Bar under Tools. This utility allows you to export updated programs to stores.

In Release 17.8, User Security has been added and is based on roles and job responsibilities. To access user security, click Tools from the Menu Bar and then select Central Management Security. If you need assistance, call Customer Support at 1.800.441.1995, option 4, for Chain Support.

CRx Hardware:
Backup
Please be aware of automatic backup failures that occur on all versions of Windows after the Daylight Savings time change. Check your backup logs daily. If you experience any problems with your automatic backups, call Customer Support at 1.800.441.1995, option 3, for Hardware.

Norton Antivirus
Check your Subscription Date to ensure it is not expired. If it is expired and you have Internet access, update your program to ensure that it checks for the most current virus definitions and that Automatic Live Updates is activated. If you do not have Internet access, contact Symantec for the update.

QS/1 Support 1.800.845.7558 • CRx Support 1.800.441.1995

IN YOUR AREA
Training Seminars

West Coast Region*:

Seattle, WA (866) 848-1942
10/05/2004 RxCare Plus: Workflow
11/08/2004 RxCare Plus: Prescription Processing 101
11/12/2004 RxCare Plus: Report Logic
12/13/2004 RxCare Plus: Prescription Processing 101
12/14/2004 RxCare Plus: Inventory Control

Valencia, CA (866) 848-1942
11/01/2004 RxCare Plus: Prescription Processing 101
11/02/2004 Point-of-Sale: Report Logic
11/23/2004 RxCare Plus: California Medi-Cal
11/24/2004 RxCare Plus: Tickler File
12/06/2004 RxCare Plus: Prescription Processing 101
12/16/2004 SystemOne: Claims Follow-up Procedures

*Special times and pricing. Please call the regional office for more details.

Mid-Atlantic Region:

Indianapolis, IN (800) 637-5251
10/14/2004 PrimeCare: Patient & Facility Billing Matrix
11/18/2004 RxCare Plus: Disease Management
12/09/2004 RxCare Plus: Introduction to WorkFlow

Lexington, KY (866) 441-7011
10/14/2004 SystemOne: Reviewing Third Party Transmissions
11/11/2004 RxCare Plus: New Users System Introduction

Richmond, VA (877) 392-5851
10/07/2004 CRx: Accounts Receivable
10/14/2004 Point-of-Sale: Inventory Control
11/11/2004 RxCare Plus: System Overview
11/18/2004 RxCare Plus: Disease Management

Midwest Region:

Pleasant Hill, MO (800) 541-5358
11/2/2004 PrimeCare: Billing Matrix
11/3/2004 RxCare Plus: Basic Prescription Processing
11/4/2004 PrimeCare: Billing Matrix
12/7/2004 RxCare Plus & PrimeCare: Reporting Logic
12/8/2004 RxCare Plus & PrimeCare: A/R & Reconciliation
12/9/2004 PrimeCare: Patient & Facility Billing Matrix

St. Paul, MN (800) 541-5358
11/30/2004 Point-of-Sale: Basic Inventory
12/15/2004 RxCare Plus: Basic Prescription Processing
12/16/2004 RxCare Plus & Point-of-Sale: 18.1 Enhancements

Southeast Region:

Spartanburg, SC (800) 889-9173
10/07/2004 RxCare Plus: A/R
10/14/2004 Point-of-Sale: Inventory
10/21/2004 SystemOne: Review & Enhancements
11/04/2004 RxCare Plus: Nursing Home
11/11/2004 Point-of-Sale: Basic Processing
11/18/2004 SystemOne: Review & Enhancements
12/09/2004 RxCare Plus: Review & Enhancements
12/16/2004 Point-of-Sale: Overview

Miami, FL (800) 889-9183
11/04/2004 RxCare Plus: Nursing Home
11/11/2004 Point-of-Sale: Basic Processing
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Orlando, FL (800) 889-9183
10/07/2004 RxCare Plus: A/R
10/14/2004 Point-of-Sale: Inventory
10/21/2004 SystemOne: Review & Enhancements
12/09/2004 RxCare Plus: Review & Enhancements
12/16/2004 Point-of-Sale: Overview

Gulf States Region:

Dallas, TX (800) 248-0096
10/21/2004 SystemOne: GUI Overview
10/22/2004 RxCare Plus: Advanced Topics
11/16/2004 PrimeCare: Patient & Facility Billing Matrix

Brandon, MS (800) 248-0096
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11/10/2004 Point-of-Sale: Basic Processing
11/11/2004 SystemOne: GUI Overview
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Little Rock, AR (800) 233-6204
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Lubbock, TX (800) 248-0096
12/09/2004 RxCare Plus: Advanced Topics

McAllen, TX (800) 248-0096
12/02/2004 SystemOne: GUI Overview

New Branfels, TX (800) 248-0096
11/18/2004 RxCare Plus: Advanced Topics

New Orleans, LA (800) 233-6204
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11/18/2004 RxCare Plus: Advanced Topics
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12/14/2004 RxCare Plus: Advanced Topic

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Sturbridge, MA (800) 648-7428
10/19/2004 RxCare Plus: 18.1 Review & Enhancements

Mechanicsburg, PA (717) 795-2700
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To register or for more information, contact your respective regional office two weeks prior to the seminar. Seating is limited.

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Des Moines, IA
October 7, 2004:
Midwest Association for Medical Equipment Services
(MAMES)

Boston, MA
October 9-13, 2004:
National Community Pharmacists Association

Kansas City, KS
October 12, 2004:
CIGNA Region D Seminar

Wichita, KS
October 14, 2004:
CIGNA Region D Seminar

Orlando, FL
October 24-28, 2004:
MedTrade Fall

Las Vegas, NV
October 24-26, 2004
Western Food Industry Expo

Triangle Park, NC
October 25-27, 2004:
North Carolina Pharmacy Association

San Francisco, CA
November 3-6, 2004:
American Society of consultant Pharmacists
(ASCP)

Omaha, NE
November 9, 2004:
CIGNA Region D Seminar

Des Moines, IA
November 11, 2004:
CIGNA Region D Seminar

Phoenix, AZ
November 30, 2004:
CIGNA Region D Seminar

San Diego, CA
December 2, 2004:
CIGNA Region D Seminar

Orlando, FL
December 5-9, 2004:
American Society of Health-System Pharmacists
(ASHP)

Torrance, CA
December 7, 2004:
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