INSIGHT

THE QS/1 MAGAZINE

July 2004

NRx :
The Future of Pharmacy Management

NRx Security

Primary User: Login ID:

Secondary User:

Password:

2.1.9

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NRx 2 Beta

Log In

QS/1.

ww.qs1.com
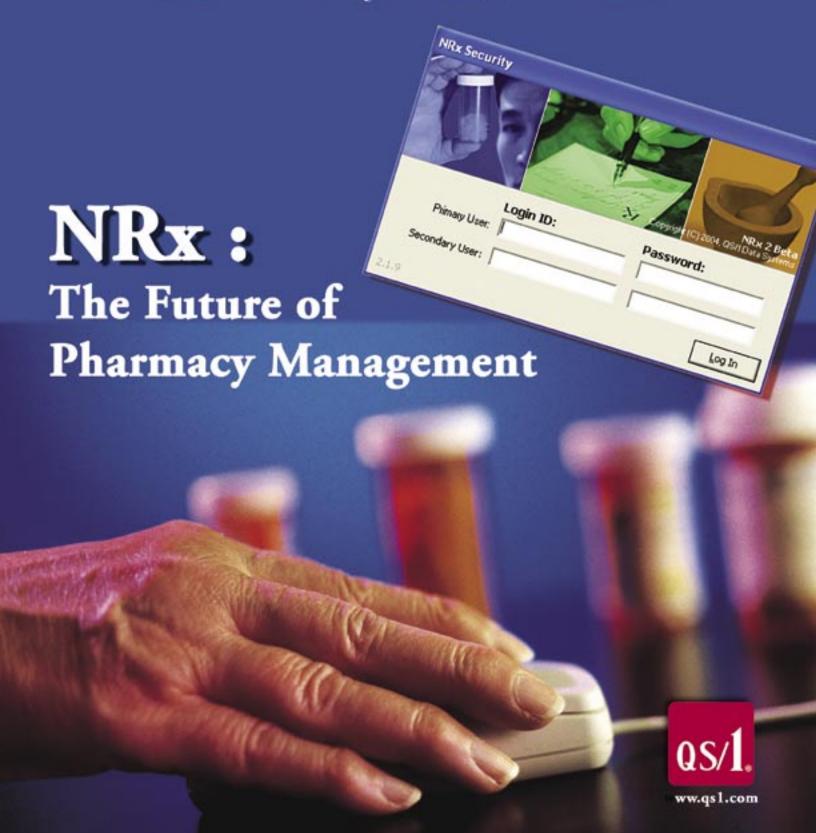
The major concern on everyone's mind is the approaching deadline for compliance with HIPAA's security regulations, which go into effect April 20, 2005. QS/1 has made it a priority to inform and enable customers in their efforts to comply with these expanded requirements.

As a continuing part of that process, this issue of *Insight* contains a detailed explanation of the features of the Release 18.1 software, coming soon, that focuses on improvement of the Security Access feature to all our applications and enhances the basic functions inherent in all QS/1 systems. In addition, we are emphasizing the importance of the Business Associates Agreement, a necessary component in the HIPAA compliance process that already should be in place.

In the Customer Spotlight is Leslie Tierney, pharmacist in charge at Denver Drugs and GeriCare in her hometown of Denver, Iowa. The 29-year-old wife and mother puts in 60-hour weeks to meet the needs of pharmacy customers and nursing homes served by GeriCare. But the hours don't bother her, because what she loves most about being a pharmacist is contact with people, even those who call late at night.

It is clear that the healthcare industry is changing rapidly and technology and software must change with it to continue to meet its needs. An informative look at the "next generation" pharmacy system by Brian Cannon, Applications Development Manager for QS/1, details how NRx, incorporating the best features of RxCare Plus and CRx, is designed to appeal to a wide range of pharmacy businesses. QS/1 is excited about this new product, scheduled to be running in some customer sites by the end of August. We feel that NRx provides a solid basis upon which to build and deliver future enhancements.

We also are proud of the contributions of industry authors in this issue. Featured are articles from AutoMed on affordable automation for lower-volume pharmacies, from Centralized Billing and Intake on how to audit-proof patient charts for Medicare audits and from the Accreditation Commission for Health Care, Inc. (ACHC) with an overview of the accreditation process.

And we are sure that you will enjoy Bill Roberts' take on "management truisms." QS/1's Director of Human Resources draws on personal experience in discussing the growing need for speed and the mounting paperwork requirements facing the healthcare industry.

As always, our primary goal is to bring you the information you need to be informed about the latest market trends and the newest industry technology.

Bill Cobb
President, QS/1

July 2004

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HIPAA

Business Associate Agreement

Everyone who works in the healthcare industry has become increasingly aware of the requirements of HIPAA (Health Insurance Portability and Accountability Act of 1996) over the past few years. Those requirements have created more paperwork and more need for cooperation among healthcare entities, including providers such as 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, 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 our web site: www.qs1.com.

The purpose of the BAA is to obtain a commitment from business associates to meet a specific set of requirements. The following requirements were outlined in the February 2002 *Healthcare Informatics*: Not to use or disclose PHI other than as permitted by law; to use appropriate safeguards to protect the confidentiality of the information; to report to the covered entity any use or disclosure not permitted by the agreement; to ensure agreement by any agents or subcontractors to the same restrictions and conditions as the business associate; to make available to the covered entity the information as necessary for it to comply with the patient's rights to access, amend and receive an accounting of disclosures of their PHI; to make available to the Secretary of the Department of Health and Human Services (DHHS) the business associate's internal practices, books and records relating to the use and disclosure of PHI; and to return or destroy the information once the contract is terminated, if feasible.

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. QS/1 employees in all phases of our business may remind you of the importance of the BAA. 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. For the most part those in violation are single independent retail pharmacies that do not have the advantage of HIPAA committees that the larger companies have in place to deal with the myriad requirements. But 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 satisfying 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 QS/1 (attn: Rhonda Leonard), P.O. Box 6052, Spartanburg, S.C. 29304, 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.

QS/1 has thousands of pharmacies sending millions of claims through our processing center every day, all of which contain PHI. Protecting patient information is something to which we are all dedicated. Without a BAA, your business is unnecessarily exposed.

by Brent Thomasson, Finance Manager, QS/1

Compact and Affordable Automation:

AutoMed's Efficiency Pharmacy R100

Automated prescription fulfillment has been out of reach for many smaller pharmacies because the technology simply has been too big, too powerful, too costly. There's good news from AutoMed for all the smaller pharmacies that have been asking, "What about us?"

The new Efficiency Pharmacy™ R100 is designed specifically for pharmacies that average up to 100 prescriptions in a 10-hour shift, making it ideal for lower-volume pharmacies, satellites and situations where space is at a premium.

The R100 includes 50 calibrated canisters. For a typical retail pharmacy, that translates to the ability to automate the top 50 oral solid SKUs – or 20-25 percent of total orders. The system counts pills at a speed of 3 to 4 per second and has a "stock check" feature that counts and verifies the number of medications in a canister to ensure accurate inventory. Touchpad operation makes the system easy to learn and use. And with the vertically-designed tower, the R100 takes up only 1.5 square feet of floor space, making it an easy addition to any existing workspace.

The R100 is compatible with other Efficiency Pharmacy™ systems, making it possible for pharmacies to integrate additional automation components with the R100 in response to increased volume or new market opportunities. This system modularity and scalability helps ensure that pharmacies never outgrow their original equipment investment. For anyone looking for an introduction to automation, the Efficiency Pharmacy™ R100 is just what the doctor ordered.

AutoMed, an AmerisourceBergen company, is the leading innovator of automated prescription fulfillment systems designed to improve pharmacy efficiency. AutoMed has the most comprehensive line of affordable, scalable systems in the industry and offers solutions for handling

- All dosage forms – oral solids, vials, injectables and unit-of-use items

- All prescription volumes – from 50 to more than 50,000 prescriptions per day

For more information, contact AutoMed at 1.888.537.3102 or visit us at www.automed.com.

by Mike Stotz, Marketing Communications Manager, AutoMed

YOUR PHARMACY & MEDICARE ——

by Bruce Brothis, President, Centralized Billing and Intake

Today's pharmacies, whether already providing Home Medical Equipment (HME) or contemplating stocking such products, must be keenly aware of what is transpiring within the industry and understand the key regulations in order to stay out of harm's way if a Medicare auditor shows up at their door. How do you do that? You make sure that you join your state HME association. It provides invaluable educational opportunities and is your voice in your state legislature on Medicaid and other state related issues. You should also visit your DMERC's web site regularly. Your HME billing person should sign up for the DMERC's list serve, which e-mails you about all the changes in the DMERC's rules and regulations. You should take advantage of the free webinars and/or on-line training classes offered by your DMERC. Many DMERCs offer one-day free or low-cost training sessions in your state, and you should make sure that you attend these. In addition, companies like Cross Country University and Decision Health offer state, regional and national training classes at very affordable prices. Lastly, Medtrade, the industry's major trade show, is held each spring in Las Vegas and each fall in either Atlanta or Orlando. These shows offer two to four days of education plus a chance to meet with vendors of every product in the industry.

To aid you in your education process, the following outlines the necessary paperwork and documentation you MUST keep on file for all Medicare (as well as most private insurance) patients you conduct HME business with. Let's look at the basics:

1. PHYSICIAN ORDER – Medicare states that you can dispense any covered Medicare item with a verbal order (providing it is legal to do so in your state) with the exception of seat lift chairs, support surfaces (including wheelchair cushions), scooters and TENS. These four items require what is called a WOPD (Written Order Prior to Delivery) before they leave your store. You MUST have a written order in hand before you bill ANY item to Medicare. This written order can take the form of a faxed copy, a Xeroxed copy, the original pen and ink copy or an electronically maintained copy (coming soon). The following items MUST be included on the order for it to be "legal" in the eyes of Medicare:
   a) patient's name
   b) item(s) (narrative description or brand name and model number)
   c) quantity and frequency of any supply item
   d) estimated length of need (if disposable supply or rental)
   e) start date (if other than physician's signature date)
   On many items Medicare also requires:
   f) item specific information as required by the DMERC supplier manual
   g) patient's height and/or weight

   Diagnosis information is not considered part of the order and is therefore not required to be on the order (except diabetic supplies where the physician must indicate insulin or non-insulin dependent). The same rule applies to prognosis information.

2. PROOF OF DELIVERY – Medicare allows providers to prove the patient received the item(s) you have billed for in one of three ways:
   a) The patient signs a delivery ticket (either from a delivery to their home or if they went home with the item(s) directly from your store). The delivery ticket must contain the patient's name, quantity, brand name and model number, and if the manufacturer assigned a serial number to the item, you must also list the serial number. **Medicare does not, repeat, DOES NOT allow signature logs!**

b) If the item is delivered by common carrier (i.e. UPS, FedEx, USPS), then Medicare accepts its proof of delivery as your proof of delivery, providing you can tie a shipper's tracking number to a shipping document in your store which contains the information listed in 2a.

c) If you deliver to a nursing home (not assisted living), you can create one "consolidated" delivery ticket listing all patients and what each is receiving. The facility representative signs once, and proof of delivery is established for all patients on the order.

d) Virtually anyone can sign on behalf of the patient for delivery purposes. A spouse, family member, POA, neighbor or friend can sign for a delivery, provided he indicates his name, relationship to the patient and the reason the patient was unable to sign. Members of your pharmacy staff do NOT fall into this category.

3. ASSIGNMENT OF BENEFITS – You MUST have an Assignment of Benefits (AOB) form completed for all patients you conduct business with (except straight private pay). This form allows you to receive compensation from the patient's insurance company as well as authorizes the release of medical information if medical information is required to process the claim.

4. SUPPLIER STANDARDS – You MUST also be able to **prove** that you dispensed a copy of DMERC's Supplier Standards to every Medicare patient you conduct business with. This only has to be done once and the best time to accomplish this is when the patient first becomes your customer. A simple form the patients sign attesting that they received the Supplier Standards from you is sufficient. Many providers include this verbiage on their Assignment of Benefits form. You can obtain a copy of Medicare's 21 Supplier Standards on your DMERC's web site.

5. OTHER DOCUMENTATION – The items listed above are automatically required for all Medicare beneficiaries you supply and bill for. There are many others (well beyond the scope of this article) which are required depending on the situation and the items you dispense such as Advance Beneficiary Notifications (ABN), Certificates of Medical Necessity (CMN), Statements of the Certifying Physician and further documentation contained in the patient's medical records. Be sure that you have these items in hand and completed properly if you are supplying and billing for items for which they are required.

Failure to follow these guidelines could subject you to having to refund all money paid by the DMERC plus penalties and interest.

Medicare and HME are becoming more and more a part of everyday business in both independent and chain pharmacies. The margins for many of these items can often outshine many general merchandise and OTC items. This fact has caused many pharmacy owners to allocate significant floor space to showcase items such as seat lift chairs, scooters, walkers, commodes and canes. These items usually join the standard pharmacy Medicare dispensed items, such as diabetic supplies, inhalation medications and oral anti-cancer medications, to capture valuable revenue from the foot traffic of customers who require HME along with their everyday medication and OTC needs. There is valuable revenue here when transactions are documented and billed properly. Why would you let it walk out your door and down the street to a competitor?

This article was written by Bruce Brothis, President of Centralized Billing & Intake (CBI). CBI is a national billing and consulting company specializing only in HME with pharmacies and HME dealers as clients. CBI can be reached at 800-396-9910 or at www.centralizedbilling.com

ACHC Accreditation - What You Need To Know

by Tom Cesar, President, ACHC

The Accreditation Commission for Health Care, Inc. (ACHC) is firmly committed to requiring what is right and best for the patient. Our Core Mission is to support healthcare organizations and providers in optimizing wellness through standards that promote the effective, efficient delivery of quality services and products.

ACHC has had a positive impact on accreditation in recent years and expects to have a continued influence in the industry. Our reputation for promoting relevant realistic standards with a positive educational approach has been spreading. ACHC's recent achievement of becoming the first national accreditor to be certificated to ISO 9000 2001 has underscored its commitment to quality customer services.

Grass Roots Beginning
In 1986 members of the Association for Home and Hospice Care of North Carolina established the ACHC. By 1994 standards were available for Medicare certified home health agencies, home infusion companies and home medical equipment suppliers. In succeeding years programs were added for hospice, specialty pharmacy, medical supply providers, respiratory nebulizer medications, post-breast surgery fitter services and rehabilitation technology supplier services. The company began offering services nationally in 1996.

The Board includes volunteer representatives from small and large accredited healthcare companies, health-related manufacturers and other business leaders. ACHC has 60 contract surveyors and 10 administrative staff. Its CORE Values are Integrity, Relevance, Innovation, Enhancing Outcomes, Excellence in All Things and Flexibility without Compromising Quality.

Program Standards
ACHC has adopted a participatory approach to standards development. Task Force Groups are made up of representatives of each type of program offered by ACHC. Standards are written to be comprehensive, thorough and explicit.

The interpretation given after each stated criterion explains the standard in order to assist the applicant in determining acceptable evidence. The format and writing style of standards are user-friendly for ease of understanding. ACHC has always focused on standards that measure sound ethical business practices and quality patient care.

Each program manual has a set of CORE standards divided into seven sections: organization and administration, program/service operations, fiscal management, personnel management, client service/care management, quality outcomes/improvement and risk management for infection and safety control. Section 800, Scope of Services, covers all skilled clinical and non-clinical services unique to each program category.

Self-Assessment
During the self-assessment process, the applicant organization uses each ACHC standard to determine level of conformity in order to make necessary changes to assure compliance with standards for policy requirements, internal processes and actual services performed.

Preparation time varies with each organization, depending upon its resources and ability to stay focused on a systematic plan of evaluation. Applicants usually take six months to a year to become ready for the on-site survey. We recommend that the applicant use a team approach, meeting regularly to determine progress and to exchange ideas. This process takes time but will identify strengths and weaknesses so that appropriate corrective actions can be implemented.

Throughout the evaluation phase, we encourage the provider to maintain periodic contact with the ACHC office for any guidance needed. Completion of survey preparation simply means that you are able to demonstrate that your organization fulfills its mission, practices what its policies state and is in compliance with ACHC standards.

ACHC requires, along with application forms and fees, the Preliminary Evidence Report (PER). The PER forms are provided in Section 5 of each manual. Each criterion will either instruct the applicant to submit certain items with the application or locate and label particular documents to be available during the on-site survey.

On-Site Survey
The on-site survey includes interviews with organization leaders and staff. Home visits will also be scheduled to interview patients and family members. Personnel files, patient charts and service contracts will be reviewed. Quality improvement plans, activities and outcomes will also be evaluated.

Providers will find the survey process collaborative, educational and patient-focused. Educational sessions are conducted throughout the visit. ACHC's philosophy is to help providers succeed in attaining improved business operations and clinical services while achieving accreditation.

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Web site: www.achc.org E-Mail: achc@achc.org
Mail: 5816 Creedmoor Road, Raleigh, NC 27612

Management Truisms That We Wish Weren't True

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

Just as there are countless management "truisms" that are not really true, there are two that *are* true that I wish were not. The first of two truisms about the world of business that I wish weren't true is this: The speed of business is increasing. Someone once said that to succeed in today's business environment you must start off fast, then pick up speed and be sure to leave skid marks. There are few, if any, who doubt that the need for speed in business is increasing. We all feel it. We all live with it. But what is driving all of this urgency?

First of all, we as consumers are moving faster and demanding that the organizations that provide goods and services for us keep up the pace. In addition to managing challenging occupations, many of us also have huge family commitments: soccer practice, dance lessons, errands and countless other non-work related activities that demand our time. As our world becomes increasingly complex, it seems that we have to move faster and faster to keep up with the changes. But one of the ironies of speed is that the faster we go, the more likely we are to feel that our available time is shrinking. So to compensate for this shrinkage, we speed up even more. It's a vicious cycle, but none of us seems able to stop it.

> "As managers we feel constantly challenged by the need for speed in the workplace. But it seems as if we are destined to fail when we try to cram even more work into the already crowded workday."

I remember foundly working at Lake Forest Pharmacy when I was a boy. Customers would bring in prescriptions and then go to the soda fountain for a cup of coffee and some conversation with other patrons while their prescriptions were being filled. Frequently, the conversations went on long after the prescriptions were ready. In today's pharmacy, not only is the soda fountain gone, but our customers are no longer willing to wait patiently. They pace the floor, look at their watches and keep asking how much longer the wait will be. Even when customers call in a refill, many of them are not content with just saving the waiting time. They try to speed up the process even more by double parking outside the store and running in to pick up their prescriptions.

As managers we feel constantly challenged by the need for speed in the workplace. But it seems as if we are destined to fail when we try to cram even more work into the already crowded workday. Instead of moving faster, we need to eliminate those activities that waste time and effort. Price Pritchard, in his booklet, "MINDshift," refers to research conducted by Tor Dahl, Chairman of the World Confederation of Productivity Science. Dahl's research indicated that the average American company wastes or misdirects work time at an alarming rate: 23 percent waste time waiting for approvals, materials or support; 20 percent waste time doing things that shouldn't even be done; 15 percent waste time doing things that should be handled by someone else. And, Dahl says, 18 percent of work time is spent doing things wrong, while 16 percent of the work time is spent failing to do the right things.

There is a second truism I wish weren't true: The operational requirements for business will continue to grow. Operational requirements are those activities that are not directly related to your employees, the product you make or the service you provide. Operational requirements do not make a business more profitable, nor do they make any aspect of the business operate more efficiently. In fact, operational requirements drain the resources of the business.

Common operational requirements are paperwork required by governmental agencies, extra time required to keep up with new regulations, extra staff to keep up with all the extra paperwork, extra steps in the workflow required for accounting and other internal record-keeping needs. There is little we can do as managers to lessen the operational requirements, and it is likely true that they will continue to increase. We can, however, lessen the time and staff resources spent on these activities by automating as many of them as possible.

In today's business world, the effective manager must use every tool at his disposal. In order to minimize the drain on productivity that accompanies the growing need for speed and the ever-expanding operational requirements that can take time away from more productive tasks, he or she must compensate by seeking out and using the latest technology.

Technology at Work

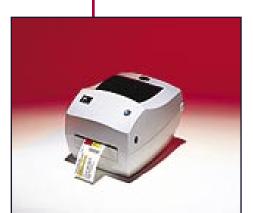*by Sonny Anderson, Director of Systems and Technology, QS/1*

Now You Can Do 2 Things At Once:
Download Software Updates While Filling Prescriptions

QS/1 will be offering Service Packs with Release 18.1, a versatile update solution for all QS/1 software applications to provide a quicker and more efficient method of obtaining software updates. With Service Packs, a prompt will appear on the screen for a convenient means of notification when new updates are available. Updates can then be silently downloaded, allowing the customer to continue providing quality patient care while updates are downloading into the system. The updates can then be installed at the customer's convenience, eliminating interruptions in their daily workflow process. In addition, using the Internet as a means of accessing this information will provide a speedy transfer of the data from a QS/1 hosted server to the customer.

Service Packs offer a proactive system for providing updates to customers. The QS/1 customer's software system will automatically search for potential system "fixes" before customers realize they even need them, reducing the potential of future software system problems that could disturb business operations. In addition, Service Packs offer increased flexibility for QS/1 to provide responses to customer and industry demands in a timely manner.

Thermal Printers - The Workflow Solution For Pharmacies With Multiple Workstations

QS/1 Data Systems has partnered with Zebra Technologies to provide its customers with a pharmacy industry exclusive. QS/1 customers can now use their existing QS/1 software to communicate to Zebra's 3844-Z thermal printer, which supports up to a four-inch label at 300 dots-per-inch (dpi). The affordability and size of thermal printers provide pharmacies with an opportunity to position a printer at every workstation to improve the workflow process. By offering thermal technology, QS/1 is providing a leading edge workflow solution to complement the workflow module that is included with QS/1's pharmacy management software.

Thermal printers are great for small print jobs such as vial labels, warning labels and bar code labels. Thermal printers provide faster printing, require a much smaller footprint and greatly reduce the cost of printing labels versus using a laser printer. Thermal technology offers fewer moving parts and very short paper paths providing greater reliability when compared to laser and dot matrix printers. In fact, there are no parts to replace other than the print head, which is a snap installation. QS/1 also will be offering hardware maintenance on these thermal printers, so hardware and software support are only a single phone call away. With a faster and quieter printer at each workstation, the pharmacy staff can focus on prescription processing and patient counseling.

PowerLine

PowerLine, QS/1's exclusive claims switch, is unique in more ways than one and offers many advanced features and benefits to QS/1 customers. One of the first claims processing switches in the industry, PowerLine has also become one of the most reliable.

PowerLine: Unique benefits with claims transmissions

PowerLine provides a cost efficient and time saving tool for our customers claims transmissions. With PowerLine, a single phone call is all it takes to transmit an unlimited number of prescription claims to third parties. Claims can also be submitted via the Internet over an encrypted connection. Internet adjudication averages only two to three seconds, allowing more prescriptions to be filled daily. For pharmacies with multiple locations, claims can be adjudicated through a single network connection. With partners such as Transaction Network Services (TNS) and most of the major Telcos, QS/1 can provide a variety of connection options to our Enterprise customers.

For customers who have purchased price updates, one noteworthy feature unique to PowerLine is its ability to update the AWP of drugs as claims are being transmitted. We are the only claims switch in the industry to provide this feature to its customers. These updates ensure that the information concerning the prices you charge for prescriptions are current and accurate.

Most importantly, with PowerLine, claims data remains the exclusive property of our customers. QS/1 does not sell or buy customer data. However, we will assist our customers in delivering their data to others that do purchase data if we have a signed agreement from the customer instructing us to do so. Switching costs are sometimes reduced for customers who choose to participate in these data collection programs. For example, the Pharmacy First rebate program provides pharmacies with an average rebate of five cents per claim. Also, programs such as IMS and NDC can earn customers a $40 combined reimbursement per month. For information on these programs, please contact QS/1 at 1.800.231.7776.

Customer Support is one of PowerLine's greatest benefits. Support is always available and can easily locate problems with particular claims in a quick and efficient manner, eliminating the hassle of dealing directly with third parties. Not only can the QS/1 Service Center interpret these sometimes cryptic third party responses, but they can also instruct customers on the specific actions they need to take within their pharmacy management systems to correct claims errors. QS/1 customers get both claims and management software support with one call.

PowerLine: A claims switch you can depend on

PowerLine provides the most geographically diverse redundancy solution in the industry, with full capacity sites located in both Spartanburg, South Carolina, and Richmond, Virginia.

QS/1 provides system and network monitoring 24 hours a day, seven days a week. In fact, the monitoring equipment itself has both cell access and conventional telephone line access to ensure that it can always reach our technicians. This monitoring system is tested at regularly scheduled times every day, to ensure that it is functioning properly.

Our technicians can re-boot machines, re-route traffic and more with a single telephone call. Additionally, a generator backup ensures zero power failures. In fact, every Tuesday from 8:00 a.m. - 8:30 a.m. Eastern Standard Time (EST), PowerLine runs from generator power to ensure that the backup power supply is running effeciently.

by Sonny Anderson, Director of Systems and Technology, QS/1

Pharmacy to Physician Connection Update

by Randy Burnett, Network Industry Coordinator, QS/1

QS/1 has now completed testing and certification with SureScripts. Rhode Island pharmacies were the first customers to go live with e-Prescribing through SureScripts. In order to optimize performance and features, QS/1 customers using RxCare Plus or PrimeCare are advised to install Release 17.8 prior to signing up for any of the e-Prescribing programs.

All QS/1 pharmacy customers have choices in selecting their e-Prescribing partner. While the physicians are limited to one program, the pharmacy can participate in any of the three QS/1 certified e-Prescribing programs: SureScripts, WebMD and ProxyMed.

As a QS/1 customer you have the advantage of simultaneous membership in multiple programs; therefore, you can approach physicians in your area and assure them that regardless of the physician's software they choose, your system will be able to accept their electronic prescriptions. If a particular physician or group practice does not have e-Prescribing capabilities, have them call the SureScripts toll free number 1.866.RxReady. The physician will be asked a few simple questions, and if the physician wishes, will be contacted by SureScripts' certified prescribing technology vendors. Many of these prescribing technology vendors have special introductory offers and can perform a demonstration online. Once enrolled, SureScripts and ProxyMed will notify the physician(s) or groups in their systems of your participation.

Pharmacies can identify physicians in their area approved for submitting electronic prescriptions by either calling ProxyMed or QS/1. Currently QS/1 is looking for ways to streamline this process by offering an online database of all physicians participating with one of our certified vendors (SureScripts, ProxyMed and WebMD).

Should you have any questions about e-Prescribing or would like to enroll, please call the support centers and a technician will be able to assist you.

	2004 CAP Geographies
March	MA*, OH, MD, VA
April	NY, NJ, AZ, CA
May	IL, NC*
June	PA, OK
July	TN*, IN*, HI*, DE*, TX, FL
August	KY*, WA*, OR*
September	NV*, CO*
October	MI*, WI*, MN*

Dates highlighted in the chart to the left specifically relate to timing of direct-to-physician communications as part of SureScripts' 2004 Community Rollout. Dates correspond to the date when physicians receive the first mailing announcing availability of e-Prescribing capability in their area.

*Indicates statewide communications immediately at launch

Customer Spotlight

GeriCare – Denver, Iowa

by Beverly Knight, Staff Writer, QS/1

Leslie Tierney

Leslie Tierney, a 29-year-old wife and mother of two, graduated from the University of Iowa in 2000 with her Doctorate of Pharmacy. She never dreamed then that she'd become pharmacist in charge at an independent pharmacy in her hometown of Denver, Iowa, so early in her career.

Not long ago, it was unusual for a woman her age to be in this position, but as Tierney noted, more than half of pharmacy degrees are now granted to women, putting more women in the position of heading up pharmacies. The first thing she learned at her "learn-on-the-job" position at Denver Drugs and GeriCare is that juggling a busy career, one that sometimes demands a 60-hour work week, with family responsibilities is only possible when you're surrounded by the best support. For Tierney, that support is three-pronged, and it begins at home.

Her husband, Chad, a high school football coach and substitute teacher, has a flexible schedule that allows him to be "Mr. Mom" to their two- and four-year-olds while she's working four blocks from home.

On the job, she has the support of Tina Moeller, who handles pharmacy operations for GeriCare. Moeller grew up in the pharmacy business, working at her father's pharmacy. After college and brief careers in journalism and

> ## *What Tierney loves most is the contact with people, even if the job is "a little more labor-intensive" than she thought it would be.*

drug sales, she joined Denver Drugs, then owned by her father. When Bob Greenwood bought the business, added GeriCare and convinced Tierney to move back home to run them, Moeller stayed on.

The third piece of support fell into place in January when GeriCare was about to bring a 60-bed nursing home

on board, bringing the total served to four. It was clear that the T-Rex system no longer met the growing GeriCare's needs, especially in terms of training and support. A new system had to be in place by February 1.

"When we called QS/1, we got immediate support," Tierney said, explaining how GeriCare became QS/1's first ASP site for nursing homes. "After a three-hour online presentation, they were able to get me in the day I called."

Tierney and Moeller admit they are not "computer-minded people." "I went to school in the 80s and missed the whole computer side of things," Moeller said. "I learned to type on a typewriter, so the fact that our server is housed at QS/1, where if something goes wrong there are plenty of people who understand computers to solve the problem, is a real plus. I need somebody who is willing to walk me through anything, not someone

putting me down because I don't know computers."

Their old system cost $15,000, and after five years was antiquated. "Now we have an Internet-based system that runs off a PC, and QS/1 sent someone to set up our computer. If we install another computer he can set it up over the phone. When new technology

comes out all we have to do is buy a new PC," Moeller said. "And it's such an easy system to run. With one key stroke we can print all the prescription labels for a nursing home."

The versatility of the system also allows them to customize. "Some pharmacies like to fill for each patient, one at a time. We like to fill all of one drug at a time to cut down on technicians running around," Moeller explained, adding that they don't even have to deal with computer updates. "Now they [updates] just happen behind the scenes. There's nothing we have to do."

What Tierney loves most is the contact with people, even if the job is "a little more labor-intensive" than she thought it would be. But it's those calls at 9:30 at night, a mother needing diabetes test strips for her baby, perhaps, that make her feel good about her job.

When Tierney, her staff and the technology work as a team, meeting the needs of customers is easier. One day the challenge might be to customize a report, pulling data from the system to compile a list of all the residents in a nursing home that are taking antibiotics. Or she might have to formulate a dietician plan or a plan for gradual dose reduction when she consults at a care facility, something she does each month for each facility GeriCare serves.

What's most important to Tierney, though, is knowing she has support at home and on the job to develop personal relationships with the customers she serves, helping her to help them and make a positive difference in their lives.

NRx :
The Future of
Pharmacy Management

by Brian Cannon, Applications Development Manager, QS/1

When we set out to design the next generation pharmacy system, we knew that we wanted to develop a pharmacy management product that would appeal to a wide range of customer types. We also knew that it must contain the best features of RxCare Plus and CRx while providing a basis upon which to build and deliver future enhancements.

We identified a number of key objectives that we felt should guide our work:

- Reliable
- Easy to use for both experienced QS/1 customers as well as those pharmacists and technicians new to our products
- Intuitive
- Easy to train
- Fast (quick response times and keyboard-driven)

In considering these objectives, it occurred to me that building NRx could be approached in much the same way you would construct a house. It must be built according to a carefully designed plan, using design techniques that support our objectives. It must be built on a solid, reliable foundation with a strong framework. Finally, it must have an attractive appearance that subtly conveys the power and usability of the product.

Planning & Design
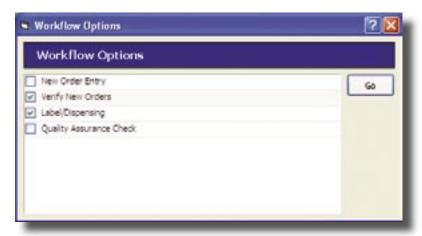
Just as you would approach building a house, we knew we must start with a well thought-out plan as to how we could achieve our objectives. We knew that in order for NRx to be successful, it would need to deliver an easy-to-use interface built on a reliable and proven platform with a strong framework. We started by analyzing approaches that would allow us the best opportunity to achieve this result. We established some standards or expectations for performance (speed and usability) that we felt would be consistent with our objectives. We listened to our customers and consulted with experts in the field of UI (User Interface) design.

Figure 1. Opening Window/Menu

Foundation

Just as the foundation of a new house determines the stability of the structure built upon it, the foundation of NRx is critical to our success. We decided on an approach that uses proven technology and durability. NRx is built on the foundation of our highly successful RxCare Plus product. The proven functionality and reliability of this product provided a stable platform on which to start. As with RxCare Plus, strong prescription processing and clinical checking are at the heart of the new system. To enhance the usability of NRx, we relied upon the flexibility of the GUI (Graphical User Interface) to add a highly configurable workflow component. In addition, we have added a more flexible pricing method.
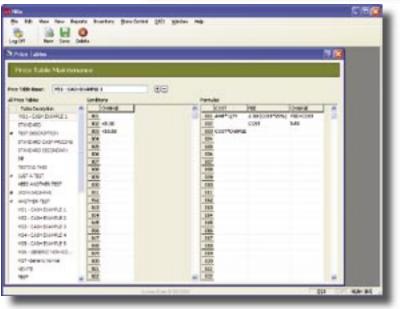
Figure 2. Workflow

Figure 3. Price Table

Framework

As with a house, we knew the framework of NRx must be durable enough to withstand the stress of everyday use but must also provide a suitable linkage between the solid foundation and the Windows-based interface. NRx is built using an N-Tier architecture that provides a framework for delivering excellent performance and design flexibility. This architectural approach simply divides the system into layers of functions in order to achieve flexibility and to better manage change. This new feature allows us to separate the presentation layer GUI from the business rules and data handling facilities, resulting in a high degree of flexibility in the GUI design. In addition, this feature allows GUI changes to be implemented with minimal risk to the business logic that drives the system. This design is referred to as QNA11 or QS/1 Network Architecture.

Finish Work

The "face" of NRx is one of its most
distinguishing characteristics. We listened to
our customers, and we researched alternative
approaches until we arrived at a GUI that
is designed to meet our objectives. It relies
heavily upon the use of intuitive icons,
fonts, colors and organization to lead the
user through NRx using the mouse or the
keyboard. We realized that there are system
functions which are needed to allow for
high-speed data entry type operations, and
we designed those functions accordingly.
Likewise, there are system functions that
get occasional use, where the user may need
more help, or reminders,
about what to do. In those
areas, we have designed
"wizards" to assist the user.
The employee setup is a
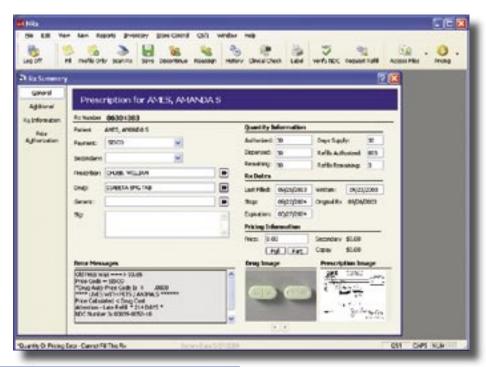good example of this design
technique.

Figure 4. Employee Wizard

Figure 5. Employee Information

Figure 6. Employee Security Access

Another important feature of NRx is field-level help. We provide explanations of entry fields in a clear, concise format. If more explanation is needed, the user can choose to access our extensive on-line help feature. The prescription processing screen provides a good example of how we use the power of graphical interface capabilities with prescription scanning and pill images. This screen is designed to show the user both images. With a click of the mouse, either image may be expanded for closer examination.
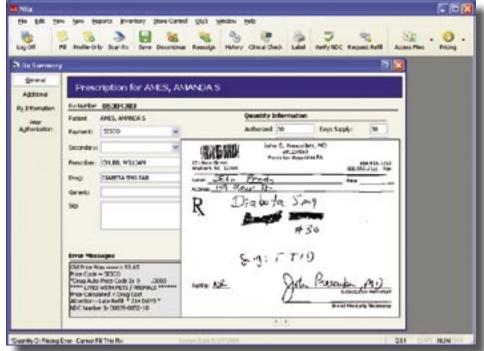
Figure 7. Prescription Pill Image

Figure 8. Scanned Prescription

While NRx is designed to use the best features of our highly successful RxCare Plus and CRx products, it is also designed to communicate with our existing Central Management System. CMS provides the ability to manage multiple sites in a Wide Area Network, and this feature is now available for NRx. The NRx - CMS association allows us to implement some new features that will be important to managing groups of related pharmacies. One such feature is Centralized Profiles. This feature establishes a centralized patient profile which allows us to transfer prescriptions or selected refills between pharmacies in the same organization.

In conclusion, we are very excited about this important new product. We feel it 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, hopefully, satisfy our customers. We are scheduled to have this initial version running in some selected customer sites by the end of August.

Release 18.1

by Rich Muller, Industry Analyst Manager, QS/1

The deadline is fast approaching for the installation of software that addresses HIPAA security rules, safeguards that must be in place by April 20, 2005. QS/1's Release 18.1 is designed to address Security Access across all products in order to deal with HIPAA regulations, but it goes well beyond HIPAA requirements, creating a stable foundation for future changes and incorporating elements that make all of our products function more efficiently.

Following is an explanation of some of the new security features and other enhancements included in Release 18.1.

Security features

To comply with HIPAA security regulations, modifications have been made to our password standards, login/logout procedures as well as other security issues. Currently the system has both general security access codes and pharmacist/technician access codes. In Release 18.1, a new employee file will combine all access into one file, requiring each person to have one user ID and password instead of several.

The new employee/security file will replace the password table, the pharmacist name table, and the technician name table. General security and pharmacist/technician accesses are located on the same record so that each employee will have only one login for the entire system.

Some pharmacies use the first initial in the store file for reports. Since that will no longer be available, a Default Report ID field has been added to the system options to allow the user to specify default initials to use for running reports.

- A new field, User ID, has been added to the Pharmacist Security Access screen.
- A technician field has been added to the Pharmacist Security Access screen. If this field is a 'Y' then the user is a technician.
- Pharmacist Security access will be displayed when pharmacist information is shown, Technician Security access when technician information is shown.
- A new field, Security Access, has been added to the security access codes screen. If this is turned on, this option will allow the user to access the Security Access menu (G screen) using his/her user ID and password. In order to utilize this option, Single User Login must be turned on in store options. This enables the user to bypass the system password screen.

For Release 18.1 all systems will have the following options:

- A function, New User, allows you to add a new user. If a new user is being added, the password defaults to the store file field.
- A function, Reset Employee, has been added to the General, Pharmacist and Technician security access screen. This function allows the system officer, whoever has access to the security screens to reset a user's password if they have been locked out. When this function is used the employee user ID is unlocked and the user's password is set to the default password located in the store file.
- A new field, Inactive, has been added to security access. A "Y" is in this field all the user's access is turned to NO. Inactive users and those flagged for deletion will not be displayed.
- On the security scan there is a new function, Toggle between scans, to allow users to toggle between user ID lists; 1) all access, 2) pharmacist access, 3) technician access.

- A new function, View Inactive Users, has been added to the security scan. An I indicates the user is inactive. If a user has been flagged for deletion, a # will display.
- A new function, View All Stores, has been added to allow you to view an alphabetical list of security access of all the stores in a multi-store environment.
  This option will only be viewed in an Enterprise environment.
- A new field, Security Options, has been added to the Systems options. The valid options are:
  1. Password expiration days: The number of days that the password is valid: 1-99 days
  2. Password expiration notice: Value that allows the system to notify you when your password is going to expire or has expired (0-9 days).
  3. Maximum Login attempts: Defines the maximum number of login attempts (0-9).
  4. Default password for reset: A user defined field for resetting the password (This password will also be used for creation of new users.)
  5. Automatic logoff time: The number of minutes before the system will automatically log-off after a period of inactivity (0-99 minutes).
     (When the systems logs off you will receive the following message: In order to protect the 'Privacy of Personal Health Information' this client session has been terminated after a predefined period of inactivity.)
  6. Single Use Login: A "Y" in this field allow you to login only one time for all portions of the system.
  7. HIPAA Tracking Log: A "Y" in this field will allow you to track access to any patient information.

Other Features:
- A new function has been added to the login screen to allow the user to change their password at any time.
- A new function, Change Password, has been added to the Ready screen to allow you to change your password.
- Password must be eight characters in length. This can be letters (upper or lower case), numbers, symbols, or a combination of these.
- The new password may not be equal to any of the previous three passwords.
- A new report, HIPAA Tracking Log, has been added to the Patient Lists. This reports tracks all access to the patient and contains the Patient Code, Patient Name, Access Date, Access Time and Accessed By fields.
- The HIPAA Tracking Log has been added to Automatic File Purges, Compression File Backup, Copy Files, and Individual Key File Build.

Other 18.1 Enhancements

SystemOne

By clicking on the e-mail address of a patient or physician, SystemOne will cause the default e-mail program to open a new e-mail with the patient's or physician's e-mail address already entered. All that is necessary is to type subject and content and then click Send.

The ABN can be printed from the Single Order screen.

This allows the user to enter a transaction for a Medicare non-covered item and print the form for the patient to sign.

The DMERC Information Form (DIF), required for billing immunosuppressant drugs to Medicare, has been updated. As with all other CMNs, Medicare law requires a "camera-ready" copy, which can only be obtained by the use of a laser printer. If your laser printer has the ability to automatically duplex, you can print both sides of your CMNs.

Serialized Inventory Control has been enhanced to show the on-hand quantity for serialized items on the Master Item Record. Each individual serialized item will also show its on-hand amount. When a serialized item is rented, sold, loaned or returned, the Master Item Record will be updated. Users can now view the on-hand quantity on the Master Item Record to determine items available. Additionally, ordering product will be done on the Master Item record, and when items are received, the on-hand quantity will be updated as well.

RxCare Plus/PrimeCare

Previously RxCare Plus only allowed enough room for four insurance records. With Release 18.1 the patient insurance record has been enhanced to accommodate up to 99 individual insurance records per patient. The insurance record includes price code, price code description, effective date and expiration date on the insurance record scan. The patient's name is also displayed at the top and center of the screen. Seven carriers will display per screen, and the software also makes it possible to reorder the list of carriers as needed.

The quantity fields have been modified to accept and display decimal quantities. Decimal quantities will be accepted on all quantity fields in the inventory record, prescription record and transaction record.

A new field, Default Sig, has been added to the Drug Record. It is necessary to place the desired sig in the field. During prescription processing, if no sig is entered on the prescription entry screen, the sig will default from the

drug default sig field. If a different sig is entered during prescription entry, a message will appear: "The sig entered does not match the drug's default sig. Do you want to use the default sig?" If you want to use the default sig, answer YES.

Changes have been made in the sort/selects for Release 18.1. Release 18.1 adds a feature to the system, Programming Logic, to save Select/Sort/Print options during conversion. Release 18.1 adds this feature to the system. When converting to later releases (after Release 18.1) it will not be necessary to restore Select/Sort/Print options.

The main difference in the the select screen is that the options field moved to the top.

The "CH" (change) screen looks much different now. You can have up to 12 Select Options. If you have more than six select options, the select options screen will allow you to scroll to a second page to access the rest of the select options. A new field, Deselect, allows you to remove an option. You can now select a file instead of scrolling

through all of the files until you get to the one you want. A new field, Find, will let you search for a field so you will not have to scroll through all of fields to find the one you need.

There is a new option, RM Report Options, that allows you to create a different version of an existing report and save it for later use. The report options window is only accessed from the select screen. You will have the ability to select from up to 99 different versions of the report.

There is a new option, New Report, that allows you to create a new report. The new option, "Default" allows you to choose which report will be the default report and can only be set for one version of the report. If this field is set to "Y," this will be the report that is automatically loaded upon entry into the Sort/Select. A new field, "Protect," will prevent the user from doing a save on the report. This will help prevent the options from being changed. The Delete field will flag the set of report options for deletion. They will be removed during the next compression of the report options file.

The changes to the Sort Screen are similar to the Select screen. There are still six Sort Options. The Print Options still look very similar to the old one. The main difference is that the options field moved to the top.

With customized reports, the Select/Sort/Print Options will be saved during conversions when converting to releases past Release 18.1.

With data export, all fields available in customized reports are now available in data export. Also the Select/Sort/Print options will be saved during conversions when converting to releases past Release 18.1.

Point-of-Sale

Point-of-Sale Release 18.1 also offers many helpful new tools for managing the register. These tools increase options for checkout and improve the pharmacy's bottom line.

Gift Cards: As part of a continuous effort to provide customers with the best Point-of-Sale system available in the retail pharmacy market, QS/1 presents its Gift Card Program as an enhancement in software Release 18.1. Customized gift cards can be sold to customers for their own use or as gifts. These gift cards are customized so that they can only be used within the pharmacy group or pharmacy from which they are sold.

Since these cards contain no value until they are sold, they can be displayed at checkout stations and activated by the cashier when purchased. Once activated and assigned a value, the cards can be used for purchases, and the system automatically decrements the value with each use. Additional value can be added to existing cards, giving them a longer life and reducing expenses. For example, parents can purchase gift cards for college students and then add to the balance periodically.

Within the Point-of-Sale software, there are many options for gift card use and tracking. It is possible to activate a gift card or scan a gift card for a transaction in the Customer Service options, to view gift card transaction logs in Operations Analysis and to set up access control for gift cards in Daily Operations.

Electronic Signature Capture
Another powerful enhancement included in Release 18.1 involves ways to use the Electronic Signature Capture device. Electronic Signature Capture is now available for Accounts Receivable, Payment on Account and credit cards. With the field Capture Signature set to "Y" for these payment types in the Document Control Options, the system prompts the customer and the cashier through the steps for capturing the customer signature.

Tender an Accounts Receivable transaction and the Electronic Signature Capture device displays the Signature screen and waits for the customer to sign and press the OK button to complete the transaction or the Clear button to allow the customer to sign again. Once the signature is captured, the transaction will complete.

Tender a Payment on Account and the Electronic Signature Capture device displays the signature screen and waits for the customer to sign and press the OK button or press the Clear button to allow the customer to sign again. The checkout screen displays a window indicating to the cashier that it is "Waiting for Signature Pad Response." Once the signature is captured, the transaction will complete.

Tender a Credit or Debit Card transaction and the Electronic Signature Capture device displays a screen directing the customer to swipe the credit/debit card. If the customer does not want to scan his own card and the register has another card swipe device attached, such as the one built into the keyboard of the IBM 4694 register,

Pharmachoice
The Canadian Pharmachoice Promotions are now available in the Price Updates and Promotions—Promotions Unlimited menu. Now it is possible to set up Pharmachoice options and include new promotions for customers as another way to increase store traffic and increase profit margins.

CRx

HL7
CRx can now interface with most dispensing systems using a TCP/IP network protocol and the standard Health Level Seven (HL7) data format. HL7 is an application-to-application interface standard for the exchange of electronic data within the healthcare environment. The CRx system can send an HL7 script message for a new order, a changed order, a deleted order or a hold order. The robotic device dispenses the medication, and some dispensing systems also print the label.

the cashier may press Escape or select Cancel within the "Waiting for Signature Pad Response" window to activate the card swipe device on the register.

After the credit card is scanned through either device, the Signature screen is displayed and the cashier waits for the customer to sign and press the OK button or press the Clear button to allow the customer to sign again. The checkout screen then displays a window informing the cashier that it is "Waiting for Signature Pad Response." Once the signature is captured, the transaction will complete.

When a debit card is scanned through either device, a PINPad is displayed on the Electronic Signature Capture device, instructing the customer to enter a PIN number and press the ENTER button to proceed or to press the Clear button to reenter the number. Pressing the Cancel button cancels the process and asks the customer to select an alternate payment type.

Custom Barcodes
With 18.1 you can print a pre-defined standard barcode or customize a barcode by choosing from a list of data elements to create your own barcodes.

CII Reporting
An option has been added to the Controlled Substance Reporting menu to default to the patient's SSN when dispensing a CII in the procurer ID number field (mm 7.3.3.1.7).

Transferring Prescription Refills
An option has been added to indicate how many refills are being transferred, based on state law. Options are to transfer only one refill or transfer all remaining refills (mm.7.4.1.24).

Family Care™

by Randy Burnett, Network Industry Coordinator, QS/1

Claim Reconciliation Service

In the April issue of *Insight* we disclosed that FamilyCare was creating a Third Party Claim Reconciliation Service as an optional benefit for its members. We are happy to announce that, beginning in July, we will accept enrollment into this program. Currently we are accepting and processing electronic reconciliation files from AdvancePCS, CareMark, First Health, Express Scripts, Medco, MedImpact and Prime Therapeutic. We are continuing our discussions with other third parties, and as the electronic files become available, they will be added to our program. FamilyCare will either disburse the payments electronically, or the third party may elect to continue paying the pharmacy directly. For additional information on this new service or to enroll, please call 1.800.428.7271.

Medicare Discount Card Program

FamilyCare members were enrolled into 16 of the Medicare-approved card sponsors (third parties) prior to the opening of the customer enrollment period. This enrollment allowed our member pharmacies to spend more time researching which card or cards might be best suited for their customers and less time identifying who the approved sponsors are and requesting, reviewing and signing contracts. Plans signed by FamilyCare are listed below for your convenience. Should you have any question please give us a call.

AdvancePCS	PharmaCare
Aetna	PrimeTherapeutics
Argus	RxSolutions
BC BS of Florida	SavRx
CareMark	SXC
Community Care Rx	Script Solutions
Express Scripts	Wellpoint
First Health	WHI

QS/1 Customer Conference
BALTIMORE
2004

July 21-25, 2004
Baltimore Marriott Waterfront

CONFERENCE

QS/1 Customer Conference
BALTIMORE 2004

July 21 - 25, 2004

Agenda

All Products

RxCare Plus

CRx

CMS

Point-of-Sale

SystemOne

PrimeCare

All Products

Wednesday, July 21, 2004

3:00 pm – 6:00 pm	Registration
6:30 pm – 7:30 pm	Welcome Reception
	Hardware Expo Opens
	(Join us for hors d'oeuvres & drinks)

Thursday, July 22, 2004

7:45 am – 8:30 am	Registration & Continental Breakfast
8:30 am – 9:00 am	Welcome & Introductions
9:00 am – 10:00 am	HIPAA Security Rules *(1.0 CE hrs.)*
	Rich Muller, Product Research Manager, QS/1
10:00 am – 10:30 am	Coffee Break
10:30 am – 12:00 pm	The Medicare Drug Benefit Panel
	(1.5 CE hrs.)
12:00 pm – 1:00 pm	Lunch Provided
1:00 pm – 5:30 pm	Industry Speakers
3:00 pm – 5:00 pm	Hardware Expo (Refreshments Provided)
6:00 pm	Hardware Expo Closes

Friday, July 23, 2004

7:45 am – 8:30 am	Continental Breakfast
8:30 am – 10:00 am	QS/1 Product Tracks
10:00 am – 10:30 am	Coffee Break
10:30 am – 12:00 pm	QS/1 Product Tracks
12:00 pm – 1:00 pm	Lunch Provided
1:00 pm – 3:00 pm	Hardware Expo (Refreshments Provided)
5:00 pm	Bus departs for Ball Game

Saturday, July 24, 2004

8:00 am – 8:30 am	Continental Breakfast
8:30 am – 10:00 am	QS/1 Product Tracks
10:00 am – 10:30 am	Coffee Break
10:30 am – 12:00 pm	QS/1 Product Tracks
12:00 pm – 1:00 pm	Lunch Provided
1:00 pm – 3:00 pm	QS/1 Product Tracks
3:00 pm – 5:00 pm	Hardware Expo (Refreshments Provided)

Sunday, July 25, 2004

8:00 am – 9:00 am	Continental Breakfast
9:00 am – 12:00 pm	Point-of-Sale Breakout

Check for agenda updates at www.qs1.com

Thursday, July 22, 2004

Pharmacy Industry Speaker

1:00 pm – 2:00 pm	Marketing Your Pharmacy
	Wayne Adams, President The Adams Group
2:00 pm – 3:00 pm	External Forces Impacting Pharmacy
	Tom Bizzaro, R.Ph., VP of Sales & Marketing, First DataBank
3:30 pm – 4:30 pm	CMI- Lost in Translation
	Tom Menighan, NCPIE
4:30 pm – 5:30 pm	E-Prescribing
	Ken Whittemore, VP, SureScripts

SystemOne Industry Speaker

1:00 pm – 2:00 pm	Audit Proofing Your Charts
	Bruce Brothis, VP, Centralized Billing & Intake
2:00 pm – 3:00 pm	Accreditation
	Tom Ceasar, MPM. Pres., ACHC
3:30 pm – 4:30 pm	Energizing Your Political Power for Your Busines
	Kay Cox, President & CEO, AA Homecare
4:30 pm – 5:30 pm	Intake & Insurance Verification
	Bruce Brothis, VP, Centralized Billing & Intake

QS/1 Product Tracks

The Product Tracks are designed to help customers maximize the use of their QS/1 system, covering the latest enhancements, features commonly asked about, and tips and tricks on using the system.

A POS Breakout will be offered Sunday morning after breakfast. Check the web site for product track topics

*P*roduct *U*pdates

RxCare Plus

As you may know, trying to track back in history and determine what happened to a prescription transaction has been an issue. You had to go back to ECS reports and Daily Audits to recreate history. To address that problem, a transaction billing history file has been added to the transaction file in Release 17.8. This option is located in the systems options of the pharmacy options section. This transaction billing history file gives the pharmacy the option to record and then to view and/or print the billing history detail for any transaction in the system.

The purpose of this file is to track changes to the transaction that occur during adjudication or normal manual adjustments. In addition it allows you to access information pertaining to a specific transaction either through a report or from the transaction screen.

The transaction billing history also provides a record of how information was transmitted and what was transmitted to the third party.

A new report, Transaction Billing History, has been added to the Prescription Logs portion of the General Reports option.

PrimeCare

New Bar Code Scanner
QS/1 now has a new wireless bar code scanner. It is the Metrologic MS9535 VoyagerBT. It is cable free scanning using Bluetooth technology. It is installed like our other scanners as a keyboard wedge. This new scanner is intended for use in the delivery scanning function in WorkFlow.

New MAR
The A55 POF/MAR which is a laser version of the A03 POF/MAR now supports a new seven-day format including X-outs.

SystemOne

Under the current legislated payment floor, electronic claims may be paid no earlier than the 14th day after the date of receipt. Non-electronic claims cannot be paid earlier than the 27th day after the date of receipt. HIPAA requires that claims submitted on and after October 16, 2003, be in a format that complies with the appropriate standard that has been adopted for national use. The ASCA requires the electronic submission of claims to Medicare, with few exceptions, as of October 16, 2003. Late last year a Contingency Plan was announced that allowed the submission of non-HIPAA formatted claims after October 15, 2003. CMS has modified the Contingency Plan so that only claims submitted electronically in a HIPAA-compliant format will be considered eligible for payment as early as the 14th day after the date of receipt. This modification is effective July 1, 2004, and will be implemented on July 6, 2004. For more information, review your provider updates published by your DMERC or read Change Request CR2981 on the CMS web site: cms.hhs.gov.

CRx

In 17.8 the Rx Cash Data Collection process has been enhanced by transmitting all prescription data through PowerLine, including cash prescriptions. If you subscribe to a data collection service (i.e. Pharmacy First, IMS), you will need to enable Rx Cash Data Collections. For details on setting up cash data collects, refer to your 17.8 enhancement documentation. If you are not currently signed up for any of these services and would like more information, contact QS/1 Network Services at (800)845-7558 ext. 182.

Some states require pharmacies to report controlled substance dispensing, including an identification number of the person picking up the prescription or the Social Security Number of the patient. If the patient's Social Security Number is required, you can change the option on the Controlled Substance Reporting menu to default to the patient's Social Security Number. When filling or refilling a controlled substance prescription, if the option is turned on and the Social Security Number exists, it will complete the Procurer ID field with "SS" and the social security number.

We are in the process of improving the flow of the electronic signature capture feature in CRx. Changes should be available in Release 18.1.

QS/1 IVR

Another feature that has been added to the QS/1 IVR is the ability to fax the doctor refill authorization request automatically or send the request electronically without pharmacy intervention. This feature is available only in RxCare Plus, PrimeCare and CRx Release 17.8. Automatic fax requires QS/1 fax software and the fax number of the doctor be present in the doctor record. Electronic refill request will be sent only if the pharmacy is signed up for electronic prescription either with ProxyMed or through the carrier SureScripts, giving the pharmacy an option to have the additional refill request either faxed automatically or placed in the queue for processing. Once the prescription refill request fax has been sent, the fax request is placed into the faxed queue in the pharmacy system. Once the prescription has been filled, the fax request will be processed from the queue. This function greatly enhances the workflow with additional refill requests.

Interfaces

QS/1 is offering two new interfaces with Release 17.8: Medicine-on-Time for printing prescription labels and UPS Shipping for managing UPS Worldship packages. Please contact your Marketing Representative for pricing.

Medicine-on-Time
QS/1 is proud to announce a new real-time interface with Medicine-On-Time. The Medicine-on-Time Dispenser is a compliance packaging card used for dispensing medication(s) to a patient at a particular time during the day. Each card is sealed to protect medication(s), and the back of each contains the following information:

- names of the medications contained inside the bubble
- patient name for easy identification
- date and time for time of administration

For years QS/1 has interfaced with Medicine-On-Time using a batch interface. QS/1 creates a batch file to export to Medicine-On-Time in order to print the prescription label on a blister card. With the new real-time interface in place, it no longer will be necessary to build the batch file to export to Medicine-On-Time. The real-time interface will send the necessary data to Medicine-On-Time. The interface will send Drug, Patient, Facility and Order information at the point the information is entered into RxCare Plus, improving your pharmacy's workflow and production.

UPS Shipping Interface
(RxCare Plus and PrimeCare)
The UPS Shipping interface is designed to meet the needs of any Mail Order Pharmacy using the UPS Worldship as a carrier. The interface provides detailed demographic information for sending batch prescription packaging orders to the UPS Worldship software for shipping. The interface sends batch prescription orders to a holding queue. The person who is working the packing system will scan the batch number bar code from the Pharmacy label. The interface will then translate to the Worldship software: shipping name, address, city, state, zip code, e-mail address, batch order number and the number of prescriptions that are in the batch to be shipped. When the order is placed into the Worldship software and a tracking number is assigned, Worldship will send back to RxCare Plus or PrimeCare a tracking number to store on the transactions of the prescriptions in that batch. If an e-mail address is available, Worldship will e-mail the customer with shipping information, including tracking number.

QS/1/UPS Worldship software features and benefits:

- Batch and process shipment orders to the Worldship software
- Real-time interfacing
- Shipping orders ready for processing at your convenience
- Tracking numbers stored in the QS/1 application
- Eliminates double demographic entry
- Emails customer shipping information including tracking number etc.
- Barcode technology
- Improves Workflow
- Increases Production

QS/1 also is offering an IVR update for Release 17.8. It is available to all IVR customers at no extra cost.

Russ Weber Named President of Integral Solutions

Tuesday, May 25, 2004, Bill Cobb, CEO of J M Smith Corporation and President of QS/1 Data Systems, announced the acquisition of Integral Technical Services, Inc., of Greenville, South Carolina. Integral Technical Services, provider of fiber optics and high-end cabling services for organizations in education, financial services, healthcare and manufacturing will combine with the Network Solutions and Forms & Supplies groups of QS/1 Data Systems to form a new J M Smith Corporation company, Integral Solutions.

The new company will employ 70 people and will have revenue of $10 million. Initial offices will be located in Spartanburg, Greenville and Columbia, South Carolina.

Russ Weber, currently Vice President of Operations for QS/1 Data Systems, has been named President of the new Integral Solutions. Weber has worked for QS/1 for 26 years, moving from salesperson to regional office manager to administrator.

Weber plans to use J M Smith Corporation's 26 North American offices to expand his new company. He believes this opportunity will be a great way for the corporation to offer services throughout the region.

From the Support Center

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

RxCare Plus:
After a conversion has been completed, always update the client version on each of the secondary terminals.

Fastclaim
Due to SDS changes as of March 4, 2004, it no longer is necessary to type the word RESTORE after dialing in for programs on the SDS server. The file will no longer be printed to system printer 1. Instead, the file will now be saved on the hard drive in a folder called QS1MSG. Each time you dial in, a new log file will be created and saved in this folder. View this file to determine which programs have been downloaded to your QS/1 library.

PrimeCare:
When looking for any type of nursing home form, you can view them from our web site (www.qs1.com) under Support, then access Nursing Home Forms. This will allow you to see how the control and print options can be answered as well as exactly how the forms look.

Point-of-Sale:
There is a card that is now being issued by Novartis called the Maestro Card. This is similar to a "flex plan" card and is used as a debit card. It has no Mastercard or Visa logo on it and must be processed as a debit card. Heartland is now able to process these cards but a pin number is required. If you are planning to take these cards as payment types, you must have a pin pad. The pin pads may be purchased through Heartland. If you are currently using a signature capture device, you will be able to use it as a pin pad device as well as for signature capture on our 18.1 release due out this summer.

SystemOne:
Visit www.qs1.com to view the procedures for processing DEMERC billing for regions A, B, C and D.

CRx:
Did you know that you could enter a dollar amount in the Qty field under Price Quote and the system will calculate the maximum quantity that you can get for that dollar amount based on the price table? MM.1.4 if using 17.7 or higher.

Did you know you could change the color scheme of your pharmacy screen? MM.7.3.5.

CMS:
Did you know that you could Automate your reports? Example: From CMS menu bar click Reports, Site, Event Summary. Under Event Summary, click Automate; from there you can set the report up to print daily, weekly, monthly or yearly. This report will give you the status of the communications between store location and CMS. If you have any questions, please call 1.800.879.1987 and ask for Chain Support.

CRx Hardware:
Backup
Always be sure to check your backup logs daily. If you have any questions please call customer support at 1.800.879.1987 and press 2.

Norton Antivirus
Please 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. Also make sure Automatic Live Update is turned on.

Hardware:
Checking the backup using Ultrabac
To check the backup through Ultrabac, double-click on the Ultrabac icon. Click on logs, backup. Look for the last file beginning with the Letters BK. The format of the file is BKYRMONTHDAY.000.TXT. Look into Ultrabac and find the day that you need to check and then double-click on the log. At the bottom of the log there is a backup summary (example below). Make sure that your log says backup complete and that the number of files Selected/Completed are very close in number.

BACKUP SUMMARY:
Backup Complete. Begin: 10:36:13 AM End: 10:39:40 AM -
(264.5 KB/s 15.5 MB/Min 930.0 MB/hr)
Media Capacity: Not Available for this device
Media Remaining: Not Available for this device
54290 file(s) completed/54290 file(s) selected.
53.48 MB completed.
Overall Software compression ratio: 1.46 to 1
END OF LOG

QS/1 Support 1.800.845.7558 • CRx Support 1.800.441.1995

Training Seminars

Northeast Region

Mechanicsburg, PA: (717) 795-2700
07/20/2004 RxCare Plus: General & Custom Reports
08/19/2004 PrimeCare: Patient & Facility Billing Matrix
09/21/2004 RxCare Plus: 18.1 Review & Enhancements
10/21/2004 PrimeCare: Patient & Facility Billing Matrix

Sturbridge, MA: (800) 648-7428
07/22/2004 PrimeCare: Patient & Facility Billing Matrix
08/17/2004 Point-of-Sale: Basic Processing
09/16/2004 PrimeCare: Patient & Facility Billing Matrix
10/19/2004 RxCare Plus: 18.1 Review & Enhancements

Mid-Atlantic Region

Indianapolis, IN: (800) 637-5251
08/12/2004 RxCare Plus: Review & Enhancements
09/16/2004 Point-of-Sale: Frequent Shoppers
09/23/2004 SystemOne: Overview
10/21/2004 PrimeCare: Patient and Facility Billing Matrix

Lexington, KY: (866) 441-7011
07/15/2004 RxCare Plus: Follow-up for New Customers
09/09/2004 RxCare Plus: Review & Enhancements

Richmond, VA: (877) 392-5851
07/22/2004 SystemOne: Overview
08/12/2004 Point-of-Sale: A/R Interface with CRx
09/23/2004 PrimeCare: Patient and Facility Billing Matrix

Southeast Region

Miami, FL: (800) 889-9183
07/15/2004 Point-of-Sale: Inventory
07/22/2004 SystemOne: Basic Operation
08/18/2004 PrimeCare: Patient and Facility Billing Matrix
08/19/2004 PrimeCare: Workflow
09/16/2004 Point-of-Sale: Inventory
09/23/2004 SystemOne: Review & Enhancements

Orlando, FL (800) 889-9183
08/12/2004 RxCare Plus: Accounts Receivable
08/19/2004 Point-of-Sale: Basic Processing
08/26/2004 SystemOne: A New Look

Spartanburg, SC (800) 889-9183
07/15/2004 PrimeCare: Patinet & Billing Matrix
07/16/2004 PrimeCare: Workflow
07/22/2004 SystemOne: Basic Processing
08/12/2004 RxCare Plus: Accounts Receivable
08/19/2004 Point-of-Sale: Basic Processing
08/26/2004 SystemOne: Reports
09/16/2004 Point-of-Sale: Inventory
09/23/2004 SystemOne: Review & Enhancements

West Coast Region

Seattle, WA (866) 848-1942
07/19/2004 RxCare Plus: Prescription Processing 101
07/23/2004 RxCare Plus: A/R & 3rd Party Reconciliation
07/29/2004 SystemOne: GUI Claims Follow Up Procdures
08/03/2004 RxCare Plus: Nursing Home Training
08/04/2004 RxCare Plus: Prescription Processing 101
08/10/2004 Point-of-Sale: Inventory Control & Automatic Reordering
09/20/2004 RxCare Plus: Prescription Processing 101
09/24/2004 RxCare Plus: Tickler File
09/30/2004 SystemOne: GUI Report Logic
10/05/2004 RxCare Plus: Workflow
10/06/2004 PrimeCare: Successful Use of Fill Lists
10/07/2004 RxCare Plus: Prescription Processing 101

Valencia, CA (866) 848-1942
07/06/2004 RxCare Plus: Prescription Processing 101
07/07/2004 RxCare Plus: Workflow
08/16/2004 RxCare Plus: Prescription Processing 101
08/20/2004 RxCare Plus: Report Logic
09/14/2004 RxCare Plus: Inventory Control
10/18/2004 RxCare Plus: Prescription Processing 101
10/22/2004 RxCare Plus: A/R & Third Party Reconciliation
10/28/2004 SystemOne: GUI Transaction Processing

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

*$25.00 per person per seminar
(FamilyCare Members: one person per month FREE)*

To register or for more information, contact your respective regional office two weeks prior to the seminar. Seating is limited.

IN YOUR AREA

Trade Shows

Dallas, TX
July 8-11, 2004:
Texas Pharmacy Association

Virginia Beach, VA
July 13-14, 2004:
Virginia Association of Durable Medical
Equipment Companies

Isle Verde, PR
July 21-25, 2004:
Community Pharmacy Association

Memphis, TN
July 21-24, 2004:
Tennessee Pharmacists Association

Harrisburg, PA
July 22-25, 2004:
Pennsylvania Pharmacists Association

Kearneye, NE
July 30-31, 2004:
Nebraska Pharmacists Association

Orange Beach, AL
August 4-8, 2004:
Alabama Pharmacy Association

Anaheim, CA
August 4-7, 2004:
Cardinal RBC

Destin, FL
August 8-11, 2004:
Southeastern Gathering

Virginia Beach, VA
August 8-11, 2004:
Virginia Pharmacy Association

Midwest City, OK
August 14, 2004:
Oklahoma Pharmacists Association

Fajardo, PR
August 25-29, 2004:
School of Pharmacy Convention

San Diego, CA
August 28-31, 2004:
NACDS Pharmacy and Technology Conference

Sarasota, FL
September 15-17, 2004:
Florida Association of Medical Equipment Suppliers
(FAMES)

Arlington Heights, IL
September 16-19, 2004:
IL Pharmacists Annual Conference

Green Bay, WI
September 17, 2004:
Pharmacy Society of Wisconsin

Visit www.qs1.com, QS/1's web site, for the most current training and trade show information.

Change the way you think about HME.

If you're thinking all you need is electronic billing to make your HME department profitable, you may want to think again. Tapping into disposables and the rest of the growing HME market takes far more than billing. QS/1®'s SystemOne® software enables you to not only bill your HME claims, but manage them. It also helps you manage rental and sales inventory for greater profitability. To learn how SystemOne can help your pharmacy capitalize on the HME boom, call **1-800-231-7776** or visit **www.qs1.com** today.

QS/1.

1-800-231-7776
www.qs1.com

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