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Assyst Rx-A

PharmaNet

GUI

Training

Documentation

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PHARMANET – THE HOW'S AND WHY'S

This documentation is provided to assist in filling prescriptions with PharmaNet. It is designed to be used along with the Policies and Procedures Manual, not as a replacement for professional judgment, responsibilities, or liability. PharmaNet does not prevent dispensing; it provides information and/or warnings where increased professional scrutiny is needed.

Every prescription that is filled in your store must go through PharmaNet, including those for transient patients. This is to help the pharmacist find possible interactions that may occur due to the customer visiting more than one pharmacy. This will also help control problem areas, such as double doctoring.

You, the pharmacist, will still have control of your own profiles and records, for all prescriptions you dispense. PharmaNet retains a copy of the details of all prescriptions you dispense. Outstanding refills are on your system only, not on PharmaNet.

Patient information is stored on the PharmaNet Drug Information System (DIS) and PharmaCare Centralized Information System (PCIS), and is accessed when prescriptions for individual patients are dispensed.

- The **DIS component** contains patient medication histories and drug information and is under the custodianship of the College of Pharmacist of British Columbia. Drug information is maintained by the College of Pharmacists, with drug information updates supplied by First Data Bank, to provide the most current applicable information.

- The **PCIS component** contains patient claims and expenditure information and is under the custodianship of PharmaCare.

The most recent fourteen months is maintained on patient medication histories. PharmaNet provides the pharmacist with a complete medication history for each patient, enabling more informed dispensing decisions.

This history assists in detecting drug interactions and preventing adverse drug reactions. The details of all prescriptions for a patient stored on PharmaNet are available to any other pharmacist in BC, unless a patient keyword has been assigned restricting access.

The following patient information is recorded:

- name and address
- date of birth
- Personal Health Number
- drug allergies
- any clinical conditions the patient may have
- details of all prescription medications

PharmaNet allows patients to request profile printouts.

- Requests are made from your system, and are processed and printed by the College of Pharmacists of B.C. and mailed to the patient.
- You must sight positive identification of the patient (see College guidelines)
- All of your accesses to a patient's medication profile are logged by PharmaNet, and are reported to the patient on his/her profile. For your own protection, record in your files why/when you looked at PharmaNet profile, if that review was not accompanied by a dispensing event.

FREQUENTLY ASKED QUESTIONS

What is PharmaNet?

PharmaNet is a province wide network linking all pharmacies into a central set of data systems. These systems provide significantly improved data and services to support drug dispensing, drug monitoring and claims processing. Twenty eight million claims are processed through PharmaNet annually, with a financial impact in excess of $690 million. Additional clients to PharmaNet can include:

- emergency departments,
- hospital admitting,
- medical practice offices and clinics,
- College of Pharmacists
- College of Physicians and Surgeons.

Why have a provincial pharmacy network?

- Prevent over consumption of prescription drugs by unintended duplication or fraud.
- Prevent inappropriate therapies by drug interaction checking and dosage range checking.
- Promote cost effective usage of drugs and other therapeutic alternatives.
- Improve standards of practice by offering comprehensive drug information & complete patient information.
- Streamline claims payments by offering immediate adjudication for pharmacies and the public.

What information is going to be maintained?

- Patient drug profiles will include all drugs dispensed, reported drug allergies and clinical conditions, patient Demographics which include the personal health number, name, address, gender and date of birth.
- Drug information for pharmacists, patients, and drug interaction evaluation.
- Claim information will include eligibility coverage and deductibles.

What safeguards are in place to protect my privacy?

PharmaNet complies with B.C.'s *Freedom of Information and Protection of Privacy Act.* The system limits access to your file to registered, practicing pharmacists and their designated assistants. If you have concerns about confidentiality, you can attach a keyword or password to your file, which will further limit access. Once you have assigned a keyword to your file, only those pharmacies to which you give it will be able to access your records. You can change your keyword at any time.

Who is coordinating PharmaNet?

PharmaNet has been developed by B.C.'s Ministry of Health Services in consultation with health professionals and the public. The service is managed by the Ministry of Health Services in partnership with the College of Pharmacists of British Columbia and the B.C. Pharmacy Association. The College of Pharmacists regulates the practice of pharmacy in B.C. and the B.C. Pharmacy Association is a voluntary, non-for-profit professional organization for pharmacists.

Can I choose not to use PharmaNet?

No. With the province-wide introduction of PharmaNet, all prescription medications dispensed by community pharmacies in B.C. must be recorded on the system. If PharmaNet is to be effective in protecting British Columbians from adverse reactions to medications, the system must track all prescriptions that are dispensed. PharmaNet. At the same time, cracking down on prescription fraud and abuse can be successful only if all prescriptions are recorded on PharmaNet.

How does PharmaNet adjudicate claims?

When a patient presents a prescription at a pharmacy, the pharmacist transmits the patient's Personal Health Number (PHN) and the details of the prescriptions on PharmaNet. PharmaNet:

- Validates the security authorization for the pharmacy

- Checks the patient's eligibility for the benefit.
- Checks that the benefit is eligible under the patient's PharmaCare plan(s).
- Determines the portion of the total prescription costs payable by the patient and by PharmaCare and (where applicable) determines the portion of the total cost to accumulate towards the patient's deductible. The adjudication results are returned to the pharmacy immediately.

Who can access PharmaNet?

PharmaNet operates under strict privacy and information security measures designed to prevent unauthorized access and protect the integrity of the information within the various databases. PharmaNet operates behind a "firewall" that prevents unauthorized use. All users are required to sign Confidentiality Agreements before being granted access and must provide unique identifiers when logging in to the system. Furthermore, PharmaNet consists of separate components: each of the components is accessible only to the specific users who require access for their work. (For instance, PharmaCare can only view information regarding claims for which payment has been made.)

Can patients further limit access to their medication information?

Yes. Patients can ask a pharmacist to place a keyword on their patient profile. The keyword limits access to the patient's profile to only those individuals with whom the patient chooses to share the keyword. Patients do not need to be concerned that placing a keyword on their PharmaNet record could delay treatment in an emergency.

CONTACTS

PharmaNet Help Desk

http://www.health.gov.bc.ca/pharmacare/pdf/11contacts.pdf

Functions

The PharmaNet Help Desk is the **first point of contact** for all PharmaCare and PharmaNet related enquiries.

The PharmaNet Help Desk's role is to respond to enquiries, and to record, monitor, report and resolve problems in a timely manner.

The Help Desk cannot answer pharmacy practice or medication history questions. Please direct such enquiries to the College of Pharmacists.

The Help Desk is available to health care providers and practitioners 24 hours a day, 7 days a week, including statutory holidays (except Christmas Day).

Contact information

Telephone Numbers

Pharmacist-only telephone numbers should not be given out to the public.
From Vancouver, call 604 682-7120
From the rest of BC, call toll-free 1 800 554-0225

Fax Number

From anywhere in BC, fax to 250 405-3587 (Victoria number)

Fair PharmaCare

Health Insurance BC (HIBC) administers Fair PharmaCare for the Ministry of Health Services. You can call HIBC at the numbers below (Monday to Friday 8 am to 8 pm and Saturday 8am to 4pm).

Lower Mainland 604-683-7151
Rest of BC 1-800-663-7100

Fair PharmaCare Administration
PO box 9655 Stn Prov Govt
Victoria BC V8W 9P2

https://pharmacare.moh.hnet.bc.ca

Health Insurance BC

To contact the Medical Services Plan and PharmaCare Operations

Telephone Numbers

General Public	Lower Mainland	604-683-7151
	Rest of BC	1-800-663-7100
Medical & Health Care Practitioners		
	Lower Mainland	604-456-6950
	Rest of BC	1-866-456-6950

REFERENCE WEBSITES

Listed below are websites for additional information, along with the guidelines supplied by PharmaNet.

Title	*URL*
Confidentiality Forms	http://www.bcpharmacists.org/forms/pharmanet.php
Fair PharmaCare	http://www.health.gov.bc.ca/pharmacare/plani/planiindex.html
Ministry of Health	http://www.hibc.gov.bc.ca or http://www.healthservices.gov.bc.ca
PHN Quick Reference Card	http://www.healthservices.gov.bc.ca/pharme/newsletter/phnquickref.pdf
PharmaNet Bulletins	http://www.healthservices.gov.bc.ca/pharme/bulletin or http://www.health.gov.bc.ca/pharmacare/bulletin/index.html
PharmaNet How's and Why's	http://www.healthservices.gov.bc.ca/pharme/pharmanet/netindex.html
PharmaNet Newsletters	http://www.healthservices.gov.bc.ca/pharme/newsletter or http://www.health.gov.bc.ca/pharmacare/newsletter/
Policies and Procedures Manual	http://www.healthservices.gov.bc.ca/pharme/generalinfo/policy/index.html
Trial Prescription Program	http://www.healthservices.gov.bc.ca/pharme/generalinfo/trial.html
Request to Inactivate Adverse Reaction/Clinical Condition on PharmaNet	http://www.bcpharmacists.org/library/K-Forms/K-6_PharmaNet/9064-Request_Inactivate_ADR_PNET.pdf
MOH Information for Pharmacists and Medical Suppliers	http://www.health.gov.bc.ca/pharmacare/suppliers.html
Authorization for Release of PharmaNet Patient Record	http://library.bcpharmacists.org/K-Forms/K-6_PharmaNet/9065-Auth_for_Release_of_PNet_Pt_Record.pdf
Contacts for Health Care Practitioners & Providers	http://www.health.gov.bc.ca/pharmacare/pdf/11contacts.pdf
PharmaCare Compound Costing Worksheet	https://www.health.gov.bc.ca/exforms/pharmacare/5425fil.pdf

MINIMUM PRINT STANDARDS

Prescription Label Requirements

As per the HealthNet/BC Software Compliance Standards Version 3.0 (Section 2.4.1), the prescription label must contain:

- name of the person for whom the drug is dispensed (minimum of full first name and last name);
- name of the prescriber (minimum of first initial and full last name);
- name, address and phone number of the pharmacy;
- prescription number;
- current dispensing date;
- unless the practitioner otherwise instructs:
    a) for single entity products, the generic name of drug, followed by brand name, or manufacturer name or DIN
    b) for multiple entity products, the brand name or all ingredients listed, followed by brand name or DIN
    c) for compounded preparations, all ingredients
    d) quantity and strength of drug
    e) practitioner's directions for use;
- or any information required by good pharmacy practice.

Where the package size is too small (full label is put on larger container and patient is instructed to always keep medication in larger container):

- prescription number;
- current dispensing date;
- full name of the person for whom the drug is dispensed; and
- name of the drug

Receipts - Minimum Print Standards

As per the HealthNet/BC Software Compliance Standards Version 3.0 (Section 2.4.2), the prescription receipt must contain:

- DIN or CDIC Number
- Drug Cost
- Dispensing Fee
- Brand Name and Strength or Generic Name and Manufacturer and Strength
- PharmaCare Pays
- Third Party Payers
- Patient Pays
- Patient Last Name, First Name or Initial
- Personal Health Number
- Pharmacy Code
- Practitioner Last Name, First Name or Initial
- Prescription Date
- Prescription Number
- Quantity
- Store Name
- Total Claim

Your default Label/Receipt Formats have normally been set up as L1/R1. To be compliant with PharmaNet, the above values MUST be displayed on your labels and receipts. Once set, NO changes are to be made to these formats.

SECURITY

Because your computer has the possibility of accessing any patient profile in the province, security is an issue that must be addressed. To do this, a System Authorization module, using initials, is in place. This will limit what each user can access.

When a user first logs in, they will be asked to enter their initials and password. Clicking on the Assyst button (or CTRL-HOME) while in any menu, will allow a new set of initials and password to be entered.

A Pharmacist Id of ADM must be entered at each store location. The store administrator must use these initials to add or reset store initials.

Technician initials can also be entered, but must be associated with the pharmacist on duty and their License ID.

Password Changes

Entering passwords while filling a prescription.

- If the network hasn't been accessed for a period of 10 minutes, the user will be required to key in their password again.

  If a different set of initials are entered while filling a prescription, the user will be required to key in the password associated with these initials. This way, a single prescription can be filled by a different user, other than the original.

Password changes occur when:

- A period of 42 days has elapsed since the last password change. PharmaNet requires a password change every 42 days. The same password cannot be used in succession.

Disabled Passwords

- The user hasn't used their account for 90 days. The system will automatically disable the users account and must be reset by someone with system authorization.

- If the password is not typed in correctly within five tries, the account will be disabled. The administrator will have to reset the account.

GETTING STARTED

Adding Pharmacists initials

In order for PharmaNet to identify who is accessing the network, a pharmacist must be setup in the local system with their initials and license number.

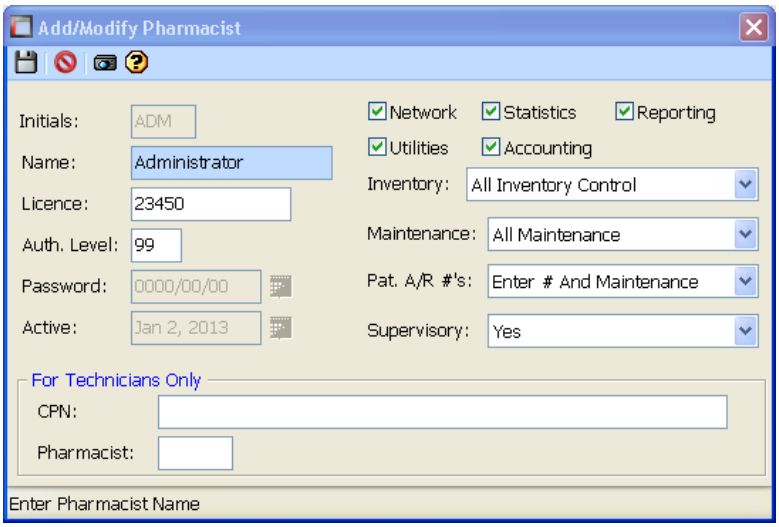
From the Rx Functions tab, select the Settings icon then Pharmacist Maintenance. To add a new pharmacist, click on the Add New icon.

Inits: Enter the initials that will be used for filling prescriptions. ADM initials must be set-up for resetting passwords of store employees. The ADM initials must have N for network access. This ADM user has been defined to control security access and other restricted system functions. This ID must not include the ability to process HealthNet/BC transactions.

Name: Enter the name of the pharmacist. The name field is used to identify who currently has access to the system.

License: Enter the pharmacist's license number. The license field is the number that will be sent to PharmaNet to identify who is using the system. When entering the license number, be sure to include all five digits. This might mean using a leading zero.

Auth Level: An authorization level can be set to prohibit access to certain areas of the software.



The other fields are options for allowing or disallowing access for the user.

Password Once user information has been entered, a prompt to enter a password for the user will display. You will also be prompted to enter the password a second time for confirmation. The user will be asked to change his/her password, the first time the initials are accessed, or whenever the initials are reset.

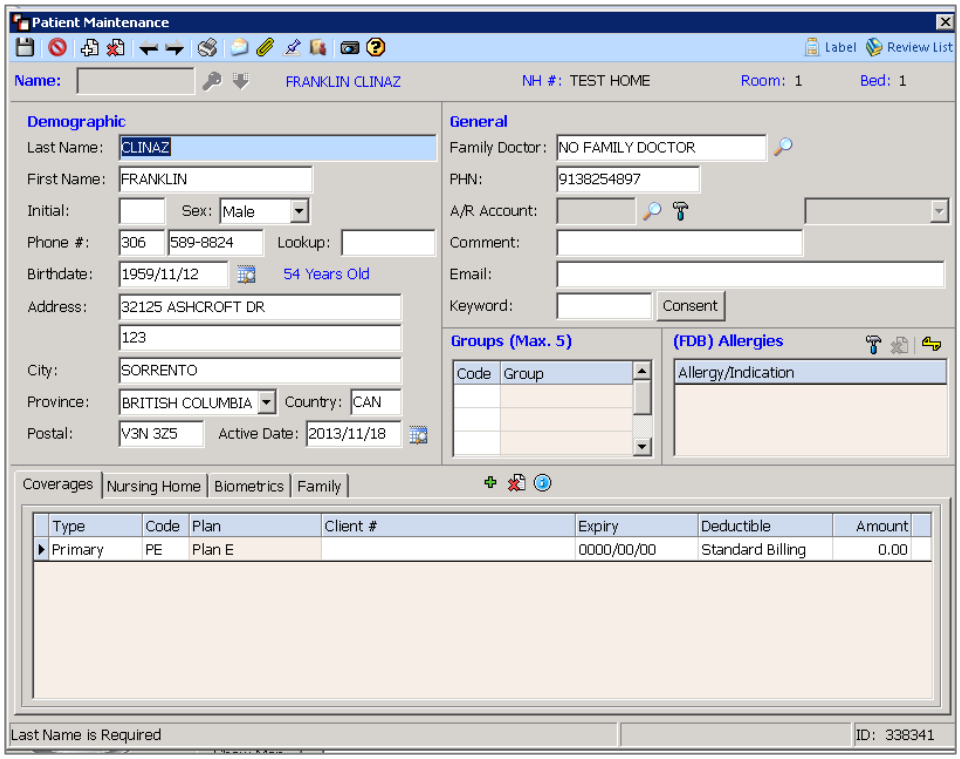
Adding a Patient

There are different ways to add new patient information to the system:

- manually entering the patient's information on the local system
- updating the patient's address and/or PHN number on the local system from PharmaNet
- adding the patient to the local system from PharmaNet

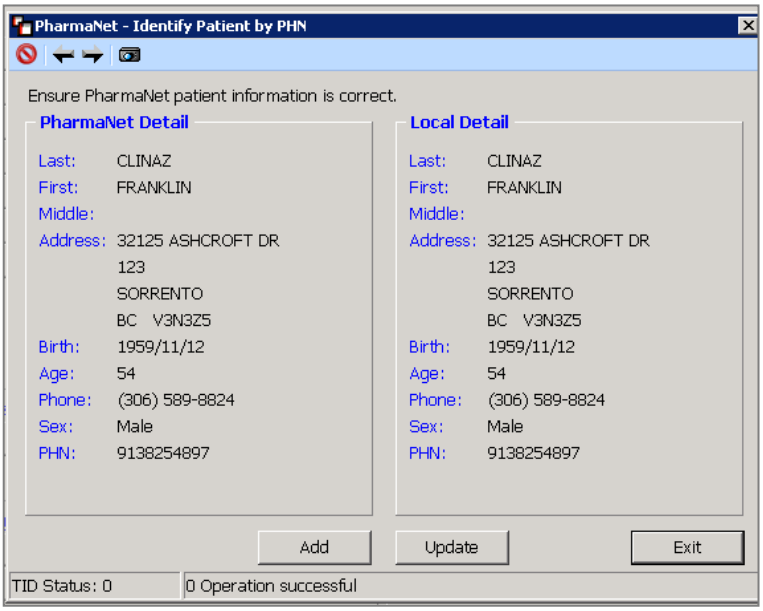
To add manually, from Patient Maintenance, select the New Add icon.

Enter the patient's name, address, family doctor (if applicable), birth date and 10 digit PHN number. Full names must be used instead of initials and names should not be recorded based on common name usage.



To add or update from PharmaNet

From Prescription Process, select the DIS icon or press the F9 function key to display the PharmaNet Menu. Select either TPN Patient Name Search or TID Identify Patient by PHN.



If the patient has previously been added to the local system, this local information will display beside the PharmaNet Detail for confirmation for adding or updating.

Selecting Add will add the record to the local system.

Selecting Update will update the record or PHN number only, depending on the option selected.

If communications to PharmaNet is down, process as usual, using 9999999998 as the PHN number. Once PharmaNet is back online, send the batched claim. PharmaNet will reject it. You can then search for, or assign a valid PHN number. Re-submit the claim to PharmaNet.

Adding a Patient Keyword

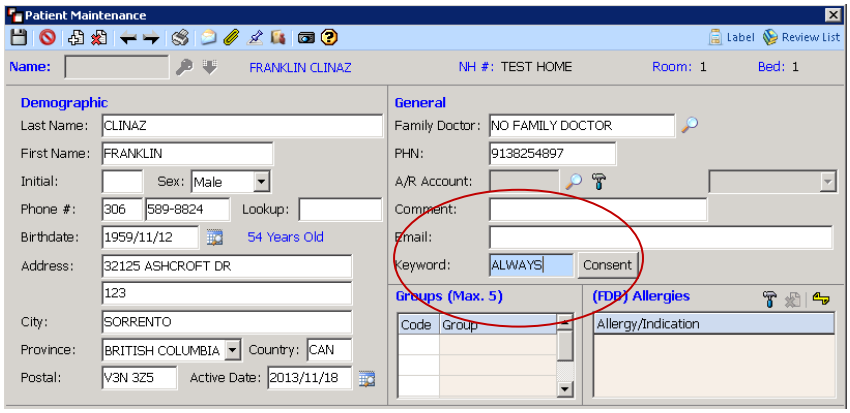
Keywords are not required, but all patients must be informed of the keyword option. The keyword limits access to the patient's records to only those pharmacists or physicians to whom the patient provides their keyword.

A patient keyword can contain a maximum of eight characters and preferably a minimum of six. The keyword can include alphabetic characters, numeric characters or a combination of both. Keywords may be stored on the local system only **with the patient's consent**.

Prior to creating, changing or resetting a keyword, the Provider must take all reasonable steps to positively identify patients and patient's personal representatives.

Keywords stored on the local system must only be available to the provider where the keyword transaction has been completed and cannot be shared among Pharmacists (even though they share patient information) unless the patient gives consent.

If a patient loses or forgets the keyword, or wishes it removed, the pharmacist or patient must contact the PharmaNet Help Desk.



When the keyword has been entered, click on the save icon.

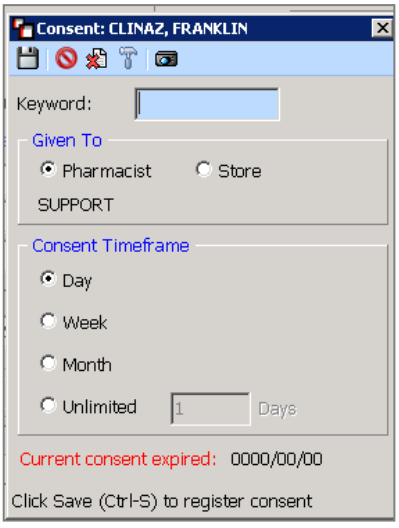
Do you wish to call PharmaNet now?

Select **No** if the keyword is already on PharmaNet, only the local system needs to be updated.

Select **Yes** if the keyword is not on PharmaNet, both PharmaNet and the local system will be updated.

Once it is decided which files will be updated, the consent window will open. Select who the keyword was given to, either the pharmacist or the store. Also, indicate what timeframe was given for the length of consent.

For expired consent or when making any modifications to the consent window, the keyword must be entered in this consent window.



Adding a Doctor

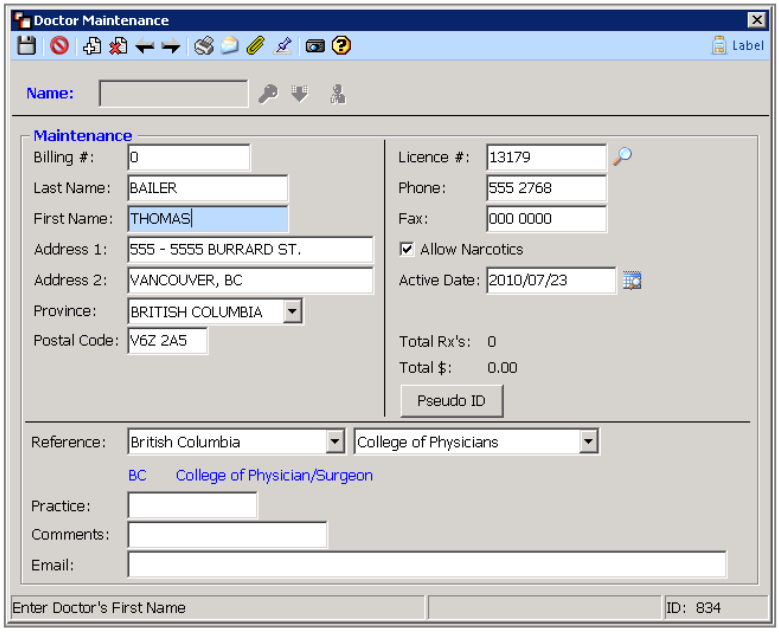
There are different ways to add new doctor information to the system:

- manually entering the doctor's information on the local system
- updating the doctor's information and/or License ID on the local system from PharmaNet
- adding the doctor to the local system from PharmaNet

To add manually

From Doctor Maintenance, select the Add New icon.

Enter the doctor's name, address and License ID, along with the reference information for the doctor.



To add or update from PharmaNet

Select the DIS icon, then Identify Prescriber (TIP), Select A for Add or U for Update.

Selecting Add will add the record to the local system.

Selecting Update will update the record or License ID number only, depending on the option selected.

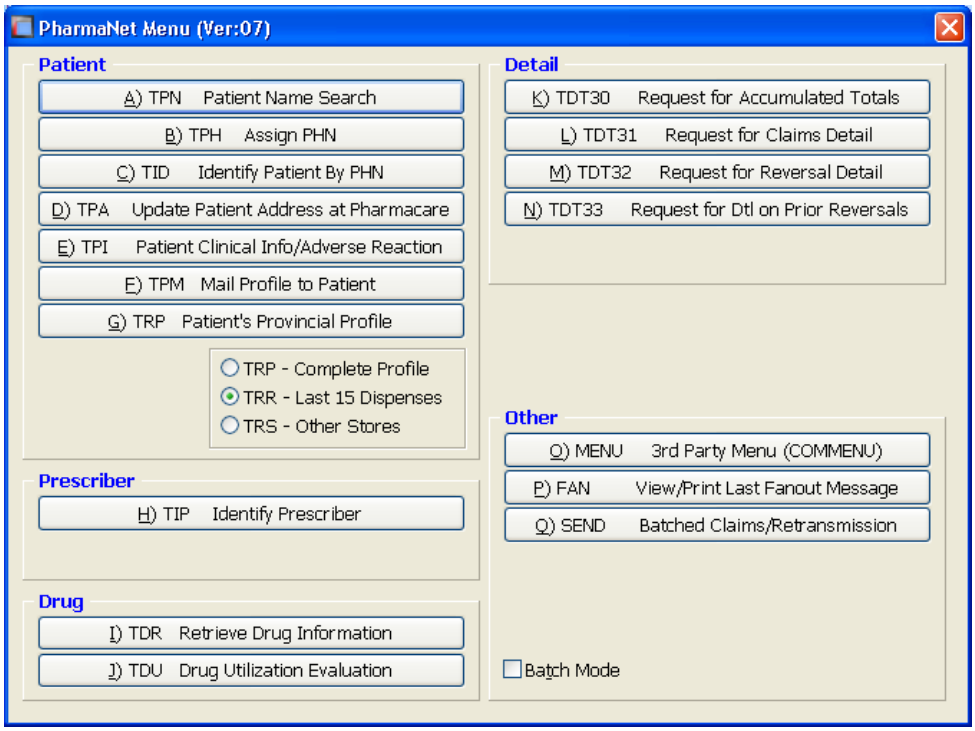
COMMUNICATIONS MENU

All communications to PharmaNet can be accessed through the DIS icon or the F9 function key. Once selected, the communications window will display. The window has been divided into sections. All patient functions are in the first section, all doctor functions are in the second section, all drug information in the third, and so on.

You have the option to navigate around in this pop-up box in different ways.

1. Click on the desired function to access.

2. Enter the corresponding letter assigned to each function, along with the ALT key. For example, Patient Name Search, enter the letter A while holding down the ALT key. The letter assigned as the shortcut will be identified with an underline.



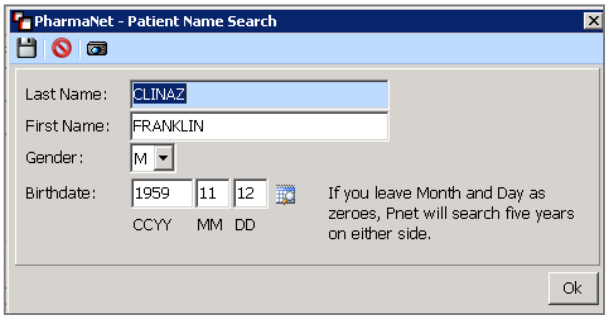
If your system is not configured to normally show underlines, this may be due to a setting in Windows.

Windows XP
Within Display Properties, the setting may be toggled by clicking on the Effects button located on the Appearance tab. Ensure that the option is unchecked as in the following screen image.

Windows 7
The setting needed may be found among Ease of Access options in the Control Panel. Press Ctrl-U anywhere in Windows 7 to launch the Ease of Access Center. Click on Make the keyboard easier to use, and within options to “Make it easier to use keyboard shortcuts”, select the option Underline keyboard shortcuts and access keys.

Patient Name Search (TPN)

This transaction lets you search PharmaNet for the patient, based on name, gender and birth date. The birth date can be the full date (year, month and day) for an exact match, or only the year entered to search for a ten year span, five years on either side of the year entered.



Patient: The patient name fields consist of two lines:

Last Name: The complete name must be entered, as exact matches only will be returned.

First name: The first name must be at least the first character, but may be as many characters that are known. The match will occur on the characters that have been entered.

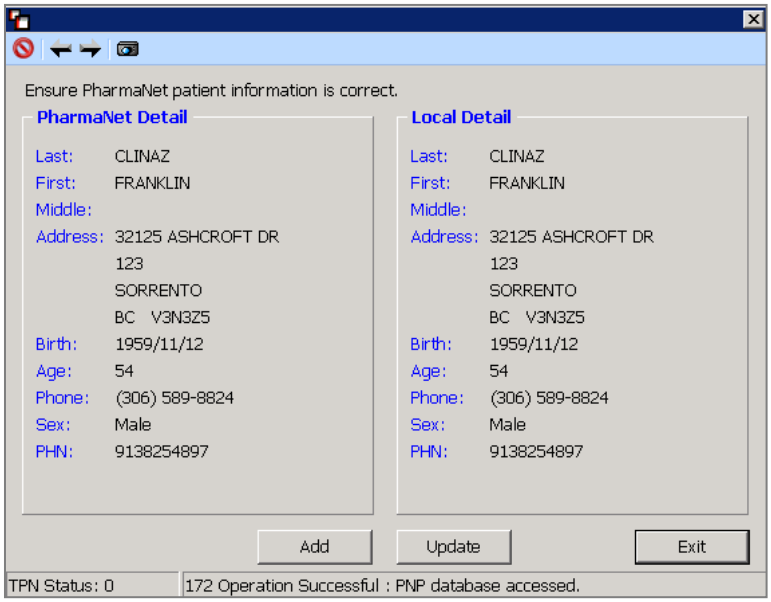
Gender: Either “F” or “M” must be entered. Exact matches will be returned, as well as any that are classified as “U” Unknown.

Birth Date: The format for this field is YYYYMMDD. Either the full date of birth can be entered, or just the year. If the full date (year, month and day) is entered, exact matches will be returned as well as any that have the day as 01. If only the year is sent, then all records in a range of 5 years on either side will be returned.

Patient information is stored on the PharmaNet Drug Information System (DIS) and PharmaCare Centralized Information System (PCIS), and is accessed when prescriptions for individual patients are dispensed. The following patient information is recorded:

- name and address
- date of birth
- Personal Health Number
- drug allergies
- any clinical conditions the patient may have
- detail of all prescription medications

A list of patients within the selection criteria will be displayed. Select the correct patient by clicking on the appropriate line.



Once the information is displayed, if the PHN exists locally, you will have two choices:

1. *Add*
2. *Update*

If the PHN does not exist locally then only the Add will be available.

Update Local System

Click on the Update button to continue to update.

Update Patient window opens and the following options are given:

Update Patient, all information will be updated on the local system, except Name, Middle Initial and Area Code.

Update PHN Only, the PHN number only will be updated.

Cancel, nothing will be updated.

Add to Local System

Click on Add button to continue to add to the local system. The system checks to see if the patient is already on the local system. If the PHN number is already assigned, a message will display in the PHN already assigned window:

PHN number already belongs to:
Last: CLINAZ
First: FRANKLIN
Address: 32125 Ashcroft Dr
123
Sorrento
BC CAN V3N3Z5
Birth: 1959/11/12

Once the patient is added, the screen will display:

Patient Added
Click on the Ok button to continue.

Assign Personal Health Number (TPH)

Every reasonable effort must be taken to obtain a patient's PHN. This includes asking the patient (or patient's relatives), searching local files, performing a name search on PharmaNet, and if necessary, calling the prescribing physician and/or the PharmaNet Help Desk. Only pharmacists and the Ministry of Human Resources (MHR) can assign Personal Health Numbers (PHN). The PharmaNet Help Desk cannot assign a PHN. A PHN is required to process prescriptions on PharmaNet.

If a patient cannot provide a Care Card, and the pharmacist is sure a PHN does not already exist, a PHN may be assigned. Full names must be used instead of initials and names should not be recorded based on common name usages.

New PHNs requested for babies must follow the following rules. The baby's legal name will appear on the Health Net BC files once the parents have MSP coverage.

Surname
If known, the baby's legal surname must be entered
If not known, use the mother's legal surname.

Given Name
If known, the baby's legal given name must be entered
If not known, the baby's legal given name must be entered as follows:

For **single births**: Baby Boy A or Baby Girl A

For **multiple births**: The appended letter must indicate the sequence of birth. For example, triplets where the first and third births are boys and the second is a girl would be, Baby Boy A, Baby Girl B, Baby Boy C.

Do not assign a PHN to a pet. If the prescription is for a pet, use the owner's PHN number.

For a Personal Health Number Quick Reference Card, visit the website:

http://www.healthservices.gov.bc.ca/pharme/newsletter/phnquickref.pdf

See BC PharmaCare Newsletter for additional information.

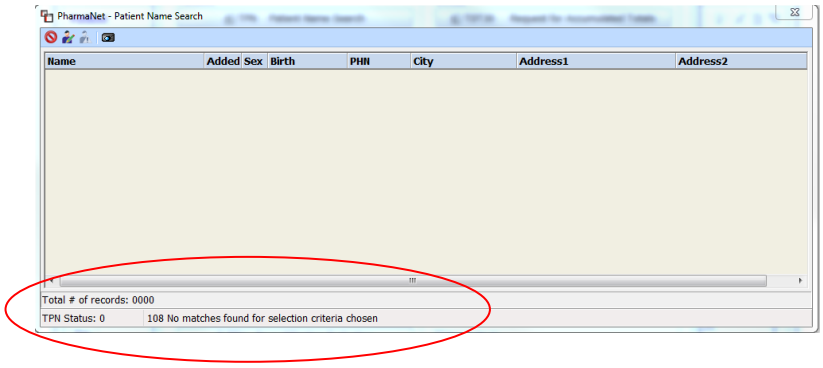
http://www.healthservices.gov.bc.ca/pharme/newsletter/04011news.pdf

Before assigning a new PHN number, a patient name search must be done to ensure that a PHN has not already been assigned. For this reason, assigning a PHN number cannot be done through B) Assign Personal Health Number; this must be done through A) Patient Name Search

Selecting B) Assign Personal Health Number will give the message:

To assign a new PHN Number,
you must first do a Patient Name Search (TPN)
and request a PHN from the search results.

From PharmaNet Menu window, select A) Patient Name Search and search for patient.
When the patient cannot be found, No matches found for selection criteria chosen, will be displayed in the status bar of the PharmaNet – Patient Name Search window.



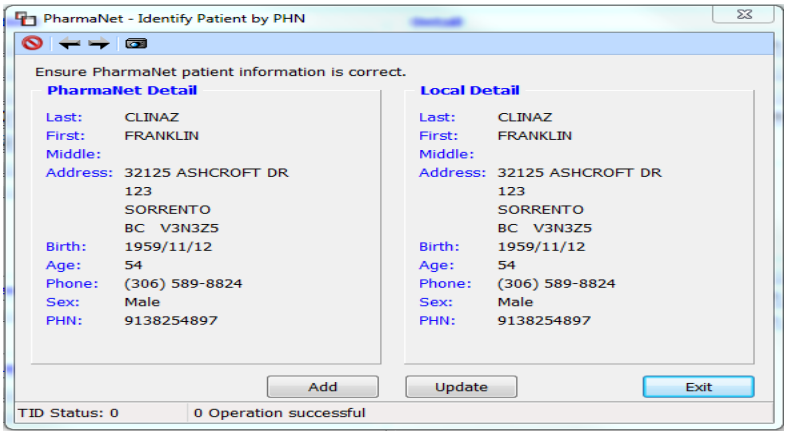
Click on the icon to Assign PHN. The patient information entered in the patient name search, will automatically be inserted. You will need to enter the patient's address, and phone number.

As an additional safeguard, you will be asked 'Are You Certain This Patient Does Not Have a PHN?' please click either the Yes or No button to respond. Once Yes has been selected, the system will begin to call PharmaNet.

A PHN Number has now been assigned. If a patient has been entered into Prescription Process, the PHN number will automatically be put onto this patient.

Identify Patient by PHN (TID)

The TID function is used to identify a patient based on the PHN number. The system will prompt you for a PHN, a call to PharmaNet will then be initiated. The information that is returned will include: Patient Name, PHN, Mailing Address, Phone Number, Birth Date and Sex.



Once the information is displayed, if the PHN exists locally, you will have two choices:

1. *Add*
2. *Update*

If the PHN does not exist locally then only the Add will be available.

Update Local System

Click on the Update button to continue to update.

Update Patient window opens and the following options are given:

Update Patient, all information will be updated on the local system, except Name, Middle Initial and Area Code.

Update PHN Only, the PHN number only will be updated.

Cancel, nothing will be updated.

Add to Local System

Click on Add button to continue to add to the local system. The system checks to see if the patient is already on the local system. If the PHN number is already assigned, a message will display in the PHN already assigned window:

PHN number already belongs to:
Last: CLINAZ
First: FRANKLIN
Address: 32125 Ashcroft Dr
Sorrento
BC CAN V3N3Z5
Birth: 1959/11/12

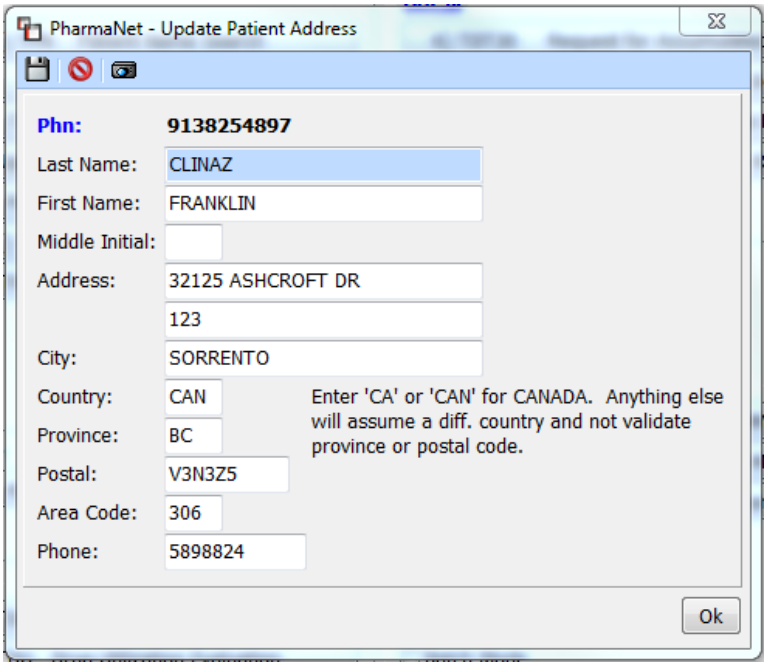
Once the patient is added, the screen will display:

Patient Added
Click on the Ok button to continue.

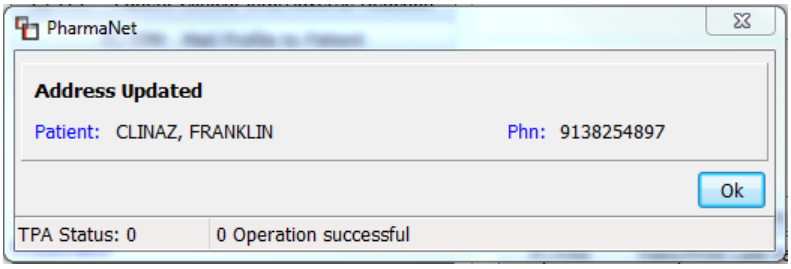
Update Patient Address at PharmaCare (TPA)

The TPA transaction is used to update the address at PharmaCare, based on the information that the customer has given you at the store. Remember, the information that you enter is what all other stores will access. For this reason, ensure that the information is as correct and current as possible.

The patients name must be entered first on the Prescription Process screen.



Once complete and PharmaNet has updated their database, the screen will display:



The only address retained for *Health*netBC is the patient's mailing address. For patients residing out-of-province or out-of-country, their home mailing address is captured, not their BC address while visiting the province.

Patient Clinical Info/Adverse Reaction (TPI)

CLINICAL INFORMATION:

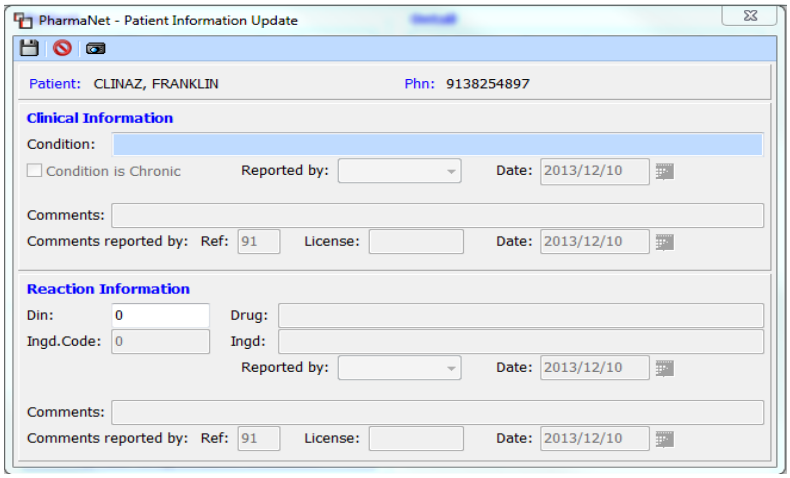
This will allow the pharmacist to add a condition to a patient's provincial profile. When you enter a condition, you must also enter something in the chronic field, as well as Comments reported by, license and date.

You may also add a comment to a patient's profile. If the clinical comments field in used, you must also enter the license number of the person recording the comments and the date that the comments were recorded.

ADVERSE REACTION:

Currently the adverse reaction is based on a DIN. The branch name and ingredient fields are not being used at the present time. When entering an Adverse Reaction you must also enter in a comment and record who logged the reaction, as well as the date.

NOTE: If you enter a duplicate DIN already on the provincial system, you will overwrite the original.



Once complete and PharmaNet has updated their database, the screen will display:

Patient Info Updated:
CLINAZ
FRANKLIN
9138254897

Request to Inactivate Adverse Reaction/Clinical Condition on PharmaNet, complete and submit the following form.

http://www.bcpharmacists.org/library/K-Forms/K-6_PharmaNet/9064-Request_Inactivate_ADR_PNET.pdf

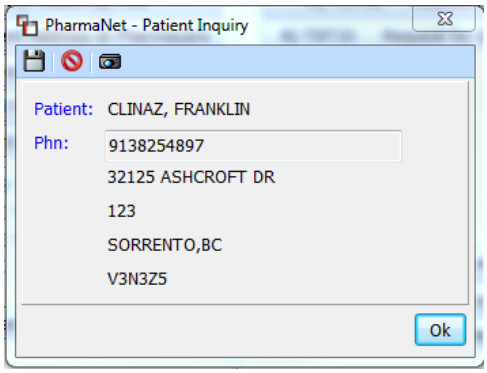
Mail Profile to Patient (TPM)

Patients can make a request to view their own data. A patient can request a print-out of their confidential and personal data. Either the data stored on the local system, the data stored on PharmaNet, or both. For both profiles, the patient must present positive identification.

PharmaNet information sent to the patient includes:

- patient demographic information
- patient reaction information
- patient clinical information
- patient medication information
- log of all persons who have accessed patient information, when no medication was dispensed

Requests for PharmaNet data are sent via PharmaNet, to the College of Pharmacists. The College of Pharmacist then mails the information directly to the patient. Community pharmacies are not permitted to print the PharmaNet patient record.



If there is already a mailing request for the patient at PharmaNet, another request will not be accepted. An error code of "*116 Patient print request already exists*" will display.

The patient's address and PHN must be validated on PharmaNet and the address updated (if necessary) before requesting a mailing. The software has linked these together for ease of use.

When *Mail Profile to Patient* is selected, the first step will be a patient inquiry. Once this has been sent, the PharmaNet and local detail will display side by side. This will give the pharmacist an opportunity to make sure the address on both systems is correct. Clicking on the Exit button will continue on to the Mail Profile to Patient screen.

Once complete and PharmaNet has received the request, the screen will display: Operation Successful

Profile Mailed to:
FRANKLIN
CLINAZ
9138254897

Patient's Provincial Profile (TRP)

Patient information is stored on the PharmaNet Drug Information System (DIS) and PharmaCare Centralized Information System (PCIS), and is accessed when prescriptions for individual patients are dispensed.

- **The DIS component** contains patient medication histories and drug information and is under the custodianship of the College of Pharmacist of British Columbia. Drug information is maintained by the College of Pharmacists, with drug information updates supplied by First DataBank, to provide the most current applicable information.

- **The PCIS component** contains patient claims and expenditure information and is under the custodianship of PharmaCare.

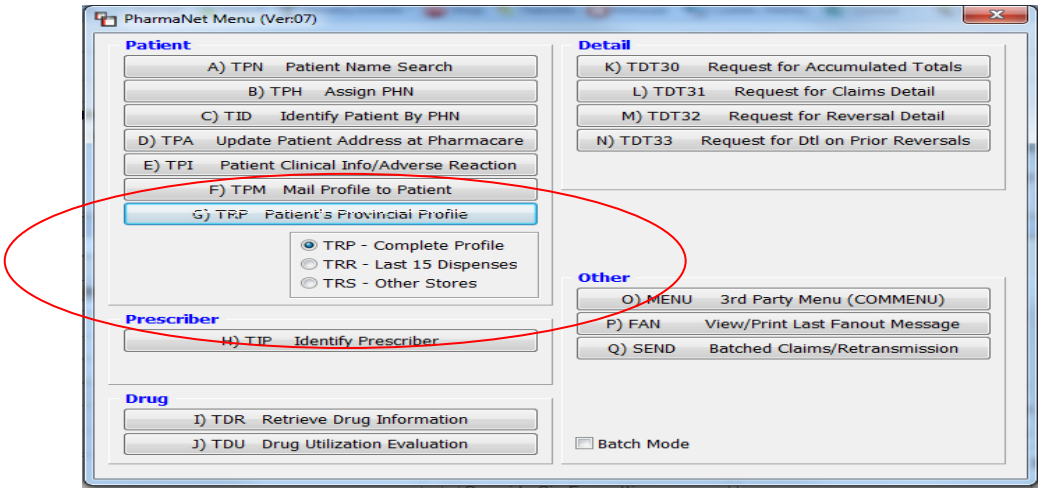
The most recent fourteen months is maintained on patient medication histories. PharmaNet provides the pharmacist with a complete medication history for each patient, enabling more informed dispensing decisions.

This history assists in detecting drug interactions and preventing adverse drug reactions. The details of all prescriptions for a patient stored on PharmaNet are available to any other pharmacist in BC, unless a patient keyword has been assigned restricting access.

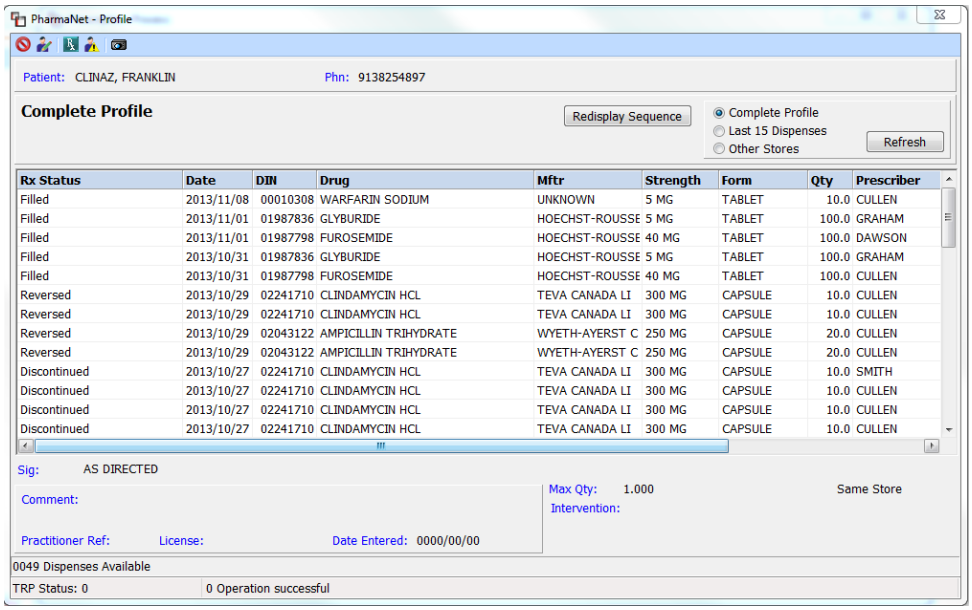
The provincial profile can be also be accessed without filling a prescription. You will need to enter an audit note as to the reason of access. A patient must be entered in prescription process first, before requesting a provincial profile, by selecting:

Click on the DIS icon and select G – Patients Provincial Profile, select one of the following:

TRP – Complete Profile
TRR – Last 15 Dispenses
TRS – Other Stores



The Patient's provincial profile listing includes reversals, not filled and discontinued prescriptions done at any store in the province. The order will be in date sequence with the newest prescriptions showing first. The information that is contained on this screen includes the Rx Status, Date, DIN, Drug, Manufacturer, Strength, Form, Quantity and Prescriber.



On the bottom left of the screen will be the number of dispenses available for display, TRP Status and the message of '0 Operation successful'.

To view further details on a specific prescription, highlight the prescription of choice in the grid and the following options are available:

The Update/Discontinue Rx function is accessible by clicking on the icon.

The patient's Clinical Conditions and Adverse Reaction(s) are displayed in a single window. This information can also be accessed while in the provincial profile by clicking on the icon.

More detail information can be displayed for any prescription on the provincial profile, by highlighting the line of the prescription and clicking on the Rx Detail icon.

Clinical Information: This will show the clinical information that has been setup on this patient. The details of the clinical condition are displayed underneath the grid for the highlighted line.

Adverse Reaction: This will show all adverse reactions that have been setup on this patient. The details of the adverse reaction are displayed underneath the grid for the highlighted line.

Prescription Detail: The detail information that is available on a prescription contains the following: Date, whether it was filled at the same store, the maximum recommended daily dose, the status (including the day it was discontinued), quantity, DIN, Drug Name. doctor, intervention codes, directions, comments and who reported them. While in the detail screen, the Update/Discontinue icon is available to update the selected prescription.

Update/Discontinue: This feature allows you to add comments to a prescription or discontinue one.

The printing of the PharmaNet patient record is not permitted. With the exception of patient education monographs and daily totals, printing of any information returned from PharmaNet is not permitted.

Identify Prescriber (TIP)

PharmaNet requires that all prescriptions be submitted with a valid Practitioner ID and a valid Practitioner ID Reference code. In the case of over-the-counter medications, the pharmacist's ID can be used.

Each B.C. pharmacist, physician, surgeon, dentist, podiatrist, veterinarian and midwife on PharmaNet has been assigned a Practitioner ID Reference code, identifying the licensing body, and a unique Practitioner Identification number. Practitioners from other provinces (except Alberta) are assigned generic ID's. PharmaNet does not use the identification numbers issued by their respective colleges, due to inherent difficulties in maintaining current records. The Practitioner Identification number can also be called Prescriber ID, License ID, or College ID. Alberta physicians, surgeons, podiatrists and veterinarians DO have individual Practitioner ID's on PharmaNet. Alberta dentists are assigned a generic Practitioner ID. The Practitioner ID number must be used, not the MSP Billing number. Either the Doctors last name, or license number can be entered. If tab is pressed at the doctors name, you will be taken to the Number field, where you can enter a valid practitioner ID.

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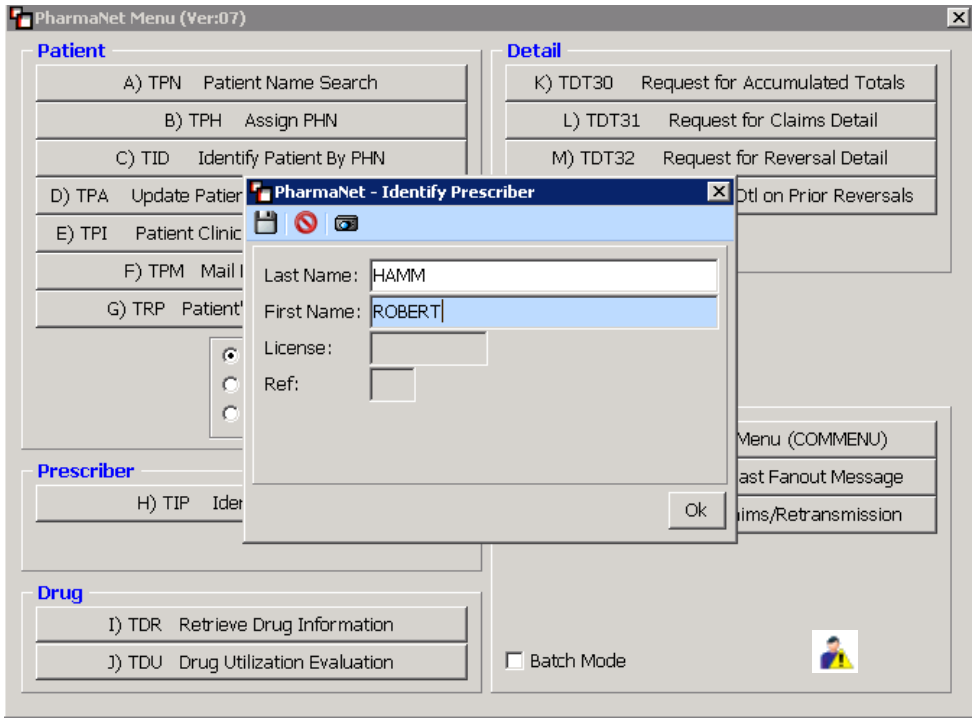
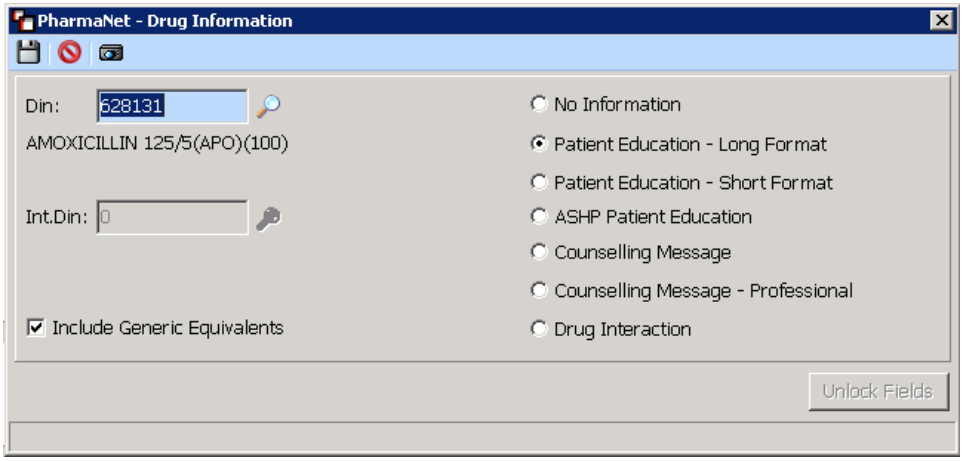


Once the list of doctors that match the entered information is displayed, click on the Detail icon, to display the detail information for the selected doctor. If the doctor exists locally, you will have the choice to Update only.

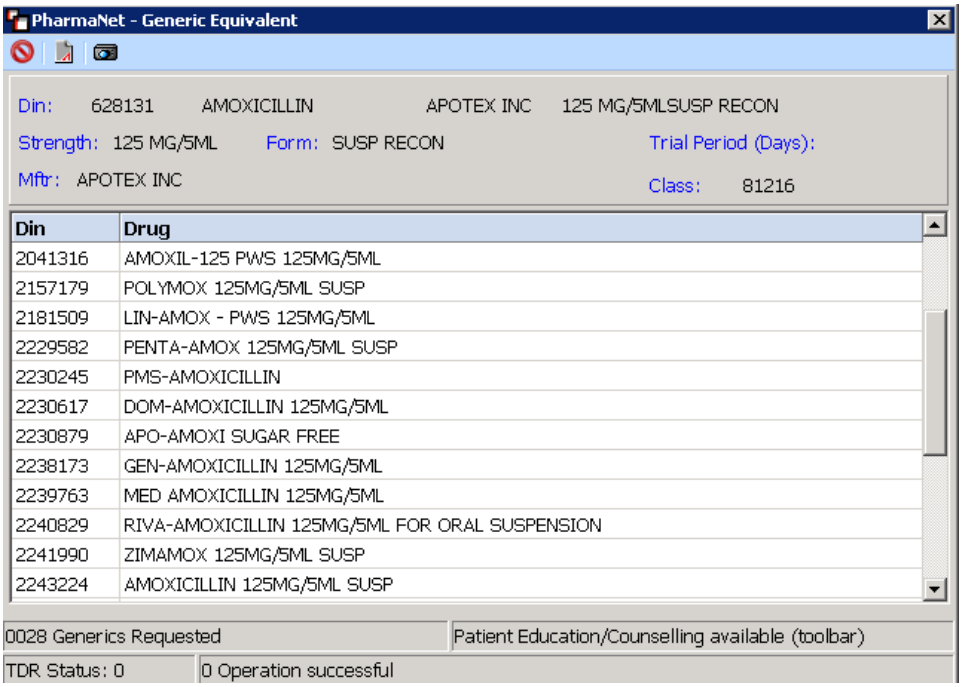
If the Doctor does not exist locally then only the Add button will be available.

Retrieve Drug Information (TDR)

The retrieve drug feature is used to get information on a selected drug. The available information includes different types of monographs, as well as available generics. The drug monograph information is supplied by First Data Bank and may be augmented by the College of Pharmacist of BC. Once the DIN of the drug is entered, you need to select what type of monograph you wish to see, and whether or not you wish to see the generic equivalents, then click on the Save icon to call PharmaNet.



If you select the box to Include Generic Equivalents, the generics will display first. The counselling information is available by clicking on the Monograph icon. If the generic equivalents were not selected, then the screen will display the text of the selected drug information, without having select the monograph icon. As the text selected may be several pages in length, the full standard paging keys will work. These keys include Page Up, Page Down, Up-Arrow, Down-Arrow and the HOME key to return you to the top of the text. Pressing the F9 key will print the drug information to the selected printer.



Drug Utilization Evaluation (TDU)

PharmaNet captures and adjudicates all prescriptions dispensed in all community pharmacies and hospital outpatient pharmacies in BC. PharmaNet returns a complete patient medication history, Drug Use Evaluation (DUE). The DUE portion provides information to the pharmacist for assessing patient therapy. PharmaNet performs 6 types of DUE checks using drug information and clinical modules from *First Data Bank.*

The prescription being dispensed is compared to the active prescriptions (last 14 months) to assess:

- drug-to-drug interactions
- drug to prior adverse reactions
- duplicate therapy/ingredients
- dose too high/too low
- refill too soon/too late

When choosing this transaction from the menu, you are prompted for the DIN, quantity and duration. The request will then be sent to PharmaNet. When performing a TDU transaction outside of a prescription, you must first have the patient selected on the Prescription Process screen.

Advisory Code: This field will explain what the transaction is for (i.e. drug/drug drug/patient interaction)

Severity Level: The severity level will be included on all interaction transactions. The levels are 1, 2, or 3.

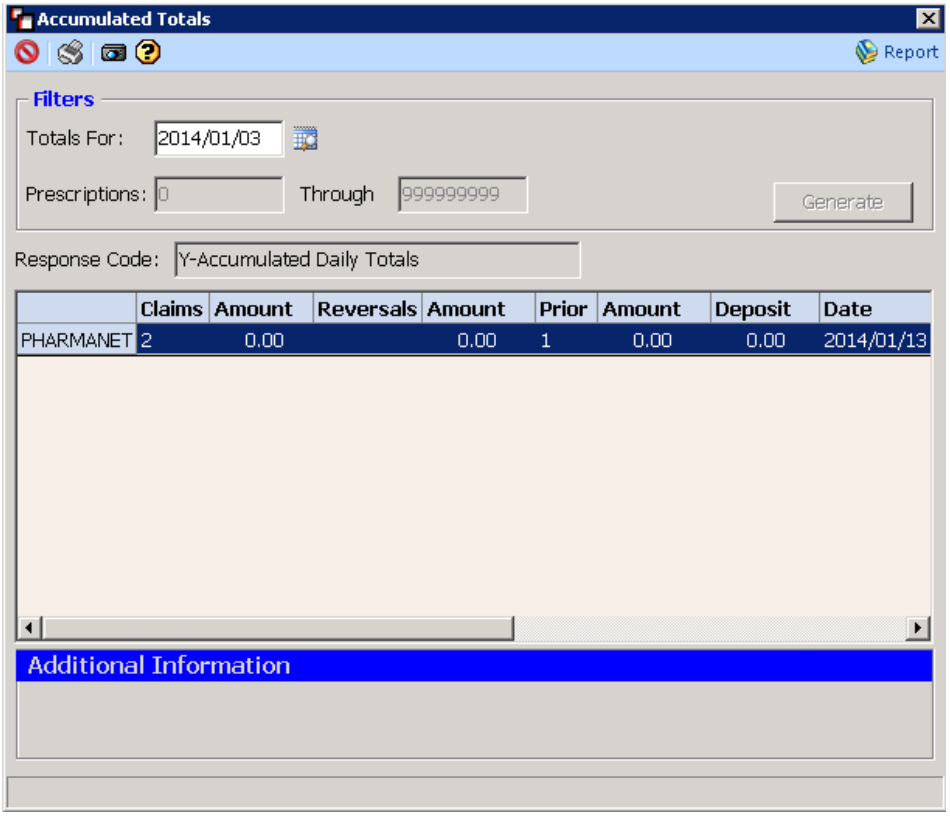
Level 1	**Most Significant**	Action to reduce risk of interaction is usually required. The prescription should not be filled as written.
Level 2	**Significant**	Assess risk to patient and take action as needed. There is not enough information available for PharmaNet to assess the interaction, please use professional judgement.
Level 3	**Possibly Significant**	Conservative measures are recommended until more is known.

Also included with the TDU response will be prescription information. The first prescription listed will be the one that you asked for the check to be performed against. If the transaction is an interaction with another drug or drugs, they will be listed starting with the second record in the list. At this time, you may select the desired script and press F8 to see detail information on that prescription.

Request for Accumulated Totals (TDT30)

Payment data can be accessed on PharmaNet using the Daily Totals retrieval transaction.

Daily totals data is available only for the current date and the preceding 45 days. If you require payment data from before that period, contact the PharmaNet Help Desk. The PharmaNet Help Desk can retrieve earlier data on request.



The figures returned will include the following:

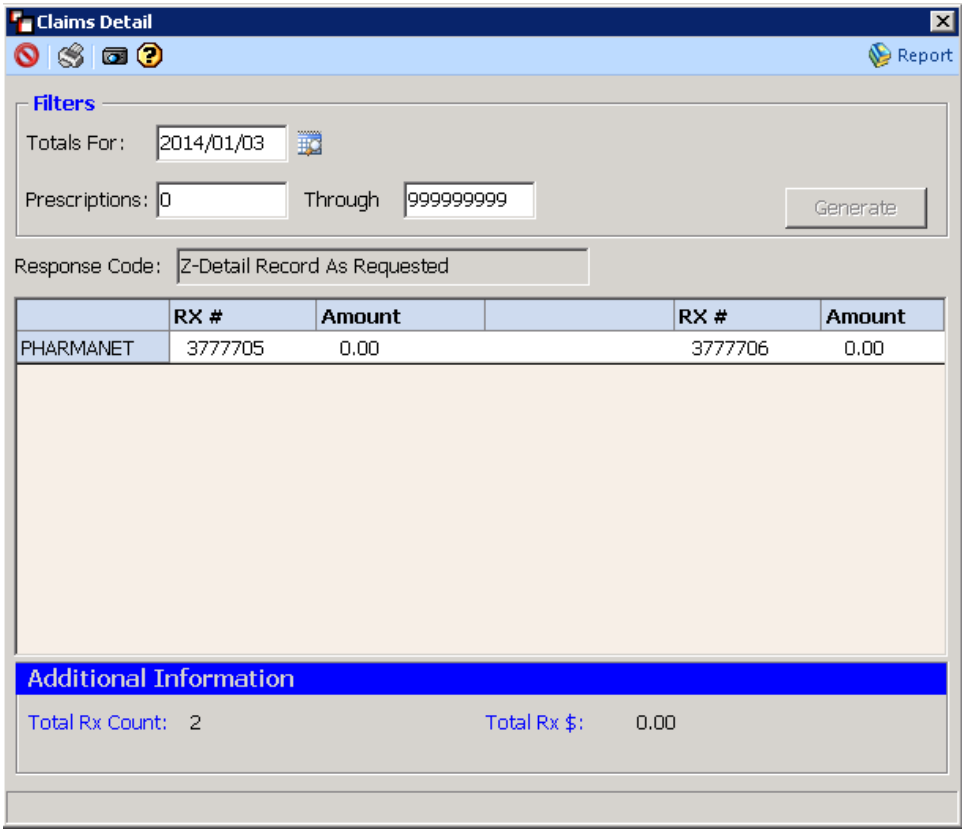
Claims/Amount:	The number of, and the dollar value of claims sent for date range selected Does not include claims reimbursed to cardholder.
Reversals/Amount:	The number of, and the dollar value of reversals processed/ filled
Prior/Amount:	The number of, and the dollar value of reversals that were processed on the date selected, but filled on an earlier date.
Deposit/Date:	This field shows the amount that will be paid to the pharmacy and the date of that payment. Refer to the Pharmacy Reference Guide for more information for payment processing.

NOTE: This screen is for display, but can be printed by clicking on the Report button.

Request for Claims Detail (TDT31)

This transaction shows detail information for the selected date or Prescription number range. The information that is returned with this transaction includes the prescription number and the amount for each claim.

Any claims where PharmaCare pays a portion, a dollar amount will show, all others will show a dollar value of zero. These totals are available for the current date and the preceding 45 days. Only 14 claims are returned at a time, so if the desired range includes more, then another call to PharmaNet will be required. This is done by pressing the enter key.



The figures returned will include the following:

RX #/Amount: The prescription number of, and the dollar value of claims sent for date range selected

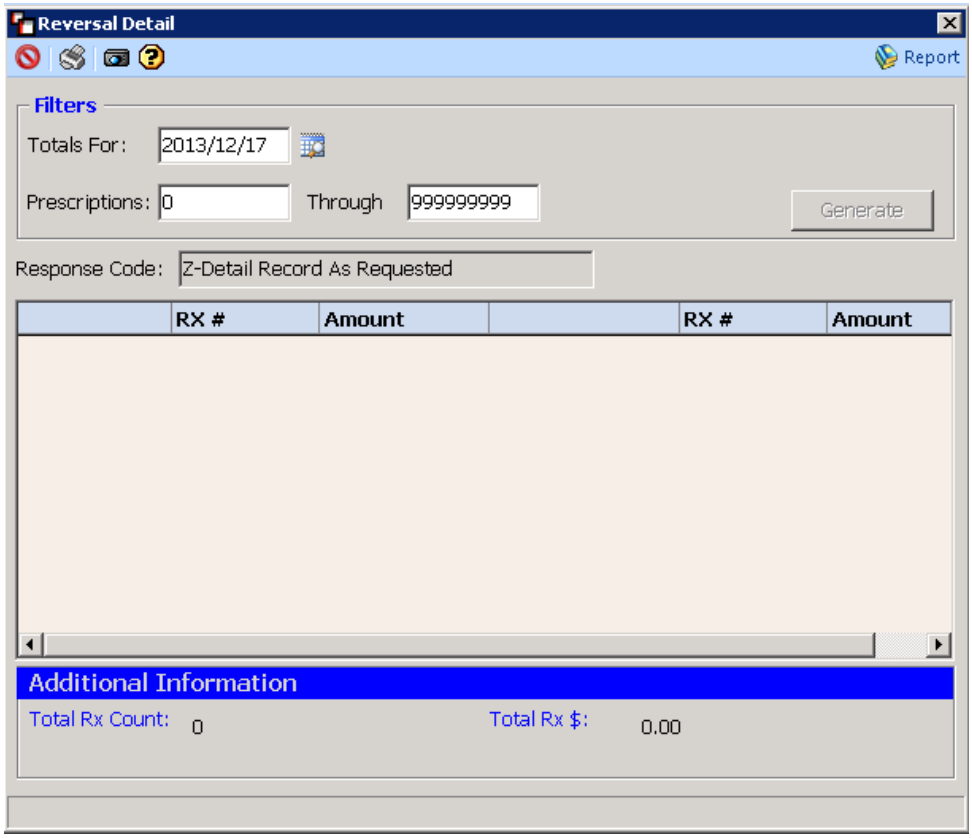
These totals do not include claims reimbursed to cardholder

NOTE: This screen is for display, but can be printed by clicking on the Report button.

Request for Reversal Detail (TDT32)

This transaction will show any reversals processed that were also filled on the date selected. The information that is returned with this transaction includes the prescription number and the amount for each reversed claim.

Any claims where PharmaCare pays a portion, a dollar amount will show; all others will show a dollar value of zero. These totals will be available for the current date and the preceding 45 days. Only 14 claims are returned at a time, so if the desired range includes more, then another call to PharmaNet will be required. This is done by pressing the enter key.



The figures returned will include the following:

RX #/Amount: The prescription number of, and the dollar value of claims sent for date range selected

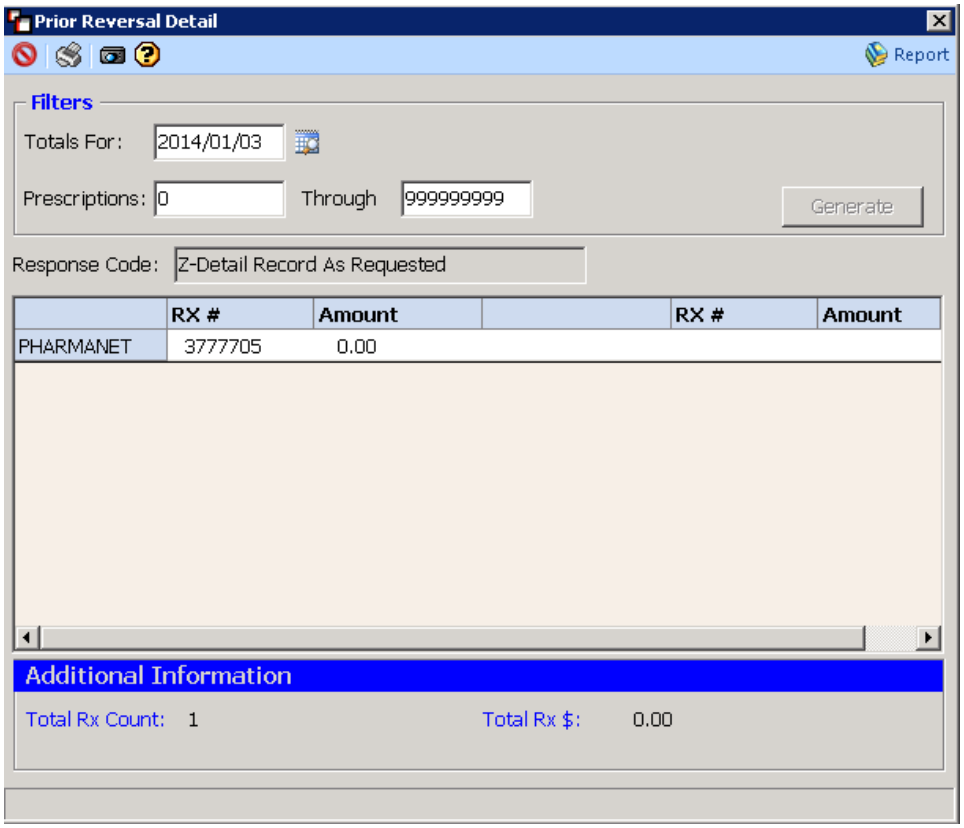
These totals do not include claims reimbursed to cardholder.

NOTE: This screen is for display, but can be printed by clicking on th Report button.

Request for Detail on Prior Reversal (TDT33)

This transaction will show any reversals processed that were filled on a previous day. The information that is returned with this transaction includes the prescription number and the amount for each reversed claim.

Any claims where PharmaCare pays a portion, a dollar amount will show; all others will show a dollar value of zero. These totals will be available for the preceding 45 days. Only 14 claims are returned at a time, so if the desired range includes more, then another call to PharmaNet will be required. This is done by pressing the enter key.



The figures returned will include the following:

RX #/Amount: The prescription number of, and the dollar value of claims sent for date range selected

These totals do not include claims reimbursed to cardholder.

Claims can be reversed up to 120 days after the dispensing date. After 120 days, the reversal must be requested by contacting the College of Pharmacists of BC.

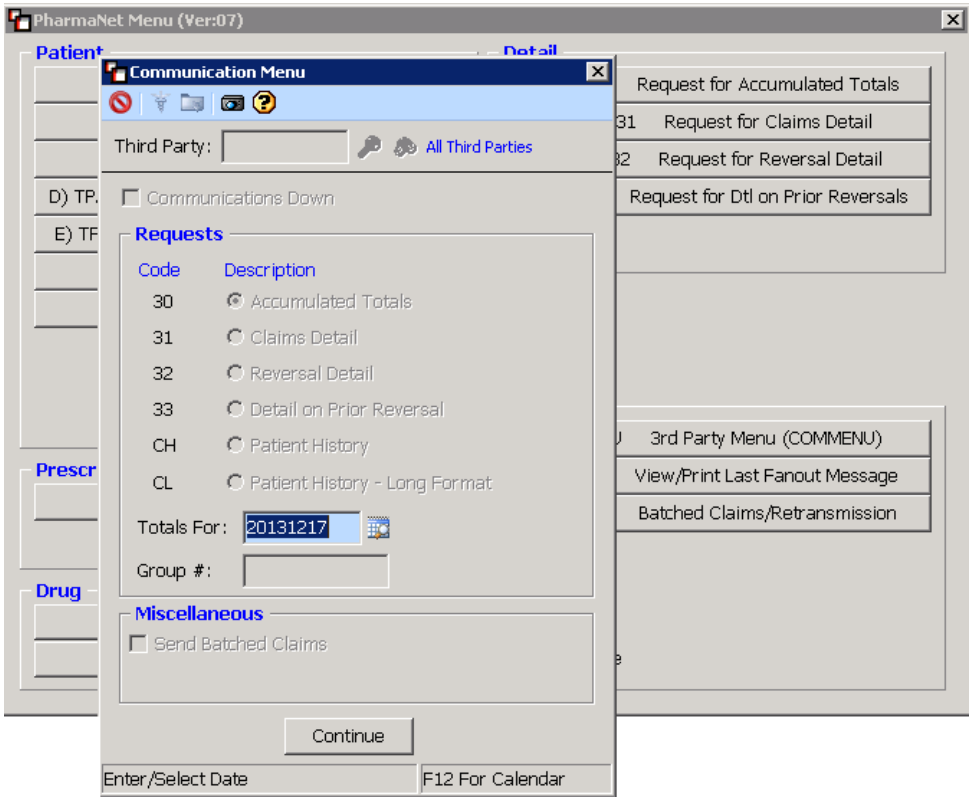
NOTE: This screen is for display, but can be printed by clicking on the Report button.

Third Party Menu Functions

Daily Accumulated Totals can be shown for each Third Party that has been set up on the system. The displayed list is not alphabetic by name, but numeric, by the third party number assigned.

To get the information for a single third party, select the Lookup icon and select the appropriate third party from the list.

To get the information for all third parties, select the All Third Parties icon. Each Third Party will be called in sequence and all results will be displayed after all third parties have been called.

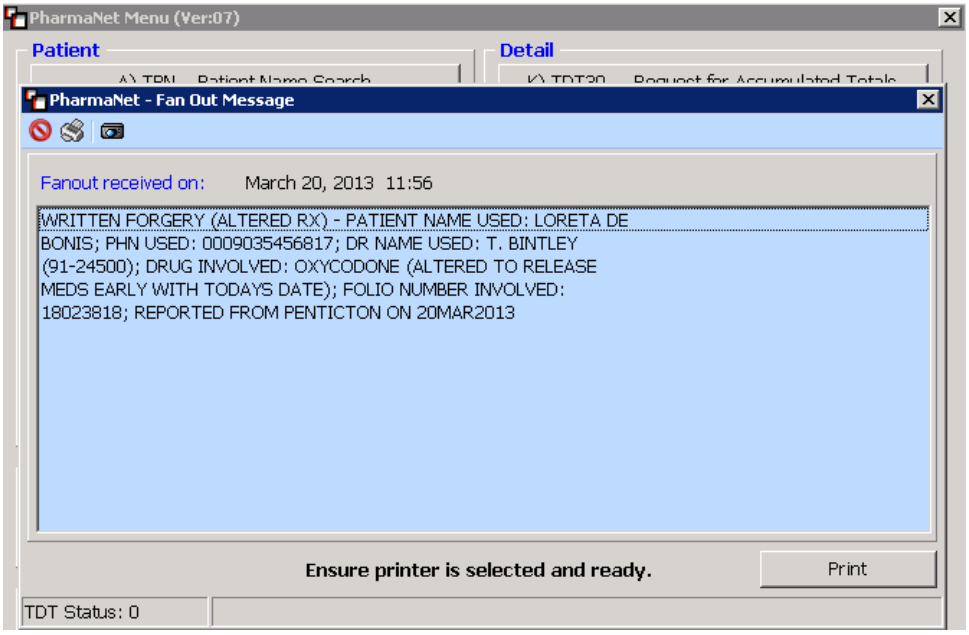


NOTE: This transaction will be sent to the screen, but can be printed by clicking on the Report button.

View/Print Last Fanout Message

A fan-out is a means of transmitting urgent messages to PharmaNet users. Messages can be transmitted to individual pharmacies; to specific groups of pharmacies by geographic area; to all PharmaNet-connected pharmacies in British Columbia; to hospital pharmacies; and/or to dispensing physicians.

Pharmacists may alert the College of Pharmacists of BC to the need for a fan-out by contacting them directly.

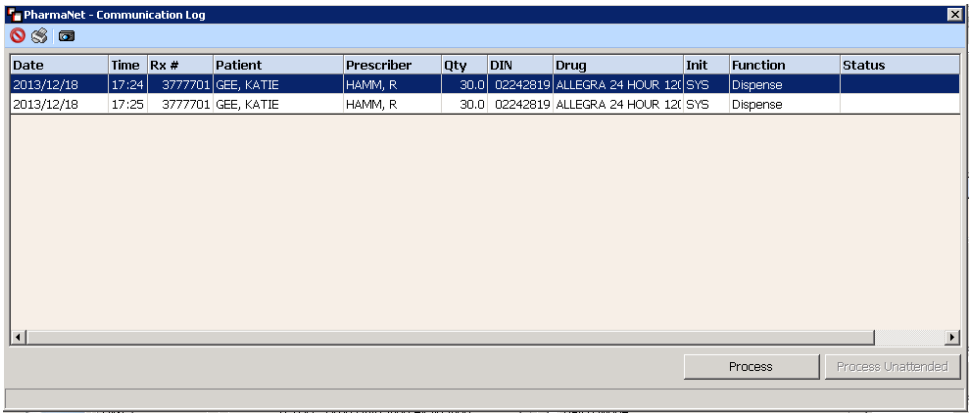


These messages are sent as attachments to regular PharmaNet transactions returned to pharmacies.

The message must be displayed and printed before the next transaction begins. The printout should be retained in a log accessible to all pharmacy staff, as only the last Fan Out message is stored on the system.

Send Batched Claims/Re-Transmission

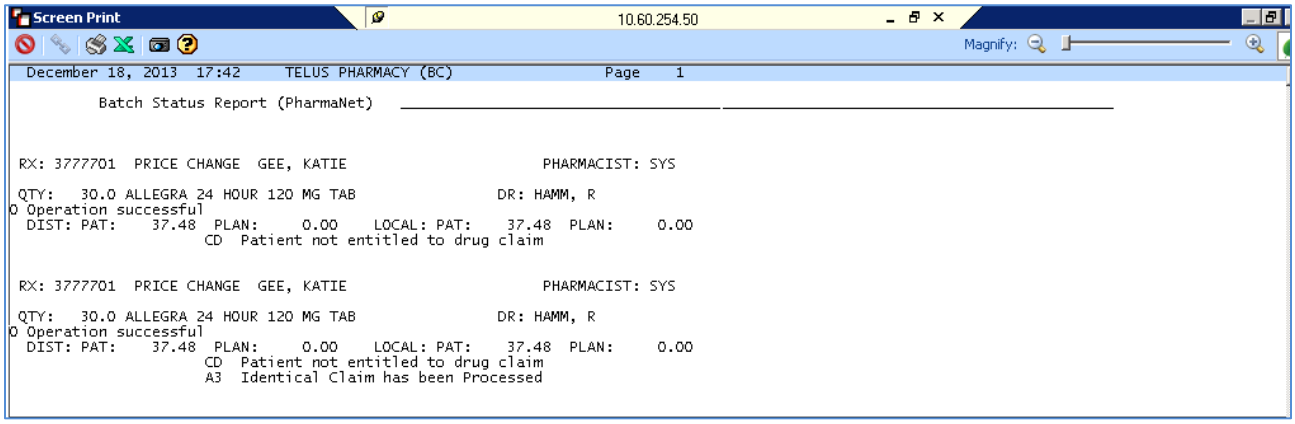
When communication with PharmaNet is “down”, the system can give you a warning message, such as “no route to host” or “timeout error”. When this occurs, the system will go into Batch Mode. You will see BATCH MODE displayed on the right hand side of the Prescription Process screen. You can continue to enter prescriptions into the local system. These prescriptions will be accumulated until PharmaNet is available. When requested, the local system will send these accumulated transactions as a batch. This operation allows you to operate almost normally; but you will have no access to DUE checks or adjudication results until the interruption ends. After the network is available, every access will give a warning message “Batch file exists and MUST be sent”. This will remind you that you have a batch claim waiting to be transmitted to PharmaNet.



With the first prescription highlighted, click on the Process button.

A window will appear asking if the correct report printer is selected? Clicking on the TELUS button, or the printer icon from the Communication Log window will allow you to change printer options. After you are sure that the printer is ready, Click on the Yes button to continue. Each claim in the Batch File will be sent one by one, allowing you to view each response in order.

When all the claims have been sent, a Batch Fill Report will print. Review the Report Carefully, as there may be some rejected claims, or claims that were adjudicated to different amounts than the local system calculated.



PRESCRIPTION PROCESS

Initial Setup

The patient's provincial profile is accessed when filling a script. This can be set to display at:

- the beginning, before the prescription had been filled, or
- the end, after the prescription has been filled.

The provincial profile can also be set to default to:

- All prescriptions filled,
- Last 15 prescriptions filled,
- Prescriptions filled at other stores only.

The provincial profile can be also be accessed without filling a prescription, by selecting from the Communication Menu. A patient must be entered within the Prescription Process window before requesting a provincial profile.

Patient information is stored on the PharmaNet Drug Information System (DIS) and PharmaCare Centralized Information System (PCIS), and is accessed when prescriptions for individual patients are dispensed.

The DIS component contains patient medication histories and drug information and is under the custodianship of the College of Pharmacist of British Columbia. Drug information is maintained by the College of Pharmacists, with drug information updates supplied by First *DataBank*, to provide the most current applicable information.

NOTE: The PharmaNet Help Desk (operated by HIBC) does not have access to DIS. The College of Pharmacists handles all enquiries regarding DIS.

The PCIS component contains patient claims and expenditure information and is under the custodianship of PharmaCare.

The most recent fourteen months is maintained on patient medication histories. PharmaNet provides the pharmacist with a complete medication history for each patient, enabling more informed dispensing decisions.

The PharmaNet system's **Coordination of Benefits (CoB) Router** accepts a pharmacy's submitted prescriptions and automatically routes it to and from the appropriate application systems on PharmaNet. PharmaCare can access CoB information.

PharmaNet captures and adjudicates all prescriptions dispensed in all community pharmacies and hospital outpatient pharmacies in BC. PharmaNet returns a complete patient medication history, Drug Use Evaluation (DUE). The DUE portion provides information to the pharmacist for assessing patient therapy.

Medications not picked up by the patient must be reversed and returned to stock within 61days of the dispensing date or as per current bylaw.

Reversals due to billing adjustments must be done within 91 days of the dispensing date or as per current bylaw.

Backdating to correct a claim less than 91 days old:

- the claim must be reversed using the current information
- the claims information must be corrected (re-entered if necessary) and re-sent to PharmaNet with the original dispensing (fill) date.

After a receipt has been issued and provided to the patient, no further electronic adjudication to 3rd party carriers is permitted.Pharmacy software may allow for multiple 3rd party connection attempts, however, once a receipt is provided to the client, further transmissions are prohibited.

Adjudication Screen

The information that is displayed in the TAC (Transaction to Adjudicate Claim) section is broken down into sections.

- Status of Request
- Response Codes
- Messages
- Dist Column
- Local Column

Status of the Request

Accepted: This means that the total price of the prescription has been accepted. The distribution of the total price may still vary from what the local system calculated.

Price Change: This means that the distribution of the total price has changed from the amount that the local system calculated. The amount of the difference will display beside the status as part of the lower title. The reason for the price difference will be stated in the response codes.

Rejected: This status shows that the claim has been rejected. Some rejected claims may still be able to be filled, with the insertion of an intervention code.

Reversal Accepted: This status indicates that the reversal that was sent has been accepted and will be removed from both the patient's deductible and the pharmacy's amount, if the case applies.

Pay Cardholder: This status will only appear on prescriptions that were sent from the Communication log. These prescriptions would have been filled in the "batch" or "network down" mode. The pharmacist, who batched the claim in the case of a "network down" situation, would have been given the chance to request that the claim be paid to the cardholder (patient).

Response Codes

These responses are displayed in the upper left hand corner of the adjudication window. There are many different response codes, each two characters long. See Appendix A for a complete list. The codes are then expanded to meaningful sentences to save the user from having to look each code up. These codes include everything from, why the claim was rejected to a warning stating that the local system's given name of the patient doesn't match the one on PharmaNet. See Appendix A for listing of response codes.

Messages

This area is for any messages pertaining to the prescription being filled, also the adjudication date of this fill, and the co-pay amount.

Dist Column vs. Local Column

The last two, dist and local columns will be explained together. The first is the "local" column; this will indicate what the local system calculated the price of the prescription to be, including the total price. The "dist" or distribution column shows what PharmaCare has adjusted the cost, fee and their payable share to be. The local system will take the total price of the Rx that it calculated it to be, take off whatever PharmaCare said they would pay, and will put the remainder into the patient pay amount. In the case, where a third party is involved, the patient pay amount will be re-distributed once the claim has been sent to them.

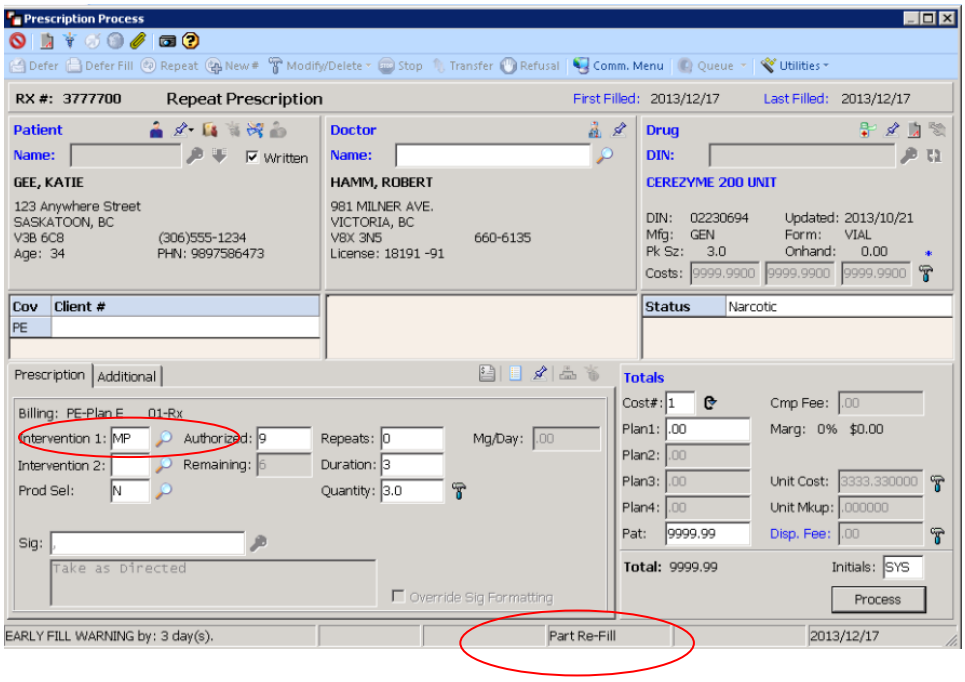
Claims over $9999.99

A claim submitted to PharmaNet should not have the Drug Cost and Professional Fee with a dollar value over $9999.99. If this occurs, you will receive a response display of *Transaction not successful. Please retransmit*.

PharmaNet needs to have claims submitted with a dollar value under $9999.99. If a prescription total is over this amount, the claim will need to be sent more than once, using an intervention code of MP.

Only the first claim will be sent with a dispensing fee. All subsequent claims need to have the dispensing fee zeroed out. This can be done easily on the second fill, by clicking on the modify icon beside the Disp. Fee field and entering zero in the dispensing fee field.

Depending on what is entered in the authorized and what fill quantity is dispensed, the system could also automatically consider this a Part Fill Prescription. See the section in this documentation on Part Fills for more information.



Compounds

The difference between a regular prescription and a compound prescription is the configuration of the compound field in drug maintenance. Compounded prescriptions are processed as PINs (Product Identification Numbers), not DINs (Drug Identification Numbers).

If the compound has been determined to be a benefit, use one of the following PINs until January 27, 2013:

Compounded Lotion	00842443
Compounded Mixture	00921297
Compounded Ointment/Cream	00842435
Narcotic Compound	00999776
Saturated Potassium Iodide Solution	00999113

After January 27, 2013, refer to http://www.health.gov.bc.ca/pharmacare/pins/pharmpins.html

If the compound is not a benefit, use one of the following PINs:

Compounded Preparations	66123252
Narcotic Compound	66123367
Alcoholic Medicinal	66123239
Controlled Compound	66124162
Topical Anti-Fungal Compound	66124164

If the drug is a compound, then the type of compound must be selected from the drop down list. The complete list is:

Compound		Compound
Normal Compound		External Powder
Not a Compound		Internal Powder
Topical Cream		Injection/Infusion
Topical Ointment		Ear/Eye Drop
External Lotion		Suppository
Internal Use Liquid		Other

Consolidated PHN

A consolidated PHN may be the result of someone assigning a new PHN without first properly determining that one already exits, or a name change processed incorrectly. At any point when the network is accessed, you may receive a message that the PHN has been consolidated with another. If you think that this is not correct, you shouldn't update the local system until a TID has been done for verification.

Update Now? Clicking on Yes will update the local system and display patient information on PharmaNet and the local system for confirmation purposes. With a patient entered on the Prescription Process screen, you will be given the choice of two options. *Add to Local System* or *Update Local System*. If NO patient has been entered, then the only option will be *Add to Local System.*

Update Now? Clicking on No will not update the local system.

Drug/Stock Transfers

Stock Transfers

Drug/Stock transfers include the sale of drug inventories to other pharmacies, including emergency supplies of narcotics and controlled drugs as well as drugs returned to wholesalers. Personal Health Numbers must not be assigned for drug/stock transfers.

Sales of Inventory to Other Pharmacies

A pharmacy sale of drug inventory to another pharmacy or hospital is a local function only and therefore should not be transmitted to PharmaNet.

Transfer of Inventory to a LTC facility

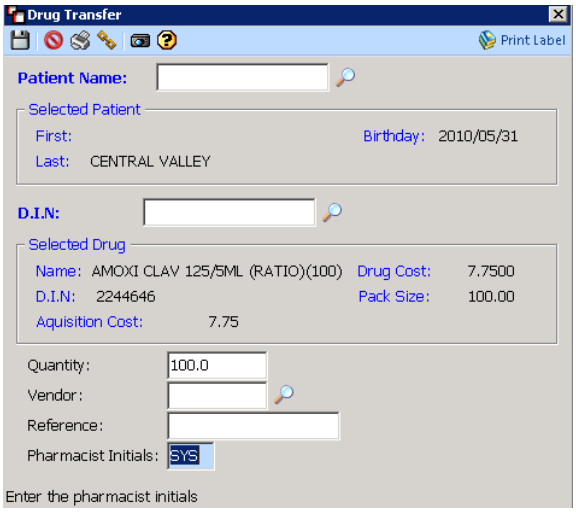
The transfer of inventory to a long term care facility for future use within the facility is considered a drug/stock transfer.

From the Inventory tab, click on the Drug Transfers icon, enter the name being transferred to, the din or drug name, quantity and reference, if needed. The Pharmacist Initials are defaulted to the initials entered for filling.

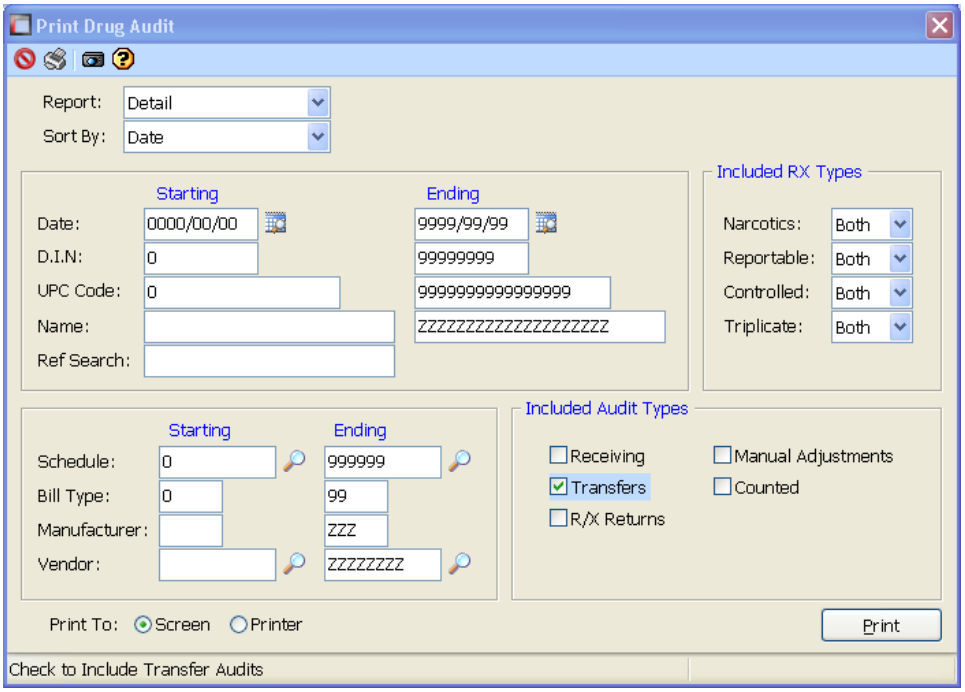
Click on the Print Label icon to print a transfer label (the default label for transfers is X1)

Click on the Save icon to finish the transfer entry.

Note: If a label is required, make sure that you click on the Print Label icon to print the label before clicking on the Save icon.

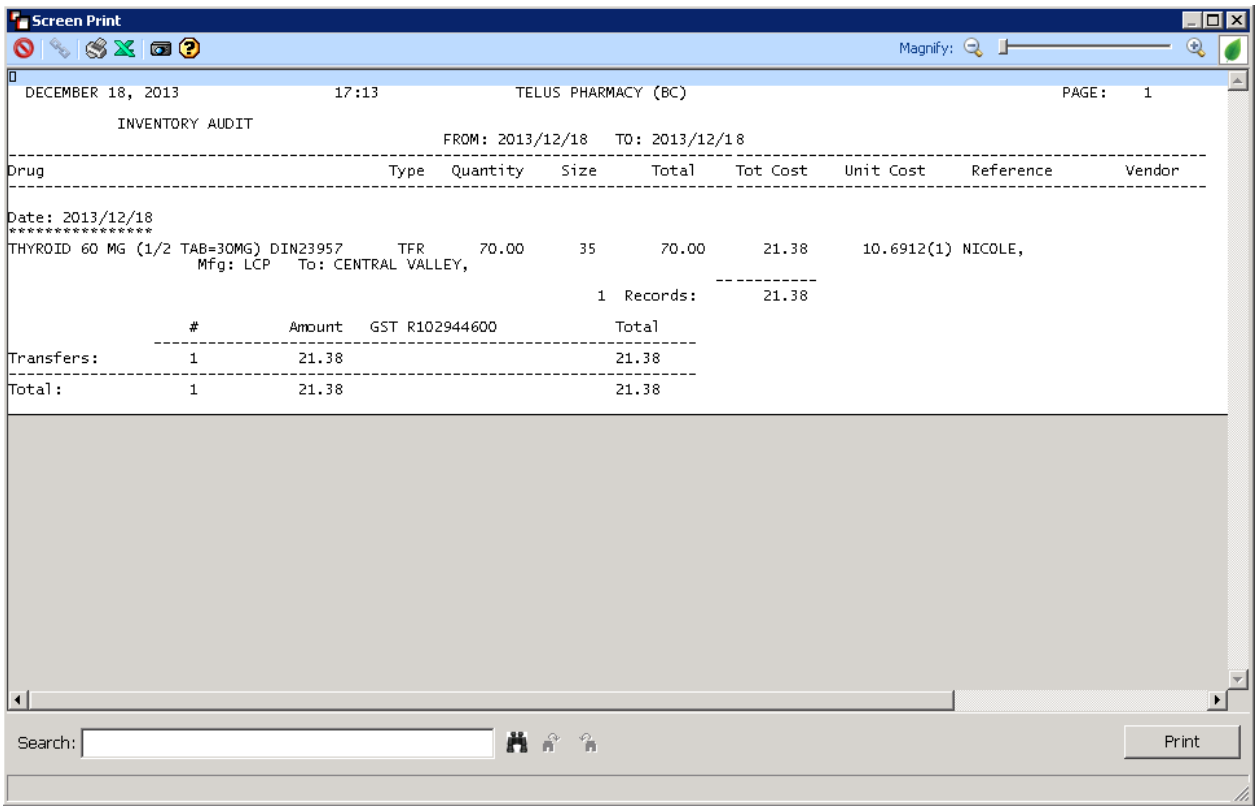


To print a report of transfers, from the Inventory tab, click on the Reports icon, then select Drug Audit.



Enter the date range needed, and select the Transfer field. If transfers only are wanted for the report, deselect the Postings, R/X Returns and Manual Adj. fields.

The report will include the date, type, quantity, pack size, total, total cost, unit cost, reference, supplier, and the store the drug was transferred to. Following is an example of the report.



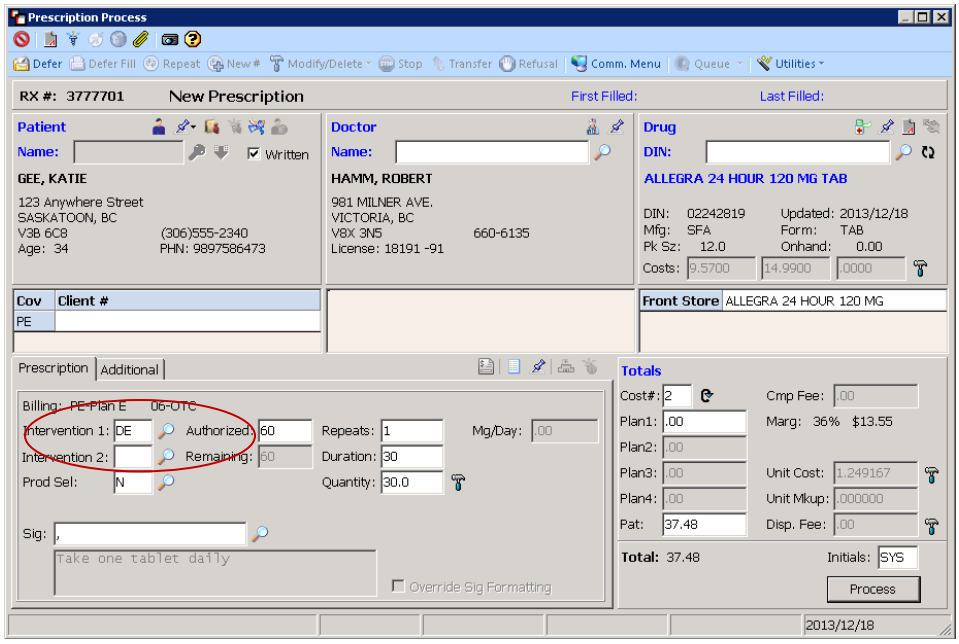
Filing on OTC Product

At the pharmacist's discretion, over the counter (OTC) and no-public-access (NPA) medications may be added to a patient medication history. This is called filing an OTC product.

Entering these medications on a medication history allows monitoring of medications and performing of DUE (drug-use evaluation) functions, as with prescription drugs.

For filing OTC Meds, an intervention code of DE or cost of zeroes must be submitted.

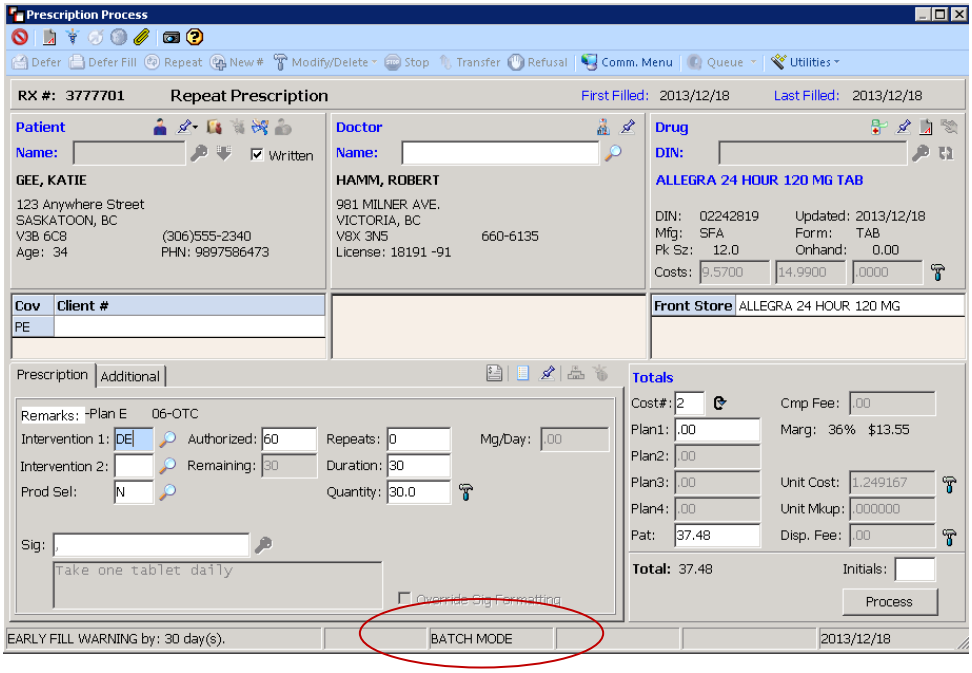
Note: The pharmacist must use their College licence number in the Practitioner ID field and P1 in the Practitioner ID Ref. field.



Network Down

Filling Prescriptions

When communication with PharmaNet is “down”, the system can give you a warning message, such as “no route to host” or “timeout error”. When this occurs, the system will go into Batch Mode. You will see BATCH MODE displayed on the right hand side of the Prescription Process screen. You can continue to enter prescriptions into the local system. These prescriptions will be accumulated until PharmaNet is available.



After entering your initials, the system will prompt you for what type of claim you wish to perform: Pay Pharmacy or Pay Cardholder. The control file now has a flag setting to set the default as either Pharmacy or Cardholder.

If you are not sure of the patient’s status, it is recommended that the claim be processed as a 04 – Pay Cardholder, and you collect the payment from the patient.

When requested, the local system will send these accumulated transactions as a batch. This operation allows you to operate almost normally; but you will have no access to DUE checks or adjudication results until the interruption ends.

PHN Not Known

If communications to PharmaNet is down, process as usual, using 9999999998 as the PHN number. Once PharmaNet is back online, send the batched claim. PharmaNet will reject it. You can then search for, or assign a valid PHN number. Re-submit the claim to PharmaNet.

Sending Claims

After the network is available, every access will give a warning message “Batch file exists and MUST be sent” This will remind you that you have a batch claim waiting to be transmitted to PharmaNet. The reminder will continue, until the batch claim has been sent. See Send Batched Claims/Retransmission Page 32 for complete information on sending a batch claim.

Rejected Claims

Any claims that are rejected during this batch processing can be modified and re-transmitted.

Office O-Meds

All office-use medications sold to clinics/practitioners by a pharmacy must be transmitted on PharmaNet using the pharmacy's unique "O-Med PHN" and the corresponding keyword.

Note: A pharmacy sale of drug inventory to another pharmacy or hospital is a local system function only and therefore should not be transmitted to PharmaNet. See Drug/Stock Transfer for this function.

A pharmacy may use the last 15 prescriptions option (TRR) to review the PharmaNet medication history for its O-Med number.

Pharmacists should use the following guidelines when transmitting claims to PharmaNet for office-use medications:

- O-Med PHN and its keyword must be used
- Current dispensing date must be used
- The Intervention Code UA should be used to eliminate the DUPLICATE message if dispensing the same DIN on the same day.

PharmaNet does return DUE messages for O-Med transactions.

Reversals of O-Med claims are performed in the same way as for other reversals; Use of the O-Med PHN, the corresponding keyword and the Intervention Code RE.

Part Fills

The Part Fill function can be accomplished by two different methods. The system will automatically determine that the transaction is a part fill or can be designated as such by the pharmacist.

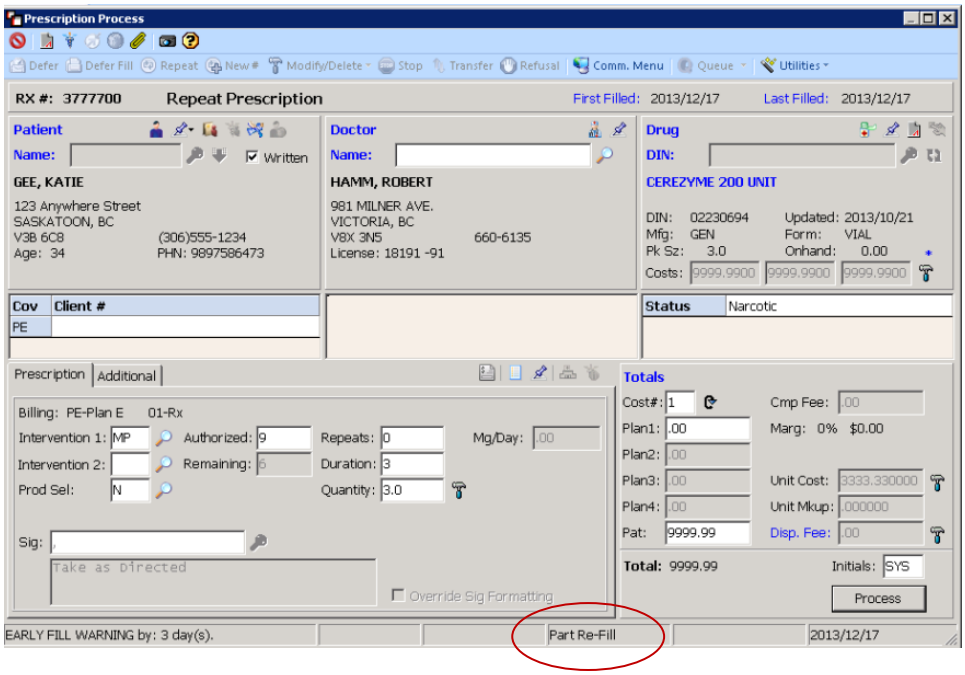
This does not have an impact on the prescription locally, but does indicate to PharmaNet that the transaction is a Part Fill prescription.

Automatically:

If a prescription has zero repeats and the authorized amount is greater that the quantity dispensed, the system will automatically consider the prescription to be a Part Fill. The Part Fill display will show after entering the SIG code. If anything other than zero is entered in the repeat field, the system will not consider the prescription as a Part Fill.

Manually:

From Prescription Process, select the Additional tab. In the *Regular Fill Qty* field, enter the Total Authorized amount. The system will now set this prescription as a part fill. Any refills will also be sent to PharmaNet as Part Fills.



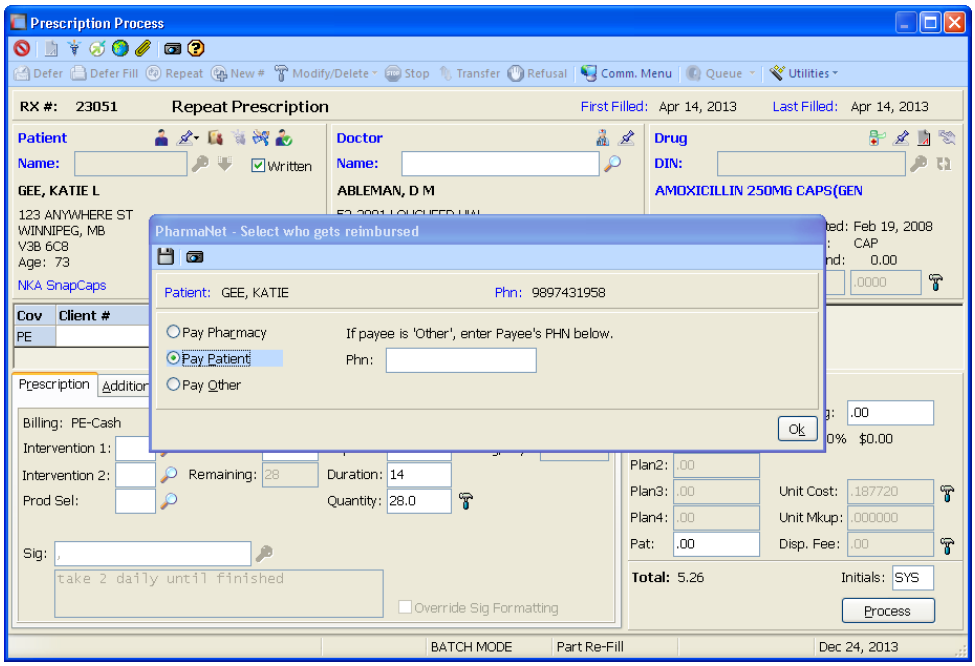
Payee Different from Patient

With communication with PharmaNet “down”, the system will prompt you to select the type of claim reimbursement you wish to perform. Pay Pharmacy, Pay Cardholder, Pay Other.

The default is configured from the System Flags tab under System Setup. The field Pnet Down ‘Pay Who” Dflt 01 Pay Pharmacy, 4 Pay Patient.

When the payee is different from the patient, the payer must be identified by PHN .i.e. If a prescription for a child is transmitted as “Pay patient” the cheque is normally made payable to the parent. Therefore, the parent’s PHN needs to be entered as well. The screen will display:

Hint
Payee Other Than Patient (Y/N):
Example: A parent pays for their Child’s RX. The parent (payee) is to be reimbursed by PharmaNet, not the child. Answer Y to the above question and you will be prompted for the payee’s PHN for proper reimbursement.



Payee Other is selected, then the PHN number of the person that PharmaNet will be reimbursing needs to be entered.

While in the PHN field, you cannot cancel out of this. If you decide to abort the different payee, then you must select an option other than “Pay Other” to finish off the prescription.

Refusal to Fill Special Services Fee

Pharmacists may choose not to dispense a prescription for reasons such as drug-to-drug interaction or suspicion of multi-doctoring. This is called “Fee for Special Services” or “Refusal to Fill”.

In some “Refusal to Fill” situations, the pharmacist may be entitled to claim a fee for “Special Services” PharmaCare may pay a professional intervention fee to any PharmaNet-connected pharmacy that does not dispense a prescription, as a result of information revealed to the pharmacist by PharmaNet.

Fees may not be claimed for repeat occurrences involving the same individual at the same pharmacy within a short period of time.

Following are situations in which a special services fee may be claimed. The pharmacist must provide appropriate justification for the refusal to fill by using one of the applicable intervention codes:

CI	Significant Drug Interaction
CA	Prior Adverse Reaction
CD	Therapeutic Duplication
CL	Sub-Therapeutic Dose
CH	Dangerously High Dose
CB	Treatment Failure
CO	Potential Overuse/Abuse
CM	Suspected Poly-pharmacy/Multi-doctoring
CF	Falsified/Altered Prescription
UB	Consulted Prescriber – Changed Dose
UC	Consulted Prescriber – Changed Instructions for Use

The maximum professional intervention fee paid is twice the amount of the pharmacy’s normal PharmaCare dispensing fee, at the time of the dispensing request. The Refusal to Fill request, must be done the same day as the initial fill.

Our system will accomplish this using two steps.

1. Fill the original prescription, then
2. Perform the Refuse to Fill, by selecting the

button
   Enter the Rx number of the original prescription (or use the lookup) &click the OK button.
   Enter your Initials and click on the Process button
   Enter Reversal Intervention 1 and click the OK button, you will get an Operation successful window.
   Click on the OK button. Reversal will show as accepted, click on the Continue button.
   Dispensing fee (Double) will automatically be filled in, enter an Intervention 1 code from the above list and click on the OK button..

If the Refuse to Fill transaction is complete, the PharmaNet window will display:

PharmaNet Response Status 0
177 Refusal to Fill processed.
Prescription logged as not filled.

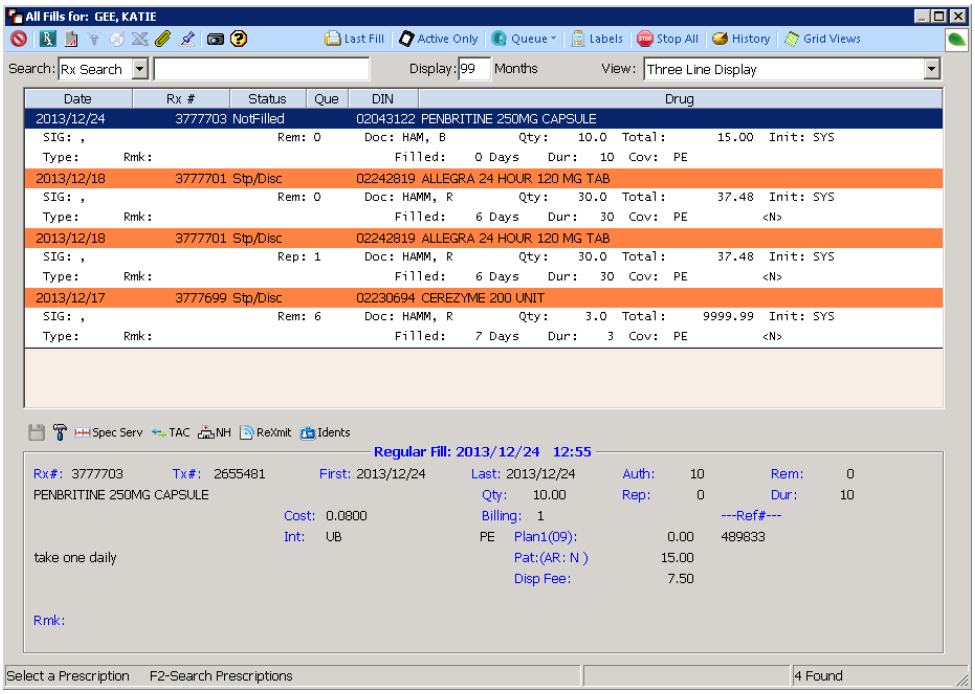
Click on the OK button, coverage will be processed and the Claim Adjudication window will display with dispensing fee totals.

If the refusal to fill is logged, but PharmaCare is not paying the professional fee, you will see the following message on the adjudication screen that comes next. “72 Special Services (Misc. Fee) Error”. The amount that PharmaCare is not reimbursing will be put into the Patient Pay amount. The status of the prescription, whether PharmaCare has paid any amount or not, will show as *NotFilled.*

When a pharmacist completes a refusal to fill prescription, the prescription can be returned to the patient. To prevent the patient from presenting the prescription to another pharmacist, mark the prescription with a notation “refused to fill” and the date, before returning it to the patient.

Reversing a Refusal to Fill

There may be a time when a refusal to fill needs to be reversed, i.e. wrong script number processed. This can be accomplished from within the patient profile. From the Prescription Process screen, click on the Patient Profile icon and highlight the Refusal to Fill prescription to be reversed.



If the prescription had previously been processed as a “Refuse to Fill”, you will be able to select the SSC REV (Special Services Fee Reversal) icon to reverse.

This initiates a call to PharmaNet, Enter your initials and password. The intervention code previously submitted will automatically be filled in, click on OK.

The PharmaNet Claim Adjudication window will display with the totals previous processed. Click on the continue button. The Operation Successful from PharmaNet window will display, click on OK.

The patient profile window will refresh and the refusal to fill prescription deleted from the profile.

Restricted Claims

The Restricted Claimants Program restricts payment of prescription drugs for patients who appear to have difficulty managing their prescription drugs.

The program works by:

- The patient's PharmaCare drug coverage is restricted to one pharmacy and one doctor (plus specialists)
- If the patient tries to fill a prescription at a different pharmacy, or if a different doctor has written the prescription, PharmaCare will not pay for the prescription.

In emergency circumstances, PharmaCare will make a one-day change in doctor or pharmacy. Exceptions are made only if the patient is unable to see their own doctor or get to their own pharmacy and if not filling the prescription could result in serious harm to the patient.

The pharmacist, as always, applies professional judgement in determining whether or not to fill the prescription.

Replacement of lost or stolen medications is not covered for patients on this program.

Retransmissions

PharmaNet requires the ability to perform re-transmissions. This means that we can recreate a submission record to be resent to PharmaNet. This will help keep the local system and PharmaNet “in sync”.

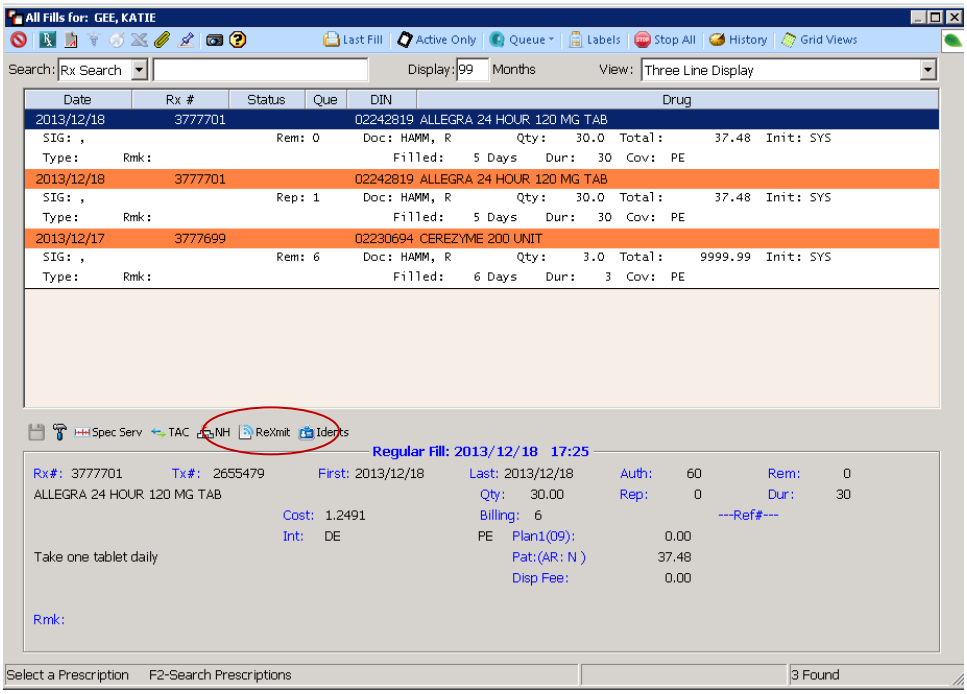
If the software does not receive a response from a transaction submitted, the transaction must be sent to again, in the form of a re-transmission transaction.

When a TDU (Drug Utilization) is retransmitted, and if the PharmaCare claim has already been processed, the re-transmitted PharmaCare claim will not be added to the Medication History table a second time. DUE processing will be redone. If an exact match is not found, the transaction will be processed as a new prescription.

When a TAC (Claim Adjudication) is re-transmitted, and if the PharmaCare claim has already been processed, the retransmitted PharmaCare Claim will not be added to the Claims History table a second time. The original PharmaCare claim results will be returned. If an exact match is not found, the transaction will be processed as a new prescription.

This re-transmission can be done from the F1-Patient Profile.

Select the prescription to resend by highlighting, and press the F8 key for Detail Information.



The ReXmit icon will display on the top of the detail information box.

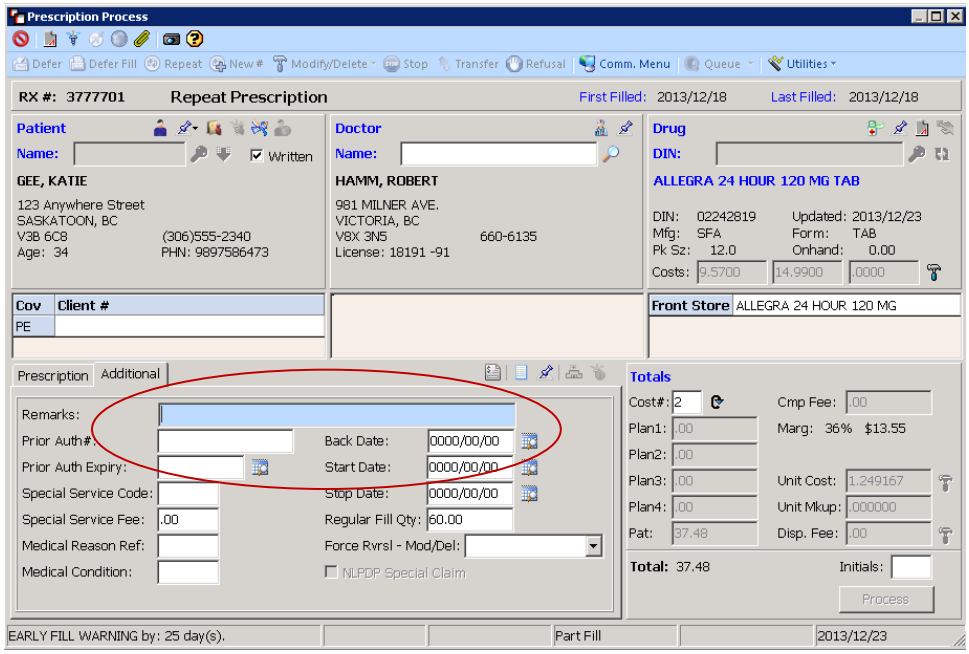
You will be asked to enter your initials and password, once entered the claim will be processed and the Claim Adjudication window will display.

Special Authority

A Special Authority (SA) is an exemption that makes a particular drug eligible for full or partial coverage.

PharmaNet no longer uses this field during prescription process. Previously the first 20 characters of this field were sent with the prescription claim. As this process is between the doctor and PharmaCare this field will no longer be sent as part of the prescription process.

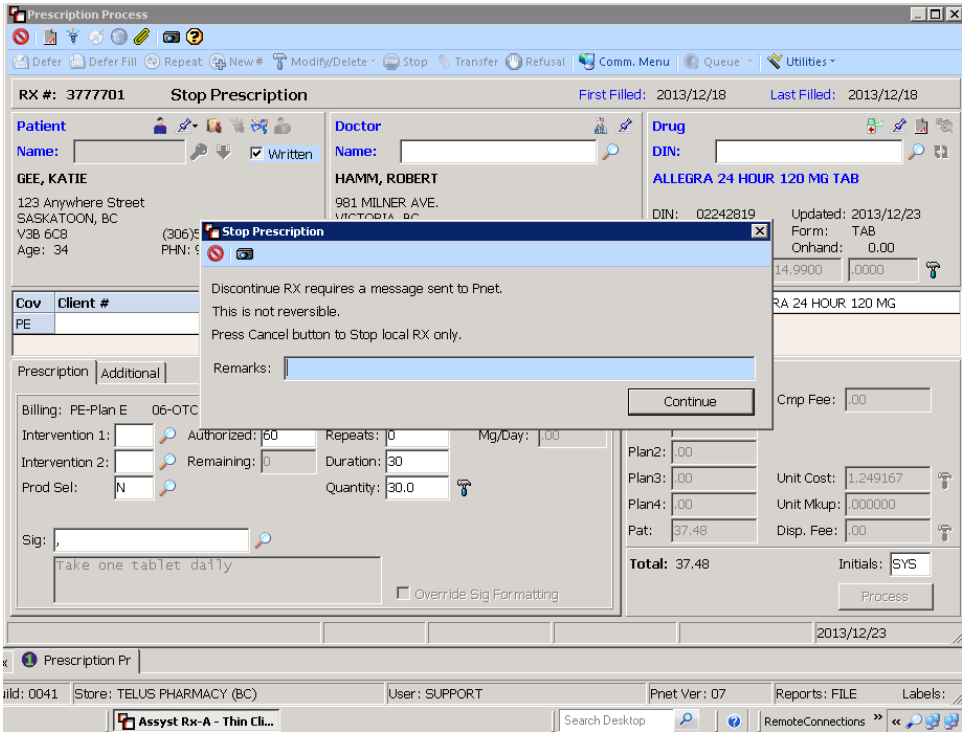
A Remark or Rx Note can still be enter in the Remarks field, but is for local use only.



Stop/Discontinue a Prescription on the Local System

Stopped and discontinued prescriptions are treated differently. Stopped Prescriptions are stopped on the local system only. Discontinue prescriptions now require a discontinue transaction to PharmaNet before the local system will be updated. Be very careful in selecting the prescription to be discontinued. Once this discontinue is transmitted to PharmaNet, it is NOT REVERSIBLE.

To stop/discontinue a prescription, select the Stop icon and enter the prescription number.



The warning message will be displayed: Discontinue RX requires a message sent to PharmaNet.

Enter any remark associated with the Rx and click on the Continue button.

Once complete and PharmaNet has received the request, the screen will display: Operation Successful

Patient Info Updated:
FRANKLIN
CLINAZ
9138254897

The prescription will now be discontinued on both the local and on PharmaNet. This discontinue cannot be reversed.

Stop/Discontinue a Prescription on PharmaNet

Discontinuing a prescription on the provincial profile will cause the prescription to be discontinued on the local.

Selecting Patient's Provincial Profile from the Communication Menu will initiate communications to PharmaNet. You will need to enter an audit note as to the reason of access, before seeing the provincial profile.

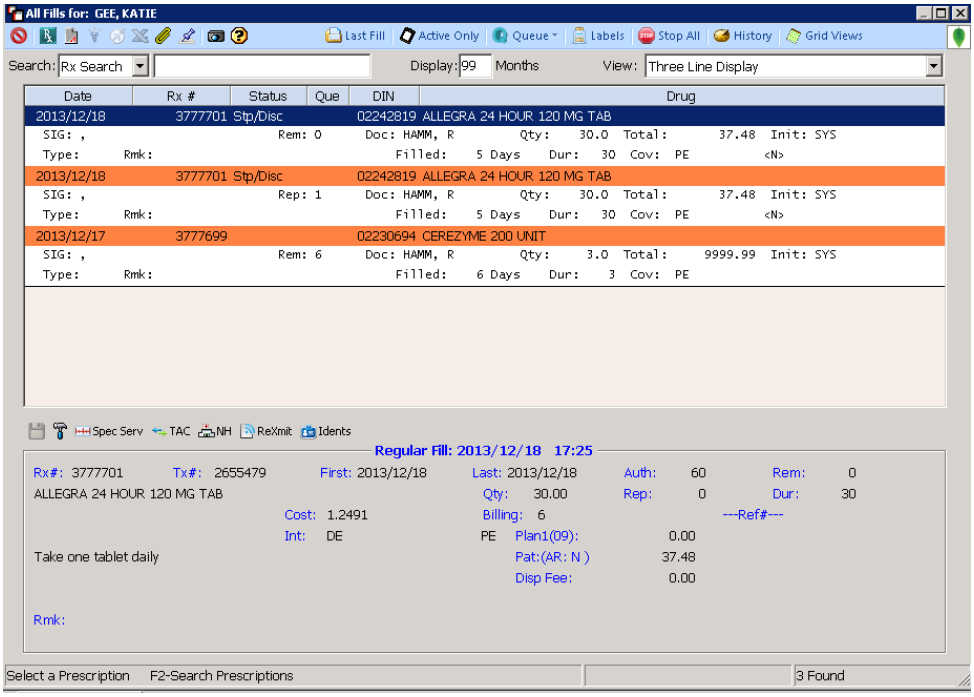
Select either: TRP – Complete Profile or TRR – Last 15 Dispenses

Do not select TRS – Other Stores, as you cannot discontinue a prescription that has been filled at another store.

Once the provincial profile is displayed, highlight the prescription that you are going to discontinue. Select the Update/Discontinue Rx icon. Select the discontinue field, source, date and comment, click OK.

Once the icon has been clicked to complete the transaction the screen ill display: Operation Successful
Patient Info Updated:
CLINAZ
FRANKLIN
9138254897

The prescription is now discontinued on the local. There will also be a record of this discontinuation in the Prescription notes. You will see a <N> beside the prescription. To access these notes from the Patient Profile, highlight the script, and click on the Note icon.



Third Parties

After a receipt has been issued and provide to the patient, no further electronic adjudication to 3rd party carriers is permitted.

THIRD PARTY PRESCRIPTIONS WHEN THE CONNECTION TO PHARMANET IS DOWN

With the communications to PharmaNet "down", all prescriptions will be batched in the Communication Log. This includes all prescriptions, regardless of the plan.

Once communications to PharmaNet has been restored, prescriptions can then be sent electronically.

Third Party prescriptions filled in "Batch Mode" will be handled as:

Any prescription in batch filled as 04 (Pay Patient)
The prescription will be sent to PharmaNet only. It will not be sent to any Third Party. It will be the responsibility of the patient to submit receipt manually for reimbursement.

Any prescription in batch filled as 01 (Pay Pharmacy)
The prescription will be sent to PharmaNet first, then to any Third Party. The prescription will be adjudicated accordingly.

THIRD PARTY PRESCRIPTIONS WHEN THE CONNECTION TO A THIRD PARTY IS DOWN

When the communication to any Third Party is down, all processing on that prescription must stop.

Pharmacy software may allow for multiple 3rd party connection attempts, however, once a receipt is provided to the client, further transmissions are prohibited.

Trial Drugs

The Trial Prescription Program was implemented to encourage the dispensing of a small quantity (10-14 days supply) of expensive medications with known high incidence of side effects to discourage waste when the medication is not well tolerated.

PharmaCare reimburses the pharmacy for the initial dispensing fee for the trial quantity and the patient is responsible for payment towards drug costs according to the usual plan rules. When the balance of the prescription is filled, the patient is responsible for payment towards the remaining drug cost and dispensing fee according to usual plan rules.

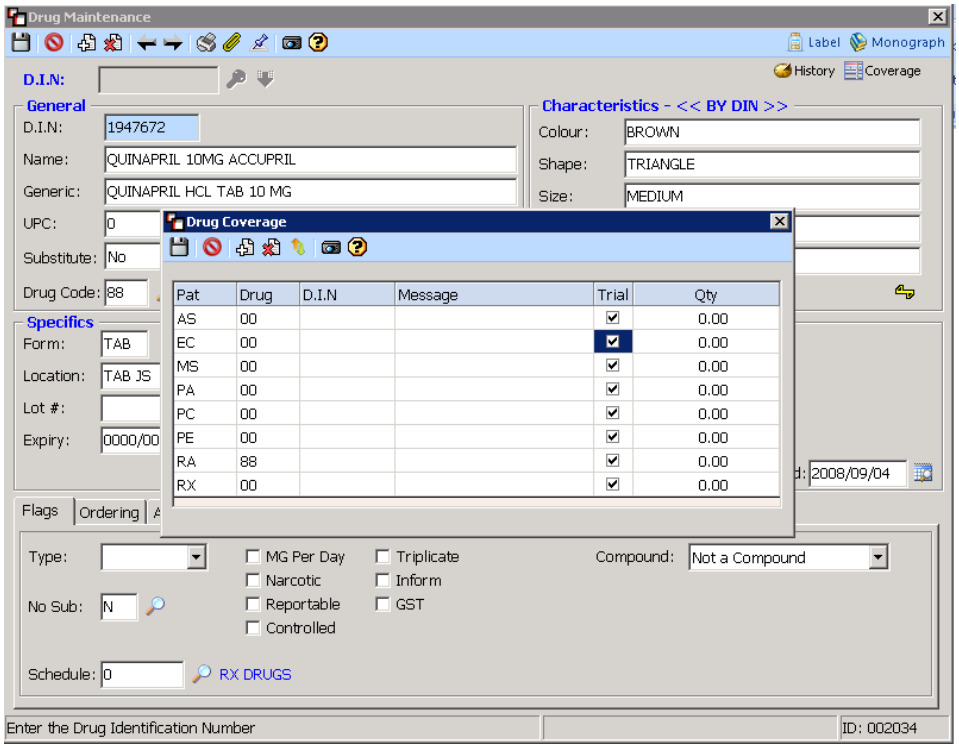
Medications eligible for the Trial Prescription Program are determined in consultation with the British Columbia Pharmacy Association and the College of Pharmacists, and a list can be accessed at the following link:

http://www.healthservices.gov.bc.ca/pharme/generalinfo/trial.html

An intervention code **MT** must be entered when filling, to designate it as a trial prescription on PharmaNet.

This can also be set up in the drug file for PharmaNet plans. If set up as a trial drug, you will not have to enter the MT intervention code each time you fill a prescription. From Prescription Process, select the Drugs Icon, then the Coverage Icon

Enter in the plan under the Pat column, the Drug Type under Drug and select the Trial check box.



When filling a prescription for a drug that has been set up as a trial drug, a message will display Fill as Trial RX for PA? (Y/N)

Veterinary Prescriptions

When a prescription is dispensed as veterinary medications NEVER assign a PHN to an animal. Please use the PHN number of the pets' owner.

To prevent the drug from adjudicating on PharmaNet and to ensure the drug will not appear on the pet owner's patient record:

Use the **veterinarian's license number** as the Practitioner Identification (License ID)
Use **V9** as the Reference Code.

Following the requirements above also ensure that the veterinary prescription will not affect Drug Utilization Evaluation (DUE) results for the pet's owner.

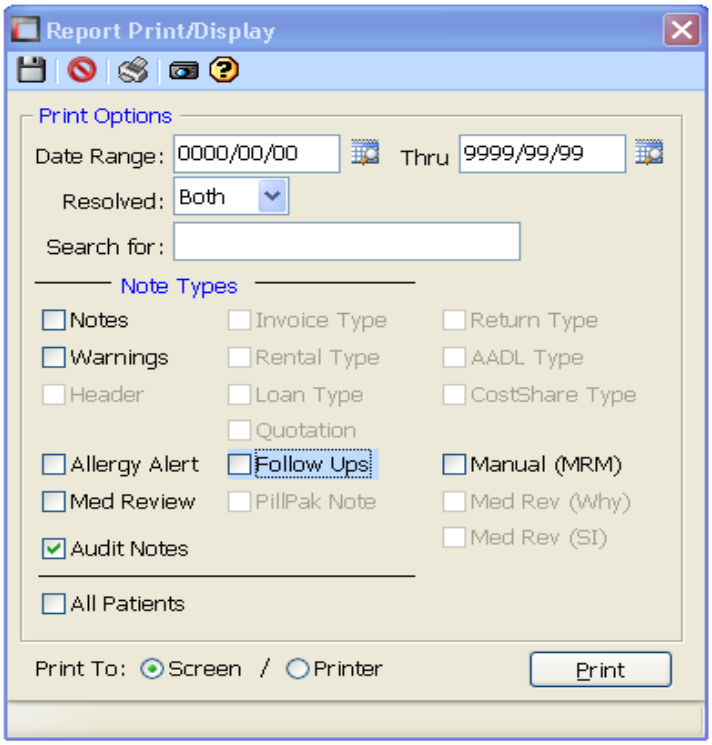
COMMUNICATIONS AND REPORTS

Audit Report for PharmaNet Access

The provincial profile can be accessed without filling a prescription by selecting from the communication menu. An explanation MUST be entered into the patient audit notes, as to the reason the profile was accessed, but no prescription was filled. A pop-up box for the audit notes will automatically appear if you:

- access the provincial profile and exit from prescription process
- access the provincial profile for one patient, and enter a different patient for filling into prescription process
- select the Communication Menu icon, and then Patient's Provincial Profile

To access these patient audit notes on the local system, with the patients name entered on the prescription process screen: Click on the Patient icon, then for Patient Notes, then Print/Filter.



Select the date range required and make sure Audit Notes is selected.

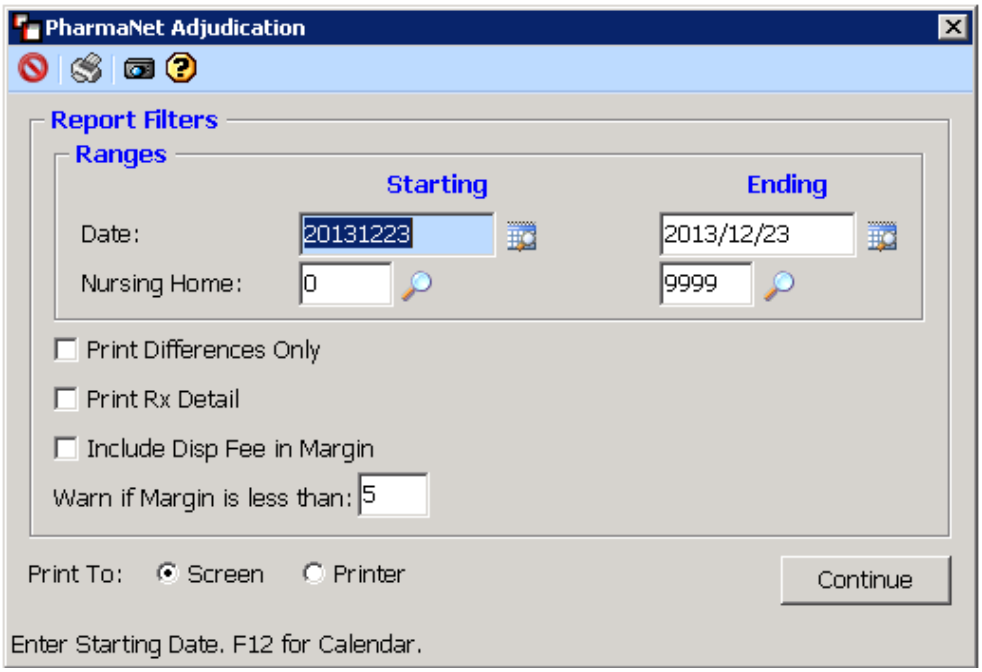
Following is an example of the Patient Audit Report.

```
 DECEMBER 24, 2013     11:40      TELUS Health                          PAGE:   1

                    Patient Notes Report
                    Date Range: 00/00/00 TO 99/99/99
Patient Name                  Address                    Phone
GEE, KATIE                     123 ANYWHERE ST             555 1200
13/12/24    8:37  SYS          ***  AUDIT  ***               <<  RESOLVED  >>
                 <Patient Maintenance Audit>
                 Mid Initial Was:
                             Now: L

13/12/24    8:37  SYS          ***  AUDIT  ***               <<  RESOLVED  >>
                 <Patient Maintenance Audit>
                    Province Was:
                             Now: MB

13/12/24    8:37  SYS          ***  AUDIT  ***               <<  RESOLVED  >>
                 <Patient Maintenance Audit>
                 Patient Sex Was:
                             Now: F
```

PharmaNet Adjudication Report

The PharmaNet Adjudication Report can be used for reconciling any payments issues. This report can be used in conjunction with Accumulated Totals, Detail Totals and Reversal Totals.

To access this report, select the Reports icon, Adjudication Reports and PharmaNet Adjudication



Following is an example of the PharmaNet Adjudication Report. This report can also be displayed on the screen.

PharmaNet Adjudication
From: 13/10/01 To: 13/12/23

Disp. Fee in Margin: No — All Prescriptions

Date	Rx #	Amount Sent Cost	Fee	Mkup	Total	Filled As Cost	Fee	Mkup	Total	Difference Cost	Fee	Mkup	Total	Plan
13/10/23	3777511	15.00	7.00	0.00	22.00	0.00	0.00	0.00	22.00	15.00-	7.00-	0.00		MS
13/10/23	3777516	0.58	7.50	0.00	8.08	0.00	0.00	0.00	8.08	0.58-	7.50-	0.00		PE
13/10/23	3777528	38.00	7.50	0.00	45.50	7.15	5.00	0.00	45.50	30.85-	2.50-	0.00		PE
13/10/23	3777539	34.00	8.50	0.00	42.50	0.00	0.00	0.00	42.50	34.00-	8.50-	0.00		PE
13/10/23	3777540	5.00	7.50	0.00	12.50	0.00	0.00	0.00	12.50	5.00-	7.50-	0.00		PE
13/10/23	3777541	3.09	7.50	0.00	10.59	3.09	5.00	0.00	10.59		2.50-	0.00		PE
13/10/23	3777543	105.00	7.50	0.00	112.50	6.84	5.00	0.00	112.50	98.16-	2.50-	0.00		PE
13/10/23	3777545	2.65	7.50	0.00	100.00	2.65	5.00	0.00	100.00		2.50-	0.00		PE
13/10/23	3777546	32.56	7.50	0.00	40.06	0.00	0.00	0.00	40.06	32.56-	7.50-	0.00		PE
Daily Totals		235.88	68.00	0.00	393.73	19.73	20.00	0.00	393.73	216.15-	48.00-	0.00		
13/10/24	3777551	0.79	7.50	0.00	8.29	0.00	0.00	0.00	8.29	0.79-	7.50-	0.00		PE
13/10/24	3777552	4.83	7.50	0.00	12.33	0.00	0.00	0.00	12.33	4.83-	7.50-	0.00		PE
13/10/24	N3777553	1.50	7.50	0.00	9.00	1.05	5.00	0.00	9.00	0.45-	2.50-	0.00		PE
13/10/24	3777554	0.40	7.50	0.00	7.90	0.00	0.00	0.00	7.90	0.40-	7.50-	0.00		PE
13/10/24	3777555	79.00	7.50	0.00	86.50	0.00	0.00	0.00	86.50	79.00-	7.50-	0.00		PE
13/10/24	3777556	0.20	7.50	0.00	7.70	0.00	0.00	0.00	7.70	0.20-	7.50-	0.00		PE
13/10/24	3777558	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00		PE
13/10/24	3777559	20.00	7.50	0.00	27.50	0.00	0.00	0.00	27.50	20.00-	7.50-	0.00		PE
13/10/24	3777560	26.19	7.50	0.00	33.69	0.00	0.00	0.00	33.69	26.19-	7.50-	0.00		PE
13/10/24	3777562	25.00	7.50	0.00	32.50	0.00	0.00	0.00	32.50	25.00-	7.50-	0.00		PE
13/10/24	3777566	0.80	7.50	0.00	5.80	0.80	5.00	0.00	5.80		2.50-	0.00		PE
13/10/24	3777565	9.00	7.50	0.00	16.50	0.00	0.00	0.00	16.50	9.00-	7.50-	0.00		PE
13/10/24	3777567	380.00	7.50	0.00	387.50	380.00	5.00	0.00	387.50		2.50-	0.00		PE
13/10/24	3777569	13.91	7.50	0.00	21.41	13.91	5.00	0.00	21.41		2.50-	0.00		PE
13/10/24	3777570	4.75	7.50	0.00	12.25	4.75	5.00	0.00	12.25		2.50-	0.00		PE
13/10/24	3777572	2.74	7.50	0.00	10.24	1.44	5.00	0.00	10.24	1.30-	2.50-	0.00		PE
13/10/24	3777573	9.68	7.50	0.00	17.18	6.11	5.00	0.00	17.18	3.57-	2.50-	0.00		PE
13/10/24	3777574	10.80	7.50	5.00	23.30	0.00	0.00	0.00	23.30	10.80-	7.50-	5.00-		PE
13/10/24	3777575	1.11	0.00	0.00	1.11	0.00	0.00	0.00	1.11	1.11-		0.00		PE
13/10/24	3777576	5.40	0.00	0.00	5.40	0.00	0.00	0.00	5.40	5.40-		0.00		PE
13/10/24	3777577	17.90	7.50	5.00	30.40	0.00	0.00	0.00	30.40	17.90-	7.50-	5.00-		PE
Daily Totals		614.00	135.00	10.00	756.50	408.06	35.00	0.00	756.50	205.94-	100.00-	10.00-		

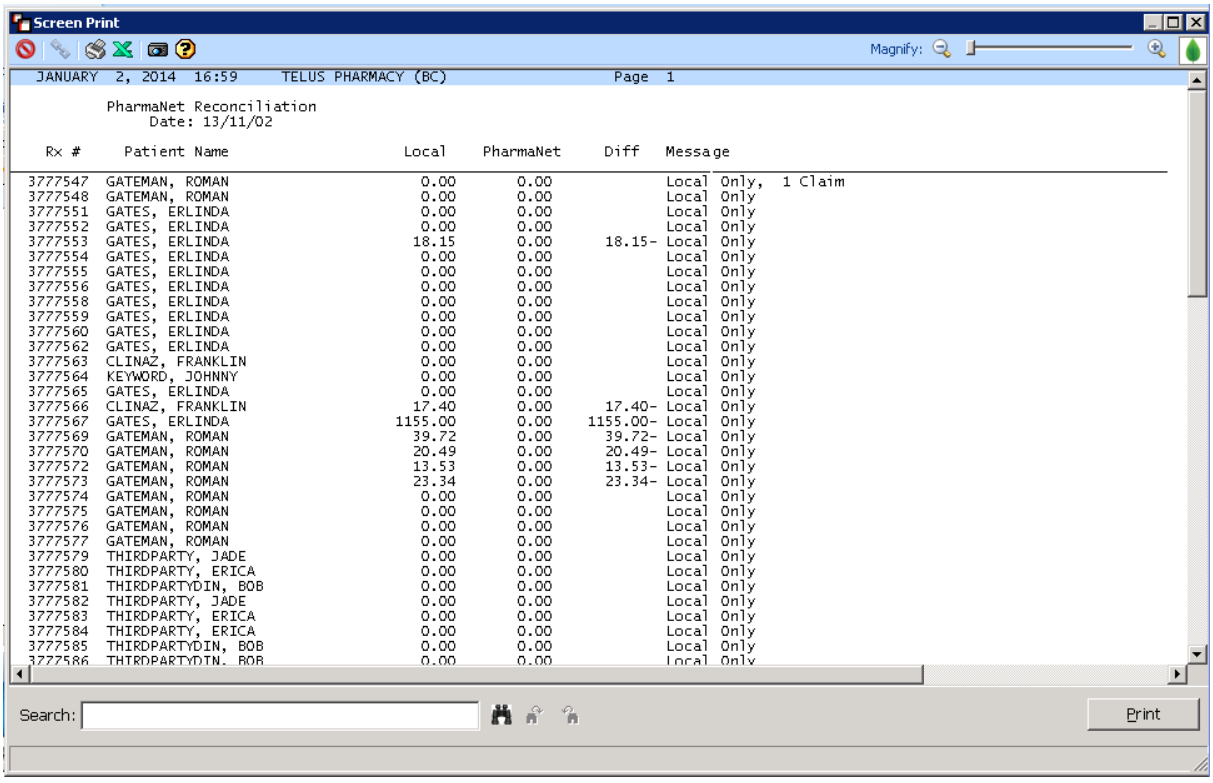
Reconcile PharmaNet Report

The Reconcile PharmaNet report should be run at the end of each day that the pharmacy is open. This reconciliation report shows any discrepancies during the prescription filling process. Any issues should be resolved before performing the accumulated totals.

To access this report, select the Utilities icon, then Reconcile PharmaNet. Enter the date range and select Screen or Printer, then click on the Continue button.

You will need to enter initials/password, as this report will initiate a call to PharmaNet.

Following is an example of the PharmaNet Reconciliation.

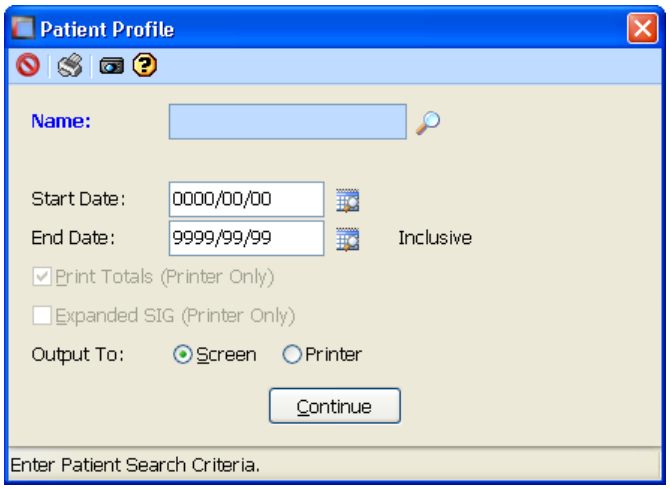


Rx #	Patient Name	Local	PharmaNet	Diff	Message
3777547	GATEMAN, ROMAN	0.00	0.00		Local Only, 1 Claim
3777548	GATEMAN, ROMAN	0.00	0.00		Local Only
3777551	GATES, ERLINDA	0.00	0.00		Local Only
3777552	GATES, ERLINDA	0.00	0.00		Local Only
3777553	GATES, ERLINDA	18.15	0.00	18.15-	Local Only
3777554	GATES, ERLINDA	0.00	0.00		Local Only
3777555	GATES, ERLINDA	0.00	0.00		Local Only
3777556	GATES, ERLINDA	0.00	0.00		Local Only
3777558	GATES, ERLINDA	0.00	0.00		Local Only
3777559	GATES, ERLINDA	0.00	0.00		Local Only
3777560	GATES, ERLINDA	0.00	0.00		Local Only
3777562	GATES, ERLINDA	0.00	0.00		Local Only
3777563	CLINAZ, FRANKLIN	0.00	0.00		Local Only
3777564	KEYWORD, JOHNNY	0.00	0.00		Local Only
3777565	GATES, ERLINDA	0.00	0.00		Local Only
3777566	CLINAZ, FRANKLIN	17.40	0.00	17.40-	Local Only
3777567	GATES, ERLINDA	1155.00	0.00	1155.00-	Local Only
3777569	GATEMAN, ROMAN	39.72	0.00	39.72-	Local Only
3777570	GATEMAN, ROMAN	20.49	0.00	20.49-	Local Only
3777572	GATEMAN, ROMAN	13.53	0.00	13.53-	Local Only
3777573	GATEMAN, ROMAN	23.34	0.00	23.34-	Local Only
3777574	GATEMAN, ROMAN	0.00	0.00		Local Only
3777575	GATEMAN, ROMAN	0.00	0.00		Local Only
3777576	GATEMAN, ROMAN	0.00	0.00		Local Only
3777577	GATEMAN, ROMAN	0.00	0.00		Local Only
3777579	THIRDPARTY, JADE	0.00	0.00		Local Only
3777580	THIRDPARTY, ERICA	0.00	0.00		Local Only
3777581	THIRDPARTYDIN, BOB	0.00	0.00		Local Only
3777582	THIRDPARTY, JADE	0.00	0.00		Local Only
3777583	THIRDPARTY, ERICA	0.00	0.00		Local Only
3777584	THIRDPARTY, ERICA	0.00	0.00		Local Only
3777585	THIRDPARTYDIN, BOB	0.00	0.00		Local Only
3777586	THIRDPARTYDIN, BOB	0.00	0.00		Local Only

Patient Profile

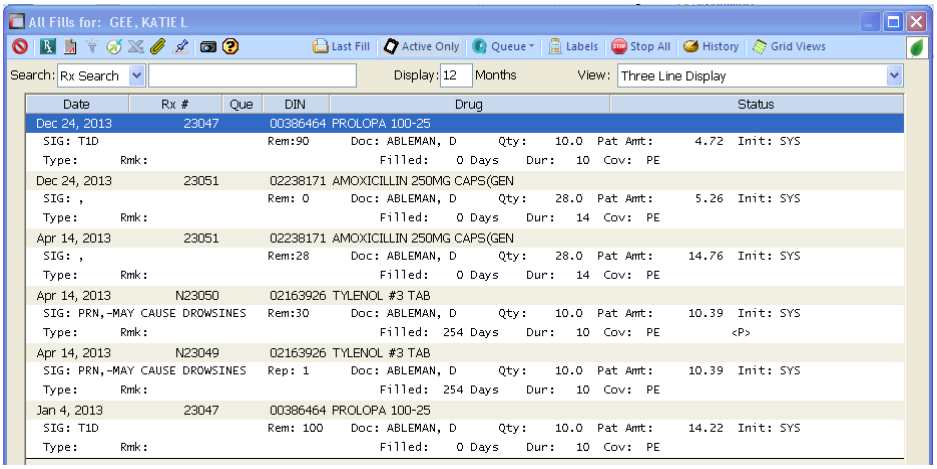
For a print out of the local profile, the patient must request this from the Provider. Before printing a patient profile from the local system, the patient must present positive identification.

To access the patient profile report, select the Reports icon, then Receipts and Profiles and finally Patient Profiles.



This report can be brought to the screen or sent to the print. The Printer Only option has two additional fields that can be selected. These are: Print Totals and print Expanded SIG codes.

Following is an example of the Patient Profile Report.



Backup Procedures

The local system must provide the ability to backup and recover all relevant data file.

A set of complete backup media should be stored at a different physical location at all times. Simple backup to hard disk is not acceptable.

With the Point of Sale Module, the backup for Pharmacy and POS is included in the End-Of-Day Routine. The backup can be accomplished by having System Support can set the backup command to run automatically each night at a specified time.

With the Pharmacy Only Module, the backup can be accomplished by having System Support can set the backup command to run automatically each night at a specified time.

APPENDICES

Appendix A - Response Codes

Standard Canadian Pharmacists Association response codes are attached to a claim when it is returned on PharmaNet, providing information on the status of the claim.

Although the listing below can be used as a guide, pharmacists should refer to the latest version of the Canadian Pharmacists Association (CPhA) Pharmacy Claim Standard for the most up-to-date and authoritative listing of adjudication response codes.

Note: The series of codes beginning with MA and ending with NE (in **bold** text) are not error codes. These codes are returned in the DUE response status field.

Code	Meaning
01	BIN error
02	Version number error
03	Transaction code error
04	Provider software id error
05	Provider software version error
07	Active device id error
21	Pharmacy id code error
22	Provider transaction date error
23	Trace number error
30	Carrier id error
31	Group number error
32	Client id # error
33	Patient code error
34	Patient DOB error
35	Cardholder identity error
36	Relationship error
37	Patient first name error
38	Patient last name error
39	Provincial health care # error
40	Patient gender error
50	Medical reason reference error
51	Medical condition/reason code error
52	New/refill code error
53	Original prescription number error
54	Refill/repeat authorization error
55	Current Rx # error
56	DIN/GP #/PIN error
57	SSC error
58	Quantity error
59	Days supply error
5A	Supply source error
5B	Designated pharmacy error

Code	Meaning
5C	Source package size error
60	Prescriber licensing authority code error
61	Prescriber id error
62	Product selection code error
63	Unlisted compound code error
64	Special authorization # / code error
65	Intervention/exception code error
66	Drug cost/product value error
67	Cost upcharge error
68	Professional fee error
70	Compounding charge error
71	Compounding time error
72	Special services fee error
75	Previously paid error
76	Pharmacist ID code error/missing
77	Adjudication date error
90	Adjudication date error
91	Beginning of record error
92	End of record error
99	No claims for specified parameters
A1	Claim too old
A2	Claim is post dated
A3	Identical claim has previously been processed
A4	Claim has not been captured
A5	Claim has not been processed
A6	Submit manual claim
A7	Submit manual reversal
A8	No reversal made-orig. Claim missing
A9	Reversal processed previously
AA	Duplicate of claim adjudication
B1	Pharmacy not authorized to submit claims
B2	Return to first pharmacy requested
C1	Patient age over plan maximum
C2	Service provided before effective date
C3	Coverage expired before service
C4	Coverage terminated before service
C5	Plan maximum exceeded
C6	Patient has other coverage
C7	Patient must claim reimbursement
C8	No record of this beneficiary
C9	Patient not covered for drugs
CA	Needles not eligible - insulin gun used
CB	Only enrolled for single coverage
CC	This spouse not enrolled

Code	Meaning
CD	Drug/item is not a PharmaCare benefit
CE	35 day maximum allowed for welfare client
CF	Quantity exceeds maximum days of treatment
CG	Drug not eligible for LTC facility
CH	Good faith coverage has expired
CI	Program not eligible for good faith
CJ	Patient not covered by this plan
CK	Health card version error
CL	Exceeds good faith limit
CM	Patient is nearing quantity limit
CN	Patient has attained quantity limit
CO	Patient is over quantity limit
CP	Eligible for special authorization
CQ	Date not covered by premiums paid
CS	Patient exclusion prevents payment
CT	Beneficiary not eligible to use provider
CU	Beneficiary not eligible to use prescriber
CV	No record of client id number
CW	No record of group number or code
CX	No record of patient data
CY	No record of patient code
CZ	No record of authorization number
D1	DIN/PIN/GP #/SSC not a benefit
D2	DIN/PIN/GP # is discontinued
D3	Prescriber is not authorized
D4	Refills are not covered
D6	Maximum cost is exceeded
D7	Refill too soon
D8	Drug cost reduced to low cost alternative
D9	Call adjudicator
DA	Adjusted to interchangeable prov. reg.
DB	Adjusted to interchangeable – gen. Plan
DC	Pharmacist id requested
DD	Insufficient space for all DUR warnings
DE	Fill/refill too late – non-compliant
DF	Insufficient space for all warnings
DG	Duplicate prescription number
DH	Fee reduced to level PharmaCare will accept
DI	Deductible not satisfied
DJ	Drug cost reduced to level PharmaCare will accept
DK	Cross selection pricing
DL	Collect difference from patient
DM	Days supply exceeds plan limit
DN	Alternate product is a benefit

Code	Meaning
DO	Future refills require prior approval
DP	Quantity exceeds maximum per claim
DQ	Quantity is less than minimum per claim
DR	Days supply lower than minimum allowable
DS	Reduced to cost upcharge maximum
DT	Reduced to compounding charge maximum
DU	Maximum compounding time exceeded
DV	Reduced to special services fee maximum
DW	Return to first prescriber requested
DX	Drug must be authorized
DY	Intervention/exception code missing
DZ	Days supply limited due to benefit year end
E1	Host processing error
E2	Claim coordinated with govt. plan
E3	Claim coordinated with other carrier
E4	Host timeout error
E5	Host processing error – please resubmit
E6	Host processing error – do not resubmit
E7	Host processor is down
E8	Patient must remit cash receipt to Trillium
E9	Drug cost reduced to reference based price
EA	Benefits coordinated internally
EB	Limited use drug. Time has expired
EC	Limited use drug. Approaching time limit
ED	Concurrent therapy required
EE	Questionable concurrent therapy
EF	Inappropriate concurrent therapy
EG	No record of trying first-line therapy
EH	Claim cost reduced to days supply limit
I1	Beneficiary address error
I2	City or municipality error
I3	Province or state error
I4	Postal/zip code error
I5	Country code error
I6	Address type error
K6	Parental relationship and age do not match
KA	Does not match patient information
KB	Does not match cardholder information
KC	Patient product dollar maximum exceeded
KD	Patient product deductible not satisfied
KE	Authorization dollar maximum exceeded
KF	Authorization quantity maximum exceeded
KG	Authorization refills exceeded
KH	Authorization costs allowed exceeded

Code	Meaning
KI	Prior to authorization eligible period
KJ	Authorization eligible period expired
KK	Not eligible for COB
KL	Age/relationship discrepancy
KM	Exceeds days supply limit for this drug
KN	Days supply limit for period exceeded
KO	Good faith code was used previously
KP	Obtained at other pharmacy – refill too soon
KQ	Good faith not valid
KR	Patient not eligible for product
KS	Client is deceased
LA	Adjudicated to $0.00 as requested
LB	Use generic – patient has generic plan
LC	Reduced to generic cost – no exceptions
LD	Do not collect copay – item is exempt
LE	Trial Rx second fee not allowed
LF	Prescriber id reference is missing
LG	Lowest cost equivalent pricing
MA	**Avoidance of alcohol indicated**
MB	**Avoidance of tobacco indicated**
MC	**Drug/lab interaction potential**
MD	**Drug/food interaction potential**
ME	**Drug/drug interaction potential**
MF	**May be exceeding Rx dosage**
MG	**May be using less than Rx dosage**
MH	**May be double doctoring**
MI	**Poly-pharmacy use indicated**
MJ	**Dose appears high**
MK	**Dose appears low**
ML	**Drug incompatibility indicated**
MM	**Prior ADR on record**
MN	**Drug allergy recorded**
MP	**Duration of therapy may be insufficient**
MQ	**Duration of therapy may be excessive**
MR	**Potential drug/disease interaction**
MS	**Potential drug/pregnancy concern**
MT	**Drug/gender conflict indicated**
MU	**Age precaution indicated**
MV	**Additive effect possible**
MW	**Duplicate drug**
MX	**Duplicate therapy**
MY	**Duplicate drug other pharmacy**
MZ	**Duplicate therapy other pharmacy**
NA	**Duplicate ingredient same pharmacy**

Code	Meaning
NB	**Duplicate ingredient other pharmacy**
NC	**Dosage exceeds maximum allowable**
ND	**Dosage is lower than minimum allowable**
NE	**Potential overuse/abuse indicated**
NF	Quantity-treatment period discrepancy
NG	Product-form prescribed do not match
NH	Quantity error-indicate package size
NI	Only one service code is allowed
NJ	Request is inconsistent with other service
NK	Service requires compounding
NL	Service and compound type do not match
NM	Service and medication type do not match
NN	Intervention inconsistent with service
NO	Service requires controlled use drug
NP	Services to beneficiary are restricted
NQ	Drug not eligible for trial Rx
NR	Drug not suitable for dosette packaging
NS	Refusal and opinion claimed on same data
NT	Not suitable-similar item on recent trial Rx
PA	Prescriber restriction for this drug
PB	No match to prescriber id and name found
PC	Not a benefit for this prescriber type
QA	Matches health spending account funds
QB	Nearing health spending acct. funds max.
QC	Exceeds health spending account funds
QD	Prior to health spending account period
QE	Health spending account period expired
QF	Monthly maximum has been reached
QG	Drug not allowed by this program
QH	Calculated product price is too high
QI	Claim processed previously is cancelled
QJ	Deferred payment-patient to pay pharmacist
QK	Sent to insurer to reimburse $999.99
QL	Patient consultation suggested

Appendix B - Intervention/Exception Codes

The Intervention and Exception Codes field (in the ZCD segment of PharmaNet) provides additional information that may be used by PharmaNet to override normal adjudication rules when the circumstances are appropriate.

For example, the following codes approved by the Canadian Pharmacy Association should be supplied—when appropriate—for submitting reversals, claiming fees for special services related to refusing to fill, or overriding a prescription known to be a duplicate.

Code	Meaning
MR	Replacement, item lost or broken
MS	Non-formulary benefit
MT	Trial Rx program
MU	Limited-use product
MV	Vacation supply
MW	Valid reason to exceed good-faith limit
MX	LTC prescription order
MY	LTC prescription split for compliance
PA	Valid health card version code
PB	Name entered is consistent with card
RC	Prescription cancelled by physician
RE	Claim reversed – data entry error
RR	Prescription refused by patient
RU	Claim reversed – not called for
UA	Consulted prescriber & filled Rx as written
UB	Consulted prescriber & changed dose
UC	Consulted prescriber & changed instructions for use
UD	Consulted prescriber & changed drug
UE	Consulted prescriber & changed quantity
UF	Patient gave adequate explanation & filled as written
UG	Cautioned patient Rx filled as written
UH	Counselled patient. Rx not filled
UI	Consulted other source, Rx filled as written
UJ	Consulted other sources altered Rx and filled
UK	Consulted other sources. Rx not filled
UL	Rx not filled – pharmacist decision
UM	Consulted prescriber, Rx not filled
UN	Assessed patient, therapy is appropriate
UO	Valid reason to use alternative therapy
UP	First-line therapy ineffective
UQ	First-line therapy not tolerated by patient
XA	Reversal amount error
XB	Previously rejected transaction not found
XC	Provider transaction date valid for on-line transaction processing

Code	Meaning
MR……..	Replacement, item lost or broken
MS	Non-formulary benefit
MT……	Trial Rx program
MU	Limited-use product
MV…….	Vacation supply
MW	Valid reason to exceed good-faith limit
MX	LTC prescription order
MY	LTC prescription split for compliance
PA	Valid health card version code
PB	Name entered is consistent with card
RC	Prescription cancelled by physician
RE	Claim reversed – data entry error
RR	Prescription refused by patient
RU	Claim reversed – not called for
UA	Consulted prescriber & filled Rx as written
UB	Consulted prescriber & changed dose
UC	Consulted prescriber & changed instructions for use
UD	Consulted prescriber & changed drug
UE	Consulted prescriber & changed quantity
UF	Patient gave adequate explanation & filled as written
UG	Cautioned patient Rx filled as written
UH	Counselled patient. Rx not filled
UI	Consulted other source, Rx filled as written
UJ	Consulted other sources altered Rx and filled
UK	Consulted other sources. Rx not filled
UL	Rx not filled – pharmacist decision
UM	Consulted prescriber, Rx not filled
UN	Assessed patient, therapy is appropriate
UO	Valid reason to use alternative therapy
UP	First-line therapy ineffective
UQ	First-line therapy not tolerated by patient
XA	Reversal amount error
XB	Previously rejected transaction not found
XC	Provider transaction date valid for on-line transaction processing
ZJ	Bypass cardholder reimbursement for A1 claim