STAR 2000™

STAR PHARMACY REFERENCE GUIDE
Ambulatory Care Module

Preface

The *STAR Pharmacy Reference Guide* is a multi-volume document written for all users of the STAR Pharmacy system. The *Ambulatory Care Module* provides information to help you process outpatient medication and solution prescriptions. "Chapter 1 - AMBULATORY CARE OVERVIEW" provides a more detailed description of the Ambulatory Care Module.

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Documentation Conventions

Documentation for McKesson's STAR 2000™ line of products follows these conventions:

Revisions
Text revisions are indicated by a change bar in the left margin. Paragraphs that contain grammatical changes that do not affect content are not marked.

Canadian Documentation
This volume may include documentation for Canadian users of this product. Complete sections of Canadian text are identified by "CN" and "CN Only."

Key Names
Named keys, such as SHIFT, CTRL, ALT, and ENTER, are displayed in this document in uppercase (capital) letters. A symbol key is written as text in this document followed by the symbol in parentheses, such as hyphen (-) and asterisk (*).

Key Chords
Key chords are key entries that require you to hold down one or more keys (typically, CTRL, ALT, or SHIFT) before pressing another key. In this document, key chords are displayed as the names of each key in the chord separated by a hyphen (-) (for example, CTRL-ALT-DEL).

Enter
ENTER is a key on a computer keyboard used to complete an entry on a STAR system. (This key may also be referred to as NEW LINE or NL in the STAR system.)

Data Entries
Letters or words you enter in response to the system are displayed in **bold** letters in this document. For example: Enter **Y** for Yes or **N** for No.

Selecting an Entry
This document often instructs you to "select an entry." The method you use to select an entry depends on whether you are using STAR from a terminal or IBM-compatible personal computer. Entry methods include:

- Entering the option number

- Using your arrow keys to highlight the option and pressing ENTER

- Clicking on the option using a mouse or other pointing device (PC only)

For more information about these options, see the *General Information Volume*.

Prompts
System prompts are displayed at the bottom of many STAR screens when the system requests an entry or displays a message. In this document, these prompts are indented and the text italicized, as shown in the following example:

> *Enter patient name--*

Field Characteristics

STAR product documentation provides field explanation codes, in addition to a narrative description for each field on a screen. These codes display the maximum length of your entry in the field, the type of entry you make in the field, and whether the field is required. This information displays in the following format:

- DISPLAY ONLY for a field you cannot edit.

- For X-YY-Z field types, where:

    - X is the maximum number of characters permitted in the field:

        - P for a field length determined by a Parameter

        - T for a field length determined by a Table

        - U for a field having an Undefined length

    - YY is the type of entry technique permitted in the field:

        - A for Letters only

        - AC for Letters and Punctuation only (no numbers)

        - AN for Numerals and Letters only (no punctuation)

        - C for Characters (including punctuation)

        - N for Numerals only

        - NC for Numerals and Punctuation only (no letters)

    - Z is the requirement indicator of the field:

        - C if an entry is Conditionally required or optional

        - O if an entry is Optional to complete the function

        - R if an entry is required to complete the function

            NOTE: Facilities can designate that certain fields be Required. STAR product documentation does not display R for fields designated as Required by a facility.

    - For YY-Z field types, where YY is:

        - DATE for a field subject to the date entry conventions described in the *General Information Volume*.

        - SPECIAL FORMAT for a field having data entry requirements not conforming to standard format. The field definition contains the specific data entry requirements for the field.

        - TABLE LOOKUP for a field that enables you to select from a displayed table. See the *General Information Volume* for more information regarding this entry technique.

        - TIME for a field subject to the time entry conventions described in the *General Information Volume*.

        NOTE: For use of the Z position in this format, refer to the explanations for Z under X-YY-Z.

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Introduction

This manual is divided into the following chapters and appendix:

Chapter 1: Ambulatory Care Overview

This chapter provides an introduction to the Ambulatory Care Module.

Chapter 2: Profile Maintenance

This chapter provides information about the patient profile and the Profile Maintenance functions. It describes the MPI Load/Registration function and the third party checking that the system performs.

Chapter 3: Profile Reporting

This chapter describes the Print Profile function, the Prescription Audit function, the Reprint Outpatient Label function, and the Display Prescription Detail function, that is used to review and maintain patient profile information, such as demographics, allergies, documentation, insurance, and prescriptions.

Chapter 4: Management Reports

This chapter documents how to generate and print certain reports. You can print reports that show all patients who have solution orders, specify certain batch reports for periods of time other than midnight to midnight, print a list of prescription items that are unpriced, or create a prescription drug census report.

Chapter 5: Prescription Charges and Claims Management

This chapter provides information about the Charge Inquiry function and other functions related to charging, cash transactions, tax insurance, and third party claims.

Chapter 6: Maintenance Processors

This chapter documents the Display Doctor Table function, that enables you to view information for physicians registered in the Physicians table maintained in STAR Patient Care.

Chapter 7: System Management

This chapter documents how to define batch reports to print on demand, open and close outpatient pharmacy stock locations, and generate tape claims.

Chapter 8: Batch Reports

This chapter documents certain batch reports related to third parties, cash transactions, pricing, and prescriptions.

Appendix A: Setting Up Electronic Claims

This appendix explains how to set up a modem for electronic claims transmission on the Generic Interface Utilities.

Chapter 1 - AMBULATORY CARE OVERVIEW

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SYSTEM OVERVIEW

The Ambulatory Care Module of the STAR Pharmacy System enables you to process outpatient medication and solution prescriptions.

Dispensing functions include the ability to fill, refill, revise, cancel, inactivate/activate, and transfer in and out medication and solution prescriptions. Pharmacy personnel can view patient demographic information and add documentation on the patient and order levels. The system can perform clinical drug allergy, duplicate drug, drug interaction, and client-defined dose range check screening at both the technician and pharmacist levels. Prescription numbers can be set up in sequences to separate control classes, and each outpatient location can use different sequences.

You can view physician information online, and because the ambulatory care setting often introduces new doctors, you can also capture new doctor information without exiting the prescription entry function to expedite the dispensing process for that prescription. The system then creates a report with the new physician information that the medical records department can use to add the physician to the system. You can enter predefined orders, routine order sets, compound orders, and single- or multiple-item medications and solutions, and the system accommodates your entry with the appropriate labels designed to fit your pharmacy's needs. Mnemonics and Soundex are just two of the many devices that minimize keystrokes to expedite the prescription entry process.

The system creates an audit trail with each transaction. You can view detailed prescription information, patient profiles, and audit trails online or generate hard copy profiles at any time.

If the patient has an account number (if he has been admitted as an inpatient or outpatient into the facility), his/her prescriptions can be billed to this account through the financial system or claims can be generated by the Ambulatory Care System. The system automatically performs third party checking. Claims can be generated using a claim form, creating a tape, or using real-time or batch electronic submission to third party claims processors. If a patient is not already in the system, the pharmacy can enter the patient information and/or register the patient at this time based upon hospital parameters. The patient's third party information can also be captured.

NOTE: Some additional system design may be required to meet specific state or other third party requirements and is also required to generate specific formats for claim forms and/or tapes.

You can assign different pricing formulas by third party or by cash plan to different drug forms, classes of medication (prescription or OTC) and routes (for medications) or solution types (for solutions). You can define ranges by quantity or cost, and you specify the multiplier, maximums, minimums, and fees. The system also allows for exceptions and price overrides. In addition, the system calculates the cash price, discount if applicable, the co-payment and remaining balance in third party prescriptions, and tax schedules if applicable.

Management reports include the Prescription Log, Price Adjustments, Third Party Log, Price Overrides, Prescription Activity by Hour, Cash Transaction Log, Profit Margins, and Controlled Drug reports. These reports can be generated during Midnight Processing or upon demand. The Insurance Tax Summary can be generated as a service to the pharmacy's customers. The Drug Census and Combinations Report can be used for drug recalls or drug usage monitoring.

The system automatically inactivates and purges prescriptions on the first Saturday of every month and generates a report on the inactivated and purged prescriptions. The pharmacy department determines which prescriptions are inactivated and which prescriptions are purged by setting the Inactivation Days field and the Purge Days field of the Amb Care - Control Class Requirements parameter.

Chapter 2 - PROFILE MAINTENANCE

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Illustrations

INTRODUCTION

The Patient Profile

The patient profile consists of demographic information, allergy information, third party information, and prescription information. The profile maintenance functions enable you to enter and revise the patient profile information.

Access to Profile Maintenance Functions

There are two ways to access the profile maintenance functions: via the Profile Maintenance function and via the Revise Profile function. When you use the Profile Maintenance function, you identify the patient and the prescription *before* you select the specific profile maintenance function (for example, Cancel Prescription). When you use the Revise Profile function, you identify the patient and the prescription *after* you select the specific profile maintenance function.

The Profile Maintenance Functions

The profile maintenance functions include:

FILL/REFILL PRESCRIPTION
This function enables you to enter new prescriptions and refill existing prescriptions. This function also allows you to add and register new patients before entering the prescription, when permitted by hospital policy. If the prescription cannot be refilled, the system provides instant access to the other profile maintenance functions.

REVISE PRESCRIPTION
This function enables you to revise the current prescription information, revise the information of a previous refill, and to refill the prescription.

REVISE PATIENT DEMOGRAPHICS
This function enables you to revise the pharmacy-controlled patient demographics including the patient's third party and pricing plan. You can also use this function to register patients with new/additional accounts, when allowed by hospital policy.

INSURANCE ELIGIBILITY
This option is available from the Revise Profile Input Options menu. This function enables you to verify insurance eligibility for the patient, allowing you to adhere to the Medicare Part D requirements by processing claims electronically.

CANCEL PRESCRIPTION
This function enables you to cancel a prescription and to cancel individual fills of a prescription. Once you cancel a prescription, you cannot fill that prescription again. After you cancel a fill of a prescription, you can refill the canceled fill.

ACTIVATE/INACTIVATE PRESCRIPTION
This function enables you to change the status of a prescription from active to inactive and vice versa. You cannot fill an inactive prescription.

TRANSFER PRESCRIPTION IN
This function enables you to fill a prescription that has previously been filled by another pharmacy. This function collects the prescription information, assigns a new prescription number, and creates an audit trail entry that indicates that the prescription has been transferred in from another pharmacy.

TRANSFER OUT/CANCEL TRANSFER OUT
This function enables you to transfer a prescription filled at your pharmacy to another pharmacy. Once transferred, you cannot refill a prescription until you cancel the transfer or transfer the prescription back into your pharmacy. This function also enables you to cancel the transfer out transaction.

PRESCRIPTION AUDIT TRAIL
This function provides information about the activity of a specific prescription. Audit trail information includes a transaction description (for example, refill or cancel), the date and time of the transaction, and the person signed on to the CRT at the time the transaction was performed.

When a therapeutic duplication warning is generated, an entry to the audit trail occurs. A separate entry to the audit trail occurs for each hit. The audit trail entry includes date, time, therapeutic duplication type, employee name, order/rx number and drug name of the therapeutic duplicate.

DISPLAY PRESCRIPTION DETAIL
This function provides access to the patient demographics and displays detailed prescription information. If the prescription has been revised, you can select the specific version of the prescription. If the prescription has been refilled, you can select specific refills. Furthermore, if a refill has been revised, you can select the specific version of the refill you want to view. You can view detailed third party claim information per prescription fill for electronically processed claims.

RELABEL ORDER
This function enables you to relabel an inpatient order for ambulatory care dispensing.

VIEW PHYSICIAN INFORMATION
This function provides quick access to physician information, including the physician's address and telephone number.

PRESCRIPTION DOCUMENTATION
This function enables you to enter and maintain documentation on specific prescriptions. You can print this prescription documentation with the patient profile. If documentation has been entered for a patient, the system displays an asterisk (*) before the patient's name in the patient header on STAR Pharmacy screens.

REFILL AUTHORIZATION FORM
This function enables you to view prescription information when requesting authorization to refill a prescription and offers the option to print a Refill Authorization Form.

DOCUMENT PATIENT COUNSELING
This function enables any employee to document that counseling was provided for the last fill/refill of a prescription and to enter the date and the time that counseling was provided. Documentation of counseling is stored at the prescription level for each refill.

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MPI LOAD/REGISTRATION FUNCTION

The MPI Load/Registration process consists of two procedures:

1. Load Patient into the Master Patient Index (MPI).

2. Register the Patient (assign an account number).

This function was designed for use when the STAR Pharmacy System is networked to the STAR Patient Care System or operates in a stand-alone environment. Additional considerations may be required if the hospital is using a non-McKesson hospital information system.

NOTE: This function uses the Amb Care, HBO - Load MPI/Reg parameter of the STAR Pharmacy System extensively. The Amb Care, HBO - Load MPI/Reg parameter is maintained by McKesson. For more information about this and other parameters, see "Chapter 6 - MAINTENANCE PROCESSORS".

The MPI Load

The MPI Load is the process of establishing the individual as a patient within the master patient index. Most of the information stored in the patient file is used to identify the patient when different tests and transactions are performed.

The master patient index and the processors used to enter the MPI information reside in the STAR Patient Care System. The STAR Patient Care System determines which screens are displayed, which fields are required, and the data entry requirements of each field. The STAR Pharmacy System automatically utilizes the network to access the STAR Patient Care System when you begin the MPI Load. This process is not visible unless one of the systems is unavailable.

Not all pharmacies have the authority to load patients into the master patient index. The Pharmacy Load MPI field of the Amb Care, HBO - Load MPI/Reg parameter determines if the system allows pharmacy personnel to use the MPI load function. If you are not authorized to load patients and you attempt to use this function, the system displays the following error message:

> *Error: MPI load not allowed for this facility!*

If you are authorized to load patients, you can initiate the MPI load process in two locations: within the Prescription Fill/Refill function or after selecting the MPI Load/ Registration function.

If you are using the Prescription Fill/Refill function, the system displays the following prompt after you access the function:

> *Enter Name, `%`Soundex, `-`SS#, `&`Unit Nbr, `#`Corp Nbr, prescriptions--*

If you are using the MPI Load/Registration function, the system displays a similar prompt but does not offer the `-`prescriptions option.

Enter the last name of the patient. The system displays the following prompt:

> *Enter sex (M/F) or [All]--*

This prompt enables you to limit the search to a specific sex. Enter **M** for a male patient, **F** for a female patient, or press ENTER to include both sexes in the search.

The system searches the master patient index (MPI) for all patients with the last name entered who are currently stored in the MPI and then displays them in alphabetical order. Review the list to verify that the patient is not currently in the MPI before continuing with the patient load process.

After you are certain the patient has not been previously loaded in the MPI, enter **A** to begin the patient load process. For some pharmacies, the first step is to enter the patient's unit number. If the RX Assign MR # field of the Amb Care, HBO - Load MPI/ Reg parameter is set to Yes, the system displays the following prompt:

> *Enter unit number (`=` for automatic assignment)--*

The unit number is a unique number used to identify the patient and is also called the medical record number. The MR # Required field of the Amb Care, HBO - Load MPI/ Reg parameter determines if you are required to enter a unit number. If the parameter is set to Yes, you must enter a unit number to continue the MPI load process. If the parameter is set to No, press ENTER to bypass this prompt.

When assigning the unit number, you can enter a specific number or enter an equals sign (=) to accept the system-assigned number. The Unit Number Assignment table of the STAR Patient Care System specifies the next system-assigned unit number.

In a multifacility environment, the unit number is facility-specific. If the patient was admitted to two different facilities, the unit number of facility A would be different than that assigned by facility B.

For some pharmacies, the next step is to enter the patient's corporate number. If the Corporate Number Used field of the Amb Care, HBO - Load MPI/Reg parameter contains a Yes response and the Corp # Routine field contains the routine provided with the base system, the system displays the following prompt:

> *Enter corporate number (`=` for automatic assignment)--*

The corporate number is another unique number used to identify the patient. In a multifacility environment, the corporate number is patient-specific and remains the same regardless of the facility to which the patient is admitted.

Enter the specific number you want to assign or enter an equals sign (=) to accept the system-assigned number. The Corporate # Assignment table of the STAR Patient Care System defines the next corporate number that the system assigns.

The Load MPI Sequence field of the Amb Care, HBO - Load MPI/Reg parameter determines the next screen(s) displayed. If the parameter contains the default response provided with the base STAR Pharmacy system, the system displays the Patient Page screen of the STAR Patient Care System. The following example is the Patient Page screen of the base STAR Patient Care System when networked to the STAR Financials System. Although basically the same, thePatient Page screen varies slightly by financial system. For more information about the Patient Page screen, see the *Patient Processing Volume* of the *STAR Patient Care Reference Guide*.

```
                    General Hospital Admission Processor
                 Patient              Page 1 of 16 Thu Feb 19, 2009 01:13 pm
   No.          Name            Sex   BD    Room    Physician     SVC ICD Status
 9404-500-001  BURNER,JOY M      F  01/25/76 NSY-14 BABB,GARY H   ERS 10  I/P 2
  1 Name                                            2 Entitle    3 Sex
    BURNER,JOY M                                                 FEMALE
  4 Birthdate    Age    5 Birthplace             6 DOD           7 Race
    01/25/76    18Y      ATLANTA,GA
  8 Marital Status    9 Mailing Address Line 1   10 Mailing Address Line 2
                       2925 ROSEMONT PKWAY
 11 City             12 St 13 ZIP Code   14 County        15 Country
    ROSWELL            GA    30076          1 FULTON         US United State
 16 Phone      17 Ext.    18 Geo.Code/Census Tract 19 Residence Type
    (404)664-4754         N NORTH                    01/01/76
 20 Res Since  21 Alt 22 Mother's Name           23 Father's Name
                        RAMONA BURNER              RAYMOND BURNER
 24 Soc Sec Number             25 Nationality       26 Language
                                 1 AMERICAN           E ENGLISH



 Enter patient entitle (ex. JR, SR, III, M.D.)--        |
                         next(/) or previous screen(/P) [/]
```

Field Explanations

1. NAME (37-C-R)

NOTE: If a name search was done during the MPI Lookup, this name displays as the default in the prompt.

Enter the patient's name in the format of LAST,FIRST MIDDLE (special characters are allowed). The first name must follow the comma (,) with no spaces. All information entered after the first space is considered the middle name by the system. There are no restrictions regarding entry on this portion of the patient's name.

2. ENTITLE (5-AC-O)
This is a free-form field that allows the entry of JR., SR., III, PhD., MD., etc. Enter this field in a format that can be used at the end of the patient's name, such as *MD* instead of *Dr*.

3. SEX (1-A-R)
Enter the patient's sex as M or F, which displays as MALE or FEMALE.

4. BIRTHDATE AGE (15-C-R)
Enter the patient's date of birth. There are several formats you can use to enter the date. Enter the century if it is different from the current one. The system does not accept an invalid or future date. Refer to the Information Entry Techniques chapter in the *General Information Volume* of the *STAR Patient Care System Reference Guide* for details.

Using the birthdate and current date, the system automatically calculates the patient's age. Age is calculated in days up to two months, in months up to two years, and in years for any ages over two.

5. BIRTHPLACE (23-AC-O)
Enter the patient's place of birth. Spaces and special characters are allowed in this field.

6. DOD (DISPLAY ONLY)
If the patient has expired, the system displays the date of death in this field, and does not allow you to admit the patient.

7. RACE/ETHNIC ORIGIN (TABLE LOOKUP)
You have two choices:

- Enter the appropriate code for the patient's race/ethnic origin if you know it.

- Enter a hyphen (**-**). The system displays the race/ethnic origin table with the codes and descriptions for selection.

8. MARITAL STATUS (TABLE LOOKUP)
You have two choices:

- Enter the patient's marital status.

- Enter a hyphen (**-**). The system displays the table with the abbreviations and descriptions for selection.

9. MAILING ADDRESS LINE 1 (25-C-R)
Enter the patient's mailing address.

10. MAILING ADDRESS LINE 2 (25-C-O)
Enter additional patient mailing address information.

11. CITY (18-C-R)
Enter the patient's city.

If you enter the city's ZIP code/postcode in the City field, the system automatically fills the City, State/Province, County, Country, Geo. Code/Residence Code, and ZIP Code/Postcode fields.

US: You can enter either five or nine characters, but only the first five are compared with the ZIP code table entries.

If you enter a code not in the table, that number moves to the ZIP Code/Postcode field while the cursor remains in the City field for you to free-form an entry. You can also enter an equal sign (**=**) for the system to fill these fields with the defaults (the hospital's address information).

12. ST/PR (TABLE LOOKUP)
You have three choices:

- Enter the appropriate two-character abbreviation for the patient's state/province if you know it. The system validates the field entry with the user-defined state/province table.

- Enter a hyphen (**-**). The system displays the table with the states/provinces. When you select one, the system automatically uses the two-character abbreviation.

- Enter an equal sign (**=**) for the system default (the hospital's state/province).

(US) 13. ZIP CODE (9-N-R or 6-AN-R)
Enter the patient's ZIP code, either five or nine characters. If you enter an equal sign (=), the system automatically fills the field with the default ZIP code. Nine-digit ZIP codes are displayed with a hyphen (-) between the ZIP code and the ZIP code extension. If you enter a six-digit, alphanumeric Canadian postcode, it displays in an **X9X9X9** format.

(CN) 13. POSTCODE (6-AN-R or 9-N-R)
Enter the patient's postcode. The system displays the postcode in a **X9X9X9** format. You can also enter a U.S. ZIP code in this field. If you enter a nine-digit ZIP code, the system automatically puts a hyphen between the code and the extension.

14. COUNTY (TABLE LOOKUP)
Enter the patient's county. You have three choices:

- Enter the appropriate code for the patient's county if you know it.

- Enter a hyphen (**-**). The system displays the county table with the codes and descriptions for selection.

- Enter an equal sign (**=**) for the system default (the hospital's county).

If a county was entered in the ZIP Code/Postcode table, the system enters it in the field, but you can revise it if necessary.

15. COUNTRY (TABLE LOOKUP)
Enter the code of the country in which the patient lives. You have three choices:

- Enter the appropriate code for the patient's country if you know it.

- Enter a hyphen (**-**). The system displays the country table with the codes and descriptions for selection.

- Enter an equal sign (**=**) for the system default (the hospital's country).

If a country was entered in the ZIP Code/Postcode table, the system enters it in the field, but you can revise it if necessary.

16. PHONE (10-NC-O)
Enter the patient's area code and home phone number. You can enter it in a variety of formats. If you enter it without parentheses or a hyphen, the system automatically inserts them for you. You can also use these formats: (404)393-6000 or 404/393-6000, for example. You can use any special character between the area code and prefix, or between the prefix and suffix. If you enter a local number without the area code, the system automatically enters that for you as well.

17. EXT. (4-N-O)
Enter the patient's extension number, if one exists.

18. GEO. CODE/CENSUS TRACT/RESIDENCE CODE (TABLE LOOKUP)
You have three choices:

- Enter the appropriate code for the patient if you know it.

- Enter a hyphen (**-**). The system displays the Geographic Code/Residence Code table with the codes and descriptions for selection.

- Enter an equal sign (**=**) for the system default (the hospital's code).

If a Geographic Code/Residence code was entered in the ZIP Code/Postcode table, the system enters it in the field, but you can revise it if necessary.

US: This field can be used in conjunction with a census tracking program.

19. RESIDENCE TYPE (TABLE LOOKUP)
You have two choices:

- Enter the code for the patient's residence type if you know it.

- Enter a hyphen (**-**). The system displays the table with the codes and descriptions for selection.

20. RES SINCE (DATE)
Enter the date that the patient began living at the address entered above. You can enter the date in one of these formats: MM/YY or MM/DD/YY. If you choose to enter in the MM/YY format, the system automatically fills in **01** for the first day of the month. For example, if you enter *12/92*, the system displays *12/01/92*.

21. ALT (3-C-O)
When you access this field, the system displays the following prompt:

Edit the patient's alternate address information? (Y/N) [N]--

Do one of the following:

- Press **N** or ENTER for No if you do not want to add or edit this information.

- Press **Y** for Yes to add or edit an alternate address

When you enter Y, the system displays the following subscreen:

```
                    General Hospital Admission Processor
                 Patient              Page 1 of 17 Thu Feb 19, 2009 01:13 pm
  No.          Name            Sex    BD    Room    Physician     SVC ICD Status
0903700001   ICD,CMSTEN        F  03/28/45 204-1   ADAIR,CAR      MED 10  LAD14
Alternate  1 Address Line 1           2 Address Line 2
           ->
         3 City                  4 St  5 ZIP Code    6 County


         7 Country           8 Residence Type        9 Phone

10 Invalid Address/Phone

11 Phone Message  12 Mail To Address?  13 Confidential Add-Ph

14 Alt Phone

Additional      15 Mother's Name                 16 Father's Name




 Enter alternate address line 1--                              |
```

Subfield Explanations

21-1. ALT. ADDRESS LINE 1 (25-C-O)
Enter the patient's alternate address.

21-2. ALT. ADDRESS LINE 2 (25-C-O)
Enter additional alternate address information, if necessary.

NOTE: For the procedures for inserting information into the rest of the alternate address fields (City, State/Province, ZIP Code/Postcode, County, Country, and Phone), refer to the discussion of addresses for the Patient Page.

21-3. ALT. CITY   (18-C-O)
Enter the patient's alternate city.

21-4. ALT. STATE/PROVINCE (TABLE LOOKUP)
Enter the patient's alternate state/province.

(US)21- 5. ALT. ZIP CODE (9-N-0 or 6-AN-O)
(CN) 21-5. ALT. POSTCODE (6-AN-O or 9-N-O)
Enter the patient's alternate ZIP code/postcode.

21-6. ALT. COUNTY (TABLE LOOKUP)
Enter the patient's alternate county.

21-7. ALT. COUNTRY (TABLE LOOKUP)
Enter the patient's alternate country.

21-8. ALT. PHONE (13-C-O)
Enter the patient's alternate phone number.

When you are finished entering information into these fields, the system displays the following prompt:

Accept this screen? (Y/N) [Y]--

You have two choices:

- Enter **Y** for Yes to accept the screen and return to the Patient Page. The system displays *Yes* in the Alt field.

- Enter **N** for No if you want to make changes to any of the fields.

22. MOTHER'S NAME (25-AC-O)
Enter the name of the patient's mother. This name is used with other information in patient lookups to verify that you have selected the correct patient. You can enter spaces and special characters in this field. Depending on hospital procedures, you may enter the mother's maiden name or first name.

23. FATHER'S NAME (25-AC-O)
Enter the name of the patient's father. You can enter spaces and special characters in this field.

(US) 24. SOC SEC NUMBER (9-N-O)
Enter the patient's social security number. If you enter it without hyphens, the system inserts them. If you the social security number you enter has already been assigned to another patient, the system displays the following error message:

This SS# is assigned to Last,First MI! Accept anyway? (Y/N) [N]--

(where Last,First MI is the name of another patient)

Verify the social security number entered, and do one of the following:

- Press **N** or ENTER for No to enter another social security number.

- Press **Y** for Yes to override the error and enter the social security number for the current patient anyway.

(CN) 24. PROV HC#/VERSION/EXP DATE

When you access this field, the system displays a subscreen at the bottom of the Patient page:

```
                    General Hospital Admission Processor
               Patient                  Page 1 of 16 Tue Feb 20, 1996 09:42 am
  No.          Name            Sex    BD    Room    Physician      SVC    Status
9404-500-001  BURNER,JOY M      F  01/25/76 NSY-14  BABB,GARY H    ERS    I/P 2
 1 Name                                          2 Entitle    3 Sex
   BTURNER,JOY M                                               FEMALE
 4 Birthdate    Age    5 Birthplace           6 DOD          7 Ethnic Origin
   01/25/76    18Y       TORONTO,ON
 8 Marital Status     9 Mailing Address Line 1   10 Mailing Address Line 2
                      2925 ROSEMONT PKWAY
11 City              12 Pr 13 Postcode   14 County         15 Country
   TORONTO              ON    X9X 9X9                          CA Canada
16 Phone        17 Ext.    18 Residence Code      19 Residence Type
   (555)555-5555                                  COMMUNITY SHELTE
20 Res Since  21 Alt 22 Mother's Name          23 Father's Name
                     RAMONA BURNER                RAYMOND BURNER
24 Prov HC#/Version/Exp Date       25 Nationality        26 Language
                              2 CANADIAN               E ENGLISH

 1 HC Prov.      2 Health Card #        3 Version       4 Exp Date

Enter province code (= for default)--                   |
```

Subfield Explanations

24-1. HC PROV (2-C-R)

Enter the two-character province abbreviation where the Health Card was issued. The default is the province associated with the patient's address.

24-2. HC # (16-N-O)

Enter the patient's Health Card number. If you enter a Health Card number that has already been assigned to another patient, the system displays the following error message:

This HC# is assigned to Last,First MI! Accept anyway? (Y/N) [N]--

(where Last,First MI is the name of another patient)

Verify the Health Card number entered, and do one of the following:

- Press **N** or ENTER for No to enter another number.

- Press **Y** for Yes to override the error and enter the Health Card number for the current patient anyway.

If the Health Card number has been changed or deleted, the system displays the following message:

Changed or deleted HC#! Accept Anyway? (Y/N) [N] --

- Press **N** or ENTER for No to enter another number.

- Press **Y** for Yes to override the message and enter the Health Card number for the current patient anyway.

24-3. VERSION (2-AN-O)
Enter the version number of the Health Card. This number is used to indicate that a new health card has been issued to the patient. For example, a patient with a name change would be issued a new card with a version number.

24-4. EXP. DATE (DATE)
Enter the expiration date of the patient's Health Card.

25. NATIONALITY (TABLE LOOKUP)
You have two choices:

- Enter the code for the patient's nationality if you know it.

- Enter a hyphen (**-**). The system displays the table with the codes and descriptions for selection.

26. LANGUAGE (TABLE LOOKUP)
Enter the code that describes the patient's language. The field defaults to English if that entry exists in the table.

STAR Pharmacy uses this field to determine the language in which SIG instructions are printed on labels for the Ambulatory Care module. If you leave this field blank and STAR Patient Care's Language table contains an entry with a description of ENGLISH, STAR Pharmacy prints the SIG instructions in English.

If this field contains English or any language besides Spanish, the system prints consultative messages in English. If this field contains Spanish, the system prints consultative messages in Spanish.

After you complete and accept the Patient Page screen, the operating system transfers you from the STAR Patient Care System to the STAR Pharmacy System. This is not visible to the user unless one of the systems is not available.

STAR Pharmacy Reference Guide - Ambulatory Care Module
October 2011   *Release 17.0*   2–17
Proprietary to McKesson - Subject to Confidentiality Agreement

STAR Pharmacy displays the following screen:

```
        General Hospital MPI Load/Registration Processor
                                           Wed Nov 17, 1993 02:40 pm
 Name                    Sex   BD     Account Number          Third Party
*COLEMAN,JAMIE            F  03/19/66  No Billing Acct          GA
  1 Safety Caps                         2 Discount
    Yes
  3 Third Party Plans                   4 Default Third Party Plan




 Enter field number or '/' starting field number--
```

This screen contains the information needed by the ambulatory care pharmacy to fill prescriptions and maintain the patient's ambulatory care profile.

Field Explanations

1. SAFETY CAPS (1-A-R)
This field specifies if the patient's prescriptions are to be packaged using safety caps. If the patient requests that you *do not* use safety caps to package prescriptions, enter **N**. If you intend to use safety caps to package the patient's prescriptions, enter **Y**. The system uses the response in this field to determine the default response for the Safety Caps field in the prescription fill/refill functions.

2. DISCOUNT (6-N-O)
This field identifies the amount of the discount on prescription charges for which the patient is eligible. You can enter a percentage or a specific dollar amount. To enter a percentage, enter the percentage followed by the percent sign (for example, enter 10% for ten percent). To enter a dollar amount, enter the dollar sign ($), the whole dollar amount, a period, and the cents (for example, enter $2.50).

The pricing formula used to price the prescription determines if this discount is applied to the prescription price.

3. THIRD PARTY PLANS (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plans that currently cover the majority of the patient's medical expenses and prescriptions. If a third-party plan has been assigned to the patient, this field displays *See Table*. When you access this field, the system displays all third-party plans currently defined for the patient and displays the following prompt:

Enter choice of third party to edit, or (A)dd--

If you enter A, the system displays the following prompt:

> *Enter first letters '-',third party plan code, or (I) to view insurance--*

After you select a third party plan, the system displays a screen for entry of patient-specific information for this plan. Information about entering I to view insurance information is provided later in this subsection.

```
              General Hospital Revise Patient Demographics Processor
Patient Demographic Page                            Wed May 15, 2002 11:53 am
Name                    Sex   BD    Account Number         Third Party
COLEMAN,JAMIE            F  03/19/66 93279-00001            GA
Allergies:CODEINE/MORPHINE
Third Party Plan: GEORGIA MEDICAID

( 1)Group Number   : 123456
( 2)Plan Number    :
( 3)Cardholder ID  :
( 4)Person Code    :
( 5)Cardholder Name:
( 6)Relationship   :
( 7)Pricing Plan   :
( 8)Expiration Date:
( 9)Workers Comp   :




 Enter patient's third party plan number or (I) to view insurance--
```

Field Explanations

3-1. GROUP NUMBER (15-AN-O)
Enter the group number specified for this patient and third party plan. The third party plan table-defined group number is a default.

3-2. PLAN NUMBER (15-AN-O)
Enter the Plan Number associated with this patient and Group Number.

3-3. CARDHOLDER ID (18-AN-R)
Enter the Cardholder Identification number.

3-4. PERSON CODE (3-AN-O)
Enter the person code, which is generally associated with the ID number.

3-5. CARDHOLDER NAME (30-AN-O)
Enter the cardholder's name.

3-6. RELATIONSHIP (1-N-R)
Enter the relationship of the patient to the cardholder. The options are:

(1) Cardholder   *(3) Dependent (Child)*
(2) Spouse   *(4) Other (other dependent)*

3-7. PRICING PLAN (3-AN-O) or (TABLE LOOKUP)
Enter the pricing plan if it is different from the default pricing plan for this third party.

3-8. EXPIRATION DATE (DATE-O)
Enter the date that coverage benefits expire for this patient.

During prescription fill/refill and revise prescription, if a third party plan is added or edited and the date for the new third party plan has expired, the system displays a *Warning: Coverage has expired for this plan!* message. You can continue with the fill/ refill or revision process without updating the date in this field.

3-9. WORKERS COMP (1-A-O)
Enter **Y** for yes if claims under this plan are to be flagged as worker's compensation. If not, enter **N**.

4. DEFAULT THIRD PARTY PLAN (5-AN-O) or (TABLE LOOKUP)
This field identifies the patient's default third party plan. Enter the third party code, or enter a hyphen (-) and select from the list of third party plans defined on the Third Party Plans field.

When you select the account/no billing account in the prescription fill/refill function and the expiration date for the default third party plan has been exceeded, the system displays a *Warning: Coverage has expired for this plan!* message. The system then displays the Revise Patient Demographic screen. To continue prescription fill/refill without editing the third-party expiration date, press ENTER.

To view the insurance information entered for the patient on the STAR Patient Care System, enter **I**. If STAR Pharmacy is networked to the STAR Patient Care System, you can transfer a third party number from the insurance information into this field. The following are the steps for this procedure:

1. Select the insurance option by entering the letter I. The system displays a list of the patient's insurance carriers including the policy numbers.

2. Press ENTER to the Select a Plan prompt. The system displays the following prompt:

    Enter patient's third party number or `#`selection--

3. Enter a pound sign (**#**) and the coordination of benefits (COB) number of the desired third party.

If a pattern match has been defined in the Pattern Match field on the O/P Third Party Plans table for the third party and you enter a specific third party number in this Third Party Number field, the system verifies that the format of the number meets the pattern requirements of the third party.

After you complete the required fields and accept this screen, the MPI load process is complete.

Patient Registration

The Patient Registration process registers the patient and assigns an account number to the patient's visit. While the MPI Load process is to be performed only the first time the patient is serviced by the hospital, the Patient Registration process is performed each time the patient is admitted to the hospital or registered. There must be an existing record for the patient in the master patient index before the patient can be registered.

NOTE: The Patient Registration process is now referred to as an OP Admission on the STAR Patient Care System.

If the patient was previously loaded into the master patient index and you want to register the patient, you can use the Prescription Fill/Refill function or the MPI Load/ Registration function. In either case, the following steps do not take place until you have identified the patient.

If you are using the Prescription Fill/Refill function and have identified the patient, the system displays the following prompt before beginning the patient registration process:

> *Enter prescription numbers or `-` for list [/O]--*
> *   /O for new prescription*

Press ENTER to accept the default. The system displays the following screen:

```
              General Hospital Prescription Fill/Refill Processor
 Prescription Fill/Refill                            Wed May 15, 2002 10:14 am
 Name                    Sex    BD     Street Address
 HOLMES,LINDON HAROLD      M  08/13/23  APT #23 - THE WOODS
 Allergies:CODEINE/MORPHINE
 Page:01                          Admit Date  Type  Doctor
 ( 1) No Billing Account




 Enter choice or `R` to register new account--
```

This screen offers the opportunity to register the patient with a hospital account. Enter **R** to begin the patient registration process.

NOTE: The Reg Allowed field of the Amb Care, HBO - Load MPI/Reg parameter controls whether the pharmacy can register patients. If you enter R to register the patient with a new account and the parameter contains a No response, the system displays the *Error: Reg not allowed for this facility!* error message and redisplays the prompt.

The registration processor used to enter the account information resides in the STAR Patient Care System. The operating system automatically transfers you from the STAR Pharmacy System to the STAR Patient Care System. This is not visible unless one of the systems is not operational.

If you are using the MPI Load/Registration function, the STAR Patient Care System displays the first registration screen immediately. If you are using the Prescription Fill/ Refill function, the STAR Patient Care System displays the first registration screen after you enter R to register the patient with a new account.

The STAR Patient Care System's Patient Type table is displayed on the first registration screen and you are prompted to select a patient type. After you select the appropriate patient type, the system displays the registration screens associated with the selected patient type. The STAR Patient Care System determines which screens are displayed for each patient type, the information fields on each screen, and the data entry requirements of each field.

After you complete and accept the STAR Patient Care registration screens, the operating system transfers you from the STAR Patient Care System to the STAR Pharmacy System. This is not visible unless one of the systems is not operational.

The STAR Pharmacy System then displays the Pharmacy Information screen. Review the information and make any necessary changes. After you accept the Pharmacy Information screen, the registration process is complete.

If this is the first time the patient has been registered, the system displays the following screen:

```
                General Hospital MPI Load/Registration Processor
                                              Fri Jun 28, 2002 11:24 am
 Name                    Sex    BD    Account Number          Third Party
 CASE,TOMMY               M  01/01/01  0217900002


  No. Allergy                      Type  Reaction                Severity Sts










      Enter (N)o Known/NKA,(U)nknown/UNK, or (A)dd new allergy (N/U/A/V/P)--
                                (V)iew audit
```

This screen requires that you identify the patient's allergies. The system does not allow entry of prescription information until you enter a response to this screen. For more information about completing this screen, see the Maintain Patient Allergies subsection of the Display Prescription Detail function.

After you complete the Allergy screen, the system displays two different prompts depending upon the function you are using. If you are using the MPI Load/Registration function, the system displays the following prompt:

> *Enter Name, `*`Soundex, Unit Nbr, `#`Corp Nbr--*

Enter the name of the next patient that you want to load/register or press ENTER to exit the function.

If you are using the Prescription Fill/Refill function to load/register the patient, the system displays the following prompt:

> *Enter drug name, `-`mnemonic, formulary code or `*`product #--*
>   */R Routine order inquiry, /N Product File inquiry, /M Manual entry*

This prompt begins the prescription entry process. Identify the item prescribed for the patient that was just registered or press ENTER to begin backing out of the function.

Impact

If you loaded a patient into the master patient index (MPI), the patient can be accessed by any STAR systems using the master patient index and the patient data may be interfaced to other systems used by the hospital.

If you registered a patient, you created a hospital account number to which you can charge inpatient orders and ambulatory care prescriptions.

Output

Each time you complete the registration process for a patient, the system prints a message on the STAR Patient Care System's log printer.

Each time you assign a unit number to a patient, an entry is recorded on the MPI Activity Report. The MPI Activity Report is a batch report generated for the STAR Patient Care System.

Each time you register a patient, an entry is recorded on the OP Admission Report. The OP Admission Report is a batch report generated for the STAR Patient Care System.

THIRD PARTY CHECKING

The system automatically performs third party checking when you fill, refill and revise prescriptions if the patient is covered by a third party. The system compares the prescription information against the claim submission requirements of the third party and brings any discrepancies to your attention.

The system recognizes two types of third party plans: state-sponsored and private.

Defining Claim Submission Requirements

STATE-SPONSORED THIRD PARTY PLANS

Claim submission requirements for state-sponsored plans are defined in the Third Party Information screen of the Formulary Maintenance function. Additional requirements can be defined in the O/P Third Party Plans table (the state code must be entered in the State field for the system to recognize it as a state-sponsored third party). The system uses both the formulary information and the table information to determine if the prescription item is covered. However, if the claim requirement is defined in both the formulary and the table (for example, maximum days supply), the system uses the formulary information to determine coverage. The system does not use the OTC Coverage or the Product Categories Not Covered fields of the O/P Third Party Plans table for state-sponsored third parties.

PRIVATE THIRD PARTY PLANS

Claim submission requirements for private plans (for example, PCS or Blue Cross/Blue Shield) are defined in the O/P Third Party Plans table. The system uses only the O/P Third Party Plans table to determine coverage.

Override Option

The STAR Pharmacy System offers the option of overriding claim submission requirements, enabling you to submit claims for prescriptions that do not meet claim submission requirements. To implement this feature, set the Override field of the O/P Third Party Plans table to Yes.

If you have set the Override field to No and the system encounters a claim submission requirement discrepancy, the system flashes a warning to notify you that the prescription does not meet claim submission requirements and continues with the prescription fill/refill. The system does not generate a third party claim for that prescription.

If the Override field is set to Yes, the system displays the same warning but offers the option to still submit a claim. To submit a claim for the prescription, enter **Y**. To not submit a claim, enter **N**.

Third Party Information Checks

If the patient has a third party number entered in the demographics screen (see Display Prescription Detail function or Revise Patient Demographics function), the system performs the following third party coverage checks:

IS THE PRESCRIPTION ITEM COVERED?

The system performs this check after the prescription item has been selected for dispensing and after the prescription has been selected for refilling. The system also performs this check when you revise the dispensed item in both the refill and the revise prescription functions.

For state-sponsored third parties, the system checks the Effective Date and Expiration Date fields. If the current date does not fall on or between the dates defined in these fields, the item is not covered by the state-sponsored third party.

For private third parties, the system checks the OTC Coverage and Product Categories Not Covered fields of the O/P Third Party Plans table. The Drug Class field on the Outpatient Information screen of the Formulary Maintenance function defines the drug item as prescription or over-the-counter. The Product Category field, also on the Outpatient Information screen, determines the product category to which the item is assigned.

IS THE PATIENT ELIGIBLE?

The system performs this check after the prescription item has been selected for dispensing and after the prescription has been selected for refilling.

For state-sponsored third parties, the system checks the Min Benefit Age and the Max Benefit Age fields of the formulary. If the patient's age does not fall between the ages defined in these fields, the third party does not cover the prescription item. There is no age checking for private third parties.

DOES DAYS SUPPLY MEET REQUIREMENTS?

When you select the prescription for refilling, the system checks against the days supply defined for the prescription. If you are attempting to refill before or after the number of days in the days supply field has passed (since the previous fill), the system brings the discrepancy to your attention.

When you are defining the days supply for the prescription in the Days Supply field on the fill, refill, and revise prescription screens, the system performs the following check:

A maximum days supply can be defined in both the Third Party Information screen of the Formulary Maintenance function and the O/P Third Party Plans table. A minimum days supply can be defined in the formulary information only.

For state-sponsored third parties, the system checks the formulary days supply fields first. If no requirements are defined, the system then checks the O/P Third Party Plans table. The days supply defined for the prescription must be equal to or greater than the Minimum Days Supply field and equal to or less than the Maximum Days Supply field.

For private third parties, the system checks only the O/P Third Party Plans table. The days supply defined for the prescription must be equal to or less than the Maximum Days Supply field.

DOES THE FILL QUANTITY MEET REQUIREMENTS?

The system performs this check when you are defining the dispense quantity in the fill, refill and revise prescription screens.

A maximum fill quantity can be defined in both the Third Party Information screen of the Formulary Maintenance function and the O/P Third Party Plans table. A minimum fill quantity can be defined in the formulary information only.

For state-sponsored third parties, the system checks the formulary fields first. If no requirements are defined, the system then checks the O/P Third Party Plans table. The prescription fill quantity must be equal to or greater than the Minimum Quantity field *and* equal to or less than the Maximum Quantity field.

For private third parties, the system checks only the O/P Third Party Plans table. The prescription fill quantity must be equal to or less than the Max Qty/Rx field.

DOES THE PRESCRIPTION PRICE MEET REQUIREMENTS?

The system performs this check when you are defining the dispense quantity and when you are revising the system-calculated price in the prescription fill, refill and revise screens.

The system-calculated price for the prescription must be equal to or less than the price defined in the Max Price/Rx field of the O/P Third Party Plans table. The system only performs the price check for state-sponsored third parties when the state code is entered in the State field of the O/P Third Party Plans table.

For most claims submission requirements, the system does not change the value of your entry when it does not meet the third party requirements. This is not true when the system-calculated price of the prescription exceeds the third party maximum. If the Override field is set to No, the system automatically reduces the prescription price to the Max Price/Rx. If the Override field is set to Yes, the system asks if you want to reduce the prescription price. If you enter Y, the system reduces the prescription price. If you enter N, the system does not reset the prescription price but still generates a claim.

WILL THIS REFILL EXCEED THE REFILL REQUIREMENTS?

The system performs this check for medications after you select the prescription for refilling. The system verifies that the current refill does not exceed the number of covered refills as defined in the Maximum Refills field of the O/P Third Party Plans table.

You can also define a maximum number of refills by control class using the Max Refills field of the Amb Care - Control Class Requirements parameter. The system performs this refill check against all prescriptions before it begins third party checking. If the prescription refill exceeds the control class requirements, the system does not allow you to refill the prescription.

To allow the entry of **P** for PRN refills, which sends the third party a value of 99 as required by NCPDP standards, the Max Refills field in the Amb Care - Control Class Requirements parameter must be blank. If any value is contained in that field (for example, 99), the system does not allow the entry of the **P** in the Refill field at order entry.

HAS THE REFILL MONTHS LIMIT PASSED?

The system performs this check after you select the prescription for refilling. The system verifies that the period of time since the original fill (start date) and the refill does not exceed the number of months defined in the Refill Months field of the O/P Third Party Plans table. The system only performs the refill months check for state-sponsored third parties when the state code is entered in the State field of the O/P Third Party Plans table.

NOTE: In this context, a *month* is determined to have passed when the date of the next month matches the date the prescription was filled. For example, if a prescription is filled on January 24 and the Refill Time Limit for this class of drug is set for 3 months, the prescription can be refilled until April 24. The number of days in each specific month is not taken into account in this calculation.

You can also define a maximum refill period by control class using the Refill Time Limit field of the Amb Care - Control Class Requirements parameter. The system performs this refill time limit check against all prescriptions before it begins third party checking. If the date of the prescription refill exceeds the control class requirements, the system does not allow you to refill the prescription.

Meeting NCPDP Requirements

In order to meet the standards set by the National Council on Prescription Drug Programs (NCPDP), the following calculations are made to items that are billed under a third party plan:

- If the amount in the Fill Quantity field is a whole number, then this amount is sent to the third party as the Metric Quantity. For example, 30 tablets = a metric quantity of 30 (00030).

- If the formulary package size of the items is greater than one, but contains a decimal quantity (for example, 3.2 gm), this quantity is rounded up to the next whole number, and that whole number is sent to the third party as the Metric Quantity.

- If the formulary package size of the item is less than one (for example, 0.3 ml), a further calculation must occur to obtain the correct Metric Quantity. The Fill Quantity is divided by the package size to reach a number of doses dispensed. If this number is less than 1, it is rounded to 1.

- The package size used for the calculations for any particular item is that package size defined on the Additional Information Page of the Formulary. If the item is a Manual item, and no formulary information exists for the item, the package size from the Product Information File (PIF) is used.

PROFILE MAINTENANCE FUNCTION

This function enables you to perform multiple profile maintenance functions on a prescription without having to re-identify the patient and prescription by presenting the Profile Maintenance Options menu *after* you have identified the patient and the prescription. Most other STAR Pharmacy System functions require that you select the individual function and then identify the patient and the prescription.

The first step is to identify the patient. After you select the Profile Maintenance function from the menu, the system displays the following screen:

```
                   General Hospital Profile Maintenance Processor
  Ambulatory Care Inquiry                              Mon Sep 26, 1988 01:09 pm












  Enter Name, '%'Soundex, `-`SS#, `&`Unit Nbr, '#'Corp Nbr, prescriptions--
```

This screen offers six ways to identify the patient. The Name and Soundex options enable you to do a name search based upon spelling and pronunciation of the patient's name. The Social Security number (SS#), Unit Number and Corporate Number options enable you to directly identify the patient via the unique numbers assigned to them. The Prescriptions option enables you to perform the patient identification and prescription identification steps at one time by entering the prescription number of a specific prescription.

For more detailed information about these patient identification options, see the *General Information Volume* of the *STAR Pharmacy Reference Guide*.

When the patient is selected, the system checks the Review Non-Screened Orders field of the Screening-ADR Levels parameter and compares it to the pharmacy employee type setting of the user.

The system displays the *Allergies Revised!* alert if:

•   The pharmacy employee type is defined in the parameter, and new allergy information has been entered into the Allergy Processing Tool from a non-pharmacy location since the last time the profile was accessed, or

- The pharmacy employee type is defined in the parameter, and existing allergy information is revised from a non-pharmacy location since the last time the profile was accessed.

After the *Allergies Revised!* alert is displayed, the system automatically proceeds to the Allergy Summary screen so that allergy information (new and/or revised) can be reviewed. When the Allergy Summary screen is exited, the system returns to Pharmacy CPU (if the facility has networked CPUs and Pharmacy is on a separate CPU from Patient Care) and displays the message:

   Screening for Drug Sensitivities

The system then begins an automatic review of the new or revised allergy or allergies against the patient profile.

The *Allergies Revised!* alert is NOT displayed if:

- The pharmacy employee type is not defined in the parameter, or

- There have been no new allergies added to the profile, or existing allergies revised, from a non-pharmacy location since the last time the profile was accessed.

The next step is to identify the prescription (unless you used the Prescription option to identify the patient).

```
                    General Hospital Profile Maintenance Processor
Maintenance Options                                    Wed May 15, 2002 01:10 pm
Name                     Sex    BD     Street Address
LEE,SAMANTHA              F   02/12/56  3111 MIRANDA LANE
Allergies:CODEINE/MORPHINE







Enter prescription numbers or `-' for list [/O]--
                         /O for new prescription
```

This screen offers two ways to identify an existing prescription and the option to enter a new prescription. You can identify one or more prescriptions.

To begin entry of a new prescription, press only the ENTER key. This is the default response for this prompt. For more information on entering a new prescription, see the Prescription Fill/Refill function in this section.

You can identify an existing prescription by entering the prescription number or by entering a hyphen (-) and selecting the prescription from the displayed profile. To identify more than one prescription, enter a comma between each prescription number (for example, 800013,800021,800025). To select multiple prescriptions from the displayed profile, enter a comma between each option number.

To back out of this function, enter a period (.). The system redisplays the patient identification screen.

After you have identified a patient and the desired prescriptions, the system displays the Profile Maintenance menu:

```
                  General Hospital Profile Maintenance Processor
Maintenance Options                                  Wed May 15, 2002 03:03 pm
Name                     Sex    BD     Street Address
*STARR,ELSIE              F  09/12/58  144 KELLY ST
Allergies:CODEINE/MORPHINE
     Rx#      First Drug                    Refill   Orig     Last    Price S
     1000057   IBUPROFEN 600MG TABLET          1/2  05/04/97 05/05/97  52.00 A


            Option No.  Option
            ---------------------------------------
               1        Refill Prescription
               2        Revise Prescription
               3        Cancel Prescription
               4        Transfer/Cancel Transfer
               5        Activate/Inactivate Prescription
               6        Display Prescription Audit Trail
               7        Display Prescription Detail
               8        View Physician Information
               9        Documentation
              10        Refill Authorization Form
              11        Document Patient Counseling

Enter option # or `/' for next order--
```

This screen contains the patient header, the prescription summary, and the profile maintenance options.

In this example, the patient header consists of the patient name, sex, birthdate, and street address. The medication prescription summary consists of the prescription number, description of the first drug item, the number of refills authorized and refills remaining separated by a slash (/), the date of the first dispensing and the last dispensing, the price of the last refill, and the status of the prescription. The asterisk following the number of refills remaining indicates that one of the refills is only a partial refill (some of the refill has already been dispensed).

You can also access the profile maintenance functions via the Revise Profile menu, (except View Physician Information). The names of the functions are the same except for Transfer/Cancel Transfer that is presented as the Transfer Out/Cancel Transfer Out function on the Revise Profile menu.

Enter the option number of the desired profile maintenance function. After you complete that function, the system redisplays this menu and the most recently

completed function is the default response. At this point, you have four response options:

- ACCEPT DEFAULT

    Press ENTER to perform the same function again.

- PERFORM DIFFERENT FUNCTION

    Enter the option number of another function.

- MOVE ON TO NEXT ORDER

    Enter a slash (*/*) to display the Profile Maintenance menu for the next prescription (if you had identified multiple prescriptions).

- BACK OUT OF FUNCTION

    Enter a period to back out of the function. The system redisplays the prescription identification screen.

REVISE PROFILE FUNCTION

This option allows you to access profile maintenance functions before you select the patient you want to view or edt. When you select this option from theAmbulatory Care Input Options menu, the following screen is displayed:

```
                    General Hospital Revise Profile Processor
                                            Mon Jun 19, 2006 03:11 pm
 Revise Profile Input Options

          Option No.  Option
          ---------------------------------------
             1        Fill/Refill Prescription
             2        Relabel Order

             3        Revise Prescription
             4        Revise Patient Demographics
             5        Insurance Eligibility
             6        Cancel Prescription
             7        Activate/Inactivate Prescription

             8        Transfer Prescription In
             9        Transfer Out/Cancel Transfer Out
            10        Display Prescription Detail
            11        Display Prescription Audit Trail
            12        Prescription Documentation
            13        Refill Authorization Form
            14        Document Patient Counseling
 Enter option number--
```

Each of the options on this menu is detailed in this reference guide.

PRESCRIPTION FILL/REFILL FUNCTION

This function enables you to enter and fill new prescriptions, and refill existing prescriptions.

To enter a new prescription, complete the following steps:

1. Identify a patient.

2. Select new prescription option.

3. Identify the account responsible for prescription charges.

4. Complete the prescription entry screens.

The Information Windows utility has been added to the system. If you are accessing STAR Pharmacy through a PC using WEM, you may access the Information Windows utility. Your PC and host ID computer must be set to enable the use of Information Windows.

For more information on using Information Windows, see the *WEM User's Guide* or the *General Information Volume* of the *STAR Pharmacy Reference Guide.*

To refill an existing prescription, complete the following steps:

1. Identify a patient.

2. Identify a prescription.

3. Identify the account responsible for prescription charges.

4. Complete the refill prescription screens.

After you identify the patient, prescription and responsible account, the system begins the fill/refill process. If you identified an existing prescription, the system begins the refill process. If you selected the new prescription option, the system begins the prescription fill process.

When a refill is accessed through the Fill/Refill processor, the Profile Maintenance menu appears if you answer No to the following questions:

> *Prescription refill too early, Continue? Y/N*

or

> *Reassign new RX number? Y/N*

Step One: Identify a Patient

The Master Patient Index (MPI) contains a record of all patients entered into the hospital information system (HIS) for the facility. A patient must be loaded into the MPI before you can enter the patient's prescription. Although the system offers the option to load new patients into the master patient index within this function, hospital policy determines whether the pharmacy department can use this option. (See the Pharmacy Load MPI field of the Amb Care, HBO - Load MPI/Reg parameter.)

The following is the first prompt presented in the Fill/Refill Prescription function:

Enter Name, '%'Soundex, `-`SS#, `&`Unit Nbr, '#'Corp Nbr, prescriptions--

This prompt begins the patient identification process and offers six ways to identify the patient. For more information about the patient identification process, see the *General Information Volume*.

If you enter a prescription number, the system bypasses the prescription identification step and proceeds immediately to the Identify The Account/Billing Method step (step #3). If you enter the number of a prescription that has been purged from the system, the system displays the following message:

Prescription XXX was purged on 12/12/89

You cannot refill prescriptions that have been purged.

Step Two: Identify a Prescription or Select an Option

After you enter a patient, the system displays a screen like the following.

```
             General Hospital Prescription Fill/Refill Processor
Prescription Fill/Refill                             Fri Mar 11, 2011 10:11 am
Name                    Sex    BD     Street Address
*STARR,ENID              F   09/12/58  144 JONES ST
Allergies:CODEINE/MORPHINE


                        A - Allergies          **FF Allergies**
                        D - Documentation (Interventions, Patient Doc)



                            Patient Documentation
Documentation Type      Documentation Description         Date Added
WORKER'S COMP INFO      Patient has Workman's Comp Acct    (05/04/09)
CHEMICAL ABUSE          chemical abuser                    (02/21/09)



Enter Rx numbers, `-` to list prescriptions, /O for new Rx, or option [/O]--
```

At the prompt, you can enter the prescription numbers, enter a hyphen (-) and select from a list of prescriptions, press ENTER or enter a slash(/) and **O** to enter a new

prescription, or enter a letter for one of the options. To access allergy information, enter **A**. If the patient has a free-form allergy, the system displays the ***FF Allergies*** warning, indicating there is a non-screenable allergy.

To access interventions or patient documentation, enter **D**.

If the Patient Doc Display field in the Amb Care-Parameters parameters is set to Yes and the patient has patient documentation, the patient documentation section lists up to the last six patient documentation entries for the patient in reverse chronological order, specifying the type, description, and the date added for each one.

If you select an inactive prescription, the system displays a warning and asks if you want to activate the prescription. You must activate the prescription before you can refill it. See the Refill Prescription function for more information about refilling a prescription.

If you enter the number of a prescription that has been purged from the system, the system displays the following message:

   Prescription XXX was purged on 12/12/89

You cannot refill prescriptions that have been purged.

Step Three: Identify the Account/Billing Method

This step determines whether prescription charges not covered by a third party are charged to a hospital account and processed through the hospital's financial system or paid by the patient immediately upon receipt of the prescription fill. If the patient's third party covers all of the prescription charges, the patient is not responsible for any charges and the system does not use this information.

Accounts are assigned to patients during the registration process. Although the system offers the option to register patients with a new account within this function, hospital policy determines whether the pharmacy can register patients. (See the Reg Allowed field of the Amb Care, HBO - Load MPI/Reg parameter).

```
                  General Hospital Prescription Fill/Refill Processor
Prescription Fill/Refill                               Wed May 15, 2002 02:31 pm
Name                         Sex    BD      Street Address
WILL,MARY JANE                F  02/12/56  14235 MAPLE LANE
Allergies:CODEINE/MORPHINE
Page:01                             Admit Date  Type  Doctor
(1) A0001-10071-2                   06/06/88    I/P   REMBECKI,DAVID
(2) No Billing Account





 Enter choice or `R` to register new account--
```

NOTE: The list of patient accounts does not include contract accounts because you cannot enter or fill a prescription for a contract account.

To charge the portion of the prescription price for which the patient is responsible to the patient's hospital account, enter the option number of the appropriate account. If the patient is to reimburse the hospital for his/her portion of the prescription price upon receipt of the prescription fill, enter the number of the No Billing Account option. To register the patient with a new account, enter **R**.

If you attempt to register the patient with a new account and the Reg Allowed field of the Amb Care, HBO - Load MPI/Reg parameter is set to No, the system displays an error message and rejects your entry. For more information about registering a patient with a new account, see the MPI Load/Registration function.

If there are not multiple facilities, the system defaults the billing account to *No Billing Account.*

If you select a patient who has no previous prescriptions or the review interval defined in the Review Demographics field of the Amb Care - Parameters parameter has passed, the system displays the *Please review patient demographics!* message and then presents the patient demographics screen. The cursor appears in the Third Party field.

```
                    General Hospital Profile Maintenance Processor
Patient Demographic Page                          Wed May 15, 2002 11:19 am
Name                      Sex   BD     Account Number          Third Party
*STARR,ELSIE              F   03/05/77  96-33900003            GA
Allergies:CODEINE/MORPHINE
 1 Height              2 Weight              3 IBW           4 BSA
   5'6.0" / 167.6cm      110lbs /49.9kg                        1.55sq m
 5 Diagnosis / complaint                  6 Financial Class  7 Pt Type
   001.0 CHOLERA D/T VIB CHOLERAE           B BLUE CROSS       I/P
 8 Address                                9 Language       10 Smoker
   435 SMITHSON ST APT 5                    ENGLISH           No
   ATLANTA, GA  30345                     11 Safety Caps    12 Discount
                                            Yes               10%
13 Comment                               14 Pharmacy Diagnosis/Disease
   THIS IS A COMMENT                         diabetes
15 Third Party Plans     16 Default Third Party Plan       17 Cash Prc Plan
   See Table              GEORGIA MEDICAID



 Edit (V)isit-specific or (P)harmacy-specific information?--
```

After you select this function, the system displays the following prompt:

Edit (V)isit-specific or (P)harmacy-specific information?--

The following fields cannot be edited.

Field Explanations

5. DIAGNOSIS/COMPLAINT (DISPLAY ONLY)
The system prefills this field with the working diagnosis entered for the patient on the
STAR Patient Care System. This field is blank when no working diagnosis was
recorded for the patient.

6. FINANCIAL CLASS (DISPLAY ONLY)
The system prefills this field with the financial class entered for the patient on the STAR
Patient Care System. This field is blank when no financial class was recorded for the
patient.

7. PT TYPE (DISPLAY ONLY)
The system prefills this field with the patient type entered on the STAR Patient Care
System. This field is blank when no patient type was recorded for the patient.

If you enter P for pharmacy-specific information, you can edit the following fields.

11. SAFETY CAPS (1-A-R)
This field specifies if the prescription is to be packaged using safety caps. The first time the system presents this field for the patient, the system prefills it with a Yes response. Each time thereafter, the system prefills this field with the response previously defined for the patient.

If the patient requests that you *do not* use safety caps to package the prescription, enter **N**. If you intend to use safety caps to package the prescription, enter **Y**. The system uses the response in this field to determine the default response for the Safety Caps field in the prescription fill/refill functions.

12. DISCOUNT (6-N-O)
This field defines the discount on prescription charges for which the patient is eligible. You can enter a percentage or a specific dollar amount. To enter a percentage, enter the percentage followed by the percent sign (for example, enter 10% for ten percent). To enter a dollar amount, enter the dollar sign, the whole dollar amount, a period, and the cents (for example, enter $2.50).

13. COMMENT (36-C-O)
This field contains a patient comment.

14. PHARMACY DIAGNOSIS/DISEASE (31-C-0)
This field allows you to enter and maintain a diagnosis for use in the Ambulatory Care system. The diagnosis information in the Diagnosis/Complaint field is maintained by patient care and is often unrelated to prescriptions entered in ambulatory care.

15. THIRD PARTY PLANS (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plans that currently cover the majority of the patient's medical expenses and prescriptions. If a third-party plan has been assigned to the patient, this field displays *See Table*. When you access this field, the system displays all third-party plans currently defined for the patient and displays the following prompt:

   Enter choice of third party to edit, or (A)dd--

If you enter A, the system displays the following prompt:

   Enter first letters '-',third party plan code, or (I) to view insurance--

After you select a third party plan, the system displays a screen for entry of patient-specific information for this plan. Material about entering I to view claim information is provided after the field explanations. See "Chapter 3 - PROFILE REPORTING" for

more detailed information.

```
          General Hospital Revise Patient Demographics Processor
Patient Demographic Page                        Wed May 15, 2002 11:53 am
Name                        Sex   BD    Account Number          Third Party
SMITH,MARGARET               F  07/06/63  93279-00001            PO
Allergies:CODEINE/MORPHINE
Third Party Plan: GEORGIA MEDICAID

( 1)Group Number   : 123456
( 2)Plan Number    :
( 3)Cardholder ID  :
( 4)Person Code    :
( 5)Cardholder Name:
( 6)Relationship   :
( 7)Pricing Plan   :
( 8)Expiration Date:
( 9)Workers Comp   :



 Enter patient's third party plan number or (I) to view insurance--
```

Field Explanations

15-1. GROUP NUMBER (15-AN-O)
Enter the group number specified for this patient and third party plan. The third party plan table-defined group number is a default.

15-2. PLAN NUMBER (15-AN-O)
Enter the Plan Number associated with this patient and Group Number.

15-3. CARDHOLDER ID (18-AN-R)
Enter the Cardholder Identification number.

15-4. PERSON CODE (3-AN-O)
Enter the person code, which is generally associated with the ID number.

15-5. CARDHOLDER NAME (30-AN-O)
Enter the cardholder's name.

15-6. RELATIONSHIP (1-N-R)
Enter the relationship of the patient to the cardholder. The options are:

(1) Cardholder (3) Dependent (Child)
(2) Spouse   (4) Other (other dependent).

15-7. PRICING PLAN (3-AN-O) or (TABLE LOOKUP)
Enter the pricing plan if it is different from the default pricing plan for this third party.

15-8. EXPIRATION DATE (DATE-O)
Enter the date that coverage benefits expire for this patient.

During prescription fill/refill and revise prescription, if a third party plan is added or edited and the date for the new third party plan has expired, the system displays a *Warning: Coverage has expired for this plan!* message. You can then continue with the fill/refill or revision process.

15-9. WORKERS COMP (1-A-O)

Enter **Y** for yes if claims under this plan are to be flagged as worker's compensation. If not, enter **N**.

The prompt for the Third Party Plans field also offers the option to view the insurance information entered for the patient on STAR Patient Care. If you enter I to view the insurance information, the system displays a list of the patient's current insurance carriers. To view detailed information about the patient's coverage, enter the COB number of the desired insurance carrier. For more detailed information about this option, see "Chapter 3 - PROFILE REPORTING".

16. DEFAULT THIRD PARTY PLAN (5-AN-O) or (TABLE LOOKUP)

This field identifies the patient's default third party plan. Enter the third party code, or enter a hyphen (-) and select from the list of third party plans defined on the Third Party Plans field.

When you select the account/no billing account in the prescription fill/refill function and the expiration date for the default third party plan has been exceeded, the system displays a *Warning: Coverage has expired for this plan!* message. The system then displays the Revise Patient Demographic screen. To continue prescription fill/refill without editing the third-party expiration date, press ENTER.

17. CASH PRC PLAN (3-AN-O)

Enter the cash pricing plan to be used to calculate prescription charges when no third party plan is defined.

- On a new prescription, if there is no cash plan assigned in the Patient Demographics page, the system uses the Default Cash plan for the O/P Cash Plans table.

- For prescription refills, the system compares the Cash plan used in the original fill of the prescription to the Cash Prc PLan in the Patient Demographics page. If these are different, the system uses the Cash Prc Plan from the Patient Demographics page.

- When no refills remain, and a new Rx number is assigned to an expired prescription, the Cash Prc Plan from the Patient Demographics page is the default.

In an environment where STAR Pharmacy is networked to the STAR Patient Care System, you can insert a third party number from the STAR Patient Care insurance information into this field. The following are the steps for this procedure:

1. Select the insurance option by entering the letter I. The system displays a list of the patient's insurance carriers including the policy numbers.

2. Press ENTER to the Select a Plan prompt. The system displays the following prompt:

    Enter patient's third party number or `#`selection--

3. Enter a pound sign (**#**) and the COB number of the desired third party.

If you enter a specific third party number or pull the third party number from the STAR Patient Care System and a pattern match has been defined in the Pattern Match field on the O/P Third Party Plans table for the third party, the system verifies that the format of the third party number meets the pattern requirements of the third party. If the number does not meet the pattern defined for the third party, the system displays the following message:

Error: Invalid Third Party Number!

Enter **V** to edit visit-specific information on an account for the patient. If the Visit Data Access parameter on Prof Mgt - Patient Demographic is set to Yes, you can enter information in the editable fields.

```
          General Hospital Profile Maintenance Processor
                                       Mon Jun 17, 2002 08:46 am
   No          Name            Sex  BD    Room    Doctor     Service Status
 02099-00004   CASE,BABY 1 GIRL  F 04/09/02 102-01  CASE,DKC   NURSERY I/P 70
 Allergies:CODEINE/MORPHINE
  1 Height                2 Weight               3 IBW        4 BSA
    2'0.0" / 61.0cm          15 lbs/6.804kg                    0.32sq m
 5 Infant Status        6 Serum Creatinine     7 CrCl
                          1.1 mg/dl              24.94 ml/min/1.73sq m




 Enter field number or '/' starting field number--
```

Field Explanations

1. HEIGHT (6-AN-O)
This field contains the patient's height in both feet/inches and centimeters. The system automatically fills this field with the patient height entered on the STAR Patient Care system. When you access this field, the system displays the following prompt:

    Enter new patient height in feet/inches, inches, or centimeters 'CM'--
    or (A)udit trail--

If you enter a patient's height that makes the patient's ideal body weight greater than 130% of the patient's weight, the system displays the following message:

Patient's actual body weight is greater than 130% of ideal body weight

2. WEIGHT (8-AN-O)

This field contains the patient's weight in both pounds/ounces and kilograms. The system automatically fills this field with the patient weight entered on the STAR Patient Care system. When you access this field, the system displays the following prompt:

Enter new patient weight in lbs/ozs or kgs followed by 'K'--
or (A)udit trail--

You can enter a new weight, or you can enter **A** to access the audit trail for the Weight field.

This field allows the entry of three characters before the decimal, and three characters after the decimal. Weight can be entered in pounds/ounces, or kilograms as indicated in these two options:

- Weights can be entered in pounds and ounces by separating the two measurements with a slash (/). For example, 131 would be entered for 131 pounds or 9/6 for 9 pounds 6 ounces. The system retains pounds and ounces on any weight 20 pounds and under. Weights over 20 pounds are rounded to the nearest pound.

- An alternative form of entering patient's weight is available if the metric system is typically used by your institution. To indicate that the measurement is in metrics, enter the weight in kilograms (or fractions thereof) followed by K. For example, 59.30K would be entered for 59.3 kilograms.

If you enter A, a subscreen is displayed with the old weight, new weight, the ID of the person who changed the weight, and the date and time the edit was made.

If a patient's height and weight are entered, the patient's BSA or Body Surface Area is calculated. Please refer to that field explanation for the formula used.

If you enter a patient's weight that is more than 130% of the patient's ideal body weight, the system displays the following message:

Patient's actual body weight is greater than 130% of ideal body weight

Once a weight is entered, either in pounds and ounces or kilograms, the system displays the patient's weight in both formats, separated by a slash (/).

3. IBW (6-N-O)

This field contains the ideal body weight (IBW) calculated for the patient by the STAR Patient Care system. The patient's IBW is calculated and automatically displayed in

kilograms using the patient's age, sex and height; or you can enter your own value. The IBW is calculated only for ages 1-17, or older than 17 and 5 feet tall or taller. If a patient is under the age of 1, or older than 17 but under 5 feet tall, no calculation displays. The equations used are as follows:

ADULT (age > 17 yrs) Males: IBW = 50KG + 2.3KG/inch for every inch greater than 5 feet.

Females: IBW = 45.5KG + 2.3 KG/inch for every inch greater than 5 feet.

The system does not calculate IBW when the patient is less than 5 feet tall.

Ref: Devine BJ. Gentamicin therapy. Drug Intell Clin Pharm 1974:8:650-5

PEDIATRIC (age 1-17 yrs)

IBW = 2.396 X 1.0188E(HT in CM's) where E = exponent

The system does not calculate the IBW when the patient is less than one year old.

Ref: Traub SL, Kichen L. Estimating IBW in children. AJHP 1983:40:107-10

When you access this field, the system displays the following prompt:

Enter ideal body weight in kilograms--

4. BSA (DISPLAY ONLY)
This field contains the body surface area (BSA) calculated for the patient by the STAR Patient Care System. This field is blank when no BSA was calculated for the patient. You cannot edit this field.

You can edit the Height, Weight, and IBW fields. The BSA field cannot be edited because it is a computed field. While you are editing fields on this screen, no other STAR Pharmacy or Patient Care users can edit them. Changes entered on this screen take place immediately in STAR Patient Care. If STAR Pharmacy is networked to STAR Patient Care, the updated information is immediately sent to STAR Pharmacy.

5. INFANT STATUS (1-A-R) or (DISPLAY ONLY)
This field allows the user to define the infant status of a patient. The Premature and Full Term selections are only used by the Modified Schwartz formula with patients from 0-11 months old). If the patient is greater than 11 months old, there is no need for the user to define this field. Therefore, if the patient is greater than 11 months old, the system displays the following message when the field is selected:

Patient no longer an infant.

If the patient is not greater than 11 months old, the following prompt is displayed:

Enter (P)remature or (F)ull Term-

The field is required. No default is provided at the prompt. To complete the field, the user may enter either **P** for Premature or **F** for Full Term.

NOTE: The title-sensitive display (Premature or Full Term) indicates that a user has defined the field. If the display is all lower case (premature or full term), this indicates that the system set the field during an auto-calculation based on the default Modified Schwartz constant value defined on the Lab-Lab Result Display parameter screen.

Once the field is defined, the system displays the following prompt:

Update creatinine clearance? (Y/N) [Y]--

This is a reminder to the user that defining or revision this field may result in a different CrCl calculation. The default for the prompt is Y. Enter **Y** to proceed directly to the CrCl field. Enter **N** to not proceed directly to the CrCl field.

If you modify this field and save your changes, the system records the changes for use by the Modified Schwartz CrCl calculation process.

NOTE: If the patient is discharged and subsequently readmitted, the field is blank by default. This allows the Infant Status to be reconfirmed so the field can be left blank by the user if the readmission is after the patient is 12 months or older. Also, if the Infant Status field is defined while the patient is 0-11 months old, and the patient ages to 12 months old, the system automatically sets the field back to null.

For more information about calculations and error messages associated with these formulas, see 7. CRCL (5-N-O) or (1-A-O) on 2-47.

6. SERUM CREATININE (5-N-O) or (1-A-O)
This field contains the serum creatinine value entered by pharmacy personnel.

If the parameter is set to use metric units, the following prompt is displayed:

Enter new serum creatinine in mg/dl or (A)udit trail—

If the parameter is set to use standard international units, the following prompt is displayed:

Enter new serum creatinine in umol/L or (A)udit trail—

If you enter A, the system displays an audit trail that lists the previous entries:

```
Old Value      New Value        Edit ID                   Edit Date/Time
------------------------------------------------------------------------
                 1.00          JONES,JAMES              01/19/98 1151
      1.00       1.10          MICHAELS,JIM             01/21/98 1015
Press NL--
```

After you review the audit trail, press ENTER.

Enter a new serum creatinine value up to 99.99 mg/dl (or 99.99 umol/L if using Standard International Units). You can enter up to two digits before the decimal and two digits after the decimal. When you enter or revise a value in this field, the following prompt is displayed:

>   *Calculate creatinine clearance value? (Y/N) [Y]-- |*

If you want to enter or revise a value in the CrCl field, press ENTER or enter **Y**. The cursor moves to the CrCl field. Enter **N** if you do not want to change the CrCl value.

7. CRCL (5-N-O) or (1-A-O)
This field contains the creatinine clearance value. This value is either entered manually or calculated.

NOTE: When the Visit-specific section of the Patient Demographics pages is accessed and the patient has height, weight and IBW completed and no serum creatinine and the Creatinine Clearance field is accessed, the system does not calculate Creatinine Clearance (when serum creatinine is not present).

When you access this field, one of the following prompts displays.

If the parameter is set to use metric units, the following prompt is displayed:

>   *Enter creatinine clearance in ml/min or (A)udit trail--*
>   *(C)alculate*

If Standard International Units are used (Canadian Users), the following prompt is displayed:

>   *Enter creatinine clearance in ml/sec or (A)udit trail—*

If you enter A to view the audit trail, the system displays an audit trail that lists the previous entries. See "Audit Trail Revision" on page 2-50.

After you review the audit trail, press ENTER.

Enter the Creatinine Clearance value. The system accepts values up to 999.99 ml/min (or 999.99 ml/sec if using Standard International Units). You can enter up to three digits before the decimal and two digits after the decimal.

If you enter C, the system displays the following prompt:

Calculate using (C)ockroft-Gault or (J)elliffe or (M)odified Schwartz formula? [C]--

NOTE: The (M)odified Schwartz option does not display on the prompt if the patient is older than 21 years old.

Valid entries are C, J and M. This field is case-sensitive. Upon entry of the desired formula, the system performs the calculation and either returns a value/updates the screen or provides an error message if necessary data is missing.

- DEFAULT: The default for this prompt varies upon evaluation of the patient's age and the Default CrCl Formulas parameter on the Lab-Lab Result Display parameter screen. Based on the patient's age and the Age Range setting for each formula, the system determines the correct formula and uses that value as the default. If a default formula cannot be determined (see the description of Creatinine Clearance and Method in the *Star Pharmacy Reference Guide Inpatient Processing Module* for process and exceptions), no default is provided and the customer must enter a value.

- To use the Cockroft-Gault formula, enter **C**. To use the Jelliffe formula, enter **J**. The system calculates, using the formula, and displays the value in ml/min:

Calculated creatinine clearance is 118.5 ml/min. Accept? (Y/N) [Y]--

To accept the value, enter **Y** or press ENTER. The system fills in the field. To decline the value, enter **N**.

The Cockroft-Gault formula is based on sex and whether the IBW is less than or greater than the actual weight:

Sex	Weight	Cockroft-Gault Formula
Male	> IBW	(140-age) (IBW in kg) 72 x SCr
Male	< IBW	(140-age) (weight in kg) 72 x SCr
Female	> IBW	(140-age) (IBW in kg) x 0.85 72 x SCr
Female	< IBW	(140-age) (weight in kg) x 0.85 72 x SCr

If either the IBW or SCr values are not present, the system ends the calculation and displays the following message:

Ideal Body Weight (or SCr) not present! Creatinine Clearance can't be calculated. [NL]

The Jelliffe formula is based on sex and whether the BSA is known:

Sex	BSA	Jelliffe Formula
Male	Known	BSA x 98-[0.8x(age-20)] (results in ml/min) 1.73 sq meters SCr
Male	Not Known	98-[0.8x(age-20)] (results in ml/min) SCr
Female	Known	0.9 x BSA x 98-[0.8x(age-20)] (results in ml/min) 1.73 sq meters SCr
Female	Not Known	0.9 x 98-[0.8x(age-20)] (results in ml/min) SCr

If the BSA is not known, the system displays the following message:

Body Surface Area not present! Calculate without value? (Y/N)--

Enter Y to calculate without the value present. To end the calculation, enter **N**.

If the SCr is not present, the system displays the following message:

SCr not present! Creatinine Clearance can't be calculated. [NL]

To clear the message, press ENTER.

If you enter A to view the audit trail, the system displays an audit trail that lists the previous entries. See "Audit Trail Revision" on page 2-50.

After you review the audit trail, press ENTER.

After you finish editing either the pharmacy-specific or visit-specific fields, press ENTER. The system then displays the verification prompt. To edit the screen, enter **N**. To accept the contents of the screen, press ENTER or enter **Y**. The system then displays the *Filed!* message and returns you to the Patient Demographics screen.

• To calculate using the Modified Schwartz formula, enter **M**. If you select this option, the system checks the patient's height, age and gender.

- If the patient is one year old or older, the system checks the Modified Schwartz Constants parameter on the Lab-Lab Result Display parameter screen for the default value based on gender.

- If the patient is less than one year old and the Modified Schwartz formula has been defined for this age range, the following process occurs to calculate the

CrCl value. The systems checks the Infant Status field of the Patient Demographics/Visit Specific screen.

- If the Infant Status field entry is **Premature**, the calculation uses the Premature Modified Schwartz constant defined on the Lab-Lab Result Display parameter screen. To indicate the calculation was based on the system using the data in the Infant Status field, the Current Lab Values screen and the Update Demographics screen Audit Trail have a visual indicator of: Modified Schwartz (**P**).

- If the Infant Status entry field is **Full Term**, the calculation uses the Full Term Modified Schwartz constant defined on the Lab-Lab Result Display parameter screen. To indicate the calculation was based on the system using the data in the Infant Status field, the Current LabValues screen and the Update Demographics screen Audit Trail have a visual indicator of: Modified Schwartz (**F**).

- If the Infant Status entry field is not defined, the following prompt is displayed:

  Enter (P)remature or (F)ull term infant--

  This field is required, and the only valid entries are P or F. If P is entered, the system uses the constant value assigned to Premature infants < 1 year old defined on the Lab-Lab Result Display parameter screen. If F is entered, the system uses the constant value assigned to Full term infants < 1 year old defined on the Lab-Lab Result Display parameter screen.

  If the calculation is accepted, the Infant Status field is automatically populated with the value the user entered. To indicate the calculation was based on the user entering the information at the prompt, the visual indicators on the Current Lab Values screen, the Update Demographics screen, and the Audit Trail are: Modified Schwartz (**P**) for premature or Modified Schwartz (**F**) for full term infants.

  Upon selection of the correct constant, the system performs the calculation via the Modified Schwartz formula (see below for details of the formula) and either returns a value or an error message if the calculation cannot be completed. The prompt for the completed calculation (currently exists) is as follows:

  Calculated creatinine clearance is nn.nn ml/min/1.73sq m. Accept? (Y/N) [Y]--

Audit Trail Revision

The (A)udit trail for the CrCl field records the formula used to calculate the CrCl value.

An example of a record is:

```
Old Value    New Value    Formula             Edit ID          Edit Date/Time
-----------------------------------------------------------------------------
47.84                     Modified Schwartz(P) HBO,Employee     11/15/00 1010
```

As described above, there are four possible indicators when the Modified Schwartz formula is used. They are:

• lowercase p - system auto-calculated the CrCl value using the premature default constant

• lowercase f - system auto-calculated the CrCl value using the full term default constant

• uppercase P - system calculated the CrCl value using the Infant Status field entry of premature, or the user selected Premature from the prompt displayed during the calculation process

• uppercase F - system calculated the CrCl value using the Infant Status field entry of full term, or the user selected Full Term from the prompt displayed during the calculation process

NOTE: For a full explanation of the possible indicators, .

Modified Schwartz Formula

The following is the calculation used:

CrCl (ml/min/1.73m2) =(k) x (length in cm)
                                 SCr (mg/dl)

NOTE: *Ref: Schwartz GJ, et al, Pediatric Clin North America, 1987; 34: 571-590*

k in the formula refers to the constant values that are defined in the Modified Schwartz Constants parameter that is located on the Lab-Lab Result Display parameter page.

Length (expressed in cm) is derived from the Height field of the Patient Demographics page.

SCr is derived from either the Current Labs page or the SCr field of the Patient Demographics page.

Error Messages:

• If the SCr value is not defined, the following message is displayed:

Serum creatinine not present! CrCl cannot be calculated. Press NL-

- If the height (length) information is not defined, the following message is displayed:

    Height not present! CrCl cannot be calculated. Press NL-

- If the appropriate Modified Schwartz Constant is not defined, the following message is displayed:

    Constant value not present! CrCl cannot be calculated. Press NL-

NOTE: If the facility is reporting lab values in Standard International Units (see Prof Mgt - Patient Demographics parameter), the system converts the Serum Creatinine value to metric by dividing the result by 88.4. The system then uses the appropriate formula to calculate the metric creatinine clearance, and converts the result to Standard International Units by dividing the result by 60.

Example Calculations

The following is a list of sample calculations:

Gender	Age	Ht (cm)	SCr (mg/dl)	Calc CrCl (ml/min/1.73 M^2)
Girl	12 months	73	0.4	82
Boy	2 yrs	85.6	0.3	157
Boy	14 yrs	180	1	126
Boy	14 yrs	166	0.7	166
Girl	5 yrs	103	0.5	113
Girl	6 yrs	116	0.7	91
Girl	8 yrs	120	0.5	132
Boy	8 yrs	125	0.6	115

```
Page:01              Modified Schwartz Constants
( 1) Premature infants            0-11 months  0.33
( 2) Full term infants            0-11 months  0.45 (default)
( 3) Males                     12-23 months    0.45
( 4) Females                   12-23 months    0.45
( 5) Males                      2-12 years     0.55
( 6) Females                    2-12 years     0.55
( 7) Males                     13-21 years     0.70
( 8) Females                   13-21 years     0.55

Enter choice
```

CrCl in ml/min/1.73M^2 = (k)(Length in cm)/(SCr in mg/dl
(k = Modified Schwartz Constant)

Example 1:
12 month old girl 73 cm tall with a SCr of 0.4 mg/dl:
   CrCl = (0.45)(73)/0.4
   CrCl = 82 ml/min/1.73 M^2

Example 2:
2 yr old boy 85.6 cm tall with a SCr of 0.3 mg/dl:
   CrCl = (0.55)(85.6)/0.3
   CrCl = 157 ml/min/1.73M^2

Example 3:
14 yr old boy 180 cm tall with a SCr of 1 mg/dl:
   CrCl = (0.7)(180)/1
   CrCl = 126 ml/min/1.73M^2

Example 4:
14 yr old boy 166 cm tall with a SCr of 0.7 mg/dl:
   CrCl = (0.7)(166)/0.7
   CrCl = 166 ml/min/1.73M^2

Example 5:
5 yr old girl 103 cm tall with a SCr of 0.5 mg/dl:
   CrCl = (0.55)(103)/0.5
   CrCl = 113 ml/min/1.73M^2

Example 6:
6 yr old girl 116 cm tall with a SCr of 0.7 mg/dl:
   CrCl = (0.55)(116)/0.7
   CrCl = 91 ml/min/1.73M^2

Example 7:
8 yr old girl 120 cm tall with a SCr of 0.5 mg/dl:
   CrCl = (0.55)(120)/0.5
   CrCl = 132 ml/min/1.73M^2

Example 8:
8 yr old boy 125 cm tall with a SCr of 0.6 mg/dl:
   CrCl = (0.55)(125)/0.6
   CrCl = 115 ml/min/1.73M

After you accept the patient demographics screen, the system verifies that allergy
information has been entered for the patient on the STAR Pharmacy System.

If allergy information has been entered, the system displays the formulary item identification screen (see Step Four: Fill/Refill the Prescription).

When the patient is selected, the system checks the Review Non-Screened Orders field of the Screening-ADR Levels parameter and compares it to the pharmacy employee type setting of the user.

The system displays the *Allergies Revised!* alert if:

• The pharmacy employee type is defined in the parameter, and new allergy information has been entered into the Allergy Processing Tool from a non-pharmacy location since the last time the profile was accessed, or

• The pharmacy employee type is defined in the parameter, and existing allergy information is revised from a non-pharmacy location since the last time the profile was accessed.

After the *Allergies Revised!* alert is displayed, the system automatically proceeds to the Allergy Summary screen so that allergy information (new and/or revised) can be reviewed. When the Allergy Summary screen is exited, the system returns to Pharmacy CPU (if the facility has networked CPUs and Pharmacy is on a separate CPU from Patient Care) and displays the message:

Screening for Drug Sensitivities

The system then begins an automatic review of the new or revised allergy or allergies against the patient profile.

The *Allergies Revised!* alert is NOT displayed if:

• The pharmacy employee type is not defined in the parameter, or

• There have been no new allergies added to the profile, or existing allergies revised, from a non-pharmacy location since the last time the profile was accessed.

If allergy information has not been entered, the system flashes a message indicating that allergies must be entered and displays the Allergy Summary screen:

```
            General Hospital Prescription Fill/Refill Processor
                                        Fri Jun 28, 2002 11:24 am
Name                    Sex   BD    Account Number          Third Party
CASE,TOMMY               M  01/01/01  0217900002


 No. Allergy                       Type  Reaction              Severity Sts






 Enter (N)o Known/NKA,(U)nknown/UNK, or (A)dd new allergy (N/U/A/V/P)--
                          (V)iew audit
```

Enter any known allergies and/or drug sensitivities of the patient. If the patient has no known allergies, enter NKA. If the hospital/pharmacy is unaware of the patient's allergies, enter UNK. For more information about entering patient allergies and drug sensitivities, see the Display Prescription Detail function in "Chapter 3 - PROFILE REPORTING".

After you accept the allergy screen, the system proceeds with the prescription fill/refill process.

Step Four: Fill/Refill the Prescription

The system displays a different screen based upon your entry in Step Two. If you identified an existing prescription, the system displays a refill screen. If you elected to enter a new prescription, the system displays the formulary item identification screen.

This subsection documents the procedures for entering new prescriptions. The Refill Prescription function documents the procedures for refilling existing prescriptions.

You cannot use this function to place an order or refill a prescription (except for solution quick refills) for an item when any of the following are in progress:

- Formulary update when the formulary item selected is being updated

- FDB/formulary update when the NDC of the formulary item selected is being updated

- FDB/formulary update when all items in the formulary are scheduled to be updated

If you try to enter an order during formulary update, the system displays the following message:

Formulary update in progress--access not allowed! Retry? (Y/N) [N]--

You can either press ENTER to exit the function or enter **Y** to retry. After the update is complete, you can continue.

The system begins the fill process by displaying the formulary item identification screen:

```
              General Hospital Prescription Fill/Refill Processor
Display Names                                     Wed May 15, 2002 02:31 pm
Name                    Sex   BD    Account Number          Third Party
WILL,MARY JANE           F  02/12/56  No Billing Acct          GA
Allergies:CODEINE/MORPHINE




Enter drug name, `-`mnemonic, formulary code or `*`product #--
      /R Routine order set, /C AHFS class, /N Product file, /M Manual entry
```

The formulary item identification screen shows the patient's name, sex, birthday, account to be charged, third party and adverse drug reactions. The prompt identifies the first item in the prescription.

The prompt offers several identification options:

- ENTER DRUG NAME

  Enter the full or partial name of the drug. The system performs an alphabetic search and displays all of the formulary items that begin with the letters you entered. For more information about the formulary look-up procedure, see the *General Information Volume*.

- ENTER MNEMONIC CODE

  The mnemonic code is a unique alphanumeric code assigned to the formulary item by the pharmacy department using the Alternate Access Methods screen of the Formulary Maintenance function. Each item can have a maximum of three mnemonic codes. Enter a hyphen (-) and one of the item's mnemonic codes.

- ENTER FORMULARY CODE

  The formulary code is a unique number assigned to a drug item when it is added to the hospital formulary. This code precedes the item description at the top of the remaining prescription fill screens. Enter the exact code assigned to the formulary item.

- ENTER PRODUCT NUMBER

  The product number is a numeric code assigned to the drug item. The format of the product number varies by country.

  In the United States, the product number is known as the National Drug Code or NDC number and consists of 11 digits. The first five digits identify the manufacturer of the drug item (see the Manufacturers table in the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide).* The next four digits identify the product and the final two digits identify the package size.

  To identify the first item of the prescription using the product number, enter an asterisk (*) and the item's product number. If the product number is assigned to more than one drug, the system displays a list of the drugs and allows you to select the desired item.

- SELECT ROUTINE ORDER SET

  A routine order set is a hospital-defined group of predefined orders. To enter a routine order set, enter a slash mark and an **R** (**/R**). Then identify a specific routine order set by entering the code assigned to the desired set or by entering a hyphen (-) and selecting the desired routine order set from the displayed list. Next, identify which of the orders in the routine order set are to be included in the prescription.

- SELECT FROM AHFS CLASS LISTING

  This option enables you to display all of the formulary items of a selected AHFS class and then select the desired formulary item. Enter a slash mark and the letter **C** (**/C**) to access this option and then identify an AHFS class. You can enter the code of a specific AHFS class, or enter a partial name and a hyphen (**AMYL-**) to display a partial listing of the AHFS Therapeutic Classes table and select the desired AHFS class. The system then displays a list of all formulary items that belong to the AHFS class selected. Enter the option number of the desired formulary item.

- SELECT FROM THE PRODUCT FILE

  This option enables you to select an item that has not been added to the hospital formulary from the FDB product file. Enter a slash mark and the letter **N** (**/N**). Then identify the product by entering its product number or name. If you enter a partial name, the system performs an alphabetic search of the product file and presents all products that begin with the letters you entered. Enter the option number of the desired product.

NOTE: If an allergy is entered from either the /F (formulary) or /N (Product Information File) option, and the item has multiple ingredients, the Exclude Inert Ingredients field of the Screening - ADR Levels parameter can be set to

exclude inert allergy ingredients from screening. If this field is set to Yes, an individual alert displays for each ingredient that qualifies for an alert, thus eliminating confusing and/or unnecessary allergy alerts. The field does not impact inert ingredients (such as Lactose) that can be coded from the Allergy Classes table.

- MANUALLY ENTER A NEW PRODUCT

    Enter a slash mark and the letter **M** (**/M**) to dispense a product not yet added to the FDB product file. The system presents the required information fields one by one. After you have completed all required product information fields, the system presents the first prescription entry screen. The system does not perform clinical screening for manually entered products.

If the Patient Address Required field of the Amb Care - Control Class Requirements parameter is set to Yes for the control class of the prescribed item, the patient address is required for the item selected.

If the patient's address has not been entered, the system flashes the following error message and redisplays the formulary item identification screen:

Error: Patient's address is required!

The patient's address must be entered before you can enter a prescription for that drug item.

If you selected the item from the formulary or FDB product file, the system performs clinical screening and brings any potential adverse drug reactions, interactions, and sensitivities to your attention. The system also checks for therapeutic duplications with other prescriptions in the patient's outpatient profile. The system does not check for therapeutic duplications within a single prescription (for example, two therapeutically equivalent items entered in a multiple-item prescription). The system does not perform clinical screening for manually entered products.

The following is an example of the therapeutic duplicate screen:

```
              General Hospital Prescription Fill/Refill Processor
                                                 Wed May 15, 2002 01:51 pm
Name                       Sex   BD    Account Number            Third Party
*SMITH,JOHN                 M  09/12/58 9710500023
Allergies:CODEINE/MORPHINE

                         ** THERAPEUTIC DUPLICATION **
RX #          Drug Item             AHFS Class           Fill Quantity
SIG           Orig Fill Date  Last Fill Date  # Rem Refills Days Supply
1000060       OMEPRAZOLE              MISCELLANEOUS GI DRU 30  CAPSULE CRS
TID.          05/05/97        05/05/97          0 REFILLS     10 DAYS

624           CISAPRIDE              MISCELLANEOUS GI DRU 30   TABLETS
              03/27/97        04/01/97          4 REFILLS     10 DAYS

612           CISAPRIDE              MISCELLANEOUS GI DRU 30   TABLETS
              03/24/97        03/24/97          2 REFILLS     10 DAYS




Accept? (Y/N) [Y]--  |
                Print (H)ardcopy, or Log (I)ntervention
```

Orders from newest to oldest based on the date range entered in the Rx Display Days field on the Screening - Duplicate Checking screen are displayed on the Therapeutic Duplication screen. (For more information on the Screening - Duplicate Checking screen, refer to the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.) For each duplicate prescription, the system displays the prescription number, drug item, AHFS class description, fill quantity, SIG code, original fill date, last fill date, number of remaining refills, and the days supply.

The prompt that is displayed is based on the defaults selected in the Screening - Duplicate Checking parameter (Duplicate Screening options) - Screen Acceptance field for the following employee types: Non-Pharmacy Personnel, Pharmacy Technicians and Pharmacists.

Depending upon how the Screen Acceptance field is set for the employee type, and based on the employee type of the person currently logged in, the following are options that can display at the prompt:

Enter **Y** or press ENTER to accept the warning and continue entering the order. This is the default displayed if the Screen Acceptance field is left blank in the Screening - Duplicate Checking parameter. When the order is completed, an entry to the audit trail occurs. A separate entry to the audit trail occurs for each hit. The audit trail entry includes date, time, therapeutic duplication type, employee name, order/rx number and drug name of the therapeutic duplicate.

Below is a sample of the screen that is displayed (with the last item indicating a therapeutic duplication):

```
               General Hospital Prescription Fill/Refill Processor
Display Prescription Audit Trail                    Wed Jul 24, 2002 01:50 pm
Name                      Sex   BD    Street Address
CASE,ANTHONY               M  01/01/64  999 HBO LA
Allergies: CODEINE/MORPHINE

    Rx#        Drug                         Refill   Orig    Last     Price S
    489        PENICILLIN V POTASSIUM 250MG   0/0  10/17/01 10/17/01   10.75 A

 Date/Time         Action                 User

 10/17/01 1350    Orig Med              HBO,EMPLOYEE
 10/17/01 1350    D-D Int               HBO,EMPLOYEE    Sev: 6
                  PENICILLIN V POTASSIUM/HEPARIN SODIUM W/PRESERV
 10/17/01 1350    D-D Int               HBO,EMPLOYEE    Sev: 6
                  PENICILLIN V POTASSIUM/LOVENOX
 10/17/01 1350    ADR                   HBO,EMPLOYEE    Sev: 9 Anaphlaxis
                  PENICILLIN V POTASSIUM/PENICILLIN AND DERIVATIVES
 10/17/01 1350    Ther Dup  HBO,EMPLOYEE    Rx 379     AMPICILLIN



Last page--
```

Fields on the audit trail entry are:

• Date/Time of the occurrence

• Action Ther Dup

• User

• Ver/Sev - prescription number of the previously existing order

• Drug Name of the previously existing order

Other prompt entries available from the therapeutic duplication screen are:

Enter **N** to abort the order entry (not accept the warning) and return to the drug selection prompt.

Enter **H** to print a hard copy of the therapeutic duplication warning. The system prints the hard copy at the printer associated with the CRT from which you entered the request (see the Default Printer field of the CRT Names table). Then, the warning prompt is redisplayed.

Enter **I** to log an intervention.

If the patient is covered by a third party, the system verifies if the item qualifies for coverage. For state-sponsored third parties, the system verifies that the patient's age falls on or between the minimum and maximum age requirements, and that the

dispense date falls on or between the effective and expiration date for the item. For private third parties, the system verifies that the item's product category is covered by the third party. If the item is an over-the- counter item, the system also verifies that the third party covers OTC items.

For more detailed information, see .

RENAL/HEPATIC ADJUSTMENT WARNING

For drugs that require adjustment when renal or hepatic impairment is present, the First DataBank database does not indicate dosages. As a part of the dose range checking process, parameters can be configured to check for, and produce warnings that indicate when adjustments must be made to medications if the patient has renal or hepatic impairment.

NOTE: For Dose Range Checking (client-defined or FDB) to be activated in the Ambulatory Care Module, the DRC for Ambulatory Care field in the Ord-Mgt Dose Range Chk Parms parameter must be set to Yes.

The table below lists the location and names of the parameters associated with this function:

Location/Level	Parameter
FDB Dose Range Master file	• Renal Impairment flag • Hepatic Indicator flag
Facility Level	Renal/Hepatic Adjustment Warning field
Formulary Level	Renal/Hepatic Adjustment Warning field

An example of the screen is displayed below:

```
                    General Hospital Prescription Fill/Refill Processor
Prescription Entry                               Mon Jul 08, 2002 02:03 pm
Name                     Sex   BD    Account Number           Third Party
CASE,AUNT                 F  08/01/34  No Billing Acct          PCS
Allergies:CODEINE/MORPHINE
 329 GARAMYCIN 40MG/ML INJECTION 20ML SCHERING                    (GEN40IV)


                        ** DOSE RANGE WARNING **


Dose Regimen Needs to be Adjusted for Significant Renal Impairment!
Dose must be adjusted if Creatinine Clearance is < No Info Available




Override? (Y/Edit order) [E]--
          (A)djustment Factors, (H)ardcopy, (I)ntervention, (P)at Bio
```

FDB Dose Range Master file level parameters

If the Renal Impairment flag is set to Yes in the Master file, a warning message is generated, alerting the user that dosages may need to be adjusted in the event the patient has renal impairment.

If the Hepatic Indicator flag is set to Yes in the Master File, a warning message is generated, alerting the user that dosages may need to be adjusted in the event that the patient has hepatic impairment.

Facility level parameter

If the facility-level Renal/Hepatic Adjustment Warning field is set to Yes, and:

- the Hepatic Indicator is set to Yes in the Master file, the following message is displayed:

  *** DOSE RANGE WARNING ***
  Dose Regimen Needs to be Adjusted for Hepatic Impairment!

- the Renal Impairment flag is set to Yes in the Master file, the drug may also have a Creatinine Clearance threshold included with the Master File information. If this threshold is present, the following is displayed:

  *** DOSE RANGE WARNING ***
  Dose Regimen Needs to be Adjusted for Significant Renal Impairment!
  Dose must be adjusted if Creatinine Clearance is < 50 ML/MIN

  The value following the < symbol in the message is dynamic, and varies based on the values in the Master File. If the master file does not contain a value in the CrCL & Unit field, no value is displayed. Instead, the phrase *No Info Available* is displayed after the < symbol.

- both the Renal and Hepatic indicators set to Yes, both warnings are displayed on the same screen, along with the CrCL line.

- Some product file items have the Creatinine Clearance threshold expressed as ML/MIN/1.73M^2 in the FDB Master File. When the Renal/Hepatic Impairment warning is displayed for these items, the warning message contains the CRCL value with these units, as is displayed below:

  *** DOSE RANGE WARNING ***
  Dose Regimen Needs to be Adjusted for Significant Renal Impairment!
  Dose must be adjusted if Creatinine Clearance is < 70 ML/MIN/1.73M2

Formulary level parameter

If the formulary-level Renal/Hepatic Adjustment Warning field is set to Yes,

- the Hepatic Indicator is set to Yes in the Master file, the following message is displayed:

  *** DOSE RANGE WARNING ***
  Dose Regimen Needs to be Adjusted for Hepatic Impairment!

- the Renal Impairment flag is set to Yes in the Master file, the drug may also have a Creatinine Clearance threshold included with the Master File information. If this threshold is present, the following is displayed:

  *** DOSE RANGE WARNING ***
  Dose Regimen Needs to be Adjusted for Significant Renal Impairment!
  Dose must be adjusted if Creatinine Clearance is < 50 ML/MIN

  The value following the < symbol in the message is dynamic, and varies based on the values in the Master File. If the master file does not contain a value in the CrCL & Unit field, no value is displayed. Instead, the phrase *No Info Available* is displayed after the < symbol.

- both the Renal and Hepatic indicators set to Yes, both warnings are displayed on the same screen, along with the CrCL line.

NOTE: The value in this formulary-level field overrides the facility-level parameter in a hierarchical manner. See below for examples.

Examples of Renal/Hepatic Adjustment Warning

- If the facility-level Renal/Hepatic Adjustment Warning field is set to Yes, but the formulary Renal/Hepatic Adjustment Warning field is set to No, no renal/hepatic warnings occur when orders for this item are entered. For instance, you want the Renal/Hepatic warning displayed on most drugs, but not on every Tylenol order entered because it would occur so frequently. Set the formulary-level field for the various Tylenol items to No to keep the warning from being generated.

- However, if the facility-level Renal/Hepatic Adjustment Warning field is set to No, and the setting at the formulary-level is Yes, the facility-level parameter takes precedence, and no warnings are displayed for any drug (regardless of the settings of the other parameters).

- If the Renal Impairment flag is set to Yes in the Master file, and the facility-level Renal/Hepatic Adjustment Warning field set to Yes, and the formulary-level Renal/

Hepatic Adjustment Warning is set to Yes or is left blank, the renal impairment warning screen is displayed as:

*** DOSE RANGE WARNING ***
Dose Regimen Needs to be Adjusted for Significant Renal Impairment!
Dose must be adjusted if Creatinine Clearance is < 50 ML/MIN

- If the Hepatic Indicator flag is set to Yes in the Master file, and the facility-level Renal/Hepatic Adjustment Warning field is set to Yes, and the formulary-level Renal/Hepatic Adjustment Warning is set to Yes or is left blank, the Hepatic impairment warning is displayed as:

*** DOSE RANGE WARNING ***
Dose Regimen Needs to be Adjusted for Hepatic Impairment!

- If both the Renal Impairment indicator and the Hepatic Indicator are set to Yes in the Master File, and the facility-level Renal/HepaticAdjustment Warning field is set to Yes, and the formulary-level Renal/Hepatic Adjustment Warning is set to Yes or is left blank, both warnings are displayed as:

*** DOSE RANGE WARNING ***
Dose Regimen Needs to be Adjusted for Hepatic Impairment!
Dose Regimen Needs to be Adjusted for Significant Renal Impairment!
Dose must be adjusted if Creatinine Clearance is < No Info Available

- Some product file items have the Creatinine Clearance threshold expressed as ML/MIN/1.73M^2 in the FDB Master File. When the Renal/Hepatic Impairment warning is displayed for these items, the warning message contains the CRCL value with these units, as is displayed below:

*** DOSE RANGE WARNING ***
Dose Regimen Needs to be Adjusted for Significant Renal Impairment!
Dose must be adjusted if Creatinine Clearance is < 70 ML/MIN/1.73M2

Prompt options

The following prompt is displayed for this function:

Override? (Y/Edit order) [E]--
        (A)djustment Factors, (H)ardcopy, (I)ntervention, (P)at Bio

Enter **Y** to override the warning(s) and proceed with the order.

Enter **E** to return to the order screen to perform edits.

Enter **A** to view Dose Adjustment Factors for this item.

Enter **H** to print a hardcopy of this screen.

Enter **I** to log a clinical intervention for this order.

Enter **P** to access the Patient Demographics Screen to perform edits.

NOTE: All of the options above (except Y to override the warning), return you to this screen once you have completed that option (edit, print, etc.). Once you have performed all the options as desired, enter Y to override the warning and proceed with the order.

After the Renal/Hepatic Adjustment Warning screen is overridden, the systems displays the FDB Dose Range Checking Warning screen (if the information on the order is outside the recommended values for the patient's age, weight, dose type, route and disease state).

FDB DOSE RANGE CHECKING WARNING

NOTE: For Dose Range Checking (client-defined or FDB) to be activated in the Ambulatory Care Module, the DRC for Ambulatory Care field in the Ord-Mgt Dose Range Chk Parms parameter must be set to Yes.

The system displays the FDB Dose Range Checking Warning screen if:

•   FDB Dose Range Checking is set to Active, and

•   the information on the order falls outside the recommended values for the patient's age, weight, dose type, route and disease state).

The screen is displayed as:

```
              General Hospital Prescription Fill/Refill Processor
Prescription Entry                            Mon May 19, 2003 03:13 pm
Name                    Sex   BD    Account Number          Third Party
TEST,AUNT                F  08/01/34  No Billing Acct        PCS
Allergies:HYPAQUE 25/CODEINE/ACETAM/ACEMAN/CARBON/FERROU

                      ** DOSE RANGE CHECK WARNING **
                NDC:    47-0402-40 AMPICILLIN TRIHYDRATE,250MG
Height/Weight need to be specified for calculation of Recommended Ranges!
 Patient Indication: 4892 - ALL COMMON INDICATIONS

Drug                      Strength  Fill Qty Days Supply    Dose Type
AMPICILLIN TRIHYDRATE 250 MG/   250 MG    500      365            02

                      Ordered:       *********Recommended Range*********
                                     Low           High         Max
Dose Per Day           342.5 MG  <---  1000 MG       0 MG        4000 MG

Frequency/Day          1.37      <---  4             4

Single Dose            250 MG

Override? (Y/N/Edit order) [Y]--
    (A)djustment Factors, (H)ardcopy, (C)omments, (I)ntervention, (P)at Bio
```

Under the **DOSE RANGE CHECK WARNING** line, the following is displayed:

- NDC and Drug Name from the Product Information File

- Patient indications- this is a free-form field. The default is 4892 - ALL COMMON
  INDICATIONS, which is used for the patient's diagnosis for dose range checking
  on Ambulatory Care prescriptions.

- Order summary line - this line displays the order as entered. It includes the drug
  and dosage, the Strength, Fill Quantity, Days Supply and Dose Type. These are
  used in the calculation of the Dose Range values.

- Dose Range, Ordered and Recommended Range columns:

  - Dose Range values include Dose Per Day, Frequency/Day, and Single Dose.

  - Ordered values are displayed for the order being entered.

  - Recommended Range includes the Low, High, and Max values for each of the
    Dose Range values. The Dose per Day and Frequency/Day values are
    calculated based on Fill Quantity divided by the Days Supply. Single dose
    value is based on the strength of the formulary item.

NOTE: A highlighted arrow points to each of the Ordered values that fall outside the
Recommended Range values. Therefore, up to 3 arrows could display.

Prompt options

The following prompt is displayed for this function:

> *Override? (Y/Edit order) [E]--*
> *(A)djustment Factors, (H)ardcopy, (C)omments, (I)ntervention, (P)at Bio*

Enter **Y** to override the warning(s) and proceed with the order.

Enter **N** to abort the order.

Enter **E** to return to the order screen to perform edits.

Enter **A** to view Dose Adjustment Factors for this item.

Enter **H** to print a hardcopy of this screen. For detailed information about the hardcopy
output, see "FDB Dose Range Checking Warning Hardcopy" on page 2-69.

Enter **C** to view FDB Comments for item and order information.

Enter **I** to log a clinical intervention for this order.

Enter **P** to access the Patient Demographics Screen to perform edits.

NOTE: All of the options above (except Y to override the warning), return you to this screen once you have completed that option (edit, print, etc.). Once you have performed all the options as desired, enter Y to override the warning and proceed with the order.

If you return to the order screen, and make edits to the order that make the order now fall within the recommended ranges for the item, and then accept the order screen, the Renal/Hepatic Adjustment warning screen is redisplayed, and the dose range checking process is restarted.

If the revised order does not fall outside any of the ranges, after accepting the Renal Hepatic Warning, the order is accepted. If the Notify user if DRC passed field on the Ord Mgt-Dose Range Chk Parms is set to Yes, the following message flashes briefly to the screen:

   Dose Range Checking Complete!

The system now logs an event to the audit trail that shows if the order passed DRC Review, or if the DRC warning appeared and was overridden. If both events occur, both are logged to the order audit trail.

The FDB Dose Range Checking processor requires height or weight to calculate the Recommended Low, High, and Max doses for Dose Per Day for many drugs. If there is no Height/Weight information on the Patient Demographics page, the following banner is displayed under the ****DOSE RANGE CHECK WARNING**** line:

   Height/Weight need to be specified for calculation of Recommended Ranges!

When this occurs, some of the calculated values for Dose Per Day in the Recommended Range column contains zeros. This occurs because the calculated value is multiplied by the patient's height (or weight) to obtain the recommended ranges. In this case, there is no height (or weight), so it is being multiplied by zero.

NOTE: If you override the dose range warning for any item of a multi-item order, the system continues to perform dose range checks on subsequent items.

In certain instances, the system may not have sufficient information to perform FDB Dose Range checking. Some reasons for this inability to perform FDB DRC may include the following:

•   Patient age is not appropriate for the drug prescribed.

•   Parameter setting for Proceed with no dx is set to No.

•   Patient has no defined disease state, and the drug has no All Common Indications Disease state defined.

• Drug has no FDB Dose Range information (such as IV fluids).

In cases such as these, the system displays the following message screen:

```
                General Hospital Prescription Fill/Refill Processor
Prescription Entry                              Tue Jul 02, 2002 10:55 am
Name                     Sex   BD    Account Number          Third Party
CASE,BED                  F  01/01/50  02078-00003           PCS
Allergies:CODEINE/MORPHINE
 366 DEXTROSE 5% INJECTION 100ML BAXTER                          (D5W100)




                    ** DOSE RANGE CHECKING CANNOT BE PERFORMED! **
          Please review parameters, formulary item, patient demographics

Print (H)ardcopy, log (I)ntervention, press NL to continue --
```

Review each of the areas referenced: parameters, formulary item Dose Range Master File information, and patient demographics, to determine why the message screen appeared.

FDB Dose Range Checking Warning Hardcopy

When **H** is selected from the prompt of the FDB Dose Range Checking Warning
screen, a hardcopy is printed to the report named for the default printer of the CRT in
use when the hardcopy is requested. The following is a sample hardcopy:

```
Model Hospital A              Dose Range Check Warning         Page:      1
                                                               Date: 05/13/03
                                                               Time:  12:27pm


No.             Name                 Sex  Age  Room    Doctor         Service Status


0308300003      PHARMACY,FEMALE;  F   14Y  100-01  AKER,THOMAS    PSYCHIA I/P 51


********************************************************************************
    Height            Weight                    IBW             BSA
5'10.0" / 177.8cm  151lbs /68.040kg           65.72kg         1.85sq m
Current Diagnosis
Allergy/ADR history:
********************************************************************************
                    NDC:    81-0242-55 LANOXIN,0.125MG


Patient Indication: 4892 - ALL COMMON INDICATIONS


Drug                               Route Freq  Sched    Dur       Dose Type
LANOXIN 0.125 MG/1 TABLET          ORAL  QID   QDT                02


                   Ordered:        *********Recommended Range*********
                                    Low            High        Max
Dose Per Day       0.375 MG   <---   0.13608 MG     0.3402 MG    0.3402 MG


Frequency/Day      3          <---   1              1


Single Dose        0.125 MG
********************************************************************************
 DOSE ADJUSTMENT FACTORS:
------------------------
  This is the Dose Adjustment Factor field..................................x
  line 2
  line 3
  line 4
  line 5
  line 6
  line 7
  line 8
  line 9
  line 10
  line 11
  line 12
  line 13
  line 14
  line 15
  line 16                                                           .....x

FDB COMMENTS:
-------------
ALTERNATE DOSE-
 1/5-1/3 TOTAL DIGITALIZATION DOSE, OR, 17MCG/KG/DAY (SMALL
 DOSE METHOD).   THIS DOSAGE METHOD HAS THE ADVANTAGE OF
 EASIER CONTROL AND THEREFORE LESS CHANCE FOR TOXICITY.


********************************************************************************
Requested By: HBO,EMPLOYEE

                            End of Report
```

This completes the preliminary prescription processing. After this point, the system begins collecting the dispensing and administration information needed to dispense the prescription. The system requires different information to process medication prescriptions and solution prescriptions. For medication orders, the system presents one item-level screen per item. For solution orders, the system presents an order-level information screen and then one item-level information screen for each ingredient in the prescription. This subsection presents the medication prescription screen first followed by the solution prescription screens.

FILL MEDICATION PRESCRIPTION

The system presents several screens when you are filling a medication prescription. These screens are presented in the following sequence:

1. Item Information Screen(s)*

2. Label Warnings Screen**

*   The system redisplays the item information screen only if you identify the prescription as a compound prescription (see the Compound field on the Item Information screen).

** The system displays the label warnings screen only if there are label warnings identified in the formulary files of the prescription items.

The following is an example of the item information screen:

```
          General Hospital Prescription Fill/Refill Processor
Prescription Entry                              Wed May 21, 2003 10:40 am
Name                    Sex   BD    Account Number          Third Party
*STARR,ENID              F  09/12/58  No Billing Acct
Allergies:CODEINE/MORPHINE
 188 XANAX 0.25MG TABLET* UPJOHN                              (XAN25)
 1 Rx#            2 Label Name              3 NDC Number     4 Seq #
   Auto Assi        XANAX TABS, 0.25MG       9-0029-09        1
 5 Ordering Physician       6 Control Nbr  7 Phys Phone      8 Date Written
   2000 LEVINE,STANLEY        234234         (770)342-3423     03/27/98
 9 Orig Qty     10 Fill Qty   11 Refills    12 Refill Qty    13 Lot
   30 TABLET       30 TABLET    4             30 TABLET        1/98
14 Third Party           15 Price Plan     16 Price         17 Exp Date
                                             $31.50/31.50      03/27/99
18 Safety Caps 19 Counsel 20 Print Consult  21 DAW Code      22 TAR/PA#
   Yes           Yes        Yes               1 No DAW
23 SIG Phrase  24 Days Supply 25 Ordered As                  26 Initials
               10                                               EH/EH

        Rx Diagnosis/Disease:15


(P)hysician, (C)ompound, (D)ocument, (L)abel Warning, Label (N)br, (S)tock Loc,
(M)edInfo, Dose(R)ge, Date(F)ill, PtDemo(G), D(U)R, (E)dit, (A)ccept [A]--
```

This screen collects the information needed to process a medication prescription. The system prefills many of the fields on this screen with information previously entered into the system formulary, parameters and tables.

Field Explanations

1. RX# (9-C-R)
This field determines the number assigned to the prescription. The system inserts a default response of Auto Assignment. This field is non-revisable for item #2 and all subsequent items of a compound medication prescription.

When auto-assigning the prescription number, the system uses the Prescription Nbr Sequence field of the CRT Names table and the O/P Prescription Number Sequences table to determine the prescription number. If the ordering CRT does not have a prescription number sequence assigned, you cannot dispense prescriptions from that CRT. You can override the default prescription number by accessing the field and entering the desired prescription number.

When the prescription number is entered manually (not auto-assigned), the system does not recognize the entry of leading zeros, in either the presence or absence of a leading facility code. If leading zeros are entered, they are automatically stripped before the RX# is saved.

2. LABEL NAME (30-C-R)
This field contains the label name of the drug prescribed by the physician. The item's label name is defined in the Label Name field on the Outpatient Information screen of the Formulary Maintenance function.

If you selected the item from the formulary or FDB product file, the system enters the item's label name and this field is non-revisable during the initial fill. If you manually entered the item, the cursor stops in this field. Enter the full name and strength of the prescribed drug item.

NOTE: If the L-Label Name Brand field is selected in the FDB exclusion parameter, this field is protected from FDB update.

3. NDC NUMBER (DISPLAY ONLY)
This field contains the NDC number for the item in the prescription.

4. SEQ # (DISPLAY ONLY)
This field contains the sequence order number for this item. If the prescription contains only one item, this value is always 1.

5. ORDERING PHYSICIAN (26-AN-R) or (TABLE LOOKUP)
This field identifies the prescribing physician. For items 2 + N of a multiple-item prescription, this field is non-revisable.

If the prescription is being charged to a hospital account, the system defaults the attending physician associated with the account. However, if the physician's address is not entered in the Physicians table and the physician's address is required (see the Phys Address Required field of the Amb Care - Control Class Requirements parameter), the system does *not* default the attending physician. If the prescription

entered immediately previous to the current prescription was written for the same patient, the system defaults the physician entered for the previous prescription.

This field uses the Physicians table that can be shared by all facilities or is specific to an individual facility. If the Physicians table is facility-specific, you can only access the physicians of your master facility (see the Amb Care, HBO - Fac Assignment parameter). In a network and/or interface situation, the STAR Patient Care System maintains the Physicians table.

When you access this field, the system displays the following prompt:

> *Enter table code `-`, ('-) for staff, (\-)NSCG -- |*
> *(R)ecord or (F)reeform*

There are several ways to identify the ordering physician:

- Enter the code assigned to the physician in the Physicians table.

- Enter a hyphen (-), and select from the Physicians table.

- Enter an apostrophe and hyphen ('-), and select from the list of staff.

- Enter a backslash and hyphen (\-), and select from the list of the non-staff caregivers (NSCG).

    After you complete your entries and accept the screen, the new override NSCG becomes the ordering physician and the new override NSCG's name transfers to the New Override NSCG List. At this time, the appropriate administrative personnel can review the override NSCG information and make a determination to include the NSCG as a permanent entry in the Physician/ NSCG Tables.

    If the override NSCG is not included in the Physician/NSCG Tables and removed from the New Override NSCG List, the system does not retain any of the override NSCG information, such as address, phone, or copy to. Override NSCG information is stored with the patient information and passed to STAR Financials as a default physician.

    NOTE: Override NSCGs process the same as current override physicians until they are included in the Physician/NSCG Tables. After an override NSCG is added to the Physician/NSCG Tables as a permanent entry, the NSCG is processed in the same manner as a current staff physician is processed.

- Enter **R**, and select from the list of physicians of record.

- Enter **F** to enter a free-form physician not in the Physicians table. The system displays the *Enter Last,First '-'* -- prompt. If the physician was listed as a free-

form physician within the past 90 days, enter a partial name and a hyphen (-), and select from the list of existing free-form physician names starting with the letters you entered. You can also enter a hyphen (-) and select from a list of all free-form physicians entered in the past 90 days.

To enter a new free-form physician, enter a last name, a comma (,), and a first name. The system displays a physician information screen for the physician name you entered. Complete as many fields as possible. If the physician address is required to process the prescription (see the Amb Care - Control Class Requirements parameter), you must complete the Office Address 1, City, State, Zip Code and Office Phone fields on this screen.

> **NOTE:** When you enter a free-form physician, the system stores the name and information in the Pharmacy Free-formed Physician table for 90 days before purging them. For more information, see the subsection on the Pharmacy Free-formed Physician table in the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.

6. CONTROL NBR (11-C-C)
This field identifies the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number. The system prefills this field with the physician's controlled substance number that is stored in the Physicians table or was identified on the free-form physician information screen (see the Ordering Physician field). This field is non-revisable when the controlled substance number is prefilled using the Physicians table. The Phys Ctrl # Required field of the Amb Care - Control Class Requirements parameter determines when this field is required.

7. PHYS PHONE (10-N-C)
This field contains the phone number of the physician's office defined in the Physicians table.

8. DATE WRITTEN (8-C-R)
This field identifies the date on which the physician wrote the prescription. The system automatically prefills this field with the current date. You can revise the default date.

If you enter a date that is in the future, the system displays the following error message and rejects the entry:

ERROR: Prescription date is in the future.

If you enter a date that is past the validity days period for the prescription, the system displays the following error message and rejects the entry:

ERROR: Prescription date is too far in the past for control class 'n'.

The appropriate control class for the formulary item displays in place of *'n'* in the error message. The Prescription Validity Days field of the Amb Care - Control Class Requirements parameter determines the validity days period.

The Date Written field in the Ambulatory Care start screen is used to verify that the prescription being filled meets the Refill Time Limit and Validity Days value defined in the Control Class parameter for that category of drug.

9. ORIG QTY (8-AN-R)
This field identifies the initial dispensing quantity issued by the prescribing physician. The prompt for this field varies by drug form (see following examples).

> *Enter number of caplets --*
> *Enter quantity in gm's [45] or 'x'number of packages--*
> *Enter quantity in ml's [15] or 'x'number of packages--*

For items with a drug form of each and a multi-dose indicator of no, the prompt identifies the dosage form of the item and requests the total number of units. The system accepts a maximum entry of 9999.

For items with a drug form of each and a multi-dose indicator of Yes, and items with a drug form of gm or ml, the prompt offers the opportunity to enter the quantity as a number of units or as a number of packages and provides a default response of one package. To enter the quantity as a number of packages, enter the letter **X** and then a number of packages (**X2**). The system accepts a maximum entry of X9999.9 and only accepts two digits after the decimal point (.). The system calculates and displays the quantity as the total number of units (eas/gms/mls).

If a claim is being submitted for the item (see the Third Party field) and you enter a quantity that does not meet the third party's claim requirements, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system allows you to enter the invalid quantity and still submit a claim. If the Override field is set to No, the system rejects your entry and demands a valid quantity.

If a claim is being submitted for the item and you enter a quantity that results in a system-calculated price that exceeds the maximum allowed by the third party, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system asks if you want to adjust the price to meet the third party maximum. If the Override field is set to No, the system automatically resets the price of the prescription to the maximum allowed by the third party.

If you enter a quantity that results in a default number of labels greater than the maximum specified in the Max Med Labels field of the Amb Care - Parameters parameter, the system flashes a warning message at the bottom of the screen.

If the patient's third party calculates prices using a different dispensing unit than ml, gm or each, the system automatically converts the disp/dose quantity into the third party's unit and displays the conversion quantities near the bottom of the screen.

10. FILL QTY (8-AN-R)

This field identifies the quantity to be dispensed for this prescription fill. The system prefills this field with the quantity entered in the Orig Qty field. The cursor bypasses this field. To revise the fill quantity, enter a slash mark and the field number (/7). The data entry conventions for this field are the same as those defined for the Orig Qty field.

If a claim is being submitted for the item and you enter a quantity that results in a system-calculated price that exceeds the maximum allowed by the third party, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system asks if you want to adjust the price to meet the third party maximum. If the Override field is set to No, the system automatically resets the price of the prescription to the maximum allowed by the third party.

If you enter a revised quantity that results in a default number of labels greater than the maximum specified in the Max Med Labels field of the Amb Care - Parameters parameter, the system flashes a warning message at the bottom of the screen.

The system uses the quantity in this field to calculate the price displayed in the Price field. The system automatically recalculates the prescription price each time you revise the fill quantity.

If the patient's third party calculates prices using a different dispensing unit than ml, gm or each, the system automatically converts the disp/dose quantity into the third party's unit and displays the conversion quantities near the bottom of the screen.

11. REFILLS (2-AN-R)

This field identifies the number of refills authorized by the prescribing physician. If there is no numeric limit to the refills, enter **P**. To enter the default value of zero (0), press ENTER. This field is non-revisable for item #2 and all subsequent items of a compound medication prescription.

If a third party claim is being submitted for the prescription (see the Third Party field), the system verifies that the number of refills meets the claims requirements of the patient's third party (see the Max Refills field of the O/P Third Party Plans table). The system allows you to enter a number that exceeds the third party limit if the Override field of the O/P Third Party Plans table is set to Yes. Otherwise, the system requires that you enter a number that is equal to or less than the third party maximum.

The Max Refills field of the Amb Care - Control Class Requirements parameter determines the maximum number of refills that you can enter in this field. If you attempt to exceed this maximum, the system displays an error message and rejects your entry.

To allow the entry of **P** for PRN refills, which sends the third party a value of 99 as required by NCPDP standards, the Max Refills field in the Amb Care - Control Class Requirements parameter must be blank. If any value is contained in that field (for example, 99), the system does not allow the entry of the **P** in the Refill field at order entry.

If the number of refills entered for the first item of a compound prescription meets the refill requirements but a successive item does not, the system displays an error message and offers the option to enter a new number of refills.

12. REFILL QTY (8-AN-C)
This field identifies the refill quantity authorized by the prescribing physician. The system uses this quantity to prefill the Quantity field on the refill screen. This field is non-revisable when the Refills field contains zero refills.

After you specify one or more refills, the system prefills this field with the quantity entered in the Orig Qty field. You can revise the default quantity.

If a claim is being submitted for the item (see the Third Party field) and you enter a quantity that does not meet the third party's claim requirements, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system allows you to enter the invalid quantity and still submit a claim. If the Override field is set to No, the system rejects your entry and demands a valid quantity.

13. LOT (10-C-C)
This field identifies the lot number of the drug products dispensed. The Lot Number Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

14. THIRD PARTY (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plan for which a prescription claim is to be submitted. The system prefills this field with the default third party plan defined in the Patient Demographics function. You can change the third party plan to any third party plan assigned to the patient. Only one third party plan can be entered per prescription fill. You can also override this default with a Cash entry when necessary; the field is then blank. When no third party claim is being submitted for the prescription, the system charges the patient for the full prescription price.

Press ENTER to enter Cash, or enter a third party plan assigned to the patient by entering the code of a specific third party or by entering a hyphen (-) and selecting the desired third party from the displayed list.

15. PRICE PLAN (5-AN-O) or (TABLE LOOKUP)
This field identifies the price plan used to calculate the prescription price. The system prefills this field with the price plan identified in the patient's profile. This field remains blank when the default price plan (cash or third party) has been selected. The cursor bypasses this field.

If the user accesses this field during the prescription fill process, any price plan entered at this time replaces any pricing formulas attached to that formulary item (whether at the route level or as an override in the formulary).

The O/P Cash Plans table defines the price plans for non-third party prescriptions. The O/P Third Party Plans table defines the price plans for each third party.

16. PRICE (SPECIAL FORMAT-R)

This field displays the total price of the prescription and the cash payment due from the patient upon receipt of the prescription separated by a slash mark (/), or the billed amount and the co-pay separated by a slash mark (/). The system automatically recalculates the price displayed in this field when you revise the third party, pricing plan, or fill quantity.

When the prescription *is charged* to an active hospital account, the cash payment due from the patient is $0.00. If the third party covering the prescription has a co-pay, the co-pay amount is also charged to the active hospital account and the cash payment due is still $0.00.

When the prescription *is not charged* to an active hospital account, the cash payment due is the same as the prescription price. If the third party covering the prescription has a co-pay, the cash payment due reflects only the amount of the co-pay.

When you enter this field, the system displays how it calculated the prescription price (see the following example).

If a claim is being submitted and the system-calculated price for the prescription exceeds the maximum allowed by the third party, the system displays a warning that contains the dollar amount by which the price exceeds the maximum. If the Override field of the O/P Third Party Plans table is set to Yes, the system asks if you want to adjust the price to meet the third party maximum. If the Override field is set to No, the system automatically resets the price of the prescription to the maximum allowed by the third party.

If the prescription price has already been reset to meet the third party maximum (see the Orig Qty field or the Fill Qty field), the system displays a warning that tells you the price has been adjusted.

```
   20 BENADRYL 25MG CAPSULE* PARKE-DAVIS                              (BEN25)

THIRD PARTY : None (Cash)           Initial Amount [AWP]: $0.2333
PRICING PLAN: Default                x 1.50 [multiplier] = $0.34995
ORDER TYPE  : Med-ORAL               x 30 [qty] = $10.4985
DISCOUNT    : None                  Round up to: 0.25  New amount: $10.50
FORMULA     : C CASH PLAN            + $4.50 [disp fee]  = $15.00
RANGES      : Cost Basis            No sales tax formula
ADD-ON FEE? : Yes
DISCOUNT?   : Yes


##    Upper    Flat Rte    Mult      Fee    Round   Minimum   Maximum    Copay
 1   99999.99              1.50     4.50    0.25
 1 Cost            2 Fee         3 Subtotal      4 Discount
   $6.9990            $4.50         $15.00
 5 Acq Cost        6 Tax         7 Total         8 Copay       9 Balance
   $5.8500                         $15.00          $15.00        $0.00
Edit above data? [N]--  |
                (R)ecalculate using original cost basis
```

Near the top of the screen, the system identifies the product, the pricing parameters and the method used to calculate the price. Near the bottom of the screen, the system identifies the range used to calculate the price and the individual components of the price. The prompt in this example offers two options: edit the displayed pricing data or recalculate the original price.

If a co-pay is defined for the pricing plan, the system displays the following prompt:

Override subtotal and/or copay? [N]--

If you enter Y, the system displays the following prompt:

Enter subtotal amount--

If you enter a subtotal amount, the system enters the amount. If you press ENTER at the prompt, the system displays the following prompt:

Enter copay amount or %--

You can enter an amount or a percentage.

If you enter a value, the co-pay changes for this prescription only: the Pricing table itself is not changed. The system changes the amount billed for the patient by subtracting the new co-pay from the total price.

The Price Override field of the Amb Care - Pricing Profile parameter determines if you can override the system-calculated price. The parameter can be set to never allow price overrides, always allow price overrides, or only allow overrides when a pharmacist is signed on to the system.

If the parameter is set so that you cannot override the price, the system displays the price calculation information and the following prompt:

Press NL--

To exit the field and redisplay the prescription fill screen, press ENTER.

If the parameter is set so that you can override the price, the system offers the option to enter a new subtotal amount. If the drug item has a cost defined in the formulary, you can only revise the subtotal. If no cost is defined in the formulary, you can revise the unit cost and the subtotal.

If you revise the system-calculated prescription price, an asterisk (*) appears after the total price on the price screen and on the Prescription Fill/Refill screen. The price override is automatically logged to the Price Override Report that is generated daily during midnight processing. This report provides the system-calculated price, the new price, the name of the individual who made the price override, and the percentage difference between the system-calculated and the new price.

If you have revised the prescription price but want to return to the system- calculated prescription price, enter **R**.

17. EXP DATE (10-C-C)
This field identifies the expiration date of the dispensed item.

You can set up a default expiration date for this field in two places: The Expiration Days field on the Outpatient Information screen of the Formulary Maintenance function and the Default Exp Days field of the Amb Care - Control Class Requirements parameter. When both are defined, the formulary default overrides the parameter default. To calculate the expiration date, the system adds the number of days specified in these fields to today's date. When the system prefills this field with a default expiration date, the cursor bypasses this field.

The Exp Date Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

NOTE: You cannot refill a prescription that has an expiration date that is the same as or earlier than the current date. When you try to accept the screen, the system displays the following message: *Warning: Enter new drug expiration date!*

18. SAFETY CAPS (1-A-R)
This field specifies if the prescription is to be packaged using safety caps. The system prefills this field with a default that is defined in the Safety Caps field of the patient profile.

If the patient requests that you *do not* use safety caps to package the prescription, enter **N**. If you use safety caps to package the prescription, press ENTER.

19. COUNSEL (1-A-O)
This field indicates whether the pharmacist provided counseling to the patient. When you access this field, the system displays the following prompt:

Was counseling provided to the patient? (Y/N)--

20. PRINT CONSULT (1-A-O)
This field determines whether the patient consultative message is printed at the time the medication is dispensed. The default is determined by the Print Consult/Fill field on the Amb Care- Parameters parameter. When you access this field, the system displays the following prompt:

Print Consultative Message? (Y/N)--

To print the patient consultative message when the medication is dispensed, enter **Y**. If you do not want to print the message, enter **N**.

21. DAW CODE (1-A-O)

This field contains the numeric value and theDispense as Written (DAW) information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter. You can use this field to override the default.

When you access this field, the system displays the following table:

```
( 1) 0-No Dispense as Written        ( 6) 5-Brand Dispensed, Priced as Generic
( 2) 1-Physician Dispense as Written ( 7) 6-Override
( 3) 2-Patient Dispense as Written   ( 8) 7-Brand Drug Mandated by Law
( 4) 3-Pharmacist Dispense as Written( 9) 8-Generic not available in market
( 5) 4-No Generic Available          (10) 9-Other
```

The following shows the field display for each table entry selection:

Table Entry	Field Display
1 No Dispense as Written	0 No DAW
2 Physician Dispense as Written	1 MD DAW
3 Patient Dispense as Written	2 Pt DAW
4 Pharmacist Dispense as Written	3 RPH DAW
5 No Generic Available	4 No Generic
6 Brand Dispensed, Priced as Generic	5 Brand/Gen Pr
7 Override	6 Override
8 Brand Drug Mandated by Law	7 Brand/Law
9 Generic Not Available in Market	8 Not in Mkt
10 Other	9 Other

Enter the number for your selection.

22. TAR/PA# (12-AN-O)

This field displays the Treatment Authorization Request (TAR) number or the Prior Authorization (PA) number assigned by the third party to this prescription.

When you access this field, the following prompt is displayed:

Enter first letters`-` or prior authorization type code-

Enter a hyphen (-) to display lookup values from the O/P Prior Authorization Type Table. Values preloaded in this table include the following:

(1) 0-Not Specified
(2) 1-Prior Authorization
(3) 2-Medical Certification
(4) 3-EPSDT

(5) 4-Exemption from Co-pay
(6) 5-Exemption from RX
(7) 6-Family Plan. Indic.
(8) 7-AFDC
(9) 8-Payer Defined Exemption

After the prior authorization type code is entered, the system displays the following prompt:

> *Enter prior authorization number--*

Enter the prior authorization number (up to 11 characters). Once the field has been accepted, the entire number (12 characters - 1 character Prior Authorization Code Type + 11 character Prior Authorization Number) is displayed in the field.

23. SIG PHRASE (SPECIAL FORMAT-O)
If a SIG has been defined, the system displays the SIG line above the Rx Diagnosis/ Disease line.

When you access this field, the system displays the SIG screen.

```
              General Hospital Prescription Fill/Refill Processor
Prescription Fill/Refill                           Wed May 15, 2002 05:52 pm
Name                      Sex   BD    Account Number           Third Party
*STARR,ENID                F  09/12/58  No Billing Acct
Allergies:CODEINE/MORPHINE

 1 Sig                                                    2 Dose/day
   tid.                                                     3
 3 Expanded Sig
   three times a day.




  Accept this screen? (Y/N) [Y]--
```

Field Explanations

23-1. SIG (61-C-R)
This field identifies the codes and text used by the system to generate the prescription administration instructions printed on the prescription label. You can enter the administration instructions word-for-word or you can enter codes that the system translates into words. The O/P SIG table contains the codes recognized by the system and the translations for each code. If the system encounters a word that is not in the O/P Sigs table, the system prints that word verbatim on the prescription label.

NOTE: If you enter a colon (:) when building a SIG, the system converts the colon to a hyphen (-) to make it compatible with the programming language.

23-2. DOSE/DAY (10-N-O)
This field contains the default from the Doses per day field in the O/P SIG table. If the Doses per day field in the O/P SIG table does not contain a value, you can enter a value in this field.

If this field contains a value, the system divides the value in the Quantity field by the value in this field to determine the value in the Days Supply field.

When you access this field, the system displays the following prompt:

> *Dose per day--*

Enter the number of doses to be administered each day.

23-3. EXPANDED SIG (P-C-O)
This field displays the system's translation of the SIG (see the SIG field). Each SIG code can be translated into several different languages. The language presented in this field is determined by the Language field in the patient's demographics.

When you enter this field, the system displays a grid representing the dimensions of the SIG portion of the prescription label and the expanded SIG text. The size of the grid is determined by the Characters per Line and Lines per Label fields of the Amb Care - Parameters parameter. If the expanded text fits on one page, the system displays the following prompt:

> *Enter (A)dd, (E)dit, or (D)elete page--*

If the expanded text consists of more than one page, the system displays the following prompt:

> *Enter page number, (A)dd, (E)dit, or (D)elete page (1-3)--*
> *previous page (/P)*

To display/revise a different page of the expanded text, enter the number of the desired page. The available page numbers are displayed in parentheses () at the end of the prompt. To add another page of extended text, enter **A**. To revise the page of text currently displayed, enter **E**. To delete the page of text currently displayed, enter **D**.

If you enter an A to add another page or an E to edit the displayed page, the system displays the SIG text entry keys at the bottom of the screen. The following paragraphs identify each of the text entry keys and provide a description of what the key does:

F1 This key deletes the line of text upon which the cursor rests. Any text below the deleted line moves up one line.

F2 This key inserts a blank line before the line upon which the cursor rests. Any text below the added line moves down one line.

F3 This key centers the text in the middle of the line upon which the cursor rests.

F4 This key exits the text edit mode. The system returns you to the field selection prompt.

F5 This key stores in memory the line of text upon which the cursor rests. Only one line of text can be stored at one time. Therefore, immediately restore the saved text on the desired line by using the F6 key.

F6 This key restores text saved in memory back onto the screen. The system erases any text on the line on which saved text is restored. Therefore, always restore text on a blank line unless you want to replace the existing text.

F7 This key removes any unnecessary blank spaces between words and sentences on all consecutive lines of the SIG text. If a blank line separates two sets of text, the second set of text is not packed. When the system packs text, it only leaves one blank space between words.

F10 This key provides access to additional text entry instructions. The top line indicates the keys to press and the bottom line displayed in reverse video indicates the activity. The following list provides each of the activities (left column) and the keys to press (right column):

PRESS F10 ONCE:	
Delete Char	SHIFT <--
Insert Char	SHIFT -->
Del Char Left	DEL
Clear to End Of Line	ERASE EOL
Help	F10

PRESS F10 TWICE:	
Tab right	TAB
First Char	HOME <--
Last Char	HOME -->
Top Line	HOME Up
Bottom Line	HOME Down
Top Left	HOME HOME
Help	F10

PRESS F10 THREE TIMES:	
Left Right Up Down	Arrows
Begin Next Line	ENTER

PRESS F10 THREE TIMES:	
Repeat Key	REPT
Delete All Lines	ERASE PAGE
Help	F10

24. DAYS SUPPLY (3-N-C)
This field identifies the number of days that the prescribed quantity, when taken as directed, should last the patient. The system supplies this information based on the fill quantity and the SIG. If the SIG has a defined doses per day, the system calculates the value in this field. If the SIG code does not specify doses, you must enter a number in this field. You can edit this field.

If the patient attempts to refill the prescription before or after this period of time has passed since the previous refill, the system dsplays a warning and asks if you still want to refill the prescription. The system accepts a maximum entry of 999 days. This field is non-revisable for items 2 + N of a compound prescription.

The Max Days Supply field of the Amb Care - Control Class Requirements parameter determines the maximum number of days that you can enter in this field. If you attempt to exceed this maximum, the system displays an error message and rejects your entry.

This field is required information if a third party claim is being submitted and the third party has a minimum or maximum days supply defined. For private third parties (for example, PCS), you can define the maximum days supply in the O/P Third Party Plans table. For state-sponsored third parties (for example, Georgia Medicaid), you can define both a minimum days supply and the maximum days supply in the Third Party Information screen of the Formulary Maintenance function. When a maximum days supply is defined in both the O/P Third Party Plans table and the formulary for a state-sponsored third party, the system uses the formulary information.

If you enter a day's supply that does not meet the third party's requirements, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system allows you to enter the invalid value and still submit a claim. If the Override field is set to No, the system rejects your entry and demands a valid value.

If the first item of a compound prescription meets the days supply requirements but a successive item does not, the system displays an error message and offers the option to enter a new days supply.

25. ORDERED AS (30-C-O)
This field contains a description of the prescription as it is recognized by the nurse and/ or patient. Enter the appropriate free-form description.

26. INITIALS (3-A-C)
This field contains the initials of the individual entering the prescription and the initials of the registered pharmacist filling the prescription separated by a slash (/). This field

is non-revisable for item #2 and all subsequent items of a compound medication prescription.

If a registered pharmacist is entering the prescription, the system prefills both parts of this field with the pharmacist's initials and the cursor bypasses this field. If you edit this field, the system first asks for your initials. After you enter your initials, the system asks you to enter the initials of the pharmacist who is filling the prescription.

The initials of the individual entering the prescription are required information. The initials of the pharmacist are only required if the RPh Initials Required field of the Amb Care - Parameters parameter contains a Yes response. The Tech/RPh Initials Ind field of the Amb Care - Parameters parameter determines if a non-pharmacist employee can enter a pharmacist's initials.

The following prompt is displayed on the screen:

> *(P)hysician, (C)ompound, (D)ocument, (L)abel Warning, Label (N)br,(S)tock Loc,*
> *(M)ed. Info, Dose(R)ge, Date(F)ill, Pt. Demo(G), D(U)R, (E)dit, (A)ccept [A]--*

Enter **P** to enter or view physician information. The system displays a screen containing physician information.

Enter **C** to indicate a compound. Enter **Y** if a compound. To indicate it is not a compound, enter **N** or press ENTER.

Enter **D** to access the documentation processor. You can add, revise, or edit documentation about this prescription. For more information, see PRESCRIPTION DOCUMENTATION FUNCTION on page 2-259.

Enter **L** to access the label warnings screen. The Max Med Labels field of the Amb Care - Parameters parameter determines the maximum number accepted. For more information, see the label warnings screen on page 2-89.

Enter **N** if you want to change the number of labels to print for the prescription. At the prompt, enter the number of labels to print.

Enter **S** if you want to revise the current stock location for the prescription. The system displays the current stock location. To change the stock location, enter **Y** at the prompt. You can enter the stock location, or enter a hyphen (-) and select from the list.

The system automatically verifies that the stock location contains the drug item being dispensed. If it does not, you must identify a stock location that does contain the drug item being dispensed. Next, the system verifies that you have selected an outpatient stock location. If it is not an outpatient stock location, the system displays a warning and asks if you still want to dispense from that location.

Enter **M** to view the drug information from the Product Information file. You can view the basic description pricing, third party, and clinical information through this function. For more details, see the *General Applications Volume* of the *STAR Pharmacy Reference Guide*.

Enter **R** to view client-defined dosage range information for the drug. The R prompt is displayed based on the setting in the Ord Mgt -Order Entry parameter. If you enter R, the system displays the following prompt:

Access (C)lient-defined dosing information?--

NOTE: If you enter C and no data exists for that option, the system displays the following error message:

Error: No dosage range data exists!

If you enter C, the system displays client-defined dose range criteria for the drug at the bottom of the screen. The information is display only. To display the previous page of ranges, press F1. To display the next page of ranges, press F2.   To exit the current page of ranges, press F7.

```
Basis    Min    Max     Per    Rate   #/Day    Min/Dose  Max/Dose   Min/Day   Max/Day
Wt Kg                   KG                3       250MG     500MG      750MG    1000MG



                    F1Prev Page F2Next Page F7  Exit
```

For more information, see the Client-defined dose range information section in the *General Applications Volume* of the *STAR Pharmacy Reference Guide*.

If you enter G for Patient Demographics, the system displays the patient demographics screen. For more information about the fields on the patient demographics screen, see page 2-38. If you enter D for the DUR option, the following screen is displayed:

```
        General Hospital Prescription Fill/Refill Processor
Prescription Entry                              Mon May 19, 2003 04:16 pm
Name                     Sex    BD     Account Number          Third Party
CASE,BED                  F   01/01/50  02078-00003            PCS
Allergies:
 49 DARVOCET-N 100 100-650MG TABLET* LILLY                        (DAR100)
 1 DUR Alert                      2 DUR Outcome          3 DUR Intervention


Additional Claim Information
 4 Submission Clarification           5 Product Qualifier Code
   Vacation Supply                      NDC
 6 Prescription Origin
   2-Telephone




Accept this screen? (Y/N) [Y]--
```

Field Explanations

4. SUBMISSION CLARIFICATION (5-AN-O)
This field allows the pharmacist filling the prescription to clarify reasons for the submission of the claim. When you access this field, the following prompt is displayed:

Enter first letters`-` or submission clarification code-

Enter a hyphen (-) to display lookup entries from the O/P Submission Clarification Code Table. This table contains NCPDP-provided and client-defined values. The NCPDP provides the following values:

(1) No Specified
(2) No Override
(3) Other Override
(4) Vacation Supply
(5) Lost Prescription
(6) Therapy Change
(7) Starter Dose
(8) Medically Necessary
(9) Process Compound For Approved Ing
(10) Encounters
(11) Other

5. PRODUCT QUALIFIER CODE (5-AN-O)
This field allows the pharmacist filling the prescription to clarify the type of product identifier being used for the submission of the claim. When you access this field, the following prompt is displayed:

Enter first letters`-` or product qualifier code-

Enter a hyphen (-)to display lookup entries from theO/P Product Qualifier Code Table. This table contains NCPDP-provided and client-defined values. The NCPDP provides the following values:

(1) Not Specified
(2) Universal Product Code (UPC)
(3) Health Related Item (HRI)
(4) NDC
(5) Universal Product Number (UPN)
(6) Dept of Defense (DOD)
(7) DUR/PPS
(8) CPT4 - CPT is a registered trademark of the American Medical Association.
(9) CPT5
(10) HCPCS
(11) Pharmacy Practice Activity (PPAC)
(12) National Pharm. Product (NAPPI)
(13) International Article Number (EAN)

(14) Drug Identification Number (DIN)
(15) Medi-Span GPI
(16) First DataBank GCN
(17) Medical Economics GPO
(18) Medi-Span DDID
(19) First DataBank SmartKey
(20) Medical Economics GM
(21) ICD9
(22) ICD10
(23) Medi-Span Diagnosis Code
(24) NCCI
(25) SNOMED
(26) CDT
(27) DSM IV
(28) Other

6. PRESCRIPTION ORIGIN (1-AN-O)
This field allows the user to identify the method in which the prescription was communicated to the pharmacy. When you access this field, the following prompt is displayed:

Enter first letters`-` or prescription origin code--

Enter a hyphen (-) to display lookup entries from the O/P Prescription Origin Code table. This table contains NCPDP-provided and client-defined values. The NCPDP provides the following values:

(1) 1-Written
(2) 2-Telephone
(3) 3-Electronic
(4) 4-Facsimile

If you enter E at the prompt on the Prescription Entry screen, you can access the screen for editing.

After you complete all of the required fields on the Prescription Entry screen and press ENTER or enter **A** to accept the screen, the system processes the prescription and prints a label, unless the prescription meets the electronic claim criteria.

If the Check Stock field of the Amb Care - Parameters parameter is set to Yes, the system verifies that the stock location contains adequate stock to cover the dispense quantity of the prescription before displaying the SIG screen. If the stock location does not contain enough stock to cover the dispensing quantity of the prescription, the system displays a warning and asks if you still want to dispense from that location.

If you have entered a fill quantity that is greater than the original quantity, the system verifies that the fill quantity does not exceed the total quantity (total quantity = # refills times the refill quantity plus the original quantity). If the fill quantity exceeds the total

quantity, the system displays the following message and redisplays the screen. You cannot accept the screen until you enter a different fill quantity.

Error: Invalid number of refills!

The system performs interactive dose range check screening after you accept the screen for any formulary item where client-defined dose range check is enabled and the patient and item meet the specified inclusion criteria.

NOTE: For Dose Range Checking (client-defined or FDB) to be activated in the Ambulatory Care Module, the DRC for Ambulatory Care field in the Ord-Mgt Dose Range Chk Parms parameter must be set to Yes.

For more information about dose range checking, see the *Inpatient Processing Module* of the *STAR Pharmacy Reference Guide*.

If the provide number has not been entered, the system displays the following message:

Provider number required!

You can enter the third-party provider number.

After you accept the screen, the system checks the formulary files for each prescription item for label warnings. If the prescription item(s) have no entries in the Label Warning fields of the Outpatient Information screen, the system bypasses the label warnings screen and processes the fill. If the items do have label warnings entered, the system displays the label warnings screen before processing the fill:

```
             General Hospital Prescription Fill/Refill Processor
Prescription Fill/Refill                         Wed May 15, 2002 11:18 am
Name                      Sex   BD    Account Number          Third Party
WILL,MARY JANE             F  02/12/56  No Billing Acct           GA
Allergies:CODEINE/MORPHINE
Page:01                   Outpatient Label Warnings      ##=Current Choices
( 1) No alcohol
( 2) Drowsiness or dizziness



Enter label warnings to print on label--
                         end selection(NL)
```

This screen contains the short descriptions of the label warnings entered for the prescription items in the formulary file. The Print label Warnings field of the Amb Care - Parameters parameter determines if this screen is display-only or offers the option to select specific label warnings.

If the parameter is set to Yes, the system displays the prompt shown in the sample screen above. Enter the option numbers of the warnings that you want to print on the prescription label. Press ENTER after you have selected all desired warnings.

If the Print Label Warnings field of the Amb Care - Parameters parameter is set to No, the screen is display-only and the system displays the following prompt:

Press NL.

After you have finished viewing the label warnings, press ENTER.

The system displays a message indicating that it has completed processing the prescription. If you are using the Prescription Fill/Refill function, the system redisplays the prescription identification screen. If you are using the Profile Maintenance function, the system redisplays the Profile Maintenance menu.

Output

When a medication prescription fill is completed, the system prints Medication Labels.

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Label Prt field on the Third Party Plan table is set to After. The prescription label does not print until after the claim has been processed and prescription verification received from the third party claims processor.

The Medication Labels are labels that display information about prescriptions. Although the exact information printed on the label is determined individually by each hospital at the time of installation, the medication labels usually contain the patient's name, prescriber's name, prescription number, prescription date, drug item name and strength, dosing instructions, number of refills, prescription price, and label warnings.

The Medication labels can also include items such as the pharmacist's and technician's initials, brand name of the drug item, drug item expiration date, physician's controlled substance number, and whether a safety cap is to be used.

GENERATION

The system automatically generates a medication label when a prescription is filled.

PARAMETERS

The Separate Receipt? field of the Amb Care - Parameters parameter indicates whether a separate receipt label is generated. If the Separate Receipt? field contains No, only the medication label prints. If the Separate Receipt? field contains Yes, a separate receipt prints in addition to the medication label.

SORT SEQUENCE

Medication labels are printed when the prescription is filled. Therefore, they are printed in the sequence in which the prescriptions are filled.

Figure 2.1 Medication Labels (*PRXI220-*PRXI225)

```
|─────────────────────────────────────|─────────────────────────────────────|
|                                      |           90000075 PG /PG           |
| 90000075          TANNER, JOHN P     | YOUNG, SUSAN      08/22/89          |
| YOUNG, SUSAN      08/22/89           | IBUPROFEN 300 MG TAB      10.00 TAB  |
| Take one tablet as needed for pain.  | Take one tablet as needed for pain. |
|                                      |                                     |
| IBUPROFEN 300 MG TAB        10.00TAB  | (MOTRIN)                  Refill 5   |
| (MOTRIN)                   REFILL 5  | E-08/22/90              Total 6.30   |
|─────────────────────────────────────|─────────────────────────────────────|
| 90000075          Bill 6.30          |  13 Take exactly as directed        |
| YOUNG, SUSAN            08/22/89      |  14 Possible OTC/drug interaction   |
| TANNER, JOHN P                       |  15 Drowsiness or dizziness         |
| IBUPROFEN 300 MG TAB        10.00TAB  |                                     |
| (MOTRIN)         Sfty Cap:Y          |                                     |
|─────────────────────────────────────|─────────────────────────────────────|


|─────────────────────────────────────|─────────────────────────────────────|
|                                      |           C90000002 PG /PG          |
|                                      | YOUNG, SUSAN               8/22/89   |
|      C90000002     TANNER,JOHN P      | TANNER, JOHN P    AT490382342       |
| YOUNG, SUSAN            08/22/89      | ASPIRIN/OXYCODONE   TAB      5.00TAB |
| Take as needed only for severe pain. |  Take as needed only for severe pain.|
|                                      |                                     |
| ASPIRIN/OXYCODONE  TAB      5.00TAB   | (PERCODAN)               No Refills  |
| (PERCODAN)             No Refills    | E-08/12/90         Total 6.95       |
|─────────────────────────────────────|─────────────────────────────────────|
| C90000002          Bill 6.95         |  1  May cause drowsiness            |
| YOUNG, SUSAN            08/22/89      |  15 Drowsiness or dizziness         |
| TANNER, JOHN P                       |                                     |
| ASPIRIN/OXYCODONE  TAB      5.00TAB   |                                     |
| (PERCODAN)             Sfty Cap:Y    |                                     |
|─────────────────────────────────────|─────────────────────────────────────|
```

Figure 2.2 Medication Receipt Label (*PRXI27)

```
|─────────────────────────────────|
|                                 |
| 800217          TANNER,JOHN P    |
| YOUNG,SUSAN                      |
| MOTRIN TAGS, 300MG               |
| Subtotal:      6.30 Tax:         |
|                   Total 6.30     |
| Cash Received:            6.30   |
|                                 |
|─────────────────────────────────|
```

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Tran Prt field on the Third Party Plan table is set to Yes, the ECS Transaction Log report notifies you of claim status changes following Third Party payor processing or if a claim could not be submitted because of communication line problems. You can print specific claim transaction elements on your prescription labels or create a customized report.

The first line of the base form provides the prescription number, the medication name, strength, dosage form, and quantity dispensed.

NOTE: For compound prescriptions, the base form only prints the medication name of the last item in the compound. McKesson recommends that you set up the compound as a formulary item, including the name you would like to have on the label in the Label Name field in the field. To have this form print all the items in a compound prescription, some customization is necessary.

The second line provides the claim status, the claim authorization number for the third-party payor, the patient co-pay amount, and the total paid by the third-party payor.

The third line provides the DUR Alert indicator.

The last line provides the date filled, the patient name, and third-party plan.

The ECS Transaction Log label uses the following criteria to determine printing location (in the order specified below):

- at the order's stock location if it is a single item medication order, where the stock location is not a Satellite or the Satellite is closed

- at the stock location's label print group if the CRT has access to the stock location (checking specifically the Solution or Medication locations) or has no stock location defined

- at the label print group for the CRT's default stock location

- at the label print group defined in the CRT, or failing all else, RXI.

Figure 2.3 ECS Transaction Log (PRX034)

```
  Rx#:7777777    TYLENOL W/CODEINE #3   TAB          24.00TAB
  Status:Paid           Auth#:622937            Collect:   1.00  Total Paid:   4.05
  >>>>>>>>>>>>> DUR ALERT!!! CHECK Rx DETAIL BEFORE DISPENSING <<<<<<<<<<<<<<
  Filled:06/04/93    Patient: JOHN,FRED              Third Pty:PREFERRED ONE

  Rx#:8888888    TORADOL  TAB                       24.00TAB
  Status:Paid           Auth#:622938            Collect:   1.00  Total Paid:  28.88
  No DUR Alerts for claim.
  Filled:06/04/93    Patient: JOHN,FRED               Third Pty:PREFERRED ONE
```

FILL SOLUTION PRESCRIPTION

The Information Windows utility has been added to this system area. If you are accessing STAR Pharmacy through a PC using WEM, you may access the Information Windows utility. Your PC and host ID computer must be set to enable the use of Information Windows.

For more information on using Information Windows, see the *WEM User's Guide* or the *General Information Volume* of the *STAR Pharmacy Reference Guide.*

The system presents several screens when you are filling a solution prescription. The solution fill screens are presented in the following sequence:

1. Order-level Information Screen

2. Item-level Information Screen(s)

3. Dispense Quantity Screen

The system displays the order-level information screen after you have identified a patient, opted to enter a new prescription, and selected a solution drug item. This screen defines the information that applies to all items within the solution order. After you complete the order-level screen, the system presents the item-level screen for each item in the prescription.

An example of the order-level information screen is presented below:

```
              General Hospital Prescription Fill/Refill Processor
Prescription Entry                                 Wed May 15, 2002 08:11 am
Name                    Sex   BD    Account Number          Third Party
FRANKLIN,NATHANIEL       M  09/30/57  No Billing Acct
Allergies:CODEINE/MORPHINE
 11865 DEXTROSE 5% INJECTION 1000ML ABBOTT/ROSS                         (D5W)
 1 Type               2 Route         3 Sol Rate          4 Admin Freq
   Primary              INTRAVENOUS      125 ML/HR           Q8H
 5 Disp Interval      6 Infuse Over    7 IV Set            8 Drip Rate
   8:00
 9 Administration Times              10 Date Written      11 First Bottle Nbr
                                        04/01/98              1
12 Start Date     13 Start Tm      14 Duration     15 Stop Date   16 Stop Tm
   04/03/98          08:00am
17 Product Label Comment           18 Ordered As

19 Nursing Comment                 20 Initials    21 Rx#           22 Counsel
                                      EH/EH             Auto Assi


Enter solution type code or - for list--
```

Field Explanations

1. TYPE (1-AN-R) or (TABLE LOOKUP)
This field identifies the solution type. Enter the code of the solution type, or enter a hyphen (-) and select the desired solution type from the displayed list.

2. ROUTE (5-AN-R) or (TABLE LOOKUP)
This field identifies the route by which the prescription is to be administered. The system prefills this field with Intravenous. To override this default, enter a slash mark and the field number (/2), and select a new route. Enter the code of the route, or enter a hyphen (-) and select the desired route from the displayed list. If you enter a route

that is not identified in the Route fields of the formulary file for item #1, the system displays a warning and asks if you still want to enter the route.

3. SOL RATE (10-C-O)

This field identifies the prescribed rate (mls/hour) of administration. If the Infusion Rate? field of the Solution Type Codes table for the prescription's solution type contains a No entry, this field is blank and non-revisable.

You can enter the specific number of milliliters that is to be administered to the patient each hour or a free-form response. If you enter a specific number of milliliters, 9999.9 is the maximum entry accepted by the system. If you enter a free-form response, the system accepts a maximum of ten characters and the first character must be a letter.

If you entered a numeric response, the prescription has no dispensing interval (see the Disp Interval field) or administration times (see the Administration Times field), and you specify the prescription quantity based upon time (that is, you enter an end label date and time) as opposed to a specific number of bottles, the system uses this field to determine the number of bottles to process. For example, if the rate for a 1000ml bottle is 125 mls/hour, one bottle will be administered every eight hours. If you enter an end date and time that is 48 hours later than the start date and time, the system dispenses six bottles.

4. ADMIN FREQ (5-AN-O) or (TABLE LOOKUP)

This field identifies the prescribed frequency of administration. Enter the code assigned to a specific frequency, or enter a hyphen (-) to display the Frequency table and select the desired frequency.

5. DISP INTERVAL (5-AN-C)

This field identifies the prescribed dispensing interval. This field is required if the prescription has no Admin Freq field, no Administration Times field, and the Sol Rate field is a free-form response. This field is also required if there is an Admin Freq field but not Administration Times field. This field overrides the Sol Rate field when both are entered.

You can enter a number of hours or enter D for demand. To enter a number of hours, specify both hours and minutes excluding punctuation. For example, enter 800 for eight hours. If you enter D for demand, the system dispenses only one bottle per refill.

When you enter a PRN administration frequency, the cursor stops in this field and you can enter any dispensing interval. When you enter a non-PRN administration frequency, the system prefills this field with the appropriate number of hours and the cursor bypasses this field. You can revise the default dispensing interval to be Demand but the system does not accept a different number of hours.

If the prescription has no administration times (see Administration Times field) and you specify the prescription quantity based upon time (you enter an end label date and time) as opposed to a specific number of bottles, the system uses this field to determine the number of bottles to process. For example, if you specify a dispensing

interval of eight hours and you enter an end date and time that is 48 hours later than the start date and time, the system dispenses six bottles. If you specify a dispensing interval of demand, the system never requests an end date/time and automatically dispenses one bottle.

6. INFUSE OVER (6-AN-C)
This field identifies the amount of time required to administer one dose. This field is blank and non-revisable when the Sol Rate field contains a response but is required if the system is calculating the solution rate (the Sol Rate field is blank, the prescription is not a Demand or PRN prescription, and there is an Admin Freq). If the Sol Rate field is blank and there is an interval associated with the Admin Freq field, the system prefills this field with the interval.

To specify a number of hours, enter the number of hours with a suffix of H (for example, 8H). To specify a number of minutes, enter the number of minutes with a suffix of M (for example, 60M). For the number, the system accepts a maximum of two digits both preceding and following an optional period (nn.nn). If you enter only a number without a suffix, the system prompts you to enter the appropriate suffix.

If you enter a number that exceeds the prescription's frequency, the system displays the following error message and requests entry of a valid number:

Error: Infusion period cannot be greater than frequency!

7. IV SET (5-AN-O) or (TABLE LOOKUP)
This field identifies the type of IV set being used to administer the solution. Enter the code assigned to a specific IV set, or enter a hyphen (-) to display the IV Sets table and select the desired IV set.

8. DRIP RATE (3-N-O)
This field specifies the infusion rate as the number of drops per minute. When you complete both the Sol Rate (mls/hour) and the IV Set (drops/ml) fields, the system calculates and displays a revisable default response for this field. When revising the drip rate, enter the number of drops per minute.

9. ADMINISTRATION TIMES (65-C-O)
This field identifies the specific times at which a new dose is to be started. If the Admin Times? field of the Solution Type Codes table contains a Yes response for the prescription's solution Type field and you selected an Admin Freq (see Admin Freq field) with administration times (see Frequency table), the system defaults those administration times into this field. You can revise the default administration times.

This field is blank and non-revisable when the Admin Times? field of the Solution Type Codes table contains a No response for the prescription's solution type.

You can enter up to 16 administration times, separating the times by commas. Use either military format (for example, 0800,0900,1000) or am/pm format (for example, 8A,12N,300P,1020P) that includes A (am), P (pm), M (midnight), or N (noon).   You

can also use colons (:) or hyphens (-) as separators. For 3 o'clock in the afternoon, acceptable entries include 1500, 15:00, 15-00, 3P, 3:00P, 3-00P.

If you enter a time in an invalid format, the system displays an *Invalid format!* message.

NOTE: If the numbers you enter are *not* in chronological order, the system automatically rearranges them in chronological order.

The system uses this field to determine the number of bottles to process when you specify the prescription quantity based upon time (that is, you enter an end label date and time) as opposed to a specific number of bottles. The administration times override the solution rate (see the Sol Rate field) and the dispensing interval (see the Disp Interval field) when these fields are also defined for the prescription.

For example, if three administration times are defined for the prescription and you enter an end date and time that is 48 hours later than the start date and time, the system dispenses six bottles.

10. DATE WRITTEN (8-C-R)
This field identifies the date on which the physician wrote the prescription. The system automatically prefills this field with the current date. You can revise the default date.

If you enter a date that is in the future, the system displays the following error message and rejects the entry:

   ERROR: Prescription date is in the future.

If you enter a date that is past the validity days period for the prescription, the system displays the following error message and rejects the entry:

   ERROR: Prescription date is too far in the past for control class 'n'.

The appropriate control class for the formulary item displays in place of *'n'* in the error message. The Prescription Validity Days field of the Amb Care - Control Class Requirements parameter determines the validity days period.

The Date Written field in the Ambulatory Care start screen is used to verify that the prescription being filled meets the Refill Time Limit and Validity Days value defined in the Control Class parameter for that category of drug.

11. FIRST BOTTLE NBR (8-AN-R)
This two-part field determines the number assigned to the first bottle dispensed. The first prompt enables you to enter a five-character prefix to the bottle number. Press ENTER to have no prefix or enter the desired prefix. After you identify the prefix, the system requests the bottle number and offers a default of 1. Press ENTER to accept the default bottle number or enter a different number.

12. START DATE (10-C-R)
This field identifies the date on which the first bottle is to be administered. The system prefills the current date and the cursor bypasses this field.

When overriding the default start date, enter a new date using the date entry techniques described in the *General Information Volume*. The system does not accept any dates more than five days before the current date.

13. START TM (10-C-R)
This field identifies the time at which the first bottle is to be administered.

When the Disp Interval is demand (see Disp Interval field), the system offers a default value of the nearest hour. Press ENTER to accept the system default or enter the desired start time using the time entry techniques described in the *General Information Volume*.

14. DURATION (10-AN-O)
This field identifies the period of time for which the prescription is to remain active. The system uses this field to calculate a default stop date and stop time (see the Stop Date field and Stop Time field) when you specify duration as a number of hours or days. If you specify duration as a number of doses and the prescription has a Disp Interval or Administration Times, the system displays a message that indicates when the last bottle is to be dispensed. The system does not allow you to enter a Stop Date or Stop Time until the last bottle has been dispensed.

To specify duration in terms of hours, enter the number of hours (maximum 9999) with a suffix of H (48H). To specify duration in terms of days, enter the number of days (maximum 999) with a suffix of DA(2DA). To specify duration in terms of doses, enter the number of doses (maximum 999) with a suffix of DO (6DO).

15. STOP DATE (10-C-C)
This field identifies the date on which the system refuses to allow refills. If you entered a duration (see field above) in terms of hours or days, the system prefills this field with a revisable system-calculated stop date and this field is required. The system calculates the default by adding the duration period onto the start date. If you entered a duration in terms of doses, this field is blank and non-revisable.

When revising the stop date, enter a new date using the date entry techniques described in the *General Information Volume*.

16. STOP TM (10-C-C)
This field identifies the time at which the system refuses to allow refills. If the Stop Date field contains an entry, this field is required. If you entered a duration in the Duration field in terms of hours or days, the system prefills this field with a revisable system-calculated stop time. The system calculates the default by adding the duration period onto the start time.

When revising the stop time, enter a new time using the time entry techniques described in the *General Information Volume*.

17. PRODUCT LABEL COMMENT (34-AN-O) or (TABLE LOOKUP)
This field identifies the inpatient label warning that the system prints on the prescription
label. The system prefills this field with the label warning identified in the Product Label
Comment field on the Order Information screen of the Formulary Maintenance function
for the item. You can override this default.

Enter the code assigned to a specific label warning, or enter a hyphen (-) to display the
Inpatient Label Warnings table and select the desired label warning.

18. ORDERED AS (30-C-O)
This field identifies the prescription as it is recognized by the nurse and/or patient.

19. NURSING COMMENT (33-C-O)
This field identifies special instructions and/or nursing comments. The system prefills
this field with the comment defined in the Nursing Comment field on the Order
Information screen of the Formulary Maintenance function. You can revise the default.

20. INITIALS (3-A-C)
This field identifies the initials of the individual entering the prescription and the initials
of the registered pharmacist filling the prescription separated by a slash (/). The initials
of the individual entering the prescription are always required information.

When a registered pharmacist enters the prescription, the system prefills both parts of
this field with the pharmacist's initials and the cursor bypasses this field. When a non-
pharmacist enters/revises the prescription, the system first asks for your initials. After
you enter your initials, the system asks for the initials of the pharmacist who is to fill/
refill the prescription.

The Amb Care - Parameters parameter contains two fields that affect this field. The
Tech/RPh Initials Ind field determines if a non-pharmacist can enter a pharmacist's
initials. The RPh Initials Required field determines if the system requires entry of a
pharmacist's initials in the fill and refill functions.

21. RX# (9-C-R)
This field determines the number assigned to the prescription. The system inserts a
default response of Auto Assignment and the cursor bypasses this field. You can
override this default and enter a specific prescription number.

When auto-assigning the prescription number, the system uses the Prescription Nbr
Sequence field of the CRT Names table and the O/P Prescription Number Sequences
table to determine the prescription number. If the ordering CRT does not have a
prescription number sequence assigned, you cannot dispense prescriptions from that
CRT (see the Prescription Nbr Seq field in the CRT Names table).

When the prescription number is entered manually (not auto-assigned), the system
does not recognize the entry of leading zeros, in either the presence or absence of a
leading facility code. If leading zeros are entered, they are automatically stripped
before the RX# is saved.

The acceptance prompt enables you to view drug information or dosage range information from the product file, if any is available. The default for this prompt is determined in the Amb-Ambulatory Care Parameters.

22. COUNSEL (1-A-O)
This field indicates whether counseling on this prescription was provided by the pharmacist. Only employees designated as pharmacists may access this function. When you access this field, the system displays the following prompt:

Was counseling provided about this prescription? (Y/N)

After you complete all of the required fields, the systems asks you to accept the screen. If you accept the screen without providing all required information, the system displays an error message and returns the cursor to the first incomplete field. Once all required fields are complete, the system displays the item-level screen for the first item:

```
              General Hospital Prescription Fill/Refill Processor
Prescription Entry                                  Wed May 15, 2002 08:11 am
Name                     Sex    BD    Account Number          Third Party
FRANKLIN,NATHANIEL        M  09/30/57  No Billing Acct
Allergies:CODEINE/MORPHINE
 11865 DEXTROSE 5% INJECTION 1000ML ABBOTT/ROSS                       (D5W)
 1 Drug  2 Ordering Physician      3 Ctrl Nbr   4 State Nbr   5 Prov Nbr
   1        ALEXANDER,RALPH           G429823      8798989      8066528
 6 Item Name                      7 Dosage        8 Adm/Dose
   DEXTROSE 5% INJ                                 1000 ML
 9 Disp/Dose        10 Bottle Schedule             11 Scheduled Days
    1,000 ML           QB EVERY BOTTLE                DAILY
12 Bottle Number    13 Start Date    14 Duration   15 Stop Date   16 Stop Tm
   1
17 Lot              18 Stability     19 Refrigerate?    20 NF Unit Price

21 Third Party 22 Price Plan  23 Stock Location  24 DAW Code    25 TAR/PA#
                              O/P RX - A&B        1 No DAW

                    Rx Diagnosis/Disease:

Accept this screen? (Y/N) [R]--
                    (D)rug Information or Dosage (R)anges
```

The item-level screen determines the dispensing and administration for individual items within the order. In many cases, a prescription has alternating base solutions, or an item is not dispensed as frequently as the base solution and/or has a shorter duration than the base solution.

The first item-level screen defines the dispensing and administration instructions for the drug item identified earlier in this function, which is usually the base solution. After you complete this screen, the system offers the option to enter an additional item. If you accept, the system redisplays this screen for the second item.

Field Explanations

1. DRUG (DISPLAY ONLY)
This field indicates the item number of the drug within the prescription. The system prefills this field based upon the number of items previously entered. For example, the drug number of the first item is 1 and the drug number of the second item is 2.

2. ORDERING PHYSICIAN (26-AN-R) or (TABLE LOOKUP)
This field identifies the prescribing physician. For items 2 + N of a multiple-item prescription, this field is non-revisable.

If the prescription is being charged to a hospital account, the system defaults the attending physician associated with the account. However, if the physician's address is not entered in the Physicians table and the physician's address is required (see the Phys Address Required field of the Amb Care - Control Class Requirements parameter), the system does *not* default the attending physician. If the prescription entered immediately previous to the current prescription was written for the same patient, the system defaults the physician entered for the previous prescription.

This field uses the Physicians table that can be shared by all facilities or is specific to an individual facility. If the Physicians table is facility-specific, you can only access the physicians of your master facility (see the Amb Care, HBO - Fac Assignment parameter). In a network and/or interface situation, the STAR Patient Care System maintains the Physicians table.

When you access this field, the system displays the following prompt:

> *Enter table code `-`, ('-) for staff, (\-)NSCG -- |*
> *(R)ecord or (F)reeform*

There are several ways to identify the ordering physician:

- Enter the code assigned to the physician in the Physicians table.

- Enter a hyphen (-), and select from the Physicians table.

- Enter an apostrophe and hyphen ('-), and select from the list of staff.

- Enter a backslash and hyphen (\-), and select from the list of the non-staff caregivers (NSCG).

  After you complete your entries and accept the screen, the new override NSCG becomes the ordering physician and the new override NSCG's name transfers to the New Override NSCG List. At this time, the appropriate administrative personnel can review the override NSCG information and make a determination to include the NSCG as a permanent entry in the Physician/ NSCG Tables.

If the override NSCG is not included in the Physician/NSCG Tables and removed from the New Override NSCG List, the system does not retain any of the override NSCG information, such as address, phone, or copy to. Override NSCG information is stored with the patient information and passed to STAR Financials as a default physician.

NOTE: Override NSCGs process the same as current override physicians until they are included in the Physician/NSCG Tables. After an override NSCG is added to the Physician/NSCG Tables as a permanent entry, the NSCG is processed in the same manner as a current staff physician is processed.

- Enter **R**, and select from the list of physicians of record.

- Enter **F** to enter a free-form physician not in the Physicians table. The system displays the *Enter Last,First '-'* -- prompt. If the physician was listed as a free-form physician within the past 90 days, enter a partial name and a hyphen (-), and select from the list of existing free-form physician names starting with the letters you entered. You can also enter a hyphen (-) and select from a list of all free-form physicians entered in the past 90 days.

  To enter a new free-form physician, enter a last name, a comma (,), and a first name. The system displays a physician information screen for the physician name you entered. Complete as many fields as possible. If the physician address is required to process the prescription (see the Amb Care - Control Class Requirements parameter), you must complete the Office Address 1, City, State, Zip Code and Office Phone fields on this screen.

  NOTE: When you enter a free-form physician, the system stores the name and information in the Pharmacy Free-formed Physician table for 90 days before purging them. For more information, see the subsection on the Pharmacy Free-formed Physician table in the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.

3. CTRL NBR (11-C-C)
This field identifies the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number. The system prefills this field with the physician's controlled substance number that is stored in the Physicians table or was identified on the free-form physician information screen (see the Ordering Physician field). This field is non-revisable when the controlled substance number is prefilled using the Physicians table. The Phys Ctrl # Required field of the Amb Care - Control Class Requirements parameter determines when this field is required.

4. STATE NBR (12-C-C)
This field identifies the license number assigned by the state to the physician. The system prefills this field with the physician's state license number that is stored in the Physicians table or was identified on the free-form physician information screen (see

the Ordering Physician field). This field is non-revisable when the state number is prefilled using the Physicians table. The Phys State # Required field of the Amb Care - Control Class Requirements parameter determines when this field is required.

5. PROV NBR (10-C-C)

This field identifies the number assigned to the physician by the third party. The system prefills this field with the physician's provider number that is stored in the Physician Provider Nbr Assignment table. If the patient's third party does not require a provider number or no claim is being submitted for the prescription, this field is non-revisable. This field is non-revisable when the provider number is prefilled using the Physician Provider Nbr Assignment table. The Separate Nbr field of the O/P Third Party Plans table determines when this field is required.

6. ITEM NAME (30-C-R)

This field contains the label name of the drug prescribed by the physician. The system prefills this field with the label name defined in the Label Name field on the Outpatient Information screen of the Formulary Maintenance function. This field is only revisable during the initial fill for manual entry items.

7. DOSAGE (16-C-O)

This field identifies the dosage of the prescribed item. The system defaults the item's strength using the Strength field on the Basic Description screen of the Formulary Maintenance function. You can revise this default. Enter both the quantity and the unit (for example, 20 MEQ).

The system uses this field to calculate the default for the Adm/Dose and Disp/Dose fields.

8. ADM/DOSE (15-C-O)

This field identifies the number of units to be administered in each dose of the prescription. The system displays a revisable, system-calculated default. For items with a dosage form of mls or gms, the system uses the item's volume to determine the default value. For items with a dosage form of each, the system defaults one unit of the dosage form (for example, if the dosage form is syringe, the system default is one syringe).

If the item's strength and dosage is defined in the formulary and you revise the system-calculated default, the system asks if you want it to recalculate the dosage. To have the dosage recalculated, enter **Y**. To leave the dosage the same, enter **N**.

9. DISP/DOSE (15-C-R)

This field identifies the number of units to be dispensed for each dose of the prescription. The system displays the same system-calculated default as that of the Adm/Dose field. In some situations, the system recalculates the Disp/Dose when you revise the Adm/Dose. However, the system does not recalculate the Adm/Dose when you revise the Disp/Dose default. The system uses the quantity in this field to determine the charge quantity.

If the item has a dosage form of MLs or GMs, you must enter the disp/dose units in terms of MLs or GMs unless the Conversion Factors table contains an entry that defines the conversion factor for the type of units entered.

If the patient's third party calculates prices using a different dispensing unit than ml, gm or each, the system automatically converts the disp/dose quantity into the third party's unit and displays the conversion quantities near the bottom of the screen.

10. BOTTLE SCHEDULE (19-AN-R) or (TABLE LOOKUP)
This field identifies the bottles in which the item is to be administered (for example, every bottle or every other bottle). Enter the code assigned to a specific bottle schedule, or enter a hyphen (-) to display the Bottle Schedule table and select the desired bottle schedule.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

11. SCHEDULED DAYS (20-AN-R) or (TABLE LOOKUP)
This field identifies the days on which the item is to be administered (for example, daily or every other day). Enter the code assigned to a specific schedule, or enter a hyphen (-) to display the Schedule table and select the desired schedule.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

NOTE: This field must contain a daily schedule (interval=1) if the bottle schedule as defined in the Bottle Schedule field is not First Bottle Daily or Every Bottle.

12. BOTTLE NUMBER (3-N-C)
This field identifies the number of the bottle in which this item is to first be administered. The system inserts a default response of 1. If you enter a bottle number that is lower than the First Bottle Nbr defined on the order-level information screen, the system displays an error message and rejects your entry.

If you enter a bottle number in this field, the Start Date field is non-revisable. To specify a start date, you must leave this field blank. If you do not specify a start date, this field is required.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

13. START DATE (10-C-O)
This field identifies the date on which the first bottle containing this item is to be administered to the patient. If you scheduled the item to start in a specific bottle (see

Bottle Number field), this field remains blank and is non-revisable. To enter a start date, leave the Bottle Number field blank.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

14. DURATION (10-AN-O)
This field identifies the period of time for which the item is to remain active. The system uses this field to calculate a default stop date and stop time (see the Stop Date field and the Stop Time field) when you specify duration as a number of hours or days.

To specify duration in terms of hours, enter the number of hours (maximum 9999) with a suffix of H (48H). To specify duration in terms of days, enter the number of days (maximum 999) with a suffix of DA (2DA). To specify duration in terms of doses, enter the number of doses (maximum 999) with a suffix of DO (6DO).

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

15. STOP DATE (10-C-C)
This field identifies the date on which the item ceases to be administered. If you entered a duration in terms of hours or days, the system prefills this field with the system-calculated stop date. The system calculates the default by adding the duration period onto the start date. You can revise the default.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

If duration (in the Duration field) is specified in terms of doses, this field is blank and non-revisable. If duration is specified in terms of hours or days, this field is required.

If you define a stop date for the item that is later than the order-level stop date, the system uses the order-level stop date. If you define a stop date for the item that is earlier than the order-level stop date, the system uses the item- level stop date for the item only. When you attempt to refill a prescription after the order-level stop date/time has passed, the system displays an error message and presents the Profile Maintenance menu.

16. STOP TM (10-C-C)
This field identifies the time at which the item ceases to be administered. If you entered a duration (see field above) in terms of hours or days, the system prefills this field with a revisable system-calculated stop time. The system calculates the default by adding the duration period onto the start time.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

If a Stop Date (see the Stop Date field) was entered, this field is required.

If you define a stop time for the item that is later than the order-level stop date/time, the system uses the order-level stop date/time. If you define a stop time for the item that is earlier than the order-level stop date/time, the system uses the item-level stop date/ time for the item only. When you attempt to refill a prescription after the order-level stop date/time has passed, the system displays an error message and presents the Profile Maintenance menu.

17. LOT (10-C-C)
This field identifies the lot number of the dispensed item. The Lot Number Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

18. STABILITY (4-AN-O)
This field identifies the period of time over which the item remains stable. The system prefills this field with the stability defined for the item in the Stability field on the Order Information screen of the Formulary Maintenance function. Stability can be defined in terms of hours or days.

To specify stability in terms of hours, enter the number of hours and an H (48H). To specify stability in terms of days, enter the number of days and a D (2D).

19. REFRIGERATE? (1-A-O)
This field specifies if the drug item is to be stored in a refrigerator. The system defaults the value of the Refrigerate field on the Order Information Page of the Formulary Maintenance function. You can override this default.

If the item is to be kept refrigerated, enter **Y**. If refrigeration is not necessary, enter **N**.

20. NF UNIT PRICE (10-N-C)
This field contains the unit cost of a non-formulary item. If the item is non-formulary and you do not enter a price, the item is not charged until the price is entered. After the price is entered, the system charges for the total units already dispensed.

21. THIRD PARTY (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plan for which a prescription claim is to be submitted. The system prefills this field with the default third party plan defined in the Patient Demographics function. You can change the third party plan to any third party plan assigned to the patient. Only one third party plan can be entered per prescription fill. You can also override this default with a Cash entry when necessary; the field is then blank. When no third party claim is being submitted for the prescription, the system charges the patient for the full prescription price.

Press ENTER to enter Cash, or enter a third party plan assigned to the patient by entering the code of a specific third party or by entering a hyphen (-) and selecting the desired third party from the displayed list.

22. PRICE PLAN (5-AN-O) or (TABLE LOOKUP)
This field identifies the price plan used to calculate the prescription price. The system prefills this field with the price plan identified in the patient's profile. This field remains blank when the default price plan (cash or third party) has been selected.

If the user accesses this field during the prescription fill process, any price plan entered at this time replaces any pricing formulas attached to that formulary item (whether at the route level or as an override in the formulary).

The O/P Cash Plans table defines the price plans for non-third party prescriptions. The O/P Third Party Plans table defines the price plans for each third party.

23. STOCK LOCATION (34-AN-R) or (TABLE LOOKUP)
This field identifies the stock location from which the dispense quantity is decremented.

When you select an item from the Product Information File or manually enter an item, this field defaults to the entry in the O/P Dispensing Location field for the CRT, which is defined in the CRT Names table. If there is no O/P Dispensing Location defined, the Stock Location field is blank during order entry. You must manually enter the stock location.

For formulary items, the system defaults the stock location as follows:

1. *Primary O/P Sol Location* if the item is stocked at that location and the Primary O/P Sol Location is the same as the O/P Dispensing Location.

2. *Primary O/P Sol Location* if the item is stocked at that location and the Primary O/P Sol Location is open.

3. *Secondary O/P Sol Location* if the item is stocked at that location and the Secondary O/P Sol Location is open.

4. *RXO location* if the item is stocked there.

If the item is not stocked at any of these locations, there is no default.

The system automatically verifies that the stock location contains the drug item being dispensed. If the stock location does not contain the item, the system displays an error message and rejects your entry. Next, the system verifies that you have selected an outpatient stock location. If the stock location is not an outpatient stock location, the system displays a warning and asks if you still want to dispense from that stock location.

24. DAW CODE (1-A-O)
This field contains the Dispense as Written (DAW) number and information. The
system prefills this field with the default response indicated in the DAW field of the Amb
Care - Parameters parameter. You can use this field to override the default.

When you access this field, the system displays the following table:

```
( 1) 0-No Dispense as Written          ( 6) 5-Brand Dispensed, Priced as Generic
( 2) 1-Physician Dispense as Written  ( 7) 6-Override
( 3) 2-Patient Dispense as Written     ( 8) 7-Brand Drug Mandated by Law
( 4) 3-Pharmacist Dispense as Written ( 9) 8-Generic not available in market
( 5) 4-No Generic Available            (10) 9-Other
```

The following shows the field display for each table entry selection:

Table Entry	Field Display
1 No Dispense as Written	0 No DAW
2 Physician Dispense as Written	1 MD DAW
3 Patient Dispense as Written	2 Pt DAW
4 Pharmacist Dispense as Written	3 RPH DAW
5 No Generic Available	4 No Generic
6 Brand Dispensed, Priced as Generic	5 Brand/Gen Pr
7 Override	6 Override
8 Brand Drug Mandated by Law	7 Brand/Law
9 Generic Not Available in Market	8 Not in Mkt
10 Other	9 Other

Enter the number for your selection.

25. TAR/PA# (11-AN-O)
This field displays the Treatment Authorization Request (TAR) number or the Prior
Authorization (PA) number assigned by the third party to this prescription. The value
displayed in this field consists of Prior Authorization Type (1st digit of the number) and
the TAR/PA number (up to 11 digits beginning with the second character).

The acceptance prompt enables you to view drug information and dosage range
information if any is available. The default for this prompt is determined in the Amb-
Ambulatory Care Parameters.

Enter **D** to view the drug information from the Product Information file. You can view
the basic description pricing, third party, and clinical information through this function.
For more details, see the *General Applications Volume* of the *STAR Pharmacy
Reference Guide.*

Enter **R** to view client-defined dosage range information for the drug. The R prompt is displayed based on the setting in the Ord Mgt -Order Entry parameter. If you enter R, the system displays the following prompt:

Access (C)lient-defined dosing information?--

NOTE: If you enter C and no data exists for that option, the system displays the following error message:

Error: No dosage range data exists!

If you enter C, the system displays client-defined dose range criteria for the drug at the bottom of the screen. The information is display only. To display the previous page of ranges, press F1. To display the next page of ranges, press F2.   To exit the current page of ranges, press F7.

```
 Basis    Min    Max    Per    Rate  #/Day   Min/Dose  Max/Dose   Min/Day    Max/Day
 Wt Kg                   KG             3       250MG     500MG     750MG     1000MG




                       F1Prev Page F2Next Page F7  Exit
```

For more information, see the Client-defined dose range information section in the *General Applications Volume* of the *STAR Pharmacy Reference Guide*.

After you complete all of the required fields, the system asks you to accept the screens. If you accept the screen without providing all required information, the system displays an error message and returns the cursor to the incomplete required field. When the Check Stock? field of the Amb Care - Parameters parameter is set to Yes, the system verifies that the stock location contains adequate stock to cover the dispense quantity of the prescription. If the stock location does not contain enough stock, the system displays a warning and asks if you still want to dispense from that stock location.

The system performs interactive dose range check screening after you accept the item-level screen for any formulary item where client-defined dose range check is enabled and the patient and item meet the specified inclusion criteria.

NOTE: For Dose Range Checking (client-defined or FDB) to be activated in the Ambulatory Care Module, the DRC for Ambulatory Care field in the Ord-Mgt Dose Range Chk Parms parameter must be set to Yes.

For more information about dose range checking, see the *Inpatient Processing Module* of the *STAR Pharmacy Reference Guide*.

After the system verifies the information entered on the item-level information screen, it displays the following screen:

```
      General Hospital Prescription Fill/Refill Processor
Prescription Entry                               Wed May 15, 2002 11:59 am
Name                    Sex   BD    Account Number            Third Party
*STARR,ENID              F  09/12/58  No Billing Acct
Allergies:CODEINE/MORPHINE
Order Information                         Route Freq  Sched Start Stop
##  Next- Bottle 1 04/03/97 0100pm        Pri   Q8H   125   04/03

Page:01                          Item Information
    Item Name                          Freq  Sched Start Stop
( 1) DEXTROSE-SODIUM CHLORIDE 2 ML     QB    DAILY




 Enter choice, (O)rder information, (A)dd item, or (I)ncompatibilities--
```

If you enter the number of the item, the system displays the item-level screen.

If you enter O, the system displays the order-level screen. If you enter A, the system displays the formulary item identification screen. After you identify the additional item in the order, the system displays the item-level information screen. This loop continues until you decline to add another item or cancel entry of the prescription.

 If you enter I, the system displays the Admixture Incompatibilities screen.

After you have entered all required information for the solution prescription, the system displays the following prompt:

Accept this solution prescription? (Y/N) [Y]--

After you accept this prompt, the system displays the following prompt:

Enter end label date and time, or `*`number of bottles--

Enter the end label date and time, or enter an asterisk (*) followed by the number of bottles. The system displays the following prompt:

Enter prescription number [AUTOMATIC ASSIGNMENT]--

If you press ENTER, the system assigns a prescription number and displays a message specific to the prescription:

Processing prescription 643!

If the prescription has a Disp Interval of Demand (see the Disp Interval field on the order-level screen), the system displays the following prompt:

Print a demand label? (Y/N) [Y]--

To dispense one bottle, press ENTER or enter **Y**. To not dispense a bottle, enter **N**.

This screen determines the number of bottles dispensed. You can enter an end date and time and let the system determine the number of bottles needed, or you can enter an asterisk (*) and the specific number of bottles that you desire. Enter an asterisk and a zero (*0) if you do not want to dispense any bottles at this time.

After you specify the dispense quantity, the system dispenses the bottles and displays the following message:

Labels Printing!

The system then redisplays the formulary item identification screen for the entry of a new prescription.

Output

When a solution prescription fill is completed, the system prints Solution Labels if one or more bottles have been dispensed.

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Label Prt field on the Third Party Plan table is set to After, the prescription label does not print until after the claim has been processed and prescription verification received from the third party claims processor.

THE SOLUTION LABEL

The Solution Label can serve the dual purpose of assisting in the preparation of the solution orders and the labeling of the solution. The pharmacy department determines the format and content of the solution label during the installation period.

A Solution Label typically contains the following information:

- Hospital name
- Pharmacy name
- Patient's name, address and phone number
- Prescriber's name
- Prescription number
- Solution type and bottle number
- Solution base

- Drug additive names, display strengths, and volumes
- Total solution volume
- Date and time for solution administration
- Expiration date
- Pharmacist's and technician's initials

THE SOLUTION RECEIPT LABEL

The Solution Receipt Label provides a receipt for tax or insurance purposes. The Pharmacy Department determines the format and content of the Solution Receipt Label during the installation period.

A Solution Receipt Label typically contains the following information:

- Hospital name
- Pharmacy name
- Patient's name, address and phone number
- Prescriber's name
- Prescription number
- Solution base
- Drug additive names, display strengths and volumes
- Pharmacist's and technician's initials
- Billing account
- Total charge
- Charge for this solution
- Number of bottles

GENERATION

The system automatically generates a solution label and solution receipt label when a prescription is filled.

PARAMETERS

There are no parameters affecting the content or generation of these labels.

SORT SEQUENCE

Solution Labels and Solution Receipt Labels are printed in the sequence in which the prescriptions are filled.

Figure 2.4 Solution Label (*PRXI240-*PRXI245)

```
┌──────────────────────────────────────────────────────────────┐
│        ┌─────────────────────────────────────────────┐       │
│        │              GENERAL HOSPITAL                │       │
│        │              OUTPATIENT PHARMACY             │       │
│        │ 1206 NE FORTSON      PHONE 404-3920   ATLANTA,GA  30302 │
│        │                        PIKE, RUTH            │       │
│        │ RX 90000072  DR. GAIL        PRI-2           │       │
│        │                                              │       │
│        │ D5W  (1000 ML)                               │       │
│        │   POTASSIUM CHLORIDE 20 MEQ (10 ML)          │       │
│        │                                              │       │
│        │                            1010 ml           │       │
│        │                                              │       │
│        │               Admin: 08/22 @ 01:00           │       │
│        │ Exp:   /  /        Tech:     Rph:            │       │
│        │                    Refrigerate               │       │
│        └─────────────────────────────────────────────┘       │
└──────────────────────────────────────────────────────────────┘
```

Figure 2.5 Solution Receipt Label (*PRXI310-*PRXI315)

```
┌──────────────────────────────────────────────────────────────┐
│        ┌─────────────────────────────────────────────┐       │
│        │              GENERAL HOSPITAL                │       │
│        │              OUTPATIENT PHARMACY             │       │
│        │ 123 MAIN ST.         PHONE 555-1111 ATLANTA,GA 30084 │
│        │ RX 46169     DR. CARNES        EH/EH        │       │
│        │ 89233-00001            MEREDITH,BYRON       │       │
│        │                        123 MAIN STREET       │       │
│        │                        ALPHARETTA,GA 30201   │       │
│        │                                              │       │
│        │                                              │       │
│        │ SODIUM CHLORIDE 0.9 %                        │       │
│        │   MULTIPLE VITAMINS                          │       │
│        │   POTASSIUM CHLORIDE 20 MEQ                  │       │
│        │                                              │       │
│        │                                              │       │
│        │ Total 35.71    Bill 35.71   Nbr Bottles: 3  │       │
│        └─────────────────────────────────────────────┘       │
└──────────────────────────────────────────────────────────────┘
```

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Tran Prt field on the Third Party Plan table is set to Yes, the ECS Transaction Log report notifies you of claim status changes following Third Party payor processing or if a claim could not be submitted because of communication line problems. You can print specific claim transaction elements on your prescription labels or create a customized report.

The first line of the base form provides the prescription number, the medication name, strength, dosage form, and quantity dispensed.

The second line provides the claim status, the claim authorization number for the third-party payor, the patient co-pay amount, and the total paid by the third-party payor.

The third line provides the DUR Alert indicator.

The last line provides the date filled, the patient name, and third-party plan.

The ECS Transaction Log label uses the following criteria to determine printing location (in the order specified below):

- at the order's stock location if it is a single item medication order, where the stock location is not a Satellite or the Satellite is closed

- at the stock location's label print group if the CRT has access to the stock location (checking specifically the Solution or Medication locations) or has no stock location defined

- at the label print group for the CRT's default stock location

- at the label print group defined in the CRT, or failing all else, RXI.

For an example of the ECS Transaction Log report, see *Figure 2.3* on page 2-92.

REFILL PRESCRIPTION FUNCTION

The Refill Prescription function is used to fill prescriptions already entered into the system. You can refill a prescription using both the Profile Maintenance and the Prescription Fill/Refill functions.

Before entering the refill information, you must complete the following steps:

> 1. Identify the patient.
>
> 2. Identify the prescription.

If you are using the Profile Maintenance function to access the Refill Prescription function, for information about identifying the patient and prescription.

If you are using the Revise Profile function to access the Refill Prescription function, see the Prescription Fill/Refill function for information on identifying the patient and prescription.

You cannot use this function to refill a prescription (except for solution quick refills) for an item when any of the following are in progress:

- Formulary update when the formulary item selected is being updated

- FDB/formulary update when the NDC of the formulary item selected is being updated

- FDB/formulary update when all items in the formulary are scheduled to be updated

If you try to refill a prescription during formulary update, the system displays the following message:

> *Formulary update in progress--access not allowed! Retry? (Y/N) [N]--*

You can either press ENTER to exit the function or enter **Y** to retry. After the update is complete, you can continue.

After you have identified a patient and a prescription, the system determines if the patient demographics review interval defined in the Amb Care - Parameters parameter has passed. If the review interval has passed, the system flashes a Please review patient demographics! message and then displays the Patient Demographics screen. After you accept the Patient Demographics screen or if the review interval has not passed, the system proceeds with the Refill process.

Next, the system verifies that the prescription is active. If the prescription is inactive, the system displays a warning and asks if you want to activate the prescription. You

must activate the prescription before you can refill it. If the prescription is canceled or transferred out, it cannot be refilled.

For medication prescriptions, the system verifies that the number of refills does not exceed the limit defined in the Amb Care - Control Class Requirements parameter.

Next, the system verifies that you are within the refill time limit. If the number of days since the original fill dispense date exceeds the period of time defined in the Refill Time Limit field of the Amb Care - Control Class Requirements parameter, the system flashes a warning and refuses to permit a refill of the prescription. If you are using the Prescription Fill/Refill function or the Profile Maintenance function, the system displays the Profile Maintenance menu. If you are using the Prescription Fill/Refill option of the Revise Prescription menu, the system redisplays the prescription identification screen.

NOTE: In this context, a *month* is determined to have passed when the date of the next month matches the date the prescription was filled. For example, if a prescription is filled on January 24 and the Refill Time Limit for this class of drug is set for 3 months, the prescription can be refilled until April 24. The number of days in each specific month is not taken into account in this calculation.

Next, the system performs days supply checking for medication prescriptions. If the prescription has a value entered in the Days Supply field, the system checks to see how many days have passed since the last fill was dispensed.

If the number of days passed is less than the days supply value, the system displays the following prompt:

   Refill is 6 days early. Continue? (Y/N)--

To continue refilling the prescription, enter **Y**. To abort the refill, enter **N**.

If the number of days passed is greater than the days supply value, the system flashes the following message and continues on with the refill process:

   Refill is 12 days late!

After the prescription passes the days supply checking, the system displays the billing method screen:

```
              General Hospital Profile Maintenance Processor
Refill Prescription                                  Wed May 15, 2002 11:16 am

Name                    Sex   BD      Street Address
PARKER,FRANK KIRK        M  09/30/57  3150 OAK LEAF COURT
Allergies:CODEINE/MORPHINE
 11967 DALMANE 15MG CAPSULE ROCHE PROD P/R                            (DALM15B)

Page:01                      Admit Date  Type  Doctor
( 1) A0001-10065-3           07/15/88    I/P   MICHAELS,JANE
( 2) No Billing Account




Enter choice or `R` to register new account--
```

This screen determines whether prescription charges not covered by a third party are charged to a hospital account and processed through the hospital's financial system or paid by the patient immediately upon receipt of the prescription refill. If the patient's third party covers all of the prescription charges, the patient is not responsible for any charges and the system does not use this information.

Accounts are assigned to patients during the registration process. Although the system offers the option to register patients with a new account within this function, hospital policy determines whether the pharmacy can register patients. (See the Reg Allowed field of the Amb Care, HBO - Load MPI/Reg parameter).

To charge the portion of the prescription price for which the patient is responsible to the patient's hospital account, enter the option number of the appropriate account. If the patient is to reimburse the hospital for his/her portion of the prescription price upon receipt of the prescription fill, enter the number of the No Billing Account option. To register the patient with a new account, enter R.

If you attempt to register the patient with a new account and the Reg Allowed field of the Amb Care, HBO - Load MPI/Reg parameter is set to No, the system displays an error message and reject your entry. For more information about registering a patient with a new account, see "MPI LOAD/REGISTRATION FUNCTION" on page 2-8.

If you selected the item from the formulary or FDB product file, the system performs clinical screening and brings any potential adverse drug reactions, interactions, and sensitivities to your attention. The system also checks for therapeutic duplications. The system does not perform clinical screening for manually entered products.

If the patient is covered by a third party, the system verifies if the item qualifies for coverage. For more detailed information, see "THIRD PARTY CHECKING" on page 2-25.

If you select an order and either the patient's height or weight is not present, the system displays the following prompt:

> *Dose range check cannot be performed! Override? (Y/N) [E]--*
> *(E)dit patient demographics*

Enter **Y** to override the warning and select not to perform dose range checking. Enter **N** to end the revision process. Enter **E** or press ENTER to edit the height or weight information. After you edit the information, you can continue the revision process.

NOTE: If you override the dose range warning for an item of a multi-item order, the system continues to perform dose range checks on subsequent items.

In certain instances, the system may not have sufficient information to perform FDB Dose Range checking. Some reasons for this inability to perform FDB DRC may include the following:

• Patient age is not appropriate for the drug prescribed.

• Parameter setting for Proceed with no dx is set to No.

• Patient has no defined disease state, and the drug has no All Common Indications Disease state defined.

• Drug has no FDB Dose Range information (such as IV fluids).

NOTE: For Dose Range Checking (client-defined or FDB) to be activated in the Ambulatory Care Module, the DRC for Ambulatory Care field in the Ord-Mgt Dose Range Chk Parms parameter must be set to Yes.

In cases such as these, the system displays the following message screen:

```
                General Hospital Prescription Fill/Refill Processor
 Prescription Entry                                Tue Jul 02, 2002 10:55 am
 Name                      Sex    BD     Account Number          Third Party
 CASE,BED                   F  01/01/50  02078-00003             PCS
 Allergies:CODEINE/MORPHINE
  366 DEXTROSE 5% INJECTION 100ML BAXTER                           (D5W100)




                    ** DOSE RANGE CHECKING CANNOT BE PERFORMED! **
          Please review parameters, formulary item, patient demographics

 Print (H)ardcopy, log (I)ntervention, press NL to continue --
```

Review each of the areas referenced: parameters, formulary item Dose Range Master File information, and patient demographics, to determine why the message screen appeared.

The system uses different screens to process medication and solution prescriptions. The following subsection describes refill processing for a medication prescription. For information about solution refill, see the Solution Refill subsection.

Medication Refill

The system presents several screens when you are refilling a medication prescription. These screens are presented in the following sequence:

1. Item Information Screen(s)*

2. Label Warnings Screen**

*   The system redisplays the item information screen for compound prescriptions.

** The system displays the label warnings screen only if there are label warnings identified in the formulary files of the prescription items.

```
            General Hospital Prescription Fill/Refill Processor
Prescription Fill/Refill                          Wed May 15, 2002 10:11 am
Name                    Sex    BD     Street Address
*STARR,ENID              F  09/12/58  144 JONES ST
Allergies:CODEINE/MORPHINE


                          A - Allergies
                          D - Documentation (Interventions, Patient Doc)



                            Patient Documentation
Documentation Type       Documentation Description        Date Added
WORKER'S COMP INFO       Patient has Workman's Comp Acct   (05/04/97)
CHEMICAL ABUSE           chemical abuser                   (02/21/97)



Enter Rx numbers, `-` to list prescriptions, /O for new Rx, or option [/O]--
```

At the prompt, you can enter the prescription numbers, enter a hyphen (-) and select from a list of prescriptions, press ENTER or enter a slash(/) and **O** to enter a new prescription, or enter a letter for one of the options. To access allergy information, enter **A**. If the patient has a free-form allergy, the system displays the ***FF Allergies*** warning, indicating there is a non-screenable allergy. To access interventions or patient documentation, enter **D**. To access insurance information, enter **I**. To access patient demographics, enter **P**.

If the Patient Doc Display field in the Amb Care-Parameters parameters is set to Yes and the patient has patient documentation, this screen is displayed and the patient documentation section lists up to the last six patient documentation entries for the patient, specifying the type, description, and add date for each one. If the Patient Doc Display field is set to No, this screen is not displayed.

After you select the order you want to refill, the system displays the medication refill item information screen:

```
              General Hospital Prescription Fill/Refill Processor
Prescription Fill/Refill                       Wed May 21, 2003 02:20 pm
Name                    Sex   BD    Account Number          Third Party
*STARR,ENID              F  09/12/58  No Billing Acct
Allergies:CODEINE/MORPHINE

 1 Rx#        2 Label Name                   3 NDC Number     4 Seq #
   624            PROPULSID TABS, 10MG          50458-0430-01     1
 5 Ordering Physician       6 State Nbr    7 Phys Phone     8 Date Written
   2000 LEVINE,STANLEY          234234        (770)342-3423    03/27/98
 9 Total Refills    10 Quantity        11 Lot         12 Refills Remain
   4                  30 TABLET          1/98           3
13 Qt Remain  14 Third Party 15 Price Plan 16 Price           17 Exp Date
                                            $37.00/37.00          07/25/99
18 Safety Caps 19 Counsel 20 Print Consult 21 DAW Code     22 TAR/PA#
   Yes                    Yes                1 No DAW
23 SIG Phrase  24 Days Supply 25 Last Refill Date & Price      26 Initials
               10            03/27/98 30 TABLET $37.00          EH/EH
SIG -
        Rx Diagnosis/Disease:15


(P)hysician, (C)ompound, (D)ocument, (L)abel Warning, Label (N)br, (S)tock Loc,
(M)edInfo, Dose(R)ge, Date(F)ill, PtDemo(G), D(U)R, (E)dit, (A)ccept [A]--
```

This screen contains dispensing information and previous fill activity for the medication prescription and processes the current refill.

Field Explanations

1. RX# (DISPLAY ONLY)
This field contains the item number of the drug within the prescription. The system prefills this field based upon the number of items previously entered. For example, the number of the first item is 1 and the number of the second item is 2.

2. LABEL NAME (30-C-R)
This field contains the label name of the drug prescribed by the physician. The system prefills this field with the label name defined in the Label Name field on the Outpatient Information screen of the Formulary Maintenance function.

This field is non-revisable when the DAW Code field contains a DAW Code=1 (Physician Specified as Dispense As Written). The system *does not* accept drug items with a control class, drug form (ml, gm, ea), or strength different than the original item. (You can substitute an item of greater or lesser strength using the Revise Prescription function.) The system *does* accept items with a different generic class but displays a warning message.

3. NDC NUMBER (DISPLAY ONLY)
This field contains the NDC number for the item in the prescription.

4. SEQ # (DISPLAY ONLY)
This field contains the sequence order number for this item. If the prescription contains only one item, this value is always 1.

5. ORDERING PHYSICIAN (DISPLAY ONLY)
This field identifies the prescribing physician. The system prefills this field with the ordering physician most recently specified for the prescription.

6. CTRL NBR (11-C-C)
This field identifies the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number. The system prefills this field with the physician's controlled substance number that is stored in the Physicians table or was identified on the free-form physician information screen (see the Ordering Physician field). This field is non-revisable when the controlled substance number is prefilled using the Physicians table. The Phys Ctrl # Required field of the Amb Care - Control Class Requirements parameter determines when this field is required.

7. PHYS PHONE (10-N-C)
This field contains the phone number of the physician.

8. DATE WRITTEN (8-C-R)
This field identifies the date on which the physician wrote the prescription. The system automatically prefills this field with the current date. You can revise the default date.

If you enter a date that is in the future, the system displays the followingerror message and rejects the entry:

ERROR: Prescription date is in the future.

If you enter a date that is past the validity days period for the prescription, the system displays the following error message and rejects the entry:

ERROR: Prescription date is too far in the past for control class 'n'.

The appropriate control class for the formulary item displays in place of *'n'* in the error message. The Prescription Validity Days field of the Amb Care - Control Class Requirements parameter determines the validity days period.

The Date Written field in the Ambulatory Care start screen is used to verify that the prescription being filled meets the Refill Time Limit and Validity Days value defined in the Control Class parameter for that category of drug.

9. TOTAL REFILLS (DISPLAY ONLY)
This field displays the total number of refills authorized by the prescribing physician. The system prefills this field with the quantity entered in the Refills field during prescription entry.

10. QUANTITY (8-AN-R)

This field identifies the refill quantity to be dispensed. The system prefills this field with the quantity entered in the Refill Qty field during prescription entry unless a partial quantity of the refill has been dispensed. If the Partial Qty = Refill field of the Amb Care - Control Class Requirements parameter is set to No and a partial quantity of the refill has been dispensed, the system defaults the quantity remaining in the refill.

To revise the refill quantity, enter a slash mark and the field number (/6), and enter the new quantity. The prompt for this field varies by drug form (see examples below).

Enter number of caplets --
Enter quantity in gm's [45] or 'x'number of packages--
Enter quantity in ml's [15] or 'x'number of packages--

For items with a drug form of each and a multi-dose indicator of no, the prompt identifies the dosage form of the item and requests the total number of units. The system accepts a maximum entry of 9999.

For items with a drug form of each and a multi-dose indicator of Yes, and items with a drug form of gm or ml, the prompt offers the opportunity to enter the quantity as a number of units or as a number of packages and provides a default response of one package. To enter the quantity as a number of packages, enter the letter **X** and then a number of packages (**X2**). The system accepts a maximum entry of X9999.9 and only accepts two digits after the period. The system calculates and displays the quantity as the total number of units (ea/gm/ml).

If a claim is being submitted for the item (see the Third Party field) and you enter a quantity that does not meet the third party's claim requirements, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system allows you to enter the invalid quantity and still submit a claim. If the Override field is set to No, the system rejects your entry and demands a valid quantity.

If a claim is being submitted for the item and you enter a quantity that results in a system-calculated price that exceeds the maximum allowed by the third party, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system asks if you want to adjust the price to meet the third party maximum. If the Override field is set to No, the system automatically resets the price of the prescription to the maximum allowed by the third party.

If you enter a quantity that results in a default number of labels greater than the maximum specified in the Max Med Labels field of the Amb Care - Parameters parameter, the system flashes a warning message at the bottom of the screen.

The system uses the quantity in this field to calculate the price displayed in the Price field. If you revise the quantity, the system automatically recalculates the price.

If the patient's third party calculates prices using a different dispensing unit than ml, gm or each, the system automatically converts the disp/dose quantity into the third party's unit and displays the conversion quantities near the bottom of the screen.

11. LOT (10-C-C)
This field identifies the lot number of the drug products dispensed. The system accepts a maximum entry of ten characters. The Lot Number Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

12. REFILLS REMAIN (DISPLAY ONLY)
This field displays the number of authorized refills not yet filled. If the Partial Qty = Refill field of the Amb Care - Control Class Requirements parameter contains a No response, the system does not decrement the number of refills until the entire refill quantity has been dispensed.

13. QT REMAIN (DISPLAY ONLY)
This field displays the quantity remaining in the current refill.

14. THIRD PARTY (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plan for which a prescription claim is to be submitted. The system prefills this field with the default third party plan defined in the Patient Demographics function. You can change the third party plan to any third party plan assigned to the patient. Only one third party plan can be entered per prescription fill. You can also override this default with a Cash entry when necessary; the field is then blank. When no third party claim is being submitted for the prescription, the system charges the patient for the full prescription price.

Press ENTER to enter Cash, or enter a third party plan assigned to the patient by entering the code of a specific third party or by entering a hyphen (-) and selecting the desired third party from the displayed list.

15. PRICE PLAN (5-AN-O)
This field identifies the price plan used to calculate the prescription price. The system prefills this field with the price plan identified in the patient's profile. This field remains blank when the default price plan (cash or third party) has been selected. The cursor bypasses this field.

If the user accesses this field during the prescription fill process, any price plan entered at this time replaces any pricing formulas attached to that formulary item (whether at the route level or as an override in the formulary).

The O/P Cash Plans table defines the price plans for non-third party prescriptions. The O/P Third Party Plans table defines the price plans for each third party.

16. PRICE (15-AN-R)
This field displays the total price of the prescription and the cash payment due from the patient upon receipt of the prescription, separated by a slash mark. The system automatically calculates and displays a new price when you revise the quantity, third party, and/or price plan for the prescription.

When the prescription *is charged* to an active hospital account, the cash payment due from the patient is $0.00. If the third party covering the prescription has a co-pay, the co-pay amount is also charged to the active hospital account and the cash payment due is still $0.00.

When the prescription *is not charged* to an active hospital account, the cash payment due is the same as the prescription price. If the third party covering the prescription has a co-pay, the cash payment due reflects only the amount of the co-pay.

When you enter this field, the system displays how it calculated the prescription price:

```
THIRD PARTY : None (Cash)        Initial Amount [AWP]: $0.7194
PRICING PLAN: Default             x 1.50 [multiplier] = $1.0791
ORDER TYPE  : Med-ORAL            x 30 [qty] = $32.373
DISCOUNT    : None               Round up to: 0.25  New amount: $32.50
FORMULA     : C CASH PLAN         + $4.50 [disp fee]  = $37.00
RANGES      : Cost Basis         No sales tax formula
ADD-ON FEE? : Yes
DISCOUNT?   : Yes


##     Upper    Flat Rte    Mult      Fee    Round   Minimum   Maximum    Copay
 1   9999.99               1.50      4.50    0.25
 1 Cost           2 Fee         3 Subtotal      4 Discount
   $21.5820          $4.50          $37.00
 5 Acq Cost       6 Tax         7 Total         8 Copay      9 Balance
   $0.0000                        $37.00          $37.00       $0.00


Edit above data? [N]--
                (R)ecalculate using original cost basis
```

If a claim is being submitted and the system-calculated price for the prescription exceeds the maximum allowed by the third party, the system displays a warning that contains the dollar amount by which the price exceeds the maximum. If the Override field of the O/P Third Party Plans table is set to Yes, the system asks if you want to adjust the price to meet the third party maximum. If the Override field is set to No, the system automatically resets the price of the prescription to the maximum allowed by the third party.

If the prescription price has already been reset to meet the third party maximum (see the Quantity field), the system displays a warning that tells you the price has been adjusted.

Near the top of the screen, the system identifies the product, the pricing parameters and the method used to calculate the price. Near the bottom of the screen, the system identifies the range used to calculate the price and the individual components of the price. The prompt offers two options: edit the displayed pricing data or recalculate the original price.

If a co-pay is defined for the pricing plan, the system displays the following prompt:

Override subtotal and/or copay? [N]--

If you enter Y, the system displays the following prompt:

   Enter subtotal amount--

Press ENTER. The system displays the following prompt:

   Enter copay amount or %--

You can enter an amount or a percentage.

The Price Override field of the Amb Care - Pricing Profile parameter determines if you can override the system-calculated price. The parameter can be set to never allow price overrides, always allow price overrides, or only allow overrides when a pharmacist is signed on to the system.

If the parameter is set so that you cannot override the price, the system displays the price calculation information (as shown above) and the following prompt:

   Press NL--

To exit the field and redisplay the prescription fill screen, press ENTER.

If the parameter is set so that you can override the price, the system offers the option to enter a new subtotal amount. If the drug item has a cost defined in the formulary, this is the only component of the price that you can revise. If no cost is defined in the formulary, you can revise the unit cost and the subtotal.

If you revise the system-calculated prescription price, an asterisk (*) appears after the total price on the price screen and on the Prescription Fill/Refill screen. The price override is automatically logged to the Price Override Report that is generated daily during midnight processing. This report provides the system-calculated price, the new price, the name of the individual who made the price override, and the percentage difference between the system-calculated and the new price.

If you have revised the prescription price but want to return to the system- calculated prescription price, enter **R**.

This field displays the quantity remaining in the current refill.

17. EXP DATE (10-C-C)
This field identifies the expiration date of the dispensed item.

You can set up a default expiration date for this field in two places: The Expiration Days field on the Outpatient Information screen of the Formulary Maintenance function and the Default Exp Days field of the Amb Care - Control Class Requirements parameter. When both are defined, the formulary default overrides the parameter default. To calculate the expiration date, the system adds the number of days specified

in these fields to today's date. When the system prefills this field with a default expiration date, the cursor bypasses this field.

The Exp Date Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

18. SAFETY CAPS (1-A-R)
This field specifies if the prescription is to be packaged using safety caps. The system prefills this field with the most recent value entered for the prescription.

If the patient requests that you *do not* use safety caps to package the prescription, enter **N**. If you use safety caps to package the prescription, press ENTER.

19. COUNSEL (1-A-O)
This field indicates whether or not the pharmacist provided counseling to the patient. When you access this field, the system displays the following prompt:

Was counseling provided to the patient? (Y/N)--

20. PRINT CONSULT (1-A-O)
This field determines whether the patient consultative message is printed at the time the medication is dispensed. The default is determined by the Print Consult/Fill field on the Amb Care- Parameters parameter. When you access this field, the system displays the following prompt:

Print Consultative Message? (Y/N)--

To print the patient consultative message when the medication is dispensed, enter **Y**. If you do not want to print the message, enter **N**.

21. DAW CODE (DISPLAY ONLY)
This field contains the Dispense as Written (DAW) number and information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter.

When you access this field, the system displays the following table:

```
( 1) 0-No Dispense as Written         ( 6) 5-Brand Dispensed, Priced as Generic
( 2) 1-Physician Dispense as Written  ( 7) 6-Override
( 3) 2-Patient Dispense as Written    ( 8) 7-Brand Drug Mandated by Law
( 4) 3-Pharmacist Dispense as Written ( 9) 8-Generic not available in market
( 5) 4-No Generic Available           (10) 9-Other
```

The following shows the field display for each table entry selection:

Table Entry	Field Display
1 No Dispense as Written	0 No DAW
2 Physician Dispense as Written	1 MD DAW
3 Patient Dispense as Written	2 Pt DAW
4 Pharmacist Dispense as Written	3 RPH DAW
5 No Generic Available	4 No Generic
6 Brand Dispensed, Priced as Generic	5 Brand/Gen Pr
7 Override	6 Override
8 Brand Drug Mandated by Law	7 Brand/Law
9 Generic Not Available in Market	8 Not in Mkt
10 Other	9 Other

Enter the number for your selection.

22. TAR/PA# (12-AN-O)
This field displays the Treatment Authorization Request (TAR) number or the Prior
Authorization (PA) number assigned by the third party to this prescription.

When you access this field, the following prompt is displayed:

   Enter first letters`-` or prior authorization type code-

Enter a hyphen (-) to display lookup values from the O/P Prior Authorization Type
Table. Values preloaded in this table include the following:

(1) 0-Not Specified
(2) 1-Prior Authorization
(3) 2-Medical Certification
(4) 3-EPSDT
(5) 4-Exemption from Co-pay
(6) 5-Exemption from RX
(7) 6-Family Plan. Indic.
(8) 7-AFDC
(9) 8-Payer Defined Exemption

After the prior authorization type code is entered, the system displays the following
prompt:

   Enter prior authorization number--

Enter the prior authorization number (up to 11 characters). Once the field has been accepted, the entire number (12 characters - 1 character Prior Authorization Code Type + 11 character Prior Authorization Number) is displayed in the field.

23. SIG PHRASE (SPECIAL FORMAT-O)
If a SIG has been defined, the system displays the SIG line above the Rx Diagnosis/ Disease line.

When you access this field, the system displays the SIG screen.

```
            General Hospital Prescription Fill/Refill Processor
Prescription Fill/Refill                      Wed May 15, 2002 05:52 pm
Name                  Sex    BD      Account Number         Third Party
*STARR,ENID            F   09/12/58  No Billing Acct
Allergies:CODEINE/MORPHINE

 1 Sig                                              2 Dose/day
   tid.                                             3
 3 Expanded Sig
   three times a day.




 Accept this screen? (Y/N) [Y]--
```

Field Explanations

23-1. SIG (61-C-R)
This field identifies the codes and text used by the system to generate the prescription administration instructions printed on the prescription label. You can enter the administration instructions word-for-word or you can enter codes that the system translates into words. The O/P SIG table contains the codes recognized by the system and the translations for each code. If the system encounters a word that is not in the O/P Sigs table, the system prints that word verbatim on the prescription label.

NOTE: If you enter a colon (:) when building a SIG, the system converts the colon to a hyphen (-) to make it compatible with the programming language.

23-2. DOSE/DAY (10-N-O)
This field contains the default from the Doses per day field in the O/P SIG table. If the Doses per day field in the O/P SIG table does not contain a value, you can enter a value in this field.

If this field contains a value, the system divides the value in the Quantity field by the value in this field to determine the value in the Days Supply field.

When you access this field, the system displays the following prompt:

Dose per day--

Enter the number of doses to be administered each day.

23-3. EXPANDED SIG (P-C-O)
This field displays the system's translation of the SIG (see the SIG field). Each SIG code can be translated into several different languages. The language presented in this field is determined by the Language field in the patient's demographics.

When you enter this field, the system displays a grid representing the dimensions of the SIG portion of the prescription label and the expanded SIG text. The size of the grid is determined by the Characters per Line and Lines per Label fields of the Amb Care - Parameters parameter. If the expanded text fits on one page, the system displays the following prompt:

> *Enter (A)dd, (E)dit, or (D)elete page--*

If the expanded text consists of more than one page, the system displays the fdlowing prompt:

> *Enter page number, (A)dd, (E)dit, or (D)elete page (1-3)--*
>   *previous page (/P)*

To display/revise a different page of the expanded text, enter the number of the desired page. The available page numbers are displayed in parentheses () at the end of the prompt. To add another page of extended text, enter **A**. To revise the page of text currently displayed, enter **E**. To delete the page of text currently displayed, enter **D**.

If you enter an A to add another page or an E to edit the displayed page, the system displays the SIG text entry keys at the bottom of the screen. The following paragraphs identify each of the text entry keys and provide a description of what the key does:

F1 This key deletes the line of text upon which the cursor rests. Any text below the deleted line moves up one line.

F2 This key inserts a blank line before the line upon which the cursor rests. Any text below the added line moves down one line.

F3 This key centers the text in the middle of the line upon which the cursor rests.

F4 This key exits the text edit mode. The system returns you to the field selection prompt.

F5 This key stores in memory the line of text upon which the cursor rests. Only one line of text can be stored at one time. Therefore, immediately restore the saved text on the desired line by using the F6 key.

F6 This key restores text saved in memory back onto the screen. The system erases any text on the line on which saved text is restored. Therefore, always restore text on a blank line unless you want to replace the existing text.

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F7 This key removes any unnecessary blank spaces between words and sentences on all consecutive lines of the SIG text. If a blank line separates two sets of text, the second set of text is not packed. When the system packs text, it only leaves one blank space between words.

F10 This key provides access to additional text entry instructions. The top line indicates the keys to press and the bottom line displayed in reverse video indicates the activity. The following list provides each of the activities (left column) and the keys to press (right column):

PRESS F10 ONCE:	
Delete Char	SHIFT <--
Insert Char	SHIFT -->
Del Char Left	DEL
Clear to End Of Line	ERASE EOL
Help	F10

PRESS F10 TWICE:	
Tab right	TAB
First Char	HOME <--
Last Char	HOME -->
Top Line	HOME Up
Bottom Line	HOME Down
Top Left	HOME HOME
Help	F10

PRESS F10 THREE TIMES:	
Left Right Up Down	Arrows
Begin Next Line	ENTER
Repeat Key	REPT
Delete All Lines	ERASE PAGE
Help	F10

24. DAYS SUPPLY (3-N-C)
This field identifies the number of days that the prescribed quantity, when taken as directed, should last the patient. If the patient attempts to refill the prescription before or after this period of time has passed since the previous refill, the system displays a warning and asks if you still want to refill the prescription. The system accepts a maximum entry of 999 days. This field is non-revisable for items 2 + N of a compound prescription.

The Max Days Supply field of the Amb Care - Control Class Requirements parameter determines the maximum number of days that you can enter in this field. If you attempt to exceed this maximum, the system displays an error message and rejects your entry.

This field is required information if a third party claim is being submitted and the third party has a minimum or maximum days supply defined. For private third parties (for example, PCS), you can define the maximum days supply in the O/P Third Party Plans table. For state-sponsored third parties (for example, Georgia Medicaid), you can define both a minimum days supply and a maximum days supply in the Third Party Information screen of the Formulary Maintenance function. When a maximum days supply is defined in both the O/P Third Party Plans table and the formulary for a state-sponsored third party, the system uses the formulary information.

If you enter a day's supply that does not meet the third party's requirements, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system allows you to enter the invalid value and still submit a claim. If the Override field is set to No, the system rejects your entry and demands a valid value.

25. LAST REFILL DATE & PRICE (DISPLAY ONLY)
This field displays the date of the most recent refill and the price charged. An asterisk (*) next to the price indicates that the system-calculated price for the previous fill was overridden.

26. INITIALS (3-A-C)
This field contains the initials of the individual entering the refill and the initials of the registered pharmacist refilling the prescription separated by a slash (/). This field is non-revisable for item #2 and all subsequent items of a compound medication prescription.

If a registered pharmacist is refilling the prescription, the system prefills both parts of this field with the pharmacist's initials and the cursor bypasses this field. If you edit this field, the system first asks for your initials. After you enter your initials, the system asks you to enter the initials of the pharmacist who is to refill the prescription.

The Amb Care - Parameters parameter contains two fields that affect this field. The Tech/RPh Initials Ind field determines if a non-pharmacist employee can enter a pharmacist's initials. The RPh Initials Required field determines if the system requires entry of a pharmacist's initials in the fill and refill prescription functions. The initials of the individual entering the prescription refill are required information.

The pharmacy diagnosis/disease field displays for you to view diagnosis information that is appropriate for the Ambulatory profile. This field indicates patient-specific information that is shared by all account numbers and facilities for that patient within Ambulatory Care functions.

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The following prompt is displayed on the screen:

(P)hysician, (C)ompound, (D)ocument, (L)abel Warning, Label (N)br,(S)tock Loc,
(M)ed. Info, Dose(R)ge, Date(F)ill, Pt. Demo(G), D(U)R, (E)dit, (A)ccept [A]--

Enter **P** to enter or view physician information. The system displays a screen
containing physician information.

Enter **C** to indicate a compound. Enter **Y** if a compound. To indicate it is not a
compound, enter **N** or press ENTER.

Enter **D** to access the documentation processor. You can add, revise, or edit
documentation about this prescription. For more information, see PRESCRIPTION
DOCUMENTATION FUNCTION on page 2-259.

Enter **L** to access the label warnings screen. The Max Med Labels field of the Amb
Care - Parameters parameter determines the maximum number accepted. For more
information, see the label warnings screen on page 2-89.

Enter **N** if you want to change the number of labels to print for the prescription. At the
prompt, enter the number of labels to print.

Enter **S** if you want to revise the current stock location for the prescription. The system
displays the current stock location. To change the stock location, enter **Y** at the
prompt. You can enter the stock location, or eter a hyphen (-) and select from the list.

The system automatically verifies that the stock location contains the drug item being
dispensed. If it does not, you must identify a stock location that does contain the drug
item being dispensed. Next, the system verifies that you have selected an outpatient
stock location. If it is not an outpatient stock location, the system displays a warning
and asks if you still want to dispense from that location.

Enter **M** to view the drug information from the Product Information file. You can view
the basic description pricing, third party, and clinical information through this function.
For more details, see the *General Applications Volume* of the *STAR Pharmacy
Reference Guide*.

Enter **R** to view client-defined dosage range information for the drug. The R prompt is
displayed based on the setting in the Ord Mgt -Order Entry parameter. If you enter R,
the system displays the following prompt:

Access (C)lient-defined dosing information?--

NOTE: If you enter C and no data exists for that option, the system displays the
following error message:

Error: No dosage range data exists!

If you enter C, the system displays client-defined dose range criteria for the drug at the bottom of the screen. The information is display only. To display the previous page of ranges, press F1. To display the next page of ranges, press F2. To exit the current page of ranges, press F7.

```
 Basis    Min    Max    Per    Rate   #/Day   Min/Dose  Max/Dose   Min/Day    Max/Day
 Wt Kg                  KG               3       250MG     500MG     750MG     1000MG



                     F1Prev Page F2Next Page F7  Exit
```

For more information, see the Client-defined dose range information section in the *General Applications Volume* of the *STAR Pharmacy Reference Guide*.

If you enter G for Patient Demographics, the system displays the patient demographics screen. For more information about the fields on the patient demographics screen, see page 2-38.

If you enter D for the DUR option, the following screen is displayed:

```
           General Hospital Prescription Fill/Refill Processor
Prescription Entry                                Mon May 19, 2003 04:16 pm
Name                    Sex    BD     Account Number          Third Party
CASE,BED                 F  01/01/50  02078-00003             PCS
Allergies:No Known Drug Allergies
 49 DARVOCET-N 100 100-650MG TABLET* LILLY                          (DAR100)
 1 DUR Alert                   2 DUR Outcome         3 DUR Intervention


Additional Claim Information
 4 Submission Clarification          5 Product Qualifier Code
   Vacation Supply                     NDC
 6 Prescription Origin
   2-Telephone








Accept this screen? (Y/N) [Y]--
```

Field Explanations

4. SUBMISSION CLARIFICATION (5-AN-O)
This field allows the pharmacist filling the prescription to clarify reasons for the submission of the claim. When you access this field, the following prompt is displayed:

Enter first letters`-` or submission clarification code-

Enter a hyphen (-) to display lookup entries from the O/P Submission Clarification Code Table. This table contains NCPDP-provided and client-defined values. The NCPDP provides the following values:

(1) No Specified
(2) No Override
(3) Other Override
(4) Vacation Supply
(5) Lost Prescription
(6) Therapy Change
(7) Starter Dose
(8) Medically Necessary
(9) Process Compound For Approved Ing
(10) Encounters
(11) Other

5. PRODUCT QUALIFIER CODE (5-AN-O)
This field allows the pharmacist filling the prescription to clarify the type of product identifier being used for the submission of the claim. When you access this field, the following prompt is displayed:

Enter first letters`-` or product qualifier code-

Enter a hyphen (-)to display lookup entries from theO/P Product Qualifier Code Table. This table contains NCPDP-provided and client-defined values. The NCPDP provides the following values:

(1) Not Specified
(2) Universal Product Code (UPC)
(3) Health Related Item (HRI)
(4) NDC
(5) Universal Product Number (UPN)
(6) Dept of Defense (DOD)
(7) DUR/PPS
(8) CPT4
(9) CPT5
(10) HCPCS
(11) Pharmacy Practice Activity (PPAC)
(12) National Pharm. Product (NAPPI)
(13) International Article Number (EAN)
(14) Drug Identification Number (DIN)
(15) Medi-Span GPI
(16) First DataBank GCN
(17) Medical Economics GPO
(18) Medi-Span DDID
(19) First DataBank SmartKey
(20) Medical Economics GM
(21) ICD9

(22) ICD10
(23) Medi-Span Diagnosis Code
(24) NCCI
(25) SNOMED
(26) CDT
(27) DSM IV
(28) Other

6. PRESCRIPTION ORIGIN (1-AN-O)
This field allows the user to identify the method in which the prescription was communicated to the pharmacy. When you access this field, the following prompt is displayed:

> *Enter first letters`-` or prescription origin code--*

Enter a hyphen (-) to display lookup entries from the O/P Prescription Origin Code table. This table contains NCPDP-provided and client-defined values. The NCPDP provides the following values:

(1) 1-Written
(2) 2-Telephone
(3) 3-Electronic
(4) 4-Facsimile

If you enter E at the prompt on the Prescription Entry screen, you can access the screen for editing.

After you complete all of therequired fields on the Prescription Entry screen and press ENTER or enter **A** to accept the screen, the system processes the prescription and prints a label, unless the prescription meets the electronic claim criteria.

After you complete all of the required fieldsand accept the screen, the system displays the SIG screen. If youaccept the screen without providing all required information, the system displays an error message and returns the cursor to the required field. If the Check Stock? field of the Amb Care - Parameters parameter is set to Yes, the system verifies that the stock location contains adequate stock to cover the dispense quantity of the prescription before displaying the SIG screen. If the stock location does not contain enough stock to cover the dispense quantity of the prescription, the system displays a warning and asks if you still want to dispense from that location.

The system performs interactive dose range check screening after you accept the screen for any formulary item where client-defined dose range check is enabled and the patient and item meet the specified inclusion criteria.

NOTE: For Dose Range Checking (client-defined or FDB) to be activated in the Ambulatory Care Module, the DRC for Ambulatory Care field in the Ord-Mgt Dose Range Chk Parms parameter must be set to Yes.

For more information about dose range checking, see the Inpatient Processing Module of the *STAR Pharmacy Reference Guide*.

If you are refilling a compound prescription, the system redisplays the refill screen with the information about the next prescription item. The system continues this cycle until all prescription items have been displayed and accepted.

The system checks the formulary file of each prescription item for label warnings. If the prescription item(s) have no entries in the Label Warning fields of the Outpatient Information screen, the system bypasses the label warnings screen and processes the refill. If the items have label warnings entered, the system displays the label warnings screen before processing the refill:

```
               General Hospital Profile Maintenance Processor
Refill Prescription                              Wed May 15, 2002 11:18 am
Name                      Sex   BD     Account Number         Third Party
PARKER,FRANK KIRK          M  09/30/57  No Billing Acct        GA
Allergies:CODEINE/MORPHINE
Page:01                   Outpatient Label Warnings      ##=Current Choices
( 1) No alcohol
( 2) Drowsiness or dizziness




Enter label warnings to print on label--
                           end selection(NL)
```

This screen contains the short descriptions of the label warnings entered for the prescription items in the formulary file. The Print Label Warnings field of the Amb Care - Parameters parameter determines if this screen is display-only or offers the option to select specific label warnings.

If the parameter is set to Yes, the system displays the prompt shown in the sample screen above. Enter the option numbers of the warnings that you want to print on the prescription label. Press ENTER after you have selected all desired warnings.

If the Print Label Warnings field of the Amb Care - Parameters parameter is set to No, the screen is display-only and the system displays the following prompt:

   Press NL

After you have finished viewing the label warnings, press ENTER.

The system displays a message to indicate that it has completed refill processing.

Output

When a medication prescription fill is completed, the system prints Medication Labels.

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Label Prt field on the Third Party Plan table is set to After, the prescription label does not print until after the claim has been processed and prescription verification received from the third party claims processor.

For examples of Medication Labels, see Figure 2.1 and Figure 2.2.

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Tran Prt field on the Third Party Plan table is set to Yes, the ECS Transaction Log report notifies you of claim status changes following Third Party payor processing or if a claim could not be submitted because of communication line problems. You can print specific claim transaction elements on your prescription labels or create a customized report.

The ECS Transaction Log label uses the following criteria to determine printing location (in the order specified below):

- at the order's stock location if it is a single item medication order, where the stock location is not a Satellite or the Satellite is closed

- at the stock location's label print group if the CRT has access to the stock location (checking specifically the Solution or Medication locations) or has no stock location defined

- at the label print group for the CRT's default stock location

- at the label print group defined in the CRT, or failing all else, RXI.

For an example of the ECS Transaction Log report, see *Figure 2.3* on page 2-92.

Solution Refill

This function offers the option to perform two types of solution refills: a quick refill and a review refill. If you do a quick refill, the system uses the current prescription information and does not perform clinical screening, third party checking, or TAR # checking. If you do a review refill, the system presents the prescription information screens with the option to revise and also performs all of the screening and checking not performed on the quick refill.

You cannot refill a solution prescription in either of the following cases:

- The number of doses has been reached

- The order stop date/time has been exceeded

If you try to refill a solution prescription in either of these cases, the system displays the *Prescription cannot be refilled!* message.

NOTE: If the third party currently defined for the patient in the patient demographics (see the Display Prescription Detail function) is different than the third party defined in the prescription, the system automatically defaults to the review refill and does not display the following screen.

After you select the solution prescription to be refilled, the system displays the following screen:

```
                    General Hospital Profile Maintenance Processor
 Refill Prescription                                  Wed May 15, 2002 02:08 pm
 Name                       Sex   BD    Account Number            Third Party
 MILLER,SUSAN                F  02/12/56  No Billing Acct
 Allergies:CODEINE/MORPHINE
      Rx#      Drug                         Refill   Orig    Last     Price S
      800008   Next: Pri-21 08/17 Q8H 125 ML/HR     08/10/88 08/10/88         A
               DEXTROSE 5% 1000 ML                     QB      DAILY
               POTASSIUM CHLORIDE 30 MEQ 15 ML         QB      DAILY




 View each item? (Y/N)--
```

A summary of the solution order and offers the solution refill options is displayed. To review prescription information with an option to revise before processing the refill, enter **Y**. To do a quick refill using the current prescription information, bypassing clinical screening and system checking, enter **N**.

THE QUICK REFILL

The quick refill is the most expedient method of refilling a solution prescription. Because the system does not perform any of the clinical or information checks normally associated with a refill, this option needs to be used with caution. If any patient or prescription information has changed, or additional prescriptions have been added to the patient's profile since the previous fill, the system does not warn you of potentially hazardous situations and serious repercussions could result.

WARNING: Do not use this function during formulary update because the price calculations may give unpredictable results.

If the prescription has a Disp Interval of Demand (see the order-level information screen), the system automatically processes a refill quantity of one bottle and generates the solution label. If you are using the Profile Maintenance function, the system redisplays the Profile Maintenance menu. If you are using the Prescription Fill/ Refill function, the system redisplays the prescription identification screen.

For all other dispensing intervals, the system displays the dispense quantity screen before processing the refill:

```
                  General Hospital Profile Maintenance Processor
 Refill Prescription                              Wed May 15, 2002 02:08 pm
 Name                     Sex   BD    Account Number         Third Party
 MILLER,SUSAN              F  02/12/56  No Billing Acct
 Allergies:CODEINE/MORPHINE
      Rx#     Drug                           Refill   Orig     Last     Price S
      800008  Next: Pri-21 08/17 Q8H 125 ML/HR       08/10/88 08/10/88         A
              DEXTROSE 5% 1000 ML                      QB       DAILY
              POTASSIUM CHLORIDE 30 MEQ 15 ML          QB       DAILY




 Enter end label date and time or `*`number of bottles--
```

This screen determines the number of bottles dispensed. You can enter an end date and time and let the system determine the number of bottles needed, or you can enter an asterisk (*) and the specific number of bottles that you desire. The system requires that you dispense at least one bottle (you cannot enter *0 or an end label date/time that is less than the date/time of the first bottle).

After you specify the refill quantity, the system dispenses the bottles and displays the following message:

> *Labels Printing!*

If you are using the Profile Maintenance function, the system redisplays the Profile Maintenance menu. Select another profile maintenance function for the same prescription or enter a period (.) to refill a different prescription. If you attempt to perform an additional function on the same prescription before the system completes refill processing, the system displays the following message:

> *Processing prescription! Retry? (Y/N)--*

Enter **N** to cancel the request. The system redisplays the Profile Maintenance menu for the same prescription. Enter **Y** to re-enter the request. The system attempts to access the prescription. The system cannot access the prescription until it has completed the refill processing.

If you are using the Prescription Fill/Refill function, the system redisplays the prescription identification screen. You can identify another prescription to refill or enter a new prescription. To exit the function, enter a period (.) and press ENTER twice.

Output

When a solution prescription fill is completed, the system prints Solution Labels.

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Label Prt field on the Third Party Plan table is set to After, the prescription label does not print until after the claim has been processed and prescription verification received from the third party claims processor.

For an example of Solution Labels, see Figure 2.4.

THE REVIEW REFILL

If you select the option to review prescription information before processing the refill, the system displays a series of screens in the following sequence:

> 1. Order-level Information Screen
>
> 2. Item-level Information Screen(s)
>
> 3. Dispense Quantity Screen

Before the system displays the order-level information screen, it performs clinical screening and third party checking on item #1 of the solution prescription.

If item #1 was selected from the formulary or FDB product file, the system brings any potential adverse drug reactions, interactions, and sensitivities to your attention. The system also checks for therapeutic duplications. The system does not perform clinical screening for manually entered products.

If the patient is covered by a third party, the system verifies that item #1 is covered. If the item is covered by the third party, the system displays the order-level information screen.

If the item is not covered and the Override field on the O/P Third Party Plans table is set to Yes for the patient's third party, the system displays the following prompt:

> *Drug is not covered by GEORGIA MEDICAID. Create claim? (Y/N)--*

The third party in this example is Georgia Medicaid. To submit a claim for the prescription despite the drug's ineligibility, enter **Y**. To process the prescription as a non-third party prescription, enter **N**.

If the drug item is not covered by the third party and the Override field on the O/P Third Party Plans table is set to No, the system flashes the following message and then displays the order-level information screen.

> *Drug is not covered by GEORGIA MEDICAID.*

After the system performs clinical screening and third party checking, it displays the order-level information screen:

```
                   General Hospital Refill Prescription Processor
Refill Prescription                                   Wed May 15, 2002 01:15 pm
Name                      Sex   BD    Account Number            Third Party
MILLER,SUSAN               F  02/12/56  No Billing Acct           GA
Allergies:CODEINE/MORPHINE
 11913 DEXTROSE/NACL  ML
 1 Type              2 Route            3 Sol Rate          4 Admin Freq
   Pri                 INTRAVENOUS        125 ML/HR
 5 Disp Interval     6 Infuse Over      7 IV Set            8 Drip Rate

 9 Administration Times                10 Date Written     11 Next Btl Nbr
                                          08/09/88            14
12 Next Btl Date  13 Next Btl Time   14 Duration      15 Stop Date  16 Stop Time
   08/10/88          01:00a                              09/10/88      10:00pm
17 Product Label Comment             18 Ordered As

19 Nursing Comment                   20 Initials     21 Billing Acct Nbr
                                        EH/EH             No Billing Acct Nbr

22 Counsel

Enter field number or '/' starting field number--
```

Field Explanations

1. TYPE (DISPLAY ONLY)
This field contains the abbreviation of the solution type's description.

2. ROUTE (5-AN-R) or (TABLE LOOKUP)
This field identifies the route by which the prescription is to be administered. The system prefills this field with the route last entered for the prescription.

When revising the route, enter the code assigned to a specific route, or enter a hyphen (-) to display the Route table and select the desired route. If you select a route that is not identified in the Route fields of the formulary file for item #1, the system displays a warning and asks if you still want to enter the route.

3. SOL RATE (10-C-O)
This field identifies the prescribed rate (mls/hour) of administration. If the Infusion Rate? field of the Solution Type Codes table for the prescription's solution type contains a No entry, this field is blank and non-revisable.

You can enter the specific number of milliliters that are to be administered to the patient each hour or a free-form response. If you enter a specific number of milliliters, 9999.9 is the maximum entry accepted by the system. If you enter a free-form response, the system accepts a maximum of 10 characters and the first character must be a letter.

If you entered a specific number of milliliters, the prescription has no dispensing interval (see the Disp Interval field) or administration times (see the Administration Times field), and you specify the dispense quantity based upon time (that is, you enter an end label date and time) as opposed to a specific number of bottles, the system

uses this field to determine the number of bottles to process. For example, if the rate for a 1000ml bottle is 125 mls/hour, the patient consumes one bottle every eight hours. If you enter an end date and time that is 48 hours later than the start date and time, the system dispenses six bottles.

4. ADMIN FREQ (5-AN-O) or (TABLE LOOKUP)
This field identifies the prescribed frequency of administration. Enter the code assigned to a specific frequency, or enter a hyphen (-) to display the Frequency table and select the desired frequency.

5. DISP INTERVAL (5-AN-C)
This field identifies the prescribed dispensing interval. This field is required if the prescription has no Admin Freq (see the Admin Freq field), no Administration Times (see the Administration Times field), and the Sol Rate (see the Sol Rate field) is a free-form response. This field is also required if there is an Admin Freq (see the Admin Freq field) but not Administration Times (see Administration Times field).

You can enter a number of hours or enter D for demand. To enter a number of hours, specify both hours and minutes excluding punctuation. For example, enter 800 for eight hours. If you enter D for demand, the system dispenses only one bottle per refill.

When you enter a PRN administration frequency, the cursor stops in this field and you can enter any dispensing interval. When you enter a non-PRN administration frequency, the system prefills this field with the appropriate number of hours and the cursor bypasses this field. You can revise the default dispensing interval to be Demand but the system does not accept a different number of hours.

If the prescription has no administration times (see the Administration Times field) and you specify the prescription quantity based upon time (you enter an end label date and time) as opposed to a specific number of bottles, the system uses this field to determine the number of bottles to process. For example, if you specify a dispensing interval of eight hours and you enter an end date and time that is 48 hours later than the start date and time, the system dispenses six bottles. If you specify a dispensing interval of demand, the system never requests an end date/time and automatically dispenses one bottle.

6. INFUSE OVER (6-AN-C)
This field identifies the amount of time required to administer one dose. This field is blank and non-revisable when the Sol Rate field contains a response but is required if the system is calculating the solution rate (the Sol Rate field is blank, the prescription is not a Demand or PRN prescription, and there is an Admin Freq).

To specify a number of hours, enter the number of hours with a suffix of H (8H). To specify a number of minutes, enter the number of minutes with a suffix of M (60M). For the number, the system accepts a maximum of two digits, both preceding and following an optional period (nn.nn). If you enter only a number without a suffix, the system prompts you to enter the appropriate suffix.

If you enter a number that exceeds the prescription's frequency, the system displays the following error message and requests entry of a valid number:

Error: Infusion period cannot be greater than frequency!

7. IV SET (5-AN-O) or (TABLE LOOKUP)
This field identifies the type of IV set being used to administer the solution. Enter the code assigned to a specific IV set, or enter a hyphen (-) to display the IV Sets table and select the desired IV set.

8. DRIP RATE (3-N-O)
This field specifies the infusion rate as the number of drops per minute. When you complete both the Sol Rate (mls/hour) and the IV Set (drops/ml) fields, the system calculates and displays a revisable default response for this field. When revising the drip rate, enter the number of drops per minute.

9. ADMINISTRATION TIMES (65-C-O)
This field identifies the specific times at which a new dose is to be started. If the Admin Times? field of the Solution Type Codes table contains a Yes response for the prescription's solution type (see the Type field) and you selected an Admin Freq (see the Admin Freq field) with administration times (see Frequency table), the system defaults those administration times into this field. You can revise the default administration times.

This field is blank and non-revisable when the Admin Times? field of the Solution Type Codes table contains a No response for the prescription's solution type.

You can enter up to 16 administration times, separating the times by commas. Use either military format (for example, 0800,0900,1000) or am/pm format (for example, 8A,12N,300P,1020P) that includes A (am), P (pm), M (midnight), or N (noon).   You can also use colons (:) or hyphens (-) as separators. For 3 o'clock in the afternoon, acceptable entries include 1500, 15:00, 15-00, 3P, 3:00P, 3-00P.

If you enter a time in an invalid format, the system displays an *Invalid format!* message.

NOTE: If the numbers you enter are *not* in chronological order, the system automatically rearranges them in chronological order.

The system uses this field to determine the number of bottles to process when you specify the prescription quantity based upon time (that is, you enter an end label date and time) as opposed to a specific number of bottles. The administration times override the solution rate (see the Sol Rate field) and the dispensing interval (see the Disp Interval field) when these fields are also defined for the prescription.

For example, if three administration times are defined for the prescription and you enter an end date and time that is 48 hours later than the start date and time, the system dispenses six bottles.

10. DATE WRITTEN (DISPLAY ONLY)
This field displays the date on which the physician wrote the prescription.

11. NEXT BTL NBR (DISPLAY ONLY)
This field displays the number of the next bottle to be dispensed.

12. NEXT BTL DATE (10-C-R)
This field identifies the date on which the next bottle is to be administered. The system displays the system-calculated default. The system calculates the default by adding the old administration rate (solution rate, schedule, and/or dispensing interval) to the start date/time of the last bottle dispensed.

When revising the next bottle date, enter a new date using the date entry techniques described in the *General Information Volume*. The Next Btl Date cannot be more than five days prior to the current date or eight days after the current date.

If you enter a revised date that precedes the Date Written (see the Date Written field) by more than the prescription validity days (see the Prescription Validity Days field of the Amb Care - Control Class Requirements parameter), the system displays an error message and rejects your entry.

The Date Written field in the Ambulatory Care start screen is used to verify that the prescription being filled meets the Refill Time Limit and Validity Days value defined in the Control Class parameter for that category of drug.

13. NEXT BTL TIME (10-C-R)
This field identifies the time at which the next bottle is to be administered. The system displays the system-calculated default. The system calculates the default by adding the administration rate (solution rate, schedule, and/or dispensing interval) to the start date/time of the last bottle dispensed, or if there are administration times, by using the next administration time.

When revising the next bottle time, enter a new time using the time entry techniques described in the *General Information Volume*.

14. DURATION (10-AN-O)
This field identifies the period of time for which the prescription is to remain active. The system uses this field to calculate a default stop date and stop time (see the Stop Date field and the Stop Time field) when you specify duration as a number of hours or days.

If you specify duration as a number of doses and the prescription has a Disp Interval (see the Disp Interval field) or Administration Times (see the Administration Times field), the system displays a message that indicates when the last bottle is to be dispensed. The system does not allow you to enter a Stop Date or Stop Time until the last bottle has been dispensed.

To specify duration in terms of hours, enter the number of hours (maximum 9999) with a suffix of H (48H). To specify duration in terms of days, enter the number of days

(maximum 999) with a suffix of DA(2DA). To specify duration in terms of doses, enter the number of doses (maximum 999) with a suffix of DO (6DO).

15. STOP DATE (10-C-C)
This field identifies the date on which the system refuses to allow refills. If you entered a duration (see field above) in terms of hours or days, the system prefills this field with a revisable system-calculated stop date and this field is required. The system calculates the default by adding the duration period onto the start date. If you entered a duration in terms of doses, this field is blank and non-revisable.

When revising the stop date, enter a new date using the date entry techniques described in the *General Information Volume*.

16. STOP TIME (10-C-C)
This field identifies the time at which the system refuses to allow refills. If the Stop Date field contains an entry, this field is required. If you entered a duration (see the Duration field) in terms of hours or days, the system prefills this field with a revisable system-calculated stop time. The system calculates the default by adding the duration period onto the start time.

When revising the stop time, enter a new time using the time entry techniques described in the *General Information Volume*.

17. PRODUCT LABEL COMMENT (34-AN-O) or (TABLE LOOKUP)
This field identifies the inpatient label warning that the system prints on the solution label. Enter the code assigned to a specific label warning, or enter a hyphen (-) to display the Inpatient Label Warnings table and select the desired label warning.

18. ORDERED AS (30-AN-O)
This field identifies the prescription as it is recognized by the nurse and/or patient.

19. NURSING COMMENT (33-C-O)
This field identifies special instructions and/or nursing comments. The system prefills this field with the comment defined in the Nursing Comment field on the Order Information screen of the Formulary Maintenance function.

20. INITIALS (3-A-C)
This field identifies the initials of the individual entering the prescription and the initials of the registered pharmacist filling the prescription separated by a slash (/). The initials of the individual entering the prescription are always required information.

When a registered pharmacist refills the prescription, the system prefills both parts of this field with the pharmacist's initials and the cursor bypasses this field. When a non-pharmacist refills the prescription, the system first asks for your initials. After you enter your initials, the system asks for the initials of the pharmacist who is to refill the prescription.

The Amb Care - Parameters parameter contains two fields that affect this field. The Tech/RPh Initials Ind field determines if a non-pharmacist can enter a pharmacist's

initials. The RPh Initials Required field determines if the system requires entry of a pharmacist's initials in the fill and refill functions.

21. BILLING ACCT NBR (2-N-R)
This field identifies the hospital account to which the prescription charges not covered by a third party will be charged. When the patient's charges are not charged to a hospital account, this field contains a No Billing Acct Nbr entry. If you edit this field, the system displays a list of the patient's active account numbers and the No Billing Account option. Select the desired option from the displayed list.

22. COUNSEL (1-A-O)
This field indicates whether or not the pharmacist provided counseling to the patient. When you access this field, the system displays the following prompt:

Was counseling provided to the patient? (Y/N)

After you accept the order-level information screen, the system displays the item-level information screen for item #1:

```
                General Hospital Refill Prescription Processor
Refill Prescription                           Wed May 15, 2002 01:15 pm
Name                  Sex    BD     Account Number           Third Party
MILLER,SUSAN           F  02/12/56  No Billing Acct            GA
Allergies:CODEINE/MORPHINE
 11913 DEXTROSE/NACL  ML
 1 Drug  2 Ordering Physician        3 Ctrl Nbr   4 State Nbr   5 Prov Nbr
   1       7541 PARK,ANNE S            AA6756401
 6 Item Name                        7 Dosage         8 Adm/Dose
   DEXTROSE 10%-NACL 0.45% INJ                         1000 ML
 9 Disp/Dose       10 Bottle Schedule            11 Scheduled Days
   1,000 ML          QB EVERY BOTTLE                  DAILY
12 Next Bottle Nbr 13 Next Date     14 Duration   15 Stop Date   16 Stop Time
   14
17 Lot             18 Stability     19 Refrigerate?     20 NF Unit Price

21 Third Party     22 Price Plan    23 Stock Location        24 DAW Code
                                       OUTPATIENT PHAR            Yes

                   Rx Diagnosis/Disease: _____

Accept this screen? (Y/N) [R]--
(D)rug Information or Dosage (R)anges
```

Field Explanations

1. DRUG (DISPLAY ONLY)
This field contains the item number of the drug within the prescription.

2. ORDERING PHYSICIAN (26-AN-R) or (TABLE LOOKUP)
This field identifies the prescribing physician. For items 2 + N of a multiple-item prescription, this field is non-revisable.

If the prescription is being charged to a hospital account, the system defaults the attending physician associated with the account. However, if the physician's address

is not entered in the Physicians table and the physician's address is required (see the Phys Address Required field of the Amb Care - Control Class Requirements parameter), the system does *not* default the attending physician. If the prescription entered immediately previous to the current prescription was written for the same patient, the system defaults the physician entered for the previous prescription.

This field uses the Physicians table that can be shared by all facilities or is specific to an individual facility. If the Physicians table is facility-specific, you can only access the physicians of your master facility (see the Amb Care, HBO - Fac Assignment parameter). In a network and/or interface situation, the STAR Patient Care System maintains the Physicians table.

When you access this field, the system displays the following prompt:

> *Enter table code `-`, ('-) for staff, (\-)NSCG -- |*
> *(R)ecord or (F)reeform*

There are several ways to identify the ordering physician:

- Enter the code assigned to the physician in the Physicians table.

- Enter a hyphen (-), and select from the Physicians table.

- Enter an apostrophe and hyphen ('-), and select from the list of staff.

- Enter a backslash and hyphen (\-), and select from the list of the non-staff caregivers (NSCG).

  After you complete your entries and accept the screen, the new override NSCG becomes the ordering physician and the new override NSCG's name transfers to the New Override NSCG List. At this time, the appropriate administrative personnel can review the override NSCG information and make a determination to include the NSCG as a permanent entry in the Physician/ NSCG Tables.

  If the override NSCG is not included in the Physician/NSCG Tables and removed from the New Override NSCG List, the system does not retain any of the override NSCG information, such as address, phone, or copy to. Override NSCG information is stored with the patient information and passed to STAR Financials as a default physician.

  NOTE: Override NSCGs process the same as current override physicians until they are included in the Physician/NSCG Tables. After an override NSCG is added to the Physician/NSCG Tables as a permanent entry, the NSCG is processed in the same manner as a current staff physician is processed.

- Enter **R**, and select from the list of physicians of record.

• Enter **F** to enter a free-form physician not in the Physicians table. The system displays the *Enter Last,First '-'* -- prompt. If the physician was listed as a free-form physician within the past 90 days, enter a partial name and a hyphen (-), and select from the list of existing free-form physician names starting with the letters you entered. You can also enter a hyphen (-) and select from a list of all free-form physicians entered in the past 90 days.

To enter a new free-form physician, enter a last name, a comma (,), and a first name. The system displays a physician information screen for the physician name you entered. Complete as many fields as possible. If the physician address is required to process the prescription (see the Amb Care - Control Class Requirements parameter), you must complete the Office Address 1, City, State, Zip Code and Office Phone fields on this screen.

NOTE: When you enter a free-form physician, the system stores the name and information in the Pharmacy Free-formed Physician table for 90 days before purging them. For more information, see the subsection on the Pharmacy Free-formed Physician table in the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.

3. CTRL NBR (11-C-C)
This field identifies the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number. The system prefills this field with the controlled substance number entered for the physician during prescription entry. If you revised the ordering physician, the system automatically fills this field with the new physician's controlled substance number that is stored in the Physicians table or was identified on the free-form physician information screen (see the Ordering Physician field). This field is non-revisable when the controlled substance number was defaulted from the Physicians table or if you are revising items 2 + N of a multiple item prescription. The Phys Ctrl # Required field of the Amb Care - Control Class Requirements parameter determines when this field is required.

4. STATE NBR (12-C-C)
This field identifies the license number assigned by the state to the physician. The system prefills this field with the state number most recently entered for the physician for this prescription. If you revised the ordering physician, the system automatically fills this field with the new physician's state number that is stored in the Physicians table or was identified on the free-form physician information screen (see the Ordering Physician field).

This field is non-revisable when the state number is prefilled using the Physicians table and for items 2 + N of a multiple-item prescription. The Phys State # Required field of the Amb Care - Control Class Requirements parameter determines when this field is required.

5. PROV NBR (10-C-C)
This field identifies the number assigned to the physician by the third party. The
system prefills this field with the physician's provider number that is stored in the
Physician Provider Nbr Assignment table. The Separate Nbr field of the O/P Third
Party Plans table determines when this field is required.

This field is non-revisable under the following conditions:

- No claim is being submitted for the prescription

- The provider number was defaulted using the Physician Provider Nbr
  Assignment table

- The third party does not require a provider number

6. ITEM NAME (30-C-R)
This field contains the label name of the prescribed drug. The system prefills this field
with the label name defined in the Label Name from the last fill. This field is revisable
during the initial fill only for manual entry items.

7. DOSAGE (15-C-O)
This field identifies the dosage of the prescribed item. Enter both the quantity and the
unit (for example, 20 MEQ). The system uses this field to calculate the default for the
Adm/Dose and Disp/Dose fields.

8. ADM/DOSE (15-C-O)
This field identifies the number of units to be administered in each dose of the
prescription. The system displays a revisable system-calculated default. For items
with a dosage form of mls or gms, the system uses the item's volume to determine the
default value. For items with a dosage form of each, the system defaults one unit of
the dosage form (for example, if the dosage form is syringe, the system default is one
syringe).

If the item has a strength and dosage defined in the formulary and you revise the
system-calculated default, the system asks if you want it to recalculate the dosage. To
have the dosage recalculated, enter **Y**. To leave the dosage unchanged, enter **N**.

9. DISP/DOSE (15-C-R)
This field identifies the number of units to be dispensed for each dose of the
prescription. The system displays the same system-calculated default as that of the
Adm/Dose field. In some situations, the system recalculates the Disp/Dose when you
revise the Adm/Dose. However, the system does not recalculate Adm/Dose when you
revise the Disp/Dose default. The system uses the quantity in this field to determine
the charge quantity.

If the item has a dosage form of MLs or GMs, you must enter the disp/dose units in
terms of MLs or GMs unless the Conversion Factors table contains an entry that
defines the conversion factor for the type of units entered.

If the patient's third party calculates prices using a different dispensing unit than ml, gm or each, the system automatically converts the disp/dose quantity into the third party's unit and displays the conversion quantities near the bottom of the screen.

10. BOTTLE SCHEDULE (19-AN-R) or (TABLE LOOKUP)
This field specifies the bottles in which the item is to be administered (for example, every bottle or every other bottle). Enter the code assigned to a specific bottle schedule, or enter a hyphen (-) to display the Bottle Schedule table and select the desired bottle schedule.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

11. SCHEDULED DAYS (20-AN-R) or (TABLE LOOKUP)
This field identifies the days on which the item is to be administered (for example, daily or every other day). Enter the code assigned to a specific schedule, or enter a hyphen (-) to display the Schedule table and select the desired schedule.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

NOTE: This field must contain a daily schedule (interval=1) if the bottle schedule as defined in the Bottle Schedule field is not First Bottle Daily or Every Bottle.

12. NEXT BOTTLE NBR (3-N-C)
This field identifies the number of the bottle in which this item is to next be administered. If you enter a bottle number that is lower than the First Bottle Nbr defined on the order-level information screen, the system displays an error message and rejects your entry.

If you enter a bottle number in this field, the Next Date field is non-revisable. To specify a next bottle date, you must leave this field blank. If you do not specify a Next Date, this field is required.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

13. NEXT DATE (10-C-O)
This field identifies the next date on which a bottle containing this item is to be administered to the patient. If you scheduled the item to start in a specific bottle (see the Next Bottle Nbr field), this field remains blank and is non-revisable. To enter a date in this field, leave the Next Bottle Nbr field blank.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

14. DURATION (10-AN-O)
This field identifies the period of time for which the item is to remain active. When you specify duration as a number of hours or days, the system uses this field to calculate a default stop date and stop time (see the Stop Date field and the Stop Time field).

To specify duration in terms of hours, enter the number of hours (maximum 9999) with a suffix of H (for example, 48H). To specify duration in terms of days, enter the number of days (maximum 999) with a suffix of DA (for example, 2DA). To specify duration in terms of doses, enter the number of doses (maximum 999) with a suffix of DO (for example, 6DO).

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

15. STOP DATE (10-C-C)
This field identifies the date on which the item ceases to be administered. If you entered a duration (see the Duration field) in terms of hours or days, the system prefills this field with a revisable, system-calculated stop date. The system calculates the default by adding the duration to the start date. You can revise the default.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

If duration (see the Duration field) is specified in terms of doses, this field is blank and non-revisable. If duration is specified in terms of hours or days, this field is required.

If you define a stop date for the item that is later than the order-level stop date, the system uses the order-level stop date. If you define a stop date for the item that is earlier than the order-level stop date, the system uses the item- level stop date for the item only. When you attempt to refill a prescription after the order-level stop date/time has passed, the system displays an error message and presents the Profile Maintenance menu.

16. STOP TIME (10-C-C)
This field identifies the time at which the item ceases to be administered. If you entered a duration (see the Duration field) in terms of hours or days, the system prefills this field with a revisable, system-calculated stop time. The system calculates the default by adding the duration to the start time.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

If a Stop Date (see the Stop Date field) was entered, this field is required.

If you define a stop time for the item that is later than the order-level stop date/time, the system uses the order-level stop date/time. If you define a stop time for the item that is earlier than the order-level stop date/time, the system uses the item-level stop date/time for the item only. When you attempt to refill a prescription after the order-level stop date/time has passed, the system displays an error message and presents the Profile Maintenance menu.

17. LOT (10-C-C)
This field identifies the lot number of the dispensed item. The Lot Number Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

18. STABILITY (4-AN-O)
This field identifies the period of time over which the item remains stable. Stability can be defined in terms of hours or days. To specify stability in terms of hours, enter the number of hours and an H (48H). To specify stability in terms of days, enter the number of days and a D (2D).

19. REFRIGERATE? (1-A-O)
This field specifies if the item is to be stored in a refrigerator. If the item is to be kept refrigerated, enter **Y**. If refrigeration is not necessary, enter **N**.

20. NF UNIT PRICE (10-N-C)
This field contains the unit cost of a non-formulary item. If the item is non-formulary and you do not enter a price, the item is not charged until the price is entered. After the price is entered, the system charges for the total units already dispensed.

21. THIRD PARTY (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plan for which a prescription claim is to be submitted. The system prefills this field with the default third party plan defined in the Patient Demographics function. You can change the third party plan to any third party plan assigned to the patient. Only one third party plan can be entered per prescription fill. You can also override this default with a Cash entry when necessary; the field is then blank. When no third party claim is being submitted for the prescription, the system charges the patient for the full prescription price.

Press ENTER to enter Cash, or enter a third party plan assigned to the patient by entering the code of a specific third party or by entering a hyphen (-) and selecting the desired third party from the displayed list.

22. PRICE PLAN (5-AN-O) or (TABLE LOOKUP)
This field identifies the price plan used to calculate the prescription price. This field remains blank when the default price plan has been selected.

If the user accesses this field during the prescription fill process, any price plan entered at this time replaces any pricing formulas attached to that formulary item (whether at the route level or as an override in the formulary).

The O/P Cash Plans table defines the price plans for non-third party prescriptions. The O/P Third Party Plans table defines the price plans for each third party.

23. STOCK LOCATION (34-AN-R) or (TABLE LOOKUP)
This field identifies the stock location from which the dispense quantity is decremented.

When you select an item from the Product Information File or manually enter an item, this field defaults to the entry in the O/P Dispensing Location field for the CRT, which is defined in the CRT Names table. If there is no O/P Dispensing Location defined, the Stock Location field is blank during order entry. You must manually enter the stock location.

For formulary items, the system defaults the stock location as follows:

1. *Primary O/P Sol Location* if the item is stocked at that location and the Primary O/P Sol Location is the same as the O/P Dispensing Location.

2. *Primary O/P Sol Location* if the item is stocked at that location and the Primary O/P Sol Location is open.

3. *Secondary O/P Sol Location* if the item is stocked at that location and the Secondary O/P Sol Location is open.

4. *RXO location* if the item is stocked there.

If the item is not stocked at any of these locations, there is no default.

The system automatically verifies that the stock location contains the drug item being dispensed. If the location does not contain the item, the system displays an error message and rejects your entry. Next the system verifies that you have selected an outpatient stock location. If the location is not an outpatient stock location, the system displays a warning and asks if you still want to dispense from that location.

24. DAW CODE (1-A-O)
This field contains the Dispense as Written (DAW) information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter. You can use this field to override the default.

When you access this field, the system displays the following table:

```
( 1) 0-No Dispense as Written          ( 6) 5-Brand Dispensed, Priced as Generic
( 2) 1-Physician Dispense as Written   ( 7) 6-Override
( 3) 2-Patient Dispense as Written     ( 8) 7-Brand Drug Mandated by Law
( 4) 3-Pharmacist Dispense as Written  ( 9) 8-Generic not available in market
( 5) 4-No Generic Available            (10) 9-Other
```

The following shows the field display for each table entry selection:

Table Entry	Field Display
1 No Dispense as Written	0 No DAW
2 Physician Dispense as Written	1 MD DAW
3 Patient Dispense as Written	2 Pt DAW
4 Pharmacist Dispense as Written	3 RPH DAW
5 No Generic Available	4 No Generic
6 Brand Dispensed, Priced as Generic	5 Brand/Gen Pr
7 Override	6 Override
8 Brand Drug Mandated by Law	7 Brand/Law
9 Generic Not Available in Market	8 Not in Mkt
10 Other	9 Other

Enter the number for your selection.

Accept the item-level information screen for item #1.

The pharmacy diagnosis/disease field displays for you to view diagnosis information
that is appropriate for the Ambulatory profile. This field indicates patient-specific
information that is shared by all account numbers and facilities for that patient within
Ambulatory Care functions.

If the patient's third party requires entry of a Treatment Authorization Request number
for the prescription item (see the TAR Required field on the Third Party Information
screen of the Formulary Maintenance function), the system displays the following
prompt:

Enter TAR/PA Number--

When you access this field, the following prompt is displayed:

Enter first letters`-` or prior authorization type code-

Enter a hyphen (-) to display lookup values from the O/P Prior Authorization Type
Table. Values preloaded in this table include the following:

(1) 0-Not Specified
(2) 1-Prior Authorization
(3) 2-Medical Certification
(4) 3-EPSDT
(5) 4-Exemption from Co-pay
(6) 5-Exemption from RX
(7) 6-Family Plan. Indic.

(8) 7-AFDC
(9) 8-Payer Defined Exemption

After the prior authorization type code is entered, the system displays the following prompt:

Enter prior authorization number--

Enter the prior authorization number (up to 11 characters). Once the field has been accepted, the entire number (12 characters - 1 character Prior Authorization Code Type + 11 character Prior Authorization Number) is displayed in the field.

The acceptance prompt enables you to view drug information or dosage range information from the product file if any is available. The default for this prompt is determined in the Amb - Ambulatory Care Parameters.

The system performs interactive dose range check screening after you accept the item-level screen for any formulary item where client-defined dose range check is enabled and the patient and item meet the specified inclusion criteria.

NOTE: For Dose Range Checking (client-defined or FDB) to be activated in the Ambulatory Care Module, the DRC for Ambulatory Care field in the Ord-Mgt Dose Range Chk Parms parameter must be set to Yes.

For more information about dose range checking, see the *Inpatient Processing Module* of the *STAR Pharmacy Reference Guide*.

Next, the system performs clinical screening and third party checking for item #2, and then displays the item-level information screen for item #2. After you accept the screen, the system checks TAR number requirements (as described above). The system loops through this series of activities for each remaining item in the prescription.

If, at any point, you cannot continue with the refill (for example, a potentially serious drug interaction could occur), the system displays the following prompt:

Cancel refill? (Y/N)--

To cancel the refill, enter **Y**. To continue refilling the prescription, enter **N**.

After the system checks TAR requirements for the last item in the prescription, the system offers the option to add additional items to the prescription:

Add additional items to prescription? (Y/N) [N]--

To process the refill without adding another item, press ENTER (the default response is No). To add an additional item, enter **Y**. The system presents the formulary item identification screen. After you identify the item, the system presents the item-level

information screen. For more information about adding an item, see the Prescription Fill/Refill function.

If the prescription has a Disp Interval of Demand (see the order-level information screen), the system automatically processes a refill quantity of one bottle and generates the solution label. If you are using the Profile Maintenance function, the system redisplays the Profile Maintenance menu. If you are using the Prescription Fill/ Refill function, the system redisplays the prescription identification screen.

For all other dispensing intervals, the system displays the dispense quantity screen before processing the refill:

```
                  General Hospital Profile Maintenance Processor
Refill Prescription                                Wed May 15, 2002 02:08 pm
Name                   Sex   BD     Account Number          Third Party
MILLER,SUSAN            F  02/12/56  No Billing Acct
Allergies:CODEINE/MORPHINE
     Rx#        Drug                         Refill   Orig    Last    Price S
     800008     Next: Pri-21 08/17 Q8H 125 ML/HR     08/10/88 08/10/88       A
                DEXTROSE 5% 1000 ML                    QB      DAILY
                POTASSIUM CHLORIDE 30 MEQ 15 ML        QB      DAILY




 Enter end label date and time or `*`number of bottles--
```

This screen determines the number of bottles dispensed. You can enter an end date and time and let the system determine the number of bottles needed, or you can enter an asterisk (*) and the specific number of bottles that you desire. The system requires that you dispense at least one bottle (you can't enter *0 or an end label date/time that is less than the date/time of the first bottle).

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Label Prt field on the Third Party Plan table is set to After, the prescription label does not print until after the claim has been processed and prescription verification received from the third party claims processor.

After you specify the refill quantity, the system dispenses the bottles and displays the following message:

Labels Printing!

If you are using the Profile Maintenance function, the system redisplays the Profile Maintenance menu. Select another profile maintenance function for the same prescription or enter a period (.) to refill a different prescription. If you attempt to

perform an additional function on the same prescription before the system completes refill processing, the system displays the following message:

Processing prescription! Retry? (Y/N)--

Enter **N** to cancel the request. The system redisplays the Profile Maintenance menu for the same prescription. Enter **Y** to re-enter the request. The system attempts to access the prescription. The system cannot access the prescription until it has completed the refill processing.

If you are using the Prescription Fill/Refill function, the system redisplays the prescription identification screen. You can identify another prescription to refill or enter a new prescription. To exit the function, enter a period (.) and press ENTER twice.

Output

When a solution prescription fill is completed, the system prints Solution Labels.

For a description and example of Solution Labels, see the Prescription Fill/Refill function.

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Tran Prt field on the Third Party Plan table is set to Yes, the ECS Transaction Log report notifies you of claim status changes following Third Party payor processing or if a claim could not be submitted because of communication line problems. You can print specific claim transaction elements on your prescription labels or create a customized report.

The ECS Transaction Log label uses the following criteria to determine printing location (in the order specified below):

- at the order's stock location if it is a single item medication order, where the stock location is not a Satellite or the Satellite is closed

- at the stock location's label print group if the CRT has access to the stock location (checking specifically the Solution or Medication locations) or has no stock location defined

- at the label print group for the CRT's default stock location

- at the label print group defined in the CRT, or failing all else, RXI.

For an example of the ECS Transaction Log report, see *Figure 2.3* on page 2-92.

REVISE PRESCRIPTION FUNCTION

The Revise Prescription function enables you to revise and to refill medication and solution prescriptions. The system offers the capability to revise previous fills or the current information.

When you revise the previous fill, the system displays the refills and the original fill so that you can select the refill you want. The system performs all clinical screening, control class checking and third party checking that usually accompanies a medication refill. When you revise the current information, the system does not assume that you want to refill the prescription.

Canceled prescriptions cannot be revised. If you select a transferred or inactive prescription, the system displays a warning and asks if you want to continue.

For medication prescriptions, the system offers the option to revise the previous fill or the current information. For solution prescriptions, the system always revises the previous fill. To revise the current information for a solution prescription, use the Refill Prescription function.

WARNING: Do not use this function during formulary update because the price calculations may give unpredictable results.

Access

STAR Pharmacy provides access to the revise prescription function via three different functions:

1. PRESCRIPTION FILL/REFILL FUNCTION

    If you select a prescription to refill that cannot be refilled, the system presents the Profile Maintenance menu on which the Revise Prescription function is offered.

2. PROFILE MAINTENANCE FUNCTION

    This function requires that you identify the patient and the prescription before you select the Revise Prescription function from the Profile Maintenance menu.

3. REVISE PROFILE FUNCTION

    This function enables you to select the Revise Prescription function <u>before</u> you identify the patient and prescription. After you select the Revise Profile function, the system displays the Revise Profile submenu on which the Revise Prescription function is offered.

When the patient is selected, the system checks the Review Non-Screened Orders field of the Screening-ADR Levels parameter and compares it to the pharmacy employee type setting of the user.

The system displays the *Allergies Revised!* alert if:

- The pharmacy employee type is defined in the parameter, and new allergy information has been entered into the Allergy Processing Tool from a non-pharmacy location since the last time the profile was accessed, or

- The pharmacy employee type is defined in the parameter, and existing allergy information is revised from a non-pharmacy location since the last time the profile was accessed.

After the *Allergies Revised!* alert is displayed, the system automatically proceeds to the Allergy Summary screen so that allergy information (new and/or revised) can be reviewed. When the Allergy Summary screen is exited, the system returns to Pharmacy CPU (if the facility has networked CPUs and Pharmacy is on a separate CPU from Patient Care) and displays the message:

> *Screening for Drug Sensitivities*

The system then begins an automatic review of the new or revised allergy or allergies against the patient profile.

The *Allergies Revised!* alert is NOT displayed if:

- The pharmacy employee type is not defined in the parameter, or

- There have been no new allergies added to the profile, or existing allergies revised, from a non-pharmacy location since the last time the profile was accessed.

The revision process for medication prescriptions is different from that for solution prescriptions. The following describes the medication prescription revision options. To go to descriptions of the solution prescription revision options, see the Revise Solution subsection.

Revise Medication

The first screen displayed when revising a medication prescription contains the revision options. Your medication revision options include:

- Revise the previous fill

- Revise current information

- Refill the prescription

The refill option enables you to revise the prescription and refill it without leaving the revise function.

```
            General Hospital Revise Prescription Processor
                                         Wed May 15, 2002 09:13 am
 Name                    Sex    BD    Account Number           Third Party
 FRANK,LISA P             F  02/12/56  No Billing Acct
 Allergies:CODEINE/MORPHINE
     Rx#     Drug                        Refill   Orig    Last    Price S
     400033  DALMANE 30MG CAPSULE          4/4  07/25/88 07/25/88  22.17 A




 Revise the previous fill(P), Revise current information(C) or Refill(R)--
```

To revise a previous refill, enter **P**. To revise the current prescription information, enter **C**. To refill the prescription, enter **R**.

The system presents a different screen for each option. A description of the revise previous fill and revise current information processes follows. For more information about the refill process, see the Refill Prescription Function.

The system redisplays this screen each time you complete a revision or refill. Select another revision option or enter a period (.) to exit the function.

If you are revising a single-item prescription, the system displays the first screen of the selected revision option.

If you are revising a compound prescription, the system displays a screen containing a list of the current prescription items. Enter the option numbers of the items you want to revise and press ENTER. To revise the prescription SIG and/or the safety caps indicator, you must select the Revise Previous Fill option and revise item #1. After you select the revision items, the system displays the first screen of the selected revision option.

REVISE PREVIOUS FILL

This subsection documents the process for revising a previous fill. The system presents the previous fill revision screens in the following order:

    1. Item #1 Information

      a. SIG/Safety Caps Information

2. Item #2 Information

3. Item #3 Information

If you are revising a compound prescription and you do not request to revise item #1, the system does not display the item #1 information screen or the SIG/safety caps screen. If you are revising a single-item prescription, the system only displays the item #1 information screen and the SIG/safety caps screen.

After you enter P to select the previous fill option, the system performs two checks:

- If the revision time period defined in the Revision Time Limit field of the Amb Care - Parameters parameter has expired, the system displays the following message and does not allow you to revise the fill:

    Error: Fill may not be revised more than nnn days!

- If the account number for the previous fill is no longer active, the system displays the following warning and continues with the revise process:

    Warning: Account number is inactive!

NOTE: If you are revising the original fill of a relabeled inpatient order, the system displays the following message two lines above the screen's prompt:

    Relabeled Order - Revision Will Not Charge

    This message lets you know that the system does not charge for the revised prescription or decrement stock even though the Price field and the Stock Location field are still required information and the system performs all pricing and stock location level checks.

After you select to revise a previous fill, the system displays the following screen, that displays the refills and original fill in reverse chronological order.

```
                    General Hospital Revise Prescription Processor
                                              Wed May 15, 2002 05:21 pm
Name                      Sex    BD     Account Number          Third Party
*STARR,ELSIE         F  03/05/77  96-33900003              GA
Allergies:CODEINE/MORPHINE
     Rx#       Drug                        Refill   Orig    Last     Price S
     933       PREDNISONE 10MG TABLET        0/2  03/04/97 03/04/97  18.90 A
                                             30 TABLET    GUY,FRED

Page:01                              Refills
( 1) 03/04/97 60 TABLET $18.90
( 2) 03/04/97 30 TABLET $11.47 (Original)




Enter choice--
```

After you enter your choice, the system displays the item information screen.

```
          General Hospital Revise Prescription Processor
                                              Wed May 15, 2002 05:21 pm
Name                        Sex   BD     Account Number            Third Party
*STARR,ELSIE                 F  03/05/77  96-33900003               GA
Allergies:CODEINE/MORPHINE
 1 Drug  2 Item Name                    3 Billing Acct Nbr
    1       DELTASONE TABS, 10MG            A96-33900003
 4 Quantity          5 Days Supply      6 Third Party
   60 TABLET             10
 7 Ordering Physician                   8 Control Nbr    9 State Nbr
   68 GUY,FRED                           ->
10 Provider Nbr     11 Expiration Date  12 Lot          13 Stock Location
                       07/02/97                            O/P RX - A&B
14 Price Plan       15 Price            16 Initials      17 Labels
                       $18.90/18.90        EH/EH            1
18 TAR/Prior Authorization Number       19 Counsel
                                           No


          Rx Diagnosis/Disease:diabetes


Enter physician's controlled substance number--
```

The cursor stops in the first incomplete field. To access a different field, enter a slash
(/) and the number of the desired field.

Field Explanations

1. DRUG (DISPLAY ONLY)
This field contains the item number of the drug. For example, the first item entered is
item number 1 and the second item entered is item number 2.

2. ITEM NAME (30-C-R)
This field contains the label name of the prescribed drug. Label name is defined in the
Label Name field on the Outpatient Information screen of the Formulary Maintenance
function.

This field cannot be revised when the prescription's DAW Code is blank. If the field
contains a 1, indicating that the Physician has specified Dispense As Written, the item
name may not be revised. Entry of any other DAW Code allows revision of the field.
The system *does not* accept drug items with a control class or drug form (ML, GM, EA)
different than the original item. The system *does* accept items with a different dosage
(strength) or a different generic class, but displays warning messages.

If you substitute a formulary or product file item for the prescribed item, the system
performs clinical screening on the new item and brings any potential adverse drug
reactions, interactions and sensitivities to your attention. The system also checks for
therapeutic duplications. The system does not perform clinical screening for manually
entered products.

If a third party claim is being submitted for the prescription, the system verifies that the new item is covered by the patient's third party.

3. BILLING ACCT NBR (2-N-R)
This field identifies the hospital account to which prescription charges not covered by the third party were charged. When the prescription was not charged to an active hospital account, this field contains a No Billing Acct Nbr entry. For items 2 + N of a multiple-item prescription, this field is non-revisable.

To enter a different account number, enter the option number assigned to the desired account number. Select the No Billing Account option if the patient is to pay cash.

To register the patient with a new account number, enter R. The system displays each of the patient registration screens until you have completed all screens and then redisplays the revise previous fill screen with the new account number in the Billing Acct Nbr field. The Reg Allowed field of the Amb Care, HBO - Load MPI/Reg parameter determines if you can use this option. If this parameter is set to No and you enter R, the system displays an error message and rejects your entry.

4. QUANTITY (8-AN-R)
This field identifies the quantity dispensed. The prompt for this field varies by drug form (see examples below).

> *Enter number of caplets --*
> *Enter quantity in gm's [45] or 'x'number of packages--*
> *Enter quantity in ml's [15] or 'x'number of packages--*

For items with a drug form of each and a multi-dose indicator of no, the prompt identifies the dosage form of the item and requests the total number of units. The system accepts a maximum entry of 9999.

For items with a drug form of each and a multi-dose indicator of Yes, and items with a drug form of gm or ml, the prompt offers the opportunity to enter the quantity as a number of units or as a number of packages and provides a default response of one package. To enter the quantity as a number of packages, enter the letter **X** and then a number of packages (**X2**). The system accepts a maximum entry of X9999.9 and only accepts two digits after the decimal point (.). The system calculates and displays the quantity as the total number of units (ea/gm/ml).

If a claim is being submitted for the item (see the Third Party field) and you enter a quantity that does not meet the third party's claim requirements, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system allows you to enter the invalid quantity and still submit a claim. If the Override field is set to No, the system rejects your entry and demands a valid quantity.

If a claim is being submitted for the item and you enter a quantity that results in a system-calculated price that exceeds the maximum allowed by the third party, the system displays an error message. If the Override field of the O/P Third Party Plans

table is set to Yes, the system asks if you want to adjust the price to meet the third party maximum. If the Override field is set to No, the system automatically resets the price of the prescription to the maximum allowed by the third party.

If you enter a quantity that results in a default number of labels greater than the maximum specified in the Max Med Labels field of the Amb Care - Parameters parameter, the system flashes a warning message at the bottom of the screen.

If the patient's third party uses a different dispensing unit than ml, gm, or each, the system automatically converts the disp/dose quantity into the third party's unit and displays the conversion quantities near the bottom of the screen.

The system uses the quantity in this field to calculate the price displayed in the Price field. If you revise the quantity, the system automatically recalculates the price.

5. DAYS SUPPLY (3-N-C)
This field identifies the number of days that the prescribed quantity, when taken as directed, should last the patient. If the patient attempts to refill the prescription before or after this period of time has passed since the previous refill, the system displays a warning and asks if you still want to refill the prescription. This field is non-revisable for items 2 + N of a compound prescription.

The Max Days Supply field of the Amb Care - Control Class Requirements parameter determines the maximum number of days that you can enter in this field. The system uses the Amb Care - Control Class Requirements parameter for the lowest control class in the prescription. If you attempt to exceed this maximum, the system displays an error message and rejects your entry.

This field is required information if a third party claim is being submitted and the third party has a minimum or maximum days supply defined. For private third parties (for example, PCS), you define the maximum days supply in the O/P Third Party Plans table. For state-sponsored third parties (for example, Georgia Medicaid), you can define both a minimum days supply and a maximum days supply in the Third Party Information screen of the Formulary Maintenance function. When a maximum days supply is defined in both the O/P Third Party Plans table and the formulary for a state-sponsored third party, the system uses the formulary information.

If you enter a day's supply that does not meet the third party's requirements, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system allows you to enter the invalid value and still submit a claim. If the Override field is set to No, the system rejects your entry and demands a valid value.

6. THIRD PARTY (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plan for which a prescription claim is to be submitted. The system prefills this field with the default third party plan defined in the Patient Demographics function. You can change the third party plan to any third party plan assigned to the patient. Only one third party plan can be entered per prescription fill.

You can also override this default with a Cash entry when necessary; the field is then blank. When no third party claim is being submitted for the prescription, the system charges the patient for the full prescription price.

Press ENTER to enter Cash, or enter a third party plan assigned to the patient by entering the code of a specific third party or by entering a hyphen (-) and selecting the desired third party from the displayed list.

7. ORDERING PHYSICIAN (26-AN-R) or (TABLE LOOKUP)
This field identifies the prescribing physician. For items 2 + N of a multiple-item prescription, this field is non-revisable.

If the prescription is being charged to a hospital account, the system defaults the attending physician associated with the account. However, if the physician's address is not entered in the Physicians table and the physician's address is required (see the Phys Address Required field of the Amb Care - Control Class Requirements parameter), the system does *not* default the attending physician. If the prescription entered immediately previous to the current prescription was written for the same patient, the system defaults the physician entered for the previous prescription.

This field uses the Physicians table that can be shared by all facilities or is specific to an individual facility. If the Physicians table is facility-specific, you can only access the physicians of your master facility (see the Amb Care, HBO - Fac Assignment parameter). In a network and/or interface situation, the STAR Patient Care System maintains the Physicians table.

When you access this field, the system displays the following prompt:

> *Enter table code `-`, ('-) for staff, (\-)NSCG --*
> *(R)ecord or (F)reeform*

There are several ways to identify the ordering physician:

- Enter the code assigned to the physician in the Physicians table.

- Enter a hyphen (-), and select from the Physicians table.

- Enter an apostrophe and hyphen ('-), and select from the list of staff.

- Enter a backslash and hyphen (\-), and select from the list of the non-staff caregivers (NSCG).

  After you complete your entries and accept the screen, the new override NSCG becomes the ordering physician and the new override NSCG's name transfers to the New Override NSCG List. At this time, the appropriate administrative personnel can review the override NSCG information and make a determination to include the NSCG as a permanent entry in the Physician/NSCG Tables.

If the override NSCG is not included in the Physician/NSCG Tables and removed from the New Override NSCG List, the system does not retain any of the override NSCG information, such as address, phone, or copy to. Override NSCG information is stored with the patient information and passed to STAR Financials as a default physician.

NOTE: Override NSCGs process the same as current override physicians until they are included in the Physician/NSCG Tables. After an override NSCG is added to the Physician/NSCG Tables as a permanent entry, the NSCG is processed in the same manner as a current staff physician is processed.

• Enter **R**, and select from the list of physicians of record.

• Enter **F** to enter a free-form physician not in the Physicians table. The system displays the *Enter Last,First ʼ-ʼ* -- prompt. If the physician was listed as a free-form physician within the past 90 days, enter a partial name and a hyphen (-), and select from the list of existing free-form physician names starting with the letters you entered. You can also enter a hyphen (-) and select from a list of all free-form physicians entered in the past 90 days.

To enter a new free-form physician, enter a last name, a comma (,), and a first name. The system displays a physician information screen for the physician name you entered. Complete as many fields as possible. If the physician address is required to process the prescription (see the Amb Care - Control Class Requirements parameter), you must complete the Office Address 1, City, State, Zip Code and Office Phone fields on this screen.

NOTE: When you enter a free-form physician, the system stores the name and information in the Pharmacy Free-formed Physician table for 90 days before purging them. For more information, see the subsection on the Pharmacy Free-formed Physician table in the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.

8. CONTROL NBR (11-C-C)
This field identifies the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number. For items 2 + N of a multiple item prescription, this field is non-revisable.

If you revised the ordering physician (see the Ordering Physician field), the system automatically prefills this field with the new physician's controlled substance number as it is defined in the Physicians table or doctor information screen. This field is non-revisable when the system defaults the controlled substance number from the Physician's table.

The Amb Care - Control Class Requirements parameter for the lowest control class in the prescription determines when this field is required.

9. STATE NBR (12-C-C)
This field identifies the license number assigned to the physician by the state. For items 2 + N of a multiple item prescription, this field is non-revisable.

If you revised the ordering physician (see the Ordering Physician field), the system automatically prefills this field with the new physician's state license number as it is defined in the Physicians table or doctor information screen. This field is non-revisable when the default comes from the Physicians table.

The Amb Care - Control Class Requirements parameter for the lowest control class in the prescription determines when this field is required.

10. PROVIDER NBR (10-C-C)
This field identifies the number assigned to the physician by the third party. If you revised the ordering physician (see the Ordering Physician field), the system automatically prefills this field with the new physician's provider number as it is defined in the Physician Provider Nbr Assignment table. This default is non-revisable.

The Separate Nbr field of the OP Third Party Plans table determines when this field is required. This field remains blank and is non-revisable for non-third party prescriptions.

11. EXPIRATION DATE (10-C-C)
This field identifies the expiration date of the dispensed item. To revise the expiration date, enter a new date using the date entry techniques described in the *General Information Volume*.

The Exp Date Required field of the Amb Care - Control Class Requirements parameter determines when this field is required.

12. LOT (10-C-C)
This field identifies the lot number of the drug products dispensed. The Lot Number Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

13. STOCK LOCATION (34-AN-R) or (TABLE LOOKUP)
This field identifies the stock location from which the dispense quantity was decremented.

To enter a different stock location, enter the code assigned to a specific stock location, or enter a hyphen (-) and select the desired location from the displayed Stock Locations table. The new stock location must contain the prescription item.

If you enter a location that is not an outpatient location, the system displays a warning and asks if you still want to dispense from that location.

14. PRICE PLAN (5-AN-O) or (TABLE LOOKUP)

This field identifies the price plan used to calculate the prescription price. When the default price plan was used, this field remains blank. If you revise the price plan, the system automatically recalculates the prescription price (see the Price field).

If the user accesses this field during the revise prescription function, any price plan entered at this time replaces any pricing formulas attached to that formulary item (whether at the route level or as an override in the formulary).

The O/P Cash Plans table defines the price plans for non-third party prescriptions. The O/P Third Party Plans table defines the price plans for each third party.

To enter a new price plan, press ENTER to enter the default price plan, or enter a hyphen (-) to display a list of existing plans and select the desired plan.

15. PRICE (15-C-R)

This field displays the total price of the prescription and the cash amount paid by the patient separated by a slash mark (/).

When the prescription was charged to an active hospital account, the system displays $0.00 as the cash amount paid by the patient. If the third party covering the prescription had a co-pay and the co-pay was charged to an active hospital account, the cash amount paid is still $0.00.

When the prescription was *not* charged to an active hospital account, the cash amount paid by the patient is the same as the prescription price. If the third party covering the prescription had a co-pay, the cash amount paid by the patient reflects only the amount of the co-pay.

The Price Override field of the Amb Care - Pricing Profile parameter determines if you can override the system-calculated price. The parameter can be set to never allow price overrides, always allow price overrides, or only allow price overrides when a pharmacist is signed on to the system.

When you access this field, the system displays price calculation information. If the Price Override field is set to Yes, the system offers the option to enter a new subtotal amount. If the drug item has a cost defined in the formulary, this is the only component of the price that you can revise. If no cost is defined in the formulary, you can also revise the unit cost.

If a claim is being submitted and the system-calculated price for the prescription exceeds the maximum allowed by the third party, the system displays a warning that contains the dollar amount by which the price exceeds the maximum. If the Override field of the O/P Third Party Plans table is set to Yes, the system asks if you want to adjust the price to meet the third party maximum. If the Override field is set to No, the system automatically resets the price of the prescription to the maximum allowed by the third party.

If the prescription price has already been reset to meet the third party maximum (see the Quantity field), the system displays a warning that tells you the price has been adjusted.

If you override the system-calculated prescription price, an asterisk (*) appears after the prescription price total. The price override is automatically logged to the Price Override Report that is generated daily during midnight processing.

If you have revised the price but want to return to the system-calculated price, enter R.

16. INITIALS (3-A-C)
This field displays the initials of the individual who entered the prescription and the initials of the pharmacist who filled the prescription, separated by a slash (/). For items 2 + N of a multiple-item prescription, this field is non-revisable.

If a registered pharmacist is entering the prescription revisions, the system prefills both parts of this field with the pharmacist's initials and the cursor bypasses this field. If you edit this field, the system first asks for your initials. After you enter your initials, the system asks you to enter the initials of the pharmacist who is to fill the prescription.

The initials of the individual entering the fill revisions are required information. The initials of the pharmacist are only required if the RPh Initials Required field of the Amb Care - Parameters parameter contains a Yes response. The Tech/RPh Initials Ind field of the Amb Care - Parameters parameter determines if a non-pharmacist employee can enter a pharmacist's initials.

17. LABELS (2-N-R)
This field determines the number of prescription labels printed. For items 2 + N of a multiple-item prescription, this field is non-revisable. The Max Med Labels field of the Amb Care - Parameters parameter determines the maximum number accepted in this field.

The system prefills this field with a system-calculated default and the cursor bypasses this field. The system defaults one label for items with a drug form of each and a multi-dose indicator of no. The system defaults one label per package for items with a drug form of mls or gms and for items with a drugform of each and a multi-dose indicator of yes.

18. TAR/PRIOR AUTHORIZATION NUMBER
This field displays the Treatment Authorization Request (TAR) number or the Prior Authorization (PA) number assigned by the third party to this prescription. The value displayed in this field consists of Prior Authorization Type (1st digit of the number) and the TAR/PA number (up to 11 digits beginning with the second character).

19. COUNSEL (1-A-O)
This field indicates whether or not the pharmacist provided counseling to the patient. When you access this field, the system displays the following prompt:

> *Was counseling provided to the patient? (Y/N) --*

The pharmacy diagnosis/disease field displays for you to view diagnosis information that is appropriate for the Ambulatory profile. This field indicates patient-specific information that is shared by all account numbers and facilities for that patient within Ambulatory Care functions.

The acceptance prompt enables you to view drug information and dosage range information if any is available.

Enter **D** to view the drug information from the Product Information file. You can view the basic description pricing, third party, and clinical information through this function. For more details, see the *General Applications Volume* of the *STAR Pharmacy Reference Guide*.

Enter **R** to view client-defined dosage range information for the drug. The R prompt is displayed based on the setting in the Ord Mgt -Order Entry parameter. If you enter R, the system displays the following prompt:

Access (C)lient-defined dosing information?--

NOTE: If you enter C and no data exists for that option, the system displays the following error message:

> *Error: No dosage range data exists!*

If you enter C, the system displays client-defined dose range criteria for the drug at the bottom of the screen. The information is display only. To display the previous page of ranges, press F1. To display the next page of ranges, press F2. To exit the current page of ranges, press F7.

```
 Basis    Min    Max    Per    Rate   #/Day    Min/Dose  Max/Dose   Min/Day   Max/Day
 Wt Kg                   KG                3      250MG     500MG      750MG    1000MG




                        F1Prev Page F2Next Page F7  Exit
```

For more information, see the Client-defined dose range information section in the *General Applications Volume* of the *STAR Pharmacy Reference Guide*.

If you accept the screen without providing all required information, the system displays an error message and returns the cursor to the required field.

If the Check Stock? field of the Amb Care - Parameters parameter is set to Yes, the system verifies that the stock location contains adequate stock to cover the dispense quantity of the prescription. If the stock location does not contain enough stock to cover the dispense quantity of the prescription, the system displays a warning and asks if you still want to dispense from that location.

The system performs interactive dose range check screening after you accept the screen for any formulary item where client-defined dose range check is enabled and the patient and item meet the specified inclusion criteria.

NOTE: For Dose Range Checking (client-defined or FDB) to be activated in the Ambulatory Care Module, the DRC for Ambulatory Care field in the Ord-Mgt Dose Range Chk Parms parameter must be set to Yes.

For more information about dose range checking, see the *Inpatient Processing Module* of the *STAR Pharmacy Reference Guide*.

After you have provided all required information and accepted the prescription information screen for item #1, the system displays the SIG screen:

```
                 General Hospital Revise Prescription Processor
                                                 Wed May 15, 2002 09:13 am
 Name                       Sex   BD      Account Number           Third Party
 FRANK,LISA P                F  02/12/56  No Billing Acct
 Allergies:CODEINE/MORPHINE
  1 Sig                                                  2 Safety Caps
     TAKE 1 TABLET TID.                                    Yes
  3 Expanded Sig                                          4 Print Consult
     TAKE ONE TABLET THREE TIMES DAILY.                    Yes




 Enter field number or '/' starting field number--
```

The SIG screen determines the administration instructions printed on the prescription label and alerts the pharmacist about the use of safety caps for packaging the prescription.

Field Explanations

1. SIG (61-C-R)
This field identifies the codes and text used by the system to generate the prescription administration instructions printed on the prescription label. The system prefills this field with the SIG most recently entered for the prescription.

To revise the SIG codes/text, enter the administration instructions word-for-word or enter codes that the system translates into words. The O/P SIGs table contains the codes recognized by the system and the translations for each code. If the system encounters a word that is not in the O/P SIGs table, the system prints that word verbatim on the prescription label.

The system's word-for-word translation of the SIG is automatically displayed in the Expanded SIG field.

NOTE: If you enter a colon (:) when building a SIG, the system converts the colon to a hyphen (-) to make it compatible with the programming language.

2. SAFETY CAPS (1-A-R)
This field specifies if the prescription is to be packaged using safety caps. The system prefills this field with the most recent value entered for the prescription.

If the patient requests that you *do not use* safety caps to package the prescription, enter **N**. If you *use* safety caps to package the prescription, enter **Y**.

3. EXPANDED SIG (P-C-R)
This field displays the system's translation of the SIG (see the SIG field). Each SIG code can be translated into several different languages. The language presented in this field is determined by the Language field in the patient's demographics.

When you enter this field, the system displays a grid representing the dimensions of the SIG portion of the prescription label and the expanded SIG text. The size of the grid is determined by the Characters per Line and Lines per Label fields of the Amb Care - Parameters parameter. If the expanded text fits on one page, the system displays the following prompt:

    Enter (A)dd, (E)dit, or (D)elete page--

If the expanded text consists of more than one page, the system displays the following prompt:

    Enter page number, (A)dd, (E)dit, or (D)elete page (1-3)--
               previous page (/P)

To display/revise a different page of the expanded text, enter the number of the desired page. The available page numbers are displayed in parentheses () at the end of the prompt. To add another page of extended text, enter **A**. To revise the page of text currently displayed, enter **E**. To delete the page of text currently displayed, enter **D**.

If you enter an A to add another page or an E to edit the displayed page, the system displays the SIG text entry keys at the bottom of the screen. The following paragraphs identify each of the text entry keys and provide a description of what the key does:

F1 This key deletes the line of text upon which the cursor rests. Any text below the deleted line moves up one line.

F2 This key inserts a blank line before the line upon which the cursor rests. Any text below the added line moves down one line.

F3 This key centers the text in the middle of the line upon which the cursor rests.

F4 This key exits the text edit mode. The system returns you to the field selection prompt.

F5 This key stores in memory the line of text upon which the cursor rests. Only one line of text can be stored at one time. Therefore, immediately restore the saved text on the desired line by using the F6 key.

F6 This key restores text saved in memory back onto the screen. The system erases any text on the line on which saved text is restored. Therefore, always restore text on a blank line unless you want to replace the existing text.

F7 This key removes any unnecessary blank spaces between words and sentences on all consecutive lines of the SIG text. If a blank line separates two sets of text, the second set of text is not packed. When the system packs text, it only leaves one blank space between words.

F10 This key provides access to additional text entry instructions. The top line indicates the keys to press and the bottom line displayed in reverse video indicates the activity. The following list provides each of the activities (left column) and the keys to press (right column):

PRESS F10 ONCE:	
Delete Char	SHIFT <--
Insert Char	SHIFT -->
Del Char Left	DEL
Clear to End Of Line	ERASE EOL
Help	F10

PRESS F10 TWICE:	
Tab right	TAB
First Char	HOME <--
Last Char	HOME -->
Top Line	HOME Up
Bottom Line	HOME Down
Top Left	HOME HOME
Help	F10

PRESS F10 THREE TIMES:	
Left Right Up Down	Arrows
Begin Next Line	ENTER
Repeat Key	REPT

PRESS F10 THREE TIMES:	
Delete All Lines	ERASE PAGE
Help	F10

4. PRINT CONSULT (1-A-O)

This field determines whether the patient consultative message is printed at the time the medication is dispensed. The default is determined by the Print Consult/Fill field on the Amb Care- Parameters parameter. When you access this field, the system displays the following prompt:

Print Consultative Message? (Y/N)--

To print the patient consultative message when the medication is dispensed, enter **Y**. If you do not want to print the message, enter **N**.

If you are revising a compound prescription and you have accepted the revision screens for all revised items and the SIG, the system redisplays the prescription item selection screen. Select an additional item within the prescription to revise or press ENTER to exit the revise previous fill process.

The next prompt displayed by the system is:

Print labels? (Y/N) [Y]--

This prompt determines if the system generates prescription labels after you complete the revise function. To print prescription labels, press ENTER. To suppress the printing of prescription labels, enter **N**.

If you requested the printing of labels and the prescription items have label warnings entered in their formulary files, the system displays the label warnings selection screen:

```
              General Hospital Revise Prescription Processor
                                          Wed May 15, 2002 09:13 am
Name                    Sex   BD    Account Number          Third Party
FRANK,LISA P             F  02/12/56  No Billing Acct
Allergies:CODEINE/MORPHINE
Page:01                 Outpatient Label Warnings      ##=Current Choices
( 1) No alcohol
( 2) Drowsiness or dizziness




 
 



 Enter label warnings to print on label--
                          end selection(NL)
```

This screen contains the label warnings identified in the Label Warning fields on the Outpatient Information screen of the Formulary Maintenance function for the prescription items. If the prescribed items have no label warnings associated with them, this screen does not display.

The system offers the option to print the label warnings on the prescription label if the Print Label Warnings field of the Amb Care - Parameters parameter is set to Yes (as in the prompt shown in the sample screen above). Enter the option numbers of the warnings you want to print on the prescription label. Press ENTER after you have selected all desired warnings. The system completes the processing of the prescription.

If the Print Label Warnings field of the Amb Care - Parameters parameter is set to No, the system displays the label warnings and the following prompt:

Press NL.

After you have finished viewing the label warnings, press ENTER. The system completes the processing of the prescription.

Next, the system redisplays the prescription revision options. To continue backing out of the revise function, press ENTER.

Impact

If you revise any information that affects pricing and claims processing, the system credits the patient using the old fill information and generates new charges and claims using the revised fill information unless the revisions were made to the original fill of a relabeled inpatient order. If you revised the original fill of a relabeled inpatient order, the system does not charge for the revision and does not decrement stock levels even though the Price and Stock Location fields are still required.

If you revise the dispensed item and enter a new item with a different strength than the old item, the system does not automatically recalculate the total quantity remaining, the partial quantity remaining or the refills remaining. If the item revision affects these fields, you must implement the changes manually using the Revise Current Prescription Information option.

Output

If you requested the printing of labels, the system prints medication labels upon completion of the prescription function. For a description and example of medication labels, see the Prescription Fill/Refill Function.

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Tran Prt field on the Third Party Plan table is set to Yes, the ECS Transaction Log report notifies you of claim status changes following Third Party payor processing or if a claim could not be submitted because of

communication line problems. You can print specific claim transaction elements on your prescription labels or create a customized report.

The system sends a reversal for the previous claim, and then resubmits the claim based on the revised prescription information for revisions to prescription fills when the claim has already been electronically submitted.

The ECS Transaction Log label uses the following criteria to determine printing location (in the order specified below):

- at the order's stock location if it is a single item medication order, where the stock location is not a Satellite or the Satellite is closed

- at the stock location's label print group if the CRT has access to the stock location (checking specifically the Solution or Medication locations) or has no stock location defined

- at the label print group for the CRT's default stock location

- at the label print group defined in the CRT, or failing all else, RXI.

For an example of the ECS Transaction Log report, see *Figure 2.3* on page 2-92.

REVISE CURRENT PRESCRIPTION INFORMATION

The system uses the current prescription information to set the dispensing defaults for the next fill of the prescription. When you select the option to revise the current prescription information, the system displays the following screen:

```
        General Hospital Revise Prescription Processor
                                      Wed May 15, 2002 02:13 pm
Name                    Sex   BD      Account Number            Third Party
*STARR,ELSIE             F  09/12/58  9710500023
Allergies:CODEINE/MORPHINE
 1 Rx#         2 Item Name             3 Total Qty           4 Total Qty Remain
   1000057       MOTRIN TABS, 600MG       300 TABLET            100 TABLET
 5 Original Qty   6 Total Refills       7 Refills Remain    8 Refill Qty
   100 TABLET      2                     1                    100 TABLET
 9 Partial Qty Remain        10 Ordering Physician        11 Control Nbr
   0 TABLET                     3234 CASPER,CARLA             8655768
12 State Nbr    13 DAW Code    14 Ordered As              15 Date Written
   234            No DAW         MOTRIN                      05/04/97




Accept this screen? (Y/N) [Y]--
```

Field Explanations

1. RX# (DISPLAY ONLY)
This field contains the item number of the drug within the prescription. The system prefills this field based upon the number of items previously entered. For example, the number of the first item is 1 and the number of the second item is 2.

2. ITEM NAME (30-C-R)
This field contains the label name of the prescribed drug. Label name is defined in the Label Name field on the Outpatient Information screen of the Formulary Maintenance function.

This field is cannot be revised when the prescription's DAW Code is blank. If the field contains a 1, indicating that the Physician has specified Dispense As Written, the item name may not be revised. Entry of any other DAW Code allows revision of the field. The system does *not* accept drug items with a control class number or drug form (ML, GM, EA) different than the original item. The system does accept items with a different dosage (strength) or a different generic class, but displays warning messages.

If you substitute a formulary or product file item for the prescribed item, the system performs clinical screening on the new item and brings any potential adverse drug reactions, interactions and sensitivities to your attention. The system also checks for therapeutic duplications. The system does not perform clinical screening for manually entered products.

3. TOTAL QTY (DISPLAY ONLY)
This field displays the total quantity prescribed by the physician. For example, the total quantity for a prescription quantity of 30 with 3 refills would be 120.

If you revise the Total Qty Remain, Original Qty, Refills Remain, Refill Qty, or Partial Qty Remain fields, the system automatically recalculates the total quantity displayed in this field.

4. TOTAL QTY REMAIN (8-AN-R)
This field displays the total quantity not yet dispensed as calculated by the system. This field is non-revisable when the prescription has PRN refills.

The prompt for this field varies by drug form (see examples below).

Enter number of caplets --
Enter quantity in gm's [45] or 'x'number of packages--
Enter quantity in ml's [15] or 'x'number of packages--

For items with a drug form of each and a multi-dose indicator of no, the prompt identifies the dosage form of the item and requests the total number of units. The system accepts a maximum entry of 9999.

For items with a drug form of each and a multi-dose indicator of Yes, and items with a drug form of gm or ml, the prompt offers the opportunity to enter the quantity as a number of units or as a number of packages and provides a default response of one package. To enter the quantity as a number of packages, enter the letter **X** and then a number of packages (**X2**). The system accepts a maximum entry of X9999.9 and only accepts two digits after the decimal point (.). The system calculates and displays the quantity as the total number of units (eas/gms/mls).

If you revise the system-calculated quantity, the system recalculates the total prescription quantity displayed in the Total Qty field.

5. ORIGINAL QTY (8-AN-R)
This field identifies the original fill quantity authorized by the physician. This quantity does *not* reflect the actual dispense quantity for the original fill and cannot be less than the actual original dispense quantity. This field is non-revisable except when you are revising the original fill of the prescription.

See the Total Qty Remain field for detailed data entry instructions.

If you increase or decrease the quantity in this field, the system recalculates the quantities in the Total Qty, Total Qty Remaining, Refills Remaining, and the Partial Qty Remaining fields.

6. TOTAL REFILLS (DISPLAY ONLY)
This field identifies the total number of refills authorized by the physician.

You can revise PRN refills to be a specific number.

If the refills remaining (see the Refills Remain field) are increased or decreased, the quantity displayed in this field also increases or decreases.

7. REFILLS REMAIN (2-AN-R)
This field identifies the total number of refills that have not been dispensed. The system does not subtract a refill until the entire refill quantity has been dispensed. That is, if a partial quantity is remaining, the refills remaining includes the partial quantity as one refill.

This field is non-revisable when the prescription has PRN refills.

The Max Refills field of the Amb Care - Control Class Requirements parameter for the lowest control class in the prescription determines the maximum number of refills that you can enter in this field. If you attempt to exceed this maximum, the system displays an error message and rejects your entry.

If you increase or decrease the remaining refills, the system recalculates the quantities in the Total Qty, Total Qty Remaining, Total Refills and the Partial Qty Remain fields.

8. REFILL QTY (8-AN-R)

This field identifies the refill quantity authorized by the physician. This field is non-revisable when the prescription has zero refills.

If you revise the refill quantity and the prescription is not a PRN, the system recalculates the quantities in the Total Qty field and the Total Qty Remain field.

See the Total Qty Remain field for detailed data entry instructions.

9. PARTIAL QTY REMAIN (8-AN-R)

This field identifies the quantity remaining (not dispensed) in the refill. This quantity cannot exceed the Refill Qty field.

If you increase or decreasethe remaining refills, the system recalculates the quantities in the Total Qty, Total Qty Remaining, Original Qty, and the Refills Remaining fields.

See the Total Qty Remain field for detailed data entry instructions. To exit this field without entering a partial quantity, enter a period (.).

10. ORDERING PHYSICIAN (26-AN-R) or (TABLE LOOKUP)

This field identifies the prescribing physician. For items 2 + N of a multiple-item prescription, this field is non-revisable.

If the prescription is being charged to a hospital account, the system defaults the attending physician associated with the account. However, if the physician's address is not entered in the Physicians table and the physician's address is required (see the Phys Address Required field of the Amb Care - Control Class Requirements parameter), the system does *not* default the attending physician. If the prescription entered immediately previous to the current prescription was written for the same patient, the system defaults the physician entered for the previous prescription.

This field uses the Physicians table that can be shared by all facilities or is specific to an individual facility. If the Physicians table is facility-specific, you can only access the physicians of your master facility (see the Amb Care, HBO - Fac Assignment parameter). In a network and/or interface situation, the STAR Patient Care System maintains the Physicians table.

When you access this field, the system displays the following prompt:

> *Enter table code `-`, ('-) for staff, (\-)NSCG --*
> *(R)ecord or (F)reeform*

There are several ways to identify the ordering physician:

- Enter the code assigned to the physician in the Physicians table.

- Enter a hyphen (-), and select from the Physicians table.

- Enter an apostrophe and hyphen ('-), and select from the list of staff.

- Enter a backslash and hyphen (\-), and select from the list of the non-staff caregivers (NSCG).

  After you complete your entries and accept the screen, the new override NSCG becomes the ordering physician and the new override NSCG's name transfers to the New Override NSCG List. At this time, the appropriate administrative personnel can review the override NSCG information and make a determination to include the NSCG as a permanent entry in the Physician/ NSCG Tables.

  If the override NSCG is not included in the Physician/NSCG Tables and removed from the New Override NSCG List, the system does not retain any of the override NSCG information, such as address, phone, or copy to. Override NSCG information is stored with the patient information and passed to STAR Financials as a default physician.

  NOTE: Override NSCGs process the same as current override physicians until they are included in the Physician/NSCG Tables. After an override NSCG is added to the Physician/NSCG Tables as a permanent entry, the NSCG is processed in the same manner as a current staff physician is processed.

- Enter **R**, and select from the list of physicians of record.

- Enter **F** to enter a free-form physician not in the Physicians table. The system displays the *Enter Last,First '-'* -- prompt. If the physician was listed as a free-form physician within the past 90 days, enter a partial name and a hyphen (-), and select from the list of existing free-form physician names starting with the letters you entered. You can also enter a hyphen (-) and select from a list of all free-form physicians entered in the past 90 days.

  To enter a new free-form physician, enter a last name, a comma (,), and a first name. The system displays a physician information screen for the physician name you entered. Complete as many fields as possible. If the physician address is required to process the prescription (see the Amb Care - Control Class Requirements parameter), you must complete the Office Address 1, City, State, Zip Code and Office Phone fields on this screen.

  NOTE: When you enter a free-form physician, the system stores the name and information in the Pharmacy Free-formed Physician table for 90 days before purging them. For more information, see the subsection on the Pharmacy Free-formed Physician table in the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.

11. CONTROL NBR (11-C-C)

This field identifies the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number. For items 2 + N of a multiple item prescription, this field is non-revisable.

If you revised the ordering physician (see the Ordering Physician field), the system automatically prefills this field with the new physician's controlled substance number as it is defined in the Physicians table or doctor information screen. This field is non-revisable when the default comes from the Physicians table.

The Phys Ctrl # Required field of the Amb Care - Control Class Requirements parameter for the lowest control class in the prescription determines when this field is required.

12. STATE NBR (12-C-C)

This field identifies the license number assigned to the physician by the state. For items 2 + N of a multiple item prescription, this field is non-revisable.

If you revised the ordering physician (see the Ordering Physician field), the system automatically prefills this field with the new physician's state license number as it is defined in the Physicians table or doctor information screen. This field is non-revisable when the default comes from the Physicians table.

The Phys State # Required field of the Amb Care - Control Class Requirements parameter for the lowest control class in the prescription determines when this field is required.

13. DAW CODE (1-AN-O)

This field contains the Dispense as Written (DAW) information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter. You can use this field to override the default.

When you access this field, the system displays the following table:

```
( 1) 0-No Dispense as Written        ( 6) 5-Brand Dispensed, Priced as Generic
( 2) 1-Physician Dispense as Written ( 7) 6-Override
( 3) 2-Patient Dispense as Written   ( 8) 7-Brand Drug Mandated by Law
( 4) 3-Pharmacist Dispense as Written( 9) 8-Generic not available in market
( 5) 4-No Generic Available          (10) 9-Other
```

The following shows the field display for each table entry selection:

Table Entry	Field Display
1 No Dispense as Written	0 No DAW
2 Physician Dispense as Written	1 MD DAW
3 Patient Dispense as Written	2 Pt DAW

Table Entry	Field Display
4 Pharmacist Dispense as Written	3 RPH DAW
5 No Generic Available	4 No Generic
6 Brand Dispensed, Priced as Generic	5 Brand/Gen Pr
7 Override	6 Override
8 Brand Drug Mandated by Law	7 Brand/Law
9 Generic Not Available in Market	8 Not in Mkt
10 Other	9 Other

Enter the number for your selection.

14. ORDERED AS (30-C-O)

This field contains a description of the prescription as it is recognized by the nurse and/
or patient. Enter the appropriate free-form description.

15. DATE WRITTEN (DATE-O)

This field contains the date the prescription was written. You can revise the date.

If you accept the screen and the Total Qty Remain field exceeds the system- calculated
total quantity remaining, the system flashes the following warning and redisplays the
field selection prompt:

> *Invalid Total Quantity Remaining!*

If you accept the screen and there is a Partial Qty Remain field but no Refills Remain
field, the system flashes the following warning and redisplays the field selection
prompt:

> *Invalid partial quantity remaining!*

If there are refills (see the Total Refills field) but no Refill Qty (see the Refill Qty field),
the system displays the following warning and redisplays the field selection prompt:

> *Error: Refill quantity required!*

Impact

If you revise the dispensed item and enter a new item with a different strength than the
old item, the system does not automatically recalculate the total quantity remaining, the
partial quantity remaining or the refills remaining. If the item revision affects these
fields, you must implement the changes manually.

Revise Solutions

For solution prescriptions, you can revise the order-level information or the item-level information, add an additional item(s) to the prescription, or refill the prescription. The refill option enables you to revise a prescription and complete the refill without exiting the revise function.

After you select a solution prescription to revise, the system displays the screen shown below:

```
              General Hospital Revise Prescription Processor
                                            Wed May 15, 2002 01:15 pm
Name                      Sex   BD    Account Number          Third Party
FRANK,LISA P               F  02/12/56  No Billing Acct         GA
Allergies:CODEINE/MORPHINE
     Rx#       Drug                      Refill   Orig     Last     Price S
     800006    Next: Pri-15 08/11  125 ML/HR         08/09/88 08/10/88         A
               DEXTROSE 5% 1000 ML                 QB       DAILY
               POTASSIUM PHOS 4.4 MEQ/1 ML         QB       DAILY
               SODIUM CHLORIDE 0.9% 1 ML           QB       DAILY




 Revise the previous fill(P) or Refill(R)--
```

This screen contains basic patient and prescription information and presents the solution revision options.

To *revise* the previous fill of the prescription, enter P. The revise previous fill option enables you to revise the information about the most recent fill dispensed and redispense the fill.

To revise the current information of the solution prescription, use the Prescription Refill function.

To *refill* the prescription, enter R; see the Prescription Refill function for more details.

The system redisplays this screen after you complete a revision/refill. Select another revision option or press ENTER to back out of the function.

When you select the option to revise the previous fill, the system displays the previous fill revision options screen:

```
              General Hospital Revise Prescription Processor
                                          Wed May 15, 2002 01:15 pm
Name                      Sex   BD    Account Number          Third Party
FRANK,LISA P              F  02/12/56  No Billing Acct         GA
Allergies:CODEINE/MORPHINE
     Rx#      Drug                      Refill   Orig    Last     Price S
     800006   Next: Pri-15 08/11  125 ML/HR         08/09/88 08/10/88        A
              DEXTROSE 5% 1000 ML                   QB       DAILY
              POTASSIUM PHOS 4.4 MEQ/1 ML           QB       DAILY
              SODIUM CHLORIDE 0.9% 1 ML             QB       DAILY




Enter `O` for Order Information, `I` for Item Information or `A` to Add--
```

STAR Pharmacy offers three previous fill revision options: revise order information, revise item information, and add an additional item. The system presents a different set of screens for each option.

After you complete each of the previous fill revision transactions, the system redisplays the previous fill revision options screen as shown above. Select another revision option or press ENTER to indicate that all previous fill revisions have been entered.

When you press ENTER to indicate that all previous fill revisions have been entered, the system reprocesses the previous fill. The system backs up the next bottle number, date and time to what it was before the previous fill and credits the patient for the previous fill charges. The system asks for the new quantity to dispense and performs all the post-fill processing associated with a regular refill (see the Impact subsection of this function).

To revise the order-level information, enter **O**. The system displays the order-level information screen (see next screen).

To revise the item-level information, enter **I**. To go to documentation of this option, see the Revise Item Information subsection.

To add an additional item to the prescription, enter **A**. The system displays the formulary item identification screen. After you identify the item, the system displays a blank item-level information screen. See the Prescription Fill/Refill function for more information about identifying the formulary item and completing the item-level information screen.

REVISE ORDER INFORMATION

When you select the option to revise order information, the system displays the order information screen:

```
                  General Hospital Revise Prescription Processor
                                             Wed May 15, 2002 01:15 pm
Name                      Sex   BD    Account Number          Third Party
FRANK,LISA P               F  02/12/56  No Billing Acct            GA
Allergies:CODEINE/MORPHINE
 11913 DEXTROSE/NACL   ML
 1 Type              2 Route          3 Sol Rate          4 Admin Freq
   Pri                 INTRAVENOUS      125 ML/HR
 5 Disp Interval     6 Infuse Over     7 IV Set           8 Drip Rate

 9 Administration Times              10 Date Written     11 Next Btl Nbr
                                        08/09/88             14
12 Next Btl Date  13 Next Btl Time   14 Duration      15 Stop Date  16 Stop Time
   08/10/88           01:00a                            09/10/88       10:00pm
17 Product Label Comment             18 Ordered As

19 Nursing Comment                   20 Initials     21 Billing Acct Nbr
                                        EH/EH            No Billing Acct Nbr

22 Counsel

Enter field number or '/' starting field number--
```

This screen contains the prescription's order-level information as it was before the most recent fill was dispensed. Notice that the Next Btl Nbr, Next Btl Date, and Next Btl Time fields have been set back. The cursor stops in the first appropriate incomplete field. To access a different field, enter a slash (/) and the number of the desired field.

Field Explanations

1. TYPE (DISPLAY ONLY)
This field contains the abbreviated description of the solution type.

2. ROUTE (5-AN-R) or (TABLE LOOKUP)
This field identifies the route by which the prescription is to be administered. Enter the code assigned to a specific route, or enter a hyphen (-) to display the Route table and select the desired route. If you select a route that is not identified in the Route fields of the formulary file for item #1, the system displays a warning and asks if you still want to enter the route.

3. SOL RATE (10-C-O)
This field identifies the prescribed rate (mls/hour) of administration. If the Infusion Rate? field of the Solution Type Codes table for the prescription's solution type contains a No entry, this field is blank and non-revisable.

You can enter the specific number of milliliters that are to be administered to the patient each hour or a free-form response. If you enter a specific number of milliliters, 9999.9 is the maximum entry accepted by the system. If you enter a free-form response, the system accepts a maximum of 10 characters and the first character must be a letter.

If you entered a specific number of milliliters, the prescription has no dispensing interval (see the Disp Interval field) or administration times (see the Administration Times field), and you specify the dispense quantity based upon time (that is, you enter an end label date and time) as opposed to a specific number of bottles, the system uses this field to determine the number of bottles to process. For example, if the rate for a 1000ml bottle is 125 mls/hour, one bottle will be administered every eight hours. If you enter an end date and time that is 48 hours later than the start date and time, the system dispenses six bottles.

4. ADMIN FREQ (5-AN-O) or (TABLE LOOKUP)

This field identifies the prescribed frequency of administration. Enter the code assigned to a specific frequency, or enter a hyphen (-) to display the Frequency table and select the desired frequency.

5. DISP INTERVAL (5-AN-C)

This field identifies the prescribed dispensing interval. This field is required if the prescription has no Admin Freq (see the Admin Freq field), no Administration Times (see the Administration Times field), and the Sol Rate (see the Sol Rate field) is a free-form response. This field is also required if there is an entry in the Admin Freq field but not in the Administration Times field. This field overrides the Sol Rate (see the Sol Rate field) when both are entered.

You can enter a number of hours or enter D for demand. To enter a number of hours, specify both hours and minutes excluding punctuation. For example, enter 800 for eight hours. If you enter D for demand, the system dispenses only one bottle per refill.

When you enter a PRN administration frequency, the cursor stops in this field and you can enter any dispensing interval. When you enter a non-PRN administration frequency, the system prefills this field with the appropriate number of hours and the cursor bypasses this field. You can revise the default dispensing interval to be Demand but the system does not accept a different number of hours.

If the prescription has no administration times (see the Administration Times field) and you specify the prescription quantity based upon time (you enter an end label date and time) as opposed to a specific number of bottles, the system uses this field to determine the number of bottles to process. For example, if you specify a dispensing interval of eight hours and you enter an end date and time that is 48 hours later than the start date and time, the system dispenses six bottles. If you specify a dispensing interval of demand, the system never requests an end date/time and automatically dispenses one bottle.

6. INFUSE OVER (6-AN-C)

This field identifies the amount of time required to administer one dose. This field is blank and non-revisable when the Sol Rate field contains a response but is required if the system is calculating the solution rate (the Sol Rate field is blank, the prescription is not a Demand or PRN prescription, and there is an Admin Freq).

To specify a number of hours, enter the number of hours with a suffix of H (8H). To specify a number of minutes, enter the number of minutes with a suffix of M (60M). For the number, the system accepts a maximum of two digits both preceding and following an optional period (nn.nn). If you enter only a number without a suffix, the system prompts you to enter the appropriate suffix.

If you enter a number that exceeds the prescription's frequency, the system displays the following error message and requests entry of a valid number:

Error: Infusion period cannot be greater than frequency!

7. IV SET (5-AN-O) or (TABLE LOOKUP)

This field identifies the type of IV set being used to administer the solution. Enter the code assigned to a specific IV set, or enter a hyphen (-) to display the IV Sets table and select the desired IV set.

8. DRIP RATE (3-N-O)

This field specifies the infusion rate as the number of drops per minute. When you complete both the Sol Rate (mls/hour) and the IV Set (drops/ml) fields, the system calculates and displays a revisable default response for this field. When revising the drip rate, enter the number of drops per minute. This field is non-revisable if the Sol Rate field contains a free-form response or is blank.

9. ADMINISTRATION TIMES (65-C-O)

This field identifies the specific times at which a new dose is to be started. If the Admin Times? field of the Solution Type Codes table contains a Yes response for the prescription's solution type (see the Type field) and you selected an Admin Freq (see the Admin Freq field) with administration times (see Frequency table), the system defaults those administration times into this field. You can revise the default administration times.

This field is blank and non-revisable when the Admin Times? field of the Solution Type Codes table contains a No response for the prescription's solution type.

You can enter up to 16 administration times, separating the times by commas. Use either military format (for example, 0800,0900,1000) or am/pm format (for example, 8A,12N,300P,1020P) that includes A (am), P (pm), M (midnight), or N (noon). You can also use colons (:) or hyphens (-) as separators. For 3 o'clock in the afternoon, acceptable entries include 1500, 15:00, 15-00, 3P, 3:00P, 3-00P.

If you enter a time in an invalid format, the system displays an *Invalid format!* message.

NOTE: If the numbers you enter are *not* in chronological order, the system automatically rearranges them in chronological order.

The system uses this field to determine the number of bottles to process when you specify the prescription quantity based upon time (that is, you enter an end label date and time) as opposed to a specific number of bottles. The administration times

override the solution rate (see the Sol Rate field) and the dispensing interval (see the Disp Interval field) when these fields are also defined for the prescription.

For example, if three administration times are defined for the prescription and you enter an end date and time that is 48 hours later than the start date and time, the system dispenses six bottles.

10. DATE WRITTEN (DISPLAY ONLY)
This field displays the date on which the physician wrote the prescription.

11. NEXT BTL NBR (DISPLAY ONLY)
This field displays the number of the next bottle to be dispensed. If no bottles have been dispensed for the order, the system displays the starting bottle number defined in the First Bottle Nbr field for the order.

12. NEXT BTL DATE (10-C-R)
This field identifies the date on which the next bottle is to be administered. The system prefills this field with the start date of the first bottle in the previous fill. If no bottles have been dispensed for the order, the system displays the date defined for the order in the Start Date field.

When revising the next bottle date, enter a new date using the date entry techniques described in the General Information volume. The system does not accept any dates more than five days in the past or eight days in the future.

13. NEXT BTL TIME (10-C-R)
This field identifies the time at which the next bottle is to be administered. The system prefills this field with the start time of the first bottle in the previous fill. If no bottles have been dispensed for the order, the system displays the time defined for the order in the Start Time field.

When revising the next bottle time, enter a new time using the time entry techniques described in the General Information volume.

14. DURATION (10-AN-O)
This field identifies the period of time for which the prescription is to remain active. The system uses this field to calculate a default stop date and stop time (see the Stop Date fields and the Stop Time fields) when you specify duration as a number of hours or days.

If you specify duration as a number of doses and the prescription has a Disp Interval (see the Disp Interval field) or Administration Times (see the Administration Times field), the system displays a message that indicates when the last bottle is to be dispensed. The system does not allow you to enter a Stop Date or Stop Time until the last bottle has been dispensed.

To specify duration in terms of hours, enter the number of hours (maximum 9999) with a suffix of H (48H). To specify duration in terms of days, enter the number of days

(maximum 999) with a suffix of DA(2DA). To specify duration in terms of doses, enter the number of doses (maximum 999) with a suffix of DO (6DO).

15. STOP DATE (10-C-C)
This field identifies the date on which the system refuses to allow refills. If you entered a duration (see field above) in terms of hours or days, the system prefills this field with a revisable system-calculated stop date and this field is required. The system calculates the default by adding the duration period onto the start date. If you entered a duration in terms of doses, this field is blank and non-revisable.

When revising the stop date, enter a new date using the date entry techniques described in the *General Information Volume*.

16. STOP TIME (10-C-C)
This field identifies the time at which the system refuses to allow refills. If the Stop Date field contains an entry, this field is required. If you entered a duration (see field above) in terms of hours or days, the system prefills this field with a revisable system-calculated stop time. The system calculates the default by adding the duration period onto the start time.

When revising the stop time, enter a new time using the time entry techniques described in the *General Information Volume*.

17. PRODUCT LABEL COMMENT (34-AN-O) or (TABLE LOOKUP)
This field identifies the inpatient label warning that the system prints on the prescription label. The system prefills this field with the label warning identified in the Product Label Comment field on the Order Information screen of the Formulary Maintenance function for the item. You can override this default.

Enter the code assigned to a specific label warning, or enter a hyphen (-) to display the Inpatient Label Warnings table and select the desired label warning.

18. ORDERED AS (30-C-O)
This field identifies the prescription as it is recognized by the nurse and/or patient.

19. NURSING COMMENT (33-C-O)
This field identifies special instructions and/or nursing comments.

20. INITIALS (3-A-C)
This field identifies the initials of the individual entering the prescription and the initials of the registered pharmacist filling the prescription separated by a slash (/). The initials of the individual entering the prescription are always required information.

When a registered pharmacist enters the prescription, the system prefills both parts of this field with the pharmacist's initials and the cursor bypasses this field. When a non-pharmacist enters/revises the prescription, the system first asks for your initials. After you enter your initials, the system asks for the initials of the pharmacist who is to fill/ refill the prescription.

The Amb Care - Parameters parameter contains two fields that affect this field. The Tech/RPh Initials Ind field determines if a non-pharmacist can enter a pharmacist's initials. The RPh Initials Required field determines if the system requires entry of a pharmacist's initials in the fill and refill functions.

21. BILLING ACCT NBR (2-N-R)

This field identifies the hospital account to which the prescription charges not covered by a third party are charged. When the patient's charges are not charged to a hospital account, this field contains a No Billing Acct Nbr entry. If you edit this field, the system displays a list of the patient's active account numbers and the No Billing Account option. Select the desired option from the displayed list.

22. COUNSEL (1-A-O)

This field indicates whether the pharmacist provided counseling to the patient. When you access this field, the system displays the following prompt:

Was counseling provided for the patient? (Y/N) --

After you complete your order information revisions and accept the screen, the system redisplays the previous fill revision options screen.

REVISE ITEM INFORMATION

If you are revising a multiple item prescription, the system displays the item selection screen after you select the option to revise previous fill item-level information.

If you are revising a single item prescription, the system displays the item-level information screen.

```
             General Hospital Revise Prescription Processor
                                           Wed May 15, 2002 01:15 pm
Name                    Sex   BD     Account Number           Third Party
FRANK,LISA P             F  02/12/56  No Billing Acct          GA
Allergies:CODEINE/MORPHINE
Page:01                           Drugs                ##=Current Choices
( 1) DEXTROSE 10%-NACL 0.45%        INJECTION
( 2) POTASSIUM PHOS               4.4 MEQ INJECTION
( 3) SODIUM CHLORIDE 0.9%           INJECTION




 Enter choices (e.g. 1,7,5-9) or '-'choices to remove--
                      end selection(NL)
```

This screen contains a list of the prescription items. The Trade/Generic Ind field (McKesson-controlled) of the Amb Care - Parameters parameter determines whether the system displays the items' brand or generic name. Enter the option numbers of the items that you want to revise. The system displays the option number of your selected items in reverse video (the background is light and the numbers are black). To un-select an item, enter a hyphen (-) and the item's option number. Press ENTER when

you have selected all desired items. The system then displays the item-level
information screen for the first item:

```
                General Hospital Revise Prescription Processor
                                              Wed May 15, 2002 01:15 pm
Name                      Sex    BD    Account Number            Third Party
FRANK,LISA P               F  02/12/56  No Billing Acct          GA
Allergies:CODEINE/MORPHINE
 11913 DEXTROSE/NACL  ML
 1 Drug  2 Ordering Physician        3 Ctrl Nbr    4 State Nbr    5 Prov Nbr
    1       7541 TAFT,JANE L           AA6332111
  6 Item Name                       7 Dosage          8 Adm/Dose
    DEXTROSE 10%-NACL 0.45% INJ                         1000 ML
  9 Disp/Dose        10 Bottle Schedule               11 Scheduled Days
     1,000 ML           QB EVERY BOTTLE                  DAILY
 12 Next Bottle Nbr 13 Next Date    14 Duration   15 Stop Date   16 Stop Time
    14
 17 Lot              18 Stability    19 Refrigerate?     20 NF Unit Price

 21 Third Party      22 Price Plan   23 Stock Location         24 DAW Code
                                        OUTPATIENT PHAR             Yes


                    Rx Diagnosis/Disease: _____

Accept this screen? (Y/N) [R]--
(D)rug Information or Dosage (R)anges
```

Field Explanations

1. DRUG (DISPLAY ONLY)
This field contains the item number of the drug within the prescription.

2. ORDERING PHYSICIAN (26-AN-R) or (TABLE LOOKUP)
This field identifies the prescribing physician. For items 2 + N of a multiple-item
prescription, this field is non-revisable.

If the prescription is being charged to a hospital account, the system defaults the
attending physician associated with the account. However, if the physician's address
is not entered in the Physicians table and the physician's address is required (see the
Phys Address Required field of the Amb Care - Control Class Requirements
parameter), the system does *not* default the attending physician. If the prescription
entered immediately previous to the current prescription was written for the same
patient, the system defaults the physician entered for the previous prescription.

This field uses the Physicians table that can be shared by all facilities or is specific to
an individual facility. If the Physicians table is facility-specific, you can only access the
physicians of your master facility (see the Amb Care, HBO - Fac Assignment
parameter). In a network and/or interface situation, the STAR Patient Care System
maintains the Physicians table.

When you access this field, the system displays the following prompt:

> *Enter table code `-`, ('-) for staff, (\-)NSCG --*
> *(R)ecord or (F)reeform*

There are several ways to identify the ordering physician:

- Enter the code assigned to the physician in the Physicians table.

- Enter a hyphen (-), and select from the Physicians table.

- Enter an apostrophe and hyphen ('-), and select from the list of staff.

- Enter a backslash and hyphen (\-), and select from the list of the non-staff caregivers (NSCG).

    After you complete your entries and accept the screen, the new override NSCG becomes the ordering physician and the new override NSCG's name transfers to the New Override NSCG List. At this time, the appropriate administrative personnel can review the override NSCG information and make a determination to include the NSCG as a permanent entry in the Physician/ NSCG Tables.

    If the override NSCG is not included in the Physician/NSCG Tables and removed from the New Override NSCG List, the system does not retain any of the override NSCG information, such as address, phone, or copy to. Override NSCG information is stored with the patient information and passed to STAR Financials as a default physician.

    NOTE: Override NSCGs process the same as current override physicians until they are included in the Physician/NSCG Tables. After an override NSCG is added to the Physician/NSCG Tables as a permanent entry, the NSCG is processed in the same manner as a current staff physician is processed.

- Enter **R**, and select from the list of physicians of record.

- Enter **F** to enter a free-form physician not in the Physicians table. The system displays the *Enter Last,First '-'* -- prompt. If the physician was listed as a free-form physician within the past 90 days, enter a partial name and a hyphen (-), and select from the list of existing free-form physician names starting with the letters you entered. You can also enter a hyphen (-) and select from a list of all free-form physicians entered in the past 90 days.

    To enter a new free-form physician, enter a last name, a comma (,), and a first name. The system displays a physician information screen for the physician name you entered. Complete as many fields as possible. If the physician address is required to process the prescription (see the Amb Care - Control Class Requirements parameter), you must complete the Office Address 1, City, State, Zip Code and Office Phone fields on this screen.

    NOTE: When you enter a free-form physician, the system stores the name and information in the Pharmacy Free-formed Physician table for 90

days before purging them. For more information, see the subsection on the Pharmacy Free-formed Physician table in the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.

3. CTRL NBR (11-C-C)

This field identifies the controlled substance number assigned. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number. The system prefills this field with the controlled substance number entered for the physician during prescription entry. If you revised the ordering physician, the system automatically fills this field with the new physician's controlled substance number that is stored in the Physicians table or was identified on the free-form physician information screen (see the Ordering Physician field). This field is non-revisable when the controlled substance number was defaulted from the Physicians table or if you are revising items 2 + N of a multiple item prescription. The Phys Ctrl # Required field of the Amb Care - Control Class Requirements parameter determines when this field is required.

4. STATE NBR (12-C-C)

This field identifies the license number assigned by the state to the physician. The system prefills this field with the state number most recently entered for the physician for this prescription. If you revised the ordering physician, the system automatically fills this field with the new physician's state number that is stored in the Physicians table or was identified on the free-form physician information screen (see the Ordering Physician field). This field is non-revisable when the state number is prefilled using the Physicians table.

This field is non-revisable when the state number was defaulted from the Physicians table and when you are revising items 2 + N of a multiple item prescription. The Phys State # Required field of the Amb Care - Control Class Requirements parameter determines when this field is required.

5. PROV NBR (10-C-C)

This field identifies the number assigned to the physician by the third party. The Separate Nbr field of the O/P Third Party Plans table determines when this field is required.

This field is non-revisable under the following conditions:

- No claim is being submitted for the prescription

- The provider number was defaulted from the Physician Provider Nbr Assignment table

- The third party does not require a provider number

6. ITEM NAME (30-C-R)
This field displays the name and strength of the prescribed drug.   The system prefills this field with the label name defined in the Label Name from the last fill. This field is revisable during the initial fill only for manual entry items.

7. DOSAGE (15-C-O)
This field identifies the dosage of the prescribed item. Enter both the quantity and the unit (for example, 20 MEQ). The system uses this field to calculate the default for the Adm/Dose and Disp/Dose fields.

8. ADM/DOSE (15-C-O)
This field identifies the number of units to be administered in each dose of the prescription. The system displays a revisable system-calculated default. For items with a dosage form of mls or gms, the system uses the item's volume to determine the default value. For items with a dosage form of each, the system defaults one unit of the dosage form (for example, if the dosage form is syringe, the system default is one syringe).

If the item has a strength and dosage defined in the formulary and you revise the system-calculated default, the system asks if you want it to recalculate the dosage. To have the dosage recalculated, enter **Y**. To leave the dosage unchanged, enter **N**.

9. DISP/DOSE (15-C-R)
This field identifies the number of units to be dispensed for each dose of the prescription. The system displays the same system-calculated default as that of the Adm/Dose field. In some situations, the system recalculates the Disp/Dose when you revise the Adm/Dose. However, the system does not recalculate Adm/Dose when you revise the Disp/Dose default. The system uses the quantity in this field to determine the charge quantity.

When the item is extempo and the Disp/Dose value is revised, use the Lowest Charge indicator to determine whether or not to update the Package Size field.

If the item has a dosage form of MLs or GMs, you must enter the disp/dose units in terms of MLs or GMs unless the Conversion Factors table contains an entry that defines the conversion factor for the type of units entered.

If the patient's third party uses a different dispensing unit than ml, gm, or each, the system automatically converts the disp/dose quantity into the third party's unit and displays the conversion quantities near the bottom of the screen.

10. BOTTLE SCHEDULE (19-AN-R) or (TABLE LOOKUP)
This field specifies the bottles in which the item is to be administered (for example, every bottle or every other bottle). Enter the code assigned to a specific bottle schedule, or enter a hyphen (-) to display the Bottle Schedule table and select the desired bottle schedule.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

11. SCHEDULED DAYS (20-AN-R) or (TABLE LOOKUP)
This field identifies the days on which the item is to be administered (for example, daily or every other day). Enter the code assigned to a specific schedule, or enter a hyphen (-) to display the Schedule table and select the desired schedule.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

NOTE: This field must contain a daily schedule (interval=1) if the bottle schedule as defined in the Bottle Schedule field is not First Bottle Daily or Every Bottle.

12. NEXT BOTTLE NBR (3-N-C)
This field identifies the number of the bottle in which this item is to next be administered. If you enter a bottle number that is lower than the First Bottle Nbr defined on the order-level information screen, the system displays an error message and rejects your entry.

If you enter a bottle number in this field, the Next Date field is non-revisable. To specify a next bottle date, you must leave this field blank. If you do not specify a Next Date, this field is required.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

13. NEXT DATE (10-C-O)
This field identifies the next date on which a bottle containing this item is to be administered to the patient. If you scheduled the item to start in a specific bottle (see the Next Bottle Nbr field), this field remains blank and is non-revisable. To enter a date in this field, leave the Next Bottle Nbr field blank.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

14. DURATION (10-AN-O)
This field identifies the period of time for which the item is to remain active. When you specify duration as a number of hours or days, the system uses this field to calculate a default Stop Date and Stop Time.

To specify duration in terms of hours, enter the number of hours (maximum 9999) with a suffix of H (for example, 48H). To specify duration in terms of days, enter the number of days (maximum 999) with a suffix of DA (for example, 2DA). To specify duration in

terms of doses, enter the number of doses (maximum 999) with a suffix of DO (for example, 6DO).

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

15. STOP DATE (10-C-C)

This field identifies the date on which the system refuses to allow refills. If a duration is defined (see the Duration field) in terms of hours or days, the system prefills this field with a revisable system-calculated stop date. The system calculates the default by adding the duration to the start date. You can revise the default.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

If duration (see the Duration field) is specified in terms of doses, this field is blank and non-revisable. If duration is specified in terms of hours or days, this field is required.

If you define a stop date for the item that is later than the order-level stop date, the system uses the order-level stop date. If you define a stop date for the item that is earlier than the order-level stop date, the system uses the item- level stop date for the item only. When you attempt to refill a prescription after the order-level stop date/time has passed, the system displays an error message and presents the Profile Maintenance menu.

16. STOP TIME (10-C-C)

This field identifies the time at which the item ceases to be administered. If you entered a duration (see the Duration field) in terms of hours or days, the system prefills this field with a revisable system-calculated stop time. The system calculates the default by adding the duration to the start time.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

If a Stop Date (see the Stop Date field) was entered, this field is required.

If you define a stop time for the item that is later than the order-level stop date/time, the system uses the order-level stop date/time. If you define a stop time for the item that is earlier than the order-level stop date/time, the system uses the item-level stop date/ time for the item only. When you attempt to refill a prescription after the order-level stop date/time has passed, the system displays an error message and presents the Profile Maintenance menu.

17. LOT (10-C-C)
This field identifies the lot number of the dispensed item. The Lot Number Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

18. STABILITY (4-AN-O)
This field identifies the period of time over which the item remains stable. Stability can be defined in terms of hours or days. To specify stability in terms of hours, enter the number of hours and an H (48H). To specify stability in terms of days, enter the number of days and a D (2D).

19. REFRIGERATE? (1-A-O)
This field specifies if the item is to be stored in a refrigerator. If the item is to be kept refrigerated, enter **Y**. If refrigeration is not necessary, enter **N**.

20. NF UNIT PRICE (10-N-C)
This field contains the unit cost of a non-formulary item. If the item is non-formulary and you do not enter a price, the item is not charged until the price is entered. After the price is entered, the system charges for the total units already dispensed.

21. THIRD PARTY (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plan for which a prescription claim is to be submitted. The system prefills this field with the default third party plan defined in the Patient Demographics function. You can change the third party plan to any third party plan assigned to the patient. Only one third party plan can be entered per prescription fill. You can also override this default with a Cash entry when necessary; the field is then blank. When no third party claim is being submitted for the prescription, the system charges the patient for the full prescription price.

Press ENTER to enter Cash, or enter a third party plan assigned to the patient by entering the code of a specific third party or by entering a hyphen (-) and selecting the desired third party from the displayed list.

22. PRICE PLAN (5-AN-O) or (TABLE LOOKUP)
This field identifies the price plan used to calculate the prescription price. This field remains blank when the default price plan has been selected.

If the user accesses this field during the revise prescription function, any price plan entered at this time replaces any pricing formulas attached to that formulary item (whether at the route level or as an override in the formulary).

The O/P Cash Plans table defines the price plans for non-third party prescriptions. The O/P Third Party Plans table defines the price plans for each third party.

23. STOCK LOCATION (34-AN-R) or (TABLE LOOKUP)
This field identifies the stock location from which the dispense quantity is to be decremented. The system prefills this field with the stock location defined in the Primary O/P Sol Location field of the CRT Names table for the ordering CRT. When a default is displayed, the cursor bypasses this field.

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The system automatically verifies that the stock location contains the drug item being dispensed. If the location does not contain the item, the system displays an error message and rejects your entry. Next, the system verifies that you have selected an outpatient stock location. If the location is not an outpatient stock location, the system displays a warning and asks if you still want to dispense from that location.

24. DAW CODE (1-A-O)
This field contains the Dispense as Written (DAW) information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter. You can use this field to override the default.

When you access this field, the system displays the following table:

```
( 1) 0-No Dispense as Written          ( 6) 5-Brand Dispensed, Priced as Generic
( 2) 1-Physician Dispense as Written   ( 7) 6-Override
( 3) 2-Patient Dispense as Written     ( 8) 7-Brand Drug Mandated by Law
( 4) 3-Pharmacist Dispense as Written  ( 9) 8-Generic not available in market
( 5) 4-No Generic Available            (10) 9-Other
```

The following shows the field display for each table entry selection:

Table Entry	Field Display
1 No Dispense as Written	0 No DAW
2 Physician Dispense as Written	1 MD DAW
3 Patient Dispense as Written	2 Pt DAW
4 Pharmacist Dispense as Written	3 RPH DAW
5 No Generic Available	4 No Generic
6 Brand Dispensed, Priced as Generic	5 Brand/Gen Pr
7 Override	6 Override
8 Brand Drug Mandated by Law	7 Brand/Law
9 Generic Not Available in Market	8 Not in Mkt
10 Other	9 Other

Enter the number for your selection.

The acceptance prompt enables you to view drug information and dosage range information if any is available.

Enter **D** to view the drug information from the Product Information file. You can view the basic description pricing, third party, and clinical information through this function. For more details, see the *General Applications Volume* of the *STAR Pharmacy Reference Guide*.

Enter **R** to view client-defined dosage range information for the drug. The R prompt is displayed based on the setting in the Ord Mgt -Order Entry parameter. If you enter R, the system displays the following prompt:

Access (C)lient-defined dosing information?--

NOTE: If you enter C and no data exists for that option, the system displays the following error message:

Error: No dosage range data exists!

If you enter C, the system displays client-defined dose range criteria for the drug at the bottom of the screen. The information is display only. To display the previous page of ranges, press F1. To display the next page of ranges, press F2. To exit the current page of ranges, press F7.

```
Basis    Min    Max    Per    Rate   #/Day    Min/Dose  Max/Dose   Min/Day    Max/Day
Wt Kg                  KG               3        250MG     500MG      750MG     1000MG




                   F1Prev Page F2Next Page F7  Exit
```

For more information, see the Client-defined dose range information section in the *General Applications Volume* of the *STAR Pharmacy Reference Guide*.

After you have completed your item-level information revisions, accept the screen. If you are revising a single-item prescription or a single item within the prescription, the system redisplays the previous fill revision options screen. If you are revising multiple items of a multi-item prescription, the system displays the item-level screen for the next item. After you have reviewed/revised the item-level screen for each item selected, the system redisplays the previous fill revision options screen.

ADD ADDITIONAL ITEM

After you select the option to add an additional item to the bottles of the previous fill, the system displays the following prompt:

Enter drug name, `-`mnemonic, formulary code or `*`product #--

Identify the drug item. The system performs clinical screening and brings any potential adverse drug reactions, interactions, and sensitivities to your attention. The system also checks for therapeutic duplications and verifies that the information collected thus far meets the requirements of the DEA class (for example, physician address).

If the patient is covered by a third party, the system verifies that the drug item is covered by the patient's third party. If the item is covered, the system displays the first prescription fill screen.

If the item is <u>not</u> covered by the third party and the Override field on the O/P Third Party Plans table is set to Yes for the patient's third party, the system displays the following prompt:

Drug is not covered by GEORGIA MEDICAID. Create claim? (Y/N)--

The third party in this example is Georgia Medicaid. To submit a claim for the prescription despite the drug's ineligibility, enter **Y**. To process the prescription as a non-third party prescription, enter **N**.

If the drug item is not covered by the third party and the Override field on the O/P Third Party Plans table is set to No, the system flashes the following message and then displays the first prescription fill screen:

Drug is not covered by GEORGIA MEDICAID.

The system automatically processes the prescription as a non-third party prescription and the patient is responsible for the prescription charges.

After screening, the system displays a blank item information screen and the cursor appears in the first blank field:

```
               General Hospital Revise Prescription Processor
                                           Wed May 15, 2002 01:15 pm
Name                    Sex   BD    Account Number           Third Party
FRANK,LISA P             F  02/12/56  No Billing Acct          GA
Allergies:CODEINE/MORPHINE
 11913 DEXTROSE/NACL  ML
 1 Drug  2 Ordering Physician      3 Ctrl Nbr   4 State Nbr    5 Prov Nbr
   1       7541 TAFT,JANE L          AA6733112
 6 Item Name                      7 Dosage          8 Adm/Dose
   VIBRAMYCIN IV INJ, 100MG         100 MG            1 INJECTION
 9 Disp/Dose        10 Bottle Schedule            11 Scheduled Days
    1 INJECTION         QB EVERY BOTTLE              DAILY
12 Next Bottle Nbr 13 Next Date    14 Duration  15 Stop Date   16 Stop Time
   14
17 Lot             18 Stability    19 Refrigerate?   20 NF Unit Price

21 Third Party     22 Price Plan   23 Stock Location       24 DAW Code
                                   OUTPATIENT PHAR             Yes

              Rx Diagnosis/Disease:

Enter physician's controlled substance number--
```

Field Explanations

1. DRUG (DISPLAY ONLY)
This field indicates the item number of the drug within the prescription.

2. ORDERING PHYSICIAN (DISPLAY ONLY)
This field identifies the prescribing physician. The system defaults the physician identified in the Ordering Physician field for item #1. To revise the ordering physician, you must revise item #1.

3. CTRL NBR (DISPLAY ONLY)

This field contains the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number. The system defaults the controlled substance number identified for the physician on the item #1 screen. To revise this field, you must revise item #1.

4. STATE NBR (DISPLAY ONLY)

This field contains the license number assigned by the state to the physician. The system defaults the state number identified for the physician on the item #1 screen. To revise this field, you must revise item #1.

5. PROV NBR (10-C-C)

This field contains the number assigned to the physician by the third party. The system defaults the provider number identified for the physician on the item #1 screen. This field is non-revisable except when the provider number is required and it was not defaulted from the Physicians table. The Separate Nbr field of the O/P Third Party Plans table determines when this field is required.

6. ITEM NAME (30-C-R)

This field displays the label name of the prescribed drug. The system prefills this field with the label name defined from the last fill. This field is revisable during the initial fill only for manual entry items.

7. DOSAGE (15-C-O)

This field identifies the dosage of the prescribed item. Enter both the quantity and the unit (for example, 20 MEQ). The system uses this field to calculate the default for the Adm/Dose and Disp/Dose fields.

8. ADM/DOSE (15-C-O)

This field identifies the number of units to be administered in each dose of the prescription. The system displays a revisable system-calculated default. For items with a dosage form of mls or gms, the system uses the item's volume to determine the default value. For items with a dosage form of each, the system defaults one unit of the dosage form (for example, if the dosage form is syringe, the system default is one syringe).

If the item has a strength and dosage defined in the formulary and you revise the system-calculated default, the system asks if you want it to recalculate the dosage. To have the dosage recalculated, enter **Y**. To leave the dosage unchanged, enter **N**.

9. DISP/DOSE (15-C-R)

This field identifies the number of units to be dispensed for each dose of the prescription. The system displays the same system-calculated default as that of the Adm/Dose field. In some situations, the system recalculates the Disp/Dose when you revise the Adm/Dose. However, the system does not recalculate Adm/Dose when you revise the Disp/Dose default. The system uses the quantity in this field to determine the charge quantity.

If the item has a dosage form of MLs or GMs, you must enter the disp/dose units in terms of MLs or GMs unless the Conversion Factors table contains an entry that defines the conversion factor for the type of units entered.

If the patient's third party calculates prices using a different dispensing unit than ml, gm, or each, the system automatically converts the disp/dose quantity into the third party's unit and displays the conversion quantities near the bottom of the screen.

10. BOTTLE SCHEDULE (19-AN-R) or (TABLE LOOKUP)
This field specifies the bottles in which the item is to be administered (for example, every bottle or every other bottle). Enter the code assigned to a specific bottle schedule, or enter a hyphen (-) to display the Bottle Schedule table and select the desired bottle schedule.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

11. SCHEDULED DAYS (20-AN-R) or (TABLE LOOKUP)
This field identifies the days on which the item is to be administered (for example, daily or every other day). Enter the code assigned to a specific schedule, or enter a hyphen (-) to display the Schedule table and select the desired schedule.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

NOTE: This field must contain a daily schedule (interval=1) if the bottle schedule as defined in the Bottle Schedule field is not First Bottle Daily or Every Bottle.

12. NEXT BOTTLE NBR (3-N-C)
This field identifies the number of the bottle in which this item is to next be administered. If you enter a bottle number that is lower than the First Bottle Nbr defined on the order-level information screen, the system displays an error message and rejects your entry.

If you enter a bottle number in this field, the Next Date field is non-revisable. To specify a next bottle date, you must leave this field blank. If you do not specify a Next Date, this field is required.

13. NEXT DATE (10-C-O)
This field identifies the next date on which a bottle containing this item is to be administered to the patient. If you scheduled the item to start in a specific bottle (see the Next Bottle Nbr field), this field remains blank and is non-revisable. To enter a date in this field, leave the Next Bottle Nbr field blank.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

14. DURATION (10-AN-O)

This field identifies the period of time for which the item is to remain active. When you specify duration as a number of hours or days, the system uses this field to calculate a default stop date and stop time (see the Stop Date field and Stop Time field).

To specify duration in terms of hours, enter the number of hours (maximum 9999) with a suffix of H (48H). To specify duration in terms of days, enter the number of days (maximum 999) with a suffix of DA(2DA). To specify duration in terms of doses, enter the number of doses (maximum 999) with a suffix of DO (6DO).

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

15. STOP DATE (10-C-C)

This field identifies the date on which the item ceases to be administered. If you entered a duration (see field above) in terms of hours or days, the system prefills this field with a revisable system-calculated stop date. The system calculates the default by adding the duration to the start date. You can revise the default.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

If duration (see the Duration field) is specified in terms of doses, this field is blank and non-revisable. If duration is specified in terms of hours or days, this field is required.

If you define a stop date for the item that is later than the order-level stop date, the system uses the order-level stop date. If you define a stop date for the item that is earlier than the order-level stop date, the system uses the item- level stop date for the item only. When you attempt to refill a prescription after the order-level stop date/time has passed, the system displays an error message and presents the Profile Maintenance menu.

16. STOP TIME (10-C-C)

This field identifies the time at which the item ceases to be administered. If you entered a duration (see field above) in terms of hours or days, the system prefills this field with a revisable system-calculated stop time. The system calculates the default by adding the duration to the start time.

If the Drug Rate field of the Solution Type Codes table for the prescription's solution type contains a Yes response, this field is non-revisable for item #2 and all subsequent items.

If a Stop Date (see the Stop Date field) was entered, this field is required.

If you define a stop time for the item that is later than the order-level stop date/time, the system uses the order-level stop date/time. If you define a stop time for the item that is earlier than the order-level stop date/time, the system uses the item-level stop date/time for the item only. When you attempt to refill a prescription after the order-level stop date/time has passed, the system displays an error message and presents the Profile Maintenance menu.

17. LOT (10-C-C)
This field identifies the lot number of the dispensed item. The Lot Number Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

18. STABILITY (4-AN-O)
This field identifies the period of time over which the item remains stable. Stability can be defined in terms of hours or days. To specify stability in terms of hours, enter the number of hours and an H (for example, 48H). To specify stability in terms of days, enter the number of days and a D (for example, 2D).

19. REFRIGERATE? (1-A-O)
This field specifies if the item is to be stored in a refrigerator. If the item is to be kept refrigerated, enter **Y**. If refrigeration is not necessary, enter **N**.

20. NF UNIT PRICE (10-N-C)
This field contains the unit cost of a non-formulary item. If the item is non-formulary and you do not enter a price, the item is not charged until the price is entered. After the price is entered, the system charges for the total units already dispensed.

21. THIRD PARTY (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plan for which this prescription claim is to be submitted. If the patient's profile defines a specific third party, your response options are limited to the patient's third party and Cash. If the patient's profile does not define a specific third party, you can enter Cash or any third party. When you enter Cash, this field remains blank.

Press ENTER to enter Cash or identify a third party by entering the code of a specific third party or by entering a hyphen (-) and selecting the desired third party from the displayed list.

22. PRICE PLAN (5-AN-O) or (TABLE LOOKUP)
This field identifies the price plan used to calculate the prescription price. This field remains blank when the default price plan has been selected.

If the user accesses this field during the revise prescription function, any price plan entered at this time replaces any pricing formulas attached to that formulary item (whether at the route level or as an override in the formulary).

The O/P Cash Plans table defines the price plans for non-third party prescriptions. The O/P Third Party Plans table defines the price plans for each third party.

23. STOCK LOCATION (34-AN-R) or (TABLE LOOKUP)

This field identifies the stock location from which the prescription is to be dispensed. The system prefills this field with the location defined in the Primary O/P Sol Location field of the CRT Names table for the ordering CRT. When a default is displayed, the cursor bypasses this field.

The system automatically verifies that the stock location contains the drug item being dispensed. If the location does not contain the item, the system displays an error message and rejects your entry. Next, the system verifies that you have selected an outpatient stock location. If the location is not an outpatient stock location, the system displays a warning and asks if you still want to dispense from that location.

24. DAW CODE (1-A-O)

This field contains the Dispense as Written (DAW) information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter. You can use this field to override the default.

When you access this field, the system displays the following table:

```
( 1) 0-No Dispense as Written         ( 6) 5-Brand Dispensed, Priced as Generic
( 2) 1-Physician Dispense as Written  ( 7) 6-Override
( 3) 2-Patient Dispense as Written    ( 8) 7-Brand Drug Mandated by Law
( 4) 3-Pharmacist Dispense as Written ( 9) 8-Generic not available in market
( 5) 4-No Generic Available           (10) 9-Other
```

The following shows the field display for each table entry selection:

Table Entry	Field Display
1 No Dispense as Written	0 No DAW
2 Physician Dispense as Written	1 MD DAW
3 Patient Dispense as Written	2 Pt DAW
4 Pharmacist Dispense as Written	3 RPH DAW
5 No Generic Available	4 No Generic
6 Brand Dispensed, Priced as Generic	5 Brand/Gen Pr
7 Override	6 Override
8 Brand Drug Mandated by Law	7 Brand/Law
9 Generic Not Available in Market	8 Not in Mkt
10 Other	9 Other

Enter the number for your selection.

The pharmacy diagnosis/disease field displays for you to view diagnosis information that is appropriate for the Ambulatory profile. This field indicates patient-specific information that is shared by all account numbers and facilities for that patient within Ambulatory Care functions.

Accept the item-level information screen for the item.

If the patient's third party requires entry of a Treatment Authorization Request number for the prescription item (see the TAR Required field on the Third Party Information screen of the Formulary Maintenance function), the system displays the following prompt:

> *Enter TAR/PA Number--*

When you access this field, the following prompt is displayed:

> *Enter first letters`-` or prior authorization type code-*

Enter a hyphen (-) to display lookup values from the O/P Prior Authorization Type Table. Values preloaded in this table include the following:

(1) 0-Not Specified
(2) 1-Prior Authorization
(3) 2-Medical Certification
(4) 3-EPSDT
(5) 4-Exemption from Co-pay
(6) 5-Exemption from RX
(7) 6-Family Plan. Indic.
(8) 7-AFDC
(9) 8-Payer Defined Exemption

After the prior authorization type code is entered, the system displays the following prompt:

> *Enter prior authorization number--*

Enter the prior authorization number (up to 11 characters). Once the field has been accepted, the entire number (12 characters - 1 character Prior Authorization Code Type + 11 character Prior Authorization Number) is displayed in the field.

The system performs interactive dose range check screening after you accept the screen for any formulary item where client-defined dose range check is enabled and the patient and item meet the specified inclusion criteria.

NOTE: For Dose Range Checking (client-defined or FDB) to be activated in the Ambulatory Care Module, the DRC for Ambulatory Care field in the Ord-Mgt Dose Range Chk Parms parameter must be set to Yes.

For more information about dose range checking, see the *Inpatient Processing Module* of the *STAR Pharmacy Reference Guide*.

After you have entered the information for the new item, accept the screen. The system displays the following prompt:

Enter another drug? (Y/N)--

To add another item to the prescription, enter **Y**. Repeat the procedures defined in this subsection.

When all new items have been added, enter **N**. The system redisplays the previous fill revision options screen. Select another revision option or press ENTER to back out of the function.

If you select the ENTER key to back out of the function, the system performs post-revision processing (see the following Impact subsection).

Impact

When you select the option to revise the previous fill, the system backs up the next bottle number, date and time and credits the patient for the most previous fill. When you complete a previous fill revision, the system redisplays the previous fill revision options screen. If you press ENTER to indicate that all previous fill revisions have been entered, the system displays the dispense quantity prompt:

Enter end label date and time or `*`number of bottles--

To let the system calculate the number of bottles to dispense, enter the date and time through which you want bottles pulled. To specify the exact number of bottles to be dispensed, enter an asterisk (*) and the specific number of bottles desired. To dispense no bottles, enter *0.

The system flashes a message indicating that it is processing your revisions and then displays the following prompt:

Print labels? (Y/N) [Y]--

Press ENTER to accept the Yes default and print solution preparation labels. Enter **N** to print no labels.

After you complete the print labels prompt, the system redisplays the following prompt:

Revise the previous fill(P) or Refill(R)--

Enter the letter of the desired option or press ENTER to back out of the function.

If you attempt to perform an additional function on the same prescription before the system completes refill processing, the system displays the following message:

Processing prescription! Retry? (Y/N)--

Enter **N** to cancel the request. Enter **Y** to re-enter the request. The system cannot access the prescription until it has completed the refill processing.

The system generates any requested solution preparation labels upon completion of the function. Hospital policy determines when and where those labels are printed.

The system credits the patient for the previous fill charges and charges the patient for the newly dispensed bottles. The system also maintains a record of the prescription information before and after the revisions. The Display Prescription Detail function enables you to review the current and previous versions of all prescriptions.

Output

If you requested the printing of labels, the system prints solution labels upon completion of the prescription function. For a description and example of solution labels, see the Prescription Fill/Refill Function.

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Label Prt field on the Third Party Plan table is set to After, the prescription label does not print until after the claim has been processed and prescription verification received from the third party claims processor.

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Tran Prt field on the Third Party Plan table is set to Yes, the ECS Transaction Log report notifies you of claim status changes following Third Party payor processing or if a claim could not be submitted because of communication line problems. You can print specific claim transaction elements on your prescription labels or create a customized report.

The system sends a reversal for the previous claim, and then resubmits the claim based on the revised prescription information for revisions to prescription fills when the claim has already been electronically submitted.

The ECS Transaction Log label uses the following criteria to determine printing location (in the order specified below):

- at the order's stock location if it is a single item medication order, where the stock location is not a Satellite or the Satellite is closed

- at the stock location's label print group if the CRT has access to the stock location (checking specifically the Solution or Medication locations) or has no stock location defined

- at the label print group for the CRT's default stock location

- at the label print group defined in the CRT, or failing all else, RXI.

For an example of the ECS Transaction Log report, see *Figure 2.3* on page 2-92.

REVISE PATIENT DEMOGRAPHICS FUNCTION

This function enables you to access the patient's demographics and to make revisions to the fields maintained by STAR Pharmacy. You can also use this function to create a new account for the patient if system parameters are set accordingly (see Patient Registration in the MPI Load/Registration function for more information).

The system draws patient demographic information from both STAR Patient Care (the MPI load and registration processes) and STAR Pharmacy. The system uses the patient demographic information for the purpose of patient identification and prescription processing.

After you select the Revise Patient Demographics function from the menu, the system displays the following prompt:

Enter Name, `%`Soundex, `-`SS#, `&`Unit Nbr, `#`Corp Nbr--

Identify the patient. For more information about the patient identification options, see the General Information Volume.

After you identify a patient, the system displays the following screen:

```
        General Hospital Revise Patient Demographics Processor
Select Account                                    Wed May 15, 2002 09:58 am

Name                    Sex   BD     Account Number          Third Party
SIMMS,MICHELE            F  05/01/71 93279-00001             PO
Allergies:CODEINE/MORPHINE

Page:01                      Admit Date  Type  Doctor
( 1) A93279-00001            10/06/93    I/P   BAAB,GARY H
( 2) No Billing Account








 Enter choice or `R` to register new account--
```

This screen contains a list of the patient's active accounts. Enter the option number of the desired account.

After you select a specific account, the system displays the Patient Demographics screen, as follows:

```
                    General Hospital Profile Maintenance Processor
 Patient Demographic Page                           Wed May 15, 2002 11:19 am

 Name                      Sex   BD     Account Number           Third Party
 *STARR,ELSIE               F  03/05/77 96-33900003              GA
 Allergies:CODEINE/MORPHINE

  1 Height              2 Weight              3 IBW              4 BSA
    5'6.0" / 167.6cm      110lbs /49.9kg                          1.55sq m
  5 Diagnosis / complaint                   6 Financial Class  7 Pt Type
    001.0 CHOLERA D/T VIB CHOLERAE            B BLUE CROSS        I/P
  8 Address                                 9 Language        10 Smoker
    435 SMITHSON ST APT 5                     ENGLISH            No
    ATLANTA, GA  30345                      11 Safety Caps     12 Discount
                                              Yes                10%
 13 Comment                                 14 Pharmacy Diagnosis/Disease
    THIS IS A COMMENT                           diabetes
 15 Third Party Plans    16 Default Third Party Plan          17 Cash Prc Plan
    See Table               GEORGIA MEDICAID


 Edit (V)isit-specific or (P)harmacy-specific information?--
```

After you select this function, the system displays the following prompt:

Edit (V)isit-specific or (P)harmacy-specific information?--

The following fields cannot be edited.

Field Explanations

5. DIAGNOSIS/COMPLAINT (DISPLAY ONLY)
The system prefills this field with the working diagnosis entered for the patient on the STAR Patient Care System. This field is blank when no working diagnosis was recorded for the patient.

6. FINANCIAL CLASS (DISPLAY ONLY)
The system prefills this field with the financial class entered for the patient on the STAR Patient Care System. This field is blank when no financial class was recorded for the patient.

7. PT TYPE (DISPLAY ONLY)
The system prefills this field with the patient type entered on the STAR Patient Care System. This field is blank when no patient type was recorded for the patient.

If you enter P for pharmacy-specific information, you can edit the following fields.

11. SAFETY CAPS (1-A-R)
This field specifies if the prescription is to be packaged using safety caps. The first time the system presents this field for the patient, the system prefills it with a Yes response. Each time thereafter, the system prefills this field with the response previously defined for the patient.

If the patient requests that you *do not* use safety caps to package the prescription, enter **N**. If you intend to use safety caps to package the prescription, enter **Y**. The system uses the response in this field to determine the default response for the Safety Caps field in the prescription fill/refill functions.

12. DISCOUNT (6-N-O)
This field defines the discount on prescription charges for which the patient is eligible. You can enter a percentage or a specific dollar amount. To enter a percentage, enter the percentage followed by the percent sign (for example, enter 10% for ten percent). To enter a dollar amount, enter the dollar sign, the whole dollar amount, a period, and the cents (for example, enter $2.50).

13. COMMENT (36-C-O)
This field contains a patient comment.

14. PHARMACY DIAGNOSIS/DISEASE (31-C-0)
This field allows you to enter and maintain a diagnosis for use in the Ambulatory Care system. The diagnosis information in the Diagnosis/Complaint field is maintained by patient care and is often unrelated to prescriptions entered in ambulatory care.

15. THIRD PARTY PLANS (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plans that currently cover the majority of the patient's medical expenses and prescriptions. If a third-party plan has been assigned to the patient, this field displays *See Table*.   When you access this field, the system displays all third-party plans currently defined for the patient and displays the following prompt:

> *Enter choice of third party to edit, or (A)dd--*

If you enter A, the system displays the following prompt:

> *Enter first letters '-',third party plan code, or (I) to view insurance--*

After you select a third party plan, the system displays a screen for entry of patient-specific information for this plan. Material about entering I to view claim information is provided after the field explanations. See "Chapter 3 - PROFILE REPORTING" for more detailed information.

```
         General Hospital Revise Patient Demographics Processor
Patient Demographic Page                          Wed May 15, 2002 11:53 am
Name                      Sex   BD    Account Number          Third Party
SMITH,MARGARET             F  07/06/63 93279-00001            PO
Allergies:CODEINE/MORPHINE
Third Party Plan: GEORGIA MEDICAID

( 1)Group Number   : 123456
( 2)Plan Number    :
( 3)Cardholder ID  :
( 4)Person Code    :
( 5)Cardholder Name:
( 6)Relationship   :
( 7)Pricing Plan   :
( 8)Expiration Date:
( 9)Workers Comp   :



Enter patient's third party plan number or (I) to view insurance--
```

Field Explanations

15-1. GROUP NUMBER (15-AN-O)
Enter the group number specified for this patient and third party plan. The third party
plan table-defined group number is a default.

15-2. PLAN NUMBER (15-AN-O)
Enter the Plan Number associated with this patient and Group Number.

15-3. CARDHOLDER ID (18-AN-R)
Enter the Cardholder Identification number.

15-4. PERSON CODE (3-AN-O)
Enter the person code, which is generally associated with the ID number.

15-5. CARDHOLDER NAME (30-AN-O)
Enter the cardholder's name.

15-6. RELATIONSHIP (1-N-R)
Enter the relationship of the patient to the cardholder. The options are:

(1) Cardholder (3) Dependent (Child)

(2) Spouse   (4) Other (other dependent).

15-7. PRICING PLAN (3-AN-O) or (TABLE LOOKUP)
Enter the pricing plan if it is different from the default pricing plan for this third party.

15-8. EXPIRATION DATE (DATE-O)
Enter the date that coverage benefits expire for this patient.

During prescription fill/refill and revise prescription, if a third party plan is added or edited and the date for the new third party plan has expired, the system displays a *Warning: Coverage has expired for this plan!* message. You can then continue with the fill/refill or revision process.

15-9. WORKERS COMP (1-A-O)
Enter **Y** for yes if claims under this plan are to be flagged as worker's compensation. If not, enter **N**.

The prompt for the Third Party Plans field also offers the option to view the insurance information entered for the patient on STAR Patient Care. If you enter I to view the insurance information, the system displays a list of the patient's current insurance carriers. To view detailed information about the patient's coverage, enter the COB number of the desired insurance carrier. For more detailed information about this option, see "Chapter 3 - PROFILE REPORTING".

16. DEFAULT THIRD PARTY PLAN (5-AN-O) or (TABLE LOOKUP)
This field identifies the patient's default third party plan. Enter the third party code, or enter a hyphen (-) and select from the list of third party plans defined on the Third Party Plans field.

When you select the account/no billing account in the prescription fill/refill function and the expiration date for the default third party plan has been exceeded, the system displays a *Warning: Coverage has expired for this plan!* message. The system then displays the Revise Patient Demographic screen. To continue prescription fill/refill without editing the third-party expiration date, press ENTER.

17. CASH PRC PLAN (3-AN-O)
Enter the cash pricing plan to be used to calculate prescription charges when no third party plan is defined.

- On a new prescription, if there is no cash plan assigned in the Patient Demographics page, the system uses the Default Cash plan for the O/P Cash Plans table.

- For prescription refills, the system compares the Cash plan used in the original fill of the prescription to the Cash Prc PLan in the Patient Demographics page. If these are different, the system uses the Cash Prc Plan from the Patient Demographics page.

- When no refills remain, and a new Rx number is assigned to an expired prescription, the Cash Prc Plan from the Patient Demographics page is the default.

In an environment where STAR Pharmacy is networked to the STAR Patient Care System, you can insert a third party number from the STAR Patient Care insurance information into this field. The following are the steps for this procedure:

1. Select the insurance option by entering the letter I. The system displays a list of the patient's insurance carriers including the policy numbers.

2. Press ENTER to the Select a Plan prompt. The system displays the following prompt:

    Enter patient's third party number or `#`selection--

3. Enter a pound sign (**#**) and the COB number of the desired third party.

If you enter a specific third party number or pull the third party number from the STAR Patient Care System and a pattern match has been defined in the Pattern Match field on the O/P Third Party Plans table for the third party, the system verifies that the format of the third party number meets the pattern requirements of the third party. If the number does not meet the pattern defined for the third party, the system displays the following message:

Error: Invalid Third Party Number!

Enter **V** to edit visit-specific information on an account for the patient. If the Visit Data Access parameter on Prof Mgt - Patient Demographic is set to Yes, you can enter information in the editable fields.

```
          General Hospital Profile Maintenance Processor
                                        Mon Jun 17, 2002 08:46 am
   No            Name              Sex   BD    Room    Doctor      Service Status
 02099-00004    CASE,BABY 1 GIRL   F 04/09/02 102-01  CASE,DKC    NURSERY I/P 70
 Allergies:CODEINE/MORPHINE
  1 Height                2 Weight              3 IBW         4 BSA
    2'0.0" / 61.0cm          15 lbs/6.804kg                    0.32sq m
 5 Infant Status          6 Serum Creatinine    7 CrCl
                            1.1 mg/dl               24.94 ml/min/1.73sq m




 Enter field number or '/' starting field number--
```

Field Explanations

1. HEIGHT (6-AN-O)
This field contains the patient's height in both feet/inches and centimeters. The system automatically fills this field with the patient height entered on the STAR Patient Care system. When you access this field, the system displays the following prompt:

    Enter new patient height in feet/inches, inches, or centimeters 'CM'--
    or (A)udit trail--

If you enter a patient's height that makes the patient's ideal body weight greater than 130% of the patient's weight, the system displays the following message:

Patient's actual body weight is greater than 130% of ideal body weight

2. WEIGHT (8-AN-O)

This field contains the patient's weight in both pounds/ounces and kilograms. The system automatically fills this field with the patient weight entered on the STAR Patient Care system. When you access this field, the system displays the following prompt:

Enter new patient weight in lbs/ozs or kgs followed by 'K'--
          or (A)udit trail--

You can enter a new weight, or you can enter **A** to access the audit trail for the Weight field.

This field allows the entry of three characters before the decimal, and three characters after the decimal. Weight can be entered in pounds/ounces, or kilograms as indicated in these two options:

- Weights can be entered in pounds and ounces by separating the two measurements with a slash (/). For example, 131 would be entered for 131 pounds or 9/6 for 9 pounds 6 ounces. The system retains pounds and ounces on any weight 20 pounds and under. Weights over 20 pounds are rounded to the nearest pound.

- An alternative form of entering patient's weight is available if the metric system is typically used by your institution. To indicate that the measurement is in metrics, enter the weight in kilograms (or fractions thereof) followed by K. For example, 59.30K would be entered for 59.3 kilograms.

If you enter A, a subscreen is displayed with the old weight, new weight, the ID of the person who changed the weight, and the date and time the edit was made.

If a patient's height and weight are entered, the patient's BSA or Body Surface Area is calculated. Please refer to that field explanation for the formula used.

If you enter a patient's weight that is more than 130% of the patient's ideal body weight, the system displays the following message:

Patient's actual body weight is greater than 130% of ideal body weight

Once a weight is entered, either in pounds and ounces or kilograms, the system displays the patient's weight in both formats, separated by a slash (/).

3. IBW (6-N-O)

This field contains the ideal body weight (IBW) calculated for the patient by the STAR Patient Care system. The patient's IBW is calculated and automatically displayed in

kilograms using the patient's age, sex and height; or you can enter your own value. The IBW is calculated only for ages 1-17, or older than 17 and 5 feet tall or taller. If a patient is under the age of 1, or older than 17 but under 5 feet tall, no calculation displays. The equations used are as follows:

ADULT (age > 17 yrs) Males: IBW = 50KG + 2.3KG/inch for every inch greater than 5 feet.

Females: IBW = 45.5KG + 2.3 KG/inch for every inch greater than 5 feet.

The system does not calculate IBW when the patient is less than 5 feet tall.

Ref: Devine BJ. Gentamicin therapy. Drug Intell Clin Pharm 1974:8:650-5

PEDIATRIC (age 1-17 yrs)

IBW = 2.396 X 1.0188E(HT in CM's) where E = exponent

The system does not calculate the IBW when the patient is less than one year old.

Ref: Traub SL, Kichen L. Estimating IBW in children. AJHP 1983:40:107-10

When you access this field, the system displays the following prompt:

    Enter ideal body weight in kilograms--

4. BSA (DISPLAY ONLY)
This field contains the body surface area (BSA) calculated for the patient by the STAR Patient Care System. This field is blank when no BSA was calculated for the patient. You cannot edit this field.

You can edit the Height, Weight, and IBW fields. The BSA field cannot be edited because it is a computed field. While you are editing fields on this screen, no other STAR Pharmacy or Patient Care users can edit them. Changes entered on this screen take place immediately in STAR Patient Care. If STAR Pharmacy is networked to STAR Patient Care, the updated information is immediately sent to STAR Pharmacy.

5. INFANT STATUS (1-A-R) or (DISPLAY ONLY)
This field allows the user to define the infant status of a patient. The Premature and Full Term selections are only used by the Modified Schwartz formula with patients from 0-11 months old). If the patient is greater than 11 months old, there is no need for the user to define this field. Therefore, if the patient is greater than 11 months old, the system displays the following message when the field is selected:

    Patient no longer an infant.

If the patient is not greater than 11 months old, the following prompt is displayed:

Enter (P)remature or (F)ull Term-

The field is required. No default is provided at the prompt. To complete the field, the user may enter either **P** for Premature or **F** for Full Term.

NOTE: The title-sensitive display (Premature or Full Term) indicates that a user has defined the field. If the display is all lower case (premature or full term), this indicates that the system set the field during an auto-calculation based on the default Modified Schwartz constant value defined on the Lab-Lab Result Display parameter screen.

Once the field is defined, the system displays the following prompt:

Update creatinine clearance? (Y/N) [Y]--

This is a reminder to the user that defining or revision this field may result in a different CrCl calculation. The default for the prompt is Y. Enter **Y** to proceed directly to the CrCl field. Enter **N** to not proceed directly to the CrCl field.

If you modify this field and save your changes, the system records the changes for use by the Modified Schwartz CrCl calculation process.

NOTE: If the patient is discharged and subsequently readmitted, the field is blank by default. This allows the Infant Status to be reconfirmed so the field can be left blank by the user if the readmission is after the patient is 12 months or older. Also, if the Infant Status field is defined while the patient is 0-11 months old, and the patient ages to 12 months old, the system automatically sets the field back to null.

For more information about calculations and error messages associated with these formulas, see 7. CRCL (5-N-O) or (1-A-O) on 2-47.

6. SERUM CREATININE (5-N-O) or (1-A-O)
This field contains the serum creatinine value entered by pharmacy personnel.

If the parameter is set to use metric units, the following prompt is displayed:

Enter new serum creatinine in mg/dl or (A)udit trail—

If the parameter is set to use standard international units, the following prompt is displayed:

Enter new serum creatinine in umol/L or (A)udit trail—

If you enter A, the system displays an audit trail that lists the previous entries:

```
Old Value      New Value          Edit ID                 Edit Date/Time
-----------------------------------------------------------------------
                 1.00          JONES,JAMES               01/19/98 1151
     1.00        1.10          MICHAELS,JIM              01/21/98 1015
Press NL--
```

After you review the audit trail, press ENTER.

Enter a new serum creatinine value up to 99.99 mg/dl (or 99.99 umol/L if using Standard International Units). You can enter up to two digits before the decimal and two digits after the decimal. When you enter or revise a value in this field, the following prompt is displayed:

Calculate creatinine clearance value? (Y/N) [Y]-- |

If you want to enter or revise a value in the CrCl field, press ENTER or enter **Y**. The cursor moves to the CrCl field. Enter **N** if you do not want to change the CrCl value.

7. CRCL (5-N-O) or (1-A-O)
This field contains the creatinine clearance value. This value is either entered manually or calculated.

NOTE: When the Visit-specific section of the Patient Demographics pages is accessed and the patient has height, weight and IBW completed and no serum creatinine and the Creatinine Clearance field is accessed, the system does not calculate Creatinine Clearance (when serum creatinine is not present).

When you access this field, one of the following prompts displays.

If the parameter is set to use metric units, the following prompt is displayed:

Enter creatinine clearance in ml/min or (A)udit trail--
(C)alculate

If Standard International Units are used (Canadian Users), the following prompt is displayed:

Enter creatinine clearance in ml/sec or (A)udit trail—

If you enter A to view the audit trail, the system displays an audit trail that lists the previous entries. See "Audit Trail Revision" on page 2-50.

After you review the audit trail, press ENTER. Enter the Creatinine Clearance value. The system accepts values up to 999.99 ml/min (or 999.99 ml/sec if using Standard International Units). You can enter up to three digits before the decimal and two digits after the decimal.

If you enter C, the system displays the following prompt:

Calculate using (C)ockroft-Gault or (J)elliffe or (M)odified Schwartz formula? [C]--

NOTE: The (M)odified Schwartz option does not display on the prompt if the patient
is older than 21 years old.

Valid entries are C, J and M. This field is case-sensitive. Upon entry of the desired
formula, the system performs the calculation and either returns a value/updates the
screen or provides an error message if necessary data is missing.

• DEFAULT: The default for this prompt varies upon evaluation of the patient's age
and the Default CrCl Formulas parameter on the Lab-Lab Result Display
parameter screen. Based on the patient's age and the Age Range setting for each
formula, the system determines the correct formula and uses that value as the
default. If a default formula cannot be determined (see the description of
Creatinine Clearance and Method in the *Star Pharmacy Reference Guide Inpatient
Processing Module* for process and exceptions), no default is provided and the
customer must enter a value.

• To use the Cockroft-Gault formula, enter **C**. To use the Jelliffe formula, enter **J**.
The system calculates, using the formula, and displays the value in ml/min:

Calculated creatinine clearance is 118.5 ml/min. Accept? (Y/N) [Y]--

To accept the value, enter **Y** or press ENTER. The system fills in the field. To
decline the value, enter **N**.

The Cockroft-Gault formula is based on sex and whether the IBW is less than or
greater than the actual weight:

Sex	Weight	Cockroft-Gault Formula
Male	> IBW	$\frac{(140\text{-age}) \ (\text{IBW in kg})}{72 \ \text{x SCr}}$
Male	< IBW	$\frac{(140\text{-age}) \ (\text{weight in kg})}{72 \ \text{x SCr}}$
Female	> IBW	$\frac{(140\text{-age}) \ (\text{IBW in kg})}{72 \ \text{x SCr}} \quad \text{x} \quad 0.85$
Female	< IBW	$\frac{(140\text{-age}) \ (\text{weight in kg})}{72 \ \text{x SCr}} \quad \text{x} \quad 0.85$

If either the IBW or SCr values are not present, the system ends the calculation and
displays the following message:

Ideal Body Weight (or SCr) not present! Creatinine Clearance can't be calculated. [NL]

The Jelliffe formula is based on sex and whether the BSA is known:

Sex	BSA	Jelliffe Formula
Male	Known	BSA x 98-[0.8x(age-20)] (results in ml/min) 1.73 sq meters SCr
Male	Not Known	98-[0.8x(age-20)] (results in ml/min) SCr
Female	Known	0.9 x BSA x 98-[0.8x(age-20)] (results in ml/min) 1.73 sq meters SCr
Female	Not Known	0.9 x 98-[0.8x(age-20)] (results in ml/min) SCr

If the BSA is not known, the system displays the following message:

Body Surface Area not present! Calculate without value? (Y/N)--

Enter **Y** to calculate without the value present. To end the calculation, enter **N**.

If the SCr is not present, the system displays the following message:

SCr not present! Creatinine Clearance can't be calculated. [NL]

To clear the message, press ENTER.

If you enter A to view the audit trail, the system displays an audit trail that lists the previous entries. See "Audit Trail Revision" on page 2-50.

After you review the audit trail, press ENTER.

After you finish editing either the pharmacy-specific or visit-specific fields, press ENTER. The system then displays the verification prompt. To edit the screen, enter **N**. To accept the contents of the screen, press ENTER or enter **Y**. The system then displays the *Filed!* message and returns you to the Patient Demographics screen.

- To calculate using the Modified Schwartz formula, enter **M**. If you select this option, the system checks the patient's height, age and gender.

  - If the patient is one year old or older, the system checks the Modified Schwartz Constants parameter on the Lab-Lab Result Display parameter screen for the default value based on gender.

  - If the patient is less than one year old and the Modified Schwartz formula has been defined for this age range, the following process occurs to calculate the CrCl value. The systems checks the Infant Status field of the Patient Demographics/Visit Specific screen.

- If the Infant Status field entry is **Premature**, the calculation uses the Premature Modified Schwartz constant defined on the Lab-Lab Result Display parameter screen. To indicate the calculation was based on the system using the data in the Infant Status field, the Current Lab Values screen and the Update Demographics screen Audit Trail have a visual indicator of: Modified Schwartz (**P**).

- If the Infant Status entry field is **Full Term**, the calculation uses the Full Term Modified Schwartz constant defined on the Lab-Lab Result Display parameter screen. To indicate the calculation was based on the system using the data in the Infant Status field, the Current LabValues screen and the Update Demographics screen Audit Trail have a visual indicator of: Modified Schwartz (**F**).

- If the Infant Status entry field is not defined, the following prompt is displayed:

  Enter (P)remature or (F)ull term infant--

  This field is required, and the only valid entries are P or F. If P is entered, the system uses the constant value assigned to Premature infants < 1 year old defined on the Lab-Lab Result Display parameter screen. If F is entered, the system uses the constant value assigned to Full term infants < 1 year old defined on the Lab-Lab Result Display parameter screen.

  If the calculation is accepted, the Infant Status field is automatically populated with the value the user entered. To indicate the calculation was based on the user entering the information at the prompt, the visual indicators on the Current Lab Values screen, the Update Demographics screen, and the Audit Trail are: Modified Schwartz (**P**) for premature or Modified Schwartz (**F**) for full term infants.

  Upon selection of the correct constant, the system performs the calculation via the Modified Schwartz formula (see below for details of the formula) and either returns a value or an error message if the calculation cannot be completed. The prompt for the completed calculation (currently exists) is as follows:

  Calculated creatinine clearance is nn.nn ml/min/1.73sq m. Accept? (Y/N) [Y]--

Audit Trail Revision

The (A)udit trail for the CrCl field records the formula used to calculate the CrCl value. An example of a record is:

Old Value	New Value	Formula	Edit ID	Edit Date/Time
47.84		Modified Schwartz(P)	HBO,Employee	11/15/00 1010

As described above, there are four possible indicators when the Modified Schwartz formula is used. They are:

- lowercase p - system auto-calculated the CrCl value using the premature default constant

- lowercase f - system auto-calculated the CrCl value using the full term default constant

- uppercase P - system calculated the CrCl value using the Infant Status field entry of premature, or the user selected Premature from the prompt displayed during the calculation process

- uppercase F - system calculated the CrCl value using the Infant Status field entry of full term, or the user selected Full Term from the prompt displayed during the calculation process

NOTE: For a full explanation of the possible indicators, "7. CRCL (5-N-O) or (1-A-O)" on page 2-47.

Modified Schwartz Formula

The following is the calculation used:

CrCl (ml/min/1.73m2) =(k) x (length in cm)
                         SCr (mg/dl)

NOTE: *Ref: Schwartz GJ, et al, Pediatric Clin North America, 1987; 34: 571-590*

k in the formula refers to the constant values that are defined in the Modified Schwartz Constants parameter that is located on the Lab-Lab Result Display parameter page.

Length (expressed in cm) is derived from the Height field of the Patient Demographics page.

SCr is derived from either the Current Labs page or the SCr field of the Patient Demographics page.

Error Messages:

- If the SCr value is not defined, the following message is displayed:

    Serum creatinine not present! CrCl cannot be calculated. Press NL-

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- If the height (length) information is not defined, the following message is displayed:

  Height not present! CrCl cannot be calculated. Press NL-

- If the appropriate Modified Schwartz Constant is not defined, the following message is displayed:

  Constant value not present! CrCl cannot be calculated. Press NL-

NOTE: If the facility is reporting lab values in Standard International Units (see Prof Mgt - Patient Demographics parameter), the system converts the Serum Creatinine value to metric by dividing the result by 88.4. The system then uses the appropriate formula to calculate the metric creatinine clearance, and converts the result to Standard International Units by dividing the result by 60.

Example Calculations

The following is a list of sample calculations:

Gender	Age	Ht (cm)	SCr (mg/dl)	Calc CrCl (ml/min/1.73 M^2)
Girl	12 months	73	0.4	82
Boy	2 yrs	85.6	0.3	157
Boy	14 yrs	180	1	126
Boy	14 yrs	166	0.7	166
Girl	5 yrs	103	0.5	113
Girl	6 yrs	116	0.7	91
Girl	8 yrs	120	0.5	132
Boy	8 yrs	125	0.6	115

```
Page:01              Modified Schwartz Constants
( 1) Premature infants           0-11 months  0.33
( 2) Full term infants           0-11 months  0.45 (default)
( 3) Males                       12-23 months  0.45
( 4) Females                     12-23 months  0.45
( 5) Males                       2-12 years   0.55
( 6) Females                     2-12 years   0.55
( 7) Males                       13-21 years  0.70
( 8) Females                     13-21 years  0.55

Enter choice
```

CrCl in ml/min/1.73M$_2$ = (k)(Length in cm)/(SCr in mg/dl
(k = Modified Schwartz Constant)

Example 1:

12 month old girl 73 cm tall with a SCr of 0.4 mg/dl:

    CrCl = (0.45)(73)/0.4

    CrCl = 82 ml/min/1.73 M$_2$

Example 2:

2 yr old boy 85.6 cm tall with a SCr of 0.3 mg/dl:

    CrCl = (0.55)(85.6)/0.3

    CrCl = 157 ml/min/1.73M$_2$

Example 3:

14 yr old boy 180 cm tall with a SCr of 1 mg/dl:

    CrCl = (0.7)(180)/1

    CrCl = 126 ml/min/1.73M$_2$

Example 4:

14 yr old boy 166 cm tall with a SCr of 0.7 mg/dl:

    CrCl = (0.7)(166)/0.7

    CrCl = 166 ml/min/1.73M$_2$

Example 5:

5 yr old girl 103 cm tall with a SCr of 0.5 mg/dl:

    CrCl = (0.55)(103)/0.5

    CrCl = 113 ml/min/1.73M$_2$

Example 6:

6 yr old girl 116 cm tall with a SCr of 0.7 mg/dl:

    CrCl = (0.55)(116)/0.7

    CrCl = 91 ml/min/1.73M$_2$

Example 7:

8 yr old girl 120 cm tall with a SCr of 0.5 mg/dl:

    CrCl = (0.55)(120)/0.5

    CrCl = 132 ml/min/1.73M$_2$

Example 8:

8 yr old boy 125 cm tall with a SCr of 0.6 mg/dl:

    CrCl = (0.55)(125)/0.6

    CrCl = 115 ml/min/1.73M

INSURANCE ELIGIBILITY

This option is available from the Revise Profile Input Options menu. This function enables you to verify insurance eligibility for the patient, which allows you to adhere to the Medicare Part D requirements by processing claims electronically.

Configuring Insurance Eligibility

STAR AMBULATORY CARE ELECTRONIC CLAIMS PROCESSING REQUIRED

Before you implement Insurance Eligibility, you must implement electronic claims processing through STAR Ambulatory Care. To implement STAR Ambulatory Care electronic claims processing, you must submit a work order to McKesson (and contract with a certified third-party processing vendor).

O/P THIRD PARTY CLAIM INFO TABLE

To implement Insurance Eligibility, you need to create the following code in the O/P Third Party Claim Info table:

```
                         O/P Third Party Claim Info
 1 Code            2 Description
   ELIG              ELIGIBILITY TRXNS

Tape Parameters
 3 Block Size   4 Character Set    5 Tape Mode           6 Record Length


Pharmacy Identification
 7 Direct Bill Nbr  8 Service Provider ID              9 Processor Ctrl Nbr
                       07-2411039
10 BIN          11 Claim Format    12 Prescriber Number   13 Software Cert ID
   03-011727       51-Variable

Retention
14 Tape Claim Retn      15 Paper Claim Retn    16 Electronic Claim Retn

17 Edit By              18 Edit Date

Enter field number or '/' starting field number--
```

For more information about the O/P Third Party Claim Info table, see the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.

AMB CARE - PARAMETERS

You need to designate the modem line to be used for the E1 transactions when requests are sent. Access Amb Care - Parameters and enter the modem information in the ECS E1 Line field.

For more information about Amb Care - Parameters, see the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide.*

Accessing Insurance Eligibility

When you select Insurance Eligibility from the Revise Profile Input Options menu, the following screen is displayed:

```
              General Hospital Insurance Eligibility Processor
                                         Mon Jun 19, 2006 03:19 pm
Insurance Eligibility Input Options


        Option No.  Option
        ---------------------------------------
           1        Insurance Eligibility Response Inquiry

           2        Insurance Eligibility Request




Enter option number--
```

Insurance Eligibility Response Inquiry

This option allows you to view eligibility information obtained in a previous request. When you access this option, the following prompt is displayed:

Enter Name, `%`Soundex, `-`SS#, `&`Unit Nbr, `#`Corp Nbr--

Enter the appropriate information and select the desired patient. For information about how to use these patient identification options, see the *General Information Volume* of the *STAR Pharmacy Reference Guide*.

If information exists, the following screen is displayed:

```
        General Hospital Insurance Eligibility Response Inquiry Processor
Eligibility Inquiry                               Tue Jun 20, 2006 09:47 am

Name                     Sex   BD      Account Number           Third Party
TEST,CHRIS                M  07/13/74  No Billing Acct
Allergies:CODEINE/MOTRIN

( 1)BIN Number        : 012345
( 2)Processor Control N: 2000
( 3)Group ID          : 500478
( 4)Cardholder ID     : 123456789101
( 5)Person Code       : 1
( 6)Help Desk Number  : 8003228888

Press NL to Continue
```

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If no information exists, the following screen is displayed:

```
          General Hospital Insurance Eligibility Response Inquiry Processor
Eligibility Inquiry                                  Tue Jun 20, 2006 09:47 am

Name                      Sex    BD     Account Number          Third Party
TEST,CHRIS                 M  07/13/74  No Billing Acct
Allergies:CODEINE/MOTRIN



No Eligibility Information Available


Press NL to Continue
```

Insurance Eligibility Request

This option allows you to request insurance eligibility for a patient. When you access this option, the following prompt is displayed:

Enter Name, `%`Soundex, `-`SS#, `&`Unit Nbr, `#`Corp Nbr--

Enter the appropriate information and select the desired patient. For information about how to use these patient identification options, see the *General Information Volume* of the *STAR Pharmacy Reference Guide*.

After you select a patient and a facility (if applicable), the following screen is displayed:

```
     Eligibility Request                           Thu Apr 13, 2006 09:52 am

Name                      Sex    BD     Street Address
TEST,ABB                   F  06/12/68  12345 STREET NAME
Allergies:FEATHERS
 1 Birth Date            2 Sex              3 Zip Code
   06/12/68                F                  12345
 4 Cardholder ID
   7787



Enter field number or '/' starting field number--
```

Enter the appropriate information and accept the changes to send the request. An E1 transaction is sent in NCPDP version 5.1.

If the information you send does not match any insurance eligibility information at the insurance vendor, an error message is displayed. You can modify the request information and resend a request, or call the insurance company to verify eligibility.

If no error message is displayed, the transaction was successful. You can view the response information by selecting that patient under the Insurance Eligibility Response Inquiry option.

CANCEL PRESCRIPTION FUNCTION

This function enables you to cancel any refill of a prescription. Once every fill of the prescription is canceled, the system cancels the prescription. Canceled prescriptions cannot be refilled, revised or reactivated.

When you cancel the most recent fill, the system credits the patient for the price of the fill and credits the stock location for the fill quantity. When a prescription is canceled for electronically processed claims that are submitted real-time, the system sends a claim reversal to the third party claims processor. When you cancel the prescription, the status of the prescription changes to Canceled and the system presents the prescription at the end of the patient profile.

WARNING: Do not use this function during formulary update because the price calculations may give unpredictable results.

After you select the Cancel Prescription function from the menu, the system displays the following prompt:

> *Enter Name, '%'Soundex, `-`SS#, `&`Unit Nbr, '#'Corp Nbr, prescriptions--*

Identify the patient. For more information about the patient identification options, see the *General Information Volume.*

After you identify a patient, the system displays the following prompt:

> *Enter prescription number or '-' to list orders --*

Identify the prescription. Enter a specific prescription number or, enter a hyphen (-) to display a list of the patient's prescriptions and select the desired prescription.

If you select a medication prescription, the system displays the following screen:

```
            General Hospital Cancel Prescription Processor
                                Wed May 15, 2002 03:57 pm
Name                     Sex    BD    Account Number          Third Party
*STARR,ELSIE              F   03/05/77  96-33900003              GA
Allergies:CODEINE/MORPHINE
     Rx#       Drug                        Refill   Orig     Last     Price S
     933       PREDNISONE 10MG TABLET       0/2  03/04/97 03/04/97   18.90 A
                                           30 TABLET   GUY,FRED


 Page:01                            Refills
 ( 1) 03/04/97 60 TABLET $18.90
 ( 2) 03/04/97 30 TABLET $11.47 (Original)


 Enter choice--
```

This screen contains the prescription number, item descriptions, the number of refills remaining and the total number of authorized refills separated by a slash (/), the date

on which the prescription was first dispensed, the date on which the prescription was most recently dispensed, the prescription price, and the prescription status (for example, active, canceled, transferred). In the refills section, the system lists the refills for the medication, including the date of the fills, the quantity, and the price.

For information about canceling the medication, see the information that follows the information about canceling a solution on page .

If you are cancelling a solution prescription, the system displays the following screen.

```
           General Hospital Cancel Prescription Processor
                                      Wed May 15, 2002 03:37 pm
Name                    Sex    BD    Account Number          Third Party
*STARR,ELSIE             F   03/05/77  97-02900001              GA
Allergies:CODEINE/MORPHINE
     Rx#        Drug                        Refill   Orig    Last     Price S
     842        Next- TPN-3 02/20 Q8H 256 ML/HR      02/19/97 02/19/97  326.30 A
                AMINO ACIDS                 2 BOTTLES      QB        DAILY
                DEXTROSE 10% 100 MG/        2 BOTTLES      QB        DAILY
                SODIUM CHLORIDE             2 BOTTLES      QB        DAILY
                MAGNESIUM SULFATE           2 BOTTLES      QB        DAILY
Page:01                              Refills
( 1) 02/19/97 1000 INJECTION $326.30 (Original)


Enter choice--
```

This screen contains the prescription number, next bottle number, next bottle date, administration frequency, solution rate, date on which the first bottle was dispensed, date on which the most recent bottle was dispensed, prescription status (the S column), and the description, volume, bottle schedule and scheduled days for each item in the prescription.

If you enter an original fill and the prescription has refills, the system displays the following error message:

You cannot cancel a prescription that has active refills!

If you enter a refill, the system displays the following prompt:

Enter first letters`-` or cancel reason code--

The prompt on the medication and solution prescription screens requests a cancellation reason. Cancellation reasons are predefined by the pharmacy department and are maintained in the O/P Rx Cancellation Reasons table. The cancellation reason is required and must be selected from the predefined reasons.

Enter the code of a specific cancellation reason, or enter a hyphen (-) to display the O/P Rx Cancellation Reasons table and select the desired cancellation reason.

The system displays two different prompts based upon the number of times the prescription has been filled.

If the prescription has been filled more than one time, the system displays the following messages and prompt:

> *Fill date: 08/19/88*
> *Cancellation Reason: PATIENT NEVER PICKED UP*
> *Cancel fill? (Y/N)--*

This prompt determines if the most recent fill transaction is canceled. That is, if three bottles were dispensed in the most recent fill transaction, the system cancels three bottles.

To cancel the most recent fill transaction, enter **Y**. The system cancels the prescription quantity dispensed in the most recent fill transaction and then redisplays the prescription identification screen.

If you do not want to cancel the most recent fill transaction, enter **N**. The system redisplays the prescription identification screen.

If the prescription has been filled only once or all fills except the original fill of the prescription have already been canceled, the system displays the following messages and prompt:

> *Fill date: 08/26/88*
> *Cancellation Reason: ENTERED INCORRECTLY*
> *Cancel prescription? (Y/N)--*

This prompt determines if the prescription is canceled. Once you cancel the prescription, you cannot revise, refill or reactivate the prescription. To cancel the prescription, enter **Y**. The system cancels the prescription and redisplays the prescription identification screen.

If you do not want to cancel the prescription, enter **N**. The system redisplays the prescription identification screen.

Identify another prescription or enter a period (.) to back out of the function.

Impact

When you cancel a prescription fill, the system credits the stock location for the fill quantity and credits the patient for the price of the fill.

When you cancel a prescription, the status of the prescription changes to Canceled and the prescription becomes unavailable for revisions and refills.

The system presents canceled prescriptions after all active prescriptions on the patient profile screens. When you cancel a solution prescription, the profile displays *Last: None Dispensed* instead of the next bottle number, date and time.

For each cancellation transaction, the Prescription Audit Trail function displays the date and time at which the cancellation was entered, the cancellation type (fill or prescription), and the name of the user signed on when the cancellation was entered. For fill cancellations, the system also displays the cancellation reason. A sample audit trail screen is shown below:

```
                General Hospital Prescription Audit Trail Processor
                                             Wed May 15, 2002 01:45 pm
Name                        Sex   BD    Account Number          Third Party
LEE,SAMANTHA                 F  02/12/56  No Billing Acct          GA
Allergies:CODEINE/MORPHINE

     Rx#       Drug                       Refill   Orig   Last     Price S
     800023    Last: Pri-5 08/31  125 ML/HR         08/31/88 08/31/88        C
               DEXTROSE 5%-NACL 0.45%-KCL 20MEQ/L     QB      DAILY
 Date/Time       Action                  User

 08/31/88 12:45pm Cancel Prescription    Smith,Joyce
                  ENTERED INCORRECTLY
 08/31/88 12:45pm Cancel Fill            Smith,Joyce
                  ENTERED INCORRECTLY
 08/31/88 12:42pm Refill Sol             Smith,Joyce
 08/31/88 12:34pm Orig Sol               Smith,Joyce

Last page--
```

If a therapeutic duplication occurred on the order, and the warning was bypassed, a log entry was made if the order was completed. A separate entry to the audit trail occurs for each hit. The audit trail entry includes date, time, therapeutic duplication type, employee name, order/rx number and drug name of the therapeutic duplicate.

Output

The system prints a Status Change Label when you cancel the prescription if the Status Change Labels field of the Amb Care - Parameters parameter includes canceled prescriptions.

Although the format and content of the Status Change Label is determined by the pharmacy department during system installation, the Status Change Label usually contains the patient's name, prescribing physician, prescription number, drug's name, drug's display strength, drug's dosage form, date and time of the status change, and the new prescription status.

GENERATION

If the system parameters are set up to print a label, the system automatically generates a Status Change Label when a prescription's status changes.

PARAMETERS

The Status Change Labels field of the Amb Care - Parameters parameter determines if the system generates a Status Change Label. Hospital policy determines when and where the Status Change Labels print.

SORT SEQUENCE

Status Change Labels are printed when the prescription's status changes and are printed in the sequence in which the prescription statuses change.

Figure 2.6 Status Change Label (*PRXI26)

```
 _____
|                                          |
|    90000075    TANNER,JOHN P             |
| YOUNG,SUSAN                              |
|                                          |
| MOTRIN TABS, 300MG                       |
|                                          |
| Cancel       08/22/89 10:23              |
| New Status: Cancelled                    |
|_____|
```

ACTIVATE/INACTIVATE PRESCRIPTION FUNCTION

This function enables you to inactivate active prescriptions and to reactivate inactive prescriptions. The system does not perform clinical or duplicate screening against inactive prescriptions and presents inactive prescriptions after the active prescriptions on the patient profile.

Inactive prescriptions cannot be filled. However, if you attempt to refill an inactive order, the system offers the option to reactivate the order within the Prescription Fill/Refill function.

The steps for inactivating a prescription are:

    1.   Identify the patient.

    2.   Identify the prescription.

    3.   Identify the inactivate reason.

    4.   Acknowledge your intention to inactivate the prescription.

The steps for reactivating an inactive prescription are:

    1.   Identify the patient.

    2.   Identify the prescription.

    3.   Acknowledge your intention to activate the prescription.

After you select the Activate/Inactivate Prescription function from the menu, the system displays the following prompt:

    Enter Name, '%'Soundex, `-`SS#, `&`Unit Nbr, '#'Corp Nbr, prescriptions--

Identify the patient. For more information about the patient identification options, see the General Information Volume.

After you identify a patient, the system displays the following prompt:

    Enter prescription number or `-` to list orders --

Identify the prescription. Enter the number of a specific prescription, or enter a hyphen (-) to display a list of the patient's prescriptions and select the desired prescription. Inactive prescriptions are presented after active prescriptions.

If you selected an active prescription, the system begins the inactivate process. If you selected an inactive prescription, the system begins the activate process, as described in the Activate Prescription subsection.

Inactivate Prescription

After you select an active prescription, the system displays the following screen. This example contains a solution prescription.

```
         General Hospital Activate/Inactivate Prescription Processor
                                              Wed May 15, 2002 01:21 pm
Name                        Sex   BD    Account Number          Third Party
LEE,SAMANTHA                 F  02/12/56  No Billing Acct          GA
Allergies:CODEINE/MORPHINE
      Rx#        Drug                        Refill   Orig    Last     Price S
      800006     Next: Pri-15 08/11  125 ML/HR          08/09/88 08/10/88       A
                 DEXTROSE 10%-NACL 0.45% 1000 ML          QB      DAILY
                 POTASSIUM PHOS 4.4 MEQ/1 ML              QB      DAILY
                 SODIUM CHLORIDE 0.9% 1 ML                QB      DAILY


Enter first letters`-` or inactivate reason code--
```

Identify the reason for inactivating the prescription. The system only accepts reasons that currently exist in the O/P Rx Inactivate Reasons table. Enter the code assigned to a specific reason, or enter the first few letters of the reason and a hyphen (THE-) and select the desired reason from the displayed O/P Rx Inactivate Reasons table.

After you select an inactivate reason, the system displays the following message and prompt:

Inactivate Reason: THERAPY ENDED
Inactivate prescription 800006? (Y/N)--

To inactivate the prescription, enter **Y**. The system displays a message indicating that the transaction is complete and redisplays the prescription identification screen. Identify another prescription or enter a period (.) to back out of the function.

To exit the inactivate process without inactivating the prescription, enter **N**. The system redisplays the prescription identification screen. Identify another prescription or enter a period (.) to back out of the function.

Activate Prescription

The system displays the following screen after you select an inactive prescription.

```
         General Hospital Activate/Inactivate Prescription Processor
                                              Wed May 15, 2002 01:24 pm
Name                        Sex   BD    Account Number          Third Party
LEE,SAMANTHA                 F  02/12/56  No Billing Acct          GA
Allergies:CODEINE/MORPHINE
      Rx#        Drug                        Refill   Orig    Last     Price S
      800017     ASPIRIN 325MG TABLET            4/4  08/19/88 08/31/88   10.18 I

Inactivate Reason: THERAPY ENDED

Activate prescription 800017? (Y/N)--
```

This screen contains the reason for inactivating the prescription and asks if you want to reactivate the prescription.

To reactivate the prescription, enter **Y**. The system displays a message indicating that the transaction is complete and redisplays the prescription identification screen. Identify another prescription or enter a period (.) to back out of the function.

To exit the activate process without reactivating the prescription, enter **N**. The system redisplays the prescription identification screen. Identify another prescription or enter a period (.) to back out of the function.

Impact

When you inactivate an active prescription, the system removes the prescription from clinical screening and duplicate checking. The status of the prescription changes to Inactive and appears on profile displays as I.

When you reactivate an inactive prescription, the system includes the prescription in clinical screening and duplicate checking. The status of the prescription changes back to Active and appears as A on profile displays. The patient profile presents all active orders before presenting any inactive orders.

For each activate/inactivate transaction, the Prescription Audit Trail function displays the date and time at which the transaction took place, the transaction description (Activate or Inactivate), and the name of the user signed on when the transaction was entered.

If a therapeutic duplication occurred on the order, and the warning was bypassed, a log entry was made if the order was completed. A separate entry to the audit trail occurs for each hit. The audit trail entry includes date, time, therapeutic duplication type, employee name, order/rx number and drug name of the therapeutic duplicate.

Output

The Status Change Labels field of the Amb Care - Parameters parameter determines if the system prints a status change label upon completion of the Activate/Inactivate function.

For a description and example of the Status Change Label, see the Cancel Prescription function.

TRANSFER PRESCRIPTION IN FUNCTION

This function enables you to record the transfer of a prescription from another pharmacy to your pharmacy. Essentially, you identify the pharmacy from which the prescription is being transferred and then enter the prescription as you would using the Prescription Fill/Refill function.

This function is only offered on the Revise Profile menu and cannot be accessed using the Profile Maintenance function when using the menus provided with the base STAR Pharmacy System.

You cannot use this function to place an order for an item when any of the following are in progress:

- Formulary update when the formulary item selected is being updated

- FDB/formulary update when the NDC of the formulary item selected is being updated

- FDB/formulary update when all items in the formulary are scheduled to be updated

If you try to enter an order during formulary update, the system displays the following message:

Formulary update in progress--access not allowed! Retry? (Y/N) [N]--

You can either press ENTER to exit the function or enter **Y** to retry. After the update is complete, you can continue.

After you select the Transfer Prescription In function from the menu, the system displays the following prompt:

Enter transfer from location--

Enter the name of the pharmacy that is transferring the prescription to your pharmacy. The system accepts a maximum entry of 45 characters.

After you identify the transferring pharmacy, the system displays the following prompt:

Enter Name, '%'Soundex, `-`SS#, `&`Unit Nbr, '#'Corp Nbr, prescriptions--

Identify the patient for whom the prescription was written. See the General Information Volume for more information about patient identification techniques.

The Master Patient Index (MPI) contains a record of all patients treated by the hospital facility. A patient must be loaded into the MPI before you can enter the patient's prescription. Although the system offers the option to load new patients into the master

patient index within this function, hospital policy determines whether the pharmacy department can use this option. (See the Pharmacy Load MPI field of the Amb Care, HBO - Load MPI/Reg parameter.)

After you identify the patient, the system asks you to identify the method by which the patient is to pay for the prescription charge amount for which he/she is responsible (see the following sample). Patients can charge the prescription to a hospital account or pay cash.

Accounts are assigned to patients during the registration process. Although the system offers the option to register patients with a new account within this function, hospital policy determines whether the pharmacy department can register patients. (See the Reg Allowed field of the Amb Care, HBO - Load MPI/Reg parameter.) If you attempt to register the patient with a new account and the Reg Allowed field of the Amb Care, HBO - Load MPI/Reg parameter is set to No, the system displays an error message and rejects your entry.

```
              General Hospital Transfer Prescription In Processor
Select Account Number                          Wed May 15, 2002 10:53 am
Name                    Sex    BD    Street Address
LEE,SAMANTHA            F   02/12/56  3111 WALNUT ST
Allergies:CODEINE/MORPHINE
Page:01                          Admit Date  Type  Doctor
( 1) A0001-10071-2               06/06/88    I/P   ABBOTT,DON C
( 2) No Billing Account




Enter choice or `R` to register new account--
```

This screen contains a list of the patient's active accounts, including a No Billing Account option for cash payments.

Enter the option number of the patient account to which the prescription is to be charged, select the No Billing Account option for cash payments, or enter R to register the patient with a new account. For more information about registering a patient with a new account, see the MPI Load/Registration function.

After you identify how the prescription charge is to be handled, the system displays the following prompt:

> *Review demographics(P), (A)llergies, (D)ocumentation or (L)ocations [/] --*
> *(I)nsurances, (C)urrent Lab, (V)iew pt's other profiles*

This prompt offers the opportunity to review/revise the patient's non-prescription information including the demographics, allergies, location history, patient documentation, insurance, current laboratory, and patient's other profiles.

To review/revise the patient's non-prescription information, enter the letter of the desired option. For more information about each of the options, see the Display

Prescription Detail function in "Chapter 3 - PROFILE REPORTING".

To continue with the transfer in process, press ENTER. The system displays the formulary item identification prompt.

From this point forward, the Transfer In function operates exactly the same as the Prescription Fill function. The system presents the same screens in the same order and performs the same clinical screening and information cross-checks. For more information about the prescription entry process, see the Prescription Fill/Refill function.

After you have completed the entry of the prescription, the system automatically exits the function and redisplays the menu from which you selected the Transfer Prescription In function.

Impact

The Prescription Audit Trail function displays the date and time at which the prescription was transferred in, the name of the user signed on when the prescription was transferred, and the location from which the prescription was transferred.

If a therapeutic duplication occurred on the order, and the warning was bypassed, a log entry was made if the order was completed. A separate entry to the audit trail occurs for each hit. The audit trail entry includes date, time, therapeutic duplication type, employee name, order/rx number and drug name of the therapeutic duplicate.

Output

The system generates the requested number of prescription labels upon completion of this function. Hospital policy determines when and where the labels are printed.

TRANSFER OUT/CANCEL TRANSFER OUT FUNCTION

This function enables you to record the transfer of a prescription from your pharmacy to another pharmacy and to cancel the transfer. The system inactivates transferred prescriptions and removes them from duplicate checking and clinical screening. Transferred prescriptions cannot be refilled unless you cancel the transfer or return the prescription to the pharmacy using the Transfer In function.

Use the Transfer In function to return any prescriptions that have been dispensed by another pharmacy. The Cancel Transfer option is provided in the event that the wrong prescription was transferred or the name of the receiving pharmacy was incorrectly entered.

This function can be accessed from the Profile Maintenance function and the Revise Profile menu when using the menus provided with the base STAR Pharmacy System.

After you select the Transfer Out/Cancel Transfer Out or the Transfer/Cancel Transfer function from the menu, the system displays the following prompt:

> *Enter Name, '%'Soundex, `-`SS#, `&`Unit Nbr, '#'Corp Nbr, prescriptions--*

Identify the patient. For more information about the patient identification options, see the General Information Volume.

After you identify a patient, the system displays the following prompt:

> *Enter prescription number or '-' to list orders --*

Identify the prescription. If you enter a hyphen (-) to display a list of the patient's prescriptions, the system presents transferred prescriptions at the very end of the list. Prescriptions already transferred have a status of T (the far right column of the display).

Cancel Transfer Out

If you identify/select a prescription that has already been transferred, the system assumes that you want to cancel the transfer and displays the following prompt:

> *Cancel transfer? (Y/N)--*

To cancel the transfer, enter **Y**. The system flashes a Cancelled message and then redisplays the prescription identification prompt. The prescription is returned to duplicate checking and clinical screening, moves back to its old position in the prescription listing, and regains an active status.

To retain the transferred status of the prescription, enter **N**. The system redisplays the prescription identification prompt. Identify another prescription or press ENTER to back out of the function.

Transfer Out

If you identify/select a prescription that has not yet been transferred, the system assumes that you want to transfer the prescription out and presents a prescription information screen. The following is an example of the medication screen:

```
         General Hospital Transfer Out/Cancel Transfer Out Processor
                                             Wed May 15, 2002 03:33 pm
Name                     Sex   BD     Account Number          Third Party
SMITH,ROXANNE MARIE       F  10/12/88  89053-00005
Allergies:CODEINE/MORPHINE
 1 Prescription Nbr  2 Item Name                       3 Date Written
   46030                MOTRIN 600 MG                     03/21/89
 4 Orig Fill Date    5 Last Fill Date     6 Orig Qty      7 Total Refills
   03/21/89            03/21/89             50 TAB          0
 8 Refill Qty        9 Total Qty          10 Refills Remain
                       50 TAB                0
11 Total Qty Remain 12 Partial Qty Remain 13 Ordering Physician
   0 TAB                                     7704 CARNES,JAMES E
14 Control Number   15 State Number       16 Office Phone
   AC123456789                              (803)254-6391
17 SIG
   T 1 TAB TID.
18 Transfer Location
   JOHN'S DISCOUNT PHARMACY


Accept this screen? (Y/N) [Y]--
```

For compound medication prescriptions, the system displays this screen with the following prompt for each item in the prescription.

> *Compound Order! Press NL.*

Press ENTER to display the next item until all items in the compound prescription have displayed.

Field Explanations

1. PRESCRIPTION NUMBER (DISPLAY ONLY)
This field contains the prescription number assigned to the prescription.

2. ITEM NAME (DISPLAY ONLY)
This field contains a description of the drug item.

3. DATE WRITTEN (DISPLAY ONLY)
This field contains the date on which the physician wrote the prescription.

4. ORIG FILL DATE (DISPLAY ONLY)
This field contains the date on which the prescription was first dispensed.

5. LAST FILL DATE (DISPLAY ONLY)
This field contains the date on which the prescription was last dispensed.

6. ORIG QTY (DISPLAY ONLY)
This field contains the initial dispensing quantity prescribed by the physician.

7. TOTAL REFILLS (DISPLAY ONLY)
This field contains the total number of refills authorized by the prescribing physician.

8. REFILL QTY (DISPLAY ONLY)
This field contains the refill quantity authorized by the prescribing physician.

9. TOTAL QTY (DISPLAY ONLY)
This field contains the total dispensing quantity authorized by the prescribing physician. This quantity reflects the sum quantities of all refills including the original fill.

10. REFILLS REMAINING (DISPLAY ONLY)
This field contains the total number of refills remaining.

11. TOTAL QTY REMAIN (DISPLAY ONLY)
This field contains the total quantity remaining to be dispensed.

12. PARTIAL QTY REMAIN (DISPLAY ONLY)
This field contains the undispensed quantity of the most recent refill.

13. ORDERING PHYSICIAN (DISPLAY ONLY)
This field contains the code and name of the prescribing physician.

14. CONTROL NUMBER (DISPLAY ONLY)
This field contains the controlled substance number assigned to the prescribing physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number.

15. STATE NUMBER (DISPLAY ONLY)
This field contains the number assigned to the prescribing physician by the state.

16. OFFICE NUMBER (DISPLAY ONLY)
This field contains the office phone number of the prescribing physician.

17. SIG (DISPLAY ONLY)
This field contains the abbreviated SIG last entered for the prescription. To display the expanded SIG, access this field.

18. TRANSFER LOCATION (45-C-R)
This field identifies the location to which the prescription is being transferred. The system displays this location in the prescription's audit trail that can be viewed using the Prescription Audit Trail function.

The following is an example of the solution transfer out screen:

```
          General Hospital Transfer Out/Cancel Transfer Out Processor
                                             Wed May 15, 2002 02:52 pm
Name                        Sex   BD    Account Number           Third Party
LEE,SAMANTHA                 F  02/12/56  No Billing Acct           GA
Allergies:CODEINE/MORPHINE
     Rx#      Drug                        Refill   Orig    Last      Price S
     800010   Next: Pri-4 08/11  125 ML/HR         08/10/88 08/10/88         A
              DEXTROSE 5% 1000 ML                   QB       DAILY
              POTASSIUM CHLORIDE 20MEQ 10 ML        QB       QP




 Enter transfer to location--
```

The solution screen contains the prescription number, next bottle number, next bottle
date, solution rate, date on which the first bottle was dispensed, date on which the most
recent bottle was dispensed, prescription price, prescription status (the S column), and
the description, volume, bottle schedule and scheduled days for each item in the
prescription.

To transfer the prescription, enter the name of the receiving pharmacy. The system
accepts a 45-character free-form response. The system processes the transfer and
then flashes a *Transferred!* message before redisplaying the prescription identification
prompt.

To exit the screen without transferring the prescription, enter a period (.). The system
redisplays the prescription identification prompt.

When the system redisplays the prescription identification prompt, identify an
additional prescription or press ENTER to back out of the function.

Impact

When a prescription is transferred, it becomes inactive and is removed from duplicate
checking and clinical screening. The status of the prescription changes to Transferred.

When a transfer is canceled, the prescription becomes active and is returned to
duplicate checking and clinical screening. The status of the prescription changes back
to Active.

For prescription transfers, the Prescription Audit Trail function displays the date and
time at which the prescription was transferred, the name of the user signed on when
the prescription was transferred, and the location to which the prescription was
transferred. For canceled transfers, the Prescription Audit Trail function shows the

date and time at which the transfer was canceled and the name of the user signed on when the transfer was canceled.

If a therapeutic duplication occurred on the order, and the warning was bypassed, a log entry was made if the order was completed. A separate entry to the audit trail occurs for each hit. The audit trail entry includes date, time, therapeutic duplication type, employee name, order/rx number and drug name of the therapeutic duplicate.

Output

The Status Change Labels field of the Amb Care - Parameters parameter determines if the system prints a status change label upon completion of this function.

For a description and example of the Status Change Label, see the Cancel Prescription Function.

RELABEL ORDER FUNCTION

This function enables you to relabel an inpatient medication order for ambulatory care dispensing. The system assigns a prescription number to the inpatient order and prints a prescription label. This function *does not* charge the patient for the relabeled quantity.

You cannot use this function to place an order for an item when any of the following are in progress:

- Formulary update when the formulary item selected is being updated

- FDB/formulary update when the NDC of the formulary item selected is being updated

- FDB/formulary update when all items in the formulary are scheduled to be updated

If you try to enter an order during formulary update, the system displays the following message:

Formulary update in progress--access not allowed! Retry? (Y/N) [N]--

You can either press ENTER to exit the function or enter **Y** to retry. After the update is complete, you can continue.

When the inpatient order contains multiple items and has a multi-item type of Compound, the system creates a single prescription for all items in the order. If the inpatient order contains multiple items and is not a Compound order, the system creates a separate prescription for each item. The system allows you to select the items for which you want to create a prescription.

The system displays a prompt similar to the following:

Enter acct #, '-'bed code, first chars of name,`C` for Census [C]--

Identify a patient who has active inpatient pharmacy orders. For more information, see the Patient Identification Process section in the *General Information Volume* of the *STAR Pharmacy Reference Guide*.

When the patient is selected, the system checks the Review Non-Screened Orders field of the Screening-ADR Levels parameter and compares it to the pharmacy employee type setting of the user.

The system displays the *Allergies Revised!* alert if:

- The pharmacy employee type is defined in the parameter, and new allergy information has been entered into the Allergy Processing Tool from a non-pharmacy location since the last time the profile was accessed, or

- The pharmacy employee type is defined in the parameter, and existing allergy information is revised from a non-pharmacy location since the last time the profile was accessed.

After the *Allergies Revised!* alert is displayed, the system automatically proceeds to the Allergy Summary screen so that allergy information (new and/or revised) can be reviewed. When the Allergy Summary screen is exited, the system returns to Pharmacy CPU (if the facility has networked CPUs and Pharmacy is on a separate CPU from Patient Care) and displays the message:

Screening for Drug Sensitivities

The system then begins an automatic review of the new or revised allergy or allergies against the patient profile.

The *Allergies Revised!* alert is NOT displayed if:

- The pharmacy employee type is not defined in the parameter, or

- There have been no new allergies added to the profile, or existing allergies revised, from a non-pharmacy location since the last time the profile was accessed.

After you identify a patient, the system displays the following prompt:

Enter order numbers to relabel or `-` for list--

Identify the inpatient medication order to be relabeled. Enter the order number assigned to the order, or enter a hyphen (-) to display a list of the patient's inpatient medication orders and select the desired medication order.

If you enter the number of an order that does not exist, the system displays the following message and redisplays the prompt:

Error: Order 24 is invalid!

If you enter the number of a solution order, the system displays the following message and redisplays the prompt:

Error: Order 24 is not a medication order!

If you select a single-item order or a multiple-item order with a multi-item type of Compound, the system performs control class checking and clinical screening on the

first item. If you select a non-compound multiple-item order, the system displays a list of the order's items and asks you to select the items you want to relabel. After you select the desired items, the system performs control class checking and clinical screening on the first item.

If the Patient Address Required field of the Amb Care - Control Class Requirements parameter for the lowest control class in the prescription is set to Yes, the patient address is required for the item selected. If the patient's address has not been entered, the system flashes the following error message and redisplays the formulary item identification screen:

> *Error: Patient's address is required!*

The patient's address must be entered before you can enter a prescription for that drug item.

If the prescribed item was selected from the formulary or FDB product file, the system performs clinical screening and brings any potential adverse drug reactions, interactions, and sensitivities to your attention. The system also checks for therapeutic duplications. The system does not perform clinical screening for manually entered products.

The system displays the following relabel order screen after the control class checking and clinical screening has been completed:

```
                   General Hospital Relabel Order Processor
Relabel Order                                    Wed May 15, 2002 02:56 pm
  No            Name            Sex   BD    Room     Doctor     Service Status
96-33900003    STARR,ELSIE      F 03/05/97 ICU-04   SILVA,MD T MEDICAL I/P 126
Allergies:CODEINE/MORPHINE
 15 ASPIRIN TABS 325MG TABLET WEST WARD INC                       (ASA325OP)
  1 Rx#              2 Label Name             3 NDC Number
    Auto Assi        ASPIRIN TABS, 325MG          14-3109-50
  4 Ordering Physician        5 Ctrl Nbr     6 Phys Phone
    68 GUY,FRED
  7 Fill Qty       8 Lot        9 Exp Date    10 DAW Code
    1 TABLET       5C           08/06/97         No DAW
 11 Compound  12 Ordered As                  13 Safety Caps 14 Print Consult
    No                                           Yes            No
 15 SIG Phrase 16 Days Supply 17 Relabel Fee    18 Labels    19 Initials
                              $7.50               1            EH/EH

(L)abel Warnings, Edit (P)hysician, (M)edication Info, Dosage (R)ange,  [E]dit,
(A)ccept [A]--
```

This screen collects the prescription information. If the inpatient order was a multi-item compound order, the system redisplays this screen for each item in the order.

Field Explanations

1. RX# (10-C-R)
This field determines the number assigned to the prescription. The system inserts a default response of Auto Assignment. This field is non-revisable for items 2+N of compound prescriptions.

To let the system assign the prescription number, accept the system default. To assign a specific number to the prescription, override the Auto Assignment default and enter the desired number. Once you accept the system default and the system assigns a prescription number, you cannot revise the assigned prescription number.

If you accept the system default of Auto Assignment, the system assigns a prescription number using the Prescription Nbr Sequence field of the CRT Names table and the O/P Prescription Number Sequences table. If the ordering CRT does not have a prescription number sequence assigned, you cannot dispense prescriptions from that CRT.

When the prescription number is entered manually (not auto-assigned), the system does not recognize the entry of leading zeros, in either the presence or absence of a leading facility code. If leading zeros are entered, they are automatically stripped before the RX# is saved.

2. ITEM NAME (DISPLAY ONLY)
This field contains the label name of the prescribed drug.

3. NDC NUMBER (DISPLAY ONLY)
This field contains the NDC number for the item in the prescription.

4. ORDERING PHYSICIAN (26-AN-R) or (TABLE LOOKUP)
This field identifies the prescribing physician. For items 2 + N of a multiple-item prescription, this field is non-revisable.

If the prescription is being charged to a hospital account, the system defaults the attending physician associated with the account. However, if the physician's address is not entered in the Physicians table and the physician's address is required (see the Phys Address Required field of the Amb Care - Control Class Requirements parameter), the system does *not* default the attending physician. If the prescription entered immediately previous to the current prescription was written for the same patient, the system defaults the physician entered for the previous prescription.

This field uses the Physicians table that can be shared by all facilities or is specific to an individual facility. If the Physicians table is facility-specific, you can only access the physicians of your master facility (see the Amb Care, HBO - Fac Assignment parameter). In a network and/or interface situation, the STAR Patient Care System maintains the Physicians table.

When you access this field, the system displays the following prompt:

Enter table code `-`, ('-) for staff, (\-)NSCG --
(R)ecord or (F)reeform

There are several ways to identify the ordering physician:

- Enter the code assigned to the physician in the Physicians table.

- Enter a hyphen (-), and select from the Physicians table.

- Enter an apostrophe and hyphen ('-), and select from the list of staff.

- Enter a backslash and hyphen (\-), and select from the list of the non-staff caregivers (NSCG).

  After you complete your entries and accept the screen, the new override NSCG becomes the ordering physician and the new override NSCG's name transfers to the New Override NSCG List. At this time, the appropriate administrative personnel can review the override NSCG information and make a determination to include the NSCG as a permanent entry in the Physician/NSCG Tables.

  If the override NSCG is not included in the Physician/NSCG Tables and removed from the New Override NSCG List, the system does not retain any of the override NSCG information, such as address, phone, or copy to. Override NSCG information is stored with the patient information and passed to STAR Financials as a default physician.

  NOTE: Override NSCGs process the same as current override physicians until they are included in the Physician/NSCG Tables. After an override NSCG is added to the Physician/NSCG Tables as a permanent entry, the NSCG is processed in the same manner as a current staff physician is processed.

- Enter **R**, and select from the list of physicians of record.

- Enter **F** to enter a free-form physician not in the Physicians table. The system displays the *Enter Last,First '-'* -- prompt. If the physician was listed as a free-form physician within the past 90 days, enter a partial name and a hyphen (-), and select from the list of existing free-form physician names starting with the letters you entered. You can also enter a hyphen (-) and select from a list of all free-form physicians entered in the past 90 days.

  To enter a new free-form physician, enter a last name, a comma (,), and a first name. The system displays a physician information screen for the physician name you entered. Complete as many fields as possible. If the physician address is required to process the prescription (see the Amb Care - Control Class Requirements parameter), you must complete the Office Address 1, City, State, Zip Code and Office Phone fields on this screen.

NOTE: When you enter a free-form physician, the system stores the name and information in the Pharmacy Free-formed Physician table for 90 days before purging them. For more information, see the subsection on the Pharmacy Free-formed Physician table in the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide.*

5. CTRL NBR (11-C-C)

This field identifies the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number. The system prefills this field with the physician's controlled substance number that is stored in the Physicians table or was identified on the free-form physician information screen (see the Ordering Physician field). This field is non-revisable when the controlled substance number is prefilled using the Physicians table. The Phys Ctrl # Required field of the Amb Care - Control Class Requirements parameter determines when this field is required.

6. PHYS PHONE (DISPLAY ONLY)

This field contains the phone number of the physician's office defined in the Physicians table.

7. FILL QTY (8-AN-R)

This field identifies the original fill quantity of the prescription. Enter the quantity being sent home with the patient. The system does not charge the patient for this quantity.

The prompt for this field varies by drug form (see examples below).

Enter number of caplets --
Enter quantity in gm's [45] or 'x'number of packages--
Enter quantity in ml's [15] or 'x'number of packages--

For items with a drug form of each and a multi-dose indicator of No, the prompt identifies the dosage form of the item and requests the total number of units. The system accepts a maximum entry of 9999.

For items with a drug form of each and a multi-dose indicator of Yes, and items with a drug form of gm or ml, the prompt offers the opportunity to enter the quantity as a number of units or as a number of packages and provides a default response of one package. To enter the quantity as a number of packages, enter the letter **X** and then a number of packages (X2). The system accepts a maximum entry of X9999.9 and only accepts two digits after the decimal point (.). The system calculates and displays the quantity as the total number of units (ea/gm/ml).

8. LOT (10-C-C)

This field identifies the lot number of the drug products dispensed. The Lot Number Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

9. EXP DATE (10-C-C)

This field identifies the expiration date of the dispensed item.

You can set up a default expiration date for this field in two places: The Expiration Days field on the Outpatient Information screen of the Formulary Maintenance function and the Default Exp Days field of the Amb Care - Control Class Requirements parameter. When both are defined, the formulary default overrides the parameter default. To calculate the expiration date, the system adds the number of days specified in these fields to today's date. When the system prefills this field with a default expiration date, the cursor bypasses this field.

The Exp Date Required field of the Amb Care - Control Class Requirements parameter determines if this field is required.

10. DAW CODE (1-A-O)
This field contains the Dispense as Written (DAW) information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter. You can use this field to override the default.

When you access this field, the system displays the following table:

```
( 1) 0-No Dispense as Written         ( 6) 5-Brand Dispensed, Priced as Generic
( 2) 1-Physician Dispense as Written  ( 7) 6-Override
( 3) 2-Patient Dispense as Written    ( 8) 7-Brand Drug Mandated by Law
( 4) 3-Pharmacist Dispense as Written ( 9) 8-Generic not available in market
( 5) 4-No Generic Available           (10) 9-Other
```

The following shows the field display for each table entry selection:

Table Entry	Field Display
1 No Dispense as Written	0 No DAW
2 Physician Dispense as Written	1 MD DAW
3 Patient Dispense as Written	2 Pt DAW
4 Pharmacist Dispense as Written	3 RPH DAW
5 No Generic Available	4 No Generic
6 Brand Dispensed, Priced as Generic	5 Brand/Gen Pr
7 Override	6 Override
8 Brand Drug Mandated by Law	7 Brand/Law
9 Generic Not Available in Market	8 Not in Mkt
10 Other	9 Other

Enter the number for your selection.

11. COMPOUND (DISPLAY ONLY)
This field contains the compound indicator. This field contains a Yes entry if the prescription can contain more than one item. This field contains a No entry if the prescription contains only one item.

12. ORDERED AS (30-C-O)
This field contains a description of the prescription as it is recognized by the nurse and/
or patient. Enter the appropriate free-form description.

After you complete all of the required fields, the system asks you to accept the screen.
If you accept the screen without providing all required information, the system displays
an error message and returns the cursor to the incomplete required field.

For single-item prescriptions, this is your last opportunity to exit the function without
creating the prescription. Once you accept the screen, the system does not allow you
to back out of the function.

For compound prescriptions, the system displays the information screen for the next
item in the order. If you attempt to period out of the function after accepting the first
item, the system displays the following prompt:

Cancel the prescription? (Y/N)--

To exit the function without creating a prescription for the inpatient order, enter **Y**. To
continue with the relabel function, enter **N**.

13. SAFETY CAPS (1-A-R)
This field specifies if the prescription is to be packaged using safety caps. The system
prefills this field with a default that is defined in the Safety Caps field of the patient
profile.

If the patient requests that you *do not* use safety caps to package the prescription,
enter **N**. If you use safety caps to package the prescription, press ENTER.

14. PRINT CONSULT (1-A-O)
This field determines whether the patient consultative message is printed at the time
the medication is dispensed. The default is determined by the Print Consult/Fill field
on the Amb Care- Parameters parameter. When you access this field, the system
displays the following prompt:

Print Consultative Message? (Y/N)--

To print the patient consultative message when the medication is dispensed, enter **Y**.
If you do not want to print the message, enter **N**.

15. SIG PHRASE (SPECIAL FORMAT-O)
If a SIG has been defined, the system displays the SIG line above the Rx Diagnosis/
Disease line.

When you access this field, the system displays the SIG screen.

```
              General Hospital Prescription Fill/Refill Processor
Prescription Fill/Refill                         Wed May 15, 2002 05:52 pm
Name                      Sex   BD     Account Number          Third Party
*STARR,ENID                F  09/12/58 No Billing Acct
Allergies:CODEINE/MORPHINE

 1 Sig                                                      2 Dose/day
   tid.                                                       3
 3 Expanded Sig
   three times a day.




 Accept this screen? (Y/N) [Y]--
```

Field Explanations

15-1. SIG (61-C-R)
This field identifies the codes and text used by the system to generate the prescription administration instructions printed on the prescription label. You can enter the administration instructions word-for-word or you can enter codes that the system translates into words. The O/P SIG table contains the codes recognized by the system and the translations for each code. If the system encounters a word that is not in the O/P Sigs table, the system prints that word verbatim on the prescription label.

NOTE: If you enter a colon (:) when building a SIG, the system converts the colon to a hyphen (-) to make it compatible with the programming language.

15-2. DOSE/DAY (10-N-O)
This field contains the default from the Doses per day field in the O/P SIG table. If the Doses per day field in the O/P SIG table does not contain a value, you can enter a value in this field.

If this field contains a value, the system divides the value in the Quantity field by the value in this field to determine the value in the Days Supply field.

When you access this field, the system displays the following prompt:

　　Dose per day--

Enter the number of doses to be administered each day.

15-3. EXPANDED SIG (P-C-O)
This field displays the system's translation of the SIG (see the SIG field). Each SIG code can be translated into several different languages. The language presented in this field is determined by the Language field in the patient's demographics.

When you enter this field, the system displays a grid representing the dimensions of the SIG portion of the prescription label and the expanded SIG text. The size of the grid is determined by the Characters per Line and Lines per Label fields of the Amb Care - Parameters parameter. If the expanded text fits on one page, the system displays the following prompt:

> *Enter (A)dd, (E)dit, or (D)elete page--*

If the expanded text consists of more than one page, the system displays the fdlowing prompt:

> *Enter page number, (A)dd, (E)dit, or (D)elete page (1-3)--*
> *previous page (/P)*

To display/revise a different page of the expanded text, enter the number of the desired page. The available page numbers are displayed in parentheses () at the end of the prompt. To add another page of extended text, enter **A**. To revise the page of text currently displayed, enter **E**. To delete the page of text currently displayed, enter **D**.

If you enter an A to add another page or an E to edit the displayed page, the system displays the SIG text entry keys at the bottom of the screen. The following paragraphs identify each of the text entry keys and provide a description of what the key does:

F1 This key deletes the line of text upon which the cursor rests. Any text below the deleted line moves up one line.

F2 This key inserts a blank line before the line upon which the cursor rests. Any text below the added line moves down one line.

F3 This key centers the text in the middle of the line upon which the cursor rests.

F4 This key exits the text edit mode. The system returns you to the field selection prompt.

F5 This key stores in memory the line of text upon which the cursor rests. Only one line of text can be stored at one time. Therefore, immediately restore the saved text on the desired line by using the F6 key.

F6 This key restores text saved in memory back onto the screen. The system erases any text on the line on which saved text is restored. Therefore, always restore text on a blank line unless you want to replace the existing text.

F7   This key removes any unnecessary blank spaces between words and sentences on all consecutive lines of the SIG text. If a blank line separates two sets of text, the second set of text is not packed. When the system packs text, it only leaves one blank space between words.

F10   This key provides access to additional text entry instructions. The top line indicates the keys to press and the bottom line displayed in reverse video indicates the activity. The following list provides each of the activities (left column) and the keys to press (right column):

PRESS F10 ONCE:	
Delete Char	SHIFT <--
Insert Char	SHIFT -->
Del Char Left	DEL
Clear to End Of Line	ERASE EOL
Help	F10

PRESS F10 TWICE:	
Tab right	TAB
First Char	HOME <--
Last Char	HOME -->
Top Line	HOME Up
Bottom Line	HOME Down
Top Left	HOME HOME
Help	F10

PRESS F10 THREE TIMES:	
Left Right Up Down	Arrows
Begin Next Line	ENTER
Repeat Key	REPT
Delete All Lines	ERASE PAGE
Help	F10

16. DAYS SUPPLY (3-N-O)
This field identifies the number of days that the prescribed quantity, when taken as directed, should last the patient. If the patient attempts to refill the prescription before or after this period of time has passed since the previous refill, the system displays a warning and asks if you still want to refill the prescription. This field is non-revisable for items 2 + N of a compound prescription.

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The Max Days Supply field of the Amb Care - Control Class Requirements parameter determines the maximum number of days that you can enter in this field. In a compound medication prescription, the system checks the parameter for all items in the prescription and uses the lowest value. If you attempt to exceed this maximum, the system displays an error message and rejects your entry.

17. RELABEL FEE (5-NC-O)
This field determines the fee for relabeling that is added to the relabeled order and is billed to the patient's account.

When you access this field, the system displays the following prompt:

Fee to be added to relabel order--

Enter an amount up to 99.99.

18. LABELS (2-N-R)
This field determines the number of prescription labels printed. The Max Med Labels field of the Amb Care - Parameters parameter determines the maximum number accepted in this field. This field is non-revisable for items 2+N of compound prescriptions.

The system prefills this field with a system-calculated default and the cursor bypasses this field. The system defaults one label for items with a drug form of each and a multi-dose indicator of No. The system defaults one label per package for items with a drug form of mls or gms and for items with a drugform of each and a multi-dose indicator of Yes.

19. INITIALS (3-A-C)
This field identifies the initials of the individual entering the refill and the initials of the registered pharmacist refilling the prescription separated by a slash (/). This field is non-revisable for item #2 and all subsequent items of a compound medication prescription.

If a registered pharmacist is entering the prescription, the system prefills both parts of this field with the pharmacist's initials and the cursor bypasses this field. If you edit this field, the system first asks for your initials. After you enter your initials, the system asks you to enter the initials of the pharmacist who is to fill the prescription.

The initials of the individual entering the prescription are required information. The initials of the pharmacist are only required if the RPh Initials Required field of the Amb Care - Parameters parameter contains a Yesresponse. The Tech/RPh Initials Ind field of the Amb Care - Parameters parameter determines if a non-pharmacist employee can enter a pharmacist's initials.

The following prompt is displayed:

(L)abel Warnings, Edit (P)hysician, (M)edication Info, Dosage (R)ange, [E]dit, (A)ccept [A]-

To edit or view label warnings for the medication, enter **L**.

To edit physician information, enter **P**.

To view medication information, enter **M**.

To view dosage range information, enter **R**.

To edit field information, enter **E**.

To accept the screen, press ENTER or enter **A**.

Impact

The Prescription Audit Trail function displays the date and time at which the inpatient order was relabeled, identifies the transaction as an Orig Med with Relabel in parentheses, and shows the name of the user signed on when the order was relabeled.

Output

The system generates the requested number of medication prescription labels upon completion of this function. Pharmacy policy determines when and where these labels print.

VIEW PHYSICIAN INFORMATION FUNCTION

This function enables you to view information such as phone number, address and physician code for physicians registered in the Physicians table. This information is for display only and cannot be revised.

To access the View Physician Information function, complete the following steps:

1. Select the Profile Maintenance menu option.

2. Identify the patient.

3. Identify the prescription.

4. Select the View Physician Information menu option.

For more information about completing steps 1 through 3, see the Profile Maintenance function.

After you select the View Physician Information menu option, the system displays the physician information screen:

```
                General Hospital Profile Maintenance Processor
View Physician Information                      Wed May 15, 2002 10:46 am
Name                     Sex    BD     Street Address
LEE,SAMANTHA              F   02/12/56  3111 MARION DRIVE
Allergies:CODEINE/MORPHINE
     Rx#       First Drug                  Refill   Orig     Last     Price S
   123474     KEFLEX 250MG CAPSULE          0/0   04/26/88 04/26/88   48.30 A
 1 Name                              2 Initials
   6461-SILAS,RONALD                   RPS
 3 Office Address 1                   4 Group Name
   TWO RICHLAND MEDICAL PARK
 5 Office Address 2                   6 City            7 State   8 Zip Code
   SUITE 202                            COLUMBIA          SC        29203
 9 Office Phone      10 Extension    11 Home Phone    12 Beeper #
   (803)765-0620
13 State License #   14 Control #    15 Physician Status
                        AA8082567       INA


Press NL--
```

Field Explanations

1. NAME (DISPLAY ONLY)
This field contains the name of the physician.

2. INITIALS (DISPLAY ONLY)
This field contains the physician's initials.

3. OFFICE ADDRESS 1 (DISPLAY ONLY)
This field contains the physician's office address.

4. GROUP NAME (DISPLAY ONLY)
This field contains the name of the physician's professional group.

5. OFFICE ADDRESS 2 (DISPLAY ONLY)
This field contains additional office address information.

6. CITY (DISPLAY ONLY)
This field contains the city in which the physician's office is located.

7. STATE (DISPLAY ONLY)
This field contains the two-letter code of the state in which the physician's office is located.

8. ZIP CODE (DISPLAY ONLY)
This field contains the ZIP code of the physician's office address.

9. OFFICE PHONE (DISPLAY ONLY)
This field contains the area code and local phone number of the physician's office.

10. EXTENSION (DISPLAY ONLY)
This field contains the physician's phone extension.

11. HOME PHONE (DISPLAY ONLY)
This field contains the area code and local number of the physician's home.

12. BEEPER # (DISPLAY ONLY)
This field contains the phone number of the physician's beeper.

13. STATE LICENSE # (DISPLAY ONLY)
This field contains the license number assigned to the physician by the state.

14. CONTROL # (DISPLAY ONLY)
This field contains the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number.

15. PHYSICIAN STATUS (DISPLAY ONLY)
This field specifies if the physician is in the hospital. If the physician is in the hospital, the status is IH with a facility indicator suffix (for example, IHA when the physician is in facility A). If the physician is not in the hospital, the status is OUT.

When you have finished reviewing the physician information, press ENTER. The system redisplays the Profile Maintenance Menu.

PRESCRIPTION DOCUMENTATION FUNCTION

This function enables you to enter, revise and delete order documentation for a prescription. The Order Documentation table defines the basic format for entering the patient information and determines if that information can be revised and deleted. Documentation defined as non-revisable cannot be revised or deleted.

This function can be accessed from the Profile Maintenance function and the Revise Profile menu when using the menus provided with the base STAR Pharmacy System.

After you select the Prescription Documentation option from the Revise Profile menu, the system displays the following prompt:

>   *Enter Name, '%'Soundex, `-`SS#, `&`Unit Nbr, '#'Corp Nbr, prescriptions--*

Identify the patient. For more information about the patient identification options, see the *General Information Volume.*

After you identify a patient, the system displays the following prompt:

>   *Enter prescription number or '-' to list orders --*

Identify the prescription. If the prescription has no order documentation, the system displays the following screen:

```
          General Hospital Prescription Documentation Processor
                                          Wed May 15, 2002 05:24 pm
Name                    Sex   BD    Account Number          Third Party
SMITH,SYDNI              F   08/06/72  89286-00002
Allergies:CODEINE/MORPHINE
    Rx#      Drug                      Refill   Orig    Last     Price S
    19418    CLINORIL 200MG TABLET       5/5  12/19/89 12/19/89   57.80 A




    




 Add documentation (Y/N) [Y]--
                    No current documentation
```

To exit this option without creating documentation, enter an **N**. To create documentation for the prescription, press ENTER. For information about adding new documentation, see the Add New Documentation subsection.

If the order has existing documentation, the system displays the following screen:

```
            General Hospital Prescription Documentation Processor
                                        Wed May 15, 2002 05:24 pm
Name                     Sex   BD      Account Number           Third Party
SMITH,SYDNI               F  08/06/72  89286-00002
Allergies:CODEINE/MORPHINE
     Rx#      Drug                        Refill   Orig      Last       Price S
     19418*   CLINORIL 200MG TABLET         5/5  12/19/89 12/19/89    57.80 A

Page:01                                              ##=Current Choices
     Documentation Type        Documentation Description      Date Added
( 1) CAUTION STATEMENTS        Pt. has history of ulcers       (12/19/89)




Enter option numbers (1,3 or 1-4),'A' to add or 'D' to delete --
                         end selection(NL)
```

A list of the prescription's current documentation is displayed. You can enter the option number of existing documentation that you want to view/revise, enter **A** to add new documentation, or enter **D** to delete existing documentation.

Field Explanations

DOCUMENTATION TYPE
This column identifies the type of documentation entered. The name of the documentation type is displayed.

DOCUMENTATION DESCRIPTION
This column contains the description entered for this specific piece of order documentation. You must enter a documentation description before entering documentation text.

DATE ADDED
This column contains the date on which the documentation was added or, if the documentation has been revised, the date of the most recent revision. An asterisk (*) following the date indicates that the documentation does not print on the patient's profile.

More detail on each of the documentation maintenance options (add, revise, and delete) follows.

Add New Documentation

The system provides two opportunities to enter new order documentation. If the prescription has no documentation, enter **Y** when the system asks if you want to add

documentation. If the prescription has existing documentation, enter **A** to add documentation.

After you enter A or Y to add new documentation, the system displays the following prompt:

Enter documentation code or '-' for list--

Identify the type of documentation you want to enter. You can enter the code of a specific order documentation type, or enter a hyphen (-) to display the Order Documentation table and select the desired type from the displayed list. The Order Documentation table defines the different types of order documentation used by the pharmacy department and specifies if the documentation can be revised or deleted. You can also define a skeleton format for entry of the order documentation in the Order Documentation table.

After you select an order documentation type, the system displays the following prompt:

Enter documentation description --

The system accepts a maximum entry of 33 characters. The system displays this description across the top of the documentation screen.

After you enter the description, the system displays the skeleton format, as defined in the Order Documentation table, for the documentation type selected:

```
            General Hospital Prescription Documentation Processor
                                           Wed May 15, 2002 05:24 pm
Name                      Sex    BD     Account Number          Third Party
SMITH,SYDNI                F   08/06/22  89286-00002
Allergies:CODEINE/MORPHINE
               CAUTION STATEMENTS - Pt. has history of ulcers
                 Revised by:MCPHERSON,DANIELLA 12/19/89 05:20
01|This medication has been known to cause bleeding disorders and peptic   |
02|ulcers in the elderly.  While it is not advised to bring this to the     |
03|patient's attention, the pharmacist should consult the patient to take   |
04|the medication with food and avoid other non-steroidal anti-inflammatory |
05|drugs.                                                                   |
06|                                                                         |
07|----Mrs. Smith had a peptic ulcer 10 years ago, but Clinoril is the only |
08|    relief for her osteoarthritis so the physician wants her to continue  |
09|    with the therapy while being monitored closely.                       |
10|                                                                         |
11|                                                                         |
12|                                                                         |
13|                                                                         |
14|                                                                         |
15|                                                                         |
   F1 Del Line F2 Ins Line F3 Center F4 to Exit F5 Str Line F6 Rst Line
```

Across the top of the screen, the system displays the patient header. Centered below the patient header is the documentation description, the name of the employee who last revised the documentation, and the date and time at which the documentation was

last revised. The text entry area of the screen is flanked on both sides by a vertical bar and each line is numbered. Any text defined in the Order Documentation table for the documentation type is also displayed in the text entry area. Across the bottom of the screen, the system displays the word processing keys.

NOTE: The system automatically changes all colons in the documentation text to hyphens (-) after you accept the documentation text screen due to internal processing requirements.

Use the arrow keys to move around in the screen. The ENTER key operates like the carriage return on a typewriter. The word processing keys and their functions are described below:

F1   This key deletes the line of text upon which the cursor rests. Any text below the deleted line moves up one line.

F2   This key inserts a blank line before the line upon which the cursor rests. Any text below the added line moves down one line.

F3   This key centers the text in the middle of the line. Place the cursor on the line of text you want to center before pressing the key.

F4   This key exits the text edit mode. The system returns you to the field selection prompt.

F5   This key stores in memory the line of text upon which the cursor rests. Only one line of text can be stored at one time. Therefore, immediately restore the saved text on the desired line by using the F6 key.

F6   This key restores text saved in memory back onto the screen. The system erases any text on the line on which saved text is restored. Therefore, always restore text on a blank line unless you want to delete text.

When you are finished entering the documentation text, press the F4 key. The system displays the following prompt:

Accept? (Y/N/Exit) [Y]--

To add the documentation to the patient's profile, press ENTER. To revise the documentation before accepting it, enter **N**. To exit without adding the documentation to the patient's profile, enter **E**.

After you enter **Y** to accept the screen, the system displays the following prompt:

Print documentation on patient profile? [Y]--

To print the order documentation when the patient profile is printed, enter **Y**. If you do not want to print the order documentation, enter **N**.

NOTE: If the Order Doc field of the Print Profile function contains a No response, the system does not print the order documentation regardless of your response to this prompt. However, if the Order Doc field contains a Yes response, the system only prints the order documentation for which a Y response to this prompt was entered.

Revise Documentation

The Order Documentation table determines when documentation can be revised. If the documentation type is defined as being non-revisable, you cannot revise or delete the documentation once it has been entered and accepted.

The first step in revising documentation is to identify the pieces of documentation to be revised. The patient's existing documentation is listed on the Order Documentation Maintenance Options screen and an option number is assigned to each piece of documentation. Enter the option numbers of the pieces of documentation that you want to revise. To select numbers three through five, enter a 3, a hyphen, and a 5 (for example, 3-5). To select multiple non-consecutive numbers, enter commas between each number (for example, 3,4,6).

After you have selected the documentation you want to revise, the system displays the first piece of documentation:

```
            General Hospital Prescription Documentation Processor
                                              Wed May 15, 2002 05:24 pm
Name                      Sex    BD    Account Number          Third Party
SMITH,SYDNI                F  08/06/22  89286-00002
Allergies:CODEINE/MORPHINE
                 CAUTION STATEMENTS - Pt. has history of ulcers
                    Revised by:MCPHERSON,DANIELLA 12/19/89 05:20
01|This medication has been known to cause bleeding disorders and peptic    |
02|ulcers in the elderly.  While it is not advised to bring this to the      |
03|patient's attention, the pharmacist should consult the patient to take    |
04|the medication with food and avoid other non-steroidal anti-inflammatory  |
05|drugs.                                                                     |
06|                                                                           |
07|----Mrs. Smith had a peptic ulcer 10 years ago, but Clinoril is the only  |
08|    relief for her osteoarthritis so the physician wants her to continue   |
09|    with the therapy while being monitored closely.                        |
10|                                                                           |
11|                                                                           |
12|                                                                           |
13|                                                                           |
14|                                                                           |
15|                                                                           |
    F1 Del Line F2 Ins Line F3 Center F4 to Exit F5 Str Line F6 Rst Line
```

The documentation in this example is revisable and the system displays the text entry keys at the bottom of the screen. For more information, see the material about using the word processing keys in the Add New Documentation subsection. If the documentation is non-revisable, the system displays the following prompt instead of the text entry keys:

Press NL--

Press ENTER when you are finished viewing the documentation.

After you finish entering your revisions, press the F4 key. The system displays the following prompt:

Accept? (Y/N/Exit) [Y]--

To enter the revisions in the stored order documentation, press ENTER.

To make further revisions before accepting the documentation, enter **N**. To exit without implementing the documentation revisions, enter **E**.

NOTE: The system automatically changes all colons in the documentation text to hyphens (-) after you accept the documentation text screen due to internal processing requirements.

After you enter **Y** to accept the screen, the system displays the following prompt:

Print documentation on patient profile? [Y]--

To print the order documentation when the patient profile is printed, enter **Y**. If you do not want to print the order documentation, enter **N**.

NOTE: If the Order Doc field of the Print Profile function contains a No response, the system does not print the order documentation regardless of your response to this prompt. However, if the Order Doc field contains a Yes response, the system prints only the order documentation for which a Y response to this prompt was entered.

Delete Documentation

The Order Documentation table determines when documentation can be deleted. If the documentation type is defined as being non-revisable, you cannot revise or delete the documentation once it has been entered and accepted.

The first step in deleting documentation is to select the delete option. After you enter D for the delete option, the system displays the following prompt:

Enter numbers to delete (e.g. 1,7,5-9) or '-'choices to remove--
end selection (NL)

Enter the option numbers of the documentation that you want to delete. The option numbers of the selected documentation blinks in reverse video (dark letters on light background). Press ENTER after you have finished selecting documentation. The system displays the following prompt for each piece of documentation selected:

Delete DOCUMENTATION TYPE-DOCUMENTATION DESCRIPTION? (Y/N)--

The documentation type and description is displayed in the prompt for verification purposes. To delete the documentation, enter **Y**. To save the documentation, enter **N**.

If you attempt to delete documentation that is non-revisable, the system displays the following message:

Error: This documentation is not revisable!

After you have responded to each deletion prompt, the system displays an updated list of the prescription's documentation and the documentation maintenance options. Select a new option or press ENTER to back out of the function.

Impact

The Prescription Audit Trail function displays the date and time at which the order documentation was added or deleted.

Once documentation has been entered for an order, the system displays an asterisk (*) after the prescription number on the prescription profile.

Output

The documentation maintained using this function can be printed with the Patient Profile when the system parameters are set accordingly.

REFILL AUTHORIZATION FORM FUNCTION

This function enables you to view prescription information when requesting authorization to refill a prescription and offers the option to print a Refill Authorization Form.

After you select the Refill Authorization Form function from the menu, the system displays the following prompt:

Enter Name, `%`Soundex, `-`SS#, `&`Unit Nbr, `#`Corp Nbr, prescriptions--

Identify the patient. For more information about the patient identification options, see the General Information Volume of the *STAR Pharmacy Reference Guide*.

After you identify the patient, the system displays the following prompt:

Enter prescription number or '-' to list orders --

Identify the prescription. Enter a specific prescription number or, enter a hyphen (-) to display a list of the patient's prescriptions and select the desired prescription.

If you select a prescription that is inactive, canceled or transferred, the system displays a message similar to the following:

Prescription is cancelled! Continue (Y/N)--

To continue, enter **Y**. To exit, enter **N**.

After you select a prescription, the system displays the following screen:

```
           General Hospital Refill Authorization Form Processor
                                          Wed May 15, 2002 04:40 pm
Name                      Sex   BD     Account Number            Third Party
DODGE,ALEXANDRA            F  11/01/90  No Billing Acct           GA
Allergies:CODEINE/MORPHINE
 1 Ordering Physician        2 Office Phone       3 Office Address 1
   3140 RACHMAN,LARRY D        (213)655-8001         8654 E. PICO BLVD
 4 Office Address 2          5 City              6 State    7 ZIP Code
                               LOS ANGELES          CA         12345-6789
 8 Prescription Nbr          9 Generic Name
   300146                      PENICILLIN V POTASSIUM 25 MG/1 ML SUSPENSION
10 Date Written            11 Orig Fill Date     12 Last Fill Date
   03/19/91                   03/19/91              03/19/91
13 Orig Qty                14 Total Refills      15 Refill Qty
   200 ML                     0
16 SIG
   T 1 TSP QID X 10 DAYS.
Refills     Label Name                  Qty/Price
(1) 03/19/91 PEN-VEE K SUSP, 125MG/5ML     200 ML $17.30 (OP) GA


Press NL or enter `H` for hardcopy--
```

Field Explanations

1. ORDERING PHYSICIAN (DISPLAY ONLY)
This field contains the name of the ordering physician.

2. OFFICE PHONE (DISPLAY ONLY)
This field contains the office phone number on file for the ordering physician identified in the Ordering Physician field.

3. OFFICE ADDRESS 1 (DISPLAY ONLY)
This field contains the first line of address information on file for the ordering physician.

4. OFFICE ADDRESS 2 (DISPLAY ONLY)
This field contains the second line of address information on file for the ordering physician.

5. CITY (DISPLAY ONLY)
This field contains the city on file for the ordering physician.

6. STATE (DISPLAY ONLY)
This field contains the state abbreviation on file for the ordering physician.

7. ZIP CODE (DISPLAY ONLY)
This field contains the ZIP code on file for the ordering physician.

8. PRESCRIPTION NUMBER (DISPLAY ONLY)
This field contains the number assigned to the prescription.

9. GENERIC NAME (DISPLAY ONLY)
This field contains the generic name of the first drug in the prescription.

10. DATE WRITTEN (DISPLAY ONLY)
This field contains the date on which the prescribing physician wrote the prescription for the patient.

11. ORIG FILL DATE (DISPLAY ONLY)
This field contains the date on which the original fill of the prescription was dispensed.

12. LAST FILL DATE (DISPLAY ONLY)
This field contains the date on which the prescription was last filled by the pharmacy.

13. ORIG QTY (DISPLAY ONLY)
This field contains the initial dispensing quantity prescribed by the ordering physician. For compound medication prescriptions, this field contains the original quantity for the first drug in the prescription. For solution orders, this field remains blank.

14. TOTAL REFILLS (DISPLAY ONLY)
This field contains the total number of refills authorized by the ordering physician. For solution prescriptions, this field remains blank.

15. REFILL QTY (DISPLAY ONLY)
This field contains the refill quantity authorized by the ordering physician. For compound medication prescriptions, this field contains the refill quantity for the first drug in the prescription. For solution prescriptions, this field remains blank.

16. SIG (DISPLAY ONLY)
This field contains the abbreviated SIG last entered for the prescription. For solution prescriptions, this field remains blank.

Near the bottom of the screen, the system displays the prescription's refill history. The system displays the following information for the last four fills:

Refills (DISPLAY ONLY)
This column contains the number of the refill and the date on which the refill was filled. For multiple-item prescriptions, this column contains the refill history for the first drug in the prescription only.

Label Name (DISPLAY ONLY)
This column contains the label name of the first drug in the prescription. Label name is defined in the Label Name field on the Outpatient Information screen of the Formulary Maintenance function.

Qty/Price (DISPLAY ONLY)
This column contains the quantity dispensed, the price charged for the refill, and in parentheses, the code of the pricing formula used to calculate the refill price. If the prescription was covered by a third party, this field also contains the code of the third party.

The prompt offers the option to print a hard copy or press ENTER. To print the Refill Authorization Form, enter H. To exit the function without printing the Refill Authorization Form, press ENTER.

Output

If you enter H to request a hard copy of the Refill Authorization Form, the system prints the form at the hospital-designated printer.

Figure 2.7 Refill Authorization Form (PARFA)

```
RACHMAN,LARRY D              (213)655-8001        8654 E. PICO BLVD
                             LOS ANGELES          CA  12345-6789

DODGE,ALEXANDRA              123 MAIN STREET    ATLANTA          GA 30346

300146                       Date Written: 03/19/91
Nbr Refills: 0               Orig: 03/19/91      Last: 03/19/91
T 1 TSP QID X 10 DAYS.

PENICILLIN V POTASSIUM 25 MG/1 ML Orig: 200 ML Refill:

(1) 03/19/91 PEN-VEE K SUSP, 125 MG/5ML     200 ML $17.30 (OP) GA

----------------------------------------------------------------------
----------------------------------------------------------------------
----------------------------------------------------------------------
----------------------------------------------------------------------
```

The first two lines of the base form provide physician information including name, office phone, street address, city, state, and ZIP code.

The next line provides patient information including patient name, street address, city, state, and ZIP code.

The next paragraph provides prescription information including the prescription number (300146), the date on which the prescription was written, the number of prescribed refills, the date on which the prescription was first dispensed, the date on which the prescription was last dispensed, and the prescription's abbreviated SIG.

The next paragraph provides item information for the prescription. For each item in the prescription, the report provides the generic name, strength or volume from the formulary, and the fill/refill quantities. If the item is a solution, the form contains the disp/dose quantity for the last fill. If the item is a medication, the form provides the dispensing quantity and drug form (dosage form if drug form is EA) for the original fill and the refill quantity defined for the prescription.

Below this, the form provides the last four fills/refills of the prescription in reverse chronological order. For each fill/refill listed, the report provides the fill/refill date, the label name, quantity dispensed, and drug form (dosage form if drug form is EA) of the first item in the prescription, the prescription price with the code of the pricing formula used to calculate the price in parentheses, and when appropriate, the code of the third party covering the prescription.

At the bottom of the form, the report provides four dotted lines on which you can write notes.

DOCUMENT PATIENT COUNSELING FUNCTION

The Document Patient Counseling function enables you to document the counseling provided for the last fill/refill of a prescription and to enter the date and time of that counseling. Documentation of counseling is stored at the prescription level for each refill.

After you choose Document Patient Counseling from the menu, the system displays the following prompt:

> *Enter Name, `%`Soundex, `-`SS#, `&`Unit Nbr, `#`Corp Nbr, prescriptions--*

If you enter the prescription number(s), the system displays the Counseling Options screen. If you enter the patient's name or soundex, the system displays a list of patients from which you can select. If you enter the patient social security number, the unit number, or the corporate number, the system displays the following screen:

```
         General Hospital Document Patient Counseling Processor
Maintenance Options                               Wed May 15, 2002 12:35 pm
Name                      Sex    BD      Street Address
*SMITH,ENID ENDSLEY        F   09/15/65  83 MAXWELL CIR
Allergies:CODEINE/MORPHINE




 Enter prescription numbers or `-' for list--
```

Enter a prescription number or multiple prescription numbers for the patient, or enter a hyphen (-) to list the patient's prescription profile and then enter a number. The system displays the Counseling Options screen.

If you enter a prescription number that is not written for the patient you chose, the system displays a message like the following:

> *Prescription 963 is invalid!*

After you enter a valid prescription number, the system displays the Counseling Options screen, with the prescription information in the header:

```
            General Hospital Document Patient Counseling Processor
Counseling Options                                  Wed May 15, 2002 05:43 pm
Name                        Sex   BD     Street Address
SMITH,ENID ENDSLEY           F  09/15/65  83 MAXWELL CIR
Allergies:CODEINE/MORPHINE
     Rx#        Drug                          Refill   Orig     Last     Price S
     614*       IBUPROFEN 600MG TABLET          3/5  03/24/97 03/25/97   10.55 A
                                               30 TABLET    LEVINE,STANLEY








Document patient counseling? (Y/N) [N]--
        (D)rug information, (O)rder documentation, (P)atient documentation
```

To document patient counseling for this prescription, enter **Y**.

To enter order documentation, enter O. For more information about order documentation, see .

To enter patient documentation, enter **P**. For more information, see "Chapter 3 - PROFILE REPORTING" in this manual.

If you enter D, the system displays the Product Information File menu. For more information on the Product Information File, see the *General Applications Volume* of the *STAR Pharmacy Reference Guide.*

If counseling documentation has already been entered, the system displays the following line above the prompt, specifying the pharmacist's initials, date, and time of the most recent counseling:

   Counseling was provided by ES at 04/02/97 1259.

If you enter Y to enter document patient counseling, the system displays the following prompt:

   Was counseling provided for this prescription? (Y/N)--

If you enter N, the system returns to the previous screen. If you enter Y, the system displays the following prompt:

   Enter date and time that counseling was provided [04/02/97 1259]--

The default date and time is the current date and time. To accept the default, press ENTER. To change the date and time, enter a new date and time. The system displays the following prompt:

Enter initials of pharmacist who provided counseling [ES]--

If you signed on the system with a pharmacist security level, the default initials are the initials of the pharmacist who signed on the system. If you signed on the system as a pharmacy technician, there are no default initials. This is a required field.

If you accept the default, the system replaces the default initials with the pharmacist's name, as in the following prompt:

ES provided counseling at 04/02/97 1259. Accept? (Y/N)--

If you change the default, the system displays the initials of the pharmacist and the name of the person entering the documentation, as in the following prompt:

ES provided counseling at 04/02/97 1259 by WILSONER,BILL. Accept? (Y/N)--

If you do not accept the prompt, the system returns to the previous prompt.

If you enter Y to accept the prompt, the system displays the *Filed!* message and you can view this information in the Counseled By field on the second screen of the order detail for the prescription.

Chapter 3 - PROFILE REPORTING

Illustrations

STAR Pharmacy Reference Guide - Ambulatory Care Module
October 2011   *Release 17.0*   *3–1*
Proprietary to McKesson - Subject to Confidentiality Agreement

DISPLAY PRESCRIPTION DETAIL FUNCTION

The Display Prescription Detail function is used to review and maintain the patient profile information. Patient profile information includes demographics, allergies, documentation, prescription activity and insurance information.

Using the base menus provided with the STAR Pharmacy System, there are three different ways to access the Display Prescription Detail function.

If you access the Display Prescription Detail function using the main Ambulatory Care menu or using the Revise Profile menu, the function provides access to all aspects of the patient's profile such as demographics, allergies, and documentation, and to other profiles of the patient (inpatient profiles and other prescription profiles).

If you access the Display Prescription Detail function using the Profile Maintenance function, access is limited to information about the prescriptions of the current prescription profile.

As with most functions, the first step is to identify the patient. You can identify the patient using the patient name, unit number, or corporate number; or identify the patient and prescription by entering the number of one of the patient's prescriptions. The following is the first prompt displayed in this function:

Enter Name, '%'Soundex, `-`SS#, `&`Unit Nbr, '#'Corp Nbr, prescriptions--

If there is a specific prescription in the current profile you want to review, it is faster to enter the prescription number. However, if you want to review several prescriptions, or review more than one profile, it is faster to use one of the other patient identification methods.

NOTE: If the CRT you are using allows access to multiple master facilities, the system asks you to identify the desired master facility. For example, if the CRT allows access to both facility A and facility B, and the patient was serviced by facility A, you must select facility A before the system proceeds with the function.

If the patient has current lab values and the lab results display is active, the laboratory values information notice is displayed on the screen, showing the date and time the latest values were received and a warning indicator if any values are out of range:

New Lab Values Received: 01/17/97 10:55 Warning: Lab Value(s) Out of Range

After you identify the patient, the system displays the patient profile options screen:

```
                General Hospital Display Prescription Detail Processor
Display Profile Data                              Tue May 14, 2002 11:58 am
Name                    Sex    BD    Street Address
PHARMACY,FEMALE ONE       F  11/27/00  BABYLAND
Allergies:CODEINE/MORPHINE
New Lab Values Received 05/15/01 1415   Warning: Lab Value(s) Out of Range




Review demographics(P), (A)llergies, (D)ocumentation or (L)ocations [/] --
          (I)nsurances, (C)urrent Lab, (V)iew pt's other profiles
```

This screen contains a patient header and the patient profile maintenance options. The patient profile options are:

• Demographics

This option enables you to view and maintain the patient's demographic information. The demographics contain information such as name and address, height and weight, and third party name and number. The system prefills the screen with information entered using the STAR Patient Care and the STAR Pharmacy systems. Information entered using the STAR Patient Care System is non-revisable.

To select this option, enter **P**. For information on this option, see the Review/ Maintain Patient Demographics subsection.

• Allergies

This option enables you to add new allergy information, and revise or delete existing allergy information.

To select this option, enter **A**. For information on this option, see the Maintain Patient Allergies subsection.

- Documentation

  This option enables you to add new patient documentation and revise or delete existing patient documentation. Before entering text, the system requires selection of a documentation type. Documentation types are defined using the Patient Documentation table.

  If patient documentation has been entered for a patient, the system displays an asterisk (*) before the patient's name in the patient header on STAR Pharmacy screens.

  To select this option, enter **D**. For information on this option, see the Maintain Patient Documentation subsection.

- Locations

  This option enables you to view the location history display. To review the activity tracking information for the selected patient, enter **L**.

  For more information on this option, see the View Location History subsection.

- Insurance

  This option enables you to view the insurance information entered for the patient during the MPI load and registration process. This information is non-revisable using this function.

  To select this option, enter **I**. For information on this option, see the View Patient Insurance subsection.

- Current Lab

  This option enables you to review the Laboratory Results screen and its options for the selected patient.

  To select this option, enter **C**. For more information on this option, see section 1 of the *Inpatient Processing Module* of the *STAR Pharmacy Reference Guide*.

- View pt's other profiles

  This option enables you to access other profiles maintained by the system for the patient (for example, an inpatient profile). After you select the desired profile, the system offers access to detailed information on the pharmacy orders contained in the profile. If the patient has no other profiles, this option is not offered.

  To select this option, enter **V**. For information on this option, see the View Other Profiles subsection.

- View Ambulatory Care profile

   This option enables you to view detailed information on the ambulatory care prescriptions entered/dispensed for the patient. This option enables you to view current prescription information, view a previous version of the prescription information, and view/maintain order documentation.

   To select this option, enter a slash mark (*I*). For information on this option, see the View Ambulatory Care Profile subsection.

Review/Maintain Patient Demographics

The system draws patient demographic information from both STAR Patient Care (the MPI load and registration processes) and STAR Pharmacy. The system uses the patient demographic information for the purpose of patient identification and prescription processing.

```
                  General Hospital Profile Maintenance Processor
Display Profile Data                          Wed May 15, 2002 11:19 am
Name                      Sex    BD    Account Number           Third Party
*STARR,ELSIE               F  03/05/77  96-33900003             GA
Allergies:CODEINE/MORPHINE
 1 Height            2 Weight               3 IBW            4 BSA
   5'6.0" / 167.6cm     110lbs /49.9kg                        1.55sq m
 5 Diagnosis / complaint                6 Financial Class  7 Pt Type
   001.0 CHOLERA D/T VIB CHOLERAE          B BLUE CROSS       I/P
 8 Address                              9 Language       10 Smoker
   435 SMITHSON ST APT 5                  ENGLISH            No
   ATLANTA, GA  30345                  11 Safety Caps    12 Discount
                                          Yes                10%
13 Comment                           14 Pharmacy Diagnosis/Disease
   THIS IS A COMMENT                    diabetes
15 Third Party Plans    16 Default Third Party Plan      17 Cash Prc Plan
   See Table             GEORGIA MEDICAID




 Edit (V)isit-specific or (P)harmacy-specific information?--
```

After you select this function, the system displays the following prompt:

   Edit (V)isit-specific or (P)harmacy-specific information?--

For information about entering V for visit-specific information, see page 3-10.   For information about enter P for pharmacy-specific information, see page 3-7.

The following fields cannot be edited.

Field Explanations

5. DIAGNOSIS/COMPLAINT (DISPLAY ONLY)
The system prefills this field with the working diagnosis entered for the patient on the STAR Patient Care System. This field is blank when no working diagnosis was recorded for the patient.

6. FINANCIAL CLASS (DISPLAY ONLY)
The system prefills this field with the financial class entered for the patient on the STAR Patient Care System. This field is blank when no financial class was recorded for the patient.

7. PT TYPE (DISPLAY ONLY)
The system prefills this field with the patient type entered on the STAR Patient Care System. This field is blank when no patient type was recorded for the patient.

If you enter P for pharmacy-specific information, you can edit the following fields.

11. SAFETY CAPS (1-A-R)
This field specifies if the prescription is to be packaged using safety caps. The first time the system presents this field for the patient, the system prefills it with a Yes response. Each time thereafter, the system prefills this field with the response previously defined for the patient.

If the patient requests that you *do not* use safety caps to package the prescription, enter **N**. If you intend to use safety caps to package the prescription, enter **Y**. The system uses the response in this field to determine the default response for the Safety Caps field in the prescription fill/refill functions.

12. DISCOUNT (6-N-O)
This field defines the discount on prescription charges for which the patient is eligible. You can enter a percentage or a specific dollar amount. To enter a percentage, enter the percentage followed by the percent sign (for example, enter 10% for ten percent). To enter a dollar amount, enter the dollar sign, the whole dollar amount, a period, and the cents (for example, enter $2.50).

13. COMMENT (36-C-O)
This field contains a patient comment.

14. PHARMACY DIAGNOSIS/DISEASE (31-C-0)
This field allows you to enter and maintain a diagnosis for use in the Ambulatory Care system. The diagnosis information in the Diagnosis/Complaint field is maintained by patient care and is often unrelated to prescriptions entered in ambulatory care.

15. THIRD PARTY PLANS (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plans that currently cover the majority of the patient's medical expenses and prescriptions. If a third-party plan has been assigned to the patient, this field displays *See Table*. When you access this field, the system displays all third-party plans currently defined for the patient and displays the following prompt:

Enter choice of third party to edit, or (A)dd--

If you enter A, the system displays the following prompt:

Enter first letters '-',third party plan code, or (I) to view insurance--

After you select a third party plan, the system displays a screen for entry of patient-specific information for this plan. Material about entering I to view claim information is provided after the field explanations. See Section 3: Profile Reporting for more detailed information.

```
         General Hospital Revise Patient Demographics Processor

 Display Profile Data                              Wed May 15, 2002 11:53 am

 Name                    Sex    BD     Account Number          Third Party
 SMITH,MARGARET           F  07/06/63 93279-00001             PO
 Allergies:CODEINE/MORPHINE
 Third Party Plan: GEORGIA MEDICAID

 ( 1)Group Number   : 123456
 ( 2)Plan Number    :
 ( 3)Cardholder ID  :
 ( 4)Person Code    :
 ( 5)Cardholder Name:
 ( 6)Relationship   :
 ( 7)Pricing Plan   :
 ( 8)Expiration Date:
 ( 9)Workers Comp   :




 Enter patient's third party plan number or (I) to view insurance--
```

Field Explanations

15-1. GROUP NUMBER (15-AN-O)
Enter the group number specified for this patient and third party plan. The third party plan table-defined group number is a default.

15-2. PLAN NUMBER (15-AN-O)
Enter the Plan Number associated with this patient and Group Number.

15-3. CARDHOLDER ID (18-AN-R)
Enter the Cardholder Identification number.

15-4. PERSON CODE (3-AN-O)
Enter the person code, which is generally associated with the ID number.

15-5. CARDHOLDER NAME (30-AN-O)
Enter the cardholder's name.

15-6. RELATIONSHIP (1-N-R)
Enter the relationship of the patient to the cardholder. The options are:

(1) Cardholder   (3) Dependent (Child)

(2) Spouse   (4) Other (other dependent).

15-7. PRICING PLAN (3-AN-O) or (TABLE LOOKUP)
Enter the pricing plan if it is different from the default pricing plan for this third party.

15-8. EXPIRATION DATE (DATE-O)
Enter the date that coverage benefits expire for this patient.

During prescription fill/refill and revise prescription, if a third party plan is added or edited and the date for the new third party plan has expired, the system displays a *Warning: Coverage has expired for this plan!* message. You can then continue with the fill/refill or revision process.

15-9. WORKERS COMP (1-A-O)
Enter Y for yes if claims under this plan are to be flagged as worker's compensation. If not, enter **N**.

The prompt for the Third Party Plans field also offers the option to view the insurance information entered for the patient on STAR Patient Care. If you enter I to view the insurance information, the system displays a list of the patient's current insurance carriers. To view detailed information about the patient's coverage, enter the COB number of the desired insurance carrier. For more detailed information about this option, see Section 3: Profile Reporting.

16. DEFAULT THIRD PARTY PLAN (5-AN-O) or (TABLE LOOKUP)
This field identifies the patient's default third party plan. Enter the third party code, or enter a hyphen (-) and select from the list of third party plans defined on the Third Party Plans field.

When you select the account/no billing account in the prescription fill/refill function and the expiration date for the default third party plan has been exceeded, the system displays a *Warning: Coverage has expired for this plan!* message. The system then displays the Revise Patient Demographic screen. To continue prescription fill/refill without editing the third-party expiration date, press ENTER.

17. CASH PRC PLAN (3-AN-O)
Enter the cash pricing plan to be used to calculate prescription charges when no third party plan is defined.

In an environment where STAR Pharmacy is networked to the STAR Patient Care System, you can insert a third party number from the STAR Patient Care insurance information into this field. The following are the steps for this procedure:

1. Select the insurance option by entering the letter I. The system displays a list of the patient's insurance carriers including the policy numbers.

2. Press ENTER to the Select a Plan prompt. The system displays the following prompt:

    Enter patient's third party number or `#`selection--

3. Enter a pound sign (**#**) and the COB number of the desired third party.

If you enter a specific third party number or pull the third party number from the STAR Patient Care System and a pattern match has been defined in the Pattern Match field on the O/P Third Party Plans table for the third party, the system verifies that the format of the third party number meets the pattern requirements of the third party. If the number does not meet the pattern defined for the third party, the system displays the following message:

  Error: Invalid Third Party Number!

Enter **V** to edit visit-specific information on an account for the patient. If the Visit Data Access parameter on Prof Mgt - Patient Demographic is set to Yes, you can enter information in the editable fields.

```
            General Hospital Display Prescription Detail Processor
 Display Profile Data                               Tue May 18, 2004 10:33 am
 Name                    Sex   BD     Account Number          Third Party
 *TEST,ACCOMODATION CHANGE M  01/01/50  No Billing Acct       PCS
 Allergies:ISOPTIN/CAAPI/ACETAMINOP/COBALT (II/IBUPROFEN/ACETAMINOP/COD LIVER /T+
  1 Height                 2 Weight             3 IBW       4 BSA

  5 Infant Status          6 Serum Creatinine   7 CrCl


  8 Mailing Address Line 1         9 Address Line 2
    ADDR13                           ADDR2
 10 City               11 St  12 ZIP Code    13 Language        14 Smoker
    ALPHARETTA            NJ     30005           E ENGLISH




 Enter field number or '/' starting field number--
```

Field Explanations

1. HEIGHT (6-AN-O)
This field contains the patient's height in both feet/inches and centimeters. The system automatically fills this field with the patient height entered on the STAR Patient Care system. When you access this field, the system displays the following prompt:

  Enter new patient height in feet/inches, inches, or centimeters 'CM'--
  or (A)udit trail--

If you enter a patient's height that makes the patient's ideal body weight greater than 130% of the patient's weight, the system displays the following message:

Patient's actual body weight is greater than 130% of ideal body weight

2. WEIGHT (8-AN-O)
This field contains the patient's weight in both pounds/ounces and kilograms. The system automatically fills this field with the patient weight entered on the STAR Patient Care system. When you access this field, the system displays the following prompt:

Enter new patient weight in lbs/ozs or kgs followed by 'K'--
or (A)udit trail--

You can enter a new weight, or you can enter **A** to access the audit trail for the Weight field.

This field allows the entry of three characters before the decimal, and three characters after the decimal. Weight can be entered in pounds/ounces, or kilograms as indicated in these two options:

- • Weights can be entered in pounds and ounces by separating the two measurements with a slash (/). For example, 131 would be entered for 131 pounds or 9/6 for 9 pounds 6 ounces. The system retains pounds and ounces on any weight 20 pounds and under. Weights over 20 pounds are rounded to the nearest pound.

- • An alternative form of entering patient's weight is available if the metric system is typically used by your institution. To indicate that the measurement is in metrics, enter the weight in kilograms (or fractions thereof) followed by K. For example, 59.30K would be entered for 59.3 kilograms.

If you enter A, a subscreen is displayed with the old weight, new weight, the ID of the person who changed the weight, and the date and time the edit was made.

If a patient's height and weight are entered, the patient's BSA or Body Surface Area is calculated. Please refer to that field explanation for the formula used.

If you enter a patient's weight that is more than 130% of the patient's ideal body weight, the system displays the following message:

Patient's actual body weight is greater than 130% of ideal body weight

Once a weight is entered, either in pounds and ounces or kilograms, the system displays the patient's weight in both formats, separated by a slash (/).

3. IBW (6-N-O)
This field contains the ideal body weight (IBW) calculated for the patient by the STAR Patient Care system. The patient's IBW is calculated and automatically displayed in

kilograms using the patient's age, sex and height; or you can enter your own value. The IBW is calculated only for ages 1-17, or older than 17 and 5 feet tall or taller. If a patient is under the age of 1, or older than 17 but under 5 feet tall, no calculation displays. The equations used are as follows:

ADULT (age > 17 yrs) Males: IBW = 50KG + 2.3KG/inch for every inch greater than 5 feet.

Females: IBW = 45.5KG + 2.3 KG/inch for every inch greater than 5 feet.

The system does not calculate IBW when the patient is less than 5 feet tall.

Ref: Devine BJ. Gentamicin therapy. Drug Intell Clin Pharm 1974:8:650-5

PEDIATRIC (age 1-17 yrs)

IBW = 2.396 X 1.0188E(HT in CM's) where E = exponent

The system does not calculate the IBW when the patient is less than one year old.

Ref: Traub SL, Kichen L. Estimating IBW in children. AJHP 1983:40:107-10

When you access this field, the system displays the following prompt:

Enter ideal body weight in kilograms--

4. BSA (DISPLAY ONLY)
This field contains the body surface area (BSA) calculated for the patient by the STAR Patient Care System. This field is blank when no BSA was calculated for the patient. You cannot edit this field.

You can edit the Height, Weight, and IBW fields. The BSA field cannot be edited because it is a computed field. While you are editing fields on this screen, no other STAR Pharmacy or Patient Care users can edit them. Changes entered on this screen take place immediately in STAR Patient Care. If STAR Pharmacy is networked to STAR Patient Care, the updated information is immediately sent to STAR Pharmacy.

5. INFANT STATUS (1-A-R) or (DISPLAY ONLY)
This field allows the user to define the infant status of a patient. The Premature and Full Term selections are only used by the Modified Schwartz formula with patients from 0-11 months old). If the patient is greater than 11 months old, there is no need for the user to define this field. Therefore, if the patient is greater than 11 months old, the system displays the following message when the field is selected:

Patient no longer an infant.

If the patient is not greater than 11 months old, the following prompt is displayed:

Enter (P)remature or (F)ull Term-

The field is required. No default is provided at the prompt. To complete the field, the user may enter either **P** for Premature or **F** for Full Term.

NOTE: The title-sensitive display (Premature or Full Term) indicates that a user has defined the field. If the display is all lower case (premature or full term), this indicates that the system set the field during an auto-calculation based on the default Modified Schwartz constant value defined on the Lab-Lab Result Display parameter screen.

Once the field is defined, the system displays the following prompt:

Update creatinine clearance? (Y/N) [Y]--

This is a reminder to the user that defining or revision this field may result in a different CrCl calculation. The default for the prompt is Y. Enter **Y** to proceed directly to the CrCl field. Enter **N** to not proceed directly to the CrCl field.

If you modify this field and save your changes, the system records the changes for use by the Modified Schwartz CrCl calculation process.

NOTE: If the patient is discharged and subsequently readmitted, the field is blank by default. This allows the Infant Status to be reconfirmed so the field can be left blank by the user if the readmission is after the patient is 12 months or older. Also, if the Infant Status field is defined while the patient is 0-11 months old, and the patient ages to 12 months old, the system automatically sets the field back to null.

For more information about calculations and error messages associated with these formulas, see 7. CRCL (5-N-O) or (1-A-O) on 3-14.

6. SERUM CREATININE (5-N-O) or (1-A-O)
This field contains the serum creatinine value entered by pharmacy personnel.

If the parameter is set to use metric units, the following prompt is displayed:

Enter new serum creatinine in mg/dl or (A)udit trail—

If the parameter is set to use standard international units, the following prompt is displayed:

Enter new serum creatinine in umol/L or (A)udit trail—

If you enter A, the system displays an audit trail that lists the previous entries:

```
Old Value      New Value       Edit ID                  Edit Date/Time
-----------------------------------------------------------------------
               1.00            JONES,JAMES              01/19/98 1151
      1.00     1.10            MICHAELS,JIM             01/21/98 1015

Press NL--
```

After you review the audit trail, press ENTER.

Enter a new serum creatinine value up to 99.99 mg/dl (or 99.99 umol/L if using Standard International Units). You can enter up to two digits before the decimal and two digits after the decimal. When you enter or revise a value in this field, the following prompt is displayed:

Calculate creatinine clearance value? (Y/N) [Y]-- |

If you want to enter or revise a value in the CrCl field, press ENTER or enter **Y**. The cursor moves to the CrCl field. Enter **N** if you do not want to change the CrCl value.

7. CRCL (5-N-O) or (1-A-O)
This field contains the creatinine clearance value. This value is either entered manually or calculated.

NOTE: When the Visit-specific section of the Patient Demographics pages is accessed and the patient has height, weight and IBW completed and no serum creatinine and the Creatinine Clearance field is accessed, the system does not calculate Creatinine Clearance (when serum creatinine is not present).

When you access this field, one of the following prompts displays.

If the parameter is set to use metric units, the following prompt is displayed:

Enter creatinine clearance in ml/min or (A)udit trail--
(C)alculate

If Standard International Units are used (Canadian Users), the following prompt is displayed:

Enter creatinine clearance in ml/sec or (A)udit trail—

If you enter A to view the audit trail, the system displays an audit trail that lists the previous entries.

After you review the audit trail, press ENTER.

Enter the Creatinine Clearance value. The system accepts values up to 999.99 ml/min (or 999.99 ml/sec if using Standard International Units). You can enter up to three digits before the decimal and two digits after the decimal.

If you enter C, the system displays the following prompt:

Calculate using (C)ockroft-Gault or (J)elliffe or (M)odified Schwartz formula? [C]--

NOTE: The (M)odified Schwartz option does not display on the prompt if the patient is older than 21 years old.

Valid entries are C, J and M. This field is case-sensitive. Upon entry of the desired formula, the system performs the calculation and either returns a value/updates the screen or provides an error message if necessary data is missing.

- DEFAULT: The default for this prompt varies upon evaluation of the patient's age and the Default CrCl Formulas parameter on the Lab-Lab Result Display parameter screen. Based on the patient's age and the Age Range setting for each formula, the system determines the correct formula and uses that value as the default. If a default formula cannot be determined (see the description of Creatinine Clearance and Method in the *Star Pharmacy Reference Guide Inpatient Processing Module* for process and exceptions), no default is provided and the customer must enter a value.

- To use the Cockroft-Gault formula, enter **C**. To use the Jelliffe formula, enter **J**. The system calculates, using the formula, and displays the value in ml/min:

Calculated creatinine clearance is 118.5 ml/min. Accept? (Y/N) [Y]--

To accept the value, enter **Y** or press ENTER. The system fills in the field. To decline the value, enter **N**.

The Cockroft-Gault formula is based on sex and whether the IBW is less than or greater than the actual weight:

Sex	Weight	Cockroft-Gault Formula
Male	> IBW	(140-age) (IBW in kg) 72 x SCr
Male	< IBW	(140-age) (weight in kg) 72 x SCr
Female	> IBW	(140-age) (IBW in kg) x 0.85 72 x SCr
Female	< IBW	(140-age) (weight in kg) x 0.85 72 x SCr

If either the IBW or SCr values are not present, the system ends the calculation and displays the following message:

Ideal Body Weight (or SCr) not present! Creatinine Clearance can't be calculated. [NL]

The Jelliffe formula is based on sex and whether the BSA is known:

Sex	BSA	Jelliffe Formula
Male	Known	BSA x 98-[0.8x(age-20)] (results in ml/min) 1.73 sq meters SCr
Male	Not Known	98-[0.8x(age-20)] (results in ml/min) SCr
Female	Known	0.9 x BSA x 98-[0.8x(age-20)] (results in ml/min) 1.73 sq meters SCr
Female	Not Known	0.9 x 98-[0.8x(age-20)] (results in ml/min) SCr

If the BSA is not known, the system displays the following message:

Body Surface Area not present! Calculate without value? (Y/N)--

Enter Y to calculate without the value present. To end the calculation, enter **N**.

If the SCr is not present, the system displays the following message:

SCr not present! Creatinine Clearance can't be calculated. [NL]

To clear the message, press ENTER.

If you enter A to view the audit trail, the system displays an audit trail that lists the previous entries. See "Audit Trail Revision" on page 3-18.

After you review the audit trail, press ENTER.

After you finish editing either the pharmacy-specific or visit-specific fields, press ENTER. The system then displays the verification prompt. To edit the screen, enter **N**. To accept the contents of the screen, press ENTER or enter **Y**. The system then displays the *Filed!* message and returns you to the Patient Demographics screen.

- To calculate using the Modified Schwartz formula, enter **M**. If you select this option, the system checks the patient's height, age and gender.

  - If the patient is one year old or older, the system checks the Modified Schwartz Constants parameter on the Lab-Lab Result Display parameter screen for the default value based on gender.

- If the patient is less than one year old and the Modified Schwartz formula has been defined for this age range, the following process occurs to calculate the CrCl value. The systems checks the Infant Status field of the Patient Demographics/Visit Specific screen.

  • If the Infant Status field entry is **Premature**, the calculation uses the Premature Modified Schwartz constant defined on the Lab-Lab Result Display parameter screen. To indicate the calculation was based on the system using the data in the Infant Status field, the Current Lab Values screen and the Update Demographics screen Audit Trail have a visual indicator of: Modified Schwartz (**P**).

  • If the Infant Status entry field is **Full Term**, the calculation uses the Full Term Modified Schwartz constant defined on the Lab-Lab Result Display parameter screen. To indicate the calculation was based on the system using the data in the Infant Status field, the Current LabValues screen and the Update Demographics screen Audit Trail have a visual indicator of: Modified Schwartz (**F**).

  • If the Infant Status entry field is not defined, the following prompt is displayed:

    Enter (P)remature or (F)ull term infant--

    This field is required, and the only valid entries are P or F. If P is entered, the system uses the constant value assigned to Premature infants < 1 year old defined on the Lab-Lab Result Display parameter screen. If F is entered, the system uses the constant value assigned to Full term infants < 1 year old defined on the Lab-Lab Result Display parameter screen.

    If the calculation is accepted, the Infant Status field is automatically populated with the value the user entered. To indicate the calculation was based on the user entering the information at the prompt, the visual indicators on the Current Lab Values screen, the Update Demographics screen, and the Audit Trail are: Modified Schwartz (P) for premature or Modified Schwartz (F) for full term infants.

    Upon selection of the correct constant, the system performs the calculation via the Modified Schwartz formula (see below for details of the formula) and either returns a value or an error message if the calculation cannot be completed. The prompt for the completed calculation (currently exists) is as follows:

    Calculated creatinine clearance is nn.nn ml/min/1.73sq m. Accept? (Y/N) [Y]--

Audit Trail Revision

The (A)udit trail for the CrCl field records the formula used to calculate the CrCl value.

An example of a record is:

```
Old Value   New Value    Formula            Edit ID        Edit Date/Time
--------------------------------------------------------------------------
47.84                    Modified Schwartz(P) HBO,Employee   11/15/00 1010
```

As described above, there are four possible indicators when the Modified Schwartz formula is used. They are:

- lowercase p - system auto-calculated the CrCl value using the premature default constant

- lowercase f - system auto-calculated the CrCl value using the full term default constant

- uppercase P - system calculated the CrCl value using the Infant Status field entry of premature, or the user selected Premature from the prompt displayed during the calculation process

- uppercase F - system calculated the CrCl value using the Infant Status field entry of full term, or the user selected Full Term from the prompt displayed during the calculation process

NOTE: For a full explanation of the possible indicators, .

Modified Schwartz Formula

The following is the calculation used:

CrCl (ml/min/1.73m2) =(k) x (length in cm)
                          SCr (mg/dl)

NOTE: *Ref: Schwartz GJ, et al, Pediatric Clin North America, 1987; 34: 571-590*

k in the formula refers to the constant values that are defined in the Modified Schwartz Constants parameter that is located on the Lab-Lab Result Display parameter page.

Length (expressed in cm) is derived from the Height field of the Patient Demographics page.

SCr is derived from either the Current Labs page or the SCr field of the Patient Demographics page.

Error Messages:

• If the SCr value is not defined, the following message is displayed:

Serum creatinine not present! CrCl cannot be calculated. Press NL-

• If the height (length) information is not defined, the following message is displayed:

Height not present! CrCl cannot be calculated. Press NL-

• If the appropriate Modified Schwartz Constant is not defined, the following message is displayed:

Constant value not present! CrCl cannot be calculated. Press NL-

NOTE: If the facility is reporting lab values in Standard International Units (see Prof Mgt - Patient Demographics parameter), the system converts the Serum Creatinine value to metric by dividing the result by 88.4. The system then uses the appropriate formula to calculate the metric creatinine clearance, and converts the result to Standard International Units by dividing the result by 60.

Example Calculations

The following is a list of sample calculations:

Gender	Age	Ht (cm)	SCr (mg/dl)	Calc CrCl (ml/min/1.73 M^2)
Girl	12 months	73	0.4	82
Boy	2 yrs	85.6	0.3	157
Boy	14 yrs	180	1	126
Boy	14 yrs	166	0.7	166
Girl	5 yrs	103	0.5	113
Girl	6 yrs	116	0.7	91
Girl	8 yrs	120	0.5	132
Boy	8 yrs	125	0.6	115

```
Page:01              Modified Schwartz Constants
( 1) Premature infants           0-11 months  0.33
( 2) Full term infants           0-11 months  0.45 (default)
( 3) Males                      12-23 months  0.45
( 4) Females                    12-23 months  0.45
( 5) Males                       2-12 years   0.55
( 6) Females                     2-12 years   0.55
( 7) Males                      13-21 years   0.70
( 8) Females                    13-21 years   0.55

Enter choice
```

CrCl in ml/min/1.73M$_2$ = (k)(Length in cm)/(SCr in mg/dl
(k = Modified Schwartz Constant)

Example 1:
12 month old girl 73 cm tall with a SCr of 0.4 mg/dl:
    CrCl = (0.45)(73)/0.4
    CrCl = 82 ml/min/1.73 M$_2$

Example 2:
2 yr old boy 85.6 cm tall with a SCr of 0.3 mg/dl:
    CrCl = (0.55)(85.6)/0.3
    CrCl = 157 ml/min/1.73M$_2$

Example 3:
14 yr old boy 180 cm tall with a SCr of 1 mg/dl:
    CrCl = (0.7)(180)/1
    CrCl = 126 ml/min/1.73M$_2$

Example 4:
14 yr old boy 166 cm tall with a SCr of 0.7 mg/dl:
    CrCl = (0.7)(166)/0.7
    CrCl = 166 ml/min/1.73M$_2$

Example 5:
5 yr old girl 103 cm tall with a SCr of 0.5 mg/dl:
    CrCl = (0.55)(103)/0.5
    CrCl = 113 ml/min/1.73M$_2$

Example 6:
6 yr old girl 116 cm tall with a SCr of 0.7 mg/dl:
    CrCl = (0.55)(116)/0.7
    CrCl = 91 ml/min/1.73M$_2$

Example 7:
8 yr old girl 120 cm tall with a SCr of 0.5 mg/dl:
    CrCl = (0.55)(120)/0.5
    CrCl = 132 ml/min/1.73M$_2$

Example 8:
8 yr old boy 125 cm tall with a SCr of 0.6 mg/dl:
    CrCl = (0.55)(125)/0.6
    CrCl = 115 ml/min/1.73M

8. MAILING ADDRESS LINE 1 (25-C-R)
Enter the patient's mailing address.

9. ADDRESS LINE 2 (25-C-O)
Enter additional patient mailing address information.

10. CITY (18-C-R)
Enter the patient's city.

If you enter the city's ZIP code/postcode in the City field, the system automatically fills the City, State/Province, County, Country, Geo. Code/Residence Code, and ZIP Code/ Postcode fields.

US: You can enter either five or nine characters, but only the first five are compared with the ZIP code table entries.

If you enter a code not in the table, that number moves to the ZIP Code/Postcode field while the cursor remains in the City field for you to free-form an entry. You can also enter an equal sign (=) for the system to fill these fields with the defaults (the hospital's address information).

11. ST/PR (TABLE LOOKUP)
You have three choices:

- Enter the appropriate two-character abbreviation for the patient's state/ province if you know it. The system validates the field entry with the user-defined state/province table.

- Enter a hyphen (-). The system displays the table with the states/provinces. When you select one, the system automatically uses the two-character abbreviation.

- Enter an equal sign (=) for the system default (the hospital's state/province).

(US) 12. ZIP CODE (9-N-R or 6-AN-R)
Enter the patient's ZIP code, either five or nine characters. If you enter an equals sign (=), the system automatically fills the field with the default ZIP code. Nine-digit ZIP codes are displayed with a hyphen (-) between the ZIP code and the ZIP code extension. If you enter a six-digit, alphanumeric Canadian postcode, it displays in an **X9X9X9** format.

(CN) 12. POSTCODE (6-AN-R or 9-N-R)
Enter the patient's postcode. The system displays the postcode in a **X9X9X9** format.
You can also enter a U.S. ZIP code in this field. If you enter a nine-digit ZIP code, the
system automatically puts a hyphen between the code and the extension.

13. LANGUAGE (TABLE LOOKUP)
Enter the code that describes the patient's language. The field defaults to English if
that entry exists in the table.

STAR Pharmacy uses this field to determine the language in which SIG instructions
are printed on labels for the Ambulatory Care module. If you leave this field blank and
STAR Patient Care's Language table contains an entry with a description of ENGLISH,
STAR Pharmacy prints the SIG instructions in English.

If this field contains English or any language besides Spanish, the system prints
consultative messages in English. If this field contains Spanish, the system prints
consultative messages in Spanish.

14. SMOKER (1-A-O)
Enter **Y** if the patient is a smoker. Enter **N** if the patient does not smoke.

Maintain Patient Allergies

When **A** is selected from the Prescription Detail Processor screen prompt, the system
accesses the Allergy Processing Tool. This tool enables you to maintain the patient's
allergies. The system requires that you enter patient allergy information before you
enter an order. For detailed information about allergies, see the Allergies section in
the *STAR Pharmacy Reference Guide Inpatient Processing Module* documentation.

Allergy Screening

Each time an order is entered, the system compares the allergy classes in the patient's
profile to the allergy classes of the prescribed drugs to determine if a potential reaction
might occur. The system cannot screen against free-form allergies or user-defined
coded allergies because there are no allergy classes associated with these entries.

If an allergy is free-form or allergy class codes do not exist, a visual cue to the user (an
exclamation point (**!**) is displayed in the Allergen Type column on the Allergy Summary
screen). In addition, the following warning is displayed on the Allergy Detail Screen:

This allergy will not be included in automatic screening!

NOTE: An unverified active allergy is always included in the screening process. An
unverified inactive allergy is excluded from the screening process.

When you edit an existing allergy, the system checks the patient's existing orders and
prescriptions for significant adverse drug reactions after you accept the screen. If the
patient has an existing order containing the ingredient, the system takes one of the

following actions depending on how the Log Level, Display Level and Abort Level fields of the Screening - ADR Levels parameter are set:

- If the new severity is equal to or greater than the value in the Abort Level field, the system displays the Potential Drug Sensitivity screen with the following warning flashing near the top of the screen:

    WARNING: SEVERITY LEVEL WOULD HAVE PREVENTED ENTRY OF THIS ORDER!

    To enter the revised severity for the allergy, accept the Potential Drug Sensitivity screen. To exit the screen without entering the revised severity, enter a period (.) and enter a period again at the allergy maintenance options prompt. If you accept the screen, the system adds the allergy override to the order's audit trail and includes the override on the ADR Override Report generated during midnight processing.

- If the new severity is equal to or greater than the value in the Display Level field, the system displays the Potential Drug Sensitivity screen. If you accept the screen, the system adds the allergy override to the order's audit trail and includes the override on the ADR Override Report generated during midnight processing.

- If the new severity is equal to or greater than the value in the Log Level field but less than the value in the Display Level field, the system notes the allergy override on the Minor ADR Override Report generated during midnight processing but does *not* display the Potential Drug Sensitivity screen.

NOTE: The system continues to do ADR screening based on ADC class level (first five digits) and not the subclass code level. Duplicate entry is therefore allowed to accommodate for the display of subclass levels. This may cause duplicate screening messages as a result.

If an allergy is entered from either the /F (formulary) or /N (Product Information File) option, and the item has multiple ingredients, the Exclude Inert Ingredients field of the Screening - ADR Levels parameter can be set to exclude inert allergy ingredients from screening. If this field is set to Yes, an individual alert displays for each ingredient that qualifies for an alert, thus eliminating confusing and/or unnecessary allergy alerts. The field does not impact inert ingredients (such as Lactose) that can be coded from the Allergy Classes table.

For more information about the Potential Drug Sensitivity screen, refer to the Order Entry function in the Profile Maintenance section of this document.

TRANSLATION OF ALLERGY INFORMATION

Since Horizon Clinical Documentation™ (or Horizon Expert Documentation™, if applicable) and STAR utilize different versions of First DataBank allergy information, a translation method is necessary to convert Horizon Clinical Documentation (or Horizon

Expert Documentation, if applicable) allergies into STAR PIF allergies. First DataBank has provided tables for this translation and also provides pseudo-code to assist with the logic flow.

NOTE: While these translation tables and processes run in the background and are not visible to the user, this information is essential to sites using both Horizon Clinical Documentation (or Horizon Expert Documentation, if applicable) and STAR Pharmacy, so the process is explained below.

Horizon Clinical Documentation (or Horizon Expert Documentation, if applicable) utilizes a clinical screening module called the Drug Information Framework™ (DIF), of which the allergy component is called the Drug Allergy Module (DAM). The allergy codes within the DAM are different from the Product Information File (PIF) codes used within STAR. To overcome this problem, First DataBank has provided three new tables that are used to convert the DAM allergy codes to PIF codes during clinical order screening. These tables are included on the Version 2 Full Buildtape supplied by First DataBank.

Allergy screening occurs during Inpatient Order Entry (start and restart), as well as Ambulatory Care Prescription Fill functions. Several menu paths are available to access this functionality. The translation process, however, resides in a central location to avoid duplication of code.

If coded allergy information is added in Horizon Clinical Documentation (or Horizon Expert Documentation, if applicable), that information is sent to the STAR Allergy Processing Tool via an A60 message and includes a code and description. The code may be a DAM code, a generic sequence number, or some other unique identifier (such as NDC number). This code is stored in the patient allergy global.

During the order or prescription entry processes in STAR Pharmacy, the system checks the patient allergies against the drug being entered and (based on parameter settings) may display a warning screen advising of a potential drug sensitivity or cross-reaction. This module is enhanced to translate Horizon Clinical Documentation (or Horizon Expert Documentation, if applicable) allergies. The typical flow is:

• Order entry process begins in STAR Pharmacy

• System retrieves patient allergy information

• Allergy number one is a STAR PIF allergy code

    - The PIF code is checked against the order information

    - System displays warning if appropriate; otherwise, it proceeds to next allergy

• Allergy number two is a Horizon Clinical Documentation (or Horizon Expert Documentation, if applicable) DAM allergy (as noted in the allergy node)

  - System sends DAM code to translation files

  - Translation files convert DAM code to corresponding PIF code(s)

  - The PIF code is checked against the order information

  - System displays warning if appropriate; otherwise, it proceeds to next allergy

  - If the DAM code cannot be translated, the system displays a warning

    • DAM code is marked as non-screenable (allergy class codes do not exist)

    • Failed translation is logged to new midnight processing failed translations report

• If the translation of the Horizon Clinical Documentation (or Horizon Expert Documentation, if applicable) allergy code fails to produce an equivalent PIF code, the system alerts the user with a warning message. That message is similar to the message displayed regarding a potential drug sensitivity. For example:

```
                  General Hospital Profile Maintenance Processor
Order Entry                                       Mon Jul 29, 2002 08:14 am
  No            Name            Sex   BD    Room    Doctor     Service Status
01102-00006    PHARMACY,BOY        M 04/01/00 4103-01 CAMPBELL,A PEDIATR I/P 215
Allergies:CODEINE/MORPHINE
 19 SEPTRA DS 800-160MG TABLET BW                                    (BACDS)
                    ** FAILED ALLERGY TRANSLATION **
 1 Newly Prescribed Drug          2 Possibly Reacting Ingredient
   44000 SULFAMETHOXAZOLE-TRIMETH   ***UNABLE TO TRANSLATE***
 3 Patient's Adverse Drug Class    4 Reaction                5 Severity
   SULFA                             Anaphylaxis                9 Severe
 6 Reported Reacting Ingredient

 7 Information

Accept? (Y/N) [Y]--
                 Print (H)ardcopy, or Log (I)ntervention
```

All existing processing available from this screen continues as usual.

Enter **Y** or press ENTER to accept the screen and continue with order entry.

Enter **N** to abort the order.

Enter **H** to print a copy of the warning at the default CRT printer from which it is requested. (The hardcopy is printed immediately.)

Enter **I** to enter a clinical intervention.

Impact

If the translation fails, the allergy cannot be converted to a corresponding PIF allergy, and it is marked as non-screenable (allergy class codes do not exist). This includes a visual cue to the user (an exclamation point (**!**) is displayed in the Allergen Type column on the Allergy Summary screen) and an internal tag that instructs the system to skip this allergy during future clinical screenings. In addition, the following warning is displayed on the Allergy Detail Screen:

This allergy will not be included in automatic screening!

It is important that you research failed translations and resolve them appropriately. To aid this process, failed translations are logged to the Failed Allergy Translations report that prints during midnight processing. This report is formatted like the ADR Override report.

Output

FAILED ALLERGY TRANSLATIONS REPORT (PFAT_)

The Failed Allergy Translations report lists the failed allergy translations displayed on the CRT screen during order entry. It is used to alert the pharmacy department about the allergies received from Horizon Clinical Documentation (or Horizon Expert Documentation, if applicable) that cannot be translated into a PIF code for automated screening purposes.

The report is printed each night during midnight processing. Its sort sequence is Patient room and bed number, allergy code/description. It is grouped by Patient room and bed number.

A sample report is displayed below:

```
Tue Aug 07, 2007 01:53 pm       Model Hospital A                    Page 1
              Failed Allergy Translations Override for 08/07/07

No.            Name            Sex  Age  Room     Doctor          Service Status
               DURBIN,STEPHANIE F    7Y
*******************************************************************************
    Height              Weight                   IBW             BSA
0'0.0" / 0.0cm     0lbs  0oz /0.000kg
Current Diagnosis
Allergy/ADR history: ACETAMINOP
*******************************************************************************

Allergy Code:  15239(DNID)Source System:  ST174 Allergy Description:  ACETAMINOPHEN
Severity: 5 Moderate      Reaction: Acneform Exanthema
Newly Prescribed Drug:  173 ACETAMINOPHEN (Order# 791)
Employee:                                    Date/Time: 08/07/07 01:49pm

End of Report
```

The report heading provides the hospital name, report title, page number, report date, and date and time of report generation. Each failed allergy translation warning prints on this report. An explanation of selected fields follows.

ALLERGY CODE
The code that is stored with the patient allergy.

SOURCE SYSTEM
The abbreviation of the system from which the allergy information was entered. This is typically the source system indicator for Horizon Clinical Documentation (or Horizon Expert Documentation, if applicable), since only allergies received from systems other than STAR are passed through the translation tables.

ALLERGY DESCRIPTION
The description that is stored with the patient allergy.

SEVERITY
This comes from the Severity field on the Allergy Detail screen, and indicates the severity of the reaction that the patient experiences when taking this drug.

REACTION
This comes from the Reaction field of the Allergy Detail screen and contains the reaction to the drug experienced by this patient.

EMPLOYEE
This field indicates the employee that entered the newly prescribed drug.

DATE/TIME
This field is the date and time that the newly prescribed drug was entered.

Maintain Patient Documentation

This option enables you to create, maintain and delete documentation regarding the patient's condition and treatment plan. To enter patient documentation, you must select a documentation type. The pharmacy department defines its patient documentation types using the Patient Documentation table.

The Patient Documentation table defines the basic format for entering the patient information and determines if that information can be revised and deleted. Documentation defined as non-revisable cannot be revised or deleted.

Once documentation has been entered for a patient, the system displays an asterisk (*) before the patient's name in the patient header on STAR Pharmacy screens.

After you select the patient documentation option, the system displays a list of existing documentation with the maintenance options (see following screen).

If the patient has no documentation, the system displays the following prompt and message:

Add documentation? [Y] --
No current documentation

To exit this option without creating patient documentation, enter **N**. To create patient documentation for the patient, press ENTER. See the Add New Documentation subsection for more information about adding documentation.

The following is an example of the Patient Documentation Maintenance Options screen:

```
              General Hospital Display Prescription Detail Processor
Display Profile Data                                   Wed May 15, 2002 10:10 am
Name                     Sex    BD     Street Address
ARNOLD,PATRICK            M   10/02/34  2539 MAPLE LANE
Allergies:CODEINE/MORPHINE
Page:01                                                   ##=Current Choices
     Documentation Type       Documentation Description        Date Added
( 1) RELATIVE SOCIAL HX       GENERAL INFORMATION             (01/25/89)
( 2) INCIDENT REPORT          DR. SMITH                       (01/31/89)



Enter option numbers to edit (e.g. 1,7,5-9), `A` to add, or `D` to delete--
                          end selection(NL)
```

Field Explanations

DOCUMENTATION TYPE
This column identifies the type of documentation entered. The name of the documentation type is displayed.

DOCUMENTATION DESCRIPTION
This column contains the description entered for this specific piece of patient documentation. You must enter a documentation description before entering documentation text.

DATE ADDED
This column contains the date on which the documentation was added or, if the documentation has been revised, the date of the most recent revision.

The prompt offers three maintenance options:

- To revise existing documentation, enter the numbers of the desired documentation.

- To add new documentation to the profile, enter **A**.

- To delete existing documentation, enter **D**.

ADD NEW DOCUMENTATION

The system provides two opportunities to enter new patient documentation. If the patient has no documentation entered, enter **Y** when the system asks if you want to add documentation. If the patient has existing documentation, enter the letter **A** to add documentation.

The first step is to identify the type of documentation that you want to enter. The pharmacy department defines the different types of patient documentation using the Patient Documentation table. For each type of patient documentation, the pharmacy department defines the skeleton format for entering the patient documentation and specifies if the documentation can be revised or deleted. The system displays the following prompt:

> *Enter documentation code or '-' for list--*

Enter the code of a specific patient documentation type, or enter a hyphen (-) and select the desired type from the displayed list. After you select a patient documentation type, the system displays the following prompt:

> *Enter documentation description--*

The system accepts a maximum entry of 33 characters. The system displays this description across the top of the documentation screen.

After you enter the description, the system displays the skeleton format for the documentation type selected:

```
              General Hospital Display Prescription Detail Processor
Display Profile Data                             Wed May 15, 2002 10:10 am
Name                    Sex    BD      Street Address
ARNOLD,PATRICK           M   10/02/34  2539 MAPLE LANE
Allergies:CODEINE/MORPHINE
DR. MCNICHOLS                            Revised by:MCPHERSON,DANIELA 01/29/89 1451
01|Type of Incidence--                                                     |
02|POTENTIALLY DANGEROUS PRESCRIPTION                                      |
03|Description--                                                           |
04|ON 1/3/89 I RECEIVED A NEW PRESCRIPTION FOR VALIUM WRITTEN BY DR. SMITH FOR|
05|THE PATIENT.  THE SYSTEM INDICATED THAT THE PATIENT COULD EXPERIENCE AN  |
06|ADVERSE DRUG REACTION OF A SERIOUS NATURE.  WHEN I CONTACTED THE DOCTOR TO|
07|DISCUSS THE MATTER, HE ASSURED ME THAT THE PATIENT WOULD NOT HAVE ANY    |
08|PROBLEMS WITH THE PRESCRIBED MEDICATION.  I ENTERED AND FILLED THE       |
09|PRESCRIPTION AS INSTRUCTED BY THE PHYSICIAN.                             |
10|                                                                        |
11|                                                                        |
12|                                                                        |
13|                                                                        |
14|                                                                        |
15|                             RPh-- LAD                Date- 1/3/89      |
16|                                                                        |
    F1 Del Line F2 Ins Line F3 Center F4 to Exit F5 Str Line F6 Rst Line
```

Across the top of the screen, the system displays the patient header. Below the patient header is the documentation description, the name of the employee who last revised the documentation, and the date and time at which the documentation was last revised.

The text entry area of the screen is flanked on both sides by a vertical bar and each line is numbered. Any text defined in the Patient Documentation table for the documentation type is also displayed in the text entry area. Across the bottom of the screen, the system displays the word processing keys.

NOTE: The system automatically changes all colons in the documentation text to hyphens (-) after you accept the documentation text screen due to internal processing requirements.

Use the arrow keys to move around in the screen. The ENTER key operates like the carriage return on a typewriter. The word processing keys and their functions are described below:

F1 This key deletes the line of text upon which the cursor rests. Any text below the deleted line moves up one line.

F2 This key inserts a blank line before the line upon which the cursor rests. Any text below the added line moves down one line.

F3 This key centers the text in the middle of the line. Place the cursor on the line of text you want to center before pressing the key.

F4 This key exits the text edit mode. The system returns you to the field selection prompt.

F5 This key stores in memory the line of text upon which the cursor rests. Only one line of text can be stored at one time. Therefore, immediately restore the saved text on the desired line by using the F6 key.

F6 This key restores text saved in memory back onto the screen. The system erases any text on the line on which saved text is restored. Therefore, always restore text on a blank line unless you want to delete text.

When you are finished entering the patient documentation text, press the F4 key. The system displays the following prompt:

Accept? (Y/N/Exit) [Y]--

To add the documentation to the patient's profile, press ENTER. The system redisplays the Patient Documentation Maintenance Options screen.

To revise the documentation before accepting it, enter **N**. The cursor returns to the text entry area of the screen.

To exit without adding the documentation to the patient's profile, enter **E**. The system redisplays the Patient Documentation Maintenance Options screen.

REVISE DOCUMENTATION

The Patient Documentation table determines when documentation can be revised. If the documentation type is defined as being non-revisable, you cannot revise or delete the documentation once it has been entered and accepted.

The first step in revising documentation is to identify the pieces of documentation to be revised. The patient's existing documentation is listed on the Patient Documentation Maintenance Options screen and an option number is assigned to each piece of documentation. Enter the option numbers of the pieces of documentation that you want to revise. To select numbers three through five, enter a 3, a hyphen, and a 5 (3-5). To select multiple non-consecutive numbers, enter commas between each number (3,4,6).

After you have selected the documentation you want to revise, the system displays the first piece of documentation. If the documentation is non-revisable, the system displays the following prompt:

> *Press NL--*

Press ENTER when you are finished viewing the documentation.

If the documentation is revisable, the system displays the word processing keys at the bottom of the screen and the cursor is blinking in column 1 of line 1. For more information, see the word processing keys material in the Add New Documentation subsection. After you are finished entering your revisions, press the F4 key. The system displays the following prompt:

> *Accept? (Y/N/Exit) [Y]--*

To enter the revisions in the stored patient documentation, press ENTER. The system redisplays the Patient Documentation Maintenance Options screen.

To make further revisions before accepting the documentation, enter **N**. The cursor returns to the text entry area of the screen.

To exit without implementing the documentation revisions, enter **E**. The system redisplays the Patient Documentation Maintenance Options screen. The documentation remains in the patient's profile as it existed before you typed in your revisions.

NOTE: The system automatically changes all colons in the documentation text to hyphens (-) after you accept the documentation text screen due to internal processing requirements.

DELETE DOCUMENTATION

The Patient Documentation table determines when documentation can be deleted. If the documentation type is defined as being non-revisable, you cannot revise or delete the documentation once it has been entered and accepted.

The first step in deleting documentation is to select the delete option. After you enter D for the delete option, the system displays the following prompt:

> *Enter numbers to delete (e.g. 1,7,5-9) or '-'choices to remove--*
> *end selection (NL)*

Enter the numbers of the documentation that you want to delete. The option numbers of the selected documentation blinks in reverse video. Press ENTER after you have finished selecting documentation. The system displays the following prompt for each piece of documentation selected:

> *Delete DOCUMENTATION TYPE-DOCUMENTATION DESCRIPTION? (Y/N)--*

The documentation type and description is displayed in the prompt for verification purposes. To delete the documentation, enter **Y**. To save the documentation, enter **N**.

If you attempt to delete documentation that is non-revisable, the system displays the following message:

> *Error: this documentation is not revisable!*

After you have responded to each deletion prompt, the system redisplays the Patient Documentation Maintenance Options screen. The list of existing documentation for the patient is updated to reflect any deletions you may have made.

View Location History

This option enables you to view the locationhistory information (activity tracking for the selected patient).

If you select the Locations option by entering L, and the patient does not have any location information, the following message flashes under the prompt at the bottom of the screen before returning to the original prompt:

> *Audit Trail Unavailable!*

If you select Locations option by entering L, and the patient has location information, the system displays the admission, transfer and discharge information for the selected patient.

View Patient Insurance

This option enables you to view the insurance information entered for the patient using the STAR Patient Care System.

After you select the View Insurance option by entering I, the system displays the following screen:

```
          General Hospital Display Prescription Detail Processor
Display Profile Data                            Tue May 18, 2004 11:40 am
Name                    Sex   BD    Account Number          Third Party
*TEST,ACCOMODATION CHANGE M  01/01/50  No Billing Acct      PCS


COB  Code Insurance Name                   Policy Number    Ver PreCert FC

#1 500100 BASIC  COMMERCIAL INSURANCE                       No  No      C
#2 500200 COMMERCIAL 1500                                   No  No








 Select a plan--
      MSP(Q), (N)otes, (C)hecks, next screen(/) or previous screen(/P) [/]
```

This screen contains the insurance providers currently covering the patient. The system displays the following information for each insurance provider listed:

COB#
This column contains the coordination of benefits (COB) number. More specifically, it identifies the primary and secondary providers. The primary provider is #1 and the secondary provider(s) are #2 and greater.

CODE
This column contains the plan code of the insurance provider.

INSURANCE NAME
This column contains the name of the insurance provider.

POLICY NUMBER
This column contains the policy number of the policy covering the patient.

VER
This field indicates if insurance verification is required and if the insurance has been verified. Insurance verification is not required when this column is blank. Insurance verification is required and the insurance coverage has been verified when this column

contains a Yes. Insurance verification is required but the insurance has NOT been verified when this column contains a No.

PRECERT
This column indicates if the hospital is required to obtain precertification from the insurance provider. Precertification may consist of notification only, or notification and approval. Precertification is not required when this column is blank. Precertification is required but neither the Insurance Notified Date or the Approval Date has been entered when this column contains a No. When this column contains a Pre, the Insurance Notified Date has been entered but the Approval Date is still missing. When precertification is required and both the Insurance Notified Date and the Approval Date have been entered, this column contains a Yes.

FC
This column indicates the financial class assigned to the insurance. The financial class is used to indicate how the patient is to pay for the hospital bill. The financial classes are defined in the Financial Classes table that is maintained by the STAR Patient Care System.

The following prompt options are available:

• Enter the COB# of the insurance provider that you want to view. If the insurance provider does not require insurance verification or treatment precertification and has no Admission Office Text at the plan or carrier level, the system *does not* display the following screen. If the insurance provider does require verification or precertification, or has Admission Office Text, the system displays a screen similar to the following:

```
              General Hospital Display Prescription Detail Processor
Display Profile Data                               Tue Jul 26, 1988 10:52 am
Name                     Sex    BD    Street Address
BEDNAR,MARIE              F  02/12/56  123 MAIN STREET

             Verification is required!

             Prenotification is required!

            |THIS ADMISSION OFFICE TEXT AT THE CARRIER LEVEL.           |
            |                                                           |
            |                                                           |
            |                                                           |

  Press NL--
```

NOTE: The Insurance Carriers and Insurance Plans tables of the STAR Patient Care System determine if the insurance provider requires verification and/or precertification, and if Admission Office Text exists.

The system displays the verification message and the prenotification message only if the insurance provider requires verification and precertification. If verification is not required, the verification message is not displayed. If precertification is not required, the prenotification message is not displayed.

The text displayed between the vertical bars is the Admission Office Text entered for the insurance carrier. If Admission Office Text is defined in both the Insurance Plans table and the Insurance Carriers table for the insurance provider, the text defined in the Insurance Plans table is displayed.

The text on this screen cannot be edited. Press ENTER when you are finished viewing the screen. The system displays the detailed insurance information screen:

```
             General Hospital Display Prescription Detail Processor
Display Profile Data                              Tue Jul 26, 1988 10:52 am
Name                    Sex   BD     Street Address
BEDNAR,MARIE             F  02/12/56  123 MAIN STREET
 1 Insurance                  2 Comment
   020001 LINCOLN NAT MEDIC     HUSBAND TO BRING CARDS
 3 Policy Number            4 Group Name         5 Group Number
   34783478                   HBO & COMPANY        1234569
 6 Same as                  7 Last Name          8 First Name   9 MI  10 Sex
   P                          BEDNAR               MARIE                F
11 Insured Relation        12 Employment Status    13 Employer
   1 SELF                                           HBO & COMPANY
14 Work Phone              15 Address
   (404)393-6000              301 PERIMETER Center NORTH
16 City                    17 State          18 Zip Code
   ATLANTA                    GA                30346
19 Employee ID             20 Employment Info.
   4444444
21 Approval Name             22 Approval #        23 Appr Date
   LINCOLN                      345                  06/06/88

Press NL--
```

Detailed insurance information for the patient is displayed. The fields that appear on this screen vary by insurance carrier. For examples of specific insurance carriers or detailed information about the information fields, see the Admission section in the *Patient Processing Module* volume of the *STAR Patient Care Reference Guide*.

The information on this screen cannot be edited. Press ENTER when you are finished viewing the screen. If the insurance carrier has multiple screens of information, the system displays each one. When you press ENTER to the final insurance information screen, the system redisplays the screen with the list of insurance carriers on it. Press only the ENTER key again to return to the patient profile options screen.

• Enter **Q** to view the MSP (Medicare Secondary Payor) Questionnaire information screens. For more information, see the *Patient Processing Module* of the *STAR Patient Care Reference Guide*.

• Enter **N** to view the Insurance Notes processor function of the STAR Patient Care application. For more information, see the *Patient Processing Module* of the *STAR Patient Care Reference Guide*.

• Enter **C** to access the Eligibility or Address/Credit Check functions of the STAR Patient Care application. For more information, see the *Patient Processing Module* of the *STAR Patient Care Reference Guide*.

View Current Lab Results

This option enables you to review theLaboratory Results screen and its options for the selected patient. To select this option, enter **C**. For more information about this option, see the *Inpatient Processing Module* of the *STAR Pharmacy Reference Guide*.

View Patient's Other Profiles

This option provides access to the patient's inpatient profiles and ambulatory care profiles for other master facilities. The system assigns a new account number to patients each time they are admitted or registered. Patients who have been admitted or registered more than once in the recent past may have multiple profiles available for viewing.

After you enter V to select the View Other Profiles option, the system displays the following screen:

```
            General Hospital Display Prescription Detail Processor
Display Profile Data                              Tue Jul 26, 1988 10:52 am
Name                    Sex   BD     Street Address
BEDNAR,MARIE             F  02/12/56 123 MAIN STREET
Page:01                       Admit Date  Type  Profiles
( 1) 0001-10071-2             06/06/88    I/P   Inpatient
( 2) 0002-43198-3             07/03/88    SER   Inpatient
( 3) Prescription Profile for GENERAL HOSPITAL A




 Enter choice--
```

This screen contains a list of the patient's other profiles that are still active and have not been purged from the active account display. Select the profile that you want to examine by entering the option number of the desired profile.

VIEW OTHER AMBULATORY CARE PROFILES

If the Ambulatory Care Module is set up with more than one master facility, it is possible for the patient to have multiple prescription profiles. The system maintains a separate prescription profile for each master facility.

For detailed information about the screens presented when you view a prescription profile, see the View Ambulatory Care Profile subsection of this function.

VIEW INPATIENT PROFILE

If you select an inpatient profile, the system displays the following screen:

```
              General Hospital Display Prescription Detail Processor
Display Profile Data                               Tue Jul 26, 1988 10:52 am
Name                      Sex   BD    Street Address
BEDNAR,MARIE               F  02/12/56  123 MAIN STREET
Inpatient Profile for Account Number: 0001-10071-2
Order Drug                                 Route Freq  Sched Start Stop  Sta   M
  10  ATARAX 10 MG TABLET                  ORAL  Q4H   DAILY 06/29 06/30 ACT   S
      DEMEROL APAP 1 TABLET                ORAL  Q4H   DAILY 06/29 06/30
   8  TAGAMET 300 MG TABLET                ORAL  QID   DAILY 06/18       ACT
   9  VALIUM 10 MG TABLET                  ORAL  QIDP  PRN   06/18       ACT
   4  HALDOL 0.5MG 0.5 MG TABLET           ORAL  DAILY SPEC  06/06 06/13   T
      HALDOL 0.5MG 0.5 MG TABLET           ORAL  DAILY DAILY 06/09 06/13
   6  LANOXIN PED DROPS .0005 MG/0.01 ML   ORAL  DAILY DAILY 06/13 06/17 DISC
   1  LASIX 40 MG TABLET                   ORAL  DAILY DAILY 06/06 06/13 DISC
   2  VALIUM 5 MG TABLET                   ORAL  TID   DAILY 06/06 06/13 DISC
   7  VALIUM 2 MG TABLET                   ORAL  PRN   PRN   06/16 06/17 DISC
   3  Last: None dispensed                 Pgy   Q8H         06/06 06/13 DISC
      DEXTROSE 5 %/50 ML                   QB          DAILY 06/06 06/13
Continued
Enter order numbers --
                   / next page, NL to end selection
```

This screen contains a list of the patient's orders under the profile selected. The patient header displays across the top of the screen. The next line of text identifies the profile type and the account number associated with the profile. Next the system lists the patient's orders. The system displays the following information for each medication order listed:

ORDER
This column contains the identification number assigned to the order when it was entered. Use this number to select the order from this list.

DRUG
This column contains the names of the drug items dispensed in the order. An order has multiple lines if multiple drugs were dispensed. The drug description includes the item's name, strength/volume and the drug form. The Misc, HBO - Trade vs Generic parameter determines whether the system displays the item's brand name or generic name.

ROUTE
This column contains the route by which the order was administered to the patient.

FREQ
This column contains the prescribed frequency of administration for the order.

SCHED
This column contains the prescribed schedule of administration for the order.

START
This column contains the date on which the order was started.

STOP

This column contains the date on which the hospital staff stopped administering the order to the patient.

STA

This column contains the current status of the order.

M

This column contains the multi-item type indicator. The possible indicators include S for simultaneous, C for compound, R for RN Prerogative, T for tapering, and E for exclusive.

The profile in this example cannot display all orders on one screen. The Continued message on the bottom left side of the screen indicates that there are additional orders for the profile. To view the next screen of profile orders, enter a slash mark (/).

To view detailed order information, enter the number of the orders you want to review. If selecting multiple orders, enter a comma between each order number. If selecting a series of orders, enter the number of the lowest order, a hyphen (-), and the number of the highest order (for example, 3-5).

Inpatient Medication Order Screens

The system displays three screens of information for each inpatient medication order. If you select a multiple-item order, the system displays the item selection screen before presenting the order information screens. The following is an example of the item selection screen:

```
          General Hospital Display Prescription Detail Processor
Display Profile Data                              Wed May 15, 2002 04:10 pm
Name                     Sex   BD    Street Address
BEDNAR,MARIE              F   02/12/56  123 MAIN STREET
Allergies:CODEINE/MORPHINE
Page:01                              Drugs                ##=Current Choices
( 1) ASPIRIN/OXYCODONE 1 TABLET
( 2) PROMETHAZINE HCL 25 MG TABLET




 Enter choices (e.g. 1,7,5-9) or '-'choices to remove--
                          end selection(NL)
```

After you select the desired items, the system displays the first order detail screen for the first item selected:

```
             General Hospital Display Prescription Detail Processor
Detail Screen 1                                      Wed May 15, 2002 04:22 pm
Name                      Sex   BD     Street Address
BEDNAR,MARIE               F  02/12/56  123 MAIN STREET
Allergies:CODEINE/MORPHINE
 1 Order    2 Item Name,Strength,Form
    1           13866 ASPIRIN/OXYCODONE TABLET
 3 Dosage           4 Adm/Dose        5 Disp/Dose        6 Route
                      1 TABLET           1 TABLET           ORAL
 7 Ordering Physician                  8 Doses/Day        9 Scheduled Days
   1524 MARTINEZ,ALICIA                  Demand             AS NEEDED
10 Frequency        11 Administration Times
   PRN
12 Start Date/Time  13 Duration        14 Stop Date/Time  15 ASO Type
   08/28/89 04:00p
16 Disp Method      17 Doses Given     18 Stock Location  19 FI Doses
   Unit dose         0                   INPATIENT PHARM    1.00
20 Ordered As                          21 Nursing Comment

22 Product Label Comment               23 Print on MAR?   24 Multi-dose?
                                          Yes                No
Press NL for next page
                             /P prev page
```

Field Explanations

1. ORDER (DISPLAY ONLY)
This field contains the external number assigned to the order when it was entered.

2. ITEM NAME,STRENGTH,FORM (DISPLAY ONLY)
This field contains a description of the prescribed item including the formulary code, item name, strength, and dosage form. The Misc, HBO - Trade vs Generic parameter determines whether the system displays the item's brand name or the generic name.

3. DOSAGE (DISPLAY ONLY)
This field contains the dosage of the prescribed item.

4. ADM/DOSE (DISPLAY ONLY)
This field contains the quantity to administer per prescribed dose of the order.

5. DISP/DOSE (DISPLAY ONLY)
This field contains the quantity to dispense per prescribed dose of the order.

6. ROUTE (DISPLAY ONLY)
This field contains the prescribed route of administration for the order.

7. ORDERING PHYSICIAN (DISPLAY ONLY)
This field contains the name and doctor code of the prescribing physician.

8. DOSES/DAY (DISPLAY ONLY)
This field contains the number of doses to dispense per day for PRN orders.

9. SCHEDULED DAYS (DISPLAY ONLY)
This field contains the schedule for administering the order.

10. FREQUENCY (DISPLAY ONLY)
This field contains the prescribed frequency of administration for the order.

11. ADMINISTRATION TIMES (DISPLAY ONLY)
This field contains the administration times scheduled for the order.

12. START DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the order was first administered.

13. DURATION (DISPLAY ONLY)
This field contains the period of time over which the order remains active. The system uses the duration interval to calculate a default stop date and time for the order.

14. STOP DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the order is no longer to be administered to the patient.

15. ASO TYPE (DISPLAY ONLY)
This field contains the ASO Type assigned to the order. A hard stop automatically discontinues the order whereas a soft stop only warns the pharmacy that the order needs to be reviewed and/or discontinued.

16. DISP METHOD (DISPLAY ONLY)
This field identifies the method used to dispense the order. Dispensing methods include unit dose, traditional, home med, and floorstock.

17. DOSES GIVEN (DISPLAY ONLY)
This field contains the total number of doses given to the patient.

18. STOCK LOCATION (DISPLAY ONLY)
This field contains the name of the stock location from which the doses given quantity was decremented.

19. FI DOSES (DISPLAY ONLY)
This field contains the number of doses dispensed for the patient when the prescription was entered.

20. ORDERED AS (DISPLAY ONLY)
This field contains the description of the drug item as defined by the prescribing doctor/ administering nurse. This description is entered on the additional information screen during order entry.

21. NURSING COMMENT (DISPLAY ONLY)
This field contains the comment entered on the additional information screen during order entry.

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22. PRODUCT LABEL COMMENT (DISPLAY ONLY)
This field contains the product label comment of the prescribed item that is defined on the Order Information screen of the Formulary Maintenance function.

23. PRINT ON MAR? (DISPLAY ONLY)
This field contains the Medication Administration Record (MAR) indicator. Yes indicates that the order is printed on the patient's MAR.

24. MULTI-DOSE? (DISPLAY ONLY)
This field indicates if the order is a bulk or multi-dose order. Multi-dose orders contain multiple doses per package. Yes indicates that the order is multi-dose.

After you are finished viewing the information on this screen, press ENTER. The system displays the second detail screen:

```
              General Hospital Display Prescription Detail Processor
Detail Screen 2                                  Wed May 15, 2002 04:23 pm
Name                     Sex    BD     Street Address
BEDNAR,MARIE              F  02/12/56  123 MAIN STREET
Allergies:CODEINE/MORPHINE
 1 Order    2 Item Name,Strength,Form
   1          13866 ASPIRIN/OXYCODONE TABLET
 3 Multiple Items?   4 Extemporaneous?   5 Hold Reason
   Simultaneous
 6 DC / Cancellation Reason

 7 Status           8 Date/Time        9 Edited By       10 Verified By
   Active             08/28/89 03:53p    EH                EH
11 Pending Status  12 Date/Time       13 Edited By       14 Verified By

15 Verification Required?

Press NL for next page
                              /P prev page
```

Field Explanations

1. ORDER (DISPLAY ONLY)
This field contains the external number assigned to the order when it was entered.

2. ITEM NAME,STRENGTH,FORM (DISPLAY ONLY)
This field contains a description of the prescribed item including the formulary code, name, strength, and dosage form. The Misc, HBO - Trade vs Generic parameter determines whether the system displays the item's brand name or generic name.

3. MULTIPLE ITEMS? (DISPLAY ONLY)
This field contains the name of the multiple item type when the order can consist of multiple items. This field is blank for single item orders.

4. EXTEMPORANEOUS? (DISPLAY ONLY)
This field contains the name of the extemporaneous type for extemporaneous orders. This field is blank for orders that are not extemporaneous.

5. HOLD REASON (DISPLAY ONLY)
This field contains the reason entered for placing the order on hold.

6. DC/CANCELLATION REASON (DISPLAY ONLY)
This field contains the reason entered for discontinuing or canceling the order.

7. STATUS (DISPLAY ONLY)
This field contains the current status of the order.

8. DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the order achieved its current status.

9. EDITED BY (DISPLAY ONLY)
This field contains the name of the user signed on to the system when the order's status was edited.

10. VERIFIED BY (DISPLAY ONLY)
This field contains the name of the user signed on to the system when the order's status was verified.

11. PENDING STATUS (DISPLAY ONLY)
This field contains the pending status of the order.

12. DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the pending status becomes the current status.

13. EDITED BY (DISPLAY ONLY)
This field contains the name of the user signed on to the system when the order's pending status was edited.

14. VERIFIED BY (DISPLAY ONLY)
This field contains the name of the user signed on to the system when the pending status change was verified.

15. VERIFICATION REQUIRED? (DISPLAY ONLY)
This field contains the verification indicator. Possible entries in this field include: Not required, required before processing, and required after processing. The Ord Mgt - Verification Req parameter determines the value displayed in this field.

When you are finished viewing the information on this screen, press ENTER.

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The system displays the following charge information screen:

```
          General Hospital Display Prescription Detail Processor
Charge Screen                                Wed May 15, 2002 04:23 pm
Name                    Sex   BD    Street Address
BEDNAR,MARIE             F  02/12/56  123 MAIN STREET
Allergies:CODEINE/MORPHINE
 1 Order   2 Item Name,Strength,Form
   1          13866 ASPIRIN/OXYCODONE TABLET
 3 Charge Total    4 Cost Total      5 NF Reason        6 Not Chg'd/NF Price
   $4.39             $.0511
 7 Package Size    8 Units Charged    9 Units Dispensed 10 Units Administered
   100 TABLET        1                     1.00
11 Current Brand                     12 Current Prod Nbr
   PERCODAN                                60-0135-70
13 Last Prod Nbr   14 Prev Prod Nbr 1 15 Prev Prod Nbr 2




 Press NL for next page
                               /P prev page
```

Field Explanations

1. ORDER (DISPLAY ONLY)
This field contains the external order number assigned to the order when it was
entered.

2. ITEM NAME,STRENGTH,FORM (DISPLAY ONLY)
This field contains a description of the prescribed item including the formulary code,
name, strength, and dosage form. The Misc, HBO - Trade vs Generic parameter
determines whether the system displays the item's brand name or generic name.

3. CHARGE TOTAL (DISPLAY ONLY)
This field contains the total charges for the order.

4. COST TOTAL (DISPLAY ONLY)
This field contains the total cost of the dispensed units. The system multiplies the unit
cost and the units dispensed to calculate this figure. If the item has no unit cost
defined, the system checks the No Acq Cost field of the Chg - Charge Indicators
parameter to determine which alternative cost basis to use.

5. NF REASON (DISPLAY ONLY)
This field contains the reason for dispensing the item if it was not in the hospital
formulary.

6. NOT CHG'D/NF PRICE (DISPLAY ONLY)
This field contains the price of the non-formulary item. If no non-formulary price was
entered, this field contains the dispensed quantity that has not yet been charged.

7. PACKAGE SIZE (DISPLAY ONLY)
This field contains the package size of the drug item as defined in the formulary.

8. UNITS CHARGED (DISPLAY ONLY)
This field contains the total number of units charged to the patient.

9. UNITS DISPENSED (DISPLAY ONLY)
This field contains the total number of units dispensed for this order.

10. UNITS ADMINISTERED (DISPLAY ONLY)
At the current time, this field always remains blank. In the future, it is to be used to indicate the total number of units administered to the patient.

11. CURRENT BRAND (DISPLAY ONLY)
This field contains the name of the brand currently being dispensed for the drug item.

12. CURRENT PROD NBR (DISPLAY ONLY)
This field contains the product number currently assigned to the prescribed drug item.

13. LAST PROD NBR (DISPLAY ONLY)
If the product number assigned to the drug item has changed, this field contains the product number assigned previous to the current product number.

14. PREV PROD NBR 1 (DISPLAY ONLY)
If the product number assigned to the drug item has changed more than one time, this field contains the number assigned previous to the Last Prod Nbr.

15. PREV PROD NBR 2 (DISPLAY ONLY)
If the product number assigned to the drug item has changed more than two times, this field contains the number assigned previous to the Prev Prod Nbr 1.

When you are finished viewing the information on this screen, press ENTER.

This is the last of the three screens displayed for each item selected. If you selected multiple items, the system displays the first detail screen for the next item. If you selected a single item, the system redisplays the list of orders in the profile. Select an additional order to view or press ENTER to back out of the function.

Inpatient Solution Order Screens

If you selected a solution order from the inpatient profile, the system displays the following screen:

```
              General Hospital Display Prescription Detail Processor
                                           Wed May 15, 2002 10:58 am
Name                      Sex    BD    Street Address
BEDNAR,MARIE               F   02/12/56  123 MAIN STREET
Allergies:CODEINE/MORPHINE
Page:01                                Drugs              ##=Current Choices
( 1) DEXTROSE 5 %/50 ML
( 2) CEPHALOTHIN SODIUM 1 GM/1 INJECTI




Enter choices (e.g. 1,7,5-9) or '-'choices to remove--
                              end selection(NL)
```

This screen contains a list of the items in the solution order. Enter the option numbers of the items that you want to view. After you complete your selection of items, press ENTER. The system displays the first solution detail screen:

```
              General Hospital Display Prescription Detail Processor
Solution Detail 1                           Wed May 15, 2002 10:58 am
Name                      Sex    BD    Street Address
BEDNAR,MARIE               F   02/12/56  123 MAIN STREET
Allergies:CODEINE/MORPHINE
 1 Order   2 Item Name,Strength,Form
   3         11957 DEXTROSE 5 % / 50 ML INJECTION

 3 Type            4 Route          5 Sol Rate        6 Frequency
   Pig               INTRAVENOUS                        EVERY EIGHT HOU
 7 Disp Interval   8 Drip Rate      9 IV Set          10 Infuse Over
   08:00                                                 30 minutes
11 Next Bottle Nbr 12 Next Date/Time 13 Order Duration 14 Order Stop Date
   1                 06/06/88 01:00p
15 Status          16 Date/Time     17 Edited By      18 Verified By
   Discontinued      06/13/88 11:00a    EH                EH
19 Pending Status  20 Date/Time     21 Edited By      22 Verified By

23 Verification Required ?


Press NL for next page
                              /P prev page
```

Field Explanations

1. ORDER (DISPLAY ONLY)
This field contains the external number assigned to the order when it was entered.

2. ITEM NAME,STRENGTH,FORM (DISPLAY ONLY)
This field contains a description of the prescribed item including the formulary code, name, strength/volume, and dosage form. The Misc, HBO - Trade vs Generic parameter determines whether the system displays the item's brand name or generic name.

3. TYPE (DISPLAY ONLY)
This field contains the abbreviated description of the solution order's IV type that is defined in the Solution Type Codes table.

4. ROUTE (DISPLAY ONLY)
This field contains the prescribed route of administration for the order.

5. SOL RATE (DISPLAY ONLY)
This field contains the order's prescribed rate of administration.

6. FREQUENCY (DISPLAY ONLY)
This field contains the order's prescribed frequency of administration.

7. DISP INTERVAL (DISPLAY ONLY)
This field contains the interval at which bottles are dispensed.

8. DRIP RATE (DISPLAY ONLY)
This field contains the infusion rate as the number of drops per minute.

9. IV SET (DISPLAY ONLY)
This field contains the type of IV set used to administer the order.

10. INFUSE OVER (DISPLAY ONLY)
This field contains the amount of time required to administer one dose.

11. NEXT BOTTLE NBR (DISPLAY ONLY)
This field contains the prefix and number of the next bottle to be dispensed.

12. NEXT DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the next bottle is to be dispensed.

13. ORDER DURATION (DISPLAY ONLY)
This field contains the period of time for which the order remains active.

14. ORDER STOP DATE (DISPLAY ONLY)
This field contains the date at which administration of the order is to be discontinued.

15. STATUS (DISPLAY ONLY)
This field contains the current status of the order.

16. DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the order achieved its current status. In this example, the order was discontinued at 11:00am on 6/13/88.

17. EDITED BY (DISPLAY ONLY)
This field contains the name of the user signed on to the system when the order's status was edited.

18. VERIFIED BY (DISPLAY ONLY)
This field contains the name of the user signed on to the system when the order's status was verified.

19. PENDING STATUS (DISPLAY ONLY)
This field contains the pending status of the order.

20. DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the pending status becomes the current status.

21. EDITED BY (DISPLAY ONLY)
This field contains the name of the user signed on to the system when the order's pending status was edited.

22. VERIFIED BY (DISPLAY ONLY)
This field contains the name of the user signed on to the system when the pending status change was verified.

23. VERIFICATION REQUIRED? (DISPLAY ONLY)
This field contains the verification indicator. Possible entries in this field include: Not required, required before processing, and required after processing. The Ord Mgt - Verification Req parameter determines the value displayed in this field.

When you are finished viewing the information on this screen, press ENTER.

The system displays the charge information screen:

```
                General Hospital Display Prescription Detail Processor
Solution Detail 2                              Wed May 15, 2002 10:58 am
Name                    Sex   BD    Street Address
BEDNAR,MARIE             F  02/12/56  123 MAIN STREET
Allergies:CODEINE/MORPHINE
 1 Order   2 Item Name,Strength,Form
    3        11957 DEXTROSE 5 % / 50 ML INJECTION
 3 Dosage          4 Adm/Dose          5 Disp/Dose          6 Drug Rate
   5,%              50 ML                50 ML
 7 Bottle Schedule                      8 Scheduled Days    9 Print on MAR?
   QB EVERY BOTTLE                         DAILY               Yes
10 Start Date/Time 11 ASO Type         12 Stop Date/Time   13 Duration
   06/06/88 01:00p
14 Stability       15 Floorstock?      16 Stock Location
                      No                  INPATIENT PHARM

17 Ordering Physician                   18 Hold Reason
   1524 MARTINEZ,ALICIA
19 DC / Cancellation Reason             20 Ordered As

21 Nursing Comment                      22 Product Label Comment

Press NL for next page
                                /P prev page
```

Field Explanations

1. ORDER (DISPLAY ONLY)
This field contains the external number assigned to the order when it was entered.

2. ITEM NAME,STRENGTH,FORM (DISPLAY ONLY)
This field contains a description of the prescribed item including the formulary code, name, strength, and dosage form. The Misc, HBO - Trade vs Generic parameter determines whether the system displays the item's brand name or generic name.

3. DOSAGE (DISPLAY ONLY)
This field contains the dosage of the prescribed item.

4. ADM/DOSE (DISPLAY ONLY)
This field contains the quantity to administer per prescribed dose of the order.

5. DISP/DOSE (DISPLAY ONLY)
This field contains the quantity to dispense per prescribed dose of the order.

6. DRUG RATE (DISPLAY ONLY)
This field contains the prescribed drug rate (the number of strength units per hour that are to be administered to the patient). The system only calculates a drug rate if the Drug Rate field of the Solution Type Codes table contains a Yes entry for the order's solution type.

7. BOTTLE SCHEDULE (DISPLAY ONLY)
This field contains the bottle schedule for administering the drug.

8. SCHEDULED DAYS (DISPLAY ONLY)
This field contains the schedule for administering the drug.

9. PRINT ON MAR? (DISPLAY ONLY)
This field contains the Medication Administration Record (MAR) indicator. Yes indicates that the drug is printed on the patient's MAR.

10. START DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the drug was first administered to the patient.

11. ASO TYPE (DISPLAY ONLY)
This field contains the ASO Type assigned to the drug. A hard stop automatically discontinues the order whereas a soft stop only warns the pharmacy that the order needs to be reviewed and/or discontinued.

12. STOP DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the drug is no longer to be administered to the patient.

13. DURATION (DISPLAY ONLY)
This field contains the period of time over which the item remains active in the order. The system uses the duration interval to calculate a default stop date and time for the prescribed item.

14. STABILITY (DISPLAY ONLY)
This field contains the period of time over which the item remains stable in the solution.

15. FLOORSTOCK? (DISPLAY ONLY)
This field contains the floorstock indicator. Yes indicates that the prescribed item is dispensed from a floorstock location.

16. STOCK LOCATION (DISPLAY ONLY)
This field contains the name of the patient's floorstock location when the item is stocked at the patient's floorstock location.

17. ORDERING PHYSICIAN (DISPLAY ONLY)
This field contains the name and doctor code of the prescribing physician.

18. HOLD REASON (DISPLAY ONLY)
This field contains the reason for placing the order on hold.

19. DC/CANCELLATION REASON (DISPLAY ONLY)
This field contains the reason for discontinuing or canceling the order.

20. ORDERED AS (DISPLAY ONLY)
This field contains the description of the drug item as defined by the prescribing doctor/ administering nurse. This description was entered on the order-level information screen during solution order entry.

21. NURSING COMMENT (DISPLAY ONLY)
This field contains the comment entered for the order during order entry.

22. PRODUCT LABEL COMMENT (DISPLAY ONLY)
This field contains the product label comment of the drug item. The product label comment is defined on the Order Information screen of the Formulary Maintenance function.

After you are finished viewing the information on this screen, press ENTER. The system displays the order charging information screen:

```
            General Hospital Display Prescription Detail Processor
Charge Screen                                    Wed May 15, 2002 10:58 am
Name                     Sex    BD     Street Address
BEDNAR,MARIE              F   02/12/56  123 MAIN STREET
Allergies:CODEINE/MORPHINE
 1 Order   2 Item Name,Strength,Form
    3          11957 DEXTROSE 5 % / 50 ML INJECTION
 3 Charge Total      4 Cost Total        5 NF Reason        6 Not Chg'd/NF Price

 7 Package Size      8 Units Charged     9 Units Dispensed 10 Units Administered
   50 ML
11 Current Brand                        12 Current Prod Nbr
   DEXTROSE                                    74-7923-13
13 Last Prod Nbr   14 Prev Prod Nbr 1 15 Prev Prod Nbr 2




 Press NL for next page
                                /P prev page
```

Field Explanations

1. ORDER (DISPLAY ONLY)
This field contains the external number assigned to the order when it was entered.

2. ITEM NAME,STRENGTH,FORM (DISPLAY ONLY)
This field contains a description of the prescribed item including the formulary code, name, strength, and dosage form. The Misc, HBO - Trade vs Generic parameter determines whether the system displays the item's brand name or generic name.

3. CHARGE TOTAL (DISPLAY ONLY)
This field contains the total charges for the order.

4. COST TOTAL (DISPLAY ONLY)
This field contains the total cost of the dispensed units. The system multiplies the unit cost and the units dispensed to calculate this figure. If the item has no unit cost defined, the system checks the No Acq Cost field of the Chg - Charge Indicators parameter to determine which alternative cost basis to use.

5. NF REASON (DISPLAY ONLY)
This field contains the reason for dispensing the item when it was not in the hospital formulary.

6. NOT CHG'D/NF PRICE (DISPLAY ONLY)
This field contains the price of the non-formulary item. If no non-formulary price was entered, this field contains the dispensed quantity that has not yet been charged.

7. PACKAGE SIZE (DISPLAY ONLY)
This field contains the package size of the drug item as defined in the formulary.

8. UNITS CHARGED (DISPLAY ONLY)
This field contains the total number of units charged to the patient.

9. UNITS DISPENSED (DISPLAY ONLY)
This field contains the total number of units dispensed for this order.

10. UNITS ADMINISTERED (DISPLAY ONLY)
At the current time, this field always remains blank. In the future, it is to be used to indicate the total number of units administered to the patient.

11. CURRENT BRAND (DISPLAY ONLY)
This field contains the name of the brand currently being dispensed for the drug item.

12. CURRENT PROD NBR (DISPLAY ONLY)
This field contains the product number currently assigned to the prescribed drug item.

13. LAST PROD NBR (DISPLAY ONLY)
If the product number assigned to the drug item has changed, this field contains the product number assigned previous to the current product number.

14. PREV PROD NBR 1 (DISPLAY ONLY)
If the product number assigned to the drug item has changed more than one time, this field contains the number assigned previous to the Last Prod Nbr.

15. PREV PROD NBR 2 (DISPLAY ONLY)
If the product number assigned to the drug item has changed more than two times, this field contains the number assigned previous to the Prev Prod Nbr 1.

When you are finished viewing the information on this screen, press ENTER. The system redisplays the list of orders in the profile. Select an additional order to view or press ENTER to back out of the function.

View Current Ambulatory Care Profile

The Ambulatory Care Profile provides access to detailed information on the prescriptions in the patient's Ambulatory Care profile. You can view current and previous versions of the prescription information, current and previous versions of the refills/bottles information, and information about canceled refills/bottles.

To view the ambulatory care profile, enter a slash mark (/) or press ENTER when the system displays the following prompt:

Review demographics(P), (A)llergies, (D)ocumentation or (L)ocations [/] --
(I)nsurances, (C)urrent Lab, (V)iew pt's other profiles

The system displays the following prompt:

Enter prescription number or '-' to list orders --

Enter the prescription number of a specificprescription or enter a hyphen (-) to display the patient's prescriptions for easy selection.

If you entered the number of a specific prescription, the system displays the prescription information options screen. If you entered a hyphen (-) to display the patient's prescriptions, the system displays the profile definition screen:

```
            General Hospital Display Prescription Detail Processor
                                       Wed May 15, 2002 10:58 am
Name                    Sex    BD     Street Address
BEDNAR,MARIE             F  02/12/56  123 MAIN STREET
Allergies:CODEINE/MORPHINE
 1 All Orders        2 Meds or Sol      3 Prescription Status
   No                  Sol                Active
                                        4 Inactive Date




Accept this screen? (Y/N) [Y]--
```

This screen enables you to define which of the patient's prescriptions are presented for easy selection. In this example, only active solution orders are displayed.

Field Explanations

1. ALL ORDERS (1-A-O)
This field determines if all prescriptions are listed for selection. To list all prescriptions, enter **Y**. To list a subset of the patient's prescriptions, enter **N**. The remaining fields on this screen are used to define the subset.

2. MEDS OR SOL (1-A-C)
This field determines whether the system displays only medication prescriptions (enter M), only solution prescriptions (enter S), or both medication and solution prescriptions (press ENTER or enter B). If you responded Y to the previous field, this field cannot be accessed. If you responded N to the previous field, this field is required information.

3. PRESCRIPTION STATUS (1-A-O)
This field determines which prescriptions are displayed for selection based upon their status. If you responded Y in the All Orders field, this field cannot be accessed.

To display only active prescriptions, enter A or press ENTER. To display only inactive prescriptions, enter I. To display only canceled prescriptions, enter C. To display prescriptions regardless of status, enter an equal sign (=). If you leave this field blank, the system displays the prescriptions of any status.

4. INACTIVE DATE (10-C-O)
This field determines which inactive prescriptions are displayed for selection based upon the date they became inactive. If you enter Y in the All Orders field and/or did not select inactive prescriptions in the Prescription Status field, this field cannot be accessed.

Enter the earliest inactive date that you want displayed. For example, enter T-30 to limit the display to prescriptions that have been inactive for one month or less. If you do not enter a date, the system displays prescriptions regardless of inactive date.

After you accept this screen, the system compiles and displays the patient's prescriptions that meet the defined criteria. The screen shows the prescription number, the drug information, the number of refills, the date of the original fill, the date of the last fill, and the price of the prescription during the last fill/refill. The screen also shows the last fill quantity and the dosage form. For solutions, the last fill quantity is the number of bottles that was dispensed last. For solutions, the price is the price of the total prescription during the last fill/refill. The bottle price can be determined by dividing this price by the number of bottles last dispensed.

The following is an example of a prescription inquiry screen that displays both medications and solutions:

```
            General Hospital Display Prescription Detail Processor
 Display Profile Data                               Wed May 15, 2002 05:13 pm
   No           Name               Sex   BD   Room    Doctor      Service Status
                STARR,ENID O         F 03/05/77
 Allergies:CODEINE/MORPHINE
 Page:01                        Prescription Inquiry          ##=Current Choices
      Rx#        Drug                          Refill    Orig     Last      Price S
 ( 1) 1234      IBUPROFEN 600MG TABLET          2/2   04/15/97 04/15/97   12.37 A
                tid.                             30 TABLET    TAYLOR,COLE
 ( 2) 933       PREDNISONE 10MG TABLET          0/2   03/04/97 03/04/97   18.90 A
                                                30 TABLET    GUY,NEW
 ( 3) 897*      NAPROXEN SODIUM 275MG TABLET    2/2   02/27/97 02/27/97   37.80 A
                                                30 TABLET    BOND,JAMES
 ( 4) 842       Next- TPN-6 02/21 Q8H 256 ML/HR      02/19/97 04/10/97  489.45 A
                AMINO ACIDS                     3 BOTTLES      QB         DAILY
                DEXTROSE 10% 100 MG/            3 BOTTLES      QB         DAILY
                SODIUM CHLORIDE                 3 BOTTLES      QB         DAILY
 Enter choice [/]--
                              next page(/)
```

Enter the option number of the prescription you want to review.

VIEW MEDICATION PRESCRIPTION

If you select a medication prescription from the profile display, the system displays the following screen:

```
            General Hospital Display Prescription Detail Processor
                                            Wed May 15, 2002 11:00 am
Name                    Sex   BD    Account Number          Third Party
BEDNAR,MARIE             F  02/12/56  No Billing Acct           GA
Allergies:CODEINE/MORPHINE




 
 

 
View prescription(O), Previous version(P) or Documentation(D) [O]--
                    First drug revised 1 times
```

This screen presents the information options for medication prescriptions. You can:

- View the prescription as it is currently defined (enter **O** or press ENTER). If the prescription has been refilled, the system provides a list of the prescription refills. To view the refill information, enter the option number(s) of the desired refill(s). Furthermore, if the refill has been revised, the system displays a list of the refill versions. You can then view an old version of the refill by entering the option number of the refill.

- View a previous version of the prescription (enter **P**). The system displays a message below the prompt if the first drug in the order has been revised (as shown in the example above).

- View the order documentation entered for the prescription.

The system displays a different series of screens for each prescription information option. This documentation covers the options in the order listed.

View Current Prescription Information

If the prescription is a compound medication, the first screen displayed by the system is the Item Selection screen. The Item Selection screen is not displayed for single-item medication prescriptions.

The Item Selection screen lists each of the items in the prescription. Enter the option numbers of the items you want to view. After you select the item(s), the system displays the Prescription Med Detail screen for the first item (see following example):

If the prescription is not a compound medication, the system displays the Prescription
Med Detail screen immediately after you press ENTER or enter O to display the current
prescription information.

```
          General Hospital Display Prescription Detail Processor
Prescription Med Detail                      Tue May 18, 2004 01:20 pm
Name                   Sex   BD    Account Number          Third Party
BEDNAR,MARIE            F  02/12/56  No Billing Acct        GA
Allergies:CODEINE/MORPHINE
 1 Rx#               2 Current Brand                    3 Date Written
   400032              ASPIRIN                            07/25/92
 4 Orig Fill Date    5 Orig Qty          6 Total Refills  7 Total Qty
   07/25/92            30 TABLET           5                180 TABLET
 8 Refills Remain    9 Total Qty Remain  10 Partial Qty Remain
   5                   150 TABLET           0 TABLET
11 Ordering Physician                 12 Control Number  13 State Number
   MARTINEE,ALICIA                       82389273829        GA98374839
14 Last Fill Date   15 DAW Code        16 Safety Caps
   07/25/92            Yes                Yes
17 Status                              18 Ordered As
   Active
Page:01                          Refills
( 1) 07/25/92  30 TABLET  $8.59  (Original)

Enter choice--
```

This screen contains the information currently on file for the medication prescription.
At the bottom of the screen the system displays the refill history of the prescription
including the original fill.

Field Explanations

1. RX# (DISPLAY ONLY)
This field contains the prescription number assigned to the prescription.

2. CURRENT BRAND (DISPLAY ONLY)
This field contains the name of the current brand being dispensed for the prescribed
item.

3. DATE WRITTEN (DISPLAY ONLY)
This field contains the date on which the prescription was written by the prescribing
physician.

4. ORIG FILL DATE (DISPLAY ONLY)
This field contains the date on which the prescription was first filled.

5. ORIG QTY (DISPLAY ONLY)
This field contains the initial dispensing quantity of the prescription.

6. TOTAL REFILLS (DISPLAY ONLY)
This field contains the total number of prescribed refills.

7. TOTAL QTY (DISPLAY ONLY)
This field contains the total prescribed quantity of the prescription.

8. REFILLS REMAIN (DISPLAY ONLY)
This field contains the total number of refills that have not yet been dispensed.

9. TOTAL QTY REMAIN (DISPLAY ONLY)
This field contains the total quantity of the prescription that has not yet been dispensed.

10. PARTIAL QTY REMAIN (DISPLAY ONLY)
This field contains the quantity of the current refill that has not yet been dispensed.

11. ORDERING PHYSICIAN (DISPLAY ONLY)
This field contains the name of the prescribing physician.

12. CONTROL NUMBER (DISPLAY ONLY)
This field contains the controlled substance number assigned to the ordering physician. In the United States, the Drug Enforcement Agency (DEA) assigns the controlled substance number.

13. STATE NUMBER (DISPLAY ONLY)
This field contains the number assigned to the ordering physician by the state.

14. LAST FILL DATE (DISPLAY ONLY)
This field contains the date on which the prescription was last filled.

15. DAW CODE (DISPLAY ONLY)
This field contains the Dispense as Written (DAW) information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter.

16. SAFETY CAPS (DISPLAY ONLY)
This field contains the safety caps indicator. The patient has requested that you not use safety caps when this field contains a No entry.

17. STATUS (DISPLAY ONLY)
This field contains the current status of the prescription.

18. ORDERED AS (30-C-O)
This field contains a description of the prescription as it is recognized by the nurse and/ or patient. Enter the appropriate free-form description.

At the bottom of the screen, the system lists the refill history of the prescription including the original fill. For each transaction listed, the system displays the date of the fill/refill, the quantity dispensed, and the price. For the first fill transaction, the system displays *Original* in parentheses after the price. To view detailed information about a fill/refill, enter the option number of the desired transaction (see below for additional information). To return to the Prescription Information Options screen, press ENTER.

If you selected multiple items of a compound prescription, the system displays the Prescription Med Detail screen for each item selected before redisplaying the Prescription Information Options screen.

View Fill/Refill Information

If you entered the option number of a fill/refill transaction, the system displays the following screen. Information about viewing claim information is provided later in this subsection.

```
          General Hospital Display Prescription Detail Processor
Prescription Med Detail                        Tue May 18, 2004 12:34 pm
Name              Sex    BD     Account Number            Third Party
*TEST,ACCOMODATION CHANGE M  01/01/50  No Billing Acct        PCS
Allergies:ISOPTIN/CAAPI/ACETAMINOP/COBALT (II/IBUPROFEN/ACETAMINOP/COD LIVER /T+
 1 Rx#         2 Item Name             3 Product Number   4 Fill Date
   105            837 VALIUM TABS, 5MG    140-0005-01        05/17/04
 5 Fill Qty         6 Days Supply       7 Billing Acct Nbr  8 Price Plan
   10 TABLET          10                  No Billing Acct Nbr
 9 Cost            10 Fee             11 Subtotal         12 Discount
   $12.4940          $5.00               $17.49
13 Tax             14 Total           15 Copay            16 Balance
   $1.00             $18.49              $10.00              $17.49
17 Third Party     18 Patient Type    19 Phys Provider Nbr 20 Manufacturer
   PCS                                                        ROCHE PRODUCTS
21 Expiration Date 22 Lot Number      23 Initials         24 TAR/PA Number
   11/13/04                              KLS
25 Stock Location  26 SIG
   O/P RX - A&B       T
27 Counseled By                               28 DUR Information


(C)laim Information, (D)rug Information or NL--
```

Field Explanations

1. RX# (DISPLAY ONLY)
This field contains the prescription number assigned to the prescription.

2. ITEM NAME (DISPLAY ONLY)
This field contains the label name of the item dispensed.

3. PRODUCT NUMBER (DISPLAY ONLY)
This field contains the current product number of the item dispensed.

4. FILL DATE (DISPLAY ONLY)
This field contains the date on which the fill was processed.

5. FILL QTY (DISPLAY ONLY)
This field contains the quantity dispensed.

6. DAYS SUPPLY (DISPLAY ONLY)
This field contains the number of days that the fill, when taken as directed, should last the patient.

7. BILLING ACCT NBR (DISPLAY ONLY)
This field contains the number of the hospital account to which the patient's prescription was charged. If the patient paid cash upon receipt of the prescription, this field contains a No Billing Acct entry.

8. PRICE PLAN (DISPLAY ONLY)
This field contains the name of the price plan used to calculate the prescription price. This field is blank if the default price plan was used.

9. COST (DISPLAY ONLY)
This field contains the cost of the fill/refill. The system calculates this dollar figure by multiplying the dispense quantity times the unit cost using the cost basis defined in the pricing formula.

10. FEE (DISPLAY ONLY)
This field contains the total dollar amount of the fees charged. This total includes the dispensing fee, med/sol add-on fee, non-formulary fee, and the compound fee.

11. SUBTOTAL (DISPLAY ONLY)
This field contains the subtotal amount. The subtotal is the dollar amount calculated by the system after the cost, fees, multiplier, rounding, and min/max pricing factors have been taken into consideration. If the system-calculated subtotal was overridden, this field displays the user-defined subtotal amount.

12. DISCOUNT (DISPLAY ONLY)
This field contains the dollar amount of the discount subtracted from the prescription price. The pricing formula determines if the discount, when it exists, is applied.

13. TAX (DISPLAY ONLY)
This field contains the dollar amount of the sales tax. The pricing formula identifies the sales tax formula used to calculate the sales tax and also specifies which portion of the prescription price is taxed. Sales tax formulas are defined using the O/P Sales Tax Formulas table.

14. TOTAL (DISPLAY ONLY)
This field contains the total price of the prescription. The total price reflects the sum of the subtotal and the tax minus the discount. An asterisk (*) following the total price indicates that the system-calculated price was overridden by a system user.

15. COPAY (DISPLAY ONLY)
This field contains the dollar amount not covered by the patient's third party.

16. BALANCE (DISPLAY ONLY)
This field contains the dollar amount covered by the patient's third party.

17. THIRD PARTY (DISPLAY ONLY)
This field contains the name of the third party that covered the fill.

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18. PATIENT TYPE (DISPLAY ONLY)
This field contains the name of the patient type assigned to the patient's account number. If the prescription was not billed to an account, this field remains blank.

19. PHYS PROVIDER NBR (DISPLAY ONLY)
This field contains the provider number assigned to the physician by the patient's third party.

20. MANUFACTURER (DISPLAY ONLY)
This field contains the name of the company that manufactures the item.

21. EXPIRATION DATE (DISPLAY ONLY)
This field contains the expiration date of the dispensed item.

22. LOT NUMBER (DISPLAY ONLY)
This field contains the lot number of the dispensed item.

23. INITIALS (DISPLAY ONLY)
This field contains the initials of the individuals entering and filling the prescription.

24. TAR/PA NUMBER (DISPLAY ONLY)
This field contains the treatment authorization request (TAR) number or the Prior Authorization (PA) number assigned to the prescription by the patient's third party. The value displayed in this field consists of Prior Authorization Type (1st digit of the number) and the TAR/PA number (up to 11 digits beginning with the second character).

25. STOCK LOCATION (DISPLAY ONLY)
This field contains the stock location from which the dispense quantity was decremented.

26. SIG (DISPLAY ONLY)
This field contains the abbreviated SIG of the prescription.

27. COUNSELED BY (DISPLAY ONLY)
This field contains the name of the person providing the counseling and the date and time it occurred.

28. DUR INFORMATION (DISPLAY ONLY)
This field contains DUR alert information entered for the prescription.

If the fill/refill was revised, the system lists the versions at the bottom of the screen. To view a previous version, enter the option number of the desired version. The system redisplays the Fill Information screen with the previous version information.

If you enter C for claim information, the system displays the following screen:

```
                    General Hospital Profile Maintenance Processor
Prescription Med Detail                              Tue May 18, 2004 01:01 pm
Name                     Sex    BD     Street Address
*TEST,ACCOMODATION CHANGE M  01/01/50  ADDR13
Allergies:ISOPTIN/CAAPI/ACETAMINOP/COBALT (II/IBUPROFEN/ACETAMINOP/COD LIVER /T+
 1 Rx#         2 Item Name              3 Product Number    4 Fill Date
   105           837 VALIUM TABS, 5MG     140-0005-01         05/17/04
 5 Fill Qty          6 Days Supply       7 Billing Acct Nbr  8 Price Plan
   10 TABLET           10                  No Billing Acct Nbr
 9 Discount          10 Third Party      11 Phys Provider Nbr 12 TAR/PA Number
                        PCS
13 Claim Status      14 Authorization #  15 Reimbursement Basis
   Submitted
Message:


Billed                                  Reimbursed
( 1)Cost           : $12.4900           ( 6)Cost              :
( 2)Fee            : $5.00              ( 7)Fee               :
( 3)Tax            : $1.00              ( 8)Tax               :
( 4)Copay          : $10.00            ( 9)Copay             :
( 5)Balance        : $8.49             (10)Balance           :
Re(S)ubmit, (C)OB, Press NL--
```

This screen contains pertinent prescription fill information in the upper portion of the screen. A vertical screen display in the lower section of the screen lists the Cost, Fee, Tax, Co-pay and Balance submitted and the corresponding Third Party payor reimbursement amounts. Third Party payor amount fields not having data defined are blank.

If the prescription fill has been revised, you can view the previous version by pressing ENTER twice. Select the version option to view the prior dispensing data.

Selected field explanations follow:

Field Explanations

12. TAR/PA NUMBER (DISPLAY ONLY)
The Treatment Authorization Reason (TAR) and Prior Authorization (PA) number are both free-form entries and can be used interchangeably. The value displayed in this field consists of Prior Authorization Type (1st digit of the number) and the TAR/PA number (up to 11 digits beginning with the second character).

13. CLAIM STATUS (DISPLAY ONLY)
This field contains the current claim status.

14. AUTHORIZATION NUMBER (DISPLAY ONLY)
This is the claim authorization number sent by the third party payor.

15. REIMBURSEMENT BASIS (DISPLAY ONLY)
This field provides information from the third party payor regarding how the reimbursement amount was calculated.

Field entries are:

- • Not specified

- • Ingredient cost paid as submitted

- • Ingredient cost reduced to AWP pricing

- • Ingredient cost reduced to AWP less %

- • Usual and customary paid as submitted

- • Paid lower of ingredient cost plus fees versus usual and customary

- • MAC pricing - ingredient cost paid at MAC price

- • MAC pricing - ingredient cost reduced to MAC pricing

- • Contract pricing

MESSAGE (DISPLAY ONLY)
This field displays additional information from the third party payor system regarding this claim.

If the prescription claim has been rejected by the third party payor, a *(R)eject Reasons* option is displayed. To list the claim rejection reasons, enter **R**.   If the third party plan Claim Reject Reasons table is not defined in the O/P Third Party Plan table, the system displays the reject reason code only.

If DUR Alert messages were sent by the Third Party payor, a *(D)UR Message* option is displayed. To list the claim DUR Alert messages, enter **D**. If the third party plan POS DUR Alert table is not defined in the O/P Third Party Plan table, the system displays the DUR Alert code only.

The following example shows a DUR Alert message:

```
          General Hospital Third Party Claim Inquiry Processor
                                    Wed May 15, 2002 01:53 pm

Third Party Payor DUR Alert Messages

Name                       Sex    BD     Account Number          Third Party
DERN,JOHN                   M  01/01/60  No Billing Acct            PRIV
Allergies:CODEINE/MORPHINE
 1 Item Name                            2 Product Number    3 Fill Date
   813 TYLENOL W/COD #3 TABS, 300-30      45-0513-72          11/01/93
 4 Fill Qty          5 Days Supply     6 Billing Acct Nbr  7 Price Plan
   25 TABLET            5                 No Billing Acct Nbr
 8 Discount          9 Third Party     10 Phys Provider Nbr 11 TAR/PA Number
                       PO                 AB1234567
12 Claim Status     13 Authorization #  14 Reimbursement Basis
   Paid                066598              Cost Paid As Submitted
Page:01                          DUR Alerts
( 1) Drug-Disease Conflict       POSSIBLE ASTHMA



Enter choice--
```

PCS sends a maximum of three DUR Alert messages per claim. If more than three
DUR Alerts exist, PCS sends the top three, based on the highest severity indicator and
potential for patient harm. Other NCPDP-compliant third-party claim processors may
transmit a different number of DUR Alert messages.

To select the DUR Alert, enter the number. The system displays a screen displaying
additional DUR detail:

```
          General Hospital Third Party Claim Inquiry Processor
                                    Wed May 15, 2002 01:53 pm
Third Party Payor DUR Alert Messages
Name                       Sex    BD     Account Number          Third Party
DERN,JOHN                   M  01/01/60  No Billing Acct            PRIV
Allergies:CODEINE/MORPHINE
 1 Item Name                            2 Product Number    3 Fill Date
   813 TYLENOL W/COD #3 TABS, 300-30      45-0513-72          11/01/93
 4 Fill Qty          5 Days Supply     6 Billing Acct Nbr  7 Price Plan
   25 TABLET            5                 No Billing Acct Nbr
 8 Discount          9 Third Party     10 Phys Provider Nbr 11 TAR/PA Number
                       PO                 AB1234567
12 Claim Status     13 Authorization #  14 Reimbursement Basis
   Paid                066598              Cost Paid As Submitted
( 1)DUR Alert          : Drug-Disease Conflict
( 2)Severity Index     :
( 3)Other Pharmacy     : Unknown
( 4)Previous Fill Date :
( 5)Previous Fill Qty  :
( 6)Other Prescriber   :
( 7)Message            : POSSIBLE ASTHMA

Press NL--
```

After you are finished viewing the fill information, press ENTER. The system
redisplays the Prescription Med Detail screen. Select a new fill/refill to view or press
ENTER to back out of the function.

The following prompt options are available:

- **S** to resubmit a claim (page 3-63)

- **C** to enter Coordination of Benefits information for electronic claims (page 3-66)

If you enter S at the Prescription Med Detail screen prompt (page 3-60) to resubmit the claim, the following prompt is displayed:

Enter DUR information? (Y/N) [N]--

If you enter N, the claim is resubmitted without further entries.

If you enter Y, the following screen is displayed:

```
                   General Hospital Profile Maintenance Processor
Prescription Med Detail                            Tue May 18, 2004 02:48 pm
Name                     Sex   BD     Street Address
*TEST,ACCOMODATION CHANGE M  01/01/50  ADDR13
Allergies:ISOPTIN/CAAPI/ACETAMINOP/COBALT (II/IBUPROFEN/ACETAMINOP/COD LIVER /T+
 1 DUR Alert                  2 DUR Outcome            3 DUR Intervention
->
 4 DUR Level of Effort        5 DUR CO-Agent ID


Additional Claim Information
 6 Submission Clarification           7 Product Qualifier Code
                                        03-NDC
 8 Prescription Origin

 9 Eligibility Clarification Code    10 Diagnosis Code




 Enter DUR alert code--
```

Field Explanations

1. DUR ALERT (2-AN-R or TABLE LOOKUP)
Enter the two-digit code for a DUR alert. To display a list of codes, enter a hyphen (-) and press ENTER.

2. DUR OUTCOME (2-AN-R or TABLE LOOKUP)
Enter the two-digit code for the outcome of a DUR alert. To display a list of codes, enter a hyphen (-) and press ENTER.

3. DUR INTERVENTION (2-AN-R or TABLE LOOKUP)
Enter the two-digit code for a DUR intervention. To display a list of codes, enter a hyphen (-) and press ENTER.

4. DUR LEVEL OF EFFORT (1-N-O)
When you access this field, the following is displayed at the bottom of the screen:

```
( 1) Level 1 (lowest)
( 2) Level 2
( 3) Level 3
( 4) Level 4
( 5) Level 5 (highest)

DUR/PPS level of effort--
```

Enter the number of the effort level for the DUR.

5. DUR CO - AGENT ID (2-N-O or TABLE LOOKUP)
This field contains the two-digit agent ID that is listed on the O/P Product Qualifier
Code table. When you access this field, the following prompt is displayed:

Enter first letters`-` or product qualifier code--

Enter the first letters of the code followed by a hyphen (-), or a hyphen (-) to display the
O/P Product Qualifier Code table.

6. SUBMISSION CLARIFICATION (5-AN-O)
This field allows the pharmacist filling the prescription to clarify reasons for the
submission of the claim. When you access this field, the following prompt is displayed:

Enter first letters`-` or submission clarification code-

Enter a hyphen (-) to display lookup entries from the O/P Submission Clarification
Code Table. This table contains NCPDP-provided and client-defined values. The
NCPDP provides the following values:

(1) No Specified
(2) No Override
(3) Other Override
(4) Vacation Supply
(5) Lost Prescription
(6) Therapy Change
(7) Starter Dose
(8) Medically Necessary
(9) Process Compound For Approved Ing
(10) Encounters
(11) Other

7. PRODUCT QUALIFIER CODE (5-AN-O)
This field allows the pharmacist filling the prescription to clarify the type of product
identifier being used for the submission of the claim. When you access this field, the
following prompt is displayed:

Enter first letters`-` or product qualifier code-

Enter a hyphen (-)to display lookup entries from theO/P Product Qualifier Code Table. This table contains NCPDP-provided and client-defined values. The NCPDP provides the following values:

(1) Not Specified
(2) Universal Product Code (UPC)
(3) Health Related Item (HRI)
(4) NDC
(5) Universal Product Number (UPN)
(6) Dept of Defense (DOD)
(7) DUR/PPS
(8) CPT4
(9) CPT5
(10) HCPCS
(11) Pharmacy Practice Activity (PPAC)
(12) National Pharm. Product (NAPPI)
(13) International Article Number (EAN)
(14) Drug Identification Number (DIN)
(15) Medi-Span GPI
(16) First DataBank GCN
(17) Medical Economics GPO
(18) Medi-Span DDID
(19) First DataBank SmartKey
(20) Medical Economics GM
(21) ICD9
(22) ICD10
(23) Medi-Span Diagnosis Code
(24) NCCI
(25) SNOMED
(26) CDT
(27) DSM IV
(28) Other

8. PRESCRIPTION ORIGIN (1-AN-O)
This field allows the user to identify the method in which the prescription was communicated to the pharmacy. When you access this field, the following prompt is displayed:

Enter first letters`-` or prescription origin code--

Enter a hyphen (-) to display lookup entries from the O/P Prescription Origin Code table. This table contains NCPDP-provided and client-defined values. The NCPDP provides the following values:

(1) 1-Written
(2) 2-Telephone
(3) 3-Electronic
(4) 4-Facsimile

9. ELIGIBILITY CLARIFICATION (1-AN-O)
This field allows the pharmacist filling the prescription to clarify the eligibility code being used for the submission of the claim. When you access this field, the following prompt is displayed:

>   *Enter first letters`-` or eligibility clarification code--*

Enter a hyphen (-) to display lookup entries from the O/P Eligibility Clarification Code table.

10. DIAGNOSIS CODE (TABLE LOOKUP OR FREE-FORM-O)
This field allows the pharmacist filling the prescription to enter the diagnosis code being used for the submission of the claim.

If the ICD9/ICD10 Switch field in the O/P Third Party Claim Info Table is set to 9, the following prompt is displayed when you access this field:

>   *Enter ICD-9-CM diagnosis code--*
>   *`U-`ser Dx, `-` for list, -free form*

If the ICD9/ICD10 Switch field in the O/P Third Party Claim Info Table is set to 10, the following prompt is displayed when you access this field:

>   *Enter ICD-10-CM diagnosis code--*
>   *`U-`ser Dx, `-` for list, -free form*

The following prompt options are available:

Enter the diagnosis code and press ENTER.

Enter **U** followed by a hyphen (-) to display entries from the ICD Diagnosis Pointer table.

Enter a hyphen (-) to display entries from the ICD CM Diagnosis Codes table that is displayed.

Enter a hyphen (-) followed by free-form text to enter a free-form diagnosis.

You can enter **C** at the Prescription Med Detail screen prompt (page 3-60) to enter Coordination of Benefits information for electronic claims. For this option to be available, the system must be enabled to submit electronic claims, and the prescription must be a completed fill.

This allows the user to enter secondary insurance information and resubmit the claim. The third party information must be entered for the patient before it can be added for this claim.

The following screen is displayed:

```
                 General Hospital Profile Maintenance Processor
Prescription Med Detail                         Tue May 18, 2004 01:01 pm
Name                    Sex    BD     Street Address
*TEST,ACCOMODATION CHANGE M  01/01/50  ADDR13
Allergies:ISOPTIN/CAAPI/ACETAMINOP/COBALT (II/IBUPROFEN/ACETAMINOP/COD LIVER /T+
 1 Rx#         2 Item Name              3 Product Number    4 Fill Date
   105           837 VALIUM TABS, 5MG      140-0005-01         05/17/04
 5 Billing Acct Nbr         6 Primary Third Party
   No Billing Acct Nbr        PCS


Coordination of Benefits Information
 7 Third Party        8 Price Plan     9 Price
->                                     $18.49/10.00
10 Other Coverage Code             11 Other Amt Claimed Submitted

12 Other Payer Coverage   13 Other Payer Amt Qual    14 Other Payer Amt Paid


Page:01    Third Party        Cardholder ID              Exp Date
( 1) BCC                      1                          None
( 2) PHARMACEUTICAL CARD SERVI  1                        None

Enter choice, or NL for Cash Plan--
```

Selected field explanations are as follows:

Field Explanations

7. THIRD PARTY (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party plan for which a prescription claim is to be submitted. The system prefills this field with the default third party plan defined in the Patient Demographics function. You can change the third party plan to any third party plan assigned to the patient. Only one third party plan can be entered per prescription fill. You can also override this default with a Cash entry when necessary; the field is then blank. When no third party claim is being submitted for the prescription, the system charges the patient for the full prescription price.

Press ENTER to enter Cash, or enter a third party plan assigned to the patient by entering the code of a specific third party or by entering a hyphen (-) and selecting the desired third party from the displayed list.

8. PRICE PLAN (5-AN-O) or (TABLE LOOKUP)
This field identifies the price plan used to calculate the prescription price. The system prefills this field with the price plan identified in the patient's profile. This field remains blank when the default price plan (cash or third party) has been selected. The cursor bypasses this field.

If the user accesses this field during the prescription fill process, any price plan entered at this time replaces any pricing formulas attached to that formulary item (whether at the route level or as an override in the formulary).

The O/P Cash Plans table defines the price plans for non-third party prescriptions. The O/P Third Party Plans table defines the price plans for each third party.

9. PRICE (SPECIAL FORMAT-R)

This field displays the total price of the prescription and the cash payment due from the patient upon receipt of the prescription separated by a slash mark (/), or the billed amount and the co-pay separated by a slash mark (/). The system automatically recalculates the price displayed in this field when you revise the third party, pricing plan, or fill quantity.

10. OTHER COVERAGE CODE (1-AN-O)

This field contains an NCPDP code that indicates other insurance coverage for the patient. If this field is set to a number between 2 and 7, a COB segment is transmitted with the claim. When you access this field, the following prompt is displayed:

Enter first letters`-` or other coverage code--

Enter a hyphen (-) to display lookup entries from the O/P Other Coverage Code table.

NOTE: If this field is set to **Copay**, the COB segment is not transmitted and the user cannot access the Other Payer Coverage, Other Payer Amt Qual and Other Payer Amt Paid fields on this screen. Some third parties are not configured to accept an entry of **Copay** in this field, and reject the transaction. Contact each applicable third party regarding this field.

11. OTHER AMT CLAIMED SUBMITTED (SPECIAL FORMAT-R)

This field contains the amount of additional incurred costs for a dispensed prescription or service. Enter the dollar amount to be submitted for the Other Coverage claimed. If an amount is not entered in this field, the amount defaults to the co-pay amount received on the primary claim.

12. OTHER PAYER COVERAGE (1-AN-O)

This field contains the type of the other payer. For example, secondary, tertiary or coupon. When you access this field, the following prompt is displayed:

Enter first letters`-` or other payer coverage type--

Enter a hyphen (-) to display lookup entries from the O/P Other Payer Coverage Type table.

13. OTHER PAYER AMT QUAL (1-AN-O)

This field contains qualifier code for the other payer. For example, drug benefit or coupon. When you access this field, the following prompt is displayed:

Enter first letters`-` or other payer amount paid qualifier--

Enter a hyphen (-) to display lookup entries from the O/P Other Payer Amount Paid Qualifier table.

14. OTHER PAYER AMT PAID (SPECIAL FORMAT-R)
This field contains the dollar amount known to have been paid from other payers (or sources), including coupons.

View Previous Version

This option enables you to view previous versions of the prescription information. A previous version of the prescription is created when the prescription is revised.

If the first drug in the prescription has been revised, the system displays a message below the medication prescription information options as shown in the following prompt:

> *View prescription(O), Previous version(P) or Documentation(D) [O]--*
> *First drug revised 1 times*

To view a previous version of the prescription information, enter **P**. If the prescription is a compound, the system displays the item selection screen. Enter the option numbers of the desired items and press ENTER.

After you select the item(s), the system displays the previous version selection prompt for the first item. If the prescription is not a compound, the system displays the previous version selection prompt immediately after you enter **P** to view the previous version. The following is an example of the previous version selection prompt:

> *Enter revision number to view [1]--*

Enter a number equal to or less than the default response. The system offers the most recent previous version as a default response in brackets. For example, if the item has been revised three times, the default response is 3.

After you identify the revision that you want to view, the system displays the previous version information screen. The system indicates revised fields as highlighted.

```
            General Hospital Display Prescription Detail Processor
 Display Profile Data                            Wed May 15, 2002 02:50 pm
 Name                    Sex   BD    Account Number          Third Party
 *STARR,ENID              F  09/12/58  No Billing Acct
 Allergies:CODEINE/MORPHINE
  473 PROPULSID 10MG TABLET* JANSSEN PHARM
  1 Rx#            2 Item Name                      3 Product Number
    624             473 PROPULSID TABS, 10MG          50458-0430-01
  4 Total Qty                     5 Total Refills   6 Refill Qty
    150 TABLET                      4                  30 TABLET
  7 Ordering Physician            8 Control Nbr     9 State Nbr
    2000 LEVINE,STANLEY             345345             234234
 10 DAW Code                      11 Ordered As
    No DAW




    Press NL--
```

Field Explanations

1. RX# (DISPLAY ONLY)
This field contains the item number of the drug within the prescription. The system prefills this field based upon the number of items previously entered. For example, the number of the first item is 1 and the number of the second item is 2.

2. ITEM NAME (DISPLAY ONLY)
This field contains the label name of the prescribed drug. Label name is defined in the Label Name field on the Outpatient Information screen of the Formulary Maintenance function.

3. TOTAL QTY (DISPLAY ONLY)
This field contains the total quantity prescribed by the physician. For example, the total quantity for a prescription quantity of 30 with three refills would be 120.

4. PRODUCT NUMBER (DISPLAY ONLY)
This field contains the product number assigned to the item.

5. TOTAL REFILLS (DISPLAY ONLY)
This field contains the total number of refills authorized by the physician.

6. REFILL QTY (DISPLAY ONLY)
This field contains the refill quantity authorized by the physician.

7. ORDERING PHYSICIAN (DISPLAY ONLY)
This field contains the name of the physician who wrote the prescription.

8. CONTROL NBR (DISPLAY ONLY)
This field contains the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number.

9. STATE NBR (DISPLAY ONLY)
This field contains the number assigned to the physician by the state.

10. DAW CODE (DISPLAY ONLY)
This field contains the Dispense as Written (DAW) information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter.

11. ORDERED AS (DISPLAY ONLY)
This field identifies the prescription as it is recognized by the nurse and/or patient.

After you have finished viewing the information on this screen, press ENTER. If you selected a single item, the system redisplays the medication prescription display options. If you selected multiple items, the system displays this screen for the next item.

If you selected an item that has not been revised and has no previous versions, the system displays the following error message:

Error: No revisions for ASPIRIN!

ASPIRIN is the item in this example.

After you have viewed this screen for all items selected, the system redisplays the medication prescription display options.

View Order Documentation

See the View Order Documentation discussion for a solution prescription in the current ambulatory care profile.

VIEW SOLUTION PRESCRIPTION

If you select a solution prescription from the profile display, the system displays the following screen:

```
         General Hospital Display Prescription Detail Processor
Display Profile Data                              Wed May 15, 2002 11:23 am
Name                   Sex   BD    Account Number          Third Party
BEDNAR,MARIE            F  02/12/56  8923500001
Allergies:CODEINE/MORPHINE




















View prescription(O), Bottle(B), Previous version(P) or Documentation(D) [O]--
```

This screen presents the information options for solution prescriptions. You can:

- View the current prescription information (enter the letter **O** or press ENTER). For each item selected, the system displays one order-level information screen and one item-level information screen. If the prescription has been refilled, the system displays the different fills at the bottom of the screen. To view detailed information on a specific fill, enter the option number of the desired fill.

- View bottle information (enter **B**).

- View a previous version of the prescription (enter **P**).

- View the order documentation entered for the prescription (enter **B**).

View Current Prescription Information

This option enables you to view the current prescription information and to view detailed information about specific fills.

After you enter the letter O to select this option, the system displays the Item Selection screen. The Item Selection screen lists each of the items in the prescription. Enter the option numbers of the items you want to view. After you select the item(s), the system displays the Prescription Sol Detail 1 screen (see following example).

The order-level prescription information is displayed on the Prescription Sol Detail 1 screen.

```
                General Hospital Display Prescription Detail Processor
Prescription Sol Detail 1                          Wed May 15, 2002 11:24 am
Name                    Sex    BD    Account Number         Third Party
BEDNAR,MARIE             F  02/12/56  8923500001
Allergies:CODEINE/MORPHINE
 1 Prescription Nbr   2 Current Brand
   *46187               SODIUM CHLORIDE

 3 Type             4 Route          5 Sol Rate          6 Frequency
   Pri                INTRAVENOUS      125 ML/HR
 7 Disp Interval    8 Drip Rate      9 IV Set          10 Next Bottle Nbr
                                                          2
11 Next Date/Time  12 Order Duration 13 Stop Date/Time 14 Date Written
   08/28/89 07:14p                                        08/28/89
15 Ordering Physician                16 Control Number 17 State Number
   1524 MARTINEZ,ALICIA
18 Ordered As                        19 Product Label Comment

20 Nursing Comment                   21 Status
                                        Active
Press NL for next page
                              /P prev page
```

Field Explanations

1. PRESCRIPTION NBR (DISPLAY ONLY)
This field contains the prescription number assigned to the prescription.

2. CURRENT BRAND (DISPLAY ONLY)
This field contains the name of the current brand being dispensed for the prescribed item.

3. TYPE (DISPLAY ONLY)
This field contains the abbreviated description of the prescription's solution IV type.

4. ROUTE (DISPLAY ONLY)
This field contains the prescription's prescribed route of administration.

5. SOL RATE (DISPLAY ONLY)
This field contains the prescription's prescribed rate of administration.

6. FREQUENCY (DISPLAY ONLY)
This field contains the prescription's prescribed frequency of administration.

7. DISP INTERVAL (DISPLAY ONLY)
This field contains the interval at which bottles are dispensed.

8. DRIP RATE (DISPLAY ONLY)
This field contains the infusion rate as the number of drops per minute.

9. IV SET (DISPLAY ONLY)
This field contains the type of IV set used to administer the prescription.

10. NEXT BOTTLE NBR (DISPLAY ONLY)
This field contains the prefix and number of the next bottle to be dispensed.

11. NEXT DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the next bottle is to be dispensed.

12. ORDER DURATION (DISPLAY ONLY)
This field contains the period of time for which the prescription remains active.

13. STOP DATE/TIME (DISPLAY ONLY)
This field contains the date at which administration of the prescription is to be discontinued.

14. DATE WRITTEN (DISPLAY ONLY)
This field contains the date on which the prescription was written by the prescribing physician.

15. ORDERING PHYSICIAN (DISPLAY ONLY)
This field contains the name of the prescribing physician.

16. CONTROL NUMBER (DISPLAY ONLY)
This field contains the controlled substance number assigned to the ordering physician. In the United States, the Drug Enforcement Agency (DEA) assigns the controlled substance number.

17. STATE NUMBER (DISPLAY ONLY)
This field contains the number assigned to the ordering physician by the state.

18. ORDERED AS (DISPLAY ONLY)
This field contains the description of the drug item as defined by the prescribing doctor. This description was entered on the order-level information screen during prescription entry.

19. PRODUCT LABEL COMMENT (DISPLAY ONLY)
This field contains the product label comment entered for the item during prescription entry.

20. NURSING COMMENT (DISPLAY ONLY)
This field contains the comment entered for the prescription during prescription entry.

21. STATUS (DISPLAY ONLY)
This field contains the current status of the prescription.

After you are finished viewing the information displayed on this screen, press ENTER.
The system displays the Prescription Sol Detail 2 screen:

```
             General Hospital Display Prescription Detail Processor
Prescription Sol Detail 2                         Wed May 15, 2002 11:24 am
Name                    Sex   BD    Account Number          Third Party
BEDNAR,MARIE             F  02/12/56 8923500001
Allergies:CODEINE/MORPHINE
 1 Prescription Nbr   2 Current Brand
   *46187               SODIUM CHLORIDE
 3 Dosage            4 Adm/Dose       5 Disp/Dose       6 Drug Rate
   0.9 %              1000 ML           1,000 ML
 7 Bottle Schedule                    8 Scheduled Days  9 Start Date/Time
   QB EVERY BOTTLE                       DAILY            02/23/99 11:02a
10 Stop Date/Time    11 Duration      12 Stability      13 DAW Code
                                                           No DAW


Page:01                            Prep Labels
( 1) 02/23/99   1000 ML  (Original)

Enter choice--
```

Item-level prescription information is displayed on the Prescription Sol Detail 1 screen.
The system displays this screen for each item that you selected on the Item Selection
screen in the sequence that you selected the items.

Field Explanations

1. PRESCRIPTION NBR (DISPLAY ONLY)
This field contains the prescription number assigned to the prescription.

2. CURRENT BRAND (DISPLAY ONLY)
This field contains the name of the current brand being dispensed for the prescribed
item.

3. DOSAGE (DISPLAY ONLY)
This field contains the dosage of the prescribed item.

4. ADM/DOSE (DISPLAY ONLY)
This field contains the quantity to administer per prescribed dose of the prescription.

5. DISP/DOSE (DISPLAY ONLY)
This field contains the quantity to dispense per prescribed dose of the prescription.

6. DRUG RATE (DISPLAY ONLY)
This field contains the prescribed drug rate. The drug rate is the number of strength
units per hour that are to be administered to the patient.

7. BOTTLE SCHEDULE (DISPLAY ONLY)
This field contains the bottle schedule for administering the drug.

8. SCHEDULED DAYS (DISPLAY ONLY)
This field contains the schedule for administering the drug.

9. START DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the drug was first administered to the patient.

10. STOP DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the drug is no longer to be administered to the patient.

11. DURATION (DISPLAY ONLY)
This field contains the period of time over which the item remains active in the prescription. The system uses the duration interval to calculate a default stop date/time for the prescribed item.

12. STABILITY (DISPLAY ONLY)
This field contains the period of time over which the item remains stable in the solution.

13. DAW CODE (DISPLAY ONLY)
This field contains the Dispense as Written (DAW) information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter.

PREP LABELS (1-N-O)
At the bottom of the screen, the system displays a list of the dates on which labels were generated for the prescription. For each date listed, the system also displays the quantity dispensed. For the first fill transaction, the system displays the word Original in parentheses after the quantity dispensed. If no bottles were dispensed when the order was first entered, the system displays an asterisk (*) before the word Original. To view detailed information about a prep label printing, enter the option number of the desired event (see below for additional information). To return to the Prescription Information Options screen, press ENTER.

If you selected multiple items, the system redisplays the Prescription Sol Detail 2 screen for each item selected before redisplaying the Prescription Information Options screen.

View Fill Information

After you enter an option number, the system displays the following screen.

NOTE: Information about viewing claim information is provided later in this subsection.

```
              General Hospital Display Prescription Detail Processor
Prescription Sol Detail 2                        Wed May 15, 2002 11:24 am
Name                      Sex   BD     Account Number            Third Party
BEDNAR,MARIE               F  02/12/56  8923500001
Allergies:CODEINE/MORPHINE
 1 Item Name                           2 Product Number   3 Prep Label Date
   2120 SODIUM CHLORIDE INJ, 0.9%        338-0049-04        02/23/99
 4 Adm/Dose           5 Billing Acct Nbr  6 Third Party      7 Price Plan
   1000 ML              B8923500001
 8 Cost               9 Fee             10 Subtotal        11 Discount
   $0.0000              $0.00              $6.24              $0.00
12 Tax               13 Total           14 Cash Amount     15 Bill Amount
   $0.00                $6.24              $6.24              $0.00
16 Phys Provider Nbr 17 Manufacturer    18 Lot Number      19 TAR/PA Number
                        BAXTER
20 Initials          21 Bottle Numbers  22 Patient Type    23 Stock Location
   EH/EH                1-1                ADM                INPATIENT PHARM
24 Counseled By

(C)laim, (D)rug Information or NL--
```

Field Explanations

1. ITEM NAME (DISPLAY ONLY)
This field contains the item's label name as defined in the Label Name field on the Outpatient Information screen of the Formulary Maintenance function.

2. PRODUCT NUMBER (DISPLAY ONLY)
This field contains the product number currently assigned to the prescribed drug item.

3. PREP LABEL DATE (DISPLAY ONLY)
This field contains the date on which the prep labels were generated.

4. ADM/DOSE (DISPLAY ONLY)
This field contains the quantity administered per prescribed dose of the prescription.

5. BILLING ACCT NBR (DISPLAY ONLY)
This field contains the number of the hospital account to which the patient's prescription was charged. If the patient paid cash upon receipt of the prescription, this field contains a No Billing Acct entry.

6. THIRD PARTY (DISPLAY ONLY)
This field contains the code of the third party that covered the fill.

7. PRICE PLAN (DISPLAY ONLY)
This field contains the name of the pricing plan used to calculate the prescription price. This field is blank if the default pricing plan was used.

8. COST (DISPLAY ONLY)
This field contains the cost of the refill. The system calculates this dollar figure by multiplying the dispense quantity times the unit cost using the cost basis defined in the pricing formula.

9. FEE (DISPLAY ONLY)
This field contains the total dollar amount of the fees charged. This total includes the dispensing fee, med/sol add-on fee, and the non-formulary fee.

10. SUBTOTAL (DISPLAY ONLY)
This field contains the subtotal amount. The subtotal is the dollar amount calculated by the system after the cost, fees, multiplier, rounding, and min/max pricing factors have been taken into consideration. If the system-calculated subtotal was overridden, this field displays the user-defined subtotal amount.

11. DISCOUNT (DISPLAY ONLY)
This field contains the dollar amount of the discount subtracted from the prescription price. The pricing formula determines if the discount, when it exists, is applied.

12. TAX (DISPLAY ONLY)
This field contains the dollar amount of the sales tax. The pricing formula identifies the sales tax formula used to calculate the sales tax and also specifies which portion of the prescription price is taxed. Sales tax formulas are defined using the O/P Sales Tax Formulas table.

13. TOTAL (DISPLAY ONLY)
This field contains the total price of the prescription. The total price reflects the sum of the subtotal and the tax minus the discount. An asterisk (*) following the total price indicates that the system-calculated price was overridden by a system user.

14. CASH AMOUNT (DISPLAY ONLY)
This field contains the dollar amount not covered by the patient's third party.

15. BILL AMOUNT (DISPLAY ONLY)
This field contains the dollar amount covered by the patient's third party.

16. PHYS PROVIDER NBR (DISPLAY ONLY)
This field contains the provider number assigned to the physician by the patient's third party.

17. MANUFACTURER (DISPLAY ONLY)
This field contains the name of the company that manufactures the item.

18. LOT NUMBER (DISPLAY ONLY)
This field contains the lot number of the dispensed item.

19. TAR/PA NUMBER (DISPLAY ONLY)
This field contains the treatment authorization request (TAR) number or the Prior Authorization (PA) number assigned to the prescription by the patient's third party. The value displayed in this field consists of Prior Authorization Type (1st digit of the number) and the TAR/PA number (up to 11 digits beginning with the second character).

20. INITIALS (DISPLAY ONLY)
This field contains the initials of the individuals entering and filling the prescription.

21. BOTTLE NUMBERS (DISPLAY ONLY)
This field contains the starting and ending numbers of the bottles for which prep labels were generated. If you are viewing the original fill and no bottles were dispensed when the order was first entered, the system displays *0-0* in this field.

22. PATIENT TYPE (DISPLAY ONLY)
This field contains the name of the patient type assigned to the patient's account number. If the fill was not billed to an account, this field remains blank.

23. STOCK LOCATION (DISPLAY ONLY)
This field contains the name of the stock location from which the dispense quantity was decremented.

24. COUNSELED BY (1-A-O)
This field indicates whether or not the pharmacist provided counseling to the patient. After you access this field, the system displays the following prompt:

Was counseling provided to the patient? (Y/N)--

To display claim detail for the last submission process for this claim, enter **C**.

The system displays the following screen:

```
         General Hospital Display Prescription Detail Processor
     Prescription Sol Detail 2                      Wed May 15, 2002 04:52 pm
Name                       Sex   BD    Account Number          Third Party
DOE,JOHN                    M  01/01/60 No Billing Acct         PRIV
Allergies:CODEINE/MORPHINE
 1 Item Name                          2 Product Number    3 Fill Date
   367 DEXTROSE INJ, 5%                 338-0017-04          03/18/94
 4 Fill Qty        5 Days Supply      6 Billing Acct Nbr  7 Price Plan
   1000 ML                              No Billing Acct Nbr
 8 Discount        9 Third Party      10 Phys Provider Nbr 11 TAR/PA Number
   $0.00             PRIV                1234567890
12 Claim Status    13 Authorization # 14 Reimbursement Basis
   Paid              770674               Cost Paid As Submitted
Message: CAPTURED FOR INSURER PATIENT REIMBURSED PLAN = 0092   YOU ARE ON PCS T
        EST SYSTEM CLAIM PROCESSED FOR PCS PROVIDER #770657


Billed                              Reimbursed
( 1)Cost           : $12.0000       ( 6)Cost Paid       : $18.90
( 2)Fee            : $12.75         ( 7)Fee Paid        : $4.25
( 3)Tax            : $0.00          ( 8)Tax Paid        : $0.00
( 4)Cash Amount    : $3.00          ( 9)Collect from Pt : $23.15
( 5)Bill Amount    : $21.75         (10)Total Paid      : $0.00
Re(S)ubmit, Press NL--
```

NOTE: If multiple submissions occurred for this claim, an interim screen is displayed. Previous versions in reverse chronological order are displayed at the bottom of the screen under the heading *Credits to Previous Submissions of this Claim.* You can view fill and claim detail for each version.

This screen contains pertinent prescription fill information in the upper portion of the screen. A vertical screen display in the lower section of the screen lists the Cost, Fee, Tax, Cash Amount, and Bill Amount submitted and the corresponding Third Party payor reimbursement amounts. Third Party payor amount fields that do not have data defined contain zero dollars.

Selected field explanations follow:

Field Explanations

12. CLAIM STATUS (DISPLAY ONLY)
This field contains the current claim status.

13. AUTHORIZATION # (DISPLAY ONLY)
This is the claim authorization number sent by the third party payor.

14. REIMBURSEMENT BASIS (DISPLAY ONLY)
This field provides information from the third party payor regarding how the reimbursement amount was calculated. Field entries are:

- Not specified

- Ingredient cost paid as submitted

- Ingredient cost reduced to AWP pricing

- Ingredient cost reduced to AWP less %

- Usual and customary paid as submitted

- Paid lower of ingredient cost plus fees versus usual and customary

- MAC pricing - ingredient cost paid at MAC price

- MAC pricing - ingredient cost reduced to MAC pricing

- Contract pricing

MESSAGE (DISPLAY ONLY)
This field displays additional information from the third party payor system regarding this claim.

If the prescription claim has been rejected by the third party payor, the system displays a *(R)eject Reasons* prompt. To list the claim reject reasons, enter R. If the third party plan Claim Reject Reasons table is not defined in the O/P Third Party Plan table, the system displays the reject reason code only.

If DUR Alert messages were sent by the Third Party payor, the system displays a *(D)UR Message* prompt. To list the claim DUR Alert messages, enter D. If the third party plan POS DUR Alert table is not defined in the O/P Third Party Plan table, the system displays the DUR Alert codes only.

If the fill/refill was revised, the system lists the versions at the bottom of the screen. To view a previous version, enter the option number of the desired version. The system redisplays the Fill Information screen with the previous version information.

After you have finished viewing the previous version information, press ENTER. The system redisplays the Prescription Sol Detail 2 screen. Select a different previous version or press ENTER.

If you selected multiple items, the system displays the Prescription Sol Detail 1 screen for the next item. If you only selected one item or have finished viewing the screens for the last item, the system redisplays the prescription information options.

View Bottle Information

This option enables you to view detailed information about a specific bottle of the prescription that has been dispensed. After you enter B to select this option, the system displays a screen similar to the following example:

```
              General Hospital Display Prescription Detail Processor
                                              Wed May 15, 2002 11:26 am
Name                        Sex    BD     Account Number           Third Party
BEDNAR,MARIE                 F  02/12/56  8923500001
Allergies:CODEINE/MORPHINE

     Rx          Drug                        Refill   Orig    Last      Price S
     *46187      Next: Pri-2 08/28  125 ML/HR         08/28/89 08/28/89         A
                 SODIUM CHLORIDE 0.9 %/1000 ML           QB      DAILY
                 M.V.C. 9 + 3 10 ML                      QB      DAILY
                 POTASSIUM CHLORIDE 20 MEQ/10 ML         QB      DAILY








 Enter bottle numbers (e.g. 1,3,6-10), or `-` to list--
```

Enter the numbers of the specific bottles that you want to review, or enter a hyphen (-) to display a list of the bottles and select the desired bottles.

After you identify the bottles that you want to view, the system displays the following screen:

```
           General Hospital Display Prescription Detail Processor
                                         Wed May 15, 2002 11:26 am
Name                    Sex   BD    Account Number        Third Party
BEDNAR,MARIE             F  02/12/56 8923500001
Allergies:CODEINE/MORPHINE
Order: *46187    Bottle: 1     Volume: 1020ML   Hang time: 08/28/89 11:02am
    Rx      Drug                      Refill   Orig    Last     Price S
( 1) *46187    Next: Pri-2 08/28  125 ML/HR         08/28/89 08/28/89        A
               SODIUM CHLORIDE 0.9 %/1000 ML            QB      DAILY
               M.V.C. 9 + 3 10 ML                       QB      DAILY
               POTASSIUM CHLORIDE 20 MEQ/10 ML          QB      DAILY




 Press NL--
```

Above the prescription summary, the system displays the bottle information in reverse video (dark letters on light background). In this example, the bottle information is presented in boldface.

The bottle information includes the prescription number, bottle number, bottle volume, and the date and time at which the bottle is to be administered.

When you are finished viewing the bottle information, press ENTER. If you selected multiple bottles, the system displays the bottle information for the next bottle. Otherwise, the system redisplays the prescription information options screen.

View Previous Version

This option enables you to view previous versions of the prescription information. A previous version of the prescription is created when the prescription is revised.

If the first drug in the prescription has been revised, the system displays a message below the solution prescription information options as shown in the following prompt:

View prescription(O), Bottle(B), Previous version(P) or Documentation(D) [O]--
First drug revised 1 times

To view a previous version of the prescription information, enter **P**. The system displays the item selection screen. Enter the option numbers of the desired items and press ENTER.

After you select the item(s), the system displays the previous version selection prompt as shown in the following example:

Enter revision number to view [1]--

Enter a number equal to or less than the default response. The system offers the most recent previous version as a default response in brackets. For example, if the item has been revised three times, the default response is 3.

After you identify the revision you want to view, the system displays the first of two information screens:

```
                  General Hospital Display Prescription Detail Processor
Display Profile Data                                Wed May 15, 2002 03:11 pm
Name                      Sex   BD     Account Number           Third Party
*STARR,ENID                F  09/12/58  No Billing Acct
Allergies:CODEINE/MORPHINE
 352 DEXTROSE 5%-NACL 0.45%  INJECTION 500ML BAXTER              (D51/2NS5)
 1 Rx#              2 Route          3 Sol Rate          4 Admin Freq
   627                INTRAVENOUS       125 ML/HR
 5 Infuse Over      6 IV Set         7 Drip Rate


 8 Administration Times


 9 Next Bottle Nbr  10 Next Bottle Date/Time
   4                   04/03/97 1309
11 Duration                         12 Stop Date       13 Stop Time
   3 days                              04/05/97            23:59
14 Ordering Phys                     15 Control Number  16 State Number
   3234 CASPER,CARLA



Press NL--
```

Field Explanations

1. RX # (DISPLAY ONLY)
This field contains the item number of the drug within the prescription. The system prefills this field based upon the number of items previously entered. For example, the number of the first item is 1 and the number of the second item is 2.

2. ROUTE (DISPLAY ONLY)
This field contains the prescribed route of administration for the prescription.

3. SOL RATE (DISPLAY ONLY)
This field contains the prescription's prescribed rate of administration.

4. ADMIN FREQ (DISPLAY ONLY)
This field contains the prescription's prescribed frequency of administration.

5. INFUSE OVER (DISPLAY ONLY)
This field contains the amount of time required to administer one dose.

6. IV SET (DISPLAY ONLY)
This field contains the type of IV set used to administer the prescription.

7. DRIP RATE (DISPLAY ONLY)
This field contains the infusion rate as the number of drops per minute.

8. ADMINISTRATION TIMES (DISPLAY ONLY)
This field contains the specific times at which a new dose of the prescription is to be administered.

9. NEXT BOTTLE NBR (DISPLAY ONLY)
This field contains the number of the next bottle to be dispensed.

10. NEXT BOTTLE DATE/TIME (DISPLAY ONLY)
This field contains the date and time at which the next bottle is to be dispensed.

11. DURATION (DISPLAY ONLY)
This field contains the period of time for which the prescription remains active.

12. STOP DATE (DISPLAY ONLY)
This field contains the date at which administration of the prescription is to be discontinued.

13. STOP TIME (DISPLAY ONLY)
This field contains the time at which administration of the prescription is to be discontinued.

14. ORDERING PHYS (DISPLAY ONLY)
This field contains the name and doctor code of the prescribing physician.

15. CONTROL NUMBER (DISPLAY ONLY)
This field contains the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number.

16. STATE NUMBER (DISPLAY ONLY)
This field contains the number assigned to the physician by the state.

After you have finished viewing the information displayed on this screen, press ENTER. The system displays the next screen of previous prescription information:

```
          General Hospital Display Prescription Detail Processor
                                       Wed May 15, 2002 10:35 am
Name                      Sex   BD    Account Number           Third Party
BEDNAR,MARIE               F  02/12/56  8923500001
Allergies:CODEINE/MORPHINE
 2120 SODIUM CHLORIDE 0.9% INJECTION 1000ML BAXTER              (N)
 1 Dosage           2 Adm/Dose          3 Disp/Dose
   0.9 %              1000 ML             1,000 ML
 4 Bottle Schedule                     5 Scheduled Days    6 Next Bottle Nbr
   QB EVERY BOTTLE                        DAILY              2
 7 Next Date        8 Duration         9 Stop Date        10 Stop Time

11 DAW CODE
   Yes




 Press NL--
```

Field Explanations

1. DOSAGE (DISPLAY ONLY)
This field contains the dosage of the prescribed item.

2. ADM/DOSE (DISPLAY ONLY)
This field contains the quantity to administer per prescribed dose of the prescription.

3. DISP/DOSE (DISPLAY ONLY)
This field contains the quantity to dispense per prescribed dose of the prescription.

4. BOTTLE SCHEDULE (DISPLAY ONLY)
This field contains the bottle schedule for administering the drug.

5. SCHEDULED DAYS (DISPLAY ONLY)
This field contains the schedule for administering the drug.

6. NEXT BOTTLE NBR (DISPLAY ONLY)
This field contains the number of the next bottle to be dispensed.

7. NEXT DATE (DISPLAY ONLY)
This field contains the date on which the next bottle is to be dispensed.

8. DURATION (DISPLAY ONLY)
This field contains the period of time over which the item remains active in the prescription. The system uses the duration interval to calculate a default stop date and time for the prescribed item.

9. STOP DATE (DISPLAY ONLY)
This field contains the date on which the drug is no longer to be administered to the patient.

10. STOP TIME (DISPLAY ONLY)
This field contains the time at which the drug is no longer to be administered to the patient.

11. DAW CODE (DISPLAY ONLY)
This field contains the Dispense as Written (DAW) information. The system prefills this field with the default response indicated in the DAW field of the Amb Care - Parameters parameter. After you have finished viewing the information on this screen, press ENTER. If you selected multiple items, the system displays this screen for the next item.

If you selected an item that has not been revised and has no previous versions, the system displays the following error message:

Error: No revisions for M.V.C. 9 + 3!

where M.V.C. 9 + 3 is the item in this example.

After you have viewed the information screens for all items selected, the system redisplays the solution prescription information options screen.

View Order Documentation

This option enables you to view the order documentation entered for the prescription.

If you select the order documentation option and the order has no documentation, the system displays the following message:

No current documentation!

If the prescription has documentation, the system displays the order documentation selection screen:

```
            General Hospital Display Prescription Detail Processor
Display Profile Data                              Wed May 15, 2002 10:10 am
Name                    Sex   BD      Street Address
ARNOLD,PATRICK           M  10/02/34  2539 MAPLE LANE
Allergies:CODEINE/MORPHINE
    Rx        Drug                      Refill   Orig     Last     Price S
    19418     CLINORIL 200MG TABLET        5/5  12/19/88 12/19/88   57.80 A

Page:01                                              ##=Current Choices
    Documentation Type        Documentation Description        Date Added
( 1) CAUTION STATEMENTS       Pt. has history of ulcers          (12/19/88)




Enter option numbers (1,3 or 1-4) --
                            end selection(NL)
```

Field Explanations

DOCUMENTATION TYPE
This column identifies the type of documentation entered. The name of the documentation type is displayed.

DOCUMENTATION DESCRIPTION
This column contains the description entered for this specific piece of order documentation. You must enter a documentation description before entering documentation text.

DATE ADDED
This column contains the date on which the documentation was added or, if the documentation has been revised, the date of the most recent revision. An asterisk (*) following the date indicates that the documentation does not print on the patient's profile.

After you select the documentation you want to view, the system displays the first piece of documentation:

```
          General Hospital Display Prescription Detail Processor
Display Profile Data                            Wed May 15, 2002 10:10 am
Name                    Sex   BD     Account Number           Third Party
ARNOLD,PATRICK           M  10/02/34  89286-00002
Allergies:CODEINE/MORPHINE
          CAUTION STATEMENTS - Pt. has history of ulcers   (View Only)
                    Revised by:MCPHERSON,DANIELLA 01/29/89
01|This medication has been known to cause bleeding disorders and peptic  |
02|ulcers in the elderly.  While it is not advised to bring this to the    |
03|patient's attention, the pharmacist should consult the patient to take  |
04|the medication with food and avoid other non-steroidal anti-inflammatory|
05|drugs.                                                                  |
06|                                                                        |
07|----Mr. Arnold had a peptic ulcer 10 years ago, but Clinoril is the only|
08|   relief for his osteoarthritis so the physician wants him to continue  |
09|   with the therapy while being monitored closely.                      |
10|                                                                        |
11|                                                                        |
12|                                                                        |
13|                                                                        |
14|                                                                        |
15|                                                                        |
Press NL--
```

Press ENTER when you have finished viewing the documentation. If you selected multiple pieces of documentation, the system displays the next piece of documentation. When the system has displayed all requested documentation, the system redisplays the documentation selection screen. Select additional documentation or press ENTER to continue exiting the function.

PRESCRIPTION AUDIT TRAIL FUNCTION

This function displays a screen that summarizes the transactions of a single prescription. The displayed transaction information includes the date of the transaction, transaction type, name of the user signed on to the CRT at the time that the transaction was completed, and for some transactions, the reason for performing the transaction.

The first step in this function is to identify the patient. The system displays the following prompt:

Enter Name, '%'Soundex, `-`SS#, `&`Unit Nbr, '#'Corp Nbr, prescriptions--

For more information about the patient identification process, see the General Information Volume. If you enter the prescription number, the system bypasses the prescription identification step and immediately displays the audit trail screen.

If you used the patient name, unit number or corporate number to identify the patient, the system displays the following prescription identification prompt:

Enter prescription number or `-` to list orders --

Enter the number of the desired prescription or, enter a hyphen (-) and select the desired prescription from the displayed list.

After you have identified a specific patient and prescription, the system displays the audit trail screen:

```
            General Hospital Prescription Audit Trail Processor
                                    Wed May 15, 2002 11:11 am
Name                     Sex   BD   Account Number          Third Party
BEDNAR,MARIE              F  02/12/56  No Billing Acct          GA
Allergies:CODEINE/MORPHINE

    Rx        Drug                       Refill   Orig    Last     Price S
    400032    ASPIRIN 325MG TABLET         5/5  07/25/88 07/25/88   8.59 A

 Date/Time        Action                User

 07/25/88 09:14am Revise Current Info   Johnson,Nathaniel
 07/25/88 09:13am Orig Med              Smith,Glenda

Last page--
```

The audit trail screen is non-revisable.

Across the top of the screen, the system displays the patient header that contains the patient's name, sex, date of birth, account number, and third party.

The system displays the prescription header directly below the patient header. The prescription header contains the prescription number, drug name, number of authorized and remaining refills separated by a slash mark (/), date on which the

prescription was originally filled, date on which the prescription was last filled, price charged the last time the prescription was filled, and the current status of the prescription.

Below the prescription header is the audit trail information. For each transaction, the system displays the date and time at which the transaction was completed, the name of the transaction (Action column), and the name of the employee signed on to the CRT at the time the transaction was completed. For drug-drug interactions and adverse drug reactions (ADR or allergies), the system displays the severity and reaction after the employee name.

If a therapeutic duplication occurred on the order, and the warning was bypassed, a log entry was made if the order was completed. A separate entry to the audit trail occurs for each hit. The audit trail entry includes date, time, therapeutic duplication type, employee name, order/rx number and drug name of the therapeutic duplicate.

Transaction names include the following:

- Orig Med
- Refill Med

- Orig Sol
- Refill Sol

- Revise Current Info
- Revise Prev Fill

- Transferred Out
  To: JOHN'S PHARMACY
- Transfer In Med
  From: JOHN'S PHARMACY

- Activate
- Inactivate

- Cancel Prescription
  PATIENT NEVER PICKED UP

When the prescription has been canceled or inactivated, the system displays the cancellation or inactivation reason. If the prescription has been transferred, the system displays the transferred to or from location.

The system also displays additional lines of information for drug-drug interactions and adverse drug reactions (ADR or allergies). The first additional line for drug-drug interactions contains the interacting ingredient, a slash (/), and the brand name of the other interacting item. If the drug-drug interaction was overridden and a comment was entered, the system displays a second line of information that contains the free-form interaction override comment. The additional line for adverse drug reactions contains the reacting ingredient, a slash (/), and the patient's Allergy Class.

When you have finished reviewing the audit trail screen, press ENTER. The system redisplays the prescription identification prompt. Identify a new prescription or press ENTER to back out of the function.

PRINT PROFILE FUNCTION

This function is used to print a profile for an individual patient. The system prefills the majority of the information fields with default responses defined in the Rpt - Profile/ Discharge Print parameter. You can revise the default responses. The report prints at the default printer for the CRT.

The system displays the following screen after you select the Print Profile function.

```
                    General Hospital Print Profile Processor
                                         Thu Apr 17, 1997 11:04 am

  1 Patient to Print
    STARR,ELSIE
  2 Order Types      3 Solution Types
    Both               Primary,Piggyback,Infusion,TPN,Irrigation,Syringe
  4 Active          5 Inactive        6 Patient Doc.      7 Order Doc.
    Yes              Yes 04/24/88       Yes                 Yes




 Accept this screen? (Y/N) [Y]--
```

The cursor stops in the first field. The other fields contain the default responses defined in the Rpt - Profile/Discharge Print parameter. After you identify the patient for whom you want to print a profile, you can override any of the default responses.

Field Explanations

1. PATIENT TO PRINT
This field identifies the patient for whom the profile is to be printed. For more information about patient identification techniques, see the *General Information Volume.*

After you identify a patient, the system bypasses the other fields and asks you to accept the screen. If you want to revise the default responses, enter **N**. To print the profile as defined by the defaults, enter **Y**.

2. ORDER TYPES (1-A-O)
This field determines which types of prescriptions the system prints on the patient's profile. To include only medication prescriptions, enter **M**. To include only solution prescriptions, enter **S**. To include both medication and solution prescriptions, enter **B**.

If you limit the patient profile to medication prescriptions, the Solution Types field below becomes non-revisable.

3. SOLUTION TYPES (1-N-R) or (TABLE LOOKUP)
This field determines which types of solution prescriptions the system prints on the patient's profile. Press ENTER to accept the system default and include prescriptions of all solution types on the patient profile, enter the code of a specific solution type, or enter a hyphen (-) and select the desired solution types from the displayed list.

If the Order Types field contains a Medications entry, this field is non-revisable.

4. ACTIVE (1-A-O)
This field determines if the system prints active orders on the patient's profile. To include active orders, enter **Y**. To exclude active orders, enter **N**.

5. INACTIVE (1-A-O)
This field determines if the system prints inactive orders on the patient's profile. To exclude inactive orders, enter **N**. To include inactive orders, enter **Y**. The system then asks for the date of the earliest inactive order to be included and offers a default date of yesterday.

6. PATIENT DOC. (1-A-O)
This field determines if the system prints patient documentation on the patient's profile. To print patient documentation, enter **Y**. To exclude patient documentation, enter **N**.

7. ORDER DOC. (1-A-O)
This field determines if the system prints order documentation on the patient's profile. To print order documentation, enter **Y**. To exclude order documentation, enter **N**.

After you accept the screen, the system begins generation of the requested profile.

Output

The Patient Prescription Profile contains a list of prescriptions for one patient.

At the top of each page, this report provides the hospital name, the report name, the page number, date of generation, time of generation. Each page of this report also contains the patient's name, sex, and age. This patient information comes from the STAR Patient Care system.

At the top of the first page of the Patient Prescription Profile, the report shows the patient's height, weight, ideal body weight (IBW), body surface area (BSA), and allergy/ADR history. This patient information comes from the STAR Patient Care System. The format and content of this header is determined by the Pharmacy Department during the installation period.

The first section of the main body of the report provides a list of medications grouped by active and inactive prescription status. For each medication prescription listed, the report provides the following information:

- Prescription number

- Drug name, display strength, and dosage form

- Date of original prescription

- Date of last fill/refill

- Name of prescribing physician

- Patient dosing instructions

- Third party plan

- Pricing plan

- Fill quantity

- Order documentation (if the Order Documentation field contains a Yes response and the prescription has order documentation to be printed)

The second section of the main body of the report provides a list of solutions grouped by active and inactive prescription status. For each solution prescription listed, the report provides the following information:

- Prescription number

- Solution base

- Date of original prescription

- Date of last fill/refill

- Name of prescribing physician

- Listing of drug name, strength, and volume for each drug item

- Date and time next bottle is due

- Solution type and number of bottles

- Third party plan

- Pricing plan

- Fill quantity

- Order documentation (if the Order Documentation field contains a Yes response and the prescription has order documentation to be printed)

If the Patient Documentation field of the Patient Prescription Profile contains Yes, patient documentation prints after all prescriptions have printed. Patient documentation can be entered using the Display Prescription Detail function.

GENERATION

The system generates the Patient Prescription Profile upon completion of the function. The profile is printed at the default printer for the CRT.

PARAMETERS

The Rpt - Profile/Discharge Print parameter provides the defaults for the content of the Patient Prescription Profile.

SORT SEQUENCE

The Patient Prescription Profile is grouped by medications and solutions. Within medications and solutions, drug items are grouped by active and inactive prescription status. Within active and inactive prescription status groups, drug items are sorted by order status, IV type, last fill date, drug name, and internal order number.

Figure 3.1 Patient Prescription Profile (PAPRO)

```
|——————————————————————————————————————————————————————————————————————————————|
|Model Hospital A                General Hospital                  Page:       3 |
|                           Patient Prescription Profile          Date: 04/16/97 |
|                                                                 Time:  04:26pm |
|                                                                                |
|No.              Name             Sex  Age                                      |
|Automatic        STARR,ELSIE       F   42D                                      |
|                                                                                |
|                                                                                |
|                              Active Solutions                                  |
|                                                Orig Dt  Last Dt  Physician      |
|Rx #        Description                         3rd Pln  Pric Pln Fill Quantity  |
|------------------------------------------------------------------------------- |
|1254        CIMETIDINE-NACL 0.9%  (50 ML)    04/16/97 04/16/97 STONE,CHARLES     |
|                                             GA               2 BOTTLES          |
|            Next label due: 04/17/97 03:00am Pgy-3                               |
|                                                                                |
|842         AMINO ACIDS  ()                  02/19/97 04/10/97 TIFF,JAMES        |
|            DEXTROSE 10% 100 MG                                                  |
|                                                                                |
|842         AMINO ACIDS  ()                  02/19/97 04/10/97 TIFF,JAMES        |
|            DEXTROSE 10% 100 MG                                                  |
|            SODIUM CHLORIDE                                                      |
|            MAGNESIUM SULFATE                                                    |
|         Nursing Comment                         GA               3 BOTTLES      |
|            Next label due: 02/21/97 06:00am TPN-6                               |
|                                                                                |
|                              End of report                                     |
| |————————————————————————————————————————————————————————————————————————————||
| |                                                                             ||
| | Model Hospital A                General Hospital                Page:     1 ||
| |                           Patient Prescription Profile        Date: 04/16/97||
| |                                                               Time:  04:26pm||
| |                                                                             ||
| |No.              Name             Sex  Age                                   ||
| |Automatic        STARR,ELSIE       F   42D                                   ||
| |*****************************************************************************||
| |  Height            Weight               IBW              BSA                ||
| |5'9.0" / 175.3cm   145lbs /65.8kg                         1.80sq m           ||
| |Current Diagnosis:                                                           ||
| |Allergy history: CODEINE/MORPHINE                                           ||
| |*****************************************************************************||
| |                                                                             ||
| |                         Active Medications                                 ||
| |                                            Orig Dt  Last Dt  Physician      ||
| |Rx #        Description                     3rd Pln  Pric Pln Fill Quantity  ||
| |----------------------------------------------------------------------------||
| |1256        BROMPHENIRAMINE-PPA TABLET CR   04/16/97 04/16/97 SILVA,MD TWO   ||
| |_|          TID.                                             10 TABLET CR    ||
|   |                                                                           ||
|   |1252      DIPHENHYDRAMINE HC 50MG CAPSULE 04/16/97 04/16/97 ADAIR,FRANK K  ||
|   |          TID.                            GA               30 CAPSULE      ||
|   |                                                                           ||
|   |1251      HALCINONIDE 0.125MG TABLET      04/16/97 04/16/97 SILVA,MD TWO   ||
|   |            AT BEDTIME.                    GA               30 TABLET      ||
|   |                                                                           ||
|   |1250      IBUPROFEN 400MG TABLET          04/16/97 04/16/97 SILVA,MD TWO   ||
|   |          TID.                                             30 TABLET       ||
|   |                                                                           ||
|   |1253      PROCAINAMIDE HC 250MG TABLET CR 04/16/97 04/16/97 SILVA,MD TWO   ||
|   |          TID.                            GA               30 TABLET CR    ||
|   |                                                                           ||
|   |1234      IBUPROFEN 600MG TABLET          04/15/97 04/15/97 TAYLOR,COLE    ||
|   |          tid.                            GA               30 TABLET       ||
|   |————————————————————————————————————————————————————————————————————————||
```

REPRINT OUTPATIENT LABEL FUNCTION

This function enables you to reprint a label for a medication or solution prescription dispensed using the Ambulatory Care Module of the STAR Pharmacy System.

After you select the Reprint Outpatient Label function from the menu, the system displays the following prompt:

> *Enter Name, '%'Soundex, `-`SS#, `&`Unit Nbr, '#'Corp Nbr, prescriptions--*

This prompt offers six ways to identify the patient. For more information about the patient identification process, see the *General Information Volume*.

If you entered the number of a specific prescription, the system bypasses the prescription identification step and displays the prescription information screen. If you did not enter a prescription number, the system displays the prompt shown below.

> *Enter prescription number or '-' to list orders--*

This prompt identifies the prescription. Enter the number of a specific prescription, or enter a hyphen (-) to display a list of the patient's prescriptions and select the desired prescription.

After you identify a specific patient and prescription, the system displays the prescription information screen. An example of a medication prescription information screen follows. For an example of a solution prescription information screen, see the Solution Prescription subsection.

Medication Prescription

```
        General Hospital Reprint Outpatient Label Processor
                                        Wed May 15, 2002 03:22 pm
Name                     Sex   BD    Account Number          Third Party
WILL,MARY JANE            F  02/12/56  No Billing Acct
Allergies:CODEINE/MORPHINE

    Rx        Drug                        Refill   Orig    Last     Price S
    800105    DIPHENHYDRAMINE HCL 50MG CAPS  1/6   10/31/88 10/31/88   18.00 A




Page:01                           Refills
( 1) 10/31/88    30 CAPSULE  (Original)




Enter choice--
```

This screen contains medication prescription information including the prescription number, drug item descriptions, number of remaining and authorized refills, date of the

original fill, date of the most recent fill, price of the most recent fill and the prescription status.

The refill history of the prescription is displayed in the center of the screen including the date of the refill and the quantity dispensed.

The system assigns an option number to each fill transaction. Enter the option number of the refill for which you want to reprint a label.

NOTE: If the refill has been revised since the original medication label was printed and the medication label contains refill information, the reprinted label contains the revised refill information, *not* the original refill information.

After you select an option, the system checks the formulary files for each prescription item for label warnings. If the prescription item(s) have no entries in the Label Warning fields of the Outpatient Information screen, the system bypasses the label warnings screen and reprints the label. If the items have label warnings entered, the system displays the label warnings screen before reprinting the label:

```
              General Hospital Prescription Fill/Refill Processor
Prescription Fill/Refill                          Wed May 15, 2002 11:18 am
Name                      Sex   BD    Account Number           Third Party
WILL,MARY JANE             F  02/12/56  No Billing Acct           GA
Allergies:CODEINE/MORPHINE
Page:01                     Outpatient Label Warnings        ##=Current Choices
( 1) May cause drowsiness
( 2) Drowsiness or dizziness

Enter label warnings to print on label--
                              end selection(NL)
```

This screen contains the short descriptions of the label warnings entered for the prescription items in the formulary file. The Print Label Warnings field of the Amb Care - Parameters parameter determines if this screen is display-only or offers the option to select specific label warnings.

If the parameter is set to Yes, the system displays the prompt shown in the sample screen above. Enter the option numbers of the warnings that you want to print on the prescription label. Press ENTER after you have selected all desired warnings.

If the Print Label Warnings field of the Amb Care - Parameters parameter is set to No, the screen is display-only and the system displays the following prompt:

   Press NL.

After you have finished viewing the label warnings, press ENTER. The system displays the following message and then redisplays the prescription identification prompt.

   Labels printing!

Solution Prescription

```
            General Hospital Reprint Outpatient Label Processor
                                        Wed May 15, 2002 03:23 pm
Name                        Sex   BD     Account Number           Third Party
FRANKLIN,SID                 M  10/20/30  0001-10083-0            GA
Allergies:CODEINE/MORPHINE

    Rx        Drug                          Refill   Orig    Last     Price S
    800093    Next: Pri-3 10/25 Q8H 125 ML/HR      10/24/88 10/31/88          A
              DEXTROSE 10 %/1000 ML                    QB      DAILY



Enter number of bottle to reprint (1 thru 2) --
```

This screen contains solution prescription information including the prescription number, IV type, next bottle number and date, frequency, rate, dispense date of the original fill, date of the most recent fill, prescription status, item description, scheduled days and bottle schedule.

Enter the number of the bottle for which you need a label. The system presents the number of the dispensed bottles in parentheses in the prompt. In this example, two bottles have been dispensed.

After you enter the bottle number, the system displays the following message and then redisplays the prescription identification prompt.

Labels printing!

Output

The system generates a medication prescription label or solution label upon completion of this function. Hospital policy determines when and where the label is printed.

For examples and descriptions of medication or solution prescription labels, see the Prescription Fill/Refill Function in Section 2: Profile Maintenance.

Chapter 4 - MANAGEMENT REPORTS

Illustrations

PRINT SOLUTION CENSUS FUNCTION

This function enables you to print a Prescription Solution Census report. The Solution Census report identifies the patients with solution orders and alerts you to any solution orders that may need filling.

You can select the specific IV types for which you want to print a Solution Census report. The system prints a separate report for each IV type.

NOTE: You can use the STAR Audit Service to audit user requests for this report. The Audit Service collects and stores information such as report request date and time, the name of the user requesting the report and the criteria selected for the report. For more information, see the *STAR Audit Service Reference Guide.*

After you select the Print Solution Census function from a menu, the system displays the following prompt:

> *Enter solution type code or `-` for list [All]--*

Identify the solution types for which you want to print a Solution Census report. Enter the code assigned to a specific solution type, or press the hyphen key (-) and select the desired solution types from the displayed list. To identify multiple solution types you must use the table lookup procedure. To print a Solution Census report for every solution type, enter **A**.

After you select the desired solution types, the system displays the following screen:

```
                General Hospital Print Solution Census Processor
                                               Thu Nov 17, 1988 03:21 pm












    Solution Types:  Inf, Pgy, Pri



    Print solution census? (Y/N)--
```

This screen contains the abbreviations of the selected solution types. To request a Solution Census report for the displayed solution types, enter **Y**. To exit the function without generating a report, enter **N**.

Output

At the top of each page, this report provides the hospital name, the report name, the page number, date of generation, time of generation and solution type.

For each patient, the report provides a heading containing the patient's medical record number, name, date of birth, sex, phone number, and address. This information comes from the Master Patient Index (MPI).

After the patient information, the report shows a list of all solutions for the patient. The solution information consists of the prescription number, item name and description, account number, prescribing physician, date and time the next bottle is to be administered, solution type and bottle number.

The report does not print solution prescriptions that have exceeded their duration either in doses or in days or hours.

GENERATION
The system generates a Solution Census for each solution type selected upon completion of this function. Hospital policy determines when and where this report is printed.

PARAMETERS
There are no parameters affecting the content or generation of this report.

SORT SEQUENCE
The Prescription Solution Census report is grouped by solution type. Within solution type, solution prescription information is sorted alphabetically by patient name.

Figure 4.1 The Prescription Solution Census Report (PASC)

```
General Hospital A              General Hospital          Page:        1
                          Prescription Solution Census     Date: 08/22/89
                             Solution Type: Primary        Time:  02:52pm

000102343     ANDREWS,GRACE                 08/08/27  F         (404)282-4732
              2534 MEADOWVALE     ATLANTA GA 30346

Pres #    Description                     Account Nbr       Physician
-----------------------------------------------------------------------------
800236    DEXTROSE/NACL  (1000 ML)        No Billing Acct   EDWARDS,THOMAS S
          Next label due: 09/29/89 01:00am PRI-11


000102292     BANKER,MARY                   12/03/12  F
              4216 PEACHTREE TRAIL     ATLANTA GA 30346

Pres #    Description                     Account Nbr       Physician
-----------------------------------------------------------------------------
800238    LACTATED RINGERS  (500 ML)      No Billing Acct   REDDY,P P
          Next label due: 10/02/89 02:00am PRI-2


000102363     SCOTT,ADAM                    02/12/56  M
              123 LANSING DR.     ATLANTA GA 30346

Pres #    Description                     Account Nbr       Physician
-----------------------------------------------------------------------------
800232    DEXTROSE/RINGERS  (1000 ML)     A0011-00772-8     CAIN,JAMES R
          Next label due: 09/20/89 06:50am PRI-3

800219    DEXTROSE/NACL  (1000 ML)        A0011-00772-8     CAIN,JAMES R
          Next label due: 09/21/89 03:25am PRI-4


000102334     SMITH,STEVE                   09/15/60  M
              9526 GALVESTON AVE   ATLANTA GA 30346

Pres #    Description                     Account Nbr       Physician
-----------------------------------------------------------------------------
800233    SODIUM CHLORIDE 0.9% (1000MO)   A0011-17837-3     GARROS,STACY N
          POTASSIUM CHLORIDE 20 MEQ (10 ML)
          Next label due: 09/26/89 07:15am PRI-3

End Primary

End Report
```

PRINT LOG REPORTS FUNCTION

This function enables you to print certain Ambulatory Care batch reports that are generated during midnight processing for a user-specified period of time instead of the midnight to midnight period typical for all daily batch reports.

Reports can be added to this function by authorized personnel using the Midnight Processing Report Maintenance function. For more information about the Midnight Processing Report Maintenance function and/or the batch reports generated during midnight processing, see Section 8.

NOTE: If a report was improperly added to the Print Log Reports function, the demand report may not generate and/or print correctly but the associated report generated during midnight processing is not affected.

After you select the Print Log Reports function from the menu, the system displays the following screen:

```
                General Hospital Print Log Reports Processor
                                            Thu Nov 17, 1988 03:25 pm
Print Log Reports
Page:01                              Log Reports
( 1) Adjustments
( 2) Cancel Prescription Log
( 3) Cash Transaction Log
( 4) Controlled Drug
( 5) Prescription Activity by Hour
( 6) Prescription Log
( 7) Price Override
( 8) Profit Margins
( 9) Third Party Log




 Enter choice--

```

This screen contains a list of the reports that can be generated and printed using this function. Enter the option number of the desired report.

After you select a specific report, the system displays the following screen:

```
                    General Hospital Print Log Reports Processor
                                             Thu Nov 17, 1988 03:25 pm
 Print Log Reports
 Adjustments Report
                              Report Dates
 ( 1)Starting date      : Thu Nov 17
 ( 2)Starting time      : 12:30 am
 ( 3)Ending date        : Thu Nov 17
 ( 4)Ending time        : 3:25 pm




 Accept this screen? (Y/N)-- [Y]
```

The system prefills the Starting Date field and the Starting Time field with system defaults and the cursor is blinking in the Ending Date field.

Field Explanations

1. STARTING DATE (10-C-R)
The system prefills this field with the date on which this report was last printed using this function. To revise the default date, enter a slash and the field number (for example, /1) to access the field and enter the new date using the date entry techniques described in the General Information Volume.

2. STARTING TIME (10-C-R)
The system prefills this field with the time on which this report was last printed using this function. To revise the default time, enter a slash and the field number (for example, /2) to access the field and enter a new time using the time entry techniques described in the *General Information Volume.*

3. ENDING DATE (10-C-O)
This field identifies the end date for this printing of the report. The prompt contains a default response of [Today].

To accept the default end date, press ENTER. Otherwise, enter the desired ending date using the date entry techniques described in the *General Information Volume.*

4. ENDING TIME (10-C-O)
This field identifies the end time for this printing of the report. The prompt contains a default response of [Now].

To accept the default response, press ENTER. Otherwise, enter the desired time using the time entry techniques described in the *General Information Volume.*

After you accept the screen, the system generates the report.

Impact

The system retains the ending date and time entered. The ending date and time of this printing becomes the starting date and time defaults for the next printing. The generated report contains only the transactions that occurred between the start and end time specified for the report.

Output

This function generates one copy of the selected report. Hospital policy determines when and where the report is printed.

For descriptions and examples of the reports generated using this function, see the Batch Reports section of this document.

UNPRICED PRESCRIPTIONS REPORT FUNCTION

This function enables you to generate and print the Unpriced Prescriptions Report. The Unpriced Prescriptions Report provides a list of prescription items that have a total price of $0.00 (zero) for all hospital accounts. The report includes only formulary items that have no cost assigned; it does not include any items that have a cost of $0.00 because of a price override.

After you select the Unpriced Prescriptions Report option from a menu, the system displays the following prompt:

Print Unpriced Prescriptions Report? (Y/N) [Y]--

To generate and print the report, press ENTER or enter **Y**. To exit the function without creating the report, enter **N**.

If you created the report, the system displays a Report generation in process message and exits the function before redisplaying the menu from which the function was selected.

Output

After you complete this function, the system generates an Unpriced Prescriptions report using the most current unpriced prescriptions information available and prints the report at the hospital-designated printer.

For a sample and detailed information about this report, see the Batch Reports section of this document.

PRESCRIPTION CENSUS BY DRUG/COMBINATIONS FUNCTION

This function enables you to generate and print the Prescription Drug Census Report. After you establish the search criteria, the system generates and prints the Prescription Drug Census Report that provides a list of all prescription fills that meet the census criteria.

NOTE: You can use the STAR Audit Service to audit user requests for this report. The Audit Service collects and stores information such as report request date and time, the name of the user requesting the report and the criteria selected for the report. For more information, see the *STAR Audit Service Reference Guide.*

Because of the intensive search performed by the system in the generation of this report, it is suggested that use of this function be limited to time periods when the system is not experiencing peak usage.

After you select the Prescription Drug Census Report option from a menu, the system displays the following screen:

```
      General Hospital Prescription Census by Drug/Combinations Processor
                                       Fri Aug 25, 1989 02:54 pm

 1 Report Interval                    2 Inactive Prescriptions
   From 08/10/89 To 08/24/89            No
 3 Physicians
   All
 4 Drug 1                             5 Drug 2
   FLEXERIL TABS, 10MG
 6 Drug 3                             7 Drug 4

 8 AHFS Category 1                    9 AHFS Category 2

10 AHFS Category 3                   11 AHFS Category 4




 Enter field number or '/' starting field number--

```

Field Explanations

1. REPORT INTERVAL (SPECIAL FORMAT - R)
This field limits the system search to prescriptions filled within a specific time period. The system prefills this field with *No Specified Range*, which does not limit the search to a specific time period. To identify a specific time period, enter a slash mark and the field number (for example, /1) to access this field.

WARNING: If you do not define a specific report interval, the system searches through every fill/refill of every active prescription meeting the other report criteria.

After you access this field, the system displays the following prompt:

> *Enter start date [11/15/89] --*

Press ENTER to accept the default date presented in brackets or enter a different start date. After you enter a start date, the system displays the following prompt:

> *Enter stop date [11/20/89] --*

Press ENTER to accept the default date presented in brackets or enter a different stop date. After you enter a stop date, the system returns to the next blank field.

If you enter a specific time period, only those prescriptions filled during that time period (inclusive) are included on the Prescription Drug Census report.

2. INACTIVE PRESCRIPTIONS (1-A-R)
This field determines if inactive prescriptions are included on the Prescription Drug Census report. The system prefills this field with a No response, assuming that inactive prescriptions are not be included. To include inactive prescriptions, enter a slash mark and the field number (for example, /2) to access this field and enter Y. Active prescriptions are always included on the Prescription Drug Census report.

WARNING: If you include inactive prescriptions, the system searches through every fill/refill of every prescription meeting the other report criteria. This could take a considerable amount of time and may affect system performance.

3. PHYSICIANS (TABLE LOOKUP - R)
This field enables you to limit the report to a specific physician or set of physicians. The system prefills this field with an All response, assuming that you want to include all physicians. To limit the report to one or more specific physicians, enter a slash mark and the field number (for example, /3) to access this field.

After you access this field, the system displays the following prompt:

> *Enter first letters`-` or code of attending physician [All]--*

If you know the code of the desired physician and want to limit the report to a single physician, enter the physician's code. If you do not know the physician's code or want to limit the report to multiple physicians, enter a hyphen (-) to display the Physicians table and enter the option numbers of the desired physicians. After you identify the physicians to be included on the report, the system displays the codes of the selected physicians in the field and the cursor moves to the next incomplete field.

4-7. DRUGS 1-4 (FORMULARY LOOKUP - O)
These four fields enable you to limit the report to specific formulary items. If all four fields are left blank, the report contains all prescription fills that meet the other census criteria, regardless of the item dispensed. If any one of these four fields contain a formulary item, the report is limited to prescription fills for the item(s) identified in these fields.

Enter the name, a hyphen and mnemonic code (for example, -MO), formulary code, or asterisk and National Drug Code (*45051372) of the desired item.

NOTE: If you enter a hyphen (-) to display the table, all formulary items are displayed, even if the Pharmacy Display field for the item is set to No.

8-11. AHFS CATEGORY 1-4 (FORMULARY LOOKUP - O)
These four fields enable you to limit the report to drug items of specific AHFS categories. If all four fields are left blank, the report contains all prescription fills that meet the other census criteria, regardless of the AHFS class. If any of these four fields contain an AHFS class, the report is limited to prescription fills for items of the AHFS class(es) identified in these fields.

Enter the code of the desired AHFS class, or enter a hyphen (-) to display the AHFS Classes table and enter the option numbers of the desired classes.

NOTE: If you enter both a formulary item and an AHFS class, prescription items only have to meet one criteria to be included on the report.

After you accept this screen, the system displays the following prompt:

   Generate Drug Census Report? (Y/N) [Y]

Press ENTER or enter **Y** to generate the report based upon the entered census criteria. To exit the function without generating a report, enter **N**.

If you created the report, the system displays a Report generation in process message and exits the function before redisplaying the menu from which the function was selected.

Impact

If the census criteria includes a large number of prescription fills and/or the report is generated during a period of peak system usage, system performance may be adversely affected and the report may require a long time to generate. It is strongly advised that you select your report criteria carefully and that you use this function only during periods of low system usage.

Output

After you complete this function, the system generates a Prescription Drug Census Report and prints the report at the hospital-designated printer.

The first page of the Prescription Drug Census Report displays the search criteria used to generate the report. The report header across the top of the page contains the hospital name, report name, page number, and date and time at which the report was generated. Centered below the report header are several headings that identify the different search criteria that can be set.

Formulary Items
Under this heading, the system lists the formulary items selected in the Drug 1, Drug 2, Drug 3, and Drug 4 fields of the Prescription Census Report Definition screen. For each formulary item listed, the report displays the formulary code and label name.

Report Interval
Under this heading, the system identifies the time period covered by the report as defined in the Report Interval field of the Prescription Census Report Definitions screen. If no report interval was defined, the report displays *No Specified Range* under this heading.

Drug Class
Under this heading, the system lists the AHFS classes selected in the AHFS Category fields on the Prescription Census Report Definition screen. For each AHFS class listed, the report displays the AHFS code and description.

Physicians
Under this heading, the system lists the physicians identified in the Physicians field of the Prescription Census Report Definition screen. If no specific physicians were identified, this area of the report remains blank.

On the second page of the Prescription Drug Census Report, the system begins to display the report information. The system prints the standard report header that contains the hospital name, report name, page number, and the date and time at which the report was generated. In addition, the system also identifies the report criteria underneath the report name. The report displays the formulary codes of the selected formulary items. On the next line, the report displays the AHFS code of the selected AHFS classes. If one or more specific physicians were selected, the next line of the report header displays the codes of the selected physicians (Physicians: 777,997). If a specific report interval was defined, the next line of the report header displays the report interval (Report Interval: 08/01/89 - 08/23/89).

Underneath the report header, patients are listed in alphabetic order. For each patient, the report provides two lines of information. The first line contains the patient's account number, name, date of birth, and phone number. The second line contains the patient's address (street, city, state and ZIP code).

The prescriptions of each patient are listed below the patient name and are listed in increasing numeric order based upon prescription number. For each prescription, the system provides two or more lines of information.

FIRST LINE

This line provides the prescription number and the name of the prescribing physician.

REMAINING LINES

The remaining lines provide detail about the prescription fills, one line per fill.

Date
This column contains the date on which the prescription was filled.

Drug Name
This column contains the label name of the dispensed item.

Prod Number
This column contains the product number of the dispensed item.

Days
This column contains the days supply for the dispensed item.

Qty
This column contains the quantity dispensed.

Rph
This column contains the initials of the pharmacist who dispensed the fill/refill.

Ref/Btls
This column indicates if the fill is the original (O) or a refill (R) and displays the refill number and number of bottles dispensed where appropriate. For the original fill of a medication, this column contains the letter O. For medication refills, this column displays the refill number (R 2). For the original fill of a solution, this column displays the number of bottles dispensed (O - 3). For a solution refill, this column displays the refill number, a hyphen (-), and the number of bottles dispensed (R 1 - 3).

GENERATION

The Prescription Drug Census Report is generated and printed using the Prescription Census by Drug/Combinations function.

PARAMETERS

There are no parameters affecting the content or generation of this report.

SORT SEQUENCE

The prescription fills matching the census criteria are grouped by patient. The patients are presented in alphabetic sequence based upon patient name. Within each patient, prescription fills are presented in increasing numeric order based upon prescription number. Within each prescription, fills are presented in reverse chronological order.

Figure 4.2 Prescription Drug Census Report - Cover Page (PADC)

```
GENERAL HOSPITAL A      Prescription Drug Census Report      Page:       1
                                                             Date: 08/25/89
                        *** Search Criterion ***            Time:    14:54

                            Formulary Items
                            ---------------
                    5271: FLEXERIL,10MG TABLET

                            Report Interval
                            ---------------
                    From 08/10/89 To 08/24/89

                              Drug Class
                              ------------

                              Physicians
                              ----------
```

Figure 4.3 Prescription Drug Census Report (PADC)

```
GENERAL HOSPITAL A      Prescription Drug Census Report      Page:       2
                        Formulary Items: 5271                Date: 08/25/89
                            Drug Class:                      Time:    14:54
                    Report Interval: 08/10/89 - 08/24/89


Date         Drug Name                   Prod Number   Days   Qty Rph  Ref/Btls
--------------------------------------------------------------------------------

BISHOP,MARILEE                              09/17/80
     1422 PINE OAKS DRIVE   MARIETTA,GA 30060

 90000088   JOHNSON,LINDA
08/23/89    FLEXERIL TABS, 10MG         00006-0931-68   10    10 RKS  O

EDWARDS,LEE M                               03/25/70
     668 THIRD ST NE    ATLANTA,GA 30317

 90000087   WHITNEY,ELISA
08/23/89    FLEXERIL TABS, 10MG         00006-0931-68   10    30 RKS  O

REYNOLDS,ARLA                               04/23/60
     96876 BURLES CT   WOODSTOCK,GA 30357

 90000074   TANNER,MARTIN
08/23/89    FLEXERIL TABS, 10MG         00006-0931-68   10    30 RKS  R 1
08/13/89    FLEXERIL TABS, 10MG         00006-0931-68   10    30 TSM  O

End of Report
```

Chapter 5 - PRESCRIPTION CHARGES & CLAIMS MGMT

Illustrations

STAR Pharmacy Reference Guide - Ambulatory Care Module
October 2011   Release 17.0   5–1
Proprietary to McKesson - Subject to Confidentiality Agreement

CHARGE INQUIRY FUNCTION

This function enables you to view the status of a patient's account. Both inpatient orders and ambulatory care prescriptions can be charged to the same account. As a result, this function provides access to detailed information about charge/credit transactions for both inpatient orders and ambulatory care prescriptions.

The first step in this function is to identify a patient. After you have identified a specific patient, the system displays the following prompt:

Enter summary(S) or date to begin charge review [Today]--

This prompt offers the option to display a charge summary or to begin a charge review. The charge review provides access to detailed information about specific charge transactions.

Display Summary

To display a charge summary for the patient, enter **S**. The system displays the Charge Summary screen:

```
                General Hospital Charge Inquiry Processor
                                          Thu Dec 01, 1988 03:03 pm
  No            Name                Sex  BD    Room    Doctor      Service Status
0001-10083-0   FRAY,MATT M          M 10/20/30 2103-2  SMITH,ERIC MEDICAL I/P 38

                    Pharmacy Charge Summary Information

 1 Medication Revenue
    $88.80

 2 Solution Revenue

 3 Total Pharmacy Revenue
    $88.80


Press NL--
```

Field Explanations

1. MEDICATION REVENUE (DISPLAY ONLY)
This field contains the net amount (charges minus credits) charged to the patient's account for medication orders and prescriptions.

2. SOLUTION REVENUE (DISPLAY ONLY)
This field contains the net amount charged to the patient's account for solution orders and prescriptions.

3. TOTAL PHARMACY REVENUE (DISPLAY ONLY)
This field contains the net amount (total charges minus total credits) charged to the patient's account.

After you have finished viewing the patient's charge summary, press ENTER. The system redisplays the patient identification screen.

Charge Review

After you identify a patient, the system displays the following prompt:

Enter summary(S) or date to begin charge review [Today]--

The next step in the charge review process is to identify the date on which the charges were incurred. The prompt offers a default date of Today. Use the date entry techniques described in the *General Information Volume* to enter a specific date or press ENTER to accept the system default.

After you specify a date, the system displays a list of the charges incurred on that date, as shown in the following example. This screen contains a listing of the charges posted to the patient's account on the date selected. Each charge is a line item and each line item has been assigned a number. The prompt offers the opportunity to specify a different date, display the revenue summary, or view detail about a specific charge.

To specify a different date, you can enter a new date or press ENTER to display the charges incurred on the date previous to the currently displayed date. To display the revenue summary, enter **S**. To view detail about a specific charge, enter the number of the desired charge transaction.

```
                    General Hospital Charge Inquiry Processor
                                           Thu Dec 01, 1988 03:03 pm
  No            Name               Sex   BD    Room    Doctor       Service Status
0001-10083-0   FRAY,MATT M         M 10/20/30 2103-2  SMITH,ERIC  MEDICAL I/P 38

Charges for  STAR Pharmacy      During the 24 Hours Ending  11/16/88

No Ord#  Brand Name                      Time      Doses    Price      Cost
 1 800116  BAYER ASPIRIN 325MG,TABLET    10:01am    60       5.40      2.13




             All charges have been listed for the date shown!
Enter number, summary(S) or new date [previous date]--
```

For each charge transaction listed, the system provides the following information. This information is for display only and cannot be revised using this function.

NO
This column contains the line number assigned to the charge transaction. Use this number to select the charge transaction for which you want to view detailed information.

ORD#
For inpatient orders, this column contains the external order number. For ambulatory care prescriptions, this column contains the prescription number.

ITEM NAME
This column contains the name of the dispensed item. The Description to Financials field of the Chg, HBO - Charge Indicators parameter determines whether the system displays the generic or brand name.

TIME
This column contains the time at which the charge/credit was incurred.

DOSES
This column contains the number of doses charged/credited.

PRICE
This column contains the dollar amount charged/credited. A hyphen (-) precedes the dollar amount of credits.

COST
This column contains the cost of the drugs dispensed/returned. A hyphen (-) precedes the cost of returned drugs.

If you enter the line item number assigned to a specific charge, the system displays the Charge Detail screen (see following example).

If you press ENTER to display the charges incurred on the date previous to the date currently displayed or enter a different date, the system redisplays the screen for the new date.

If you enter S to display the revenue summary, the system displays the screen described in the Display Summary subsection.

```
                General Hospital Charge Inquiry Processor
                                              Wed Feb 13, 2008 05:17 am

  No              Name             Sex  BD    Room    Doctor    Service Status
 08024-00003     ALE,GINGER        F 05/04/75 2001-1  ADAIR,FRAN MEDICAL I/P 21
  1 Order       2 Description                          3 Product Number
    2            ATACAND 4MG, TABLET                     00002-2390-90

  4 Order Type  5 Dispensing Method  6 Route        7 Control   8 Formula
    Medication    Unit Dose            ORAL            0          JP

  9 Doses       10 Quantity        11 Cost        12 Fee        13 Price
    1             1 UNIT               $2             $.00          $1.00

 14 Transaction     15 Date Charged      16 Code   Bill Code     17 NDC Qty
    Charge/2N          02/11/08 10:46am     0004   0180-00280       123456.123U

 18 Charged By       19 From CRT          20 Department   21 CMS Qty
    Rush, Bill          PHARMACY DEFAULT     PHARMACY - A    167

 22 Date of Service  23 HCPCS Code    24 Revenue Code      25 Take Home Drug
    02/11/08                            PHARMACY
 Enter return(/) or next [next]--
```

Field Explanations

1. ORDER (DISPLAY ONLY)
For inpatient orders, this field contains the order number. For ambulatory care prescriptions, this field contains the prescription number.

2. DESCRIPTION (DISPLAY ONLY)
This field contains the name of the prescribed item. The Description to Financials field of the Chg, HBO - Charge Indicators parameter determines whether the system displays the generic or trade name.

3. PRODUCT NUMBER (DISPLAY ONLY)
This field contains the product number of the charged item.

4. ORDER TYPE (DISPLAY ONLY)
This field indicates if the order/prescription is a medication or solution.

5. DISPENSING METHOD (DISPLAY ONLY)
For inpatient orders, this field contains the method used to dispense the order. For prescriptions, this field is not applicable and remains blank.

6. ROUTE (DISPLAY ONLY)
For solution prescriptions and all inpatient orders, this field contains the route of administration entered for the prescription/order. For medication prescriptions, this field contains the route entered in the Route 1 field on the Basic Description screen of the Formulary Maintenance function for the item.

7. CONTROL (DISPLAY ONLY)
This field contains the control class of the charged item.

8. FORMULA (DISPLAY ONLY)
This field contains the name of the pricing formula used to calculate the order/ prescription price.

9. DOSES (DISPLAY ONLY)
This field contains the number of doses charged/credited.

10. QUANTITY (DISPLAY ONLY)
This field contains the quantity passed to the STAR Financials system. The Charge Quantity to Financials field of the Chg, HBO - Charge Indicators parameter determines if STAR Pharmacy passes doses or the actual quantity to STAR Financials. If the Charge Quantity to Financials field of the Chg, HBO - Charge Indicators parameter is set to pass quantity and the item has a drug form of each, the system passes a number of units. If the item has a drug form of ml or gm or is a multi-dose each, the system passes a number of packages.

11. COST (DISPLAY ONLY)
This field contains the cost of the units charged. The system calculates this figure by multiplying the dispense quantity times the unit cost using acquisition cost in the formulary. If there is no acquisition cost, the No Acq Cost field of the Chg - Charge Indicators parameter determines if zero or the cost basis is used in the pricing formula.

12. FEE (DISPLAY ONLY)
This field contains the total dollar amount of the fees charged on the order/ prescription. This total can include the dispensing fee, med/sol add-on fee, non-formulary fee, compound fee, and the additive fee.

13. PRICE (DISPLAY ONLY)
This field contains the total price of the order/prescription. The total price reflects the sum of the subtotal and the sales tax minus the discount.

14. TRANSACTION (DISPLAY ONLY)
This field contains the description of the transaction type. Transaction type descriptions include start order, revise order, refill rx, and others.

15. DATE CHARGED (DISPLAY ONLY)
This field contains the date and time at which the charge was entered.

16. CODE BILL CODE (DISPLAY ONLY)
This field contains the formulary code and bill code of the dispensed item. The formulary code is assigned to the item when it is added to the formulary.

17. NDC QTY (DISPLAY ONLY)
This field contains the quantity that is sent to STAR Financials for the bill. NDC quantity is calculated only if there is an NDC Unit Qualifier entered in the FIM for the formulary item. Unit qualifiers are UN, ML, GR, F2, and ME. STAR calculates the NDC quantity

to be the number of units (ML, GM, EA, ME) charged and multiplies this quantity by any value in the NDC Quantity Conversion field.

18. CHARGED BY (DISPLAY ONLY)
This field contains the name of the system user signed on to the charging CRT at the time the charge was entered.

19. FROM CRT (DISPLAY ONLY)
This field contains the name of the CRT used to enter the charge.

20. DEPARTMENT (DISPLAY ONLY)
This field contains the name of department in which the charge was entered. In most cases, the department is Pharmacy.

When you have finished viewing the charge detail, you can view detail on the next charge or return to list of charges for that date. To view detail on the next charge (charges are presented in reverse chronological order), press ENTER. To redisplay the list of charges for that date, enter a slash mark (/) and press ENTER.

21. CMS QTY (DISPLAY ONLY)
This field contains the adjusted billing units calculated by the system. If the adjusted quantity was not calculated (for example, J-Code or Billing Units information missing), the field does not contain a value. For information about how adjusted billing units are calculated, see the Financial Information Page section of the *General Applications Volume* of the *STAR Pharmacy Reference Guide.*

22. DATE OF SERVICE (DISPLAY ONLY)
This field contains the date on which the order was administered.

23. HCPCS CODE (DISPLAY ONLY)
This field contains 5-digit HCPCS code.

24. REVENUE CODE (DISPLAY ONLY)
This field contains the 3-digit Medicare Revenue Code UB.

25. TAKE HOME DRUG (DISPLAY ONLY)
If the drug in this charge/credit record was specified as a take home drug, this field is set to Yes. If the drug was not specified as take home, this field is set to No.

SIMULATE OUTPATIENT CHARGE FUNCTION

This function enables you to determine the price of an ambulatory care prescription without having to enter the prescription or process a prescription charge.

After you select the Simulate Outpatient Charge function from the menu, the system displays the following screen:

```
            General Hospital Simulate Outpatient Charge Processor
                                          Fri Dec 02, 1988 09:12 am
                            Patient Information
   1 Third Party                 2 Pricing Plan              3 Discount
     GEORGIA MEDICAID







 Accept this screen? (Y/N) [Y]--
```

This screen defines the parameters that the system would get from the patient's demographic profile if a real charge were being processed.

Field Explanations

1. THIRD PARTY (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party covering the prescription. The system offers a default response of Cash in the prompt. To accept the system default, press ENTER. To identify a third party, enter the code assigned to a specific third party plan, or enter a hyphen (-) to display the O/P Third Party Plans table and select the desired third party.

2. PRICING PLAN (3-AN-O) or (TABLE LOOKUP)
This field identifies the pricing plan that is used to price the prescription. The system offers the default plan as a default response in the prompt. To accept the system default, press ENTER. To identify a different pricing plan, enter the name of the desired plan or, enter a hyphen (-) and select the desired plan from the displayed list.

3. DISCOUNT (6-C-O)
This field identifies the discount amount subtracted from the prescription price for the patient. The cursor does not stop in this field. After accessing this field, you can enter a percentage or a specific dollar amount.

To enter a percentage, enter the percentage followed by the percent sign (for example, enter 10% for ten percent). To enter a dollar amount, enter the dollar sign, the whole dollar amount, a period, and the cents (for example, enter $2.50).

After you complete and accept the screen, the system displays the following prompt:

Enter drug name, `-`mnemonic, formulary code or `*`product #--

This prompt identifies the formulary item being priced. To directly identify the formulary item, enter the item's mnemonic code, formulary code or product number. To select the item using the formulary look-up process, enter the partial or complete name of the desired item.

When entering the mnemonic code, enter a hyphen (-) before you enter the code. When entering the product number, enter an asterisk (*) before you enter the code. For more information about the formulary look-up process, see the General Information Volume.

If you specified a third party on the first screen, the system performs third party checking. If the item is not covered by the third party and the Override field of the O/P Third Party Plans table contains a Yes response for the third party, the system displays the following prompt:

Drug is not covered by GEORGIA MEDICAID. Create claim? (Y/N)--

To calculate the price using third party pricing, enter **Y**. To calculate the price using cash pricing, enter **N**.

If the item is not covered by the third party and the Override field contains a No response for the third party, the system displays the following prompt:

Drug is not covered by GEORGIA MEDICAID!

The system automatically calculates the price using cash pricing.

After the system completes the third party checking, it displays the following screen:

```
          General Hospital Simulate Outpatient Charge Processor
                                        Wed Apr 02, 1997 09:12 am
 11974 DALMANE 30MG CAPSULE ROCHE PROD P/R                 (DALM30B)
 1 Med/Solution          2 Route                 3 IV Type
   Medication              ORAL
 4 Third Party Plan      5 Pricing Plan          6 Discount

 7 Quantity to Charge    8 Prev Qty  Total/Copay
   45 CAPSULE              60 CAPSULE  $22.17/22.17




 Accept this screen? (Y/N) [Y]--
```

This screen collects the remaining information needed to calculate a price and confirms the information collected thus far.

Field Explanations

1. MED/SOLUTION (DISPLAY ONLY)
This field indicates if the prescription is a medication or solution prescription. The system prefills this field based upon the item selected for pricing.

If the item is defined as a med-only in the Enabled for IVs field on the Basic Description screen of Formulary Maintenance, the item is a medication. If the item is a base solution in the IV Base Category field on the Basic Description screen of Formulary Maintenance, the item is a solution.

Otherwise, if the Med/Sol Question field of the Amb Care - Parameters parameter is set to Yes, the system asks if the item is to be priced as a medication or a solution before this screen is displayed. If the parameter is set to No, the item is priced as a medication.

2. ROUTE (19-AN-O) or (TABLE LOOKUP)
This field identifies the route of administration for the prescription. The system prefills this field with the route entered in the Route 1 field on the Basic Description screen of the Formulary Maintenance function. If you identify a different route that is not specified in the item's formulary file, the system warns you that it is not a recommended route and asks if you still want to enter it If no route is specified, the system uses the default pricing formula.

Enter the code of a specific route, or enter a hyphen (-) and select the desired route from the displayed list.

3. IV TYPE (1-N-O) or (TABLE LOOKUP)
This field identifies the solution type for solution prescriptions. Enter the code of a specific solution type, or enter a hyphen (-) and select the desired solution type from the displayed list.

4. THIRD PARTY PLAN (5-AN-O) or (TABLE LOOKUP)
This field identifies the third party covering the prescription. If the formulary item selected is covered by the third party identified on the first screen, the system prefills this field. If the formulary item is not covered by the third party or the prescription is a cash prescription, this field is blank.

If you revise this field, the system offers a default response of Cash in the prompt. To accept the system default, press ENTER. To identify a third party, enter the code assigned to a specific third party plan, or enter a hyphen (-) to display the O/P Third Party Plans table and select the desired third party.

If you change the entry in this field from cash to a third party, the system does *not* perform third party checking and does *not* warn you if the drug item is not covered.

5. PRICING PLAN (3-AN-O) or (TABLE LOOKUP)
This field identifies the pricing plan used to calculate the prescription price. The system prefills this field with the pricing plan identified on the first screen of the function.

If you revise this field, the system offers the default plan as a default response in the prompt. To accept the system default, press ENTER. To identify a different pricing plan, enter the name of the desired plan, or enter a hyphen (-) and select the desired plan from the displayed list.

6. DISCOUNT (6-C-O)
This field identifies the discount amount subtracted from the prescription price for the patient. The system prefills this field with the discount identified on the first screen of the function.

You can enter a percentage or a specific dollar amount. To enter a percentage, enter the percentage followed by the percent sign (for example, enter 10% for ten percent). To enter a dollar amount, enter the dollar sign, the whole dollar amount, a period, and the cents (for example, enter $2.50).

7. QUANTITY TO CHARGE (8-AN-R)
This field identifies the quantity to charge. The system calculates the prescription price using this quantity. The prompt for this field varies by drug form (see examples below).

> *Enter number of caplets --*
> *Enter quantity in gm's [45] or 'x'number of packages--*
> *Enter quantity in ml's [15] or 'x'number of packages--*

For items with a drug form of each, the prompt identifies the dosage form of the item and requests the total number of units. For items with a drug form of gm or ml, the prompt offers the opportunity to enter the quantity as a number of units or as a number of packages, and provides a default response of one package. To enter the quantity as a number of packages, enter **X** and then a number of packages (for example, **X2**). The system calculates and displays the quantity as the total number of gms or mls.

If a third party is covering the prescription and you enter a quantity that does not meet third party requirements, the system displays an error message. If the Override field of the O/P Third Party Plans table is set to Yes, the system allows you to enter the invalid quantity. If the Override field is set to No, the system rejects your entry and demands a valid quantity.

8. PREV QTY   TOTAL/COPAY (DISPLAY ONLY)
This field contains information about the previous price simulation for the same formulary item. For example, if you price 30 units of an item and then price 45 units of the same item, the system displays the price information for the 30 units in this field. The displayed information contains the charge quantity, the total prescription price, and the cash amount due from the patient.

If the Round Price for Financial System field of the Chg, HBO - Charge Indicators parameter is set to Yes, the system displays the following prompt after you accept the screen:

Round for financial system? (Y/N)--

This prompt asks if the prescription price is to be rounded up to an amount that is evenly divisible by the dispense quantity. Some financial information systems, such as HealthQuest Patient Accounting, require evenly divisible prescription prices. Other systems and STAR Financials, can handle extended pricing and do not require evenly divisible prices.

To round the prescription price for the financial system, enter **Y**. If the financial system does not require rounding, enter **N**.

After you respond to the rounding prompt, the system displays the price simulation information screen. This screen contains the detail that shows how the system calculated the prescription price.

```
              General Hospital Simulate Outpatient Charge Processor
                                          Fri Dec 02, 1988 09:12 am
  11974 DALMANE 30MG CAPSULE ROCHE PROD P/R                      (DALM30B)


 THIRD PARTY : None (Cash)        Initial Amount [AWP]: $0.3071
 PRICING PLAN: Default             x 1.00 [multiplier] = $0.3071
 ORDER TYPE  : Med-ORAL            x 45 [qty] = $13.8195
 DISCOUNT    : None                + $3.00 [disp fee]  = $16.8195
 FORMULA     : AA ALL AMERICAN PRI + $0.55 [GA sales tax] = $17.37
 RANGES      : Quantity            + $0.18 [financial rounding] = $17.55
 ADD-ON FEE? : Yes
 DISCOUNT?   : Yes
 TAX COVERS  : Price Only
 COPAY TAX?  : No
 ##     Upper   Flat Rte    Mult      Fee    Round   Minimum   Maximum    Copay
  1        300              1.00     3.00             3.50                 2.00
  1 Cost            2 Fee             3 Subtotal       4 Discount
    $13.8195          $3.00            $16.82
  5 Tax             6 Total           7 Cash Amount    8 Bill Amount
    $0.55             $17.55           $17.55           $0.00
 Edit above data? [N]--
                   (R)ecalculate using original cost basis
```

On the left side of the screen, the system displays the factors that affect the prescription price. On the right side of the screen, the system displays the dollar figure components of the calculated prescription price. At the bottom of the screen, the system displays the pricing range used to calculate the price and the summarized price components.

The following paragraphs describe the pricing factors displayed on the left side of the screen. The system does not always display every pricing factor for every price simulation.

Field Explanations

THIRD PARTY: (DISPLAY ONLY)
This field contains the name of the third party. In this example, a cash prescription is being priced.

PRICING PLAN: (DISPLAY ONLY)
This field contains the name of the pricing plan used to simulate the prescription price.

ORDER TYPE: (DISPLAY ONLY)
This field contains the prescription type and route or IV type. This field contains Med for medication prescriptions and Solution for solution prescriptions. The route is displayed for medication prescriptions and the IV type is displayed for solution prescriptions.

DISCOUNT: (DISPLAY ONLY)
This field contains the discount specified for this price simulation.

FORMULA: (DISPLAY ONLY)
This field contains the code and description of the pricing formula used to calculate the prescription price.

RANGES: (DISPLAY ONLY)
This field specifies if the pricing formula ranges are based upon cost basis or quantity.

ADD-ON FEE?: (DISPLAY ONLY)
This field specifies if an add-on fee may be included in the prescription price.

DISCOUNT?: (DISPLAY ONLY)
This field specifies if the pricing formula allows the price to be discounted.

TAX COVERS: (DISPLAY ONLY)
This field specifies the portion of the prescription price that is subject to sales tax.

COPAY TAX?: (DISPLAY ONLY)
This field specifies if the co-pay is taxed.

The following paragraphs describe the fields presented at the bottom of the screen:

1. COST (DISPLAY ONLY)
This field contains the cost of the prescription. The system calculates this figure by multiplying the dispense quantity times the unit cost using acquisition cost in the formulary. If there is no acquisition cost, the No Acq Cost field of the Chg - Charge Indicators parameter determines if zero or the cost basis is used in the pricing formula.

2. FEE (DISPLAY ONLY)
This field contains the total dollar amount of the fees charged. This total includes the dispensing fee, med/sol add-on fee, non-formulary fee, compound fee, and the additive fee.

3. SUBTOTAL (DISPLAY ONLY)

This field contains the subtotal amount. The subtotal is the dollar amount calculated by the system after the cost, fees, multiplier, rounding, and min/max pricing factors have been taken into consideration. If the system-calculated subtotal was overridden, this field displays the user-defined subtotal amount.

4. DISCOUNT (DISPLAY ONLY)

This field contains the dollar amount of the discount subtracted from the prescription price. The pricing formula determines if the discount, when it exists, is applied.

5. TAX (DISPLAY ONLY)

This field contains the dollar amount of the sales tax. The pricing formula identifies the sales tax formula used to calculate the sales tax and also specifies which portion of the prescription price is taxed. Sales tax formulas are defined using the O/P Sales Tax Formulas table.

6. TOTAL (DISPLAY ONLY)

This field contains the total price of the prescription. The total price reflects the sum of the subtotal and the tax minus the discount.

7. CASH AMOUNT (DISPLAY ONLY)

This field contains the amount of the prescription price due from the patient. If the prescription is covered by a third party, this field contains the co-pay amount.

8. BILL AMOUNT (DISPLAY ONLY)

This field contains the amount of the prescription price covered by the third party.

There are three factors that determine the prompt displayed by the system on the price simulation information screen: the Max Price/Rx field and the Override field of the O/P Third Party Plans table, and the Price Override field of the Amb Care - Pricing Profile parameter.

THE MAX PRICE/RX FIELD

If the system-calculated prescription price exceeds the maximum allowed by the third party, the system displays a warning that contains the dollar amount by which the price exceeds the maximum. The system does <u>not</u> display the eight information fields presented at the bottom of the CRT screen.

THE OVERRIDE FIELD

If the system-calculated prescription price exceeds the maximum allowed by the third party and the Override field of the O/P Third Party Plans table is set to Yes, the prompt asks if you want to adjust the price to meet the third party maximum. If the Override field is set to No, the system automatically resets the price of the prescription to the maximum allowed by the third party.

THE PRICE OVERRIDE FIELD

If the Price Override field of the Amb Care - Pricing Profile parameter is set to No, the system displays the following prompt:

Press NL--

When you have finished viewing the price simulation information, press ENTER. This is your only response option.

If the Price Override field of the Amb Care - Pricing Profile parameter is set to Yes, the system displays the following prompt:

Edit above data? [N]--

     (R)ecalculate using original cost basis

To edit the pricing information, enter **Y**. To accept the screen, press ENTER.

If you enter Y to revise the price simulation information, the system offers the option to enter a new subtotal amount. If the drug item has a cost defined in the formulary, you can only revise the subtotal. If no cost is defined in the formulary, you can revise the unit cost and the subtotal. If you have revised the prescription price but want to return to the system-calculated prescription price, enter **R**.

After you accept the price simulation information, the system displays the following prompt:

Do another? [Y]--
(F) new Formulary item, (P) new Patient information

To perform another price simulation on the same product with the same patient information, press ENTER. The system redisplays the price simulation parameters screen (see previous screen). The system displays the quantity and price of the previous calculation in the Bill Amount field.

To perform another price simulation but on a different formulary item, enter **F**. The system redisplays the formulary item identification prompt.

To perform another price simulation but with different patient information, enter **P**. The system redisplays the first screen of the function.

To exit the function without performing an additional price simulation, enter **N**. The system redisplays the option menu from which you selected the Simulate Outpatient Charge function.

CASH TRANSACTION LOG INQUIRY FUNCTION

This function enables you to view detailed information about cash transactions. A cash transaction is any transaction in which the patient paid cash to the pharmacy, including co-payments. Prescriptions charged to a hospital account are not available for viewing via this function.

To view detailed information about a cash transaction, you first select the date on which the transaction occurred and then you select the desired transaction from the displayed list.

The system displays the following screen after you select the Cash Transaction Log Inquiry function from the menu:

```
            General Hospital Cash Transaction Log Inquiry Processor
                                              Thu Jan 05, 1989 11:11 am

Page:01                          Cash Transaction Dates
( 1) Wed 12/28/88
( 2) Thu 12/29/88
( 3) Fri 12/30/88
( 4) Sat 12/31/88
( 5) Sun 01/01/89
( 6) Mon 01/02/89
( 7) Tue 01/03/89
( 8) Wed 01/04/89




 Enter date to begin transaction review--
```

This screen contains a list of the dates on which cash transactions took place. Enter the option number of the desired date.

After you select a specific date, the system displays a list of the cash transactions that took place on that date:

```
            General Hospital Cash Transaction Log Inquiry Processor
                                              Thu Jan 05, 1989 11:11 am
Cash Transactions                    During the 24 Hours Ending  12/30/88
                            Daily Total: 59.21
No Time    Prescrptn Fill Patient Name         Drug                  Cash Amt
 1 12:42P     800120 Orig ANDERSON,LISA MARIE ASPIRIN/OXYCODONE          9.41
 2 12:50P     800238 Orig MARTINS,ANDREW       DIAZEPAM                 15.62
 3 01:19P     800093 Orig FRAY,MATT M          DEXTROSE                 24.90




        All cash transactions have been listed for the date shown!
Enter number--
```

This screen contains a list of the cash transactions that occurred on the date selected from the previous screen. The system lists each drug item in a multiple item order on a separate line and assigns a separate number to each line. Near the top of the screen, the system displays the total cash received on that date.

Field Explanations

NO
This field assigns a number to each cash transaction. Use this number to select the cash transaction for which you want to view detailed information.

TIME
This field contains the time at which the transaction occurred.

PRESCRPTN
This field contains the prescription number of the prescription involved in the cash transaction.

FILL
This field contains the number of the refill filled in the cash transaction. *Orig* indicates an original fill.

PATIENT NAME
This field contains the name of the patient for whom the prescription was written.

DRUG
This field contains the name of the drug item dispensed.

CASH AMT
This field contains the cash amount received by the pharmacy for the cash transaction. This amount may reflect a co-pay amount or the entire price of a prescription fill.

In the sample screen above, all transactions for the selected date fit on one screen. When the system requires more than one screen to list the cash transactions, the screen contains the following message and prompt:

> *More transactions on the next page!*
> *Enter number [next page]--*

To view the next page of cash transactions, press ENTER. To view detailed information about one of the listed cash transactions, enter the line number assigned to that transaction.

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After you select a specific cash transaction from the displayed list by entering the assigned line number, the system displays the following screen:

```
         General Hospital Cash Transaction Log Inquiry Processor
                                          Thu Jan 05, 1989 11:11 am

 1 Prescription No.  2 Refill No.       3 Order No.        4 Drug Seq. No.
   800093              Original           2                  1
 5 Name                              6 Drug Name
   FRAY,MATT M                         DEXTROSE
 7 Fill Date         8 Pricing Formula  9 Transaction
   10/24/88            C                  Start Order
10 Fill Qty          11 Product Number 12 Amount
   1000                 74793819          24.90
13 Cost              14 Fee            15 Subtotal        16 Discount
   $15.9000             $5.00             $24.90             $0.00
17 Tax               18 Total          19 Cash Amount     20 Bill Amount
   $0.00               $24.90            $24.90             $0.00




Enter return(/) or next [next]--
```

This screen contains detailed information about the cash transaction. This information is display-only and cannot be revised using this function.

Field Explanations

1. PRESCRIPTION NO. (DISPLAY ONLY)
This field contains the prescription number assigned to the prescription.

2. REFILL NO. (DISPLAY ONLY)
This field contains the number of the refill dispensed in the cash transaction. When the transaction is the first fill of the prescription, this field contains the word *Original*.

3. ORDER NO. (DISPLAY ONLY)
This field contains the internal order number assigned to the prescription.

4. DRUG SEQ. NO. (DISPLAY ONLY)
This field contains the sequence number of the drug within the prescription. Sequence numbers are assigned to drugs when the prescription is first entered. The first drug entered is assigned a 1, the second drug entered is assigned a 2, and so on.

5. NAME (DISPLAY ONLY)
This field contains the patient's name.

6. DRUG NAME (DISPLAY ONLY)
This field contains the generic name of the dispensed drug.

7. FILL DATE (DISPLAY ONLY)
This field contains the date on which the prescription fill was filled.

8. PRICING FORMULA (DISPLAY ONLY)
This field contains the name of the pricing formula used to calculate the prescription price. Pricing formulas are defined using the O/P Pricing Formulas table. Pricing formulas are assigned using the O/P Cash Plans table and the O/P Third Party Plans table.

9. TRANSACTION (DISPLAY ONLY)
This field contains the description of the transaction type. Transaction type descriptions include start order, revise order, refill rx, and others.

10. FILL QTY (DISPLAY ONLY)
This field contains the quantity dispensed in the cash transaction.

11. PRODUCT NUMBER (DISPLAY ONLY)
This field contains the current product number of the dispensed drug.

12. AMOUNT (DISPLAY ONLY)
This field contains the total amount of the cash transaction.

13. COST (DISPLAY ONLY)
This field contains the cost of the cash transaction. The system calculates this figure by multiplying the dispense quantity times the unit cost using acquisition cost in the formulary. If there is no acquisition cost, the No Acq Cost field of the Chg - Charge Indicators parameter determines if zero or the cost basis is used in the pricing formula.

14. FEE (DISPLAY ONLY)
This field contains the total dollar amount of the fees charged on the cash transaction. This total includes the dispensing fee, med/sol add-on fee, non- formulary fee, compound fee, and the additive fee.

15. SUBTOTAL (DISPLAY ONLY)
This field contains the subtotal amount of the cash transaction. The subtotal is the dollar amount calculated by the system after the cost, fees, multiplier, rounding, and min/max pricing factors have been taken into consideration. If the system-calculated subtotal for the cash transaction was overridden, this field displays the user-defined subtotal amount.

16. DISCOUNT (DISPLAY ONLY)
This field contains the dollar amount of the discount applied to the cash transaction. The amount of the discount is determined by the Discount field in the patient demographics screen of the patient profile. The pricing formula determines if the discount, when it exists, is applied.

17. TAX (DISPLAY ONLY)
This field contains the dollar amount of the sales tax applied to the cash transaction. The pricing formula identifies the sales tax formula used to calculate the sales tax and also specifies which portion of the prescription price is taxed. Sales tax formulas are defined using the O/P Sales Tax Formulas table.

18. TOTAL (DISPLAY ONLY)
This field contains the total price of the cash transaction. The total price reflects the sum of the subtotal and the tax minus the discount. An asterisk (*) following the total price indicates that the system-calculated price was overridden by a system user.

19. CASH AMOUNT (DISPLAY ONLY)
This field contains the amount of the cash transaction paid by the patient with cash.

20. BILL AMOUNT (DISPLAY ONLY)
This field contains the amount of the cash transaction covered by the third party.

After you have finished viewing this screen of information, you can return to the list of cash transactions or automatically view detailed information about the next cash transaction (transactions are presented in chronological order).

To return to the list of cash transactions, enter a slash mark and press ENTER. To view detailed information about the next cash transaction, press ENTER.

CASH RECEIPT INQUIRY FUNCTION

This function enables you to view detailed information about cash transactions by third party with a cash option. A cash transaction is any transaction in which the patient paid cash to the pharmacy, including co-payments. Prescriptions charged to a hospital account are not available for viewing via this function.

This function is very similar to the Cash Transaction Log Inquiry function except that the information is indexed differently, and the information displayed is slightly different.

The Cash Transaction Log Inquiry function is indexed by date only and offers both co-pay and cash-only transactions. The Cash Receipt Inquiry function is indexed by third party and then by date. To view co-pay transactions, select a third party. To view cash-only transactions, select the cash option.

The time at which the transaction occurred is not displayed in the Cash Receipt Inquiry function. The claim medium, third party name, pricing plan name, and claim printed indicator are not displayed in the Cash Transaction Log Inquiry function.

The system displays the following prompt after you select the Cash Receipt Inquiry function from the menu:

> *Enter first letters`-` or third party plan code [Cash]--*

This prompt determines which cash transactions are presented for detailed review. The system provides a default response of Cash.

To access cash transactions that do not involve a third party, accept the system default by pressing the ENTER key. To access cash transactions that do involve a third party, enter the code assigned to the desired third party, or enter a hyphen (-) and select the desired third party from the displayed list.

After you select cash or identify a specific third party, the system displays the date selection screen:

```
                General Hospital Cash Receipt Inquiry Processor
                                              Fri Jan 06, 1989 02:47 pm
 Page:01                        Cash Receipt Dates
 ( 1) Wed 01/04/89
 ( 2) Thu 01/05/89
 ( 3) Fri 01/06/89




 
 
 
 
 
 Enter date to begin receipt review--
```

This screen contains a list of the dates on which cash transactions occurred. If you selected the cash option on the previous screen, the system displays only those dates on which cash-only transactions occurred. If you identified a specific third party on the previous screen, the system displays only those dates on which cash transactions involving the selected third party occurred.

Enter the option number of the date for which you want to review the cash transactions. After you select a specific date, the system displays a list of the cash transactions that took place on that date:

```
                General Hospital Cash Receipt Inquiry Processor
                                             Fri Jan 06, 1989 02:47 pm
 Cash Receipts for  GA                 During the 24 Hours Ending  01/05/89

 No PrP  Prescrptn Fill  Patient Name          Drug                   Cash Amt
  1         800135    2  FRAY,MATT M       SODIUM CHLORIDE/BENZYL A      6.00
  2         800135    2  FRAY,MATT M       EDROPHONIUM CHLORIDE          6.00







             All cash receipts have been listed for the date shown!
 Enter number--
```

This screen contains a list of the cash transactions that occurred on the date selected from the previous screen. The code of the selected third party (or cash) is displayed in the top left corner of the screen. The date on which the transactions occurred is displayed in the top right corner of the screen.

The system lists each drug item of a multiple item order on a separate line and assigns a separate number to each line.

The system provides the following information for each cash transaction:

NO
This column assigns a number to each cash transaction. Use this number to select the cash transaction for which you want to view detailed information.

PRP
This column contains the code assigned to the price plan used to determine the prescription price. If the plan is the default plan, this field is blank.

PRESCRPTN
This column contains the prescription number of the prescription involved in the cash transaction.

FILL
This column contains the number of the refill filled in the cash transaction. *Orig* indicates an original fill.

PATIENT NAME
This column contains the name of the patient for whom the prescription was written.

DRUG
This column contains the name of the drug item dispensed.

CASH AMT
This column contains the amount of cash received by the pharmacy. For cash-only transactions, this amount indicates the total prescription price. For third party cash transactions, this amount indicates the co-pay amount.

In the sample screen above, all transactions for the selected date displayed on a single screen. When the system requires more than one screen to list the cash transactions, the screen contains the following message and prompt:

More cash receipts on the next page!
Enter number [next page]--

To view the next page of cash transactions, press ENTER. To view detailed information about one of the listed cash transactions, enter the line number assigned to that transaction.

After you select a specific cash transaction from the displayed list by entering the assigned line number, the system displays the following screen:

```
                General Hospital Cash Receipt Inquiry Processor
                                          Fri Jan 06, 1989 02:47 pm

  1 Medium             2 Third Party       3 Date               4 Pricing Plan
    Format - GA          GA                  01/05/89
  5 Refill No.                             6 Name
    2                                         FRAY,MATT M
  7 Drug Name                              8 Order No.          9 Drug Seq. No.
    SODIUM CHLORIDE/BENZYL ALCOHOL           21                    2
 10 Prescription Nbr 11 Pricing Formula   12 Transaction
    800135               AA                   Refill Rx
 13 Fill Qty          14 Product Number    15 Claim Printed?
    2                    8033308              No
 16 Cost             17 Fee                18 Subtotal          19 Discount
    $5.2500             $18.00               $23.25               $0.00
 20 Tax              21 Total              22 Cash Amount       23 Bill Amount
    $0.21               $23.46               $6.00                $17.46


 Enter return(/) or next [next]--
```

This screen contains detailed information about the cash receipt. This information is display-only and cannot be revised using this function.

Field Explanations

1. MEDIUM (DISPLAY ONLY)
This field contains the medium by which the claim is submitted. If the medium is Format or Report, this field also contains the format/report code.

2. THIRD PARTY (DISPLAY ONLY)
This field contains the name of the third party covering the prescription fill. This field remains blank when a third party did not cover the prescription fill.

3. DATE (DISPLAY ONLY)
This field contains the date on which the prescription fill was filled.

4. PRICING PLAN (DISPLAY ONLY)
This field contains the name of the pricing plan used to calculate the prescription price. This field remains blank when the default pricing plan was used.

5. REFILL NO. (DISPLAY ONLY)
This field contains the number of the refill dispensed in the cash transaction. When the transaction is the first fill of the prescription, this field contains the word Original.

6. NAME (DISPLAY ONLY)
This field contains the patient's name.

7. DRUG NAME (DISPLAY ONLY)
This field contains the generic name of the dispensed drug.

8. ORDER NO. (DISPLAY ONLY)
This field contains the internal order number assigned to the prescription.

9. DRUG SEQ. NO. (DISPLAY ONLY)
This field contains the sequence number of the drug within the prescription. Sequence numbers are assigned to drugs when the prescription is first entered. The first drug entered is assigned a 1, the second drug entered is assigned a 2, etc.

10. PRESCRIPTION NBR (DISPLAY ONLY)
This field contains the prescription number assigned to the prescription.

11. PRICING FORMULA (DISPLAY ONLY)
This field contains the name of the pricing formula used to calculate the prescription price. Pricing formulas are defined using the O/P Pricing Formulas table. Pricing formulas are assigned using the O/P Cash Plans table and the O/P Third Party Plans table.

12. TRANSACTION (DISPLAY ONLY)
This field contains the description of the transaction type. Transaction type descriptions include start order, revise order, refill rx, and others.

13. FILL QTY (DISPLAY ONLY)
This field contains the quantity dispensed in the cash transaction.

14. PRODUCT NUMBER (DISPLAY ONLY)
This field contains the current product number of the dispensed drug.

15. CLAIM PRINTED (DISPLAY ONLY)
This field indicates whether a claim was printed for the transaction. This field contains Yes if a claim has been printed, and a No if a claim has not been printed.

16. COST (DISPLAY ONLY)
This field contains the cost of the cash transaction. The system calculates this figure by multiplying the dispense quantity times the unit cost using acquisition cost in the formulary. If there is no acquisition cost, the No Acq Cost field of the Chg - Charge Indicators parameter determines if zero or the cost basis is used in the pricing formula.

17. FEE (DISPLAY ONLY)
This field contains the total dollar amount of the fees charged on the cash transaction. This total includes the dispensing fee, med/sol add-on fee, non- formulary fee, compound fee, and the additive fee.

18. SUBTOTAL (DISPLAY ONLY)
This field contains the subtotal amount of the cash transaction. The subtotal is the dollar amount calculated by the system after the cost, fees, multiplier, rounding, and min/max pricing factors have been taken into consideration. If the system-calculated subtotal for the cash transaction was overridden, this field displays the user-defined subtotal amount.

19. DISCOUNT (DISPLAY ONLY)
This field contains the dollar amount of the discount applied to the cash transaction. The amount of the discount is determined by the Discount field in the patient demographics screen of the patient profile. The pricing formula determines if the discount, when it exists, is applied.

20. TAX (DISPLAY ONLY)
This field contains the dollar amount of the sales tax applied to the cash transaction. The pricing formula identifies the sales tax formula used to calculate the sales tax and also specifies which portion of the prescription price is taxed. Sales tax formulas are defined using the O/P Sales Tax Formulas table.

21. TOTAL (DISPLAY ONLY)
This field contains the total price of the cash transaction. The total price reflects the sum of the subtotal and the tax minus the discount. An asterisk (*) following the total price indicates that the system-calculated price was overridden by a system user.

22. CASH AMOUNT (DISPLAY ONLY)
This field contains the amount of the cash transaction paid by the patient with cash. Amounts billed to the patient's hospital account are not reflected in this dollar figure.

23. BILL AMOUNT (DISPLAY ONLY)
This field contains the amount of the cash transaction covered by the third party.

After you have finished viewing this screen of information, you can return to the list of cash transactions or automatically view detailed information about the next cash transaction (transactions are presented in chronological order).

To return to the list of cash transactions, enter a slash mark (/) and press ENTER. To view detailed information about the next cash transaction, press ENTER.

THIRD PARTY CLAIM INQUIRY FUNCTION

This function is used to review third party claim information. This function enables you to review the dates on which claims were submitted and detail on each of the claims submitted.

The system displays the Claim Inquiry Information screen after you select the Third Party Claim Inquiry function from the menu:

```
             General Hospital Third Party Claim Inquiry Processor
                                           Fri Aug 17, 1990 03:25 pm

  1 Medium                          2 Claim Form Format
    ECS -                             UNIVERSAL CLAIM FORM
  3 Third Party                      4 Beginning Date
    GEORGIA MEDICAID                   08/13/90






   Enter (F)ormat, (R)eport, (S)end to Financial System--
                   (E)lectronic Claim Submission or (O)ther
```

Field Explanations

1. MEDIUM (1-A-R)

This field identifies the medium by which claims are submitted to the third party. If claims are printed on pre-printed forms, enter **F**. If claims are printed on blank computer paper, enter **R**. If claims are sent to the financial system and the financial system processes the claims, enter **S**. If claims are submitted electronically, enter **E**. If claims are submitted via tapes or other means, enter **O**.

NOTE: The Single-Item Meds, Compound Meds, and Solutions fields of the O/P Third Party Plans table identify the medium used to submit each type of claim for the third party. If you select a medium other than those defined for the third party, the system may not display all of the claims that have been created.

2. CLAIM FORMAT (5-AN-C) or (TABLE LOOKUP-C)

This field identifies the format in which claims are submitted to the third party. Formats are defined in the O/P Claim Form/Report table. This field is blank and non-revisable when the Medium field contains an *Other* or *Financial System* entry.

This field is required if the Medium field contains Format or Report. If this field is left blank, the system does not find any claims to display.

Enter the code assigned to a specific format, or enter a hyphen (-) and select the desired format from the displayed list.

If the Medium field contains ECS -, the system displays the following prompt:

> *Enter communication code, or '-' to list--*

Enter hyphen (-) and press ENTER to display all communication lines defined for Ambulatory Care electronic claim submission processing in the Communication Line Definition table on the Generic Interface Utilities.

3. THIRD PARTY (5-AN-R) or (TABLE LOOKUP-R)
This field identifies the third party for which the claims have been submitted. Enter the code assigned to a specific third party plan, or enter a hyphen (-) and select the desired third party plan from the displayed list.

4. BEGINNING DATE (DATE-O)
After you accept this screen, the system compiles and displays a list of the dates on which claims were created for submission to the third party using the specified medium and claim form format. This field enables you to limit the display of dates to a specific time period.

If you enter a date, the system displays only claim dates on or after the date you entered. If you do not enter a date, the system displays every date on which claims were created.

After you have completed and accepted the claims inquiry information screen, the system displays a list of all dates on which claims were created. If no claims have been created for submission for the defined criteria during the specified time period, the system displays the message *No entries defined* and then redisplays a blank claim inquiry information screen.

If claims have been created for submission for the defined criteria during the specified time period, the system displays the following screen:

```
          General Hospital Third Party Claim Inquiry Processor
                                          Fri Aug 17, 1990 03:25 pm
 Page:01                          Claim Dates
 ( 1) Mon 08/13/90
 ( 2) Tue 08/14/90
 ( 3) Wed 08/15/90
 ( 4) Thu 08/16/90
 ( 5) Fri 08/17/90




 Select date to begin claim review--
```

Enter the option number of the date on which you want to begin reviewing claims.

After you select a date, the system displays a screen that lists all of the claims on that date:

```
                   General Hospital Third Party Claim Inquiry Processor
                                                 Fri Aug 17, 1990 03:25 pm

 Medium: Format
 Third Party Claims for  GA          During the 24 Hours Ending  08/17/90

 No PrP  Prescrptn Fill  Patient Name          Drug                    Bill Amt
  1          810073    1  SMITH,ELLEN           CIMETIDINE HCL             20.65
  2          810085 Orig  MILLER,MICHAEL        TETRACYCLINE HCL            4.30
  3          810086 Orig  MILLER,MICHAEL        IBUPROFEN                   3.80
  4          810087 Orig  MILLER,MICHAEL        HYDROCODONE/PHENYLTOLOXA    5.90
  5          810092 Orig  SANELI,MARTIN         TRIAZOLAM                   4.20
  6          810103 Orig  EDWARDS,REED          ASPIRIN/OXYCODONE           6.35
  7          810104 Orig  EDWARDS,REED          CEPHALEXIN                 14.85
  8          810111 Orig  MAZUR,GEORGE          HEXACHLOROPHENE            12.50
  9          810112 Orig  MAZUR,GEORGE          NEOMYCIN/BACITRACIN/POLY    8.55



            All claims have been listed for the date shown!
 Enter number or new date [next date]--
```

This screen contains a list of the claims created for submission for the date chosen. The claims submission medium and the third party are identified in the top left corner of the screen. An asterisk (*) following the Bill Amt value indicates that the claim has been submitted (ECS medium) or printed (format medium). If the entire line is shaded for a particular claim, the fill generating the claim has been canceled.

Column Explanations

NO
This column assigns a number to each claim. Use this number to select the claim for which you want to view detailed information.

PRP
This column contains the code of the pricing plan used to determine the prescription price. If the pricing plan is the default plan, this column is blank. The pricing plans for third parties are defined using the O/P Third Party Plans table.

PRESCRPTN
This column contains the prescription number of the prescription involved in the claim.

FILL
This column contains the number of the refill filled in the claim. *Orig* indicates an original fill.

PATIENT NAME
This column contains the name of the patient for whom the prescription was written.

DRUG
This column contains the name of the drug item dispensed.

BILL AMT
This column contains the amount of the claim.

You can display the claims entered on a different date or display detailed information on one of the displayed claims. To view the claims entered on the next date for which claims were entered, press ENTER. To view the claims entered on a specific other date, enter the desired date. To view detailed information on one of the displayed claims, enter the option number of the claim.

If you enter the option number of a specific claim, the system displays the Claim Detail screen:

```
              General Hospital Third Party Claim Inquiry Processor
                                          Wed Nov 10, 1993 10:05 am

  1 Medium            2 Third Party      3 Date              4 Pricing Plan
                        PO                 05/28/93
  5 Refill No.                           6 Name
    Original
  7 Drug Name                            8 Order No.         9 Drug Seq. No.
                                                               1
 10 Prescription Nbr 11 Pricing Formula  12 Transaction

 13 Fill Qty         14 Product Number   15 Claim Submitted?

 16 Cost             17 Fee              18 Subtotal         19 Discount

 20 Tax              21 Total            22 Cash Amount      23 Bill Amount

 24 Claim Status                         25 Claim Status Date
    Paid                                    06/11/93 2:14pm

 Enter (R)eimbursement Detail, return(/) or next [next]--
```

Field Explanations

1. MEDIUM (DISPLAY ONLY)
This field contains the medium by which the claim is submitted. If the medium is Format or Report, this field also contains the format/report code.

2. THIRD PARTY (DISPLAY ONLY)
This field contains the code of the third party covering the claim.

3. DATE (DISPLAY ONLY)
This field contains the date on which the prescription was filled.

4. PRICING PLAN (DISPLAY ONLY)
This field contains the code of the pricing plan used to price the prescription.

5. REFILL NO. (DISPLAY ONLY)
This field contains the refill number of the prescription fill being claimed. *Original* indicates an original fill.

6. NAME (DISPLAY ONLY)
This field contains the name of the patient for whom the prescription was written.

7. DRUG NAME (DISPLAY ONLY)
This field contains the generic name of the dispensed drug.

8. ORDER NO. (DISPLAY ONLY)
This field contains the internal order number assigned to the prescription by the system.

9. DRUG SEQ. NO. (DISPLAY ONLY)
This field contains the sequence number of the drug within the prescription. Sequence numbers are assigned to drugs when the prescription is first entered. The first drug entered is assigned a 1, the second drug entered is assigned a 2, etc.

10. RX NUMBER (DISPLAY ONLY)
This field contains the prescription number assigned to the prescription.

11. PRICING FORMULA (DISPLAY ONLY)
This field contains the name of the pricing formula used to calculate the prescription price. Pricing formulas are defined using the O/P Pricing Formulas table. Pricing formulas are assigned using the O/P Third Party Plans table and the O/P Cash Plans table.

12. TRANSACTION (DISPLAY ONLY)
This field contains a description of the fill transaction being claimed. Transaction type descriptions include start order, revise order, refill rx, and others.

13. FILL QTY (DISPLAY ONLY)
This field contains the dispense quantity being claimed.

14. PRODUCT NUMBER (DISPLAY ONLY)
This field contains the product number of the dispensed drug.

15. CLAIM PRINTED? (DISPLAY ONLY)
This field indicates if the claim has been printed.

16. COST (DISPLAY ONLY)
This field contains the cost of the prescription fill being claimed. The system calculates this figure by multiplying the dispense quantity times the unit cost using acquisition cost in the formulary. If there is no acquisition cost, the NO ACQ COST field of the Chg - Charge Indicators parameter determines if zero or the cost basis is used in the pricing formula.

17. FEE (DISPLAY ONLY)
This field contains the dollar amount of the fees charged for the prescription fill being claimed. This total includes the dispensing fee, med/sol add-on fee, non-formulary fee, compound fee, and the additive fee.

18. SUBTOTAL (DISPLAY ONLY)
This field contains the subtotal amount of the prescription fill being claimed. The subtotal is the dollar amount calculated by the system after the cost, fees, multiplier, rounding, and min/max pricing factors have been taken into consideration. If the system-calculated subtotal for the prescription was overridden, this field displays the user-defined subtotal amount.

19. DISCOUNT (DISPLAY ONLY)
This field contains the dollar amount of the discount applied to the prescription fill being claimed. The amount of the discount is determined by the DISCOUNT field in the Patient Demographics screen of the patient profile. The pricing formula determines if the discount, when it exists, is applied.

20. TAX (DISPLAY ONLY)
This field contains the dollar amount of the sales tax charged on the prescription fill being claimed. The pricing formula identifies the sales tax formula used to calculate the sales tax and also specifies which portion of the prescription price is taxed. Sales tax formulas are defined using the O/P Sales Tax Formulas table.

21. TOTAL (DISPLAY ONLY)
This field contains the total price of the prescription fill being claimed. The total price reflects the sum of the subtotal and the tax, minus the discount. An asterisk (*) following the total price indicates that the system-calculated price was overridden by a system user.

22. CASH AMOUNT (DISPLAY ONLY)
This field contains the co-pay amount for the prescription fill being claimed.

23. BILL AMOUNT (DISPLAY ONLY)
This field contains the dollar amount paid by the third party for the prescription fill being claimed.

24. CLAIM STATUS (DISPLAY ONLY)
This field displays the current claim status. The options for this field are:

0 Not Submitted	Claim has not been submitted.
1 Submitted	Claim has been submitted.
2 Rev Submitted	Claim reversal has been submitted.
3 Com Failure	Communication failure, claim not processed.
4 Rejected	Claim was rejected.
5 Rev Rejected	Claim reversal has been rejected.
6 Duplicate	Duplicate submission or claim paid in a prior transmission.
7 Reversed	Claim submission has been reversed.
8 Captured	Claim has been received. Adjudication/payment at later date.
9 Paid	Claim has been paid.

25. CLAIM STATUS DATE (DISPLAY ONLY)
This field contains the date and time that the current claim status was logged.

If a previous version of the prescription fill was submitted for a claim, the system displays a list of the previous submission versions in reverse chronological order at the bottom of the screen.

To view the claim information of a previous version, enter the option number of the desired version.

To view the claim detail for the next claim, press ENTER. To redisplay the list of claims for the selected date, enter a slash mark (/) or a period (.).

To display the reimbursement detail screen for a claim, enter **R**. The system displays the following screen:

```
             General Hospital Third Party Claim Inquiry Processor
                                            Wed Nov 10, 1993 10:05 am
 Rx#:
  1 Item Name                          2 Product Number      3 Fill Date

  4 Fill Qty          5 Days Supply     6 Billing Acct Nbr   7 Price Plan

  8 Discount          9 Third Party    10 Phys Provider Nbr 11 TAR/PA Number

 12 Claim Status     13 Authorization # 14 Reimbursement Basis
    Paid                12356484
 Message:

 Billed                                Reimbursed
 ( 1)Cost             :                 ( 6)Cost Paid       : $1.01
 ( 2)Fee              :                 ( 7)Fee Paid        : $2.00
 ( 3)Tax              :                 ( 8)Tax Paid        : $0.00
 ( 4)Cash Amount      :                 ( 9)Collect from Pt : $2.00
 ( 5)Bill Amount      : $0.00          (10)Total Paid       : $1.00
 Press NL--
```

This display-only screen contains pertinent prescription fill information in the upper portion of the screen. A vertical screen display in the lower section of the screen lists the Cost, Fee, Tax, Cash Amount, and Bill Amount submitted and the corresponding Third Party payor reimbursement amounts. Third Party payor amount fields not having data defined are blank.

11. TAR/PA NUMBER (DISPLAY ONLY)
The Treatment Authorization Reason (TAR) and Prior Authorization (PA) number are both free-form entries and can be used interchangeably. The value displayed in this field consists of Prior Authorization Type (1st digit of the number) and the TAR/PA number (up to 11 digits beginning with the second character).

12. CLAIM STATUS (DISPLAY ONLY)
This field contains the current claim status.

13. AUTHORIZATION # (DISPLAY ONLY)
This is the claim authorization number sent by the third party payor.

14. REIMBURSEMENT BASIS (DISPLAY ONLY)
This field provides information from the third party payor regarding how the reimbursement amount was calculated. Field entries are:

- Not specified

- Ingredient cost paid as submitted

- Ingredient cost reduced to AWP pricing

- Ingredient cost reduced to AWP less %

- Usual and customary paid as submitted

- Paid lower of ingredient cost plus fees versus usual and customary

- MAC pricing - ingredient cost paid at MAC price

- MAC pricing - ingredient cost reduced to MAC pricing

- Contract pricing

MESSAGE (DISPLAY ONLY)
This field displays additional information from the third party payor system regarding this claim.

If the prescription claim has been rejected by the third party payor, a *(R)eject Reasons* option is displayed. To list the claim rejection reasons, enter **R**.   If the third party plan Claim Reject Reasons table is not defined in the O/P Third Party Plan table, the system displays the reject reason code only.

If DUR Alert messages were sent by the Third Party payor, a *(D)UR Message* option is displayed. To list the claim DUR Alert messages, enter **D**. If the third party plan POS DUR Alert table is not defined in the O/P Third Party Plan table, the system displays the DUR Alert code only.

The following example shows the DUR Alert messages:

```
            General Hospital Third Party Claim Inquiry Processor
                                          Wed Nov 10, 1993 01:53 pm
Rx#: 153
 1 Item Name                            2 Product Number    3 Fill Date
   813 TYLENOL W/COD #3 TABS, 300-30      45-0513-72           11/01/93
 4 Fill Qty          5 Days Supply      6 Billing Acct Nbr  7 Price Plan
   25 TABLET            5                  No Billing Acct Nbr
 8 Discount           9 Third Party     10 Phys Provider Nbr 11 TAR/PA Number
                        PO                 AB1234567
12 Claim Status      13 Authorization # 14 Reimbursement Basis
   Paid                 066598             Cost Paid As Submitted
Page:01                              DUR Alerts
( 1) Drug-Disease Conflict         POSSIBLE ASTHMA

Enter choice--
```

PCS sends a maximum of three DUR Alert messages per claim. If more than three DUR Alerts exist, PCS sends the top three, based on the highest severity indicator and potential for patient harm. Other NCPDP-compliant third-party claim processors may transmit a different number of DUR Alert messages.

To select the DUR Alert, enter the number. The system displays a screen displaying additional DUR detail:

```
            General Hospital Third Party Claim Inquiry Processor
                                          Wed Nov 10, 1993 01:53 pm
Rx#: 153
 1 Item Name                            2 Product Number    3 Fill Date
   813 TYLENOL W/COD #3 TABS, 300-30      45-0513-72           11/01/93
 4 Fill Qty          5 Days Supply      6 Billing Acct Nbr  7 Price Plan
   25 TABLET            5                  No Billing Acct Nbr
 8 Discount           9 Third Party     10 Phys Provider Nbr 11 TAR/PA Number
                        PO                 AB1234567
12 Claim Status      13 Authorization # 14 Reimbursement Basis
   Paid                 066598             Cost Paid As Submitted
( 1)DUR Alert         : Drug-Disease Conflict
( 2)Severity Index    :
( 3)Other Pharmacy    : Unknown
( 4)Previous Fill Date :
( 5)Previous Fill Qty  :
( 6)Other Prescriber   :
( 7)Message           : POSSIBLE ASTHMA

Press NL--
```

Meeting NCPDP Requirements

In order to meet the standards set by the National Council on Prescription Drug Programs (NCPDP), the following calculations are made to items that are billed under a third party plan:

•   If the amount in the Fill Quantity field is a whole number, then this amount is sent to the third party as the Metric Quantity. For example, 30 tablets = a metric quantity of 30 (00030).

- If the formulary package size of the items is greater than one, but contains a decimal quantity (for example, 3.2 gm), this quantity is rounded up to the next whole number, and that whole number is sent to the third party as the Metric Quantity.

- If the formulary package size of the item is less than one (for example, 0.3 ml), a further calculation must occur to obtain the correct Metric Quantity. The Fill Quantity is divided by the package size to reach a number of doses dispensed. If this number is less than 1, it is rounded to 1.

- The package size used for the calculations for any particular item is that package size defined on the Additional Information Page of the Formulary. If the item is a Manual item, and no formulary information exists for the item, the package size from the Product Information File (PIF) is used.

THIRD PARTY CLAIM PRINT FUNCTION

This function is used to print third party claim submissions. After you select the claim format, you can identify one or more third parties for whom claims are to be printed.

The system displays the following screen after you select the Third Party Claim Print function from the menu. The cursor is blinking in the first field.

```
                    General Hospital Third Party Claim Print Processor
                                                  Tue Dec 06, 1988 09:57 am

 1 Claim Form/Report
   GA MEDICAID
 2 Third Party Plan(s)
   GEORGIA MEDICAID




 Accept this screen? (Y/N) [Y]--
```

Field Explanations

1. CLAIM FORM/REPORT (TABLE LOOKUP-R)
This field identifies the claim format that is used to print the claims. The system displays a list of the currently defined formats that have unprinted claims and/or claims that have not yet been purged. Claim formats are defined using the O/P Claim Form/ Report Formats table. Enter the option number of the desired claim format.

NOTE: The Paper Claim Retention field of the O/P Third Party Claim Info table determines how long after printing that a claim is purged.

2. THIRD PARTY PLAN(S) (TABLE LOOKUP-R)
This field identifies the third party plans for which claims are to be printed. The system displays a list of the currently defined third party plans that have unprinted claims and/ or claims that have not yet been purged. Third party plans are defined using the O/P Third Party Plans table.

Enter the option numbers of the desired third party plans. When identifying multiple plans, enter a comma between each option number. To select a range of plans, enter the lowest option number, a hyphen (-) and the highest option number. To remove a plan from your selection, enter a hyphen (-) and the option number of the undesired plan. The system displays the option numbers of the selected plans in reverse video with the option number blinking.

After you have selected all desired third party plans, press ENTER.

After you complete and accept the screen, the system searches its files for all unprinted claims for the format/third party plans selected. The system displays a list of the dates for which unprinted claims exist. Press ENTER when you are ready to begin printing claims.

If the system fails to find any unprinted claims, the system flashes the following message before redisplaying the claims print information screen.

No unprinted claims under claim format GA MEDICAID!

After you press ENTER to begin printing claims, the system displays the following prompt:

Print claim forms? (Y/N/Print dummy claim) [P]--

The default response for this prompt is to print a dummy claim form. The dummy claim form enables you to verify that your forms are properly aligned in the printer. Press ENTER to print a dummy claim form. The system redisplays the same prompt.

When your forms are properly aligned, enter **Y** to begin printing claims. The system displays the following message:

Starting third party claim batch!

To exit the function without printing any claims, enter **N**. The system exits the function and redisplays the menu from which the function was selected.

Impact

After you print claims, the printed claims are considered billed and the system clears the claims from the unbilled claims queue.

Output

When you request a dummy claim form, the system prints a single sample claim on the appropriate printer. You can request as many dummy claim forms as are necessary to properly align your forms in the printer.

When you request the printing of claims, the system generates the third party claims in the requested format. Hospital policy determines the printer on which the claims are actually printed.

THIRD PARTY CLAIM TRANSMISSION FUNCTION

This function initiates a batch electronic claim submission process for third party plan claims that meet the search criteria that you define on the Third Party Claim Transmission screen:

```
           General Hospital Third Party Claim Transmission Processor
                                             Wed Nov 10, 1993 02:54 pm

 1 Communication Definition
   PCS RECAP
 2 Third Party Plan(s)
   PREFERRED ONE
 3 Starting Date              4 Ending Date
   05/24/93                     06/03/93




 Enter field number or '/' starting field number--
```

Field Explanations

1. COMMUNICATION DEFINITION (3-AN-R) or (TABLE LOOKUP)
This field contains the name of the communication line. When you access this field, the system displays the communication lines defined for electronic claim submission processing in the Communication Line Definition Table on the Generic Interface Utilities. Enter the number for the communication definition.

2. THIRD PARTY PLAN(S) (5-AN-R) or (TABLE LOOKUP)
This field contains the names of the third-party plans defined for electronic claims submission processing. When you access this field, the system displays a list of these defined Third Party Plans. Enter the numbers for the appropriate third-party plans.

3. START DATE (DATE-R)
Enter the date from which claims are to be submitted. The search date is the most recent prescription fill/refill date.

4. END DATE (DATE-R)
Enter the end date for claims submission.

After accepting this screen, the system displays the following prompt, that includes the status of the interface:

Start transmission of eligible claims? (Y/N)-- |
Current interface status is Active

If you enter Y, all claims with the following statuses are submitted, whether real-time or batch-defined.

- Captured

- Rejected

- Not Submitted

- Rev Rejected

- Com Failure

Output

If a third party plan is entered for the prescription fill, the third party plan is defined to submit claims electronically, and the ECS Tran Prt field on the Third Party Plan table is set to Yes, the ECS Transaction Log report notifies you of claim status changes following Third Party payor processing or if a claim could not be submitted because of communication line problems. You can print specific claim transaction elements on your prescription labels or create a customized report.

The first line of the base form provides the prescription number, the medication name, strength, dosage form, and quantity dispensed.

The second line provides the claim status, the claim authorization number for the third-party payor, the patient co-pay amount, and the total paid by the third-party payor.

The third line provides the DUR Alert indicator.

The last line provides the date filled, the patient name, and third-party plan.

The ECS Transaction Log label uses the following criteria to determine printing location (in the order specified below):

- at the order's stock location if it is a single item medication order, where the stock location is not a Satellite or the Satellite is closed

- at the stock location's label print group if the CRT has access to the stock location (checking specifically the Solution or Medication locations) or has no stock location defined

- at the label print group for the CRT's default stock location

- at the label print group defined in the CRT, or failing all else, RXI.

Figure 5.1 ECS Transaction Log Report (PRXO34)

```
Rx#:7777777   TYLENOL W/CODEINE #3  TAB            24.00TAB
 Status:Paid           Auth#:622937          Collect:  1.00  Total Paid:  4.05
>>>>>>>>>>>>>> DUR ALERT!!! CHECK Rx DETAIL BEFORE DISPENSING <<<<<<<<<<<<<
 Filled:06/04/93    Patient: JOHN,FRED              Third Pty:PREFERRED ONE


 Rx#:8888888   TORADOL  TAB                        24.00TAB
 Status:Paid           Auth#:622938          Collect:  1.00  Total Paid: 28.88
 No DUR Alerts for claim.
 Filled:06/04/93    Patient: JOHN,FRED              Third Pty:PREFERRED ONE
```

THIRD PARTY CLAIM RECONCILIATION FUNCTION

This function enables you to reconcile differences between claims submitted and payment by a thirdparty. You can resubmit claims, update third party payor claim data, and enter reimbursement data for third party plans that do not use automated claim update methods.

After you select a patient, facility (if multifacility), a prescription, and a specific prescription fill, the system displays the Claim Reconciliation Detail screen, that shows the most recent claim activity. Claim information and the pricing amounts billed and the corresponding third party reimbursement amounts for third party plans that electronically collect claim reimbursement data is displayed.

```
        General Hospital Third Party Claim Reconciliation Processor
Claim Reconciliation Detail                       Wed Jul 24, 2002 04:58 pm
Name                    Sex    BD      Account Number            Third Party
*CHANDLER,JANINE          F   02/13/59  93252-00001
Allergies:CODEINE/MORPHINE
 1 Item Name                          2 Product Number    3 Fill Date
   1043 PROCARDIA CAPS, 10MG            69-2600-41           11/03/93
 4 Fill Qty          5 Days Supply     6 Billing Acct Nbr  7 Price Plan
   100 TABLET                            A93252-00001        DOD
 8 Discount          9 Third Party     10 Phys Provider Nbr 11 TAR/PA Number
                       PO
12 Claim Status     13 Authorization #  14 Reimbursement Basis


Message:

Billed                             Reimbursed
( 1)Cost            : $10.0000     ( 6)Cost Paid      :
( 2)Fee             : $9.00        ( 7)Fee Paid       :
( 3)Tax             : $1.08        ( 8)Tax Paid       :
( 4)Cash Amount     : $23.00       ( 9)Collect from Pt :
( 5)Bill Amount     : $0.00        (10)Total Paid     :
Re(S)ubmit, (F)ill Information, (U)pdate, Press NL--
```

Field Explanations

This display-only screen contains pertinent prescription fill information in the upper portion of the screen. A vertical screen display in the lower section of the screen lists the Cost, Fee, Tax, Cash Amount and Bill Amount submitted and the corresponding Third Party payor reimbursement amounts. Third Party payor amount fields not having data defined are blank.

11. TAR/PA NUMBER (DISPLAY ONLY)
The Treatment Authorization Reason (TAR) and Prior Authorization (PA) number are both free-form entries and can be used interchangeably. The value displayed in this field consists of Prior Authorization Type (1st digit of the number) and the TAR/PA number (up to 11 digits beginning with the second character).

12. CLAIM STATUS (DISPLAY ONLY)
This field contains the current claim status.

13. AUTHORIZATION NUMBER (DISPLAY ONLY)
This is the claim authorization number sent by the third party payor.

14. REIMBURSEMENT BASIS (DISPLAY ONLY)
This field provides information from the third party payor regarding how the reimbursement amount was calculated. Field entries are:

- Not specified

- Ingredient cost paid as submitted

- Ingredient cost reduced to AWP pricing

- Ingredient cost reduced to AWP less %

- Usual and customary paid as submitted

- Paid lower of ingredient cost plus fees versus usual and customary

- MAC pricing - ingredient cost paid at MAC price

- MAC pricing - ingredient cost reduced to MAC pricing

- Contract pricing

MESSAGE (DISPLAY ONLY)
This field displays additional information from the third party payor system regarding this claim.

To resubmit the claim as entered, enter **S**. The system displays a *Resubmitted!* message.

To display prescription fill information, enter **F**. For more information, see the material on viewing fill information later in this subsection.

If the claim status is rejected and you want to view Claim Reject Reasons for claims that have been rejected, enter **R**.

If a DUR Alert message has been received for this claim and you want to view any messages, enter **D**.

If you want to manually update the claim reimbursement information for a third party payor, enter **U**.

The system displays the following screen:

```
     General Hospital Third Party Claim Reconciliation Processor
Claim Reconciliation Detail                      Wed Jul 24, 2002 04:58 pm
Name                     Sex   BD    Account Number            Third Party
*CHANDLER,JANINE          F  02/13/59  93252-00001
Allergies:CODEINE/MORPHINE
 1 Item Name                         2 Product Number    3 Fill Date
    1043 PROCARDIA CAPS, 10MG          69-2600-41          11/03/93
 4 Fill Qty          5 Days Supply   6 Billing Acct Nbr  7 Price Plan
   100 TABLET                          A93252-00001        DOD
 8 Discount          9 Third Party   10 Phys Provider Nbr 11 TAR/PA Number
                       PO
12 Claim Status     13 Authorization #  14 Reimbursement Basis

Message:

( 1)Cost Paid      : $10.00
( 2)Fee Paid       : $9.00
( 3)Tax Paid       : $1.08
( 4)Collect from Pt: $23.00
( 5)Total Paid     : $0.00
( 6)Authorization #:
( 7)Message        :
Enter authorization number--
```

The system fills in the Cost Paid, Fee Paid, Tax Paid, Collect from Pt, and Total Paid fields based on reimbursement information received from the third-party claims processor. If third-party payor claim information is not available, the system displays the billing amounts calculated for the prescription.

After you enter or edit these fields and accept the screen, a status of Paid is assigned to this claim.

If you enter F to view the fill information, the system displays the following screen:

```
     General Hospital Third Party Claim Reconciliation Processor
Claim Reconciliation Detail                      Wed Jul 24, 2002 04:58 pm
Name                     Sex   BD    Account Number            Third Party
*CHANDLER,JANINE          F  02/12/56  93252-00001
Allergies:CODEINE/MORPHINE
 1 Item Name                         2 Product Number    3 Fill Date
    1043 PROCARDIA CAPS, 10MG          69-2600-41          11/03/93
 4 Fill Qty          5 Days Supply   6 Billing Acct Nbr  7 Price Plan
   100 TABLET                          A93252-00001        DOD
 8 Cost             9 Fee            10 Subtotal         11 Discount
   $10.0000           $9.00            $21.50
12 Tax             13 Total          14 Cash Amount      15 Bill Amount
   $1.08              $23.00*           $23.00              $0.00
16 Third Party     17 Patient Type   18 Phys Provider Nbr 19 Manufacturer
                      SER
20 Expiration Date 21 Lot Number     22 Initials         23 TAR/PA Number
   03/03/94                             EH/COJ
24 Stock Location  25 SIG
   OUTPATIENT PHAR    UD.
26 Counseled By

Press NL--
```

Field Explanations

1. ITEM NAME (DISPLAY ONLY)
This field contains the formulary code and label name of the dispensed item.

2. PRODUCT NUMBER (DISPLAY ONLY)
This field contains the current product number of the dispensed item.

3. FILL DATE (DISPLAY ONLY)
This field contains the date on which the fill was dispensed.

4. FILL QTY (DISPLAY ONLY)
This field contains the number of units dispensed in the fill.

5. DAYS SUPPLY (DISPLAY ONLY)
This field contains the number of days the prescription fill should last the patient, when taken as directed.

6. BILLING ACCT NBR (DISPLAY ONLY)
This field contains the account number to which the patient's amount due was billed (the portion of the prescription price not covered by the third party).

7. PRICE PLAN (DISPLAY ONLY)
This field contains the name of the price plan used to calculate the prescription price. This field is blank when the default price plan was used.

8. COST (DISPLAY ONLY)
This field contains the cost of the prescription fill being billed. The system calculates this figure by multiplying the dispense quantity times the unit cost using acquisition cost in the formulary. If there is no acquisition cost, the No Acq Cost field of the Chg - Charge Indicators parameter determines if zero or the cost basis is used in the pricing formula.

9. FEE (DISPLAY ONLY)
This field contains the dollar amount of the fees charged for the prescription fill. This total includes the dispensing fee, med/sol add-on fee, non-formulary fee, compound fee, and the additive fee.

10. SUBTOTAL (DISPLAY ONLY)
This field contains the subtotal amount of the prescription fill. The subtotal is the dollar amount calculated by the system after the cost, fees, multiplier, rounding and min/max pricing factors have been taken into consideration. If the system-calculated subtotal for the prescription fill was overridden, this field displays the user-defined subtotal amount.

11. DISCOUNT (DISPLAY ONLY)
This field contains the dollar amount of the discount applied to the prescription fill. The amount of the discount is determined by the Discount field in the patient demographics

screen of the patient profile. The pricing formula determines if the discount, when it exists, is applied.

12. TAX (DISPLAY ONLY)
This field contains the dollar amount of the sales tax charged on the prescription fill. The pricing formula identifies the sales tax formula used to calculate the sales tax and also specifies which portion of the prescription price is taxed. Sales tax formulas are defined using the O/P Sales Tax Formulas table.

13. TOTAL (DISPLAY ONLY)
This field contains the total price of the prescription fill. The total price reflects the sum of the subtotal and the tax, minus the discount. An asterisk (*) following the total price indicates that the system-calculated price was overridden by a system user.

14. CASH AMOUNT (DISPLAY ONLY)
This field contains the amount of the prescription price due from the patient in cash or billed to the patient account number.

15. BILL AMOUNT (DISPLAY ONLY)
This field contains the amount of the prescription price covered by the third party.

16. THIRD PARTY (DISPLAY ONLY)
This field contains the name of the third party covering the prescription.

17. PATIENT TYPE (DISPLAY ONLY)
This field contains the description of the patient type as defined on the STAR Patient Care System. If the pharmacy department loaded the patient into the Master Patient Index using the STAR Pharmacy System but did not register the patient or if there is no billing account number, this field remains blank.

18. PHYS PROVIDER NBR (DISPLAY ONLY)
This field contains the provider number assigned to the physician by the third party. This field is blank when the provider number was not required by the third party.

19. MANUFACTURER (DISPLAY ONLY)
This field contains the name of the manufacturer of the dispensed drug.

20. EXPIRATION DATE (DISPLAY ONLY)
This field contains the date on which the dispensed drug expires. The drug item should not be taken after the expiration date has passed.

21. LOT NUMBER (DISPLAY ONLY)
This field contains the lot number of the dispensed drug.

22. INITIALS (DISPLAY ONLY)
This field contains the initials of the pharmacy technician and registered pharmacist who entered and dispensed the prescription. The technician's initials precede the slash mark. The pharmacist's initials follow the slash mark.

23. TAR NUMBER/PA (DISPLAY ONLY)
This field contains the Treatment Authorization Request number or Prior Authorization (PA) number assigned to the prescription by the third party. This field is blank when no TAR or PA number was required. The value displayed in this field consists of Prior Authorization Type (1st digit of the number) and the TAR/PA number (up to 11 digits beginning with the second character).

24. STOCK LOCATION (DISPLAY ONLY)
This field contains the name of the stock location decremented for the dispensing quantity of the prescription fill.

25. SIG (DISPLAY ONLY)
This field contains the abbreviated SIG entered for the prescription.

26. COUNSELED BY   (DISPLAY ONLY)
This field contains the name of the person providing the counseling and the date and time it occurred.

THIRD PARTY CLAIM REPRINT BY DATE FUNCTION

This function enables you to define a specific range of claims to reprint

without rebilling the claims. You define a starting date, an ending date and the starting claim and the ending claim.

After you select the Third Party Claim Reprint by Date function from the menu, the system displays the following screen with the cursor blinking in the first field:

```
         General Hospital Third Party Claim Reprint by Date Processor
                                           Wed Nov 29, 1989 10:29 am

 1 Claim Form Format                  2 Third Party Plan
   STANDARD CLAIM FORM REPORT           GEORGIA MEDICAID
 3 Starting Claim Date                4 Ending Claim Date
   Wed 11/29/89                         Wed 11/29/89
 5 First Claim                        6 Last Claim
   19400 Orig                           19400 Orig




 Accept this screen? (Y/N) [Y]--
```

This screen identifies the claims to be reprinted. Every field on this screen is required information.

Field Explanations

1. CLAIM FORM FORMAT (TABLE LOOKUP-R)
This field identifies the claim format used to print claims. The system displays a list of the currently defined formats that have claims available to print. Claim formats are defined using the O/P Claim Form/Report Formats table. Enter the option number of the desired claim format.

2. THIRD PARTY PLAN (TABLE LOOKUP-R)
This field identifies the third party plan for which claims are to be reprinted. Third parties that have claims for the selected format are listed near the bottom of the screen. Enter the option number of the desired third party.

Third party plans are defined using the O/P Third Party Plans table and the Third Party Information screen of the Formulary Maintenance function.

3. STARTING CLAIM DATE (TABLE LOOKUP-R)
This field identifies the claim print date of the first claim to be reprinted. The system displays the dates on which claims were printed for the last 30 days and asks you to select the desired date. Enter the option number of the desired starting claim date, or

enter **A** to display a different list of claim dates. After you enter A, the system displays the following prompt:

> *Enter date for table display--*

Enter the new start date for display of claim dates. The system lists all dates on which claims were printed from the start date through the current date. Enter the option number of the desired starting claim date or enter **A** to identify a different start date for the claim dates display.

4. ENDING CLAIM DATE (TABLE LOOKUP-R)
This field identifies the claim print date of the last claim to be reprinted. The system displays the dates on which claims were printed for the last 30 days and asks you to select the desired date. Enter the option number of the desired starting claim date, or enter **A** to display a different list of claim dates. After you enter A, the system displays the following prompt:

> *Enter date for table display--*

Enter the new start date for display of claim dates. The system lists all dates on which claims were printed from the start date through the current date. Enter the option number of the desired starting claim date or enter **A** to identify a different start date for the claim dates display.

5. FIRST CLAIM (2-N-R)
This field identifies the first claim to be reprinted. The claims processed on the starting claim date (see the Starting Claim Date field) are listed near the bottom of the screen. The system default is the first claim on the starting claim date. Press ENTER to accept the system default or enter the option number of the desired claim.

The system reprints all claims beginning with the date and time of the first claim and ending with the date and time of the last claim (see the Last Claim field).

6. LAST CLAIM (2-N-R)
This field identifies the last claim to be reprinted. The claims processed on the ending claim date (see the Ending Claim Date field) are listed near the bottom of the screen. The system default is the last claim on the ending claim date. Press ENTER to accept the system default or enter the option number of the desired claim.

The system reprints all claims beginning with the date and time of the first claim (see the First Claim field) and ending with the date and time of the last claim (see the Last Claim field).

After you accept the screen, the system displays the following prompt:

> *Ready to reprint? (Y/N/Print dummy claim) [P]--*

The system offers a default response of **P** (print dummy claim) in the prompt. The print dummy claim option enables you to line up the forms in the printer before printing actual claims. To print a dummy claim, press ENTER. The system prints the dummy claim and redisplays the same prompt.

After you have your forms lined up and are ready to begin printing the reprinted claims, enter **Y**. The system begins reprinting the claims and exits the function. To exit the function without printing any claims, enter **N**.

Output

The designated claims begin reprinting upon completion of the function. Hospital policy determines where the claims are printed.

THIRD PARTY CLAIM REPRINT BY BATCH

This function enables you to reprint a claims batch without rebilling.

After you select the Third Party Claim Reprint by Batch function from the menu, the system displays the following screen with the cursor blinking in the first field:

```
          General Hospital Third Party Claim Reprint by Batch Processor
                                                Wed Jan 04, 1989 10:27 am

  1 Claim Form Format                 2 Batch Number
    GA MEDICAID                         5401251818
  3 Third Parties
    GEORGIA MEDICAID




 Accept this screen? (Y/N) [Y]--
```

This screen identifies the claims batch to be reprinted. Every field on this screen is required information.

Field Explanations

1. CLAIM FORM FORMAT (TABLE LOOKUP-R)
This field identifies the format of the claims batch to be reprinted. The claim formats are listed near the bottom of the screen. Enter the option number of the desired format.

Claim formats are defined using the O/P Claim Form/Report Formats table.

2. BATCH NUMBER (TABLE LOOKUP-R)
This field identifies the claims batch to be reprinted. The system displays the dates on which claims were printed and asks you to select the desired batch.

After you access this field, the system displays the following prompt:

Enter starting date for display [09/30/89]--

This prompt enables you to limit the display of claim print dates to a specific time period. The default response is 60 days previous to the current date. Press ENTER to accept the default or enter a different starting date using the date entry techniques described in the *General Information Volume*.

After you enter the starting date for the display of claim print dates, the system displays all claim print dates later than the date entered. Enter the option number of the desired

claims batch. The system displays the number of the selected batch (not the claim print date) in this field.

3. THIRD PARTIES (TABLE LOOKUP-R)
This field identifies the third parties for which claims batches are to be reprinted. The system displays the names of the third parties included in the selected batch near the bottom of the screen. Enter the option numbers of the desired third parties.

After you accept the screen, the system displays the following prompt:

Ready to reprint? (Y/N/Print dummy claim) [P]--

The system offers a default response of **P** (print dummy claim) in the prompt. The print dummy claim option enables you to line up the forms in the printer before printing actual claims. To print a dummy claim, press ENTER. The system prints the dummy claim and then redisplays the same prompt.

After you have your forms lined up and are ready to begin reprinting the claims batch, enter **Y**. The system begins reprinting the claims, displays the following message and exits the function.

Regenerating claim form(s)!

To exit the function without reprinting any claims, enter **N**.

Output

The designated claims begin reprinting upon completion of the function. Hospital policy determines where the claims are printed.

TAX INSURANCE SUMMARY FUNCTION

This function enables you to print a Tax Insurance Summary for a patient. The period of time covered by the report is user-defined.

The first step is to identify the patient. For more information about the patient identification procedures, see the *General Information Volume* of the *STAR Pharmacy Reference Guide.*

After you identify the patient, the system displays the following screen with the cursor blinking in the first field:

```
                General Hospital Tax Insurance Summary Processor
Tax Insurance Summary                           Tue Jul 25, 2002 10:09 am
Name                     Sex    BD     Street Address
FRAY,MATT M               M  10/20/30  1432 MARIGOLD AVE
Allergies:CODEINE/MORPHINE

 1 Beginning Date    2 Ending Date
   01/01/88            12/31/88






 Accept this screen? (Y/N) [Y]--
```

This screen defines the period of time covered by the Tax Insurance Summary.

Field Explanations

1. BEGINNING DATE (10-C-R)
This field determines the starting date for the report. The system includes all pharmacy transactions for the patient beginning on the date entered in this field.

2. ENDING DATE (10-C-R)
This field determines the ending date for the report. The system includes all pharmacy transactions for the patient through the end of the date entered in this field.

After you accept the screen, the system generates the report and exits the function.

Output

Purpose:	The Tax Insurance Summary report contains a list of prescription charges for a selected patient for the period specified by the user. The patient typically requests this information for tax or insurance purposes.
Generation:	The Tax Insurance Summary report is generated on demand using the Tax Insurance Summary function and is printed to the default printer listed in the CRT table.
Parameters:	Not applicable.
Sort Sequence:	The patient's prescriptions are first sorted by prescription type: medications and solutions. Within each prescription type, prescriptions are sorted by status in the following sequence: Active, Transferred, and Inactive. Within each status, prescriptions are sorted by last fill date and then alphabetically by drug name. If a prescription contains multiple drug items, the items are listed in the sequence in which they were entered. If the report contains multiple refills for the same prescription, the system prints the refills in reverse chronological order and prints the original fill last.
Page Break:	Not applicable.
Subtotals:	If the prescription contains more than one drug item, the report provides subtotals for the prescription charge and the charge to the patient.
Grand Totals:	At the end of the report, the system prints the total amount charged for all prescriptions filled, and the total charge to the patient for all prescriptions filled.

Figure 5.2 Tax Insurance Summary Report

```
Model Hospital A                General Hospital              Page:      1
                              Tax Insurance Summary          Date: 04/07/00
                            From 01/01/00 Thru 03/31/00      Time:    9:59
Name            Sex   BD    Address              City                   St Zip
CASE,ANTHONY     M  01/01/63 123 DUST ST         CITYFORMODELHOS     GA 30346
Rx#        Physician
Date       Drug Description           Dys   Qty    Total   Balance   Copay
           NDC#
           (Fill) SIG
---------  ----------------------------  ---  -----  --------  ---------  --------
1000060    CASPER,CARLA
03/10/00   CLORAZEPATE DIP 3.75MG TABLET  30   90    75.35    74.35     1.00 s
           00074-4389-11
           (Orig) T 1 TAB TID
1000059    CASPER,CARLA
03/10/00   HYDROCODONE-ACETAMINOP TABLET  30   60     6.65     5.65     1.00 s
           00044-0727-41
           (Orig) UD
N11112     CASPER,CARLA
03/10/00   HYDROMORPHONE HCL 2MG INJ CA    5   10    11.75    10.75     1.00 s
           00024-0728-02
           (Orig) ud
2          CASPER,CARLA
03/10/00   MORPHINE SULFATE 30MG TABLET   30   30   102.00     0.00   102.00 s
           00034-0515-25
           (Orig) t 1 tab daily
N11111     CASPER,CARLA
03/10/00   MORPHINE SULFATE 30MG TABLET   30   60   199.25     0.00   199.25 s
           00034-0515-25
           (Orig) t 1 tab bid
1000058    CASPER,CARLA
03/10/00   SIBUTRAMINE HCL 5MG CAPSUL      1   30   145.00     0.00   145.00 s
           00048-0605-01
           (Orig) T 1 CAP DAILY
1000057    CASPER,CARLA
03/02/00   ACETAMINOPHEN-CODEINE  TABLET   7   30     6.90     5.90     1.00 s
           00045-0513-72
           (Orig) TAKE 1 T Q4H PRN
1000056    CASPER,CARLA
03/02/00   TRIAZOLAM .125MG TABLET        30   30    17.75    16.75     1.00 s
           00009-0010-22
           (Orig) T 1 TAB HS PRN.
1000055    CASPER,CARLA
01/20/00   SIBUTRAMINE HCL 5MG CAPSUL      1   30   145.00     0.00   145.00 s
           00048-0605-01
           (Orig) T 1 CAP DAILY
696        EQUINE,HORACE E
01/12/00   ALBUTEROL 1PUFF AEROSO         10   17    24.09    14.09    10.00 s
           00085-0614-02
           (Orig) ud
693        ATTENDING
01/10/00   FUROSEMIDE 40MG TABLET         10   30    10.85     9.85     1.00 s
           00039-0060-11
           (Orig) TAKE ONE TABLET BY MOUTH DAILY.
694        ATTENDING
01/10/00   FUROSEMIDE 40MG TABLET         10   30    10.85     9.85     1.00 s
           00039-0060-11
           (Orig) TAKE ONE TABLET BY MOUTH DAILY.
                                               ---------  ---------  --------
                                               ---------  ---------  --------
                               Grand totals:     755.44    147.19    608.25
End of Report!
```

At the top of each page, the Tax Insurance Summary report provides the facility name, hospital name, page number, report name, date on which the report was generated, time period covered by the report, and the time at which the report was generated.

The patient header contains the patient's name, sex, date of birth, and address including the street address, city, state, and ZIP code.

For each prescription presented in the main body of the report, the system provides multiple lines of information:

FIRST LINE

The first line of information for each prescription identifies the prescription number and the name of the prescribing physician. If the report contains multiple fills/refills for the same prescription, the system prints this line only once for the prescription.

SECOND LINE

The second line contains seven columns of information (see following paragraphs). If the prescription has more than one item, the second line is repeated for each item in the prescription.

Date
This column contains the date on which the prescription was filled or refilled.

Drug Description
This column contains different information for medication and solution prescriptions. For medication prescriptions, this column contains the name, display strength and dosage form of the prescribed item. For solution prescriptions, this column contains the name, display strength, and volume of the prescribed item.

Dys
This field contains the Days Supply defined for the item.

Qty
For medications, this column contains the number of units dispensed. For solutions, this column contains the number of units dispensed per bottle.

Total
This column contains the total price of the prescription item.

Balance
This column contains the amount paid by the third party.

Copay
This column contains the amount of the prescription price for which the patient was held responsible.

The column after the Copay column indicates the claim status.

THIRD LINE

The third line contains the following item:

NDC#
This field contains the product number assigned to the item.

FOURTH LINE

The fourth line contains the following two items:

(FILL)
This field contains the fill/refill information.

SIG
This field contains the prescription administration instructions printed on the prescription label.

Chapter 6 - MAINTENANCE PROCESSORS

DISPLAY DOCTOR TABLE FUNCTION

This function enables you to view information such as phone number, address and physician code for physicians registered in the Physicians table maintained by the STAR Patient Care System. This information is for display only and cannot be revised.

This function displays the same information as the View Physician Information function that is accessed via the Profile Maintenance function.

NOTE: If a user on STAR Patient Care revises the physician information while you are viewing it, you may not be able to see the revisions until you re-enter the function.

After you select the Display Doctor Table function from the menu, the system displays the following prompt:

Enter first letter(s)`-` or code--

Enter the code of the desired physician, or enter the first letters of the physician's last name and a hyphen (for example, **SMITH-**) and select the desired physician from the displayed list.

After you identify a specific physician, the system displays the following screen:

```
            General Hospital Display Doctor Table Processor
                                        Wed Sep 20, 1989 04:32 pm
 Physician Name
  1 Name                                 2 Initials
    3-SANDERSON,MARIANNE M                  MMS
  3 Office Address 1                      4 Group Name
    1422 JOHNSON FERRY RD                   *HOFFMAN,ARDMORE ETAL
  5 Office Address 2                      6 City          7 State   8 Zip Code
                                           ATLANTA          GA        30346
  9 Office Phone      10 Extension      11 Home Phone      12 Beeper #
    (404)123-4456         2539             (404)543-8278
 13 State License #    14 Control #      15 Physician Status
    SH38927483927         387438946         IHA




    Press NL--
```

Field Explanations

1. NAME (DISPLAY ONLY)
This field contains the name of the physician.

2. INITIALS (DISPLAY ONLY)
This field contains the initials of the physician.

3. OFFICE ADDRESS 1 (DISPLAY ONLY)
This field contains the office address of the physician.

4. GROUP NAME (DISPLAY ONLY)
This field contains the name of the physician's professional group.

5. OFFICE ADDRESS 2 (DISPLAY ONLY)
This field contains additional office address information.

6. CITY (DISPLAY ONLY)
This field contains the city in which the physician's office resides.

7. STATE (DISPLAY ONLY)
This field contains the two-letter code of the state in which the physician's office resides.

8. ZIP CODE (DISPLAY ONLY)
This field contains the ZIP code of the physician's office address.

9. OFFICE PHONE (DISPLAY ONLY)
This field contains the area code and local phone number of the physician's office.

10. EXTENSION (DISPLAY ONLY)
This field contains the physician's phone extension.

11. HOME PHONE (DISPLAY ONLY)
This field contains the area code and local phone number of the physician's home.

12. BEEPER # (DISPLAY ONLY)
This field contains the phone number of the physician's beeper.

13. STATE LICENSE # (DISPLAY ONLY)
This field contains the license number assigned to the physician by the state.

14. CONTROL # (DISPLAY ONLY)
This field contains the controlled substance number assigned to the physician. In the United States, the Drug Enforcement Administration (DEA) assigns the controlled substance number.

15. PHYSICIAN STATUS (DISPLAY ONLY)
This field specifies if the physician is in the hospital. If the physician is in the hospital, the status is IH with a facility indicator suffix (for example, IHA when the physician is in facility A). If the physician is not in the hospital, the status is Out.

When you have finished reviewing the physician information, press ENTER.

Chapter 7 - SYSTEM MANAGEMENT

Illustrations

MIDNIGHT PROCESSING REPORT MAINTENANCE FUNCTION

This function enables you to define the batch reports you want to print on demand. When these reports are generated during midnight processing, the data included on the reports usually covers the 24-hour period from midnight to midnight. When you print these reports on demand using the Print Log Reports function, you specify the starting and ending date/time for the report data.

Because the Print Log Reports function enables you to specify the starting and ending date/time for the report data, a McKesson programmer must modify the report's programs before the report can be defined using this function. If you add a report using this function and the report's programs have not been modified, the demand report may not generate correctly but the associated batch report generated during midnight processing is not affected.

After you select the Midnight Processing Report Generation function from the menu, the system performs a security check to ensure that only authorized users access this function. If your security level is less than 90, the system requests entry of a valid McKesson employee number and password. If you do not pass the security check, the system returns you to the main Ambulatory Care menu. If you pass the security check, the system displays the following prompt:

> *Enter report code--*

Enter the code of a specific report, enter a new code to define a new report, or enter a hyphen (-) and select the desired report from the displayed list.

If you enter a code that is not currently assigned to any of the defined reports, the system displays the following prompt:

> *Add this code `RPLG`? (Y/N) [Y]--*

Press ENTER or enter **Y** to continue defining the new report. Enter **N** to return to the beginning of the function.

After you identify a report, the system displays the following screen:

```
          General Hospital Midnight Processing Report Maintenance Processor
                                               Fri Aug 18, 1989 10:46 am
 Report: RPLG
  1 Code    2 Description                    3 Report Program   4 Classes
    RPLG       Prescription Log                  ^PARPLG            P













  Accept this screen? (Y/N/D) [Y]--
```

Field Explanations

1. CODE (DISPLAY ONLY)
This field contains the code of the report.

2. DESCRIPTION (30-C-R)
This field contains a description of the report. The system displays this description in table lookups.

3. REPORT PROGRAM (10-C-R)
This field identifies the program that runs when you demand print the report.

4. CLASSES (1-A-R)
This field identifies the report class. Enter **P** for STAR Pharmacy or **C** for STAR Patient Care.

To accept the screen and enter the report definition, enter **Y**. To revise the report definition before accepting the screen, enter **N**. To delete the report definition, enter **D**.

OPEN/CLOSE OUTPATIENT LOCATIONS FUNCTION

This function enables you to open and close outpatient pharmacy stock locations. All outpatient pharmacy stock locations can be opened/closed in a single step, or opened/closed individually. Stock locations are defined as Outpatient in the Location Type field of the Stock Locations table.

After you select Open/Close O/P Locations from the menu, the system displays the following prompt:

> *Enter location, close all(C), open all(O) or `-` to list--*

To close all outpatient pharmacy stock locations, enter **C**. The system displays a message that all outpatient pharmacy stock locations are now closed.

To open all outpatient pharmacy stock locations, enter **O**. The system displays a message that all outpatient pharmacy stock locations are now open.

To open or close a specific outpatient pharmacy stock location, enter a hyphen (-) and select the desired location from the displayed list. The option numbers of stock locations that are currently open are blinking and displayed in reverse video (dark letters on light background). Enter the option number of the desired outpatient pharmacy stock location.

If the stock location is open, the system displays the following prompt:

> *RXO2 is currently open. Close O/P location? (Y/N) [Y]--*

To close the outpatient pharmacy stock location, press ENTER or enter **Y**. To exit without changing the status of the stock location, enter **N**.

If the stock location is closed, the system displays the following prompt:

> *RXO2 is currently closed. Open O/P location? (Y/N) [Y]--*

To open the outpatient pharmacy stock location, press ENTER or enter **Y**. To exit without changing the status of the stock location, enter **N**.

TAPE CLAIM GENERATION FUNCTION

The following material presents a generic tape claim generation process. However, STAR Pharmacy does not generate tape claims as part of the base product and the process must be tailored for each hospital. Formats for tape claim files are created by a programmer according to specifications provided to you by the third party. Contact your McKesson account manager for more information.

This function generates files of third party claim information that are then used by the Create Claim Tape function to create the claim tapes. The tape claim files remain in the system for the number of days specified in the Tape Claim Retention field of the O/P Third Party Claim Info table.

After you select this function from the menu, the system displays the following screen:

```
                General Hospital Tape Claim Generation Processor
                                            Fri Aug 18, 1989 11:03 am




 Page:01                        Third Parties              ##=Current Choices
 ( 1) GEORGIA MEDICAID
 ( 2) PRESCRIPTION CARD SERVICE








 Enter choices (e.g. 1,7,5-9) or '-'choices to remove--
                            end selection(NL)
```

The third parties that have tape claims in alphabetic sequence based on the third party code are displayed. Enter the option numbers of the third parties for which you want to create a claim information file.

If there are no claims to generate for the first third party that you selected, the system displays the following message:

> *No claims to generate!*

Press ENTER to return to the menu.

If there are claims to generate for the third party, the system displays a list of dates on which claims were printed. When you are finished viewing the dates, press ENTER. The system displays the following prompt:

> *Generate claims? (Y/N)--*

To generate a file of claim information for the third party, enter **Y**. To exit without generating a file of claim information, enter **N**.

If you enter Y to generate the claim information file, the system displays the following message:

Starting third party tape claim batch 389738!

In this example, 389738 is the system-assigned batch number.

If you selected multiple third parties, the system displays the list of claim dates for the next third party before exiting the function.

Output

This function creates a file of claims information that is used by the Create Claim Tape function to generate a claim tape.

CREATE CLAIM TAPE FUNCTION

The following material presents a generic tape claim generation process. However, STAR Pharmacy does not generate tape claims as part of the base product and the process must be tailored for each hospital.

This function uses the claims information files created by the Tape Claim Generation function to create claims tapes that can be sent to third parties. The system does not erase the claims information files after you complete this function, so if there is any problem creating the tape, you can create another tape by performing this function again. The claims information files used by this function remain in the system for the number of days specified in the Tape Claim Retention field of the O/P Third Party Claim Info table.

After you select the Create Claim Tape function from the menu, the system displays the following screen:

```
                    General Hospital Create Claim Tape Processor
                                              Fri Aug 18, 1989 11:35 am


 Page:01                          Third Parties
 ( 1) GEORGIA MEDICAID
 ( 2) PRESCRIPTION CARD SERVICE











     Enter choice--

```

A list of the third parties that have claims information files created using the Tape Claim Generation function is displayed. The third parties are listed in alphabetic sequence based on the third party code. Enter the option number of the desired third party.

The system displays a list of the dates on which claims information files were generated. Enter the option number of the claims information file for which you want to create a tape.

NOTE: If you use journaling tapes, the system then prompts you to dismount the journaling tape.

Output

This function produces one tape of claim information for each third party selected.

When you create a tape of claim information to send to a third party, the system may print a Batch Recap report to be sent with the claim tape to the third party. The third party's policy determines if a Batch Recap report is needed.

The format and content of the Batch Recap report is determined by the third party during the installation period. The Batch Recap report is created by a programmer according to specifications provided to you by the third party. Contact your McKesson account manager for more information.

FORMAT
The following description applies only to the Batch Recap report example for the State of Minnesota. Other third parties may use different formats.

This report contains information the third party requires to be able to read the tape you are sending them.

At the top of the page, the report shows the date on which the claim tape was created.

For each claim date on the tape, the Batch Recap report provides the claim entry date in Julian format, the direct biller identification number, the volume serial number (if applicable), the number of invoices for the claim date, the number of records for the claim date, and the total dollar amount of the claims submitted for the claim date.

At the bottom of the page, the report shows the total number of invoices, number of records, and total dollar amount on the tape. The report also shows the hospital name, address, and phone number, and leaves a blank line for a signature.

GENERATION
The system may print a Batch Recap report when you produce a claim tape using the Create Claim Tape function depending upon the requirements of the third party.

PARAMETERS
There are no parameters affecting the content or generation of this report.

SORT SEQUENCE
Claims are listed in increasing order based on the Julian entry date.

Figure 7.1 The Batch Recap Example (State of Minnesota) (PTPP)

```
                            STATE OF MINNESOTA
                        DEPARTMENT OF HUMAN SERVICES
                        MEDICAL ASSISTANCE PROGRAM


                               BATCH RECAP

              1.  This recap must accompany each submission.

              2.  Date the tape was created 08/23/89.

              3.  List the following tape information.

          (Julian)
          Entry    Direct Biller     VOL=SER     Number     Number     Dollars
          Date         ID#                       Invoices   Records   Submitted
         ----------------------------------------------------------------------
          89123       999                           523       1690    10521.84




                                    TOTALS:        523       1690    10521.84

                FROM:   GENERAL HOSPITAL A
                        123 MAIN ST.
                        MINNEAPOLIS,MN 55000
                        (612) 555-1111

                               X
                                    AUTHORIZED SIGNATURE
```

REGENERATE TAPE CLAIM FUNCTION

The following material presents a generic tape claim generation process. However, STAR Pharmacy does not generate tape claims as part of the base product and the process must be tailored for each hospital.

This function erases existing claims information files created using the Tape Claims Generation function and then re-creates the claims information file. Claims information files for generating tape claims only need to be regenerated if the third party changes their claim tape format or informs you that there is some problem with the format of the claim tape that you sent to them.

Formats for tape claim files are created by a programmer according to specifications provided to you by the third party. Contact your McKesson account manager for more information.

After the third party claim tape format program has been modified, use this function to regenerate the claims information file. Then use the Create Claim Tape function to create the new claim tape.

Claims information files created using this function remain in the system for the number of days specified in the Tape Claim Retention field of the O/P Third Party Claim Info table.

After you select the Regenerate Tape Claim function from the menu, the system displays the following screen:

```
                General Hospital Regenerate Tape Claim Processor
                                               Fri Aug 18, 1989 11:37 am


 Page:01                           Third Parties
 ( 1) GEORGIA MEDICAID
 ( 2) PRESCRIPTION CARD SERVICE








 Enter choice--
```

The third parties in alphabetic sequence based on the third party code are displayed. Enter the option number of the third party for which you want to regenerate a tape claim information file.

After you select the third party for which you want to create a claim tape file, the system displays a list of the claims information files that have been generated for the third party. Enter the option number of the claims file that you want to regenerate.

The system displays the following message:

Processing. Please wait.

NOTE: Tape claim regeneration runs in the foreground and you cannot use your CRT until the process has completed. If the file is large, this process may take several minutes.

Output

This function re-creates a file of claims information that is used by the Create Claim Tape function to generate a new claims tape.

Chapter 8 - BATCH REPORTS

Illustrations

STAR Pharmacy Reference Guide - Ambulatory Care Module
October 2011   *Release 17.0*   *8–1*
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THIRD PARTY ADJUSTMENT REPORT

The Third Party Adjustment Report contains a list of canceled or revised prescriptions for which the third party is to be credited because claims were submitted for these prescriptions prior to the revision or cancellation.

At the top of each page, this report provides the hospital name, the report name, the date and time covered by the report, the page number, date of generation, and time of generation.

The first section of the report contains a detailed list of prescription information for third party adjustments. The heading contains the prescription number sequence and the third party name.

Detailed third party adjustment information is printed in two lines.

FIRST LINE

Rx No
This field contains the prescription number.

Ref
This field contains New if this is an original fill or the refill number if this is a refill.

Patient Name
This field contains the patient name.

Fac:Type
This field contains the facility code and the patient type separated by a colon (:). If there is no billing account for the prescription fill, the patient type is blank.

Prescriber
This field contains the prescriber name. An asterisk (*) precedes the prescriber name if the name is a physician group.

DS
This field contains the quantity dispensed.

RPh
This field contains the initials of the pharmacist.

SECOND LINE

Reason
This field contains Cancel if the prescription was canceled, or Rev followed by the revision number if the prescription was revised.

DEA
This field contains the control class number of the drug.

Drug Description
This field contains the drug name, display strength, and dosage form. The Trade/ Generic Ind field (McKesson-controlled) of the Amb Care - Parameters parameter determines whether the system displays the items' brand or generic name.

Product Nbr
This field contains the product number of the drug.

Qty
This field contains the quantity dispensed for this fill.

Amount
This field contains the amount that is to be credited to the third party.

After the detailed prescription information, the report shows the total number of prescription credits, revisions, cancels, and the total dollar amount.

The Master Facility Summary section of the Third Party Adjustment Report contains summary totals for each prescription number sequence by third party. At the end of the summary, the report shows summary information for all third parties and prescription number sequences.

Summary information consists of the total number of prescription credits, revisions, cancels, and the total cash amount.

Generation

The Third Party Adjustment Report is generated by the system during midnight processing. The report period is from midnight on the previous day until midnight on the current day.

The Third Party Adjustment Report can also be generated on demand using the Print Log Reports function. When you print the Third Party Adjustment Report on demand, you can select a report period different than the system's default of midnight-to-midnight.

Parameters

There are no parameters affecting the content or generation of this report.

Sort Sequence

Detailed prescription information is grouped by prescription number sequence. Within prescription number sequence, detailed prescription information is grouped

alphabetically by third party. Within third parties, detailed prescription information is sorted by prescription number.

The Master Facility Summary is grouped by prescription number sequence. Within prescription number sequence groups, summary information is sorted alphabetically by third party code.

Figure 8.1 Third Party Adjustment Report - 1 of 3 (PAADJ)

```
 General Hospital A            General Hospital              Page:        1
                        Third Party Adjustment Report       Date: 08/22/89
               From 8/22/89 12:01am thru 08/22/89 1:39pm    Time:  01:39pm

 Rx No. Sequence:  PHARMACY (RX)


                              GEORGIA MEDICAID

 Rx No      Ref  Patient Name          Fac:Type  Prescriber       DS  RPh
    Reason  DEA  Drug Description                 Product Nbr      Qty  Amount
 ---------  ---  ----------------------------    --------------------  -------
 19676      New  POLK,CLARISSA             P:  SYKES,THOMAS       25  PG
    Cancel  0    IBUPROFEN 300 MG (TABLET)       00009-0733-02   100     8.72

 19677      New  POLK,CLARISSA             P:  SYKES,THOMAS       30  PG
     Rev 1  0    METHYLDOPA 500 MG (TABLET)      00536-4011-01    90    16.01
 ----------------------------------------------------------------    -------
    Totals:      2 Credits    2 Revisions   0 Cancels    Total Amt:    24.73
```

Figure 8.2 Third Party Adjustment Report - 2 of 3 (PAADJ)

```
 General Hospital A            General Hospital              Page:        2
                        Third Party Adjustment Report       Date: 08/22/89
               From 8/22/89 12:01am thru 08/22/89 1:39pm    Time:  01:39pm

 Rx No. Sequence:  PHARMACY (RX)


                               SOCIAL WORK

 Rx No      Ref  Patient Name          Fac:Type  Prescriber       DS  RPh
    Reason  DEA  Drug Description                 Product Nbr      Qty  Amount
 ---------  ---  ----------------------------    --------------------  -------
 19678      1    SMITH,LILLIAN             P:  SYKES,THOMAS           PG
     Rev 1  0    D5W (INJECT)                    00338-0017-11    50     6.92
     Rev 1  0    CEPHALOTHIN SODIUM 2G(INJECT)   00173-0368-35    20     1.76
 ----------------------------------------------------------------    -------
    Totals:      2 Credits    2 Revisions   0 Cancels    Total Amt:     8.68
```

Figure 8.3 Third Party Adjustment Report (3 of 3) - Master Facility Summary
(PAADJ)

```
General Hospital A            General Hospital              Page:       3
                        Third Party Adjustment Report       Date: 08/22/89
                From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:  01:39pm


                        Master Facility Summary


--------------------------------------------------------------------------
Rx No. Seq:RX
            Third Pty        Credits        Revisions       Cancels      Amount

            GA                     2                2             0       24.73
                              -----            -----         -----   ---------
            Totals:               2                2             0       24.73
            SW                    2                2             0        8.68
                              -----            -----         -----   ---------
            Totals:               2                2             0       33.41


==========================================================================
Total - All Sequences
            Totals:               4                4             0      300.13

                        End of Report!
```

CANCEL PRESCRIPTION LOG

The Cancel Prescription Log provides a chronological list of information on prescriptions canceled.

At the top of each page, this report provides the hospital name, the report name, the date and time covered by the report, the page number, date of generation and time of generation.

The first section of the report contains a detailed log of prescriptions canceled. The heading contains the prescription number sequence, dispensing location and order type. There is a separate detailed prescription log for each prescription number sequence, dispensing location and order type. After the detailed prescription log, the report shows summary totals for all prescription number sequences, dispensing locations and order types.

Detailed information for each prescription is printed in two lines.

FIRST LINE

Rx No
This field contains the prescription number.

Ref
This field contains N if this is an original fill or R if this is a refill. If the fill/refill has been canceled, the system prints an asterisk (*) after the indicator.

Patient Name
This field contains the patient name.

Fac,Type
This field contains the facility code (if applicable) and the patient type separated by a comma. If there is no billing account for the prescription fill, the patient type is blank.

Prescriber
This field contains the prescriber name.

Ref
This field contains the number of refills for medication prescriptions but is not applicable and does not appear on the report for solution prescriptions.

Org Date
This field contains the original prescription date.

RPh/Tch
This field contains the initials of thepharmacist and the initials of the technician or other person entering the prescription. The two sets of initials are separated by a slash mark (/).

SECOND LINE

Type #
This field contains the prescription type. The prescription type is Compound if the prescription is a compound medication, or blank if it is not a compound. If the prescription is a solution, this field contains the solution type as defined in the Abbreviation field of the Solution Type Codes table. The number of bottles is printed in parentheses.

DEA
This field contains the control class of the drug if the drug is controlled.

Drug Description
This field contains the drug name, display strength, and dosage form.

Disp/Orig Qty
For medications, this field contains the quantity dispensed and original quantity prescribed separated by a slash (/). After the quantity dispensed and original quantity, the report shows the stock location code.

Manuf
This field contains the manufacturer's code number as defined in the Code field of the Manufacturers table.

Pln,Form
This field contains the third party plan code and the pricing formula code separated by a slash (/). The third party code is defined in the Code field of the O/P Third Party Plans table. The pricing formula code is defined in the Pricing Formula Assignment screen of the O/P Third Party Plans table.

Price
This field contains the total price for the prescription.

After the detailed prescription information, the report shows the total number of prescriptions canceled, the total number of new prescriptions canceled and refills canceled, and the total price credited.

The Master Facility Summary section of the Cancel Prescription Log contains summary totals for each prescription number sequence grouped by dispensing location and order type. At the end of the summary, the report shows totals for all sequences and locations.

Summary information consists of the total number of prescriptions canceled, number of new prescription fills canceled, number of prescription refills canceled, and total price credited.

Figure 8.4   Cancel Prescription Log (PACNLG)

```
GENERAL HOSPITAL A                General Hospital                   Page:     1
                              Cancel Prescription Log               Date: 06/14/90
               From 06/14/90 12:00midnight thru 06/14/90 11:59pm Time:  11:58am

Rx No. Sequence: AMBULATORY (AMB)
O/P Disp. Loc  : SAME DAY SURGERY (SDS)
Order Types    : Medications


                        Individual Items Dispensed Elsewhere

Rx No  Ref Patient Name        Fac,Type Prescriber      Ref   Org Date RPh/Tch
Type # DEA Drug Description              Qty/Orig Stk Loc Manuf Pln,Form Price
---------- --------------------------- ---------------- ----- -------- -------

10058      N*SMITH,KATHY  O        A,OPS SMITH,ANDREW     1     06/14/90 PG /PG
             PROCARDIA 10MG CAPSULE      30/30       RXO 00069 OP        20.20

10059      N*SMITH,KATHY  O        A,OPS SMITH,ANDREW     3     06/14/90 PG /PG
             PROPRANOLOL HCL 10MG TABLET 90/90       RXO 00054 OP         8.25

10059      R*SMITH,KATHY  O        A,OPS SMITH,ANDREW     3     06/14/90 PG /PG
             PROPRANOLOL HCL 10MG TABLET 90/90       RXO 00054 OP         8.25

10060      N*ABBOTT,BUDDY B        A     GREEN,ALAN G     6     06/14/90 PG /PG
             TAGAMET 300MG TABLET        120/120     RXO 00108 OP        83.85
----------------------------------------------------------------------- -------
            Totals:      3 Rxs    3 New     1 Ref           Total Amt:  120.55
```

Figure 8.5 Cancel Prescription Log - Master Facility Summary (PACNLG)

```
GENERAL HOSPITAL A            General Hospital           Page:       2
                            Cancel Prescription Log         Date: 06/14/90
           From 06/14/90 12:00midnight thru 06/14/90 11:59pm Time:  11:58am


                          Master Facility Summary

--------------------------------------------------------------------------------
Rx No. Seq:AMB

    Disp. Location: SDS            Rxs        New      Refill           Amount

                     Med           3          3          1            120.55
                     Sol           0          0          0              0.00
                                 -----      -----      -----       ---------
                     Total         3          3          1            120.55


    -----------------------------------------------------------------------
    Subtotal                      Rxs        New      Refill           Amount

                     Med           3          3          1            120.55
                     Sol           0          0          0              0.00
                                 -----      -----      -----       ---------
                     Total         3          3          1            120.55


========================================================================
Total - All Sequences             Rxs        New      Refill           Amount

                     Med           3          3          1            120.55
                     Sol           0          0          0              0.00
                                 -----      -----      -----       ---------
                     Total         3          3          1            120.55


                          End of Report!
```

CASH TRANSACTION LOG

The Cash Transaction Log contains information on cash transactions for prescriptions filled. The three sections of the Cash Transaction Log are:

- • Cash Transaction Log

- • Master Facility Totals

- • Cash Transaction Log by Third Party

At the top of each page, this report provides the hospital name, the report name, the date and time covered by the report, the page number, date of generation and time of generation.

Cash Transaction Log

The first section of the report contains a detailed log of cash transactions. The heading contains the prescription number sequence and dispensing location. There is a separate detailed log for each prescription number sequence and dispensing location. The Cash Transaction Log is grouped by cash transactions and credit transactions.

Detailed information for each transaction consists of:

- • Time of the transaction

- • Prescription number

- • Fill (Original or Refill)

- • Patient name

- • Fill quantity

- • Drug name*, display strength and dosage form

- • Transaction type (cash or third party plan code)

- • Pricing plan (blank if default was used)

- • Cash amount received

*   The Trade/Generic Ind field (McKesson-controlled) of the Amb Care - Parameters parameter determines whether the system displays the items' brand or generic name.

After the detailed transaction information, the report shows the total number of transactions and the total cash received for the specified prescription number sequence and dispensing location.

Master Facility Totals

After the detailed cash transaction information, the report shows a summary of totals by prescription number sequence and dispensing location.

For each prescription number sequence, the report shows the total number of transactions and the total amount by dispensing location. After the dispensing location information, the report shows a subtotal of number of transactions and cash amount for the sequence. The Master Facility Totals are grouped by cash transactions and credit transactions.

At the end of this section, the report shows the total number of transactions and total cash amount for all sequences.

Cash Transaction Log by Third Party

After the credit transaction log, the report shows a summary of totals by third party.

For each third party, the report shows the total number of cash transactions and the total cash amount by pricing plan. After the pricing plan detail, the report shows a subtotal of number of transactions and cash amount for the third party.

At the end of this section the report shows the total number of transactions and cash amount for all third parties.

Generation

The Cash Transaction Log is generated by the system during midnight processing. The report period is from midnight on the previous day until midnight on the current day.

The Cash Transaction Log can also be generated on demand using the Print Log Reports function. When you print the Cash Transaction Log on demand, you can select a report period different than the system's default of midnight-to- midnight.

Parameters

There are no parameters affecting the content or generation of this report.

Sort Sequence

The detailed cash transaction information is grouped by prescription number sequence code and dispensing location code. Within prescription number sequence and dispensing location, cash transactions are sorted by prescription number.

Master Facility Totals are grouped by cash transactions and credit transactions. Within cash and credit transaction groups, Master Facility Totals are sorted by prescription number sequence code and dispensing location code.

The Cash Transaction Log by Third Party is grouped by prescription number sequence code and dispensing location code. Within prescription number sequence and dispensing location, cash transactions are summarized by third party and pricing plan.

Figure 8.6 Cash Transaction Log - Cash Transactions (PACBX)

```
 General Hospital A                 General Hospital            Page:        1
                                  Cash Transaction Log          Date: 08/22/89
                      From 8/22/89 12:01am thru 08/22/89 1:39pm  Time:  01:39pm

 Rx No. Sequence:  Second Nbr Seq (NBRS2)
 O/P Disp. Loc  :  OUTPATIENT PHARMACY (RXOA)


                     Fill  Patient Name
 Time    Rx Number  Qty   Drug Description                   Type   Plan  Cash Amt
 ------  ---------  ----  --------------------------------   -----  ----  --------

 01:53P    800160   Orig  REDDISH, NANCY
                     40   HALDOL 0.5MG 0.5 MG (TABLET)        Cash            12.73

 03:42P    800162   Orig  DUNN, KRISTI
                     20   DELTASONE 10 MG (TABLET)            Cash             4.49

 02:43P    800168   Orig  YOUNG, SUSAN
                     20   KEFLEX 250 MG (CAPSUL)              Cash            18.90

 11:03A    800169   Orig  HUCKLER, SADIE
                     40   ERYTHROMYCIN 250 MG (CAPSUL)        GA               1.00

 11:18A    800170   Orig  HUCKLER, SADIE
                     30   VALIUM 5 MG (TABLET)                GA               1.00
                                                                          ---------
                                            5 Transactions for               38.12
```

Figure 8.7 Cash Transaction Log - Credit Transactions (PACBX)

```
General Hospital A                  General Hospital              Page:        2
                                  Credit Transaction Log          Date: 08/22/89
                       From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:  01:39pm

Rx No. Sequence: Second Nbr Seq (NBRS2)
O/P Disp. Loc  :  (RXOA)

                     Fill  Patient Name
Time     Rx Number  Qty   Drug Description                 Type  Plan  Cash Amt
------   ---------  ----  ------------------------------   ----  ----  --------
02:15P     800222   Orig  AUSTIN,NANCY M
                    100   PENICILLIN V POTA 125 MG (SUSPEN)                -5.95

02:15P     800220   N-2   YOUNG,SUSAN
                    1000  DEXTROSE 5 % (1000 ML)           GA              -2.00

                                                                      ---------
                                                    2 Credits for          -7.95
```

Figure 8.8 Cash Transaction Log - Master Facility Totals for Cash Txns (PACBX)

```
General Hospital A                  General Hospital              Page:        3
                                  Cash Transaction Log            Date: 08/22/89
                       From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:  01:39pm

                            Master Facility Totals

-----------------------------------------------------------------------------------
Rx No. Seq: NBRS2      O/P Disp. Location      Transactions                 Amount

                       RXOA                             5                    38.12
                                                      -----              -----------
                       Total                            5                    38.12

===================================================================================
Total - All Sequences                                  5                    38.12
```

Figure 8.9   Cash Transaction Log - Master Facility Totals for Credit Txns (PACBX)

```
General Hospital A                  General Hospital              Page:        4
                                  Credit Transaction Log          Date: 08/22/89
                       From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:  01:39pm

                            Master Facility Totals

-----------------------------------------------------------------------------------
Rx No. Seq:NBRS2       O/P Disp. Location      Transactions                 Amount

                       RXOA                             2                    -7.95
                                                      -----              -----------
                       Total                            2                    -7.95

===================================================================================
Total - All Sequences                                  2                    -7.95
```

Figure 8.10 Cash Transaction Log by Third Party (PACBX)

```
General Hospital A                General Hospital            Page:        5
                              Cash Transaction Log           Date: 08/22/89
                    From 8/22/89 12:01am thru 08/22/89 1:39pm     Time:  01:39pm

Rx No. Sequence:  Second Nbr Seq (NBRS2)
O/P Disp. Loc  :  OUTPATIENT PHARMACY (RXOA)


-------------------------------------------------------------------------------
CASH                      Pricing Plan          Transactions          Amount

                          Default Pricing Plan             3            36.12

                          Total                            3            36.12

-------------------------------------------------------------------------------
Third Party: GA           Pricing Plan          Transactions          Amount

                          Default Pricing Plan             2             2.00

                          Total                            2             2.00



Total - All Third Parties                                  5            38.12

                              End of Report!
```

CONTROLLED DRUG REPORT

The Controlled Drug Report contains information on prescriptions filled for drug items that are controlled. That is, orders for any drug items with a control class of 1-5 inclusive.

At the top of each page, this report provides the hospital name, the report name, the date and time covered by the report, the page number, date of generation and time of generation.

The first section of the report contains a detailed log of prescriptions filled for drug items that are controlled. The heading contains the prescription number sequence, dispensing location, control class and order type. There is a separate controlled drug report for each prescription number sequence, dispensing location, control class and order type. At the end of the report, there are summary totals for all prescription number sequences, dispensing locations, control classes and order types.

Detailed information for each prescription is printed in two lines.

FIRST LINE

Rx No
This field contains the prescription number.

Ref
This field contains N if this is an original fill or R if this is a refill.

Patient Name
This field contains the first 24 characters of the patient's name.

Fac,Type
This field contains the facility code (if applicable) and the patient type separated by a comma. If there is no billing account for the prescription fill, the patient type is blank.

Prescriber
This field contains the first 15 characters of the prescriber's name.

Ref
This field contains the number of refills.

Org Date
This field contains the original prescription date.

RPh/Tch
This field contains the initials of thepharmacist and the initials of the technician or other person entering the prescription. The two sets of initials are separated by a slash mark (/).

SECOND LINE

Type #
This field contains the prescription type. The prescription type is Compound if the prescription is a compound medication, or blank if it is not a compound. If the prescription is a solution, this field contains the solution type as defined in the Abbreviation field of the Solution Type Codes table. The number of bottles is printed in parentheses.

DEA
This field contains the control class of the drug if the drug is controlled.

Drug Description
This field contains the first 29 characters of the drug name, strength, and dosage form.

Disp/Orig Qty
For medications, this field contains the quantity dispensed and original quantity prescribed separated by a slash mark (/). After the quantity dispensed and original quantity, the report shows the stock location code.

For solutions, this field contains the bottle schedule code, which is defined in the Code field of the Bottle Schedule table. After the bottle schedule code, the report shows the stock location code.

Manuf
This field contains the manufacturer's code number as defined in the Code field of the Manufacturers table.

Pln,Form
This field contains the third party plan code and the pricing formula code separated by a slash mark (/). The third party code is defined in the Code field of the O/P Third Party Plans table. The pricing formula code is defined in the Pricing Formula Assignment screen of the O/P Third Party Plans table.

Price
This field contains the total price for the prescription.

After the detailed prescription information, the report shows the total number of controlled drug prescriptions filled, the total number of new prescriptions and refills, and the total price.

The Master Facility Summary section of the Controlled Drug Report contains summary totals for each prescription number sequence grouped by dispensing location, control class and order type. Summary information consists of the total number of prescriptions filled, number of new prescriptions filled, number of prescriptions refilled, and total price.

At the end of the summary, the report shows totals for all sequences, locations and control classes.

Generation

The Controlled Drug Report is generated by the system during midnight processing. The report period is from midnight on the previous day until midnight on the current day.

The Controlled Drug Report can also be generated on demand using the Print Log Reports function. When you print the Controlled Drug Report on demand, you can select a report period different than the system's default of midnight-to-midnight.

Parameters

There are no parameters affecting the content or generation of this report.

Sort Sequence

The detailed prescription information is grouped by prescription number sequence code, dispensing location code, control class code, and order type. Within each group, detailed prescription information is sorted by prescription number.

Master Facility Totals are sorted by prescription number sequence code, dispensing location code, control class code and order type.

Figure 8.11 Controlled Drug Report - 1 of 4 (PACDR)

```
 General Hospital A                    General Hospital            Page:        1
                                    Controlled Drug Report         Date: 08/22/89
                        From 8/22/89 12:01am thru 08/22/89 1:39pm  Time:  01:39pm

  Rx# Sequence :  Second Nbr Seq (NBRS2)
  O/P Disp. Loc :  OUTPATIENT PHARMACY (RXOA)
  DEA Class     :  2
  Order Types   :  Medications


 Rx#     Ref Patient Name          Fac,Type Prescriber      Ref   Org Date RPh/Tch
 Type # DEA Drug Description                Disp/Orig Qty    Manuf Pln,Form Price
 ---------- ------------------------------ --------------- ----- -------- -------
 800180    N BROWN,CONNIE           A,I/P RAIN,JAMES R   0       08/22/89 EH /EH
           2 MORPHINE SULFATE 10MG TAB      5/5           RXOA 00002 AA          6.64

 800179    N NELSON,CINDY            A    REDDY,RON       0       08/22/89 EH /EH
           2 PERCODAN TABLET                10/10         RXOA 00060 AA          6.64
 ------------------------------------------------------------------------- -----
         Totals:        2 Rxs      2 New      0 Ref             Total Amt:   13.28
```

Figure 8.12 Controlled Drug Report - 2 of 4 (PACDR)

```
General Hospital A                General Hospital             Page:        2
                         Controlled Drug Report             Date: 08/22/89
                  From 8/22/89 12:01am thru 08/22/89 1:39pm    Time:  01:39pm

Rx # Seq:  Second Nbr Seq (NBRS2)
O/P Disp. Loc  :  OUTPATIENT PHARMACY (RXOA)
DEA Class      :  4
Order Types    :  Medications

Rx#     Ref Patient Name          Fac,Type Prescriber      Ref   Org Date RPh/Tch
Type # DEA Drug Description               Disp/Orig Qty   Manuf Pln,Form Price
---------- ------------------------------ --------------- ----- -------- -------
800167   N ANDREWS,MARY             A,I/P RAIN,JAMES R     1    08/22/89 EH /EH
         4 VALIUM 2MG TABLET              50/50      RXOA 00140 AA          47.22

800170   N BELDING,SUSAN            A     *JAMES,MARSHALL 2    08/22/89 EH /EH
         4 VALIUM 5MG TABLET              30/30      RXOA 00140 GA,AL        12.52
---------------------------------------------------------------------- ------
            Totals:     2 Rxs   2 New      0 Ref          Total Amt:  59.74
```

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Figure 8.13 Controlled Drug Report - 3 of 4 (PACDR)

```
General Hospital A                 General Hospital            Page:        3
                                 Controlled Drug Report        Date: 08/22/89
                      From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:  01:39pm

                            Master Facility Summary

Rx#   Seq: NBRS2

    Disp. Location: RX0A

        DEA Class: 2            Rxs         New          Refill          Amount

                      Med        2           2              0             13.28
                      Sol        0           0              0              0.00
                                -----       -----         -----         ---------
                      Total      2           2              0             13.28

        DEA Class: 4            Rxs         New          Refill          Amount

                      Med        2           2              0             59.74
                      Sol        0           0              0              0.00
                                -----       -----         -----         ---------
                      Total      2           2              0             59.74

        -------------------------------------------------------------------

        Total - All DEA Classes  Rxs        New          Refill          Amount

                      Med        4           4              0             73.02
                      Sol        0           0              0              0.00
                                -----       -----         -----         ---------
                      Total      4           4              0             73.02

--------------------------------------------------------------------------------
Total - All Locations

        DEA Class: 2            Rxs         New          Refill          Amount

                      Med        2           2              0             13.28
                      Sol        0           0              0              0.00
                                -----       -----         -----         ---------
                      Total      2           2              0             13.28

        DEA Class: 4            Rxs         New          Refill          Amount

                      Med        2           2              0             59.74
                      Sol        0           0              0              0.00
                                -----       -----         -----         ---------
                      Total      2           2              0             59.74

        -------------------------------------------------------------------
        Total - All DEA Classes  Rxs        New          Refill          Amount

                      Med        4           4              0             73.02
                      Sol        0           0              0              0.00
                                -----       -----         -----         ---------
                      Total      4           4              0             73.02
```

Figure 8.14 Controlled Drug Report - 4 of 4 (PACDR)

```
General Hospital A              General Hospital              Page:       4
                           Controlled Drug Report            Date: 08/22/89
                  From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:  01:39pm

                           Master Facility Summary

Total - All Sequences

        DEA Class: 2              Rxs        New        Refill          Amount

                      Med          2          2            0           13.28
                      Sol          0          0            0            0.00
                                 -----      -----        -----       ---------
                      Total        2          2            0           13.28

        DEA Class: 4              Rxs        New        Refill          Amount

                      Med          2          2            0           59.74
                      Sol          0          0            0            0.00
                                 -----      -----        -----       ---------
                      Total        2          2            0           59.74


        --------------------------------------------------------------------
        Total - All DEA Classes  Rxs        New        Refill          Amount

                      Med          4          4            0           73.02
                      Sol          0          0            0            0.00

                      Total        4          4            0           73.02

                      End of Report!
```

PRESCRIPTION ACTIVITY BY HOUR REPORT

The Prescription Activity by Hour report contains an hourly summary of information on prescriptions filled.

At the top of each page, this report provides the hospital name, the report name, the date and time covered by the report, the page number, date of generation and time of generation.

The first section of the report shows hourly prescription activity by prescription number sequence and dispensing location. The second section shows a summary of hourly prescription activity for each prescription number sequence for all dispensing locations. The final section of the report shows a summary of hourly prescription activity for all prescription number sequences and all locations.

For each hour, the report shows the number of prescriptions filled for new medications, new solutions, refill medications, refill solutions, and the total number of prescriptions filled.

At the bottom of each section, the report shows a total of prescriptions filled for new medications, new solutions, refill medications, refill solutions, and the total number of prescriptions filled.

Generation

The Prescription Activity by Hour report is generated by the system during midnight processing. The report period is from midnight on the previous day until midnight on the current day.

The Prescription Activity by Hour report can also be generated on demand using the Print Log Reports function. When you print the Prescription Activity by Hour report on demand, you can select a report period different than the system's default of midnight-to-midnight.

Parameters

There are no parameters affecting the content or generation of this report.

Sort Sequence

The Prescription Activity by Hour report is grouped by prescription number sequence code and dispensing location code. Within each group, the report shows hourly prescription fill activity chronologically.

Figure 8.15 Prescription Activity by Hour Report - 1 of 3 (PAPAH)

```
General Hospital A                General Hospital              Page:       1
                           Prescription Activity by Hour        Date: 08/22/89
                    From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:  01:39pm

Rx No. Sequence:  Second Nbr Seq (NBRS2)
O/P Disp. Loc  :  OUTPATIENT PHARMACY (RXOA)

                     New        New       Refill      Refill
                     Meds     Solutions    Meds      Solutions     Total
                     ----     ---------   ------     ---------     -----
00:00 to 00:59        0           0          0           0           0
01:00 to 01:59        0           0          0           0           0
02:00 to 02:59        0           0          0           0           0
03:00 to 03:59        0           0          0           0           0
04:00 to 04:59        0           0          0           0           0
05:00 to 05:59        0           0          0           0           0
06:00 to 06:59        5           2          0           0           7
07:00 to 07:59       12           5         13           1          31
08:00 to 08:59        7           3          8           0          18
09:00 to 09:59        9           4          9           2          24
10:00 to 10:59       20          11         21           1          53
11:00 to 11:59       24          21         19           3          67
12:00 to 12:59       37          19         32           0          88
13:00 to 13:59       16           7         14           2          39
14:00 to 14:59       21          11         17           1          50
15:00 to 15:59       13          10         11           2          36
16:00 to 16:59        9           4          6           1          20
17:00 to 17:59       32           8         19           0          59
18:00 to 18:59       26          12         12           3          53
19:00 to 19:59       20           9          9           1          39
20:00 to 20:59       17           6         14           2          39
21:00 to 21:59       29          14          6           0          49
22:00 to 22:59        0           0          0           0           0
23:00 to 23:59        0           0          0           0           0
                  -------------------------------------------------------------
    Totals:         297         146        210          19         672
```

Figure 8.16 Prescription Activity by Hour Report - 2 of 3 (PAPAH)

```
General Hospital A              General Hospital              Page:        2
                           Prescription Activity by Hour         Date: 08/22/89
                   From 8/22/89 12:01am thru 08/22/89 1:39pm     Time:  01:39pm

Rx No. Sequence:  Second Nbr Seq (NBRS2)
O/P Disp. Loc  :  Total for All Locations

                         New        New       Refill      Refill
                        Meds    Solutions     Meds     Solutions     Total
                        ----    ---------    ------    ---------     -----
00:00 to 00:59           0          0          0           0           0
01:00 to 01:59           0          0          0           0           0
02:00 to 02:59           0          0          0           0           0
03:00 to 03:59           0          0          0           0           0
04:00 to 04:59           0          0          0           0           0
05:00 to 05:59           0          0          0           0           0
06:00 to 06:59           5          2          0           0           7
07:00 to 07:59          12          5         13           1          31
08:00 to 08:59           7          3          8           0          18
09:00 to 09:59           9          4          9           2          24
10:00 to 10:59          20         11         21           1          53
11:00 to 11:59          24         21         19           3          67
12:00 to 12:59          37         19         32           0          88
13:00 to 13:59          16          7         14           2          39
14:00 to 14:59          21         11         17           1          50
15:00 to 15:59          13         10         11           2          36
16:00 to 16:59           9          4          6           1          20
17:00 to 17:59          32          8         19           0          59
18:00 to 18:59          26         12         12           3          53
19:00 to 19:59          20          9          9           1          39
20:00 to 20:59          17          6         14           2          39
21:00 to 21:59          29         14          6           0          49
22:00 to 22:59           0          0          0           0           0
23:00 to 23:59           0          0          0           0           0
                 -----------------------------------------------------------
    Totals:             297        146        210          19         672
```

Figure 8.17 Prescription Activity by Hour Report - 3 of 3 (PAPAH)

```
General Hospital A              General Hospital            Page:        3
                         Prescription Activity by Hour      Date: 08/22/89
                   From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:  01:39pm

Rx No. Sequence:  Total for All Sequences
O/P Disp. Loc  :  Total for All Locations


                      New        New      Refill     Refill
                      Meds    Solutions    Meds     Solutions     Total
                      ----   ---------   ------   ---------    -----
00:00 to 00:59          0          0         0          0          0
01:00 to 01:59          0          0         0          0          0
02:00 to 02:59          0          0         0          0          0
03:00 to 03:59          0          0         0          0          0
04:00 to 04:59          0          0         0          0          0
05:00 to 05:59          0          0         0          0          0
06:00 to 06:59          5          2         0          0          7
07:00 to 07:59         12          5        13          1         31
08:00 to 08:59          7          3         8          0         18
09:00 to 09:59          9          4         9          2         24
10:00 to 10:59         20         11        21          1         53
11:00 to 11:59         24         21        19          3         67
12:00 to 12:59         37         19        32          0         88
13:00 to 13:59         16          7        14          2         39
14:00 to 14:59         21         11        17          1         50
15:00 to 15:59         13         10        11          2         36
16:00 to 16:59          9          4         6          1         20
17:00 to 17:59         32          8        19          0         59
18:00 to 18:59         26         12        12          3         53
19:00 to 19:59         20          9         9          1         39
20:00 to 20:59         17          6        14          2         39
21:00 to 21:59         29         14         6          0         49
22:00 to 22:59          0          0         0          0          0
23:00 to 23:59          0          0         0          0          0
                 ----------------------------------------------------------
    Totals:          297        146       210         19        672

                              End of Report!
```

PRESCRIPTION LOG

The Prescription Log provides a chronological list of information on prescriptions filled and canceled.

At the top of each page, this report provides the hospital name, the report name, the date and time covered by the report, the page number, date of generation and time of generation.

The first section of the report contains a detailed log of prescriptions filled. The heading contains the prescription number sequence, dispensing location and order type. There is a separate detailed prescription log for each prescription number sequence, dispensing location and order type.

The report also includes information about patient counseling, DUR Alerts, the type of claim processing, and the status for the third-party payor claim.

After the detailed prescription log, the report shows summary totals for all prescription number sequences, dispensing locations and order types.

Detailed information for each prescription is printed in three lines.

FIRST LINE

Rx #
This field contains the prescription number.

Ref
This field contains N if this is an original fill or R if this is a refill. If the fill/refill has been canceled, the system prints an asterisk (*) after the indicator.

Patient Name
This field contains the patient name.

Fac,Type
This field contains the facility code (if applicable) and the patient type separated by a comma. If there is no billing account for the prescription fill, the patient type is blank.

Prescriber
This field contains the prescriber name.

Ref
This field contains the number of refills for medication prescriptions but is not applicable and does not appear on the report for solution prescriptions.

Org Date
This field contains the original prescription date.

RPh/Tch
This field contains the initials of the pharmacist and the initials of the technician or other person entering the prescription. The two sets of initials are separated by a slash mark (/).

SECOND LINE

Type #
This field contains the prescription type. The prescription type is Compound if the prescription is a compound medication, or blank if it is not a compound. If the prescription is a solution, this field contains the solution type as defined in the Abbreviation field of the Solution Type Codes table. The number of bottles is printed in parentheses.

DEA
This field contains the control class of the drug if the drug is controlled.

Drug Description
This field contains the drug name, display strength, and dosage form.

Disp/Orig Qty
For medications, this field contains the quantity dispensed and original quantity prescribed separated by a slash (/). After the quantity dispensed and original quantity, the report shows the stock location code.

Manuf
This field contains the manufacturer's code number as defined in the Code field of the Manufacturers table.

Pln,Form
This field contains the third party plan code and the pricing formula code separated by a slash (/). The third party code is defined in the Code field of the O/P Third Party Plans table. The pricing formula code is defined in the Pricing Formula Assignment screen of the O/P Third Party Plans table.

Price
This field contains the total price for the prescription.

THIRD LINE

Counseled By/Time
This field contains patient counseling information: the name of the person providing the counseling and the time it occurred.

DUR Alerts
This field indicates if third party payor DUR Alert messages were received from the third-party claims processor for this prescription fill.

Mdm
This is the code for the third party plan claim processing type. Options are:

F	Format
R	Report
S	Send to Financial System
E	Electronic Claim Submission
O	Other

Stat
The status code for the third party payor claim prints in this field. Options are:

PAID	Paid
DUP	Duplicate
CAP	Captured
REV	Reversed
REJ	Rejected
SUB	Submitted
RERJ	Reversal Rejected
N/S	Not Submitted

After the detailed prescription information, the report shows the total number of prescriptions filled, the total number of new prescriptions and refills, and the total price.

The Master Facility Summary section of the Prescription Log contains summary totals for each prescription number sequence grouped by dispensing location and order type. At the end of the summary, the report shows totals for all sequences and locations.

Summary information consists of the total number of prescriptions filled, number of new prescriptions filled, number of refill prescriptions, and total price.

Generation

The Prescription Log is generated by the system during midnight processing. The report period is from midnight on the previous day until midnight on the current day.

The Prescription Log can also be generated on demand using the Print Log Reports function. When you print the Prescription Log on demand, you can select a report period different than the system's default of midnight-to-midnight.

Parameters

There are no parameters affecting the content or generation of this report.

Sort Sequence

The detailed prescription information is grouped by prescription number sequence code, dispensing location code, and order type. Within each group, prescriptions information is sorted by prescription number.

Master Facility Totals are sorted by prescription number sequence code, dispensing location code, and order type.

Figure 8.18 Prescription Log - Medications (1 of 2) (PARLOG)

```
 General Hospital A                General Hospital              Page:       1
                                   Prescription Log             Date: 08/22/93
                      From 8/22/93 12:01am thru 08/22/93 1:39pm   Time:  01:39pm

 Rx No. Sequence:  Second Nbr Seq (NBRS2)
 O/P Disp. Loc  :  OUTPATIENT PHARMACY (RXOA)
 Order Types    :  Medications

                                   Prescriptions

 Rx #    Ref Patient Name          Fac,Type Prescriber      Ref   Org Date RPh/Tch
 Type # DEA Drug Description                Disp/Orig Qty   Manuf Pln,Form Price
            Counseled By/Time              DUR Alerts             Mdm,Stat
 ---------- ------------------------------ ----------------- ----- -------- -------
 800158   N DANIELS, JERRY       A,I/P    RAIN, JAMES R    1    08/22/93 EH /EH
            ERYTHROMYCIN 250MG CAPSUL      40/40      RXOA 00047 AA         9.41
            No                                                E, PAID

 800160   N REDDISH, NANCY       A        *DAVIS, ALEX     5    08/22/93 EH /EH
            HALDOL 0.5MG TABLET           40/40      RXOA 00045 AA        12.73
            No                                                E, PAID

 800161   N DUNN, KRISTI         A,I/P    ABBOTT, DON      0    08/22/93 EH /EH
            DELTASONE 5MG TABLET          20/20      RXOA 00009 AA         4.26
            No                                                E, REJ

 800162   N DUNT, DEBBIE         A        BABCOCK, WM. H   0    08/22/93 EH /EH
            DELTASONE 10MG TABLET         20/20      RXOA 00009 AA         4.49
            Yes                                               E, REJ

 800163   N SMITH, STEVE         A,I/P    ABBOTT, DON      1    08/22/93 EH /EH
 Compound   TYLENOL CAPLET 325MG CAPLET   100/100    RXOA 00000 AA        10.12
            No                                                E, PAID

 800164   N SMITH, STEVE         A,I/P    ABBOTT, DON      1    08/22/93 EH /EH
            REGLAN 10MG TABLET            20/20      RXOA 0031  AA         8.62
            No                                                E, PAID

 800166   N SPILLERS, LUTHER     A,I/P    ANDREWS, CHRIS   3    08/22/93 EH/ EH
 Compound   CORTISONE 0.25% 120ML LOTION  120/120    RXOA 00026 AA        22.33
            CALAMINE 120ML LOTION         120/120    RXOA 00228 AA         6.64
            No                                                E, PAID

 800167   N MATTHEWS, LURA       A,I/P    RAIN, JAMES R    1    08/22/93 EH /EH
          4 VALIUM 2MG TABLET             50/50      RXOA 00140 AA        47.22
            No                                                E, REJ

 800168   N SMITH, JOE  A                 GAFFOS, STACY N  1    08/22/93 EH /EH
            KEFLEX 250MG CAPSUL           20/20      RXOA 00777 AA        18.90
            No                                                E, PAID

 800169   N HUCKLER, SADIE  A             *DAVIS, ALEX     0    08/22/93 EH /EH
            ERYTHROMYCIN 250MG CAPSUL     40/40      RXOA 00047 GA,AL     15.33
            No                                                E, PAID
```

Figure 8.19 Prescription Log - Medications (2 of 2) (PARLOG)

```
  General Hospital A                General Hospital                 Page:       2
                                    Prescription Log                Date: 08/22/93
                      From 8/22/93 12:01am thru 08/22/93 1:39pm     Time:  01:39pm

 Rx No. Sequence:  Second Nbr Seq (NBRS2)
 O/P Disp. Loc  :  OUTPATIENT PHARMACY (RXOA)
 Order Types    :  Medications

 Rx #   Ref Patient Name          Fac,Type Prescriber      Ref   Org Date RPh/Tch
 Type # DEA Drug Description                Disp/Orig Qty     Manuf Pln,Form Price
           Counseled By/Time               DUR Alerts              Mdm,Stat
 ---------- ---- ------------------------- -------- ----------------- ----- -------- -------
  800170   N HUCKLER, SADIE         A       *JAMES, WESTON   2      08/22/93 EH /EH
          4 VALIUM 5MG TABLET              30/30            RXOA 00140 GA,AL     12.52
                                           No                       E, PAID

  800171   N HUCKLER, AMY           A       *DAVIS, ALEX     0      08/22/93 EH /EH
            TOBREX OPHTH 0.3% 5ML SOLUTION 5/5              RXOA 00998 PCS,C     16.70
                                           No                       E, PAID

  800173   N SUMMERS, MITCH         A,I/P  FARLEY, JOHN O    5      08/22/93 EH /EH
            ANACIN-3 MAXIMUM S 500MG TAB   50/50            RXOA 00573 AA        6.88
                                           No                       E, REJ

  800175   N SUMMERS, MITCH         A,I/P  FARLEY, JOHN O    2      08/22/93 EH /EH
            TAGAMET 300MG TABLET           100/100          RXOA 00108 GA,AL     95.40
                                           No                       E, REJ

  800176   N TAYLOR, MARK           A,     REDDY, P P        0      08/22/93 EH /EH
          2 PERCODAN TABLET                10/10            RXOA 00060 AA        6.64
                                           Yes                      E, PAID

  800177   N WILD, JOEL             A,I/P  RAIN, JAMES R     0      08/22/93 EH /EH
          2 MORPHINE SULFATE 10MG TABLET   5/5              RXOA 00002 AA        6.64
                                           No                       E, REJ

  800178   N BARROW, PEG            A,I/P  FARLEY, JOHN      6      08/22/93 EH /EH
            TAGAMET 300MG TABLET           100/100          RXOA 00108 AA        51.01
                                           No                       E, PAID
 ------------------------------------------------------------------------- -------
      Totals:          17 Rxs    20 New      0 Ref        Total Amt:   355.88
```

Figure 8.20 Prescription Log - Solutions (PARLOG)

```
General Hospital A              General Hospital           Page:        3
                               Prescription Log           Date: 08/22/93
                    From 8/22/93 12:01am thru 08/22/93 1:39pm    Time:  01:39pm

Rx No. Sequence:  Second Nbr Seq (NBRS2)
O/P Disp. Loc  :  OUTPATIENT PHARMACY (RXOA)
Order Types    :  Solutions


                               Prescriptions

Rx No  Ref Patient Name         Fac,Type  Prescriber          Org Date RPh/Tch
Type # DEA Drug Description                Disp/Orig Qty    Manuf Pln,Form Price
           Counseled By/Time               DUR Alerts            Mdm,Stat
---------- --------------------------- ---------------- ----- -------- -------
800159   N POSEN, MICHAEL         A,I/P  RAIN, JAMES R         08/22/93 EH /EH
           DEXTROSE 5% 1000ML INJECT    QB          RXOA 00074 C         51.40
           M.V.C. 9 + 3 10ML INJECT     QB          RXOA 00469 AA        11.72
                                        No                     E, PAID

800165   N WILSON, CHERYLL        A,I/P  ANDREWS, CHRISTOPH     08/22/93 EH /EH
PRI(3)     DEXTROSE 5% 1000ML INJECT    QB          RXOA 00074 C         77.10
                                        No                     E, PAID

800174   N SUMMERS, MITCH         A,I/P  FARLEY, JOHN O        08/22/93 EH /EH
PRI(8)     DEXTROSE 5%-NACL 1000ML INJECT QB        RXOA 00074 GA,C     130.40
           DEXTROSE 5%-NACL 1000ML INJECT QB        RXOA 00074 GA,C     130.40
           M.V.I. 12 10ML INJECT        QB          RXOA 00053 GA,AA     53.12
                                        No                     E, PAID

800176   N ISACS, JOHN            A,I/P  FARLEY, JOHN O   24;H 08/22/93 EH /EH
IVP(1)     SODIUM CHLORID 0.9% 50ML INJECT QB        RXOA 00074 C         15.70
                                        No                     E, PAID

------------------------------------------------------------------------ -------
           Totals:   4 Rxs   4 New   0 Ref          Total Amt:       469.84
```

Figure 8.21 Prescription Log - Master Facility Summary (PARLOG)

```
General Hospital A              General Hospital          Page:      4
                               Prescription Log          Date: 08/22/89
                    From 8/22/89 12:01am thru 08/22/89 1:39pm    Time:  01:39pm

                          Master Facility Summary

-------------------------------------------------------------------------------
Rx No. Seq: NBRS2

    Disp. Location: RXOA          Rxs        New     Refill            Amount
               Med                 17         17          0            355.88
               Sol                  4          4          0            469.84
                                 -----      -----     -----         ---------
               Total               21         21          0            825.72


    -----------------------------------------------------------------------
    Subtotal                      Rxs        New     Refill            Amount

               Med                 17         17          0            355.88
               Sol                  4          4          0            469.84
                                 -----      -----     -----         ---------
               Total               21         21          0            825.72


==============================================================================
Total - All Sequences            Rxs        New     Refill            Amount

               Med                 17         17          0            355.88
               Sol                  4          4          0            469.84
                                 -----      -----     -----         ---------
               Total               21         21          0            825.72


                          End of Report!
```

PRICE OVERRIDE REPORT

The Price Override Report is a list of prescriptions whose system-calculated price was changed at the time the prescription was filled.

At the top of each page, this report provides the hospital name, the report name, the date and time covered by the report, the page number, date of generation and time of generation.

The first section of the report contains a detailed list of all prescriptions filled where the prescription price was overridden. The heading contains the prescription number sequence and dispensing location.

Detailed price override information is printed in three lines.

FIRST LINE

Rx No
This field contains the prescription number.

Ref
This field contains N if this is an original fill or R if this is a refill.

Patient Name
This field contains the patient name.

Fac,Type
This field contains the facility code and the patient type separated by a comma. If there is no billing account for the prescription fill, the type is blank.

Account No
This field contains the patient billing account number. If there is no billing account number, *No Bill Acct* is printed.

SECOND LINE

Multi
This field contains Compound if the prescription is a compound medication. This field is left blank for single-item medication prescriptions. For solution prescriptions, the report shows the solution type.

DEA
This field contains the control class of the drug if the drug is controlled.

Drug Description
This field contains the drug name, display strength, and dosage form.

Quantity
For medications, this field contains the quantity dispensed and the first six characters of the dosage form. Since prices can only be overridden for medications, no solutions appear on this report.

Override Price
This field contains the price entered at the time the prescription was filled or refilled.

Net Diff
This field contains the price from the formulary minus the override price.

Pct
This field contains the percent difference between the price from the formulary and the override price. This field is calculated using the formula:

$$\text{Percent} = \frac{\text{Net Diff}}{\text{price from the formulary}} \times 100$$

The calculated percent is rounded to the nearest integer.

THIRD LINE

Plan/Formula
This field contains the third party plan code and the pricing formula code separated by a slash (/). The third party code is defined in the Code field of the O/P Third Party Plans table. The pricing formula code is defined in the Pricing Formula Assignment screen of the O/P Third Party Plans table.

Entered By
This field contains the name of the employee who entered the price override.

After the detailed price override prescription information, the report shows the total number of items with price overrides, the total override price, the total net difference, and the total price override percentage.

The second section of the Price Override Report is the Master Facility Summary. The Master Facility Summary contains summary totals for each prescription number sequence grouped by dispensing location. Summary information consists of the total number of price overrides, new price, net difference, and percent difference.

At the end of the summary, the report shows totals for all sequences, locations and control classes.

The third section of the Price Override Report shows a list of price override totals by employee.

For each employee, the report shows the employee ID number, employee name, total override price, total net difference and total percent difference.

The fourth section of the Price Override Report shows a list of price override totals by third party.

For each third party, the report shows the third party code, third party name, total override price, total net difference and total percent difference.

At the end of the Totals by Third Party section, the report shows the grand totals for override price, net difference, and percent difference.

Generation

The Price Override Report is generated by the system during midnight processing. The report period is from midnight on the previous day until midnight on the current day.

The Price Override Report can also be generated on demand using the Print Log Reports function. When you print the Price Override Report on demand, you can select a report period different than the system's default of midnight-to-midnight.

Parameters

There are no parameters affecting the content or generation of this report.

Sort Sequence

Detailed prescription information is grouped by prescription number sequence and dispensing location. Within groups, prescription information is sorted numerically by prescription number.

The Master Facility Summary is grouped by prescription number sequence. Within prescription number sequence, summary totals are sorted alphabetically by dispensing location code.

Totals by Employee are sorted by employee ID.

Figure 8.22 Price Override Report (PAPOV)

```
General Hospital A                General Hospital               Page:      1
                             Price Override Report          Date:  08/22/89
                  From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:   01:39pm

Rx No. Sequence: Second Nbr Seq (NBRS2)
O/P Disp. Loc  : OUTPATIENT PHARMACY (RXOA)

Rx No  Ref Patient Name           Fac,Type Account No   Override    Net
Multi  DEA Drug Description                 Quantity      Price     Diff   Pct
           Plan/Formula                     Entered By
----------  -----------------------------  ------------  -------  ------- -----

800217    N YOUNG,SUSAN              A      No Bill Acct
            IBUPROFEN 300MG TABLET          10 TABLET      6.30    -0.25   -4%
            Cash/EM                         DEMKO,DAVE

800228    N THOMAS,ADAM            A,I/P 0011-00772-8
            HALOPERIDOL 0.5MG TABLET        100 TABLET    30.00    +1.60   +6%
            Cash/EM                         DEMKO,DAVE

                                                         ------- ------- -----
                                         Totals:   2 Items   36.30   +1.35   +4%
```

Figure 8.23 Price Override Report - Master Facility Summary Report
(PAPOV)

```
General Hospital A                General Hospital               Page:      2
                             Price Override Report          Date:  08/22/89
                  From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:   01:39pm

                          Master Facility Summary

 --------------------------------------------------------------------------------
Rx No. Seq:NBRS2         DispLoc   Overrides    New Price       Diff      Pct

                         RXOA          2         36.30        +1.35      +4%
                                     -----     ---------    ---------    -----
                         Subtotal      2         36.30        +1.35      +4%

 ================================================================================
Total - All Sequences                  2         36.30        +1.35      +4%
```

Figure 8.24 Price Override Report - Totals by Employees Report (PAPOV)

```
General Hospital A                General Hospital               Page:      3
                             Price Override Report          Date:  08/22/89
                  From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:   01:39pm

                           Totals by Employee

                                      Override       Net
ID        Employee                     Price        Diff       Pct
-----     ----------------            -------      -------     -----

57263     DEMKO,DAVE                    36.30       +1.35        +4%

                                      -------      -------     -----
                          Totals:       36.30       +1.35        +4%
```

Figure 8.25 Price Override Report - Totals by Third Party (PAPOV)

```
General Hospital A              General Hospital           Page:         4
                            Price Override Report          Date:   08/22/89
                  From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:    01:39pm

                              Totals by Third Party

                                    Override           Net
Code        Third Party               Price           Diff          Pct
-----       -----------------        -------         -------        -----

            Cash Patients             36.30          +1.35          +4%

                                     -------         -------        -----
                            Totals:    36.30          +1.35          +4%

                              End of Report!
```

PROFIT MARGINS BY THIRD PARTY REPORT

The Profit Margins by Third Party report provides a summary of information on profit margins for prescriptions filled. The summaries are organized by third party and pricing plan, prescription number sequence and by facility. Cash patients are treated as a separate third party.

At the top of each page, this report provides the hospital name, the report name, the date and time covered by the report, the page number, date of generation and time of generation.

The main body of the report consists of the following profit margin information:

- number of prescriptions

- cost

- dispensing fee

- total cost

- profit margin

- tax

- patient amount

Profit margin is calculated using the following formula:

$$\text{Profit Margin} = \frac{(\text{Total} - \text{Cost})}{\text{Cost}} \times 100$$

The report first shows profit margin information for new medications, followed by credit information and a net total for medications. Next, the report shows profit margin information for new solutions, followed by credit information and a net total for solutions. Finally, the report shows total profit margin information for medications and solutions.

This report consists of three sections, each sorted differently, and each section provides profit margin information in the format described above.

The first section of the report provides profit margin information sorted by third party and pricing plan. Cash patients are listed on this report as a separate third party. At the end of each third party, the reports shows summary totals for all pricing plans. At the end of the section, the report shows summary totals for all third parties.

The second section of the report provides profit margin information sorted by prescription number sequence code. At the end of the section, the report shows summary totals for all prescription number sequences.

The third section of the report provides profit margin information sorted by facility and patient type. At the end of each facility, the report shows summary totals for all patient types. After the facility profit margin information, the report provides profit margin information for those prescriptions with no billing account. At the end of the section, the report shows summary totals for all facilities.

Generation

The Profit Margins by Third Party report is generated by the system during midnight processing. The report period is from midnight on the previous day until midnight on the current day.

The Profit Margins by Third Party report can also be generated on demand using the Print Log Reports function. When you print the Profit Margins by Third Party report on demand, you can select a report period different than the system's default of midnight-to-midnight.

Parameters

There are no parameters affecting the content or generation of this report.

Sort Sequence

An explanation of the report format appears above.

Figure 8.26 Profit Margins by Third Party Report - Page 1 (PAPRF)

```
General Hospital A              General Hospital            Page:       1
                        Profit Margins by Third Party       Date: 08/22/89
                   From 8/22/89 12:01am thru 08/22/89 1:39pm    Time:  01:39pm


Cash Patients

  Pricing Plan:  Default Pricing Plan

            Rx's      Cost      Fee      Total    Margin      Tax    Pt Amt
            ----  ---------  ---------  ---------  --------  --------  ---------
New Meds     15   186.4295     57.00    307.98     65.20%    10.05     318.03
   Credits    3    59.9420      9.00    103.12     72.03%     3.77     106.89
   Net       12  1126.4875     48.00    204.86     61.96%     6.28     211.14

New Sols      3    91.0500     35.00    155.70     71.00%     0.22     155.92
   Credits    1   146.6500     15.00     77.10     65.27%     0.00      77.10
   Net        2     4.4000     20.00     78.60     77.03%     0.22      78.82

TOTAL:       14   170.8875     68.00    283.46     65.88%     6.50     289.96

  Total for All Pricing Plans

            Rx's      Cost      Fee      Total    Margin      Tax    Pt Amt
            ----  ---------  ---------  ---------  --------  --------  ---------
New Meds     15   186.4295     57.00    307.98     65.20%    10.05     318.03
   Credits    3    59.9420      9.00    103.12     72.03%     3.77     106.89
   Net       12   126.4875     48.00    204.86     61.96%     6.28     211.14

New Sols      3    91.0500     35.00    155.70     71.00%     0.22     155.92
   Credits    1    46.6500     15.00     77.10     65.27%     0.00      77.10
   Net        2    44.4000     20.00     78.60     77.03%     0.22      78.82

TOTAL:       14   170.8875     68.00    283.46     65.88%     6.50     289.96
```

Figure 8.27 Profit Margins by Third Party Report - Page 2 (PAPRF)

```
General Hospital A              General Hospital              Page:        2
                          Profit Margins by Third Party       Date: 08/22/89
                   From 8/22/89 12:01am thru 08/22/89 1:39pm  Time:  01:39pm

Third Party:  GEORGIA MEDICAID

    Pricing Plan:  Default Pricing Plan

             Rx's       Cost      Fee      Total    Margin     Tax    Pt Amt
             ----   --------- --------- --------- -------- -------- ---------
   New Meds     3    50.1770      9.00    123.25  145.63%     0.00      3.50

   New Sols     1   147.2960     88.00    312.80  112.36%     1.12     16.00

   TOTAL:       4   197.4730     97.00    436.05  120.81%     1.12     19.50

    Total for All Pricing Plans

             Rx's       Cost      Fee      Total    Margin     Tax    Pt Amt
             ----   --------- --------- --------- -------- -------- ---------
   New Meds     3    50.1770      9.00    123.25  145.63%     0.00      3.50

   New Sols     1   147.2960     88.00    312.80  112.36%     1.12     16.00

   TOTAL:       4   197.4730     97.00    436.05  120.81%     1.12     19.50
```

Figure 8.28 Profit Margins by Third Party Report - Page 3 (PAPRF)

```
General Hospital A              General Hospital              Page:        3
                          Profit Margins by Third Party       Date: 08/22/89
                   From 8/22/89 12:01am thru 08/22/89 1:39pm  Time:  01:39pm

Third Party:  PRESCRIPTION CARD SERVICE

    Pricing Plan:  Default Pricing Plan

             Rx's       Cost      Fee      Total    Margin     Tax    Pt Amt
             ----   --------- --------- --------- -------- -------- ---------
   New Meds     2    16.8800      8.00     33.40   97.87%     0.00      0.00

   TOTAL:       2    16.8800      8.00     33.40   97.87%     0.00      0.00

    Total for All Pricing Plans

             Rx's       Cost      Fee      Total    Margin     Tax    Pt Amt
             ----   --------- --------- --------- -------- -------- ---------
   New Meds     2    16.8800      8.00     33.40   97.87%     0.00      0.00

   TOTAL:       2    16.8800      8.00     33.40   97.87%     0.00      0.00
```

Figure 8.29 Profit Margins by Third Party Report - Third Party Totals (PAPRF)

```
 General Hospital A              General Hospital           Page:        4
                            Profit Margins by Third Party   Date: 08/22/89
                     From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:  01:39pm


 Grand Total for All Third Parties:

                Rx's      Cost       Fee      Total    Margin      Tax     Pt Amt
                ----   ---------  ---------  ---------  --------  --------  ---------
   New Meds      20    253.4865     74.00     464.63    83.30%     10.05     321.53
      Credits     3     59.9420      9.00     103.12    72.03%      3.77     106.89
      Net        17    193.5445     65.00     361.51    86.78%      6.28     214.64

   New Sols       4    238.3460    123.00     468.50    96.56%      1.34     171.92
      Credits     1     46.6500     15.00      77.10    65.27%      0.00      77.10
      Net         3    191.6960    108.00     391.40   104.18%      1.34      94.82

   TOTAL:        20    385.2405    173.00     752.91    95.44%      7.62     309.46
```

Figure 8.30 Profit Margins by Third Party Report by Rx Nbr Sequence (PAPRF)

```
 General Hospital A              General Hospital           Page:        5
                            Profit Margins by Third Party   Date: 08/22/89
                     From 8/22/89 12:01am thru 08/22/89 1:39pm   Time:  01:39pm


 Rx No. Sequence:  Second Nbr Seq (NBRS2)

                Rx's      Cost       Fee      Total    Margin      Tax     Pt Amt
                ----   ---------  ---------  ---------  --------  --------  ---------
   New Meds      20    253.4865     74.00     464.63    83.30%     10.05     321.53
      Credits     3     59.9420      9.00     103.12    72.03%      3.77     106.89
      Net        17    193.5445     65.00     361.51    86.78%      6.28     214.64

   New Sols       4    238.3460    123.00     468.50    96.56%      1.34     171.92
      Credits     1     46.6500     15.00      77.10    65.27%      0.00      77.10
      Net         3    191.6960    108.00     391.40   104.18%      1.34      94.82

   TOTAL:        20    385.2405    173.00     752.91    95.44%      7.62     309.46
```

Figure 8.31 Profit Margins by Third Party Report - Rx Nbr Seq Total (PAPRF)

```
General Hospital A              General Hospital            Page:        6
                         Profit Margins by Third Party      Date: 08/22/89
                   From 8/22/89 12:01am thru 08/22/89 1:39pm    Time:  01:39pm


Grand Total for all Sequences

                Rx's      Cost       Fee      Total    Margin      Tax    Pt Amt
                ----   ---------  ---------  ---------  --------  --------  ---------
    New Meds      20   253.4865      74.00     464.63    83.30%    10.05     321.53
       Credits     3    59.9420       9.00     103.12    72.03%     3.77     106.89
       Net        17   193.5445      65.00     361.51    86.78%     6.28     214.64

    New Sols       4   238.3460     123.00     468.50    96.56%     1.34     171.92
       Credits     1    46.6500      15.00      77.10    65.27%     0.00      77.10
       Net         3   191.6960     108.00     391.40   104.18%     1.34      94.82

    TOTAL:        20   385.2405     173.00     752.91    95.44%     7.62     309.46
```

Figure 8.32 Profit Margins by Third Party Report by Patient Type (PAPRF)

```
General Hospital A                General Hospital              Page:        7
                          Profit Margins by Third Party        Date: 08/22/89
                    From 8/22/89 12:01am thru 08/22/89 1:39pm  Time:  01:39pm


General Hospital A

     Patient Type:  I/P -- Regular Admission

                 Rx's      Cost       Fee     Total    Margin      Tax    Pt Amt
                 ----   ---------  --------- ---------  -------- -------- ---------
     New Meds    10   192.1915     30.00    323.52     68.33%    8.06    237.68
       Credits    3    59.9420      9.00    103.12     72.03%    3.77    106.89
       Net        7   132.2395     21.00    220.40     66.65%    4.29    130.79

     New Sols     4   238.3460    123.00    468.50     96.56%    1.34    171.92
       Credits    1    46.6500     15.00     77.10     65.27%    0.00     77.10
       Net        3   191.6960    108.00    391.40    104.18%    1.34     94.82

     TOTAL:      10   323.9455    129.00    611.80     88.86%    5.63    225.61

       No Patient Type

                 Rx's      Cost       Fee     Total    Margin      Tax    Pt Amt
                 ----   ---------  --------- ---------  -------- -------- ---------
     New Meds     2    17.4720     18.00     38.28    119.09%    0.81     39.09

     TOTAL:       2    17.4720     18.00     38.28    119.09%    0.81     39.09

General Hospital A Total:

                 Rx's      Cost       Fee     Total    Margin      Tax    Pt Amt
                 ----   ---------  --------- ---------  -------- -------- ---------
     New Meds    12   209.6635     48.00    361.80     72.56%    8.87    276.77
       Credits    3    59.9420      9.00    103.12     72.03%    3.77    106.89
       Net        9   149.7215     39.00    258.68     72.77%    5.10    169.88

     New Sols     4   238.3460    123.00    468.50     96.56%    1.34    171.92
       Credits    1    46.6500     15.00     77.10     65.27%    0.00     77.10
       Net        3   191.6960    108.00    391.40    104.18%    1.34     94.82

     TOTAL:      12   341.4175    147.00    650.08     90.41%    6.44    264.70
```

Figure 8.33 Profit Margins by Third Party Report - Page 8 (PAPRF)

```
General Hospital A              General Hospital              Page:        8
                         Profit Margins by Third Party        Date: 08/22/89
                    From 8/22/89 12:01am thru 08/22/89 1:39pm  Time:  01:39pm


** No Billing Account **

               Rx's    Cost      Fee     Total    Margin     Tax    Pt Amt
               ----  --------- --------- --------- -------- -------- ---------
   New Meds      8   43.8230    26.00    102.83   134.65%   1.18    44.76

   TOTAL:        8   43.8230    26.00    102.83   134.65%   1.18    44.76




Grand Total for Master Facility:

               Rx's      Cost      Fee     Total    Margin      Tax    Pt Amt
               ----  --------- --------- --------- -------- -------- ---------
   New Meds     20   253.4865    74.00    464.63    83.30%   10.05   321.58
      Credits    3    59.9420     9.00    103.12    72.03%    3.77   106.88
      Net       17   193.5445    65.00    361.51    86.78%    6.28   214.64

   New Sols      4   238.3460   123.00    468.50    96.56%    1.34   171.92
      Credits    1    46.6500    15.00     77.10    65.27%    0.00    77.10
      Net        3   191.6960   108.00    391.40   104.18%    1.34    94.82

   TOTAL:       20   385.2405   173.00    752.91    95.44%    7.62   309.46



                          End of Report!
```

THIRD PARTY LOG

The Third Party Log is a list of all prescriptions filled against a third party with a reimbursable amount due. You can generate reports by date and time for specific third-party plans, claim submission mediums, claim formats, and claim statuses.

If you want to print a demand report, select the Print Log Reports function and then the Third Party Log option. After you enter an ending date and ending time, the system displays the following screen:

```
                General Hospital Third Party Log Reports Processor
                                             Thu Nov 11, 1993 10:05 am
Print Log Reports
Third Party Log Report
                        Report Dates
( 1)Starting date     : Mon Nov 08
( 2)Starting time     : 4:56pm
( 3)Ending date       : Thu Nov 11
( 4)Ending time       : 10:06am

 1 Medium                              2 Claim Form Format
   ECS -                                  PCS
 3 Third Party                         4 Claim Statuses
   All third parties
```

Field Explanations

1. MEDIUM (1-A-R)
This field contains the code for the type of claim processing for the third-party plan.

When you access this field, the system displays the following prompt:

Enter (F)ormat, (R)eport, (S)end to Financial System-- |
(E)lectronic Claim Submission, (O)ther or (A)ll

Enter your selection.

2. CLAIM FORM FORMAT (3-AN-C)
This field defines the format for the claim form.

When you access this field, the system displays the following prompt:

Enter communication code, or '-' to list--

Enter the three-character communication code, or enter a hyphen (-) and select a code from the list.

3. THIRD PARTY (5-AN-R) or (TABLE LOOKUP)
This field contains the name of the third party payors. When you access this field, the system displays the following prompt:

Enter first letters '-' or third party plan code [ALL]--

To display the O/P Third Party Plans list, enter a hyphen (-). Enter the number for your selection.

To select all plans, press ENTER.

4. CLAIM STATUSES (TABLE LOOKUP)
This field contains the status of the claim. When you access this field, the system displays a table of claim statuses at the bottom of the screen:

```
Page:01                        Claim Statuses              ##=Current Choices
( 1) 0-Not Submitted    ( 6) 5-Rev Rejected    (11) 10-All Statuses
( 2) 1-Submitted        ( 7) 6-Duplicate
( 3) 2-Rev Submitted    ( 8) 7-Reversed
( 4) 3-Com Failure      ( 9) 8-Captured
( 5) 4-Rejected         (10) 9-Paid

Enter choices (e.g. 1,7,5-9) or '-'choices to remove--
                          end selection(NL)
```

Enter your choices. If you select a single status or All Statuses, the field contains the claim status description. If you select multiple status selections, the field contains the claim status codes.

At the top of each page, this report provides the hospital name, the report name, the date and time covered by the report, the page number, date of generation and time of generation.

The first section of the report contains a detailed log of third party prescriptions filled. The heading contains the prescription number sequence, third party and pricing plan. There is a separate third party log for each prescription number sequence, third party, and pricing plan. For each prescription number, there are fields for total billed, paid, and balance. At the end of the report, there are summary totals for all prescription number sequences, third parties and pricing plans.

Detailed information for each prescription is printed in three lines.

FIRST LINE

Rx No
This field contains the prescription number.

Ref
This field contains New if this is an original fill or the refill number if this is a refill.

Patient Name

This field contains the patient name.

Fac,Type

This field contains the facility code (if applicable) and the patient type separated by a comma. If there is no billing account for the prescription fill, the type is blank.

Prescriber

This field contains the prescriber name. An asterisk (*) precedes the prescriber name if the prescriber is part of a physician group.

DS

This field contains the quantity dispensed.

SECOND LINE

RPh/Tch

This field contains the initials of the pharmacist and the initials of the technician or other person entering the prescription. The two sets of initials are separated by a slash (/).

Mdm

This field contains the code for the type of claim processing

Cardholder/Relationship

This field contains the cardholder name, a slash (/), and the relationship code.

The relationship code identifies the relationship between the cardholder and the patient and includes the following codes: C for cardholder, S for spouse, D for dependent child, and O for other.

Third Party Nbr

This field contains the patient's third party number.

THIRD LINE

Type #

This field contains the prescription type. The prescription type is Compound if the prescription is a compound medication, or blank if it is not a compound. If the prescription is a solution, this field contains the solution type. The number of bottles is printed in parentheses.

DEA

This field contains the control class of the drug if the drug is controlled.

Billed

This field contains the amount billed to the third party payor.

Drug Description
This field contains the drug name, display strength, and dosage form. The Trade/ Generic Ind field (McKesson-controlled) of the Amb Care - Parameters parameter determines whether the system displays the items' brand or generic name.

Product Nbr
This field contains the product number for the drug.

Qty
This field contains the quantity dispensed for this fill.

FOURTH LINE

Hosp. Billed
This field contains the amount the hospital is billing the third party. If a negative number is listed, the order has been canceled.

Copay
This field contains the amount the patient pays.

Total
This field contains the total billed for the particular prescription. If a negative number is listed, the order has been canceled.

U&C
This field contains the usual and customary amount paid by the third party.

ECS Balance
This field contains the amount that the third party has agreed to pay.

Copay
This field contains the amount the patient pays.

Total
This field contains the sum of the amounts paid by the third party and the patient.

After the detailed prescription information, the report shows the total number of prescriptions filled, the total number of new prescriptions and refills, and the billed amount, co-pay, and total for the hospital billed and the balance, co-pay, and total.

The Master Facility Summary section of the Third Party Log contains summary totals for each prescription number sequence by third party and pricing plan for both the hospital billed and the third party reimbursed. At the end of the summary, the report shows summary information related to the hospital billed and the third party reimbursed amounts for all third parties and prescription number sequences.

Summary information consists of the total number of prescriptions filled, number of new prescriptions filled, number of refill prescriptions, the hospital billed amounts, and the third party reimbursed amounts.

The last section provides the number of prescriptions, the new prescriptions filled, and the refills, and the amount the hospital billed.

Generation

The Third Party Log is generated by the system during midnight processing. The report period is from midnight on the previous day until midnight on the current day.

The Third Party Log can also be generated on demand using the Print Log Reports function. When you print the Third Party Log on demand, you can select a report period different than the system's default of midnight-to-midnight.

Parameters

There are no parameters affecting the content or generation of this report.

Sort Sequence

The detailed prescription information is grouped by prescription sequence number code, third party name, and pricing plan. Within groups, prescriptions are sorted by prescription number.

Master Facility Totals are sorted by prescription number sequence code, third party code, and pricing plan.

Figure 8.34 Third Party Log (PADTPL)

```
Model Hospital A                     General Hospital              Page:       14
                                     Third Party Log               Date: 04/15/97
                      From 03/09/97 01:16pm thru 04/15/97 01:24pm   Time:  01:25pm


                         Medium: ALL/Third Party: ALL/Status: ALL

Rx#      Sequence: O/P PCY A&B (RXO)
Third Party    : PHARMACEUTICAL CARD SERVICE
Pricing Plan   : None

Rx#      Ref           Patient Name              Fac,Type  Prescriber      DS
RPh/Tch  Mdm           Cardholder/Relationship             Third Party Nbr
Type #   DEA   Billed  Drug Description                     Product Nbr    Qty
-------- ---   ------- ----------------------------------  -------------------
1233     New           RAWLS,FERN                A,O/P  DEAN,ADAM         50
EH/EH    ECS           ROGERS,TOM/D                        33333
         0    160.00   DOPAMINE HCL 160 MG (INJECT)         00024-0326-02  200
              -------
 Hosp. Billed: 160.00  Copay:   40.00   Total:  200.00   U&C:  370.00
   ECS Balance:   0.00  Copay:    0.00   Total:    0.00   Submitted

1236     2            RAWLS,FERN                A,     MCCUE,JACK        25.5
EH/EH    ECS           ROGERS,TOM/D                        33333
         0    166.20   FAMOTIDINE 20 MG (TABLET)            00006-0963-58  102
              -------
 Hosp. Billed: 166.20  Copay:    1.00   Total:  167.20   U&C:  249.14
   ECS Balance:   0.00  Copay:    0.00   Total:    0.00   Submitted


1236     New           RAWLS,FERN                A,     MCCUE,JACK        25.5
EH/EH    ECS           ROGERS,TOM/D                        33333
         0    166.20   FAMOTIDINE 20 MG (TABLET)            00006-0963-58  102
              -------
 Hosp. Billed: 166.20  Copay:    1.00   Total:  167.20   U&C:  249.14
   ECS Balance:   0.00  Copay:    0.00   Total:    0.00   Submitted

1900     New           RAWLS,FERN                A,     DEAN,ADM RESTRI   30
EH/EH    ECS           ROGERS,TOM/D                        33333
         2     64.45   MEPERIDINE HCL 10 MG (INJECT)        00024-1257-02   90
              -------
 Hosp. Billed:  64.45  Copay:    1.00   Total:   65.45   U&C:  105.75
   ECS Balance:   0.00  Copay:    0.00   Total:    0.00   Submitted

985      New           TOOL,CINDY                A,I/P  ADAIR,FRANK K    030
EH/EH    ECS           /C                                  009
         0    104.50   DEXTROSE-SODIUM CHLORIDE (INJECT)    00140-0005-49  120
              -------
 Hosp. Billed: -104.50 Copay:    0.00   Total: -104.50   U&C:  100.41
   ECS Balance:   0.00  Copay:    0.00   Total:    0.00   Rev Submitted

987      New           TOOL,CINDY                A,O/P  ADAMSS,JAY M     250
EH/EH    ECS           /C                                  009
         0   1223.00   DEXTROSE-SODIUM CHLORIDE (INJECT)    00006-0014-28 1000
              -------
 Hosp. Billed: -1223.00 Copay:   0.00   Total: -1223.00  U&C: 1223.00
   ECS Balance:   0.00  Copay:    0.00   Total:    0.00   Rev Submitted


--------------------------------------------------------------------------------
Totals:    63 Rxs      32 New     31 Ref      Billed: 13644.37  Balance:    0.00
                                              Copay:    134.03  Copay:      0.00
                                              Total: 13778.40   Total:      0.00
```

Figure 8.35 Third Party Log - Master Facility Summary (PADTPL)

```
Model Hospital A                    General Hospital                Page:        15
                                     Third Party Log               Date: 04/15/97
                       From 03/09/97 01:16pm thru 04/15/97 01:24pm  Time:  01:25pm

                               Master Facility Summary
                       Medium: ALL/Third Party: ALL/Status: ALL

--------------------------------------------------------------------------------
Rx# Seq: RXO

    Third Party: GA                                    Hospital    Third Party
      Pricing Plan    Rxs     New     Ref                Billed    Reimbursed
      Default          17      12       5    Balance    1858.57          0.00
                                             Copay        28.00          0.00
                                             Total      1886.57          0.00
      EMP               2       2       0    Balance     100.00          0.00
                                             Copay         2.00          0.00
                                             Total       102.00          0.00

      RX                2       1       1    Balance     200.00          0.00
                                             Copay         6.00          0.00
                                             Total       206.00          0.00

                     -----   -----   -----             ---------     ---------
      Total            21      15       6    Balance    2158.57          0.00
                                             Copay        36.00          0.00
                                             Total      2194.57          0.00

    Third Party: PCS                                   Hospital    Third Party
      Pricing Plan    Rxs     New     Ref                Billed    Reimbursed

      Default          63      32      31    Balance   13644.37          0.00
                                             Copay       134.03          0.00
                                             Total     13778.40          0.00
                     -----   -----   -----             ---------     ---------
      Total            63      32      31    Balance   13644.37          0.00
                                             Copay       134.03          0.00
                                             Total     13778.40          0.00

--------------------------------------------------------------------------------
Total - All 3rd Ptys   84      47      37    Balance   15802.94          0.00
                                             Copay       170.03          0.00
                                             Total     15972.97          0.00


================================================================================
Total - All Seqs       84      47      37    Balance   15802.94          0.00
                                             Copay       170.03          0.00
                                             Total     15972.97          0.00
```

Figure 8.36 Third Party Log - Master Facility Summary by Patient Type
(PADTPL)

```
Model Hospital A                    General Hospital            Page:        16
                                     Third Party Log             Date: 04/15/97
                   From 03/09/97 01:16pm thru 04/15/97 01:24pm   Time:  01:25pm


                              Master Facility Summary
                        Medium: ALL/Third Party: ALL/Status: ALL


Patient Type                     Rxs      New      Ref    Hosp Billed
-------------------------       -----    -----    -----   -----------
I/P : Regular Inpatient Ad         9        8        1      $3647.82
O/P : Regular Outpatient A        54       30       24      $8430.10

No Billing Account                21        9       12      $3725.02


                                 -----    -----    -----   -----------
     MASTER FACILITY TOTAL:        84       47       37     $15802.94

                              End of Report!
```

UNPRICED PRESCRIPTIONS REPORT

This report provides a list of all unpriced prescription items with a total price of $0.00 (zero). Items continue to appear on this report until the item is priced or the maximum display period is surpassed (see the Print Unpriced Prescriptions field of the Amb Care - Pricing Profile parameter).

NOTE: The report includes only formulary items that have no cost assigned; it does not include any items that have a cost of $0.00 because of a price override.

The report header across the top of the page contains the hospital name, report name, page number, and the date and time at which the report was generated.

For each patient listed, the report displays the patient's account number and name. If the patient is an inpatient who has not been discharged, the report displays the room and bed number after the patient's name. For all other patients, the report displays the patient type.

For each prescription item listed for a patient, the report provides two lines of information:

FIRST LINE

Ord#
This column contains the prescription number.

Form#
This column contains the formulary code of the unpriced item.

Drug Name
This column contains the brand or generic name of the unpriced item. The Trade/ Generic Ind field (McKesson-controlled) of the Amb Care - Parameters parameter determines whether the system prints the item's brand or generic name.

Strength
This column contains the strength/volume of the unpriced item.

Dsg Form
This column contains the dosage form of the unpriced item.

Units
This column contains the number of unpriced units.

SECOND LINE

The date on which the prescription was filled and the name of the employee who entered the original fill is displayed under the Drug Name column.

At the end of the report, the system prints the total number of transactions appearing on the report.

Generation

The system generates the Unpriced Prescriptions Report daily during midnight processing. You can also generate a new report with more current information at any time using the Unpriced Prescriptions Report function.

Parameters

The Print Unpriced Prescriptions field of the Amb Care - Pricing Profile parameter determines the number of days that unpriced prescriptions continue to appear on the Unpriced Prescriptions report.

The Trade/Generic Ind field (McKesson-controlled) of the Amb Care - Parameters parameter determines whether the report displays the trade name or generic name of the unpriced prescription item.

Sort Sequence

This report lists patients in increasing numeric order based upon the patient's account number. The prescription items for each patient are listed in increasing numeric order based upon the prescription's internal order number.

Figure 8.37 Unpriced Prescriptions Report (PAUO)

```
 General Hospital A          Unpriced Prescriptions Report          Page:        1
                                                                    Date:  11/08/89
                                                                    Time:  02:41pm


   Ord#     Form#          Drug Name              Strength      Dsg Form  Units
 ---------- ----- ----------------------- ------------------ -------- -------

 89223-00002 SMITH,VINCENT JOHN 2202-1
     19392  1642 LACTATED RINGERS                             INJECTIO  1000.00
                 Started on 11/08/89 by Williams,Millicent

 89286-00002 ANDERSON,THOMAS ICU-02
     19394  1642 LACTATED RINGERS                             INJECTIO  1000.00
                 Started on 11/08/89 by Williams,Millicent

 89332-00001 EDWARDS,REBECCA O/P
     19395  1642 LACTATED RINGERS                             INJECTIO  1000.00
                 Started on 11/08/89 by Ochoa,Martina

 Total Transactions: 3
```

INACTIVATED PRESCRIPTIONS REPORT

The Inactivated Prescriptions Report contains a list of the prescriptions inactivated by the system during midnight processing. For more information about the Inactivation process, see the Midnight Processing section in the *General Information Volume* of the *STAR Pharmacy Reference Guide.*

At the top of each page, the report contains the facility name, hospital name, page number, report name, and the date and time at which the report was generated.

For each patient for whom prescriptions were inactivated, the report provides the patient's name, sex, date of birth, and address. For each inactivated prescription, the report provides the prescription number, item description, date on which the original fill was filled, date on which the last fill was filled, the name of the ordering physician, the number of remaining refills, and the SIG.

Generation

The system automatically generates the Inactivated Prescriptions Report during midnight processing when it performs the inactivation and purging of prescriptions.

Parameters

The Inactivation Days field of the Amb Care - Control Class Requirements parameter determines the number of days that elapse after a prescription's last fill (last fill date plus the days supply) before the system automatically inactivates the prescription.

The Trade/Generic Ind field (McKesson-controlled) of the Amb Care - Parameters parameter determines whether the system prints the items' trade name or generic name.

Sort Sequence

The Inactivated Prescriptions Report is sorted by patient based on patient name. For each patient, inactivated medication prescriptions are listed before inactivated solution prescriptions. The medication and solution prescriptions are sorted alphabetically based on the name of the first drug in the order and then by prescription number.

Figure 8.38 Inactivated Prescriptions Report (PAIN)

```
GENERAL HOSPITAL A            General Hospital              Page:      1
                           Inactivated Prescriptions        Date: 07/06/89
                                                            Time:  10:27am


Name            Sex   BD    Address           City            St Zip
CLARISS,JONATHON M  02/18/69  888 PIEDMONT RD      ATLANTA          GA 30308

Pres #    Description                     Orig    Last    Physician
----------------------------------------------------------------------------
44312     ERYTHROMYCIN 333MG TABLET       05/30/89 05/30/89 AMERIGO,BARBARA
          T UD.

Name            Sex   BD    Address           City            St Zip
COLESON,KATHERIN F  05/11/82  4629 OLD STOCKBRIDGE SNELLVILLE       GA 30201

Pres #    Description                     Orig    Last    Physician
----------------------------------------------------------------------------
46096     IBUPROFEN 600MG TABLET          05/31/89 05/31/89 SMITH,JAMES C
(Ref-5)   UD.

Name            Sex   BD    Address           City            St Zip
DANIELSON,MARTIN A  05/08/55  2912 OAK TRAIL CT    POWDER SPRINGS   GA 30066

Pres #    Description                     Orig    Last    Physician
----------------------------------------------------------------------------
47721     AMOXICILLIN 25MG SUSPENSION     06/02/89 06/02/89 AMERIGO,BARBARA
          T UD.

Name            Sex   BD    Address           City            St Zip
HOLYBRIDGE,JOHN  M  06/21/55  11230 JOHNSON FERRY  ATLANTA          GA 30312

Pres #    Description                     Orig    Last    Physician
----------------------------------------------------------------------------
45668     DEXTROSE 5 % (1000 ML)          06/09/89 06/09/89 EDELMAN,ALLISON
          POTASSIUM CHLORI 40 MEQ (20 ML)
          NURSING COMMENT


End of Report
```

PURGED PRESCRIPTIONS REPORT

The Purged Prescriptions Report contains a list of the prescriptions purged by the system during midnight processing. For more information about the Purge process, see the Midnight Processing section in the *General Information Volume* of the *STAR Pharmacy Reference Guide*.

At the top of each page, the report contains the facility name, hospital name, page number, report name, and the date and time at which the report was generated.

For each patient for whom prescriptions were purged, the report provides the patient's name, sex, date of birth, and address. For each purged prescription, the report provides the prescription number and ordering physician. For each fill/refill, the report provides the date on which the prescription was filled/refilled, item description, item's product number, days supply, quantity filled, total price of the prescription, amount of the prescription price not covered by a third party, the number of the refill, and the SIG.

At the end of the report, the report provides the total number of prescriptions purged.

Generation

The system automatically generates the Purged Prescriptions Report during midnight processing when it performs the inactivation and purging of prescriptions.

Parameters

The Purge Days field of the Amb Care - Control Class Requirements parameter determines the number of days that elapse after an inactive prescription's last fill date before the system automatically purges the prescription. Canceled and transferred prescriptions are considered to be inactive.

The Trade/Generic Ind field (McKesson-controlled) of the Amb Care - Parameters parameter determines whether the system prints the items' trade name or generic name.

Sort Sequence

The Purged Prescriptions Report is sorted by patient based on patient name. For each patient, purged medication prescriptions are listed before purged solution prescriptions. The medication and solution prescriptions are sorted alphabetically based on the name of the first drug in the order and then by prescription number.

Figure 8.39 Purged Prescriptions Report (PAPRG)

```
GENERAL HOSPITAL A              General Hospital             Page:       1
                                Purged Prescriptions         Date: 11/16/90
                                                             Time:  10:27am

Name           Sex   BD    Address          City              St Zip
HALIFAX,KRISTEN  F  06/06/67  1133 CLAIRMONT    MARIETTA          GA 30060

Prescrptn Physician
Date       Drug Description         Prod #        Dys   Qty Tot Chg Pat Amt
           (Fill) SIG
---------  ------------------------ ------------- --- ------ ------- -------
300107     MORRISON,ALICIA
11/16/88   SULFAMETHOXAZOLE/TRIME TAB 00004-0050-14        20   10.25   10.25
           (Orig)    T 1 TAB BID.

Name           Sex   BD    Address          City              St Zip
JOHNSON,MARIE    F  02/26/57  43552 ELM ST.     ATLANTA           GA 30109

Prescrptn Physician
Date       Drug Description         Prod #        Dys   Qty Tot Chg Pat Amt
           (Fill) SIG
---------  ------------------------ ------------- --- ------ ------- -------
300108     SANDERS,MICHAEL
11/13/88   DEXTROSE 5% 5 % (1000 ML)  00338-0017-04      1000  130.00  130.00
           TOBRAMYCIN SU 80 MG (2 ML) 00002-0503-24         2    0.00    0.00
           (Orig-10)                                      ------  ------
                                      Prescription total:    130.00  130.00

Name           Sex   BD    Address          City              St Zip
SMITH,REGINA     F  11/12/56  631 OAKWOOD CT.   ATLANTA           GA 30191

Prescrptn Physician
Date       Drug Description         Prod #        Dys   Qty Tot Chg Pat Amt
           (Fill) SIG
---------  ------------------------ ------------- --- ------ ------- -------
300106     THELMAN,MARTIN
10/18/88   METHYLDOPA 250MG TABLET    00006-0401-82       100   30.35   30.35
           (Refill 1) T 1 TAB TID.

10/18/88   METHYLDOPA 250MG TABLET    00006-0401-82       100   30.35   30.35
           (Orig)     T 1 TAB TID.

Total Prescriptions Purged - 1
```

Appendix A - ELECTRONIC CLAIMS

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INSTALLING A MODEM FOR ELECTRONIC CLAIMS

This appendix describes how to set up a modem for electronic claims transmission on the Generic Interface Utilities and STAR Pharmacy Ambulatory Care for any National Council for Prescription Drug Programs (NCPDP) 3.2 claims processor.

NOTE: Some claims processors require McKesson to validate its software with their particular system. If the claims processor requires validation, obtain a copy of the claims processor software verification documents and complete the validation requirements. After validation, the claims processor assigns you a processor control number. Provide the McKesson STAR Pharmacy applications specialist with the claims processor and the processor control number so that these numbers can be added to the list of validated claims processors.

Preliminary Steps

You must complete the following steps before implementation:

- Contract with McKesson for the electronic claims submission protocol that is to be used. Currently, the formatting protocol is NCPDP Version 3.2 fixed length type 3A send/receive or NCPDP Version 3.2 variable transactions. For more information about NCPDP specifications, contact the National Council for Prescription Drug Programs, Inc. at (602) 957-9105. The communication interface protocol is VISA1. For more information about the VISA1 protocol, contact the National Data Corporation at (404) 728-2000 to obtain its EasyClaim Vendor Certification Guide.

- Install a dedicated modem for each communication protocol. The modem must be a Hayes compatible modem and must support the Hayes Command Set. It also needs to support the following line protocols for the indicated speed: 1200 BPS (Bell 212A) 2400 BPS (V.22 bis).

- Have a dedicated outbound phone line rated for data transmission. This phone line must follow the characteristics as detailed in the first three fields of the Regional Parameters under the IMC processor menu.

Setting Up the Modem

NOTE: The customer's technical advisor should define the modem's port on the system, whereas the McKesson installer sets up the modem for electronic claims processing.

DEFINING FIRMWARE OR DIPSWITCHES FOR THE MODEM

Use the following firmware or dipswitch settings when setting up the modem for electronic claims processing.

Characteristic	Setting	AT Command
Baud Rate	(dictated by the claim processor)	
Parity	(dictated by the claim processor)	
Data Bits	(dictated by the claim processor)	
Mode	Normal	AT\N0
Flow Control	No flow control	AT\Q0
Result Codes	Not sent	ATQ1
Result Code Form	Long Form	ATV1
Echo	Off	ATE0
Carrier Detect	On	AT&C0

You can use the AT&W command to store these parameters permanently in the modem's memory. For more information, refer to the documentation for the modem.

NOTE: After sending a claim, the electronic claims modem dialer resets the modem. Depending on your other modem settings, this may restore the default settings.

If the modem supports advanced error checking or compression, such as V.42 bis or MNP, these features must be disabled with firmware or dipswitches because they are not necessary. Any third party claims processor using the NCPDP 3.2 standard rejects modems that try to negotiate MNP or any other compression or error checking protocol.

DEFINING THE PORT

After the dedicated modem is installed on an available RS232 port, set up the modem on the system. Use the following port characteristics when setting up the modem:

1. Terminal Type:	Modem
2. Clock Rate:	As specified by the third party
3. Stop Bits:	As specified by the third party
4. Data Bits:	As specified by the third party
5. Parity:	As specified by the third party
7. Comm Protocol:	RS232
8. Device Option:	Modem, Disable Echo, Disable Flow Control

9. Modem Type:	Choose type from list, or if not defined, use a Hayes-compatible modem
10. Answerback:	No
11. Sign-on Keys:	None
13. Spool Status:	Off

NOTE: The modem port for STARBASE users must have a FIFO input buffer size of 450 bytes and a FIFO output buffer size of 128 bytes.

USING THE COMMUNICATION LINE DEFINITION

The McKesson installer uses the Communication Line Definition Processor on the Generic Interface Utilities to set up the modem for electronic claims processing.

Select System Management - Pharmacy, and then select the Interface Utilities option. The system displays the Interface Utilities Processor. Select the Generic Interface Utilities option. The system displays the following screen.

```
                General Hospital Generic Interface Utilities Processor
                                           Tue Jun 30, 1992 10:15 am
  Interface Utilities Input Options


            Option No.  Option
            ----------------------------------------
                1        Communication Line Definition
                2        Communication Line Control
                3        Communication Line Clear
                4        Communication Audit

                5        Send Formulary
                6        Send Patient
                7        Send Patient Orders
                8        Send Tables




 Enter option number--
```

McKesson installers use the Communication Line Definition function during installation to specify information including facility, ports, protocol routines, format routines, and the types of Pharmacy data to send.

After you choose Communication Line Definition on the Generic Interface Utilities processor, the system displays the following prompt:

Enter communication code--

Enter the code for the third-party processor. The system displays the following prompt:

Add this code '___'?(Y/N) [Y]--

The default is Yes. If you enter Y or press ENTER, the system displays the Communication Line Definition Processor. If you enter N, the system displays the original Enter communication code prompt.

If you enter a code that exists, the system displays the existing Communication Line Definition screen for that third-party processor.

The following example shows the screen for the PCS RECAP.

```
        General Hospital Communication Line Definition Processor
                                            Fri Jul 07, 2000 03:59 pm
Communication Code: PCS            Updated last by: #33728 on 04/03/00 1528
 1 Description          2 Facilities  3 Port  4 Status      5 Protocol Program
   PCS RECAP               A,B           11      Inactive      ^PCVISA
 6 Interface Audit Report Name      7 Audit Program    8 Audit Global  9 Log
   BIT-Bit Bucket                                                Yes
10 Audit Retn  11 ECS Prefix  12 Format Program   13 Process Routine  14 Modem
                                  ^PINCPDP           ^PINCPDPR         Yes
15 Primary Phone   16 Secondary Phone 17 Retries 18 Line Clear Report Name
   18008434791                            3
19 Line Clear Program    20 Orders          21 Med Orders   22 Sol Orders
                            Ambulatory Care
23 Sol Bottles          24 Status Changes    25 Allergies    26 Formulary
                                                 No             Brand Name
27 Charge Solns? 28 Charge Meds? 29 HL7   30 Tables
   See Table         See Table        No

Enter field number or '/' starting field number--
```

Field Explanations

COMMUNICATION CODE (DISPLAY ONLY)
This field displays the communication code you entered for the third-party claims processor.

1. DESCRIPTION (DISPLAY ONLY)
This field displays the name of the third-party claims processor.

2. FACILITIES (TABLE LOOKUP-R)
Enter the facilities for which the third-party claims processor is active.

When you access this field, the system displays the following prompt:

   Select facilities to be interfaced--

To end your selection, press ENTER.

3. PORT (3-N-R)
Enter the number for the physical port over which data is transmitted to the third-party claims processor. When you access this field, the system displays the following prompt:

   Enter new port number being used for this interface--

4. STATUS (DISPLAY ONLY)
This field indicates whether the third-party claims processor is active or inactive.

5. PROTOCOL PROGRAM (16-A-O)
Enter ^PCVISA as the protocol program. This program monitors the line to, receives data from, and transmits data to the third-party claims processor.

When you access this field, the system displays the following prompt:

   Enter new protocol program (include "^")--

6. INTERFACE AUDIT REPORT NAME (TABLE LOOKUP-O)
Leave this field blank.

7. AUDIT PROGRAM (16-A-O)
Leave this field blank.

8. AUDIT GLOBAL (1-A-O)
Enter **Y** for Yes. You can access this field only when disk space is critically low. This global is an exact copy of the transaction record that is sent to the third-party claims processor and is stored in the audit global ^PJA(date,communication code,sequence number).

When you access this field, the system displays the following prompt:

   Create an audit global of interface transactions? (Y/N) [Y]--

9. LOG (1-A-O)
This field determines if data errors are reported on the Console Log. Once you access this field, the following prompt displays:

   Report errors? (Y/N) [N]--

Enter **Y** to report errors on the console log. Enter **N** to stop errors from printing on the console log.

If you access the Log field but have not entered an Interface Audit report name, the following message displays:

   Error: Audit Report must be set up to remove data errors from console log!

To define an audit report you must choose a printer from the list under the field Interface Audit Report Name.

10. AUDIT RETN (2-N-O)
Enter the number of days that the information in the Audit Global is to be retained. The minimum number of days is 4 and the maximum number is 10. You can access this field only if the Audit Global field is set to Yes.

When you access this field, the system displays the following prompt:

Enter new number of days to retain interface audit records (4-10)--

11. ECS PREFIX (3-C-O)
Enter the three-character prefix that is used for electronic claims submission.

12. FORMAT PROGRAM (16-A-R)
Enter ^PINCPDP as the format program. This program formats the transactions
according to the specifications provided by the third-party claims processor.

When you access this field, the system displays the following prompt:

Enter new program to format outgoing transactions (include "^")--

13. PROCESS ROUTINE (16-A-R)
Enter ^PINCPDPR as the process routine. This program processes incoming
transactions from the third-party claims processor.

When you access this field, the system displays the following prompt:

Enter new program to process incoming transactions (include "^")--

NOTE: When switching the communication line to use NCPDP v 5.1, use
^PINCPDP5.

14. MODEM (1-A-O)
Enter **Y** for Yes to define the communication line as a modem line.

15. PRIMARY PHONE (15-AN-O)
Enter the primary modem phone number. The system uses this number for calling the
third-party claims processor.

16. SECONDARY PHONE (15-AN-O)
Enter the secondary modem phone number. The system uses this number for calling
the third-party claims processor if the primary modem number cannot be accessed.

17. RETRIES (2-A-O)
Enter the number of times you want the system to redial before logging a
communication failure message. If both primary and secondary numbers are available
and 2 retries are indicated, the system dials the primary number twice, and then the
secondary number twice, before logging a communication failure message.

18. LINE CLEAR REPORT NAME (TABLE LOOKUP-O)
Leave this field blank.

19. LINE CLEAR PROGRAM (16-A-O)
Leave this field blank.

20. ORDERS (1-N-R)
Indicate Ambulatory Care as the type of order to send. When you access this field, the system displays the following:

(1) No Orders
(2) All Orders
(3) Formulary Only
(4) Ambulatory Care

Which orders should be sent--

21. MED ORDERS (1-A-O)
Enter **N** to not send medication orders. When you access this field, the system displays the following prompt:

Send medication orders? (Y/N)--

22. SOL ORDERS (TABLE LOOKUP-O)
Leave this field blank.

23. SOL BOTTLES (1-A-O)
Leave this field blank.

24. STATUS CHANGES (1-N-R)
Enter 1 to send no status changes. When you access this field, the system displays the following prompt:

(1) Don't Send
(2) Send when entered
(3) Send when effective

When should status changes be sent--

25. ALLERGIES (1-A-O)
Enter **N** for No so that patient allergies are not sent. When you access this field, the system displays the following prompt:

Send patient allergies? (Y/N)--

26. FORMULARY (1-A-R)
Enter **N** for No so that formulary items are not sent. When you access this field, the system displays the following prompt:

Send formulary items? (Y/N)--

27. CHARGE SOLNS? (TABLE LOOKUP-O)
Leave this field blank.

28. CHARGE MEDS? (TABLE LOOKUP-O)
Leave this field blank.

29. HL7 (1-A-O)
If the interface is not an HL7® interface, enter **N**. If the interface is an HL7 interface, enter **Y**. After you enter Y and then accept the screen, the system displays an additional HL7 definition screen.

When you access this field, the system displays the following prompt:

> *Is this an HL7 interface? (Y/N)--*

30. TABLES   (TABLE LOOKUP-O)
Leave this field blank.

After you complete the fields, the system displays the following prompt:

> *Accept this screen? (Y/N/D) [Y]--*

To accept, enter **Y** or press ENTER. To select not to accept, enter **N**. To delete, enter **D**. The system displays the following prompt:

> *Are you sure you want to delete? (Y/N)--*

To confirm the deletion, enter **Y**. If you do not want to delete, enter **N**.

Setting Up Third Party Claims Submission

To set up third party claim submission, McKesson personnel must define information on the O/P Third Party Claim Information table. For information about this table, see the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.

For information about maintaining the O/P Third Party Plans table, see the *Tables and Parameters Volume* of the *STAR Pharmacy Reference Guide*.

TROUBLESHOOTING ELECTRONIC CLAIMS PROBLEMS

The following identifies possible solutions for problems you may have while submitting electronic claims.

Problem	Possible Solutions
The interface program cannot open the modem port.	The modem may be defective. Try another modem.
	The modem may not be properly installed on the port. Notify your technical advisor.
The modem dials but it does not connect.	Make sure the telephone number is correct. If the number is long distance, does it begin with a 1? Does the number require a 9 or some other number for an outside line?
	Try dialing the telephone number using a telephone.
	Dial out on the modem by using the DCU Passthru function. From the DME, enter UC, 9. Choose the dial-out port, and enter these commands: ATQ0 (result codes on) ATDT<phone#> (dial <phone#>) +++ (command mode) ATH (hang up) Does the modem connect?
Prescriptions are being entered, but the claims are not being processed.	Make sure the status is Active on the Communication Line Definition processor. If it is inactive, use the Communication Line Control function to activate the interface. You may want to recheck the fields on the Communication Line Definition processor.
	Make sure the interface program is running.
	Does it have the correct port open? If the program is not running, check the console log for error messages.

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CONSOLE LOG ERROR MESSAGES

The error messages generated by the VISA interface program are logged to the console under the code PIxxx, where xxx represents the communication code for the third-party processor. The following provides recommended responses to these error messages:

Code	Error	Solution
0	No initial ENQ from host...	No action is required. The modem is connected with the host modem, but the host failed to send the required ENQ character. The modem re-dials and tries again, up to the number of specified retries.
1	Host did not respond to claim submission...	Restart the interface. The modem sent the claim data to the host, but it timed out while waiting for a response, and the interface is stopped.
4	Host responded to claim with NAK or ENQ...retrying	No action is required. The modem claim data to the host, but the host responded with either an NAK or ENQ character. The modem re-dials and tries again, up to the number of specified retries.
5	Host sent EOT...terminating communications	The host sent an EOT, instructing the McKesson modem to terminate communications. After the reason is diagnosed, restart the interface.
6	Longitudinal Redundancy Check error in response from host...retrying	No action is required. The VISA interface program detected an integrity error in the host's response to a submitted claim. The modem sends an NAK, asking the host to retransmit its response.
7	Host did not transmit EOT...	No action is required. The claim was successfully processed, although the McKesson modem timed out before receiving the EOT from the host.
11	Could not open modem port	Make sure the modem is properly installed on the port. The problem may be that another job has the port open. Restart the interface.
14	Modem failed to hang up after processing	Recheck the modem settings. After after processing submitting a claim, the interface could not force the modem to hang up.
22	Modem could not connect	Restart the interface. The modem dialer dialed the primary and secondary numbers the specified number of retries and could not connect.

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We value your suggestions for improving our documentation. Please use this form to evaluate the *Ambulatory Care Module* of the *STAR Pharmacy Reference Guide* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	❑	❑	❑	❑
Accuracy of information	❑	❑	❑	❑
Completeness of information	❑	❑	❑	❑
Clarity of information	❑	❑	❑	❑
Amount of overview information	❑	❑	❑	❑
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Are there parts of this manual that could be made more helpful to you? Please explain.

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