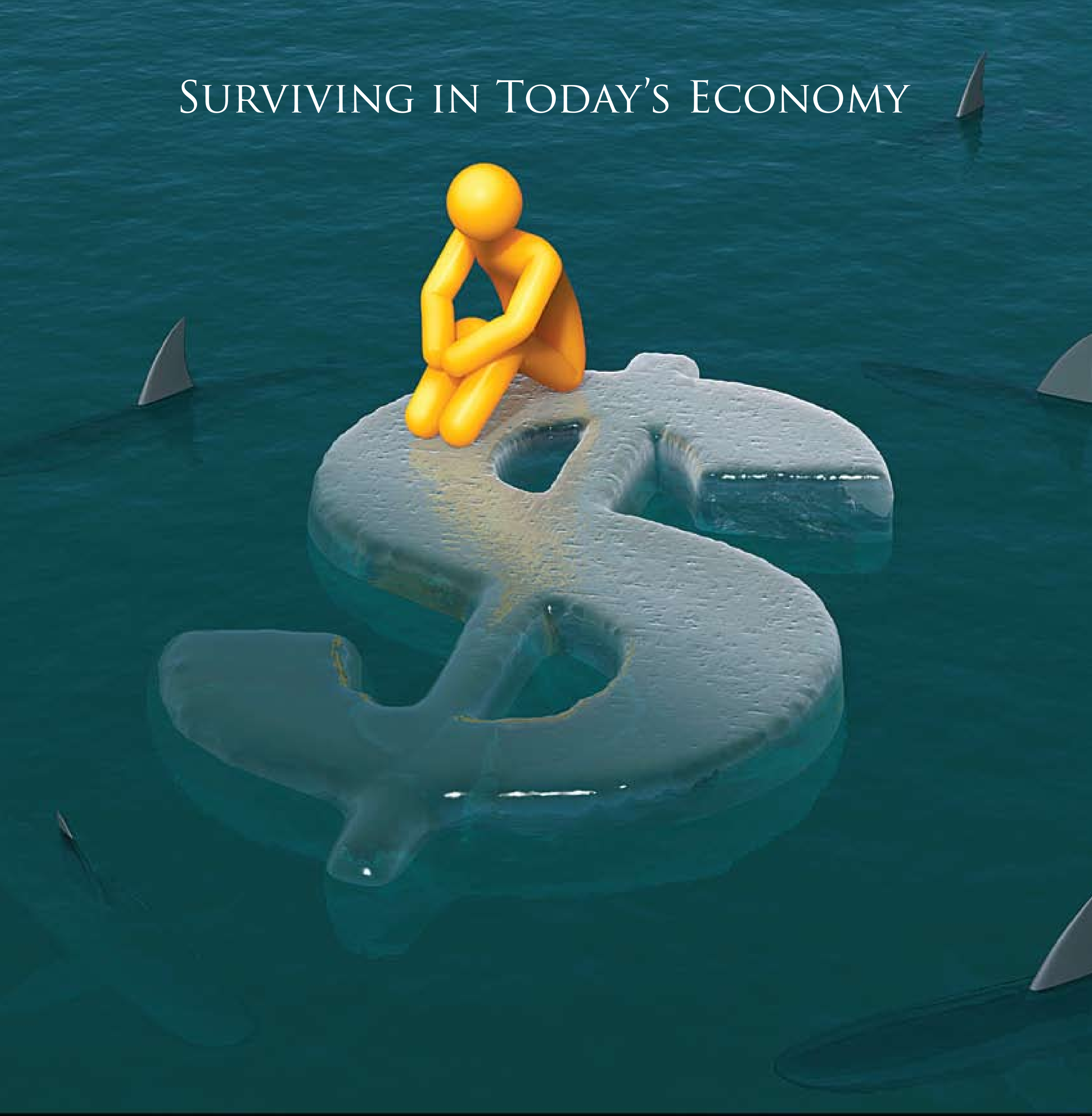
Surviving in Today's Economy



QS/1 | July 2009

INSIGHT

A business owner who employs smart business practices and operational procedures can succeed in any economic climate. These smart owners never stop looking for opportunities to grow their business and look for ways to generate additional profits through improving workflow procedures.

In this issue of *Insight,* we asked four industry experts to explore four relevant healthcare topics: front-end profits, healthcare reform, 340B eligibility and robotics. Our QS/1 Market Analysts expand on those and other topics and suggest operational improvements that our customers can implement into their daily business practices.

Jack Evans, President of Global Media Marketing, targets HME as pharmacy's new front-end profit center. Expanding on that topic, our analysts discuss making "*The Most of Today's Economy with SystemOne*" and "*Time-saving tips for Point-of-Sale.*"

Brad Kile, PhD, Kile Consulting, outlines federal healthcare reform initiatives. QS/1's Market Analysts further explore that topic with articles that address Medication Management Therapy (MTM), Health Information Technology for Economic and Clinical Health (HITECH) and new DEA enforcement actions. Preston Hale, incoming President of the Virginia Pharmacists Association, writes about the importance of getting personally involved with your state and federal pharmacy associations.

Jerry Sveum, President of Sveum Consulting, explains how to utilize your QS/1 System to contract for 340B pharmacy arrangements. This agreement can directly impact your bottom line for the better. QS/1 Analysts also write about new and enhanced QS/1 services designed to streamline your operations, target customer service and increase profits. HealthMinder, Inventory Control Program, Data Collection and Clinical Updates are prime examples of enhanced procedural operations with positive bottom-line results.

Our fourth expert, Rob Brady, Director of Business Development for RxMedic Systems, highlights robotics and the partnership between QS/1 and RxMedic to introduce RxMedic's robotics as an essential new tool behind the counter.

QS/1 continues to supply our customers with the tools they need to stay current with changes in the healthcare industry in order to build constructive business strategies. I encourage you to attend QS/1 seminars, read your weekly *Insider*, stay current with your software and services and be aware of federal changes as they are happening.

It is QS/1's commitment to anticipate and inform our customers of change as it relates to their business.

Sincerely,

Tammy Devine

Executive Vice President, QS/1

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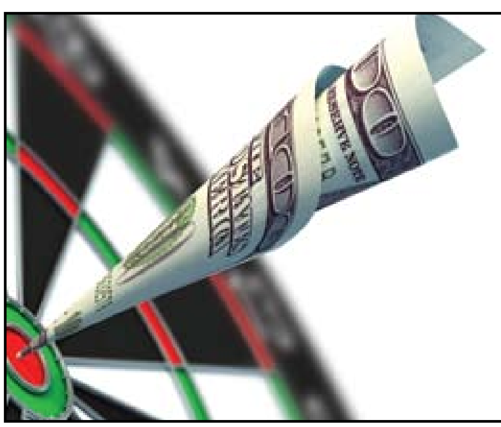

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Targeting HME as the Pharmacy's New Front-End Profit Center

by Jack Evans, President of Global Media Marketing

Drugstores are transitioning from pharmacy to health and wellness to home healthcare. Today, home healthcare (HHC) is one of the fastest growing and highest margin segments sold in pharmacies. Local pharmacies are quickly establishing themselves as HHC destinations and community healthcare centers.

Pharmacies are the natural location to find HHC products and supplies or home medical equipment (HME). As Americans age and Baby Boomers become caregivers for their parents, consumers need convenient locations and knowledgeable salespeople to help meet their daily home healthcare needs. According to numerous Gallup consumer surveys, the first person consulted outside of the immediate family concerning medical problems is the trusted pharmacist at the corner pharmacy.

Three Stages of Building Your HHC Business

Most drugstores need to remove a few feet of cards or candy in order to make room for a new display of HME products. When you compare the gross profit on one $800 lift chair or a $1,200 scooter to the dozens (or hundreds) of cards and candies you would need to sell to equal this amount, the transition to HHC products does not seem that daunting.

Drugstores usually approach the HHC business through a series of stages. Many are already in the healthcare business, selling a basic selection of blood pressure monitors, canes and crutches, diabetes products, incontinence products, orthopedic supports, urinals and bedpans. The first stage to further develop a HHC business is to combine many of these related products into one HHC plan-o-gram that is eight or 12 feet.

After a few months of sales growth and increased requests for additional products, drugstores can then move to the second stage. In this stage, products are included within complete categories that are featured in separate departments, often adjacent to one another. These are usually small plan-o-grams of two to four feet, such as canes within mobility aids, urinals in bath safety and blood pressure monitors as part of home diagnostics.

The third stage is to create a separate HHC department. This usually involves removing one or more gondolas to make a small "valley" of 600 to 800 square feet with open floor space, aisles bordering the display area, and shelves, slat wall or pegboard facing inward on both sides. Some very successful HHC drugstores move to a fourth level where they actually transform the entire front end into a medical products showroom or create a separate showroom adjacent to the drugstore.

Showroom Size vs. Sales

The average HME showroom is from 1,200 to 1,500 square feet with most independent drugstores using between 600 and 800 square feet. Not all categories and products can be displayed or sold in this area. The key to successful sales, turns and profits is matching the categories with your customer demographics. In general, showrooms from 600 to 800 square feet generate $400,000 to $600,000 per year. Showrooms twice this size will generate twice the revenue. Size does matter when selling HME. Larger products, such as lift chairs, scooters, wheelchairs and rollators take up a considerable amount of floor space when displayed properly, which includes customer choices for models, price points and brands.

How do you determine which products to display? Examine your existing script patient base and identify several major medical conditions. Then focus on two or three related HME categories and display depth within these categories. For example, Baby Boomers who buy diabetic products on a monthly basis would also need diabetic shoes and socks, compression stockings and specialized skin and oral care products. Female seniors who buy incontinence products also need mobility and bathroom safety products. Utilize a front window to display lifestyle and comfort products from these categories on a rotating basis.

Designing and Merchandising Your HME Showroom

There is no "one-size-fits-all" for home healthcare product selection. An HME business can no longer afford to carry every product. Stock the products your loyal customers buy on a repeated basis and any other products that might also appeal to their same needs or values. Merchandise your HME showroom demographically to provide seniors, Baby Boomers and family caregivers selections that are grouped separately. Start with the basic mobility and bath safety categories, then customize related categories and products according to your customers' needs.

By placing the pharmacy counter in the back of the store, customers are directed to walk through the HME section. By removing gondolas and displaying lift chairs, wheelchairs, walkers, bath benches and other large HME products on the floor, customers are invited to walk over and try the equipment. Arrange related equipment next to each other, so that a customer renting a wheelchair or buying a transport chair can also be shown wheelchair cushions, trays and portable ramps.

HME Salesperson = HME Sales

This is a bold equation, but HHC products and supplies are not over-the-counter (OTC) products that sell themselves. Someone must qualify customers to find out the end-users' home health care needs and then demonstrate related HME products that will help them maintain or improve their daily quality of life. Dedicate a retail clerk as your HME salesperson to work the showroom during specific retail hours. Provide product training by having HME vendors and distributors in-service them on a regular basis before your business opens. Provide these HME salespeople with name tags that specify they are "HME Specialists" or "Home Healthcare Professionals" to let your customers know they are experts in HHC. Remember that HHC salespeople are like anyone else in sales — they work in response to the incentives that are provided to motivate them.

Outside sales to referral sources are also very important for the growth of an HME business. Schedule time for your new HME salesperson to visit local healthcare professionals one or two mornings each week on a monthly basis. Find out what their patients need in relation to home care products and services. Then, provide these products and services and inform your referral sources that you are helping educate and care for their patients at home. In-service your referral physician office managers and nurses by category so they learn what products are available to better care for their patients at home.

Profiting from HME

When drugstores incorporate HME into their businesses, they usually open with a fanfare of advertising, PR and a grand opening complete with a ribbon cutting and local dignitaries. Sales usually start at $500 days for a $10,000 month, grow to $20,000 a month for several months and then slowly grow to $30,000 a month and then $40,000 a month. The first year's gross sales will reach $500,000 or $600,000. The second year usually peaks at $1 million, with Saturday HME sales averaging at more than $4,000.

Note the days and hours of business directly affect your bottom line. Seven days is not always cost-effective, but Saturday is usually a busy retail shopping day. Also, staying open until 6 or 7 p.m. one or two evenings will bring in after-work caregivers. If you make shopping in your HHC showroom more convenient your number of repeat customers, sales-per-customer and overall sales will increase.

Most of your regular customers already have some need for HHC products. Your goal is to become their local HME resource and help them care for their loved ones at home.

Jack Evans, President of Global Media Marketing, is an educator and marketing specialist in HHC. He works with HME providers and drug stores to develop retail layouts, merchandising, sales training, marketing and advertising programs.

He can be reached at www.retailhomecare.com or 310.457.7333.

Federal Healthcare Reform Initiatives

"Change" is a common theme this year in Washington, DC as the Obama Administration and the 111th Congress tackle a range of issues from homeland security to the economy and healthcare.

by Brad Kile, PhD, Kile Consulting

As we approach the middle of 2009, it remains unclear if meaningful health reform will be enacted by the end of the year. After early missteps in securing a Secretary for the U.S. Department of Health and Human Services (HHS), the Obama Administration is working on an aggressive timetable to push health reform initiatives into law in 2009. There are critical elements in the political landscape that must align for health reform to be a reality this year. The healthcare initiatives already put in place by President Obama through the American Recovery and Reinvestment Act (the "stimulus" law) were signed into law earlier this year. Looking towards 2010, there will be changes that will impact QS/1 customers, including Medicare Part D modifications and pharmaceutical reimbursement.

False Start

President Obama was dealt a significant setback in the first few days of his presidency when his choice to lead both the HHS and the new White House Office of Health Reform, Tom Daschle, withdrew himself from consideration because of controversy surrounding his taxes. Since the November election, Daschle had served as an advisor to Obama as he laid the groundwork for a major push on healthcare reform. Daschle's abrupt withdrawal left the Obama Administration scrambling while career employees named as acting directors were overseeing HHS' 65,000-plus employees and $700 billion budget.

After several weeks of vetting potential candidates, Obama turned to Kansas Governor Kathleen Sebelius to run HHS. Sebelius is a Washington outsider and rising star in the Democratic Party who vaulted onto Obama's short list for the vice-presidential nomination last summer. To fill the other void left by Daschle's exit, Obama tapped Nancy-Ann DeParle as director of the White House Office of Health Reform. DeParle comes to the new job with extensive health policy experience, having served in a series of high-profile public and private sector positions, including Administrator of the Health Care Financing Administration (now named the Centers for Medicare and Medicaid Services) under President Clinton.

The Sebelius nomination encountered setbacks when tax issues were revealed during the Senate confirmation process. Sebelius was confirmed as HHS Secretary on April 28, 2009. Obama had planned to have an HHS Secretary in place almost immediately after his January inauguration, however, the end result of this months-long process is that Sebelius' confirmation was the final cabinet position to be filled in the new presidential administration.

White House Health Summit

Despite early setbacks, Obama convened a White House Health Summit in March to begin a campaign to substantially reform healthcare by the end of 2009. The President and his top advisors were joined by 120 lawmakers, health industry executives and several "average Americans," as invited guests to the summit where Obama urged participants to develop solutions for the rising cost of healthcare. The summit was the first major step in the President's strategy to advance health reform in 2009 with the President positioned as the facilitator among the various stakeholders in Washington's powerful health policy arena. Rather than assuming the role of architect of healthcare reform, Obama has signaled that he will serve as mediator and task-master to ensure reform is advanced this year. The President also tied the need for healthcare reform to the nation's ailing economy. Obama said, "By a wide margin, the biggest threat to our nation's balance sheet is the skyrocketing cost of healthcare. It's not even close." In his budget plan, Obama proposed a vague outline of a health policy solution, including nearly $634 billion in new spending on healthcare in the short term. This funding is likely to be used to help provide health insurance to some of the 45 million Americans without coverage.

Key Players in Health Reform

While the confirmation of Sebelius dragged on for weeks, other Obama allies were working to shape health reform legislation. In her new position as Director of the White House Office of Health Reform, DeParle is responsible for bringing stakeholders together and coordinating strategy as she runs health reform from her office in the Executive Office Building, adjacent to the White House's West Wing.

On Capitol Hill, key Democrats are developing their own reform proposals. Efforts in the House of Representatives are being led by Ways and Means Health Subcommittee Chair, Pete Stark (D-CA) and Energy and Commerce Committee Chair, Henry Waxman (D-CA). The strategy in the Senate is for Senator Kennedy (D-MA) to pass health reform through his Health, Education, Labor and Pensions Committee while Senator Baucus (D-MT) guides his own health reform bill through the Finance Committee he leads. The Senate plans to hammer out a compromise bill based on the Kennedy and Baucus legislation and take that to a full vote in the Senate before autumn. The prospects for Senate passage became much brighter when Senator Specter (D-PA) changed parties to give Democrats a filibuster-proof majority.

Health Changes in "Stimulus" Act

The American Recovery and Reinvestment Act (ARRA) signed into law by President Obama on February 17, 2009, includes a major boost to states for funding Medicaid and fiscal relief. The ARRA, often referred to as the "stimulus" law, includes $149 billion in health spending directed to Medicaid, COBRA subsidies and other spending for Health Information Technology (HIT).

The ARRA provides a temporary increase in the federal contributions for Medicaid from October 1, 2008 through December 31, 2010. Similar to relief provided during the last economic downturn in 2003, these funds help support state Medicaid programs at a time when state budgets are severely strained and there is increased demand for Medicaid coverage. This funding should ease, but perhaps not eliminate, the need for states to impose new rounds of Medicaid cuts that will likely reach pharmacies and other service providers.

The ARRA requires the federal government to develop standards around the uses and exchange of electronic health data. It also provides Medicare and Medicaid fiscal incentives to encourage doctors, hospitals and other providers to use electronic health records. Many of the details of how funds will be allocated are left to HHS to determine in implementing regulations. Grant and loan funding will start flowing this year, but the bulk of that funding ($20.8 billion) flows through Medicare and Medicaid programs and will not be available until 2011.

Looking to 2010

While broader health reform works its way through the legislative process with an uncertain outcome, some regulatory changes give a clearer picture of what lies ahead. The Centers for Medicare and Medicaid Services (CMS) issued the 2010 Final Call Letter that implements changes to Medicare Advantage, Part D, and other cost plan programs. Key areas for change in Part D that are effective January 1, 2010 include: transparency of benefit plan designs; utilization management criteria; formulary exception tiers; and medication therapy management. Plans must also pay pharmacies promptly for Part D claims and must pay additional interest to pharmacies if they fail to meet new prompt payment time frames. For details on these changes and more, the 2010 Final Call Letter is available at: www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/2010CallLetter.pdf.

Pharmaceutical reimbursement is another policy area getting plenty of attention from federal and state lawmakers and the courts. Some prominent Democrats in Congress have called for direct pricing negotiations between the government and pharmaceutical manufacturers. President Obama supports this type of change and has also included a provision in his budget that would require manufacturers to increase the rebates paid to Medicaid from 15% to 21%. Additionally, several key states like California and Florida have implemented cuts to pharmaceutical reimbursements under Medicaid. Pharmacies will also be impacted by a court settlement involving First DataBank that will lower by 5% the average wholesale price (AWP) for over 1,400 products later this autumn. Taken together, the dynamics at play indicate that pharmaceutical reimbursement will continue to play a key part in ongoing efforts to implement healthcare reform.

The prospects for broad health reform continue to look promising for 2009, although many political hurdles stand in the way of Congress and President Obama completing a reform law this year. The President has signalized his willingness to work with various stakeholder groups and the Democratic majority in Congress lends a major boost to his efforts to overhaul the health system. However, many policymakers and stakeholders will likely be pitted against one another as health reform legislation reaches Congress, as it is expected to dramatically shift the financial landscape by reallocating trillions of dollars in health spending. Such a monumental task will require forward thinking and compromise.

Using the QS/1 Computer System for a 340B Contracted Pharmacy Arrangement

by Jerry Sveum, President Sveum Consulting

The current depressed economy has left many Americans without jobs or health insurance. Finding affordable healthcare and medications for this expanding group is even more vital now than in the past. Record numbers of people are flocking to Federally Qualified Health Centers (FQHCs). These are safety-net clinics and hospitals designed to care for the uninsured or underinsured. The goal of the Bush Administration was to add 1200 new or expanded 340B sites to the FQHC network. Due to an economy in turmoil and a Democratic-controlled administration and Congress we can expect this trend to soar even higher.

The demand for FQHC services provides pharmacies with a unique opportunity to participate in what is often viewed as a niche market, the 340B Drug Program. The following items should be considered when evaluating the 340B Drug Program: who is eligible to participate, a simplified system for contracted pharmacy management of FQHC drugs and some resources for getting involved in the 340B Drug Program.

In the 1990s, federally-funded clinics recognized that affordable prescription medication was a missing link in healthcare. They realized they could see patients all day long but optimal outcomes wouldn't be achieved if patients could not afford their medications. In 1992, drugs were added to the health- care menu with the addition of section 340B of the Veterans Health Care Act. This was the beginning of the 340B Drug Program, which allows for drugs to be significantly discounted for patients of federally funded clinics. Anyone is eligible for the 340B Drug Program as long as they are a patient of a FQHC clinic. In 1999, the Act was amended to allow smaller clinics, which could not afford to operate their own pharmacies, to contract with a local pharmacy to sell the clinic's drugs for them.

The 340B Drug Program was designed to benefit eligible federally funded entities; therefore, 340B-discounted drugs may only be prescribed by a physician contracted to a FQHC. Moreover, pharmacists may only dispense 340B prescriptions if the pharmacy is contracted to the FQHC clinic. The 340B Drug Program has the potential to add considerable revenue to the pharmacy business linked to new patients for the pharmacy. Increased foot traffic raises the potential for additional sales of incidental sundries, as well as 340B prescriptions during the pharmacy visit.

Since only the contracted pharmacy may dispense 340B drugs there is a potential local niche for a 340B contracted pharmacy. It could benefit pharmacy owners to take the lead in seeking a willing FQHC clinic partner to establish a 340B contract pharmacy arrangement. Current guidelines restrict an FQHC clinic to having an exclusive contract with only one pharmacy per clinic site. There is, however, a guideline change pending which will allow a clinic to contract with multiple pharmacies. The federal government's Office of Pharmacy Affairs (OPA) provides free 340B consultation services. Contact their Help Desk by calling 800.628.6297.

A 340B contract outlines an agreement that allows the pharmacy to sell the clinic's drugs for it through the pharmacy. For this service, the pharmacy is paid a defined dispensing fee. The pharmacy must manage two separate inventories of drugs; the drugs owned by the pharmacy and those owned by the clinic. Initially, this may sound burdensome to the pharmacy, but maintaining the inventories separate virtually, rather than actually, and using computer software for recordkeeping means that the same bottle of medicine can be used for dispensing 340B and non-340B prescriptions.

It is possible for a contract pharmacy to maintain two separate inventories of drugs and store each in a separate location in the pharmacy. However, this system is cumbersome, takes up valuable shelf space and presents a greater probability for error by filling a prescription from the wrong supply.

There is a more expeditious method of commingling the drugs owned by the pharmacy and the clinic and maintaining them separate electronically.

QS/1 has been involved with contracted pharmacies since 1999 and the QS/1 software includes all of the required components for keeping the drug inventories separate. While other pharmacy software programs contain the required elements, as many as half of pharmacy dispensing systems in America cannot accept a duplicate NDC, which is a key component for keeping the inventories separate. While all of the QS/1 systems can keep track of the two drug inventories, the newer NRx system includes features that allow it to operate more efficiently in a 340B environment. The QS/1 Computer System is the first to be recognized by the 340B Prime Vendor Program.

A purchasing replenishment system is a companion piece of the electronic inventory separation framework. A simple replenishment system allows a prescription to be filled with a pharmacy-owned drug and later replaced to the pharmacy-owned supply electronically by ordering it from the drug wholesaler on an account set up for the clinic. It's a "ship-to / bill-to" system set up with the wholesaler in which the pharmacy orders and receives the drugs, but the invoice is sent to the clinic for payment.

The replenishment system is best explained by using an example. Let's say that a pharmacy is just beginning a 340B contract arrangement with a clinic and a patient brings a new 340B prescription for 30 Amoxicillin 500 mg. The pharmacy technician finds two entries for Amoxicillin 500, one pharmacy-owned and one clinic-owned. On day one, the clinic has no inventory at the pharmacy and the drug record for the clinic-owned Amoxicillin 500 is zero on-hand. The technician enters the entry for the clinic-owned drug even though the prescription is filled with Amoxicillin borrowed from the pharmacy inventory. The drug record for the clinic-owned Amoxicillin 500 will then show minus 30 (-30) on hand.

An inventory report for the clinic-owned drugs is run when the pharmacy replenishes the pharmacy-owned inventory that was lent to the clinic. Any drug with a negative on-hand quantity is ordered on the clinic account from the wholesaler. So, for our example of minus 30 Amoxicillin 500 on-hand, an order would be placed for a bottle of 100 capsules. Now the on-hand amount in the clinic drug record for Amoxicillin 500 will be 70. The computer has returned the 30 capsules borrowed from the pharmacy. Seventy of the capsules in the new bottle of 100 belong to the clinic and 30 belong to the pharmacy. The inventory is not replaced physically, but is commingled on the shelf and separated virtually by the software. The system works very smoothly in practice.

A manual has been created for using the QS/1 Computer System in the 340B Drug Program. A manual has also been developed for the NRx System. These manuals can be especially helpful for new 340B contracted pharmacies. The manuals direct the customer in loading the clinic's formulary of drugs, tracking drugs and completing end-of-month reporting. The current NRx manual and older QS/1 software manuals can be obtained by contacting QS/1 at 800.845.7558 or by contacting the American Pharmacists Association (APHA) Pharmacy Services Support Center (PSSC) at 800.628.6297.

340B Drug Program Development Contracted Pharmacy Arrangement Task Check-off List

Clinic: ✓

- O **1. Clinic to call the OPA Help Desk to get assigned help**
- O **2. Make application for inclusion in 340B program**
- O **3. Contact a willing partner pharmacy or send out an RFP**
- O **4. Secure a negotiated and signed contract**
- O **5. Submit a self-certification form**
- O **6. Sign agreement with Apexus for Prime Vendor Program**
- O **7. Open a clinic account with drug wholesaler**
- O **8. Develop a drug formulary**
- O **9. Develop a pricing strategy**

Pharmacy: ✓

- O **1. Contact a willing partner clinic**
- O **2. Secure a negotiated and signed contract**
- O **3. Submit a self-certification form**
- O **4. Develop a drug formulary**
- O **5. Set up pharmacy dispensing software**
    - O **A. Check for technology capability**
    - O **B. Load formulary drug file**
    - O **C. Load contract prices**
    - O **D. Load drug ordering program**
    - O **E. Load pricing strategy**
    - O **F. Develop end-of-month reporting procedures**

The author, Jerry Sveum, will be presenting at the QS/1 Customer Conference in Memphis, July 16-18th. He will discuss the 340B Drug Program and the process of using the QS/1 Computer System in the 340B Drug Program.

RxMedic & QS/1

RxMedic and QS/1 : "A Prescription for Success"

Finally an Automated Dispensing System Designed for Independent Pharmacies

by Rob Brady, Director, Business Development, RxMedic Systems

"The RxMedic robot has allowed me to grow my prescription volume without increasing my staff. The RxMedic robot consistently fills over 60% of our prescriptions, which gives me more time to focus on patient care activities."

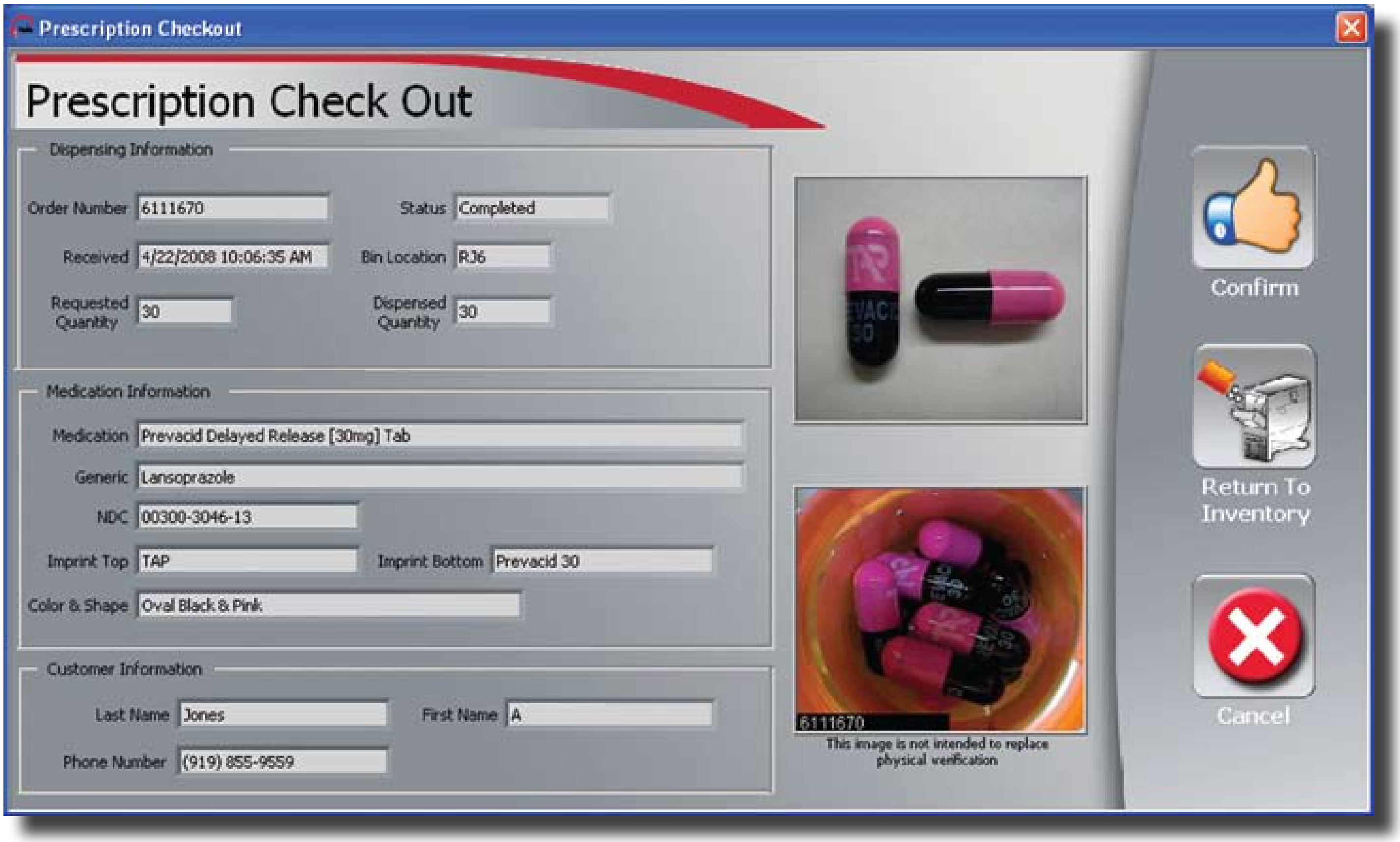
- Johnny Hogg, R.Ph.
Service Drug Store
Pinetops, NC
QS/1 Client since 1996
RxMedic ADS customer since 2007

The RxMedic Automated Dispensing System (ADS) provides independent pharmacies with the fastest, most accurate and cost effective dispensing technology available. By relieving manual dispensing processes, independent drugstores can meet growing prescription demands while maintaining fast and reliable order delivery. RxMedic frees up 50 to 80 percent of a pharmacists' time, allowing staff to focus on delivering quality patient service. RxMedic's advanced technology combined with the strength and expertise of QS/1 is a perfect fit for Independent Pharmacies in search of an automated dispensing solution.

Here's How it Works

RxMedic interfaces seamlessly with your QS/1 Pharmacy Management Software. Once the prescription information is entered into your QS/1 system, the script is automatically sent to the RxMedic ADS. As scripts are received electronically by the RxMedic ADS, they appear in the script queue and the robot begins the order preparation process. The appropriate size vial is selected and labeled. The vial is carried to the appropriate bin location where the medication NDC number is verified using barcode technology and the medication is rapidly and accurately dispensed and counted. This process guarantees the correct medication is dispensed 100% of the time. Next, the robot takes a high quality digital image of the contents in the vial and applies the cap. The digital image provides another essential safeguard in the dispensing process. This image is stored and can be retrieved should a patient ever have a question about a particular prescription. The prescription is then placed in the collating area where up to 200 completed scripts can be stored alphabetically by the patient's last name. The good news is from start to finish the robot will complete this process in approximately 30 seconds and can do it with accuracy, speed and no human intervention.

Checking out a script is as easy as placing the vial in front of the barcode scanner. This displays the information about the script and permits you to visually verify the picture that was taken of the contents in the vial with a stock image of the medication dispensed. This visual verification is quick and easy using the digital technology of the RxMedic ADS.



RxMedic ADS Benefits

- **Capacity** – The ADS stores 256 different oral solids in large capacity cells, the most on the market.
- **Speed** – The system labels, fills, caps and collates completed prescriptions in seconds.
- **Functionality** – RxMedic is comprehensive and easy to use.
- **Integration** – The system interfaces seamlessly with your QS/1 Pharmacy Management System.
- **Size** – The ADS has a compact footprint and easily fits into the space of a single shelving unit.
- **Investment** – RxMedic is the most affordable system on the market generating a positive return on investment with 900 scripts/week.
- **Patient Care** – Improves patient interaction and satisfaction with faster, more accurate prescriptions.
- **Staff Productivity** – Improves employee efficiency and satisfaction by eliminating fatigue inducing mundane processes.

"The value of the RxMedic robot becomes evident almost as soon as it is installed. Repetitive tasks are eliminated and time is saved on each prescription. I believe that a robotic system like the RxMedic ADS will become as common in pharmacies as the computer is today." – **Hugh Mobley, R.Ph.** | **Mobley Drugs,** Lancaster, SC | QS/1 Client since 1984 | RxMedic ADS user since 2008

The ADS is offered in NC, SC, VA, GA, Eastern Tennessee and Eastern Kentucky.
To investigate how your pharmacy can benefit from dispensing automation contact 800.231.7776.

Get Involved

Play an Active Role in the Health of Your Business Through Involvement in Your State Pharmacy Association

by L. Preston Hale, R.Ph., National Sales Manager, Chain Solutions, QS/1

Since graduating from the Medical College of Virginia MCV School of Pharmacy a long time ago, I have believed that being involved with your state pharmacy association was a rite of passage in promoting and protecting the pharmacy profession. As a pharmacist, I have served in all capacities at the local pharmacy association level. I have attended more meetings and conventions than I can count. However, after recently being named President-Elect for the Virginia Pharmacists Association, I found this commitment is not the norm for the majority of pharmacists today.

In Virginia, I was surprised to learn that only 15 percent of pharmacists belong to the V.Ph.A. While they may be members of other professional associations, there appears to be a lack of interest in the state association. This becomes a major issue during legislative sessions when one of the first questions asked by legislators is "How large is your membership?"

Having recently returned from the National Alliance of State Pharmacy Associations (NASPA) meeting, I had the opportunity to meet with other states' presidents-elect, and I found many commonalities. The membership percentage seems to be similar across the country. When asked why they are not joining, the common response was, "What will a state association do for me?" My answer is there is strength in numbers. With a state association, *me* becomes *we* and *I* becomes *us*. In a debate, one individual can gain an advantage over another by finding an ally to stand beside him. Thus, with an association, the numbers and the balance of power can shift.

I urge pharmacists to participate in all professional organizations that are relative to your practice, as your efforts and focus will only enhance the profession. I am challenging you to get back to the basics and have a grassroots approach and support your profession by joining your state pharmacy association. Just imagine if you had 60 percent of your profession speaking as one in your state, the force would be amazing. Take that force and combine it with other states and envision the impact associations like APHA, NCPA, NACDS and ASCP would have as they promote and protect our profession nationally. This force would not only get us a seat at the table but would position pharmacy as a major player in the healthcare arena.

We have been successful in the past. Due to the joint efforts of NCPA and NACDS, backed by the state associations, we were able to delay the implementation of Average Manufacture Price (AMP). This alone has saved pharmacies millions of dollars each day. Just recently, with the joint efforts of the national and state associations, a bill was introduced into Congress to exempt pharmacies that provide DME and supplies from posting a $50,000 surety bond to participate in Medicare Part B. This again shows the strength in numbers. Imagine the impact pharmacy could have if only we could increase the number of members in our state pharmacy associations.

I challenge you to join your state association and get involved. Ask a peer to join with you. Your membership is necessary for the success of your state association, so provide your support, stand together and be counted to have your voice heard as a healthcare provider.

Surviving in Today's Economy with HealthMinder

by Charles Garner, Market Analyst, QS/1

Businesses all over the country are feeling the sting of an uncertain market. Naturally, your goal as a business owner is to keep your customers happy and returning year after year for all their medication needs. At the same time, you must not only maintain this existing customer base but grow your business by attracting new customers.

By utilizing QS/1's HealthMinder feature along with QS/1's Interactive Voice Response (IVR) system, you will keep your customers informed of scheduled prescription refills and returning to your pharmacy.

From QS/1's Pharmacy Management System, the HealthMinder report may be generated based on customers who have refilled prescription(s) due during a specific time frame. First, the report is customized to meet specified criteria. After the report is generated, the information is automatically dropped into the call-out queue and scheduled through the IVR system to call selected customers, reminding them they have refills due.

Once the call is made, the customer will be given the opportunity to submit the refill request. Depending upon how your QS/1 Pharmacy Management System is set up, AutoFill may be used to process the prescription(s) at that time or they may be placed in the Tickler File for your staff to process.

Once the prescription(s) have been filled, the IVR system calls the customers back, notifying them that their orders are ready to be picked up.

Providing this additional service, is a win-win situation for your customers and for your business. Improving the lives of your customers while increasing your bottom line is good business practice. With the continued flow of business to the pharmacy, you are not just surviving, your business is thriving.

For more information on HealthMinder contact 800.845.7558.

Surviving in Today's Economy

This is no time to be indecisive in business. Surviving today's business environment means being smart about how you conduct business from both an operational and service standpoint. Efficiency combined with customer service are key components behind a successful business. QS/1 Market Analysts tie these two components together in a feature that will highlight noteworthy products and services. These products and services are designed to help you manage your business growth while streamlining your operation and expanding your customer service. By paying attention to the growth of your business and the customers who make that growth possible, you not only survive the turmoil, you triumph over the challenges.

Time-saving tips for POINT-OF-SALE

by Kelly Smith, Market Analyst, QS/1

As a pharmacist and retail merchant, you understand the importance of time as a key component of customer service. If customers have to wait for a prescription or in a long line at the checkout counter, they may take their business to another store. Anything you can do to shorten the amount of time a customer waits will give you a competitive advantage. QS/1's POS system has many versatile features to help you and your associates speed up checkout, including efficiencies that help you retain your valuable customers as well as bring new prospects into your pharmacies. Implementing the following features into your daily operations provides your staff with the ability to achieve increased customer satisfaction.

Managing a Preferred Shopper Program: The POS system provides the option either to display a preferred shopper prompt before checkout begins or to scan the preferred shopper card while in checkout mode. Prompting before checkout will encourage the staff to engage the customer in conversation and provide an opportunity for recruitment if they are not already a member of the program.

In conjunction with a preferred shopper program, customer-specific discount codes (for individuals or groups) can be assigned to customer records in POS. For example, to grant a 10 percent discount on all purchases to a local school or church group, set up a preferred shopper code for the group. Any time a representative of that group makes a purchase, the 10 percent discount is applied to the transaction. In order to set this up, access the customer record, click Additional Info, Tab to the Discount Schedule field and type the number of the discount schedule to associate with the customer. At checkout, enter the customer's preferred shopper number to apply the discount to the entire transaction.

To ring up gift items that have SKU numbers only, type the letters SKU followed by a space and the SKU Number. Press Enter to check out the item (ex. "SKU 12345").

Handling One-time Price Adjustments: Staff can change the price of an item on a one-time basis before the item is scanned. Enter the new price in the Price field at the top of the checkout screen. When you scan the item, the system uses the price you entered. This does not change the price permanently. When you scan another of the same item it will check out with the original price.

To improve efficiency, your staff can scan multiples of the same item once rather than scanning the item repeatedly. Before scanning the first item, enter the quantity in the Quantity field at the top of the checkout screen. When you scan the item, the POS system calculates the amount based on the quantity you entered times the item price in the item record.

To apply a discount to an entire transaction instead of an individual item, click Discount in the upper right corner of the screen while in checkout mode and type the transaction discount.

Adding transaction barcodes on receipts enable staff to find transactions in the transaction journal or retrieve signatures captured with the wireless signature device. To add transaction barcodes to the pharmacy's receipts, modify the closing receipt design and add Print Routine 160.

Enhance customer service during returns by using the transaction journal. Versatile search criteria for look up of the transaction records will speed the process of the return. The search criteria includes: date range, GTIN, Rx number, transaction number and credit card number. You can use any of these criteria or a combination thereof to search for a transaction or group of transactions.

Adjusting sales tax during those special transactions is made easy in POS. The tax options function allows you to adjust sales tax for a transaction. To add or remove sales tax, click Sales Tax, then select the tax option(s) to add or remove.

Features alone do not equate to good customer service, but a well trained staff and implementing these features are a recipe for success. With any business, customer satisfaction is the number one concern and the features in POS are designed to help your staff deliver superior customer service.

Making the Most of Today's Economy with SystemOne

by Chris Kinard, Market Analyst, QS/1

Surviving in today's economy means renewed attention must be given to maintaining existing customers. From large corporations to small independent retailers across America, the focus remains on improving customer service, streamlining daily operations and driving revenue to your bottom line.

Backed by a multitude of enhancements and continued software development, SystemOne offers the business management tools you need. Features such as Document Imaging, Electronic Signature Capture and barcoding are reliable, affordable ways to ensure accuracy.

When it comes to customer service, QS/1's Point-of-Sale is the perfect complement to SystemOne. HME POS helps manage cash sales, product movement and purchase trends. Reporting capabilities also ensure that you are keeping up with your customers' needs. Additionally, POS ancillary services such as cash back on debit transactions, check cashing and preferred customer shopping programs also improve customer convenience.

POS offers Electronic Signature Capture, helping you comply with local, state and federal documentation laws. At the time of checkout, patients can sign electronically for HIPAA acknowledgement and all Medicare required documentation. For instance, if the patient receives medication, the signature for counseling and safety caps can also be captured.

New services and interfaces allow you access to QS/1's partners, who provide business solutions and tools that save you time and money while growing your business.

For example, diabetic supply rebates from Roche, the manufacturer of Accu-Check products, is a data collection service that provides cash in exchange for product utilization data. With SystemOne data collection, you can participate in manufacturer purchase programs, which save you money on diabetic test strips, thus increasing your profit margin.

ZirMed is a premier claims management vendor in the HME marketplace. ZirMed's suite of Internet-based solutions is designed to reduce inefficiencies and increase productivity. By giving you increased control during the claims process, these solutions can increase cash flow and reduce accounts receivable days. Cost savings come from streamlining and automating the billing and collecting processes. With ZirMed you can check patient eligibility online and bill claims electronically to thousands of payers. Additionally, you can outsource patient statement printing, packaging and mailing and even provide a web-based payment portal for patients to pay their statements.

In addition, QS/1's Document Imaging interfaces with the following partners: Integra Docu-Track, RemitData WebScan and Medforce Technologies. These interfaces enable you to automate your office, reduce manual paperwork and eliminate filing cabinets.

As the HME landscape is changing, so is SystemOne. QS/1 provides you with the business tools and system functionality that supports your business plan and improves your daily operations. To ensure you have the necessary business management tools, take time to review and implement product enhancements on a regular basis. For a complete listing of SystemOne enhancements, view SystemOne Help or webinars at www.qs1.com.

INVENTORY MANAGEMENT Keeping Count

by Paulette Slaughter, Market Analyst, QS/1

In today's economy, watching every dollar is necessary. With proper management you can reduce your on-hand inventory level which essentially improves your cash flow. Effective inventory management means having exactly what you need on your shelf when you need it. This is what the industry refers to as just-in-time inventory.

QS/1 has many tools designed to help with perpetual inventory. The Inventory Control Program allows you to keep your inventory current and avoid shortages or overstock items. The Auto Drug Reorder Program is designed to generate orders based on usage and user-defined inventory order levels. Drug orders can be sent to most wholesalers electronically using the standard ANSI X12 communication format.

Tools to Assist with Inventory Management

The Forecasting Report is used to predict the appropriate quantity that must be purchased to provide enough stock to cover a specified time period.

The Forecasting Report by Drug Usage uses the dispensing history to determine the level of inventory to stock. This report can be generated to view the suggested inventory levels or can update the drug records to the suggested levels based on usage.

The Auto Drug Reorder program is used to generate daily orders for most of the items dispensed every day. The Auto Drug Reorder display has been changed in Service Pack 19.1.2 to allow multiple items on order to be viewed and edited from the Drug Reorder Screen. This will give you a means of adjusting order quantities prior to sending the order.

This is truly just-in-time inventory. HealthMinder can be used to notify you when more expensive items need to be ordered to cover refills that are due in the near future. For example, identify the most costly, least used items with a user-defined category and set them not to be ordered on a regular basis. HealthMinder will generate a list of refills due for drugs in that category. If used in conjunction with AutoFill you can fill the prescription in NRx, which will reduce the quantity on hand and order the item that evening. The Auto Drug Receiving program is used to update the quantities received from the drug wholesaler.

The Drug Inventory Report is used to identify items that have not sold since a user specified date. To generate this report, add the select options 'Rx Qty On Hand' with a value of .01-99999 and 'Date Last Sold' (user defined date range). For example, let's use the dates of 01/01/01 thru 01/01/09. This will generate a list of all inventory items that have a positive quantity-on-hand and have not been used since 01/01/09. This will allow you the opportunity to review the report and start the process of returning or transferring these items out of the pharmacy to reduce unnecessary stocking of drug items.

The Drug Inventory Report can also be used to quickly see the dollar value of inventory you have in stock. This is evaluated using your acquisition price so you need to make sure you are getting updates from your wholesaler to produce an accurate report. To generate this report, select 'Rx Qty On Hand .01-99999' (reports on items with a QOH greater than 1). The print option can be set to print the details of every item that has a positive quantity on hand and its value or report the total inventory valuation.

All of these features are available to assist you in making the right business decisions in reducing the value of your inventory.

Customer Retention Through

Medication therapy management (MTM)

by John Frady, Market Analyst, QS/1

In today's economy, pharmacists are looking for ways to place added emphasis on customer satisfaction and loyalty while increasing cash flow. It's more important than ever to foster good relationships and keep the lines of communication open between pharmacist and patient. Over the past few years, Medication Therapy Management has gained popularity due in large part to governmental regulations. By 2010, all Medicare Part D Programs will require an MTM segment. Through the implementation of Medication Therapy Management, trust between patient and pharmacist is built, patient confidence levels increase and personal relationships are formed. Additionally, pharmacists may be reimbursed for providing patients with counseling services. A better means of communication between your pharmacy and various third party providers could also save money for both pharmacy and patient alike.

MTM has been defined as a set of services aimed at improving therapeutic outcomes for patients. On one hand, the service involves ensuring that patients are taking the proper medications and documenting patient outcomes as changes occur. On the other hand, strengthening relationships with your patients through education and expanding patient care is a definite advantage that will keep your customers returning year after year.

Setting up MTM properly in the QS/1 system is essential for success in creating a best practices environment for practicing Medication Therapy Management.

Preparing MTM Setup

Outcome Code Table Allows you to create codes for certain outcomes. For instance, you might have an outcome with a code of MT and a description of Medication.

Therapy Management You can also assign a fee to the code. This code is used on the Outcomes Window to identify your intervention.

CPT Codes Describe the type of service that is provided and used in billing for services. For example, the following CPT codes must be added: 99605: MTM initial visit, 99606: Established patient visit, 99607: Subsequent MTM Encounter.

Lab Values Needed only if you are tracking lab values for a particular condition. To do this you must create a new lab value. On the new lab value screen you will create a short code, a short description, the normal range and whether or not it requires two values.

Alternate Conditions Information that needs to be updated and documented but is not a normal medical condition. An example would be a smoking cessation plan for a group of patients. To create this you would simply create a short code (ex. SMOKE) and a description (Smoking Cess Clinic).

Markers and Notices

Next, you'll need to add specific markers to the Patient Record. Put all MTM patients in groups depending on what kind of MTM service you are providing (i.e. Humana, private customers). This is an easy way to select these patients when running reports. From the Patient Record, create a Tickler Note denoting appointments you make with these patients. From that point on, each time this patient is accessed this Tickler Note appears. You can also create a Patient Tickler Report that details who is due for an appointment each day. Also, you may add this report to the report scheduler and generate it on a regularly scheduled basis.

Once setup is complete, you are ready to Document Outcomes

Detailed documentation of your patients' Medication Therapy Management is both required and essential when providing healthcare professionals the most up-to-date information available on each patient. The Outcome File was developed by QS/1 for documenting patient outcomes over time.

From the Patient Record, access the Outcome Window to document patient information. Select the Outcome Code created in Store Control and document any information pertinent to the encounter.

Patient Chart Access from the Patient Record by choosing the View tool bar button and clicking Chart. The Patient Chart includes:

Additional Medications Keep track of patients' medications that may have been obtained from another pharmacy, by mail order, OTC, etc. The system performs a clinical check on these medications if they are added to the Drug File.

Alternate Conditions Store Alternate Conditions along with descriptions for the patient. These are added in the Alternate Condition section of Store Information.

Progress Notes Create and store SOAP Notes to monitor patients' progress in a particular disease or alternate condition.

Lab Values These values are found in the Store Control file. You can also view a graph of the lab values.

Immunization Records Store Immunization information such as the Immunization Date, Immunization, Dosage, Lot Number, Administered By and Next Immunization. A report is available to print this information.

The following reports can be generated from the Patient Chart:

The Patient Chart Print the entire Patient Chart or select specific areas that you would like to print.

Medication Therapy Review Lists prescription and non-prescription drugs by Rx Number, Drug Name, Qty/Day, Org Date, Last Date and Doctor.

Personal Medication Record Lists various patient demographic information, Medication/Directions, Qty/Day, Reason for Taking, Start/Stop Date, Physician Recommended and Notes/Comments.

Medication Action Plan A patient-centered document designed as a simple guide for patients. It provides important steps for patients to better manage their medications and health. It lists various patient demographic information, medical issues, plans and results.

Patient Outcome Review Print documentation in a report format that summarizes the Outcomes and/or progress notes that you have created for a patient.

Billing for MTM

Presently, there is not a universally available standard for billing for MTMs. However, some of the tools available in QS/1 include the ability to bill online for those claims for persons signed up with the Humana MTM program. Also, a bill for professional services is included from the patient chart. You can give this to the patient as a statement for your professional services. Additionally, you can bill from the patient chart using the 1500 Form.

Using these tools will ensure that all patient MTM information is kept current and in a central location. With proper management, your pharmacy's involvement in MTM can improve your patients' health as well as your bottom line.

Service Updates

by Beth Taylor, Supervisor of Healthcare Services, QS/1

Data Collection

QS/1 is meeting the challenging economy head on by partnering with healthcare vendors to offer customers rebate programs and reconciliation services. The rebate programs available to QS/1 Customers include: IMS, FamilyCare Rebate, LDM, Pharmacy First, Roche and Wolters Kluwer. These companies offer monetary reimbursements in exchange for your data. With your consent, the information sent to PowerLine will be passed to one or more of these vendors and your reimbursement can come as a check, direct deposit or a PowerLine credit, depending on the rebate program.

QS/1 also is working with vendors to offer reconciliation services to customers. Using a reconciliation service is a great way to manage what has or has not been paid to your pharmacy. You will have someone looking at unpaid prescriptions, providing reports and assistance with recouping money owed to you.

Internet Clinical Updates

Waiting for your QS/1 Quarterly Update CD will become a thing of the past. Soon, you can have the most up-to-date clinical information at your fingertips each week with Internet Clinical Updates. This update will replace the First DataBank Clinical Files CD.

To process your clinical updates via the Internet, load the April 2009 Quarterly Update CD as a baseline. After completing this process, you are ready to receive your weekly clinical updates. You will know you have updates available when you see the QS/1 icon appear in the lower-right corner of your screen. The process is similar to the way service packs are released and loaded.

The Clinical Updates icon is different from the Service Pack icon. These updates can be differentiated by their wording. Software updates will read: QS/1 Automatic Updates. Your clinical updates will read: QS/1 Data Updates Client.

If you are interested in Internet Clinical Updates, rebates or reconciliation, please call Christie Elliott, Mandy Swink or Lynn Thornton at 1.800.845.7558, ext. 7177.

CarePoints by LDM

LDM's CarePoints, a service previously available to NRx customers, is now available for RxCare Plus customers. This service provides in-pharmacy, direct-to-patient messaging programs that will educate and empower your patients as soon as they pick up their prescriptions. The CarePoints service is delivered by the pharmacy staff at the point of dispensing and provides an additional revenue stream to the pharmacy. For each CarePoint printed, the pharmacy will earn a quarterly credit towards its PowerLine invoice. And as an added bonus, MedGuides are also available.

There are no fees associated with the LDM interface. You only need to contact the Healthcare Services department. They will assign an account to you and mail a new Master Systems CD to load when you are ready to install LDM. You must be on the current service pack to participate in the LDM program. Contact the Healthcare Services department at healthcareservices@qs1.com or 1.800.845.7558, ext. 1471 to sign up for this service today.

As opportunities arise in the pharmacy industry, companies look to take advantage of a common communication platform, the Internet. The efficiency delivered through internet development not only benefits software developers but benefits pharmacies as well.

The MODERNIZATION of Marion Pharmacy

by Margery Morstein, Staff Writer, QS/1

Bill Howle, the semi-retired owner of Marion Pharmacy in Marion, N.C. has been a QS/1 customer for 30 years. Fred Rabon joined the pharmacy as a partner in 1977 and together they researched and purchased the pharmacy's first computer system. Marion Pharmacy was the second pharmacy in North Carolina to be computerized. Tom McMahan became the third partner in 1986. As a team, these owners have experienced the pre-computerized pharmacies of the '60s and the modern pharmacies of today.

"We started with QS/1's Series 1. The actual computer was a single workstation and it was bigger than a refrigerator," said Howle. "We first looked at an operation out of Georgia, but their system was still in the development stages and was not geared towards our needs as pharmacists. On the way back to Marion we stopped in Spartanburg and paid a visit to QS/1 to compare the two systems. After our visit, we decided to go with QS/1."

Today, modernizing a pharmacy is more of an upgrading process. A pharmacist might decide to expand on the technology already incorporated into the operation. Or, a business owner might invest in a product or service meant to increase profits or streamline the workflow, like an Automatic Dispensing Machine. "When we made the decision to computerize in 1978 we were starting from scratch. We were pioneers of sort. In 1979, the complete QS/1 Series 1 was a scary financial decision made easier by our success at the time and the ability to read the writing on the wall," he explained.

The first noticeable difference, attributed to the computer, was better time management behind the pharmacy counter. "We wouldn't spend less time in the pharmacy, we would just get a whole lot more things accomplished in that same time frame," said Howle.

Rabon mentioned how the purchase of QS/1's Series 1 revolutionized Revonda Spratt's (now QS/1's VP of Support and Quality Assurance) job in the 1970s. At the time, Spratt was working at Marion Pharmacy as an administrative tech. Her job was to file the Medicaid claims and Long-Term Care Med Sheets. Much to her satisfaction, the purchase of QS/1's Series 1 streamlined her position. What once took hours to organize and file became a more manageable task. She was also able to adjust drug costs as pricing changes occurred. "Prior to computerizing we'd lose a lot of money filing Medicaid claims under old drug prices. Spratt became an expert on QS/1 and Series 1 via trial by fire," said Rabon. In 1985, Spratt left Marion Pharmacy for a position with QS/1 as a trainer/installer.

Now, 30 years later, Marion Pharmacy has eight workstations and two networked cash registers. They use QS/1's RxCare Plus, Point-of-Sale and SystemOne. They also utilize QS/1's IVR.

Community support has fostered unprecedented growth for an independent pharmacy. With four full-time and two part-time pharmacists, Marion Pharmacy is able to hold its own against increasing competition. They find success by changing their business strategy to fit the needs of the community they serve. An example is their move from Long-Term Care (LTC) to Home Medical Equipment (HME). "We often carry products other chain pharmacies don't inventory. Our customers really like that convenience," said Howle.

In 2007, Marion Pharmacy was honored as Marion's Small Business of the Year and in 2008, it was voted Best Pharmacy in McDowell News' "Best Of" issue.

Howle expects the next move will be to NRx. "We've got a wonderful group of young pharmacists who will be looking to update soon," said Howle.

Owners/Partners: Fred Rabon, R.Ph. (left), Bill Howle, R.Ph. (right), and Tom McMahan, R.Ph. (not shown)

Kandee Bradley, R.Ph.

Ashleigh Phillips, R.Ph. (left), Kim Washburn, Pharmacy Tech (middle) and Allyson Shirer, R.Ph.(right)

DEA Enforcement Actions

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

The Drug Enforcement Administration recently stepped up enforcement action against several long-term care pharmacies in Ohio. Pharmacies are being cited for common practices that have evolved in long-term care to meet the needs of patients.

In the wake of these enforcement actions, the American Society of Consultant Pharmacists (ASCP) and the Senior Care Pharmacy Alliance (SCPA) met with DEA officials on April 7, 2009 to:

- **seek clarification of the scope of these investigations**
- **clarify questions regarding the use of chart orders**
- **determine whether the nurse in the long-term care facility can act as the agent of the prescriber**
- **obtain assistance in helping educate pharmacists and practitioners about DEA regulations**

Here is a summary of what was discussed:

1. We do not know what triggered any of the current investigations. But the DEA did state they are not targeting long-term care pharmacies.
2. The DEA interprets the Controlled Substances Act very narrowly and when violations are found, they will enforce the law.
3. Chart orders in long-term care facilities do not constitute valid prescription orders unless they contain all the information that is required under the Controlled Substances Act. As a general rule, chart orders do not contain the required elements. Generally, chart orders do not have the full patient name and address, drug name, strength, quantity, prescriber name and address. In other words, the DEA is looking for a "retail" style prescription.
4. The DEA is considering ASCP's long-standing request to change its interpretation of the law to recognize chart orders and the nurse as an agent of the prescriber. The DEA does not appear likely to make any changes in policy with respect to Class II controlled substances. However, DEA said it would get back to us in 90 days regarding Class III-V controlled drugs. The issue here is receiving oral orders from the facility nurse for controlled substances. Since the DEA does not recognize the facility nurse as an agent of the prescriber, these oral orders are not valid prescriptions.
5. We informed the DEA that long-term care pharmacies will comply strictly with the law, but strict compliance entails changing many SOPs that have been the standard of practice for 30 years. It also affects the entire long-term care system, including hospitals and the physician community.

We explained to them the likely consequences of strict compliance:

1. Some residents will not get their medications at all, or may not get them in a timely manner. Nursing facilities may be out of compliance with federal requirements for pain management.

2. Physicians likely will be very resistant to complying with the changes needed to strictly comply with the law. Physicians who do not wish to comply may decide not to work in the LTC environment — this may exacerbate the existing shortage of qualified physicians working in the LTC environment.

3. Nursing facilities will need to retrain staff.

4. Pharmacies and nursing facilities will have to revise SOPs.

We asked the DEA to send a Dear Registrant letter to help inform physicians and other healthcare providers about the need for strict compliance. The DEA agreed this would be helpful and it will consider our request.

We agreed to schedule another meeting in 90 days to discuss the decision on the handling of CIII-Vs. In the meantime, we urge ASCP members to review their pharmacy procedures to ensure compliance with the law.

ASCP has prepared and posted a FAQ document on the member's page that provides basic information about the law and the appropriate way to process these prescriptions. The website is www.ascp.com.

It is important to emphasize that you must also check your state law. If your state law is more restrictive than the federal law, then you must follow state law.

Further, this FAQ is not a substitute for nor does it constitute legal advice.

The ASCP will continue monitoring this situation closely. Ultimately, we believe we will need to seek changes in the law and regulations. Until the law is changed, however, we need to help you make good faith efforts to comply with existing law. Monitor the ASCP website for further developments.

If you have questions about the DEA, this bulletin or the FAQ, please contact Claudia Schlosberg, J.D., Director of Policy and Advocacy at 703.739.1316, ext 128 or by email if you have any questions.

Resources:

www.ascp.com

www.deadiversion.usdoj.gov

HITECH

Health Information Technology for Economic and Clinical Health

by Dick Bradley, R.Ph. MBA, Consulting Services, QS/1

There is a new acronym in pharmacy. It is part of the American Recovery and Reinvestment Act, ARRA. This new term is HITECH, Health Information Technology for Economic and Clinical Health. Another name might be HIPAA. The goal is to convert to electronic health records for all by 2014.

HITECH will be the most significant change with government and pharmacy since HIPAA was first introduced in 1996. The goal will be to maintain high tech health records with protection for patient information, stepped up enforcement and harsher penalties for abuse.

The health IT component of ARRA appropriates $19.2 billion to encourage the adoption of electronic health records. Included are incentives for physicians to adopt a certified electronic health record system for their patients. These incentives include higher Medicaid and Medicare reimbursement and direct payments for necessary software and hardware. Pharmacies may also be eligible for incentives through ARRA.

They may also receive remuneration for sharing with other professionals, patient health information that is obtained via MTM and related programs.

We must prepare for this change, as guidelines will be determined by August 2010. QS/1 will stay on top of this important issue to make sure you are compliant and ready to take advantage of any opportunity.

2009 Customer Conference

HME

Wednesday, July 15th | 3:00- 5:00 | **Registration**

Thursday, July 16

7:30 – 8:15	Continental Breakfast (Registration Open)
8:15 – 8:30	General Session – Morning Intro
8:30 – 10:00	State of the Industry - Brad Kile, PhD, Kile Consulting (1.5 CE)
10:00 – 10:30	Break
10:30 – 11:30	State of the HME Industry Address
11:30 – 12:30	SystemOne Enhancements
12:30 – 1:30	Lunch | 1:00 – 5:00 **Expo Open**
2:00 – 3:30	Advocacy Panel – Brad Kile, Moderator w/ Claudia Schlosberg (ASCP), Phillip Quinland (NCPA), Karyn Estrella (NEMED), Heidi Ecker (NACDS) (1.5 CE)
3:30 – 4:00	Break in Expo

6:30 PM | **Visit Graceland–Private Dinner & Tour**

Friday, July 17

7:30 – 8:15	Continental Breakfast
8:15 – 8:30	General Session – Morning Intro
8:30 – 10:00	SystemOne Reports – Creation & Manipulation
10:00 – 10:30	Break
10:30 – 11:30	SystemOne – Unknown Powerful Features
11:30 – 12:30	Making Money in HME the RIGHT Way Sarah Hanna, VP, ECS Billing & Consulting (1.0 CE)
12:30 – 1:30	Lunch | 1:00 – 5:00 **Expo Open**
2:00 – 3:30	Top 15 Commonly Asked Questions Resolved
3:30 – 4:00	Break in Expo
4:00 - 5:00	Managing Your Resupply and Rental Business

Saturday, July 18

7:30 – 8:15	Continental Breakfast
8:15 – 8:30	General Session – Morning Intro
8:30 – Noon	**Expo Open**
8:30 – 10:00	The Economy: How to Improve Your Business - Jack Evans, President, Global Media Marketing (1.5 CE)
10:00 – 10:30	Break
10:30 – 12:30	SystemOne IVR, POS, Diabetic Supply Rebates
12:30 – 1:30	Lunch
1:30 – 2:30	Mobile Computing for Delivery Drivers Mobile Inventory Counting
2:30 PM	Conference Adjourned

We hope you made plans to join us in Memphis this month for the QS/1 Customer Conference. This annual conference is a concentrated venue of healthcare information, spanning software and hardware advancements, federal regulations, business concepts and industry updates. You and your employees will come away motivated with new ideas and information that will enhance and build your business.

Pharmacy

Wednesday, July 15th | 3:00- 5:00 | **Registration**

Thursday, July 16

7:30 – 8:15	Continental Breakfast (Registration Open)
8:15 – 8:30	General Session – Morning Intro
8:30 – 10:00	State of the Industry - Brad Kile, PhD, Kile Consulting (1.5 CE)
10:00 – 10:30	Break
10:30 – 12:30	NRx Enhancements
12:30 – 1:30	Lunch | 1:00 – 5:00 **Expo Open**
2:00 – 3:30	Advocacy Panel – Brad Kile, Moderator w/ Claudia Schlosberg (ASCP), Phillip Quinland (NCPA), Karyn Estrella (NEMED), Heidi Ecker (NACDS) (1.5 CE)
3:30 – 4:00	Break in Expo

6:30 PM | **Visit Graceland–Private Dinner & Tour**

Friday, July 17

7:30 – 8:15	Continental Breakfast
8:15 – 8:30	General Session – Morning Intro
8:30 – 10:00	Opening Comments - Bob Moser, Winston-Salem Healthcare—Workflow/AutoFill Demo w/ POS & IVR
10:00 – 10:30	Break
10:30 – 11:30	RxCare Plus Enhancements
11:30 – 12:30	Making Money in HME the RIGHT Way Sarah Hanna, VP, ECS Billing & Consulting (1.5 CE)
12:30 – 1:30	Lunch | 1:00 – 5:00 **Expo Open**
2:00 – 2:30	QS/1 Services
2:30 – 3:00	IVR/QDM/WebRx
3:00 – 3:30	Point-of-Sale & Handheld Unit
3:30 – 4:00	Break in Expo
4:00 - 5:00	Multi-Site Management (MSM)

Saturday, July 18

7:30 – 8:15	Continental Breakfast
8:15 – 8:30	General Session – Morning Intro
8:30 – Noon	**Expo Open**
8:30 – 10:00	The Economy – How to Improve Your Business Jack Evans, President, Global Media Marketing (1.5 CE)
10:00 – 10:30	Break
10:30 – 11:30	340B Update – Jerry Sveum, President, Sveum Consulting (1.5 CE)
11:30 – 12:30	Best Practices & Workflow
12:30 – 1:30	Lunch
1:30 – 2:30	QS/1 Consulting | 2:30 PM Conf. Adjourned

LTC

Wednesday, July 15th | 3:00- 5:00 | **Registration**

Thursday, July 16

7:30 – 8:15	Continental Breakfast (Registration Open)
8:15 – 8:30	General Session – Morning Intro
8:30 – 10:00	State of the Industry Brad Kile, PhD, Kile Consulting (1.5 CE)
10:00 – 10:30	Break
10:30 – 12:30	NRx Enhancements
12:30 – 1:30	Lunch | 1:00 – 5:00 **Expo Open**
2:00 – 3:30	Advocacy Panel – Brad Kile, Moderator w/ Claudia Schlosberg (ASCP), Phillip Quinland (NCPA), Karyn Estrella (NEMED), Heidi Ecker (NACDS) (1.5 CE)
3:30 – 4:00	Break in Expo

6:30 PM | **Visit Graceland–Private Dinner & Tour**

Friday, July 17

7:30 – 8:15	Continental Breakfast
8:15 – 8:30	General Session – Morning Intro
8:30 – 10:00	LTC Update Claudia Schlosberg, Director, Policy & Advocacy, ASCP (1.5 CE)
10:00 – 10:30	Break
10:30 – 11:30	Interfaces for PrimeCare
11:30 – 12:30	Workflow/AutoFill Demo for PrimeCare
12:30 – 1:30	Lunch
1:00 – 5:00	**Expo Open**
2:00 – 3:30	WebConnect V3
3:30 – 4:00	Break in Expo
4:00 - 5:00	QS/1 Consulting for PrimeCare

Saturday, July 18

7:30 – 8:15	Continental Breakfast
8:15 – 8:30	General Session – Morning Intro
8:30 – Noon	**Expo Open**
8:30 – 10:00	The Economy – How to Improve Your Business Jack Evans, President, Global Media Marketing (1.5 CE)
10:00 – 10:30	Break
10:30 – 12:30	PrimeCare Billing (Invoice, Rebill, Billing Matrix)
12:30 – 1:30	Lunch
1:30 – 2:30	Multi-Site Management (MSM) for PrimeCare
2:30 PM	Conference Adjourned

19.1.3 HIGHLIGHTS

by Richard Edmund, Staff Writer, QS/1

NRx / RxCare Plus

- Made change from ASAP 95 format to ASAP 2005 format to accommodate changes to the Michigan Automated Prescription Systems (MAPS) that are effective August 1, 2009.

PrimeCare GUI

- Added a DAW (Dispense as Written) box on the hard copy of the prescription. This complies with New York BOP regulations to allow room for a signature that signals whether a prescription can be filled with a generic or must be Dispensed as Written.
- Made change from ASAP 95 format to ASAP 2005 format to accommodate changes to the Michigan Automated Prescription Systems (MAPS) that are effective August 1, 2009.
- Modified the Daily Audit to automatically print a signature at the end of the run (all formats).

SystemOne

- Created the ability to auto assign GTIN Numbers on the Item Record by clicking an icon and sequentially creating numbers.

POS

- Will now allow the Short Description of an item being checked out to display on the shopper display.

IVR

- Flag added to Patient Record that will indicate the customer's preferred method of notification when prescriptions are ready for pickup (phone or email).

Enhanced Printing

- Patient Detail Report • Patient Charge Account List
- Patient Facility Patient List • Patient Summary Report
- Patient Third Party Accounts Report

NRx Seminar Dates

West Coast Region:

Contact Bill Peckat at 800.248.0096

- Thursday, July 23rd | San Antonio, TX
- Wednesday, August 26th | Kansas City, MO
- Wednesday, September 16th | San Francisco, CA
- Wednesday, September 16th | Denver, CO
- Wednesday, October 7th | Omaha, NE
- Wednesday, October 14th | Everett, WA
- Wednesday, October 21st | Long Beach, CA
- Wednesday, November 18th | Phoenix, AZ

Southeast Region:

Contact Kay Easler at 800.889.9183

- Monday, August 3rd | Virginia Beach, VA
- Tuesday, August 11th | Miami, FL
- Wednesday, August 19th | Spartanburg, SC
- Tuesday, September 8th | Orlando, FL
- Wednesday, September 16th | Jackson, MS

HME Seminar Dates

- Monday, July 27th | 8-11am | NCAMES - North Carolina Assoc. for Medical Equipment Services | Wrightsville Beach, NC
- Saturday, August 1st | 5-8pm | GAMES | St. Simons Island, GA
- Wednesday, August 26th | 6-9pm | MESA | Dallas, TX

For more information and a complete schedule of HME seminars call HME Marketing Support at 800.231.7776.

Product Updates

19.1.2 Point-of-Sale (POS)

- Modified the system to automatically print a receipt at the end of a transaction. The user no longer has to press OK or ENTER on the Close Drawer message window before the customer receipt begins to print.

- Modified the system to allow users the option to not require a signature on credit card transactions less than a specified dollar amount.

  There is no registration for Amex, Visa or Discover, but Mastercard does require registration for some MCCs (Merchant Category Codes). Users should contact their payment processor (Global, Heartland, Chase and Elavon) for registration information and/or to verify their MCC.

  Merchants with MCC 5912 do not require registration for Amex, Mastercard, Discover or Visa. These users will be able to turn on the necessary flag and utilize this feature. Navigate to the new field, Signature Required, and change it to 'For transactions more than' by following the path: Store Control, Payment Type Control, Credit Card Information.

  Note: You may also set the field to always require a signature for credit card purchases.

- Added new, options, Order Inventory and Print Shelf labels to the Inventory Management Screen on the Mobile Computer.

- Added the ability to process a credit card transaction offline on a transaction-by-transaction basis for systems that store credit card data. Users will be able to finish tendering a transaction offline when a credit card fails and/or process the transaction later. A new option, Allow Offline Transactions was added with an optional Require Manager's Key, under Store Control, Remote Options, Transaction.

Note: The Allow Offline Transactions option does not display unless the system is storing credit card data. The transaction amount, card number, and expiration date should be stored using Pay Sentry in order for the transaction to be processed at a later time.

Product Updates

19.1.2 SystemOne - HME

- Added a new menu option, Delivery, to the main menu. This option provides the ability to assign drivers to transactions flagged for delivery or pickup and gives the option to reprint a manifest which lists each driver and the equipment he is assigned to deliver.

- One of the options from the Delivery menu is Create Delivery Manifest. This option displays a view of invoices flagged for delivery or pickup with the ability to scan invoice barcodes or select invoices from the list. Options are to assign drivers to the invoice, print an assignment log for the day's deliveries and pick-ups and select invoices by zip code and zone.

- Enhanced Purchase Orders and Receiving functionality. The Purchase Order History icon on the Inventory Record displays the order and receiving information. Back orders are automatically calculated if the quantity received is different than the quantity ordered. If adding serialized items, the vendor and acquisition cost is copied automatically during the entry of the serial numbers. Sale transactions can be easily returned and inventory and item accumulators are updated.

- Modified Item Tracking Status to accommodate up to 24 entries. Sixteen tracking status entries print, along with ten denial codes, on the Tracking Status Barcode Sheet.

- Created a new report, Active Rental Patients, which lists all active rentals based on a date range, procedure code or master record. Rental transactions are reported; voids and deletes are excluded. If a transaction was rented and picked up in the same month, it is not counted.

- Created a new report, Active Equipment Rentals, which lists patients with rental items sorted by the Procedure Code. The report also lists the total number of rentals per procedure code and total pieces of equipment.

- Created a new program, Batch A/R Adjustments, which provides the ability to perform small balance and deductible adjustments for patient, primary, secondary and tertiary balances. If a balance falls within the specified range in Store A/R Options, an adjustment (debit or credit) is posted to give the patient or carrier a net due of 0.00 with a message code of QS1AJ. The manual adjustment option is used to select a range of transactions. The system automatically calculates the appropriate adjustment (debit or credit) to give the patient or carrier a net due of 0.00.

19.1.2 PrimeCare

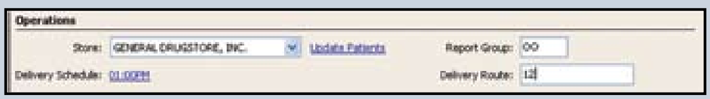
- Added a new function, Hospice List of Covered Drugs, which is tied to the Facility Billing Matrix and the Patient Billing Matrix. The list displays covered hospice drugs for the patient.

- Added a new print option, Collate Copies, for multi-page laser delivery sheets.

- Updated the Print Label check box to save so subsequent fills are the same as they were on the original fill.

- Updated the Pyxis Drug list functions. The items in the Pyxis list for the facility are identified on the Drug File scan and on the New Order Summary screen.

- Added new fields, Store, Report Group, Delivery Schedule and Delivery Route, to the Facility Information screen under the New Operations section.



- The Store option assigns a store number to the patients associated with the facility. This number does not display, but is available for reporting purposes.

- The Report Group field is also used for reporting. For example, instead of selecting from a long list of group codes (A, ABC, D, OF, G100, G200, G300, etc.), you would identify all of these facilities as one report group and just select the report group. The Report Group is stored in the Workflow Record for use in reports.

- The Delivery Schedule field allows for up to five delivery times. This is stored in the Workflow Record for use in reports.

- During order entry or verification in workflow, the system looks at the current time and finds the next delivery time. That "suggested" delivery time is added to the Workflow Record.

- The Delivery Route identifies the delivery route for this facility. This is stored in the Workflow Record for use in reports.

- A new label routine, 603, prints the delivery route from the Workflow Record on the prescription label.

Product Updates

19.1.2 RxCare Plus

Rx Processing

- Modified the way the pricing on the Rx label is pulled from the system when reprinting a label from the Rx Summary screen. The system performs a check to see if there are any transactions linked to the prescription.
- Added a new field, Billed Through HME, to the Primary Billing Detail Screen.
- Changed all instances of the title, Compound, to Compound/IV Drug.
- Added a new field, LDM Doc, to the Additional Transaction Information screen.
- Added a new field, LDM Pat, to the Patient Record Reports.
- Added Patient Policy Number and Customer ID number to Format Three of the Transaction Signature Log Report.

Store Information

- Added new field, Require Customer Pickup Info, to Store Information. A 'Y' in this field displays a screen for the pharmacist or technician to enter the information for the customer picking up a prescription:
  - Customer ID
  - ID Qualifier
  - Issuing Jurisdiction
  - Relationship to Patient
- Modified Interactive Voice Response (IVR) HealthMinder Compliance Calling to use the Automate Batching option.
- Added a new field, Counseling Required for New Rx, to Store Information.
- Added a new field, Bill Through HME, to the Pricing options.
- Added a new field, LDM Documentation Options. The LDM interface is used for receiving and printing additional documentation for prescriptions and also to print MedGuides.

QDM

- Added additional QDM security settings for Dispensing, Replenishing, Maintenance and Administrator. Users must type their user ID using the touch keyboard, the regular computer keyboard or they can scan their ID badges.
- Automated the process for returning a QDM-dispensed prescription back to stock. When the prescription transaction is voided the message, 'This prescription was dispensed by QDM. Return to stock through QDM,' displays.

19.1.2 NRx Enhancements

Rx Processing

- Added Long Distance field to the General Prescriber Information screen. This field corresponds with the Add a '1' to 10-digit Phone Numbers field under Store Control, Store Level Options and Doctor Fax/IVR.
- Added a corresponding ID number for the Billing NDC description to the Additional Information screen of the Compound Drug screen.
- Added a new field, Billed Through HME, to the Primary Billing Detail Screen.
- Changed all instances of the title, Compound, to Compound/IV Drug.
- Added new drop down box, Delivery Method, to the Tickler Note Window.

Reports

- Added Patient Policy Number and Customer ID number to Format Three of the Transaction Signature Log Report.
- Added Long Distance field to Reports. This includes Data Export Select, Sort and Print options as well as Data Export Prescriber File choices.
- Added new report option, Tickler- Delivery Method, from the Tickler record.
- Added new report option, Workflow- Due Date *Dflt, from the Workflow file.

Inventory

- Added an Update Cost button to the Inventory Record. This button is used to average the acquisition costs of the inventory on the shelf with the new inventory being added.

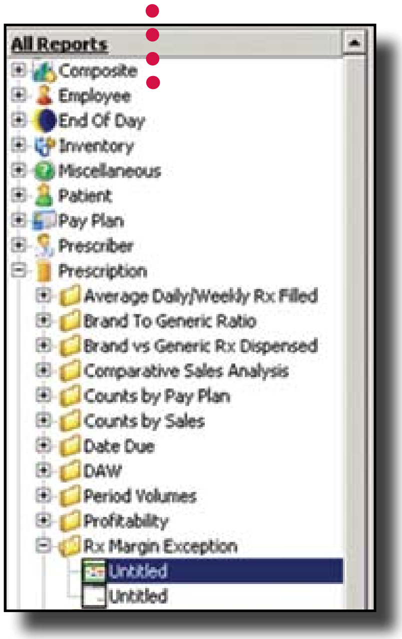
Store Control

- Added new option, Require Customer Pickup Info, to Store Control, Pricing Options and Electronic Signature Options. A check mark in this field displays a screen for the pharmacist or technician to enter the information for the customer picking up a prescription:
  - Customer ID
  - ID Qualifier
  - Issuing Jurisdiction
  - Relationship to Patient
- Modified Interactive Voice Response (IVR) Health Minder Compliance Calling to use the Automate Batching option.
- Added a new option, Counseling Required for New Rx, to Store Level Options under Store Control.
- Added a new field, Bill Through HME, to the General Plan Information screen under Store Control, Pricing Options and Price Plans.
- Added a new field, Show Delivery Options on New/Refill, to Store Options.

QS/1 From The Support Center

MSM

MSM offers chain pharmacy managers the ability to monitor billing from all locations communicating with MSM. The Margin Exception Report highlights items that may not be priced accurately at individual locations. The report parameters can be set to define prices outside management's acceptable margin and then print the prescriptions filled with less than these user-defined percentages for cash and third party prescriptions. To run this report, click Reports, Prescription. Select Rx Margin Exception.



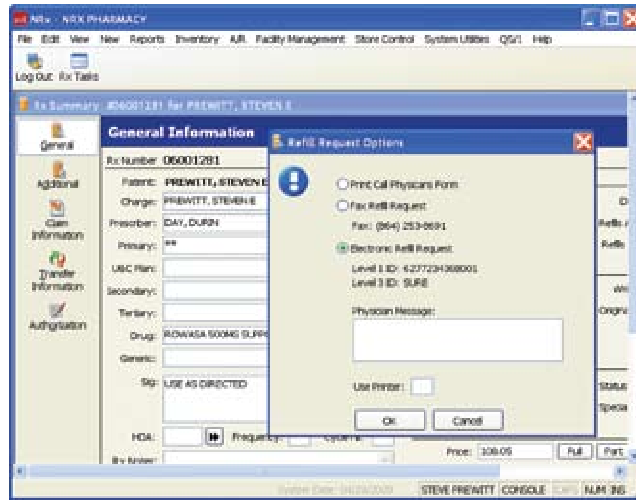
PrimeCare

The Facility/Unit Billing Matrix is used to automatically assign Price Codes and Charge Accounts as the pharmacy staff fills prescriptions. The matrix stores all Payors, Price Codes, Charge Accounts and Exclusions. Transactions are billed correctly on the first submission, eliminating the cost of rebilling.

The Patient Billing Matrix establishes Payor class coverage specific to each patient and tracks multiple pay status changes and concurrent coverage. The Patient Billing Matrix interacts with the Facility/Unit Billing Matrix to determine the correct Price Code and Charge Account for each prescription.

Taking the time to set up each matrix will save staff time and the transmission charges incurred for rebilling.

FastClaim



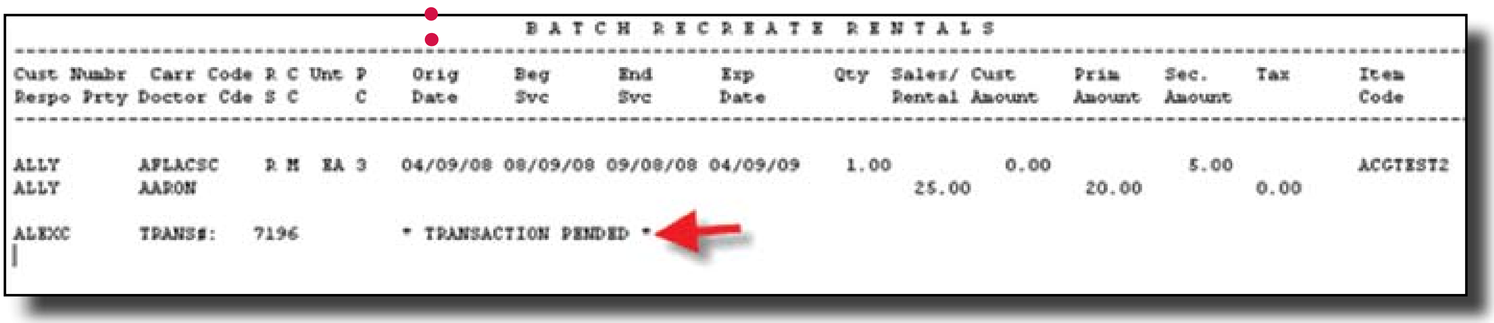
In today's economy, every reduction in time, effort and expense leads to a more robust bottom line for your business. For years, pharmacists had to print prescription refill requests and manually fax them to prescribers. However, setting up your pharmacy for ePrescribing reduces workload and expense by eliminating printing and faxing. The refill request process can now be paperless.

From the Rx Summary, a Refill Request Options window displays on prescriptions without refills remaining. Use the Electronic Refill Request, along with a Physician Message, to submit the refill request to the prescriber. No printing, no waiting for the fax modem to connect, just quick, efficient delivery of requests to prescribers.

If you are not set up for ePrescribing, contact QS/1 Support at 800.845.7558.

SystemOne

To accurately recreate monthly rentals, run the Batch Recreate Rental Report and check for any errors that would prevent transactions from recreating for the next month. The example below shows the transaction is pended and will not recreate until it is posted.



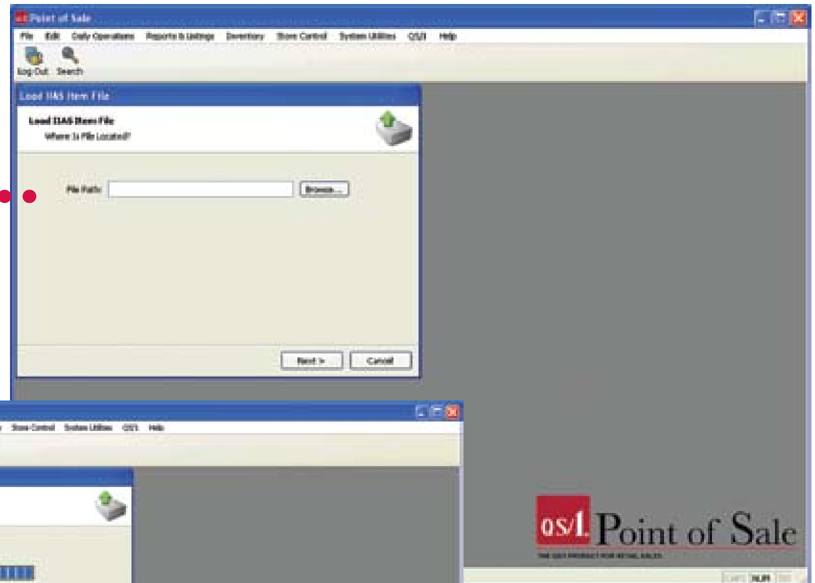
```
                         B A T C H   R E C R E A T E   R E N T A L S
Cust Numbr  Carr Code R C Unt P   Orig     Beg      End      Exp      Qty  Sales/ Cust    Prim    Sec.    Tax    Item
Respo Prty Doctor Cde S C     C   Date     Svc      Svc      Date          Rental Amount  Amount  Amount         Code

ALLY       AFLACSC    R M  EA 3  04/09/08 08/09/08 09/08/08 04/09/09   1.00          0.00           5.00           ACCTEST2
ALLY       AARON                                                            25.00          20.00           0.00

ALEXC      TRANS#:    7196        * TRANSACTION PENDED *
```

Point-of-Sale (POS)

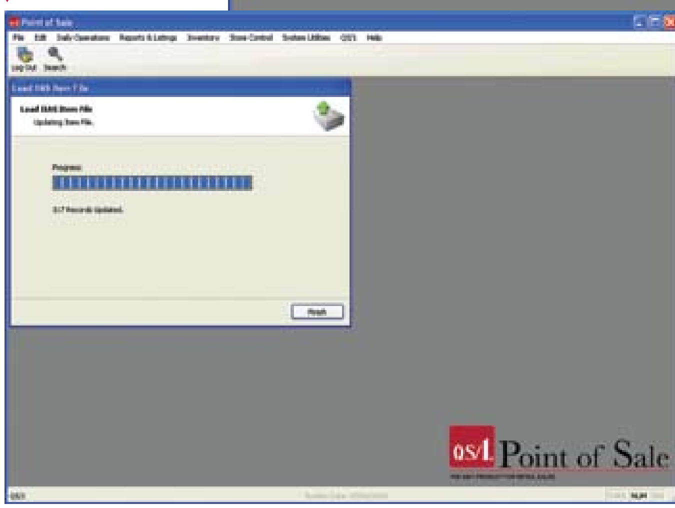
Point-of-Sale customers who are certified SIGIS members have the option of loading the IIAS File from the SIGIS website. Loading the IIAS File, and turning on the FSA Eligible flag on the Item Record, ensures that only FSA approved items are checked out with a Flex Card. This saves time and money by eliminating the need to check customer receipts for over-the-counter FSA items.

To download the file onto the hard drive of your computer, access the SIGIS website at http://www.sig-is.com/en/index.asp. Log on with the User Name and Password supplied by SIGIS.

To load the file into POS, access Inventory, Item/Inventory Maintenance, Load IIAS Item File. The following screen displays:



Type the file path (path where file was downloaded) and file name (from SIGIS). For example, type C:\SIGIS_List_File.txt.Click Next. After the file has loaded, click Next. The following screen displays:



Click Finish. Items are updated with the appropriate flag and cashiers can check out FSA and non-FSA items together. The FSA-eligible amount and the Rx only amount display in the message area at the bottom of the checkout screen and are updated automatically during checkout. FSA eligible items are flagged with an (H) to the left of the item description.

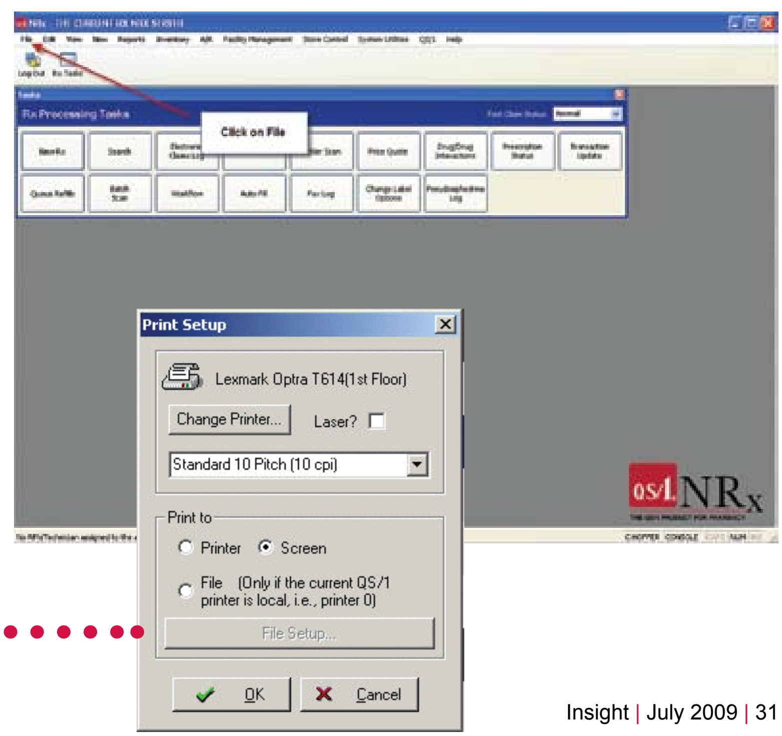
NRx

In today's financially trying times, many businesses are searching for ways to save money. One way to reduce paper and toner cost associated with printing reports is to print the first run of the report to screen instead of printer.

Reviewing the report select, sort and print options on screen gives you the chance to make changes to produce the output you want and ensures that when you print the report it is correct.

From the NRx main menu, click File, Print Setup.

From the Print Setup screen, select Print to Screen. Click OK. All print jobs will display on screen. When the report output is correct, change the Print Setup to Print to Printer.



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