

Bright Ideas | Proven Results

QS/1 Customers Share Tips and Ideas for Getting the Most Out of Your System



QS/1®

NPI Deadline . . . Tick-Tock

HME Denial Management

QDM Takes Efficiency to the Max

General Data Collection

Central Management System

Are You Ready for NRx?



| October 2006

www.qs1.com

INSIGHT

QS/1 Introduces a New Look for Insight

No one knows the QS/1 system like our valued QS/1 customers. The tips and tricks that you've discovered through years of use and have incorporated into your daily business practices maximizes system use. This frees time in your busy day and allows you to spend more time with your valued customers.

In our feature article, "Bright Ideas|Proven Results," you'll discover tips that have yielded proven results in the healthcare workplace. These tips were submitted by QS/1 customers and we're confident you'll discover some new ideas that will intrigue you enough to implement into your daily routine.

We've also explored areas that would directly impact your bottom line. We feel that "Tick-Tock," an article that addresses the urgency associated with receiving your National Provider Identifier will be of particular interest.

Additionally, "Are You Ready For NRx?" and the Product Updates mention new features which work to streamline your operational process. As always, we urge you to stay current and take full advantage of these features in order to ensure that your business is operating at its maximum potential.

Also, in this issue, we focus on Hardware Maintenance and the three types of support options QS/1 offers. Nothing can bring any business operation to a screeching halt quicker than equipment failure . . . the trick is to purchase reliable equipment, and know where to turn if something does go wrong.

Again, we would like to thank all who attended our Customer Conference in St. Louis, Missouri. We hope you benefited from the wealth of information that was provided, as well as the individual meetings with QS/1 Staff members.



We look forward to seeing you in Palm Springs next July for our 2007 Customer Conference! We hope you enjoy the new look of *Insight* and the information we have provided.

Sincerely,

Tammy Devine
Senior Vice President, QS/1

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**For Healthcare
Providers,
May 23, 2007 is
the Deadline, and
Time is Ticking.**

Tick-Tock

by Margery Morstein, Staff Writer, QS/1

This means if you have not applied for, received and started filing with your new National Provider Identifier (NPI), by May 23, 2007, your standard electronic transactions will not be processed by the third party payer. All claims, eligibility inquiries status inquiries, referrals and remittance advice will be denied if you do not use an NPI.

The normal turn-around on an NPI application can be 4 to 6 weeks. It is QS/1's suggestion that you apply for an NPI today.



Answers to a few frequently asked questions about NPI

1. How do I apply for an NPI?

- Apply online at <https://nppes.cms.hhs.gov>.
- Prepare a paper application and send it to an assigned Enumerator. A copy of the application, including the Enumerator's mailing address, is available at: http://www.cms.hhs.gov/NationalProviderStand/03_apply.asp#TopOfPage.
- Call for an application at 1-800-465-3203.
- With your permission, an organization may submit your application in an electronic file. See: http://www.ncpdp.org/frame_newsmpi-info.htm.

2. Do all pharmacies need an NPI?

All pharmacies that submit HIPAA covered transactions must obtain and use an NPI by May 23, 2007.

3. Will healthcare providers continue to use other numbers besides the NPI?

As of May 23, 2007, only the NPI may be used for identification purposes for a healthcare provider in standard electronic transactions: UPIN, Medicaid Provider Number, Medicare Provider Numbers and others MAY NOT BE USED. Standard tax transactions may require a Taxpayer Identifying Number. Healthcare provider identification numbers (other than NPI) may continue to be used in the internal processes and files of health plans or healthcare clearinghouses; this would be a business-to-business internal decision.

Product Updates

SystemOne: Service Pack 17

Shipping Interface Part I

Added **Delivery/Tracking** section to the **Transaction Order Update Window**. Added the following fields: Tracking Number, Tracking Method, Tracking Priority, Batch Number, Batch Sequence, and Batch Total. The Tracking Number and fields are available in Service Pack 17. The shipping interface and batch processing fields will be available in Service Pack 18.

Added option, **'Invoice Copies'**, to **Invoice Options** screen in **Store Level Options**. This option is used to print multiple copies of Delivery Tickets/Invoices and Pickup Slips.

Added new **'Transaction Lookup'** to the **Search Menu**. This option displays the same views as the **Transaction Profile** from the **Patient Record**. The scan displays **Patient Code** instead of **Item Description**. From this screen you may scroll forward, change the view, and select a transaction. No changes can be made from this scan.

Added ability to print **Doctor's Degree** on all forms and cover letters if it is entered on the **Doctor Record**.

Increased the **'Check Number'** field on the **Transaction Payment Screen** to accommodate 12 digits.

Increased the **'Prior Authorization'** field on the **Transaction** screen to accommodate 20 characters.

Added ability to print **Accounts Receivable Statement Form H** on **preprinted dot matrix form or preprinted laser form**. Statement H has two new aging buckets for 91-120 days and over 120 days. Preprinted forms can be ordered from Integral Solutions Group at 1-800-235-0767.

Added **Print Option, 'Prt End Date,'** to **Statement C** and **Statement H Print Options in Accounts Receivable Reports**. This option is used to print date span (beginning and ending dates) on statements.

Added ability to print shelf labels and item stickers using the **Zebra LP 3844-Z printer**.

Third Party Billing Update:

Transmission of direct electronic claims to Blue Cross and Blue Shield of Rochester, New York is now available in SystemOne. Please contact the customer support center for more information.

4. Will a health care provider have to pay for an NPI?

Currently, no.

5. Why do I need an NPI now, when it's not required until May 23, 2007?

Medicare is already requiring an NPI with its enrollment applications; this is necessary to build and validate a crosswalk between NCPDP and NPI to ensure timely claim payments.

For other frequently asked questions go to: www.cms.hhs.gov/hipaa/hipaa2.

How is QS/1 going to make the transition to NPI easier for our customers?

In an effort to cut through the paperwork regulations and red tape attached to every claim, QS/1 has devised a way to help you smoothly transition into using your new NPI number.

QS/1 will maintain a database of NCPDP and NPI numbers. As third party providers start requiring NPI numbers, QS/1 will route the appropriate number. This will only be possible if both your NPI & NCPDP numbers are on file.

You can find information in our weekly newsletter, the *QS/1 Insider*. It can be found after login on the QS/1 website, www.qs1.com. We'll report any updates or changes related to the National Provider Identifier.

HME Denial Management

by Bently Goodwin, CEO Remit Data

Denial management? Do I need to see a shrink? Is that like anger management? The answer is no to all of these, but denial management should be a very important part of your business office operations. The reason you should have one is that on average, about 20% of all claims are denied by the receiving payer! This number may sound astounding to you, but we have the data to back it up. Think of the money that you are losing if 20% percent of your claims are being denied. Granted, you are going back and getting paid on many of these denials, but think about the inefficiency of having to rework 20% of your claims? Could you stay in business if 20% of your deliveries were to the wrong address or if you shipped the wrong item 20% of the time? NO! Could you lower expenses, decrease A/R and increase cash flow if you improved your denial rates? YES! Friends, what you get paid for doing what you do is only going to get smaller. In fact, I doubt this industry will ever see another INCREASE in reimbursements from ANY payer in the next 10 years. In order for you to

survive over these next few years, your operations must become more efficient and denial management should play a central role in that.

So what exactly is denial management then? Denial management is a process of (a) identifying the trends and patterns of denied claims for a particular third party payer, (b) developing a systematic approach for working all denied claims in a timely and orderly process, and (c) comparing your performance to other similar providers.

Many SystemOne users have discovered why RemitDATA's Reimbursement Pro is the industry's premier suite of denial management and reimbursement tools. Reimbursement Pro empowers you and your staff to stay on top of your billing issues by managing your claim denial patterns and trends. Reimbursement Pro service utilizes electronic remittance notices (ERN) from Medicare as well as most other payers. The ERN is basically

an electronic EOB, listing all of the claims the payer paid and denied. It is in a specialized format however, so if you just opened the file and looked at it, you would not be able to make much sense of it. You may currently be using these files to post payments automatically into SystemOne. Reimbursement Pro takes the ERN and imports it into a database and then allows you to look at denial/payment trends rather than looking at stacks of EOBs. One example of how that data is rendered appears below.

That all sounds pretty interesting, so how do I use them in a denial management process? We recommend a "drill down" approach. By that, we simply mean start off with top-level information and drill down additional layers of data when you see a problem area.

This way, you manage the exceptions (denials) and leave what is working (paid claims) alone. That top-level of information you need to start with is your overall denial rate. Reimbursement Pro calculates this as your total number of unexpected denials (excludes non-covered, etc.) divided by your total volume of adjudicated claims. This number must be monitored at least monthly.

Claim Summary By Reason And Procedure

PAY DATES FROM 4/1/2004 TO 4/30/2004 FOR ABC Medical Provider, Inc.

PROCEDURE	BILLED	ALLOWED	PAID	COUNT	PERCENT
Unexpected Denials					
COB17 - Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current	\$9,170	\$0	\$0	61	23%
E1230 Power operated vehicle	\$2,200	\$0	\$0	1	2%
K0004 High strength ltwt whlchr	\$1,500	\$0	\$0	12	20%
E0265 Hosp bed total electr w/met	\$1,400	\$0	\$0	7	11%
E1390 Oxygen concentrator	\$1,188	\$0	\$0	3	5%
K0001 Standard wheelchair	\$1,105	\$0	\$0	17	28%
E0439 Stationary liquid O2	\$792	\$0	\$0	2	3%
Elevating whlchair leg rest	\$250	\$0	\$0	10	16%

This sample shows denied claims by denial reason, then by HCPCS. That same data can be turned around in another report to show denied claims by HCPCS, then the denial reasons that HCPCS most commonly receives. Other popular data sorts include an aging of dollars collected, aging of denied claims and DSOs by HCPCS.

As stated earlier, the national average from our benchmark data of about 4 million claims per quarter is about 20%, but varies widely due to product mix. The top performing companies in the industry have a denial rate between 5% and 10%. If your denial rate is not up to your standards, you must then drill down to begin the analysis. For DME providers, I recommend that you drill down to the denial reason level, then the HCPCS that are being denied with those reasons (see earlier report sample). Concentrate on the most common denial reasons and then on those HCPCS with the highest dollar amounts denied. Turning around these problems will have the biggest impact on your cash collections.

I recommend that you have a monthly quality improvement meeting for denial management. You should include all functional areas of the business in the meeting, not just the reimbursement department. The sample report would serve as the guide for the meeting. The meeting should cover only the top one or two denial codes and actual denials should be discussed. Talk about the actual underlying reason why you got the denial codes and what can be done to avoid those things from happening again. Establish provisional procedures to eliminate the denials and make them policy if the situation improves. The key to improving your denial rates are to manage the reasons and measure the progress.

A systematic approach to working the denials and turning them into cash, is a second aspect of denial management. Many companies simply work the paper as it comes in the door and piles up on their desk. Reimbursement Pro empowers your staff to always work the one denial that will bring the most cash in the door in the shortest amount of time. How do they do that? Reimbursement Pro can custom sort denials in almost any way you can imagine, but we recommend that you sort your denials by biller, then denial code, and finally by dollar amount from highest to lowest.

Utilizing Reimbursement Pro's new Q functionality, you can also be assured that denied claims will no longer "fall through the cracks" and result in write-offs for timely filing down the road. Q allows your staff to set follow-up dates, mark denials as "worked" or "in-process" and subsequent ERNs update the status of claims automatically. Managers can view reports that instantly tell them how many denials are outstanding (not worked), in process or worked as well as how many denials were subsequently re-denied or paid.

The third aspect of denial management is benchmarking your performance against similar providers. Reimbursement Pro benchmarks your denials rates and DSOs against approximately 4000 provider locations across the

country. Your benchmarks are customized to your product mix so that you are comparing to providers who bill the same products you. Your benchmarks are also timely, as we compare your quarterly results to our other customers within 30 days of the end of each quarter. A sample benchmark report is below.

Other than accelerating my cash flow and increasing efficiency, why else should I be worried about denial management? New Medicare Quality Standards were just published and they specifically mention that performance management programs for billing practices are required. These programs must specifically include measurement of billing and coding errors and denial frequency.

Now is the time to start collecting more of your cash on the first submission and running a lean operation that can survive the leaner reimbursement arena ahead. RemitDATA's Reimbursement Pro offers you many more features such as On-Demand EOBs and On-Demand Review/Appeal forms that will help your reimbursement department run like a well-oiled machine.

For more information on Reimbursement Pro call 866-885-2974, email sales@remitdata.com or go to www.remitdata.com.

DENIAL RATES BY PROCEDURE

CUSTOMIZED NATIONAL BENCHMARKS
PAY DATES FROM 11/1/2004 TO 12/31/2004 FOR ABC Homecare, Inc.

Sample benchmark report

HCPCS	DESCRIPTION	BILLED	ALLOWED	PAID	CLAIMS	DENIALS	DENIAL RATES	
							CUSTOMER	NATIONAL
E1390	Oxygen concentrator	\$120,290	\$74,347	95,459	361	36	10.0%	16.7%
E0260	Hosp bed semi-electr w/matt	\$31,194	\$18,851	15,060	198	43	21.7%	17.9%
E0431	Portable gaseous O2	\$18,751	\$11,403	8,833	347	40	11.5%	18.5%
K0001	Standard wheelchair	\$24,271	\$10,523	8,400	406	142	34.8%	25.7%
B4035	Enteral feed supp pump per d	\$11,856	\$9,225	7,380	30	3	10.0%	16.9%
B4150	Enteral formulae category i	\$25,401	\$8,244	6,595	34	0	0.0%	19.7%
E0163	Commode chair stationary fxd	\$7,767	\$5,287	4,220	65	17	26.2%	26.0%

QS/1 INTERFACES

The Flow of Information When and Where You Need It.

by Charles Garner, Market Analyst, QS/1

Interface: (noun) a boundary across which data passes; a common boundary or interconnection between systems, equipment, concepts, or human beings.

We live in a high tech world, consistently passing data back and forth between various systems. Interfaces make that transfer easier. But not all interfaces are “built” the same.

Whether you are sending information from your QS/1 system or bringing the data in from another system to your computer, QS/1 has the expertise to make the transfer seamless.

With rising demands on the healthcare industry to increase productivity and service the customer in a fast, accurate and professional manner, it's imperative you're not left worrying about the integrity of your interface information.

An interface can be an integration tool that automates common tasks, thereby improving quality and reducing errors.

QS/1 Interfaces can communicate with various platforms including: Dispensing Devices, Packaging Devices, Robotic Devices, Billing Systems, EHR Systems, Hospital Systems,

IVR systems, POS systems and many more. QS/1 can provide interfaces that encompass Demographic, Prescription, Billing, Shipping, IVR and POS

QS/1 follows healthcare standards like HL7 and NCPDP when creating interfaces. Creating interfaces that work with these standards helps ensure the reliability and usability of the data as it enters and leaves your system. You do not need to spend your time always verifying the data; you need to know it is accurate from the very beginning of the process. QS/1 works to make sure you are up-to-date with any changes that take place within interface standards allowing you to be more efficient and productive.

Product Update

QS/1 IVR

Running QS/1 IVR as a Windows Service:

Running QS/1 IVR as a Windows Service as opposed to a Windows Application provides nearly uninterrupted service for your customers. For example, if a power outage occurs during closed hours, when the server restarts the QS/1 IVR system will automatically start.

Remote Alternate Closed Greetings: This new feature gives pharmacy members the ability to call into the QS/1 IVR System from a remote location and by following a series of prompts, change their greeting in the event of an emergency closing such as extreme weather and holidays.

Confirm Prescription is Ready: Customers now have the ability to call into the QS/1 IVR System and confirm that a previous QS/1 IVR refill request is ready for pickup.

Closed for Holiday Alert: The QS/1 IVR System alerts the customer when the pharmacy will be closed for an upcoming holiday. The system is set-up to check for an upcoming holiday occurring within the next 24 to 48 hours. If one is found, a message advises the customer to pick up their prescription before the upcoming holiday.

Contact QS/1 Marketing Support for more information on installing Version 3 QS/1 IVR.

Customer Spotlight

Campus Health Pharmacy (CHP), located within the University of North Carolina, Chapel Hill, serves more than 27,000 students from all over the world, most of whom are accessing healthcare for the first time, without the assistance of a parent or a guardian. Rita Proctor, head Pharmacist, tells us that the students' most common complaint is the dreaded, "I don't have time to be sick disease," for which CHP has neither a magic pill nor a cure for yet. Lacking this miracle drug, CHP strives to get their patients 'back to wellness' with the least amount of disruption in their educational efforts. Enter the total pharmacy renovation of 2005, from cramped and non-functional to spacious and efficient.

CHP had not been renovated since it opened its doors in 1984. During a busy period it was not uncommon to have six staff members squeezed into 60 square feet of workspace. "We'd be bumping into each other six times a day and when we weren't running into each other, we were jostling for space at the label machine," said Proctor.

"Our goal behind the renovation," explained Proctor, "was to get organized." Prior to lifting a hammer, the CPH staff sat down to brainstorm an exhaustive 'wish list' of functional needs, from space planning, to hardware and lighting. We formulated a plan that would encompass our present needs of filling over 260 'scripts' a day while serving as the clinical site for the UNC School of Pharmacy and address our future needs as the demands on both the pharmacy and School of Pharmacy grew."

Proctor was quick to point out that the entire process was a team effort with staff pharmacists and technicians bantering ideas back and forth on a daily basis, as renovation issues arose.

"Plus, we relied heavily on outside consultants, like QS/1," said Proctor.

"QS/1 had worked with CHP in 2001 to develop PyraMED---several customized interfaces between QS/1 and the CHP practice management system. "This previous collaboration," said Proctor, "forged a working partnership with QS/1 that carried over into the renovation of the new pharmacy. QS/1's input was both solicited and valuable to the end functionality of the new space."

"CHP had been planning to implement Workflow into our operation for the past three years and designing it into the renovation process was a priority. We were already working closely with QS/1 to implement as much technology as we could, given our space and layout parameters. Having images and imprints, internet 3rd party processing, bar code scanning and prescription scanning already in place made the transition into Workflow a breeze," said Proctor.

Campus Health Pharmacy

by Margery Morstein, Staff Writer, QS/1



Front Row (left to right)- Alice Thompson (cashier), Rita Proctor (Director of pharmacy), Chris Goodman (pharmacist), Patsy Huff (Director of Administration for Campus Health Services), Tiffany Tolleson (pharmacy technician). Back Row (left to right)-Nancy Ferguson (pharmacy technician specialist), Iris Colvin (cashier), Cherlona Walston (pharmacy technician), Gwen Swenberg (pharmacist), and Fran Whaley (pharmacist). Not shown Michele Wallace (pharmacy technician).

Now that the dust has settled, Campus Health Pharmacy can proudly move forward. "We've had other pharmacists come through and study our space," said Proctor, "in awe of the clinical/pharmaceutical workspace we've created. Most were familiar with our previous cramped space."

"One of the greatest achievements coming out of the renovation is turn-around," gleamed Proctor. "It may take a week to ten days for a cold to work its way through your system. Don't climb back into bed yet, it's only going to take 20 minutes to get that prescription filled that will keep you from missing class."



New queue lines with prescription drop-off area



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An historic look at MedGuides. Medication guides or MedGuides, are specific patient handouts to be dispensed in addition to the usual medication information provided by the pharmacy.

MedGuides focus solely on serious side effects associated with certain medications or classes of medications and do not provide comprehensive drug information.

A final ruling in 1998 provided the FDA with the authority to require MedGuides for five to 10 drug products per year for those with serious or significant side effects as determined by the FDA. MedGuides will be required if the FDA determines that one or more of the following circumstances exist:

- Patient labeling could help prevent serious adverse effects
- The drug product has serious risk(s) (relative to benefits) of which patients should be made aware because information concerning the risk(s) could affect patients' decision to use, or to continue to use, the product
- The drug product is important to health and patient adherence to directions for use is crucial to the drug's effectiveness

As of March 2006, the FDA has approved 31 Medication Guides, or MedGuides, which are intended to educate patients on specific information on a medication. Most MedGuides focus solely on providing patients with information on specific risks with that medication, but some also contain information on proper use, storage, dosing, etc. The 31 approved MedGuides apply to nearly 600 product NDC numbers and all vary in length.

The FDA requires distribution of MedGuides for selected prescription drugs that pose a serious and significant public health concern. FDA approved MedGuides must comply with specific requirements outlined related to content and appearance, including font, size, and readability.



MedGuides

by John Frady, Market Analyst, QS/1

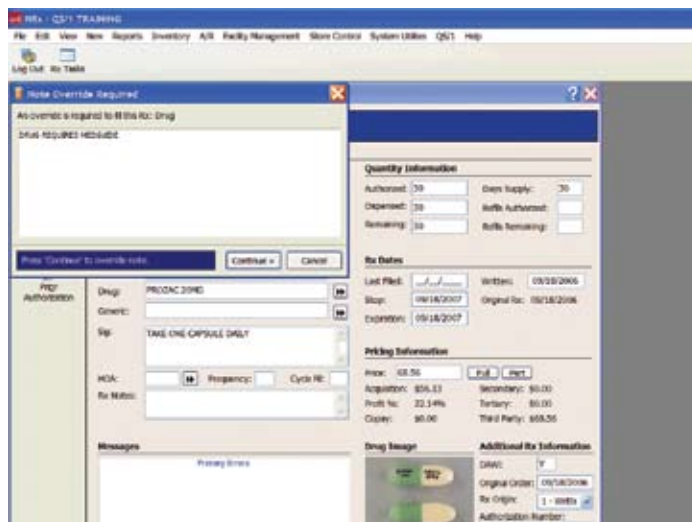
MedGuides are required to be dispensed with new and refill prescriptions

MedGuides approved by the FDA are considered part of the product's labeling and according to FDA regulation, are required to be dispensed any time a patient receives a medication for which a MedGuide is approved. This means that pharmacies are required to dispense a MedGuide with new and refill prescriptions if a MedGuide exists for that medication.

The FDA just gave vendors permission to create MedGuides in an electronic format. QS/1 is currently looking for a way that allows you an electronic means of distributing these MedGuides.

In the interim, you can create a note on the drugs requiring MedGuides. For example, the note could read "Attach MedGuides when dispensing." QS/1 suggests you give this note a Filling Status (FSt) of 2, Override required.

During prescription processing, this note will come up and remind you to give a MedGuide for the drug being dispensed.





General Data Collections



by Scott Rizzitano, Supervisor of Healthcare Services, QS/1

In today's market, the acquisition of prescription data is becoming more and more valuable. It seems that every month there is a new company that would like to purchase your prescription data. The desired information ranges from general drug information to geographical information to patient specific information. There are many questions you as a pharmacy may have about data collection.

What do these companies want with my data? The data that is collected and passed along to these companies is generally used to develop marketing plans based on geographical drug dispensing trends. Many of the drug manufacturers are interested in this data because it assists them in making decisions regarding discontinuing a specific drug or possibly refocusing sales to a different region of the country.

Does data collection comply with HIPAA policies? Yes, data collection does comply with HIPAA policies. Not all data collections include patient health information (PHI). Any data collection that includes PHI information requires the certain fields within the collection to be encrypted. With this encryption process one key is held by the party that encrypts the file and the other key is held by the party that decrypts the file.

How do I send the data to the data collection companies? The nice thing about data collection through the QS/1 system is the data passes through PowerLine where it is gathered and sent to the data collection companies. There will not be any interruption in your daily work-flow if you choose to participate in one or many collections. Many of the data collections are compiled on a daily basis and submitted via a secure FTP transfer directly from QS/1.

Who has access to view my pharmacy's data? Only the data collection company that you choose to contract with will have the ability to view your data. Different data collection companies use different formats and layouts for their specific use of

the data. With the data being passed through a secure, encrypted FTP site, it is not possible for anyone other than the designated data collection company to retrieve and view the data.

Do I have to participate in data collection? If I do participate, what is in it for my pharmacy? It is not mandatory that you participate in data collection. If you do choose to enroll in data collection many companies are willing to pay money either monthly or quarterly for your pharmacy's data. Some companies do not offer monetary payments but they offer different tools and utilities that assist your pharmacy with competitive geographical pricing strategies. Some examples would be reporting tools that can show local price ranges of the same drug within a specified radius. This can help you manage your pricing better by showing you drugs that you may be pricing too low or too high for the market. These pricing differences can result in lost revenue or lost sales. Why not take advantage of the tools that some of these companies are offering in exchange for the data that you are already creating by filling prescriptions?

How do I sign up for data collection? To sign up for data collection you can contact the data collection company and sign a contract. The individual collection companies will then contact QS/1 and we will start the collecting the data for you. The only thing that you will need to do is keep processing claims through Powerline. We will take care of the rest.

Does QS/1 charge a setup fee for this service? No, QS/1 does not charge the pharmacy any setup for this service. There are no hidden out of pocket expenses that you will incur. In fact, there is nothing that you need to do within your pharmacy management system.

Why would I choose to utilize this service? There are many positives that come from data collection. Drug manufacturers can focus on marketing and sales to certain regions which maximizes their time and money. The money saved can be redirected towards research and development. In the future, a synchronized database can be used to store vital patient information such as the medications patients are presently taking as well as medications they must avoid due to a previous allergic reaction. This information would be accessible to doctors in both an office and hospital setting, with emergency room attendants finding it especially useful if a patient is from out of town and time is of the essence when it comes to delivering care. Pharmacists would also have the ability to view this information to ensure that the medications being dispensed would not cause an allergic reaction or in some way be potentially be fatal to the patient. All of these uses of data collection can provide a safer environment for the patient. Why would you not take advantage of all the programs that are available to you? The money and tools that are being offered increase revenue or can assist you in developing new ways to increase the profit level within your pharmacy.



CornerDrugstore.com

Increase Pharmacy Efficiency With QS/1 Web Products and Services

by Tranaka Oglesby, Customer Support Associate, QS/1

Pharmacists count on QS/1 for more than industry-leading pharmacy management software. QS/1 Web Products and Services offer a range of web solutions that can bolster the profitability and efficiency of your pharmacy. The following web solutions will help extend pharmacy hours to 24 hours a day, 7 days a week and provide pharmacies and institutions with affordable ways to utilize the power of the internet while maximizing the pharmacy's workflow.

WebRx

QS/1's WebRx is a self hosted online prescription refill application for electronically submitting refill requests. This product offers a central management solution to easily manage online refills for all of your pharmacy locations.

Cornerdrugstore

Establish an internet presence with a professionally developed storefront offering online refills, interactive wellness tools, and daily updates of health care news hosted by QS/1.

Prescription WebServices

Integrate an online refill service into your existing pharmacy website by utilizing Prescription WebServices. The new QDirect technology allows prescription WebServices to validate and deposit your online refill requests directly into your pharmacy system in real-time.

Health Content WebServices

Provide your customers health resources such as the Health Encyclopedia, Daily Health News, Health and Wellness Tools, Alternative Medicine, the Drug Interaction Checker, Drug Identifier and Drug Information with Health Content WebServices. This industry-leading content is always up to date and can be seamlessly integrated into your existing website.

So, which web solution is a better fit for your pharmacy? Call 800-559-5489 or visit www.qs1.com today for more information on QS/1 Web Products and Services.

Bright Ideas | Proven Results

QS/1 Customers Share Tips and Ideas for Getting the Most Out of Your System

QS/1 is constantly amazed at the ingenuity and business acumen our customers display utilizing QS/1 systems within their businesses . . . tricks they've discovered to maximize system use and streamline daily business transactions.



I learned from attending the QS1 Customer Conference that we could add a drug note to each

drug file to alert us that the drug requires a FDA Medication Guide. The Filling Status can be set as a reminder. The FDA website has a giant list of drugs that require a medication guide. We set up a macro to add the drug note and change the filling status for a drug file. This has helped us update our drug files in a small amount of time, with minimal typing required!

The Medical Center Pharmacy



Utilizing the automated Inventory Management System has made it possible to reduce our inventory by 52% and we have less out-of-stock situations. Getting a sudden cash-flow boost just after implementing Medicare Part D was a great help.

Phoenix Pharmacy



Document Imaging. . .

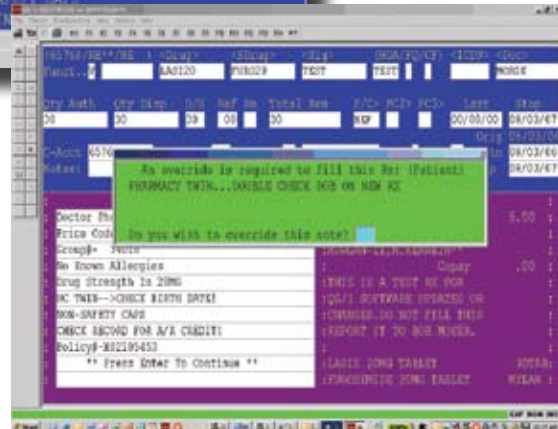
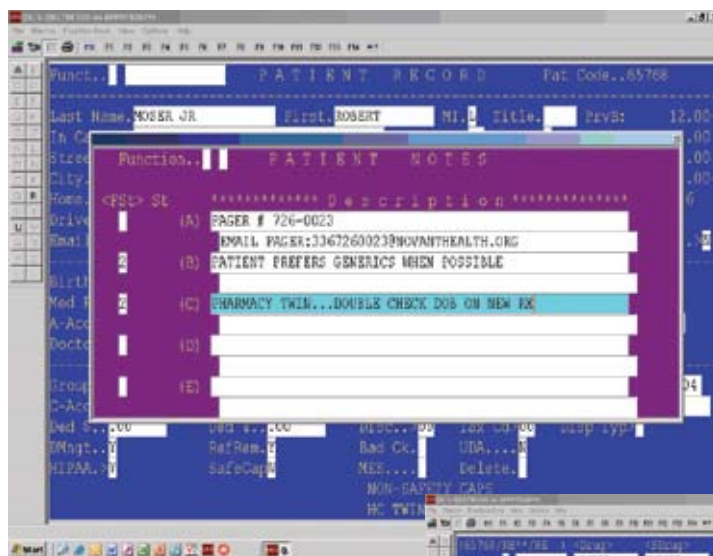
- From the Patient Record you can scan anything that might become a patient issue such as; Home Delivery Check Payment and HIPAA Acknowledgements
- From Rx Record, you can scan a new Rx, Rx rescan, written prior authorizations, Rx/coupons or vouchers.

Winston-Salem Healthcare



Use the Fill Status to stop you for Rx safety. This is helpful when you have multiple patients with same name.

Winston-Salem Healthcare





Regarding Passport Client. I recommend anyone using QS/1 to install the passport client on all your PC's. This program is one of the best things QS/1 has come up with.

In case you didn't know, the Passport Client is a program that when installed on a computer lets a QS/1 trainer or technical support person see your monitor and use the mouse, keyboard and print screen shots. This feature has been quite helpful especially with the conversions from RxCare Plus to NRx. Most people are visual and it is a lot easier for technicians support to help you with a problem when they can see what you're looking at on your screen.

Waltz Pharmacy



You can design custom labels specific to certain insurance plans and print a message on labels for customers with that plan only! You may also design labels for cash customers only. All the labels do not have to be the same!

Bigelow Chemists



Document Imaging. . .

- From the Doctor Record scan any correspondence to or from the doctor, signature samples, written protocols or agreements.
- From Patient Insurance, scan insurance card (front and back) or Medicaid exempt letter.

Winston-Salem Healthcare



All of our retail customers are put into a group (RT). We set up the PEM options in Store Information and use the Nursing Home Control Options to designate which "facility" automatically prints PEM's for every new Rx. This way we do not have tons of PEM's coming out for each patient. Only the group homes and the retail patients automatically print. This has made it easier for us to be compliant with regulations and serve our customers more efficiently.

Whittier Pharmacy



Use the Patient Outcomes screen to log customer service interventions by creating a new Outcome Code such as CS.

The Patient Notes screen can be used to refer to customer service interventions stored on the Patient Outcomes screen. Use the Fill Status to require an override based on Patient Notes before filling a prescription.

Winston-Salem Healthcare



19" monitor

Congratulations

Waltz Pharmacy, you just won a 19" flat screen monitor from QS/1 . . . thanks for sharing your tips.



Some of our patients request a profile of their prescriptions for an upcoming office visit. We use the Patient Chart

to accomplish this. This option prints out Demographic Information that is on the patient's record, including medical conditions, allergies, any disease management information we have logged, and Rx Profile which includes prescriptions based on the date specified when printing. The Rx Profile includes Rx number, Drug Name, Quantity, Original Date filled, Last Date filled, Sig Code, Prescriber Code, Price Code, Remaining Refills and the entire Sig verbiage for each prescription. Additionally the Patient Chart will print any Outcome/Progress Notes and Lab Values that are noted on the patient's record.

To access the Patient Chart type "[in the Function Field from a patient record. To print the Patient Chart type "C" in the Function Field from the patient chart. Enter a beginning date for Rx's and beginning date for Outcomes.

Midelfort Pharmacy & Home Medical

QDM Takes Efficiency to the Max

It's a busy Monday morning and the prescriptions are stacking up quicker than you can fill them. Customers are standing in line and frustration is building on both sides of the counter.

Mike Magaha knows that scenario all too well. It's hard for Magaha, the pharmacist of Sammeth Drug Store, to slow down during his day. Over the years, he's become good at multi-tasking the chores of filling prescriptions, verifying accuracy, and consulting with patients and doctors.

Nearly a year ago, Magaha moved to a procedure that helped automate his filling functions.

"It's allowed us to be quick and more efficient," said Magaha.

He's talking about the addition of the QS/1 Dispensing Machine (QDM) to his pharmacy.

QS/1 is in the final testing phases of QDM, the sleek and powerful automated drug-dispensing machine.

The first "beta" system was installed at Buford Street Pharmacy in Gaffney, South Carolina. Since that time, several other Beta stores have begun using QDM to accurately dispense medication to patients.

"It helps a lot," said Marion Patton, owner and pharmacist of Buford Street Pharmacy. "We've got one unit that holds all our top drugs. That helps the technicians and saves a lot of time."

This new system can help pharmacies both large and small. QDM can reduce your chance of miscounting medications during prescription processing. It's more accurate, and letting a machine do that work gives you more time to consult with your patients about their needs.



QDM

by Richard Edmund, Staff Writer, QS/1

“Every machine is calibrated before it leaves the door,” said Bart Mitchell, QS/1’s Manager of Product Implementation.

The accuracy of each cell is re-checked by on-site technicians when the QDM is installed. One big advantage of the QDM is once a cell is calibrated it rarely has to be adjusted for the same drug.

Smith Drugs in Forrest City, North Carolina also helped test the QDM. Owner and Pharmacist John Higgins says the QDM can benefit pharmacies of all sizes.

“If it’s a small pharmacy and the pharmacist is spending a lot of time counting, it can be a big help. If you’re a large pharmacy and you have technicians who are counting, you can assign them other tasks around the pharmacy,” Higgins said.

Other tasks include spending time with patients and making sure they are getting their medicines and care in a timely manner. They may also be in charge of making sure the QDM is properly stocked with medicines at the start of their shift.

“It helps if I’ve got a large number of prescriptions to fill; it counts them and I can pull them out of the machine and put them in the bottles,” Higgins added. “It frees me up to do something else. It can also increase the accuracy of your counts.”

Higgins says not everyone embraces change and some members of his team were reluctant when the machines were installed.

Customers who have tested QS/1’s QDM say it increases pharmacy productivity and efficiency.

There were some issues with being a test site. Higgins says he found QS/1’s technical staff readily available to quickly resolve operational issues.

“The service techs have been great. They’ve

answered our calls in a hurry. They have even helped us through issues that were ‘user related,’” Higgins said.

The Benefits of QDM

- **Easy to use.** QDM integrates with your existing QS/1 Pharmacy Management System. It’s modular and quiet, meaning it won’t be a distraction for your technicians or Customers.
- **Streamlines Workflow.** QDM can simultaneously counts multiple prescriptions, and can pre-count minimum quantities so they are ready.
- **Improves patient safety.** This prevents dispensing wrong medications. QDM requires the pharmacist to scan a barcode before dispensing.
- **Flexible design.** The compact design means it can fit in tight spaces. You won’t have to go through a costly renovation to add QDM.
- **Training and support.** QS/1 offers a variety of platforms to train you and your staff on the QDM operations. Support specialists are only a phone call away.

When you add up the time the QDM takes to pull and count a drug, you’ll find the savings to your day are great.

“Each day we probably save about an hour of not having to run pull bottles and count out the pills,” said Marion Patton of Buford Street Pharmacy.

Patton says maintenance is a breeze, too. Patton says it doesn’t take long to refill the drug cells when they get low.

“I’m very happy with the QDM. I’m interested in adding another one to the store,” Patton added.

Mike Magaha agrees.

“When we get busy in the middle of the day, it helps get things done. On a busy morning, it’s a tremendous help,” Magaha said.

He says there is a slight learning curve, but once you clear that hurdle it saves time.



Marion Patton is interested in adding a second QDM panel to their pharmacy

“We’ve had to tweak our Workflow process. QDM has really helped us be more accurate and efficient,” Magaha added.

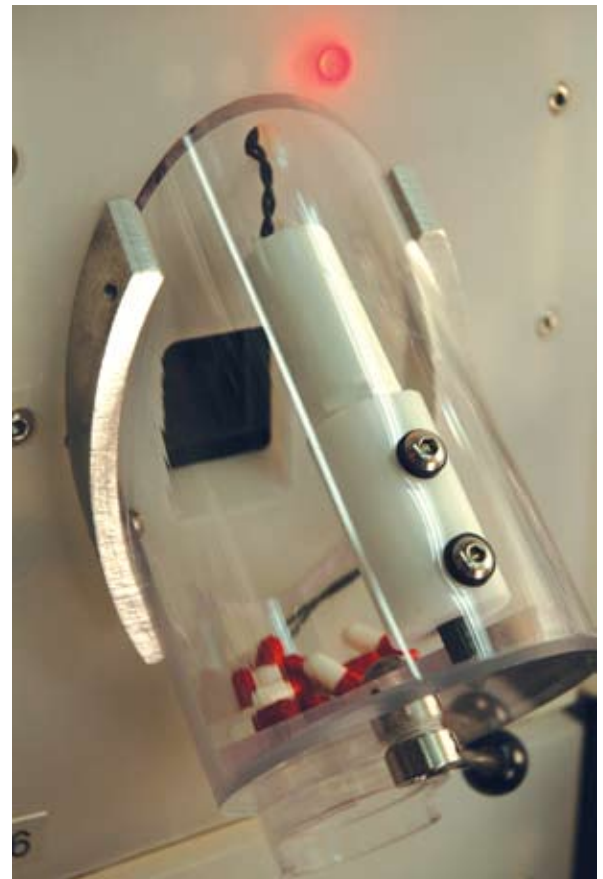
Now that the beta-testing phase has come to an end, and QDM has been revamped. The new model will be released soon.

Since the QDM works with your pharmacy management system, installation goes quickly. Once scheduled, pharmacies must find a location for the machines close to a standard power source (110 volt), and an Ethernet cable for the server.

Most pharmacies will likely choose to install 47 cells, to automatically count the top drugs in their pharmacies. However, the QDM cabinets are designed to fit side-by-side to accommodate pharmacy growth and expansion.



Sammeth Drugs employees are able to spend less time counting medications now that QDM is installed in their store.



Pharmacy continues to be challenged to keep up with increasing prescription volumes, shrinking margins, and competition from the “super-chains”. Owners with multiple pharmacy locations and small chains must manage their pharmacies with precise accuracy. The QS/1 Central Management System, or CMS, can help manage multiple pharmacies.

CMS offers QS/1 customers the ability to take time-consuming chores out of the retail setting. Communicating with each pharmacy over a Wide Area Network (WAN) connection, CMS allows for centralization of price updates, reconciliation, reporting, drug and pay plan management and pricing from one central location. By performing these tasks centrally, pharmacists have more time for patient care, increasing customer loyalty.

There are over 50 pre-defined reports available in CMS, with multiple options for flexibility. These reports can be saved in PDF, as well as other file formats, or can be automated to print in the morning. Since CMS uses Microsoft SQL to store data, customers can create their own unique reports using off-the-shelf software such as Crystal Reports®. CMS tracks fiscal year and period dates for data comparison. This data can be used to show margins, product movement and growth over a specified time frame.

Reconciling transactions is vital to the bottom line. When the claim is initially adjudicated, the third party said they would pay twenty dollars, but when the remittance is received that amount may be reduced, or not paid at all. Trying to filter through dozens of third parties and thousands of transactions each month is very tedious, at best. The reconciliation process in CMS is very simple and easy to use. The majority of claims can be reconciled electronically with a file supplied by the third

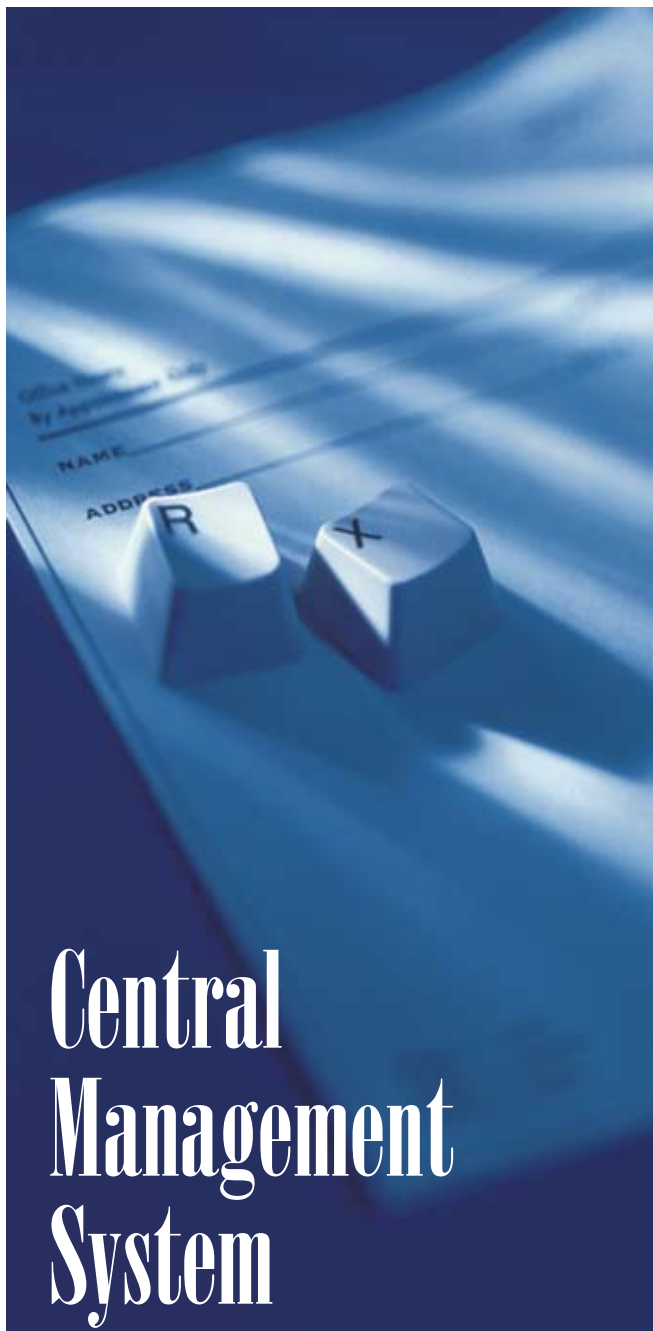
party. A manual reconciliation process is also available when needed. A minimum of four pharmacies and a chain code supplied by NCPDP is required to use the CMS Reconciliation module.

CMS centrally maintains drug information such as drug reorder point, reorder quantity, average wholesale price, acquisition price, etc., then exports the drug record to one or all pharmacies. In addition, new drugs can be added from CMS, attaching appropriate pricing tables and exporting them to each pharmacy. Maintaining a central drug file ensures that drugs are added with the correct drug and pricing information. QS/1 and wholesaler price updates can be exported and automatically processed by each pharmacy. CMS also manages price plans (also known as pay plans or third parties, depending on whether you use CRx or NRx in the pharmacy).

To increase customer convenience and improve patient safety, combining CMS and NRx provides Centralized Patient Profiles. Using CMS, patient demographics are available at all pharmacies, but patients are only added to the local pharmacy as needed. All changes to patient records are synchronized between pharmacy locations. Prescriptions can be transferred easily between pharmacies and interactions are checked on all prescriptions filled at all pharmacies.

The QS/1 Central Management System is a must for multiple-location pharmacies. CMS works

with all QS/1 pharmacy systems (CRx, RxCare Plus, NRx and PrimeCare). Different features are available depending on which QS/1 pharmacy system is used. Call your QS/1 marketing representative for more information.



by Rich Muller, National Sales Manager-Chain Products, QS/1



DEA

relevant issues pertaining to the electronic prescribing of a controlled substance.

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

On July 11-12, 2006 the Drug Enforcement Administration (DEA) held a conference in Washington DC to hammer out conflicting opinions and issues relevant to the electronic prescribing of a controlled substance. The DEA (a division of the Dept. of Justice) has regulatory authority over the prescribing and dispensing of a controlled substance and has a pending deadline to convert the fulfillment of these prescriptions to an electronic prescribing system as mandated by the Medicare Modernization Act (MMA).

Six professional panels were assembled to participate in this industry conference; each group had their own unique perspective along with a single over-lapping concern:

How the present electronic prescribing infrastructure can meet the DEA's controlled prescription requirements, without unduly burdening the involved parties via complicated procedures and additional costs?

The panels were formed to be inclusive of all professionals and businesses involved in the handling of controlled substances and included the following groups (the groups highlighted in red represent the business/infrastructure segments, blue representing the state/enforcement segments):

- **Technical Framework** including SureScripts and RxHub
- **Practitioners Perspective** featuring a presentation by the American College of Physicians reflecting both the small practice perspective and the larger academic and group practices
- **Pharmacy Perspective** represented by the Long Term Care Pharmacy Alliance, National Community Pharmacists Association, National Council on Prescription Drug Programs, American Pharmacists Association and the National Association of Chain Drug Stores
- **Vendors Perspective** including Emdeon, DrFirst, ZixCorp, all Computerized Physician Order Entry (CPOE) vendors and Gold Standard, a contractor for the State of Florida who uses the CPOE system and processes ERx for the states Medicaid program.
- **State Perspectives** represented by the Alliance of States with Prescription Monitoring Programs, National Association of State Controlled Substances Authorities, National Association of the Board of Pharmacy and the Federation of State Medical Boards. All of these organizations are tasked with tracking controlled substances and enforcing regulations.
- **The Law Enforcement Perspective** was presented by a Sergeant from the Broward County Sheriff's office, an Assistant State Attorney and the Executive Director of the Ohio Board of Pharmacy.

The division between business/infrastructure and state/law enforcement was obvious as the meeting progressed.

PrimeCare Update

835 Remittance Program

The 835 Remittance program has been part of QS/1 Reconciliation for a few years now. The file is part of HIPAA and until Medicare Part D, only a limited number of third parties supplied the file to individual pharmacies.

We recently talked with Rusty Lee, RPh, Director of Pharmacy Service Operations at ElderCare Pharmacy in Hawkinsville GA. He's been receiving 835 files from a number of third parties since earlier this year.

According to Lee, it was not an easy start-up process; each PDP and/or processor had their own sign up process. Lee found himself working with each one on an individual basis within their established parameters. The files are available via:

- Secure website download
- Secure ftp
- Secure e-mail with encryption software
- CD

Lee recommends the CD is the way to go if you don't have the capabilities for some of the other methods.

One of the big things that Lee mentioned was the safety factor. In QS/1, an "undo" function has been added. This was very useful when it became part of the system. He also mentioned that the expansion of the transaction file detail for primary and secondary payers in 18.1 has made things work better.

The 835 Remittance program has been an important improvement in the overall efficiency of Lee's operation. "Prior to 835, when the first checks came in and two weeks later the remittance advice came in, it took two bookkeepers four days to do the reconciliation and balance. Now, the same size check from the same PDP, as an electronic file takes nine minutes to process," said Lee.

The business group was uniformly in favor of proceeding forward utilizing the existing infrastructure. This group believes headaches associated with the development of a second, more complicated and costly procedure would discourage practitioners from adopting the electronic process, opting instead to rely on the traditional paper method of prescribing controlled substances.

The state/law enforcement group is adamantly against adding controlled substances to the existing infrastructure, citing security (fraud and abuse control), law enforcement and having physical evidence to prosecute criminals as major concerns. They laid out their concerns in the following manner:

An electronic prescription for controlled substances needs the following:

- Authenticity- the ability to positively identify the signer
- Non-repudiation-the assurance that the signer cannot deny the signature at a later date
- Record integrity-the ability to determine if the record had been altered after it was signed
- Legal Sufficiency-litigation strength for prosecution beyond a reasonable doubt

After two days of meetings and a lot of repetition within the discussion panels, we're still left with pharmacists who want to use the existing infrastructure to get started ASAP on the electronic prescribing of controlled substances and a Justice Department (DEA) still asking questions concerning fraud, abuse and diversion. It's important to note that the DEA had proposed using Private/Public Key Infrastructure (PKI) in past rulings on this matter, but has not pursued this avenue further.

So the question still remains, "How will the DEA rule to proceed in fulfilling the Medicare Modernization Act (MMA) mandate and meet its deadline on the electronic filing of a controlled substance?"

QS/1 will run periodic updates on the DEA rulings. Be sure to check your *Insider* each week for any industry decisions that would have an immediate impact on your healthcare business.

For DEA Updates go to: http://www.deadiversion.usdoj.gov/ecommm/e_rx/mtgs/july2006/index.html

Hardware Maintenance

by Kerry Philbeck, Staff Writer, QS/1

In today's busy marketplace, maintaining and updating your QS/1 system hardware can be challenging. QS/1 offers a variety of proven solutions to ensure your equipment is always properly maintained. QS/1 offers three primary hardware support options that allow you to select the most efficient way to protect your investment. Read below for a description of each to see which would benefit your operation the most.

On-site If Support (either at QS/1 Central or the regional office) determines that the problem cannot be resolved over the phone, the regional office is notified. At this point, a representative from the regional office will contact the customer with an estimated time of an on-site service call. Once on-site the QS/1 Representative will either repair or replace the failing equipment, whichever will reduce down time for the customer. The equipment will then be tested to make sure that it is functioning properly. At this point, the broken equipment becomes property of QS/1 and the replacement equipment becomes property of the customer. When on-site the QS/1 Representative will address any other issues you may be having with equipment covered by QS/1.

Please note the response time on this service is typically the same business day. Customers must be within a specific mile radius of the regional office to be eligible for this service. Items are individually billed each month for this service.

Mail In Phone support will troubleshoot and diagnose the problem. If it is determined that the problem cannot be resolved over the phone, the support technician creates an order for QS/1 to ship the replacement, Next Day Air if necessary, to the customer

site. If shipping is necessary, the customer will receive a prepaid UPS return label from Central with shipping instructions for returning the broken equipment. There is a 30 day grace period for the equipment to be returned to QS/1 before the customer is automatically billed.

Phone In Phone in support is offered to customers for a flat rate of \$50.00 per month. This fee covers only one location, so in a host/remote situation, support for other stores must be purchased separately. QS/1 will put forth the best effort possible to diagnose problems and suggest what action should be taken, but

this type of Hardware Maintenance does not include the removal or installation of any parts or equipment. QS/1 will not ship or dispatch regional offices; however, a separate service is available for an additional hourly fee. As stated in the agreement, QS/1 will offer this service only on equipment which is pre-approved by an authorized QS/1 representative. If the customer has equipment that does not meet these requirements, QS/1 will put forth the best possible effort to diagnose and troubleshoot the problem. Once the problem is determined or in the event that it cannot be determined, the customer will be referred to their maintenance provider.

Advantages With



Hardware Maintenance

With QS/1's On-site and Mail in Hardware Maintenance, downtime is reduced since QS/1 will provide replacement equipment, allowing your pharmacy to continue business as normal while QS/1 repairs your equipment.

QS/1 will support any component that we install in a box, whereas, in most cases, the manufacturer will only cover the box itself. We only guarantee equipment that we have tested with QS/1 applications to work. This should be considered when purchasing equipment from sources other than QS/1.

Perhaps the biggest advantage with QS/1 Hardware Maintenance is that we want to be more than just a maintenance provider – we want to be your business partner. Our interest is more than just providing you with a service until the warranty expires; it is building a long-term partnership.





Are You Ready for NRx?



by Richard Edmund, Staff Writer, QS/1

QS/1 customers are loyal. Many have used our products for years, if not decades. They've grown as the applications have grown. Now, QS/1 is growing again and customers can make the transition at a deal that may be hard to believe. There is no software charge for NRx, but you may require hardware or installation.

Why would you want to make the change? NRx offers the best of both worlds for customers who are currently using RxCare Plus or CRx.

GUI is the acronym for Graphic User Interface, meaning your software application has a graphical look, as opposed to the traditional character based interface RxCare Plus customers are used to seeing.

"It's user-friendly and more modern," said Teresa Lawson, QS/1's Quality Assurance Manager.

Lawson talked with customers about the benefits of converting to NRx at this year's customer conference in St. Louis. She said customers are excited about the possibility of converting to a GUI application that has the power of RxCare Plus.

Both CRx and RxCare Plus customers will benefit from a GUI application.

The benefits of NRx go beyond the GUI look. NRx also allows for integrated images, meaning if you subscribe to QS/1's Images and Imprints, they are part of the record and do not require additional pop-up windows. You can also schedule reports and utilize customized SIGs. Error Messages and the ECS Log Scan are also color-coded, making things stand out for easier identification.

Branchville Pharmacy in Branchville, South Carolina was the first to make the conversion. The store moved from RxCare Plus to NRx two years ago.

Tracy Ott, Pharmacist, says NRx was uncharted waters for her. But after a few minutes of exploring the system, things quickly became familiar.

"Now, I feel that the system is more user-friendly. With RxCare Plus, if you didn't know the letter or code, you were lost. But with NRx, it's very intuitive," said Ott.

"If you know anything about Windows software, you can work your way through NRx," Ott said.

When you make the conversion, you'll receive online training. QS/1 trainers will walk you through the new platform online with Passport. Passport allows trainers to connect directly to your computer so you can see exactly what they are explaining and how it works. Passport also allows the trainers to watch you work with NRx and can offer advice if there are more efficient ways to perform a task. The amount of training time you will receive depends on the system you were previously using. Your training will be scheduled based on your needs and the availability of a trainer.

You will also receive QS/1's NRx **i-trainer**, an interactive CD that shows you how the system works. The **i-trainer** is designed to guide you through NRx and then allows you to test your knowledge of the system.

The conversion is a fairly straightforward process. First, you need to contact the QS/1 Upgrades Department. They will help determine if your servers and workstations meet the minimum conversion requirements.

The QS/1 Upgrades staff can help you plan the best way to implement your move to NRx.

Once you switch, you'll quickly understand why NRx is the pharmacy management system you need in your store. Tracy Otts says she would recommend making the conversion to any QS/1 customer.

"I would hate to go back," Otts said.



Minimum Requirements Server

Windows XP Professional
Windows 2000 Professional
1GB Memory (2GB Recommended)
or
Windows 2000 Server
Windows 2003 Server
2GB Memory (4GB Recommended)

Workstation

512MB Memory (1GB Recommended)
New Workstations 1GB
Windows 2000 Professional
Windows XP Professional

Conversion Process

- 1 Contact QS/1 Upgrades Dept.
- 2 Hardware Analysis
- 3 Training Dates Scheduled
- 4 Training via Passport
- 5 Software Conversion
- 6 "Go Live"

QS/1 Upgrades Department
1-800-845-7558 ext. 1412

2006 Customer

The lightning storm outside didn't affect the flow of information being exchanged inside the convention halls of QS/1's 2006 Customer Conference in St. Louis, Missouri.

We'd like to thank everyone who attended for making it such a successful and informative event.



Conference



Photos courtesy of QS/1 Customer, Jim Whitehead
and the QS/1 Staff





For 2007 Customer Conference resort information go to: www.RenaissanceEsmeralda.com and for reservations call 1-800-446-9875. Ask for QS/1's special rate of \$110.00 per night.

Join QS/1 in Palm Springs in 2007



Palm Springs

Renaissance Esmeralda
Resort & Spa
July 11-14



QS/1 Customer Conference



Product Update

RxCare Plus: Service Pack 17

- Added an Auto Fill Function. When the options are set, and a refill request is sent via IVR refills, web refills, interface refills, or WebConnect, the prescriptions fill automatically if they meet the criteria.
- Added the ability for CPT/MTM Billing for the Humana MTM program.
- Create New Pharmacy CPT codes in the CPT code table in the Store File: 0115T-initial consultation, 0116T-Follow-up consultation, 0117T-(additional time interval of 15 min).
- Access Patient Outcomes (From the Patient Record, type = and press ENTER, type N for New Outcome) to create a new outcome. Enter a reason for service (Conflict), professional service code (Intervent), and the result of service code (Outcome). Type a fee to submit for this claim in the \$ Fee Field. Type 'H' in the Form Field. Press 'F1'.
- The CPT Description Scan displays. Type the letter of the CPT Code to bill from the CPT Description Scan.
- To send the MTM service record for adjudication, access Patient Outcomes (From the Patient Record, type = and press ENTER.) Type 'T' in the first Func field and the letter of the record to transmit in the second Func Field. A message displays to select a Price Code to submit the claim.
- When you check the ECS Log Scan (From the Prescription Processing screen, at Rx Refill Number, type / and press ENTER), the Rx number should correspond to the Outcome Record Number that you submitted.
- When the claim has been successfully submitted and paid, the 3rd Party Total on the Payment Detail Screen should match the \$ Paid field on the Outcome Record.
- Added print option, 'Auto Fill Req?', to the Health Minder Report. Type 'YES' to add the auto fill records to the Auto Fill Queue. All other print options above are ignored. Use Auto Fill Options in Store Control to fill prescriptions automatically.
- Added, Auto Fill Report, to Management Reports. The report lists information about Auto Fill requests including prescriptions filled and prescriptions not filled and the reasons why.

NRx Service Pack 17

- Added the Auto Fill Function. When the options are set, and a refill request is sent via IVR refills, web refills, interface refills, or WebConnect, the prescriptions fill automatically if they meet the criteria.
- Moved the Drug-Drug Interactions icon to the tool bar from the Rx Task bar.
- Added two options, Animal and Nursing Home, to the Status field drop-down options on the Patient Additional Info Record. Maine controlled substance reporting requires these indicators.
- Added pricing information to the prescription screen:
 - Drug Acquisition Cost-Displays the Drug Acquisition Cost Profit % - which displays the percent of profit based on the margin percent formula - Third Party Price
 - Displays the third party price that will be sent to the third party
- Added 'Acquisition Cost' to the Price Quote screen.
- Changed '% Profit-ACQ' on the Price Quote screen to be based on the margin percent formula added to the Pricing Options in Store Control.
- Added the, Additional Information Screen, to the Price Plan. This screen contains limits, labels, formulary plan, 1500 Form Format and Universal Claim Form Options.
- Added two options, Pharmacist Login Required Before Fill and Technician Login Required Before Fill, to the Pharmacy Processing options
- Added the option, 'Drug Pricing', to the Price Table Scan when creating a new Price Plan. This option directs the system to look at the drug being dispensed and use the price table on the drug.
- Combined all pricing options under Pricing in Store Level Options.
- Added two options, Minimum Price and Margin Percent Formula, to Pricing Options.
 - Minimum Price - This field is a system minimum price that covers all price tables.
 - Margin Percent Formula - Select the margin percent formula from the drop-down list.

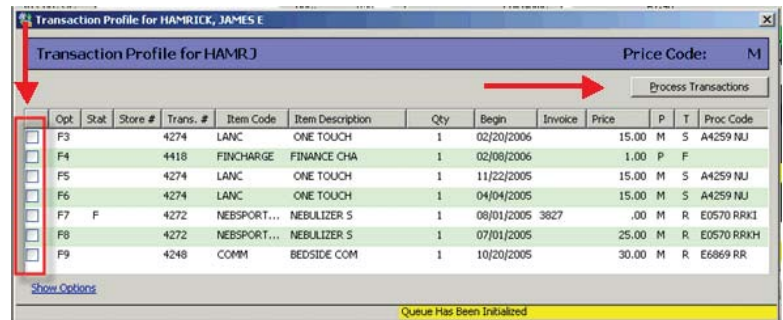
From The Support Center

Visit www.qs1.com and check out the updated Frequently Asked Questions section under the Customer Support

SystemOne:

Queue Transaction provides the ability to select multiple existing transactions to be processed consecutively.

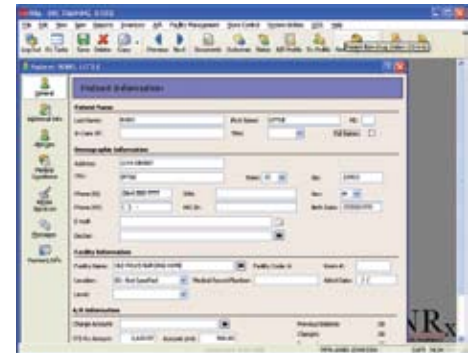
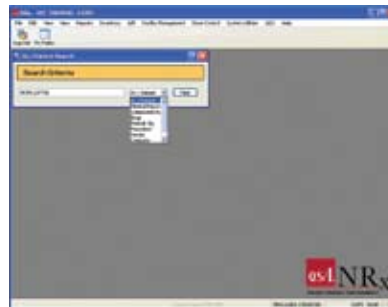
1. Access the patient record. Click Transaction Profile on the vertical tool bar.
2. Click Queue Trans on the vertical tool bar. The following screen displays with the queue initialized.
3. Check the boxes to the left of the screen to select the transactions to of update. Then click Process Transaction in the upper right corner.
4. The first selected transaction displays.



5. Make any necessary changes and log the transaction.
6. Once logged, the second transaction displays.
7. This process continues until all selected transactions are completed.

NRx:

If you entered a new patient and cannot locate them in the Search by Patient, but you can access the Patient's Record via Rx Summary Screen, verify the Full Name field is NOT checked. This box should only be checked when creating a Patient Record for a company which you would 'Search by Company'.



RxCare Plus:

On 18.1 Service Pack 16 or higher, when searching by NDC number, you can now enter 10 or 11 digits when manually typing the NDC number.

A new field was added on the 18.1 release call Fill Status which allows you to set a fill status for a prescription on the following:
1) Patient Notes (+ function on the Patient Record) 2) Doctor Notes (N function from the Doctor Record) 3) Drug Notes (C from the Drug Record) 4) Plan Parameter screen (page 4 of the Price Code)

Valid options are : 1. No Override Required 2. Override Required 3. Do Not Allow Fill

PrimeCare:

When completing the Fill List for the first time for a facility, please bring up the Facility Record. Press F7 to bring up the Fill List Options. Make sure that Create Fill List and Decrement Inventory are set to a 'Y'. Set the Use Due Date to 'N'. If this field is set to a 'Y', then the Rx will not show on the Fill List until they are due. Enter the number of days for the Fill List in the Fill List Duration field. Now enter the first date you want the fill list to start in the Last List Start field and have 00/00/00 in the Last List Stop field. When you create the Fill List for the first time, the system calculates the correct date range. For example, I have the Fill List Duration for 7,

the Last List Start for 09/01/06, and the Last List Stop to 00/00/00. When I create the Fill List, it will have a date range from 09/01/06 - 09/06/06.

If you have any questions about the Nursing Home Forms A03 or M06, please go to our website at www.qs1.com and click Support and then Customer Login. Once logged in, please click Nursing Home Forms (on the right hand column). Now you can click Physician Order Forms - View All (left hand column). This shows all the Physician Order forms we have and all the control options and print options. It also show how each of the control and print options can be answered.

POS: Currently customers have to fill prescriptions for these products in order to obtain a signature: Pseudoephedrine (PSE), Ephedrine (EPH) and Phenylpropanolamine (PPA) products for recognition at checkout. In SP18, POS will track signatures for these products so that prescriptions will not be required.

Trade Shows

National Community Pharmacists
Association - NCPA Booth #307
(<http://www.ncpanet.org/>)

Las Vegas, NV

October 7-11, 2006

North Carolina Association of Pharmacists -
(<http://www.ncpharmacists.org/>)

Research Triangle Park, NC

October 22-24, 2006

Western Food Industry Expo

(<http://www.foodexpowest.com/>)

Las Vegas, NV

October 22-24, 2006

Medical Equipment Supplier
Association - MESA

(<http://www.mesamet.org/>)

Addison, TX

November 1-3, 2006

Northeast Pharmacy Service
Corporation

(<http://www.northeastpharmacy.com/>)

Groton, CT

November 8-9, 2006

Ohio Association of Medical Equipment
Services - OAMES (<http://www.oames.org/>)

Columbus, OH

November 8-9, 2006



American Society of Consultant Pharmacists - ASCP Booth
#1114 (<http://www.ascp.com/>)

Phoenix, AZ

November 15-18, 2006

American Society of Health-System Pharmacists -ASHP

(<http://www.ashp.org/>)

Anaheim, CA

December 3-7, 2006

New England
Medical Equipment Dealers
NEMED

(<http://www.nemed.org/>)

Nashua, NH

December 7, 2006



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$$\begin{array}{l} 3\% + 4\% + 5\% = 12\% \\ \text{Up to date pricing} \quad \text{Inventory management} \quad \text{Reduced errors} \end{array}$$



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