

INSIGHT

THE QS/1 MAGAZINE

July 2003

Make Your Next Move

NRx

QS/1's Premium
Pharmacy Software

qs/1.

www.qs1.com

In this issue of *Insight* we are pleased to include articles from several industry specialists: Ken Whittemore highlights the benefits of SureScripts (p. 6); Bobby Horton relates the merits of joining your state association (p. 9); Andrea Stark provides tips on billing Medicare (p. 10); and Bill Fust describes how well VFI works for QS/1 customers. We think the issues these industry experts raise are significant in our marketplace, and we are happy to be in the position to share their knowledge with you.

We are spotlighting long-time QS/1 customer Joe Newton and the Medical University of South Carolina's Rutledge Tower Pharmacy. This business is particularly interesting. Located in downtown Charleston, S.C., It is in a hub of tourism, business and city activity. And the Medical University of South Carolina is the alma mater of our very own Industry Analyst John Frady.

Also in this issue we are focusing on the expansion of QS/1 offerings. Enterprise and ASP centralize the burden of backups, upgrades, hardware maintenance and most after-hours work, freeing pharmacies to fill scripts and conduct daily business. This is an appealing solution for many customers because system maintenance can become overwhelming. WebConnect is a powerful tool for PrimeCare customers, allowing nursing home facilities to check records, order new or refill medications and access medical reference resources online. It speeds up many daily tasks and improves communications between facilities and pharmacies.

Many of these new QS/1 tools have been created for customers who are seeking a wider variety of solutions. They require a Wide Area Network (WAN) and multiple pharmacies operating on a single set of hardware. QS/1's latest solutions equip pharmacies with tools to fit those needs.

QS/1 tools also result from needs we feel here. As WorkFlow was developed from our desire for more streamlined prescription processing, Enterprise was born from QS/1's own need to run multiple pharmacies on one system for testing, support, etc. and our need to unify our work. Enterprise reduces hardware and provides an effective use of powerful processors now available.

Enterprise, ASP and WebConnect are among an enriching mix of offerings from QS/1. These three tools are important solutions for customers who are looking for ways to enhance their effectiveness and provide for future needs. These tools are possibilities for all pharmacies as routes for the future.

Bill Cobb
President, QS/1



July 2003

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What's New HIPAA

On October 16th, 2003, all U.S.-based pharmacies are required to transmit claims in the NCPDP v5.1. format. In addition, all U.S.-based HME providers must transmit their claims in the ASC X12N 837 format. Please refer to page 27, From the Support Center, if you are not sure your software is sufficiently up-to-date.

On February 20, 2003, the Federal Register published the final HIPAA security rules. Once the rules were published, April 21st, 2005, became the new date of dread, the day that all HME and pharmacy providers are required to comply with the security rules. The privacy rules have taught all of us the lesson that time flies quickly and that even the most prepared pharmacy or HME provider will face challenges with implementation. So the time to begin preparing your organization for the security rules is now.

In this article, and in subsequent articles, we will review these rules. We will start with the basics, describing the purpose of the security rules and defining some new terms. Like the privacy rules, it is important to know what the terms mean first.

The purpose of the security rules

The security rules define administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of electronic protected health information (PHI). Unlike the privacy rules, the security rules deal only with PHI that is stored in electronic form. A plain paper fax is not addressed under the security rules, but a fax sent directly from your computer is addressed. A doctor or patient who calls into your IVR system is not addressed under the security rules, but any information returned by the IVR system to that caller is addressed. Therefore if a computer generates the PHI data, the security rules apply.

Implementation specifications

Perhaps the most confusing definition in all of the security rules deals with implementation specifications. There are two types, required and addressable. A required

implementation is very straight forward because it requires a covered entity to implement the specification. An example of a required implementation is the designation of a security officer, who may or may not be the same person as the privacy officer previously designated by the privacy rules.

However, an addressable implementation may or may not be implemented. There is a litmus test that the government provides to help determine what action an entity must take. If an implementation is defined as addressable, the covered entity must decide if it is "reasonable and appropriate." The factors that can be considered are risk analysis, mitigating circumstances, security measures already in place and cost of implementation. If the covered entity determines that the measure is "reasonable and appropriate," the entity must implement the specification. An example of "reasonable and appropriate" would be termination procedures. If an employee terminates employment (quits, is fired or other), there must be specific policies to deal with this situation, such as changing locks and access codes, etc.

However, if an implementation is not deemed "reasonable and appropriate" but the standard cannot be met without additional security measures, the entity must implement alternative security measures and then document their decision in the entity's policies and procedures. An example of an alternative measure might apply to maintaining data integrity of electronic documents. For a small provider, HHS acknowledges that it might not be "reasonable and appropriate" to make electronic copies of the data. They define a possible alternative measure as making paper copies of this data.

Finally, if the implementation is deemed to be "not applicable," it does not need to be implemented, but again this decision must be documented in the entity's policies

and procedures. An example of this situation could be in the case of access and authorization to a workstation or data, where policies and procedures must be implemented to define access and authorization for employees. However, if all employees have an equal responsibility to the data records and therefore require the same level of access and authorization, this provision would not be applicable.

Administrative, physical and technical safeguards

Administrative safeguards are the administrative actions that must be taken to conform with the security rules. In addition to the security officer noted previously, a key part of this definition includes managing the conduct of the workforce, ensuring they protect this information and imposing a sanction policy for failing to do so.

Physical safeguards are physical measures to protect a covered entity's electronic information systems and related buildings and equipment from natural and environmental hazards and unauthorized intrusion. These safeguards cover a range from locking doors to performing backups of your hard drive. It always has been important to backup your data, but now the government is requiring that you perform routine backups.

Technical safeguards include the technology that protects electronic PHI and controls access to it. These safeguards may require help from a software vendor in order to achieve compliance. Examples here are passwords, an automatic log off procedure, encrypting data that is sent over the internet and audit controls. Remember that your software vendor never will be able to make you HIPAA compliant; vendors only provide tools to make the task of achieving compliance easier.

A covered entity is required to document the policies and procedures used in maintaining the administrative, physical and technical safeguards. It is not enough simply to implement them without a formal documented policy. These policy and procedure documents are quite similar to the requirements that were in the privacy rules provisions.

And this is just the beginning!

In the next issue of *Insight*, we will start to identify the pieces of the various safeguards. If there was a "homework

assignment" from this article, there would be two parts. First, identify who your security officer is. Your security officer should start to prepare. Second, be sure to understand the basic definitions that are outlined above because understanding the rules will not get easier.

While these HIPAA articles can be useful and informative, you should not rely on them as your sole source of information. As with any "legalese," interpretations can differ. As a covered entity, you need to make your own informed decisions about how these rules should be interpreted. If your state organization is not starting a program to address these rules, I would recommend you get one started. Work with your peers in your area and jointly review the rules and determine what makes the most sense for your organization.

I personally welcome any comments you may have about the security rules and any procedures you develop to address them. I may not be able to respond to all of you, but I will be sure to read all the communication I receive. You can e-mail me at rmuller@qs1.com.

*By: Rich Muller
Industry Analyst Manager, QS/1*

HIPAA References

<http://aspe.hhs.gov/admnsimp/>

<http://www.wedi.org>

<http://www.healthcaresecurity.org>

<http://www.healthprivacy.org>

<http://www.hcfa.gov/medicaid/HIPAA>



With SureScripts

Over the last year, you have heard about SureScripts at professional meetings and read about SureScripts in QS/1's *Insight* magazine and other publications. You may know that SureScripts was founded by the National Community Pharmacists Association (NCPA) and the National Association of Chain Drug Stores (NACDS) to improve the prescribing process by providing true electronic connectivity between pharmacies and physicians, simplifying their practice lives by accelerating the adoption of electronic exchange of prescription information and, ultimately, enhancing patient safety.

SureScripts Messenger™ Services seamlessly connects physicians with pharmacies and enables the exchange of new prescriptions, renewal requests and authorizations and queries in a true electronic environment and over a secure network. SureScripts is collaborating with leading physician and

pharmacy technology vendors, including QS/1, to integrate SureScripts Messenger™ Services as the backbone of your existing pharmacy software, providing true, computer-to-computer, electronic connectivity between the nation's independent and chain pharmacies and physician practices.

SureScripts National

Roll-out Underway

SureScripts Messenger™ Services has undergone rigorous internal testing, and the national launch will kick-off this summer. Currently, over 20% of the pharmacies and the software vendors that serve them are in the process of completing the certification process to get connected to SureScripts, and over 75% of pharmacies across the country have endorsed or committed to receive and send electronic prescription communications via SureScripts Messenger Services. Key national physician office technology vendors are undergoing the same process and report a high level of interest by physicians in bringing electronic prescribing into their practices. SureScripts will initiate **Community Adoption Programs**, a collaborative effort between SureScripts, participating pharmacies and physician technology partners to help drive the widespread adoption of electronic prescribing and renewal authorizations. SureScripts will provide tools and support that aim to optimize and coordinate outreach to physician practices. Specifically for pharmacy, SureScripts will provide interested participants with **Pharmacy Roll-out Kits**. These kits will include tools and templates that allow pharmacies to educate and promote the benefits of electronic prescribing to physician

offices through their routine communications, for instance during telephone calls, on faxes and through mailings.

Since one quick, simple way that physician practices can begin to experience the benefits of electronic prescribing is by **electronically streamlining the prescription renewal authorization process**, several tools will focus specifically on the efficiency gains that can be expected by getting connected. And, while SureScripts Messenger™ Services will be available to pharmacies and physicians nationwide, SureScripts is organizing more intensive Community Adoption Program "blitzes" in targeted areas where the majority of pharmacies have true electronic connectivity through SureScripts Messenger™ Services. Rhode Island will be the launching pad for the national roll-out in conjunction with the Rhode Island Quality Institute and their statewide electronic prescribing initiative. A limited Early Adopter Program of SureScripts Messenger™ Services will begin early in June and run for a few weeks, followed by the statewide roll-out. The Rhode Island Community Adoption "Blitz" Program will be quickly expanded to Massachusetts and Connecticut. Simultaneously regional pharmacies and technology partners in other areas of the country will initiate their own Community Adoption Programs. Additional CAP "Blitz" geographies initiated

and managed by SureScripts will be announced shortly.

QS/1—Your Link to SureScripts

QS/1 and SureScripts have been working together for nearly a year to establish the business and technical relationships necessary to move this technology forward. Now that programming issues surrounding HIPAA have been resolved, QS/1 will be implementing the software changes necessary to update its current electronic prescribing interface to the latest version of the NCPDP SCRIPT 4.2 Standard, enabling QS/1 users to connect to physicians via SureScripts Messenger™ Services. Once this milestone has been reached, the responsibility for the successful adoption of electronic prescribing will belong to pharmacists and physicians nationwide. Your enthusiastic participation in this groundbreaking effort is essential, and both QS/1 and SureScripts hope you quickly will adopt this efficient and safe solution to address some of the significant challenges facing community pharmacies.

Additional information about SureScripts is available on the web site: www.surescripts.com. Questions or comments can be directed to Ken Whittemore, R.Ph., VP, Strategic Pharmacy Alliances at ken.whittemore@urescripts.com.

By: Ken Whittemore, Jr., R.Ph.
Vice President, Strategic Pharmacy Alliances

Brush Back Competition With Smarter Promotion

Cure your advertising headaches with AdPak.

AdPak makes advertising worries a thing of the past! Get a package of ready-to-run materials including at least 6 newspaper ads, 3 statement stuffers, 3 radio scripts, 3 point-of-purchase signs, a customer newsletter and 2 news releases every quarter for only \$49.95. Personalize with your store information and you'll have professional materials without blowing your advertising budget.



For more information, call Paula Mallory at The Adams Group at **888-765-1223**.

There was a time when competition came only in the form of a fellow pharmacist a few blocks away. A few well-placed community sponsorships, like the little league team, along with a stock of prescription pads for local physicians completed a store's marketing for the year.

Today, competition comes in every shape and form: large chains, hospitals, food chains, mass merchandisers, the mailbox and now the Internet. And, it isn't just everywhere; it's aggressively pursuing your customers every day.

It isn't enough to provide only good service anymore. You must make people aware of the value you provide. Also you're no longer just targeting prospective customers with

promotional efforts, you also must work to maintain your current customer base.

The mistake we see most often in failed marketing programs is lack of consistency and frequency. To work well, advertising must provide a consistent theme of a business. If your unique selling point is personal service, then outstanding service should be conveyed throughout

your advertising. There also should be a similar look among the different materials. You should use the same colors, typefaces and style of visuals to avoid confusing prospective customers.

Your campaign should be consistent in its scheduling also. Often advertising efforts end before they have a chance to work, or a store will advertise if business is slow then stop as soon as business increases. This roller coaster effect in an advertising program is a sure-fire way to kill any effort.

A critical factor in advertising effectiveness is repetition. The average consumer remembers only 10 percent of a message just 30 days later. Boosting recognition and recall through greater frequency and consistency is imperative.

This marketing strategy doesn't mean you must advertise every day, or even every week. Some of the best marketers in the world flight their advertising, meaning they may advertise solidly for three weeks then stop for two weeks. But you rarely see these companies stop advertising for 30 days, and certainly not for longer periods.

Smart marketers also never stop marketing during a down economy. Why? They know a down economy actually provides an opportunity; the not-so-astute marketers immediately stop or slow advertising, leaving an opening for competitors. When times are tough, you've got to work harder to keep and attract customers -- not exactly the time to stop advertising.

Your advertising program should be a mix of various media. Newspaper is the number one advertising vehicle of retailers, followed closely by radio and outdoor. Some pharmacies also include television. An excellent tool for use in newspaper, radio and other traditional media is AdPak, a quarterly package of professionally developed ads for QS/1 customers.

But don't let your marketing program stop with traditional media. There are many opportunities available that can be very inexpensive. First and foremost is CornerDrugstore.com.

Far more than an online refill resource, CornerDrugstore.com helps position you as an all-day provider of health and wellness information. Why should your customers go to WebMD when they can come to the website of someone they know and trust -- you?

One of the most exciting benefits of CornerDrugstore.com is the daily health news summary you can have emailed to your customers. Think about that one for a minute -- a valuable reminder every day of your expertise in health and wellness.

Once you've collected email addresses, you've opened an entirely new (and inexpensive) way of communicating regularly. Collecting email addresses is something your staff should start doing the minute you put down this magazine. (RxCare Plus has a field for the email address in the patient profile.)

In my opinion, CornerDrugstore.com should be a staple in any pharmacy's marketing arsenal. I'm not aware of any other marketing activity that can provide as much punch for just a few bucks a month.

QS/1 provides other tools that make the marketing chore easier: the HealthMinder™ refill reminder, an excellent tool for building patient loyalty, and Point-of-Sale, a QS/1 software system that enables you to develop customer loyalty programs and better merchandise your front-end.

These are just a few ways you can promote your store more effectively. Take advantage of these tools from QS/1 and turn your advertising budget into an investment rather than an expenditure.

*By: Wayne Adams
President, The Adams Group*

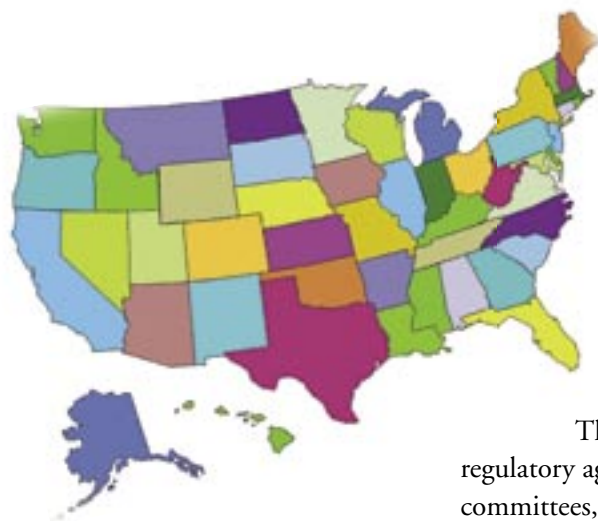
Congratulations

QS/1 extends their
congratulations to
Wayne Adams
and The Adams Group employees
on their 20th anniversary.

The Adams Group is among the oldest
and most successful
strategic marketing communications firms
in South Carolina.

QS/1 has a 20-year relationship with Wayne
and his company, and we are looking
forward to many more.

Do I Really Need to Join My State DME Association?



State associations for medical equipment suppliers provide many valuable services for their members at minimal cost.

These services include staff training, problem resolution with state regulatory agencies, liaison with Medicare and Medicaid through Advisory committees, representation on the regional DMERC Council and legislative lobbying services, most often provided at no additional cost beyond annual dues for members. State associations provide services through workshops, seminars, newsletters, teleconferences and regular face-to-face meetings with Medicare and Medicaid decision-makers, all designed to keep your business competitive and profitable. State associations also represent members at the national level through the American Association for Homecare in Washington, D.C., which lobbies Congress on issues affecting the HME industry such as competitive bidding.

Business leaders acknowledge that the value of training employees far exceeds its cost. Companies that invest in their employees reap huge benefits, including reduced denials, less employee turnover, better morale and improved productivity. Can you afford not to invest in your staff? Associations provide this training for employees and management by pooling the resources of its members, DME industry representatives and consultants at minimal costs. The state association “one-stop shop” concept provides an excellent return on your association dues investment.

In today’s complex business and legislative arena, most companies cannot afford monitoring and/or lobbying services to monitor proposed legislation affecting their financial interests, and most often they are not aware of legislation until it becomes law. However, state associations can provide this service to protect the interest of all its members by combining its resources. Any legislation affecting the HME industry must have input from providers, provided in a timely manner in the legislative process. A lobbyist knowledgeable of the medical equipment industry and the legislative process in your state is invaluable to business owners. You can afford this necessity through your state association and have a direct voice in the process.

Your state association also increases the integrity of the HME industry in your state by adhering to Codes of Ethics and advocating good business practices among its membership, improving the reputation of this industry by reporting suppliers who willingly violate the 21 Medicare Supplier Standards.

The scales are tipped in favor of state association membership when you weigh all these benefits against the cost of membership. Considering the non-tangible benefits, the question becomes, “What are you waiting for?”

*By: Bobby Horton
Executive Director, SCMESA*

Is A Prescription Enough? ...

In this day and age, just about everything requires a prescription. Almost every insurance company mandates that a physician prescribe an item prior to reimbursement. Most customers and physicians are accustomed to this practice. When your customer walks through the door, they are typically carrying a prescription or their physician has called in the order.

No matter what products you sell, or whether you accept assignment or cash, Medicare is going to require more than the prescription or call-in order that you have on file. If you are audited, one of the critical items they will request is a detailed order.

As the name suggests, a detailed order has more information than a standard prescription. In addition to the description of the item prescribed, the patient's name, physician information and order date, the detailed order also must elaborate on the description of all items and accessories. There must also be a space on the order for a length of need to identify how long the patient will have the condition necessitating the item along with the physician's signature and signature date (neither of which can be stamped or co-signed). If the product you provide is one of the few that requires a Certificate of Medical Necessity (CMN), you do not need a separate detailed order.

All orders will have the basic criteria listed above, but individual medical policies may specify additional criteria to be documented. For example, if you are dispensing a drug, you will have to list the drug name, dosage, concentration (if applicable), frequency of administration and duration of infusion (if applicable). To be sure you have all the bases covered, refer to the documentation section of

Not When You're Billing Medicare

*By: Andrea Stark
President, MiraVISTA, LLC*

the DMERC Local Medical Review Policy, found in your respective DMERC Supplier Manual.

There is no pre-designed order form that Medicare requires. Therefore, you can customize your forms to collect the information specific to the products you sell. You may choose to have check boxes for frequently used diagnoses or products and accessories. If you choose to use check boxes, always leave a blank check box marked "Other" for the physician to specify an option that may not be listed on your form. You may also integrate specific questions on the order form to ensure the physician knows what needs to be documented in the patient's medical record. These ideas will save the physician's office from having to write out lengthy descriptions and ensure that your paperwork is returned in a timely manner.

Although the process seems tedious, it can make the difference in keeping the money you've already collected upon audit. If a detailed order cannot be provided when requested, you will be required to refund the collected amounts to Medicare or to your customer. Cash transactions are not immune to Medicare audits. And since more and more audits are directed toward product categories, it is likely you will have to produce a detailed order at some point in time.

Andrea Stark is the President of MiraVISTA, LLC, a durable medical equipment consulting and education practice in Columbia, South Carolina. Andrea has over five years experience working with medical equipment suppliers as an employee of the Durable Medical Equipment Region C Carrier and as an independent consultant and trainer. Andrea is a featured presenter at the 2003 QS/I Customer Conference in San Diego, California. She can be reached at 803.462.9959 or andrea@miravistallc.com.

Monthly charge statement processing traditionally has been a bottleneck for most businesses. For that reason QS/1 entered into a partnership with VFI Statement Processing several years ago to provide a seamless solution for customers. RxCare Plus and CRx customers were offered a product that would electronically transmit their statement file to VFI for postal sorting, laser printing and mailing. The service has been a great success, with several hundred businesses participating and new customers joining each month.

During April of this year, the Statement Processing Services were rolled out to SystemOne customers as well. Although the exact details vary a bit between customer groups, the following procedures outline how the service works:

1. After the monthly close, the billing clerk converts the statement data to a file (takes 10 minutes or so).
2. The statement file is transmitted to VFI via e-mail or modem.
3. VFI faxes a proof report outlining account numbers and dollar totals associated with the file.
4. VFI checks the file for certain errors like zero balances, missing names and addresses, older dates, etc.
5. File is postal sorted, laser imaged and mailed using a double window #10 envelope along with a #9 return envelope.
6. The entire process takes 24 – 48 hours from receipt of the file.
7. Current cost associated with the service is \$.555/single page statement.

All QS/1 customers, including SystemOne, can now enjoy the benefits of electronic statement processing.

- Eliminates labor associated with printing and mailing statements
- Improves office morale due to task elimination
- Eliminates time and energy involved with purchasing forms and envelopes
- Eliminates cash tied up in supplies
- Handles all postal issues and requirements
- Portrays positive image for your business
- Reduces wear and tear on your office printers
- Saves on overall costs for your business

Jim Mullaney of Mullaney's Pharmacy and Home Healthcare in Cincinnati greatly appreciates the benefits of VFI Statement Processing.

"You'd be crazy not to use this service! We have reduced our costs significantly since utilizing VFI for both the pharmacy system and HME," he said.

If your company is interested in electronic statement processing please contact VFI Statement Processing at 1-800-394-3501. Ask for Louise Krainer at ext. 128 or Bill Fust at ext. 112.

*By: Bill Fust
President, VFI Statement Processing*



Make Your Next Move

NRx

QS/1's Premium
Pharmacy Software

By: Rich Muller

Industry Analyst Manager, QS/1

When QS/1 formally unveiled the new look for SystemOne, it marked the beginning of a shift from the traditional character-based user interface to what is known in the software industry as a graphical user interface (GUI). As the development of the new SystemOne look came to an end, work began in earnest on QS/1's second graphical product, NRx, for pharmacies.

NRx Product Principles

There are three important principles behind the design of NRx. The first is for the product to be "easy to learn **and** easy to use." In other words, one of the goals of NRx is to have any person with experience in a pharmacy walk up to a workstation and be able to fill a prescription with little or no training.

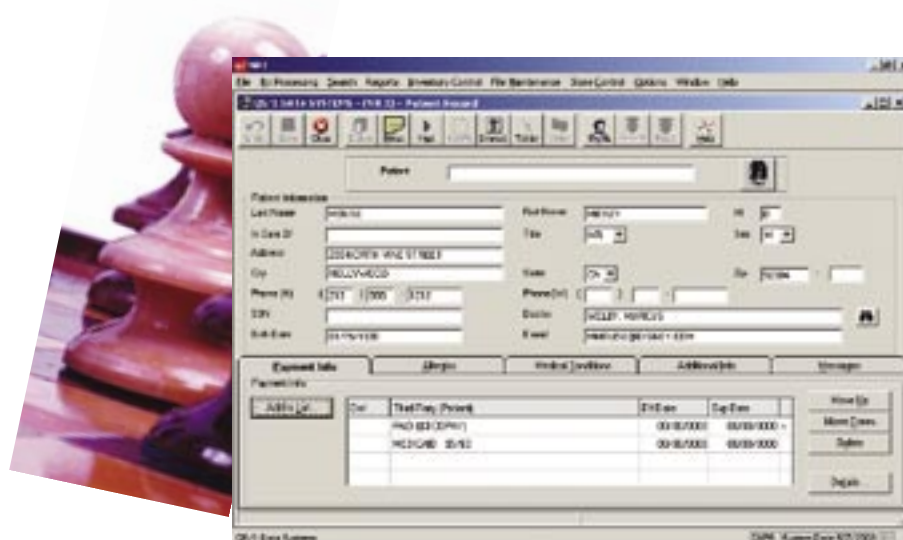
The second goal is to combine the best features of the two existing QS/1 retail pharmacy products, CRx and RxCare Plus. Customers who have been exposed to both products will likely tell you that each has its own unique advantages. While CRx is more of the menu-driven, easy-to-learn system, RxCare Plus is a feature-rich, robust system. By taking the best of both products, customers will find an easier migration to NRx.

The third goal is to make the mouse optional. For those who are used to operating a mouse, the features of a GUI interface are easy to navigate, and moving back and forth from keyboard to mouse is not a problem. For those not used to operating a mouse, it is obtrusive and clumsy, and it takes up space on a pharmacy counter. The NRx product is designed with both kinds of people in mind. The system can be navigated rather easily without a mouse; however it is an option.

Taking a Closer Look

The menu bar appears at the top of the screen. For each option, one of the letters is underlined. The underline indicates that there is a shortcut available. For example, ALT-S will take you to the search menu to look up a patient, drug, prescriber, third party, vendor or SIG code. These shortcuts are available throughout the application, removing the need for using the mouse.

The graphical interface uses the TAB key (or SHIFT-TAB) to navigate between fields (forward or backward). When a field has a limited set of defined values (such as Title, Sex and State), drop-down lists provide easy selection. Required fields that are not completed display in red, providing a visual alert that critical data is missing. Buttons, such as "Find" and "Move Up," execute actions such as displaying a list of patients or moving an item in a list.



Perhaps the greatest improvement is the introduction of context-sensitive help. When in any field, pressing F1 gives the customer a brief description of the field definition, enabling unfamiliar customers to enter data in the system more easily than ever before. In addition, customers can press the Help button in the top right corner of each screen for a detailed description of the displayed screen. As before, from the Help menu an overall help file is available and contains help for the entire system as well as search and index functions.

Because of the graphical nature of NRx, images are more easily embedded. On the drug screen, shown below, the pill image (an optional feature available in both CRx and RxCare Plus today) is shown in the lower right hand corner.

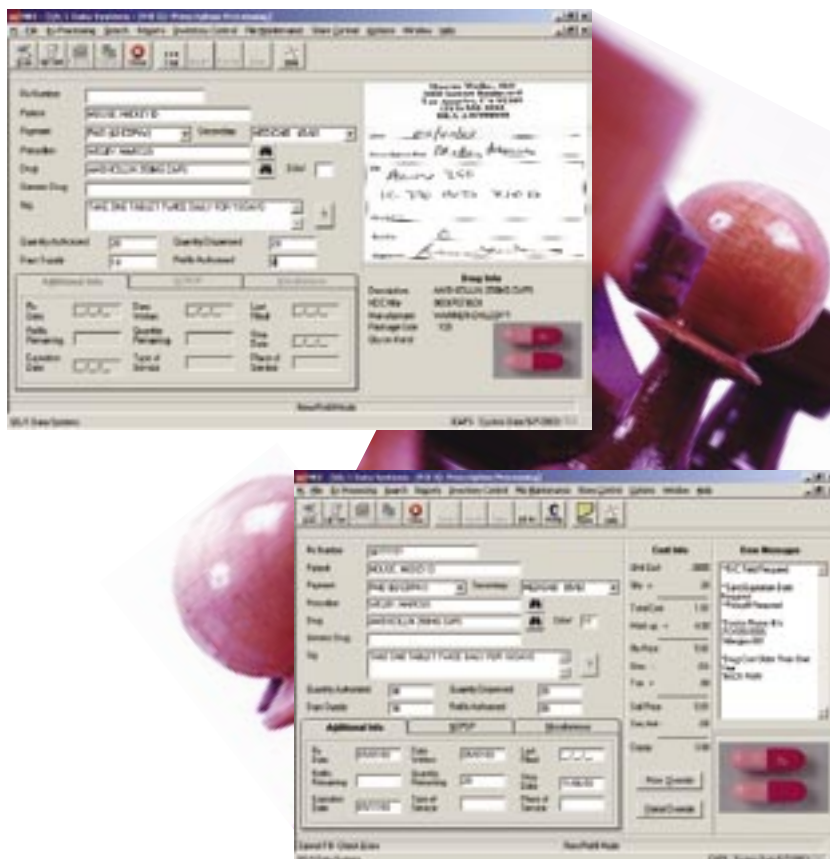


Clinical information is also accessible from this screen by selecting the appropriate button in the clinical “tool bar.” This information can be displayed in multiple languages, when applicable, and can be printed.

All of the clinical information is easily accessible from the drug screen. If information is not available, the button is not active (known as “grayed out”). Otherwise, selecting one of the buttons displays a window. When applicable, language choices are offered.



With prescription scanning, pill images and utilizing all the tools a graphical interface can provide, the full power of a graphical user interface can be seen in prescription processing. The top left half of the prescription processing screen would be all of the information necessary for any prescription. The bottom left half (not accessible at this point) would be specific to the insurance being billed or specific circumstances that require additional data elements to be used. Once the customer is satisfied with the initial data entry, a new screen displays. On the new screen the customer can enter additional data and access pricing information and error messages.



The Future

NRx will be on display at our customer conference in San Diego. Towards the end of August, it will be on display at NACDS, the largest chain trade show, to be held in Philadelphia. In October, NRx will be at the NCPA annual meeting, this year held in Seattle. Before the end of 2003, NRx will be installed and at use at test sites.

In the meantime, NRx will be undergoing changes. The first version of NRx will not have all features, such as workflow and accounts receivable. Over the coming quarters, more features will be added. With each new release, NRx will become more robust and eventually become the primary pharmacy product for QS/1.

This progress naturally leads to the question, "When will I have to switch to NRx?" The question is valid, but it is premature to suggest an answer. It will be years before the majority of the QS/1 customer base moves to NRx from either CRx or RxCare Plus. As such, both of our current pharmacy products will be enhanced as they always have been for the foreseeable future. There are no plans to force users to NRx from their current pharmacy product of choice. Instead, we see a natural migration to NRx at a time of the customer's choosing.

QS/1 continues to work hard to be the number one provider of goods and services in its markets. While QS/1 has been running under Windows for several years, the natural evolution is towards a more graphical interface. QS/1 will keep all users in mind as development continues, allowing for a smooth transition into the future.

Customer Spotlight

Rutledge Tower Pharmacy Charleston, S.C.

Joe Newton, in his sixth year as Coordinator for Outpatient Pharmacy Services for Rutledge Tower Pharmacy, knows QS/1 software well. A customer since 1979, Newton first used QS/1's pharmacy product at Goode Pharmacy in Rock Hill, S.C., only the second or third QS/1 customer in the state.

"I go a long way back with QS/1," Newton said.

Since then he has used other systems but was happy when his current pharmacy made the switch to QS/1 in 1998. He said none of the other systems Rutledge Tower Pharmacy researched came close to the capabilities of QS/1's products. QS/1 was their best option for processing prescriptions for clinical patients and employees and for performing all other duties required by Rutledge Tower Pharmacy's business.

"Working with QS/1 for 25 years, I have found it to be a system that you can adapt to almost any situation or need," Newton said.

Rutledge Tower Pharmacy is part of the Medical University of South Carolina. Rutledge Tower Pharmacy uses RxCare Plus as well as SystemOne and Point-of-Sale. In addition to owning three major QS/1 software systems, the pharmacy also uses PowerLine services via the Internet and QS/1 Interface with McKesson 2000 Automated System, and they added QS/1's new IVR product in March of this year. Newton is pleased with all of the services and says that the new IVR capability has especially heightened productivity.

"It has saved us a pharmacist a day," he said.

Newton said most customers have adapted easily to the phone refill service, but some customers are not prepared with their prescription numbers when they call. Because the pharmacists deal with many transplant recipients and other patients taking large volumes of prescription drugs, they get many calls from customers asking them to "refill all of my prescriptions." Rutledge Tower Pharmacy plans to implement education programs for its customers to enable them to better use the IVR technology.

Rutledge Tower Pharmacy also is a source of education for many students at Charleston's Medical University of South Carolina and Trident Technical College. The pharmacy currently has five students working full-time as technicians, and it hires up to 10 students on rotations from the medical programs at the schools.

The pharmacists and technicians use many of the key features of QS/1 on a daily basis. Newton calls the report system "just wonderful." He said that the pharmacy often has to generate HBSI reports and can do so without problems with QS/1, but that their "system before would take two to three days, but QS/1 takes three to four minutes." Newton also praises QS/1's billing capabilities.

"We perform [for example] Blue Cross/Blue Shield and Medicare double adjudications without a bunch of bells and whistles. I don't think any other system can do that," Newton said.

In addition to performing billing functions other systems cannot, Newton added that QS/1 billing greatly increased the pharmacy's efficiency, enabling Rutledge Tower Pharmacy to move from 21 to three employees in the billing department. As an additional benefit, online billing greatly improved returns on Medicare claims when the pharmacy began using it approximately three years ago.

"Before we were billing with HCFA and were collecting at 75-80%, but now with QS/1 we collect 97%," he said.

All in all, Rutledge Tower Pharmacy is a satisfied QS/1 customer.

"We think it's a great system. It fills all of our needs," Newton said. "I recommend it to everybody."



QS/1 customer since: 1988. "It is a good system – QS/1 does a lot of things that it would take us a lot of time to do."

QS/1 systems: RxCare Plus, SystemOne and Point-of-Sale

Joe Newton's favorite features: Billing. "Before we were billing with HCFA and were collecting at 75 - 80%, but now with QS/1 we collect about 97%." Reports. "Our system before would take two to three days [for an HBSI report], but QS/1 takes three to four minutes."

Would Newton recommend QS/1 to other pharmacies?: "I recommend it to everybody. We are happy with QS/1, and we get people asking us questions."



Joe Newton, RPh.

By: Kathryn Hix
Communications Specialist, QS/1

QS/1's Centralized Files & Pharmacy-Facility Connectivity

The latest services to be offered at QS/1 reflect the changing face of pharmacy management and the importance of connectivity between pharmacies and facilities. The Enterprise, ASP and WebConnect features each offer a unique means of increasing effectiveness and productivity in the pharmacy business.

Enterprise

Twenty-two years ago QS/1 announced its multi-store software solution called Host/Remote. QS/1 developed Host/Remote to enable its customers to operate multiple stores on one system. The Host/Remote solution allows customers to share all of the files within the system among all locations and simplifies the conversion process. The one drawback to this solution is that it is limited to a total of 10 store locations per QS/1 folder.

Now QS/1 is proud to announce the addition of the Enterprise solution to its product line. This product originally was developed to expand operation to more than 10 locations on a single server but also can be used as a single server solution if you have less than 10 locations. The number of stores connected via Enterprise is unlimited. With Enterprise, pharmacy staff can perform all program updates, clinical updates and any file maintenance issues from a central location on a single server. Customers have total control of machines and data at the office. And Enterprise gives locations the ability to offer the same services touted by the mega-chains in your area.

Enterprise advantages include:

- Central processor
- Centralized control of program updates, clinical updates, file maintenance and security backups
- Addition of new stores
- Reduced maintenance
- Shared customer data, drug data, profiles

System requirements for Enterprise include:

- Redundant server running Windows NT, 2000 or XP server; Windows 2000 Advanced Server optional
- Locations connected via WAN (wide area network)
- Workstations running Windows 95 or higher
- Electronic claims processed through single connection (TI, Internet)

ASP

ASP (Application Services Provider) incorporates the advantages of Enterprise without the pharmacy being responsible for the server. It is one store hosted by QS/1 without sharing data. According to Ed Willett, QS/1 Corporate Account Executive, ASP also "reduces overall cost because customers are not buying a server for each location." ASP also is available for all QS/1 software products.

System requirements for ASP include:

- Server residing in Spartanburg performing all QS/1 services and updates
- VPN connection or FRAME Relay connection
- Workstations (Windows 95 or higher)

WebConnect

QS/1's WebConnect service provides direct access to pharmacy information from the long-term facility. Via a web server housed at QS/1 Corporate Headquarters, pharmacies and facilities can share all information for patients and prescriptions. Refill requests from the facilities flow through the pharmacy's tickler files for WorkFlow.

Benefits of WebConnect include:

- Facility nurses can search patients and view profiles from the nurses' station.
- Facilities can order new or refill medications online.
- Facilities can print forms and charts.
- Facilities can update ancillary information at any time.
- Facilities can check drug interaction information, including herbal supplements, for specific patients online.
- Facilities can view geriatric precautions.
- Facilities can access medical reference resources online via CornerDrugstore.com.
- System provides secure logon complete with specific facility name and pass code.

By: Kathryn Hix
Communications Specialist, QS/1

FamilyCare[™]



As the days and years pass, QS/1 Data Systems continues to develop software products to meet the demanding needs of the pharmaceutical industry. With the many changes and demands placed on independent pharmacies in today's marketplace, the burden becomes cost. QS/1 often asks, "How do we offset some of the cost incurred with pharmacy operations without passing it on to our customers?" This battle has been fought on many fronts over the past twenty-plus years, and most of the options have failed. Some of the options have been difficult for independents to implement while other programs have

not produced the margins the insurance industry promised. For many years the FamilyCare Network has provided participating pharmacies with negotiation of third party contracts in an effort to get them the best possible returns. Today this goal continues to be the foundation of our FamilyCare Network, and with continued growth will come possible opportunities in other parts of the industry. Our management team is involved constantly with industry-wide rebate programs (Pharmacy First, IMS, NDC HIS, Dendrite and others) and want to bring those opportunities to your front door. With the new HIPAA standards there is no risk of protected health information (PHI) being disclosed as data is collected and passed onto the appropriate rebate program, and you retain ownership of your data. The setup process for your pharmacy system is painless, and most of these programs have no front-end charges. The latest statistics show that participation in rebate programs such as Pharmacy First can reduce your switching cost by more than fifty percent with adherence to the program plan by the independent pharmacy, Wow! The FamilyCare management staff will be glad to assist any QS/1 customers with information on how to get started today.

The latest statistics show that participation in rebate programs such as Pharmacy First can reduce your switching cost by more than fifty percent with adherence to the program plan by the independent pharmacy, Wow!

Future Development: Our staff currently is looking at new ways to bring your staff a more efficient way of reconciling claims once your pharmacy has received a remittance statement from a third party. Potential development in this area will save your pharmacy time, money and labor while increasing accuracy during the reconciliation process. The ability to know what you should have been paid

on a claim compared to what you were actually reimbursed on the claim is priceless. Our staff also is looking at opportunities within the Internet. The more consumers become educated and willing to use this media, the more necessary it is for your pharmacy operations to be able to offer some type of electronic commerce.

Current Opportunities: Take advantage of your current opportunities like regional office seminars. As the software is changing to meet demands of the industry, be sure to educate your staff members. By being a member of the FamilyCare Network you are entitled to one free entry per seminar. If you are not located near a regional office, visit the video library where you will find instructional videos to cover most topics. The videos currently are available to FamilyCare members at half price. The better educated your staff is on the software, the more efficiently the system will run and increase overall productivity. QS/1's customer conference is approaching, and it is a great opportunity for you to meet one-on-one with staff members, listen to product overviews, review new enhancements, participate in product tracts and more. All FamilyCare members will receive a 10% discount on all registrations fees. Finally, the FamilyCare management team is happy to announce that Premium CD services are available for half price to any member. Currently that equates to a \$150.00 savings per year. Thanks for your continued support of the FamilyCare Network, "A Network of One."

By: Randy Burnett
Network Industry Coordinator, QS/1

Advanced Security Journals

Offer Customers Control

QS/1

QS/1 is developing Security Journals to help customers analyze important files such as Patient, Doctor, Drug and Transaction Records. Security Journals track changes and additions in the system by user initials. According to John Schmidt, Senior Development Engineer, “If you’re looking for an easy way to know who changed this record, it’s a keystroke.”

Security Journals will separate data when it is captured and store it as Customer, Doctor, etc., according to where the information was changed. The new feature builds indexes of data to make an easily accessible log of changes and makes the Advanced Security ability more useful. The top screen capture is an example of journal entries. Press the corresponding function key to display the detail view.

QS/1 made the decision for the journals after input from customers encouraged the development.

“While you had the ability to capture this data, customers wanted it in a more accessible format,” Schmidt said.

Customers can search by initials and specific field changes. The display is similar to that of Rx Profiles, but the Security Journal contents can be viewed with greater detail on all changes made within the system. One of the most important features of the Security Journals is customers’ ability to customize the Journals for their needs. A customer uses a setup screen to choose exactly which records to track and from which fields to retrieve information. These choices can be made by the customers and are not specified by QS/1.

“We created this tool so customers can be in control of their choices,” Schmidt said. “Customers make the choices about what is important.”

By: Kathryn Hix
Communications Specialist, QS/1





classroom Training

All of the QS/1 regional offices and many of our hardware depots have customer training rooms specifically designed to provide effective training for our customers who invest in our software solutions.

QS/1 classrooms, however, are nothing like the schoolhouses of our youth. QS/1 classrooms have the latest audio-visual aids and are equipped with the latest computer hardware. The classrooms are set up to offer our customers hands-on practice, and our trainers understand how to train adult learners.

Some of our customers have expressed a reluctance to leave their work sites to attend training sessions, but there are definite benefits to learning in a classroom setting when compared to learning in a busy workplace.

When training takes place in a classroom, the materials and training plans can be developed with the most effective training techniques and can be structured for effective adult learning. The topics to be taught can be grouped with similar topics and can be presented in a sequence in which each topic builds on what has been previously taught. Frequently when we are training onsite, the topics are controlled more by what is happening in the work environment than by the best learning methods.

The classroom environment also allows our experienced QS/1 trainers to convey large amounts of information without overloading the participant. Our training plans include practice sessions organized to follow closely the trainers' lectures and demonstrations. Often when trying to provide on-site training, there are constant interruptions, forcing the trainer to present the materials quickly with few breaks, demonstrations or opportunities to practice the skills.

In the classroom, our trainers encourage group discussions and interactions. Adults learn best in an interactive environment, and group discussion not only speeds

learning but also encourages retention of the material. Our QS/1 trainers also take the time to provide individual attention to each participant. They provide individual answers to participants' questions, and the trainer works one-on-one with each participant during practice sessions. This combination of group and individual learning gives participants the benefit of interacting with the other participants while learning at their own speed.

Our practice sessions provide risk-free practice of the required skills. In the classroom, participants work directly with a trainer who can guide them and correct any mistakes they make. A secondary benefit is that participants can learn from their mistakes without worrying that they are affecting vital customer, physician or drug data.

QS/1 supplements all classroom training with participant workbooks, handouts and examples. These materials not only help the participants follow the training plan but also provide a record of the training session that can help when it is time to use new skills in the day-to-day operation of the business.

QS/1 classroom training provides a constructive business environment away from the distractions of the workplace. For initial training, classes help employees become operational quickly in order for the store to maximize a return on technology investments. New employees can benefit from consistent curriculum to ensure that they receive the same quality instruction that other employees received. In conclusion, QS/1's classroom training is a winning solution for everyone.

Schedules for classroom training are available in *Insight* and at www.qs1.com.

*By: Bill Roberts
Human Resources Manager, QS/1*



NCPDP 5.1

What's the latest with NCPDP 5.1 and your QS/I software?

John Frady

NCPDP 5.1 and QS/I

By: John Frady

Pharmacy Industry Analyst, QS/I

To meet the standards for the NCPDP 5.1 communication format required for pharmacy claims, the following enhancements have been added to the QS/I RxCare Plus, RxCare Plus Basic Mode and PrimeCare systems. Third parties will indicate to pharmacies which fields are required for successful claims submission.

Release 17.4 and higher: (Part II)

1. Intermediate Authorization: Intermediate Authorization # and Type fields added to Additional Transaction Information window for switching companies requiring an authorization number. Position cursor in the Type field and press ENTER to display valid options:
 - 0 - Not Specified
 - 1 - Intermediary Authorization
 - 99 - Other Override
2. Prior Authorization: Prior Authorization options are part of the process of receiving an authorization number from third party to indicate payment already approved when claim is submitted. Six fields have been added to the Additional Prescription Information window:
 - Req (prior authorization type of request code): Position cursor in field and press ENTER to display valid options:
 - 1 - Initial
 - 2 - Re-authorization
 - 3 - Deferred
 - Beg Date and End Date fields
 - Basis (prior authorization basis of request code): Position cursor in field and press ENTER to display valid options:
 - ME - Medical Exception
 - PR - Plan Requirement
 - PL - Increase Plan Limitation
 - Supp (prior authorization supporting documentation): If document has been created, Y displays in field; if no document has been created, N displays in field.
 - Represent (Patient Code of the person representing the patient): Position cursor in field and press ENTER to display patient scan. Select correct patient.
3. Prior Auth Y or N: New field added to Filling Options when filling a prescription in relief mode.
4. Compound NDC Qualifier: New field displays on Compound Template screen and Compound Prescription screen to the right of the NDC number field. Position cursor in field and press ENTER to display valid options:
 - 01 - Universal Product Code (UPC)
 - 02 - Health Related Item (HRI)
 - 03 - National Drug Code (NDC)
 - 04 - Universal Product Number (UPC)
 - 05 - Department of Defense (DOD)
 - 11 - NAPPI Code
 - 12 - EAN Code
 - 13 - Drug ID Number
 - 99 - Other
5. State Code Qualifier: New field displays to the right of the State Code on the Drug Record. Position cursor in field and press ENTER to display valid options:
 - 01 - Universal Product Code (UPC)
 - 02 - Health Related Item (HRI)
 - 03 - National Drug Code (NDC)
 - 04 - Universal Product Number (UPC)
 - 05 - Department of Defense (DOD)
 - 06 - DUR / PPS
 - 07 - CPT 4
 - 08 - CPT 5
 - 09 - HCPCS Code
 - 10 - PPAC Code
 - 11 - NAPPI Code
 - 12 - EAN Code
 - 13 - Drug ID Number (DIN)
 - 99 - Other
6. ECS Log Scan Additional Information Window: Added the following new fields:
 - % Sales Tax Amt Paid
 - % Sales Tax Rate Paid
 - % Sales Tax Base Paid



RxCare Plus - Drug Allergy Module

First DataBank, QS/1's source for clinical information, is discontinuing the current allergy module QS/1 uses in RxCare Plus and PrimeCare. As a result of this change, QS/1 is implementing a new Drug Allergy module in 17.8 to replace the discontinued module. The new data will be received on a weekly basis from First DataBank. The new module will provide more concise and exact allergy conditions and will also allow for a cross-sensitivity check. An allergy pick list, containing drug names as well as drug ingredients, will be available when selecting patient allergies. Allergies on the drug will be based off the First DataBank generic sequence number. Current patient allergies will be converted to the new drug allergy module when converting to 17.8.



POS

Available as a part of Release 17.7 is the long-awaited Windows Client for Point-of-Sale. Not only will this feature decrease the time required to bring up a register by eliminating the need for those pesky diskettes but also it will eliminate the "SETPOS" procedure to set up and identify the device options. Now the system will know automatically how many of those blue or green buttons your printer has. QS/1 also restored the ability to access all Point-of-Sale functions through the register, allowing you once again to run reports and maintenance functions from the registers.

One of the greatest advantages for POS customers with other QS/1 systems such as RxCare Plus, CRx, PrimeCare and/or SystemOne is the ability to have one or more of these systems running at the same time on a different client. Previously if you needed to lookup something in RxCare Plus from a register, you had to close POS, bring up RxCare Plus, get the necessary information, close RxCare Plus, reopen POS and return to where you were. If you happened to be in the middle of a transaction, you had to escape from it and restart upon returning to POS. Now, you just bring up the other system, or "toggle" to it if already running, complete the task, "toggle" back to POS and continue where you left off.

The electronic signature log, announced for RxCare Plus in the April issue of *Insight*, is now an option for Point-of-Sale as well. POS offers options for capturing signatures to acknowledge HIPAA statements, the request for non-safety caps, third party prescriptions or any other prescriptions. The device also can give the customer the option to sign to accept counseling or to sign to decline counseling. The ability to handle these functions from the register, by a cashier, should relieve some of the demands on a pharmacist's time. With an upcoming option to use the device to collect signatures for credit and debit cards and to consolidate options to require the least number of signatures possible, the signature capture device also should reduce the demands on customers' time and patience.

*Note: A hardware upgrade may be required to load the QS/1 Windows Client for POS.



Quarterly Updates

QS/1 is considering a new format for quarterly updates and software releases - DVD. Currently we send two CDs for each update - one quarterly release and one utilities. The CDs each hold a maximum of 600 megabytes, but DVDs have the capacity for 4.7 gigabytes of information. Due to the rapid growth of QS/1 files (service packs, help files, etc.) and the additions to First DataBank's clinical updates, QS/1 projects that the DVD upgrades will become necessary near the end of 2004.

In order to prepare for the onset of DVD releases, the QS/1 Upgrades Department is adding a DVD drive for customers who call requesting upgrades, and the QS/1 Hardware Maintenance Department is installing DVD drives during on-site service calls. The DVD drive will cost approximately \$100 plus installation fees, but customers who have maintenance contracts and request the new drive during an on-site visit can waive the installation fee.



IVR

QS/1 is pleased to announce the general release of the QS/1 IVR product as of April 15, 2003. Today QS/1 IVR is in full production. With over 30 installed QS/1 IVR systems and many orders in hand, the QS/1 IVR has proven to be yet another great QS/1 product. Customers who install QS/1 IVR are seeing immediate results. The time pharmacy staff previously spent recording refill requests either by phone calls or listening to voice messages over the phone system now can be used for focusing attention on other important duties within the pharmacy.

QS/1 IVR complements all QS/1 pharmacy software systems with its great workflow. The IVR system intercepts refill request phone calls and walks the patient through a step-by-step refill process. Requests are routed directly to a queue for processing based on pickup time specified by the pharmacy. One of the key functions noted by current QS/1 IVR customers is the ability to leave patient and doctor voice messages that can be accessed at any workstation without calling voice mail. The pharmacist can listen to the message while working on the request from the workstation.

To take full advantage of all QS/1 IVR features, you need RxCare Plus or PrimeCare version 17.6 or higher or CRx version 17.7 (scheduled for general release in July 2003). While the QS/1 IVR will work with previous releases of these products, enhanced features such as voice messages will not be available.

Installation Tip

When you purchase an IVR system, it is very important to make your customer aware of the change at least 30 days before installing. Direct flyers to your customer letting them know that you are installing the system to better serve them as a customer. Explain the benefits. We have had several pharmacies send out flyers, and it does make a difference. With the flyers, customers seem more receptive to the new environment. For those who fear the IVR is not customer-oriented, the perception is not the reality. One of our users who had this fear installed the QS/1 IVR, and within minutes he saw customers that he never would have considered use the system. He was astounded by how much an IVR system can improve workflow. For more information please contact your QS/1 salesperson or the QS/1 marketing support staff at 800.845.7558 ext. 175.



CDS Developments

Since QS/1 acquired CornerDrugstore.com in May of 2002, Chris Sigmon and his staff have made many advances to the services and features the site provides. First they moved the site, then they arranged for providers of health care content. After those tasks were completed the staff redesigned all site graphics, made improvements to its navigational flow, added online refill connectivity to QS/1 dispensing software and introduced a 90-day free trial offer for QS/1 customers. Most recently the staff completed HIPAA compliant functionality for CornerDrugstore.com and has begun testing complete promotional materials for use by pharmacies to expose customers to the benefits of the site.

There are three test sites using the media packs in three distinct demographic profiles: a long-standing pharmacy in a downtown area with established, elderly clients; a suburban pharmacy serving young families; and a pharmacy in a bedroom community in an affluent area.

"This gives us the opportunity to find out what materials most effectively communicate the advantages of CornerDrugstore.com both to the pharmacist and to the pharmacy customer," Sigmon said.

The most important characteristic to stress with CornerDrugstore.com is convenience. According to Sigmon, "Studies have shown that access, convenience and information will beget customer loyalty."

Once testing is complete, QS/1 will offer ad packs/promotional programs to all CornerDrugstore.com customers.



PrimeCare -17.8 Billing and A/R Enhancements

QS/1 plans three major enhancements for billing and accounts receivable this year. The A/R Invoice concept is included in Release 17.8. This feature is designed to assign invoice numbers to groups of statements. The invoices are then available for reprinting and posting payments. Also in 17.8, a new billing history file will add sequential detail to the Rx transaction file. With this new file, the original transaction remains unchanged and all subsequent billing updates are tagged on as associated records. The idea is to be able to view each step in a transaction's billing history. Also in 17.8 look for enhancements to the patient billing matrix and a new feature in the facility record called the Facility Payor Table. With these new programs, most of the billing rules are stored and maintained at the facility level. While this does add a new level of complexity to facility setup and maintenance, it streamlines order entry and everyday processing.



Product Updates



Customer Conference
July 30 - August 3

2003



Customer Conference 2003

July 30, 2003 - Aug 3, 2003

Agenda

Wednesday, July 30, 2003

3:00 pm – 6:00 pm
5:00 pm – 6:00 pm
6:30 pm – 7:30 pm

Registration
POS Overview
Welcome Reception
Hardware Expo Opens
(Join us for hors d'oeuvres & drinks)

Thursday, July 31, 2003

7:45 am – 8:30 am
8:30 am – 9:00 am
9:00 am – 9:30 am
9:30 am – 10:00 am
10:00 am – 10:30 am
10:30 am – 12:00 pm

12:00 pm – 1:00 pm
1:00 pm – 2:00 pm
2:00 pm – 3:00 pm

3:00 pm – 5:00 pm

Registration & Continental Breakfast
Welcome & Introductions
Going GUI
New Technologies
Coffee Break
Speaker: Michael D. Bell, Esq. - Mintz Levin
"HIPAA Security Rules" * CE Credit Applied For
Lunch Provided
QS/1 IVR
Chris Sigmon - Web Products Manager, CornerDrugStore.com
"How to Use the Internet to Increase Profitability" * CE Credit Applied For
Hardware Expo (Refreshments Provided)

Friday, August 1, 2003

7:45 am – 8:30 am
8:30 am – 10:00 am

10:00 am – 10:30 am
10:30 am – 11:20 pm

11:25 am – 12:15 pm

10:30 am – 12:00 pm

12:00 pm – 1:00 pm
1:00 pm – 3:00 pm
3:00 pm – 5:00 pm

Continental Breakfast
Pharmacy Industry Speaker: Bill Felkey - Associate Professor Auburn University
"Integrating Technology at the Point of Care" * CE Credit Applied For
HME Industry Speaker: Rhonda Rawl - President, RKR Marketing, LLC
"Writing a Marketing Plan - The F.A.R.M System" * CE Credit Applied For
Coffee Break
Pharmacy Speaker: Francisco Von Borstel - Division Manager, Heartland Payment Systems
"Security Issues" * CE Credit Applied For
Pharmacy Speaker: Bob Beckley - VP, Strategic Pharmacy Alliances, SureScripts
"E-Prescribing" * CE Credit Applied For
HME Industry Speaker: Andrea Stark - Principal, MiraVista, LLC
"Understanding What Medicare Wants From Pharmacies" * CE Credit Applied For
Lunch Provided
Product Tracks
Hardware Expo (Refreshments Provided)

Saturday, August 2, 2003

8:00 am – 8:30 am
8:30 am – 10:00 am
10:00 am – 10:30 am
10:30 am – 12:00 pm
12:15 pm

Continental Breakfast
Product Tracks
Coffee Break
Product Tracks
Bus for Golf Outing departs

Sunday, August 3, 2003

8:00 am – 9:00 am
9:00 am – until

Continental Breakfast
Q & A with QS/1 Staff

Hotel Registration Information

\$169.00/night for Single/Double Occupancy
Cut-Off Date: Monday, June 30, 2003
For Reservations call
800.233.1234 or 619.232.1234 x4100
Ask for the QS/1 Rate

Product Track Information

Friday **1:00 pm** **1:30pm** **2:00pm** **2:30pm**

CRx	CRx - POS	Inventory Control	7.1, 8.0, 17.7, 17.8 Enhancements	
PrimeCare	WebConnect		Workflow	
RxCare Plus	17.3 - 17.7 Review		Rx Care Plus E. Sig. Capture	POS E. Sig. Capture
SystemOne	SystemOne Basic	SystemOne POS	GUI	

Saturday **8:30 am** **9:00am** **9:30am** **10:00am**

CRx	Using QS/1 Fax	Report Writer	Using QS/1 Help	B R E A K
PrimeCare	A/R Invoices, Billing Matrix, Facility Payor Tables			
RxCare Plus	NRx	Scanning	Workflow	
SystemOne	17.7 - 17.8 Enhancements		Advanced Training	

Saturday **10:30 am** **11:00am** **11:30am**

CRx	CRx Queues	E. Sig. Capture	NRx
PrimeCare	Transaction Billing History	17.5 - 17.8 Enhancements	
RxCare Plus	QS/1 Fax	Using QS/1 Help	Tips and Tricks
SystemOne	Custom Reports		Tips and Tricks

All Products

RxCare Plus
CRx
Point-of-Sale
SystemOne
PrimeCare

All Products

QS/1 Conference Fees

Full Registration w/ CE: \$299/person
Spouse/Guest Registration: \$199/person
Children under 18: No Charge

Torrey Pines Golf Outing: \$95/person
Sat., Aug 2: Includes bus transportation, cart fees and box lunch

San Diego Zoo, One-Day Ticket: \$28 for 12 yrs & up, \$18 for ages 3-11
Sat., Aug 2: Includes day ticket plus 35 minute Guided Zoo Tour and the "Skyfari" Aerial Tram

Full Registration Fee: Includes welcome reception, CE credits, general sessions, keynote speakers, workshops, vendor exhibits, continental breakfast and lunch each day.
Spouse Registration Fee: **Available ONLY with paid full registration.** Same as full registration without CE credits.
Cancellation: To receive a full refund, send written cancellation request by July 15, 2003.

To Register ...

Call toll free 1.800.845.7558 ext. 7253 or visit our website at www.qs1.com

TRADE SHOWS

MedTrade – Las Vegas

May 2003

Medtrade Spring at the Las Vegas Convention Center was a huge success. "The first day of the Show we talked with more people than we did during the entire Show last year."

- Jay Williams
SystemOne National Sales Manager, QS/1



"This show, though smaller than its Fall counterpart, provides a more relaxed atmosphere which affords the attendees more time with exhibitors. See you in Atlanta on October 9th!"

- Duane Ridenour
Industry Analyst, QS/1

From the Support Center



Visit our website at www.qs1.com and review the Frequently Asked Questions section.

RxCare Plus and Prime Care:

To print to a network printer, be sure the POS field is not checked on the Connection Properties Screen when you are starting up the secondary.

If you are printing Account Trial Balances, Statements or any other Accounts Receivable reports and have to have more than one line of the same select options (such as PT-Patient Group), you do not have to use the "OR" logic as you do on other reports. You will leave the three-character field blank at the end of the first line.

As with all software, changes are required to keep your software current and up-to-date. If you seem to be encountering minor issues or problems, access the Application Name screen and type CV1SDS to connect to QS1. This process will download any updated programs that may have changed since your last Quarterly Update.

The conversion to 17.6 is different than any conversion we have had in the past. The system no longer prints a hard copy of the select, sort and print options; it creates a file that contains all of this information. Once your conversion is complete find the file using the following steps:

- 1) Click Start on the task bar.
- 2) Access Search.
- 3) Choose Files or Folders.
- 4) Search for the name CV*.LOG.
- 5) View this information from the file or print it by right-clicking on the file and selecting print, choosing a printer with regular paper in it.

Communications:

To transmit claims in compliance with HIPAA regulations, all customers need to be on release 16.4 or higher. Release 17.6 is the most current release with all the current programs.

General rejections and solutions for sending claims via PowerLine:

- Rejection of M/I Alternate Product/Service ID Qualifier - Access pages 3 & 4; change the Drug option to 2.
- Rejection of M/I Diagnosis Code Qualifier - Access page 3 of the price code; change cardholder to 3.
- Rejection of M/I Sales Tax Basis - Access page 6 of the price code, making sure all Tax options are set to N.
- Rejection of M/I Pre scriber ID Qualifier - Access pages 3 & 4; change the DOC Options to 2.

CRx:

Access patient by phone number (menu path 4.1.1). Enter 7-digit phone number with hyphen. Ex: 441-1995

Because your company's data is valuable you should check your backup logs on a daily basis. Call Customer Support if you have any questions about your backup log.

SystemOne:

Within the HME system, there are several lookup functions for finding patients or items using specific criteria.

From the transaction processing screen (F1), the system will display the following Patient Lookup Selections:

- F1 = Patient Policy Lookup
- F2 = First Name Lookup
- F3 = Last Name Lookup
- F4 = Drivers License Lookup
- F5 = Telephone Lookup
- F6 = Social Security Lookup

Type the appropriate name or identification number and press the corresponding function key to display a scan of Patient Records.

Also, from the transaction processing screen (F1), the system displays the following Item Lookup Selections:

- F1 = Item Description Lookup
- F2 = Item Location Lookup
- F3 = Item Procedure Lookup
- F4 = Item Vendor Lookup
- F5 = Item Serial # Lookup
- F6 = Item Manufacturer Lookup
- F7 = Item SKU# Lookup

Type the appropriate description or identification number and press the corresponding function key to display a scan of Item Records.

CMS:

If your CMS system is on a wide area network (WAN), you can export updated executables to all stores on the same WAN. Please call Customer Support for instructions.

IN YOUR AREA

Training Seminars

West Coast Region:

Valencia, CA: (866) 848-1942

07/24/2003 SystemOne: A New Look
 08/12/2003 California Medi-Cal and QS/1
 08/28/2003 SystemOne: A New Look
 09/09/2003 PrimeCare: Basic Functions
 09/25/2003 SystemOne: A New Look
 10/07/2003 A/R & 3rd Party Reconciliation
 10/23/2003 SystemOne: A New Look
 11/11/2003 Basic Rx Processing & Enhancements
 11/27/2003 SystemOne: A New Look

Gulf States Region:

Brandon, MS: (800) 233-6204

07/10/2003 SystemOne: A New Look
 08/14/2003 SystemOne: A New Look
 09/11/2003 SystemOne: Review & Enhancements

Dallas, TX: (800) 248-0096

07/17/2003 SystemOne: A New Look
 08/21/2003 SystemOne: A New Look
 09/18/2003 SystemOne: HME Review & Enhancements

Mid-Atlantic Region:

Indianapolis, IN: (800) 637-5251

07/17/2003 CRx: Enhancement Review
 08/14/2003 POS: Inventory Control

Lexington, KY: (866) 441-7011

07/10/2003 SystemOne: A New Look
 08/07/2003 RxCare Plus: System Review

Richmond, VA: (877) 392-5851

07/10/2003 CRx: Enhancement Review
 08/14/2003 PrimeCare: System Review

Midwest Region:

St. Paul, MN: (800) 541-5358

07/14/2003 CRx: Overview
 07/15/2003 PrimeCare: Overview
 07/16/2003 SystemOne: Overview
 07/17/2003 POS: Overview
 07/18/2003 RxCare Plus: Overview
 08/11/2003 RxCare Plus: Inventory Control
 08/12/2003 A/R and Reconciliation

It is required for scheduling purposes that you notify your respective regional office if you are interested in attending any of these listed seminars or need information concerning these seminars.

Southeast Region:

Spartanburg, SC: (800) 889-9183

07/10/2003 RxCare Plus: Enhancements
 07/17/2003 POS: Inventory
 07/24/2003 SystemOne: A New Look
 08/14/2003 PrimeCare: Various Accounts Receivable Topics
 09/11/2003 RxCare Plus: Enhancements
 09/18/2003 POS: Inventory
 09/25/2003 SystemOne: Enhancements

Raliegh, NC: (800) 889-9183

08/07/2003 RxCare Plus: Basic Operations
 08/14/2003 POS: Inventory
 08/21/2003 SystemOne: Basic Operations

Miami, FL: (800) 889-9183

07/10/2003 RxCare Plus: Enhancements
 07/17/2003 POS: Inventory
 07/24/2003 SystemOne: A New Look
 09/11/2003 RxCare Plus: Enhancements
 09/18/2003 POS: Inventory
 09/25/2003 SystemOne: Enhancements

Orlando, FL: (800) 889-9183

08/07/2003 RxCare Plus: Basic Operations
 08/14/2003 POS: Inventory
 08/21/2003 SystemOne: Basic Operations

Ft. Lauderdale, FL Area: (800) 889-9183

07/17/2003 PrimeCare: Various Accounts Receivable Topics

Northeast Region:

Sturbridge, MA: (800) 648-7428

07/17/2003 PrimeCare: Enhancements
 08/20/2003 RxCare Plus: A/R and Third Party Reconciliation
 09/18/2003 PrimeCare: PrimeCare Basic Processing
 10/15/2003 CRx: Basic Processing

Mechanicsburg, PA: (717) 795-2700

07/16/2003 RxCare Plus: Enhancements
 08/21/2003 PrimeCare: Enhancements
 09/17/2003 Point-of-Sale: Basic Processing
 10/16/2003 PrimeCare: Basic Processing



IN YOUR AREA

Trade Shows

Virginia Beach, VA

July 14-15, 2003:

Virginia Association of Durable Medical Equipment Companies

Kingsport, TN

July 16-17, 2003:

Tennessee Pharmacy Association

Galveston, TX

July 16-20, 2003:

Texas Pharmacy Association Annual Meeting, Booth #426

Lexington, KY

July 17-19, 2003:

Kentucky Pharmacy Association

Las Vegas, NV

July 21-24, 2003:

Cardinal Retail Business Conference

Alexandria, LA

July 25-26, 2003:

Louisiana Pharmacy Association

Destin, FL

August 3-6, 2003:

Southeastern Gatherin'

Virginia Beach, VA

August 3-6, 2003:

Virginia Beach Association

Philadelphia, PA

August 23-27, 2003:

NACDS Pharmacy & Technology Conference

LaCrosse, WI

September 11-13, 2003:

Pharmacy Society of Wisconsin

Bloomington, IL

September 12-14, 2003:

Illinois Pharmacy Association

Atlantic City, NJ

September 16-18, 2003:

New Jersey Pharmacy Association

Overland Park, KS

September 18-20, 2003:

Kansas Pharmacy Association

Atlanta, GA

October 9-11, 2003:

Medtrade Fall/East

Seattle, WA

October 18-22, 2003:

National Community Pharmacist Association

Las Vegas, NV

November 2-3, 2003:

Western Food Industry Expo

Dublin, OH

November 11-12, 2003:

Ohio Association of Medical Equipment Services



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

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