

Outpatient
Pharmacies 'Booming's
An Inside Look at the
Growth of an Industry



QS/1's customer base of outpatient pharmacies is expanding rapidly. In response to that trend, in this issue of *Insight* we are exploring the reasons for the boom in this arena of the pharmacy industry and exploring some automation devices that can be helpful to our customers who are coping with this change.

In order to understand the problems businesses face while adapting to changes in the industry, QS/1 Communications Specialist, Kathryn Hix, spoke with several of our large corporate customers. In the conversations, she elicited their views concerning the importance of outpatient pharmacy, their goals for outpatient service and the direction they see the pharmacy industry taking in the future.

We also are proud of the contributions we received from industry authors for this issue. We are featuring an article from HME expert Rhonda Rawl as well as articles from Nanette Kirsch at Parata Robotics and Robert D. Wills at First DataBank.

In the Customer Spotlight is Leonard Lynskey, owner and operator of three pharmacies in Texas. The keen innovations he employs in his medical supply business and his strong desire to use new age technology to offer old-time service sets his pharmacies apart. His love of the business and his positive attitude also make Lynskey a role model for good attitude and great service.

One of the hottest new trends in pharmacy technology today is e-prescribing, and in this issue we are including a case study of QS/1 customer Dave Feeney, RPh, and his Oxnard Pharmacy in Warwick, Rhode Island. In this case study, Beth Newman, QS/1 Marketing Support Associate, reviews the challenges of time management and safety concerns and presents a solution through e-prescribing.

As always, we are happy to bring you such a wide array of information and to keep you informed of the latest market trends and the newest industry technology. Our goal with this issue is to help all of our customers understand more about the outpatient facet of our business and, in turn, to provide them with information about how to incorporate new technology into their own business plans.

Bill Cobb President, QS/1



April 2004

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By Beth Newman, Marketing Support Associate, QS/1

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If you have any suggestions or comments, please e-mail us at **Insight@qs1.com**, write us at **QS/1** Data Systems, **Attn: Insight Magazine**, P.O. Box 6052, Spartanburg, SC 29304, or call 1.800.845.7558

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HIPAA Security Rules: The Technical Safeguards

The July issue of Insight introduced the final HIPAA security rules. The October issue covered administrative safeguards, and January's outlined the physical safeguards. Now the series continues by addressing technical safeguards.

According to HHS (Department of Health and Human Services), "Technical safeguards means the technology and the policy and procedures for its use that protect electronic protected health information (e-PHI) and control access to it" (Section 164 .304 of the 45 CFR). As with all of the safeguards, there are several components that make up the technical safeguards.

The first safeguard is access control. Covered entities should establish procedures to control both visitors and permanent staff access based on their role, including controlling access to software programs.

To satisfy the access control requirement, providers are required to apply unique user identification. Persons who use a workstation must have their own unique user name and password. Addressable (not required) is an automatic logoff. When a computer is not used for a period of time (which is not specifically defined), the software should automatically log off the user.

Access control also includes an emergency access procedure. Required, it allows for the ability to access e-PHI in an emergency. There is also an addressable component for encryption and decryption, which means that e-PHI should not simply be stored as an easily readable text file on a hard drive.

The next safeguard deals with audit controls. This is beyond a doubt the most significant piece of all the HIPAA security rules. It requires implementing hardware and/or software that can record and examine activity on systems that contain or use e-PHI. Essentially, when a person accesses a patient record, reviews a profile or enters a transaction, this action must be recorded because PHI may have been accessed.

The third safeguard is integrity, specifically maintaining the integrity of e-PHI from improper alteration or destruction. An addressable component puts in place mechanisms to confirm that e-PHI has not been altered or destroyed in an unauthorized manner.

The next safeguard is person or entity authentication, which describes procedures to verify that persons seeking access to e-PHI are who they claim to be. For example, if a doctor wants a patient's profile printed onto a disk report, the doctor must be authenticated as the person seeking access.

The final safeguard is transmission security. Procedures are needed to guard against unauthorized access to e-PHI over an open network. This safeguard would pertain to transmitting electronic claims, for example.

There are two implementation specifications for the transmission security safeguard. First are integrity controls that call for security measures to ensure that electronically transmitted information is not improperly modified. The second is encryption, requiring that e-PHI be encrypted when transmitted. This specification applies only to open networks. For example, a dial-up modem is not an open network and therefore doesn't apply.

After reading about the technical safeguards, readers may wonder about QS/1's plans to address some of these issues, what releases they are in and when they will be available. This information will be provided later this year. Be assured QS/1 is on top of the situation and will provide timely and effective solutions.

By the time this issue is mailed there will be only twelve months remaining before these rules become mandatory. For those of you who are unfamiliar with the previous HIPAA issues we addressed, remember that the administrative and physical safeguards are items that cannot be solved by your software vendor. Take the time now to understand that you need to prepare in the coming months to make the transition much easier.

We hope that you have found our four-part series on the HIPAA security rules useful. Your feedback is welcome, both positive and negative. Continuing information about HIPAA will be provided when changes are made or implementation dates approach.

By: Rich Muller, Product Research Manager, QS/1

Special Note: Unrelated to the security rules, on January 23, 2004, a change was published in the Federal Register affecting the HIPAA transaction standards. HHS (Department of Health and Human Services) has ruled that an NPI (National Provider Identifier) will be the standard unique identifier for all healthcare providers. The NPI will be a ten-digit number assigned and maintained by NPS (National Provider Service). A healthcare provider will not be able to apply for an NPI until May 23, 2005. Most health plans will be required to use the NPI for billing transactions by May 23, 2007. Continue to expect revisions to the HIPAA regulations.

The FARM System

Marketing to Physicians: What Makes Them Tick

Rhonda Rawl introduced her FARM system of marketing in the October 2003 issue of Insight: F-Fix Your Service, A-Audit Your Brand, R-Reposition Your Company, M-Manage Your Relationships. Now Rawl highlights an aspect of Audit Your Brand with Marketing to Physicians, advice for hitting the target market of physicians as a referral source.

A colleague once said, "Trying to get physicians to attend a seminar is like trying to herd cats."

So why are physicians such a difficult marketing audience? One of the main reasons is that there is so much marketing clutter -- especially towards physicians. Physicians are the patient's trusted advisors and therefore the key to selling numerous products and services to their patients. In addition, physicians usually have higher incomes than most other people, so they are targeted by companies selling non-medical, high-end items such as luxury cars, investments, and so forth.

Having worked with numerous clients who target physicians and having a brother who is a surgeon, I am often afforded the opportunity to ask physicians the magic question, "What makes you tick?"

What I've discovered is that physicians are no different than other professionals in the market. There is no magic bullet. People are people, so what makes one physician tick may not make the next one tick.

So with all the clutter and no secret formula, how do you reach physicians when marketing your product or service?

We have all heard the proverb, "When in Rome, do as the Romans do." The same holds true when targeting physicians. You must learn to communicate with physicians in the manner in which they prefer to communicate. This means that you must organize your marketing plan just as you would your investments -- diversify. One physician recently told me he liked written communication. The next physician said she liked to meet people and wanted to hear what the salesperson said about the product. Diversification means incorporating all forms of communication into your marketing plan to meet differing needs.

A second way to reach physicians is to use an alteration of the patient mantra "know thyself" and revise it to say "know thy physician."

The most effective way to research your target market is to divide physicians into segments and classify them. For instance, physicians can be classified according to their career status, such as the following:

Fresh out of Residency

These physicians are hungry for information, have very little income, may have student loans and receive less respect from other physicians. Since they desire to gain respect, you may want to provide them with tons of information regarding your product or service, because as a recent graduate told me, "I don't want to appear stupid to my patients or to other physicians."

In the Prime of Their Career

Physicians in the prime of their career generally have high incomes, have paid off their student loans, have or aspire to have a nice home and a nice car, receive a lot of marketing material and have gained respect from patients and their peers. When marketing to these physicians, give them clear, concise information.

Close to Retirement

Physicians in this segment have heard it all before, have numerous assets and receive a lot of respect from patients and peers. They tend to be more traditional and don't want to change their way of doing things, so you must be persuasive in your sales techniques.

When researching your target physicians, you can also segment them by their specialty, such as family practice, surgery, dermatology, psychology and so forth. Once you do this, study the manner in which they work with patients, which will provide you with clues about how they prefer to communicate.

Diversifying your marketing plan and researching your target market are two crucial elements to reaching your marketing goals. Keep in mind when researching your target market that little clues often reveal big insights.

By: Rhonda Rawl, President of RKR Marketing, LLC, and the creator of the FARM System. Rhonda specializes in providing marketing consulting services for professional service firms and healthcare providers. She can be reached at 803.361.7295 or Rhonda@RKRMarketing.com.

Parata and QS/1: A Match Made in Technology

Next-Generation Parata Robotics Interfaces with QS/1 Software

By: Nanette Kirsch, Marketing Communications Manager, Parata Systems



The Parata RDS (Robotic Dispensing System) is a next-generation prescription processing technology that accurately automates more than half of a pharmacy's prescription load. The Parata RDS processes a prescription in just 20-25 seconds, including labeling, filling, capping and sorting by patient last name. With Parata patients benefit from shorter wait times and more time with the pharmacist to learn about their prescriptions, disease management or related issues.

Parata establishes new industry benchmarks for size and performance in a compact, 12-square foot machine that makes robotic prescription automation accessible to all pharmacies by eliminating the need for costly renovation. Size of earlier machines created a barrier to automation for pharmacies in the past.

Late last year QS/1 introduced an interface to Parata RDS. "The Parata RDS Interface offers our customers the opportunity to enhance their productivity in prescription-filling, offering a perfect complement to our software's front-end focus," Tammy Devine, QS/1 Vice President of Marketing, explains.

"The linkage with QS/1 makes it easier than ever for our customers to get rolling with the Parata RDS," Pete Klein, Parata's vice president of industry relations, says. "The compact size and design of the Parata RDS enable us to roll it into stores and set up in about an hour, plugging into a standard outlet and replacing a standard shelving unit. The QS/1 interface makes getting started even simpler."

Parata RDS enhances retail pharmacy productivity. In addition to its accurate high-speed processing, the Parata RDS accommodates 252 medications, which can be replenished without interrupting the machine's operation. At 12 square feet (26"w x 78"h x 72"l), it replaces just a standard-sized set of static shelving in most pharmacies.

Parata Systems was founded in 2001 by a team of seasoned pharmacy automation experts, who looked at the state of the pharmacy industry, with its high prescription volume, pharmacist shortage and low adoption of automation, and saw an opportunity for change. Parata was founded to help pharmacies achieve greater productivity and accuracy in prescription-filling.

Parata RDS helps pharmacies achieve new levels of performance and frees resources of pharmacies and their pharmacists for higher-level activities that grow the bottom line and enhance patient care and value. Parata is committed to leading the industry forward and supporting its customers in achieving their business goals.

The Parata RDS, with a compact machine that rolls in, plugs in and quickly delivers industry-leading performance, processing a prescription every 20-25 seconds, makes robotic prescription automation accessible to all pharmacies.

For more information visit, e-mail or call Parata: www.paratasystems.com, info@paratasystems.com or 1.877.PARATA1 (1.877.727.2821), ext. 200.



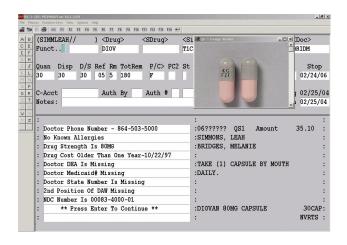
Drug Images and Drug Imprints

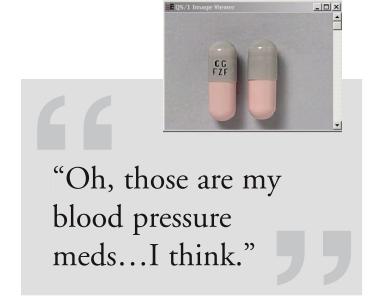
Delivering Tools for Accuracy in Your Pharmacy

One of the more important challenges pharmacists face is identifying a "mystery" drug. Patients—especially older ones who tend to take a number of medications—often sort their various pills into a single box to help them remember when to take them. Young children, too, when their parents aren't looking, sometimes neatly "sort" several drug containers into one large, colorful pile. These scenarios can lead to serious consequences—for both age extremes and anyone in between.

It's good to remember the drug identification tools you have in your QS/1 Data Systems pharmacy management system. Within the First DataBank drug knowledge bases are two very useful and handy tools: Drug Images and Drug Imprints.

The Drug Images ModuleTM displays images of tablets, capsules and other dosage forms on your workstation monitor, so you can visually identify both prescription and OTC (over-the-counter) drugs. These high-resolution digital photographic images can be viewed in color and printed in color or black and white. In addition to identifying "mystery" medications, this tool can help you visually verify that the correct medication is being dispensed or administered.





A companion tool—the Drug Imprints ModuleTM—adds detailed text descriptions of prescription and OTC drugs to the images. You can quickly find descriptions for over 19,000 drug products, tablets and capsules, including dosage forms, coatings, colors, imprints, score marks (for tablets) and shape. For liquid medications, you'll find descriptions of color, flavor and clarity of product.

So the next time you encounter drug products that are unpackaged or unlabeled—or you just want to verify the contents of a drug package—remember Drug Images and Drug Imprints. You'll feel more confident in your work, and you'll help reduce the potential for—and costs of—medication errors.

By: Robert D. Wills Marketing Communications Manager, First DataBank



Patients, Pharmacists Benefit from National Community Pharmacy Network

By: Randy Burnett, Network Industry Coordinator, QS/1

NCPN (National Community Pharmacy Network), designed to benefit patients, pharmacists and pharmaceutical manufacturers by emphasizing patient wellness programs delivered through the nation's pharmacies, was formed by NDCHealth and launched at this year's NCPA (National Community Pharmacists Association) convention in Seattle, Washington.

Through NCPN, all pharmacies will have the opportunity to access manufacturer-sponsored initiatives designed to improve patient care. NCPN uses a combination of in-store technology and the NDCHealth Intelligent Network to deliver messages and to report results back to the manufacturer sponsors.

The in-store technology provided by pharmacy management system vendors, such as QS/1 Data Systems, enables the delivery of messages to the pharmacist and/or the patient during prescription dispensing.

"QS/1 fully supports NCPN, its participants and community pharmacies in this exciting new endeavor," stated Bill Cobb, President of QS/1 Data Systems. "This initiative provides the connectivity that will allow network sponsors to manage a common program across the nation's pharmacies."

"NCPN represents a significant potential benefit that complements the retail pharmacy strengths in quality of care and customer service with operational efficiencies that improve the bottom line," Walter Hoff, Chairman and CEO, NDCHealth said.

Independent pharmacies, in particular, may have much to gain from NCPN programs. According to the 2003 NCPA-Pfizer Digest, independent pharmacies represent a \$60 billion marketplace, yet most operated at an average 3.9 percent net profit in 2002.

"With the NCPN, even single-store pharmacies can benefit from programs that require centrally managed messages to all participants," said John Balch, an independent pharmacist and proprietor of PharmaCare in Cumberland, Maryland. "This program provides my pharmacy with new opportunities to improve patient care and enhance revenues at the same time."

Initial NCPN patient wellness programs include Manufacturer/Patient/Pharmacist Messaging Services to communicate patient wellness information at the point of dispensing, increase efficiency, improve patient care and decrease the risk of medication dispensing errors. It also alerts to Look-Alike, Sound-Alike Drugs to decrease the risk of medication dispensing errors and facilitate greater patient safety. Additional programs are expected in the near future.

NCPN and the supporting technology companies also offer solutions that empower chain and independent pharmacies to improve cash flow and operating margins and grow store traffic. Initial NCPN pharmacy profitability programs include Pre- and Post-Editing Services to optimize third-party reimbursements and decrease claim submission errors, Next-Day Funding and Reconciliation of Third-Party Receivables to enhance cash flow and ensure prompt and proper reimbursement from third-party payors and Store-Level Consulting Services utilizing NDCHealth informatics to uncover profit opportunities.

For more information on becoming an NCPN member, please contact NDCHealth at www.ncpn.net.

Say it Ain't So! 5 Myths of Good Management

By: Bill Roberts, Information Resources Manager, QS/1

The field of management includes countless hazards, waiting like land mines to foil the overworked manager. As managers we use all kinds of secrets and strategies to help us zigzag and avoid a costly detonation. Unfortunately, many of the management tips we rely on don't really help us at all because many management truisms are only partly true, and some aren't even true at all. Let's look at a few.

Hire people who can hit the ground running

This sounds true enough. All of us would like to hire people who need very little training and who can work independently, but every newly hired employee needs some orientation. We shouldn't encourage new employees to make decisions or take definitive action until we know they understand their job duties, the company's culture and company procedures, as well as their level of authority within the organization. I'm reminded of a cartoon of two guys standing at a water fountain. On the wall beside them is an outline indicating that a person had crashed through the wall. One character is explaining to the other that the outline is of a new employee who hit the ground running in the wrong direction.

Management's directive should be 'aim for the stars!' - Set lofty goals for your employees

Most employees are motivated to succeed when they know the goals of the company and how their job contributes to obtaining that goal, but if the goal is seen as unobtainable or unreasonable it may have the opposite effect. When employees believe that no amount of effort will allow them to succeed, they begin to think that their efforts are wasted and that their contributions are not appreciated. In many cases unreasonable goals can turn employees into a group of bickering and blaming malcontents, or worse.

When you have a goal that employees see as unobtainable, you might be wise to break the goal down into smaller steps that employees view to be reasonable and obtainable. Also be sure that employees understand how their job contributes.

Occasionally, unreasonable, unobtainable or absent goals have another effect on employees. Sometimes employees will substitute their own ideas of what the company's goals should be. We frequently hear employees justifying their behavior by proclaiming they are doing something to help the customer or for some other lofty principal. Fortunately, these types of employee behaviors are usually benign, but whenever employees are working in the absence of organizational goals or management direction there is a great potential for problems.

Teams are the way to make everything better

A few years back, if you read the management literature,

you would believe that setting up a team would end all the organization's problems. Unfortunately, the great accomplishments touted for teams eluded most organizations because the team approach isn't right for every task nor is it appropriate for every organization. Teams should be set up when there is a definite and defined management or organizational need the team can help with. Teams cannot replace good management, but they can support it.

Demand perfection and deal firmly with mistakes

First off, people don't like to fail. All of us want to succeed. Most of us try to avoid making mistakes or failing. We know that promotions, good grades, pay raises all go to the people who make few mistakes. We as managers should insist that employees seek excellence, but we must remember that all of us will make mistakes from time to time.

I remember one of my first jobs at Lake Forest Pharmacy. One day an older lady came in and made a small purchase. After counting her change, she told me that she had given me a twenty and that I short-changed her by \$10.00. I was young and naive and believed that such a sweet old lady could never lie, so I gave her a ten dollar bill and thanked her for shopping at our store. When the register came up \$10.00 short, my boss didn't yell at me; instead he took the opportunity to instruct me how to make change. He made me pay back five of the ten dollars. The lesson is still vivid in my mind, as is my appreciation and admiration of my boss, Mr. Cartledge.

A much better rule: expect excellence, but use employee failures as learning opportunities. In a work environment where mistakes are dealt with harshly, workers will still make mistakes but become more expert at hiding them from their manager. Be certain that employees learn from mistakes and only deal firmly with employees who do not learn from their mistakes.

Treat others like you want to be treated

This one started with the Golden Rule, "Do unto others as you would have them do unto you." There is nothing wrong with that rule; in fact, it's a pretty good rule, but when you are dealing with other people, the Platinum Rule might serve you better. The Platinum Rule says, "Do unto others as they would like to have done unto them." In other words treat people the way they want to be treated. Forget trying to treat people like you want to be treated. Remember each of us is distinct, and we all have different likes, dislikes, needs, ambitions and challenges. Some people like opera and some people like country music. You'll have more success dealing with people if you find out what makes them tick and use that information when dealing with them.

...and Central Management for All

CMS now available for all pharmacy customers

By: Paulette Slaughter, Product Research Specialist, QS/1

What is CMS?

CMS, QS/1's Central Management System, is a central host system previously used only as the host system for CRx. Recent changes have added the ability to collect data from other QS/1 products. CMS is a Windows system based on Microsoft SQL server and is a data warehouse used to track drug usage, sales trends, prescription activity and other information. CMS can provide tools that allow management to handle most of the maintenance tasks centrally, allowing more time for the pharmacist to interact with customers.

What does CMS have to offer you?

If you have multiple sites on a Wide Area Network, the Central Management System has many features that could help you manage your stores. CMS enables the corporate office to maintain drug inventory, reconciliation, third party management, pricing and reporting. Each night each store sends CMS a file containing the entire day's prescription data stored in SQL tables. In addition to collecting data, CMS will export any data back into the stores to be processed during off hours.

Anything that can be done centrally gives pharmacists more time for patient care. You can centrally maintain drug information such as drug reorder point, reorder quantity, average wholesale price, acquisition price, etc., then export the drug record to one or all sites. In addition, you can add new drugs, attach appropriate pricing tables and export them to each site. By maintaining your drug file centrally, you can ensure that when new drugs are added the information includes the correct drug and pricing.

If your stores do not load price updates regularly you are losing money. With CMS you can create a price update from your wholesaler system as often as you wish and export it to all of your sites. Clinical updates from First DataBank, including up-to-date drug interactions, also can be exported from CMS.

Reports

There are over 50 pre-defined reports available in CMS. If you prefer, you can create your own reports and save them for future use. Reports can be generated through CMS, or the data can be exported to your favorite off-the-shelf software for manipulating and sorting. You also can automate reports that are used regularly.

CMS will store your 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. Another example of a report used regularly for staffing is the Scripts Per Hour report. This report is broken down by site to show the number of scripts filled each hour. Since the data is stored in SQL tables, your reporting capabilities are endless.

Reconciliation

Third party adjudicated claims can be reconciled centrally, electronically or manually. Reconciling electronically saves an enormous amount of time. For example, a chain of forty stores can reconcile their Medco (Paid) claims for a two-week period in about 30 minutes. Currently Advance PCS, Medco (Paid), Express Scripts and Caremark claims are available electronically. We continually are testing new files for electronic reconciliation. There are many reconciliation reports available in CMS. For example, you can get an Aged Claim Report for all sites, showing all unpaid claims, sorted by third party plan, including the number of days outstanding.

If you have multiple sites and are interested in more information on the Central Management System, contact your Marketing Representative.



With recent changes in federal regulations and rate returns, pharmacies are likely to take more hits in the pocket this year. QS/1 and FamilyCare want to help you avoid losing profits. FamilyCare's latest two programs will do just that for network members.

Reconciliation Services

FamilyCare understands that no program can resolve all cash flow problems in the pharmacy, but the Family Care Reconciliation program will resolve a few. Reconciling processors like Medco (Paid), Express Scripts, Advance PCS and Caremark, just for starters, will not only save you time but, more importantly, money. Those who perform some type of monthly reconciliation understand the time involved with manual posting, and time equates to dollars for the employee (salary, benefits, etc.). More likely than not, that employee also has other responsibilities in the pharmacy. While the FamilyCare Reconciliation program will not eliminate the need for manual posting, it can reduce it by more than half, and as processors are added to the list, reduction in time will continue. Service is scheduled to begin April 1, 2004. Don't leave your hard earned dollars on the table. Call us today for enrollment information at 1.800.428.7271.

Cash Rebate

FamilyCare continues to seek opportunities for outside programs that are risk-free and require no front-end costs to the pharmacy. The FamilyCare Cash Rebate fits both objectives. These programs provide direct cash rebates from the drug manufacturers on cash claims only. FamilyCare manages the data accounting for the no charge portion of this opportunity. Since the claims are cash, no PHI (Protected Health Information) will be disclosed about your pharmacy's patients, following the recent HIPAA Security and Privacy regulations and making the opportunity risk free. Another benefit of a program like this is additional income on a prescription. More details about this program will become available as the FamilyCare staff completes the program.

News: Medicare Discount Card Program

FamilyCare plans to have its member pharmacies enrolled in the Medicare Discount Card Programs prior to its June 1, 2004, roll out. FamilyCare management has signed either a contract or a Letter of Intent with PBMs (Pharmacy Benefit Managers) that will be offering the program, including the program being co-sponsored by NCPA (National Community Pharmacists Association). The plan will mirror the discount card programs currently in use and include a \$600.00 Transitional Assistance for lowincome seniors. As more details become available, FamilyCare will inform its members by fax or direct mail.

By: Randy Burnett, Network Industry Coordinator, QS/1

Automatic Reconciliation

Offers Automatic Relief from Manual Claims

"[Automatic reconciliation] is the best thing that ever happened for us," says Kamlesh Kirani of Ridgmar Pharmacy in Fort Worth, Texas.

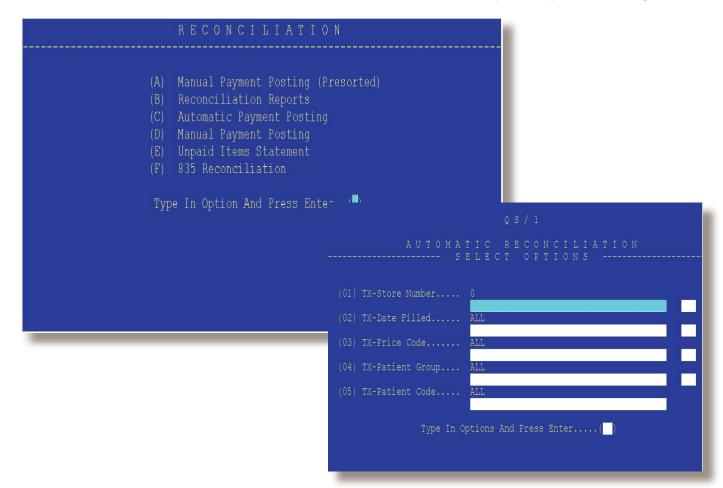
Kirani is referring to his pharmacy's success with QS/1's newest method of third party claim reconciliation. Automatic reconciliation, an electronic means of posting payments and paid dates to transactions, offers relief from manually posting and represents an option for any pharmacy that can receive the 835 format. QS/1 offers automatic reconciliation for pharmacies as a way to streamline the process of reconciling third party and Medicaid claims and to ensure the accuracy of the process. Kirani says that the manual posting of payments that he "used to spend hours entering, now takes just a few seconds." The process of automatic reconciliation is simple, and Kirani has found the new automatic reconciliation "easy to do once you understand the whole system."

new technology," he says, recommending automatic reconciliation to QS/1 customers.

The 835 format is a claim-by-claim file containing reconciliation responses created by third parties. QS/1 has added a new function to the RxCare Plus and PrimeCare Reconciliation Files called 835 Reconciliation. The new 835 Reconciliation function will be available on Releases 17.4 and up after it is distributed with Release 17.8. All reconciliation programs will be included with Release 17.8, but if you would like to use the programs prior to receiving your Release 17.8 CD, please contact QS/1 Customer Support. Also contact Customer Support before you run your first reconciliation claims to determine if the process has been tested with your state or third party.

In order to receive the 835 format, contact your third party or state Medicaid to inquire about availability.

By: John Frady, Product Research Specialist, QS/1

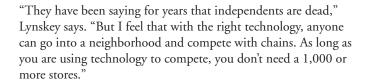


Customer Spotlight

DSM Pharmacy Sachse, Texas

One of the greatest challenges facing independent pharmacies today is competing with national chains. In the face of formidable competition, Texas pharmacist Leonard Lynskey found a way to parlay low overhead and a niche business into \$8 million dollars per year in revenue.

Now the owner of three independent pharmacies in Sachse, Texas, he understands that it's the service aspect of his businesses that sets them apart from others. And he credits the technology provided by QS/1 with helping his businesses to grow, despite the fact that he competes with 11 chain pharmacies in his area. Because of low overhead costs and a thriving niche business, Lynskey's pharmacies average \$100 per prescription versus the \$54 average of most pharmacies.



He credits QS/1 software with helping him "to run a multi-store operation with virtually no overhead because of the technology and the posting features." Lynskey's pharmacies use QS/1's RxCare Plus, PrimeCare and Point-of-Sale products as well as FamilyCare services. "QS/1 is literally how we compete," he says.

Lynskey's favorite part of the pharmacy business is interacting with patients and counseling them on their prescription regimens. He knows that QS/1 technology has given him the time to offer quality service to his customers, a key to the success of any business. And his drive to offer "true service for groups long neglected" has also enabled him to maintain business relationships and to flourish as an "independent player."

One of the things that Lynskey discovered as he expanded his businesses is that an independent pharmacy's success hinges on filling a niche that others neglect. He discovered his niche as a result of a request for help from a nurse at a group home. Once he began dealing with her query, he searched his records and found other customers that needed the same services. Sensing that he had latched onto something important, he proceeded to develop a program for dispensing therapies and managing payors.

He decided to target "therapies that are chronic with unique and challenging drug delivery scenarios." Then, he says, he set out to



find a way "to build a better mousetrap." According to Lynskey, he learned that "by managing patients fiscally we are better able to manage them medically and have a positive impact in their lives."

DSM Pharmacy, one of three businesses owned by Lynskey, manages all payors (Texas has as many as four for some treatments) on behalf of dialysis and group home patients and fills prescriptions for up to 180 days for Medicaid. DSM also provides medications without a contract, setting it apart from traditional mail order businesses.

But Lynskey's story really began 25 years ago when he was a teenager working at the cigarette counter in a small independent

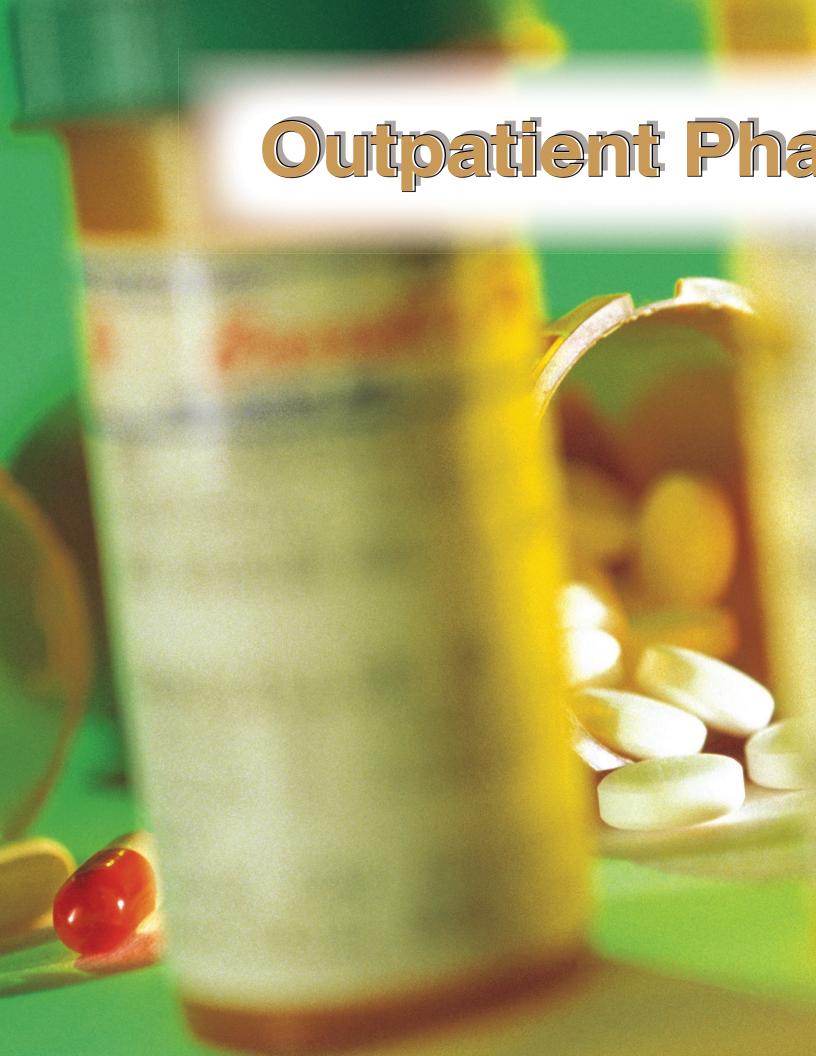
pharmacy. The year that he was a sophomore in high school, he showed up for work the morning after the high school prom. None of his young colleagues came in that day, so the pharmacist asked Lynskey if he could type. He could, and he was promptly promoted to technician, making 30 cents an hour more than he had at the cigarette counter. From that day Lynskey's interest in pharmacy grew, and the independent pharmacist at that store became his mentor.

Those years as a pharmacy technician encouraged him to one day own and manage his own businesses. Sachse Pharmacy and Princeton Pharmacy are "independent, retail, old-time stores, a throw-back to the old days with chart accounts, compounding and delivery." DSM Pharamcy is a "closed-door specialty pharmacy offering medications for dialysis and mental health"; the name is derived from "Debra [Lynskey's wife] Said Maybe."

The unusual name resulted from the fact that when he considered purchasing another business in 1995, his wife first said "yes" and then backtracked to "maybe" when he announced that the deal was done. Now they are both happy that he went with the "yes," because DSM Pharmacy has more than just an interesting name. It also has helped its owner to fill an interesting niche, one that allows Lynskey to better serve a previously under-served segment of the community.

Lynskey feels that many other pharmacists like himself "may be sitting on a gold mine without knowing it." Finding his niche business, he says, has been "professionally rewarding as well as financially rewarding," and he encourages other independent pharmacies to seek ways in which they can make a difference in their own communities.

By: Kathryn Hix, Communications Specialist, QS/1



rmacies Booming':

An Inside Look at the Growth of an Industry

By Kathryn Hix, Communications Specialist, QS/1

Step into any large metropolitan hospital, and you will see a flurry of busy doctors and nurses and hear the hum of chatting patients and visitors. Step further into the hospital, and you are likely to find an equally busy outpatient pharmacy servicing hundreds of patients and their families each day.

Outpatient pharmacies are becoming more and more the hub of institutions such as hospitals and clinics. For many demographic and healthcare reasons, outpatient pharmacies are part of the fastest-growing segment in the pharmacy market. Many new outpatient pharmacies open each year, and established outpatient pharmacies are looking for new ways to handle the influx of customers and the increased workload.

Most outpatient pharmacies are located in hospitals, clinics and long-term care facilities to fill prescriptions for hospital patients and residents. In fact, many hospitals offer multiple in-house pharmacies to serve the large number of patients that use hospital services each day. But beyond serving hospital patients and clinic residents, outpatient pharmacies also handle employee prescriptions for institutions employing large numbers of doctors, nurses and support staff personnel. They also routinely deliver mail-order prescriptions and track insurance claims for hundreds of customers each day.

At Winston-Salem Healthcare in Winston-Salem, North Carolina, Pharmacy Information Technology Coordinator Bob Moser constantly shuttles between two outpatient pharmacy locations. Involved in outpatient pharmacy for 25 years, Moser has seen many changes in the industry and believes that the trend for change continues. His employer recently opened a second location at Winston-Salem Hospital and is considering expanding to Presbyterian Hospital in Charlotte, North Carolina, as well. "For us," he says, "I see growth potential, definitely. Otherwise we would not be involving time and technology dollars to make it [opening more sites] happen."

Kelvin Martin, Coordinator of Outpatient Pharmacy Services at Spartanburg Regional Outpatient Pharmacy in Spartanburg, South Carolina, sees expansion in the future for his pharmacy also. A mix of customers come into the pharmacy, and he estimates that they are one-third Medicaid patients, one-third emergency room or family practice patients and one-third hospital employees. Since he also does more compounding than the "average pharmacy," customers come in specifically for that specialty service as well. Soon his outpatient pharmacy, now located in a small area behind Spartanburg Regional Hospital's inpatient pharmacy, will be relocating to a new mall area with multiple shops and eateries, putting it much closer to a larger emergency facility that is currently under construction.

The physical growth of all these pharmacies has been supported by annual increases in prescription volume. For example, the Winston-Salem Healthcare pharmacies boast a daily output of 2,500-3,000 prescriptions, while, according to Director of Wholly-Owned Pharmacies Dan Simkin, each of the 17 pharmacies that are part of the Humana closedsystem HMO in Miami, Florida, averages more than 300 prescriptions per day. Martin's pharmacy at Spartanburg Regional Hospital has generated more than 300 prescriptions a day, with a total of 78,000 prescriptions filled in 2003, an increase in prescription volume

At Winston-Salem Healthcare in Winston-Salem, North Carolina, Pharmacy Information Technology Coordinator Bob Moser constantly shuttles between two outpatient pharmacy locations. Involved in outpatient pharmacy for 25 years, Moser has seen many changes in the industry and believes that the trend for change continues.

of more than 3,000 since 2002. Statistics from these pharmacies are indicative of an industry-wide pattern.

The growth among outpatient pharmacies is consistent with and has sometimes surpassed that of the healthcare industry as a whole. The aging of the "baby boomer" population contributes to the growing number of patients passing through hospitals each day, and as that generation continues to age, their numbers will translate into even more residents in clinics and long-term care facilities. Simkin recognizes that "baby boomers" are a major factor fueling increased demand. "I think retail is going to grow, no question about it," he says.

Martin also recognizes that most of the growth of the industry is the result of an aging population, one that is living longer than previous generations. "We see the same patients we saw years ago that are getting older and now have multiple disease states," Martin says. "They used to be on two or three prescriptions but now are on as many as 10." The growth is also spurred by television advertisements for new drugs aimed at a population that is striving to stay healthy into old age. "Everybody wants the latest drugs with the least side effects," Martin says.

Insurance and trends in the prescription market play a major role in the outpatient pharmacy business as well. While Martin continues to see an increase in third party insurance and more patients with drug discount cards, Simkin, working within a closed-system HMO, sees growth from another perspective. New Medicaid regulations, he says, "can only help our business. We are going to grow and grow because the government is driving patients to HMO because they [patients] will have to pay more out of pocket otherwise. That part is good for us."

In order to handle the influx of orders each day and provide for the continuous growth of business, many outpatient pharmacies depend on the latest in technology to help keep up the fast pace of an increasingly demanding daily routine. Martin says the ability to "increase speed without increasing manpower" is a key component for decreasing medical errors and improving patient safety. "It's easier to get a piece of technology than to get a person. People will pay for a machine but not a person," he says, emphasizing the fact that machines provide more accountability and reliability, an important factor when considering a budget.

Automation is a key element of technology that allows pharmacy employees more time to manage the service aspect of their profession. Most outpatient pharmacies employ an IVR (Interactive Voice Response) system to manage telephone calls during the workday and to track prescription orders called in after hours. In addition, robotics handles the job of filling prescriptions, making pharmacists available for one-on-one patient counseling. Moser lists specialty devices such as separate data entry, dispensing and register stations, quality assurance, forecasting for inventory control, status check and ECS (Electronic Signature Capture) in his "QS/1 showcase" as tools that are "bringing all components together to improve patient service." In fact, he says of the package that he calls "the Fresh Market of pharmacies," "Before automation was in place, with our large volume, we were always one to two days behind. Now with automation, we give customers a six-hour pickup time."

Interfaces provide another tool to assist outpatient pharmacies in keeping track of patients and prescriptions. Winston-Salem Healthcare's HL7 interface moves orders in and out of dispensing machines in 15 minutes. Other interfaces bring together the hospital's mainframe computer systems with the pharmacy's patient records to speed data entry and increase accuracy.

Martin suggests that the technology aspect of pharmacy is crucial to the business, because as technology continues to advance, keeping up will become even more of a challenge. "If you are not online, I don't see how you're in business," Martin says. He especially likes the way technology helps him manage his patients. "I like the challenges. It is very fast-paced," he explains, noting that because of the speed technology affords, pharmacy employees have more time to counsel with patients. "I like our customers because we have regulars that we help from the clinics and outpatients, and we know their names," Martin says, noting that providing patient services is good for both business and the customer.

Simkin praises another aspect of technology that improves his businesses overall. He is converting all of his computer systems to QS/1 with a central server to enable him to "go

In order to handle the influx of orders each day and provide for the continuous growth of business, many outpatient pharmacies depend on the latest in technology to help keep up the fast pace of an increasingly demanding daily routine.

> to any pharmacy and see what the competition is doing." An added benefit, he says, is that the technology "tends to create competition between our 17 pharmacies, because it makes them aware of what their peers are doing and what they can do to bring in more retail prescriptions."

Winston-Salem Healthcare primarily contracts to offer prescription services for large corporate employers and also services Novant Health, a company with 14,000 employees in hospitals and physicians' offices in North Carolina. Moser says that recent technology has been the key to helping his business keep up with the growing number of patients they serve. "Mail order is more efficient now, so I like always being ahead. I don't have that sinking feeling" that accompanied backed up orders, he says.

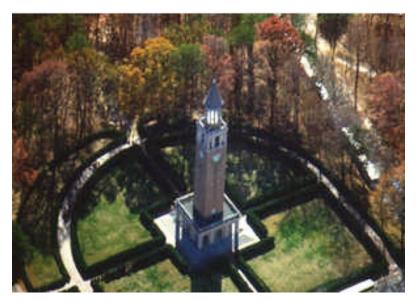
Because of the societal factors inherent in an aging population and the demands the elderly place on the healthcare industry, outpatient pharmacies comprise one of the fastest-growing segments of the pharmacy market as a whole and are a force that is driving developments in automation and other technology. Prescription volume increases have reached double digits for outpatient pharmacies, and if that trend continues, Martin says, "I don't see it slacking off. In fact, I see it expanding."

Universities Peak in Learning Curve for Managing Student Health Data

By: Beth Newman, Marketing Support Associate, QS/1

University pharmacies face many challenges when it comes to managing student patient information on campus. QS/1 offers a variety of interfaces to help university pharmacies increase efficiency, accuracy and productivity. One of the most important interfaces provides a method to transmit appropriate student patient information between the health clinic and the university pharmacy, reducing data entry time and increasing accuracy.

One of the challenges universities face is entering student patient information at both the university pharmacy and the health clinic. Entering data multiple times could result in duplicate records and/or possible errors within the system. In addition, time spent entering data at both locations decreases the amount of time available to focus on assisting the student patients.



Other challenges found in university settings involve the billing process. These challenges include verifying charges with audit reports, credit/void transactions from the same or previous day, random lost charges, duplicate charges and cost centers. It can be cumbersome for university pharmacies to spend time and energy dealing with accounts receivable issues, especially in larger university environments that may serve several thousand student patients every year.

A QS/1 interface is an easy solution to many of these challenges. UNC-CH (University of North Carolina at Chapel Hill) has been using QS/1 interfaces for 15 years to improve the university healthcare environment. Three years ago, QS/1 developed an interface for complete integration between UNC-CH's Student Health Services

practice management system, PyraMed by Media Highway, and QS/1's RxCare Plus pharmacy management system. The QS/1 interface with the PyraMed system enables the electronic transfer of student information among the university registrar, bursar's office, health clinic and pharmacy, reducing data entry time and increasing accuracy.

In addition, this interface allows for the convenience of a centrally located cashier. With this setup the pharmacy does not have to worry about collecting money for prescriptions from the students. Students pay at a billing office or the bill is sent to the bursar's office for collection. The time saved by eliminating accounts receivable allows the pharmacy staff to focus on using their professional skills to better serve the student patients and increases productivity in the pharmacy. In addition, patient eligibility, insurance and invoice management information all are communicated in real time across UNC-CH's systems, resulting in an efficient payment process.

According to Patsy Huff, UNC-CH Pharmacy Director, the technical partnership helps UNC-CH Student Health Services serve a student population of nearly 27,000. "The ease-of-use, quick adjudication of pharmacy benefits and accuracy of the data in the respective databases yield a highly effective real-time communication system for the confidential management of patient data," Huff said.

Electronic prescribing is another feature that assists university pharmacies with the communication process. When a physician writes a prescription, the prescription is transmitted electronically to the pharmacy so that it may be ready when

the patient arrives. Meanwhile, the student's billing information is processed, and appropriate billing information is sent on to the university bursar's office.

Chuck Gordon, QS/1 Product Research Specialist, feels that QS/1 interfaces offer more convenience for both university student health centers and their student patients. "With all of these interfaces, patients can feel more confident that the physician's instructions will get to the pharmacy accurately and that the pharmacy has all the information about whether the student, student's parents or insurance company should pay for the prescription," said Gordon. "All the information is there, confidentially shared among the healthcare providers who need it."

Details of QS/1 Interfaces

ADT Interface

ADT is defined as Admission, Discharge and Transfer of demographic data. QS/1's ADT interface allows an HL7 realtime message to be sent from a remote non-QS/1 system to a QS/1 system with patient demographic and insurance information. This information can add or update a patient record in the QS/1 database.

- ADT HL7 interface ensures consistent demographics across multiple internal and external healthcare systems.
- Inbound ADT message is sent to QS/1 system from a remote Admission, Discharge and Transfer system. The message provides the QS/1 database the necessary patient demographic and insurance information to add a new demographic
- record or to update a record to the pharmacy database.

 ADT interface receives data in a Health Level Seven (HL7) format. HL7 is an application-to-application interface standard for the exchange of electronic data within the healthcare environment.
- The types of healthcare settings expected to use this interface are physician practices, clinics, hospitals, health systems networks and other healthcare facilities and practices.

HL7 Billing Real-Time Interface

The outbound DFT^P03 message is sent from the QS/1 system to a remote patient billing system. This message provides the billing system database with the necessary patient demographic and transaction information to post a charge to the patient for services recorded in the QS/1 system.

- The interface allows the pharmacy to send accounts receivable information back to a primary billing system.
- This message provides transaction information to post a charge or credit to the patient. Once this message is sent to the billing system, a message of acknowledgment is sent back to QS/1 to indicate that it was received.
- This interface eliminates double entry and provides real-time financial transaction.

This interface will send transaction information to a remote billing system. This message provides a charge or credit to the billing system. Once this message is sent to the billing system, a message of acknowledgment is sent back to QS/1 to indicate that it was received. There are two triggering mechanisms, either from RxCare Plus or Point-of-Sale. It is determined before the interface is sold. The pharmacy trigger will send every transaction (after adjudication, if necessary) that is created through the interface to the billing system. Voiding of a transaction creates a Credit message to be sent across the interface. Point-of-Sale will send the message when the prescription has been checked out of the system. If you void or return a prescription, the interface will send a credit message to the billing system. Within the message, charges will be identified by 'CH' and credits will identified by 'CR.' If cash, 'Total Due' is sent; if third party, 'Copay' is sent.

New Prescription/Refill Interface

The New Rx/Refill interface enables the doctor to send a prescription refill or a new prescription request directly to the pharmacy. The interface also gives pharmacies the capability of sending prescription refills directly to the doctor from the RxCare Plus or PrimeCare system. The interface is set up in a network environment using a LAN or WAN.

- The New Rx/Refill interface enables pharmacies to send refill requests to prescribers and receive new prescriptions and refill responses electronically.
- Electronic prescriptions will decrease the potential for medical errors associated with handwritten prescriptions and with prescriptions called in over the telephone.
- Electronic prescriptions enhance patient safety.
 Electronic prescribing speeds the transmission of prescriptions from physician to pharmacy, drastically reducing the patient's wait time at the pharmacy.
- The number of phone calls between physician and pharmacy is decreased, improving job efficiency.
 Interface operates on Windows NT, Windows 2000 or Windows XP Professional platforms.
 Interface is available in RxCare Plus or PrimeCare Release 16.4 or higher.

lectronic Prescribing

By: Beth Newman, Marketing Support Associate, QS/1

Dave Feeney, RPh, owner of Oxnard Pharmacy in Warwick, Rhode Island, and QS/1 RxCare Plus pharmacy management software customer, faces various challenges within his pharmacy on a daily basis. Electronic prescribing, a computer-based means of communication, provides a solution to these challenges that many pharmacists are facing today with the increasing volume of prescriptions. Automating prescriptions and refill requests with electronic prescribing saves time and improves accuracy for the pharmacy staff as well as physicians, allowing these healthcare specialists more time to focus on providing patient care.

Challenges

Time Management for the Pharmacy Staff

The logistical problems of handling prescriptions and refill requests on a daily basis require time and effort for the pharmacy staff at Oxnard Pharmacy. The time spent making phone calls to physicians and/or faxing refill requests could be focused on other aspects of patient care within the pharmacy. In addition, several hours a day can be wasted by the pharmacy staff attempting to resolve prescription questions and issues.

Patient Safety

Prescriptions and refill authorizations written by physicians can be illegible. In addition phone messages can be misinterpreted for medications with similar names.

Confusion, Aggravation & Inconvenience for the Patient

In the busy healthcare environment, physicians may not be able to respond to a refill request immediately. It may take hours or even days before a refill is authorized by the physician. In the meantime, patients will return to Oxnard Pharmacy expecting their refill to have been processed and ready for pickup. However, if the physician has not responded to the refill request, the prescription will not be filled. Not only is this inconvenient to the patient, it can lead to turmoil and aggravation, particularly to those patients needing medication immediately due to chronic health conditions. This waiting period also could be detrimental to their health.

Solution

Electronic prescribing can assist pharmacists and physicians with time management and in turn allow these healthcare professionals to improve customer service. With electronic prescribing, the physician is able to send a new prescription to the pharmacy, and a pharmacist has the ability to send a refill authorization request to a physician. A network is necessary to allow pharmacies and physicians to recognize each other electronically. QS/1 works with SureScripts to establish this electronic connection between Oxnard Pharmacy and physicians providing a secure network for exchanging prescription information. When a new physician or pharmacy is brought into the network, a message is sent out by SureScripts to the entire network. These messages, maintained in a mailbox for QS/1 customers, are accessed when claims are transmitted via PowerLine, QS/1's unique claims switch.

Benefits

With electronic prescribing, a prescription can be automatically sent to the pharmacist while the patient is still in the doctor's office. This method allows the prescription to be filled by the time the patient arrives, eliminating wait time and providing a more efficient method for filling prescriptions.

In addition, electronic prescribing speeds up the prescription refill process for pharmacists as well as physicians. This solution reduces the amount of time the

Eliminated Wait Time = Efficiency



pharmacy staff spends phoning or faxing refill requests, increasing the productivity within the pharmacy. In addition, electronic transmission of refill requests eliminates the hassle of manual faxing and reduces both activity for pharmacists and physicians and the use of paper.

According to Dave Feeney, "Electronic prescribing assists with the logistical problems of handling refill requests on a daily basis. The daily routine of prescription processing can now be taken care of readily by technology."

Electronic prescribing also offers enhanced safety features for patients. Prescriptions are legible, and pharmacists can eliminate worries over misunderstood phone messages for a prescription or refill of a medication consisting of a soundalike name. In addition, with prescriptions and refill authorizations completed in a timely manner, patients no longer experience aggravation from not having a prescription ready when arriving at the pharmacy. Physicians are more willing to respond to refill requests quicker using the electronic communication provided by electronic prescribing because this method speeds up their day. With the touch of a key, the physician can authorize the refill and automatically send the authorized request back to the pharmacy. In addition to working with SureScripts, QS/1 works with ProxyMed and WebMD to provide these electronic prescribing services.

The amount of time saved using electronic prescribing as a means of communication will increase productivity and allow the pharmacy staff the opportunity to provide better pharmaceutical care to patients. Electronic prescribing is technology that customers feel "should have happened yesterday."

"The efficiencies that electronic prescribing bring to physicians, pharmacists and patients is huge," said Feeney.



CornerDrugstore.com

The Future of Your Pharmacy Is Online!

The Future of Your Pharmacy Is Online! These words now appear as the tag line for products and services offered by CornerDrugstore. Since acquiring CornerDrugstore.com in spring of 2002 from SymRx of McClean, Virginia, the J M Smith Corporation continues to invest in research and development aimed at providing the community and regional chain pharmacy with premium Internet tools for business. The Internet plays an increasingly vital role in the marketing strategy of the community and independent pharmacy. CornerDrugstore remains committed to providing our market with the services and technology that it needs to compete with the national chains.

Release 1.71

On March 7, 2004, CornerDrugstore released version 1.71. This release marks the third major update of its suite of web products and services since J M Smith Corporation acquired the product in May of 2002. Version 1.71 brings major improvements in three main areas.

Site Listing and Searching

Version 1.71 introduced the Directory Listing Service. The redesigned home page for www.CornerDrugstore.com now serves as a link to a directory listing for community pharmacies nationwide as well as a reference for our products and services. Consumers searching the Internet for pharmacies should see CornerDrugstore as a high-ranking listing under a variety of key pharmacy phrases. A description will identify the site as the foremost listing service for any community pharmacy in the nation. A click to the listing page will reveal a dynamic searchable listing by city, zip code and proximity. Once a pharmacy has been identified, a map with complete driving directions is available. In upcoming releases, sponsored listing positions will be available so that your pharmacy can be the preferred listing for the city or zip code(s) you reserve.

• Improved Search Engine Exposure

New technology has been added to allow for better identification and location of your pharmacy's web site by special programs called "spiders" which are constantly searching and indexing the web. These indexes are responsible for your site's appearance in search engine listings, and they display your site's listing after only a couple of clicks.

Site Statistics Reporting

The key to understanding the effectiveness of your online presence is the ability to gather and interpret statistics about your site's visitors. Release 1.71 has significant improvements to the engine that collects and analyzes your site's visitors. Data gathered and analyzed over time will provide the most accurate look at what effect your marketing efforts are having on your online efforts. Log on to the Pharmacy Connection at http://pharmacy.cornerdrugstore.com to see your site statistics. Remember to allow a couple of month's worth of data to accumulate to get an accurate historical picture of your site's performance.

Upcoming Improvements...

The development team at CornerDrugstore seeks functions to aid you in your efforts to publish a top-notch pharmacy web site. We are convinced that the Internet will play a very large part in the future of your local pharmacy, and we at CornerDrugstore are committed to bringing you the web tools and services you'll need to propel you into the 21st century. Watch for more improvements and services to be available throughout 2004.

The Internet is a force to be harnessed and will play a significant part in the future of your pharmacy. At CornerDrugstore, we are committed to helping you participate in all that the Internet has to offer... after all we know that "the future of your pharmacy is online!"

By: R. Chris Sigmon, Manager of Web Products, QS/1

PrimeCare Release

17.8 Enhancements

By: Jim Hancock, PrimeCare Sales Manager, QS/1

Two new features in 17.8 are changing the way PrimeCare customers process billing for their LTC and ALF patients. A Facility Billing Matrix has been added to the Facility/Unit record, and the Patient Billing Matrix has been enhanced.

The Facility Billing Matrix is designed to store all billing rules for a given facility. Stored information includes price codes, C-ACCT codes, coverage exclusions and exceptions and cascades. The goal is to allow the billing departments to establish and maintain the rules for billing at the facility record level. Order entry personnel no longer have to be concerned about which price code or which C-ACCT code to use because the system automatically prices the order based on the rules and applies the proper C-ACCT code. The ability to set up the Facility Billing Matrix and the ability to create Payors is controlled by security access.

In this Facility Billing Matrix, all of the charges go to facility master accounts. If the CACCT field is left blank on the Facility Billing Matrix, the system uses the C-ACCT on the patient record.

Notice that the columns are lookup columns. Lookups help in the initial setup.

To explain what this example matrix does for a Private Pay patient, let's step through the first five payors. The patient is identified as Private Pay. When an order is processed the Exclusions and Exceptions columns are used to determine if the current price code and C-ACCT code is used or if a cascade to a different payor is needed. In this example, an order for Altace is priced with P/C = UD and C-ACCT = O9999999999.

QS/1 99990 Rel 17.8 Function	F	ACILIT	(PrimeCare) QS/1 PRIMECARE Y B I L L I N G	MATRIX	Date: 01/27/04 (Tuesday)
-	Price <code></code>	Charge <account></account>	<exclusions></exclusions>	<exceptions></exceptions>	<continue></continue>
PRIVATE PAY	UD	099999999	IV, IVSUP, OTC		OTC PVT PA
OTC PVT PAY	OT	OFOTC	STOCK, IV, IVSUP		IV
IV	IV	OFIV	STOCK, IVSUP		IV SUPPLIE
IV SUPPLIES	XX	OFIVS	STOCK		STOCK ITEM
STOCK ITEMS	ST	OFSTK			Next Entry
MEDICAID	IN	099999999	STOCK, NONMD, OTC	C4G,X2B	MEDICAID N
MEDICAID NOT	' UD	OFMCDNOT	1	1	Next Entry

Figure 1 - Facility Billing Matrix

Aspirin 81mg is excluded by the OTC exclusion and cascades to the next line as indicated by the Continue column. The Exclusions can be a combination of drug categories (a new field on the drug clinical record), specific therapeutic classes, GCNSEQ#s, NDCs and/or drug codes. There is also a flag on the exclusions page to check the facility stock supply table and/or the drug non-Medicaid field. Another example, Milk of Magnesia, is identified as a stock supply in the facility's stock supply list. Therefore, a new order for a private pay patient for Milk of Magnesia cascades from UD to OT to IV to XX and finally to ST to get priced and charged.

Now let's look at the Medicaid line. The Exclusions column excludes stock supplies, non-Medicaid items and OTCs. The

Exceptions column undoes the OTC exclusion for Insulin and Insulin syringes.

There are a number of new features with the new Patient Billing Matrix. The first is the ability to store more of the billing status change history. Also the new Patient Billing Matrix provides for concurrent coverages where the original Patient Billing Matrix only provided for consecutive coverage.

Review the Regional Seminar Schedule in this edition of Insight as well as www.qs1.com for seminars on this useful new enhancement.

Function	Patient Billing Matrix		
Primary Payor	Secondary Payor	Effective	Expire
MEDICAID PRIVATE PAY MEDICARE PCS ON LINE PRIVATE PAY	MEDICAID SECONDARY	01/01/04 12/30/03 12/11/03 10/01/03 10/01/03	00/00/00 12/31/00 12/29/00 12/10/00 12/10/00

Figure 2 - Patient Billing Matrix



July 21 - 25, 2004

Agenda

Wednesday, July 21, 2004

3:00 pm - 6:00 pm 6:30 pm - 7:30 pm Registration
Welcome Reception
Hardware Expo Opens
(Join us for hors d'oeuvres & drinks)

Thursday, July 22, 2004

7:45 am - 8:30 am

8:30 am - 9:00 am 9:00 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 - 3:00 pm 3:00 pm - 3:30 pm 3:30 pm - 5:00 pm 3:00 pm - 5:00 pm Registration & Continental Breakfast

Welcome & Introductions Industry Speaker (1.0 CE hrs.)

Coffee Break

Industry Speaker (1.5 CE hrs.)

Lunch Provided

Industry Speaker (2.0 CE hrs.)

Coffee Break

Industry Speaker (1.5 CE hrs.)

Hardware Expo (Refreshments Provided)

Friday, July 23, 2004

7:45 am - 8:30 am 8:30 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 - 3:00 pm 5:00 pm

Continental Breakfast

QS/1 Product Tracks
Coffee Break

QS/1 Product Tracks

Lunch Provided

Hardware Expo (Refreshments Provided) Bus departs for Ball Game

Saturday, July 24, 2004

8:00 am - 8:30 am 8:30 am - 10:00 am 10:00 am - 10:30 am 10:30 am - 12:00 pm 12:00 pm - 1:00 pm 1:00 pm - 3:00 pm 3:00 pm - 5:00 pm

Continental Breakfast

QS/1 Product TracksCoffee Break

QS/1 Product Tracks Lunch Provided

QS/1 Product Tracks

Hardware Expo (Refreshments Provided)

Sunday, July 25, 2004

8:00 am – 9:00 am 9:00 am – 12:00 pm

Continental Breakfast

POS Breakout

For Hotel Reservations Call...

Baltimore Marriott Waterfront

\$159.00/night 1.800.228.9290 or 410.385. 3000 Ask for the QS/1 Data System Rate

RxCare Plus CRx Point-of-Sale SystemOne PrimeCare

QS/1 Conference Fees

Full Registration w/ CE: \$299/person
Full Registration w/No CE: \$249/person
2 Day Track Pass (Fri. & Sat.) \$199/person
*Spouse/Guest Registration: \$199/person

*Option ONLY available with paid full registration

Full Registration Fee. Includes welcome reception, CE credits, general sessions, keynote speakers, workshops, vendor exhibits, continental breakfast and lunch each day.

Full Registration Fee with no CE Credit. Includes same as full registration except no C

Includes same as full registration except no CE credits.

2 Day Track Pass. Friday and Saturday registration. Includes product track sessions and scheduled meals. No CE Credit available.

Spouse Registration Fee. Includes scheduled meals, breaks and reception. Available only with paid full registration.

Cancellation. If you cannot attend, a full refund will be made if the cancellation request is received in writing by June 15, 2004.

QS/1 Baseball Quting

Baltimore Orioles vs. Minnesota Twins

Friday, July 23: \$25.00 per person Includes game ticket and bus transportation to park.



For More Information or to Register

Call Susan Mintz toll free 1.800.845.7558 ext. 7253 or visit the website www.qs1.com for up-to-date conference information.



RxCare Plus

There is good news for allergy code sufferers. There are no numeric allergy codes to remember now, due to the 17.8 Drug Allergy Module that replaced the discontinued Allergy Module. Allergies can be chosen by name and added to the Patient Record. The new Drug Allergy Module also offers a new field, Patient Cross Sensitivity, on the Clinical Checking Options screen in the Pharmacy Options section of Store Information. Once you activate the field for the new module, it will allow you to perform cross sensitivity checking on patients. In addition, the Allergies field on the Drug Record will display Y if the drug contains allergy information or N if there is no allergy information available. If there is allergy information, pressing Enter will display the allergies associated with the drug. The same information is available from the Allergy field of the Patient Record. The first allergy description will display automatically, and the word "more" will display if there are more descriptions. The descriptions include allergen, ingredients and medical (brand and generic) names for the different allergies. A new field, Reactions, also is included on the Patient Allergy screen. Adverse reactions can be added beside the allergy descriptions, and up to 10 allergy descriptions will display on the screen.





SystemOne

New HIPAA regulations involve changes in all state Medicaid transmissions. QS/1 is in the process of rewriting the state Medicaid programs, and the programming schedule is based on the deadlines of each Medicaid entity.

When programming is complete, testing begins with the state Medicaid or the designated third party contractor. This testing process verifies the format of the submitted file with the ANSI X12 specifications. Our test site customers test using live claim data whereas we are testing only the file format.

In the past, QS/1 handled not only the claim file creation, but also the log on process and claims transmission. Today, many state Medicaids are using different connection methods, including the Internet. These newer methods allow for significantly faster transmissions rates. Our test sites are working with us to complete the customer testing process so that we can write Special Processing Notes to ease the transition to new transmission methods. We will provide you with the most accurate information for quickly and efficiently submitting claims and downloading reports as soon as it is available.

CMS: New Policy for Non-HIPAA Compliant Electronic Claims

February 27, 2004, CMS (Center for Medicare and Medicaid Services) released a document instructing Medicare carriers and intermediaries (including the four regional DMERCs) to slow payment of electronic claims not compliant with the HIPAA transactions standard. This announcement is intended as an incentive to increase compliance with the HIPAA standard. As a result of the instructions, beginning July 1, 2004, carriers and intermediaries should pay such claims no earlier than 27 days after receipt instead of the current 14. CMS called the change "a measured step toward ending the contingency plan completely." The operational change does not require regulatory approval. As of the July deadline, any SystemOne customer who has not yet updated from NSF to ANSI X12 will have their payments delayed by two weeks.



Point-of-Sale

It's true that the initial requirement for HIPAA Statement signatures has passed, but as you know, it has not gone away. Signatures for new patients are still required and ESC (Electronic Signature Capture), currently available in Point-of-Sale Release 17.7, can help with HIPAA signatures as well as most other signature capture needs.

ESC can improve productivity by relegating the capture of HIPAA signatures to the checkout function where other signatures are normally handled. Signatures for third party prescriptions, patient counseling, non-safety cap requests or even cash prescriptions can be handled by a cashier, freeing more time for pharmacists and technicians to handle other tasks. ESC also can reduce the number of times a patient or customer has to sign by combining allowable functions under one signature and assigning a pointer from each function to the actual signature.

And it just keeps getting better. Concerns regarding saving and filing signed documents are a thing of the past because ESC for credit/debit cards and accounts receivable is just around the corner.



CMS

Security

User security has been added to CMS and is based on roles and job responsibilities. You can assign one of the predefined roles or add roles that better suit your specific needs. This additional security function serves to protect your business's information and to determine user access to each function of the CMS system.

Software Distribution

If there are software updates or files that need to be distributed to selected sites or all sites, you can send the files directly from CMS using the Software Updates program. To access this feature, click Tools, then Software Updates. A Wide Area Network is required to use the Software Update utility.



CRx

Increased Number of Third Parties Per Patient

With 17.8, there is no longer a limit of three third parties per patient. You now have the capability to have up to eight active third parties attached to each patient.

Data Collections

CRx can now collect your data through PowerLine and distribute it for you to a variety of vendors. For example, if you have a contract with IMS, Pharmacy First or any other company, QS/1 will collect your claim information, including cash prescriptions and send them to any of your subscription services.

Spanish SIGS

In previous releases you had the ability to print the SIG in Spanish or English based on the patient language flag. The option to display the SIG in English or Spanish during dispensing and when editing a prescription is new with Release 17.8.

Track Refill Requests

Track your refill request faxes if using WinFax or QS/1 Fax: MM 7.4.1 #16. If you are filling a prescription that does not have refills remaining and press <F> to fax the doctor for additional refills, the prescription will appear in your message queue with the status of the fax.



Enter for a Chance to Win!

We would like to gain a better understanding of how to serve you! We will have surveys posted on our web site at various times throughout the year. Visit **www.qs1.com** to complete these surveys and enter for your chance to win.

Congratulations to the winners of our previous surveys who received 17" flat panel monitors...



Dominic Aspria, customer of Bartell Drugs - White Center in Seattle, Washington, winner of the Corner Drugstore survey.

Damon Wilson of **APS Pharmacy in Bangor, Maine**, winner of our QS/1 Customer Communications survey.

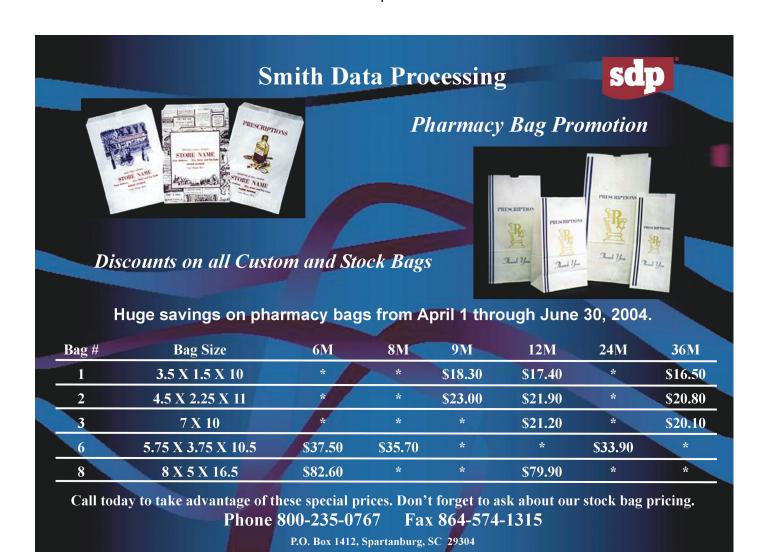
Thanks to everyone who participated in these surveys!



QS/1 Opens New Regional Office in Houston, Texas

QS/1's newest office in the Gulf States Region opened in December of 2003.

3711 Briar Park, Suite 350, Houston, TX 77042 713.780.3701 phone; 713.780.3706 fax



From the Support Center



Visit our web site at www.qs1.com and check out the Frequently Asked Questions section.

RxCare Plus:

To view a signature for a prescription that was signed via Electronic Signature Capture through RxCare Plus or Point-of-Sale, from the Transaction window type the letter I and press Enter to display the Additional Transaction Window. If there is a Y in <Sign>, tab to the field and press Enter to display the signature.

If you are trying to run the Transaction Signature Log Report, access (C) general reports, (B) prescription logs and (O) transaction signature log. If you are printing to a dot matrix printer, print in a 10 pitch and set the Prt Sig Image to NO on the print options screen.

Fastclaim:

You may see the following symbols in your log scan when viewing paid or rejected claims. The following is an explanation of each symbol.

- # = Deleted
- ^ = Price of the drug changed
- * = Cost changed
- ! = Lower fee than Medicaid fee
- L = Label printed
- a = Total price below store limit
- p = Printer locked/unavailable

PrimeCare:

When creating transactions you will see a message: "Caution! If F6 has been used to process fill list items, run the supplemental fill list before creating transactions. Process Y." This message is a reminder to run Update Supplemental before creating transactions so items will go to the correct fill list. To access Update Supplemental, press F2-Fill List Functions, F8-Fill List Utilities, F3-Supplemental Fill List; choose your group from the list and proceed.

If you are using the Admit feature to readmit patients to a nursing home you must now enter an A-ACCOUNT in the A-Account field on the Admit screen.

Point-of-Sale:

Credit card transactions through QS/1 are processed only with Heartland Payment Systems. In order to process your credit cards through Heartland, you will need to be on Release 17.7. You should have received a letter and/or fax to notify you of this change. If you are on Release 17.4 or lower, you will first need to convert to Release 17.5 then to Release 17.7. Once you have converted, call Point-of-Sale Support to change your carrier code to begin processing to Heartland. If you need a conversion CD, please call Point-of-Sale Support at 1.800.845.7558, ext. 203.

SystemOne:

In SystemOne Release 17.7, you will be able to print a 10-month option letter directly from the Transaction Record if the Item Record is set up. Answer Y to the Print On Deliver question on the item's Alternate Information Window (A + Enter). At the time the transaction is logged into the system, a window displays Print 10 Month Option Letter? Press Y to print or N not to print, then press Enter.

CRx

Did you know that you could access Hot Keys by hitting your Tab key? Each time you press the Tab key it takes you to a different page of Hot Keys.

Change a third party from using the 3.2 Transmission Format to the 5.1 Transmission Format: MM.4.7.2. Choose the third party and then change # 1 the Transmission Format to use the 5.1 Format.

CMS:

Did you know that you could export individual price tables to a store or a group of stores?

Modify the default table, site table or group table by selecting the price table on the left of your screen. To export, choose File, Export from the top of the screen. When the Export screen displays, choose the revised table(s) and the stores or group to which you wish to export. For assistance, call your Chain Account Representative at 1.800.879.1987.

CRx Hardware:

Norton Antivirus

Please check your Subscription Date to ensure it is not expired. If it is expired and you have Internet access, update your program to ensure that it checks for the most current virus definitions and that Automatic Live Update is activated. If you do not have Internet access, contact Symantec for the update.

Please be aware of automatic backup failures that may occur on all versions of Windows after the Daylight Savings time change. Check your backup logs every day. If you experience any problems with your automatic backups, call Customer Support 1.800.441.1995.

IN YOURAREAR EA

Training Seminars

Northeast Region

Mechanicsburg, PA: (717) 795-2700

03/09/2004 PrimeCare: Patient & Facility Billing Matrix 03/11/2004 PrimeCare: Patient & Facility Billing Matrix 04/20/2004 RxCare Plus: A/R & Third Party Billing 04/22/2004 PrimeCare: Patient & Facility Billing 05/20/2004 PrimeCare: Patient & Facility Billing 06/15/2004 CRx: Basic Processing

Sturbridge, MA: (800) 648-7428

03/16/2004 CRx: Basic Processing

04/15/2004 PrimeCare: Patient & Facility Billing 05/13/2004 PrimeCare: Patient & Facility Billing 05/18/2004 Point-of-Sale: Basic Processing 06/17/2004 PrimeCare: Product Review

Mid-Atlantic Region

Indianapolis, IN: (800) 637-5251

03/04/2004 PrimeCare: System Overview
03/11/2004 RxCare Plus: System Reporting Capabilities
03/25/2004 SystemOne: Claims Submission & Review
04/22/2004 RxCare Plus: Review & Enhancements
05/12/2004 Point-of-Sale: Review & Enhancements
06/10/2004 RxCare Plus: Review & Enhancements
06/17/2004 SystemOne: Claims Submission & Reconciliation

Lexington, KY: (866) 441-7011 03/09/2004 CRx: System Overview

04/22/2004 SystemOne: Claims Submission & Reconciliation

05/13/2004 RxCare Plus: Review & Enhancements

06/08/2004 CRx: Review & Enhancements

Richmond, VA: (877) 392-5851

03/11/2004 Point-of-Sale: What can it do? 04/22/2004 CRx: Review & Enhancements

05/06/2004 PrimeCare: Overview

06/10/2004 Point-of-Sale: Review & Enhancements

Midwest Region

Pleasant Hill, MO (800) 541-5358

04/27/2004 PrimeCare: A/R

04/28/2004 RxCare Plus: Review & Enhancements

04/29/2004 RxCare Plus: Advanced RX

Southeast Region

Miami, FL: (800) 889-9183

03/11/2004 RxCare Plus: Reconciliation & Secondary Billing

03/18/2004 Point-of-Sale: Basic Operation

03/25/2004 SystemOne: GUI/New Look

05/13/2004 RxCare Plus: Review & Enhancements

05/20/2004 Point-of-Sale: Basic Processing

05/27/2004 SystemOne: GUI Review

Orlando, FL (800) 889-9183

04/08/2004 RxCare Plus: Workflow for RXCare

04/15/2004 Point-of-Sale: Inventory

04/22/2004 SystemOne: Basic Processing

06/10/2004 RxCare Plus: Nursing Home Review

06/17/2004 Point-of-Sale: Inventory

06/24/2004 SystemOne: Enhancements

Spartanburg, SC (800) 889-9183

03/11/2004 RxCare Plus: Reconciliation & Secondary Billing

03/18/2004 Point-of-Sale: Basic Operation

03/25/2004 SystemOne: GUI/New Look

04/08/2004 RxCare Plus: Workflow for RX

04/15/2004 Point-of-Sale: Inventory

04/22/2004 SystemOne: Basic Processing

05/13/2004 RxCare Plus: Review & Enhancements

05/20/2004 Point-of-Sale: Basic Processing

05/27/2004 SystemOne: GUI Review

06/10/2004 RxCare Plus: Nursing Home Review

06/17/2004 Point-of-Sale: Inventory

06/24/2004 SystemOne: Enhancements

West Coast Region:

Sacramento, CA (866) 848-1942

04/15/2004 SystemOne: Review & Enhancements 1st Annual* 04/15/2004 RxCare Plus: Review & Enhancements 1st Annual*

Seattle, WA (866) 848-1942

04/22/2004 SystemOne: Review & Enhancements 3rd Annual*

04/22/2004 RxCare Plus: Review & Enhancements 3rd Annual*

05/17/2004 RxCare Plus: Prescription Processing 101

05/21/2004 RxCare Plus: Report Logic

05/27/2004 SystemOne GUI: Transaction Processing 101

06/07/2004 RxCare Plus: Prescription Processing 101

06/08/2004 RxCare Plus: Inventory Control

07/19/2004 RxCare Plus: Prescription Processing 101

07/23/2004 RxCare Plus: A/R & 3rd Party Reconciliation

07/29/2004 Claims Follow Up Procedures

Valencia, CA (866) 848-1942

03/09/2004 RxCare Plus: Report Logic

04/06/2004 Point-of-Sale: Report Logic

04/20/2004 SystemOne: 3rd Annual Enhancements Seminar*

04/20/2004 RxCare Plus: 3rd Annual Enhancements Seminar*

05/04/2004 RxCare Plus: QS/1 & California Medi-Cal

05/11/2004 RxCare Plus: Prescription Processing 101

06/14/2004 RxCare Plus: Prescription Processing 101

06/18/2004 RxCare Plus: Tickler File Training

06/24/2004 SystemOne GUI: Inventory Control (Including Serialized Inventory)

07/06/2004 RxCare Plus: Prescription Processing 101

07/07/2004 RxCare Plus: Workflow

\$25.00 per person per seminar
(Family Care Members: one person per month FREE)

To register or for more information, contact your respective regional office two weeks prior to the seminar. Seating is limited.

^{*} Special times and pricing. Please call the regional office for more details.

UIRKA RÆAK

Trade Shows

Columbus, OH

April 16-17, 2004:

Ohio Pharmacists Association

Houston, TX

April 16-19, 2004:

Texas Society of Health-System Pharmacists

Booth #201

St. George, UTApril 22-24, 2004:
Utah Pharmaceutical Association

Minot, ND

April 23-25, 2004:

North Dakota Pharmacy Association

Chicago, IL

May 1-4, 2004:

FMI - Supermarket Pharmacy Conference

Indianapolis, IN

May 11-13, 2004:

Association of Indiana Home Medical Equipment Services (AIHMES)

Scottsdale, AZ

May 13-15, 2004:

American Society of Consultant Pharmacists

(ASCP)

Booth #518

Harrisburg, PA

May 17-18, 2004:

Pennsylvania Association of Medical Suppliers

(PAMS)

Waterloo, IA

June 1-4, 2004:

VGM Heartland

Wrightsville Beach, NC

June 3-5, 2004:

North Carolina Association for Med Equipment

(NCAMES)

New Orleans, LA

June 8-12, 2004:

American College Health Association

(ACHA)

Destin, FL

June 10-12, 2004:

Mississippi Pharmacists Association

Coeur d'Alene, ID

June 10-13, 2004:

Tri State Pharmacy Convention

Ponte Vedra, FL

June 12-14, 2004:

Georgia Pharmacy Association

Orange Beach, AL

June 13-16, 2004:

Tristate HME Convention - Alabama, Georgia and Mississippi

Waukesha, WI

June 16-18, 2004:

Wisconsin Association of Medical Equipment Services

(WAMES)

Albuquerque, NM

June 20, 2004:

New Mexico Pharmacy Meeting

South Portland, ME

June 21-23, 2004:

New England Medical Equipment Dealers

(NEMED)

Lake Placid, NY

June 23-27, 2004:

Pharmacy Society of the State of New York

(PSSNY)

Carefree, AZ

June 24-26, 2004:

American Society of Automated Pharmacies

(ASAP)

Hilton Head Island, SC

June 24-27, 2004:

South Carolina Pharmacy Association

Breezy Point, MN

June 25-27, 2004:

Minnesota Pharmacy Association

Atlantic City, NJ

June 29 - July 1, 2004:

New Jersey Pharmacy Convention

Orlando, FL

June 29 - July 3, 2004:

Florida Pharmacy Association

Dallas, TX

July 8-11, 2004:

Texas Pharmacy Association

Virginia Beach, VA

July 13-14, 2004: Virginia Association of Durable Medical Equipment Companies

Isle Verde, PR

July 21-25, 2004:

Community Pharmacy Association

Harrisburg, PA

July 22-25, 2004:

Pennsylvania Pharmacists Association

See the difference IVR makes – day and night.



In an average pharmacy, 50% of daily phone calls are refill orders. Free your staff's time with QS/1°'s integrated IVR. Working seamlessly with QS/1 pharmacy systems, our IVR streamlines refill and physician communications. With integration, refill requests automatically enter the pharmacy system, providing access at any workstation without calling into a separate voicemail system. Plus, you'll provide customers 24-hour access to refill ordering even when your store's closed. To learn how IVR can improve workflow in your pharmacy, call **1-800-231-7776** or visit **www.qs1.com** today.



Community Pharmacy HME

Long Term Care Pharmacy IVR

Chain Pharmacy Point-of-Sale

Outpatient Pharmacy CornerDrugstore.comSM

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