

INSIGHT

January 2004

THE QS/1 MAGAZINE

Independent
Pharmacies...
Here to
Stay!



Jack Linder, RPh
Spartanburg, S.C.



www.qs1.com

In this issue of *Insight* we bring you a feature on independent pharmacies and their ability to weather the storms of an uncertain marketplace. The findings suggest that these businesses are making a huge impression on the industry and are serving customers well.

Along the lines of service, we also are including success stories of two of our most recent products. QS/1 IVR, our interactive voice response telephone system, has sold hundreds of orders since spring of 2003 and continues to be a leading product for pharmacists looking for ways to increase the time for patient counseling and other service pursuits. Enterprise, a solution to link multiple pharmacies to a single server, is helping pharmacists centralize maintenance and upgrades and is saving money on hardware equipment.

In addition this issue has information on many industry topics. Rich Muller, QS/1 Industry Analyst Manager, continues his What's New with HIPAA series by addressing the Physical Safeguards. Bill Felkey of Auburn University revisits some of the technological advances he presented at our 2003 customer conference, and Don Lassiter of Heartland Payment Systems gives tips on getting credit card savings as a result of recent legal actions. From the HME perspective, Andrea Stark of MiraVISTA, LLC, advises business owners on achieving greater profits, and Asela Cuervo of American Association for Homecare highlights some issues with Medicare and Medicaid.

QS/1 always is working to give you the latest and most helpful information to aide you in your businesses. Whether it is finding new ways to make our solutions work for you, telling you about what we think are the latest and greatest enhancements to our product lines, or ensuring that you are up-to-date on the newest industry requirements, QS/1 is here for you.

Bill Cobb
President, QS/1

January 2004

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What's New HIPAA

HIPAA Security Rules: The Physical Safeguards

In the July issue of Insight, we introduced the final HIPAA security rules. In October, we discussed what the administrative safeguards were. We continue the topic in this issue by addressing the physical safeguards.

According to the Department of Health and Human Resources (HHS), “Physical safeguards are physical measures, policies and procedures to protect a covered entity’s electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion” (Section 164 .304 of the 45 CFR). There are several components that make up these safeguards.

The first is to employ facility access controls. These controls would consist of policies and procedures that control physical access to computers and the facilities where they are stored, ensuring proper access is allowed. All of these components are addressable, which means alternative measures can be implemented. (See the July 2003 *Insight* for the difference between addressable and required.)

To comply with these safeguards, the government describes implementation of a contingency operations procedure, in case of an emergency situation or in the case of lost data. A real world situation may be a large pharmacy operation with an IT staff responsible for maintenance of the system. Should the system hard drive fail, procedures must be in place to allow access to replace the computer hard drive and restore the data from a backup.

The regulations also describe a facility security plan. This plan, when implemented, would safeguard the facility and the computer equipment from unauthorized access, tampering and theft. A security system with individual passcodes (such as keyfobs), where the passcode can be revoked when an employee terminates, would be a good piece of such a plan.

There are also access controls and validation procedures. This type of access control would differentiate levels of access. For example, an IT person needs to be able to maintain the system but does not need to physically access the pharmacy data.

There are also maintenance records to be maintained. This safeguard would be a record keeping of all maintenance to the facility. For example, if the locks were to be changed, for any reason, you need to keep a record of this taking place.

The second piece of the physical safeguards is workstation use. This component requires policies and procedures to detail what functions a workstation should be used for, how they are to be performed and the physical attributes of the surroundings of that workstation (if it has access to PHI). No additional details or implementation specifications were provided by the government for this component.

The third piece of the physical safeguards is workstation security. This piece requires the implementation of safeguards against unauthorized access to systems that have access to e-PHI. This safeguard clearly goes hand-in-hand with the workstation use, which concerns documenting the environment, with workstation security about how to protect against the environment. Again, no additional details or implementation specifications were provided by the government.

The forth and final piece involves device and media controls. These policies and procedures describe the receipt and removal of computer equipment or media (such as CD-ROM's, DVDs, diskettes or backup tapes) that may contain e-PHI in and out of a facility, as well as tracking the movement of such within a facility.

The first component to this safeguard is the disposal of such equipment, which is required. It requires policies and procedures to protect e-PHI from media or equipment that will be discarded. For example, if you were to purchase a new backup unit, and your old tapes were no longer of use, you need to properly dispose of it (such as reformatting the tape) to ensure that no one else could gain access to that data.

The second component is media reuse. For example, if you were to run a patient profile to a diskette, and then later choose to use that diskette for some other purpose, you would need to have policies that ensure that such e-PHI is removed from that diskette before it is reused and leaves the control of the facility. This component is required.

There is an accountability piece to this safeguard, which is addressable. It would track the use of such equipment as it changes hands within a facility. For example, a laptop that may be shared among pharmacists would need to be tracked.

Finally, there is backup and storage, which describes creating and storing an exact replica of the e-PHI stored on your computer before it is moved. While this issue is addressable and does not specifically mention nightly backups, keep in mind that the disaster recovery plans refer to restoration of lost data, so those nightly backups become an important part of your HIPAA preparations.

In the April edition of Insight, we'll take a look at the technical safeguards. April 21, 2005, is the deadline for compliance with the HIPAA security rules, so there is still time to get a good understanding of the rules and how they affect your organization.

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

HIPAA References

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

<http://www.wedi.org>

<http://www.healthcaresecurity.org>

<http://www.healthprivacy.org>

Big Profits

from your Small Business

By: Andrea Stark President, MiraVISTA, LLC

A significant part of the income stream for pharmacies and medical equipment suppliers comes from reimbursement entities such as Medicare, Medicaid and other insurers. Success is tied closely to how well you understand the confines of the reimbursement system. The products that you sell can make or break you. Begin by analyzing four components of inventory: if, what, when and how.

If... Start by asking yourself if the product is covered. If it is covered, what are the guidelines? It is very important to be familiar with the coverage guidelines of each reimbursement agency. You may find that the required documentation may be so extensive that it renders the item unprofitable. Keep in mind that having a prescription does not protect you from recoupments or audits.

What... What will you be paid on this particular item? And, more importantly, what can you charge? Most insurers have a fee schedule that provides allowed amounts. Keep in mind that reimbursement typically is tied to a code and not to a product. Because profit margins can vary greatly depending on brands, models and manufacturers, it is important to select brands that provide you with quality and profitability. Medications can be especially tricky with the Medicare program, since the law prohibits you from cash transactions or collecting above the Medicare allowed amounts on covered drugs. However on medical equipment and supplies, you may be able to use the Advance Beneficiary Notice (ABN) to collect more than the allowable from the customer.

When... When are you going to get paid for this item? Consider denial rates, processing time and similar factors. Some products have a high rate of denial and require further resources to initiate appeals in an attempt to collect. If this is the case, payment may be postponed weeks or months. Processing time often can be expedited by filing electronically using your QS/1 software. You may also want to verify if your insurer allows for electronic funds transfers (EFTs). EFTs directly deposit funds into your bank account, giving you instant access to cash.

How... How will you be paid for this item? Will the insurer pay you for a three-month supply, or only a month at a time? Occasionally, medical equipment must be rented before the purchase is allowed.

Knowing the answers to these questions will help you to make better decisions about the products you carry and in turn will increase your profitability. The law does not require you to carry or sell every product, but after you have made a commitment to sell a product, you may find yourself restricted on how you collect payment.

Andrea Stark is the President of MiraVISTA, LLC, a Medicare consulting firm located in Columbia, S.C. MiraVISTA, LLC offers a wide variety of education, financial and consulting services to durable medical equipment suppliers, pharmacies and health care professionals. Andrea has over five years experience working with suppliers as an employee of the Durable Medical Equipment Region C Carrier and as an independent consultant and trainer. She can be reached at 803.462.9959 or andrea@miravistallc.com.

Medicare/Medicaid:

OIG proposes new restrictions on providers 'usual charges'

By: Asela Cuervo, Senior Vice President and General Counsel, American Association for Homecare

The Office of Inspector General (OIG) for the Department of Health and Human Services (HHS) has published a proposed rule expanding the OIG's authority to exclude providers for making excessive charges to the Medicare or Medicaid programs. If this proposal is finalized, it would impose a new compliance requirement on suppliers who will be required to determine whether their charges to the Medicare program are substantially in excess of their charges to private-sector payors.

Under the proposal, a provider's "usual charge" would be calculated using the mean or median of the supplier's charges to most of its non-government payers such as private sector insurance plans or private pay fee-for-service patients. If a supplier submits claims to the Medicare program that are more than 120% of its usual charge, the supplier could be subject to exclusion from the program for charging Medicare "substantially in excess" of its usual charges, unless the supplier can demonstrate "good cause" for the higher charges to Medicare.

The OIG supports this proposal based on an assumption that fee schedules (with the exception of the physician fee schedule) result in inaccurate reimbursement because they are infrequently updated and not subject to significant public input. In other words, reimbursement under fee schedules is not subject to price competition, resulting in payments that are out of step with the private sector. AAHomecare has filed comments with the OIG challenging the rationale for the proposed rule and identifying the fundamental differences between payment for DMEPOS items under the Medicare and Medicaid programs and the private sector.

For example, there are basic differences in the scope of services covered and paid for under Medicare and private sector insurance as well as the administrative requirements that they impose on providers. The Medicare program pays for items such as oxygen under a bundled benefit and does not recognize the services of respiratory therapists, whereas the private sector usually does. The patient demographics for Medicare and private sector payers are also very different. Medicare beneficiaries are generally older and suffer from more chronic conditions than individuals enrolled in private sector plans. Overall, it is more expensive to service Medicare beneficiaries than individuals covered by private sector plans.

The proposed rule is unworkable because it calls for comparisons between Medicare and the private sector, which is like comparing apples to oranges. It is important to remember, however, that this is a proposed rule. Providers do not have to implement new policies in their businesses until the rule becomes final. In the meantime, AAHomecare has recommended that the OIG withdraw the proposal because of the difficulties providers will have in complying with it. We will continue to keep you informed.

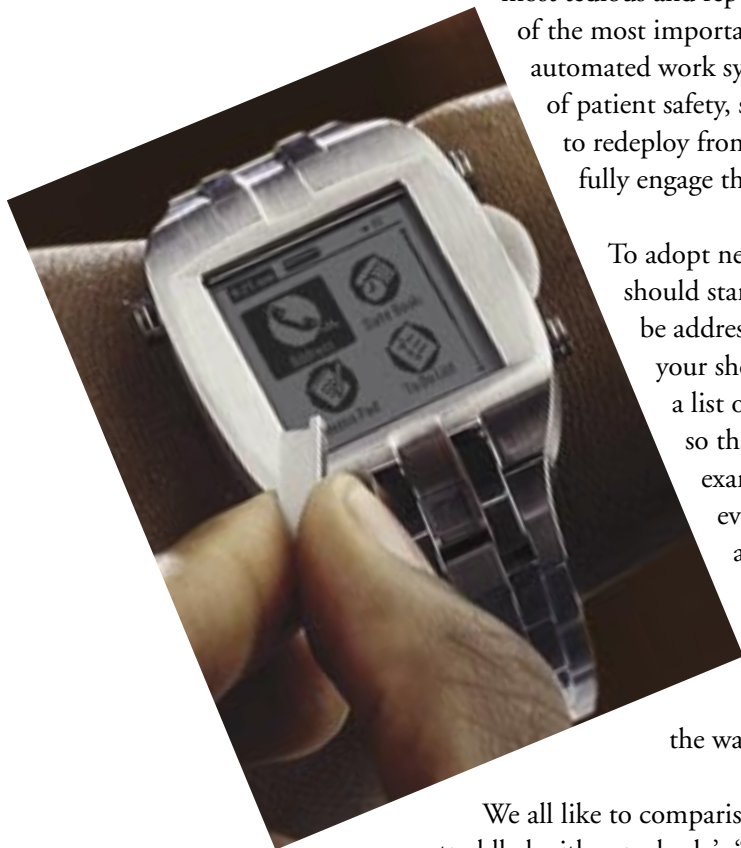
Integrating Technology...

at the Point of Care

By: Bill G. Felkey, Associate Professor, Harrison School of Pharmacy, Auburn University

Why You Should Automate and Integrate

How dedicated are you to becoming more efficient and effective in your operations? The working environment in which most pharmacists find themselves is complex and even overwhelming. Are you integrating your work systems to enhance your capabilities or automating portions of your operation to replace the work that is most tedious and repetitive? I would offer that integration of systems is one of the most important priorities in any pharmacy operation. Integrated and automated work systems can make you more productive, offer greater levels of patient safety, streamline and simplify operations and allow pharmacists to redeploy from a hands-on dispensing workload to activities that more fully engage their professional training and education.



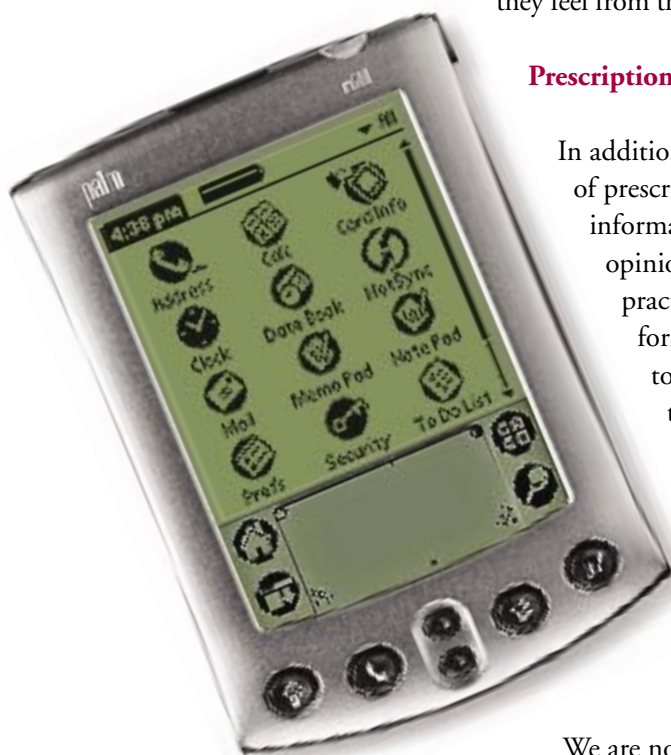
To adopt new technology or integrate existing technology, you should start this process by identification of your key problems to be addressed. Then match available technological solutions with your short and long-term goals for your pharmacy. Also, make a list of what you have currently for technology and systems so that interface options and integration solutions can be examined for those technologies. You don't need to change everything at once but can integrate those technologies that are working well and in which you are already confident. Make sure you involve the key people who will be impacted by technological change to assure that they will feel "ownership" in the changes that will occur. Be sure to reduce barriers that your stakeholders place in the way of your planned projects.

We all like to comparison shop and do site visits to make sure we're not straddled with somebody's "Alpha" test product. Make sure that you push your salesperson aside and run scenarios through any technology to get a feel for how it will impact your operations. After you have your short list of possible technological selections, make sure you look at all of the other costs to run an additional system long-term (beyond the acquisition cost). Of course, you will be a shrewd negotiator and will have a carefully conceived plan for implementation and transition.

Remember, technological change seems to always have a ripple effect throughout your operation.

Automation of the dispensing process is yielding a good return on investment for US pharmacies. Although chains, wholesalers, and buying groups of independent pharmacists are starting to examine central fulfillment automation, in-store automation is receiving the most attention. Pharmacists need to delegate their historical dispensing duties to technicians and technology that can make work processes more efficient and safer for patients. Pharmacists can't be everywhere at the same time, but technology can give valuable oversight of all work processes to streamline and protect patients from human error.

Another process being utilized is the preparation and automated presentation of ready-to-label products. These either can be ordered in this form or created and dispensed using in-store automation. There are currently many levels of automation from which to choose, from barcode connected counting scales to fully automated, high-volume robotics. While many are impressed by the increased productivity these technologies yield, they tend to first mention the peace of mind they feel from the safety benefits that result.



Prescription Strength Information

In addition to automating the physical manipulation of prescriptions, you should be moving toward digital information throughout your pharmacy operation. In my opinion, the best information for use by clinicians in any practice setting is now available in a variety of electronic formats. Recently, PDAs have allowed pharmacists to have the very best references and clinical tools at their fingertips wherever they are. These information appliances that are highly portable and can be wirelessly connected globally offer a great deal more benefit than managing one's personal information. Drug, disease, laboratory, drug interaction and patient education resources are richly available to reduce our uncertainty during decision-making with patients and their care.

We are now fully capable of downloading PDA-based pharmacy applications that number more than 850 or accessing thousands of documents for practice guidelines and information regarding herbal medication or the latest review article. We can carry all of our correspondence, patient leaflets printed in 17 foreign languages, spreadsheets, electronic images and multimedia presentations, work our e-mail and access our favorite search engine from nearly any location on the planet.

With over 6000 articles being published weekly in the literature, no one is able to truly “keep up” with their discipline or specialty. We need to have access to the right information, and this information should be updated on a daily basis. We need to get the right information to the right people, and it should be displayed in the right format. This means instead of reading huge monographs we need to break information into nugget form for quick access. This allows us to integrate information properly into a pharmacy practice and manage it when and how it is needed.

Low Hanging Fruit

How do you start? Again, look at your problems and prioritize them. Chances are barcodes will help solve many of the challenges your pharmacy operation faces. Not all solutions will be huge investments. For example, having tablet images available during inspection of finished prescriptions can offer a good result at a low level of investment. Think about moving a workstation that is fully connected to your pharmacy management system, electronic references and with broadband Internet access to the place I call the point of care (where you and your patients interact).

Look for opportunities to integrate your existing workstations. For example, if you have an interactive voice response system (IVR) that is not integrated to your pharmacy management system, then contact either one of the vendors to make this happen. Look for opportunities for electronic business integration. Chances are your third parties have ways to use the Internet to resolve prescription problems that you may not be taking advantage of. Inventory management and ordering processes can be improved in most pharmacy operations.

Remember, technology is not the end, it is usually the means to an end. Figure out where you’re going before you begin selecting technology that might get you there. Really qualify technology vendors to make sure they understand your operation and will be available over the long run to keep your practice current. The entire focus of my career is in evaluating healthcare technology. I am much more productive because I have found ways to implement technology that have become essential tools in my work. I want to encourage you that it is not a question anymore of “if” the technology you need exists, but which of the many available technologies will best match your individual goals.

Software Websites of Interest

- www.handheldmed.com
- www.zdnet.com/downloads
- www.tucows.com
- www.pdamd.com
- www.healthypalmpilot.com
- www.handango.com
- www.medicalpocketpc.com
- www.ipaqsoft.net

Can The Visa & MasterCard Settlement Save Merchants Up To \$200 Million Every Month?



Heartland
Payment Systems 

August 1, 2003, marked a very significant event in the credit card processing industry and for the millions of merchants accepting credit cards as a form of payment. On this date, Visa and MasterCard made some drastic changes to interchange rates (the cost to process credit cards), which are traditionally adjusted by bankcard associations in either April or October of each year.

Lower Rates For Offline Debit Cards:

While many changes were made, the most significant one was to lower interchange rates for the processing of Visa Check and MasterMoney cards (offline debit cards that require a customer signature). The reduction in interchange rates for these cards was prompted by required compliance in the recent settlement of a class action law suit between Wal-Mart (and other merchants) and Visa/MasterCard.

How It Impacts Your Business In \$\$\$\$\$\$:

The settlement terms require reductions in the cost of interchange rates charged to the bankcard acquirer beginning on August 1, 2003. To comply with the terms of this settlement, Visa has agreed to reduce interchange rates for their Visa Check card by two basis points (2/100ths of 1 percent) and \$0.10 per transaction. MasterCard has agreed to reduce interchange rates for their MasterMoney card by 43 basis points (43/100ths of 1 percent). The savings that are available to the merchant from this reduction are significant and mean potential savings to a merchant of \$430.00 for every \$100,000 in MasterMoney cards processed.

Visa Check card savings are a bit more complicated as part of the reduction is based on a transaction fee. So the merchant's potential savings can go up or down based on their average ticket. A merchant with an average ticket of \$15, \$25 and \$35 would have potential savings of \$687.70, \$420.00 and \$305.70 respectively for every \$100,000 in Visa Check cards processed.

Still the potential savings is staggering, and it is estimated that these interchange reductions will provide a potential savings of \$200 million per month in the form of cost reductions to merchant processors.

Are The Savings Really Being Passed To The Merchant?:

It is important to note the term "potential savings." While the settlement requires Visa and MasterCard to reduce the cost of interchange to the card processor, it is unclear if it

requires the card processor to pass these savings on to their merchant clients or their resellers. So while the savings are on the table, a merchant's ability to receive the savings at this time appears to be based on the individual decisions of each merchant processor. Heartland Payment Systems, for example, has committed to passing these savings directly through to their merchant customers. However, the savings are not guaranteed, and all merchants need to understand the significance of these changes and their impact. In essence, every credit card processor in the country should have received the lower cost of interchange for these card types on August 1, 2003, but can choose to do with the savings what they will. For many processors, they will simply begin earning significant additional margins on the processing volume of the accounts they serve that did not previously exist. It seems unfair that up to \$200 million a month in newfound savings will now be available, but for a large portion of the merchant community, all or a part of the savings will never materialize. Rather it will remain in the coffers of the merchant processor.

The Fair and Honest Thing To Do:

In a utopian society, every processor would feel obligated to inform their merchants of these changes and pass the savings, if any, along to them. If a merchant receives rate changes or does not understand the impact of changes to interchange on their business or feels they have not received proper notification, they should call their processor immediately and ask for clarification and further detail.

Other Changes:

There are many other changes that have been made that affect your cost. Please make sure your credit card provider passes these changes on to you.

You owe it to yourself to get the truth.

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Management Tips:

Why Are People So Hard To Understand?

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

As a general rule, employees want to do a good job. Very few employees try to fail. In fact research tells us that virtually all people have the needs to succeed and excel. Unfortunately, not all of us are motivated to succeed and excel at our job. Many times we find that employees who are not successful in the work environment are very successful in other areas. The employee who is a slacker at work could very well be active in his church or be a leader in a civic group. The employee who just can't seem to get to work on time, is never late for social events or family affairs. In other words our behavior is situational. The same person can be both highly motivated to achieve and lazy depending on the situation.

In reality all of our behavior patterns are learned, including those that we recognize as a good work ethic as well as those that we classify as lazy and irresponsible. Research has shown that all of us learn our behavior patterns best when there is a reward for our effort. We start learning in infancy with the praise and attention of our parents as the reward, and we continue learning throughout our lives. The things that we consider to be rewarding change as we mature but most of us continue to consider praise and recognition a primary reward.

We learn from all of our experiences including those with our families, our friends and the organizations that are part of our lives. Most of us learn that when we work hard, are diligent and take personal initiative we will succeed. Unfortunately, there are some people who do not learn this lesson. These people see no pay off for hard work. Few of them ever succeed, and they frequently believe that those who do succeed have done so because they received special favors or because of good luck.

As managers we are faced with a unique challenge because we are part of the learning environment for our employees. What we do as managers, in part, teaches employees how to behave. We can help turn a lazy employee into a productive one by recognizing his efforts to improve, by encouraging him, by being constructive and non-threatening in our criticism. On the other hand, we can also teach an enthusiastic, hard-working employee to be lazy, by simply ignoring the extra effort or nit-picking and exaggerating small mistakes.

If we are very fortunate we will have a group of employees who have already learned that a good work ethic leads to success, but more likely we, as managers, will need to help our employees learn what they need to do to be successful. As managers a good first step is for us to learn to be a supporting, encouraging manager so we can be certain that we are teaching success.



Customer Spotlight

Boston Medical Center Hospital Pharmacy
Boston, M.A.



In the center of the hustle and bustle of Boston Medical Center Hospital sits the two hospital pharmacies where Outpatient Pharmacy Director Dave Morgan, RPh, oversees a staff of 75, including 16 pharmacists. His company, Pharmacy Solutions, holds a management contract with the hospital.

Such a large staff is necessary for a business that fills as many as 4,000 prescriptions a day between two locations. The Boston Medical Center Hospital Pharmacies service approximately 1,200 people per day mostly from Boston's urban and indigent population. Morgan says that the customers he serves appreciate the pharmacies' efforts to offer efficient service.

"Most of our customers are truly needy and appreciate the service we give them," he says. "I think our people understand and appreciate us."

Customers wait for prescriptions in the lobby of the hospital building on Harrison Avenue and watch for their names to display on televisions before they move on to stand in line at the pharmacy counter. Televisions behind the pharmacy doors monitor customers and employees as they interact.

Boston Medical Center Hospital is a teaching hospital, so many students get a chance to learn about daily life in the pharmacy as they study for their degrees at Northeastern University and the Massachusetts College of Pharmacy. Morgan says he has the "luxury" of finding well-trained employees locally.

"If people like fast-paced, high-volume environments, we're perfect," says Morgan, "but that is not for

everybody. We have lots of student workers; some like it, some don't." Morgan deals with the great volume of prescriptions and huge number of customers with a precise workflow. Prescriptions are entered into QS/1's RxCare Plus software on the main floor of the pharmacy. The requests are then filled downstairs and sent back via a center elevator. The bagged and tagged prescriptions are hung from bars along the walls by date and in alphabetical order.

Over 20 QS/1 workstations fill the hospital pharmacy. Computers line tables and desks on both floors and employees work methodically to keep up with the demand. The pharmacy has expanded greatly since Morgan's arrival in 1991 and currently is a construction site as workers make improvements to the elevator and surrounding areas.

The hospital pharmacies use many QS/1 tools to handle their business. In addition to RxCare Plus, the pharmacies are interested in incorporating signature capture devices and currently interface to ScriptPro robotics. Morgan says the robot is very helpful and that he "could use a few more of those." He also says that Internet claims have helped with time management for the customers who do have insurance coverage.

"One of the differences here is you don't have to deal with insurance issues and with fighting for reimbursements much, but you would like more time to spend with customers. We do our best," says Morgan.

The biggest help to the pharmacy has been the interface to IVR. "Our IVR takes 1,000 calls a day. That's made a difference," says Morgan.

Morgan also encourages his staff to use non-peak hours to prepare for the next rush of orders.

"We have been working on our wait time. We do a lot of packaging and pre-counting of pills," says Morgan.

In addition Morgan is working on a new solution to gather patient data more efficiently.

"We're currently working on an interface between QS/1 and the hospital registration system. The purpose of it is that once a patient is registered it sends us the information directly," he says.

Morgan credits David Williams at QS/1 for introducing him to the software system he has been using since 1980 when he was owner/operator of an independent pharmacy in the Boston area and one of the first QS/1 customers in the Northeast. Through several independent pharmacy businesses and into today's hospital pharmacy management, Morgan is pleased with the service and the systems QS/1 provides.

"I am very satisfied with QS/1 and have been a faithful customer for years," he says. "I made the right decision 20 years ago, and I am sticking with it."

*By: Kathryn Hix
 Communications Specialist, QS/1*

Independent Pharmacies... Here to Stay!

Are independent pharmacies on the rise? Research suggests that these businesses are holding their own in a difficult market. Kathryn Hix, QS/1 Communications Specialist, visits two Spartanburg, S.C., area pharmacists to see the impact their independent pharmacies have on their community.

Jack Linder, RPh
Spartanburg, S.C.



Ten years ago, Bruce Cash of Ford's Drugs and Medical in Spartanburg, South Carolina, attended trade shows and other such conventions and found the meetings "depressing because you would go every year, and they would say we lost this many this year and I felt like we [independent pharmacies] were a dying breed, and it was happening right before our eyes."

Even only several years ago industry experts were questioning the viability of independent pharmacies in the competitive pharmacy market. Yet today independent pharmacies rank highest in customer satisfaction and are the largest segment of the retail pharmacy market.

"I think it was two years ago we had a net increase, I believe of a few hundred, which was really good to hear. It appears to me that the ones of us that exist are still here because we evolved and found new niches to continue to help us exist, and thrive in some cases," says Cash.

Recent findings show a rise in revenue and increased gross margins at independent community pharmacies, indicating that these businesses are overcoming such challenges

Recent findings show a rise in revenue and increased gross margins at independent community pharmacies, indicating that these businesses are overcoming such challenges as the pharmacist shortage and lower reimbursement rates and continue to be key players in the pharmacy business.



as the pharmacist shortage and lower reimbursement rates and continue to be key players in the pharmacy business.

In support of the market turn-around, the 2003 NCPA-Pfizer Digest reports that in 2002 there were 23,552 independent pharmacies, equal to 43% of the total United States retail market. The Digest also reports that independent pharmacies' share of prescription sales revenue grew, and prescription volume increased by five percent.

"We at QS/1 have seen an increase in new pharmacies, independents and otherwise, which is encouraging to this industry," says Tammy Devine, QS/1 Vice President of Marketing.

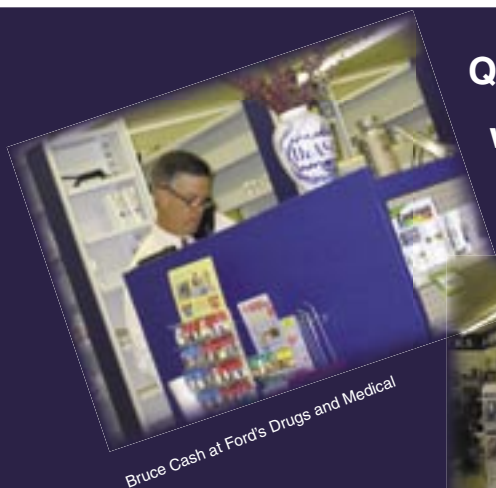
QS/1 has the leading market share of independent pharmacies with 25-26% of the total 23,552 businesses. Within the QS/1 market, the growth in the industry is very apparent.

New pharmacies are opening every day, and existing pharmacies are expanding their offerings to customers in the form of alternative medicine and nutrition information.

“In general for pharmacies, 88% of revenue comes from prescription drugs, but I see that expanding to other areas,” says Devine.

Enhancing customers’ experiences is the name of the game for any business because, regardless of the latest technological gadgets and gizmos, customer service is the top priority. Pharmacies are no exception, and statistics reflect patients’ appreciation of quality service. The latest surveys show that independent pharmacies still top the lists for loyalty and satisfaction. According to the 2002 WilsonRx Retail Pharmacy Survey, “independent pharmacists spend 24% more time counseling their customers than those from any other store type” (39). That statistic translates to the highest overall satisfaction rating for independent pharmacies, with 71% of customers highly satisfied (45). The 2002 WilsonRx Retail Pharmacy Survey Report credits “availability of consultation, quality of information and short prescription fulfillment times” with the independent pharmacies’ success (45).

QS/1 is working to provide independent pharmacies with the conveniences and advantages most chain businesses enjoy.



Bruce Cash at Ford's Drugs and Medical



Jack Linder at Jack's Pharmacy

“The comments I hear [from customers] are that we offer more personalized services and that we can get prescriptions ready quicker [than chain stores]. From my standpoint I spend more time trying to service people on third parties and trying to intervene,” Cash says.

Filling prescription orders quickly is one key to customer satisfaction. Jack’s Pharmacy, also located in Spartanburg, South Carolina, is a community pharmacy where Kay Easler has been a customer since her children – now grown – were still going to their pediatrician. Today Easler still is loyal to Jack and his business because of the convenience of getting her prescriptions.

“A lot of times I just call up and say, ‘Hi, Jack, this is Kay. I need my prescription refilled,’ and I go by and pick it up in a couple of days, whenever it is convenient. I can get my questions answered about my prescriptions, and I feel like I am talking to a friend and not just someone who wants to move on to the next customer,” Easler says.

Jack Linder and his business, Jack’s Pharmacy, have been serving the Spartanburg, South Carolina, community since 1978. He has been a QS/1 customer since 1985. Linder says that the business is very busy and can be a lot of work, definitely “not glamorous.”

QS/1 is working to provide independent pharmacies with the conveniences and advantages most chain businesses enjoy. Cash credits computer technology with a lot of his efficiency and says that QS/1 has come through with enhancements he has requested. Devine says that helping pharmacists keep up with the latest trends in the marketplace is a priority.

The bottom line in the market is that independent pharmacies are improving and changing to best meet the needs of a growing number of patients. There are many ways for independent businesses to compete in a world of mass market and mega-chain competition.

According to the 2002 WilsonRx Retail Pharmacy Survey, 50% of independent pharmacy customers were highly satisfied with the wait time for new prescriptions and 58% were highly satisfied with the wait time for refill prescriptions. Those numbers topped the chart when compared to all other pharmacies, including mass market, mail order, chain and others.

In just an hour at Ford's Drugs and Medical, Cash receives prescription orders from a senior customer, rushes a prescription order for a frazzled patient returning from a morning hospital visit, counsels a Medicare recipient on getting the best price on her medications, works with pharmacy technicians to handle a sudden influx of requests, attempts to make third party filing work for an insurance customer and advises a patient over the phone concerning over-the-counter cold medications. Such attention to detail and such considerate service ranks Ford's Drugs and Medical and independent pharmacies in general among the best in the industry and is paving the road to continued success.

Resources

"2003 NCPA-Pfizer Digest: Gross Margins, Net Profits Rise as Total, Prescription Sales Increase at Nation's Independent Pharmacies". New York, New York. June 26, 2003. http://www.ncpanet.org/news_press/2003_press/062603.shtml

Wilson Health Information, LLC. 2002 WilsonRx Retail Pharmacy Survey: [Ortho Biotech 2002 Retail Pharmacy Digest](#). Copyright 2003 New Hope, PA. For information visit www.wilsonrx.com or email info@wilson.com.

By Kathryn Hix, Communications Specialist, QS/1

HME in Pharmacies

Many of today's pharmacies have existing HME businesses or are expanding into the HME market. According to Tammy Devine, QS/1 Vice President for Marketing, "because we have seen an increase in pharmacies providing HME, we see them expanding their footprint into another way to attract customers." Bruce Cash of Ford's Drugs and Medical says that his HME business has been a "big savior" to the pharmacy as a whole. Cash acknowledges QS/1's SystemOne software solution for HME with helping with a "growing part of our business and enabling us to do billing in-house."

Jay Williams, QS/1's HME National Sales Manager, agrees that the market for HME is growing and is a good resource for pharmacies looking to expand: "I remember when I first began selling pharmacy systems 20 years ago that you could get AWP plus a percentage and a dispensing fee of \$3.00 to \$5.00. Things really have changed today in the marketplace. Profit margins have eroded year after year. There are only two ways to increase your profits – increase your script volume or increase your ancillary services," says Williams. "One of the services that can have the best fit for a pharmacy is to either get into or increase your HME business. HME is one of the areas that the national chain pharmacies basically have been ignoring. There are four major national HME suppliers, but they rarely can compete with local HME providers in the area of service."

QS/1's SystemOne is a complete software solution for managing HME business and works especially well with RxCare Plus as part of a larger pharmacy store. "Expanding into HME is an excellent way to increase profits. Currently, about 10% of QS/1's pharmacies utilize SystemOne as tool to help them advance in the HME marketplace," says Williams.

IVR: Helping Pharmacies Take Care of Their Patients



*By: Kerry Philbeck
Creative Services Technician, QS/1*

IVR. Interactive Voice Response. The wave of the future in pharmacy innovation and efficiency. On any given day half of all calls made to a pharmacy are for prescription refills, QS/1's IVR product can save you time and money while providing customers and physicians self-service access to your pharmacy.

According to Sue Hakes, Operations Manager at Guthrie Clinic Pharmacy in Sayre, Pennsylvania, "QS/1's IVR product has extended our business hours by extending our accessibility." When the QS/1 IVR product is installed, your pharmacy provides customers and physicians alike the ability to phone in refill requests at their convenience.

Ease of use.

Since the first in-house recording session in March 2003, over 150 IVR orders have been placed. This is no surprise, largely in part to the product's ease of use for both pharmacy staff members and customers. Hakes explains that the product is "extremely easy to use;" there is also a "very small learning curve associated with this product, anyone, even the most technically challenged person can use it." In addition, if a customer is uncomfortable using the automated system, they can select the option that allows them to speak with a staff member...the best of both worlds at your fingertips.

"I would recommend this product to even the most resistant client," Hakes says. Fran Whaley, RPh, University of North Carolina - Chapel Hill adds, "We haven't had any problems implementing the IVR system. We didn't realize how much IVR could do for us, and we are still learning! The staff as well as the students think it's great!"

Integration made easy.

John McKinnon, RPh, and co-owner of Lo Cost Pharmacy in Savannah, Georgia, states "we had thought for a long time about purchasing QS/1's IVR product but always pulled back" fearing the negative customer response sometimes associated with new technology. After implementing IVR we found that we "should have done it a long time ago." He then adds the negative customer response they feared was "not an issue" even with the elderly population.

"QS/1's IVR integrated easily with our existing voice mail system and is now used in conjunction with it," explains Whaley. In fact, QS/1's IVR integrates seamlessly with QS/1's pharmacy management systems, reducing phone interruptions and streamlining pharmacy workflow. The integrated system even checks refill limits automatically and faxes physicians for refill authorization, all while your work continues, uninterrupted. Thanks to this integration, functionality as well as productivity is improved, all without the slightest compromise in patient safety.

Increase in efficiency.

With QS/1's IVR product, pharmacists are spending less time on the phone than in previous years, thus cutting

down on paperwork and “lessening the time crunch” associated with the busy business of pharmacy.

According to Whaley RPh. UNC, refill requests are processed at a faster rate because the patient can call in, at their convenience day or night, and with QS/1’s IVR easily step through the simple refill process. Internally, these messages are routed directly to the pharmacy queue and stored in the QS/1 pharmacy system. This eliminates staff data entry and simplifies retrieval, allowing pharmacy employees to listen to messages while simultaneously filling prescriptions. Because of this innovation, pharmacy employees can get more work done in less time and become “much more efficient.” With more accuracy comes less errors and fewer safety concerns.

Focus on your patients.

With pharmacists spending less time on the phone and on paperwork, more time can be spent focusing on the very heart of your business, your patients.

When patients call in refill requests, QS/1’s IVR product establishes a customer pick-up time based on parameters set forth by the pharmacy. This eliminates confusion and allows your patient the freedom and convenience of knowing that their prescription will be ready when they arrive at the pharmacy.

What do easy integration and increased efficiency have in common? The answer is simple. QS/1’s IVR system...helping you take better care of your patients.

Don’t wait another minute. Call 1-800-231-7776 or log on to www.qs1.com to learn more about QS/1’s IVR solution.

HOW CAN QS/1’S IVR SYSTEM WORK FOR YOU?

Just ask John McKinnon at
Lo Cost Pharmacy.

Lo Cost Pharmacy - Host Store IVR installation: May 5, 2003

- QS/1’s IVR processes an average of 530 prescriptions per week - 18% of all prescriptions.
- Averages 83 physician call-ins per week

These numbers peaked the week of July 28, 2003, with 688 prescriptions processed through IVR.

Lo Cost Pharmacy - Remote IVR installation: May 5, 2003

- QS/1’s IVR processes an average of 300 prescriptions per week - 20% of all prescriptions.
- Averages 53 physician call-ins per week

These numbers peaked the week of October 20, 2003, with 373 prescriptions processed through IVR.

* Please note that both stores are open 5 ½ days a week.

TRY OUR IVR DEMO LINE

For a demo, please call 1-800-322-7037 and select Option 2. Input the Rx numbers below to see how QS/1’s IVR system handles various types of prescription requests.

6022918	No Refills	6022919	Too Soon to Refill
6022917	Refillable Rx	6022920	Expired Prescription
4409602	Refillable Rx	2209274	Class 2 Drug (may not be refilled)

Enterprise

Single server solution connects multiple stores

QS/1's Enterprise links as many as 256 stores to a single server for businesses with many locations. Previously, with the Host/Remote software solution, QS/1 customers could connect only 10 stores on a network. This newest solution was developed to expand operation, and pharmacy corporate staffs use Enterprise to perform program updates, clinical updates and file maintenance from a single server. This solution is cost-effective because customers can purchase one server to do the work of several and then can perform most operations from the central location. Consequently, Enterprise provides smaller chain businesses with a means to be more competitive in the mega-chain market.

Morton Pharmacy, an Enterprise business since early 2003, began as a single store in 1932, an old-fashioned independent business in Neenah, Wisconsin. Since then the Morton Pharmacy has expanded to include 11 other store locations. Morton Pharmacy grows its business by buying other independent businesses and incorporating them into their business system. Because of the large number of Morton Pharmacy locations, the staff saw a need to connect all the stores.

"Our stores are really not on their own -- there is lots of interaction between corporate and individual stores," says Jeff Blank, Morton Pharmacy Vice President of Corporate Services.

QS/1's recent Enterprise solution is the perfect product for such a business. It is a convenient way to maintain consistency and efficiency for business owners who manage several locations.

Enterprise also is a success for Halifax Regional Medical Center Pharmacy in Daytona Beach, Florida. According to Jim Shepherd, the pharmacy's director, "even though we are running one server over one network it is like operating three stores at once. It is easier to switch between systems if looking at prescriptions filled at another location or if updating prices. I can do all that here [at a central location]."

Morton Pharmacy, a QS/1 customer since 1992, is employing Enterprise to link its 12 locations on a single server and has been using Enterprise successfully since the installation in May this year. Blank says that Enterprise is an economical solution for him because he was able to purchase one higher quality server and can upgrade with less cost.

QS/1's Midwest Regional Office and Corporate Accounts Group handled the installation for Morton Pharmacy.



—No more missing links

“In May of 2003, we installed QS/1’s Enterprise System at Morton’s Pharmacy Headquarters, located in Neenah, Wisconsin. It took two nights for us to get everything completely set up with their new system. We made absolutely sure that there would be no issues with any of Morton’s pharmacies when they opened the next morning. The transition to the Enterprise system was flawless, and the staff at Morton’s seemed very pleased the following morning when they opened,” says Chris Cooper, QS/1 Corporate Accounts Specialist.

According to Blank, the QS/1 team along with his staff performed a test conversion to clean up files then “the next night did the conversion. It was not much more than a normal conversion.”

Similarly, Roger Hunter, QS/1 Senior Hardware Specialist, says that the Halifax Medical Center Pharmacy conversion “worked flawlessly to my knowledge...We went back the next morning, and all three pharmacies were working fine.”

Blank says that there are many other uses of Enterprise for their business in addition to the single server options. One of the greatest benefits he has found with Enterprise is Central Claims Processing. This feature is a software interface that runs as a communications service between a pharmacy and PowerLine. Central Claims Processing was created to send claims and to automatically secure claims processing by maintaining a connection through the Internet or by analog if necessary.

“The immediate benefit of Enterprise is the ability to use [Central Claims Processing],” says Blank.

Central Claims Processing alleviates the burden of pharmacies managing claims connections. Blank also says that formerly, if there was a loss of connection, he had to restart his system to retry on an analog connection but that the automatic switch to analog renders a manual restart unnecessary.

“A lot of times, by the time they [one of the store locations] call us and we go to the server to see the problem it has reset itself,” says Blank.

Blank looks forward to adding file sharing capabilities to his Enterprise solution. He wants to connect the patient files and drug prices for all

stores. He says that “our stores are so close together that we have customers that bounce between stores all the time,” and he wants to have all of their patient, insurance and prescription information correct and consistent.

Blank also believes that more Enterprise options will increase his ability to compete in the pharmacy market in his area. He says that his business is so technologically advanced that he is beyond the means of many independent pharmacies and is at the point to compete well with chain stores in his area. “We don’t compete with other independents anymore, but we want to compete with chains,” says Blank.

By: Kathryn Hix
Communications Specialist, QS/1



CornerDrugstore.com

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

In November 2003 QS/1 announced the launch of Version 1.6 of CornerDrugstore.com. The development team has been hard at work to continue to bring to you a state-of-the-art web site for your customers. It is the mission of CornerDrugstore to provide you with the technology to level the playing field between your independent pharmacy and your chain competitors. There will be one more release before the end of 2003 and a major release during the second quarter of 2004.

The following features are included in Release 1.6:

Prescription Refill Process Improved

You and your customers will notice a marked improvement in the process of submitting an online refill.

- Fewer screens to navigate
- Faster processing times for prescriptions
- Complete prescription history available for each profile under an account before processing refills
- Simplified process for transferring prescriptions

Health Center Improved

In an effort to supply the latest in Health Information to your customers, the Version 1.6 includes the following improvements to the Health Center:

- New Health Center Title page explains in more detail the wealth of options available to patients who visit
- New section entitled "Today's Health" displays graphics and featured health information in the news today, and, in addition, offers powerful search capabilities to find articles of interest in our archives; search by medical condition or keyword for articles published in the last year
- Customers can forward articles via e-mail to other interested parties with just a few clicks of the mouse; they can share articles from the Health Center with friends and family by e-mailing them a copy of the article; your pharmacy's name is credited as the source of this information to further cement your position in the community as a pharmacy emphasizing total patient care

New "About Us" Section

Since the QS/1 acquisition of CornerDrugstore in June 2002, our staff has been working to de-emphasize CornerDrugstore as a brand and redirect the site emphasis on your pharmacy. The new "About Us" navigation from your main page serves as a common place for visitors of your site to take a virtual tour of your pharmacy. There customers will find:

- Pictures of your store
- Featured links to other sites which you sponsor or endorse
- Pictures and bios of your pharmacy staff
- A virtual bulletin board of upcoming events at your pharmacy

Watch for more improvements in the near future as we unveil Version 2.0 during the second quarter of 2004.

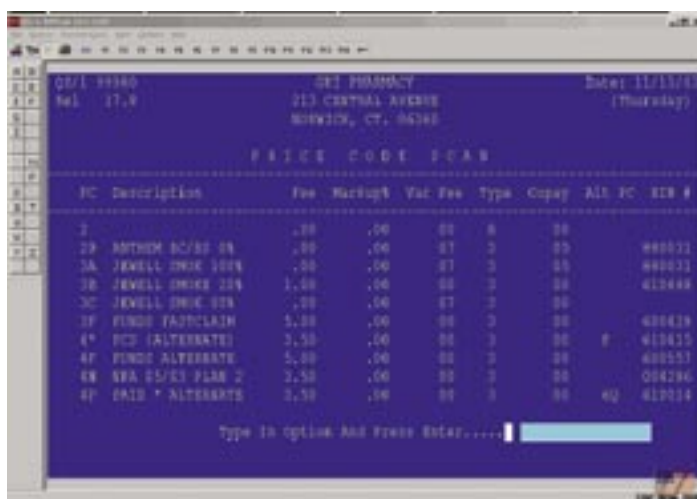
If you would like to make a suggestion about a site enhancement please e-mail us at support@cornerdrugstore.com or call our toll free 1.800.859.5489.



RxCare Plus

Many of you have requested the ability to view the bin number on the price code scan.

We are pleased to announce that in Release 17.8 you will be able to view the bin numbers on the price code scan. In addition, you will have the ability on this scan to scroll by bin number, price code and description.



IVR

QS/1 has added a security feature to the QS/1 IVR for pharmacies that require a more advanced security validation other than the prescription number. Most pharmacies validate the prescription request at the point of pickup, but with mail order this validation does not occur. Additional security makes refill fraud or a mistyped prescription number nearly impossible. The QS/1 IVR will be able to validate the prescription number along with a choice of the first three digits of the patient's last name, birth date or telephone number. Once the customer calls the QS/1 IVR to make a refill request, the IVR will prompt the customer to enter one of the choices above. QS/1 will validate against the prescription number entered and one of the security features above; if there is not a match, the IVR will simply say authorization did not match the prescription number entered, press 1 to retry or hold for the pharmacy representative.

QS/1 also added the ability to add additional communications ports to the QS/1 IVR. This addition is extremely helpful to pharmacies that have more than 4 telephone lines into the pharmacy. With the additional card the QS/1 IVR can handle up to 64 telephone lines. Another feature that has been added to the QS/1 IVR is the ability to fax the doctor refill authorization requests automatically or send the request electronically without pharmacy intervention. This feature is available only in RxCare Plus Release 17.8. Automatic Fax requires QS/1 fax software and the fax number of the doctor to be present in the doctor record. Electronic refill request will be sent only if the pharmacy is signed up for electronic prescription either with ProxyMed or through the carrier SureScripts, giving the pharmacy an option to have the additional refill request either faxed automatically or placed in the queue for processing. Once the prescription refill request fax has been sent the fax request is placed into the faxed queue in the pharmacy system. After the prescription has been filled, the fax request will be removed from the queue. This function greatly enhances the workflow.

Attention Customers

We would like to gain a better understanding of how to serve you! Visit www.qs1.com/survey.htm to complete our Customer Communications Survey and enter for your chance to win a 17" ViewSonic LCD monitor.



Point-of-Sale

Good news for CRx customers - no more importing and exporting data between CRx and Point-of-Sale. Beginning with software Release 17.8 the CRx and POS products will “interface” with each other much the same as RxCare Plus and POS. Scanning a prescription at POS will look up the prescription information in CRx, ring up the price from the prescription file and update the prescription record with a flag indicating it has been checked out. It will also attach “pointers” to stored signatures for HIPAA Statements, third party prescriptions, counseling statements and requests for non-safety caps allowing those signatures to be associated with the functions for which they were captured. This interaction also will provide “real time” accounts receivable updates and immediate access to a prescription checkout audit.

“Payroll Deduction”: In response to numerous requests from outpatient and other institutional pharmacies, we are adding a new option to the “Miscellaneous” menu to accommodate “Payroll Deduction” for employees. The procedure will encompass the normal QS/1 “Select/Sort” options and will give you the ability to create a file and a report containing detail and total or just total information such as patient code, c-acct code, social security number, transaction date, transaction number and amount due. The file either can be written to a diskette or disk and delivered or e-mailed to the payroll department for deduction from employees’ checks



CRx

In 17.8 we enhanced the QS/1 IVR Interface with CRx. Customers can telephone refill requests, check the status of prescriptions phoned in and attach a voice mail to the refill requests.

If a refill request is phoned in to the QS/1 IVR system that does not have refills available there is an option to automatically fax the doctor requesting additional refills. If additional refills are requested through the IVR the refill is added to the message queue with the status of the fax, pending, sent or failure.



SystemOne

In the last issue of Insight, we described in detail the changes coming with our new feature called Pending Orders. In that article we stated that this new feature was only going to be available in our Graphical User Interface product. Since press time of that publication, we have decided to roll the Pending Orders enhancement to our current product enabling all of customers to take advantage of workflow improvements associated with this feature.

Also scheduled for release in 17.8 is the ability for users to print documentation at the time a transaction is saved. When a transaction is created and logged, a menu box will appear identifying the documents that can be printed along with the delivery ticket. There are up to ten different forms that can be printed: Delivery Ticket, CMN, ABN, Rent/Purchase Option Letter, Physician Order, Assignment of Benefits, Medical Release, Written Confirmation of Verbal Order, Supplier Standards and Rental Agreement.

These new features can streamline your transaction entry and minimize your billing efforts.



CMS

Central Management Security was added in Version 17.8. Security can be used to assign passwords and designate access rights in each area of the CMS system. System function changes as a result of roles assigned to individuals. You can use the predefined roles or add roles that are appropriate for your corporate environment.

**Visit our website for
current press releases
and our latest offerings at
www.qs1.com**

From the Support Center



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

RxCare Plus and PrimeCare:

If you are entering your information on the EPU (Electronic Price Update Screen) record, there is a question concerning AUX Labels. If you print labels on a dot matrix printer type S for Standard labels. If you print laser labels type I in that option for Intercon Labels to print.

If you are working on any report in the General Reports Section or the Custom Report Generator, and realize you need a different select option or sort option, you can change them. To change them Tab to TYPE IN OPTIONS & PRESS ENTER, type CH and press ENTER. Once the next screen displays you can enter through until you find the option or options you are needing to select type the number you want to replace and press ENTER, escape once, type your data and continue. If you want to save your changes, Tab back to the TYPE IN OPTIONS & PRESS ENTER, type SA then press ENTER. When choosing your select options remember the fewer options chosen ensures that your report is generated faster. You do not have to select and sort on everything you have printing.

POS:

For our upcoming 17.8 release :

It is very important for our customers who transmit their credit cards through PowerLine to verify that their merchant numbers are set up correctly in their POS system. The new release will begin transmitting this number in addition to your terminal ID number for added security. If this number is not in your system, your credit cards will not process. To check these settings, go into F1 - Store Control File Maintenance, F6 - Payment Type Control, F3 - Credit Card Information, then bring up each credit card type that you process and check the merchant ID number shown there.

SystemOne:

HIPAA: When billing using the new HIPAA X12 billing programs, remember that the system creates the file on the

C drive: HIPAAFLE.TXT. It is not in any folder. When building the file, if there was one previously built, the next one you build would copy over the previous one. If you will be billing more than once per day, rename the file. For example, build the file normally then access Windows Explorer (right click Start, left click Explore). Find HIPAAFLE.TXT. Right click the file name. Left click Rename and type the new file name. You would preferably want to rename it something like HIPAAFLExxxxxxxx.TXT. (The XXXXXXXXXX represents the Date and time: HIPAAFLE1101030915.TXT.) File was built on 11/01/03 at 09:15am. This will enable you to create multiple files within the same day without losing any data. You can then transmit your data at your discretion.

CRx:

Steps to enter a compound when filling:

MM.1.1 at the Drug prompt enter an asterisk (*); this will put you into the Compound Processing screen and you then may enter each drug for the compound and its quantity.

Steps to change a third party from using the 3.2 Transmission Format to the 5.1 Transmission Format: Refill Request to the doctor by using QS1Fax. Please call customer support if you need assistance setting this up.

CRx Hardware:

Norton Antivirus

Please check your Subscription Date to ensure it is not expired. If it is expired you will need to update your program to ensure that it checks for the most current virus definitions. Also make sure Automatic Live Update is turned on.

MM.4.7.2. choose the third party and then change #1 Transmission Format.

With the 17.7 release you now have the option to fax.

As always be sure to check your backup logs daily. Please call Customer Support with any questions.

Lemark Optra S and Optra T printers:

If printer is cutting off the right-hand side of the document it's due to paper size being wrong, to correct:

Turn printer off.

Remove tray.

Move the stop at that back of the paper from it's current position to another position and back to LTR.

Turn printer back on and problem should be resolved.

CMS:

Steps to export one price table to stores:

Click Pricing.

Make changes.

Click File>Export.

Choose the store and price table to export.

With 17.7 you now have the ability to customize your Status screen. Left-click column heading and drag to desired location and drop. Change automatically saves for future use.

QS/1 Customer Conference
BALTIMORE
2004



QS/1 Customer Conference BALTIMORE



2004

July 21, 2004 - July 25

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

4:00 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 Tracks
Coffee 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

All Products

RxCare Plus

CRx

Point-of-Sale

SystemOne

PrimeCare

All Products

QS/1 Baseball Outing



Baseball Outing:
Baltimore Orioles vs. Minnesota Twins

Friday, July 23: Includes game ticket and bus transportation to park.

For More Information

Call toll free

1.800.845.7558 ext. 7253

or

visit the website www.qs1.com



MedTrade

October 2003

MedTrade 2003 in Atlanta, Georgia, was a huge success for QS/1. We had seven workstations in place to handle questions and provide demonstrations for existing and prospective customers. Even with extra employees in our booth we were busy all three days of the show. As a first-time attendee, I was impressed with the expansive venue and with the quality and professionalism of the event. And it was a pleasure for all of us at QS/1 to meet with you, our customers. We look forward to the next opportunity to serve you.

Kathryn Hix, Communications Specialist, QS/1

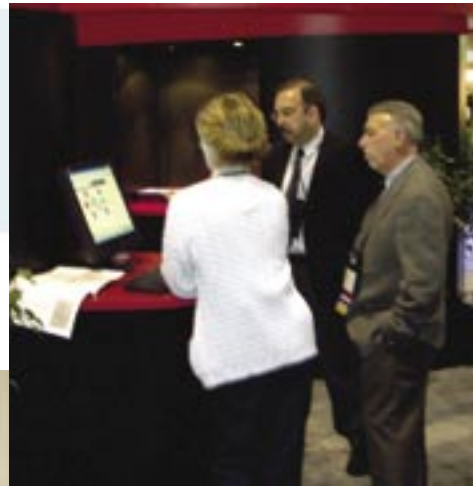
TRADE SHOWS



ASCP

October 2003

Trade Shows |



IN YOUR AREA

Training Seminars

West Coast Region:

Valencia, CA: (866) 848-1942

01/13/2004 PrimeCare: Workflow
02/10/2004 RxCare Plus: Overview
03/09/2004 RxCare Plus: Report Logic
04/20/2004 SystemOne: 3rd Annual Enhancements Seminar*
04/20/2004 RxCare Plus: 3rd Annual Enhancements Seminar*

Sacramento, CA: (866) 848-1942

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

Seattle, WA: (866) 848-1942

01/15/2004 RxCare Plus: Workflow
04/15/2004 SystemOne: 1st Annual Enhancements Seminar*
04/15/2004 RxCare Plus: 1st Annual Enhancements Seminar*

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

Mid-Atlantic Region:

Indianapolis, IN: (800) 637-5251

01/08/2004 RxCare Plus: SystemOne Overview
02/19/2004 POS: Feature Review
03/04/2004 PrimeCare: System Overview
03/11/2004 RxCarePlus: System Reporting Capabilities
03/25/2004 SystemOne: Claims Submission & Review

Lexington, KY: (866) 441-7011

01/22/2004 SystemOne: Claims Submission & Review
02/12/2004 RxCare Plus: A/R & Reconciliation
03/09/2004 CRx: System Overview

Richmond, VA: (877) 392-5851

01/15/2004 CRx: Enhancements Review
02/19/2004 SystemOne: System Review
02/26/2004 PrimeCare: System Overview
03/11/2004 POS: What Can It Do?

Southeast Region:

Spartanburg, SC: (800) 889-9183

01/08/2004 RxCare Plus: New Enhancements Review
01/15/2004 POS: Basic Operation
01/22/2004 SystemOne: Enhancements
02/12/2004 RxCare Plus: Pharmacy Review
02/19/2004 POS: Inventory
02/26/2004 SystemOne: Basic Operation
03/11/2004 RxCare Plus: Reconciliation & Secondary Billing
03/18/2004 POS: Basic Operation
03/25/2004 SystemOne: GUI/New Look

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02/19/2004 Point-of-Sale: Inventory
02/26/2004 SystemOne: Basic Operation

Northeast Region:

Sturbridge, MA: (800) 648-7428

01/20/2004 POS: Basic Processing
02/17/2004 PrimeCare: Patient & Facility Billing Matrix
02/19/2004 PrimeCare: Patient & Facility Billing Matrix
03/16/2004 CRx: Basic Processing

Mechanicsburg, PA: (717) 795-2700

01/20/2004 RxCare Plus: Basic Processing
02/10/2004 POS: Basic Processing
03/09/2004 PrimeCare: Patient & Facility Billing Matrix
03/11/2004 PrimeCare: Patient & Facility Billing Matrix

*\$25.00 per person per seminar
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*To register or for more information, contact your
respective regional office two weeks prior to the
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IN YOUR AREA

Trade Shows

Los Angeles, CA

January 11, 2004:
Los Angeles Pharmacist Association

West Des Moines, IA

January 16-18, 2004:
Iowa Pharmacy Association Educational Expo

Fort Lauderdale, FL

January 21-25, 2004:
Assisted Living Pharmacy Association

Indian Wells, CA

January 30-31 2004:
California Pharmacists Association

Palm Beach, FL

February 1-4, 2004:
NACDS Regional Chain Conference

Las Vegas, NV

February 9-12, 2004:
NGA Supermarket Synergy Showcase

Rio Mar, Puerto Rico

February 18-23, 2004:
NCPA Independent Chain Conference

San Diego, CA

February 25-27, 2004:
AA Homecare Leadership Conference and IT Summit

Dearborn, MI

February 27-29, 2004:
Michigan Pharmacists Association Expo and Convention

Phoenix, AZ

February 28 - March 3, 2004:
NCPDP

Overland Park, KS

March 4-5, 2004:
Midwest Association for Medical Equipment Services
(MAMES)

Las Vegas, NV

March 16-18 2004:
MedTrade Spring

Seattle, WA

March 26-30, 2004:
APhA Convention

Columbus, OH

April 16-17, 2004:
Ohio Pharmacists Association

Houston, TX

April 16-19, 2004:
Texas Society of Health-System Pharmacists

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