



## Pharmacy Billing Application

A. **To Enroll:** Go to [enroll.mytransactrx.com](http://enroll.mytransactrx.com)

Once the enrollment application is completed, the TransactRx agreement is signed and TransactRx has completed its credentialing process, you will receive an email indicating that your account has been activated. This is usually completed within 24 business hours of receipt of your completed enrollment.

**TransactRx log in: [www.mytransactrx.com](http://www.mytransactrx.com)**

The screenshot shows a web browser window with the TransactRx login page. The browser's address bar shows the URL [www.mytransactrx.com](http://www.mytransactrx.com). The page header includes the TransactRx logo on the left and the Poc Network Technologies logo on the right, with the tagline "bridging the gap" and contact information: "Questions or More Info 866.522.EDVM (3386)". The main content area contains the following text and form elements:

**Please enter your Login ID and Password into the fields below and then click Login**

Login ID:

Password:

Logins and Passwords are case sensitive. Please make sure your Caps Lock key is off.

After 5 unsuccessful attempts to log in, your account will be locked and will have to be reset by your system administrator.

**B. Physician Rx Billing Application: From the home screen, go to Menu > Rx Claims Management**

Request Support 000.522.EUVM (3300)

Account (Type Name or Number): **PNT Demonstration Account - [100002]**

**Menu** Mark as Home Page

Home		
Back Office		
Administration		
Formularies	untForAlert	<b>Messages</b>
Patients - Part D		<ul style="list-style-type: none"> <li>Vaccine Manger Demo- January 30, 2018, 11:00AM Pacific Daylight Time <a href="#">Delete</a> 23 hours ago.</li> <li>Vaccine Manger Demo- Thursday, January 25, 2018 10:00AM Pacific Daylight Time <a href="#">Delete</a> 6 days ago.</li> <li>Vaccine Manger Demo- Wednesday January 17, 2018, 9:00 am Pacific Daylight Time <a href="#">Delete</a></li> </ul>
Part D - Coverage Inquiry	untForAlert	
Transaction Log		
Rx Claims Management	Rx Claim Entry	
POC Dispensing	Rx Formulary Mgmt	
Medical Claims	Rx Claims	
Inventory Management	Payments	
Product Management		
Workers Compensation		
Reports		
Vacc Mgr Resource Center		
Change Password	Manager	
Logout		

Please have your account number ...

There are two applications and two reports

1. Rx Claim Entry
  - a. Claims are submitted for one patient/drug at a time.
  - b. This application can submit a claim for any drug to any contracted payer.
2. Rx Formulary Mgmt
  - a. You need to setup the formulary for this application for each site.
3. Rx Claims
  - a. Provides a report of claims activity
  - b. This report has several search options
4. Payments
  - a. Provides a list of payments sent to the provider
  - b. Payment detail can be printed from here

Part D - Coverage Inquiry	work Technologies, Inc.
Transaction Log	
Rx Claims Management	Rx Claim Entry
POC Dispensing	Rx Formulary Mgmt
Medical Claims	Rx Claims
Inventory Management	Payments
Product Management	
Workers Compensation	

## Rx Claim Entry

When the screen opens the first step is to either lookup a patient or add a new patient. Select Add Patient button to add a new patient. To lookup a patient enter the first three letters of the patient's last name.

Home > Rx Claims Management > Rx Claim Entry Mark as Home Page

**Physician Drug Claim**

Patient:   Site: \*

**Patient**

Patient: **Please select a patient above.**

Eligibility Status:

**Prescriber**

Prescriber: \*

**Drug**

DOS: \*

Drug: \*   NDC:

Qty: \*  Days Supply: \*

Billed Amount: \*

## Patient Info

When adding a patient, you must enter all of the information in the red asterisk fields.

**Modify Patient**

**Patient**

First Name: \*  Last Name: \*  Gender: \*

DOB: \*  Relationship: \*

Address1:  Address2:

City:  State: \*  Zip Code:

**Cardholder**

First Name: \*  Last Name: \*

Cardholder ID: \*  Group ID: \*

Insurance Plan:

BIN: \*  PCN: \*  [Lookup](#)

**ACCEPTED**

The address is not required but the State is required. It is required because CoverMyMeds requires the patient's home state for pre-authorization.

The Cardholder ID and Group ID need to be the IDs for the patient's pharmacy benefit, and may be different than the patient's medical benefit ID numbers. Verify this on the patient's card.

You check eligibility from this screen. If the eligibility is verified, the green "Accepted" appears. Once accepted select Save.

**Request Support** 866.522.EDVM (3386)  
Menu Account (Type Name or Number): PNT Demonstration Account - [100002]  
Home > Rx Claims Management > Rx Claim Entry Mark as Home Page

**Physician Drug Claim**

Patient: Enter last, then first ie, "Smith"  
Patient: **One, Tester One**  
Cardholder: **One, Tester One**  
Eligibility Status: **ACCEPTED**

**Prescriber**  
Prescriber: \* guinan, Jack

**Drug**  
DOS: \* 12/19/2017  
Drug: \* ----- Select drug -----  
Qty: \*  
Billed Amount: \*

**Add Patient**

**Patient**  
First Name: \* Tester One Last Name: \* One Gender: \* M  
DOB: \* 01/12/1995 Relationship: \* Cardholder  
Address1: Address2:  
City: State: \* ID Zip Code:

**Cardholder**  
First Name: \* Tester One Last Name: \* One  
Cardholder ID: \* 0001 Group ID: \* GROUP  
Insurance Plan: Regence BlueShield  
BIN: \* 610624 PCN: \* 02080000 [Lookup](#)  
 **ACCEPTED**

If the eligibility is rejected you will see a pop-up. Confirm the information entered is correct. If not, go back and correct. If the eligibility does not come back as accepted, you cannot process a claim. You will need to contact the pharmacy benefit manager to resolve.

**Check Eligibility**

**Submitted Patient Data**  
Last Name: Test First Name: John Gender: M  
DOB: 01/01/1945 Cardholder: 0002 Group Id: GROUP

**Eligibility Response**  
Status: **REJECTED**  
Notes: Response Message:  
M/I Date Of Birth  
Reject Code 09: Date of Birth Does Not Match Payer Records  
[Edit Patient Info](#)

**Check Eligibility** **REJECTED**

Once eligibility is confirmed, select the provider (prescriber) who is administering/dispensing the product to be billed.

Enter the Date of Service

**Physician Drug Claim**

Patient:   Site: \*

**Patient**

Patient: **Test, John** DOB: **01/01/1945** Insurance Plan: **Cambia Bridgespan Idaho QHP**  
Cardholder: **Test, John** Cardholder Id: **0001** Group: **GROUP**  
Eligibility Status: **ACCEPTED**

**Prescriber**

Prescriber: \*

**Drug**

DOS: \*

Drug: \*   NDC:

Qty: \*  Days Supply: \*

Billed Amount: \*

Select the Drug from the list that is setup in Rx Formulary Mgmt for that site.

**Drug**

DOS: \*

Drug: \*   NDC:

Qty: \*

Billed Amount: \*

- Adacel 0.5 ML SDV - 49281040010
- Boostrix 0.5 ML SDV - 58160084205
- CLINDAMYCIN 150 MG/ML ADDVAN - 00074405503
- DIAZEPAM 5 MG TABLET - 51079028520
- Remicade 100mg Vial - 57894003001
- Zostavax 0.65 ML Vial - 00006496301

If the drug is not in the formulary you can add it to the formulary by selecting Add Drug

The screenshot shows a dialog box titled "Physician Dispensing Formulary Detail" with a close button in the top right corner. The dialog contains the following fields and controls:

- Drug Lookup: A text input field.
- Drug Name: A text input field.
- NDC: A text input field.
- Default Qty: A numeric input field.
- Default Days Supply: A numeric input field.
- Product Bill Amt: A numeric input field.
- Admin Fee Amt: A numeric input field, with the text "(Vaccines Only)" displayed to its right.
- Buttons: "Save" and "Close" buttons at the bottom.

Select the drug from the lookup and enter a default quantity, days supply and bill amount.

If the drug is a vaccine it will let you enter an Admin Fee.

After you select the drug the defaults are loaded on the main formulary.

The screenshot shows the main formulary form with the following data:

- Drug: DIAZEPAM 5 MG TABLET - 51079028520 (selected in a dropdown menu)
- DOS: 11/10/2017
- Qty: 30
- Days Supply: 30
- Billed Amount: 50.50
- NDC: 51079028520
- Buttons: "Add Drug", "Submit Claim", and "Reset".

Once you have confirmed that medication, dosage and days supply are correct, choose Submit Claim. If the claim is accepted and paid, the system reports "Submitted" with the amount to be paid and the amount to be collected from the patient. Providers are required per the terms of their contract to collect the patient's financial responsibility as reported on the claim response.

## Paid response

**Claim Response**

**Submitted Claim**

Rx Number: 3824426	DOS: 11/10/2017	
Patient: John Test	DOB: 01/01/1945	
Provider: Jack guinan	NPI: 1780734475	
Drug: DIAZEPAM 5 MG TABLET	Qty: 30 Days Supply: 30	
Product: 50.50 Bill Amt	Admin Fee: 0.00 Bill Amt	Total Bill Amt: 50.50

**Coverage Result**

Result:	<b>SUBMITTED</b>	<a href="#">Collect from Patient:</a>	10.00				
Product Covered Amt:	175.00	Admin Fee Covered Amt:	19.00	Total Covered Amt:	194.00	Reimb to Provider:	184.00
Prior Auth:	<input type="text"/>						

**Response Message**

Response Message:

Create Prior Auth   New Claim   Override   Reverse   Print   Edit/Resubmit   NCPDP Trx   Close

The user can Reverse the claim from here if the product is not provided to the patient.

You can print a prescription drug report for the patient to sign. **Note, this is a regulatory requirement.**

If you have another claim for the same patient select New Claim.

Note: Once the claim is submitted, no further billing action is required. Obtain the patient's signature acknowledging receipt of the medication is required. Once payment is received by TransactRx, the payment will be posted to the system. TransactRx processes payments to providers twice a month. See the Payment report for details.

## Rejected Response

**Claim Response**

**Submitted Claim**

Rx Number: 3824442	DOS: 11/10/2017	
Patient: REJ-CLAIM RX-TEST	DOB: 01/01/1950	
Provider: Jack guinan	NPI: 1780734475	
Drug: Zostavax 0.65 ML Vial	Qty: 0.65 Days Supply: 1	
Product: 230.00 Bill Amt	Admin Fee: 27.50 Bill Amt	Total Bill Amt: 257.50

**Coverage Result**

Result:	<b>REJECTED</b>	<a href="#">Collect from Patient:</a>	257.50				
Product Covered Amt:	0.00	Admin Fee Covered Amt:	0.00	Total Covered Amt:	0.00	Reimb to Provider:	0.00
Prior Auth:	<input type="text"/>						

**Response Message**

Response Message:

PRODUCT/SERVICE NOT COVERED

Reject Code 70: Product/Service Not Covered  
Call Customer Service or select a different product

Create Prior Auth   New Claim   Override   Reverse   Print   Edit/Resubmit   NCPDP Trx   Close

You can select Edit/Resubmit to go back to the main form to fix and resubmit. If the claim still rejects you may need to contact the pharmacy benefit manager for resolution.

You can print the claim response.

The Create Prior Auth button automatically creates a CoverMyMeds prior authorization request. Providers can log into their CoverMyMeds account to manage this process.

## Formulary Management

To add or delete products in the formulary for drugs you administer or dispense, go to Rx Formulary Mgmt  
 To add a product, select the product from the drop down and complete the default quantity and days supply.

The dialog box titled "Physician Dispensing Formulary Detail" contains the following fields:

- Drug Lookup: [Text Input]
- Drug Name: [Text Input]
- NDC: [Text Input]
- Default Qty: [Text Input]
- Default Days Supply: [Text Input]
- Product Bill Amt: [Text Input]
- Admin Fee Amt: [Text Input] (Vaccines Only)

Buttons: Save, Close, Enter pr

The "Drug" dropdown menu is open, showing a list of drugs with their NDC numbers:

- Adacel 0.5 ML SDV - 49281040010
- Boostrix 0.5 ML SDV - 58160084205
- CLINDAMYCIN 150 MG/ML ADDVAN - 00074405503
- DIAZEPAM 5 MG TABLET - 51079028520
- Remicade 100mg Vial - 57894003001
- Zostavax 0.65 ML Vial - 00006496301

To delete a product, select the product and then delete.

Menu Account (Type Name or Number): PNT Demonstration Account - [100002]

Home > Rx Claims Management > Rx Formulary Mgmt Mark as Home Page

Drug	Pkg Size	Manufacturer	NDC	Qty	UM	Days Supply	Bill Amount	Admin Amount	
Adacel 0.5 ML SDV	10	SANOPI-PASTEUR	49281040010	0.5	ML	1	35.00	30.00	<a href="#">View</a> <a href="#">Delete</a>
AMOXAPINE 100 MG TABLET	100.000	URL PHARMA	00677137901	10	EA	10	50.00		<a href="#">View</a> <a href="#">Delete</a>
AMOX-CLAV 200-28.5 MG/5 ML SUS	75.000	AUROBINDO PHARM	65862053375	30	ML	30	12,000.00		<a href="#">View</a> <a href="#">Delete</a>
AMOX-CLAV 200-28.5 MG TAB CHEW	20.000	TEVA USA	00093227034	30	EA	30	65.00		<a href="#">View</a> <a href="#">Delete</a>
AMOX-CLAV 250-125 MG TABLET	30.000	AUROBINDO PHARM	65862050130	30	EA	30	65.00		<a href="#">View</a> <a href="#">Delete</a>
Boostrix 0.5 ML SDV	1	GLAXOSMITHKLINE	58160084205	0.5	ML	1	32.50	29.95	<a href="#">View</a> <a href="#">Delete</a>
CLINDAMYCIN 150 MG/ML ADDVAN	6.000	HOSPIRA					1,300.00		<a href="#">View</a> <a href="#">Delete</a>
DIAZEPAM 5 MG TABLET	100.000	MYLAN IN					50.00		<a href="#">View</a> <a href="#">Delete</a>
FLUCELVAX QUAD 2017-2018 SYR	0.500	SEQIRUS,					50.00		<a href="#">View</a> <a href="#">Delete</a>
IBUPROFEN 100 MG/5 ML SUSP	118.000	ACTAVIS P					25.00		<a href="#">View</a> <a href="#">Delete</a>
REMICADE 100 MG VIAL	1.000	JANSSEN BIOTECH	57894003001	1	EA	30	2,000.00		<a href="#">View</a> <a href="#">Delete</a>
Zostavax 0.65 ML Vial	10	MERCK SHARP & D	00006496301	0.65	ML	1	230.00	27.50	<a href="#">View</a> <a href="#">Delete</a>

Buttons: Add Drug, Print

## Reports

### Rx Claims Report:

- Click View to see the detail for any claim.
- Claims may be reversed from this screen (timely filing rules will apply).
- Detail and patient forms for signature can be printed from this screen.

[Request Support](#) 000.024.EDVM (3/00)

**Menu** Account (Type Name or Number): PNT Demonstration Account - [100002]

[Home](#) > [Rx Claims Management](#) > [Rx Claims](#)  [Mark as Home Page](#)

Submitted	DOS	Rx #	Ext Claim Id	Patient	Insurance Plan	Billed Status	
12/05/2017	05/01/2017	3858821		Smith, John	Accept All Insurance Plan	225.00 SUBMITTED	<a href="#">View</a>
12/05/2017	12/05/2017	3858864		Smith, John	Accept All Insurance Plan	225.00 SUBMITTED	<a href="#">View</a>
12/05/2017	12/05/2017	3858932		SMITH, SAM	BridgeSpan Health (Washington)	257.50 SUBMITTED	<a href="#">View</a>
12/05/2017	12/05/2017	3858935		SMITH, SAM	BridgeSpan Health (Washington)	65.00 REVERSED	<a href="#">View</a>
12/06/2017	12/06/2017	3860379		SMITH, ANDREW	BridgeSpan Health (Utah)	257.50 SUBMITTED	<a href="#">View</a>
12/06/2017	12/06/2017	3860384		JAMES, AMANDA	Regence BlueShield of Idaho	257.50 REVERSED	<a href="#">View</a>
12/06/2017	12/06/2017	3860851		SMITH, JAMES	BridgeSpan Health (Washington)	257.50 SUBMITTED	<a href="#">View</a>
12/06/2017	12/06/2017	3860857		SMITH, JAMES	BridgeSpan Health (Washington)	65.00 SUBMITTED	<a href="#">View</a>
12/06/2017	12/06/2017	3860859		JONES, BETTY	Regence MedAdvantage + Rx Core	65.00 REVERSED	<a href="#">View</a>
12/06/2017	12/06/2017	3860874		WEST, WILLIAM	Regence BlueShield of Idaho	257.50 REVERSED	<a href="#">View</a>
12/08/2017	12/08/2017	3864322		Smith, John	Accept All Insurance Plan	225.00 SUBMITTED	<a href="#">View</a>
12/13/2017	12/13/2017	3870701		Smith, Janice	Accept All Insurance Plan	225.00 SUBMITTED	<a href="#">View</a>
12/13/2017	12/13/2017	3870720		Smith, Janice	Accept All Insurance Plan	225.00 SUBMITTED	<a href="#">View</a>
12/13/2017	12/13/2017	3870791		Atkins, Fabi	Medicare Part B AZ	85.00 ACCEPTED	<a href="#">View</a>

Page 1 of 1 Displaying 1 - 18 of 18

**NOTE: A PATIENT SIGNATURE, ACKNOWLEDGING RECEIPT OF THE MEDICATION IS REQUIRED. THIS IS A REGULATORY REQUIREMENT FOR PRESCRIPTION CLAIMS. THE FORM PROVIDED BELOW CAN BE USED TO**

**MEET THIS REQUIREMENT.**

PRESCRIPTION			
<b>Rx Number</b> 3849334		<b>Date of Service</b> 11/28/2017	
<b>Account</b> PNT Demonstration Account		<b>Physician</b> guinan, Jack	
<b>Site</b> PNT Demo Site 1			
<b>Patient</b> Test, Commercial		<b>Date of Birth</b> 03/20/1930	<b>Soc. Sec. #</b> 000000000
<b>Product</b> AMOXAPINE 100 MG TABLET		<b>Qty</b> 10.00	<b>Days Supply</b> 10
CLAIM			
<b>PBM</b> OptumRx - Prescription Solutions		<b>Plan</b> Regence BS ID Medigap	
<b>Card ID</b> 0001	<b>Group ID</b> GROUP	<b>Claim Status</b> REVERSED	
<b>BIN</b> 610648	<b>PCN</b> 01820000	<b>Relationship</b> 1	
<b>Product Bill Amount</b> 50.00	<b>Admin Fee Bill Amount</b> 0.00	<b>Total Bill Amount</b> 50.00	<b>Collect from Patient</b> 10.00
<b>Product Covered Amount</b> 175.00	<b>Admin Fee Covered Amt</b> 19.00	<b>Total Covered Amt</b> 194.00	<b>Reimb to Provider</b> 184.00

I acknowledge that I have received the medication/vaccine listed above and all information is accurate.

**X** \_\_\_\_\_  
Signature of Patient/Plan Participant

\_\_\_\_\_  
Date

RESPONSE MESSAGE

**Payments Report:**

Highlight the line item you want to see the detail for, then click View Payment

Menu Account (Type Name or Number): PNT Demonstration Account - [100002]

[Home > Rx Claims Management > Payments](#)  Mark as Home Page

Date Paid	Check/ACH	Amount	Customer #	Paid To	Type	Payer Type
No data to display						

Page 1 of 1 View Payments Payments Report Download Prof ERA