McKesson

McKesson Clinical Programs Solution™

CPS User Guide with EnterpriseRx® and Pharmaserv®

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1. User Guide Introduction

Intended Audience

This User Guide is intended for those individuals in the pharmacy whose responsibilities are related to day-to-day tasks that include working with Clinical Programs Solution™.

Typographic Conventions Used in This Document

The following typographic conventions are used in this document:

Convention	Meaning
Boldface	**Boldface** text is used when referring to the name of a window element, such as the following examples: • Window names - **Questionnaire** window • Field names - **Last Name** field • Menu names - **Code Type** menu • Tab names - **Clinical Programs** tab • Button names - **Save** button
Activate Clinical Program	Blue Text indicates that this is a **Cross Reference** link to other areas of the chapter or areas in other chapters of the document. The link may also include the page number where the link will take you. Select the link by holding down the **Ctrl** button and selecting the link in order to go to the desired location.

Convention	Meaning
Note: or **Notes:**	This is used to inform you of some key points or to add some information about the subject or task, such as the following: **Note:** Field Names preceded by an asterisk (*) are required fields. **Notes:** • You might choose **No Enrollment** for a one-time program where patient data collection is not necessary. For example, you might set up messages to remind the pharmacist to counsel patients the first time a certain medication is filled. • You might choose **Patient Enrollment** for an ongoing program where you want to collect patient data over a period of time. For example, you might want to provide ongoing counseling for patients with diabetes whenever they come in to pick up their diabetes medication refills.
Important:	This is used to alert you about some information that is necessary to successfully complete a task, such as the following: **Important:** For customers that leverage First Databank (FDB), when adding a GCN data filter, ensure that leading zeros **are not included** in the GCN(s) [example: correct GCN = 1234; incorrect GCN = 01234]. For customers leveraging Medi-Span, the leading zero **must be included** when adding a GPI data filter [example: correct GPI = 01234567890000; incorrect GPI = 1234567890000].
Caution:	This is used to warn you about potential problems for a task you are performing, such as the following: **Caution:** A due date can be, at most, 999 days in the future. If you enter a due date beyond the 999 days maximum, the system will set the due date to the maximum date.

Convention	Meaning
Tip:	This icon is used to alert you to information that may provide additional insight and/or options that you may want to know about, such as the following: **Tip:** For self-directed programs, you'll be making your own decisions on what your filters include.

2. Introduction to Clinical Programs Solution™

McKesson Clinical Programs Solution™ (CPS) is a cloud based application that enables you to drive clinical interactions between your pharmacists and patients in order to provide your patients with better clinical outcomes. CPS is designed to be an integration platform which enables bidirectional communication between your pharmacy management system and vendors of patient care and wellness monitoring services.

CPS also allows you to create and configure your own self-directed programs to manage patient care, with prompts and messages integrated directly into your pharmacy workflow activities. For example, if you'd like to help patients quit smoking, you can use CPS to enroll patients, track progress, and remind pharmacists and other staff to check in with the patients and offering counseling on an on-going basis.

Note: Access points and window displays in this document may be different based on your Pharmacy Management System.

Key Features In Clinical Programs Solution

- "Connect with Service Providers of Specialized Patient Care & Wellness Programs" on page 6
- "Build Your Own Patient Care Management Programs" on page 6
- "Stay Abreast of Program Enrollments & Messages During Workflow" on page 7
- "Take Action on Program Enrollments & Messages Outside of Workflow" on page 7
- "Access Your Patient's Clinical Program Data from Within the Patient Profile" on page 8

Connect with Service Providers of Specialized Patient Care & Wellness Programs

CPS will alert you to a patient's eligibility to enroll in a vendor program specific to their needs and allow you to capture data to be transferred directly into the fields required by the vendor application.

Build Your Own Patient Care Management Programs

Build your own (Self-Directed) patient medication management and wellness programs that will automatically display alerts to your pharmacists based on the criteria you define. Building the program is as simple as: adding and activating the program in CPS Program Builder, and configuring and enabling the program in CPS Program Admin.

Add Program
(CPS Program
Builder)

Activate
Program
(CPS Program
Builder)

Configure
Program
(CPS Program
Admin)

Enable
Program
(CPS Program
Admin)
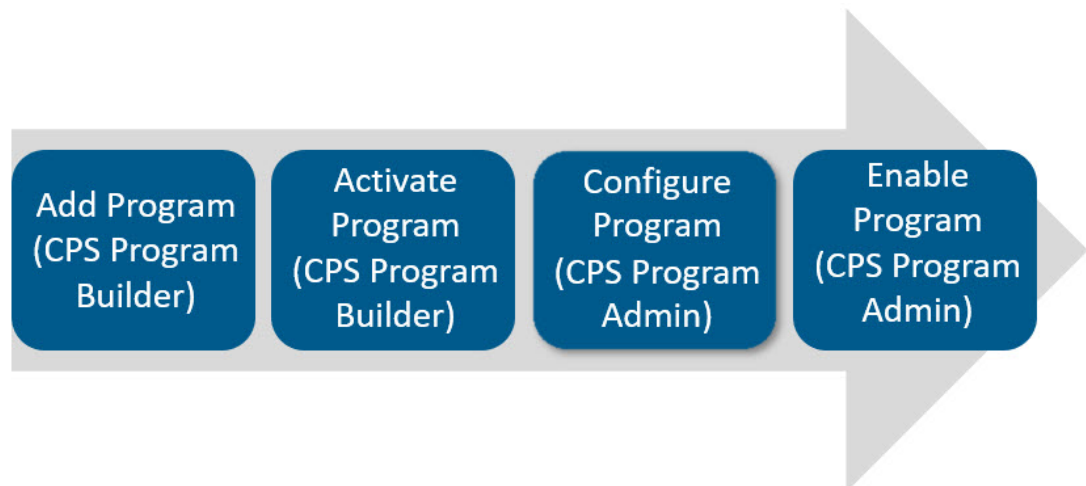
Set up programs that will alert your pharmacists to take actions such as:

- Enroll a patient into a diabetes management program
- Provide counseling on the use of asthma inhalers
- Record the blood pressure of a patient with hypertension
- Gather patient feedback on medication side effects for specialty medication
- Advise patients 60 years and older to get the shingles vaccination

Stay Abreast of Program Enrollments & Messages During Workflow

The Clinical App displays messages as they are triggered, letting your pharmacist take action on enrollments and messages as they come in during workflow. These messages may also provide direct links to vendor Web sites when a pharmacy is using a licensed vendor program.
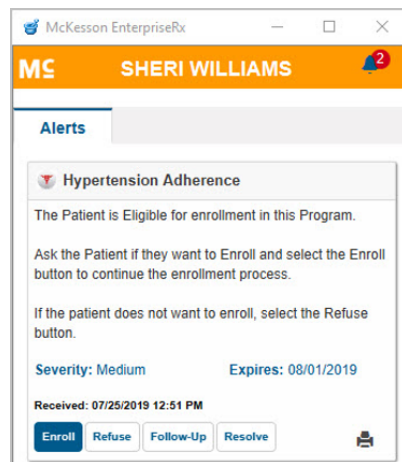
Take Action on Program Enrollments & Messages Outside of Workflow

The CPS Task Queue gives you insight into all of the messages that have been received (for a configurable time period) so that you can take action on enrollments and messages outside of workflow. The messages displayed in this queue can be prioritized, according to the parameters you apply, so that you can deal with the most important messages first.

You can also use this queue to query for messages by patient or facility (either your facility or the facilities for which you do load balancing) as well as other options such as:

- Program Name
- Message Severity
- Message Type
- Date/Time Received
- Message Status
- Due Date
- Message Text
- Expiration Date

Note: Load balancing is not available for the Pharmaserv Pharmacy Management System.

Access Your Patient's Clinical Program Data from Within the Patient Profile

The CPS Patient Profile gives you a comprehensive, patient centric, view of everything you are doing for a patient to improve their wellness.

The Patient Profile will show you all of the data that is captured from both Vendor and Self-Directed programs, in addition to the list of programs that the patient is enrolled in, or is eligible for. The Patient Profile is your view into everything you are doing clinically for that patient.

If using EnterpriseRx, use the **Clinical Programs** tab to view and act on patient information such as:

- The Standard Patient Health Values

- Program Enrollments

- Program Messages

Note: If using Pharmaserv, select the CPS patient vertical toolbar button in Pharmacy Maintenance to access this information.

3. Building Clinical Programs

The building and configuration of a self-directed clinical program is highly customizable. Depending on your needs, you may choose not to use all of the fields and options available to you. The steps below outline only one example of how a program can be built.

Note: Only self-directed programs need to be built in CPS Program Builder. Vendor programs are built by McKesson.

Tasks in Building a Self-Directed Clinical Program

Getting Started with Program Builder

Building a Program

Navigate to **CPS Program Builder**.

Once **CPS Program Builder** is displayed, select the **Add Program** button.

Notes:

- There are multiple areas within the Clinical Program Builder window that allow the user to create a program that is tailored to their specific needs. Users will use the scroll bar in the window to move between areas. Each of these areas will be described individually.

- Field names preceded by an asterisk (*****) are required fields.

Selecting a Program Logo & Icon

Program logos and icons are not required; however adding images will improve the visibility of the program in the Pharmacy Management System.
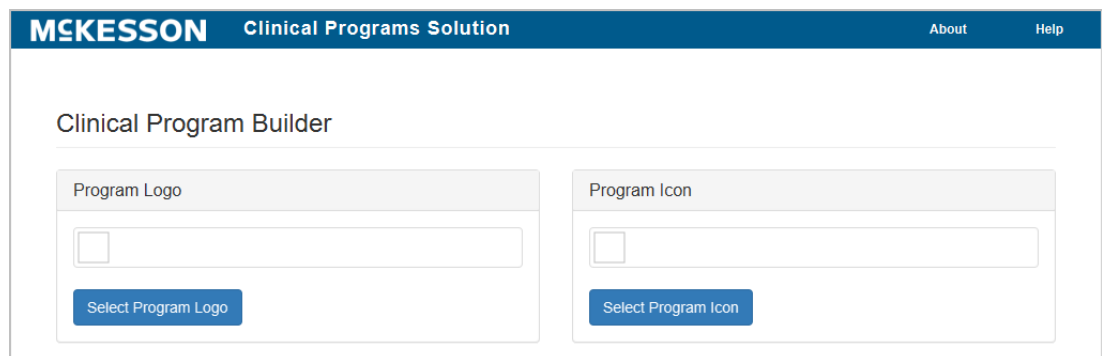
Adding a Program Logo

Select the **Select Program Logo** button and follow the prompts to select the image file from the local hard drive. This logo will display at various places in the Pharmacy Management platform, such as the Patient Profile, and allow

users to easily identify the program. The program logo image will be 250 pixels wide x 75 pixels high and the file format can be .gif, .png or .jpg.

Adding a Program Icon

Select the **Select Program Icon** button and follow the prompts to select the image file from the local hard drive. This icon will display in various places in the Pharmacy Management platform, including the Clinical App, and allow users to easily identify the program. The program icon will display at 32 pixels wide x 32 pixels high and the file format can be in .gif, .png or .jpg.
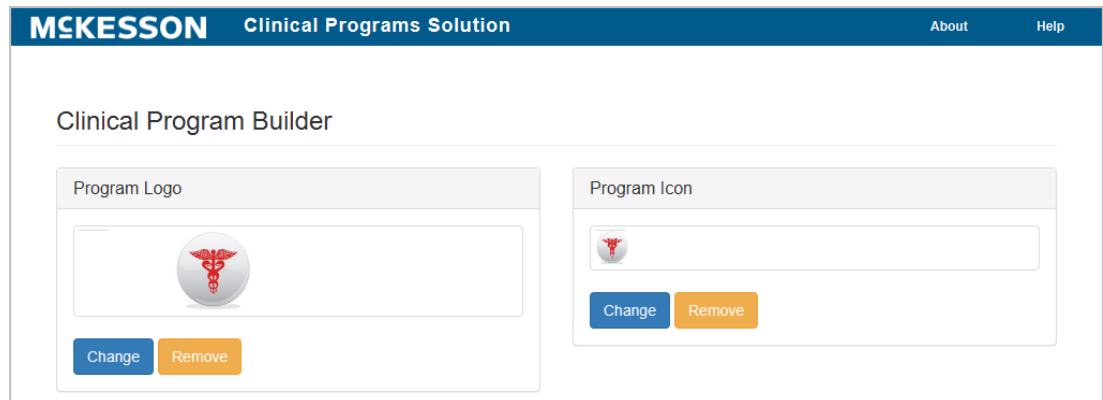
Naming the Program & Entering a Program Description

A unique program name is required in order to save the program.
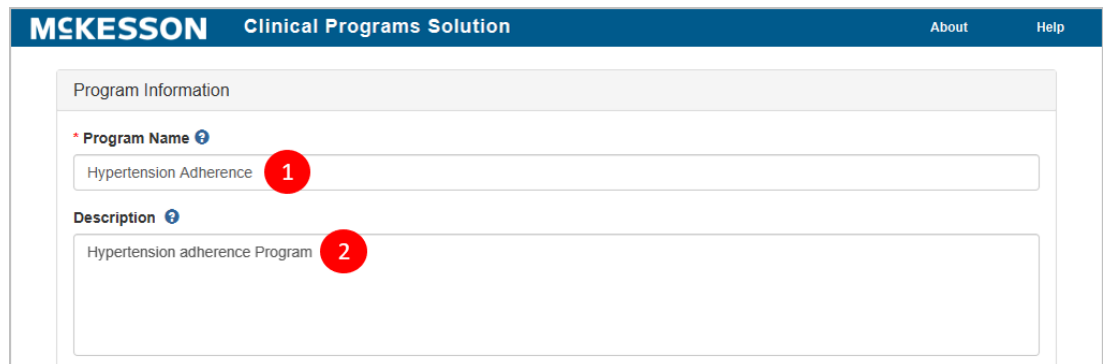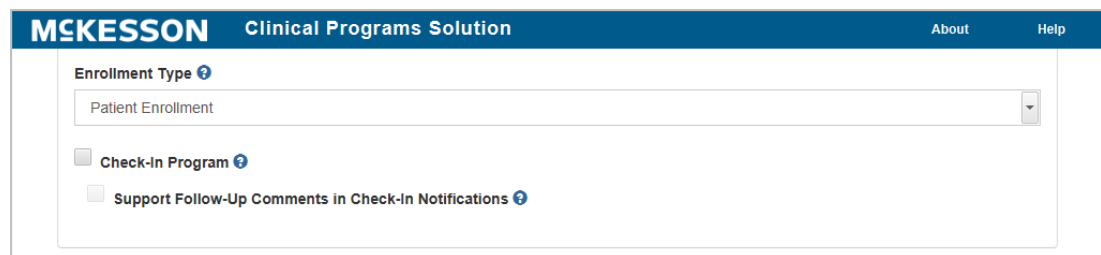
1) **To Name the Program**: Enter a program name into the **Program Name** text field. This field is limited to 60 alphanumeric characters and no two programs can be saved with the same name.

2) **To Enter a Program Description**: Enter the program description into the **Description** text box. The program description is not required; however, this text will display in CPS Program Builder, CPS Program Admin, the questionnaire, if applicable, and the CPS Patient Profile, and describes the purpose of the program. This field is limited to 600 characters.

Choosing a Program Enrollment Type

There are 2 Program Enrollment Types:

- An **Enrollment Type** of **Patient Enrollment** will require users to ask the patient if they would like to enroll in the program.

- An **Enrollment Type** of **No Enrollment** will not require users to ask the patient for his/her approval to enroll in a program.

To Choose an **Enrollment Type:** Use the **Enrollment Type** drop down menu to choose **Patient Enrollment** or **No Enrollment**.

Notes:

- You might choose **No Enrollment** for a one-time program where patient data collection is not necessary. For example, you might set up messages to remind the pharmacist to counsel patients the first time a certain medication is filled.

- You might choose **Patient Enrollment** for an ongoing program where you want to collect patient data over a period of time. For example, you might want to provide ongoing counseling for patients with diabetes whenever they come in to pick up their diabetes medication refills.

When **Patient Enrollment** is selected in the **Enrollment Type** drop down, the **Check-In Program** and **Support Follow-Up Comments in Check-In Notifications** checkboxes will display.

Note: The **Check-In Program** and **Support Follow-Up Comments in Check-In Notifications** checkboxes are only available for selection if you have the CPS Premium subscription. If you do not have the CPS Premium subscription, the checkboxes will be disabled. Please contact your Account Manager/Executive for more information on the Check-In program feature.

Entering Therapeutic Program Codes

Therapeutic Program Codes can be entered in Program Builder to allow for the association of certain program codes to your program. Therapeutic Program Codes appear in the program's questionnaire and capture additional data for the program. Therapeutic codes are not required for the creation of a Self-Directed program.

Following are some examples which illustrate the use of Therapeutic Program Codes in Clinical Programs.

Therapeutic Program Codes Example #1

An example of Therapeutic Program Code use is a Hypertension Management Program, where the following codes were set up in Program Builder:

The program could then be designed to require questions or data fields along with the Therapeutic Codes that need to be filled in order to complete a questionnaire.

Therapeutic Program Codes Example #2

Another example could be a Pain Management Program administered by the Pharmacy. The Pharmacy may have existing plan data that they want to track and collect, or they might design something totally custom.

The Custom Code Type could be any code, description, or data that the program requires. For example:

Entering Therapeutic Program Codes
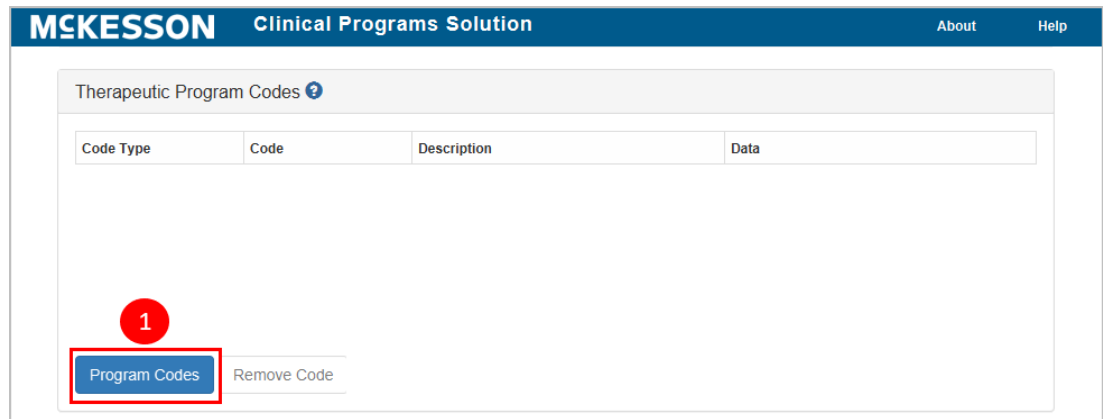
1) Select the **Program Codes** button.
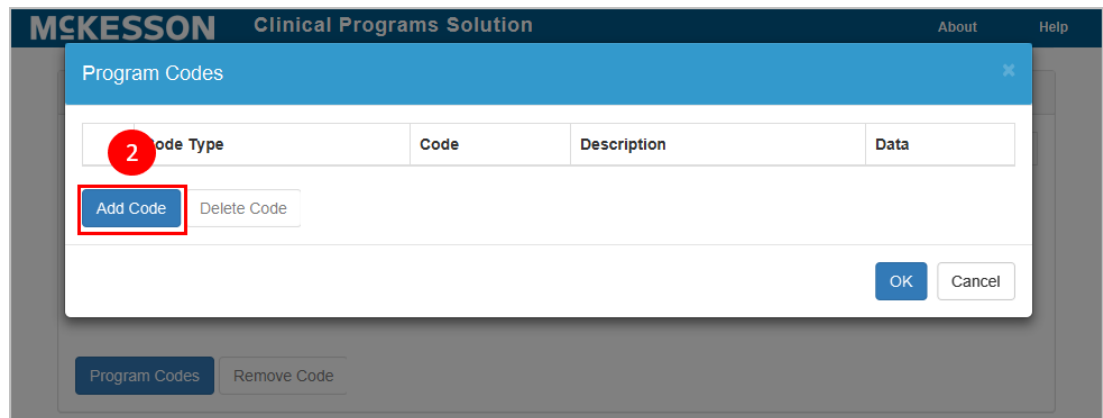
2) Select the **Add Code** button.
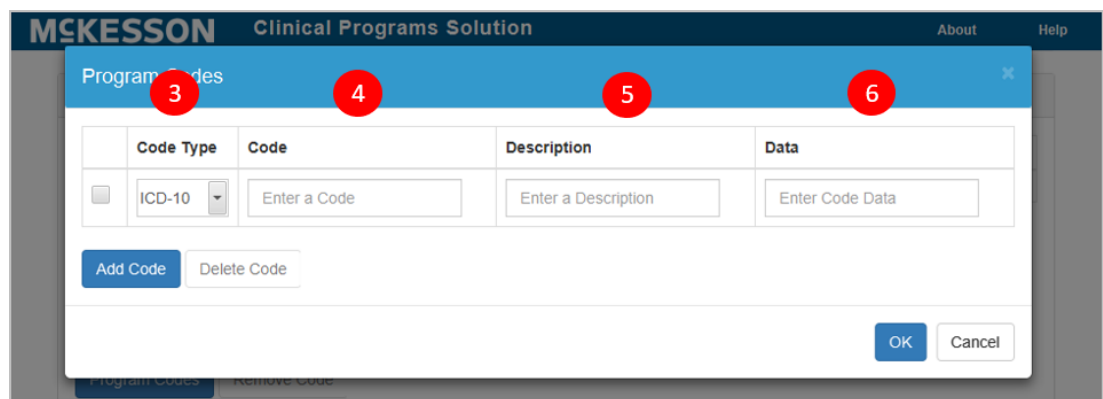
3) Choose whether the code is an **ICD-9**, **ICD-10** or **Custom Code** in the **Code Type** drop down. The default is ICD-10.

4) Enter the code in the **Code** field.

5) Enter a code description in the **Description** text box. This field is not required in order to save the code.

6) Enter the data in the **Data** field with which you want to associate the Therapeutic Code, e.g., an NDC number or drug name, if you want to

associate such with each ICD number. This field is not required to save the code.

To enter more Therapeutic Codes, repeat steps two to six.
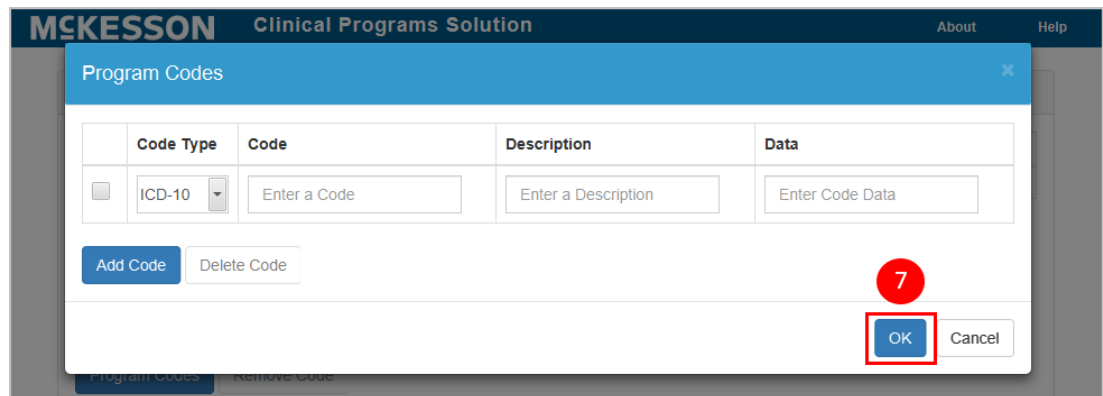
7) After all of the Therapeutic Codes have been entered, select the **OK** button.
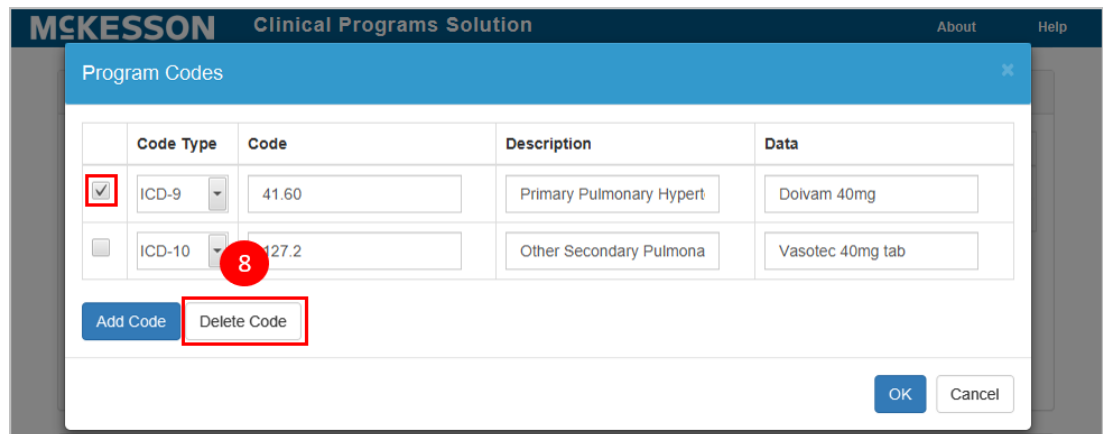
8) In order to remove a Therapeutic Code, select the check box of the desired code and then select the **Delete Code** button.

Building Program Messages

Program messages are the messages that will be displayed to users and can prompt the user to have a patient interaction, e.g., provide counseling on dosing to the patient or gather patient's vital data.
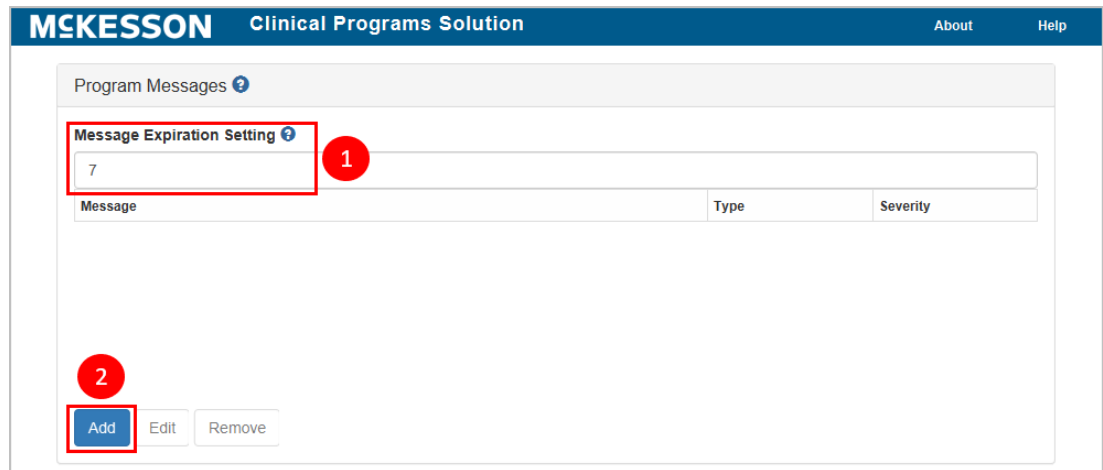
1) The **Message Expiration Setting** text box allows the user to set the number of days that the messages will continue to display in the Clinical App and Task Queue. The range is 1 to 999. The system default for this field is seven days.

2) Select the **Add** button.
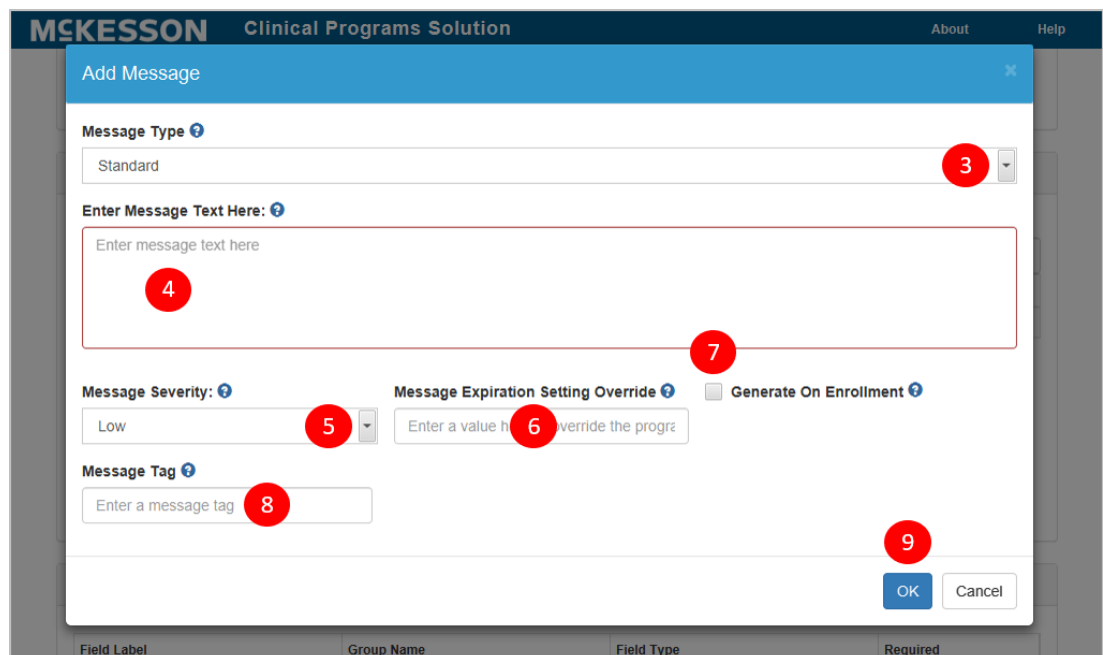
3) Use the **Message Type** drop-down to choose whether the message type is **Standard** or **Questionnaire**. The default is **Standard**.

   Notes:

   • CPS Program Builder allows for one questionnaire to be built within each program; however, users can enter more than one message with a message type of **Questionnaire**. Any messages designated as a **Questionnaire** message type will display to the user and provide access to the questionnaire set up in the **Questionnaire Builder** section below. The system will allow for the triggering of the

same form repeatedly, but with different message text to the user. This is so that users can collect data on an ongoing basis.

- If you choose a **Standard** message type, this will operate as a message to your user, but not trigger the questionnaire. You may choose this option in a situation where you want to remind your staff to counsel a patient on his/her medication, but do not need to collect any data associated with this transaction.

4) Enter the message text in the **Enter Message Text Here** field. While the character limit for this field is 8,000 characters, messages are typically kept short to allow the user to read them quickly.

5) Use the **Message Severity** drop-down to set message severity. Messages displayed throughout the system will be prioritized based on the severity chosen here. The default is **Low**.

6) If there is a need to have a particular message override the **Message Expiration Setting** above, enter the number of days from 1-999 in the **Message Expiration Setting Override** field.

   Note: You may want to use this setting if you have more than one message and want the messages to expire at different times.

7) Select the **Generate On Enrollment** checkbox if you want this message to automatically generate and display in the Clinical App and Task Queue upon patient enrollment. Any number of Standard and/or Questionnaire messages can be set to generate on enrollment for a given Self-Directed program.

   Note: For patients who are unenrolled from a given program, and then re-enrolled in the same program:

   - If the patient already has an unexpired, unresolved message for that program, a message will not be generated to avoid duplication.

   - If the patient had a message that expired or was resolved for that program, a new message will be generated.

8) Enter a unique identifier for the message in the **Message Tag** field. While the character limit for this field is 30 characters, **Message Tags** are typically kept short to allow for quick identification of the message and must be unique across all Program Messages for the program. Although not required, if no **Message Tag** is provided for a message when the program is saved, a **Message Tag** will be systematically assigned to the message.

   Note: The systematically assigned Message Tag will consist of the program's initials (first letter of the first word in the program's name, followed by the first letter of the last word in the program's name) and a numeric identifier (ex. 1, 2, 3, …, x). If the program's name is only one word, the program's initials will just be one letter (the first letter of the program's name).

Repeat steps 2-8 above until all of the program messages have been added.

9) Once the message has been built, select the **OK** button and the system will return to the Clinical Program Builder window.
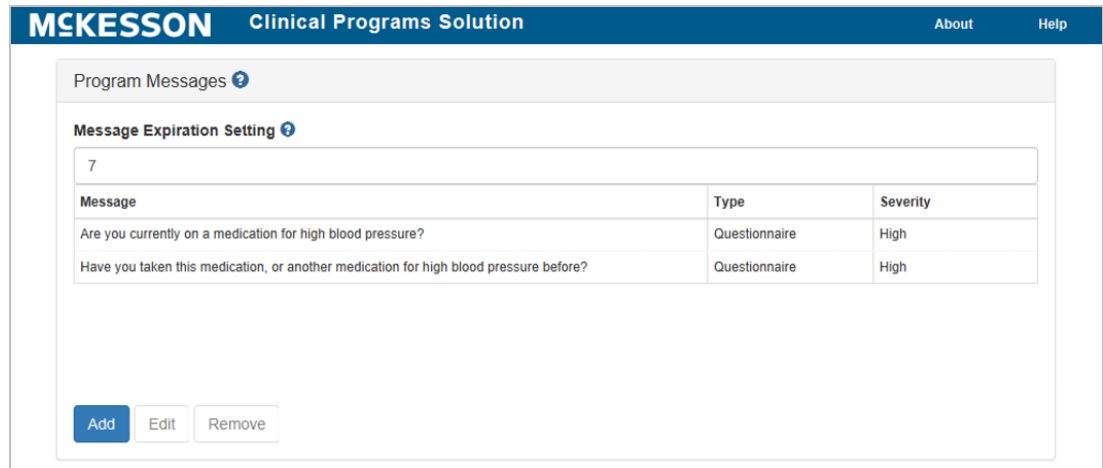
Building Questionnaires

The **Questionnaire Builder** allows for the building of a questionnaire, which will be attached to any program messages with a **Message Type** of **Questionnaire**. If you selected an **Enrollment Type** of **Patient Enrollment** for this program, this questionnaire will be attached to any associated enrollment messages. Questionnaires are built by adding and customizing each field, one at a time.
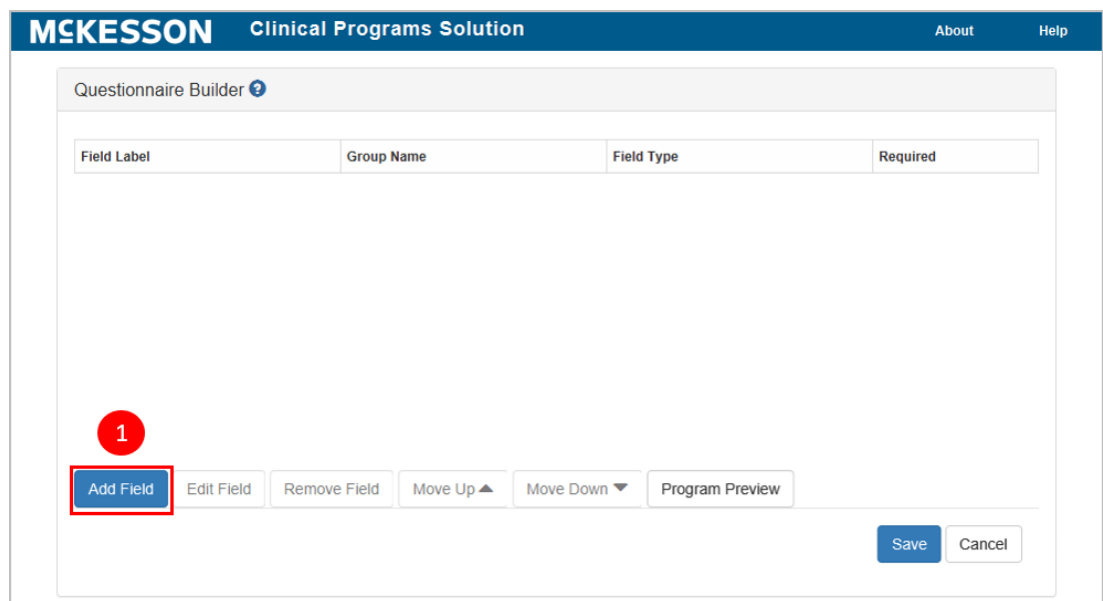
1) Select the **Add Field** button.
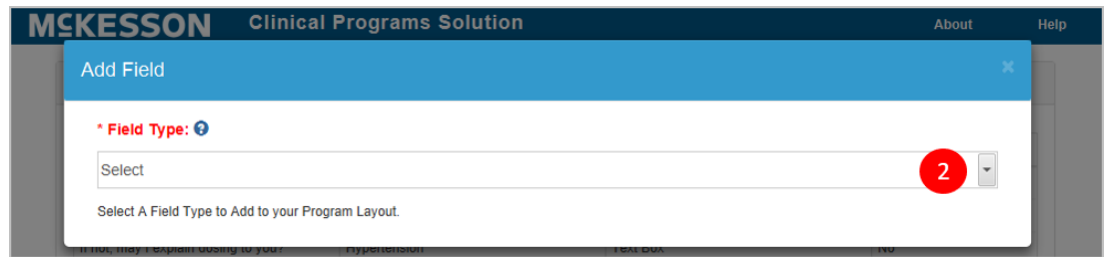
2) Use the **Field Type** drop down to select the field type. This selection will determine the rest of the options available in the field builder. The following field types are available in this drop down:

- Text Field
- Text Box
- Radio Button Group
- Check Box Group
- Separator
- Number
- Currency
- Date and Time
- Date
- Time
- Read Only Text Box
- Special Key

The example below shows the options the user will see if the **Text Box** field type option has been selected.

3) Enter the key value in the **Key** field.

 Note: The **Key** field allows the user to assign a value to the field. The value could refer to something like a database key value for the program. Although this field is not required, the system will auto-generate a key value if no value is entered.

4) Type in the label for the field into the **Field Label** field.

5) Use the **Default Value** field to select a default value. This field is not required.

6) Use the **Program Data Retention** drop down to select whether or not the data in this field will save to the patient profile.

7) If desired, use the **Make Field Required** check box to make the population of this field required in order to resolve the questionnaire.

8) Enter a group name for the field in the **Group Name** field. This field is not required.

 Note: Use the **Group Name** field for designing a questionnaire where questions are grouped together under a common header, such as grouping all blood work fields under the group name "Diagnostics."

9) Select the **OK** button to add the field to the questionnaire.

To add more fields to the form, return to step one above and repeat the remaining steps as applicable to the field type.

Modifying Questionnaires

After inputting all of the fields, modifications can be made to the questionnaire by using the buttons located at the bottom of the **Questionnaire Builder**.
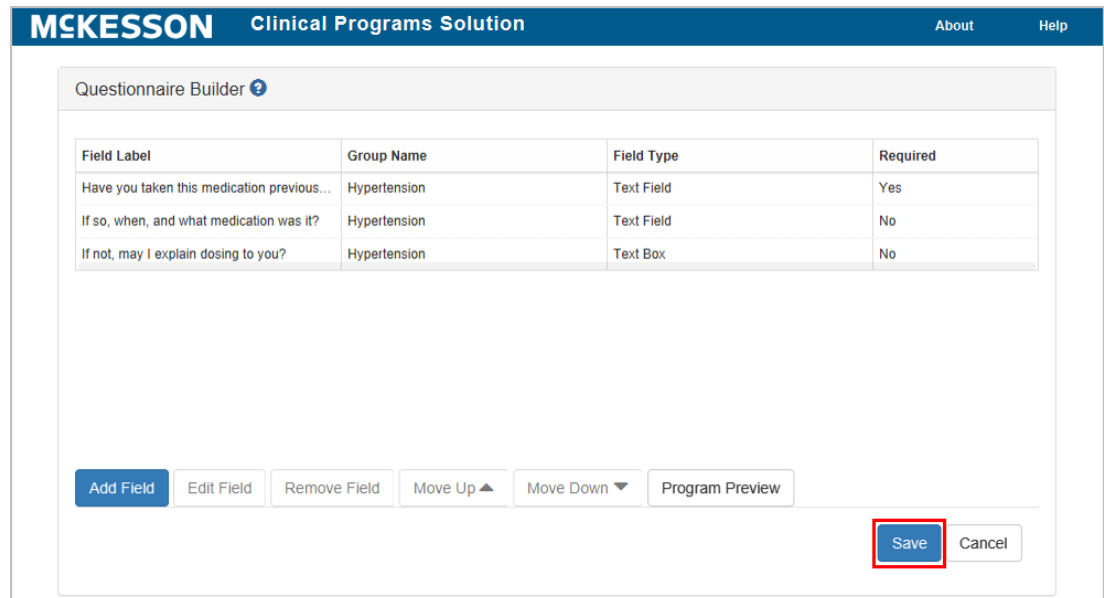
- **Edit Field:** Change any of the field options set in the exercise above by selecting the field and using the **Edit Field** button.

- **Remove Field**: Remove a field entirely by selecting the field and using the **Remove Field** button.

- **Moving Fields:** Change the order of the fields by selecting the field to be moved and using the **Move Up** or **Move Down** buttons.

- **Program Preview:** Preview the questionnaire by using the **Program Preview** button to ensure the questionnaire has been built correctly.

Saving the Program

When all fields have been added, save your program by selecting the **Save** button at the bottom of the CPS Program Builder page, or **Cancel** to discard the changes.

Once you've finished building your program you're ready to move on to Chapter 3: Activating Clinical Programs.

4. Activating Clinical Programs

After building a self-directed program, the next step is to activate it.

To activate the program, navigate to CPS Program Builder.

Task in Activating Clinical Programs

Activating Clinical Programs
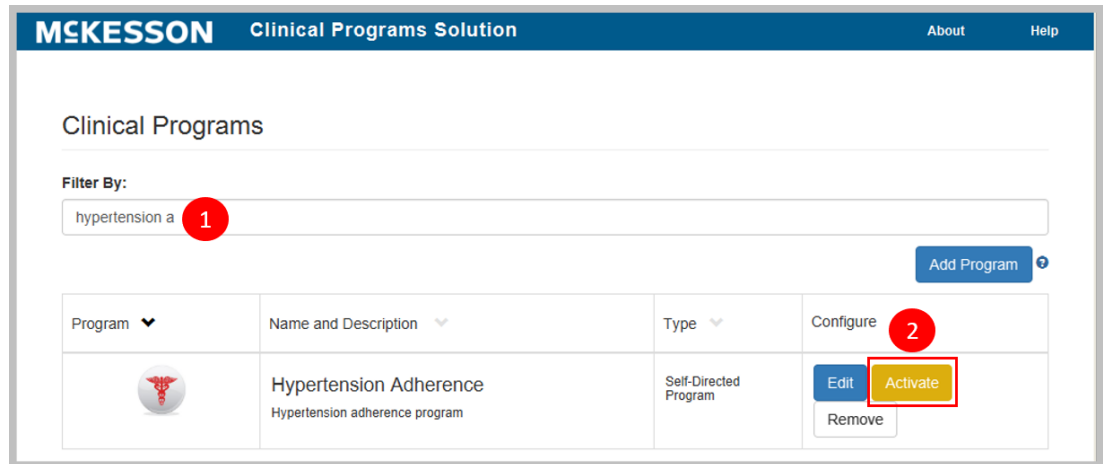
1) Type the program name into the **Filter By** text box. If several names begin with the same character string, they will all show in the list. The more characters that are entered into the filter, the fewer entries that will be contained in the list.

2) When the program displays in the list, select the **Activate** button.
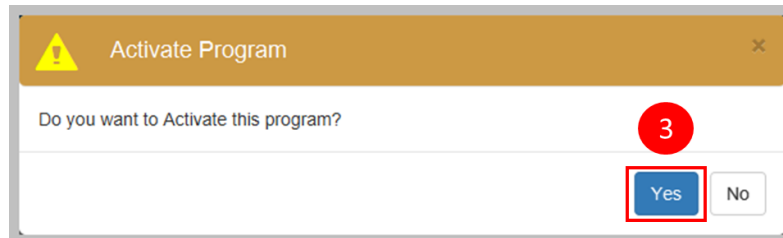
3) Select **Yes** from the pop-up window to activate the program.

After activating the program, the next step is to configure it. Go to Chapter 5: Configuring Clinical Programs to continue.

5. Configuring Clinical Programs

After a program has been built and activated, the next step is to configure it. This is where the triggers for messages will be set up for the program; in other words, you will configure what data input by the user will cause a CPS program message to be displayed in the system. For example, when a certain NDC is filled the program will display a message to the user.

Note: This is also the area in which triggers for a vendor program will be set up. The instructions below will not give you specific details about the filters you need to set up for vendor programs, but it will outline how filters are set up in general. Contact the vendor directly to configure the specific filters needed for a vendor program.

Tasks in Configuring Clinical Programs

Getting Started with Program Configuration

Configuring a Clinical Program

Navigate to **CPS Program Admin**.
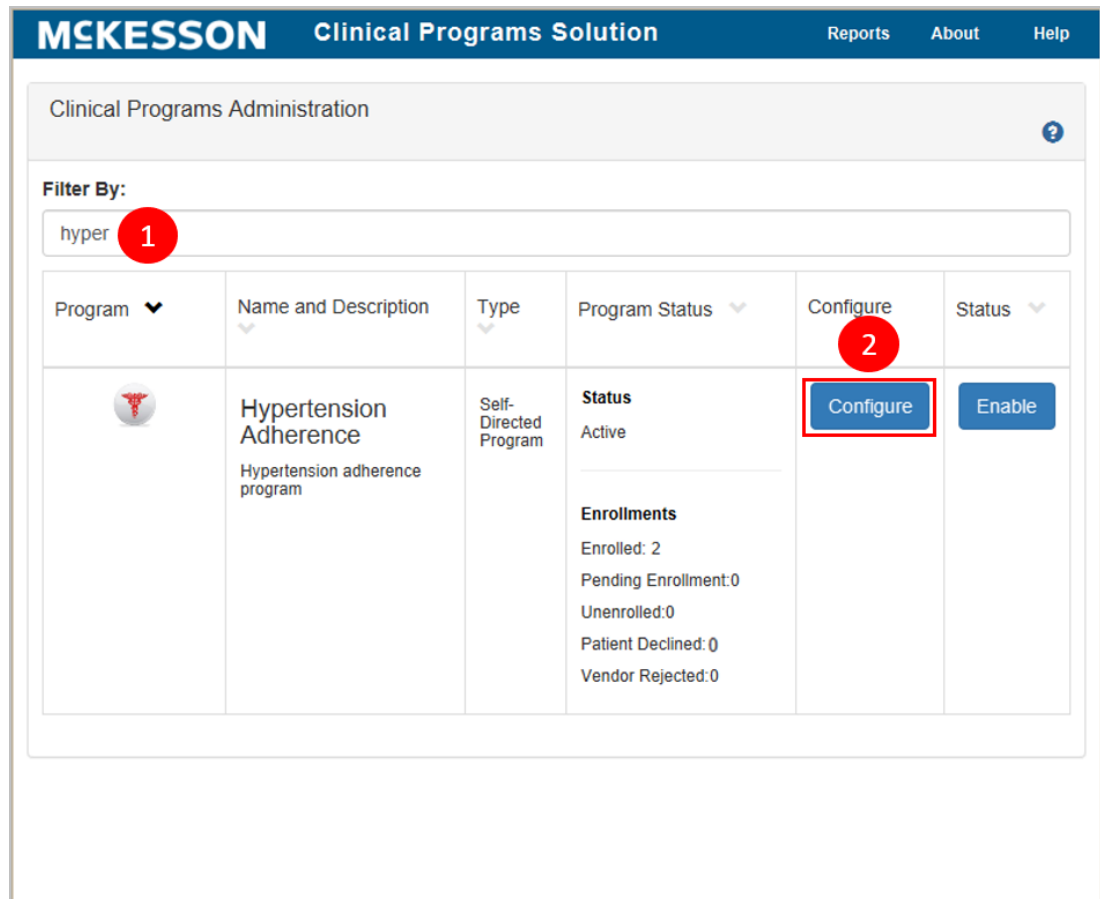
1) Type the program name into the **Filter By** text field. If several names begin with the same character string, they will all show in the list. The more characters that are entered into the filter, the fewer entries that will be contained in the list.

2) Select the **Configure** button next to the program when it displays in the list.

Setting up Data Filters for Program Enrollments

The data filters in the Patient Enrollment portion of the window are the filters you set up to determine the enrollment criteria for your program. When the criteria have been met, an enrollment message will be triggered during workflow.

Note: You will only see the **Edit Data Filter** button in the **Patient Enrollment** section for programs with an **Enrollment Type** of **Patient Enrollment** (not for those with an **Enrollment Type** of **No Enrollment**).

Data Filter Operators:

The following operators are available for use when creating data filters for your program:

- = (Filters for items with a value that is equal to the value entered in the **Value** field.)

- != (Filters for items with a value that is not equal to the value entered in the **Value** field.)

- <= (Filters for items with a value that is less than or equal to the value entered in the **Value** field.)

- >= (Filters for items with a value that is greater than or equal to the value entered in the **Value** field.)

- < (Filters for items with a value that is less than the value entered in the **Value** field.)

- > (Filters for items with a value that is greater than the value entered in the **Value** field.)

- IN (Filters for items that match the value/s defined in the **Value** field.)

- NOTIN (Filters for items that do not match the value/s defined in the **Value** field.)

- STARTS WITH (Filters for items that start with the value entered in the **Value** field.)

Note: For entries in the value field:

- Text/name entries in the Value field are case sensitive. For example: a filter is created so that the written product name starts with "dio." If the product selected is Diovan, the filter will not match.

- The entire name of a medication must be entered if a direct match is desired by utilizing the equal sign operator. For example: a filter is created so that the written product is equal to "Diovan." If the product selected is "Diovan 40mg tab," the filter will not match.

- If NDC numbers are entered, the hyphens must be omitted.

Tip: For self-directed programs, you'll be making your own decisions on what your filters include. Below is an example of a simple filter and a couple of more complex filters to give you an illustration of some of the different options available.

Important: For customers that leverage First Databank (FDB), when adding a GCN data filter, ensure that leading zeros **are not included** in the GCN(s) [example: correct GCN = 1234; incorrect GCN = 01234]. For customers leveraging Medi-Span, the leading zero **must be included** when adding a GPI data filter [example: correct GPI = 01234567890000; incorrect GPI = 1234567890000].

Example Data Filter for First Databank (FDB)

Example Data Filter for Medi-Span

Simple Data Filter Example

First, a very simple filter will be created that will trigger an enrollment when the prescription is for a specific written product (NDC Number 11 digits):
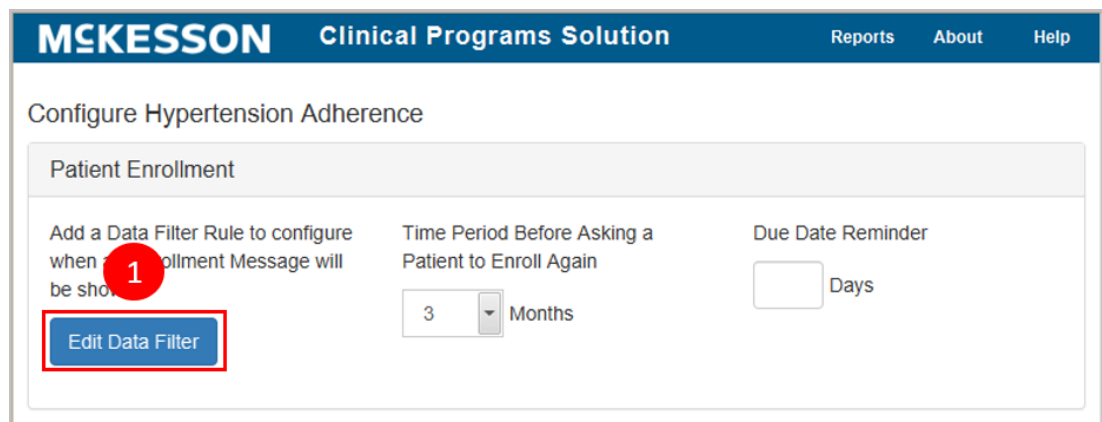
1) Select the **Edit Data Filter** button to get started configuring the data filters.
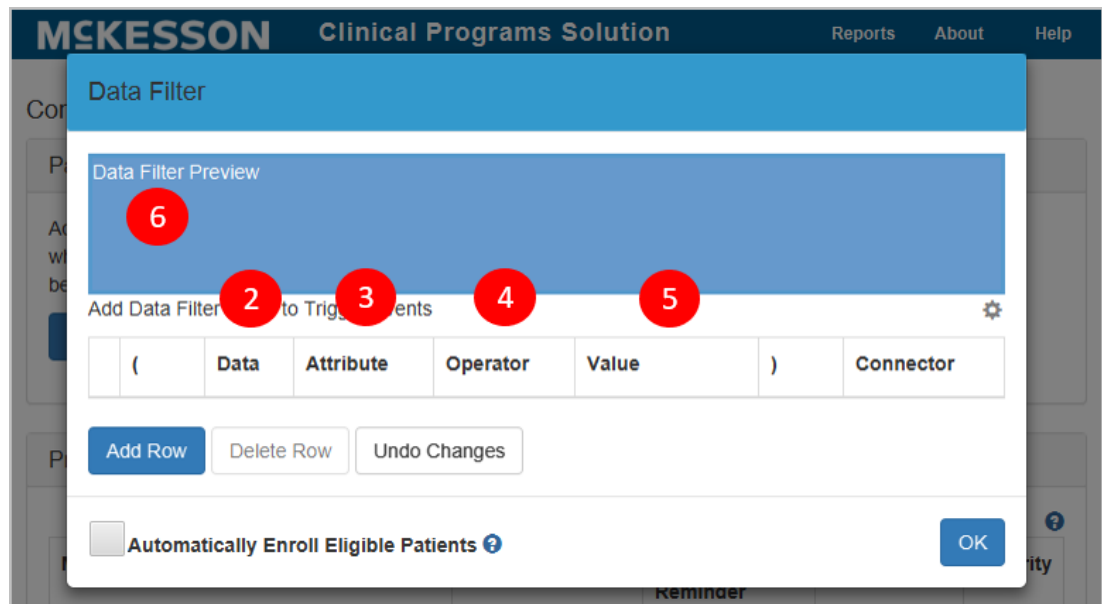
Select the **Add Row** button to add a new row to the Data Filter.

2) Use the **Data** drop down to choose the data which, when the user inputs it into the system, will trigger the enrollment message. In this example, we've used **Written Product**.

3) Next, use the **Attribute** drop down to choose an attribute. The input made in the **Data** field in step three will determine the available options in the drop down menu. For this example, we've used the attribute **Product Name**.

4) Choose the **Operator**. In this example we want to trigger an enrollment for our Hypertension monitoring program every time certain types of hypertension medications are filled and have chosen the '**=**' operator here.

5) Enter the value into the **Value** field.

6) Check the blue text box above your data filter and ensure that your filter has been configured correctly.

Note: Select the **Undo Changes** button to clear any changes you've made to the data filter.
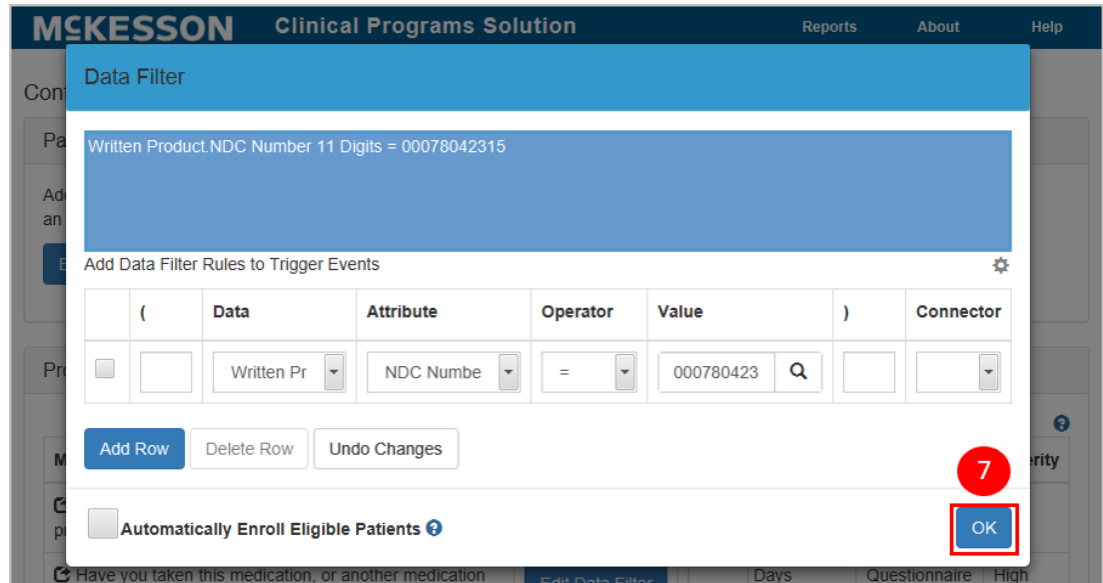
7) If the information entered is correct, select the **OK** button to add the filter.

For vendor programs only, the **Automatically Enroll Eligible Patients** check box is available on the **Data Filter** window. When the check box is selected patients will be automatically enrolled when the program's **Enrollment Message** data filter criteria is met. This functionality is not available for Patient Communications Solution (PCS).

The following are some examples of filters that are more complex:

Complex Data Filter Example #1

Now a more complex filter will be created. For example, a filter will be created that will trigger an enrollment when the dispensed product is the generic equivalent of the written NDC listed in the example above.

After you complete steps 1-7 above, do the following:
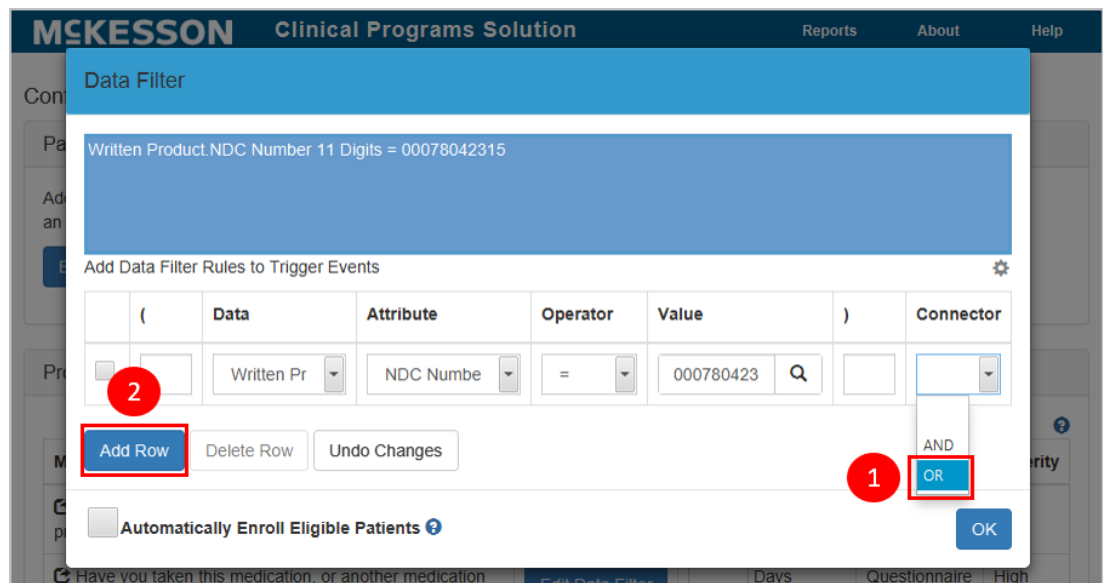
1) Select the drop down arrow in the **Connector** field and scroll to **OR**.

2) Select the **Add Row** button and repeat steps two through 6 of the **Simple Data Filter Example** instructions above, adding the dispensed product information to the new row.
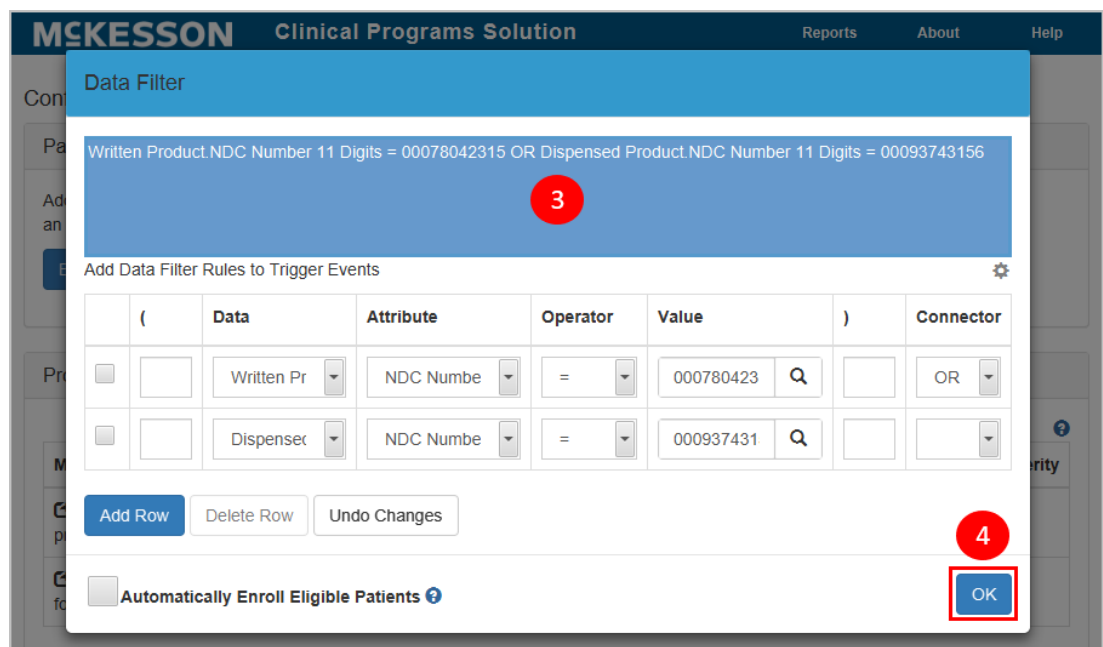
3) Check the blue text box above your data filter and ensure that your filter has been configured correctly.

4) Select **OK** to add the filter.

For vendor programs only, the **Automatically Enroll Eligible Patients** check box is available on the **Data Filter** window. When the check box is selected patients will be automatically enrolled when the program's **Enrollment Message** data filter criteria is met. This functionality is not available for Patient Communications Solution (PCS).

Complex Data Filter Example #2

In this example, an additional row will be added to the filter that was created in **Complex Filter Example #1**. The additional row will trigger enrollment for a patient when either one of two product NDCs are filled <u>AND</u> the patient is pregnant. This is a situation in which you will have to insert parenthesis in the appropriate fields.

After creating the filter in the **Complex Filter Example #1**, complete the following steps:
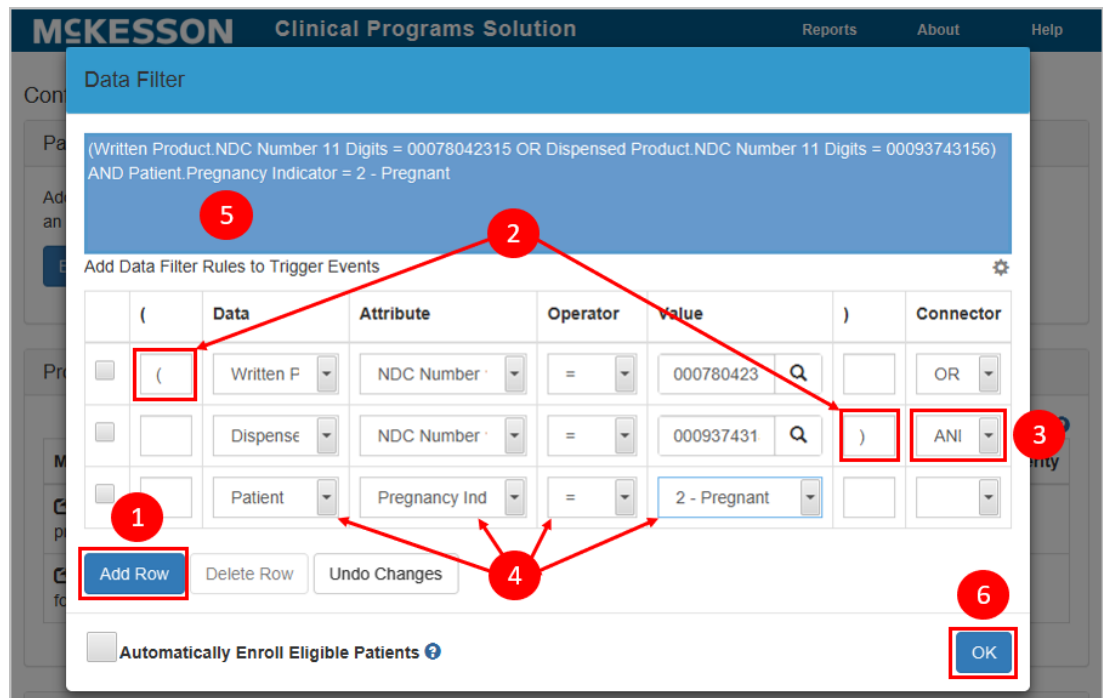
1) Select the **Add Row** button.

2) Insert the open and closed parenthesis as shown in the image above.

3) Select the drop down for **Connector** and choose **AND**.

4) Insert the row fields as appropriate. For this example, we've used:

- **Patient** in the **Data** field

- **Pregnancy Indicator** in the **Attribute** field

- **=** in the **Operator** field

- **2 – Pregnant** in the **Value** field.

5) Check the blue text box above your data filter and ensure that your filter has been configured correctly.

6) Select the **OK** button to save your filter.

For vendor programs only, the **Automatically Enroll Eligible Patients** check box is available on the **Data Filter** window. When the check box is selected patients will be automatically enrolled when the program's **Enrollment Message** data filter criteria is met. This functionality is not available for Patient Communications Solution (PCS).

Adding an Array of Values with the IN and NOTIN Operators

When using the **IN** and **NOTIN** operators in a data filter, you can add an array of values by individually adding each value, or you can add multiple values at a time by importing a comma-separated values (CSV) file.
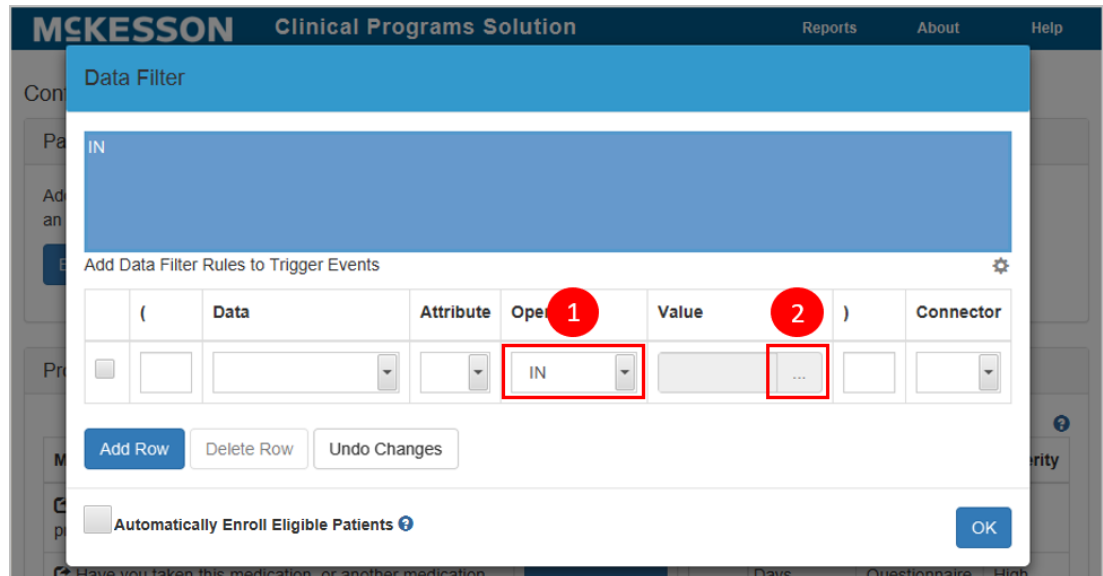
1) On the Data Filter window, select IN or NOTIN from the **Operator** drop down.

   Note: The **IN** and **NOTIN** operators do not support the **Age** attribute.

2) In the **Value** field, select the ellipsis (...) to open the **List** window.
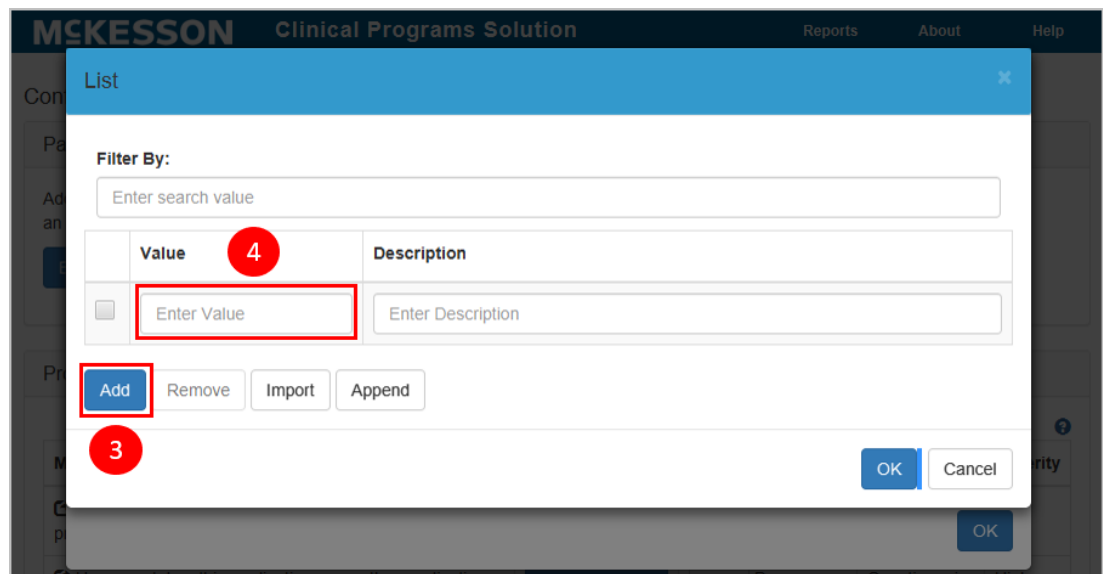
3) Select the **Add** button to add new individual values to the list.

4) Enter the **Value** and **Description** for each item in the list. The **Description** field is optional.
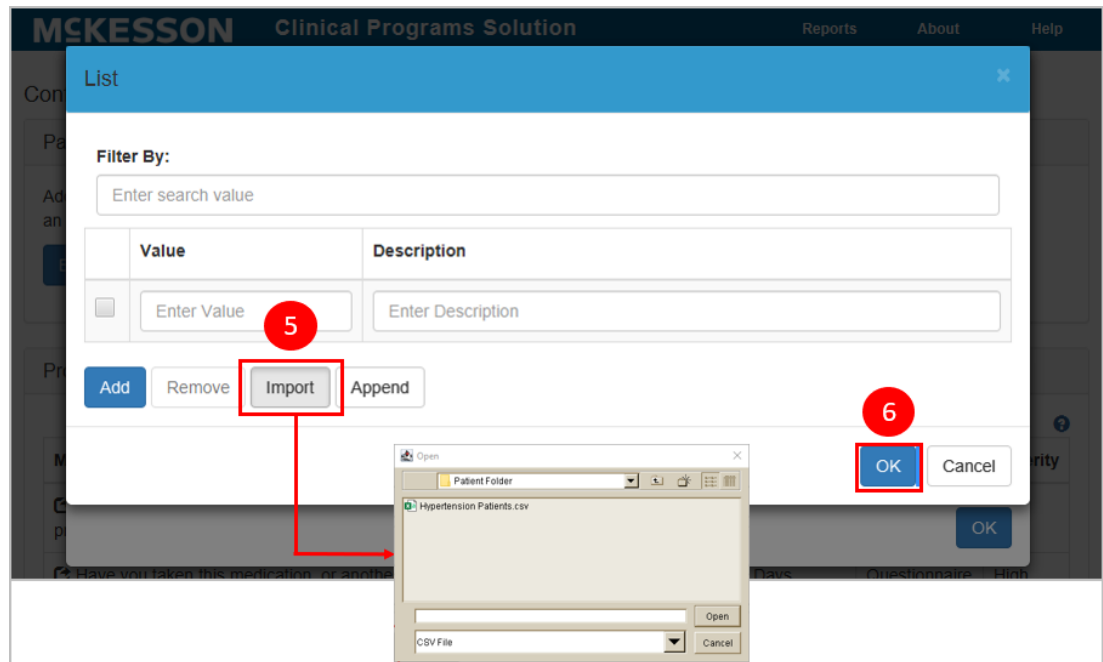
5) To upload multiple values at once using a CSV file, select the **Import** button. **Note**: Using the **Import** button to import a CSV file will override any existing items in the list. Alternatively, you can use the **Append** button to import a CSV file. Using the **Append** button does not overwrite any existing list items and will add the new values at the end of the list.

> **Note:** The format of the CSV file is a value and description on each line, separated by a comma. The header format of the CSV file needs to match the field names on the **List** window. For example:

```
Value,Description
 NY,New York
 OH,Ohio
 PA,Pennsylvania
 WV,West Virginia
```

6) Select the CSV file and select the **Open** button to add the items from the file to the list.
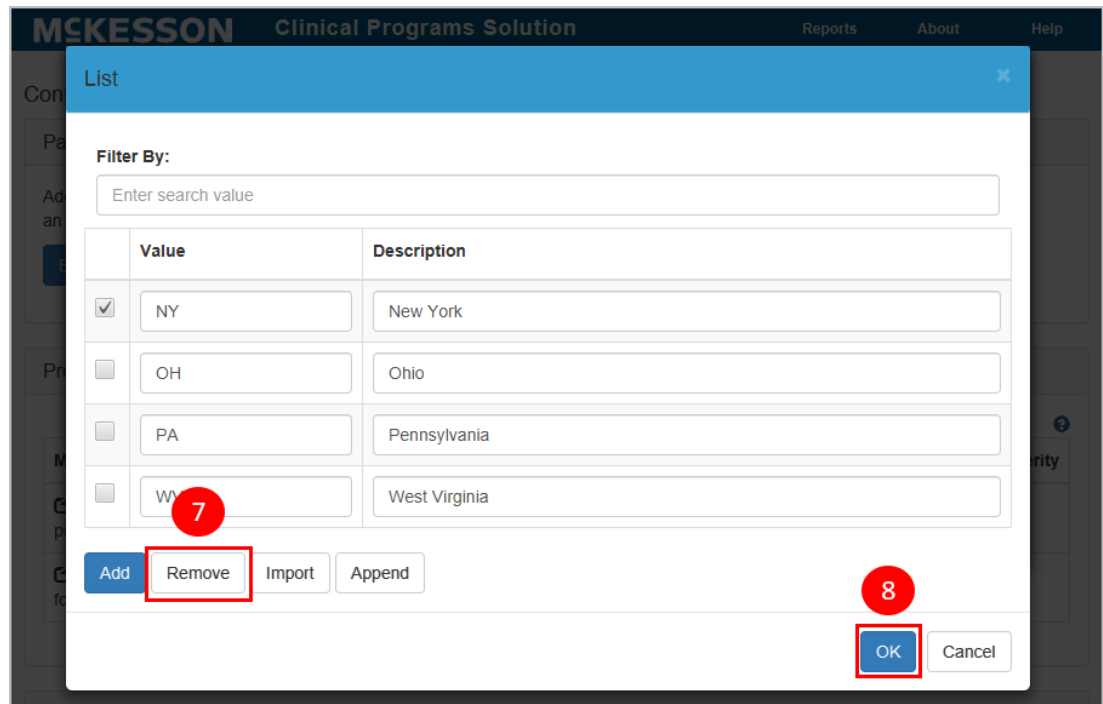
7) To remove an individual item, select the check box next to the item and select the **Remove** button.

8) When you are done making changes, select the **OK** button to return to the Data Filter window.

Important: Data filters are specific to the Pharmacy Management System (PMS), and to the version of software that the PMS is running. Consult the list of Enrollment and Program Message Data Filters in Chapter 16: Appendix for a list of available Data Filters.

Setting the Time Period to Re-ask Patients to Enroll

If an enrollment message is triggered and the pharmacist asks the patient if they would like to enroll in a program, but they decline, they may want to ask the patient again sometime in the future. Users can select a numeric value (1 through 12 months) from the **Time Period Before Asking a Patient to Enroll Again** drop-down to define when they should follow-up with the patient about enrolling in the program. Users can select **999** in the drop-down if they do not want to ask the patient about enrollment in this program again.

Note: You will only see this field in the **Patient Enrollment** section for programs with an **Enrollment Type** of **Patient Enrollment** (not for those with an **Enrollment** Type of **No Enrollment**).

Setting the Due Date Reminder for Enrollment Messages

The **Due Date Reminder** field (measured in days) allows you to define when a message will become visible in the Clinical App and Task Queue. For example, if you set this field to **4**, the message will appear in the Clinical App and Task Queue four days before the scheduled due date. If the **Due Date Reminder** field is set to zero (0), then any associated messages will appear in the Clinical App and Task Queue when the due date is reached. If the **Due Date Reminder** field is set to blank, any associated messages will always appear in the Clinical App and Task Queue.

The Due Date Reminder field can be set on **Patient Enrollment** messages and **Program Messages**.

Note: You will only see this field in the **Patient Enrollment** section for programs with an **Enrollment Type** of **Patient Enrollment** (not for those with an **Enrollment** Type of **No Enrollment**).

Setting Data Filters for Program Messages

Next, you will need to configure the data filters for what criteria needs to be met in order to display the program messages set up in CPS Program Builder. The system should display any messages that have been set up in CPS Program Builder in the Program Messages section.

1) To get started, select the **Edit Data Filter** button next to the first message for which you want to edit the data filter.

2) Select the **Add Row** button to add a row to the data filter. The data filters in this area work exactly like those that we set up for the enrollment message. Follow the steps in either the "Simple" or "Complex" data filter examples above to configure the data filter of each program message.

Note: You will need to edit data filters separately for each message that you set up in CPS Program Builder.

Bulk Messaging Patients Outside of Prescription Processing

The Bulk Messaging feature allows you to generate program messages for a specified list of patients without requiring prescription processing. Only Standard or Questionnaire program messages configured for a given Self-Directed program are available for use with Bulk Messaging.

1) Select the desired program message from the message list.

2) Enter the desired patient information from a comma separated list (CSV) file in the Bulk Messaging field. McKesson recommends that you display the CSV file in a text-editing application such as Notepad, copy it, and then paste it directly into this field.

Important: Each line in the list must adhere to the following comma separated format: **Patient Number**, **Store Identifier**, **Patient Last Name**, **Patient First Name**, **Date of Birth**, **Patient Phone Number** (optional), **Due Date** (optional). Each row must contain six commas.

Note the following specifics about these attributes:

- **Patient Number:** Required. Numeric characters only. Maximum length is 18 characters.

- **Store Identifier:** Required. Maximum length is 50 characters.

- **Patient Last Name:** Required. Maximum length is 50 characters.

- **Patient First Name:** Required. Maximum length is 50 characters.

- **Date of Birth:** (in mm/dd/yyyy format) - Required. Maximum length is ten characters.

- **Patient Phone Number** (in ########## format): Optional. Numeric characters only. Maximum length is ten characters. Phone Number area codes cannot start with the numeral "1".

- **Due Date** (in mm/dd/yyyy format): Optional. Maximum length is ten characters. When a date is provided in the **Due Date** field, the due date for each bulk message will be set to the specified date. When the **Due Date** field is left blank, there will be no due date set on each bulk message. Any message that is generated via Bulk Messaging will have an **Unread** Message Status.

Bulk Messaging accepts the following characters in the **Patient First Name** and **Patient Last Name** fields:

- Apostrophe (')

- Hyphen (-)

- Blank space ( )

- Alphabetic (uppercase and lowercase)

- Numeric characters (0 - 9)

- Underscore (_)

- Period (.)

3) Select Bulk Submit. If there are any issues with the submission (for example, an error in formatting or when the selected program is not enabled in a store specified in the input list), a warning window will display. You can make the suggested correction and retry. A success window will appear if there were no issues with the submission.

Bulk Enrolling Patients into Your Self-Directed Program

Users can bulk enroll patients from CPS Program Admin by entering the patient information from a comma separated list (CSV file) in the **Bulk Enrollment** field.

1) Enter the desired patient information from a CSV file in the **Bulk Enrollment** field. McKesson recommends that you display the CSV file in a text-editing application such as Notepad, copy it, and then paste it directly into this field.

The required information in this field depends on whether or not you are completing bulk enrollment for a program configured to generate a message(s) on enrollment.

If you are completing a bulk enrollment for a program that is not configured to generate a message(s) on enrollment, each line in the list must follow this comma separated format: **Patient Number**, **Store Identifier**.

If you are completing a bulk enrollment for a program configured to generate a message(s) on enrollment, each line in the list must follow this comma separated format: **Patient Number, Store Identifier, Patient Last Name, Patient First Name, Date of Birth, Phone Number, Generate On Enrollment Due Date**. Each row must contain six commas.

Note the following **specifics about these attributes:**

- **Patient Last Name:** Required. Maximum length is 50 characters.
- **Patient First Name:** Required. Maximum length is 50 characters.
- **Date of Birth** (in mm/dd/yyyy format) - Required. Maximum length is ten characters.
- **Phone Number** (in ########## format): Optional. Numeric characters only. Maximum length is ten characters. Phone Number area codes cannot start with the numeral "1".

- **Generate On Enrollment Due Date** (in mm/dd/yyyy format): Optional. Maximum length is ten characters. When a date is provided in the **Generate On Enrollment Due Date** field, the due date for each Generate On Enrollment message configured for that program will be set to the specified date. When the **Generate On Enrollment Due Date** field is left blank, there will be no due date set on each Generate On Enrollment message configured for that program. Any message that is configured to generate on enrollment will have an **Unread** Message Status.

- **Patient Number:** Required. Numeric characters only. Maximum length is 18 characters.

- **Store Identifier:** Required. Maximum length is 50 characters.

Note: Bulk Enrollment accepts the following characters in the **Patient First Name** and **Patient Last Name** fields:

- Apostrophe (')

- Hyphen (-)

- Blank space ( )

- Alphabetic (uppercase and lowercase)

- Numeric characters (0 - 9)

- Underscore (_)

- Period (.)

2) Select **Bulk Enroll**. If there are any issues with the submission (for example, an error in formatting), a warning window will display. You can make the suggested correction and retry the bulk enrollment. A success window will appear if there were no issues with the submission.

Notes:

- The image in the above section demonstrates what the configuration window will look like when the program is configured to generate a message(s) on enrollment.

- In the Program Messages section, a **Generate On Enrollment** icon will be displayed next to any messages that are configured to generate on enrollment, as shown in the image below. If the program is not configured to generate a message(s) on enrollment, different help text will display in the **Bulk Enrollment** field.

Saving Program Configuration

Once you've finished configuring all of the enrollment and program message filters, select the **Save** button.

Now you're ready to enable the self-directed program.

Go to Chapter 6: Enabling Clinical Programs to finish the program.

6. Enabling Clinical Programs

Tasks in Enabling Clinical Programs

Enabling a Self-Directed Program

After you have configured your self-directed program the last step is to enable it. This is where the program needs to be enabled so that it can be utilized by users. Until the program is enabled, messages and enrollments will not be seen by users.

1) Type the program name into the **Filter By** text box.
2) Once the program displays in the list, select the **Enable** button.

3) Select **Yes** to enable the program

Tip: The CPS Program Admin window is also a place where you can get a snapshot of how many patients are enrolled, are pending enrollment, have unenrolled, have declined, or (for vendor programs) the vendor has rejected. See the area in the red box in the image above for this information.

Now the program is ready to display messages. Messages will appear in the Clinical App (see Chapter 7: Receiving Messages in the Clinical App) and in the Task Queue (see Chapter 8: Accessing Messages through the CPS Task Queue) when the filter criteria have been met.

Enabling a Preconfigured Program

CPS preconfigured programs are turn key programs that provide pharmacies revenue generating clinical opportunities, additional front-end sales of highly profitable over-the-counter (OTC) products and repeat business.

Important: Preconfigured programs are only available with the CPS Premium Subscription. Please contact your Account Manager/Account Executive for more information.

When enabling a preconfigured program at either the corporate root or facility level, you will be required to acknowledge and agree to the program's Terms of Use and questionnaire, if applicable.
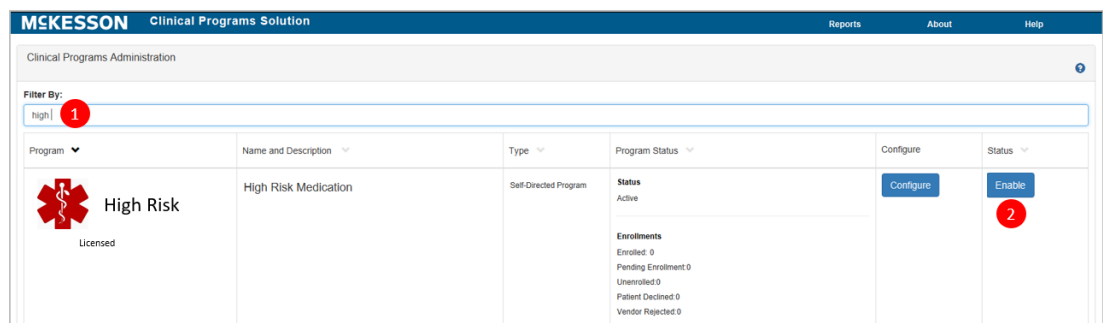
1) Type the program name into the Filter by text box.

2) Once the program displays in the list, click the Enable button.
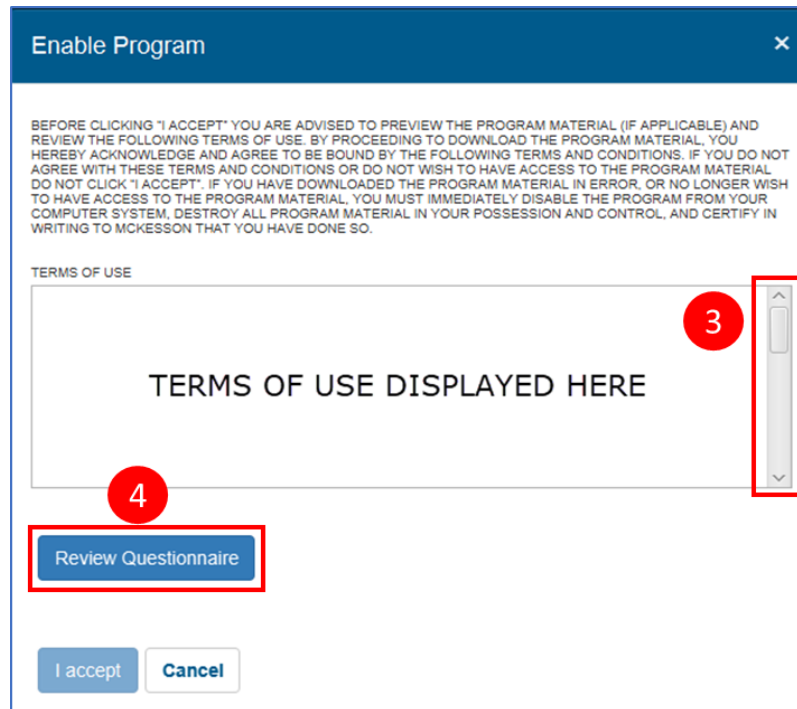
3) The **Enable Program** window will display with the Terms of Use. Use the vertical scrollbar to review the instructions and entire Terms of Use.

4) Select the **Review Questionnaire** button. The questionnaire will open for your review.
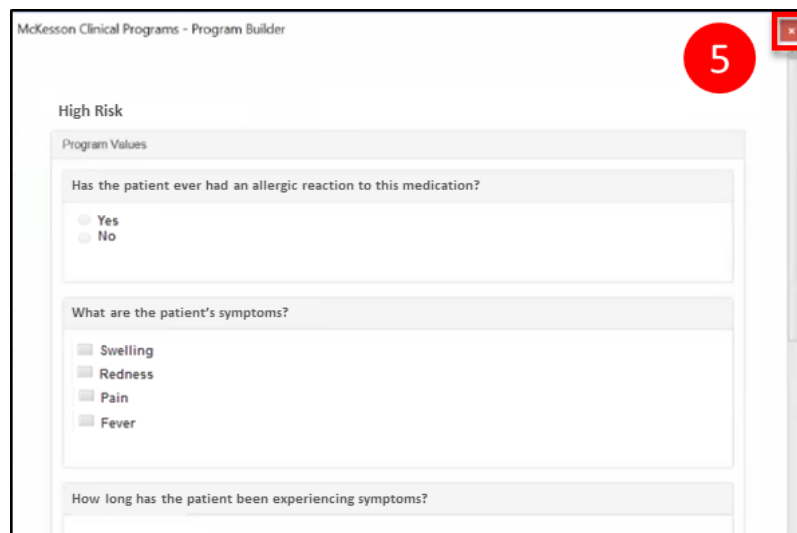
5) Review the questionnaire. When finished reviewing, select the "**X**" in the upper right corner of the window.
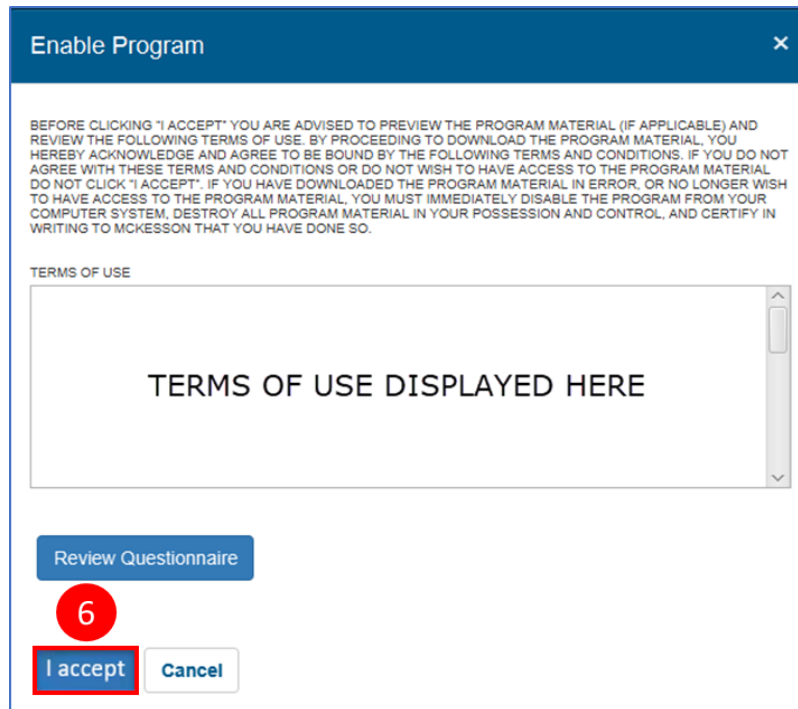
6) To acknowledge and agree to the program's Terms of Use and questionnaire, select the **I accept** button to enable the program. If you do not want to proceed with enabling the program, select the **Cancel** button.

Note: The **Review Questionnaire** button will only display if the program has an associated questionnaire. Steps **4)** and **5)** will not be applicable when the program does not have an associated questionnaire.
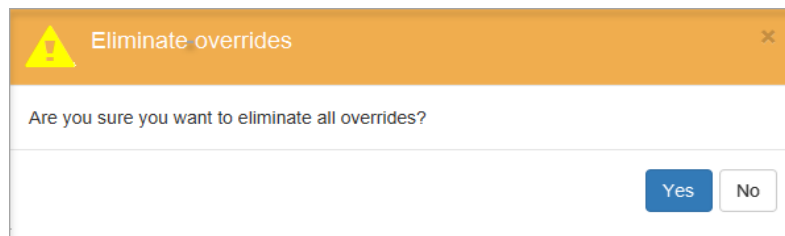
When enabling a preconfigured program at the corporate root level, you will be prompted with the **Eliminate overrides** window after selecting the **I accept** button in the **Enable Program** window.

Now the program is ready to display messages. Messages will appear in the Clinical App (see Chapter 7: Receiving Messages in the Clinical App) and in the Task Queue (see Chapter 8: Accessing Messages through the CPS Task Queue) when the filter criteria have been met.

7. Receiving Messages in the Clinical App

Once a program has been built, activated, configured and enabled, CPS messages will display when the criteria set in CPS Program Admin have been met. This chapter will outline how program messages will display during workflow, and the actions that can be taken on these messages.

For this example, we are using a program which was set up to send enrollment messages upon the filling of a certain NDC number, and other messages once the patient has been enrolled and subsequently refills the same NDC. In this scenario, after we fill an Rx with the matching NDC number from our filter and move it forward in workflow, our enrollment message will be triggered. In EnterpriseRx, the first indication of this enrollment message is in the Clinical App header. For Pharmaserv, the Clinical App window must be open to view any messages.

Note: During downtime or a network outage, the Clinical App will display a communication error upon any user action, such as searching for a patient. This error message will disappear following the next user action that does not result in a communication error.

Tasks in Receiving Messages in the Clinical App

Viewing Programs and Messages

Viewing Enabled Programs in Clinical Snapshot

When a patient is not in context in the Pharmacy Management System, the Clinical Snapshot will display within the Clinical App. The Clinical Snapshot provides you with a way to quickly check the status of your programs at a high level. When a Vendor or Self-Directed program is enabled in the logged in store, the program will display within the Clinical Snapshot, along with the corresponding message count. Programs will be sorted in alphabetical order within the Clinical Snapshot.

Note: If no programs are enabled in the logged in store, the Clinical Snapshot will display the following message: "There are no programs enabled in this facility."
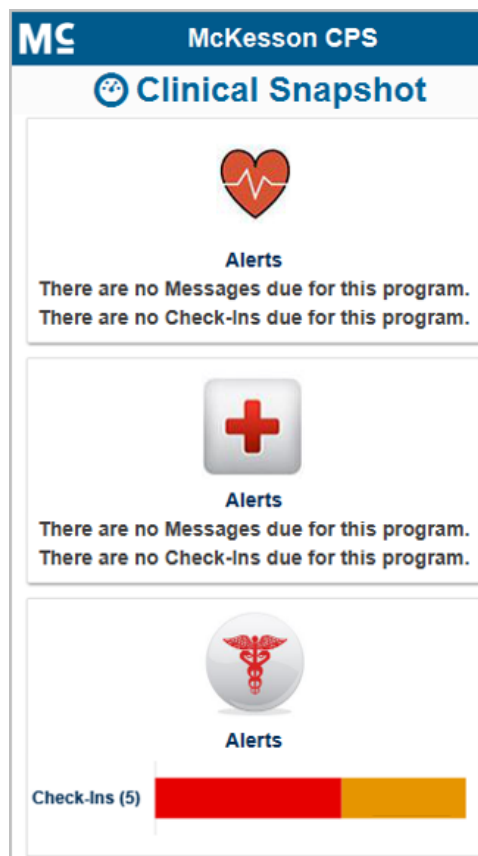
To provide insight into a program's overall status, messages with a due date in the past will display as red within the accompanying graph and, when you hover over the red section, the total count of past due messages will display.
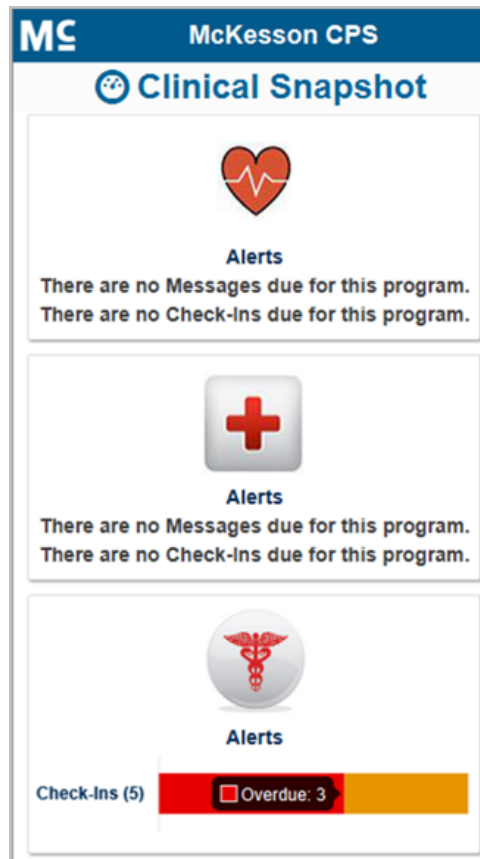
Similarly, messages without a due date or due within the configured Due Date Reminder range will display as orange within the accompanying graph and, when you hover over the orange section, the total count of messages without a due date or due within the configured Due Date Reminder range will display.
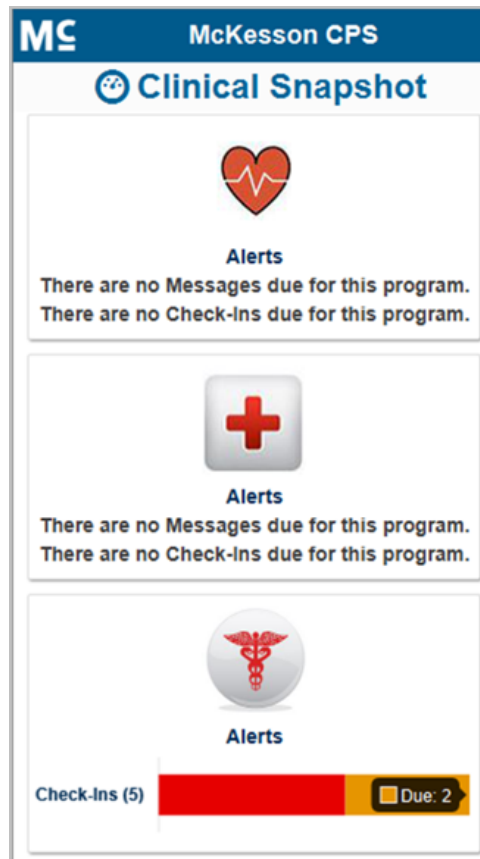
To refresh the Overdue and Due message counts, select the Clinical Snapshot title bar.
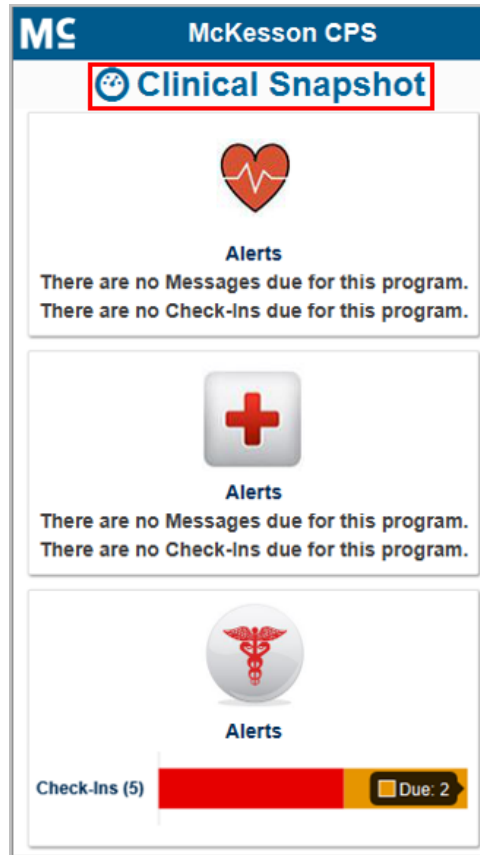
When you select a program's message count or accompanying graph within the Clinical Snapshot, the Task Queue will open in a new window and the Task Queue will be filtered for the selected program and logged in store. This will allow you to view patient Rx history while completing messages and questionnaires.
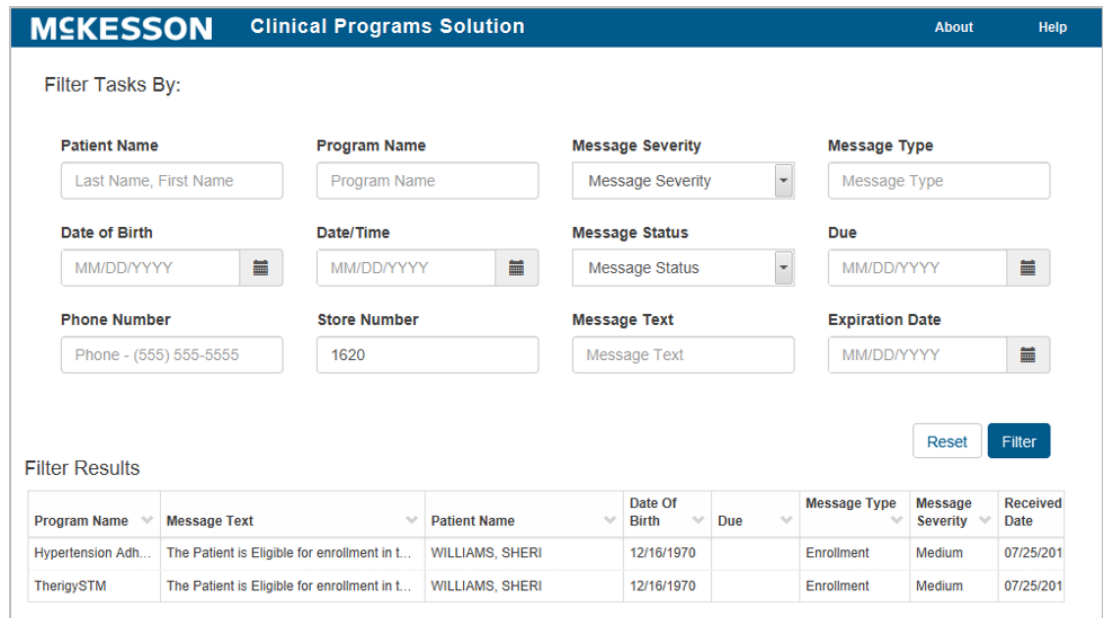
Note: When the Task Queue is accessed via the Clinical Snapshot, the Overdue and Due message counts in the Clinical Snapshot will be automatically refreshed when action is taken on a message in the Task Queue.

If you are viewing the Clinical Snapshot when a patient is brought into context, the Clinical App will automatically put the patient into context to ensure that messages are not missed for the patient.

Viewing a Patient's CPS Alerts in the EnterpriseRx Clinical App

When the patient in context has CPS alerts available, the task bar area of EnterpriseRx containing the Clinical App header will change colors (shown below). In addition, for EnterpriseRx users on Version 9.0 or higher, the Clinical App will automatically expand from the docked view when the patient in context has a High Severity message available.

Select the orange Clinical App header to view the patient's available alerts. You can also select the arrow button to the right of the Clinical App header to dock/undock the Clinical App. The Clinical App displays in a separate pop-up window that you can move and resize for easier viewing.

Viewing a Patient's CPS Alerts in the Pharmaserv Clinical App

If you are using Pharmaserv, you can select the windows where CPS messages will be displayed. From the **Administration** menu, select **CPS Preferences**.
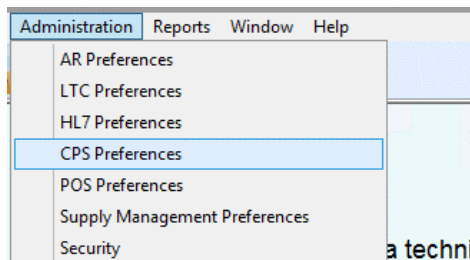
From the **CPS Preferences** window, you can enable or disable CPS pop-ups. In addition, you can select the windows that the pop-ups will be displayed in. When the patient in context is displayed in any of the selected windows, the pop-up messages will be displayed automatically.
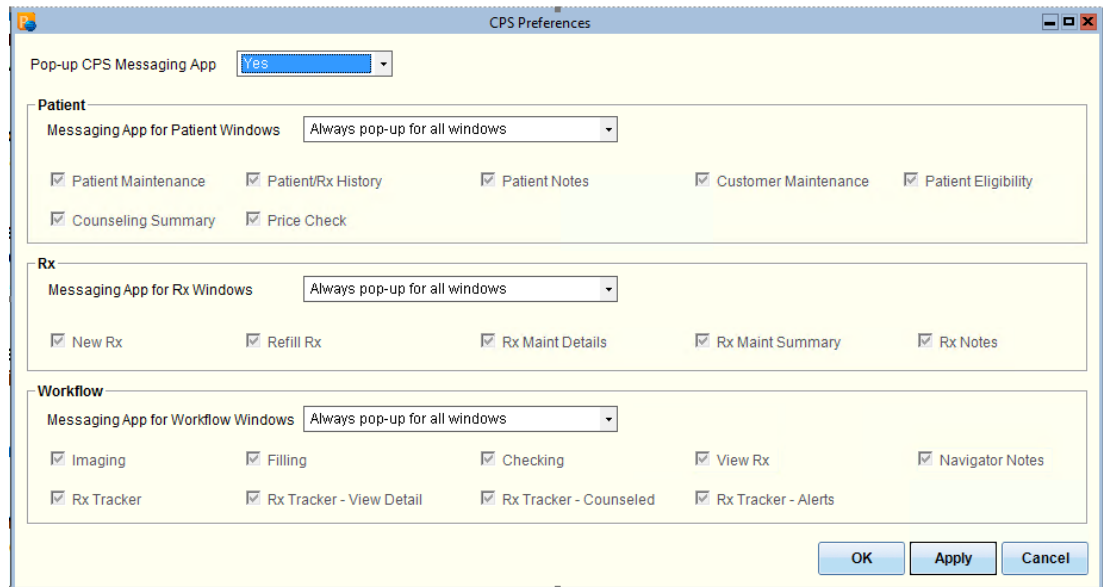
Clinical App Alerts Tab

The Clinical App **Alerts** tab provides users the ability to quickly view and act upon CPS messages for the patient in context. The title bar for each message will display the program's name, aligned left, and the defined Due date, aligned right, if applicable. If a given program has a long name that does not fit in the message's title bar, an ellipse (…) will display and users can hover over the title bar to view the full program name.

Messages will display within the **Alerts** tab of the Clinical App based on the following sort order:

1) Due date

2) Message Severity (High, Medium, Low)

3) Received date

Users can take any of the following actions to process messages:

- Enroll a patient
- Enter a patient's refusal to enroll
- Enter a Follow-Up comment
- Change the message's due date
- Resolve the message
- Change the message's expiration date
- Change the message's severity
- Print the message

Enrolling Patients
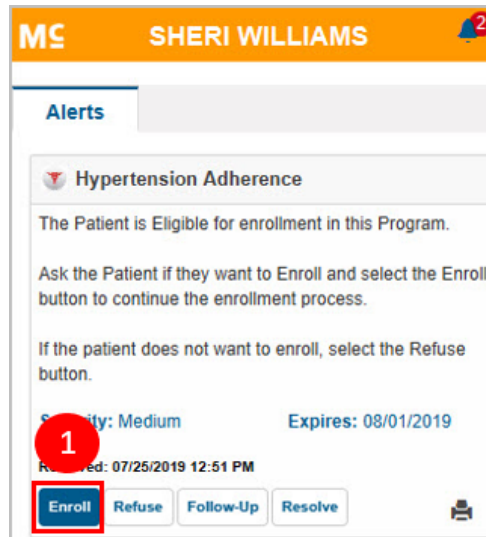
1) Select the **Enroll** button in the message. If a questionnaire is associated with the program, the questionnaire will open in a separate window, similar to the questionnaire below.
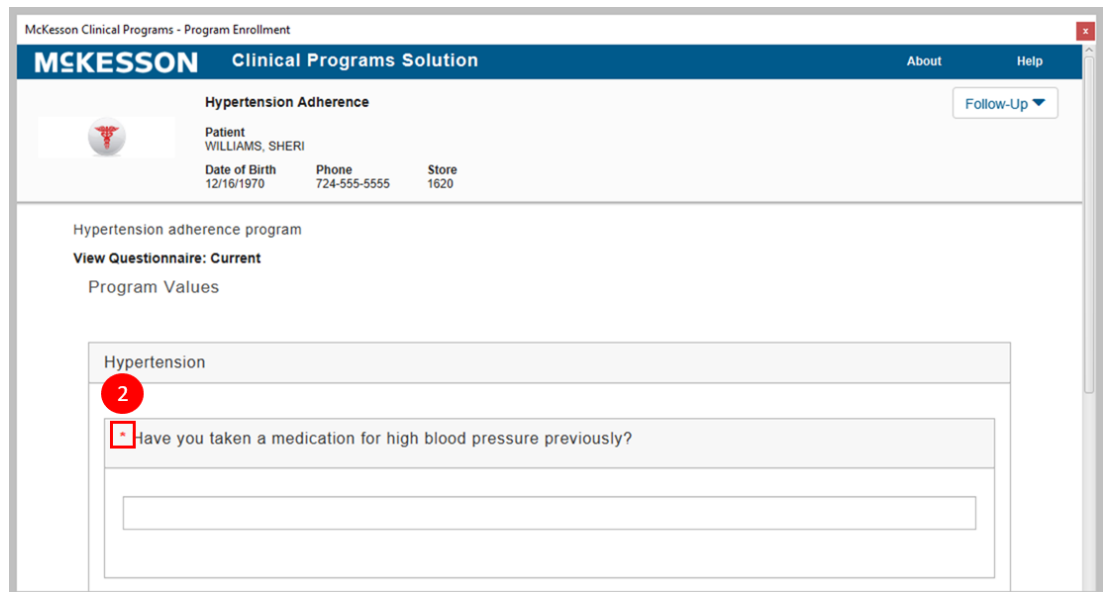
2) When the questionnaire displays, complete the required fields.

Note: A print icon (🖨) will also display within the questionnaire if printing is available in your system. Refer to the section on Viewing Current and Resolved Questionnaires in Chapter 10: Message's Questionnaire for more information.
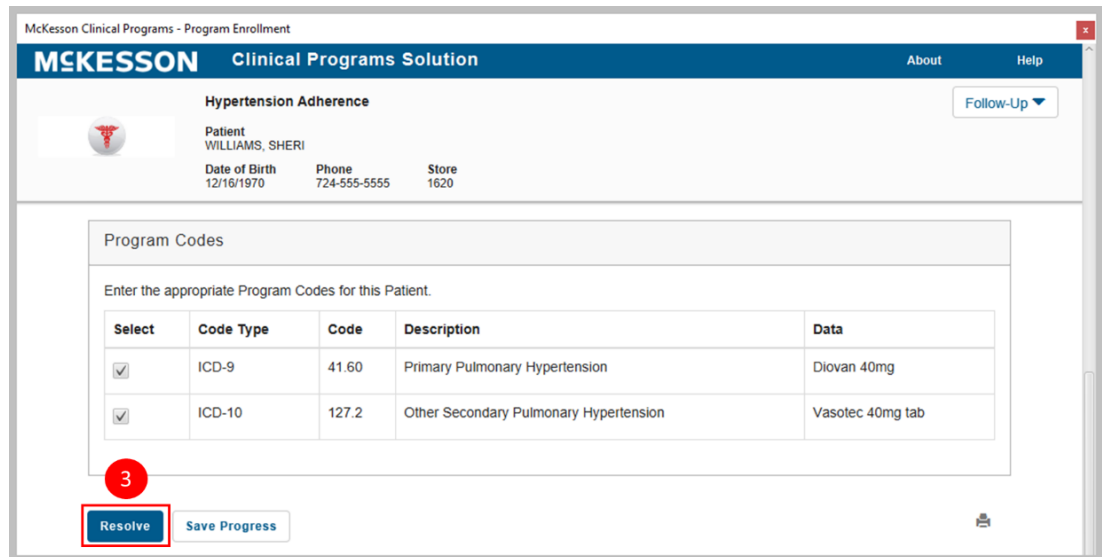
3) Select the Resolve button at the bottom of the window to submit your changes and resolve the message.

You can also use the **Save Progress** button if you want to save your changes but you are not ready to complete the questionnaire at this time. When you access the questionnaire again, you will see the changes you already entered.

Note: Enrolling a patient in a program will override any setting in place in the Pharmacy Management System where the user has set a "Do Not Contact" flag for the patient.

Refusing Enrollment

If the patient is asked about enrolling in the program and they refuse, select the **Refuse** button. The system will not send an enrollment message again for this patient for this particular program until the time period you set up in CPS Program Admin has been reached.

Entering Follow-up Comments

The **Follow-Up** button on a message within the Clinical App allows users to leave a comment to remind themselves, or someone else, to follow-up on messages. This may be useful in situations where the patient has not given a definitive answer about whether or not he/she is interested in enrolling in the program and it is necessary for your staff to follow-up with them again

sometime in the future. It also allows users to change the due date for the message.

Selecting the **Follow-Up** button opens a text box where you can enter an optional comment and/or change the message's due date.
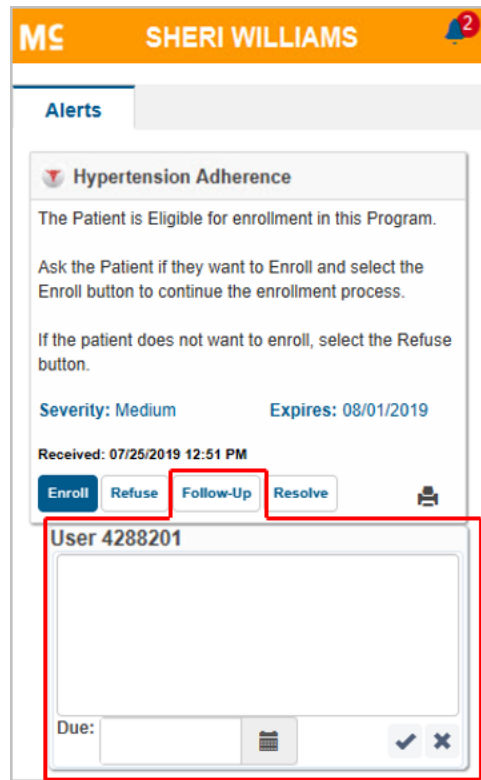
By selecting the **Due** field, you can modify the due date via a calendar widget.

Important: A due date can be, at most, 999 days in the future. If you enter a due date beyond the 999 days maximum, the system will set the due date to the maximum date of 999 days.

After adding a comment and/or changing a message's due date, you can select the check mark icon to save your changes or the **X** icon to cancel your changes.

After a message's due date has been modified, the due date change will be reflected in the title bar of the related comment, as well as in the title bar of the message, and the message's status will be updated to **In Progress**.
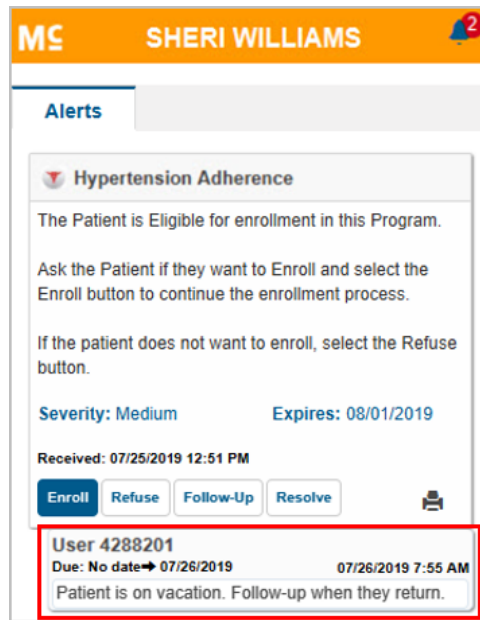
Note: If you do not provide a comment when modifying a message's due date, a record of the due date change will be documented with the message, along with the system-generated comment: "No comment provided."
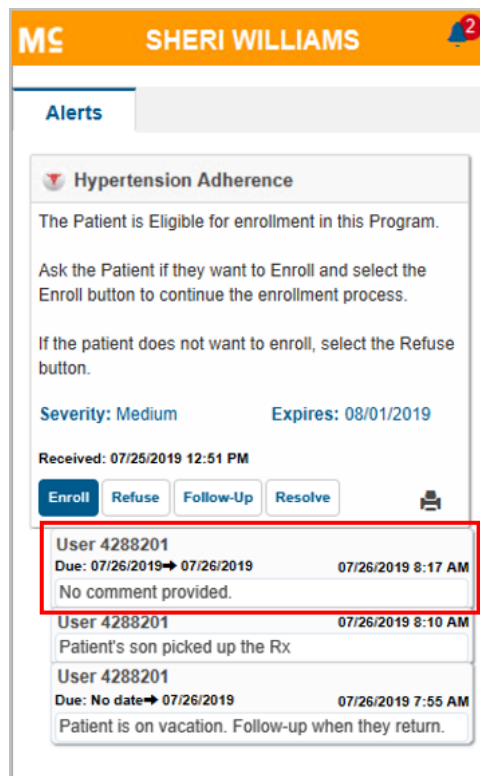
The most recent comment displays immediately under the message, followed by older comments sorted in descending order (newest to oldest). By default, comments will be collapsed. You can select the comment header to expand the comment for viewing.

Changing the Expiration Date or Message Severity

The expiration date or severity of a particular message can be edited inline directly from a message within the Clinical App. Note that any changes will override the message settings for expiration and severity that you set up in CPS Program Builder.

To edit the message severity, either hover over the **Severity** field and select the **Edit** icon when it appears, or continue to hover for several seconds and a **Click to edit** pop-up will appear. You can then select a new severity (**High**, **Medium**, or **Low**) from the dropdown and select the check mark to save the change, or the **X** to cancel the change.

To edit the expiration date, either hover over the **Expires** field and select the **Edit** icon when it appears, or continue to hover for several seconds and a **Click to edit** pop-up will appear. You can then use the calendar widget to select a new date and select the check mark to save the change, or the **X** to cancel the change.

Important: An expiration date can be, at most, 999 days in the future. If you enter an expiration date beyond the 999 days maximum, the system will set the expiration date to the maximum date.
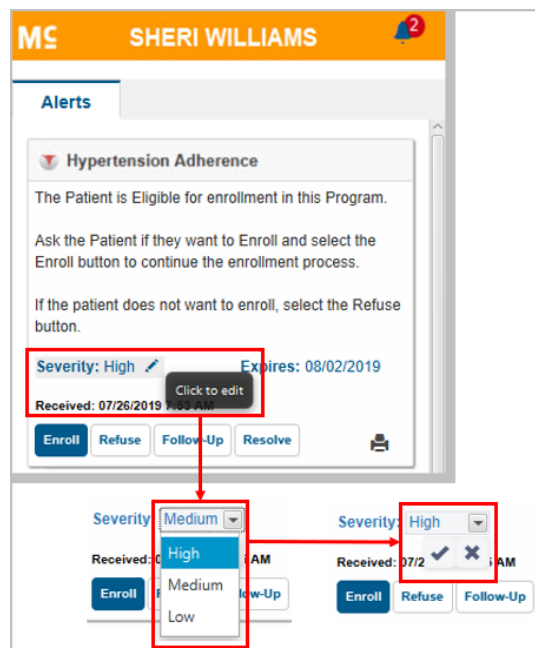
When you have a patient in context, but there are no available alerts for that patient, the following message displays on the **Alerts** tab: "There are no alerts available for this patient".
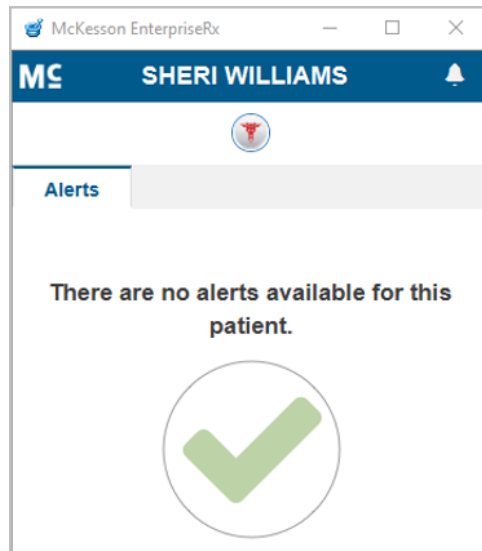
Resolving Program Messages

You can use the **Resolve** button to clear the message so that it will stop displaying in the Clinical App and Task Queue.
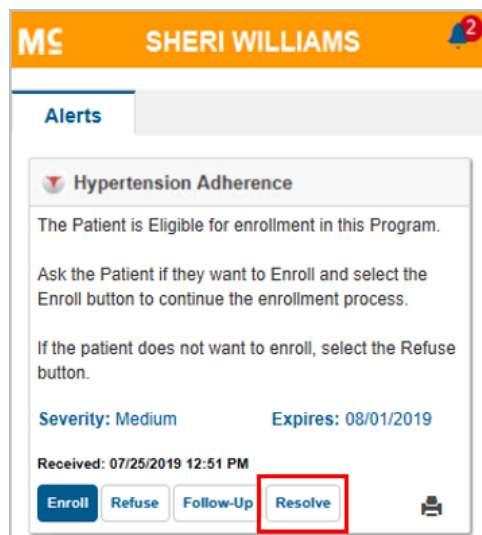
Printing Program Messages
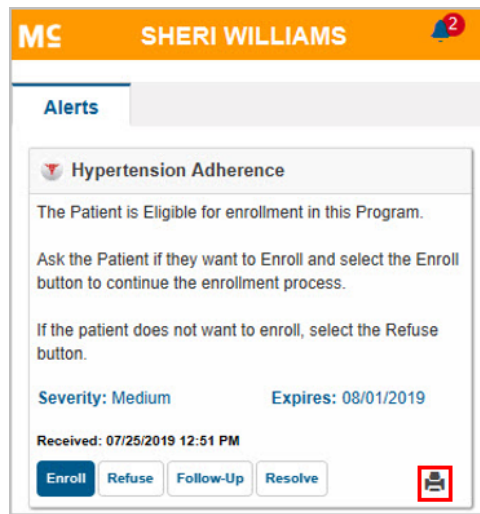
You can print program messages from the Clinical App and Task Queue. In a message, select the print icon (🖨) to print the message. Note that only one message can be printed at a time.

Important: Print functionality is available for EnterpriseRx users on version 9.1 or higher and Pharmaserv users on version 7.5.0.3 or higher.

8. Accessing Messages through the CPS Task Queue

In addition to being able to see CPS alerts as they come in during a workflow step, you can view these messages at any time in the Task Queue. This chapter covers the Task Queue and the actions you can take on messages in the queue.

The Task Queue is a centralized view of all of the unresolved messages that have come in for patients, both in your local store and - if you do load balancing for another store - the stores in your extended view. Messages will continue to populate in this queue until they have been resolved by a user or they expire. Note that load balancing is not available in Pharmaserv.

The default display of messages within the Task Queue will comply with the home facility of the user who is logged in to EnterpriseRx (in Pharmaserv, this default display just refers to the individual store's messages). Messages in this queue will be sorted in the following order:

1) Last Name, First Name (in ascending order)
2) Date of Birth (in ascending order)
3) Program message severity (in descending order)
4) Date the message was received (from most recent to the oldest)
5) Program Name (alphabetically)

Tasks in Accessing Messages through the CPS Task Queue

Filter Messages in the Task Queue

When the Task Queue is opened, the default view will display every message within the configured Due Date Reminder range - for the home facility of the logged-in user - that has not yet been resolved. Because this could be a very large number of messages, the system allows users to filter the messages by any of the following: Patient Name, Program Name, Message Severity, Message Type, patient Date of Birth, Date/Time received, Message Status, Due date, patient Phone Number, Store Number, Message Text and message Expiration Date.

1) Enter search criteria into the corresponding text box.

2) Select the **Filter** button.

Note: The **Store Number** text box will default to show the store data for the store at which you are logged in. You can change the store number to a store for which you are load balancing if you load balance CPS messages for that store, or use the comma separator and add multiple stores to the filter. If you are using Pharmaserv, the **Store Number** text box displays the Store's NABP number.

Taking Action on Messages in the Task Queue

After the messages have been filtered, double-click the message and the Clinical Program Message Detail window will display. From there, you can:

- Choose what action to take on the message, similar to the actions available in the Clinical App if the patient has not enrolled:
  - Enroll a patient

- Enter a patient's refusal to enroll

- Enter an optional comment and/or change the message's due date via the **Follow-Up** button

- Resolve the message

- Change the message's expiration date and severity using the ellipsis (**…**) button

- Print the message

   Note: You can use the print icon (🖨) to print the message as you can from the Clinical App (see Printing Program Messages in Chapter 7: Receiving Messages in the Clinical App for more information).
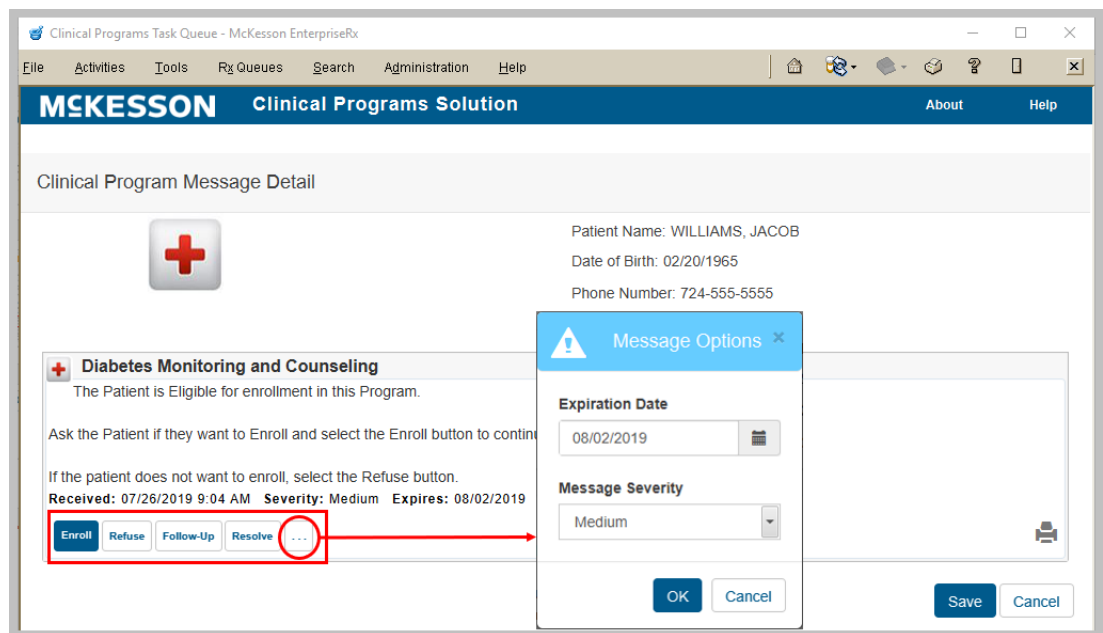
- If the patient has enrolled, the actions are:

   - Complete the questionnaire, if applicable

   - Enter an optional comment and/or change the message's due date via the **Follow-Up** button

   - Resolve the message

   - Change the message's expiration date and severity using the ellipsis (**…**) button
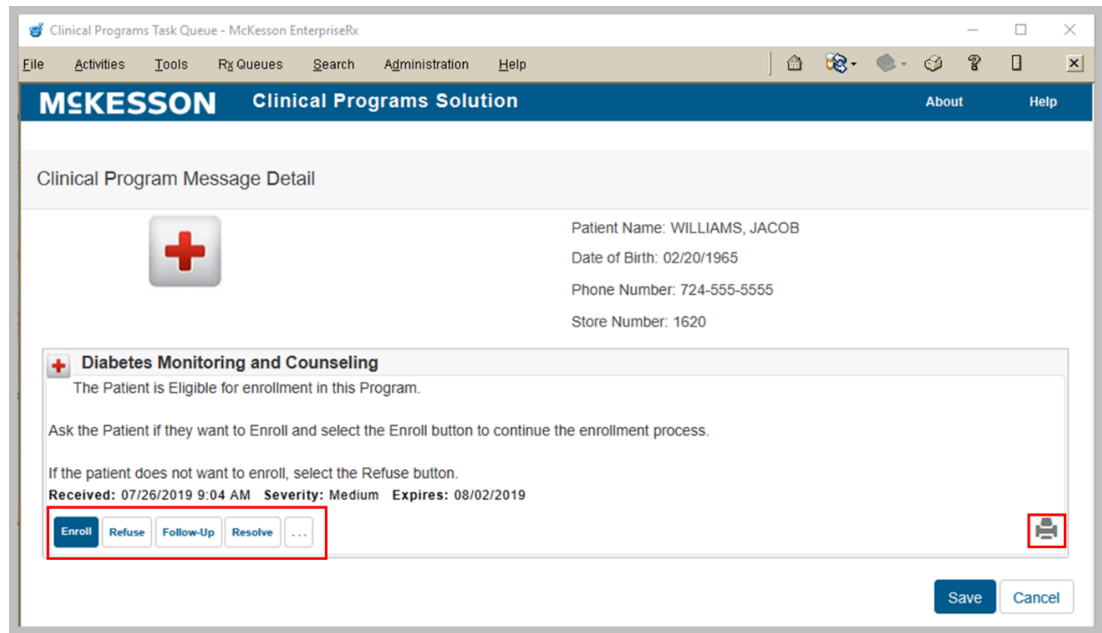
   - Print the message

Notes:

- You can use the print icon (🖨) to print the message as you can from the Clinical App (see Printing Program Messages in Chapter 7: Receiving Messages in the Clinical App for more information).

- Different types of messages will display differently in the Task Queue. Some messages, like vendor activity messages, will contain hyperlinks for you to connect to the vendor site for greater patient and program detail.

9. Viewing the CPS Patient Profile

In addition to viewing messages within the Clinical App and Task Queue, users can also view a patient's particular CPS information directly from the CPS Patient Profile. The CPS Patient Profile not only provides information on Program Enrollments and Program Messages, but also allows users to record and view Patient Health Values and export these values to a CSV file.

Tasks in the CPS Patient Profile

- "Recording New Patient Health Values" on page 74
- "Viewing & Exporting Historical Patient Health Values" on page 75
- "Viewing Previously Resolved or Saved In Progress Questionnaires" on page 75
- "Viewing and Editing Program Enrollments" on page 76
- "Accessing the Patient-Specific CPS Task Queue" on page 78

Recording New Patient Health Values

The **Standard Patient Health Values** section displays the most recent health values collected for the patient. To record new patient health values:
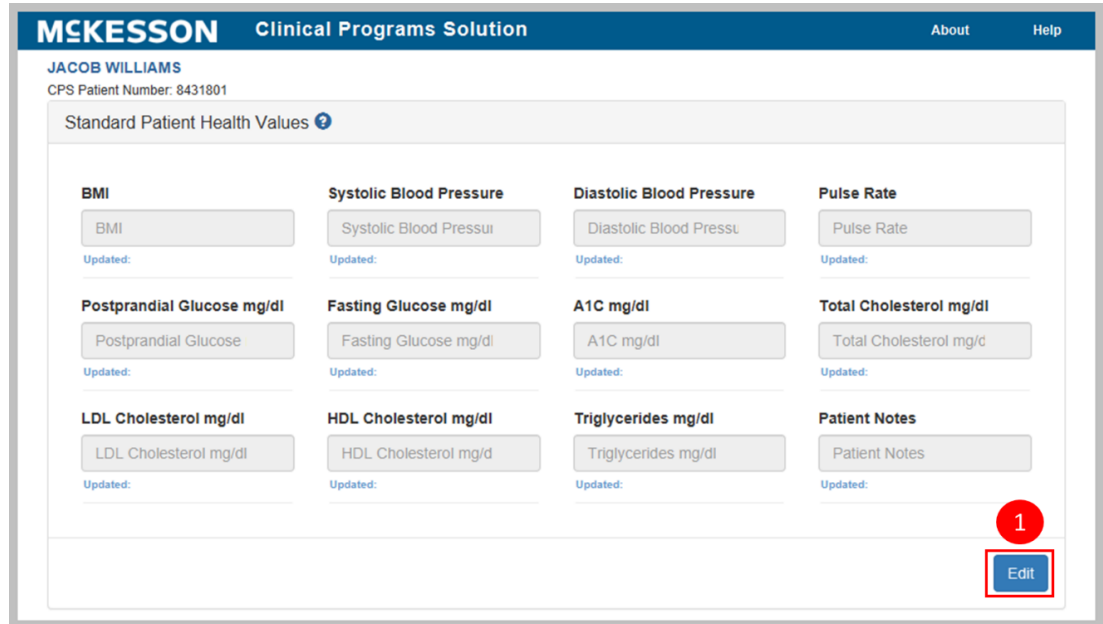
1) Select the **Edit** button.
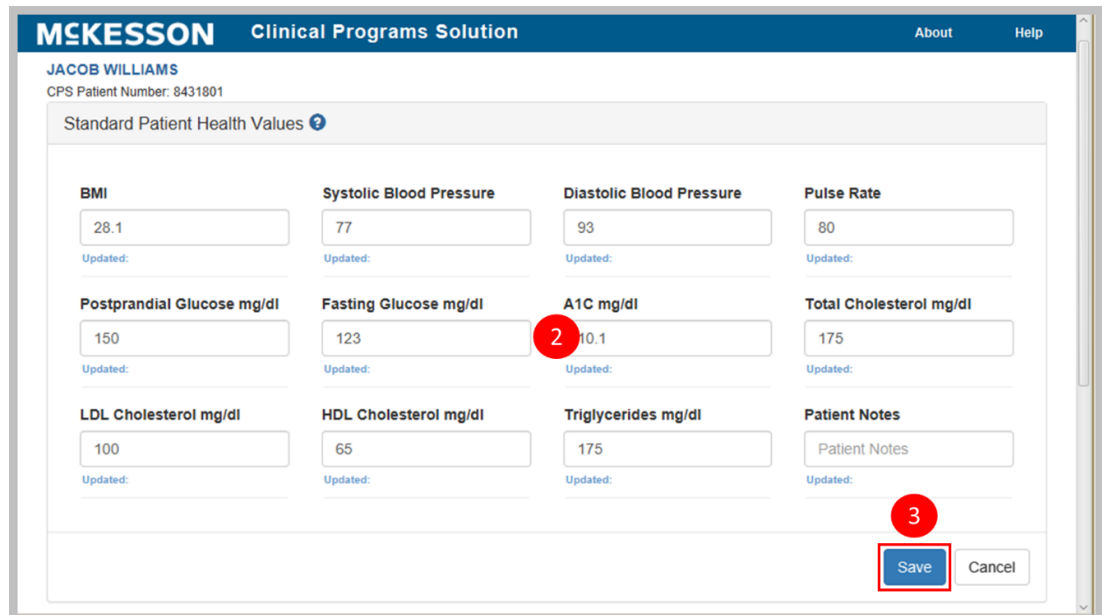
2) Enter the appropriate patient health value or values in the available value fields.

3) Select the **Save** button.

Viewing & Exporting Historical Patient Health Values

You can also view the patient's historical patient health values by scrolling down the window. Select the **Patient Health Values** tab. In this section, users will also see any custom values which were collected using a questionnaire.

In the example above, in addition to the health values that were populated earlier, the values collected on questionnaires, such as previous medication use will be displayed. There is also an **Export** button available here which will allow for the export of the Patient Health Values to a CSV file.

You can also specify a range (**Past Month**, **Past 3 Months**, **Past 6 Months**, **Past Year**, or **All**) and filter the table to view historical patient health values that fall within that range. The default view is **Past 6 Months**.

Viewing Previously Resolved or Saved In Progress Questionnaires

To review previously resolved or saved in progress questionnaires from the **Patient Health Values** table, select the hyperlink in the **Received Date** column for a given questionnaire field. Note that this functionality is available for both self-directed and vendor programs.

Viewing and Editing Program Enrollments

To view the enrollment status for the patient, select the **Program Enrollment** tab.

When the **Program Enrollment** tab opens, you will see every self-directed and vendor program which is currently in use for patients at the facility to which he/she is logged in. From here, you can:

1) Access links to external websites including Program Website, Patient Website or a link to a custom website which can be indicated when building a program.

2) View Enrollment details and enroll/unenroll the patient using the buttons in the **Patient Status** column.

Because this could be any number of programs, the system will allow you to filter by the following options to narrow down your list:

- Program Name

- Program Status (Active, Inactive, All Programs)

- Patient Status (All, Enrolled, Patient Not Asked, Unenrolled, Patient Declined, Vendor Rejected)

As soon as you start typing into one of these filter fields, the list of programs displayed will be narrowed.

For **Patient Enrollment** programs, the enrolling facility ID will display in the **Patient Status** column if the patient has been enrolled in the program.

Note: If you are using EnterpriseRx, the facility ID corresponds to the enrolling store number; if using Pharmaserv, it corresponds to the NABP.

For **No Enrollment** programs, the **Patient Status** column will indicate that no enrollment is required, and you can use the links in the **External Vendor Links** column to access additional information through the vendor site.

Accessing the Patient-Specific CPS Task Queue

Within the CPS Patient Profile, the system allows you direct access to the Task Queue to view program messages. To access the Task Queue, select the **Program Messages** tab.
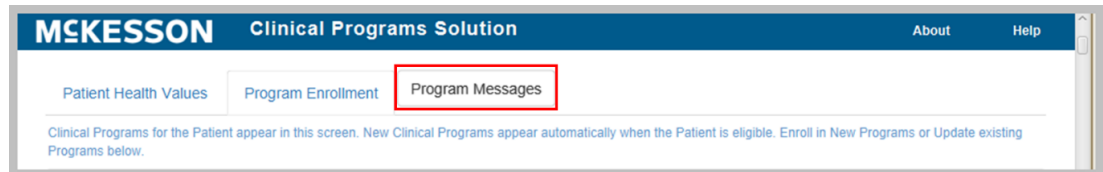
When the Task Queue has been accessed from the CPS Patient Profile, the list of CPS messages will automatically be filtered on the patient from whom you accessed the queue.

From here, users can do work within the Task Queue exactly as described in Chapter 8: Accessing Messages through the CPS Task Queue.

10. Message's Questionnaire

Tasks in a Message's Questionnaire

- "Adding a Follow-Up Comment and/or Due Date Change via a Message's Questionnaire" on page 79
- "Viewing Current and Resolved Questionnaires" on page 81
- "Printing Questionnaires" on page 82

Adding a Follow-Up Comment and/or Due Date Change via a Message's Questionnaire

Within a message's questionnaire, you can add an optional comment and/or change the message's due date using the **Follow-Up** button.

Note: Follow-Up functionality is available in Vendor and Self-directed questionnaires. Follow-up functionality will not be available in enrollment questionnaires accessed via the **Program Enrollment** tab in the CPS Patient Profile, as well as in questionnaires accessed via the **Patient Health Values** tab in the CPS Patient Profile.
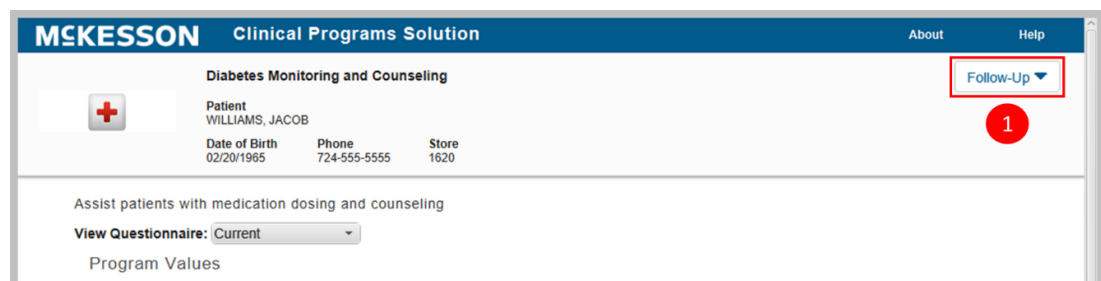
1) Select the **Follow-Up** button in the questionnaire. The Follow-Up section will display with a comment text box that allows you to enter an optional comment.

2) Enter a comment in the text box.
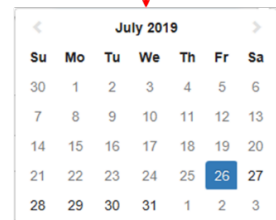
3) Use the pop-up calendar to change the message's due date or enter the due date directly into the **Due** field in mm/dd/yyyy format. To use the pop-up, select the calendar icon (▦) in the **Due** field to change the message's due date. When the calendar opens, it will display today's date, and enter that date into the **Due** field. Use the forward or back arrows (< or >) to move forward or backward in the calendar.

Important: A due date can be, at most, 999 days in the future. If you enter a due date beyond the 999 days maximum, the system will set the due date to the maximum date.

Notes:

- You can discard a Follow-Up comment and/or due date change by selecting the trash can icon (🗑) in the Follow-Up section.

- The result of a Follow-Up comment and/or due date change will differ depending upon if you select the **Save Progress** or **Resolve** button in the questionnaire:

  - When you select the **Save Progress** button, the questionnaire values will be saved to the CPS Patient Profile (if applicable), the **Document** button will be updated to an **In Progress** button, and your Follow-Up comment and/or due date change (if applicable) will be applied to the message.

- When a questionnaire associated to a message is saved with a Follow-Up comment and/or due date change, the message's status will be updated to **In Progress**.

  - When you select the **Resolve** button and you have added a Follow-Up comment and/or due date change, you will be prompted with a confirmation window.
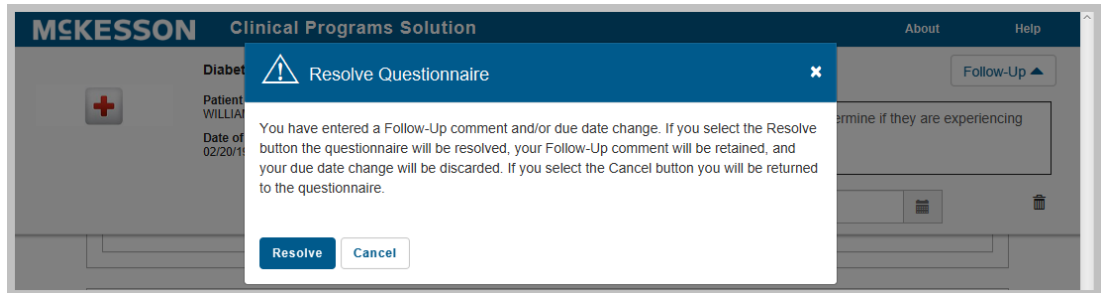
When you select the **Resolve** button in the confirmation window, the questionnaire values will be saved to the CPS Patient Profile (if applicable), the message will be resolved, and your Follow-Up comment (if applicable) will be retained, but your due date change (if applicable) will be discarded. When you select the **Cancel** button in the confirmation window, you will be returned to the questionnaire.

Viewing Current and Resolved Questionnaires

To track a patient's clinical progress, you can view a patient's previously resolved questionnaires directly from the questionnaire window.

When a questionnaire is opened, the current questionnaire is displayed by default. Select the **View Questionnaire** drop-down to view a list of previously resolved questionnaires for that program.
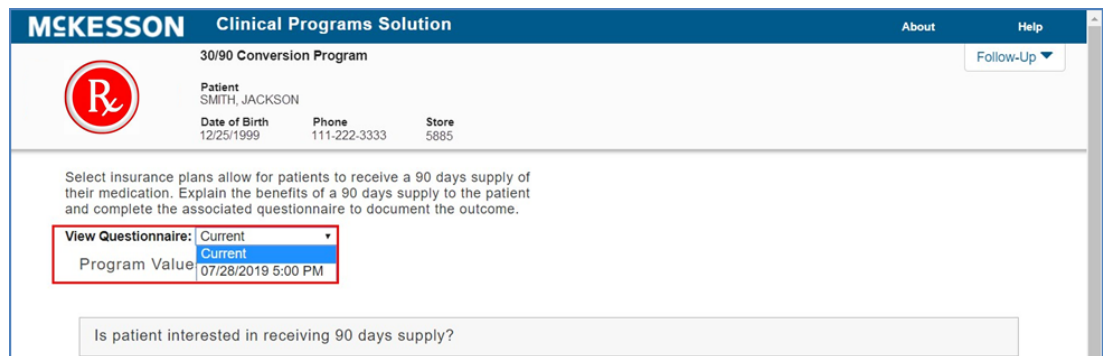
You can toggle between the current questionnaire and, at most, 26 previously resolved questionnaires by selecting a questionnaire in the **View Questionnaire** drop-down.

Printing Questionnaires
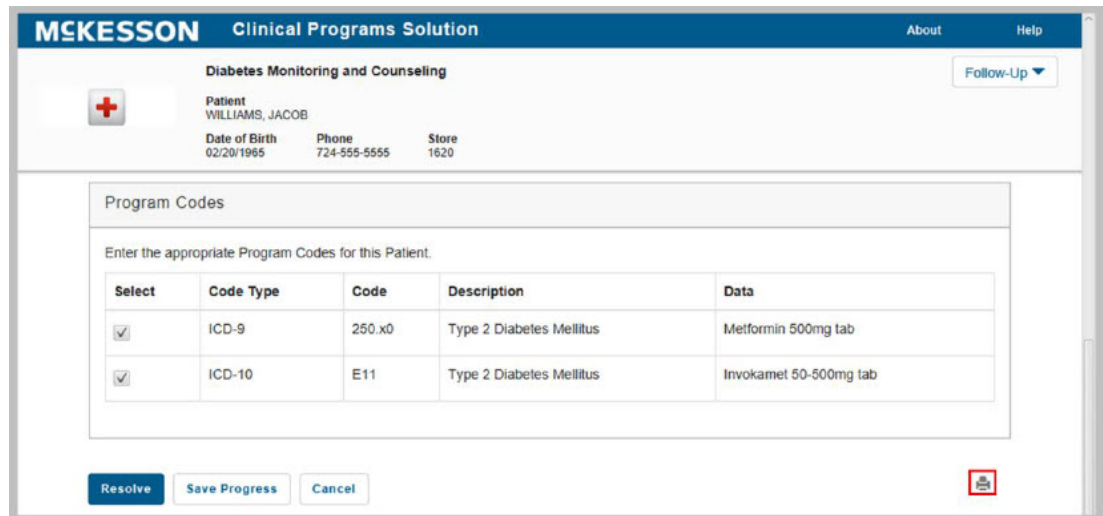
You can print a questionnaire associated to a messages by selecting the print icon (🖶) within the questionnaire. Note that only one questionnaire can be printed at a time.

Note: Print functionality is available for EnterpriseRx users on version 9.1 or higher and Pharmaserv users on version 7.5.0.3 or higher.

11. CPS Check-In Programs

Overview of CPS Check-In Programs

The Check-In functionality allows you to build a program that alerts pharmacy staff and allows for documentation of a patient interaction on a scheduled, time-based recurrence. Check-In programs are enrollment based, either triggered by workflow, bulk enrollment, or manual enrollment. Once enrolled, patients have scheduled interactions with the pharmacy that do not require a prescription to be processed. The scheduled time interval is set at a program level, but can be overridden at the patient level on a case-by-case basis.

The associated documentation for the Check-In program will provide a new patient assessment questionnaire with each interaction, with easy access and clear visibility to past documentation. Check-In programs differ from traditional questionnaire programs in that traditional programs provide a one-time message with a single questionnaire. Traditional messages might have short term follow-up recurrences, but are not intended for on-going interactions requiring new documentation with each occurrence. Check-In programs may be used for chronic care and adherence programs, wellness programs, or any program that would require regularly scheduled patient interactions.

Important: The Check-In program feature is only available with the CPS Premium Subscription. Please contact your Account Manager or Account Executive for more information.

Tasks to Create a Check-In Program

Building Check-In Program

Similar to traditional self-directed programs, the configuration of a Check-In program is highly customizable. The steps outlined below are unique to building a Check-In program. For additional information on building clinical programs, refer to Chapter 3: Building Clinical Programs.

Getting Started with Program Builder

To get started, navigate to **CPS Program Builder**.

Once **CPS Program Builder** is displayed, select the **Add Program** button.

Designating a Program as a Check-In Program

Through Program Builder, you can designate a self-directed program as a Check-In program, using the **Check-In Program** checkbox. This checkbox only displays for programs with an **Enrollment Type** of **Patient Enrollment**. If you do not have the CPS Premium Subscription, this checkbox is disabled and cannot be selected.
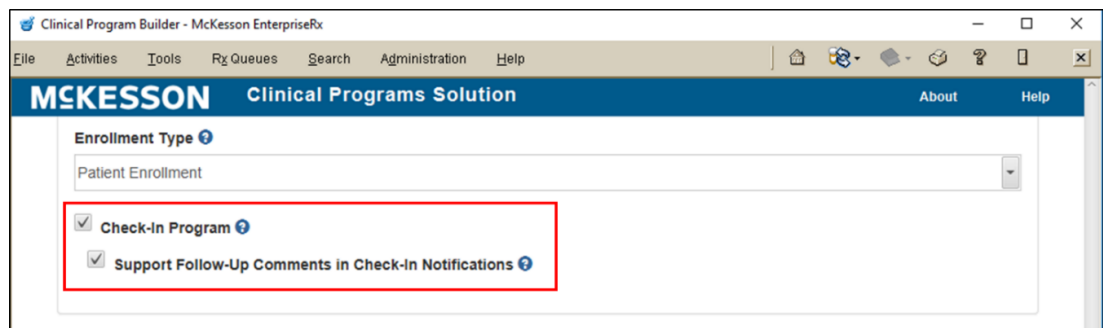
Building a Check-In Program

Select the **Check-In Program** checkbox.

When the **Check-In Program** checkbox is selected, the **Support Follow-Up Comments in Check-In Notifications** checkbox is enabled and, by default, selected. This checkbox allows pharmacy staff to add Follow-Up comments in Check-In notifications. De-select the **Support Follow-Up Comments in**

Check-In Notifications checkbox if you do not want pharmacy staff to add Follow-Up comments in Check-In Notifications.

Caution: McKesson does not recommend converting an existing self-directed program to a Check-In program, or vice versa, as patient enrollment and any existing Program Messages will be retained, if applicable. Additionally, when an existing self-directed program is converted to a Check-In program, a patient's recurrence schedule will be based on previous questionnaire submissions for the program.

Building a Check-In Program's Questionnaire

Once the **Check-In Program** checkbox is selected for a program, you will be required to build a questionnaire before you can save the program.
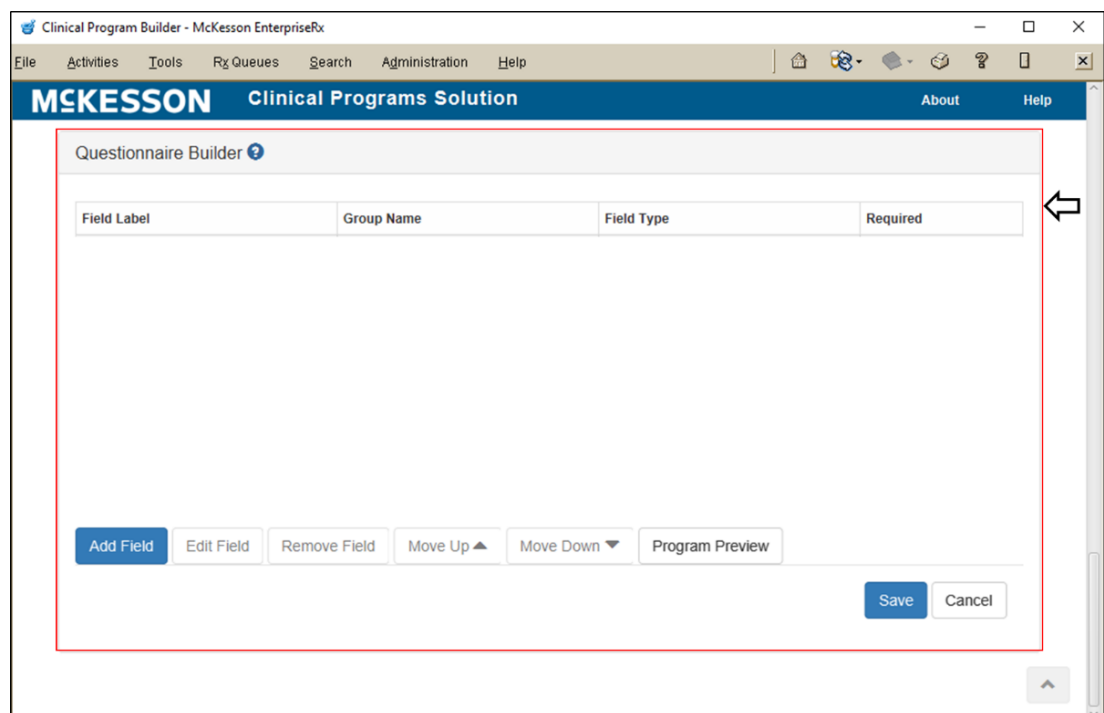
Note: The **Questionnaire Builder** section will highlight red when the **Check-In Program** checkbox is selected for a program.

To Build a Check-In Program's Questionnaire: The **Questionnaire Builder** section allows for the building of the questionnaire that will be associated to any Check-In notifications for the program, as well as any enrollment messages. For more information on how to build and/or modify a questionnaire, refer to the sections on Building Questionnaires and Modifying Questionnaires in Chapter 3: Building Clinical Programs.
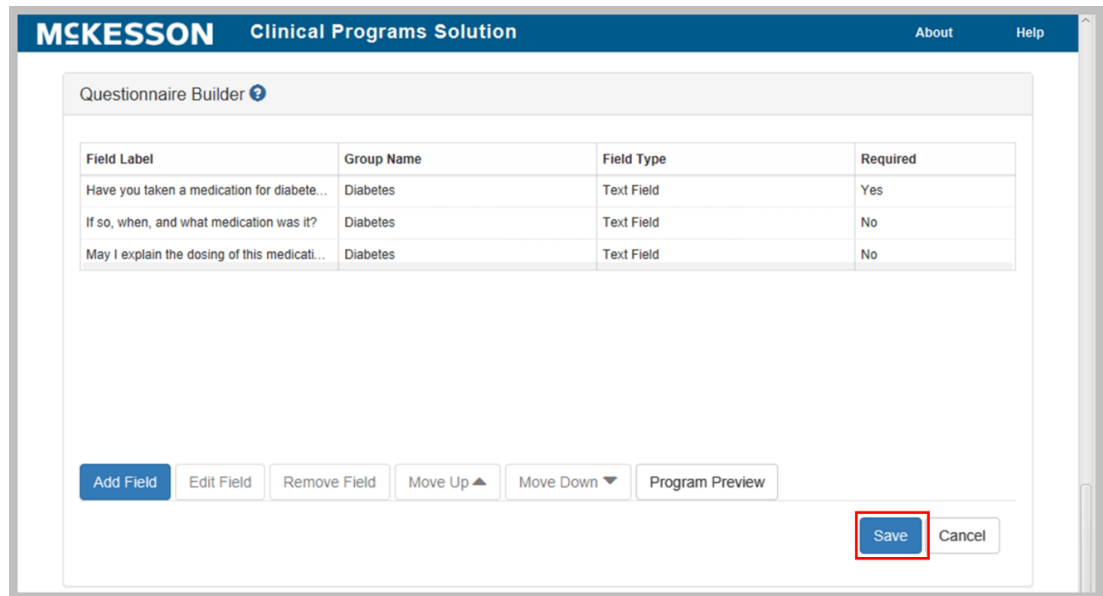
Saving a Check-In Program

When all fields have been added, save your program by selecting the **Save** button at the bottom of the CPS Program Builder page, or **Cancel** to discard the changes.

Note: You will be prompted with a warning if you attempt to save a Check-In program without building a questionnaire.
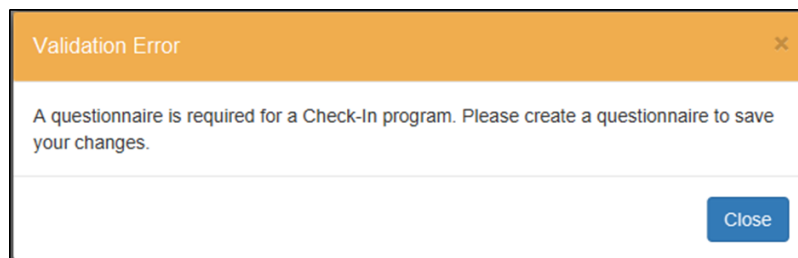
Once you've finished building your program you're ready to move on to Activating a Check-In Program in the next section.

Activating a Check-In Program

After building a Check-In program, the next step is to activate it.
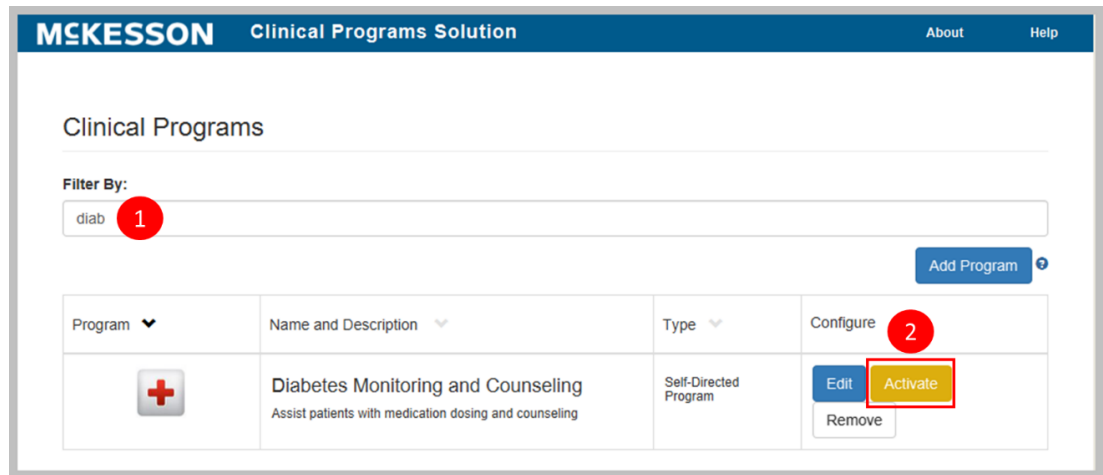
1) Type the program name into the **Filter By** text box. If several names begin with the same character string, they will all show in the list. The more characters that are entered into the filter, the fewer entries that will be contained in the list.

2) When the program displays in the list, select the **Activate** button.
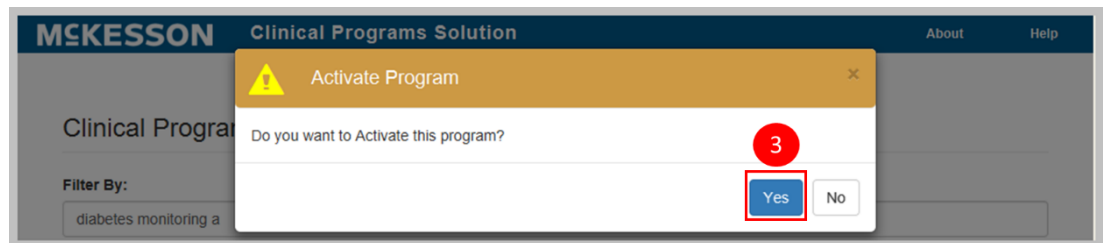
3) Select **Yes** from the pop-up window to activate the program.

After activating the program, the next step is to configure it. Go to the next section on Configuring a Check-In Program to continue.

Configuring a Check-In Program

After a Check-In program has been built and activated, the next step is to configure it using Program Admin. When configuring a Check-In program, the **Check-In Settings** section will allow you to control when Check-Ins will display and become due in the Clinical App.

Note: For additional information on configuring programs, refer to Chapter 5: Configuring Clinical Programs.

Begin the configuration process by navigating to **CPS Program Admin**.
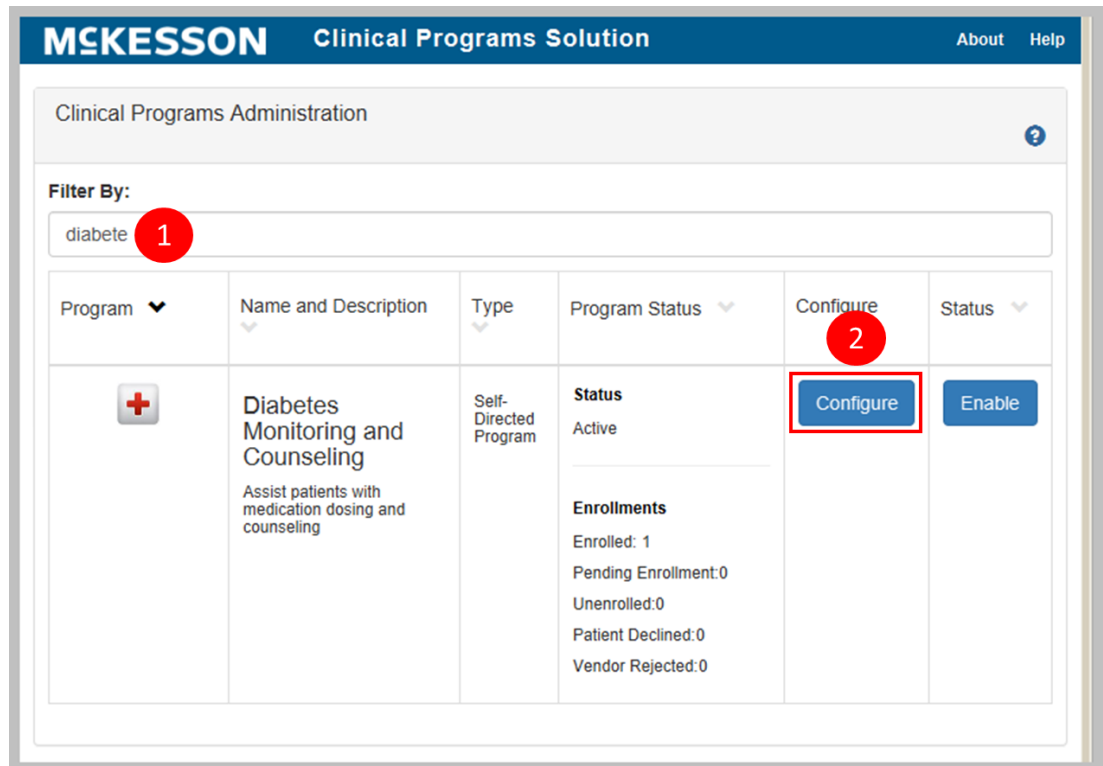
1) Type the program name into the **Filter By** text field. If several names begin with the same character string, they will all show in the list. The more characters that are entered into the filter, the fewer entries that will be contained in the list.

2) Select the **Configure** button next to the program when it displays in the list.
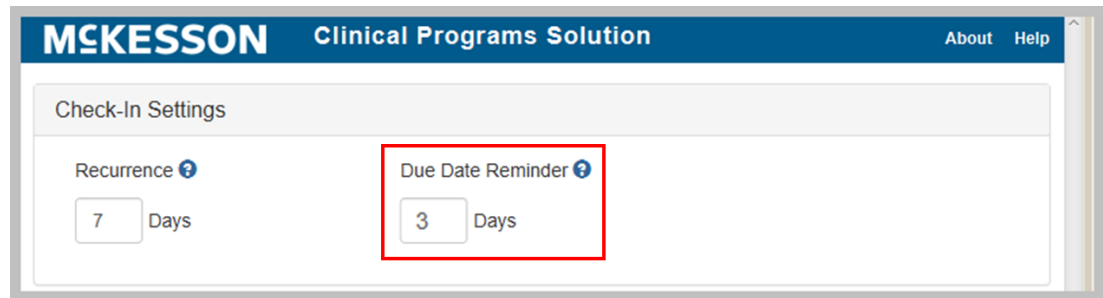
Setting the Recurrence for a Check-In Program
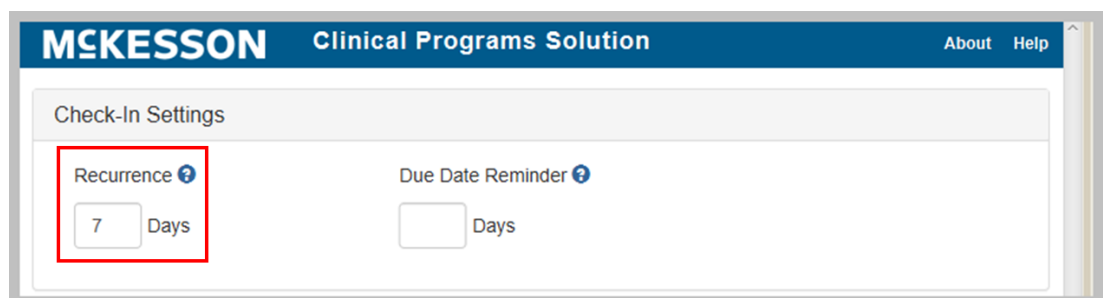
A Check-In program's Recurrence field allows you to specify how often the Check-In will become due for patients enrolled in the program. You can input a number from 0 to 999 in the Recurrence field.

A Check-In Program's **Recurrence** field can be configured at a corporate root or facility level.

Setting the Due Date Reminder for a Check-In Program

In a Check-In program's **Due Date Reminder** field, you can specify when, in number of days before the Check-In is due, the Check-In will appear in the Clinical App **Alerts** tab and when the Check-In will appear as due in the Clinical Snapshot. You can input a number from **0** to **999** in the **Due Date Reminder** field. A Check-In program's **Due Date Reminder** field can be configured at a corporate root or facility level.

Note: If a Check-In has a defined due date but the Check-In program's **Due Date Reminder** field is set to **0**, when the Check-In's due date is reached, the Check-In will appear in the Clinical App **Alerts** tab and will appear as due in the Clinical Snapshot. If a Check-In has a defined due date but the Check-In program's **Due Date Reminder** field is set to **<blank>**, the Check-In will always appear in the Clinical App **Alerts** tab and will always appear as due in the Clinical Snapshot.

Patient Enrollment for a Check-In Program

Patient Enrollment

A patient can be enrolled in a Check-In program via an enrollment message, the **Program Enrollment** tab within the CPS Patient Profile, or Bulk Enrollment.

Bulk Enrollment

When bulk enrolling patients into a Check-In program, you can specify a one-time override of a patient's Check-In due date.
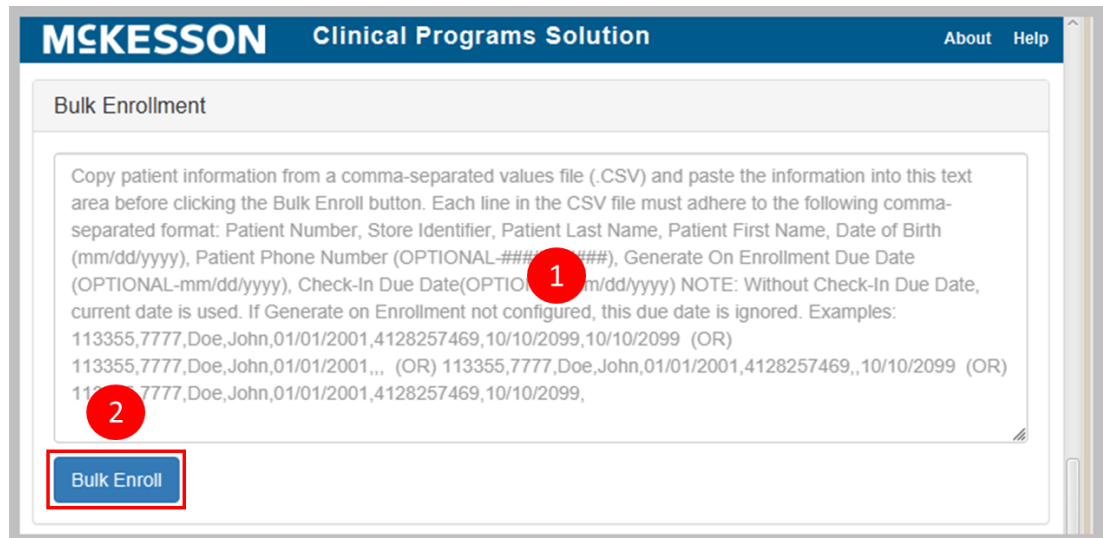
1) Enter the desired patient information from a CSV file in the **Bulk Enrollment** field. McKesson recommends that you display the CSV file in a text-editing application such as Notepad, copy it, and then paste it directly into this field.

When completing Bulk Enrollment for a Check-In program, each line in the list must follow this comma separated format: **Patient Number, Store Identifier, Patient Last Name, Patient First Name, Date of Birth, Phone Number, Generate On Enrollment Due Date, Check-In Due Date**. Each row must contain seven commas.

Note the following specifics about these attributes**:**

- **Patient Number** - Required. Numeric characters only. Maximum length is 18 characters.

- **Store Identifier** - Required. Maximum length is 50 characters.

- **Patient Last Name** - Required. Maximum length is 50 characters.

- **Patient First Name** - Required. Maximum length is 50 characters.

- **Date of Birth** (in mm/dd/yyyy format) - Required. Maximum length is ten characters.

- **Phone Number** (in ########## format) - Optional. Numeric characters only. Maximum length is ten characters. Phone Number area codes cannot start with the numeral "1".

- **Generate On Enrollment Due Date** (in mm/dd/yyyy format) - Optional. Maximum length is ten characters. When a date is provided in the **Generate On Enrollment Due Date** field, the due date for each Generate On Enrollment message configured for the program will be set to the specified date. When the **Generate On Enrollment Due Date** field is left blank, there will be no due date set on each Generate On Enrollment message configured for the program. Any

message that is configured to generate on enrollment will have an **Unread** Message Status.

> **Note:** The **Generate On Enrollment Due Date** field will display regardless of if there is a Generate On Enrollment message configured for the program. If a Generate On Enrollment message is not configured for the program, then the **Generate On Enrollment Due Date** field may be left blank; if a Generate On Enrollment message is not configured for the program and a date is provided in the **Generate On Enrollment Due Date** field, then the date provided will be ignored.

- **Check-In Due Date** (in mm/dd/yyyy format) – Optional. Maximum length is ten characters. When a date is provided in the **Check-In Due Date** field, the due date for the patient's Check-In will be set to the specified date. When the **Check-In Due Date** field is left blank, the due date for the patient's Check-In will be set to the current date.

Bulk Enrollment accepts the following characters in the **Patient First Name** and **Patient Last Name** fields:

- Apostrophe (')
- Hyphen (-)
- Blank space ( )
- Alphabetic (uppercase and lowercase)
- Numeric characters (0 - 9)
- Underscore (_)
- Period (.)

2) Select the **Bulk Enroll** button. If there are any issues with the submission (for example, an error in formatting), a warning window will display. You can make the suggested correction and retry the bulk enrollment. A success window will appear if there were no issues with the submission.

Important: If Bulk Enrollment is attempted for a patient already enrolled in the Check-In program, the patient's enrollment status and alerts will NOT be updated.

Patient Unenrollment

Unenrollment from a Check-In program will be managed via the **Program Enrollment** tab within the CPS Patient Profile. When a patient is unenrolled, the program's alerts will no longer display for the patient.

Bulk Messaging for a Check-In Program

Bulk Messaging allows you to generate program messages for a specified list of patients outside of prescription processing. Both Standard or Questionnaire program messages configured for a given Check-In program are available for use with the Bulk Messaging feature.

For more information on the Bulk Messaging feature, refer to the section on Bulk Messaging Patients Outside of Prescription Processing in Chapter 5: Configuring Clinical Programs.

Saving a Check-In Program's Configuration

Once you have finished configuring the Check-In program, select the **Save** button.

Now you are ready to enable the Check-In program. Go to the next section on Enabling a Check-In Program to finish the program.

Enabling a Check-In Program

After you have configured your Check-In program the last step is to enable the program. The program needs to be enabled so that it can be utilized by users.
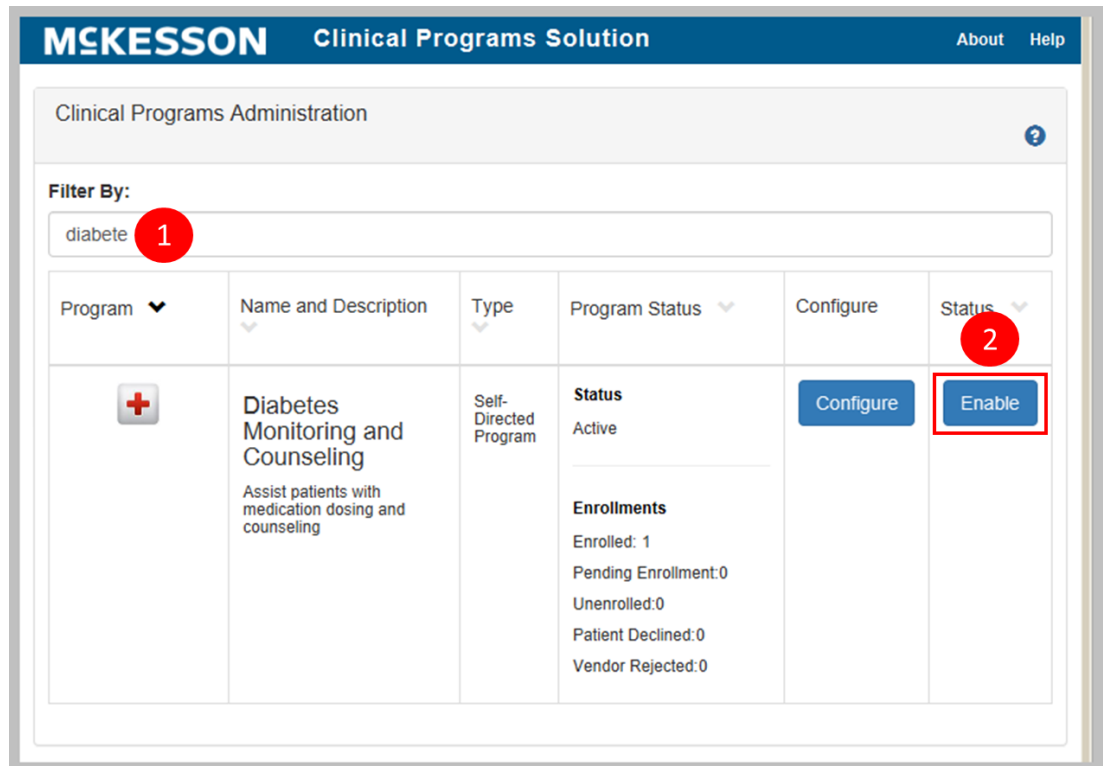
1) Type the program name into the **Filter By** text field. If several names begin with the same character string, they will all show in the list. The more characters that are entered into the field, the fewer entries that will be contained in the list.

2) Once the program displays in the list, select the **Enable** button.
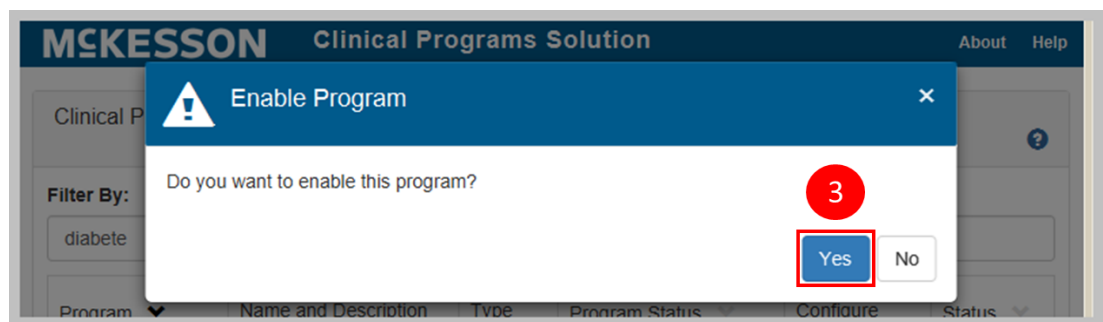
3) Select **Yes** to enable the program.

Now the program is ready for pharmacy staff to use.

Check-In Notifications in the Clinical App

Once a Check-In program has been built, activated, configured, and enabled, pharmacy staff can enroll patients into the program and start documenting patient interactions on a scheduled, time-based recurrence. This chapter will

outline how Check-In notifications will display in the Clinical App, and the actions that can be taken on Check-In notifications.

Clinical App Check-Ins Tab
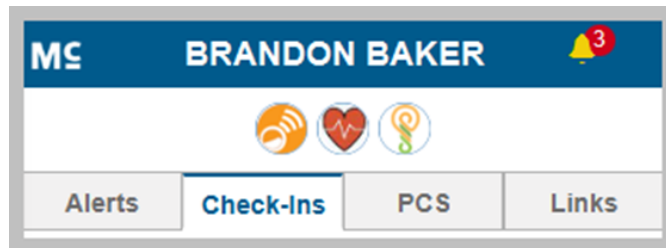
The **Check-Ins** tab in the Clinical App allows you to easily view all Check-In notifications for a given patient, regardless of due date.

Notes:

- The **Check-Ins** tab only displays if the patient in context is enrolled in at least one Check-In program that is enabled in the logged in facility.

- Check-In notifications will only display in the **Check-Ins** tab when the associated Check-In program is enabled in the logged in facility.
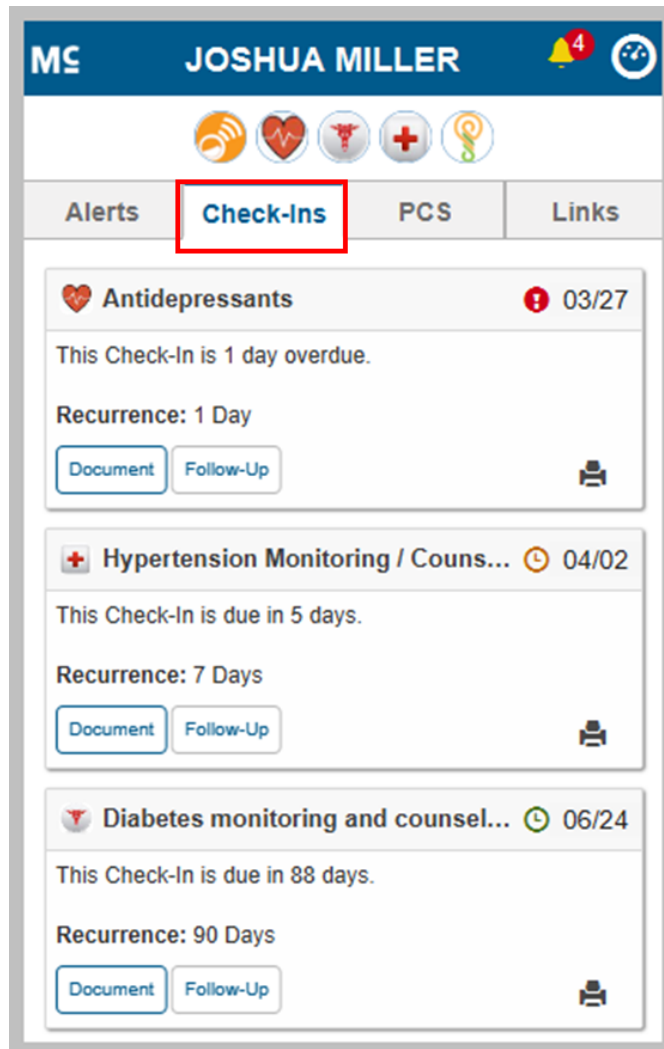
The **Check-Ins** tab sorts by due date, then in alphabetical order in the following prioritized segments:

1) Check-Ins with a due date in the past

2) Check-Ins with a due date within the **Due Date Reminder** range

3) Check-Ins with a due date in the future (outside of the **Due Date Reminder** range)

4) Check-Ins without a defined due date

Clinical App Alerts Tab

For higher visibility, Check-Ins will also display in the **Alerts** tab of the Clinical App if the Check-In has a due date in the past or within the Check-In program's **Due Date Reminder** range. Check-In notifications will only display in the **Alerts** tab when the associated Check-In program is enabled in the logged in facility.

Note: If a Check-In has a defined due date but the Check-In program's **Due Date Reminder** field is set to **0**, when the Check-In's due date is reached, the Check-In will appear in the **Alerts** tab within the Clinical App. If a Check-In has a defined due date but the Check-In program's **Due Date Reminder** field is set to **<blank>**, the Check-In will always appear in the **Alerts** tab.

When the patient in context has a Check-In with a due date in the past or within the Check-In program's **Due Date Reminder** range, the Clinical App header will turn orange to alert you that there is a Check-In requiring your attention and the Alert count will be updated to include the Check-In.

To support date-driven environments, Check-In notifications will be sorted amongst messages in the **Alerts** tab. Alerts (messages and Check-Ins) will display within the **Alerts** tab of the Clinical App based on the following sort order:

1) Due date (past due to future due)
2) Message Severity (High, Medium, Low)
3) Received date
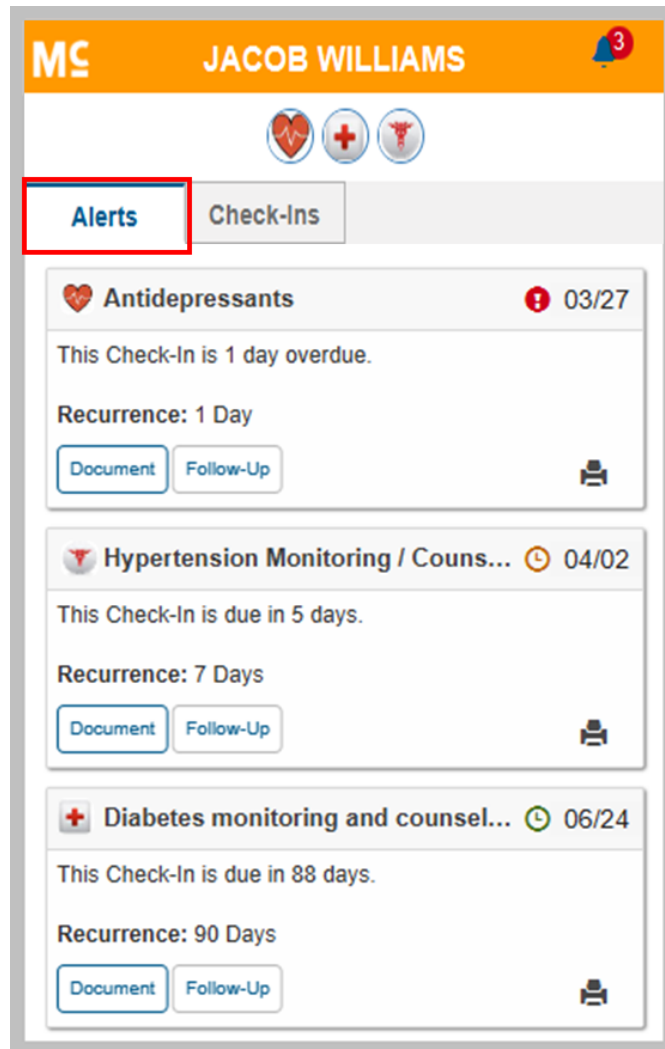
Check-In Notification Content and Actions

For simplicity, the content in a Check-In notification is the same in the **Alerts** and **Check-Ins** tabs within the Clinical App. In each Check-In notification, the Check-In's due date (in text and numerical form), as well as a corresponding visual indicator, and recurrence will display. Additionally, from within each Check-In notification, you will have the ability to access the Check-In's associated questionnaire and/or complete a Follow-Up action on the Check-In notification.

Viewing a Check-In Notification's Recurrence

To assist you when modifying a Check-In's due date, the Check-In program's recurrence schedule will be displayed within each Check-In notification as a read-only **Recurrence** field
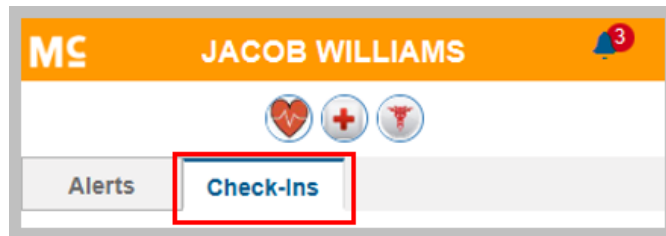
Note: When the facility level setting for a Check-In program's recurrence is different than the corporate setting for that program, the facility level setting will be used.

Viewing a Check-In Notification's Due Date Visual Indicator

In order to quickly alert you of a Check-In notification's due date, a visual indicator will display. A red indicator will display when the Check-In is past due.
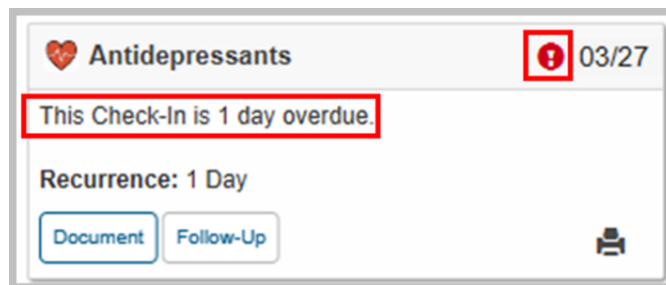
An orange indicator will display when the Check-In is due within the Check-In program's **Due Date Reminder** range.
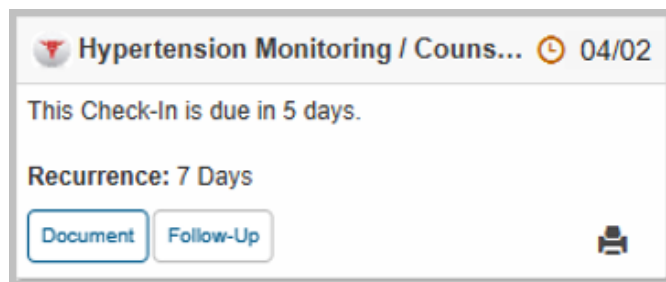
A green indicator will display when the Check-In is due in the future, outside of the Check-In program's **Due Date Reminder** range.
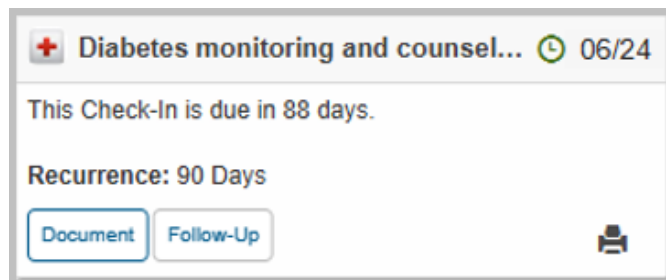
Accessing a Check-In Notification's Questionnaire

A Check-In notification's associated questionnaire can be accessed directly from a Check-In notification in the **Alerts** or **Check-Ins** tab within the Clinical App. Select the **Document** button within a Check-In notification to open the program's associated questionnaire.
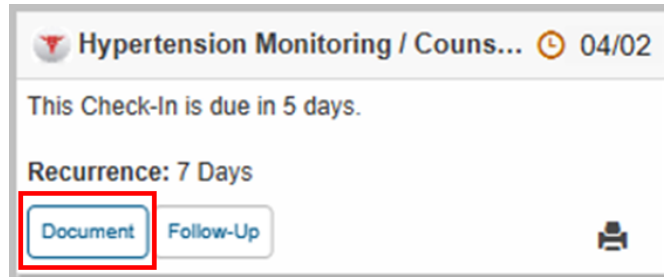
Adding a Follow-Up Comment and/or Due Date Change via the Check-In Notification

You can add an optional comment and/or select a one-time override of a Check-In notification's due date directly from the **Alerts** or **Check-Ins** tab by selecting the **Follow-Up** button within a Check-In notification.
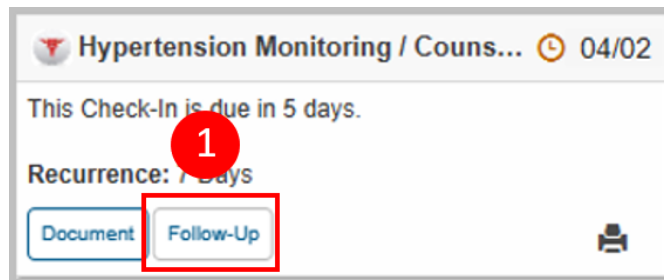
1) Select the **Follow-Up** button in the Check-In notification. The Follow-Up section will display with a comment text box that allows you to enter an optional comment.

   Note: The comment text box will only display for Check-In programs with the **Support Follow-Up Comments in Check-In Notifications** checkbox selected.
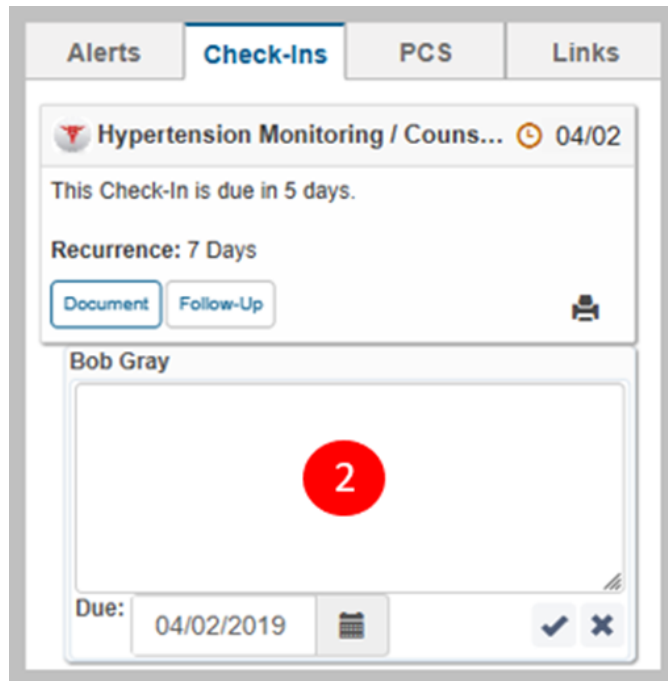
2) Enter a comment in the text box.
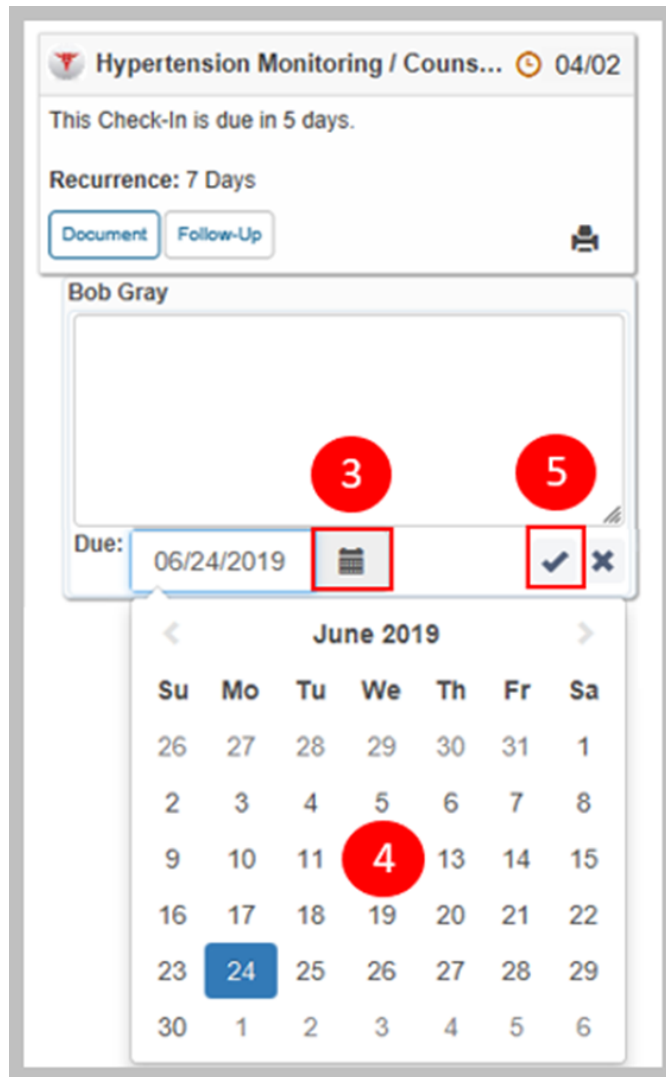
3) Select the calendar icon (📅) in the **Due** field to change the Check-In notification's due date.

Important: A due date can be, at most, 999 days in the future. If you enter a due date beyond the 999 days maximum, the system will set the due date to the maximum date.

4) Use the pop-up calendar to change the Check-In notification's due date or enter the due date directly into the **Due** field in mm/dd/yyyy format.

5) Select the check mark icon (✔) to save your comment and/or due date change. After you save a due date change, the due date for the patient's next Check-In will be immediately updated to the selected date.

Note: You can discard your Follow-Up comment and/or due date change by selecting the "**X**" icon (✖) in the Follow-Up section.

Viewing Follow-Up Comments and/or Due Date Changes for the Current Check-In Instance

After a Check-In notification's due date has been modified, the due date change will be reflected in the title bar of the related comment, as well as in the title bar of the Check-In notification. The related comment can be viewed from either the Clinical App or from the Clinical Program Message Detail window. Any comments relating to the current instance of the Check-In will display directly under the Check-In notification and will be collapsed by default. Each comment can be individually expanded by selecting the comment.
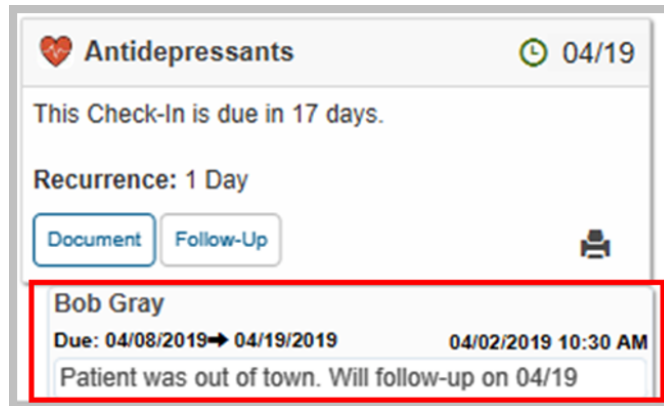
Note: If you do not provide a comment when modifying a Check-In notification's due date, a record of the due date change will be documented with the Check-In notification, along with a system-generated comment with the following text: "No comment provided."
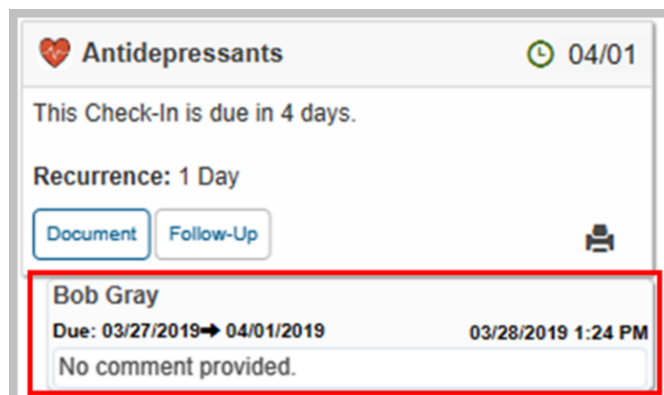
Viewing Follow-up Comments and/or Due Date Changes for Previous Check-In Instances

You can view all comments and due date changes applied to a Check-In using the Clinical App **Alerts** or **Check-Ins** tab. When historical comments exist, a **Show older comments** line displays immediately under any comments relating to the current instance of the Check-In. Select the **Show older comments** line to view any comments relating to previous instances of the Check-In.

By default, historical comments are expanded. Historical comments can be individually collapsed by selecting the comment. Select the **Hide older comments** line to hide the historical comments from view.

Actions You Can Take in a Check-In Notification's Questionnaire

Adding a Follow-Up Comment and/or Due Date Change via the Questionnaire

In addition to completing the questionnaire, you can add an optional comment and/or select a one-time override of a Check-In notification's due date directly from the questionnaire.
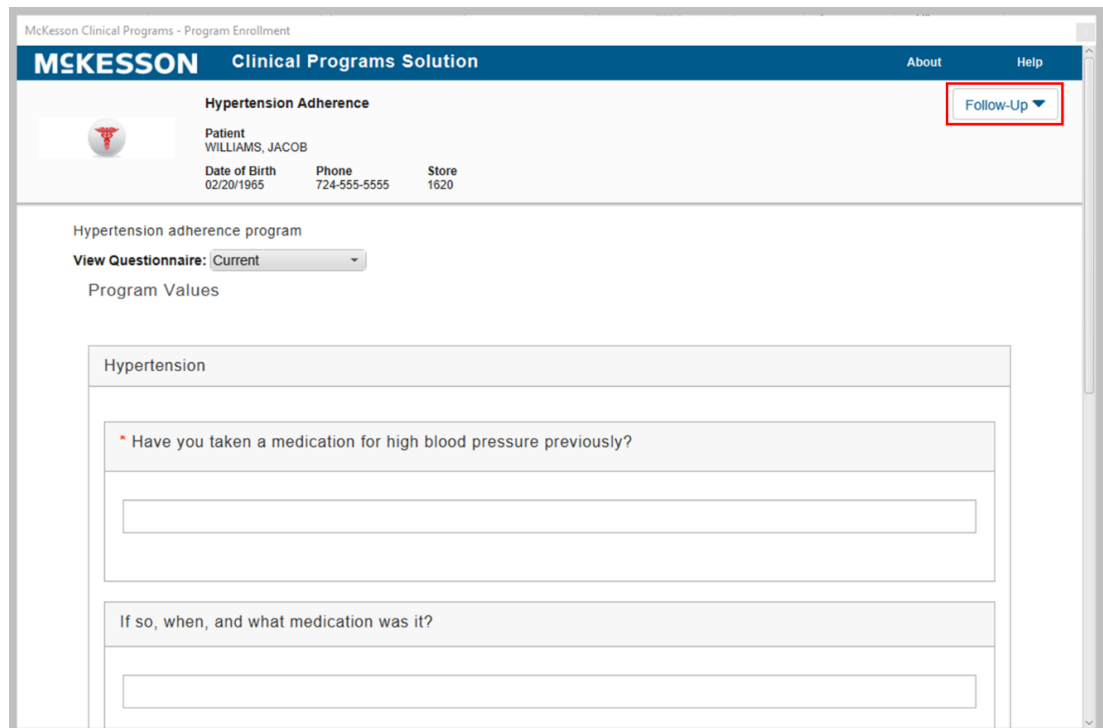

1) Select the **Follow-Up** button in the questionnaire. The Follow-Up section will display with a comment text box that allows you to enter an optional comment.

> **Note:** The comment text box will only display for Check-In programs with the **Support Follow-Up Comments in Check-In Notifications** checkbox.

2) Enter a comment in the text box.

3) Use the pop-up calendar to change the message's due date or enter the due date directly into the **Due** field in mm/dd/yyyy format. To use the pop-up, select the calendar icon (📅) in the **Due** field to change the message's due date. When the calendar opens, it will display today's date, and enter that date into the **Due** field. Use the forward or back arrows (< or >) to move forward or backward in the calendar.

Important: A due date can be, at most, 999 days in the future. If you enter a due date beyond the 999 days maximum, the system will set the due date to the maximum date.

Note: You can discard a Follow-Up comment and/or due date change by selecting the trash can icon (🗑) in the Follow-Up section.
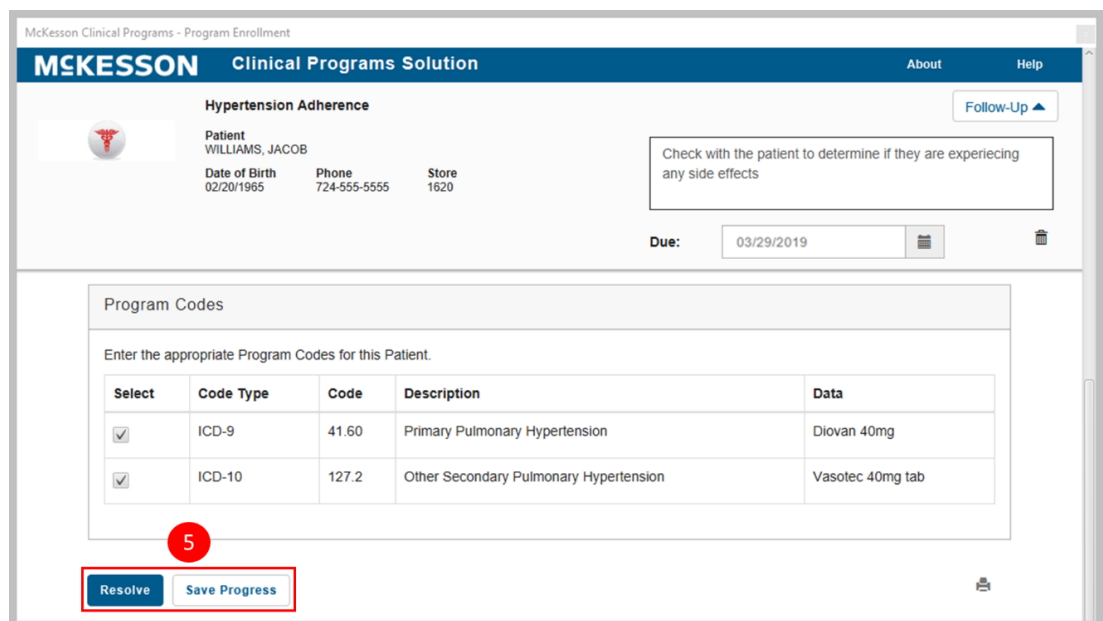
Note: The result of a Follow-Up comment and/or due date change will differ depending upon your selection of either the **Save Progress** or **Resolve** button in the questionnaire:

- When you select the **Save Progress** button, the questionnaire values will be saved to the CPS Patient Profile (if applicable), the **Document** button will be updated to an **In Progress** button, the Check-In's due date will not be reset, and your Follow-Up comment and/or due date change (if applicable) will be applied to the current instance of the patient's Check-In.

- When you select the **Resolve** button, the questionnaire values will be saved to the CPS Patient Profile (if applicable), the Check-In's due date will be reset using the Check-In program's **Recurrence** setting, and your Follow-Up comment and/or due date change (if applicable) will be applied to the next instance of the patient's Check-In.

Printing Check-In Questionnaires

You can print questionnaires associated to Check-In notifications by selecting the print icon (🖶) within the questionnaire. Note that only one questionnaire can be printed at a time.

Important: Print functionality is available for EnterpriseRx users on version 9.1 or higher and Pharmaserv users on version 7.5.0.3 or higher.

Clinical Snapshot

The Clinical Snapshot allows you to view past due and due Check-Ins without requiring a patient in context. When a Check-In program is enabled in the logged in facility, the program will display within the Clinical Snapshot, along with the corresponding message and Check-In counts.
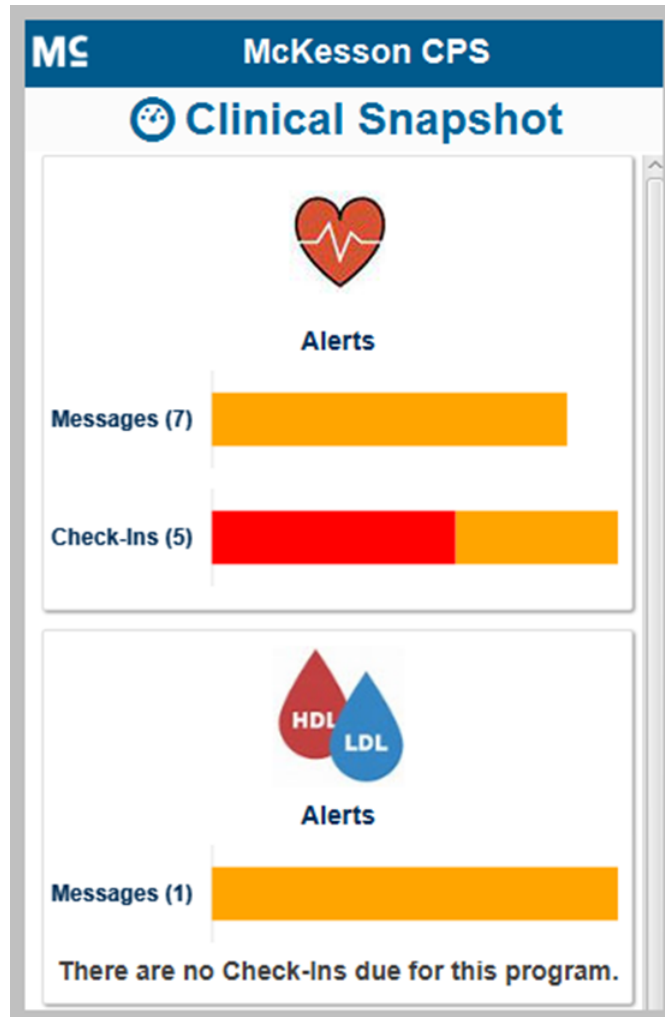
To provide insight into a program's overall status, Check-Ins with a due date in the past will display as red within the accompanying graph and, when the user hovers over the red section, the total count of past due Check-Ins will display.
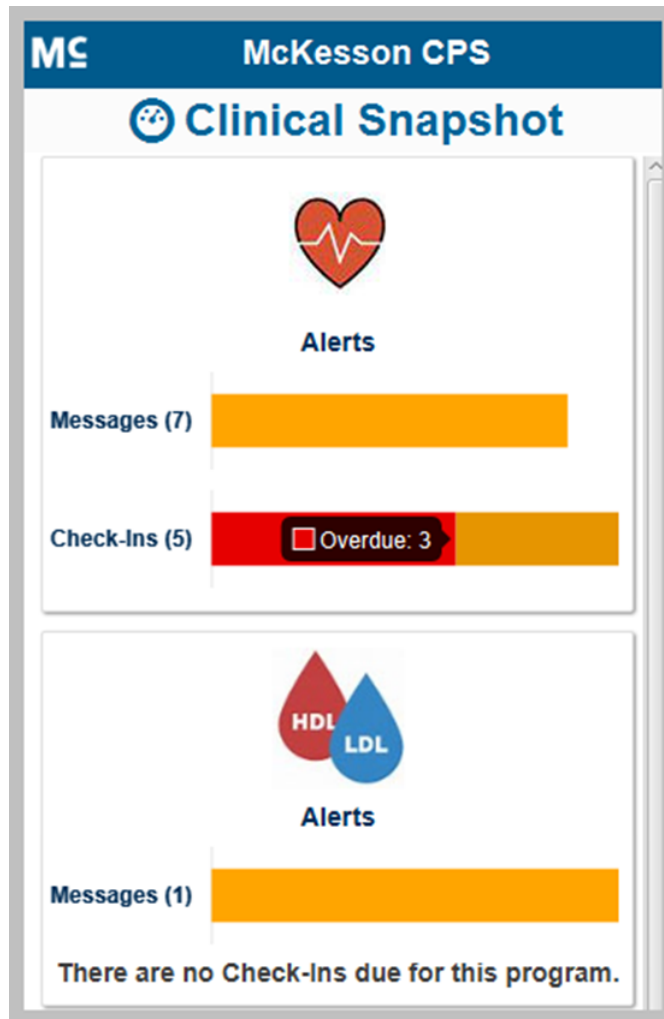
Similarly, Check-Ins due within the configured **Due Date Reminder** range will display as orange within the accompanying graph and, when the user hovers over the orange section, the total count of Check-Ins due within the **Due Date Reminder** range will display.
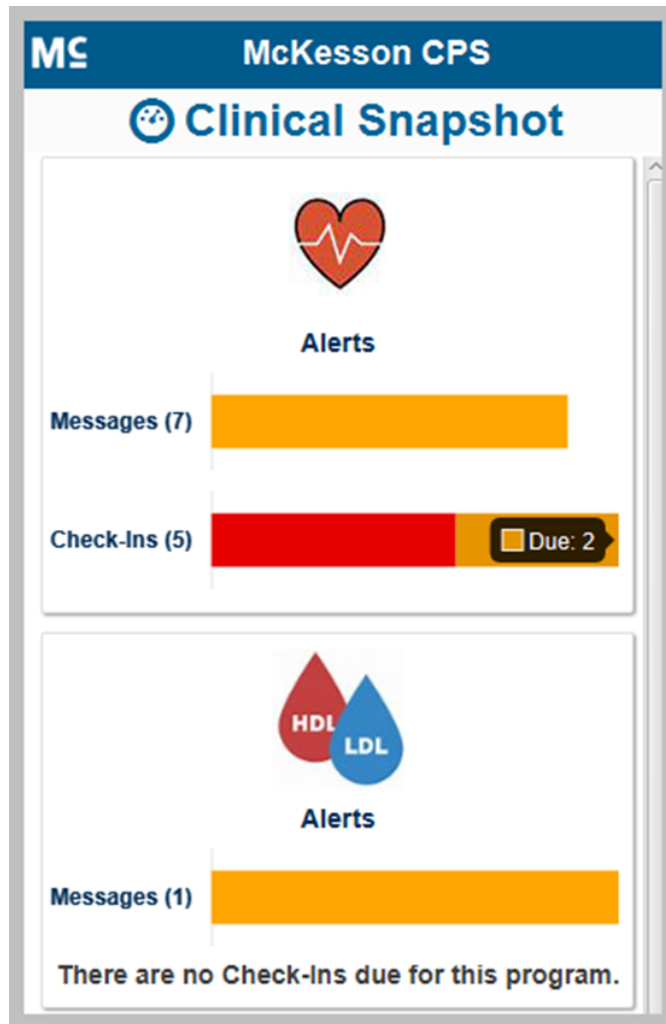
Note: If a Check-In program's **Due Date Reminder** field is set to **<blank>**, then any Check-In notifications for that program with a defined due date will always display as orange within the accompanying graph and will always be included in the total count of Check-Ins due.

Accessing the Check-In Program-Level View

To view all past due and due Check-Ins for a specific program, select the program's Check-Ins count or accompanying graph in the Clinical Snapshot. The Check-In program-level view will display and be sorted first by due date (past due to future due), then alphabetically by Patient Name. A comment icon (🗨) will also display if there is a comment and/or due date change associated with the current instance of the Check-In.

Note: At most, 50 Check-In notifications will display in the Check-In program-level view.

Accessing a Check-In Notification's Questionnaire in the Check-In Program-Level View
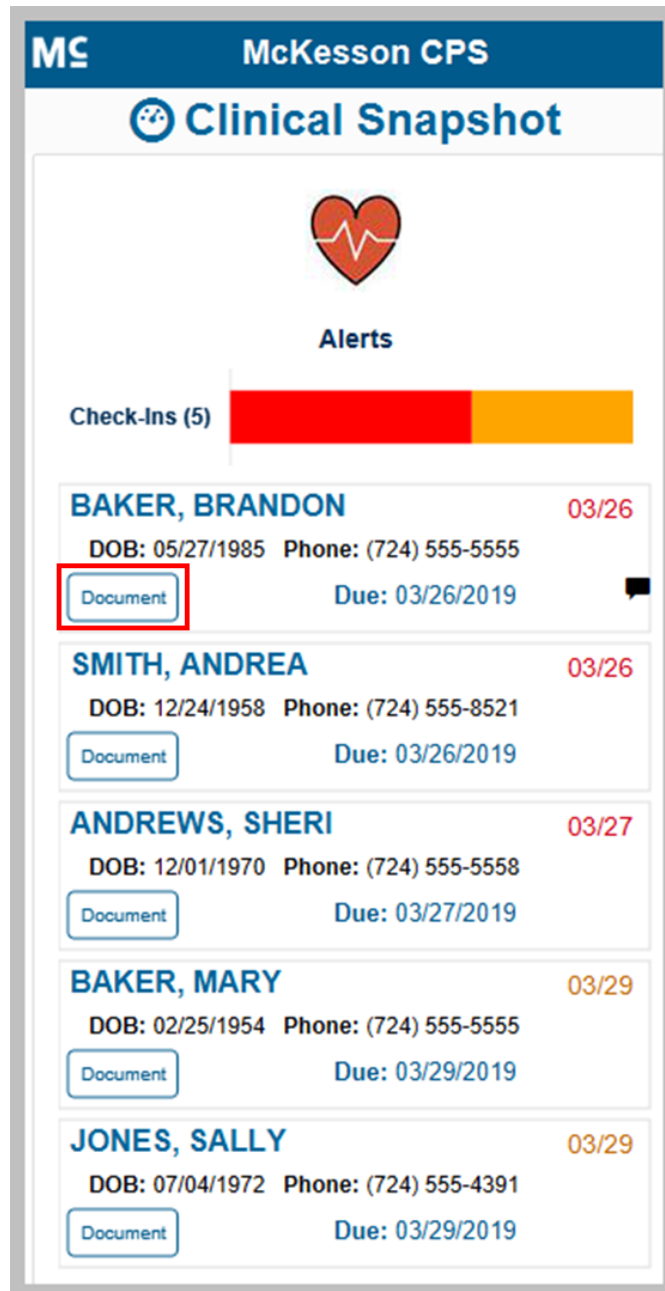
From the Check-In program-level view, you can access a Check-In notification's associated questionnaire via the **Document** button. Select the **Document** button to open the questionnaire.

Modifying a Check-In Notification's Due Date in the Check-In Program-Level View

You can modify a Check-In notification's due date via an inline editable **Due** field directly from the Check-In program-level view.

1) Select the calendar icon (▦) in the **Due** field to change the Check-In notification's due date.

Important: A due date can be, at most, 999 days in the future. If you enter a due date beyond the 999 days maximum, the system will set the due date to the maximum date.

2) Use the pop-up calendar to change the Check-In notification's due date or enter the due date directly into the **Due** field in mm/dd/yyyy format.

3) Select the check mark icon (✓) to save your due date change. After you save a due date change, the due date for the patient's next Check-In will be immediately updated to the selected date and the Check-In program-level view will be refreshed.

Note: You can discard your due date change by selecting the "**X**" icon (✗).

When a Check-In notification's due date is changed in the Check-In program-level view, a record of the due date change will be documented with the Check-In notification, along with a system-generated comment with the following text: "No comment provided." You can view the related comment on the **Alerts** or **Check-Ins** tab of the Clinical App.

Putting a Patient into Context in the Check-In Program-Level View

While viewing the Check-In program-level view, you can optionally put a patient into context within the Clinical App by selecting the patient's name.
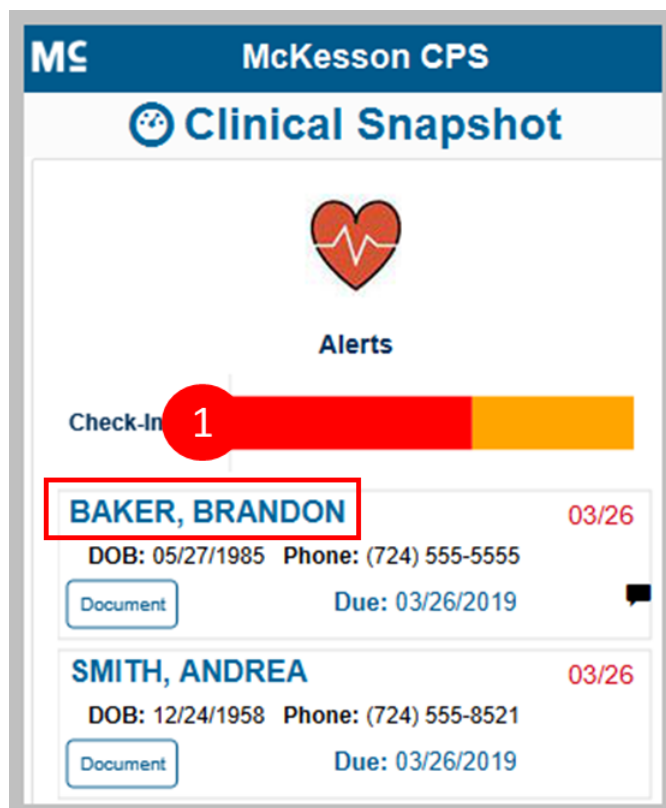
1) Select a patient's name in the Check-In program-level view.
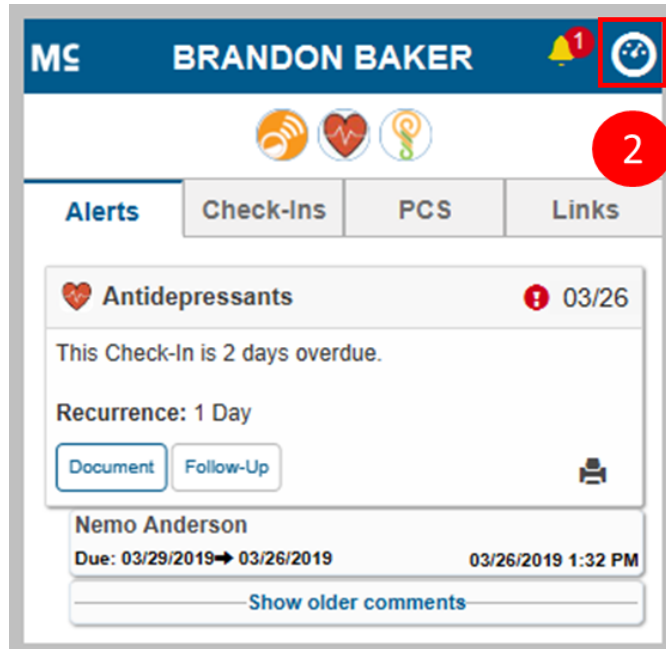
2) When you are finished reviewing the patient's Alerts, select the **Clinical Snapshot** icon (⬤) in the upper-right corner of the Clinical App to return to the Check-In program-level view.
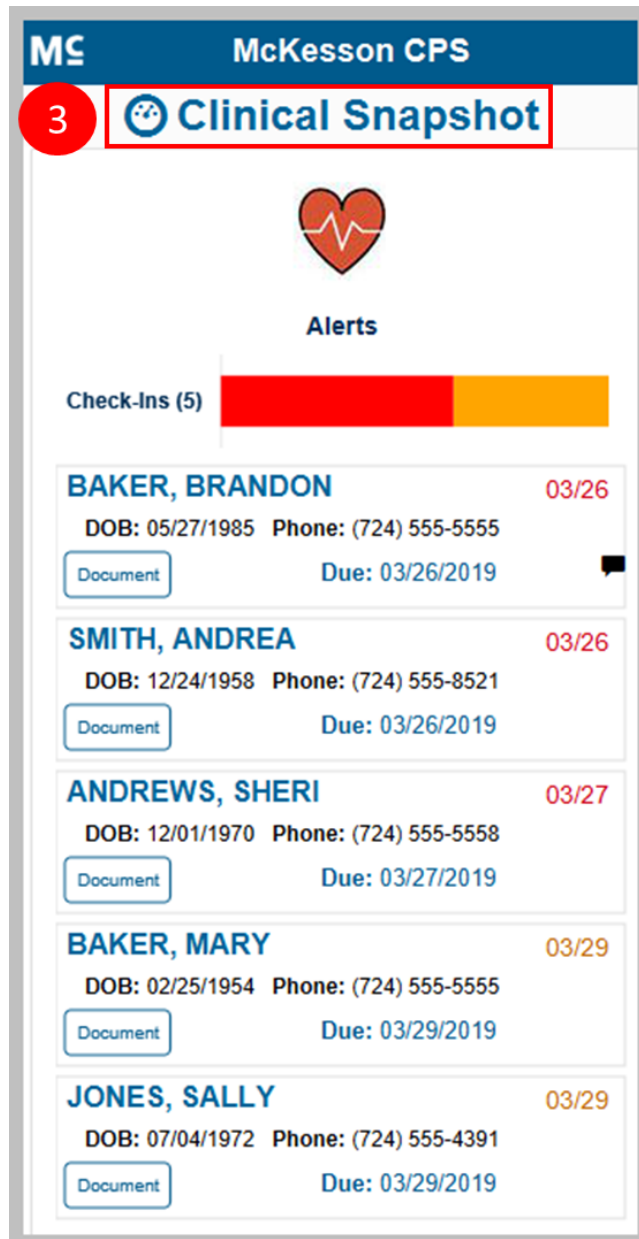
3) To return to the Clinical Snapshot's main page, select the Clinical Snapshot title bar in the Check-In program-level view.

For More Information

Visit the CPS Online Help by selecting **Help** for more information about setting Self-Directed Programs. The CPS User Guide is also accessible through McKesson.com: (http://www.mckesson.com/Pharmacies/Independent-Retail/Pharmacy-Management-Software-and-Services/CPS-User-Guide/) or the McKesson Training Portal (https://learning.mckesson.com).

For assistance getting access to vendor programs, contact your Account Executive/Account Manager.

12. CPS Reports

CPS allows for ad hoc reporting via the **Reports** option in Program Admin. The **Reports** options provides access to the **CPS Messages**, **CPS Patient Enrollments**, and **CPS Patient Measures** reports. When generated, each report will contain pre-selected columns specific to the selected report.

Tasks in Creating and Downloading a Report

Accessing CPS Reports

To Access **CPS Reports**, Navigate to **CPS Program Admin.**

The **CPS Program Admin** window will display.

Select the **Reports** option.

The **Reports** window will open.
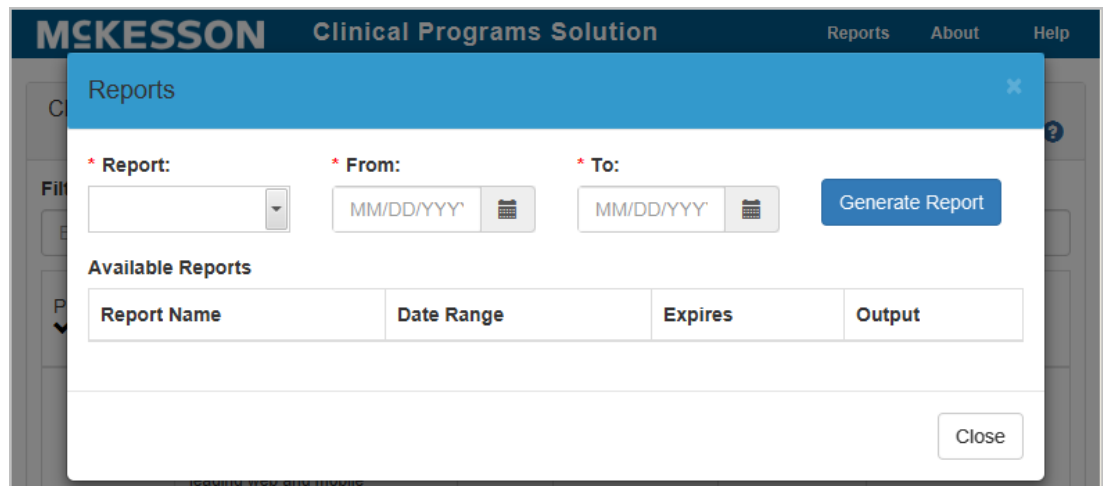
Entering Report Parameters

Enter the appropriate parameters for the report that you wish to generate. There are 3 parameters that must be entered.

1) **Report**: Use the drop-down to select the desired type of report. There are 3 options:

- **CPS Messages** will contain CPS message activity (such as message status)

- **CPS Patient Enrollments** will include patient enrollment updates (such as enrollment status)

- **CPS Patient Measures** will consist of values captured for patients (such as questionnaire responses)
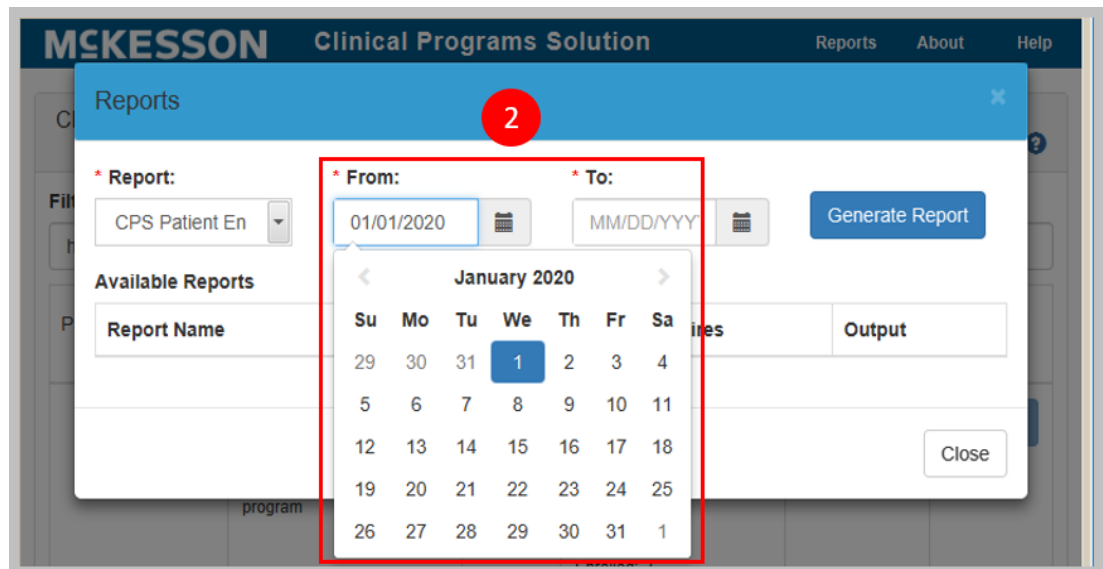
2) **From**: Enter the **From** (start) date of the report. The date can be entered by either:

- Selecting the calendar icon (▦) and using the forward and/or back arrows to navigate to the desired start date. The calendar will default to the current (today's) date.

- Manually enter the desired **From** date in mm/dd/yyyy format.
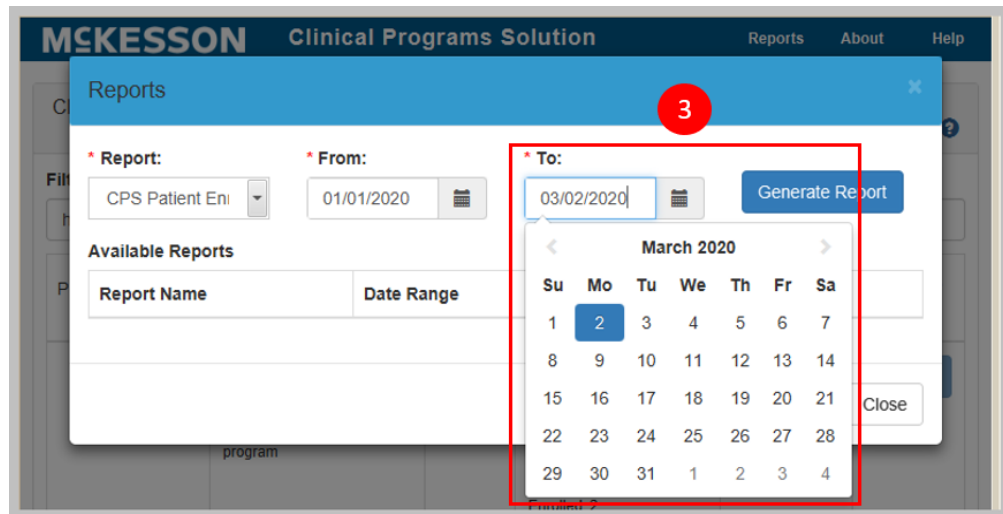
3) **To**: Enter the **To** (end) date of the report. The date can be entered by either:

- Selecting the calendar icon (▦) and using the forward and/or back arrows to navigate to the desired start date. The calendar will default to the current (today's) date.

- Manually enter the desired **To** date in mm/dd/yyyy format.

Generating the Report
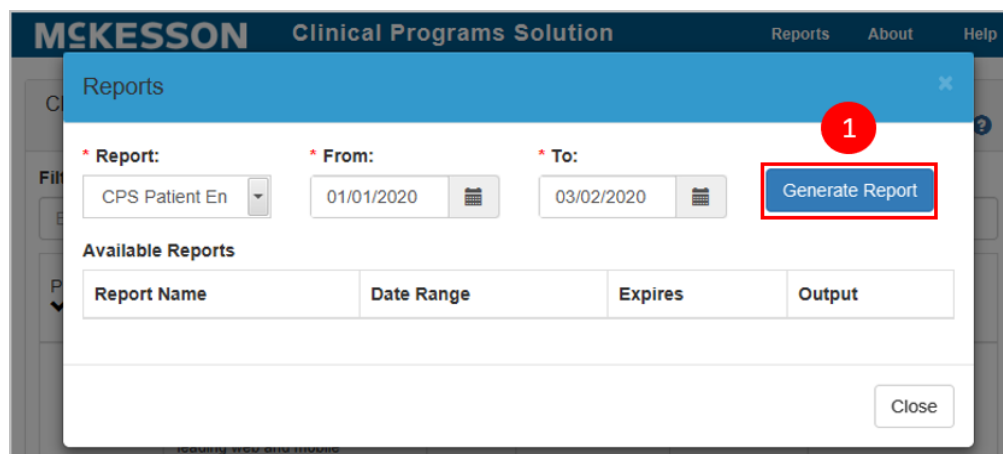
1) Once all of the parameters have been entered, select the **Generate Report** button.

Note: If all 3 parameters are not entered, or if they are entered incorrectly, a **Validation Error** message will be displayed, instructing you to check your input parameters. You will be required to update the report's parameters in

order to generate the report. An example of entering incorrect parameters is entering the **To** date earlier than the **From** date.
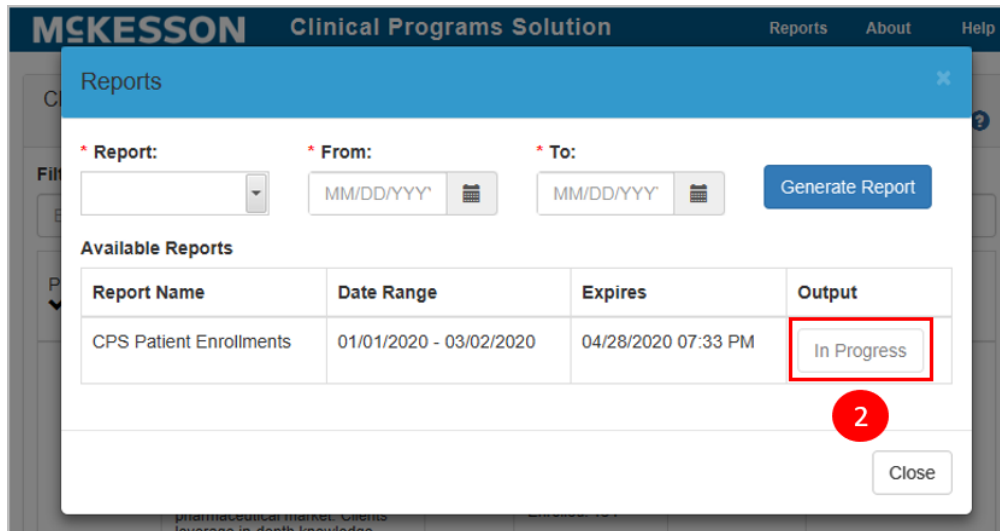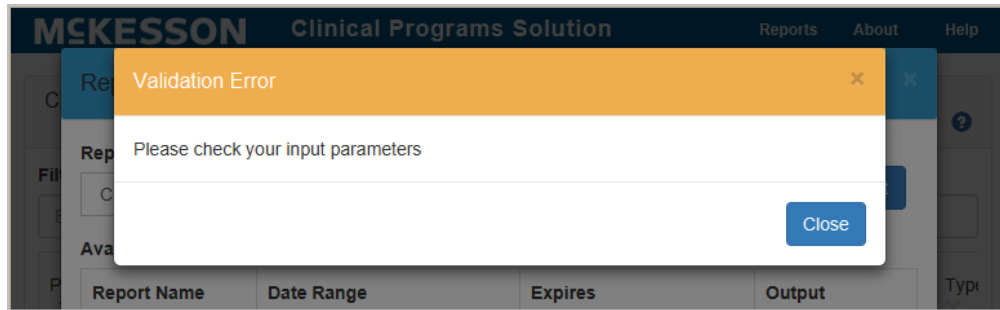
2) Subsequent to selecting the **Generate Report** button, the **Available Reports** section in the **Reports** window will update to include your most recent report.

Note: Your report may not be available immediately for download. If this is the case, the **Output** column will display **In Progress** when the report is still processing. Once complete, the **Output** column will update to display a **Download** button that you can select to download the report.

Downloading the Report
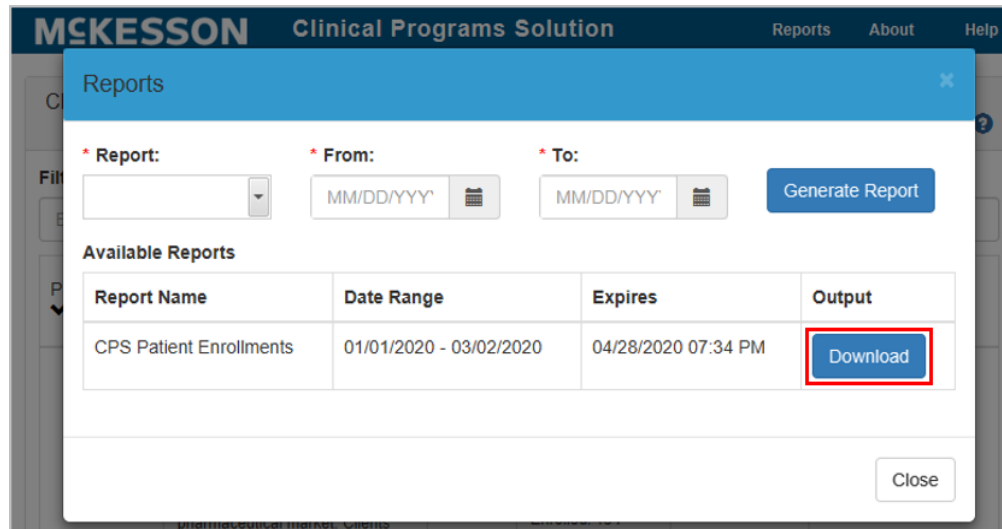
Once your report is available for download, select the **Download** button in the **Output** column. You will be given the opportunity to select the location where the report will be saved. You will also have the option to change the system generated file name. By default, the system generated name will be saved as a comma separated value (csv) file, and will use the following format:

[Report Type] [From]-[To].csv

Using the information in the example above, the system generated name will be:

CPS Patient Enrollments 01012020-03022020.csv

Note: The report will be available for download for 12 hours from the initial date and time it was submitted. Once the 12 hours has expired, the report will no longer display in the **Available Reports** section in the Reports window.

13. CPS Vendor Programs

Connect With Your Vendor Programs

CPS enables integration of multiple certified third-party solutions for in-workflow intervention and messaging. CPS will alert you of vendor program enrollment opportunities, as well as opportunities identified by the vendor program. Additionally, CPS provides patient and prescription information to some vendor programs to help reduce duplicate data entry.

CPS is integrated with several vendor programs in different market categories, such as:

- Specialty Therapy Management

- Hypertension Management

- Medication Therapy Management

- Immunization

- Patient Communications (See Patient Communications Solution (PCS) below)

- Adherence (Utilizing McKesson's Adherence Performance Solution, see Chapter 14: CPS and APS Integration)

- Pharmacy eCare Plan Documentation (Utilizing STRAND, see Chapter 15: CPS and STRAND Integration)

Patient Communications Solution (PCS)

PCS allows you to better communicate with your patients, through certified vendors that support various forms of communication (emails, text messages, phone calls, and mobile applications) and notify your patients with refill reminders, pick up reminders, and more.

Note: PCS is only available for use with EnterpriseRx (version 7.0 and higher). Vendors are only available if certified.

Tasks to Configure PCS

Getting Started with PCS Configuration

To get started, navigate to **CPS Program Admin** (**Administration > Clinical Rx Programs > Clinical Programs Solution > CPS Program Admin**).

1) Once **CPS Program Admin** is displayed, select the **Configure** button next to the **Patient Communications Solution** program.

2) Within the configuration window for **Patient Communications Solution**, select the **Program Settings** button.

Note: The **Program Settings** button is only available when configuring **Patient Communications Solution** at the corporate root level.

The **Program Settings** window will display with the following sections: **General Settings**, **Communication Preferences**, and **Notification Setup** (shown below).

General Settings

The **General Settings** section is where you manage the **PCS Easy Mode** and **Lock Patient Notification Setup** options.

PCS Easy Mode

When enabled, **PCS Easy Mode** has several key benefits:

- Support for a patient's preferred **Communication Method** (ex. Text Message).

- Automatic configuration of a patient's **Notification Setup** based on the patient's preferred **Communication Method**.

  Note: The patient's preferred **Communication Method** will be automatically selected for all **Notification Setup Events** that support that **Communication Method**.

Use the toggle to enable or disable **PCS Easy Mode**.

Notes:

- If you are already using PCS and want to enable **PCS Easy Mode**, McKesson Pharmacy Systems (MPS) can optionally select the preferred **Communication Method** for all enrolled patients. Additionally, as part of this process, the **Notification Setup** for all enrolled patients can be updated to align with each patient's preferred **Communication Method**.

  For more information please contact **MPS Customer Support**.

- Prior to enabling **PCS Easy Mode**, please coordinate with the appropriate vendor(s).

Lock Patient Notification Setup

The **Lock Patient Notification Setup** option allows you to restrict editing of the **Notification Setup** section across all patients. When enabled, all configuration contained in the **Notification Setup** section for a patient will display in a read-only state.

Use the toggle to enable or disable the **Lock Patient Notification Setup** option.

Note: By default, the **Lock Patient Notification Setup** toggle is turned on when the **PCS Easy Mode** toggle is set to on. The **Lock Patient Notification Setup** toggle can be turned off if desired.

Communication Preferences

The **Communication Preferences** section allows you to configure your vendor setup for PCS. Within this section, you can define and configure your vendor for each **Communication Method** (Email, Text Message, Phone Call, and Mobile App), as well as define the priority for each **Communication Method**, if applicable.

Vendor Selection for Each Communication Method

When configuring your PCS vendors, only one vendor can be selected for each **Communication Method**. A vendor can, however, be used for more than one **Communication Method** if desired.

1) For each **Communication Method** that you want to support, select your vendor using the drop-down menu. If you do not specify a vendor for a **Communication Method**, the **Communication Method** will not be an available option for patients.

   Note: As you make vendor selections, the **Notification Setup** section updates to display a column for each supported **Communication Method**.

2) When **PCS Easy Mode** is enabled, the **Select the Priority for Patient Enrollment** column will display. This column allows you to define the priority of the **Email**, **Text Message**, and **Phone Call Communication Methods**. The priority defined will be used to automatically select a patient's preferred **Communication Method** when the patient is enrolled via the **Automatically Enroll New Patients** option or when the patient's PCS configuration is updated via the EnterpriseRx **Consumer Portal**.

   Select the numerical priority for **Email**, **Text Message**, and/or **Phone Call**, if applicable.

Vendor Configuration

The **Vendor Configuration** window allows you to modify the **Vendor URL** used as the endpoint to send messages to the vendor.

Note: Modifying the **Vendor URL** is optional and will override the vendor's original configuration.

1) In the **Communication Preferences** section, select the **Vendor Configuration** button. The **Vendor Configuration** window displays.

2) The list of vendors currently selected across all **Communication Methods** will display within the **Vendor Configuration** window. For each **Vendor URL** that needs modified, input the new URL in the **Vendor URL** column.

3) Select the **Save** button to save your changes, or the **Cancel** button to return to the **Program Settings** window without saving any changes.

Notification Setup

The **Notification Setup** section allows you to configure what **Events** you want to allow patient notifications for. Within this section, a column will display for each supported **Communication Method** so that you can define what **Communication Methods** are available for each **Event**. When a patient is configured to receive notifications for an **Event**, when the **Event** occurs/is applicable for the patient, then the corresponding vendor for the **Communication Method** selected for the **Event** will be notified.

The **Notification Setup** section has four main components, outlined below:

- Display Message Configuration
- On Demand Messaging, Pick Up Reminder, and Refill Reminder Settings
- Communication Method Selection for Events
- Display Message Selection for Events

Email AIS	Text Message mScripts	Phone Call AIS	Event	Configurations	Display Message Configuration
☑	☑	☑	On Demand Messaging	Configure	
☑	☐	☑	Pick Up Reminder	Configure	
☑	☐	☑	Refill Reminder	Configure	
☑	☐	☑	Reception	Reception	
☑	☐	☑	Data Entry	We are currently entering your prescription	
☑	☑	☑	Dispensing	We are dispensing your prescription	
☑	☐	☑	Verification	Verification	
☐	☐	☐	Rx Ready	Rx Ready	

Display Message Configuration

Display Messages are customizable text that you can assign to each **Notification Setup Event**. The **Display Message** configured for an **Event(s)** displays within the **PCS Patient Configuration** window.

1) To add a **Display Message**, select the **Display Message Configuration** button in the **Notification Setup** section. The **Display Message Configuration** window displays.

2) Scroll to the bottom of the **Message Name** list and select the **Add Display Message** button. A new row appears at the bottom of the **Message Name** list.

3) Enter the desired **Display Message** text in the **Message Name** column.

4) Continue to add **Display Messages** by repeating steps 2-3. When all **Display Messages** have been added, select the **Save** button to save your changes, or the **Cancel** button to discard your changes.

Editing Display Messages

1) To edit a **Display Message**, select the **Display Message Configuration** button in the **Notification Setup** section. The **Display Message Configuration** window displays.

2) Locate the **Display Message** that needs edited within the **Message Name** list. Edit the **Display Message** text in the **Message Name** column.

3) Continue to edit **Display Messages** by repeating steps 2. When all **Display Messages** have been edited, select the **Save** button to save your changes, or the **Cancel** button to discard your changes.

Removing Display Messages

1) To remove a **Display Message**, select the **Display Message Configuration** button in the **Notification Setup** section. The **Display Message Configuration** window displays.

2) Select the checkbox(es) for the **Display Message(s)** you want to remove.

3) Select the **Remove Selected Display Message(s)** button.

4) Select **Yes** in the **Remove Display Message(s)** confirmation window to remove the selected **Display Message(s)**, or **No** to cancel the removal.

On Demand Messaging, Pick Up Reminder, and Refill Reminder Settings

The **On Demand Messaging**, **Pick Up Reminder**, and **Refill Reminder Events** allow for additional configuration so that you can customize the **Events** to your specific needs.

On Demand Messaging

PCS allows you to define custom messages, called **On Demand Messages**, that can be sent to enrolled patients on an as-needed basis.

Adding On Demand Messages

1) To add an **On Demand Message**, select the **Configure** button in the **Notification Setup** section. The **On Demand Messages Configuration** window displays.

2) Scroll to the bottom of the list and select the **Add On Demand Message** button. A new row appears at the bottom of the list.

3) Enter the name of the **On Demand Message** in the **Message Name** column. The text entered in this column will display when sending an **On Demand Message** to a patient via the **PCS** tab within the **Clinical App**.

4) Enter the text associated to the **On Demand Message** in the **Message Text** column. The text entered in this column will be sent to the corresponding vendor when the **On Demand Message** is sent to a patient.

5) Continue to add **On Demand Messages** by repeating steps 2-4. When all **On Demand Messages** have been added, select the **Save** button to save your changes, or the **Cancel** button to discard your changes.

1) To edit an **On Demand Message**, select the **Configure** button in the **Notification Setup** section. The **On Demand Messages Configuration** window displays.

2) Use the **Filter By** field to filter the list of existing **On Demand Messages.** Locate the **On Demand Message** that needs edited within the list.

3) Edit the name of the **On Demand Message** in the **Message Name** column, if needed. The text entered in this column will display when sending an **On Demand Message** to a patient via the **PCS** tab within the **Clinical App**.

4) Edit the text associated to the **On Demand Message** in the **Message Text** column, if needed. The text entered in this column will be sent to the corresponding vendor when the **On Demand Message** is sent to a patient.

5) Continue to edit **On Demand Messages** by repeating steps 2-4. When all **On Demand Messages** have been edited, select the **Save** button to save your changes, or the **Cancel** button to discard your changes.

Removing On Demand Messages

1) To remove an **On Demand Message**, select the **Configure** button in the **Notification Setup** section. The **On Demand Messages Configuration** window displays.

2) Use the **Filter By** field to filter the list of existing **On Demand Messages.** Locate the **On Demand Message(s)** that needs removed within the list.

3) Select the checkbox(es) for the **On Demand Message(s)** you want to remove.

4) Select the **Remove Selected On Demand Message(s)** button.
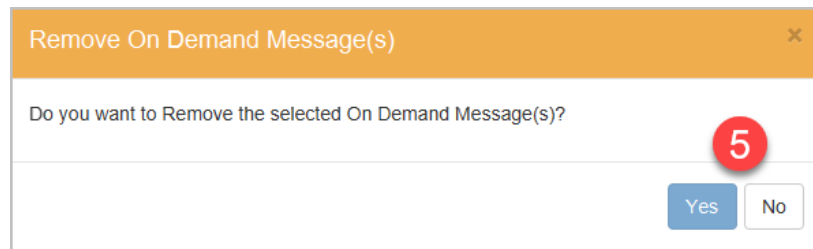
5) Select **Yes** in the **Remove On Demand Message(s)** confirmation window to remove the selected **On Demand Message(s)**, or **No** to cancel the removal.

Pick Up Reminders

Pick Up Reminders are automatically generated **Events** that notify patients when an order is past due for pick up.

1) To manage **Pick Up Reminders**, select the **Configure** button in the **Notification Setup** section. The **Pick Up Reminder Configuration** window displays.

2) To support **Pick Up Reminders**, you must configure the following settings:

- **Auto-Notify the Patient the first time after (x) days**.

- **Repeat Auto-Notification every (x) days after that**.

- **Stop Auto-Notification after a total of (x) days**.

Note: You must enter values for each of the three settings to support **Pick Up Reminders**. You cannot save your changes unless all three settings have been populated.

3) Select the **Save** button to save your changes, or the **Cancel** button to discard your changes.

Note: Pick Up Reminder settings can be edited at any time.

Refill Reminders

Refill Reminders are automatically generated **Events** that notify patients of upcoming refills.

1) To manage **Refill Reminders**, select the **Configure** button in the **Notification Setup** section. The **Refill Reminder Configuration** window displays.

Refill Reminder Configuration

Before a Refill is due, have the Patient Communication Program Auto-Notify the patient with the settings below.

Auto-Notify the Patient:	8	days before the Refill is due.
Repeat Auto-Notification every:	9	days after that.
Stop Auto-Notification after a total of:	2	days.

Save   Cancel

2) To support **Refill Reminders**, you must configure the following settings:

- **Auto-Notify the Patient (x) days before the Refill is due**.

- **Repeat Auto-Notification every (x) days after that**.

- **Stop Auto-Notification after a total of (x) days**.

Note: You must enter values for each of the three settings to support **Refill Reminders**. You cannot save your changes unless all three settings have been populated.

3) Select the **Save** button to save your changes, or the **Cancel** button to discard your changes.

Note: Refill Reminder settings can be edited at any time.

Communication Method Selection for Events

Within the **Notification Setup** section, a column will display for each supported **Communication Method** so that you can define what **Communication Methods** are available for each **Event**.

Email *AIS*	Text Message *mScripts*	Phone Call *AIS*	Event
☑	☑	☐	On Demand Messaging
☑	☑	☑	Pick Up Reminder
☐	☑	☑	Refill Reminder
☐	☑	☑	Reception
☑	☐	☐	Data Entry

When the checkbox for a **Communication Method** is selected for an **Event**, the **Communication Method** will display as an available option when configuring the **Event** for a patient.

Important: For **On Demand Messaging**, **Pick Up Reminder**, **and Refill Reminder Events**, the **Event** must be configured and at least one **Communication Method** must be selected for the **Event** to display within the **PCS Patient Configuration** window. For all other **Events**, a **Display Message** and at least one **Communication Method** must be selected for an **Event** to display within the **PCS Patient Configuration** window. For more information on **Display Messages**, refer to the Display Message Selection for Events section below.

Display Message Selection for Events

A **Display Message** is customizable text that you can assign to a **Notification Setup Event**. The **Display Message** configured for an **Event(s)** displays within the **PCS Patient Configuration** window.

Important: For **On Demand Messaging**, **Pick Up Reminder**, **and Refill Reminder Events**, the **Event** must be configured and at least one **Communication Method** must be selected for the **Event** to display within the **PCS Patient Configuration** window. For all other **Events**, a **Display Message** and at least one **Communication Method** must be selected for an **Event** to display within the **PCS Patient Configuration** window. For more information on **Communication Method** selection, refer to the Communication Method Selection for Events section above.

For each **Event**, use the **Select Display Message** drop-down in the **Configurations** column to select the desired **Display Message**.

Note: A **Display Message** cannot be configured for the **On Demand Messaging**, **Pick Up Reminder**, and **Refill Reminder Events**.

When you are done making all PCS configuration updates, select the **Save** button to save your changes, or the **Cancel** button to discard your changes.

Enrolling Patients in PCS

Patients are enrolled in PCS the same way they are enrolled in other CPS vendor programs, through an Enrollment Message or the **Program Enrollment** tab in the CPS Patient Profile. Additionally, new patients can be automatically enrolled in PCS if desired.

Notes:

• For more information on viewing and editing program enrollments in CPS, see the section on Viewing and Editing Program Enrollments in Chapter 9: Viewing the CPS Patient Profile.

• For more information on new patient automatic enrollment, see the Accessing On Demand Messages in the Clinical App section.

When enrolling a patient in PCS using the CPS Patient Profile, first navigate to the **Program Enrollment** tab and then select the **Enroll** button next to the **Patient Communications Solution** program to start the enrollment process.

Notes:

- You can also enroll patients in PCS through the Clinical App or Task Queue by selecting the **Enroll** button in a PCS Enrollment Message.

- For more information on enrolling patients in other CPS programs through the Clinical App, see the section on Enrolling Patients in Chapter 7: Receiving Messages in the Clinical App.

After selecting the **Enroll** button, the **PCS Patient Configuration** window displays.

Patient Communication Preferences

The top section of the **PCS Patient Configuration** window, **Communication Preferences**, allows you to select the patient's phone number for text messages and phone calls (this can be the same phone number for both or different phone numbers), as well as their email address for email communications. Use the **Patient Communication Options** drop-down to set each **Communication Method** for the patient.

Note: If **PCS Easy Mode** is enabled, you will only be able to set one **Communication Method** for the patient, as shown below.

If needed, use the radio buttons in the **Communication Method** column to change the patient's preferred **Communication Method**.

Patient Notification Setup

The bottom section of the **PCS Patient Configuration** window, **Notification Setup**, allows you to select what **Events** the patient wants to be notified of, as well as the **Communication Method** for each **Event**.

Note: Only supported **Events** will display in the **Notification Setup** section. To modify what **Events** are supported, see the Notification Setup section.

To configure an **Event** for the patient, use the drop-down in the **Communication Preference** column to select the **Communication Method** that the patient prefers for that **Event**.

Notes:

- A **Communication Method** will not display as an available option in the **Communication Preference** drop-down when the **Event** does not support that **Communication Method**.

- A **Communication Method** will display as disabled in the **Communication Preference** drop-down when the patient does not have a value selected for that **Communication Method**.

- If **PCS Easy Mode** is enabled, the patient's preferred **Communication Method** will be automatically selected for all **Events** that support that **Communication Method**. Additionally, an **Event** cannot be set to a **Communication Method** that is different than the preferred **Communication Method** for the patient.

- The **Notification Setup** section will be disabled and display as read-only when the **Lock Patient Notification Setup** option is turned on. For more information on this option, refer to "Lock Patient Notification Setup" on page 13-127.

When all selections are made, select the **Enroll** button to complete the enrollment, or the **Cancel** button to discard your changes and cancel the enrollment.

After enrolling a patient in PCS, note that the **Enroll** button on the **Program Enrollment** tab changes to **Unenroll** and a **Configure** button appears.
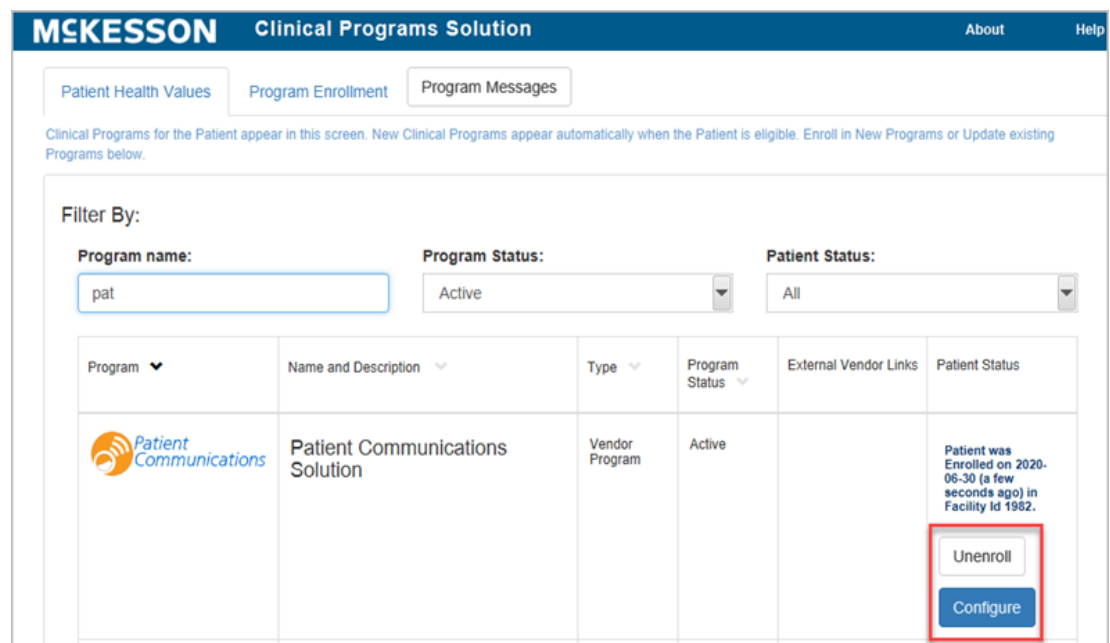
Selecting the **Configure** button allows you to edit the PCS configuration defined for the patient. Selecting the **Unenroll** button will unenroll the patient from the program.

Note: When you unenroll a patient, no PCS configuration or records are retained for the patient.

Accessing On Demand Messages in the Clinical App

When the patient in context is enrolled in PCS, you will see a **PCS** tab in the Clinical App. You can use this tab to easily access PCS On Demand messaging.

The **PCS** tab includes an **Available Messages** section and a **Sent Messages** section. By default, the **Available Messages** section will be expanded and will include all PCS On Demand messages configured for the logged in facility.
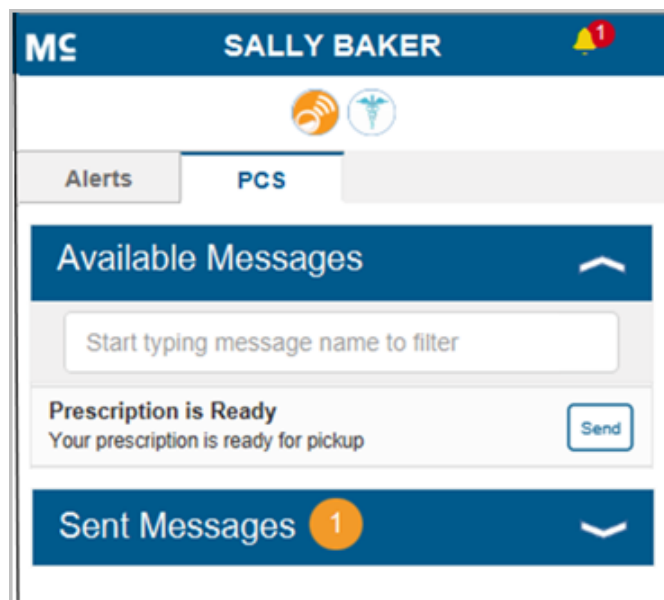
Note: If the facility does not currently support On Demand Messaging, or the patient in context is not configured for On Demand Messaging, then the following message displays under the Available Messages section: "On demand messages have not been set up or this patient is not configured for on demand messaging."
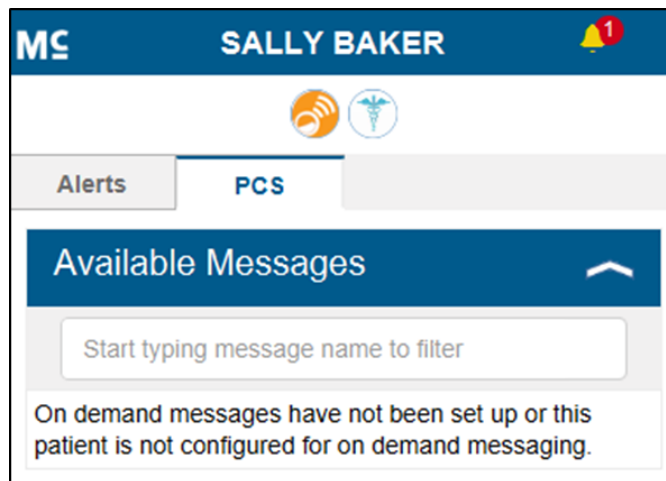
Sending a PCS On Demand Message
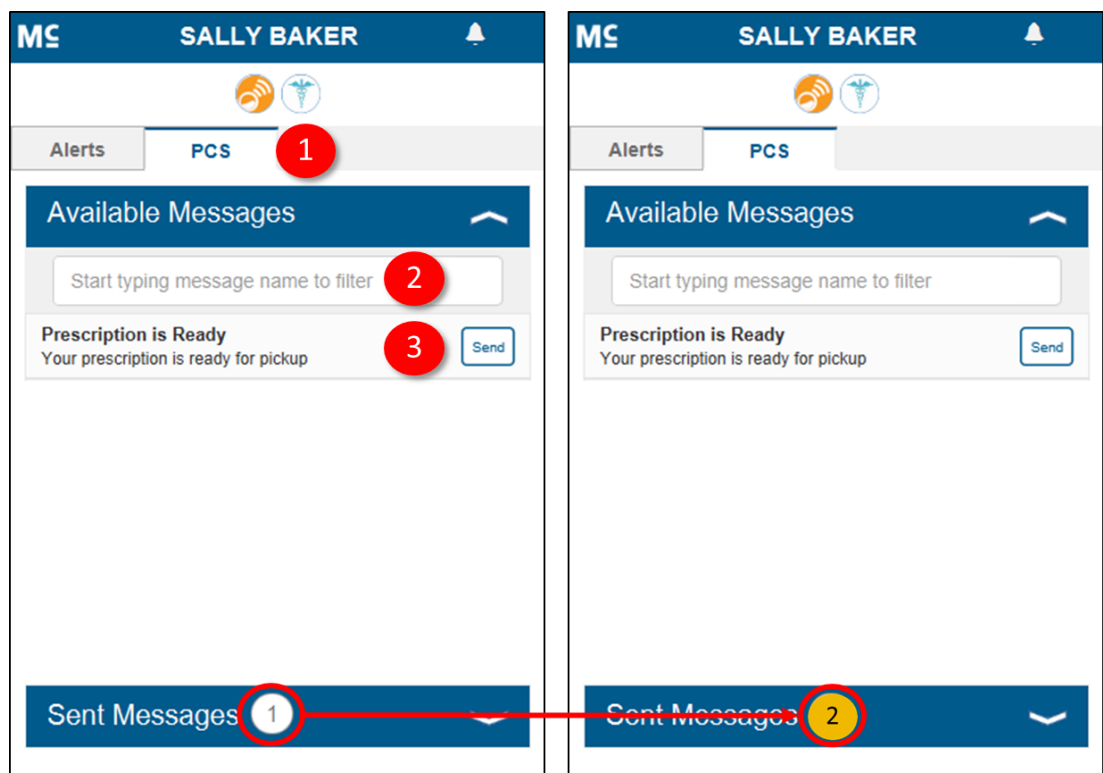
1) Open the Clinical App and select the **PCS** tab. For more information on the Clinical App, see Chapter 7: Receiving Messages in the Clinical App.

2) Begin typing the desired message to filter the **Available Messages** list if needed.

3) Select the message from the list. You will see the message text and a **Send** button. Select the **Send** button to send the selected message to the patient in context.

4) To notify you that the message was successfully sent, the numerical count in the **Sent Messages** header will highlight orange and update to include

the recently sent message. The numerical count in the **Sent Messages** header will remain orange until the Sent Messages section is expanded.

Note: The **Sent Messages** section includes 7 days of historical PCS On Demand messages for the patient in context. Historical PCS On Demand messages will sort newest to oldest, with any messages sent while the patient is in context highlighted in gray (as shown below). Each historical PCS On Demand message will display the user, timestamp, store number, and text associated with the message. For convenience, a numerical count of sent messages displays within the **Sent Messages** header.
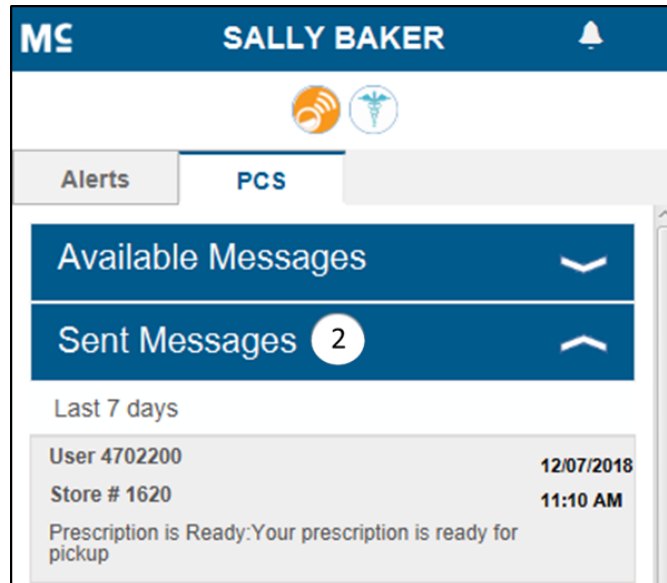
Vendor Program Automatic Enrollment

In addition to manual program enrollment, CPS provides the option to automatically enroll new patients into select vendor programs.

Note: New patient automatic enrollment is only available for patient profiles created via the **Add Patient** functionality within EnterpriseRx (version 9.0 and higher).

When a vendor supports new patient automatic enrollment, the **Automatically Enroll New Patients** checkbox will display in the **Patient Enrollment** section within CPS Program Admin.

Note: The **Automatically Enroll New Patients** checkbox will be available at a Corporate Root or facility level and will be unselected by default.

When the **Automatically Enroll New Patients** checkbox is selected for an enabled vendor program in the logged in facility, immediately after a new EnterpriseRx Patient Profile is successfully saved, the patient will be automatically enrolled in the vendor program.

Note: Prior to selecting the **Automatically Enroll New Patients** checkbox, please coordinate with the appropriate vendor(s).

PCS Automatic Enrollment

When a new patient is automatically enrolled in PCS, the patient's PCS **Communication Preferences** will be systematically set using the information provided in the EnterpriseRx Patient Profile:

- When a **Phone** number is provided in the EnterpriseRx Patient Profile, the **Phone Call** PCS **Communication Method** will be set to the EnterpriseRx **Phone** number.

- When a **Cell** number is provided in the EnterpriseRx Patient Profile, the **Text Message** PCS **Communication Method** will be set to the EnterpriseRx **Cell** number.

- When a primary **Email** address is provided in the EnterpriseRx Patient Profile, the **Email** PCS **Communication Method** will be set to the EnterpriseRx primary **Email** address.

Notes:

- If **PCS Easy Mode** is enabled, when a new patient is automatically enrolled in PCS, the patient's preferred **Communication Method** will be automatically selected using the priority defined in the **Select the Priority for Patient Enrollment** column within the **Program Settings** window in Program Admin. Additionally, as part of the enrollment, the patient's **Notification Setup** will be automatically configured based upon their preferred **Communication Method**. The **Notification Setup** section can, however, be modified if needed.

- PCS is only available for use with EnterpriseRx (version 7.0 and higher). Vendors are only available if certified.

14. CPS and APS Integration

McKesson's Adherence Performance Solution

McKesson's Adherence Performance Solution (APS) includes an interactive dashboard that provides information on patient adherence for Cholesterol, Diabetes, Hypertension, COPD, as well as information on gap therapy for diabetic patients without a statin and elderly patients on high risk medications. Please note, COPD adherence is available only to CPS Premium customers. CPS works with APS to bring real-time data on patient medication adherence for these three disease states into pharmacy workflow.

APS is modeled after the CMS (Centers for Medicare and Medicaid Services) Star Ratings calculations. By individual pharmacy and/or pharmacy chain, APS identifies non-adherent patients using the list of medications, including generic equivalents, published by CMS for the disease states being measured. APS uses data directly from your pharmacy management system to calculate each patient's PDC (Proportion of Days Covered) to measure their adherence. A patient's PDC is calculated by dividing the number of refills within a measurement window by the number of days in the measurement window. For example, if a patient is on diabetes treatment, the number of refills the patient receives over a 12-month period is reviewed. If a patient refills a prescription with a 30-day supply 9 times within 12 months, they have 270 days of 365 days covered. The proportion of days covered is found by dividing 270 by 365, which gives 0.74 or 74%. Similar to CMS, APS uses the criteria that 80% PDC and above is considered adherent.

APS supports four types of adherence measurements using PDC scores:

- Cholesterol
- Diabetes
- Hypertension
- COPD

In addition, APS identifies elderly patients (60 or older) using high risk medications (HRM), as well as diabetic patients not on a statin (Statin Use in Persons with Diabetes, or SUPD). The APS score for HRM is either a 0, for patients who received two or more Rx fills for the same HRM, or a 1, for patients who received no or less than two fills of the same HRM. SUPD applies to patients between 40 and 75 years old as of the last day of the measurement window. This measure applies to patients on diabetic medications with at least one statin fill during the measurement window. The SUPD score is either a 1

(adherent; the patient filled a statin in the measurement window) or a 0 (non-adherent; the patient did not fill a statin in the measurement window).

The patient data APS receives from your pharmacy management system is rolled up to the individual pharmacy level to determine the percentage of adherent patients for that pharmacy. APS calculates the percentage of adherent patients per pharmacy and assigns a 1-5 adherence rating following the scales published by CMS.

With APS, your pharmacy can identify non-adherent patients and the number of patients needed to improve your pharmacy's rating. Once patients are identified, you can leverage both APS and McKesson's Clinical Programs Solution to target and intervene with non-adherent patients.

CPS and APS Integration

The CPS and APS integration provides "real-time" data on patient adherence within pharmacy workflow. On a weekly and/or daily basis, APS notifications are created in CPS to alert pharmacy staff of non-adherent patients.

Types of APS Notifications in CPS

There are two types of APS notifications supported in CPS: **Patient Adherence Alerts** and **Key-Value Pair Measures**.

Patient Adherence Alerts contain patient adherence details and display in the CPS Clinical App when the patient is context, as well as in the CPS Task Queue outside of prescription processing.

Key-Value Pair Measures contain adherence measures and are created on a weekly basis for all measured patients. You can view a patient's adherence measures using the **Patient Health Values** tab within the CPS **Patient Profile**.

Configuring APS Notifications in CPS

The **CPS NOTIFICATIONS** menu option in APS allows you to modify the configuration of APS related notifications that are sent to CPS.

Note: The **CPS NOTIFICATIONS** menu option will only be available if you have the **APS-CUSTOMER-ADMIN** role.

After opening the **CPS Notifications** screen, you can enable/disable **Patient Adherence Alerts** and **Weekly Key-Value Pair Measures**, as well as specify the **PDC Selection** (6 or 12 month) and **Facility Selection** that should be used for your pharmacies. Additionally, you can configure **Filter Conditions**, such as yearly adherence status and patient reviewed state, that you want to apply to **Patient Adherence Alerts**.

CPS Configuration

To get started, first select the **CPS NOTIFICATIONS** menu option in APS.
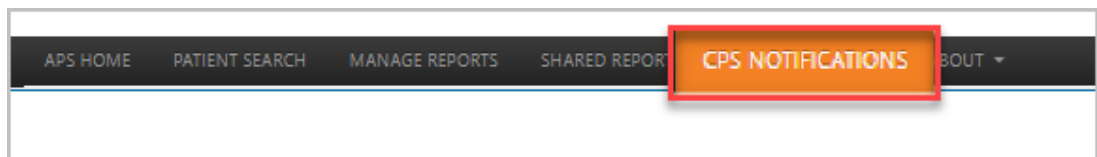
The **CPS Notifications** screen will display so that you can customize the **Notification Types** and **Notification Options** that you want to support for your pharmacy.

Note: In order to leverage APS notifications in CPS, you first need to enable the **Adherence Performance Solution** program. From CPS Program Admin, enter **Adherence Performance Solution** in the **Filter By** field. Once the program displays in the list, select the **Enable** button.

1) Use the **Patient Adherence Alerts** drop-down to select the appropriate setting. Available settings include:

   • **Enabled with Legacy Filters**: **Legacy Filters** will be used to determine what **Patient Adherence Alerts** are generated. To view your **Legacy Filters**, select the **View Legacy Filters** button.

   • **Enabled with Custom Filters**: **Custom Filters** will be used to determine what **Patient Adherence Alerts** are generated. If selected, a **Manage Filters** section that allows you to create **Custom Filters** will appear below the **CPS Configuration** section.

   • **Disabled**: **Patient Adherence Alerts** will not be generated.

2) Select **Daily** or **Weekly** from the **Frequency** drop-down to configure how often **Patient Adherence Alerts** are sent to CPS.

3) Use the **Weekly Key-Value Pair Measures** drop-down to select the appropriate setting. Available settings include:

   • **Enabled**: **Key-Value Pair Measures** will be sent to CPS on a weekly basis for all measured patients.

   • **Disabled**: **Key-Value Pair Measures** will not be generated.

4) Use the **PDC Selection** drop-down to select if **Patient Adherence Alerts** and/or **Key-Value Pair Measures** contain **6 month PDC** or **12 month PDC** calculations.

5) Use the **Facility Selection** drop-down to select if **Patient Adherence Alerts** and/or **Key-Value Pair Measures** are sent to all facilities or select facilities. If **Select Facilities** is selected in the drop-down, you will have the option to enable/disable notifications at an individual facility level.

6) Select the **Save** button to save your changes, or the **Cancel** button to discard your changes.

Custom Filters

Custom Filters define a set of criteria regarding patient adherence. If a patient matches the criteria of any **Custom Filter** with the **Apply Filter?** checkbox selected, an APS **Patient Adherence Alert** will be sent to CPS for that patient when **Alerts** are next generated.

Adding Custom Filters

When **Patient Adherence Alerts** are enabled with **Custom Filters**, **Manage Filters** displays immediately below the **CPS Configuration** section.

On the **Manage Filters** tab select the **Add Filter** button.

The **Create CPS Filter** screen displays.

Create CPS Filter

Filter Name ①   Name (required)

Starting Template ② ◉ **Blank Filter**
(Select one)   Start with a blank filter

                    ○ **PDC Drug Classes with Adherence Exclusion Filter Template**

                    Starting Criteria in Filter:
                    • Drug Classes: Diabetes, Hypertension, Cholesterol, COPD
                    • PDC 12 Mo between .5 and .8
                    • Plan filters
                    • Coverage ended 5 to 100 days ago
                    • Yearly adherence for patient has not yet been determined
                    • Patient has not been reviewed in the last two weeks

                    ○ **SUPD and HRM Filter Template**

                    Starting Criteria in Filter:
                    • Drug Classes: SUPD, HRM
                    • PDC 12 Mo is 0
                    • Plan filters

                    ○ **Refill Reminder Filter Template**

                    Starting Criteria in Filter:
                    • Drug Classes: Diabetes, Hypertension, Cholesterol, COPD
                    • Coverage ended 5 to 100 days ago

                    ③ [Save]   [Cancel]

1) Enter a **Filter Name**.

2) Select a **Starting Template**.

3) Select the **Save** button to save the **Custom Filter**, or the **Cancel** button to discard the **Custom Filter**.

Note: When **Blank Filter** is selected as the **Starting Template**, you will also need to select the **Drug Types** in order to save the **Custom Filter**.

The **Filter Criteria** screen displays so that you can define the criteria for the **Custom Filter**.

Filter Criteria for Custom Filters

The **Filter Criteria** screen is divided into 2 areas:

1) "Available/Selected Columns" on page 158

2) "Add, Edit and Delete Filter Conditions" on page 159

Available/Selected Columns

By default, all columns will be included when viewing the results of the **Custom Filter**. There are 2 ways to reduce the number of columns that will be displayed in the results:

1) Use the double left arrow (⬅⬅) to move all columns from the **Selected Columns** section to the **Available Columns** section. Desired columns can then be moved back to the **Selected Columns** section by highlighting the desired column and selecting the right arrow (➡). Use of the **Ctrl** key allows for selection of multiple columns.

2) Remove only those columns that are not desired from the **Selected Columns** section individually, or in groups by using the **Ctrl** key, and selecting the left arrow (⬅) to move them to the **Available Columns** section.
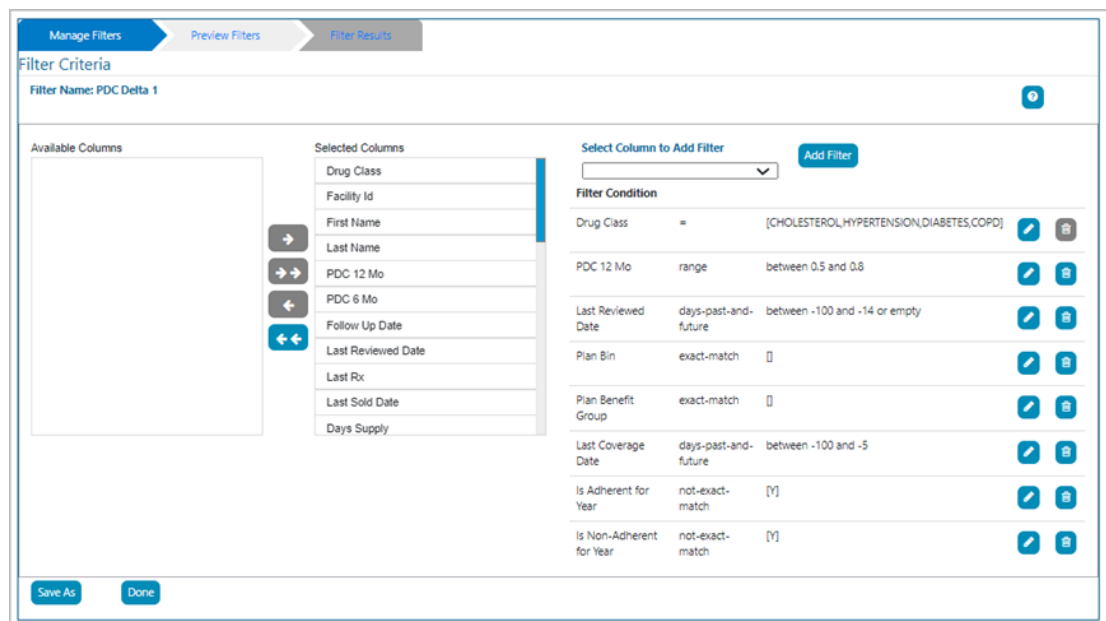
The order of the columns can be changed by dragging and dropping a column in the desired position.

Note: The **Drug Class** column is a mandatory column and cannot be removed from the **Selected Columns** list.

For a description of each column, select the **Describe Columns/Help** button.
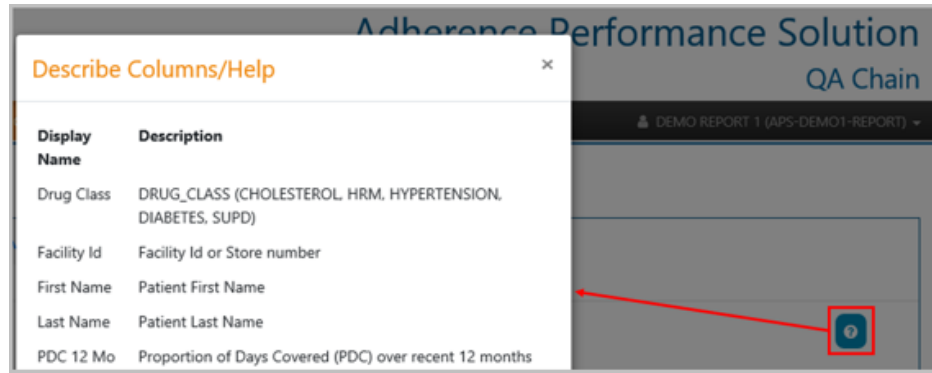
Add, Edit and Delete Filter Conditions

Filter Conditions can be created by selecting the column to filter from the **Select Column to Add Filter** drop-down and selecting the **Add Filter** button. The **Add Filter** dialog will display.
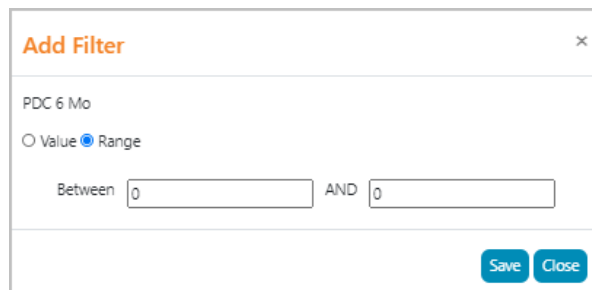
If the **Add Filter** button is selected prior to selecting a column, a dialog box will be displayed instructing you to select a column to filter.
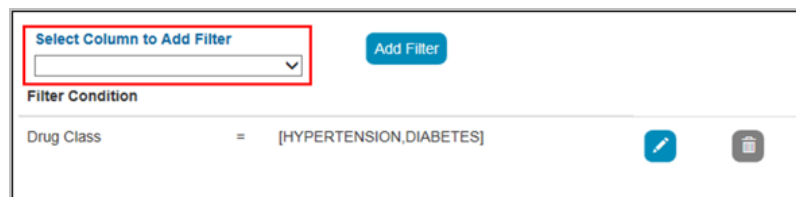
Note: The **Drug Class Filter Condition** is mandatory and cannot be deleted. Therefore, the **Delete** button (🗑) is disabled. You can, however, edit the **Drug Class Filter Condition** if desired.

There are 4 types of Filter Data Types:

1) Number Data Type

2) String Data Type

3) Date Data Type

4) Drug Class Data Type

Multiple **Filter Conditions** can be added to a **Custom Filter** to create more defined criteria. You can mix and match the various types of **Filter Conditions** in order to achieve the desired results. When multiple **Filter Conditions** are added to a **Custom Filter**, they act in an "and" fashion, where the report will filter on the 1st **Filter Condition** AND the 2nd **Filter Condition** AND the 3rd **Filter Condition**, etc.

Number Data Type

When a column is selected that is based on a number, you can select to filter based on a specific value or on a range. When using the **Value** option, you can select **equal to** (=), **greater-than-or-equal** (>=) or **less-than-or-equal** (<=). If **Range** is used, the starting (left) number must be less than or equal to the ending (right) number, or an error will be displayed.

Once the criteria have been added, select the **Save** button to add the **Filter Condition**.
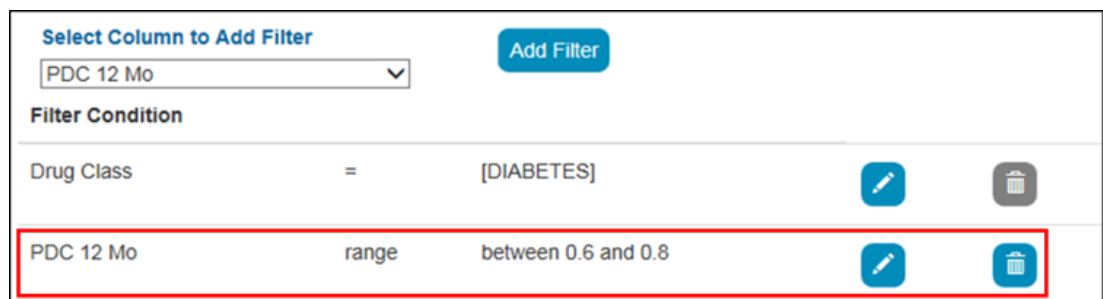
You have the option to edit any existing **Filter Conditions**, or, with the exception of the **Drug Class Filter Condition**, delete existing **Filter Conditions**. When adding or changing **Filter Conditions**, your work is saved incrementally as each action is completed. When you are satisfied with the

Filter Conditions, select the **Done** button. You will be returned to the previous window.

Selecting the **Save As** button will open a dialog box, allowing you to enter a new **Custom Filter** name. Select the **Save** button once a new name is entered.

Note: The **Custom Filter** name entered cannot match an existing **Custom Filter** name.
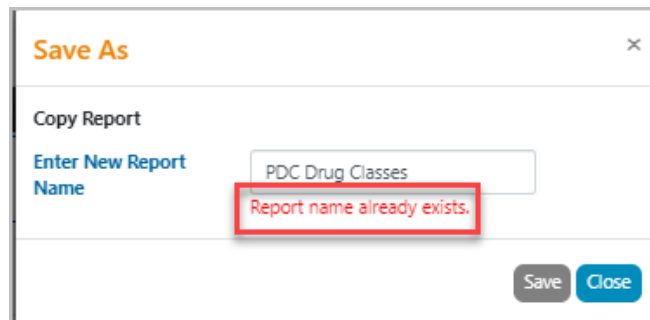
String Data Type

When a column is selected that is based on a character string, you can select to filter based on:

- **Exact Value**: The **Exact Value** option will return results that match the **Search List** string exactly.

- **Prefix**: The **Prefix** option will return results where the start of the column field matches the **Search List** string.

- **Contains**: The **Contains** option will return results where a character string anywhere in the column field matches the **Search List** string

- **NOT Exact Value**: The **NOT Exact Value** option will exclude results that match the **Search List** string exactly.

For all these operators, a list can be created by entering multiple values, separated by a comma and then selecting the **Add** button. Values can also be added one-by-one by selecting the **Add** button after each entry. The **Search List** values will be added to the list and appear below the **Search List** entry box.
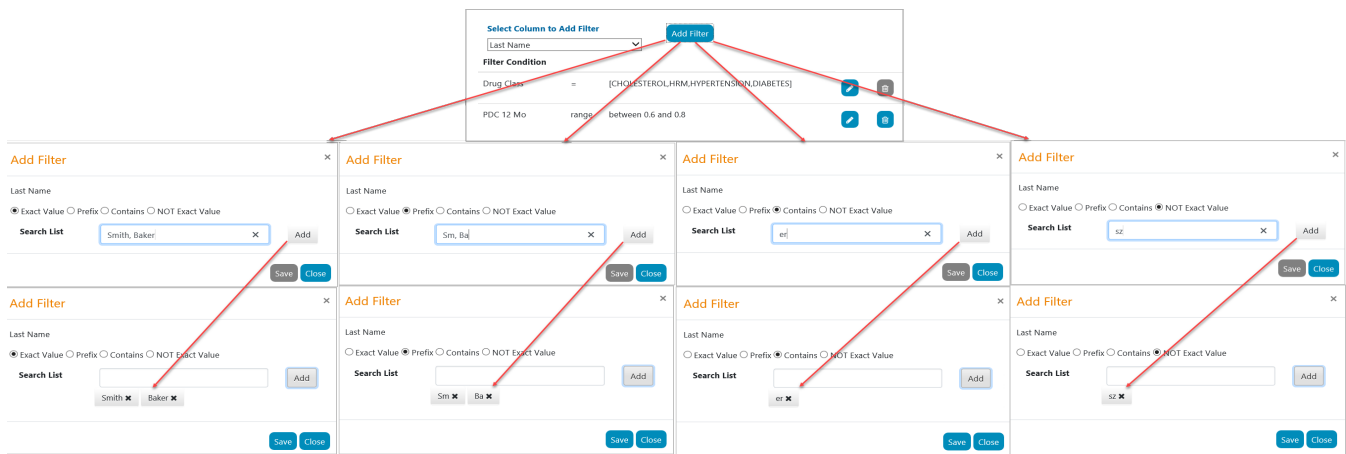
Once the list has been created, select the **Save** button to add the **Filter Condition**.
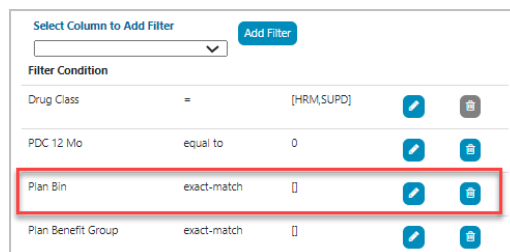
The **Save As** and **Done** buttons will require you to enter a new **Custom Filter** name and save, or return you to the previous window, respectively, as described in Number Data Type above.

Date Data Type

When a column is selected that is based on a date, you can select to filter based on:

- **Value:** When using the **Value** option, you can select **equal to** (=), **greater-than-or-equal** (>=) or **less-than-or-equal** (<=) a specified date.

- **Range**: Using a **Range** allows you to specify a beginning and ending date for the **Filter Condition**.

- **Relative Days**: **Relative Days** are used to specify the number of days in the past (negative numbers) or in the future (positive numbers), if applicable, relative to the current date. You can also include records with no date if desired.

Note: If either **Range** or **Relative Days** is used, the starting (left) date or number must be less than or equal to the ending (right) date or number, or an error will be displayed.
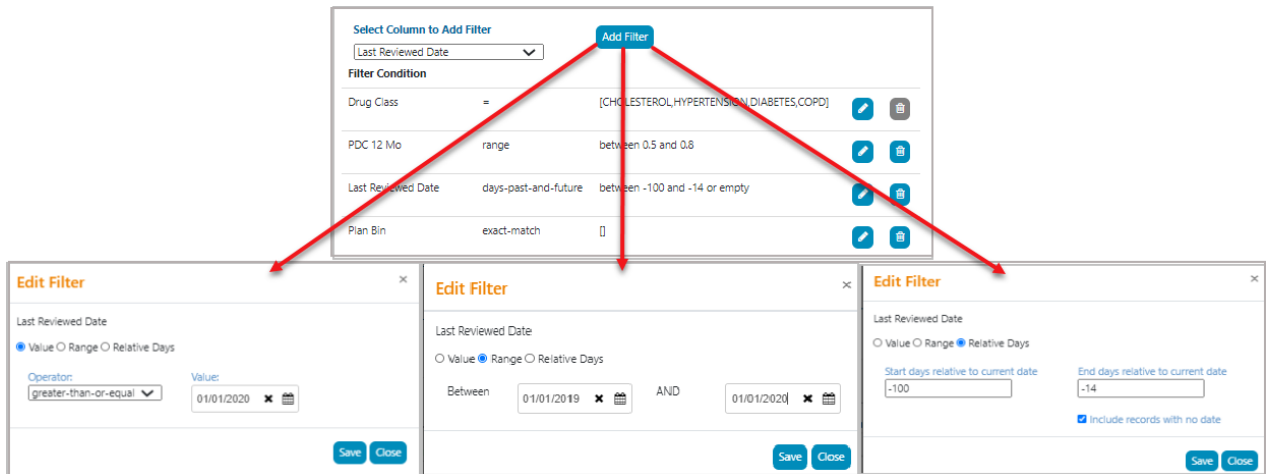
Once the criteria have been added, select the **Save** button to add the **Filter Condition**.
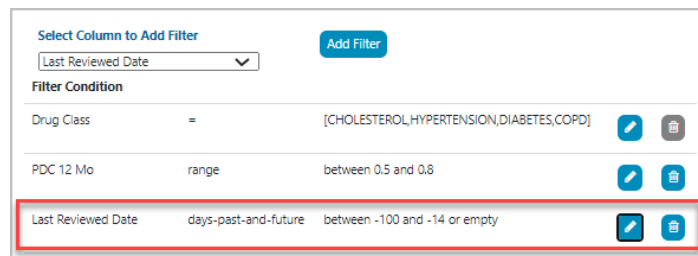
The **Save As** and **Done** buttons will require you to enter a new **Custom Filter** name and save, or return you to the previous window, respectively, as described in Number Data Type above.

Drug Class Data Type

The **Drug Class Data Type** allows you to filter based on one or moredrug classes. At least one drug class must be selected. If no drug class is selected, the **Save** button will be disabled.
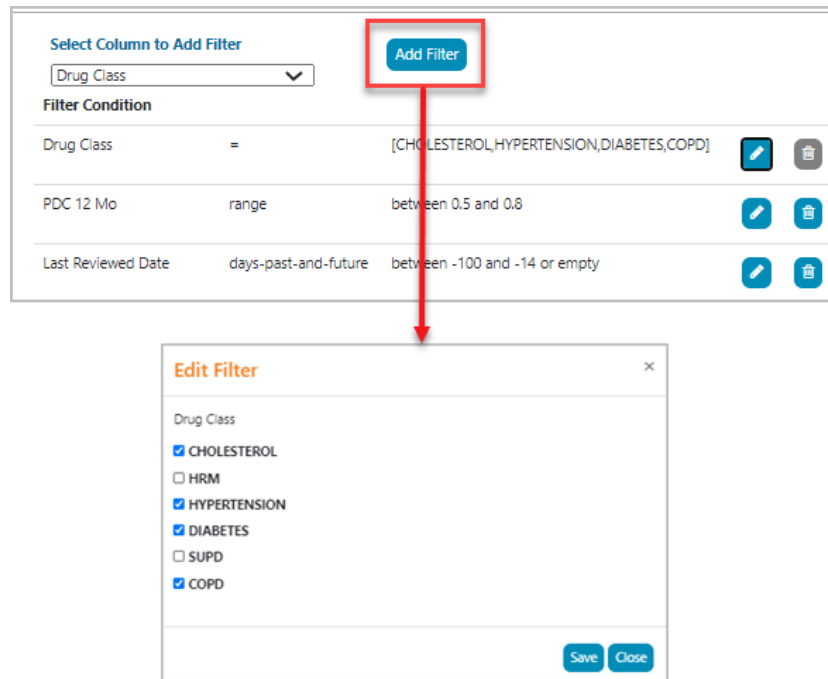
Once you have selected the appropriate drug class(es), select the **Save** button to add the **Filter Condition**.
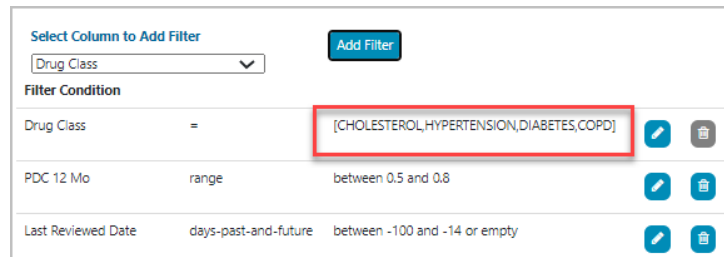
Applying Custom Filters

For a **Custom Filter** to be used when determining what **Patient Adherence Alerts** are generated, the **Apply Filter?** checkbox must be selected for the **Custom Filter**.

By default, the **Apply Filter?** checkbox is selected when a **Custom Filter** is added. If you do not want the **Custom Filter** to influence what **Patient Adherence Alerts** are created, unselect the **Apply Filter?** checkbox.

Editing Custom Filters

On the **Manage Filters** tab, you can edit an existing **Custom Filter** by either clicking the **Filter Name** or selecting the **Edit** button.

The process to edit **Custom Filters** utilizes the same steps as described in:

## Saving Updated Custom Filters

As described previously, you have the option to edit any existing **Filter Conditions**, or, with the exception of the **Drug Class Filter Condition**, delete existing **Filter Conditions**. When adding or changing **Filter Conditions**, your work is saved incrementally as each action is completed. When you are satisfied with the **Filter Conditions**, select the **Done** button and you will be returned to the previous window.

Selecting the **Save As** button will open a dialog box, allowing you to enter a new **Custom Filter** name. Select the **Save** button once a new name is entered.
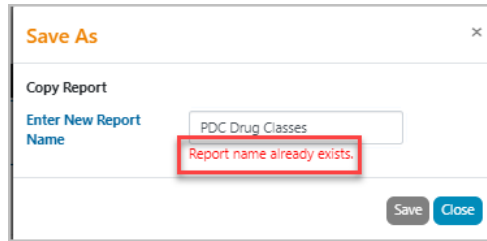
**Note:** The **Custom Filter** name entered cannot match an existing **Custom Filter** name.

Deleting Custom Filters

Custom Filters that are no longer needed can be deleted by selecting the **Delete** button.

Upon selecting the **Delete** button, a confirmation dialog will display.
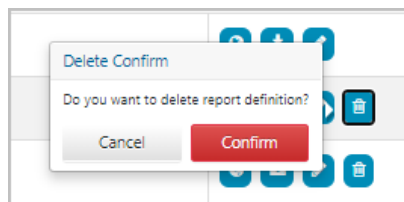
Select the **Confirm** button to delete the **Custom Filter**.

Viewing Custom Filter Results

To ensure the accuracy of a **Custom Filter**, it is recommended that you review the list of patients that match the **Filter Conditions** by using either the Viewing Results Online or Downloading Results to an Excel Spreadsheet options. You can also review the list of patients that match all applied **Custom Filters** if desired.

Viewing Results Online

Custom Filter results can be viewed online by selecting the **View Online** button on the **Manage Filters** tab.

Once the **View Online** button is selected the system will process the request. This may take several seconds, depending on the **Filter Conditions** that are applied. On the **Preview Filters** tab all the requests are displayed in descending order of **Submitted Date**, meaning the most recently submitted will be displayed at the top. The requests can be sorted by selecting the headers of the column names in ascending or descending order.

To view the results online, select the **online** button. The results will be available for 12 hours from the **Submitted** date/time. At that point, the **Expires** date/time will be reached, and the results will no longer be accessible.

The results will be displayed in table format under **Filter Results**. You can configure the number of rows that will be displayed per page using the **Items per page** drop-down. The **Next >>** and **<< Previous** buttons allow you to navigate pages.

The maximum number of rows that can be displayed online is 500. Additional **Filter Conditions** should be utilized in order to reduce the number of rows

below 500. To view more than 500 rows, the report must be downloaded to Excel®, as described in Downloading Results to an Excel Spreadsheet below.

Downloading Results to an Excel Spreadsheet

Custom Filter results can also be exported to an Excel® spreadsheet by selecting the **Download Excel** button.

Once the **Download Excel** button is selected the system will process the request. This may take several seconds, depending on the **Filter Conditions** that are applied. On the **Preview Filters** tab all the reports are displayed in descending order of **Submitted Date**, meaning the most recently submitted will be displayed at the top. The reports can be sorted by selecting the headers of the column names in ascending or descending order.

To view the results, select the **excel** button. The results will be available for 12 hours from the **Submitted** date/time. At that point, the **Expires** date/time will be reached, and the results will no longer be accessible.

When the **excel** button is selected, a dialog box will appear prompting you to select what they want to do with the file. Follow the steps on your computer to download the file.
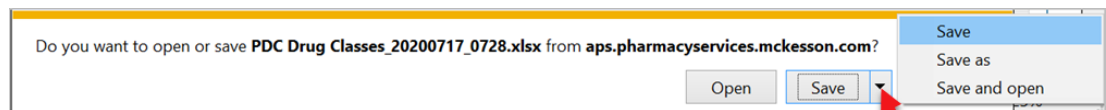
The download produces an Excel® spreadsheet that can be manipulated utilizing built in Excel® functionality.

Preview All Applied Filters

You can review the list of patients that match any **Custom Filter** with the **Apply Filter?** checkbox selected by using the **Preview All Applied Filters** options.

You can use the **View Online** and **Download Excel** buttons to view results for all applied **Custom Filters**. For more information, refer to "Viewing Results Online" on page 167 or "Downloading Results to an Excel Spreadsheet" on page 168.
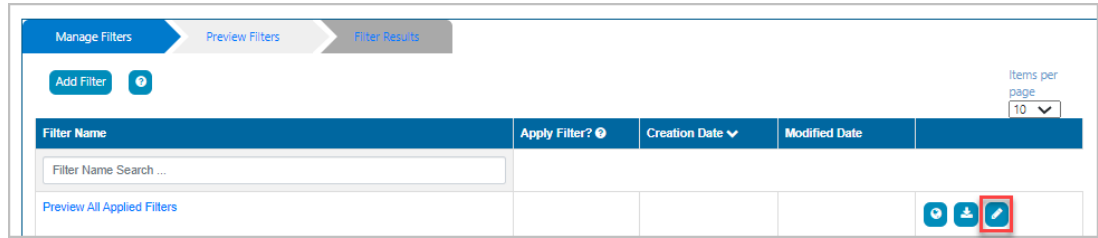
If desired, you can also edit the columns that display when viewing the results via the **Edit** button.

Viewing Patient Adherence Alerts in the CPS Clinical App

APS **Patient Adherence Alerts** will display in the CPS Clinical App when the patient is in context within the pharmacy management system.

The following information is included in **Patient Adherence Alerts**:

- The patient's 6 or 12-month adherence score for each disease state. Disease states will only display within the message if the patient has a non-adherent score. These scores translate to percentages (so, for example, 0.76 is the same as 76%).

- A visual indicator to show how the patient is trending from their last measured PDC score. If an up arrow displays next to a disease state, then the patient's PDC score has improved since the previous month. Likewise, if a down arrow displays, then the patient's PDC score has declined since the previous month. If a flat line displays, then the patient's PDC score is the same as it was in the previous month.

- The APS Follow Up Date so that pharmacy staff knows when to check back in with the patient.

- The APS Last Reviewed Date so pharmacy staff knows when the patient was last contacted for their adherence.

- Drug details for the patient to assist with researching patient adherence.

- Patient Notes that exist in APS for the patient.

- Access to the APS Patient Profile via the **APS Profile** button. For more information on accessing the APS Patient Profile, refer to "Opening the APS Patient Profile via Patient Adherence Alerts" on page 173.

Viewing Patient Adherence Alerts in the CPS Task Queue

Another option to view APS **Patient Adherence Alerts** is to use the CPS Task Queue. The CPS Task Queue will provide insight into all **Patient Adherence Alerts** across all of your patients.

To view additional information for a particular **Patient Adherence Alert**, select the row within the CPS Task Queue to open the **Clinical Program Message Detail** screen. The message content displayed within the **Clinical Program Message Detail** screen is the same content that displays when viewed using the CPS Clinical App.

MCKESSON   Clinical Programs Solution   About   Help

Clinical Program Message Detail

Adherence Performance Solution   Patient Name: SMITH, MIKE
                                                  Date of Birth: 12/25/1999
                                                  Phone Number: 111-222-3333
                                                  Store Number: 5885

Adherence Performance Solution
This Patient is non-adherent. Update the Patient's status using the APS Profile button below.

Patient Statistics (PDC 12)

0.84   ⬆   0.79   ⬇
CHOL   HYP

Last Reviewed Date :   Follow Up Date :

Drug Details

DRUG	RX#	LAST COVERAGE
ATORVASTATIN CALCIUM 20MG TABS (CHOL)	3486839	07/30/2020
LOSARTAN POTASSIUM 50MG TABS (HYP)	2579944	07/07/2020

Patient Notes

2020-07-17 - aps-np-admin (Phone)
Spoke to patient via phone

Received: 07/17/2020 3:28 PM   Severity: Low   Expires: 07/22/2020

[APS Profile] [Resolve] [...]   🖨

                                                        [Save] [Cancel]

Opening the APS Patient Profile via Patient Adherence Alerts

The APS Patient Profile provides additional adherence information on a patient. For this reason, you can easily open the APS Patient Profile directly from an APS **Patient Adherence Alert** in CPS.

To launch the APS Patient Profile, first open the APS **Patient Adherence Alert** using either the CPS Clinical App or Task Queue. Next, select the **APS Profile** button.
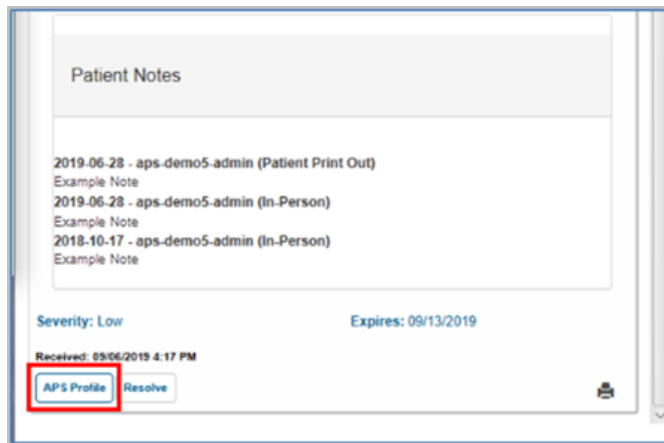
Selecting the **APS Profile** button will initiate the single sign on process between CPS and APS. Once the single sign on process is successful, the patient in context's profile in APS will open in the default browser without you having to enter any additional credentials.
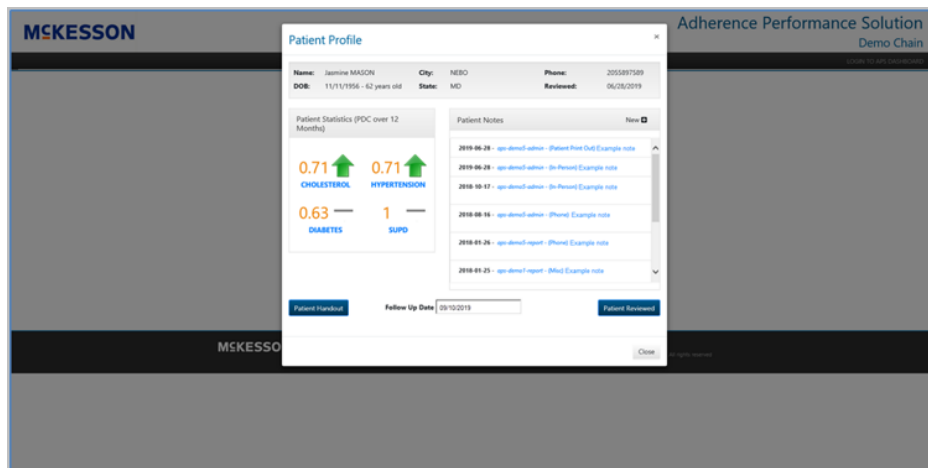
Note: If a system error is encountered during the single sign on process, the APS login page will open in the default browser.

After launching APS via a **Patient Adherence Alert**, you will only have access to the patient in context's profile in APS. To navigate to other APS screens, select the **LOGIN TO APS DASHBOARD** link to open the APS login page.
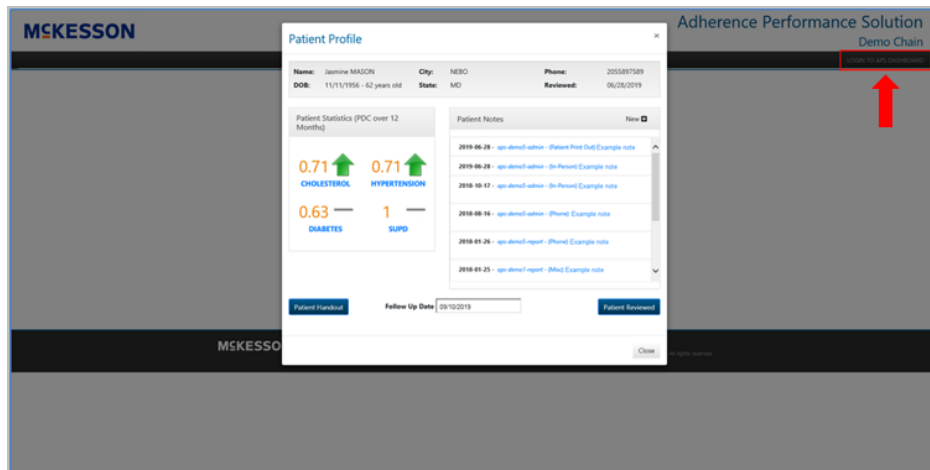
Note: You will need to close the APS Patient Profile in order to select the **LOGIN TO APS DASHBOARD** link.

15. CPS and STRAND Integration

STRAND Single Sign On

The integration between CPS and STRAND allows pharmacy staff members to identify high risk patients eligible for additional clinical services to be documented in a Pharmacy eCare Plan. STRAND facilitates clinical interventions and patient engagement by coordinating enrollment, documentation and education for coaching programs, and tracking clinical results. Single sign on functionality is available with the CPS and STRAND integration and can be initiated in one of two ways, either a CPS message or using the **Links** tab in the Clinical App. With this functionality, after the first successful log in, when you launch STRAND via a CPS message or the Clinical App **Links** tab, the patient in context's profile in STRAND will open in the default browser with you already logged in to STRAND.

Note: STRAND will open in the default browser for EnterpriseRx users on version 9.2.0.0 or higher. For EnterpriseRx users on a version prior to 9.2.0.0, STRAND will open within an EnterpriseRx window.

When a STRAND message is available in CPS, you can select the STRAND **Document** button to open STRAND in the default browser and initiate the single sign on process.

When the patient in context is enrolled in STRAND, the **Links** tab will display within the Clinical App. Within the **Links** tab, you can select the **Launch** button to open STRAND in the default browser and initiate the single sign on process.
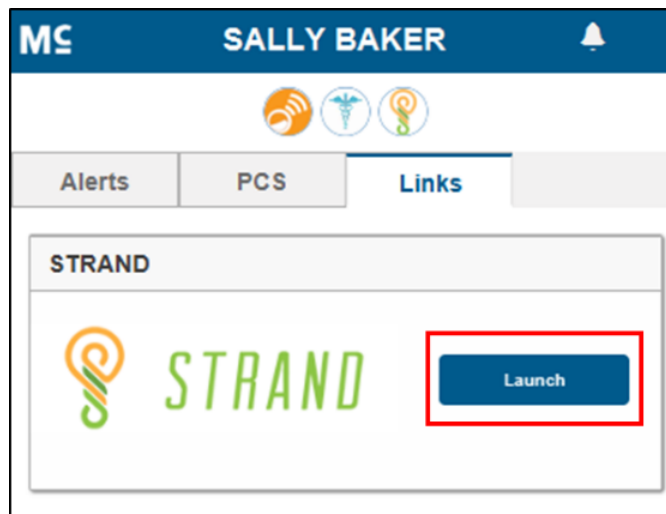
After selecting the STRAND **Document** or **Launch** button, if you have not yet entered your STRAND username in the logged in facility, you will be prompted to do so.
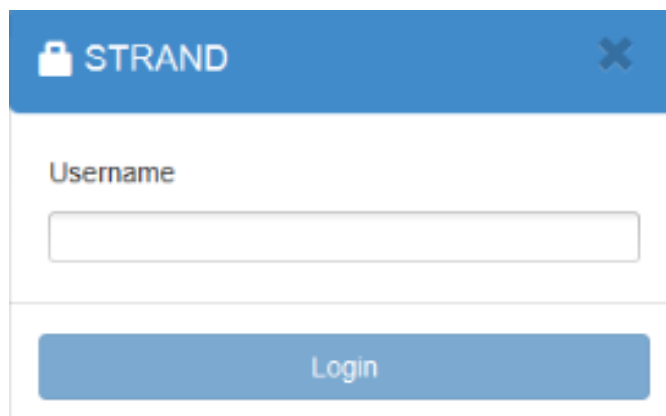
Note: You will only be prompted to enter your STRAND username the very first time you select the STRAND **Document** or **Launch** button in a facility. At any point, however, if a STRAND username error is encountered during the single sign on process, you will be prompted to enter your STRAND username a maximum of two times per pharmacy management session. Once the maximum number of STRAND username prompts is met, if the STRAND username error continues, an error will display within CPS and the STRAND login page will open in the default browser with you not automatically logged in to STRAND.

When you successfully input your STRAND username and the single sign on process is successful, the patient in context's profile in STRAND will open in the default browser with you already logged in to STRAND.

Note: If a system error is encountered during the single sign on process, the STRAND login page will open in the default browser with you not automatically logged in to STRAND.

Important: Pharmaserv version 8.1.1.0 or higher is required for STRAND single sign on functionality. McKesson recommends that EnterpriseRx users be on EnterpriseRx version 9.2.0.0 or higher for STRAND single sign on functionality.

16. Appendix

Enrollment and Program Message Data Filters

Note: Pharmaserv version 7.5.0.0 or greater or EnterpriseRx 6.1.0.0 or greater is required unless noted otherwise

Data	Attribute	Value(s)	
		Pharmaserv	**EnterpriseRx**
Written Product	Product Name	Text Field	Text/Search Field
Written Product	NDC Number 11 Digits	Text Field	Text/Search Field
Written Product	NDC Number 9 Digits	Text Field	Text/Search Field
Written Product	NDC Number 5 Digits	Text Field	Text/Search Field
Written Product	Product Schedule	2 3 4 5 6 - Legend Rx Blank - No Control	2 3 4 5 6 - Legend Rx 8 - OTC Blank - No Control
Written Product	GPI GCN	Text Field	Text/Search Field

Data	Attribute	Value(s)	
		Pharmaserv	**EnterpriseRx**
Written Product	Product Groups	Text Field **Note**: You must populate the Value field with the information found in either the Clinical Category Group or Clinical Category Class field for the type of item. This information displays on the Clinical Information window of Item Maintenance in Rx Processing. It must be entered exactly as it displays in those fields	Text
Dispensed Product	Product Name	Text Field	Text/Search Field
Dispensed Product	NDC Number 11 Digits	Text Field	Text/Search Field
Dispensed Product	NDC Number 9 Digits	Text Field	Text/Search Field
Dispensed Product	NDC Number 5 Digits	Text Field	Text/Search Field
Dispensed Product	Product Schedule	2 3 4 5 6 - Legend Rx Blank - No Control	2 3 4 5 6 - Legend Rx 8 - OTC Blank - No Control
Dispensed Product	GPI GCN	Text Field	Text/Search Field

Data	Attribute	Value(s)	
		Pharmaserv	**EnterpriseRx**
Dispensed Product	Product Groups	Text Field **Note**: You must populate the Value field with the information found in either the Clinical Category Group or Clinical Category Class field for the type of item. This information displays on the Clinical Information window of Item Maintenance in Rx Processing. It must be entered exactly as it displays in those fields	Text Field
Patient	Patient Status	Active	Active
Patient	Enrolled Programs	Populated by CPS	Populated by CPS
Patient	Non Enrolled Programs	Populated by CPS	Populated by CPS
Patient	Blood Pressure Systolic	Populated by CPS	Populated by CPS
Patient	Blood Pressure Diastolic	Populated by CPS	Populated by CPS
Patient	Blood Glucose Fasting	Populated by CPS	Populated by CPS
Patient	Blood Glucose Postprandial	Populated by CPS	Populated by CPS
Patient	Blood Glucose A1c	Populated by CPS	Populated by CPS
Patient	Cholesterol LDL	Populated by CPS	Populated by CPS
Patient	Cholesterol HDL	Populated by CPS	Populated by CPS
Patient	Total Cholesterol	Populated by CPS	Populated by CPS
Patient	Triglycerides	Populated by CPS	Populated by CPS
Patient	BMI	Populated by CPS	Populated by CPS
Patient	Pulse	Populated by CPS	Populated by CPS
Patient	Cholesterol PDC	Populated by CPS/APS	Populated by CPS/APS
Patient	Hypertension PDC	Populated by CPS/APS	Populated by CPS/APS
Patient	Diabetes PDC	Populated by CPS/APS	Populated by CPS/APS
Patient	SUPD	Populated by CPS/APS	Populated by CPS/APS
Patient	HRM	Populated by CPS/APS	Populated by CPS/APS

Data	Attribute	Value(s)	
		Pharmaserv	**EnterpriseRx**
Patient	Codes	Populated by CPS	Populated by CPS
Patient	Additional Data	Populated by CPS	Populated by CPS
Patient	Patient Groups	Pharmaserv Does Not Support This Data Filter	Text Field
Patient	Smoker Code	1 - Non Smoker 2 - Smoker Blank - Not Specified	1 - Non Smoker 2 - Smoker Blank - Not Specified
Patient	Pregnancy Indicator	1 - Not Pregnant 2 - Pregnant Blank - Not Specified	1 - Not Pregnant 2 - Pregnant Blank - Not Specified
Patient	Terminally Ill	Pharmaserv Does Not Support This Data Filter	Yes No
Patient	Age	Text Field	Text Field
Patient	Allergy Code	Pharmaserv Does Not Support This Data Filter	Text/Search Field
Patient	Allergy Description	Pharmaserv Does Not Support This Data Filter	Text Field * ERx 9.1.0.0 or Greater
Patient	Gender Code	Male Female Other	Male Female
Patient	Zip	Text Field	Text Field
Patient	State	Text Field	Text Field

Data	Attribute	Value(s)	
		Pharmaserv	**EnterpriseRx**
Patient	Care Location	Blank - Not Specified	0 - Not Specified
		1 - Home	1 - Home
		2 - Inner Care	2 - Inner Care
		3 - Nursing Home	3 - Nursing Home
		4 - Long Term Extended Care	4 - Long Term Extended Care
		5 - Rest Home	5 - Rest Home
		6 - Boarding Home	6 - Boarding Home
		7 - Skilled Care Facility	7 - Skilled Care Facility
		8 - Sub-Acute Care Facility	8 - Sub-Acute Care Facility
		9 - Acute Care Facility	9 - Acute Care Facility
		10 - Outpatient	10 - Outpatient
		11 - Hospice	11 - Hospice
Facility	Facility Type	Pharmaserv Does Not Support This Data Filter	Retail Store
			Central Prep
			Central Fulfillment
			Corporate Office
			Call Center
			Training Center
Facility	State	Text Field	Text Field
Facility	Zip	Text Field	Text Field
Facility	NCPDP Provider ID	Text Field	Text Field
Rx	Rx Status	Active	Active
		Profiled	Profiled
		Discontinued	Canceled
			Pending Approval
			Inactive
			DUR Rx
			Transferred
			Inactive Profiled
			Inactive DUR Rx
			Denied
Rx	Rx Fill	New	New
		Refill	Refill

Data	Attribute	Value(s)	
		Pharmaserv	**EnterpriseRx**
Rx	Prescription Origin Code	0 - Not Known 1 - Written 2 - Telephone 3 - Electronic 4 - Facsimile 5 - Pharmacy Blank - Blank	0 - Not Known 1 - Written 2 - Telephone 3 - Electronic 4 - Facsimile 5 - Pharmacy Blank - Blank
Fill Level	Item Source	Pharmaserv Does Not Support This Data Filter	Unspecified SYNC IVR PPI Fax ERP Phone Mail Internet Store
Fill Level	Delivery Option	Pharmaserv Does Not Support This Data Filter	Text Field
Fill Level	Fill Number	Text Field	Text Field
Fill Level	Third Party Name	Text Field You **MUST** enter data exactly as it displays in Pharmaserv. For cash claims, you need to enter **Cash**; for AR charge claims, you need to enter **Charge**.	Text Field
Fill Level	Third Party Code	Text Field	Text Field
Fill Level	Group ID	Pharmaserv Does Not Support This Data Filter	Text Field * ERx 9.1.0.0 or Greater
Fill Level	Cash Payment	Pharmaserv Does Not Support This Data Filter	Text Field * ERx 9.1.0.0 or Greater
Fill Level	Third Party Group ID	Pharmaserv Does Not Support This Data Filter	Text Field * ERx 9.1.0.0 or Greater

Data	Attribute	Value(s)	
		Pharmaserv	**EnterpriseRx**
Fill Level	Third Party PCN	Pharmaserv Does Not Support This Data Filter	Text Field * ERx 9.1.0.0 or Greater
Fill Level	Third Party BIN	Pharmaserv Does Not Support This Data Filter	Text Field * ERx 9.1.0.0 or Greater
Fill Level	Third Party Cardholder ID	Pharmaserv Does Not Support This Data Filter	Text Field * ERx 9.1.0.0 or Greater
Fill Level	Medicare	Yes No	Yes No
Fill Level	Medicaid	Yes No	Yes No
Prescriber	Specialty 1	Pharmaserv Does Not Support This Data Filter	See System Options
Prescriber	Specialty 2	Pharmaserv Does Not Support This Data Filter	See System Options
Prescriber	Specialty 3	Pharmaserv Does Not Support This Data Filter	See System Options
Prescriber	State	Text Field	Text Field
Prescriber	Zip	Text Field	Test Field
Prescriber	NPI	Pharmaserv Does Not Support This Data Filter	Text Field * ERx 9.1.0.0 or Greater
Prescriber	DEA	Pharmaserv Does Not Support This Data Filter	Text Field * ERx 9.1.0.0 or Greater