

# RXLOGIC PBM APPLICATION RELEASE

## NOTES 1.15.1

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# RXLOGIC PBM APPLICATION UPDATE

## UPDATE INFO

<b>Update Type</b>	Minor
<b>Update Description</b>	<p>This version update includes stabilization and performance items and various bug fixes.</p> <p>Added Features:</p> <ul style="list-style-type: none"> <li>• Generic Name Search</li> <li>• Plan Process Rule Import</li> <li>• New MPA Client API</li> </ul>
<b>Version Number</b>	1.15.0

<b>Production Release Date</b>	1/28/2025
<b>UAT Release Date</b>	1/15/2025
<b>QA Approved Date</b>	

<b>Production Hotfix Date</b>	

## RELEASE DETAILS

### NEW DEVELOPMENT



The New Development section of the Release Notes is dedicated to work items (User Stories, Tasks, etc...) that are new functionality that was not in previous versions of the application.

This section has additional information and details that the Bug Fixes section does not have. If you have additional questions on any of the new functionality, please ask your RxLogic Client Manager or check out the User Guide for the new documentation.

### GENERAL

Drug Search Generic Name (9081 / 18930 / 18948 / 18949 / 18950 / 18951) - A search criteria button and column for "Generic Name" was added to the Drug Search popups on Claim Processing, MPA Manager, Mac Manager, and Formulary Manager, as well as the Drug Lookup screen.

NDC	GPI	DDID	Generic Name	Drug Name	Strength	Unit of Measure	Item Status	Repackaged Code	Route Of Admin
00025032501	6627001507F520	225666	Adalimumab-afzb	Abrilada (1 Pen)	40	MG/0.8ML	A		SC
00025032502	6627001507F520	225665	Adalimumab-afzb	Abrilada (2 Pen)	40	MG/0.8ML	A		SC
00025032802	6627001507F820	225693	Adalimumab-afzb	Abrilada (2 Syringe)	40	MG/0.8ML	A		SC
00025033302	6627001507F810	225694	Adalimumab-afzb	Abrilada (2 Syringe)	20	MG/0.4ML	A		SC
00069032501	6627001507F520	225666	Adalimumab-afzb	Abrilada (1 Pen)	40	MG/0.8ML	A		SC
00069032502	6627001507F520	225665	Adalimumab-afzb	Abrilada (2 Pen)	40	MG/0.8ML	A		SC
00069032802	6627001507F820	225693	Adalimumab-afzb	Abrilada (2 Syringe)	40	MG/0.8ML	A		SC
00069033302	6627001507F810	225694	Adalimumab-afzb	Abrilada (2 Syringe)	20	MG/0.4ML	A		SC

Addition of 2 New Reject Codes (18700) – The following Reject Codes are now available in Reject Code dropdown lists:

- 3R – Prior Authorization Not Required
- 6E – M/I Other Payer Reject Code

Document Preview Expansion (18850 / 18851/ 18852 / 19230 / 19231 / 19232 / 19234 / 19235) – The ability to preview .PDF, .DOCX, .CSV, and .TXT files is now available on the following screens:

- Member Manager
- Pharmacy Manager
- Carrier Manager
- Group Manager
- File Manager (Client, System, and FTP Tabs)

- Ticket Tracker

Users must have a permission of “Preview” to be able to utilize this feature.

**File/Directory Path** Documents/Jordan/Eligibility/GGFMIMembers2.tx

Client System FTP's Local File

Search...

Name	Do...	Pre...	Last Mod
18572PSEAMembers1.txt			12/16/20
6739BMGNMembers1.txt			11/21/20
ETID_1_ERID_407_20231206_BillingCycle			02/05/20
GGFMIMembers2.txt			10/18/20
GGFMIMembers3.txt			10/18/20
SGETGMembers3.txt			10/16/20
TPDRMembers2.txt			10/14/20
formulary1.csv			09/11/20
FromFolder			

Example of a preview of an Eligibility .TXT file (these are test Members and not real data):

**Preview TXT Files**

```
GGFMI200000||01|GLENN|MCCARTY||08/18/1987||M|01/01/2020|12/31/2099|01/01/2020|12/31/2099||GGFMI|||||||||1|I|||||||0|||||||
GGFMI200001||01|THOMAS|GOOD||10/05/1965||M|01/01/2020|12/31/2099|01/01/2020|12/31/2099||GGFMI|||||||||1|I|||||||0|||||||
GGFMI200002||01|MAGGIE|SHEPPARD||06/06/1986||F|01/01/2020|12/31/2099|01/01/2020|12/31/2099||GGFMI|||||||||1|I|||||||0|||||||
GGFMI200003||01|GLENN|MORRIS||02/23/1988||M|01/01/2020|12/31/2099|01/01/2020|12/31/2099||GGFMI|||||||||1|I|||||||0|||||||
GGFMI200004||01|RITA|RUIZ||01/22/1980||F|01/01/2020|12/31/2099|01/01/2020|12/31/2099||GGFMI|||||||||1|I|||||||0|||||||
GGFMI200005||01|DAVID|PUCKETT||11/25/1962||M|01/01/2020|12/31/2099|01/01/2020|12/31/2099||GGFMI|||||||||1|I|||||||0|||||||
GGFMI200006||01|MARGUERITE|PICKETT||01/19/1963||F|01/01/2020|12/31/2099|01/01/2020|12/31/2099||GGFMI|||||||||1|I|||||||0|||||||
||
GGFMI200007||01|ARTHUR|CARNEY||08/05/1993||M|01/01/2020|12/31/2099|01/01/2020|12/31/2099||GGFMI|||||||||1|I|||||||0|||||||
GGFMI200008||01|JEFF|CASTANEDA||12/13/1976||M|01/01/2020|12/31/2099|01/01/2020|12/31/2099||GGFMI|||||||||1|I|||||||0|||||||
GGFMI200009||01|ARNOLD|RODRIGUEZ||12/31/1995||M|01/01/2020|12/31/2099|01/01/2020|12/31/2099||GGFMI|||||||||1|I|||||||0|||||||
```

CLAIM

ADJUDICATION

Percentage Sales Tax Rate Field Updates (18371) – Updated field Percentage Sales Tax Rate Submitted (483-HE) to recognize the submitted value regardless of if the field is overpunched by the pharmacy. If the field is not

submitted at all, or if there is no value in this field, it is stored as null on the transaction table. If a value of zero is submitted on the transaction, zero will be stored.

TRANSACTION DETAILS

New Badges for “No Pay” and “Exempt From Receivables (18861 / 18862) – New badges were added to Transactions that are flagged with “No Pay” or “Exempt From Receivables” attributes. These badges were also applied to the Claim Processing and Paid Claim Lookup screens.

Status <span style="float: right;">No Pay</span>		Status <span style="float: right;">Exempt From Receivables</span>	
Paid		Paid	
Total Amount Paid (Pharmacy Paid)	\$3,573.50	Total Amount Paid (Pharmacy Paid)	\$0.00
Patient Pay Amount	\$893.38	Patient Pay Amount	\$25.27
Claim Cycle Date	12/19/2024	Claim Cycle Date	12/13/2024
Billing Cycle Date	12/19/2024	Billing Cycle Date	12/13/2024

MEMBER

MPA MANAGER

Addition of Override Product Not on Formulary (18648 / 18880) – A new option was added to the MPA Manager for Override Product Not on Formulary. This option allows an MPA to override the MR – PRODUCT NOT ON FORMULARY reject.

- OFF  Allow OTC for Script
- OFF  Allow Discontinued Drugs
- OFF  Ignore all SDC's
- OFF  Apply Script Tag
- OFF  Only Apply to Test Claims
- OFF  Ignore Child & Student Cut-off Setting
- OFF  Allow Primary Payer to Pay Zero
- OFF  Plan Pays DAW Differential
- OFF  Override Max Rx Days Old
- OFF  Override Member Reject Primary Flag
- OFF  **Override Product Not on Formulary**
- OFF  Override Group Rx Written Date Days

PLAN DESIGN

PLAN MANAGER

Plan Process Rules Import – File Layout (17489 / 18913 / 18915 / 18916) – Process Rule relationships to Plans can now be added or modified using a file import. The file is a comma delimited text file, and the first row is a header row. The file contains the following columns:

- PlanId
- ProcessRuleId
- Priority
- ProcessOrder
- EffectiveDate
- TermDate

The first row is a header row. For example:

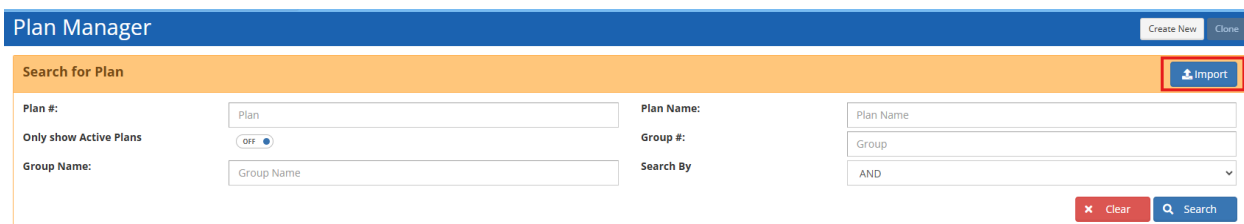
```
1 PlanId,ProcessRuleId,Priority,ProcessOrder,EffectiveDate,TermDate
2 343,653,1,1,10/31/2024 12:00:00,11/30/2024 12:00:00
```

If the PlanId and ProcessRuleId combination has no current match in the system, the row is considered an addition to the Plan, and the ProcessRule is added to the Plan.

If the PlanId and ProcessRuleId combination does have a match in the system, the row is considered a modification to the current record, and will update that Process Rule’s Priority, Process Order, Effective Date, and Termination Date to the corresponding values in the file.

If a PlanId and ProcessRuleId combination is repeated in the file, all entries after the first are considered duplicates and are excluded from additions/modifications.

The import is performed via a new Import option on the Plan Manager screen.



After clicking the “Import” button, the “Import Plan Process Rule File” Step 1 screen comes up. The Template File for the import can be downloaded from this screen. To start the import, a file can be selected via Select File or drag and dropped into the box.

**Plan Manager** Create New Clone

**Import Plan Process Rule File**

Upload a Plan Process Rule File to begin the process. You will be able to review the data for any validation errors on the next step prior to any changes being made to Plans.

1 Select File    2 Preview File    3 Final Review    4 Import Records

### Step 1 - Select File

**Upload File** Import File Template

Select file or Drop file here

**Select File to Import** Allowed file extensions: .txt, .xls, .xlsx, .csv. Maximum file size: 4 MB.

Click next to upload file

Previous Next

Once on Step 2 of the process, the data from the file is shown after an initial validation. From here, the records can be modified as needed.

**Plan Manager** Create New Clone

**Import Plan Process Rule File**

1 Select File    2 Preview File    3 Final Review    4 Import Records

### Step 2 - Preview File

Click on any record to make changes to the data.

Plan ProcessRule Staging Data Records With Errors: 1    Records with Warnings: 1    Valid Records: 1

ID	Error (IsError)	ErrorDetail	PlanID	ProcessRuleID	Priority	ProcessOrder	EffectiveDate	TermDate
1	False		314	540	1	2	10/31/2024	11/30/2024
2	True	Invalid ProcessRuleID	314	9999	1	2	10/31/2024	11/30/2024
3	False	TermDate occurs prior to Effective Date	314	535	1	2	12/1/2024	11/30/2024

Page 1 of 1 (3 items)

**Viewing data for ID:2 ERROR**

Plan ID: 314    Process Rule ID: 9999    Priority: Priority1    Process Order: 2    Effective Date: 10/31/2024    Term Date: 11/30/2024

Update Clear

Step 3 of the import shows only records without errors to show the final set of data that will be applied. Clicking “Next” applies these Process Rules to their corresponding Plan IDs.

Plan Manager Create New Clone

Import Plan Process Rule File

1 Select File    2 Preview File    3 Final Review    4 Import Records

**Step 3 Final Review**

Click next to perform updates to Plans based on the Process Rule data below.

Plan ProcessRule Staging Data						
Id	Error (HasError)	ErrorDetail	PlanId	ProcessRuleId	Priority	
1	False		314	540	1	
3	False	TermDate occurs prior to Effective Date	314	535	1	

< 1 of 1 >

Step 4 shows the count of the Added and Updated records and gives the option to return to the Plan Manager screen.

Plan Manager Create New Clone

Import Plan Process Rule File

1 Select File    2 Preview File    3 Final Review    4 Import Records

**Step 4**

Plan Process Rule Import is Complete. Click here to return to the Plan Manager screen. [Return](#)

- Added Records: 2
- Updated Records: 0

[Previous](#)

## DUR MANAGER

Drug to Drug Bypass Formulary (18617 / 18887) – The ability to skip the Drug to Drug check when the dispensed NDC is on a formulary list was added. This occurs if the drug is on the Exempt Drug Formulary List. A rule tracker event was added to indicate when this situation occurs.

DUR Manager Create New Clone

Major	SoftReject	SoftReject
Message to Pharmacy	major	major
Moderate	SoftReject	SoftReject
Message to Pharmacy	mod	mod
Minor	SoftReject	SoftReject
Message to Pharmacy	minor	minor
None	Please Select	Please Select
Message to Pharmacy	Other Pharmacy None Message	Same Pharmacy None Message

**Other Drug - Drug Drug Interaction Settings**

Lookback Days:

Extend Historical Days Supply by:  % for Inclusion in Drug Drug Interaction Screening

Replace Selected Reject BB With:

Refill Tolerance List:

Add Reject S69 when returning a Reject BB for Hard Reject

Apply DUR Override Reject List

**Exempt Drug Formulary List**

Claim Processing			
<span>Submit Claim</span> <span>Reverse Claim</span> <span>Submit Test Claim</span> <span>Clear Rx Info</span> <span>Clear All Info</span>			
123	ExecuteFillRestrictionsRule	Information	No Default LookbackRule found on plan.
124	ExecuteFillRestrictionsRule	Information	Checking for Prior Authorizations.
125	ExecuteFillRestrictionsRule	Information	No DefaultLookbackRule found. Continuing.
126	DurDrugToDrugCheck	Information	Drug is on bypass formulary and skipping the Drug to Drug check.
127	DurAgeCheck	Information	No DUR age program setup.
128	DurGenderCheck	Information	No DUR gender program setup.
129	DurComplianceCheck	Information	No DUR compliance program setup.
130	DurDoseCheck	Information	No DUR dose maintenance program setup.
131	ExecuteGroupProcessRuleChecks	Information	Group MaxDollarPerScript found \$9999999.0000
132	ExecuteSecondaryAdjudication	Information	No secondary adjudicator found, bypassing rule

## RULES & CALCULATORS

### PROCESS RULES

**Addition of OPAP Per Unit Reimbursement Lower Limit (19245)** – The option “OPAP Per Unit Reimbursement Lower Limit” was added to the Actions tab in the Process Rule Configuration. This option is used as a conditional evaluation. The amount entered here is compared against the Total OPAP divided by Quantity. If the Total OPAP divided by the Quantity is greater than or equal to the OPAP Per Unit Reimbursement Lower Limit, the condition is considered True and the Process Rule and its associated actions will trigger if all other conditions are met.

**Addition of OPPRA + OPAP Per Unit Acquisition Check Value (19248)** – A new option that functions similarly to “OPAP Reimbursement Lower Limit”, but the evaluation instead adds the submitted OPPRA and OPAP together and divides that by the Quantity is compared to the OPPRA + OPAP Per Unit Acquisition Check Value. If the submitted OPPRA and OPAP total divided by the Quantity is greater than or equal to the OPPRA + OPAP Per Unit Acquisition Check Value, the check is considered True and Process Rule and its associated actions will trigger if all other conditions are met.

**Addition of Max Reimbursement Per Unit (19249 / 19259)** – A new Max Reimbursement Per Unit option can be used to cap the amount paid to the Pharmacy or Plan. The Max Reimbursement Per Unit is multiplied by the Quantity to set the Max Amount. The result is compared during the Copay evaluation to the total claim amount minus the Copay. If the remaining amount exceeds the Max Reimbursement, the overage is added to the Copay to adjust the pricing.

Control of if the Max Reimbursement is applied to the Buy (Pharmacy) or Sell (Plan) side is set based on the Buy or Sell side option on the Copay record.

**Addition of Reimbursement Reporting Threshold Per Unit (18660 / 19260)** – The Reimbursement Reporting Threshold Unit is used to determine when a coordinated transaction is falling below a certain reimbursement threshold. The value entered is multiplied by the submitted Quantity of the Claim. The resulting product then has the sum of the submitted OPAP and OPPRA amounts subtracted from it. If the outcome is positive, an FQ message that reads “ADJUSTMENT: x.xx” where x is the dollar amount of the difference is returned. If the outcome is 0 or negative, there is no message. This value is stored in the Transaction table as ReimbursementThresholdAmount.

**Medispan Package Size Enforcement (18659 / 18886)** – A new Medispan Package Size Enforcement option was added to the Action Tab of the Process Rules screen. When this option is set to Yes, the submitted quantity must

be a multiple of the package size for the drug, or the transaction will reject for 9E: QUANTITY DOES NOT MATCH DISPENSING UNIT.

## CLIENT API

### MPA

**New General MPA Client API (17613 / 18775)** - A new general API ClientAPI endpoint was created that allows clients to view existing MPA's by ID (GET), edit existing MPA's (PATCH) and create new MPA's (POST). The format of the request and response for this API more closely resembles the RxLogic database structure, allowing for easier expansion of maintenance of this API. For additional details, please reference the updated API Documentation.

#### MPA

[Show/Hide](#) | [List Operations](#) | [Expand Operations](#)

GET	/MPA
PATCH	/MPA
POST	/MPA

## DATABASE

### NEW FIELDS

The following new fields were added as part of this release:

Database / Table	Table	Field	Data Type	Length
Enrollment	DURDrugDrugComponents	BypassDrugToDrugFormularyId	int?	
Enrollment	MemberPriorAuths	OverrideProductNotOnFormularyReject	BIT	
Enrollment	ProcessRuleConfigs	EnforceUnbreakablePackage	bit	
Enrollment	ProcessRuleConfigs	OPAPReimbursementLowerLimit	decimal	
Enrollment	ProcessRuleConfigs	OPPRA_OPAPPerUnitAcquisitionCostCheck	decimal	
Enrollment	ProcessRuleConfigs	MaxReimbursementAmtPerUnit	decimal	
Enrollment	ProcessRuleConfigs	ReimbursementThresholdPerUnit	decimal	
Tx	Transactions	ReimbursementThresholdAmount	decimal	

## BUG FIXES

The Bug Fixes section of the Release Notes documentation is dedicated to existing functionality of the application that had a defect or system issue that was preventing it from functioning properly. No new functionality should be included in this section, so if you are not sure how a particular screen or area should be working, please refer to the User Guide for additional information.

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### CLAIM

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#### ADJUDICATION

- Corrected an issue that caused Compounds with unknown ingredients to cause a fatal error when subsequent Claims on a Member (even non-compounds) interact with a Fill Rule. (18732)

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#### CLAIM PROCESSING

- Fixed an issue where the leading zeroes were being dropped on the BIN and Rx Number fields on the Tx Info tab on both the Transaction Detail and Claim Processing screens. (19283)

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### DRUG

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#### MAC MANAGER

- Fixed an issue where the “Show where used” option was comparing the MAC ID to the Cost List ID field instead of the Formula1MacListId and Formula2MacListId fields. (18952)

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### MEMBER

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#### MPA MANAGER

- On the option “Override Group Rx Written Date Days”, added a virtual “On/Off” box that controls the visibility of the field. If set to off, the value is considered Null and the entry field is hidden. If set to on, the entry field appears, and a value can be entered. The size of the entry box has also been adjusted to fit on one line. (18881)

The screenshot shows the 'MPA Manager' interface. At the top, there is a blue header with 'MPA Manager' and a sub-header 'MPA Editor: [ID: 6011]'. Below this, there are several input fields: 'MPA#' (6011), 'Member CHID / PC' (TESTSEAN / 01), 'Active Flag' (ON), and 'First and Last Name' (TEST SEAN). A timestamp 'Created: 10/21/2024 10:03:03 AM By: sshort@rxlogic.com' is displayed. The main section is divided into two columns. The left column contains 'Provider/Pharmacy' and 'Prescriber/Physician' dropdown menus. The right column contains a list of toggle switches: 'Plan Pays DAW Differential' (OFF), 'Override Max Rx Days Old' (OFF), 'Override Member Reject Primary Flag' (OFF), 'Override Product Not on Formulary' (OFF), and 'Override Group Rx Written Date Days' (ON). The 'Override Group Rx Written Date Days' toggle is highlighted with a red box, and its corresponding input field contains the value '30'. Below the toggles is a blue button labeled 'Network/Provider/Prescriber Overrides'. At the bottom left, there is a section for 'Drug Info/Formulary List' with a 'Formulary List' link.

- Fixed an issue on the MPA Info tab where the “Request Received”, “Info Received from Prescriber” and “Decision Made” dates were shifting back a day after reloading the screen. (19296)

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## PLAN DESIGN

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### GROUP MANAGER

- Renamed the “Not Allow Repackaged NDC’s” toggle to “Do Not Allow Repackaged NDC’s” on the Other Config Tab. (19315)

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## RULES & CALCULATORS

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### COPAY RULES

- Fixed an issue where the incorrect pricing side (Buy / Sell) could be used if the pricing side on the default Copay rule for the plan was different than the Copay Rule ultimately used. (19339)

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### PROCESS RULES

- Fixed an issue where the save button was not appearing when trying to clone a process rule from the “Update Config” screen of an existing process rule. (18652)
- Updated the Summary of Actions display to display the Reject Code and Description instead of just the Reject Code for the Reject With Code option. (19221)

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## FILES AND JOBS

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### FILE MANAGER

- Fixed an issue where a phantom folder could appear within another folder if there was overlap in folder names, such as having both an Upload and Uploads folder. In this case, a folder labeled “s” was appearing the Upload folder. This was not a real folder, and an update was made to prevent this. (18186)

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### JOB MANAGER

- Standard Eligibility – Improved logging with Stored Procedure related information. (17050)
- Standard Eligibility – Improved performance of auditing to reduce likelihood of timeouts on files with many new members or changes. (18666)
- Fixed an issue where the job manager screen was not fully loading the Usage Info box as well as the Add User pop up not working in the Users in the distribution list box. (19219)

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## REPORTING

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### REPORT MANAGER

- Updated the What Kind of Job Do You Want To Run box to properly mouse wheel scroll. (19284)

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## BILLING & FEE MGMT

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### BILLING MANAGER

- Fixed an issue with determining if a Claim Cycle should be run for a date using today's date instead of the End Date specified on the job if one is present. (18320)

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### RECEIVABLES MANAGER

- Fixed an issue when running more than one Billing Cycle Batch where the Top 50 limit on the data retrieval on steps 2 and 3 was removed causing slow load times. (18917)

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### INVOICE MANAGER

- Fixed an issue when payments applied were not updating the status of the payment. Once full payment has been applied the status is updated to "Applied" and automatically moved to the correct queue. (18846)
- Fixed an issue when a partial payment was made it was no longer visible to select again, even though it had money remaining. This has now been fixed. (18953)

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## PRODUCTION HOTFIXES

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### DRUG

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#### DRUG LOOKUP

- Hid the new UDF section in 1.15.0 version of code. This functionality has a bug that causes entered UDFs to show up on all drugs which will be resolved in 1.15.1. (19454)

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### FILES AND JOBS

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#### JOB MANAGER

- NCPDP Update - Increased a timeout value on the Provider Info table update that was causing data to not be updated. (19263)
- Standard Eligibility – Improved performance of load when determining if brand new members needed to be created. (19421)