

RXLOGIC PBM APPLICATION RELEASE

NOTES 1.15.4

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RXLOGIC PBM APPLICATION UPDATE

UPDATE INFO

Update Type	Minor
Update Description	<p>This version update includes stabilization and performance items and various bug fixes.</p> <p>Added Features:</p> <ul style="list-style-type: none"> • New Authorization Number • NCPDP Processing Support • Cash Card Processor Fee • New Process Transaction Endpoint • New Work Comp Claim Maintenance Endpoint • New Member Prescriber Restriction Maintenance Endpoint
Version Number	1.15.4

Production Release Date	3/11/2025
UAT Release Date	2/26/2025
QA Approved Date	

Production Hotfix Date	

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.

CLAIM

ADJUDICATION

New Authorization Number (11099 / 20041 / 19645 / 19646 / 19932 / 19647 / 19648) – During Adjudication, a new Authorization Number is now generated and returned to the pharmacy instead of the Transaction ID in the 503-F3 field. The new Authorization Number is of format MMddhhmssfff + truncated Rx Number (last 7), such as 02260820169777175099. If the Rx Number is less than 7, the value in the Authorization Number is left padded with 0's. The timestamp in this format is the adjudication date/time of the transaction.

The use of this generated number instead of the Transaction ID allows for future optimization around the writing of Transactions to the database, as well as allowing visibility into the returned Auth Number in response data shown on the Transaction and Claim Processing screens. The new value is stored in the existing AuthNum field on the Transactions database.

As this value is now returned to the Pharmacy, the ability to search for Auth Number was added to the following screens:

- Paid Claim Lookup
- Transaction Details
- Claim Activity

This new column on the Claim activity screen is hidden by default and can be selected in the Column Chooser.

To support the value throughout the billing process, the Authorization Number was also added to Billing Cycle Export, 835's, Payables Claim Summary Files, Daily Claim Extract. The AuthNum value was also backfilled in both the Transaction and PayRec databases populating the field with the TransactionId when no value is currently present.

Claim Activity											
Last Refresh:		LIVE Switch <input checked="" type="checkbox"/>		Show for past: 1 Day (24Hrs)							
Rows highlighted in light yellow are: Test Claims				Rows highlighted in light orange are: Historical or Imported							
Pharmacy Name	Reject Code	Description	Pharmacy Paid	Client Billed	Quantity	DaySupply	Patient Pay	IsTest	IsExtAdjudicator	External Adjudicator	Authorization Number
ML SOSY	SUMMA HEALTH ROOTSTOWN PHARMACY		\$ 37,545.85	\$ 53,399.48	30	30	\$ 10,000.00	NO	NO		02140817174991234567

There are some exceptions for the Auth Number where it will not follow this format. These are:

- Externally Adjudicated Transactions where the External Adjudicator wins and returns their own Auth Number

- Imported Claims, as a provided value populates the AuthNum field.

CLAIM PROCESSING

NCPDP Support (19889 / 20128) – Added support for adjudication utilizing for transactions with NCPDPs with the Service Provider ID Qualifier of NCPDP (07). Transactions with an NCPDP are no longer rejected automatically with this change. The Claim Processing screen was updated to handle the NCPDP qualifier and selection of the Pharmacy.

Claim Processing

Request Editor: Keyed | Selfpay

RED-colored fields are mandatory.

Transmission Level

Bin Number (A1):	000000	Version / Release Number (A2):	D0	Service Provider ID (B1):	0102323
Processor Control Number (A4):	ABC	Service Provider ID Qualifier (B2):	NCPDP #	Pharmacy Name:	CVS PHARMACY #04835
Date Of Service (D1):	02/13/2025	Software Vendor / Certification ID (AK):	XYZ	NCPDP#:	0102323
Cardholder Id (C2):	20250180010	Cardholder First Name (CC):	TEST	NPI:	1972606796
Group Number (C1):	883277	Person Code (C3):	01	Pharmacy Phone:	(205) 339-3819
Patient Id Qualifier (CX):	Patient Id Qualifier	Patient ID (CY):	Patient ID	Pharmacy State:	AL
Gender (C5):	Female	Member First Name (CA):	PLAY	Cardholder Last Name (CD):	USER
Member Street (CM):	1070 TUNNEL RD, SUITE 80	Member City (CN):	ASHEVILLE	Person Relationship Code (C6):	1
Member Zip (CP):	28805	Member Phone (CQ):	Member Phone	Date Of Birth (C4):	02/13/1979
				Member Last Name (CB):	CAREBEAR
				Member State (CO):	NC
				Patient Residence Code (CX):	Patient Residence Code

Cardholder Field Popup Information (20062) - A mouseover popup that displays member related information was added to the Cardholder ID field.

Claim Processing

Claim Editor | Claim Response

Request Editor

RED-colored fields are mandatory.

Transmission Level

Cardholder Id (C2): TESTSEAN

Group Number (C1): TESTSEAN

Cardholder ID Popup Information:

- Cardholder ID: TESTSEAN
- Person Code: 01
- First Name: TEST
- Last Name: SEAN
- Date of Birth: 10/30/1977

DRUG

DRUG LOOKUP

Added Parameter Requirement for Drug Search (20037 / 20268) – The search on the Drug Lookup screen now requires a search parameter for filtering, no longer allowing a query that loads all drugs by leaving the search field blank. This was implemented on Drug Search popups in the following areas.

- Paid Claim Lookup
- Claim Processing
- MAC Manager
- Formulary Manager
- MPA Manager
- DURs
- Step Therapy
- Fill Rules
- Process Rules (v1 and v2)
- Price Check

MEMBER

MEMBER MANAGER

Grp Elig Tab Enhancements (19978) – On the Grp Elig. Tab, a new + button was added to the Member Group Eligibility and Member Subgroup Manager areas. The Add/Update Member Group Eligibility box is hidden until the user selects an existing line or selects the + button.

The screenshot displays the 'Member Manager' application interface. It features three main sections:

- Group Eligibility Maintenance:** Contains a table for 'Member Group Eligibility' with columns for Group Number, Group Name, Start Date, End Date, Coverage Type, Created Date, Created By, Changed Date, and Changed By. Below the table is an 'Add/Update Member Group Eligibility' form with fields for Group #, Start Date, End Date, and Coverage Type.
- Member Subgroup Manager:** Contains a table for 'Member Subgroup Manager' with columns for Sub Group Code, Group Number, Start Date, End Date, Coverage Type, Created Date, Created By, Changed Date, Changed By, and Sub Group ID#. Below the table is an 'Add/Update Member Subgroup Manager' form with fields for Sub-Group #, Start Date, End Date, and Coverage Type.
- Member Eligibility:** A smaller table on the right side showing Effective Date, Termination Date, Changed Date, and ID.

Ability to Resize Member Eligibility Box (19792) – The Member Eligibility box on the right side of the screen can now be resized.

New Report for Export Paid Claim(s) (13286) – A new report is available for Paid Claim(s) export for our Workers Compensation business. The report is called “WC Option” and found on the Claim History screen. The report is found in drop down menu for “Export Paid Claim(s)”.

This report is different from the standard Export Paid Claim(s) report with the following changes:

- The following fields were removed:
 - TotalPay
 - ProcessingFee
 - DispensingFee
 - Imported
 - GroupId
 - PlanId
 - PlanName
 - NetworkId
 - NetworkName
 - IsTest
- The following fields were replaced:
 - UandC changed to ClientBilled
 - MemberId changed to WorkCompClaimId.
- The following fields were added
 - Physician Name (Last Name, First Name)
 - Physician NPI
 - Pharmacy Name

PLAN DESIGN

PLAN MANAGER

Fill Rules - Add Don't Apply Before Logic (19881 / 20042) – A new Don't Apply Before Date field was added. When a date is set in this field, claims with a date of service prior to this date will not apply to the history of the fill rule

setting. This overrides the value set on the Fill Rule itself. Leaving the field blank will utilize the value set within the Fill Rule.

The screenshot shows the 'Plan Manager' interface. At the top, there are navigation tabs: DAW Setup, Default Rules, Pharmacy Networks, Prescriber Networks, Process Rules, Fill Rules (selected), Formulary Lists, Step Therapy Programs, DUR, Add'l Setup, Groups, and Notes. Below the tabs is a 'Fill Rule Assigned to Plan' section with a table. The table has columns for ID, Active, Priority, Fill Rule, Effective Date, Term Date, Last Modified Date, and Last Modified By. One row is visible with ID 217, Active status, Priority 1, Fill Rule TN_19881, Effective Date 01/01/2025, Term Date 12/31/2222, Last Modified Date 02/18/2025 09:31:09 AM, and Last Modified By sshort@rxlogic.com. Below the table is an 'Update Plan Fill Rule: [ID: 217]' form. The form has a red border around the 'Effective Date' and 'Don't Apply Before Date' fields. The 'Effective Date' is 01/01/2025 and 'Don't Apply Before Date' is 02/01/2025. Other fields include 'Priority #' (1), 'Fill Rule' (TN_19881), and 'Term Date' (12/31/2222). Buttons for 'Add', 'Update', 'Delete', and 'Clear' are at the bottom right.

RULES & CALCULATORS

PROCESS RULES

Addition of Cash Card Processor Fee (12516 / 25975) – A new “Cash Card Processor Fee” Action was added to the Process Rules (under “Money” in Process Rules (v2)). This option accepts a number value and increases the Patient Pay Amount by that value, offsetting this increase by reducing the Total Amount Paid. The value is then returned in the Transaction Response 571-NZ “Amount Attributed to Processor Fee” field. This option is meant to be used with Cash Discount programs with 100% Copay and no Accumulators (Benefit Cap, MOOP, or Deductible).

BILLING & FEE MGMT

INVOICE MANAGER

Addition of Write Off/Adjustment Deletion (18375) – On the Write Off and Adjustment tabs in the Invoice Manager, a delete button now appears when a record is selected. After asking for confirmation, this button will remove the related record. Access to this feature requires users to have the “Custom-Control-InvoiceManager: DeleteWriteoffAdjustment” permission.

The screenshot shows the 'Invoice Manager' interface. At the top, there are navigation tabs: Invoice, Payments, Write Offs, Adjustments (selected), Balance Transfers, and Invoice Member Detail. Below the tabs is an 'Adjustments' section with a table. The table has columns for ID, Invoice Id, Dollar Amount, Cat Code ID, Category Code, Created By, Created Date, Changed By, and Changed Date. Two rows are visible: ID 1573 with Invoice Id 2691, Dollar Amount \$ 4.50, Cat Code ID 11, Category Code Alt Adj Code, Created By jjensen@rxlogic.com, Created Date 08/19/2024 12:00:00 AM, Changed By jjensen@rxlogic.com, and Changed Date 08/21/2024 09:50:03 AM; and ID 1572 with Invoice Id 2691, Dollar Amount \$ 23.00, Cat Code ID 11, Category Code Alt Adj Code, Created By jhill@rxlogic.com, and Created Date 08/19/2024 12:00:00 AM. A red box highlights a 'Delete' button in the top right corner of the table.

ADMINISTRATION

UDF MANAGEMENT

Addition of Dynamic Condition Member UDF (19327) – The UDF Manager now includes the option to add User Defined Fields for Member screen fields. Once defined in the UDF Manager, these Keys can be set with a new “Dynamic Condition” toggle.

The screenshot displays the 'UDF Management' interface. On the left, a table lists various UDFs with columns for ID, Active status, Required status, Screen Name, Formatting, and Key. UDF 95 is highlighted. On the right, the 'Update UDF Management [ID: 95]' form is shown. It includes fields for Screen Name (Member), Key (Injury Area), and Active Indicator (YES). A 'Dynamic Condition' toggle is highlighted with a red box and is currently set to NO. Below the form, a 'Values for (Injury Area) Key [ID: 95]' table lists values for the key, including Foot, Spine, Knee, and Back.

If set to Yes, the UDF record will be available as Dynamic Condition in the Process Rules screen. To prevent issues with Process Rules that use these conditions, once set to Yes, this cannot be undone from this screen and requires manual intervention by the RxLogic team.

CLIENT APIS

PROCESS TRANSACTION

New Claim Submission Endpoint (19915 / 19890 / 19888) – A new endpoint for submission of transactions called Process Transaction was added. This new endpoint allows for sending of Pricing, Test, or Live transactions based on a parameter. The overall format is based on the NCPDP segments for data that is included in the NCPDP request, while also allowing for non NCPDP elements to be submitted. The overall structure of the data is:

- A Configuration Object that includes attributes such as Keyed, Selfpay, and IsHistorical, as well as a new ScriptTags list that allows Script Tags to be submitted as a part of the request.
- A Transaction Object that contains objects based on NCPDP Segments for
 - Header
 - Patient
 - Insurance
 - Claim
 - Prescriber
 - Workers Compensation
 - Pricing
 - Compound

Not all fields within the NCPDP segments are currently supported. The starting field set was based on the currently available fields for other Transaction endpoints such as Claim Submit and Test Claim Submit.

The response object includes general claim status, reject codes, and messaging along with objects for Drug Information, Buy Side Pricing, Sell Side Pricing, and Patient Amounts. While these elements are now grouped into like objects, the elements returned are currently the same as the Claim Submit endpoint.

Please note that when Script Tags are submitted as a part of this request format, a rule tracker event is captured indicating the incoming tags.

Line	Rule	Event Type	Detail
1	FlagTestTransaction	Information	Submitted Script Tags Found. ('TESTTAG')

Additional information on the overall structure of the request and response will be provided in the Client API guide.

WORKCOMPCLAIM

New Endpoint for Maintenance of Member’s Worker’s Compensation Claim Records (19901) – The ability to query, Add, Update, and Delete Member Worker’s Compensation Claim Records is now available as an API. These operations are now managed via the new WorkCompClaim family of endpoints (GET, POST, PATCH, DELETE). Additional documentation will be provided on this endpoint in an updated ClientAPI document.

Note: This new endpoint utilizes OData, and supports operations limiting the elements returned, and filters among other OData functionality.

MEMBERPRESCRIBER

New Endpoint for Maintenance of Member’s Prescriber Restrictions (19904) – The ability to query, Add, Update, and Delete a member’s Prescriber Restrictions is now available as an API. These operations are now managed via the new MemberPrescriber family of endpoints (GET, POST, PATCH, DELETE). Additional documentation will be provided on this endpoint in an updated ClientAPI document.

Note: This new endpoint utilizes OData, and supports operations limiting the elements returned, and filters among other OData functionality.

MPA

Ability to Search By Member (19446) – A new GET endpoint was added to MPA to allow for searching by member. If known, the MemberId can be submitted as a parameter, but if not the Chid, Person Code, and Group Number can be used instead.

Note: This new endpoint utilizes OData, and supports operations limiting the elements returned, and filters including by date range among other OData functionality.

Improved Patch Endpoint (19445) – The Patch endpoint for MPA no longer requires the submission of the entire MPA object, and now will accept the ID of the MPA to be updated, and only the elements that are being changed.

DATABASE

NEW FIELDS

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

Database / Table	Table	Field	Data Type	Length
Enrollment	Plans_FillRules	ExcludeClaimsBeforeDate	DateTimeOffset	NA
Enrollment	ProcessRuleConfigs	CashCardProcessorFee	Decimal	18,2
Transaction	Transactions	CashCardProcessorFee	Decimal	18,2

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.

CLAIM

CLAIM ACTIVITY

- Fixed an issue with filters and last page number being saved when the DOS field was filtered using the “between” date filter and the return page index was greater than 0. This could result in no data being populated after refreshing. (19991)

CLAIM PROCESSING

- The Medispan MONY Code box will now show the MONY Code attached to the drug at the time of Adjudication instead of always using the current MONY code attached to the drug. (20053)

RULES & CALCULATOR

COST CALCULATOR

- Corrected an issue that caused the Generic and Multisource tabs to be checked when creating a new Cost Calculator. (19911)

USER ADMINISTRATION

USER MANAGEMENT

- Removed the deprecated “Hide Termed” toggle from User Management, and updated “Hide Disabled” to be labeled as “Hide Inactive.” (20185)

PRODUCTION HOTFIXES

CLAIM

ADJUDICATION

- Fixed an issue where a claim was bypassing the Package Size Enforcement Process Rule by applying an MPA when no MPA was set up to override this rule. (19992)
 - Fixed an issue where auto enroll transactions were rejected for 92 rejects when a group was set as a line of Business Workers Comp and no Worker's Comp segment was submitted. (20195)
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FILES AND JOBS

JOB MANAGER

- Standard Eligibility - Improved performance of queries used to determine Member's requiring a demographic update. (20001)
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BILLING & FEE MGMT

GENERAL

- Fixed an issue where large files (250,000 records +) experienced issues with importing into Payables/Receivables, and increased timeout value for insert. (19930 / 20172)
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RECEIVABLES MANAGER

- Improved performance of data retrieval on Step 2 and 3 of the Wizard process. (20161)