PHARMHOS
medications management

Merlin
Reference File Set Up and Maintenance

Dispense

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Contents

1 Reference File Maintenance

This group of menu items provides access to the maintenance of all reference files used by the dispensing module.

1.1 *Patient Type*

This screen is used to maintain Patient Types.

```
┌──────────────── Patient Type (0) ────────────────┐
│                                                   │
│                                                   │
│    1:Patient Type Code....:P                      │
│    2.Description..........:Private Patients       │
│                                                   │
│                                                   │
│         Last updated.:07/07/1993 16:24 BSD 5      │
│    Option.:_____                          │
│    <F>=file, <ESC>=exit, </D>=delete, <#>=field no│
│                                                   │
└───────────────────────────────────────────────────┘
```

To create a new patient type, enter a code of your choice (shorter is better) followed by a description. File at the option line to save changes.

1.2 *Patient Category*

This screen is used to create and maintain patient categories, which define charging, and label specifications, as well default fields in the dispense screen.

The patient category codes are common to both the Dispensing and Additives modules.

```
┌──────────────── Patient Category (0) ────────────────┐
│                                                       │
│  1:Pt Category Code.:D              15.Hospital.:     │
│  2.Description......:Discharge      17.PBS Appr.:      │
│  3.Patient Type.....:I   Inpatients 18.PBS Prov.:      │
│  4.Module Code......:P                                │
│  5.Workload Weight..:2.5       -- Mandatory Site --   │
│  6.S100 Claimable...:N        19.Site Code  20.Applicable day│
│  7.CMI Prompting....:S         1            1         │
│    Billing Precedence          2            2         │
│  8.Order .......:  1 PR         3            3         │
│                   2 L                       4         │
│  9.Standard Fee ...$:  20.00                5         │
│ 10.Concession rate.$:   5.60                6         │
│ 11.General rate....$:  34.10                7         │
│    --- Labels / Skip / Default ---                    │
│ 12<Labels/Forms>  13<Skip Fields>   14<Defaults>  16<Interface Progs.>│
│                                                       │
│  Option.:_____                                    │
│  <F>=file, <ESC>=exit, </D>=delete, <#>=field no      │
└───────────────────────────────────────────────────────┘
```

Complete or alter fields as follows:

Field 1 – the patient category code should be very short, preferably one letter. If you are creating a new patient category, enter your chosen code. If you are editing an existing category, you can use a *?* look-up and select the code.

Field 2 – enter a short description of the patient category; this will appear on reports and look-up windows.

Field 3 – enter a patient type code or use a *?* look-up and select a code from the list (this must already be on file, see section 1.1.1).

Field 4 – enter a module code – either **P** for **P**harmacy Dispensing or **A** for **A**dditive Module.

Field 5 – enter the workload weighting (in minutes) for workload statistics.

Field 6 – enter either Y or N as to whether items dispensed using this patient category are S100 Claimable

Field 7 – enter one of the following options for CMI prompting:

```
┌─────── Select CMI prompting style ───────┐
│   <A>utomatic print for brand (or show if not) │
│   Show only for <M>atching brand         │
│ _ <S>how for any brand                   │
│   <N>ever show                           │
└──────────────────────────────────────────┘
```

Field 8 – enter the corresponding billing codes in order that they should be applied. The options are listed below.

```
┌──── Billing Type ────┐
│                      │
│   <N>o Billing       │
│   <H>ospital Standard│
│   <P>BS Billing      │
│   <S>tandard Fee     │
│   <C>ost based       │
│   <E>xception based  │
│   <A>ng Mo Kio       │
│   <PR>ivate Hospital │
│   <PP>ublic PBS      │
│   <F>ixed Base Price │
│   <L> Sliding Scale  │
│                      │
└──────────────────────┘
```

Field 9 – enter a standard fixed fee to apply if standard billing has been selected as a billing option in field 8.

Field 10 – enter the concessional rate per PBS item dispensed (this is now updated in a different screen with Merlin monthly updates at end of year).

Field 11 – enter the general rate per PBS item dispensed (this is now updated in a different screen with Merlin monthly updates at end of year).

```
───── Dispensing Labels / DAC / Chart / Schedule  (1) ─────
      --- Labels/Forms ---
   1.Label ID to Print.....:PHP.FRED5P     Disp - F5 - OP Style
   2.Label ID to Display...:
   3.Extra Label per lab  1:
                         2:
   4.Extra Label per batch.:
   5.DAC Dose Admin. Cont..:
   6.Schedule Print-out....:
   7.Repeat Form eg PBS....:
   8.Script Owing Form.....:
   9.Profile Chart to Pr  1:PHR.MEDCHART.UCH
                         2:
  10.Prof Chart Instruction:
   1
   2
      --- Directions Size ---
  11.Width of Directions (char.)...:35
  12.Depth of Directions (lines)...:3
   Option.:_____
   <F>=file, <ESC>=exit, <#>=field no
```

Field 13 – this is a window that details which fields are mandatory in the dispensing screen.

```
────── Dispensing Skip / Mandatory Options  (1) ──────
    Options :-
     <S>  = Skip always - entry of data not permitted
     <A>  = Amend permitted, defaults & skips, not mandatory
     <M>  = Mandatory, cursor always passes through field
     <MA> = Mandatory, defaults & skips , Amend permitted

  1.Wd,Rm,Bed...:M      6.Directions..:      11.Bill To ....:A
  2.Clinic......:S      7.Dur./days...:A     12.Pt Charge...:A
  3.Doctor......:MA     8.Quantity....:M     13.Expiry......:A
  4.Written.....:MA     9.Rpts avail..:      14.Batch.......:A
  5.Type........:M     10.Labels......:M
  Option.:_____
  <F>=file, <ESC>=exit, <#>=field no
```

Field 14 – this is a window that details various default options when dispensing.

```
┌──────── Dispensing Labels / Skip / Defaults (1) ────────┐
│       --- Defaults ---              --- Parameters ---   │
│  1.Directions..........:      10.Check Imprest Lists..:  │
│  2.CAL's in Directions.:      11.Date written default.:  │
│  3.Duration in days....:7     12.Prevent Owing default:Y │
│  4.Quantity............:P                                │
│  5.Rpt Available.......:P                                │
│                                                          │
│     -- Dispensed Price --         -- Private Billing --  │
│  6.Cost Based Method...:       13.Ward Billing Method...:│
│  7.Fixed Base Method...:       14.Who Pays .............:│
│  8.Sliding Scale Method:A      15.Charge Ward PBS Cont..:│
│  9.Price Rounding......:D      16.Charge Ward Pt Copay..: Y│
│ Option.:_____                                     │
│ <F>=file, <ESC>=exit, <#>=field no                       │
└──────────────────────────────────────────────────────────┘
```

Field 15 – enter Y or N as to whether these scripts originate from a hospital.

Field 16 – this is a window that details interface programs.

```
┌──── Interface Programs (1) ────┐
│                                │
│  1.Billing/Interface prog.     │
│  1 PHU.DISP.ANSMSG             │
│  2                             │
│                                │
│  2.Invoicing prog. at print    │
│  1 DBU.INVOICE                 │
│  2                             │
│                                │
│  3.Interface prog. any change  │
│  1 PHU.DISP.RDSMSG             │
│  2                             │
│                                │
│                                │
│ Option.:_____           │
│ <F>=file, <ESC>=exit, </D>=delete, <#>│
└────────────────────────────────┘
```

Field 17 – enter a PBS Approval number to override dispensing site default.

Field 18 – if an approval number is added to field 17, enter the hospital provider number.

Field 19 – to limit dispensing with this patient category to a particular site, enter the site code here.

Field 20 – to limit dispensing with this patient category for a site to particular days, enter here. Acceptable values are MON, TUE, WED, THU, FRI, SAT, SUN.
File at the option line to save changes. For further information on fields 12, 13 an d 14, see sections 1.1.2.1 to 1.1.2.3.

1.2.1   Dispensing Labels / DAC / Chart / Schedule (window)

```
──────── Dispensing Labels / DAC / Chart / Schedule  (1) ────────
    ─── Labels/Forms ───
  1.Label ID to Print.....:PHP.FRED5P      Disp - F5 - OP Style
  2.Label ID to Display...:
  3.Extra Label per lab  1:
                         2
  4.Extra Label per batch.:
  5.DAC Dose Admin. Cont..:
  6.Schedule Print-out....:
  7.Repeat Form eg PBS....:
  8.Script Owing Form.....:
  9.Profile Chart to Pr  1:PHR.MEDCHART.UCH
                         2
 10.Prof Chart Instruction:
  1
  2
    ─── Directions Size ───
 11.Width of Directions (char.)...:35
 12.Depth of Directions (lines)...:3
  Option.:_____
  <F>=file, <ESC>=exit, <#>=field no
```

Complete fields as follows:

Field 1 – enter the label ID to print, or use *?* look-up and select from the list

Field 2 – enter the label ID to be displayed, or use *?* look-up and select from the list. This field can be left blank if not required.

Field 3 – enter the name of the extra label to print. This field can be left blank if not required.

Field 4 – enter the name of the label to print after each batch. This field can be left blank if not required.

Field 5 – enter the name of the DAC form ID to print, or use *?* look-up and select from the list. This field can be left blank if not required.

Field 6 – enter scheduler form ID to print, or use *?* look-up and select from the list. This field can be left blank if not required.

Field 7 – enter the repeat form ID, or use *?* look-up and select from the list. This field can be left blank if not required.

Field 8 – enter script owing form ID to print, or use *?* look-up and select from the list. This field can be left blank if not required.

Field 9 – enter the patient profile chart to print.

Field 10 – enter the width of dispensing directions box in characters (must be between 31 and 50).

Field 11 – enter the depth of directions box in lines (must be between 1 and 6).

1.2.2   Dispensing Skip / Mandatory Options (window)

```
┌───────── Dispensing Skip / Mandatory Options  (1) ─────────┐
│   Options :-                                                │
│     <S>  = Skip always - entry of data not permitted        │
│     <A>  = Amend permitted, defaults & skips, not mandatory  │
│     <M>  = Mandatory, cursor always passes through field     │
│     <MA> = Mandatory, defaults & skips , Amend permitted     │
│                                                              │
│  1.Wd,Rm,Bed...:M      6.Directions..:      11.Bill To ....:A │
│  2.Clinic......:S      7.Dur./days...:A     12.Pt Charge...:A │
│  3.Doctor......:MA     8.Quantity....:M     13.Expiry......:A │
│  4.Written.....:MA     9.Rpts avail..:      14.Batch.......:A │
│  5.Type........:M     10.Labels......:M                       │
│  Option.:_____                                         │
│  <F>=file, <ESC>=exit, <#>=field no                          │
└──────────────────────────────────────────────────────────────┘
```

For all fields enter either S, A, M or MA – the description of each are displayed in the screen.

By entering " in a field, any existing data will be cleared, leaving the field blank. If the field is left blank, it will be neither skipped nor mandatory.

1.2.3   Dispensing Labels / Skip / Defaults (window)

```
┌──────────────── Dispensing Labels / Skip / Defaults (1) ────────────────┐
│      --- Defaults ---              --- Parameters ---                     │
│   1.Directions...........:      10.Check Imprest Lists..:                 │
│   2.CAL's in Directions.:       11.Date written default.:                │
│   3.Duration in days....:7      12.Prevent Owing default:Y               │
│   4.Quantity............:P                                                │
│   5.Rpt Available.......:P                                                │
│                                                                          │
│      -- Dispensed Price --          -- Private Billing --                 │
│   6.Cost Based Method...:       13.Ward Billing Method...:                │
│   7.Fixed Base Method...:       14.Who Pays .............:                │
│   8.Sliding Scale Method:A      15.Charge Ward PBS Cont..:                │
│   9.Price Rounding......:D      16.Charge Ward Pt Copay..: Y              │
│   Option.:_____                                                     │
│   <F>=file, <ESC>=exit, <#>=field no                                     │
└──────────────────────────────────────────────────────────────────────────┘
```

Complete the fields as follows:

Field 1 – directions default from Drug Form. The default value is Y, to change to No enter N.

Field 2 – defaults to cautionary/ancillary labels in the directions. The default is N, to change to Yes enter Y.

Field 3 – duration default (in days) can be any numeric character between 1 and 365 inclusive.

Field 4 – quantity is a multi-choice field and relates to the method for quantity calculation. The options are as follows; the default is N.

```
┌─ Qty Default (Int. Units) ─┐
│     <N>o default           │
│     <D>uration based       │
│     <P>BS Max'm Qty        │
└────────────────────────────┘
```

Field 5 – repeats available is based on **S** for Script or **P** for PBS Max Repeats.

Field 6 – if cost based billing has been selected as a billing method, a value must be included here. This value relates to the cost based billing set up; usual values are A, B, C or D.

Field 7 – if fixed base billing has been selected as a billing method, a value must be included here. This value relates to the fixed base price parameters.

Field 8 - if sliding scale billing has been selected as a billing method, a value must be included here. This value relates to the sliding scale methods set up.

Field 9 – enter Y or N if patient price rounding is to be applied.

Field 10 – enter Y or N if imprest lists are to be checked when dispensing; the default is Y.

Field 11 – enter Y or N to enable/disable the default of 0 in the date written field of dispense.

Field 12 – enter Y to prevent owing flag copying forward when subsequent items dispensed for the same patient.

Field 13 – enter the default method for ward billing; billing methods must be established first.

Field 14 – a default can be chosen for billing – patient, ward, or fund.

Field 15 – enter Y to charge the PBS patient contribution to the ward.

Field 16 – enter Y to force ward charging to always follow patient charging.

1.3 *Billing Parameters (PBS & others)*

1.3.1   PBS Patient Billing Parameters

```
┌──────────────── PBS Patient Billing Parameters (0) ───────────────┐
│  1:Param.Type:PH.PARAMS     2:Type:NHS                             │
│  ------------- Dispensing Fees ---------------                     │
│                      Ready RP    Extemp EP     ICSP RF             │
│  3.Dispensing Fee......($):  6.4200  7.  8.4600  11.  0.0000       │
│  4.Additional Fee......($):  1.0700  8.  1.4100  12.  0.0000       │
│  5.Gap Fee (Guild).....($):  3.8300  9.  3.8300  13.  0.0000       │
│  6.Dangerous Drug Fee..($):  2.7100 10.  2.7100  14.  0.0000       │
│ 15.Water Fee...........($):  0.4900                                │
│ 16.Container Fee.......($):  0.3100                                │
│ 17.Container Fee Inject($):  0.7800                                │
│  ----------------- Markups ------------------                      │
│ 18.Levels     19.% markup   20.$ markup  21.Pub.Hosp.Conversion 22.Priv.Hosp.Conversion │
│  1    30.0000    15.0000       0.0000    CPTP*1.0333    (CPTP*1.0333)*1.014 │
│  2    45.0000     0.0000       4.5000    CPTP*1.0333    (CPTP*1.0333)*1.014 │
│  3   180.0000    10.0000       0.0000    CPTP*1.0333    (CPTP*1.0333)*1.014 │
│  4   450.0000     0.0000      18.0000    CPTP*1.0333    (CPTP*1.0333)*1.014 │
│ 23.Non Drug Markup       24<Wastage Table   >                     │
│          1.5000          25<Safety Net Limits>                    │
│    Last Update    01-10-2010 00:32 SMO 2                          │
│ Option.:_____                                                │
│ <F>=file, <ESC>=exit, <#>=field no                                │
└───────────────────────────────────────────────────────────────────┘
```

This screen allows for maintenance of various Commonwealth charges.

Complete fields as follows:

Field 1 – the parameter type should default to PH.PARAMS.

Field 2 – enter either NHS for standard NHS pricing, or NHS.H for S100 high cost pricing.

Field 3 – enter the Commonwealth PBS dispensing fee.

Field 4 – enter the PBS Additional fee for Agreed Price Ready Prepared Benefits.

Field 5 – enter the Maximum Gap fee to bring the item to the Maximum recordable price.

Field 6 – enter the Commonwealth PBS Dangerous Drug fee.

Field 7 – enter the Commonwealth PBS dispensing fee for Extemp (EP) items.

Field 8 - enter the PBS Additional fee for Agreed Price Ready Prepared Benefits for Extemp (EP) items.

Field 9 - enter the Maximum Gap fee to bring the item to the Maximum recordable price for Extemp (EP) items.

Field 10 - enter the Commonwealth PBS Dangerous Drug fee for Extemp (EP) items.

Field 15 – enter the water fee, if required for reconstitution.

Field 16 – enter the container fee for broken packs)

Field 17 - enter the container fee for broken packs (injectables only)

Field 18 – enter the agreed Commonwealth Retail Mark-up levels (value must be in range of 0-1000)

Field 19 - enter the agreed Commonwealth Retail Mark-up percentage

Field 20 – enter the agreed Commonwealth Retail Mark-up value

Field 21 – enter the Public Hospital conversion factor

Field 22 – enter the Private Hospital conversion factor (for section 94 pharmacies)

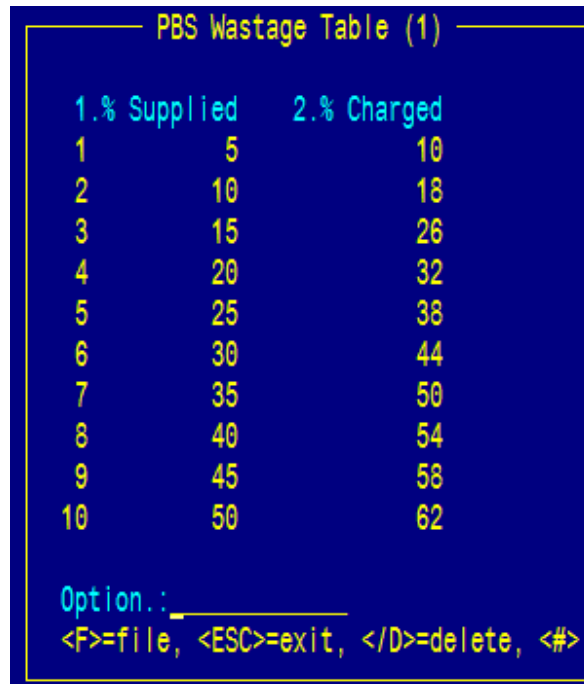Field 23 – enter the non-drug mark up

Field 24 – wastage table (see section 1.1.3.1.1 below)

Field 25 – safety net limits (see section 1.1.3.1.2 below)

File at the option line to save changes.

1.3.1.1 **PBS Wastage Table (window)**

This table is used to define the percentage charged based on wastage. These levels are defined by the HIC/Medicare.

```
┌──────────── PBS Wastage Table (1) ────────────┐
│                                                │
│   1.% Supplied      2.% Charged                │
│   1        5              10                   │
│   2       10              18                   │
│   3       15              26                   │
│   4       20              32                   │
│   5       25              38                   │
│   6       30              44                   │
│   7       35              50                   │
│   8       40              54                   │
│   9       45              58                   │
│  10       50              62                   │
│                                                │
│  Option.:_____                      │
│  <F>=file, <ESC>=exit, </D>=delete, <#>        │
└────────────────────────────────────────────────┘
```

Complete fields as follows:

Field 1 – enter the percentage supplied

Field 2 – enter the percentage charged

File at the option line to save changes.

1.3.1.2   Safety Net Limits (window)

This screen is used to define the patient contributions and safety net limits for PBS prescriptions. These values change yearly.

```
┌──────────── Safety Net Limits (1) ────────────┐
│                                                │
│   ------------- Patient Contributions -------------│
│   1.Maximum Contribution.....($):  33.3000     │
│   2.Minimum Contribution.....($):   5.5000     │
│   3.Concession Contribution..($):   5.4000     │
│                                                │
│                                                │
│   ------------- Safety Net Limits --------------- │
│                               $ Value   No Items│
│   4.Safety Net - General........:  1281.3000  7.│
│   5.Safety Net - Concession.....:          8.   60│
│   6.Safety Net - Repatriation...:          9.   60│
│  10.Allow Gen -> Con -> Ent.....: N            │
│                                                │
│   Option.:_____                           │
│   <F>=file, <ESC>=exit, </D>=delete, <#>=field no│
│                                                │
└────────────────────────────────────────────────┘
```

Complete the fields as follows:

Field 1 – enter the Maximum Recordable value for Safety Net.

Field 2 – enter the Minimum contribution for a general patient.

Field 3 – enter the concession Maximum Recordable Value for Safety Net.

Field 4 – enter the safety net threshold for general patients (this is usually a $ value rather than no. of items)

Field 5 – enter the safety net threshold for concession patients (this is usually a no. of items rather than a $ value)

Field 6 – enter the safety net threshold for repatriation patients (this is usually a no. of items rather than a $ value)

Field 10 – this parameter determines whether there is a 2 level safety net for General patients. <N> indicates that patients can only become concessional. <Y> indicates that patients can become concessional and then become entitled. The default is N.

File at the option line to save changes.

1.3.2   PBS Solvents

```
┌──────────────────────── PBS Solvents (0) ─────────────────────────┐
│   1.Code 2.Description        3.Abbreviation   4.Inventory Item    │
│   1 a     2mL Water for Inj     2mL WFI                            │
│   2 b     5mL Water for Inj     5mL WFI                            │
│   3 c     10mL Water for Inj    10mL WFI                           │
│   4 d     2mL Normal Saline     2mL NS                             │
│   5 e     5mL Normal Saline     5mL NS                             │
│   6 f     10mL Normal Saline    10mL NS                            │
│                                                                    │
│                           Last Update: 12-05-1999 09:10 SMO 1      │
│                                                                    │
│  Option.:_____                                              │
│  <F>=file, <ESC>=exit, <#>=field no                                │
└────────────────────────────────────────────────────────────────────┘
```

Complete fields as follows:

Field 1 – enter the code for the solvent (acceptable values are: a, b, c, d, e, f).

Field 2 – enter a description of the solvent.

Field 3 – enter an abbreviation for this solvent which will appear on labels.

Field 4 – enter the inventory code for this solvent, or use drug search rules to look up. This field may be left blank if the item is not on the inventory master file.

File at the option line to save changes.

1.3.3   Cost Based Billing Parameters

This screen is used to maintain cost based billing parameters.

```
──────── Cost Based Billing Parameters (0) ────────
 1:Cost Code ....................: A

 2.Cost Price Mark-up ......(%) .:    10.00

 3.Dispensing Fee ..........($) .:     5.00

 4.Maximum Fee .............($) .: 10000.00
  Option.:_____
  <F>=file, <ESC>=exit, <#>=field no
```

Complete the fields as follows:

Field 1 – enter the costing code; this code is used to map the billing method to a patient category (acceptable values are A, B, C, D).

Field 2 – enter the % mark-up on Commonwealth price.

Field 3 – enter the Commonwealth PBS dispensing fee.

Field 4 – enter the Maximum recordable value for safety net.

File at the option line to save changes.

1.3.4 Exception Based Billing Parameters

This screen is used to maintain exception based billing parameters

```
 ─────── Exception Based Billing Parameters (0) ───────
 1.Code 2.Description     3.% Cost 4.Disp Fee 5.Max Fee
   1 P    PBS Style          150.00      5.00     99999.00
   2 A    Trial                0.00      0.00         0.00
   3 E    Extemperaneous     100.00     12.00     99999.00
   4
   5
 Option.:_____
 <F>=file, <ESC>=exit, <#>=field no
```

Complete the fields as follows:

Field 1 – enter the costing code; this code is used to map the billing method to the patient category.

Field 2 – enter a description of the charge type.

Field 3 – enter the percentage of cost (0% = no charge, 100% = cost).

Field 4 – enter the dispensing flat fee to be charged ($0 = no fee).

Field 5 – enter the maximum fee payable ($0 = no charge).

File at the option line to save changes.

1.3.5 Fixed Base Price Billing Parameters

This screen is used to maintain fixed based billing parameters.

```
───────── Fixed Base Price Billing Parameters (0) ─────────
  WARNING : - To be configured by Merlin Team ONLY
  This screen defines pricing structures held in the stock
  record for Fixed based pricing.
      1.Basis:P
        --- Non-Trade Brand Predefined Types ---
      2.Type  3.Description
      1 1       type 1
      2
      3
      4

  Option.:_____
  <F>=file, <ESC>=exit, <#>=field no
```

Complete fields as follows:

Field 1 – choose the code type you wish to use (T = trade codes, P = patient category codes).

Field 2 – enter a unique single character code. If P is chosen in field 1, this code is used to map the billing parameter to the patient code.

Field 3 – enter a short description.

File at the option line to save changes.

1.3.6   Sliding Scale Billing Parameters

This screen is used to maintain sliding scale based billing parameters.

```
─────── Sliding Scale Billing Parameters (0) ───────

   1:Parameter Type.: PHF.PARAMS.SLD
   2:Parameter ID...: A

   3.Markup Levels  4.% markup  5.$ markup 6.Disp.Fee.:    1.00
   1   200.00           40.00         0.00
   2   350.00           25.00         0.00
   3   500.00           10.00        20.00
   4  8000.00           10.00        50.00


                    Last Update: 16-01-2010 15:44 SMO 1
   Option.:_____
   <F>=file, <ESC>=exit, <#>=field no
```

Complete the fields as follows:

Field 1 – the parameter type should default to PHR.PARAMS.SLD.

Field 2 – enter the parameter ID. This is an arbitrary letter (A, B, C); it is used to map the sliding scale to the patient category.

Field 3 – enter the mark-up levels

Field 4 – enter the % mark up

Field 5 – enter the mark-up value

Field 6 – enter the dispensing flat fee to be charged ($0 = no fee)

File at the option line to save changes.

1.3.7   Sliding Scale Billing Parameters – By Site

This screen is used to establish and maintain sliding scale based billing parameters that can defined for one or more sites on a multi-campus basis.

```
┌─────────── Sliding Scale Billing Parameters - By Site (0) ──────────┐
│                                                                     │
│   1:Parameter Type.: PHF.PARAMS.SLD                                 │
│   2:Parameter ID...: A                                              │
│   3:Site ID........: PH01        PHARMACY - MAIN STORE              │
│                                                                     │
│   4.Markup Levels  5.% markup  6.$ markup 7.Disp.Fee.:     1.00     │
│   1   200.00          40.00         0.00                            │
│   2   350.00          25.00         0.00                            │
│   3   500.00          10.00        20.00                            │
│   4  8000.00          10.00        50.00                            │
│                                                                     │
│                       Last Update: 16-01-2010 15:44 SMO 1           │
│  Option.:_____                                               │
│  <F>=file, <ESC>=exit, <#>=field no                                 │
└─────────────────────────────────────────────────────────────────────┘
```

If there is a sliding scale established for a specific dispensing site in this screen, it will be applied. If no site-specific sliding scale exists, the billing will default back to the general sliding scale billing parameters set (see section 1.3.6).

Complete the fields as follows:

Field 1 – the parameter type should default to PHR.PARAMS.SLD.

Field 2 – enter the parameter ID. This is an arbitrary letter (A, B, C); it is used to map the sliding scale to the patient category.

Field 3 – the site ID must be a dispensing site (ie PH01).

Field 4 – enter the mark-up levels

Field 5 – enter the % mark up

Field 6 – enter the mark-up value

Field 7 – enter the dispensing flat fee to be charged ($0 = no fee)

File at the option line to save changes.

1.4 *Outpatient Clinic*

This screen allows for maintenance of Outpatient Clinics PBS details and their associated practitioners.

```
┌─────────────────── Outpatient Clinic (0) ───────────────────┐
│                                                              │
│  1:Clinic Code .......: TEST                                 │
│  2.Description .......: A TEST CLINIC                        │
│  3.Inventory Site ....: CCU          CORONARY CARE UNIT      │
│  4.PBS Prescriber No .:                                      │
│  5.Clinical Specialty.: DERM         DERMATOLOGY            │
│     --- Consultants ---                                      │
│  6.Hosp Code                                                 │
│    1                                                         │
│    2                                                         │
│    3                                                         │
│    4                                                         │
│  7.Filter code........:                                      │
│                                                              │
│     Last Update .: 10/07/2003 14:15 SMO 5                   │
│                                                              │
│  Option.:_____                                         │
│  <F>=file, <ESC>=exit, </D>=delete, <#>=field no            │
│                                                              │
└──────────────────────────────────────────────────────────────┘
```

Complete fields as follows:

Field 1 – enter a short, meaningful code for the Clinic.

Field 2 – enter the title or description of the Clinic.

Field 3 – enter the inventory site code (according to site maintenance screen)

Field 4 – enter the PBS Provider number for the Clinic.

Field 5 – enter the clinic specialty, or use *?* look-up and select from the list.

Field 6 – enter consultants current for the Clinic, or use a *?* look-up and select from the list.

Hint: You can "tag" a selection of Doctors on the search items listed by highlighting them and pressing the <spacebar>. An asterisk will appear beside the item to indicate that it has been selected. The system will then return all items selected. To de-select, simply highlight the item and press the <spacebar> again to remove the asterisk.

Field 7 – enter a filter code if required.

File at the option line to save changes.

1.5 *Ward / Site Cross Reference*

This screen is used to maintain wards and their associated inventory sites.

```
┌─────── Ward / Site Cross Reference (0) ───────┐
│ 1:Ward Code ..........: CCU                    │
│ 2.Ward Description ...: Cardiac Care Unit      │
│ 3.Inventory Site .....: CCU                    │
│                        CORONARY CARE UNIT      │
│ 4.Billing Site........: ICU                    │
│ 5.Paperless PBS Claim.: Y                      │
│ 6.Filter code.........: ER        EPWORTH      │
│                                                │
│   Last Updated.: 27/02/2004 09:27 SMO 2        │
│                                                │
│ Option.:_____                          │
│ <F>=file, <ESC>=exit, </D>=delete, <#>=field no│
└────────────────────────────────────────────────┘
```

Complete the fields as follows:

Field 1 – enter the short code for the ward.

Field 2 – enter a meaningful description for the ward code.

Field 3 – enter the inventory site for this ward.

Field 4 – enter the inventory site for ward charging.

Field 5 – enter Y or N to indicate if paperless claiming is available for this ward.

Field 6 – enter a filter code if required.

File at the option line to save changes.

1.6 *Clinical Specialty Business Units*

This screen is used to establish and maintain clinical specialty business units.

```
┌──────── Clinical Specialty Business Units (0) ────────┐
│                                                       │
│  1:Code ........: DERM                                │
│  2.Description .: DERMATOLOGY                          │
│  3.CBU Code ....:                                     │
│                                                       │
│     Last Updated.: 09/07/1997 10:22 CSN 1             │
│                                                       │
│  Option.:_____                              │
│  <F>=file, <ESC>=exit, <#>=field no                   │
│                                                       │
└───────────────────────────────────────────────────────┘
```

Complete the fields as follows:

Field 1 – enter the short code for the clinical specialty.

Field 2 – enter a meaningful description for the clinical specialty.

Field 3 – enter the clinical business unit code, or use *?* look-up and select one from the list.

File at the option line to save changes.

1.7 *Doctors – Pharmacy Dispensing (incl. external)*

This screen is used to add and maintain prescriber details.

```
──────── Doctors - Pharmacy Dispensing (incl. external) (0) ────────
 1:Dr Code..:8015648          10.PBS No:8015648      18.Filter Codes:
 2.Surname..:Saturday         11.Pres. Type..:M       1 001   MAIN HOS
 3.Given....:David            12.Dental......:N        2 SHS01 SOUTHERN
 4.Address 1:1 Test Street    13.Optometrist.:N        3
 5.Address 2:Doctorsville     14.Tel:9645-6300
 6.Sub/State:Qld              15.Specialty:         16.RxOwe Method:P
 7.Post Code:4066             17.Email:davidsaturday@doc.com
 8.Title:Dr      9.Cred.:MBBS  19<Teledex  >        20<Warrants >
 Option.:_____
 <F>=file, <ESC>=exit, </D>=delete, <#>=field no
```

Complete the fields as follows:

Field 1 – enter a doctor code; this can be either letters or numbers, or both. Once established, this can be used to search for the Doctor.

Field 2 – enter the surname of the prescriber.

Field 3 – enter the first/given names of the prescriber.

Field 4 – enter address details; this may be the practice name or the street number and name.

Field 5 – enter additional address details.

Field 6 – enter the suburb and/or state.

Field 7 – enter the postcode.

Field 8 – enter the title of the prescriber (eg. Dr).

Field 9 – enter their credentials.

Field 10 – enter their PBS prescriber number.

Field 11 – enter their prescriber type; options are:

```
┌─ Prescriber Type ─┐
│ _  <M>edical doctor │
│    <N>urse          │
│    mid<W>ife        │
│    <D>entist        │
│    <O>ptometrist    │
└─────────────────────┘
```

Field 12 – enter Y or N to indicate whether the prescriber is a dentist.

Field 13 – enter Y or N to indicate whether the prescriber is an optometrist.

Field 14 – enter the prescriber's phone number.

Field 15 – enter the prescriber's specialty, if applicable.

Field 16 – enter the prescriber's script owing preference. The options are:

```
─── Send Method ───
   <E>mail
   <P>rinted Rx
   <F>axStream
   <O>wing Report
   <N>o output
```

Field 17 – enter the prescriber's email address.

Field 18 – enter filter codes to indicate where the prescriber usually practices. Filter codes must be pre-defined.

Field 19 – teledex window; contact details can be added.

```
──── Doctor Teledex (1) ────
1.Tel.(BH).:9645-6300
2.Mobile...:
3.Fax......:9645-6299
4.Tel.(AH).:
Option.:_____
<F>=file, <ESC>=exit, <#>=field no
```

Field 20 – warrants window; enter warrant numbers for prescribing prostaglandins and ovulatory stimulants.

```
──── Doctor - Warrants (1) ────
1.Prostaglandins........:123456
2.Ovulatory Stimulants.:135791
Option.:_____
<F>=file, <ESC>=exit, </D>=delete, <#>=f
```

File at the option line to save changes.

1.8 *Service Providers incl. Pharmacies*

This screen is used to maintain an "address book" of contacts, including other pharmacies.

```
┌─────────────── Service Providers incl. Pharmacies (0) ───────────┐
  1:Phone No Key.:0396456300
  2.Provider Type:C    3.Approval No.:
  4.Provider Name:Pharmhos Pharmacy          9.Contact by..:E
  5.Address 1....:A1.2, 63-85 Turner St     10.Ph.:0396456300
  6.Address 2....:                          11.Fax:0396456299
  7.Suburb/State.:PORT MELBOURNE  VIC        12.Mob:0418362693
  8.Post Code....:3207       13.Email.:bdonaldson@pharmhos.com

  Option.:_____
  <F>=file, <ESC>=exit, </D>=delete, <#>=field no
```

Complete the fields as follows:

Field 1 – enter a phone no to use as the key/code.

Field 2 – enter the provider type; the options are C = community pharmacy or N = nursing home.

Field 3 – enter the provider's approval number, if applicable.

Field 4 – enter the provider name.

Field 5 – enter the address details; this may be the name of the pharmacy/nursing home, or the number and street name.

Field 6 – enter additional address details.

Field 7 – enter the suburb and/or state.

Field 8 –enter the postcode.

Field 9 – enter the preference of contact methods; P = phone, F = fax, M = mobile, E = email, N = none.

Field 10 – enter the phone number.

Field 11 – enter the fax number

Field 12 – enter the mobile number.

Field 13 – enter the email address.

File at the option line to save changes.

Merlin Dispense Reference File
Set Up and Maintenance Guide

1.9 *Dispensing Directions*

This screen is used to maintain the coded directions used in dispensing.

```
───────────── Dispensing Directions (0) ─────────────
   1:Direction Code.....:BD
   2.Directions Type...:Frequency
   4.Direction in full.:twice daily


   5.Multiplier No/day.:0.5

   Option.:_____
   <F>=file, <ESC>=exit, </D>=delete, <#>=field no
```

Complete the fields as follows:

Field 1 – enter a short direction code.

Field 2 – enter the direction type; options are:

```
───── Directions Type ─────
   <V>erb
   <M>odifier for Drug Form
   <D>ose/quantity
   <F>orm of Drug
   Ver<B> Modifier
   Fre<Q>uency of dosing
   <R>elationship with meals
   <P>RN specifier
   <A>ction specifier
   <E>mbedded codes
```

Hint: To establish which directions type to use, follow this example.

Take(V) the contents of(M) ONE(D) tablet(F) with water(B) three times daily(Q) after food(M) when required(P) for sleep(A).

Field 4 – enter the directions in full as you wish them to print on the dispensing label. Press tab and enter to file this screen.

Field 5 – enter a number with at least 1 decimal place for calculation of doses/day. The value entered must be greater than 0.01 and less than 99.
File at the option line to save changes.

1.10 *Private Patients – Other Institutions Maintenance*

This screen is used to maintain details of other institutions, using a coded system.

```
———————— Institution Maintenance (0) ————————
  1:Institution Code..:ABC
  2.Institution name..:ABC Hospital

    Last updated.:29-06-1993 13:47 BSD 6
  Option.:_____
  <F>=file, <ESC>=exit, </D>=delete, <#>=field no
```

Complete the fields as follows:

Field 1 – enter a short code for the institution.

Field 2 – enter a meaningful description for the institution.

File at the option line to save changes.

1.11 *Private Health Funds – EDL Maintenance*

This screen is used to maintain private health fund contract details, including EDL arrangements.

Complete the fields as follows:

Field 1 – enter the health fund code; if a HL7 interface is active for patient admissions, this code must match the code used by the admissions system.

Field 2 – enter an alternate list code if required.

NB. If several health funds share the same attributes, one can be set up as a master list, and the others can use this as their alt list code to save on set up.

Field 3 – enter Y or N to indicate whether items can be dispensed as PBS.

Field 4 – defaults is a window which defines charging based on patient category. See section 1.11.1.

```
─────────────── EDL Defaults (1) ───────────────
  1.Pat.Cat.                    2.Default Bill To.
  1 D          Discharge             Patient
  2 T          Test Patient Categor  <choose>
  3 I          IP Wd Stock           <choose>
  4
  5


  3.Prod.Group.                 4.Default Bill To.
  1 DIAG        DIAGNOSTIC AGENTS    Patient
  2
  3
  4
  5


  Option.:_____
  <F>=file, <ESC>=exit, </D>=delete, <#>=field no
```

Field 5 – enter the value up to which the mark-up applies.

Field 6 – enter the % mark-up for this level.

Field 7 – enter the $ value mark-up for this level.

Field 8 – enter the dispensing fee, if applicable.

Field 9 – enter the inventory item code for the EDL item, or use the drug search rules and select from the list.

Field 10 – enter the health fund's code for this item.

Field 11 – enter the dispensed quantity covered by the EDL.

Field 12 – enter details about the PBS authority, if applicable.

Field 13 – enter details about the PBS restrictions, if applicable.

Field 14 – enter details about the EDL criteria.

Field 15 – enter a fixed price for the item, if applicable.

Field 16 – enter who will be billed for the item when dispensed.

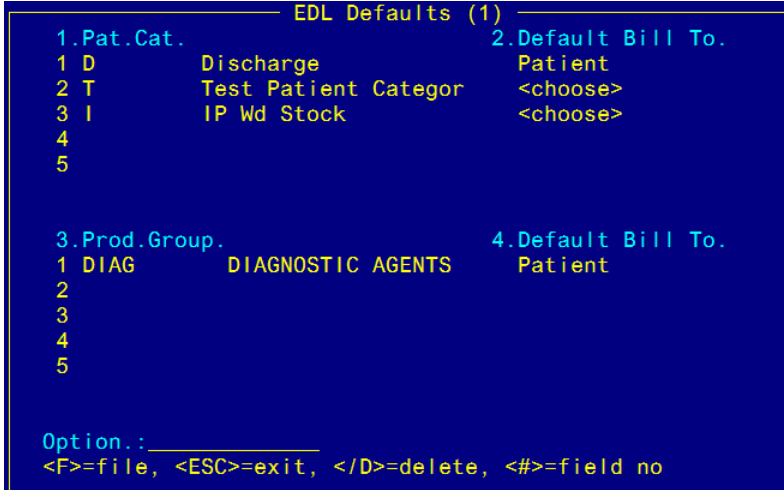Field 18 – enter the site for alternate fund arrangements.

Field 19 – enter the list code for the alternate fund arrangements (see section 1.11.2).

File at the option line to save changes.

1.11.1 EDL Defaults

This screen is used for maintenance of default billing for patient categories and product groups.

```
┌──────────────── EDL Defaults (1) ─────────────────┐
  1.Pat.Cat.                    2.Default Bill To.
  1 D        Discharge             Patient
  2 T        Test Patient Categor  <choose>
  3 I        IP Wd Stock           <choose>
  4
  5


  3.Prod.Group.                 4.Default Bill To.
  1 DIAG        DIAGNOSTIC AGENTS    Patient
  2
  3
  4
  5


  Option.:_____
  <F>=file, <ESC>=exit, </D>=delete, <#>=field no
```
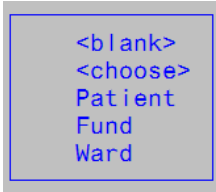
Complete the fields as follows:

Field 1 – enter the patient category code, or use *?* look-up and select from the list.
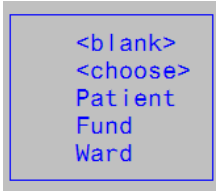
Field 2 – choose the default billing method from the following:

```
<blank>
<choose>
Patient
Fund
Ward
```

Field 3 – enter the product group code, or use *?* look-up and select from the list.

Field 4 – choose the default billing method from the following:

```
<blank>
<choose>
Patient
Fund
Ward
```

File at the option line to save changes.

1.11.2 Private Health Funds – Site Based Alternates

This option is used to maintain site-specific health fund differences under the master list.

Step 1: Alternate List set up

The alternate list is set up the same way any health fund is set up. For detailed instructions, see section 1.11. If a HL7 feed is being used for patient admission data, only the health fund codes the same will match up. As such, an alternate list needs to be mapped back to a master list. This is shown in step 2.

Step 2: Mapping the alternate list to the master list

Site based alternates are mapped in field 18 and 19 as shown below. The master list will apply to all patients admitted with this health fund, unless there is an alternate list referenced against a site or number of sites in the "_Site Based Alternates_" section.

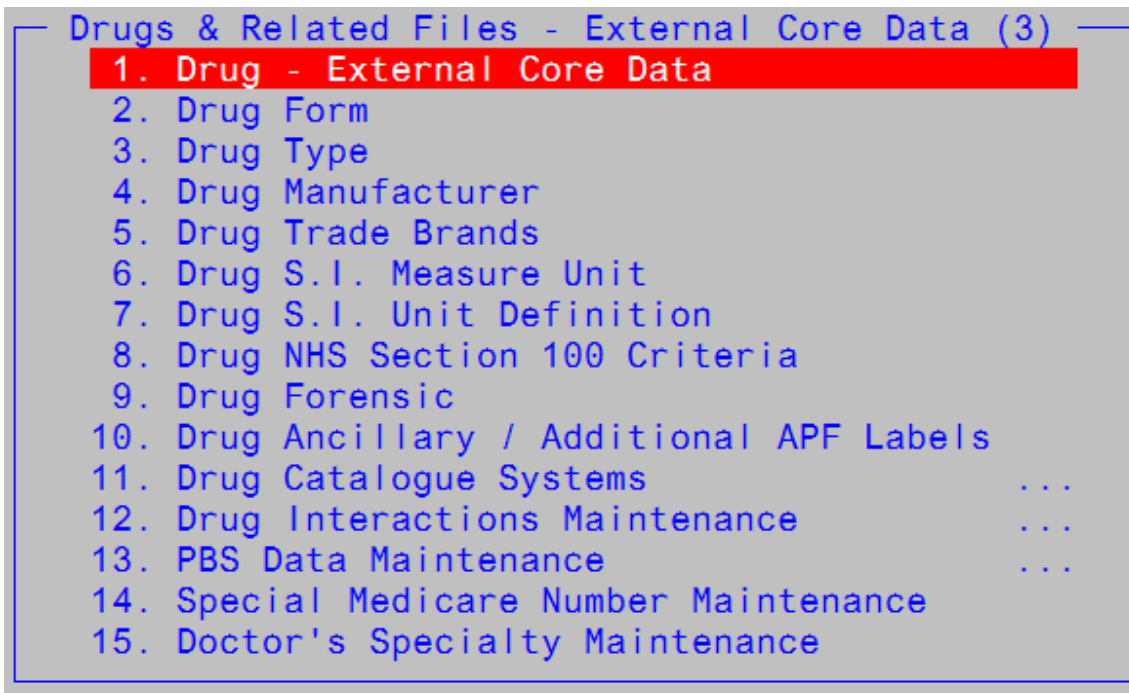Master List – Meditech information will flow through this point

Alternate List is created where site specific details are recorded. Its application is recorded here.

1.12 *Drugs & Related Files – External Core Data*

This menu contains information pertaining to core drug data maintained by Pharmhos Software.

For further information, see the associated manual *Drugs and Related Files Maintenance*.

```
┌─ Drugs & Related Files - External Core Data (3) ─┐
│    1. Drug - External Core Data                  │
│    2. Drug Form                                  │
│    3. Drug Type                                  │
│    4. Drug Manufacturer                          │
│    5. Drug Trade Brands                          │
│    6. Drug S.I. Measure Unit                     │
│    7. Drug S.I. Unit Definition                  │
│    8. Drug NHS Section 100 Criteria              │
│    9. Drug Forensic                              │
│   10. Drug Ancillary / Additional APF Labels     │
│   11. Drug Catalogue Systems                ...  │
│   12. Drug Interactions Maintenance         ...  │
│   13. PBS Data Maintenance                  ...  │
│   14. Special Medicare Number Maintenance        │
│   15. Doctor's Specialty Maintenance             │
│                                                  │
└──────────────────────────────────────────────────┘
```

1.13 *Drugs & Related Files – Internal User Data*

This menu contains information pertaining to user drug data maintained which can be edited and maintained by sites.

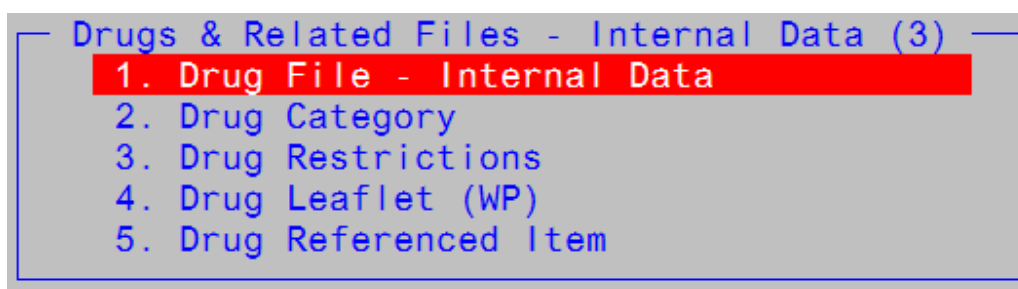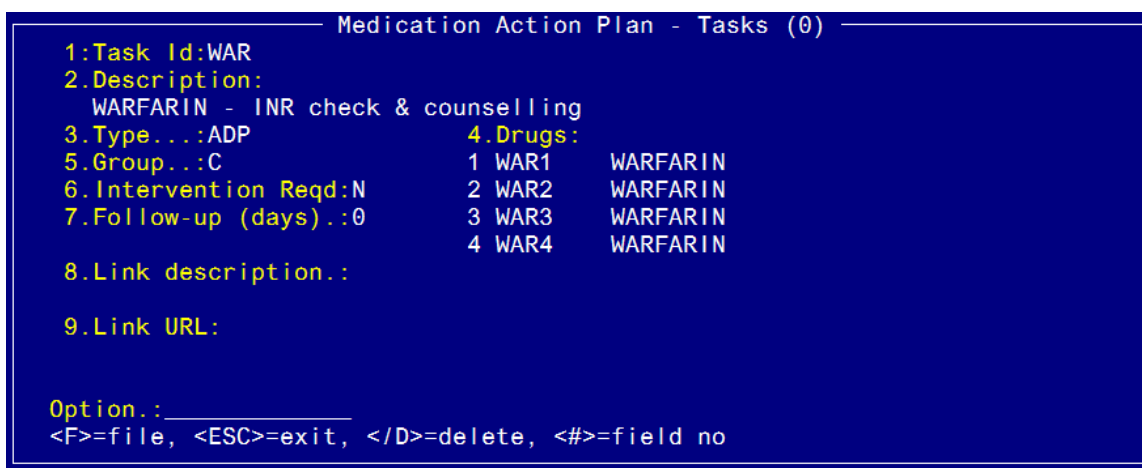For further information, see the associated manual *Drugs and Related Files Maintenance.*

```
┌─ Drugs & Related Files - Internal Data (3) ─┐
│   1. Drug File - Internal Data              │
│   2. Drug Category                          │
│   3. Drug Restrictions                      │
│   4. Drug Leaflet (WP)                      │
│   5. Drug Referenced Item                   │
└─────────────────────────────────────────────┘
```

1.14 Mediation Action Plans - Tasks

This screen is used to establish and maintain the task and intervention coding used in Merlin MAP.

```
┌──────────── Medication Action Plan - Tasks (0) ────────────┐
│  1:Task Id:WAR                                             │
│  2.Description:                                            │
│    WARFARIN - INR check & counselling                     │
│  3.Type...:ADP          4.Drugs:                          │
│  5.Group..:C            1 WAR1     WARFARIN               │
│  6.Intervention Reqd:N  2 WAR2     WARFARIN               │
│  7.Follow-up (days).:0  3 WAR3     WARFARIN               │
│                         4 WAR4     WARFARIN               │
│  8.Link description.:                                     │
│                                                           │
│  9.Link URL:                                              │
│                                                           │
│                                                           │
│  Option.:_____                                     │
│  <F>=file, <ESC>=exit, </D>=delete, <#>=field no          │
└───────────────────────────────────────────────────────────┘
```
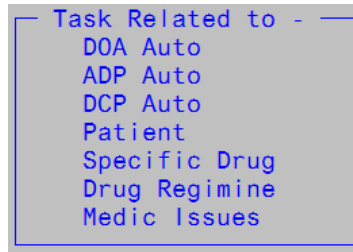
Complete the fields as follows:

Field 1 – enter a 1 to 5 alpha-numeric code for this task.

Field 2 – enter a short, meaningful description to describe this task

Field 3 – enter the group this task falls into; options are as follows:

```
┌─ Task Related to - ─┐
│    DOA Auto         │
│    ADP Auto         │
│    DCP Auto         │
│    Patient          │
│    Specific Drug    │
│    Drug Regimine    │
│    Medic Issues     │
└─────────────────────┘
```

The auto tasks are as follows:

> DOA Auto = Drugs On Admission Auto

> ADP Auto = Active Drug Profile Auto

> DCP Auto = Discharge Profile Auto

Once established, these tasks will automatically populate in the tasks and interventions if that particular profile (tab) is commenced for a patient. The automation can be tied to a particular drug also; see field 4.

Field 4 – enter drugs to trigger this task, if applicable.

Field 5 – enter the group this task is associated with. Options are C = Clinical or A = Administrative.

Field 6 – enter Y or N to indicate whether this task requires Intervention.

Field 7 – enter the frequency of follow-up in days; 0 = no follow-up.

Field 8 – enter a short description for the URL link, if applicable.

Field 9 – enter the URL link, if applicable (case sensitive).