



PRO PHARMA INVOICE SCREEN SUMMARY
(CLIENT NAME) RxScreens Paid MM/DD/YYYY - MM/DD/YYYY
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Report No.	Report Title	Total Amount Invoiced	% of Total Invoice	Contract Effective Date	
R0001	Invoice Amount Due	\$ 836,064.81	100%	January 1, 2008	
-	Additional Fees from Invoice				
Report No.	Summary of Rx Invoice Screen Rejection Items	Patient Pay Difference	Client Pay Difference	% of Total Invoice	Contract Reference
All Rejected Eligibility Claims Based on Member F					
R 1111	Invalid Members - patient not in Member File		-	0.00%	Sec. 2-2.12, Page 4; Sec. 3 -3.1, Pg. 5
R 1112	Ineligible Members - patient not eligible on the date of service		-	0.00%	Sec. 2-2.12, Page 4; Sec. 3 -3.1, Pg. 5
Benefit Rejection Items:					
R 1210	Mismatched Copays	\$ 6,464.76		0.77%	Section 2-2.8, Page 3; App. B, Pg. 14
R 1211	Non Formulary Transactions (no PA)		-	0.00%	Section 2-2.6, Page 2; Appendix F, Section B #6, Page 32
R 1211A	Benefit Exclusions (no PA)		-	0.00%	Section 2-2.8, Page 3; Appendix F, Section B #6, Page 32
R 1223	Number of Refills Per Year Exceeds Benefit Limits		-	0.00%	Section 2-2.8, Page 3; Sec.2-2.9, Page 3; Sec. 3-3.3, Pg. 6
R 1225	Refills Earlier Than Allowed in Benefit Limits	\$ 255.36		0.03%	Section 2-2.8, Page 3; Sec.2-2.9, Page 3; Sec. 3-3.3, Pg. 6
R 1227	Step Therapy Non-Compliance	\$ 24,718.60		2.96%	Section 2-2.8, Page 3; Sec. 2-2.24, Pg. 5
R 1411	Quantity Greater Than Benefit Limits - Retail Cap/Tab		-	0.00%	Sec. 2-2.24, Pg. 5; Section B, #6, Page 32
R 1413	Quantity Greater Than Benefit Limits - Retail NON Cap/Tab		-	0.00%	Sec. 2-2.24, Pg. 5; Section B, #6, Page 32
R 1441	Amount Paid Greater Than Formulary - Retail Cap/Tab (no PA)		-	0.00%	Section 2-2.8, Page 3; Sec.2-2.9, Page 3; Sec. 3-3.3, Pg. 6
R 1451	Invalid DMR Claims (Patient submitted paper claims)		-	0.00%	Section 2-2.25, Page 5; Appendix F, Section B #6, Page 32
R 1457	Number Rx Per-Patient-Per-Month More Than Benefit Limits		-	0.00%	Section 2-2.8, Page 3; Sec.2-2.9, Page 3; Sec. 3-3.3, Pg. 6
R 1459	Dollar Amount Per Rx More Than Benefit Limits		-	0.00%	Section 2-2.8, Page 3; Sec.2-2.9, Page 3; Sec. 3-3.3, Pg. 6
Invalid Transactions:					
R 1131	Invalid ***NDC Compound or Foreign *Rx		-	0.00%	Sec. 2-2.8, Page 3; Section B, #9, Page 32; Appendix D - Performance Guarantees
R 1131B	Invalid, Terminated, Expired Drug (NDC) Numbers	\$ 14,994.35		1.79%	Sec. 2-2.8, Page 3; Section B, #9, Page 32; Appendix D - Performance Guarantees
R 1141	Invalid Doctor (DEA, NPI, etc.) Numbers. NON-controlled substances	\$ 13,561.16		1.62%	Sec. 2-2.8, Page 3; Section B, #9, Page 32; Appendix D - Performance Guarantees
R 1141C	Invalid Doctor (DEA, NPI, etc.) Numbers. Controlled Substances.	\$ 67.68		0.01%	Sec. 2-2.8, Page 3; Section B, #9, Page 32; Appendix D - Performance Guarantees
R 1142	Invalid Claims Written Out of Network Physicians		-	0.00%	Sec. 2-2.8, Page 3; Section B, #9, Page 32; Appendix D - Performance Guarantees
R 1143	Compound Drugs Without Valid Drug (NDC) Numbers		-	0.00%	Sec. 2-2.8, Page 3; Section B, #9, Page 32; Appendix D - Performance Guarantees
R 1152	Invalid Pharmacy (NABP, NCPDP, NPI) Numbers	\$ 51.66		0.01%	Sec. 2-2.8, Page 3; Section B, #9, Page 32; Appendix D - Performance Guarantees
R 1153	AWP Variance - AWP in claim varies from reference database(s)	\$ 1,113.02		0.01%	Sec. 2-2.7, Pg. 3; Sec. 8-8.3, Pg. 7; Section B, #9, Page 32
R 1154	Invalid or Null AWP in the Claim		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1421	Quantity Dispensed Equals Zero or Fraction of a Penny		-	0.00%	Sec. 2-2.7, Pg. 3; Sec. 8-8.3, Pg. 7; Section B, #9, Page 32
R 1423	U & C Equals Zero or Fraction of a Penny		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
Pricing Different From Contract					
R 1634	Dispensing Fee Variance from Contract Guarantee	\$ 359.75	\$ 582.60	0.09%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1635	Dispensing Fee Equals Zero, Non-Mail - varies from contract		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1637	Total Amount Paid + Copay + Tax Greater than U & C		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1638	Rounding Issue	\$ 15.41		0.00%	App. B, Pg. 14
R 1639	DMR Claims Pricing Variance	\$ 69.71		0.01%	App. B, Pg. 15
Generic Pricing Variances Above Contract AWP **					
R 1630	Generic Pricing Variance - price paid above MAC	\$ 14,281.01		1.71%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1641	Retail Caps & Tabs	\$ 292.20	\$ 18,488.37	2.21%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1641B	Retail: Non-Caps, Non-Tabs, Non-Insulins	\$ 17.40	\$ 704.36	0.09%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1642	Mail Caps & Tabs	\$ 0.30	\$ 707.37	0.08%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1642B	Mail: Non-Caps, Non-Tabs, Non-Insulins		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1643	Retail Injectables		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1643A	Retail Injectables (Insulins, Glucagon, Epipen)		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1644	Mail Injectables		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1644A	Mail Injectables (Insulins, Glucagon, Epipen)		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
Brand Pricing Variances Above Contract AWP **					
R 1646	Retail Caps & Tabs	\$ 49.33	\$ 2,837.39	2.33%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1646B	Retail: Non-Caps, Non-Tabs, Non-Insulins	\$ 10.89	\$ 470.63	0.32%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1647	Mail Caps & Tabs	\$ 85.13		0.01%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1647B	Mail: Non-Caps, Non-Tabs, Non-Insulins	\$ 2.59		0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1648	Retail Injectables	\$ 19.38		0.02%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1648A	Retail Injectables (Insulins, Glucagon, Epipen)	\$ 132.94		0.02%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1649	Mail Injectables		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1649A	Mail Injectables (Insulins, Glucagon, Epipen)		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
Total Billed Items to Reject:		\$ 729.87	\$ 99,623.48	11.92%	
Adjusted Invoice Payable:		\$ 736,441.33	\$ 736,441.33	88.08%	

Report No.	Unrealized Opportunity Savings / Generic and Brand Up-Charge on Manufacturer AW	Patient Pay Difference	Client Pay Difference	% of Total Invoice	Contract Reference
R 1620	Generic Pricing Discrepancies - FUL	\$1,425.54	\$ 2,132.90	0.26%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1632	Generic Pricing Discrepancies - Medicaid MAC (client damaged)		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
Drug price paid on AWP that is greater than the Manufacturer AW					
R 1651	Generic Retail Cap/Tab		\$ 5,458.83	0.65%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1652	Generic Mail Cap/Tab		\$ 417.75	0.05%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1653	Generic Retail Injectables		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1653A	Generic Retail Injectables (Insulins, Glucagon, Epipen)		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1654	Generic Mail Injectables		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1654A	Generic Mail Injectables (Insulins, Glucagon, Epipen)		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1656	Brand Retail Cap/Tab		\$ 79,334.06	9.49%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1657	Brand Mail Cap/Tab		\$ 1,943.34	0.23%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1658	Brand Retail Injectables		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1658A	Brand Retail Injectables (Insulins, Glucagon, Epipen)		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1659	Brand Mail Injectables		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
R 1659A	Brand Mail Injectables (Insulins, Glucagon, Epipen)		-	0.00%	App. B, Prescription Claim Pricing, Pg. 14; Section B, Price Guarantees, Page 34-35
Misc. Opportunity Savings					
R 1610	Specialty Drug Pricing variance from contract discounts		\$ 1,741.67	0.21%	-
R 1690	Discount Generic Opportunity Savings	\$ 2.30	\$ 780.09	0.09%	-
Total Unrealized Opportunity Savings:		\$ 1,427.84	\$ 91,808.65	10.98%	

Terminology Key:	
RC: Prescription(s)	NABP: Unique Identifier for Pharmacies
AWP: Average Wholesale Price	DMR: Direct Medical Reimbursement (Paper Claims)
NDC: Unique Identifier for Drugs	FUL: Federal Upper Limit
DEA: Drug Enforcement Agency	MAC: Maximum Allowable Cost for Generics
PA: Prior authorization	U & C: Usual and Customary

Other Client Notes:
 ** Report R. 1154 Contains records with no AWP or AWP < 1 cent. How Were these claims priced?