



# Medication Management Review programs service provider application

## Important Information

Complete this form to apply for approval as a Medication Management Review (MMR) service provider. This application cannot be assessed unless all of the information requested on this form is completed.

This form can be used to apply for multiple MMR programs if desired. These programs include Residential Medication Management Review (RMMR), Quality Use of Medicine (QUM) and Home Medicines Review (HMR).

MMR programs aim to enhance the quality use of medicines and reduce the number of adverse drug events experienced by people using multiple medicines by assisting them to better understand and manage their medicines.

All MMR service providers must familiarise themselves with the appropriate program's terms and conditions before completing this form. The Medication Management Review programs' terms and conditions are available at [www.medicareaustralia.gov.au/provider/pbs/fifth-agreement](http://www.medicareaustralia.gov.au/provider/pbs/fifth-agreement)

Service providers must also familiarise themselves with each MMR programs' guidelines and standards (where relevant) which are available at [www.psa.org.au](http://www.psa.org.au)

## Residential Medication Management Review

RMMR is a collaborative review conducted by an accredited pharmacist in conjunction with a general practitioner for a permanent resident of an Australian Government funded residential aged care facility.

All RMMR applicants must:

- attach copies of accreditation certificates for all accredited pharmacists conducting RMMR services on their behalf
- attach an RMMR Service Agreement for the aged care facility.

Applicants will need to complete an application form for each facility.

A model RMMR Service Agreement is available at [www.medicareaustralia.gov.au/provider/pbs/fifth-agreement/residential-medication-management-review.jsp](http://www.medicareaustralia.gov.au/provider/pbs/fifth-agreement/residential-medication-management-review.jsp)

## Quality Use of Medicines

QUM services focus on improving practices and procedures of Australian Government funded aged care facilities as they relate to medicines use. QUM services may be conducted by a registered or accredited pharmacist.

All QUM applicants must:

- attach a QUM Service Agreement for the aged care facility.

Applicants will need to complete an application form for each facility.

A model QUM Service Agreement is available at [www.medicareaustralia.gov.au/provider/pbs/fifth-agreement](http://www.medicareaustralia.gov.au/provider/pbs/fifth-agreement)

## Home Medicines Review

HMR is a collaborative review conducted by an accredited pharmacist with a general practitioner for people living at home in the community setting.

All HMR applicants must:

- attach copies of accreditation certificates for all accredited pharmacists conducting HMR services on their behalf.

## Assistance

If you need assistance completing this form call **08 8274 9641** (call charges will apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time or go to [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

## Lodgement

Send the completed form to:

**Community Pharmacy Agreement Officer  
Pharmaceutical Benefits Branch  
Medicare Australia  
PO Box 9826  
ADELAIDE SA 5001**

or fax to **08 8274 9373**

Print in **BLOCK LETTERS**

Tick where applicable

## Program details

**1** What program(s) are you applying for (**tick all that apply**)?

- RMMR Service Provider
- QUM Service Provider
- HMR Service Provider

## Pharmacy details

**2** Is your pharmacy approved under Section 90 of the *National Health Act 1953*?

No  **Go to 3**

Yes  *Continue*

Section 90 approval number

Previous Section 90 approval number (if applicable)

Pharmacy name

**▶ Go to 9**

## Business details (non Section 90 Pharmacy)

3 Business name

4 Phone number

Email

  
-----  
@

5 Address

  
-----  
-----  
Postcode

## Authorised contact

Section 90 Pharmacies can not change authorised contact details via this form.

6 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

7 Daytime phone number

Mobile phone number

Email

  
-----  
@

## Bank account details

Section 90 Pharmacies can not change bank details via this form.

Payments cannot be made to credit card, loan or mortgage accounts.

8 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

 - 

Account number (this may not be the card number)

Account held in the name(s) of

  
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## Pharmacist registration/accreditation details

### 9 Pharmacist one details

Family name

First given name

National AHPRA registration number

#### Accreditation for pharmacist one

(Required for RMMR and HMR)

Accreditation number

Start date of accreditation

 /  / 

Expiry date of accreditation

 /  / 

I have attached a copy of the accreditation certificate for this accredited pharmacist.

### Pharmacist two details

Family name

First given name

National AHPRA registration number

#### Accreditation for pharmacist two

(Required for RMMR and HMR)

Accreditation number

Start date of accreditation

 /  / 

Expiry date of accreditation

 /  / 

I have attached a copy of the accreditation certificate for this accredited pharmacist.

### Pharmacist three details

Family name	<input type="text"/>
First given name	<input type="text"/>
National AHPRA registration number	<input type="text"/>
<b>Accreditation for pharmacist three</b> (Required for RMMR and HMR)	
Accreditation number	<input type="text"/>
Start date of accreditation	<input type="text"/>
Expiry date of accreditation	<input type="text"/>
I have attached a copy of the accreditation certificate for this accredited pharmacist.	<input type="checkbox"/>
 If more than three pharmacist details are required attach a separate sheet	

▶ QUM go to 15

▶ HMR go to 21

### RMMR Services aged care facility details

10 I have attached a copy of the RMMR Service Agreement

11 Aged care service identification

12 Name of aged care facility

13 Date Service Agreement is commencing between RMMR service provider and aged care facility

14 Date Service Agreement is ceasing between RMMR service provider and aged care facility

▶ RMMR go to 21

### QUM Services aged care facility details

15 I have attached a copy of the QUM Service Agreement

16 Aged care service identification

17 Name of aged care facility

18 Date Service Agreement is commencing between QUM service provider and aged care facility

19 Date Service Agreement is ceasing between QUM service provider and aged care facility

20 Number of Australian Government funded residential aged care places

### Declaration

21 This declaration relates to my application for approval as a (tick all that apply):

RMMR Service Provider

QUM Service Provider

HMR Service Provider

I/we understand that:

- Giving false or misleading information is a serious offence.

I/we declare that:

- I/we have read and acknowledge the Medication Management Review terms and conditions and, where relevant, the guidelines and standards for these programs
- I/we agree to conduct Medication Management Review services in accordance with the Medication Management Review terms and conditions
- the information on this form is true and correct.

All owners of a Section 90 Pharmacy or business must sign this page.

#### Owner one


Family name	<input type="text"/>
First given name	<input type="text"/>
Owner one's signature	Date
<input type="text"/>	<input type="text"/>

#### Owner two

Family name	<input type="text"/>
First given name	<input type="text"/>
Owner two's signature	Date
<input type="text"/>	<input type="text"/>

#### Owner three

Family name	<input type="text"/>
First given name	<input type="text"/>
Owner three's signature	Date
<input type="text"/>	<input type="text"/>

 If more than three owner signatures are required attach a separate sheet with details.

**Privacy note:** The information provided on this form will be used to assess your eligibility to register as a Medication Management Review service provider. The collection of this information is authorised by the *Medicare Australia Act 1973*. This information may be disclosed to the relevant financial institutions, the Department of Health and Ageing or as authorised or required by law.