



Application form Residential Medication Management Reviews (RMMR)

1 Registration to become an RMMR service provider

Section 90 approval number

Pharmacy name

or

Business entity name (if applicable)

Pharmacist details

Full name of registered pharmacist/s

State registration number

State where registered

Full name of registered pharmacist/s

State registration number

State where registered

Full name of registered pharmacist/s

State registration number

State where registered

▶ Section 90 pharmacies proceed to section 4

2 Your contact details

Authorised contact person for claiming

Your permanent address

Postcode

Your postal address (if different to above)

Postcode

Phone number

 ()

Mobile phone number

Email (optional)

@

3 Bank account details

Bank account details are required on this claim form to enable Medicare Australia to pay RMMR claims by electronic funds transfer.

Name of bank, building society or credit union

Branch where your account is held

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

Please note: Medicare Australia will hold one set of bank account details for RMMR.

4. Aged care home details

Aged care service ID

Name of aged care home

Start date of service agreement between RMMR service provider and aged care home (must be on or after 1 March 2007)

 / /

End date of service agreement between RMMR service provider and aged care home

 / /

I have attached a copy of the RMMR service agreement

5. Accredited pharmacist registration details

Pharmacist 1

1. Accredited pharmacist

Family name

Given names

2. Certificate and Registration numbers

Number on Certificate

State where registered

State Registration number

3. Accreditation

Start date

 / /

Expiry date

 / /

4. RMMR service provider

Commence date

 / /

Cease date

 / /

Pharmacist 2

1. Accredited pharmacist

Family name
Given names

2. Certificate and Registration numbers

Number on Certificate
State where registered
State Registration number

3. Accreditation

Start date / / Expiry date / /

4. RMMR service provider

Commence date / / Cease date / /

Pharmacist 3

1. Accredited pharmacist

Family name
Given names

2. Certificate and Registration numbers

Number on Certificate
State where registered
State Registration number

3. Accreditation

Start date / / Expiry date / /

4. RMMR service provider

Commence date / / Cease date / /

Pharmacist 4

1. Accredited pharmacist

Family name
Given names

2. Certificate and Registration numbers


Number on Certificate
State where registered
State Registration number

3. Accreditation

Start date / / Expiry date / /

4. RMMR service provider

Commence date / / Cease date / /

 I have attached the accreditation certificate of all accredited pharmacists.

6. Declaration

I understand that this claim cannot be assessed unless all of the information requested on this form is completed. I declare that the information provided in this claim is true and correct.

I/We have read and agree to abide by the terms and conditions for the RMMR service program.

I/We have read and acknowledge the Pharmaceutical Society of Australia's *Guidelines and Standards for the Collaborative and Pharmacist Residential Medication Management Review (RMMR)*.

Independent pharmacists or all owners of a Section 90 pharmacy or business entity must sign this form.

Approved person's signature

Name (please print)

Date

/ /

Approved person's signature

Name (please print)

Date

/ /

Approved person's signature

Name (please print)

Date

/ /

Privacy note: The information provided by you on this form will be used to assess your claim for Residential Medication Management Reviews and associated Quality Use of Medicines Services. Its collection is authorised under provisions of the *National Health Act 1953* and may be disclosed to the Department of Human Services, Department of Health and Ageing, or as authorised/required by law.

Assistance

If you require assistance in completing this form please call Medicare Australia on **08 8274 9641**.

Please complete, sign and return this form to:

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

Terms and conditions

These are the terms and conditions governing the service provided by Residential Medication Management Review Program (RMMR) service providers who participate in the Collaborative and Pharmacist Residential Medication Management Review Program. These terms and conditions may be altered from time to time by the Commonwealth Government. Current terms and conditions are available on the Medicare Australia website.

Clause 1. Description

- 1.1 Approved RMMR service providers will be able to claim \$130 (GST exempt) for each RMMR service conducted for eligible residents living in a Commonwealth Government funded aged care home (ACH). This amount includes the provision of quality use of medicine (QUM) services. Aged care home refers to residential care services as defined in Schedule 1 of the *Aged Care Act 1997*.
- 1.2 One pharmacist RMMR service can be conducted per eligible aged care home resident in any 12 month period unless there has been a significant change in the residents' condition or medication regimen, then a collaborative RMMR service can be provided, if less than 12 months has lapsed since the previous RMMR service.

Clause 2. Who is eligible to be a RMMR service provider?

- 2.1 To be eligible for approval by Medicare Australia as an approved RMMR service provider, the applicant must:
- (a) be an approved pharmacy under section 90 of the *National Health Act 1953* (approved section 90 pharmacy)
OR
be a registered pharmacist who is either an accredited pharmacist, or who employs, or has a service contract with, one or more accredited pharmacists to conduct medication reviews on their behalf and holds a current valid RMMR service agreement with a Commonwealth funded ACH; and
- (b) provide all required information to Medicare Australia for assessment of the application, to determine their eligibility to participate in the collaborative and pharmacists RMMR program and for any investigation or audit of RMMR and QUM service activity. The applicant must agree to adopt the processes set out in these terms and conditions, and the Pharmaceutical Society of Australia (PSA) "*Guidelines and Standards for the Collaborative and Pharmacist Residential Medication Management Review Program and Associated Quality Use of Medicines Services*" June 2006.

Clause 3. Applying for approval to conduct RMMR services

- 3.1 A copy of the application form is attached to these

terms and conditions and an electronic version of the application form is available at www.medicareaustralia.gov.au

- 3.2 Before you claim for remuneration for a RMMR service, you must apply to Medicare Australia for approval and receive confirmation as a RMMR service provider.
- 3.3 The application form must be completed and signed by:
- (a) the independent registered/accredited pharmacist who is applying solely on his/her own behalf to become an approved RMMR service provider, or
- (b) all owners of an approved section 90 pharmacy, where the application seeks approval of that pharmacy as an approved RMMR service provider, or
- (c) the registered/accredited pharmacist, as proprietor of any other business entity, where the application seeks approval of that business entity as an approved RMMR service provider.
- 3.4 When applying for approval, applicants must attach either of the following to the application form:
- (a) a copy of a RMMR service agreement with an ACH that has a start date **on or after** 1 March 2007;
- (b) a *deed of variation and a copy of a medication review agreement with an ACH that has a start date **on or before** 28 February 2007 and an end date **on or after** 1 July 2007.
- *Service providers have until close of business 30 June 2007 to transition to the new RMMR arrangements by providing a deed of variation and a copy of their medication review agreement to Medicare Australia. Only valid RMMR service agreements with a start date on or after 1 March 2007 will be accepted by Medicare Australia after the 30 June 2007 deadline.*
- 3.5 Applicants must provide a copy of the medication reviews accreditation certificate for each accredited pharmacist listed in section 5 of the application form.
- 3.6 Applicants who fail to meet the eligibility criteria will be advised in writing by Medicare Australia of the reasons for rejection. Any unsuccessful applicant is entitled to reapply.

Clause 4. Your responsibilities as an approved RMMR service provider

- 4.1 In providing RMMR services, you must:
- (a) comply with these terms and conditions and any other reasonable requirements notified in writing to you by the Commonwealth Government (see Clause 14);
- (b) ensure RMMR and QUM services adhere to the processes and standards outlined in

the *PSA Guidelines and Standards for the Collaborative and Pharmacist Residential Medication Management Review (RMMR) Program and Associated Quality Use of Medicines (QUM) Services* (as modified from time to time);

- (c) ensure that only accredited pharmacists perform the clinical assessment and report writing steps of the RMMR services performed under your approval;
- (d) not transfer or assign your RMMR service provider approval to any other person or other approved pharmacy. The RMMR Approval will lapse if there is a transfer;
- (e) ensure QUM services, agreed upon with the ACH, are performed and promote the quality use of medicines by working closely with the ACH in ensuring optimal health outcomes for residents occur through promoting good treatment choices, good communication with consumers and collaboration with other health practitioners; and
- (f) adopt a “whole of facility” approach to QUM by identifying, in conjunction with the ACH, activities involved in facility-wide medication management and QUM services.

Clause 5. RMMR service definition

5.1 An RMMR service may be a collaborative RMMR, or a pharmacist RMMR conducted by the accredited pharmacist without a specific GP request. Both types of review are regarded as an RMMR service. Both collaborative and pharmacist RMMR services also encompass QUM activities as described in *“Guidelines and Standards for the Collaborative and Pharmacist RMMR Program and Associated QUM Services” June 2006*.

Clause 6. Employees and subcontractors

- 6.1 If an accredited pharmacist employed by you provides RMMR services, you must ensure that they comply with these terms and conditions.
- 6.2 You may enter into a subcontract with either an accredited pharmacist or an entity able to provide an accredited pharmacist to provide RMMR services under your approval. This is providing you ensure they comply with these terms and conditions and that you remain solely responsible to the Commonwealth Government for the proper performance of RMMR and QUM services under your approval.
- 6.3 You must ensure all RMMR services provided under your approval are provided by accredited pharmacists who hold a valid accreditation certificate with either the Australian Association of Consultant Pharmacy (AACP) or The Society of Hospital Pharmacists of Australia (SHPA).

Clause 7. Invoices and payment

7.1 You will be paid a service fee of \$130 (GST exempt) for each RMMR service performed under your

approval except in instances where clauses 7.3 to 7.9 will be invoked. The service fee is full payment for the provision of a RMMR service and QUM service. The RMMR service provider may not claim any amount from the eligible ACH resident for providing an RMMR service.

- 7.2 Where the RMMR service provider is different to the QUM service provider, the RMMR service provider must reach a remuneration agreement with the QUM service provider.
- 7.3 Payments for the RMMR service can only be made for RMMR services provided for eligible residents in Commonwealth Government funded ACHs by RMMR service providers approved by Medicare Australia.
- 7.4 For claims purposes, a collaborative RMMR service has been provided when the written RMMR report compliant with these terms and conditions has been provided to the medical practitioner and ACH.
- 7.5 For approved section 90 pharmacies, payments will be made to the bank account recorded in Medicare Australia’s pharmacy approvals database. For other business entities, payments will be made to the bank account specified on the application form. All payments will be made within 30 days of Medicare Australia receiving a full and correctly completed residential medication management multi lodgement claim form within 14 days of the end of the relevant month. Claims received after 14 days of the end of the month will be paid in the following monthly payment run.
- 7.6 Payment will not be made where RMMR services are provided after the agreement expires or is terminated or RMMR service provider status is revoked or the services claimed for do not comply with these terms and conditions. Please refer to clause 11.
- 7.7 Payment will not be made when more than one pharmacist RMMR service claim per year for an eligible ACH resident has been made.
- 7.8 Payment will not be made when a pharmacist RMMR service claim has been made for an eligible ACH resident who has already received a collaborative RMMR service in the previous 12 months.
- 7.9 Payment will only be made for claims that meet the eligibility criteria specified in the *Guidelines for the Administration of the Collaborative and Pharmacist Residential Medication Management Review Program and Associated Quality Use of Medicine Services*.

Clause 8. Overpayments

8.1 Any amounts overpaid to you by Medicare Australia must be repaid within 30 days of Medicare Australia notifying you that an amount has been overpaid.

Clause 9. Insurance

9.1 You are required to maintain the following insurance while you are a RMMR service provider and for 3

years after your approval ends:

- (a) public liability insurance in the amount of \$10 million;
- (b) workers compensation insurance as required by law; and
- (c) professional indemnity insurance in the amount of \$10 million.

9.2 You must also ensure that any accredited pharmacists who perform RMMR services under your approval maintain these levels of insurance.

9.3 You must provide to the Commonwealth Government, on request, evidence of your current insurance policies, and those of accredited pharmacists who perform RMMR services under your approval, to show that you satisfy these insurance requirements.

Clause 10. Indemnity

10.1 You must indemnify the Australian Government and their employees and agents against any claim made against or loss suffered (including legal costs on a solicitor and own client basis) in relation to the provision of RMMR services by you, or by any person acting on your behalf.

Clause 11. Termination

11.1 The Commonwealth Government may cancel your approval to provide RMMR services at any time on 30 days notice.

11.2 You or the aged care home may terminate this arrangement on 30 days notice to Medicare Australia.

11.3 If for any reason you believe you may no longer satisfy the eligibility criteria, you must immediately notify Medicare Australia. Your approval to provide RMMR services terminates from the time you cease to satisfy the eligibility criteria.

11.4 You will be paid a service fee for RMMR services performed up until the date of termination of your approval.

Clause 12. Privacy and confidentiality

12.1 The use and disclosure of information about eligible ACH residents is for the purpose of providing the RMMR service only, unless you are authorised or required to disclose it by law.

12.2 You must comply with the provisions of the Privacy Act 1988. You must ensure any person providing RMMR services on your behalf complies with this clause.

Clause 13. Variation of these terms and conditions

13.1 These terms and conditions may be altered from time to time by the Commonwealth Government. Current terms and conditions are available on the Medicare Australia website.

13.2 If you do not wish to accept a change to these terms and conditions, you can terminate your approval as a RMMR service provider under clause 11.

Clause 14. Keeping and providing information

14.1 You must keep all records necessary to show that you have complied with these terms and conditions for 7 years. These records must include:

- (a) the referral signed by the referring general practitioner, where applicable;
- (b) a record that the eligible ACH resident participated in the RMMR interview, which has been signed and dated by the eligible ACH resident or their carer or legal guardian;
- (c) a copy of the RMMR report to the referring general practitioner signed by the accredited pharmacist who performed the RMMR assessment;
- (d) a copy of the medication management plan (if any);
- (e) a copy of QUM activities performed;
- (f) a copy of the service agreement; and
- (g) a copy of your claim for payment.

Clause 15. Quality use of medicine activities

15.1 You must supply quarterly QUM activity reports that include:

- (a) QUM activities undertaken; and
- (b) frequency of QUM activities undertaken.

These reports must be sent to Medicare Australia in March, June, September and December each year.

Clause 16. Information

16.1 If you believe that you have not been paid correctly, or would like Medicare Australia to explain any information in connection with payment of the service fee, you can contact Medicare Australia by calling 08 8274 9641 or by writing to:

Medicare Australia
GPO Box 9826
Adelaide SA 5001

Clause 17. Waiver of rights

17.1 If either you or the Commonwealth Government choose not to enforce or exercise a right under these terms and conditions, that does not prevent either party from exercising that right in the future.

Clause 18. Continuing obligations

18.1 Clauses 8, 9, 10, 12 and 14 will continue to operate after the termination of these terms and conditions.

Clause 19. Governing law

19.1 The laws of the Australian Capital Territory govern these terms and conditions.