

Dose Administration Aid initial patient registration guide

The following is a guide to providing Initial Patient Registration Data for Dose Administration Aid claims.

Data Required	Claim Accepted	Claim Declined	Comments
Patient Details			
A. Patient Medicare/DVA number	11 digit Medicare number or a DVA number	If numbers entered are not a valid Medicare or DVA number	Medicare number must include all 10 digits plus the patient reference number (the number next to their name on the card).
B. Patient Date of Birth	Patient Date of Birth in DD/MM/YYYY format	Anything other than DD/MM/YYYY format or left blank	
C. Patient Gender	One of the fixed options selected from drop down box including: <ul style="list-style-type: none"> - Male - Female - Intersex or indeterminate - Other 	If fixed options is not selected	
D. Patient residential postcode	Four digit numerical value	Anything not a four digit numerical value	Note that NT postcodes start with a '0'
E. Does the patient have a Government issued concession card	If "Yes" is selected	If "No" is selected or no selection is made	Only concessional or DVA patients who hold a Gold or Orange card and are not claimed under the DVA DAA Service are eligible for a 6CPA subsidised DAA service, patient must satisfy this criteria to be eligible for payment
F. Number of prescription medicines patient is using	Must contain a numeric value.	If a numeric value is not entered or field is left blank.	A numerical value for all prescribed medicines at time of preparing report, including Prescription Only medicines as well as non-prescription medicines dispensed from a prescription (e.g. salbutamol inhaler on prescription). Note – refer to patient eligibility criteria in Program Rules
G. Number of non-prescription medicines patient is using	Must contain a numeric value.	If a numeric value is not entered or field is left blank.	A numerical value indicating the number of non-prescribed medicines a person uses at time of preparing report that are not recorded in the pharmacy's dispense system (i.e. captured under point 'F'), including non-

			prescribed OTC and complementary medicines.
H. Does the patient have a history of non-adherence	One of the fixed options is selected: - Yes - No	If a fixed option is not selected	Refers to pre-DAA use based on the pharmacist's knowledge of the patient. Note – refer to patient eligibility criteria in Program Rules
I. Is the patient experiencing difficulties with medication management	One of the fixed options is selected: - Yes - No	If a fixed option is not selected	Refers to pre-DAA use based on the pharmacist's knowledge of the patient. If 'No' is selected, the patient does not meet eligibility criteria
J. Does the patient have a disability that makes them eligible for a DAA?	One of the fixed options from drop down box including: - Yes - Physical disability - Yes - Cognitive disability - Yes - Physical and cognitive disability - No - Not stated/inadequately described	If an option is not selected	Refers to pre-DAA use based on the pharmacist's knowledge of the patient. Note – refer to patient eligibility criteria in Program Rules
K. What is patient's average Medsindex score	A numeric value from 0 to 100.	Anything other than a numeric value between 0 and 100	Numeric value between 0 and 100 based on the dosage of a person's medicine and the frequency a person has the relevant prescription dispensed. For people on multiple medicines, the score should be based on all routine prescribed medicines used or intended for long-term use (i.e. not 'PRN medicines' or short-term antibiotics). A manual MedsIndex template is available from http://6cpa.com.au/resources/user-guides/
L. In the last six months, did the patient go to the GP or hospital because of problems with his/her medicine?	One of the fixed options is selected: - Yes - No	If a fixed option is not selected	Based on the pharmacist's knowledge of the patient and/or from checking with the patient
M. Was the patient using a DAA prior to this visit	One of the fixed options is selected: - Yes - No	If a fixed option is not selected	Based on the pharmacist's knowledge of the patient patient and/or from checking with the patient
N. What health condition is the patient taking medications for?	Multiple options available from drop down box including: - CVD (including anticoagulants)	If no options are selected and left blank	Multiple options can be selected to reflect patient's health conditions

	<ul style="list-style-type: none"> - Diabetes - Osteoporosis - Arthritis - Pain - Mental Health issue - Epilepsy - Parkinson's Disease - Dementia - Respiratory disorders - Alimentary tract - Other(please specify) 	If 'Other' is selected and the following free text field is left blank	
O. Does the patient have support with managing medicines?	<p>One of the fixed options selected from drop down box including:</p> <ul style="list-style-type: none"> - Minimal (e.g. Living alone) - Occasional assistance (e.g. Living alone with periodic help) - Routine assistance (e.g. regular carer) - Complete assistance (assistance with preparation and taking of medicines) 	If a fixed options is not selected	Only one option can be selected from this list.
P. Is English the primary language spoken at home	<p>One of the fixed options is selected:</p> <ul style="list-style-type: none"> - Yes - No 	If a fixed option is not selected	
Q. Does the patient identify as Aboriginal or Torres Strait Islander?	<p>One of the fixed options is selected:</p> <ul style="list-style-type: none"> - Yes - No 	If a fixed option is not selected	
R. What is the referral source for the DAA?	<p>One of the fixed options from drop down box including:</p> <ul style="list-style-type: none"> - From HMR Management Plan - MedsCheck review - GP Referral (not from GP participating in Health Care Homes pilot) - GP Referral (from GP participating in Health Care Homes pilot) - Self-referral - Pharmacy - Not stated/inadequately described 	If a fixed option is not selected	<p>Based on the pharmacist's knowledge of the patient</p> <p>If referral source is unknown select 'Not stated/inadequately described'</p>

S. What was the date the referral/plan was made	Date of referral/plan in DD/MM/YYYY format	Anything other than DD/MM/YYYY format or left blank	Refers to the date the patient was referred to the pharmacy with a recommendation for a DAA service. The date must be before the claim submission date, and on or before the date of the first claimed DAA service matching the Medicare number. If date of referral/plan is not known, record the first recorded date for a DAA service for the patient
T. Date of initial contact	Date of initial contact with patient in DD/MM/YYYY format	Anything other than DD/MM/YYYY format or left blank	Referring to the date the pharmacy <u>started providing a DAA service</u> for the patient. Date must be before the claim submission date
U. Number of DAAs packed per week	Must contain a numeric value.	If a numeric value is not entered or column is left blank.	A numerical value referring to the number of DAA packs the patient receives as a weekly service. <i>Example – To assist the storage arrangements for a particular patient, a pharmacy may pack one DAA with non-fridge medicines and a second DAA with fridge medicines. Irrespective of whether the pharmacy prepares these on a weekly or fortnightly basis, the response to this is the pharmacy prepares two DAA packs per week for this patient.</i>
V. Frequency of collection	One of the fixed options selected from drop down box including: - Weekly - Fortnightly - Monthly - Other	If a fixed option is not selected	Other does not need to be clarified
W. How will the patient mainly obtain the DAA	One of the fixed options selected from drop down box including: - Collected from Pharmacy - Home Delivered - Other	If a fixed option is not selected a	Other does not need to be clarified
X. Type of DAA packed by the pharmacy	One of the fixed options selected from drop down box including: - Compartmentalised boxes - Blister packs - Bubble packs - Sachet systems	If a fixed option is not selected	

Y. Written patient consent for provision of evaluation data	One of the fixed options selected from drop down box including: - Yes - No	If one of the fixed options is not selected and is left blank.	This is in addition to the consent provided to receive and support a pharmacy claim for a DAA service as part of the 6CPA Program.
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