

MedsCheck/Diabetes MedsCheck Initial Patient Registration Guide

The following is a guide to providing Initial Patient Registration Data for MedsCheck and Diabetes MedsCheck 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). Note patient is only eligible if they hold a Gold or Orange DVA card. |
| B. Patient first name | Patient first name entered in free text field | If left blank | |
| C. Patient Surname | Patient surname entered in free text field | If left blank | |
| D. Patient Date of Birth | Patient Date of Birth in DD/MM/YYYY format – select from calendar | Anything other than DD/MM/YYYY format or left blank | |
| E. Patient Gender | One of the fixed options from drop down box including: - Male - Female - Intersex or indeterminate - Not stated/ inadequately described | If fixed option not selected | |
| F. Where is the patient currently living | One of the fixed options from drop down box including: - Private residence - Independent living unit within a retirement village - Supported accommodation or supported living - Institutional setting, including Aged Care and psychiatric/mental health community care facilities - Other | If one of the fixed options is not selected and field is left blank, or if “Other” is selected and the free text field is left blank. | Where “Other” is selected free text is provided which must contain information on living arrangements (please limit to 100 characters) for claim to be accepted |
| G. Patient residential postcode | Four digit numerical value | Anything not a four digit numerical value | Note NT patients must have a ‘0’ as the first digit of their postcode. |
| H. Is English the primary language spoken at home | One of the fixed options - Yes - No | N/A | |

| | | | |
|---|--|--|--|
| I. Does the patient identify as Aboriginal or Torres Strait Islander? | One of the fixed options - Yes - No | N/A | |
| Service Details | | | |
| J. Date of Service provision | Date of service provision in DD/MM/YYYY format – select from calendar | Anything other than DD/MM/YYYY format or left blank | |
| K. Reason for MedsCheck Service | One of the fixed options from drop down box including: - Recent significant medical event - To identify problems the consumer may be experiencing - To help the consumer learn more about their medicines - To improve the effective use of medicines by consumer - To educate the consumer about how to best use and store their medicines - Consumer is taking medications with a high risk of adverse event | If fixed option not selected | |
| L. Number of prescription medicines patient is using | Must contain a numeric value. | If a numeric value is not entered or 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). |
| M. Number of non-prescription medicines patient is using | Must contain a numeric value. | If a numeric value is not entered or column is left blank. | A numerical value indicating the number of non-prescription medicines a person uses at the time of preparing report that are not recorded in the pharmacy's dispense system (i.e. captured under point 'L'), including OTC and complementary |
| N. What health condition is the consumer taking medications for? | Any of the fixed options selected from drop down box including: - CVD (including anticoagulants) - Diabetes - Osteoporosis - Arthritis | If any of the fixed options not selected, or if "Other" is selected and the following free text field is left blank. | Note that multiple options can be selected Where "Other" is selected the following free text field must contain information on the patient's health condition (please |

| | | | |
|---|---|--|---|
| | <ul style="list-style-type: none"> - Pain - Mental Health issue - Epilepsy - Parkinson's Disease - Dementia - Respiratory disorders - Alimentary tract - Other | | limit to 100 characters) for claim to be accepted |
| O. Outcome of MedsCheck Service | <p>Any of the fixed options selected from drop down box including:</p> <ul style="list-style-type: none"> - Recommendation of no change in medications - Recommendation to increase dose and/or number of medicines - Recommendation to decrease dose and/or number of medicines - Increase in knowledge about importance of their medicine regime - Increase in knowledge about importance of medicine adherence - Other | If any of the fixed options not selected, or if "Other" is selected and the following free text field is left blank | <p>Note that multiple options can be selected</p> <p>Where "Other" is selected the following free text field must contain information regarding the option (please limit to 100 characters) for claim to be accepted.</p> |
| P. Actions taken by pharmacist as a result of the MedsCheck | <p>Any of the fixed options selected from drop down box including:</p> <ul style="list-style-type: none"> - Action plan developed and provided to consumer - Action plan developed and provided to consumer's GP - GP verbally consulted about the consumer - Referred to GP significant issues identified - Other | If any of the fixed options is not selected, or if "Other" is selected and the following free text field is left blank | <p>Note that multiple options can be selected</p> <p>Where "Other" is selected the following free text field must contain information on the option (please limit to 100 characters) for claim to be accepted.</p> |
| Q. In the last six months, did the patient go to the GP or hospital because of problems with their medicines? | <p>One of the fixed options</p> <ul style="list-style-type: none"> - Yes - No | N/A | |
| R. 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) | If one of the fixed options is not selected | |

| | | | |
|---|---|---|---|
| | - Complete assistance (assistance with preparation and taking of medicines) | | |
| S. What is consumer'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/ |
| T. Written consent for service provision | If 'Yes' is selected | If "No" is selected | |
| U. Written patient consent for provision of evaluation data | If "Yes" is selected | If "No" is selected | |