

Staged Supply 6 Month Follow-up Guide

The following is a guide for completing a Staged Supply 6 month follow-up claim (subject to written consent for collection of personal information for program monitoring and evaluation purposes).

Data Required	Claim Accepted	Claim Declined	Comments
Client Details			
A. Consumer's Medicare Number or DVA file 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 consumer reference number (the number next to their name on the card). Note consumer is only eligible if they hold a Gold or Orange DVA card.
B. Consumer's First Name	Consumer's first name entered in free text field	If left blank	
C. Consumer's Surname	Consumer's surname entered in free text field	If left blank	
Details of Review			
D. Date of follow-up visit	Date the Staged Supply follow-up review was conducted in DD/MM/YYYY format	If left blank or if follow up visit is conducted earlier than 5 months or later than 7 months from when the consumer was registered	Consumer will not be eligible for this service if they have not been receiving this service for four consecutive months
E. Actions taken by the pharmacist to support the Staged Supply service	Fixed option selected from drop down box including: <ul style="list-style-type: none"> - Staged Supply plan/record updated - Staged Supply communication record updated - Pharmacist verbally consulted with GP - Pharmacist referred consumer to GP due to issues being identified - Staged Supply dose changed - Collection frequency change 	If left blank	Note only one option can be selected. Option of "other" does not allow for further information to be provided.

	<ul style="list-style-type: none"> - Break in treatment - as suggested by health professional - Break in treatment – as suggested by consumer and/or carer - No changes to the Staged Supply service - Staged Supply service to cease - Other 		
F. Is continuation of the Staged Supply service recommended for this consumer?	<p>Fixed option selected from drop down box:</p> <ul style="list-style-type: none"> - Yes - No 	If left blank	
G. If the Staged Supply service is not recommended for continuation, what is the reason?	<p>Fixed option selected from drop down box:</p> <ul style="list-style-type: none"> - Consumer does not want to continue - Consumer does not meet eligibility criteria - Pharmacist does not think the consumer requires the Staged Supply services - GP does not think the consumer continues to need the Staged Supply service - Other 	If 'No' was selected in previous field regarding recommendation of continuation and this field is left blank	<p>Note if 'Yes' was selected in previous field regarding recommendation of continuation then this field should be left blank.</p> <p>Note only one option can be selected</p>
H. What is the average MedsIndex Score of the medications the consumer is taking?	A numeric value from 0 to 100.	Anything other than a numeric value between 0 and 100.	<p>Numeric value between 0 and 100 based on the dosage of a person's medicine and the frequency a relevant prescription is 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/</p>
I. In the last six months, did the consumer go to the GP or hospital because of problems with their medicine?	<p>Fixed option selected from drop down box:</p> <ul style="list-style-type: none"> - Yes - No 	If left blank	
J. Has the consumer had any problems over the past month with their medicine?	<p>Fixed option selected from drop down box:</p> <ul style="list-style-type: none"> - Not as yet – this is a new medicine 	If left blank	Note only one option can be selected

	<ul style="list-style-type: none"> - Had trouble following doctor's instructions - Had difficulty collecting medicine/s from pharmacy - Had to go to doctor or hospital because of problems with medicine/s 		Note that consumer must be receiving Staged supply services for 4 or more consecutive months to be eligible for the service even if the medication changes
K. Who is participating in the review?	Fixed option selected from drop down box: <ul style="list-style-type: none"> - Consumer only - Carer only - Consumer and carer 	If left blank	
L. On a scale of 1 to 10, how helpful is the Staged Supply service in managing the consumer's medicine?	A numeric value from 1 to 10	Anything other than a numeric value between 1 and 10.	This requires consultation with the consumer/carer. 1 is the least helpful, 10 is the most helpful
M. On a scale of 1 to 10, does the consumer feel that receiving the Staged Supply service has prevented a medicine related problem for them?	A numeric value from 1 to 10	Anything other than a numeric value between 1 and 10.	This requires consultation with the consumer/carer. 1 is the least helpful, 10 is the most helpful
N. On a scale of 1 to 10, has the Staged Supply service met the consumer's expectations?	A numeric value from 1 to 10	Anything other than a numeric value between 1 and 10.	This requires consultation with the consumer/carer. 1 is least met expectations, 10 is most met expectations

Medication Details

O. Brand Name	Free text field	If left blank	Brand name of the Staged Supply medicine for which PBS item number is provided.
P. Generic Name	Free text field	If left blank	Active ingredients of the Staged Supply medicine for which PBS item number provided.
Q. Form	Free text field	If left blank	Form (eg tablet, capsule etc) of the Staged Supply medicine for which PBS item number provided.
R. Strength	Free text field	If left blank	Strength of the Staged Supply medicine for which PBS item number provided.
S. Dose	Free text field	If left blank	Directions for use of the Staged Supply medicine for which PBS item number is provided e.g. 1 bd
T. Dosage Regimen	Free text field	If left blank	Frequency consumer is collecting their Staged Supply medicine from

			the pharmacy e.g. daily; every 3 days
Consumer Consent Details			
U. Written consumer consent for provision of evaluation data	Fixed option selected from drop down box: - Yes - No	If left blank or fixed option 'No' selected from drop down box	