FAQ - Ensuring sustainability and delivering efficiencies

What are the changes to programme administration arrangements?
From 1 March 2014, the Pharmacy Guild of Australia will receive claims and undertake all payments for the following Fifth Agreement programmes, which were previously managed by the Department of Human Services (Medicare):

- Home Medicines Review (HMR) Programme;
- Residential Medication Management Review (RMMR) Programme;
- MedsCheck and Diabetes MedsCheck Programmes;
- Pharmacy Practice Incentive (PPI) Programme;
- Section 100 Pharmacy Support Allowance; and,
- Rural Pharmacy Maintenance Allowance (RPMA).

Why have these changes been made to the programme administration arrangements?
The change seeks to streamline and improve how pharmacies and pharmacists receive remuneration for the valuable services they provide to the Australian community. The Guild, through a contractual arrangement with the Australian Government, will deliver an electronic based claiming system that will make it more convenient for pharmacies and pharmacists to lodge claims. This change will reduce red tape and deliver efficiencies over the current manual, paper-based system.

Is the system being developed by a company owned by the Guild?
The claiming system is being developed by Fujitsu independently of any Guild companies. The system will be able to be accessed electronically via a web portal. There is no need to obtain a licence for any proprietary pharmacy software.

What are the programme changes?
From 1 March 2014, a number of changes will occur across Fifth Agreement programmes:

1. A cap on the number of HMRs that can be delivered either by a HMR service provider or an accredited pharmacist of 20 per calendar month. Since announcing the cap would apply to service providers – (the entities claiming for the HMR services), it has become apparent that arrangements are being considered that could circumvent the cap thereby undermining the sustainability of the programme. The Government and the Guild have taken the responsible approach to ensure the HMR programme continues to be available for Australian consumers and the cap will apply across all service providers and accredited pharmacists regardless of whether they operate independently or in association. This change is expected to affect only the small number of accredited pharmacists who currently perform more than 20 HMRs per month;

2. A limit of three months on the referral from a General Practitioner to when a HMR or RMMR may be conducted;
3. A timeframe of 24 months (2 years) between repeat/additional HMR and RMMR for a single patient;
4. A cap on the number of MedsCheck / Diabetes MedsCheck services that can be delivered by a community pharmacy, to a combined total of 10 per calendar month.

Why were caps introduced as part of the changes to the HMR and MedsCheck/Diabetes MedsCheck programmes?
HMR and MedsCheck programmes have been capped to ensure the overall sustainability of all Fifth Agreement programmes and services so that patients most in need can continue to benefit from these and other important primary health care services and initiatives available under the Agreement.

Why is the frequency of HMR and RMMR services being restricted for patients (i.e. one HMR/RMMR service per 24 month period)?
The HMR and RMMR services are not intended to be an annual or bi-annual review. Subsequent reviews should generally only be conducted when there is a significant change to a patient’s condition or medicine regimen, and nor should they seek to substitute for the ongoing advice and value a primary health care professional, be it a General Practitioner, Allied Health professional or a community pharmacist can offer.

The Fifth Agreement contains a variety of other medication management services which pharmacists and patients can utilise to meet the patient’s needs.

Why has the validity of referrals been restricted to three months?
A key part of a HMR and RMMR is ensuring people receive a timely service. These services are aimed towards people at significant risk of medication misadventure, which leads to potential poorer health outcomes and avoidable hospitalisation. This change is a responsible decision that ensures people who are referred for this important service, receive this as soon as possible in order to manage and address the concerns that have been identified by the GP who has provided the referral.
When do all these changes come into effect?
The changes to both administration arrangements and programme changes come into effect as at 1 March 2014.

Do the programme changes apply to services delivered between 15 - 28 February 2014?
No. HMR, RMMR and MedsCheck/Diabetes MedsCheck services delivered between 15 February and 28 February will be assessed under the programme guidelines that are currently in place. The programme changes will only apply to those services delivered on or after 1 March 2014.

If I receive a HMR or RMMR referral dated prior to the 1 March, but provide the service post 1 March, will the service be subject to the programme changes?
Yes. All services conducted from 1 March onwards must comply with the Programme Specific Guidelines that are effective from 1 March 2014.

Are there any medico legal issues?
Your accreditation organisation is seeking advice from PDL that will be forwarded to all associates early next week following receipt of the advice. If you have any concerns please consult with your professional indemnity insurer.

Are there any changes to the QUM programme?
No. There have been no changes to QUM programme rules.

How will the Guild ensure that privacy is respected in relation to provision of services (including patient consent, assessing claims for payment etc.)?
The National Privacy Principles and Information Privacy Principles (known as Australian Privacy Principles from 12 March 2014) are very specific around ensuring individuals information is protected and recognises people have the right for their private information only to be shared with their consent. Data collected will be strictly managed under the new arrangements, including the requirement that it be stored appropriately, and for information relating to your claim.

Who do I contact if I have questions about the changes?
The www.5cpa.com.au website is your first port of call for information about the changes.

Who do I contact if I have questions about claims submitted to DHS on or before 14 February 2014?
Email dhs.claims@5cpa.com.au and include as much detail and documentation as possible. At a minimum please include:
- Your name
- Business/Pharmacy name
- DHS issued provider number/section 90 number
- Phone number
- Email address
- Claim type (HMR, MedsCheck, RMMR, PPI)
- Type and date of advice from Medicare
- Rejection details or codes
- Detailed description of the issue

As all individual circumstances will need to be reviewed, it is anticipated that this process will take at least 30 days.

When will more information be available?
Information is being progressively released via the SCPA website. Please continue to check back for the most up-to-date information.

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