



## **Fifth Community Pharmacy Agreement: Frequently Asked Questions - Claiming**

### **Who do I contact if I have questions about claims that were with the Department of Human Services (DHS) prior to 14 February 2014?**

Send an email to [dhs.claims@5cpa.com.au](mailto:dhs.claims@5cpa.com.au)

Please include the following information:

- 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.

Emails will be acknowledged on receipt. As all individual cases will need to be reviewed this process will take at least 30 days.

### **How do I submit a claim for payment through the 5CPA Registration and Claiming Portal?**

You can submit a claim for 5CPA services provided via the **5CPA Registration and Claiming Portal**.

To submit a claim for PPI Clinical Interventions and/or DAAs, refer to the [How to submit a PPI claim on the 5CPA Registration and Claiming Portal](#) user guide for a step-by-step reference guide to submitting your claim for payment. User guides can be downloaded from the [Resources](#) tab on the 5CPA website.

**Note:** No documents are required to be uploaded when completing a claim for PPI Clinical Interventions and/or DAAs.

For all other 5CPA programmes, refer to the [How to submit a claim on the 5CPA Registration and Claiming Portal](#) user guide for a step-by-step reference guide to submitting your claim for payment.

**Note:** If you are claiming for HMR, RMMR or MedsCheck/Diabetes MedsCheck services you will be required to upload the relevant programme claim template in order to complete your claim. You can download the claim template for your relevant programme from the [Resources](#) tab on the 5CPA website.

Please ensure you have completed and saved the relevant programme claim template to your computer prior to beginning the claim process.

Claims are not required to be submitted for RPMA, S100 Support Allowance, ePSI or the PPI Staged Supply, Primary Health Care, Community Services Support or Working with Others priority areas. These programme payments are automatically generated via the

**5CPA Registration and Claiming Portal** based on programme payment eligibility as detailed in the relevant *Programme Specific Guidelines*.

### **Is there any other way to submit my claim other than through the 5CPA Registration and Claiming Portal?**

No. All claims for 5CPA services provided must be submitted electronically via the **5CPA Registration and Claiming Portal**. Any claims not received through the Portal will be declined and will not be paid.

### **When can I submit my claim for 5CPA services?**

Claims can be submitted at any time in accordance with the relevant *Programme Specific Guidelines*. Claims for some 5CPA programmes are subject to time limits or claim period deadlines.

For more information on time limits and claim periods please refer to relevant *Programme Specific Guidelines* or refer to the FAQ below "**Is there a specific timeframe to lodge claims for 5CPA services?**"

### **Is there a specific timeframe to submit claims for 5CPA services?**

#### **HMR, RMMR, MedsCheck and/or Diabetes MedsCheck**

Claims for HMR, RMMR, MedsCheck and/or Diabetes MedsCheck Services must be submitted **within 30 days** from the date of service (patient interview). Claims submitted outside this timeframe will not be paid and cannot be resubmitted.

**Note:** the claim submission date is the date the completed claim template is uploaded and submitted through the **5CPA Registration and Claiming Portal**. Claims with a status of **Submitted, Pending Documents** will not be considered valid. Only valid claims can be assessed and processed for payment (if approved).

## PPI Clinical Interventions and DAAs

Claims for PPI Clinical Interventions and DAAs must be submitted in accordance with the following timeframes:

Eligible Claiming Periods	Claim Due Date
1 January to 31 March (approx. 13 weeks)	14 April
1 April to 31 May (approx. 9 weeks)	14 June
1 June to 30 September (approx. 17 weeks)	14 October
1 October to 31 December (approx. 13 weeks)	14 January

**Note:** Claims received after the claim due dates for the corresponding eligible claiming periods in the table above will be declined.

### What happens if I miss the claim due date for the relevant claiming period for PPI Clinical Interventions and DAAs?

The ability to submit a claim during an eligible claiming period via the **5CPA Registration and Claiming Portal** will be turned off at the expiry of the claim due date for the relevant claiming period. PPI Clinical Intervention and/or DAA claims must be submitted within the timeframes detailed in this FAQ.

### What do the different claim statuses mean?

**DRAFT:** Your claim has not been successfully submitted and will not be processed.

**SUBMITTED, PENDING DOCUMENTS:** For HMR, MedsCheck/Diabetes MedsCheck and RMMR your claim has been submitted without the required claim template and is therefore not considered valid. **The claim submission date is the date the completed claim template is uploaded and submitted.** Only valid claims can be assessed and processed for payment (if approved).

For PPI Clinical Intervention and/or DAA claims no document is required to be uploaded, however the 'Submit' button on the 'Upload Application Documents' page during the claiming process is required to be clicked in order to successfully submit the claim.

**PENDING PROCESSING STAGE 1:** You have submitted a claim and it is currently awaiting assessment by the 5CPA Programme Team.

**PENDING PROCESSING STAGE 2:** Your claim has been through the initial assessment phase to check eligibility and is now awaiting final approval.

**PENDING PAYMENT:** Your claim has been approved and is waiting to be processed in the next payment run.

**WITHDRAWN:** Your claim has been withdrawn at your request or following discussions with one of the 5CPA Programme Team members.

**DECLINED:** Your whole claim has been declined.

The claim may have been declined for a number of reasons such as ineligible for programme participation, incomplete documentation, incorrect claim template has been used (this includes use of a DHS form from 9 April 2014). You will receive an email detailing why your claim has been declined.

### Does my claim receipt number indicate where my claim sits in the claim processing queue?

No. Each activity created within the **5CPA Registration and Claiming Portal** is allocated a unique system generated number. This includes registrations, claims, payments, updating details and activities that are duplicated or submitted in error or as a test.

While these numbers may appear to be sequential, please note that the claim number is not an indicator of position in a claim processing queue.

### How do I amend my submitted claim?

Claims for HMR, RMMR, QUM, MedsCheck and/or Diabetes MedsCheck Services that are lodged with incomplete information or incorrect Service Provider details will be required to be amended within 30 days of the amendment notification. Claims that are not amended within 30 days of the amendment notification will not be paid.

To request reconsideration of a declined claim that cannot be resubmitted under the rules (disputed claims or requests for exceptional circumstances), please email [claim.queries@5cpa.com.au](mailto:claim.queries@5cpa.com.au).

### Important note:

#### HMR Service Claims

*HMR Service claims that are declined due to lodgement more than 30 days from date of service (patient interview) as per clause 5.1 of the [HMR Programme Specific Guidelines](#), or because the HMR interview was conducted more than 90 days after the date of referral as per clause 3.5, or submitted without prior approval being granted as per clause 7, cannot be resubmitted.*

*HMR Service claims submitted that exceed a HMR Service Provider's or an Accredited Pharmacist's monthly cap of 20 HMR Services as per clause 3.1, will not be paid and cannot be resubmitted.*

#### MedsCheck and Diabetes MedsCheck Service Claims

*MedsCheck and Diabetes MedsCheck Service claims that are declined due to lodgement more than 30 days from date of service (patient interview) as per clause 7.1 of the [MedsCheck and Diabetes MedsCheck Programme Specific Guidelines](#), MedsCheck or Diabetes MedsCheck Service claims submitted that exceed a Service Provider's monthly cap of 10 combined MedsCheck and Diabetes MedsCheck Services, will not be paid and cannot be resubmitted.*

## RMMR Service Claims

RMMR Service claims that are declined due to lodgement more than 30 days from date of service (patient interview) as per clause 8.1 of the [RMMR and QUM Programme Specific Guidelines](#), or because the RMMR interview was conducted more than 90 days after the date of referral as per clause 5, or submitted without prior approval being granted (where necessary) as per clause 9, cannot be resubmitted.

### When can I submit my PPI claim for the 1 April to 31 May time period?

Claiming for the 1 April to 31 May 2014 time period will be open between 1 June and 14 June 2014 via the **5CPA Registration and Claiming Portal**. For all information related to PPI please refer to the *PPI Programme Specific Guidelines*.

**Note:** Claims submitted by any other means after the claim due date (14 June 2014) will be declined.

### Can I submit multiple claims in a calendar month?

More than one claim can be submitted per month for HMR, MedsCheck, RMMR, and/or QUM. All claims must be eligible as per the relevant *Programme Specific Guidelines*.

**Note:** HMR and MedsCheck/Diabetes MedsCheck programmes have a cap on the number of services that can be claimed in a calendar month.

## MedsCheck and Diabetes MedsCheck Services

Each approved Service Provider will be remunerated for up to a total of **10 MedsCheck services** (MedsCheck and Diabetes MedsCheck) that have been conducted within a calendar month as per clauses 3.1, 8.2 and 9 of the [MedsCheck and Diabetes MedsCheck Programme Specific Guidelines](#). The total of 10 can be any combination of MedsCheck and Diabetes MedsCheck services as long as the total is no more than 10 services per calendar month.

## HMR Services

Each approved HMR Service Provider may conduct and claim up to a total of **20 HMR Services** per calendar month that will be remunerated as per clauses 3.1, 5, and 6.3 of the [HMR Programme Specific Guidelines](#).

Each Accredited Pharmacist may conduct up to a total of **20 HMR Services** per calendar month that will be remunerated, irrespective of the number of approved HMR Service Providers they provide HMR Services on behalf of, as per clauses 3.1, 5 and 6.4.

### How do I claim for an HMR/RMMR done within the 24 month period, as requested by a GP who has identified a clinical need?

Claims should be submitted using the normal claiming process. Claiming will be monitored on an ongoing basis. Claimants submitting claims for services performed within 24 months will be assessed retrospectively and are required to substantiate claims upon request.

### What documents do I need to submit when claiming for 5CPA services provided?

If you are submitting a claim for HMR, RMMR/QUM and/or MedsCheck/Diabetes MedsCheck services you will be required to complete and upload the relevant programme claim template located under the [Resources](#) tab on the 5CPA website and submit your claim via the **5CPA Registration and Claiming Portal**.

**Note:** When submitting claims for these programmes on the 5CPA Portal, the correct programme claim template must be used. Submitting the incorrect claim template or altering the claim template may invalidate your claim.

If you are submitting a claim for PPI Clinical Interventions and/or DAAs there are no claim templates or other documents required to be uploaded.

### Do I need to enter a prescriber number or provider number on my HMR claim template?

Claims submitted post 1 March 2014 require the GP provider number to be entered. Please note this is a change from the Department of Human Services requirements.

### Who needs to sign my RMMR QUM claim?

An authorised contact of the Approved Service Provider needs to sign this form. This form does not need to be signed by a representative of the Residential Aged Care Facility.

