PORTAL USER GUIDE – QUALITY USE OF MEDICINE MAXIMISED FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE: COMMUNITY PHARMACY

1 February 2019
INTRODUCTION

This Pharmacy Programs Administrator Portal User Guide provides a step by step process for Community Pharmacies claiming for the QUMAX Program. It describes the following processes:

- QUMAX Program Registration
- Uploading your QUMAX DAA Agreement
- Submitting a QUMAX DAA Report.

If you require further assistance with using the Pharmacy Programs Administrator Portal, please do not hesitate to contact the Pharmacy Programs Administrator Support Centre.
QUMAX PROGRAM REGISTRATION

This section details how to complete a QUMAX Program Registration through the Pharmacy Programs Administrator Portal.

1) Open the **Home** page to display a list of your approved Service Providers

2) To Register for a new Program, click the **Register for new program** link

![QUMAX PHARMACY](image)

3) The Program Registration screen will display a list of all programs a service provider may register for

4) Use the drop-down list to select **Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People Community Pharmacy**

![QUMAX PHARMACY](image)

5) The QUMAX Program Registration information will be displayed as below
6) If the User agrees to the declaration and receipt of Recipient Created Tax invoices, the User can click **Submit Registration** to continue.

7) The QUMAX program registration will be set to pending and may take up to 24 hours to be approved. Once approved, the **Pending** status shown below will update to **Granted**. You will now be ready to upload your QUMAX DAA Agreement and/or submit QUMAX DAA Reports through the Portal.
UPLOADING YOUR QUMAX DAA AGREEMENT

This section details how to upload your QUMAX DAA Agreement(s) through the Pharmacy Programs Administrator Portal.

1) Once logged into the Pharmacy Programs Administrator portal, click on the Home button to access a list of approved program registrations against one or more of your service providers.

2) Click on the View button to access your QUMAX Community Pharmacy options.

3) Once you have clicked on View, the following will display. Click on the New Record button.

Program: QUMAX Community Pharmacy

<table>
<thead>
<tr>
<th>QUMAX Community Pharmacy DAA Agreement</th>
<th>QUMAX Community Pharmacy Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUMAX Community Pharmacy DAA Agreement</td>
<td></td>
</tr>
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4) An upload box will display allowing you to select your signed QUMAX DAA Agreement form from your computer (1), upload this form (2) and submit the form for review (3).

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Please upload a Signed DAA Agreement (Form A)

Please select a file... Browse

Submit Save
5) Click on the **Submit** button to submit the QUMAX DAA Agreement. The following message will appear, and your QUMAX DAA Agreement will be set to **Pending**. The initial QUMAX payment will be approved once the contract between the associated ACCHO and the PPA is executed.

6) To see a list of all QUMAX DAA Agreement’s your pharmacy has uploaded, click on the **Show All** button.
SUBMITTING A QUMAX DAA REPORT

This section details how to submit your QUMAX DAA Reports.

1) Once logged into the Pharmacy Programs Administrator portal, click on the Home button to access a list of approved program registrations against one or more of your service providers.

2) Click on the View button to access your QUMAX Community Pharmacy options.

3) Once you have clicked on View, the following will display. Click on the QUMAX Community Pharmacy Claim button.

4) Select the New Record button.
5) The QUMAX DAA Report form will be displayed. You will be required to enter the following details:
   a. The Community Pharmacy name
   b. Pharmacy approval number
   c. Name of the associated ACCHO
   d. The reporting period in which this QUMAX DAA Report is for
   e. Total number of QUMAX Patients receiving a weekly DAA service for this reporting period
   f. Total number of QUMAX DAA packs provided for the reporting period.

6) Once you have completed the form, select the **Submit** button. If you would like to save the form and return to complete it later, select the **Save** button.

   **Total number of QUMAX patients receiving a weekly DAA service for this reporting period**

   **Total number of QUMAX DAA packs provided for reporting period**

   **Declaration**

   I declare that the information given by me in this application is true and correct

   ![Submit and Save buttons]

7) Once you submit the QUMAX DAA Report, a confirmation message will display, and your QUMAX DAA Report will be set to **Pending** status.
8) Once your QUMAX DAA Report has been approved, it’s status will change to **Granted** and will be added to the payment queue. If you wish to view the payment information for a QUMAX DAA Report, click the **Payment** button.