

PORTAL USER GUIDE – OPIOID DEPENDENCE TREATMENT (ODT) COMMUNITY PHARMACY PROGRAM

July 2023



PHARMACY PROGRAMS ADMINISTRATOR PORTAL USER GUIDE – ODT COMMUNITY PHARMACY PROGRAM

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INTRODUCTION

This Pharmacy Programs Administrator Portal User Guide provides a step-by-step process for the Opioid Dependence Treatment (ODT) Community Pharmacy Program. It describes the following processes:

ODT Community Pharmacy Program Registration

- **ODT Staged Supply Service Claim**
- **ODT** Injection Service Claim

View Claims.

For best performance, we recommend the most recent version of the **Chrome** browser is used. Whilst you can successfully submit your registration and make claims using other browsers, they may not have all the features required to provide you with the best user experience.

If you require further assistance with using the Pharmacy Programs Administrator Portal, please do not hesitate to contact the Pharmacy Programs Administrator Support Centre on 1800 951 285 or email <u>support@ppaonline.com.au</u>.



ODT COMMUNITY PHARMACY PROGRAM REGISTRATION

This section details how to submit an ODT Community Pharmacy Program Registration through the Pharmacy Programs Administrator Portal.

Users are reminded that only eligible Section 90 Community Pharmacies (i.e. those approved under Section 90 of the National Health Act 1953) can register for the ODT Community Pharmacy Program.

- 1) Open the **Home** page to display a list of your approved Service Provider(s)
- 2) Find the Service Provider you are trying to register for the ODT Community Pharmacy Program
- 3) To register for the ODT Community Pharmacy Program, click the **Register for New Program** link underneath the Service Provider's name. Please note only the Main Authorised Person for the Service Provider can register for new programs

PHARMACY				Service Provider Status: Granted 💙
\$ View Remittance Advices	+ Register for New Program	🕑 Update Details	B View Summary Reports	
PROGRAM NAME		STATUS	ACTION	
MedsCheck and Diabet	es MedsCheck	Granted	i View	E.
Staged Supply		Granted	💼 View	Ę

 The Program Registration screen will display a list of all programs a Service Provider may register for. Use the drop-down list to select **Opioid Dependence Treatment (ODT) Community Pharmacy**

PHARMACY	
Program Registration	
	~
Intern Incentive Allowance for Rural Pharmacies - Extension Program	
COVID-19 Vaccination in Community Pharmacy Opioid Dependence Treatment (ODT) Community Pharmacy	

- 5) To be eligible to become an Approved Service Provider and participate in the ODT Community Pharmacy Program, a pharmacy must agree to the Program Declaration displayed
- 6) Click **Submit Registration** to continue once the ODT Program Declaration has been reviewed and accepted. If you have trouble, contact the Support Centre on 1800 951 285 for assistance

By clicking Submit Registration you confirm that you are authorised to bind the pharmacy/business to abide by the terms and conditions detailed above. Providing false or misleading information is a serious offence and auditing of claims made under the Program may occur. All records should therefore be maintained in accordance with the Program Rules.





7) Once submitted, the Program Registration will be automatically approved, and you will be able to return to your pharmacy home screen to begin claiming.

PHARMACY				Service Provider Status: Granted 💙
\$ View Remittance Advices	+ Register for New Program	🗹 Update Details	B View Summary Reports	
PROGRAM NAME		STATUS	ACTION	
MedsCheck and Diabetes I	MedsCheck	Granted	🖻 View	E.
Staged Supply		Granted	🖻 View	Ę
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ODT STAGED SUPPLY SERVICE CLAIM

This section details how to submit ODT Staged Supply Service Claims through the Pharmacy Programs Administrator Portal. Staged Supply Service Claims should be made for both oral and sublingual dosing of patients.

- 1) In order to submit ODT Staged Supply Service Claims you must first register for the Program and be approved
- 2) Once logged into the Pharmacy Programs Administrator portal, click on the **Home** icon to access a list of approved program registrations against one or more Service Providers
- 3) Click on the **View** button to make a claim against a program under the relevant Service Provider

PHARMACY				Service Provider Status: Granted 💙
\$ View Remittance Advices	+ Register for New Program	🕑 Update Details	📸 View Summary Reports	
PROGRAM NAME		STATUS	ACTION	
MedsCheck and Diabete	s MedsCheck	Granted	i View	
Staged Supply		Granted	📋 View	R
Opioid Dependence Tree Pharmacy	atment (ODT) Community	Granted	e View	E,

 Once you have clicked on View, the following screen will display. Click on the ODT Staged Supply Claim tab

				Program Resources can be found here 🔽	
OPIOID DEPENDENCE TREATMENT (ODT) COMMUNITY PHARMACY - PHARMACY					
ODT Staged Supply Claim	ODT Injection Claim	View Claims			



5) The **ODT Staged Supply Claim** form will display as shown below for Service Providers to complete. Please note that the **Medications Supplied** field is a drop-down list, from which you can select the correct PBS approved ODT medication. Services Providers will be able to utilise the **Add another medication** button if they have provided multiple medications within the claiming month. *Service Providers will only need to select a medicine once even if they have provided multiple boxes of the same medicine and strength*

PHOID DEPENDENCE TREATM	INT (ODT) COMMONITT PHARMACT - PHARMACT	
ODT Staged Supply Claim ODT	Injection Claim View Claims	
ODT STAGED SUPPLY CLAIM		
Medicare Number or DVA Numb	21	
Patient Given Name/s		
Patient Family Name		
Patient Date of Birth		
dd/mm/yyyy		
Written patient consent for servi	ce and provision of data	
O Yes		
O No		
Claimed Calendar Month		
		~
Claimed Calendar Year		
		~
How many days did the patient h	ave in-pharmacy ODT doses during the month?	
In-pharmacy dose means a superv pharmacy. Split doses should only	sed dose within the pharmacy. Only include the days the patient took the oral/su be counted as one day.	blingual dose while present in the
How many days did the patient I	ave take-away ODT doses during the month?	
Take-away dose means the patient (e.g. split dosing), this only counts	was not supervised while taking the oral/sublingual medication. If a patient recei as one day.	ives multiple doses on the same day
Medication Supplied		
		~
+ Add another medication		
Declaration		

6) If you need to return to the claim at another time, scroll down and click the transparent Save button. You can then continue the saved claim by clicking the View Claims tab and then the Continue Submission button



 Once you have finished completing all fields on the screen including correcting any errors (if required) and have reviewed and agreed to the declaration shown; you may click the green Submit button. An approval message will then appear.

Declaration

- By clicking Submit you acknowledge and agree that:
- a. By submitting a claim on behalf of the pharmacy/organisation, you agree that you are authorised to submit this claim and bind the pharmacy/organisation to the Pharmacy Programs Administrator General Terms and Conditions (General Terms) and the Opioid Dependence Treatment (ODT) Community Pharmacy Program Rules, applicable as at the date of the service/s
- b. The health professional/s who provided the service/s are authorised by their relevant State/Territory to provide/administer the relevant ODT medications to patients
- c. You have permission to pass on the details of any health professionals and service recipient involved in the service/s to the Pharmacy Programs Administrator and the Australian Government, as required under the General Terms and Opioid Dependence Treatment (ODT) Community Pharmacy Program Rules
- d. All ODT Staged Supply Services included in this claim were supplied in accordance with the General Terms and the Opioid Dependence Treatment (ODT) Community Pharmacy Program Rules, including those related to patient eligibility
- e. All information provided in the claim is complete and correct at the time of submission
- f. Documentation in relation to this claim is available for audit by the Pharmacy Programs Administrator
- g. All aspects of the service were provided at no cost to the patient (other than a patient PBS medication co-payment, if applicable).



ODT INJECTION SERVICE CLAIM

This section details how to submit ODT Injection Service Claims through the Pharmacy Programs Administrator Portal.

- 1) In order to submit ODT Injection Service Claims you must first register for the Program and be approved
- 2) Once logged into the Pharmacy Programs Administrator portal, click on the **Home** icon to access a list of approved program registrations against one or more Service Providers
- 3) Click on the View button to make a claim against a program under the relevant Service Provider

PHARMACY				Service Provider Status: Granted ¥
\$ View Remittance Advices	+ Register for New Program	🗹 Update Details	🐻 View Summary Reports	
PROGRAM NAME		STATUS	ACTION	
MedsCheck and Diabete	s MedsCheck	Granted	💼 View	E.
Staged Supply		Granted	💼 View	e
Opioid Dependence Tre Pharmacy	atment (ODT) Community	Granted	Ê View	Ę

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 Once you have clicked on View, the following screen will display. Click on the ODT Injection Claim tab

OPIOID DEPENDENCE TREATMENT (ODT) COMMUNITY PHARMACY - PHARMACY				
ODT Staged Supply Claim	ODT Injection Claim	View Claims		

5) The **ODT Injection Claim** form will display as shown below for Service Providers to complete. Please note that the **Medications Supplied** field is a drop-down list, from which you can select the correct PBS approved ODT medications, as determined by the selected dosing schedule. *Services Providers are able to submit one injection per claim via the PPA Portal and must submit multiple claims (and will receive multiple payments) if their patients require multiple injections to reach their prescribed dose*

OPIOID DEPENDENCE TREATMENT (ODT) COMMUNITY PHARMACY - PHARMACY	
ODT Staged Supply Claim ODT Injection Claim View Claims	
ODT INJECTION CLAIM	
Medicare Number or DVA Number	
Patient Given Name/s	
Patient Family Name	
Patient Date of Birth	
dd/mm/yyyy	
Written patient consent for service and provision of data	
O No	
Date of Service	
dd/mm/yyyy	
Dosing Schedule	
O Monthly	
Medication Supplied	
	~
The Pharmacist details below should be for the pharmacist who administered the injection to the patient in the pharmacy	
Pharmacist Given Name(s)	
Pharmacist Family Name	
Pharmacist AHPRA number	
Declaration	



- 6) If you need to return to the claim at another time, scroll down and click the transparent Save button. You can then continue the saved claim by clicking the View Claims tab and then the Continue Submission button
- Once you have finished completing all fields on the screen including correcting any errors (if required) and have reviewed and agreed to the declaration shown; you may click the green Submit button. An approval message will then appear.

Declaration

By clicking Submit you acknowledge and agree that:

- By submitting a claim on behalf of the pharmacy/organisation, you agree that you are authorised to submit this claim and bind the pharmacy/organisation to the Pharmacy Programs Administrator General Terms and Conditions (General Terms) and the Opioid Dependence Treatment (ODT) Community Pharmacy Program Rules, applicable as at the date of the service
- b. The pharmacist who provided the service is authorised by their relevant State/Territory to provide/administer the relevant ODT medications to patients
- c. You have permission to pass on the details of the pharmacist and service recipient included in the claim/s to the Pharmacy Programs
 Administrator and the Australian Government, as required under the General Terms and Opioid Dependence Treatment (ODT) Community
 Pharmacy Program Rules
- d. The in-pharmacy administration of injectable opioid dependence treatment medicines service included in this claim was supplied in accordance with the General Terms and the Opioid Dependence Treatment (ODT) Community Pharmacy Program Rules, including those related to patient eligibility
- e. All information provided in the claim is complete and correct at the time of submission
- f. Documentation in relation to this claim is available for audit by the Pharmacy Programs Administrator
- g. All aspects of the service were provided at no cost to the patient (other than a patient PBS medication co-payment, if applicable).



VIEW CLAIMS

To see a list of all submitted and/or saved claims, click on the **View Claims** tab. The View Claims tab includes the option to filter by claim type.

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ODT Staged Supply Claim	ODT Injection Claim	View Claims			
Claim type: All	~				
ENTRIES ODT Staged S	Supply Claim			Search Q	