

PROGRAM RULES

Residential Medication Management Review

June 2025



Australian Government
Department of Health,
Disability and Ageing

This program is funded by the Australian Government Department of Health,
Disability and Ageing.

RESIDENTIAL MEDICATION MANAGEMENT REVIEW

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RESIDENTIAL MEDICATION MANAGEMENT REVIEW

1 INTRODUCTION

This document outlines the Program Rules governing the Residential Medication Management Review (RMMR) Program. This document must be read in conjunction with the *Pharmacy Programs Administrator General Terms and Conditions* (General Terms) and the *Guidelines for Comprehensive Medication Management Reviews* (PSA Standards). Definitions in the General Terms apply in these Program Rules.

The RMMR Program is intended to support the Quality Use of Medicines for residents in approved Australian Government funded aged care facilities, by assisting residents and their carers to better manage their medicines.

2 DEFINITIONS

ACOP means an Aged Care On-Site Pharmacist, funded by the Australian Government under the Aged Care On-Site Pharmacist Measure

Facility means an Australian Government funded residential care facility including the following:

- Aged care facility that receives residential care subsidy in accordance with the Aged Care Act 1997
- Transition care facility
- Multi-Purpose Service (MPS)
- A Facility receiving funding under the National Aboriginal and Torres Strait Islander Flexible Aged Care program.

DVA means Department of Veterans' Affairs

Patient means a person residing in a Facility. To be eligible, the Patient must be a:

- Permanent resident of an Australian Government funded Aged Care Facility, as defined by the Aged Care Act 1997; or
- Permanent Resident in a facility receiving funding under the National Aboriginal and Torres Strait Islander Flexible Aged Care program; or
- Permanent resident of an MPS facility; or
- Resident in an Australian Government funded transition care facility for more than 14 consecutive days.

Referring Medical Practitioner (Referrer) means any medical practitioner registered with the Medical Board of Australia from the list below:

- General Practitioner (GP);
- Specialist in Pain Medicine;
- Specialist Physician;
- Specialist Psychiatrist; or
- Specialist in Palliative Medicine.

Note: only a GP can currently claim MBS Item 903 for referring a Patient for a RMMR Service.

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RMMR means Residential Medication Management Review.

RMMR Service means a Residential Medication Management Review requested by the eligible Patient's Referrer in which the Referrer, General Practitioner (if this is not the Referrer), Credentialed Pharmacist, Patient, and where appropriate, a carer or other member of the eligible resident's health care team (including the Patient's choice of Community Pharmacy) participate in a comprehensive review of a Patient's medications. For the purposes of remuneration under this program, this includes:

- An initial face-to-face interview with the Patient, and if required the Patient's carer or appropriate facility staff;
- Clinical assessment of the Patient and written RMMR Report to be provided to the Referrer, and the General Practitioner if this is not the Referring Medical Practitioner, and any member of the Patient's healthcare team requested by the Patient, including an indication of whether or not a follow-up service is recommended;
- If required, a first face-to-face follow-up Interview with the Patient, and if required the Patient's carer or appropriate facility staff, no earlier than one month and no later than nine months after the initial Interview;
- Clinical follow-up assessment of the Patient and written correspondence to be provided to the Referring Medical Practitioner, and the General Practitioner if this is not the Referring Medical Practitioner, and any member of the Patient's healthcare team requested by the Patient, including an indication of whether or not a second follow-up service is required;
- If required, a second face-to-face follow-up Interview with the Patient, and if required the Patient's carer or appropriate facility staff, no earlier than one month after the first follow-up and no later than nine months after the initial Interview;
- Clinical follow-up assessment of the Patient and written correspondence to be provided to the Referring Medical Practitioner, and the General Practitioner if this is not the Referring Medical Practitioner, and any member of the Patient's healthcare team requested by the Patient.

RMMR Service Agreement means an agreement between a prospective Service Provider and a Facility for the provision of RMMR services. An example agreement is available at www.ppaonline.com.au.

Service Provider means any of the following who have been approved to provide RMMR Services in accordance with these Program Rules and the General Terms:

- An owner of an approved Section 90 Community Pharmacy
- A business entity with an Australian Business Number (ABN) with a relationship with a Credentialed Pharmacist. This includes a Credentialed Pharmacist operating as a sole trader.

A Service Provider must have executed a RMMR Service Agreement with an eligible residential care Facility.

Business entities that are not eligible to perform the role of a Service Provider include:

- Any organisation that is able to initiate a referral for the RMMR Service
- A Section 94 Pharmacy
- A public or private hospital.

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3 BACKGROUND

The objectives of the RMMR Program are to:

- Achieve safe, effective, and appropriate use of medicines by detecting and addressing medicine related problems that interfere with desired Patient outcomes
- Improve the Patient's quality of life and health outcomes using a best practice approach that involves collaboration between the Referrer, GP, Pharmacist, other members of the Patient's healthcare team and the Patient (and where appropriate, their carer)
- Improve the Patient's and health professional's understanding of the medicines a Patient is taking
- Facilitate collaborative working relationships between members of the healthcare team in the interests of Patient health and wellbeing
- Provide medication information to the Patient and other healthcare providers involved in the Patient's care.

4 PARTICIPATION REQUIREMENTS

To be eligible to participate in the RMMR Program, Service Providers must meet Program Eligibility Criteria and register for the Program on the Pharmacy Programs Administrator (PPA) [Portal](#).

4.1 Service Provider Eligibility

To be eligible for the RMMR Program, a Service Provider must also:

- Agree to abide by the Pharmacy Programs Administrator General Terms and Conditions available from www.ppaonline.com.au
- Agree to undertake services in accordance with the PSA Standards
- Provide the RMMR Interviews in the facility where the Patient is a permanent resident, or the transition facility if the Patient is eligible
- Undertake to provide Services in accordance with these Program Rules
- Have a RMMR Service Agreement in place with an eligible residential aged care Facility
- Ensure that the Facility is not participating in the ACOP Measure
- Ensure that all steps of the RMMR Service are carried out by the same Credentialed Pharmacist where possible.

4.2 Residential Care Facility Eligibility

In order for a Facility to participate in the RMMR Program it must be either:

- An Aged Care Facility that receives residential care facility subsidy from the Australian Government in accordance with the Aged Care Act 1997; or
- An Australian Government funded transition care facility; or
- A Multi-Purpose Service providing integrated health and aged care services to small rural and remote communities; or

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- A Facility receiving funding under the National Aboriginal and Torres Strait Islander Flexible Aged Care program; and
- Not be participating in the ACOP Measure

4.3 RMMR Patient Eligibility Criteria

In relation to RMMR Services, the Patient must satisfy the following mandatory Eligibility Criteria:

- The Patient is a current Medicare or DVA card holder or is a person who is eligible for a Medicare card
- The Patient is at risk of, or currently experiencing, medication misadventure
- The Patient is:
 - A permanent resident of an Australian Government funded Aged Care Facility, as defined by the Aged Care Act 1997; or
 - A permanent resident in a facility receiving funding under the National Aboriginal and Torres Strait Islander Flexible Aged Care program
 - A permanent resident of an MPS facility; or
 - A resident in an Australian Government funded transition care facility for more than 14 consecutive days
- The Referrer confirms that there is an identifiable clinical need for a RMMR Service.

Failure to maintain compliance with any or all of the above Eligibility Criteria for reviews undertaken under the Program will result in the Service Provider being ineligible to participate in the RMMR Program for that Facility.

Where a Patient does not meet the Eligibility Criteria or does not consent to their information being provided to the PPA and Department of Health, Disability and Ageing (the Department) for the purpose of claiming a funded service, the Service Provider may offer the service at the Patient's own cost.

5 RMMR SERVICE AGREEMENT

To become an approved Service Provider, a RMMR Service Agreement with an eligible Facility must be in place. The Service Provider is responsible for ensuring the Service Agreement entered into with the Facility is consistent with these Program Rules and current at the time of service, prior to conducting any RMMR Service. A RMMR Service Agreement cannot be entered into if the Facility is participating in the ACOP Measure.

Newly executed Service Agreements or variations to existing RMMR Service Agreements must be uploaded into the PPA Portal prior to undertaking services at that Facility. To be eligible for payment, RMMR Services must be provided within Service Agreement start and end dates.

RMMR Service Agreements may be terminated by the Facility or the Service Provider with 30 days prior written notice. Termination notices must be provided to the Pharmacy Programs Administrator Support Team prior to the Service Agreement termination date by email to support@ppaonline.com.au.

Aged Care Facilities hold the right to enter into a RMMR Service Agreement with any number of Service Providers at any given time. It is a condition of eligibility for payment of claims for RMMR services that Service Providers do not take steps to prevent a Facility it has a Service Agreement with from entering into arrangements with other Service Providers.

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RMMR Services funded under the RMMR Program must be provided at no charge in order for Service Providers to receive remuneration.

An example RMMR Service Agreement can be found on the RMMR page of the Pharmacy Programs Administrator [website](#).

5.1 RMMR Program and the Aged Care On-Site Pharmacist measure

RMMR services cannot be delivered to Residential Aged Care Facilities (RACFs) that are participating in the ACOP Measure. In circumstances where a RACF receiving RMMR services intends to commence participation in the ACOP Measure the RMMR provider must be given 30 days prior written notice to terminate the RMMR service agreement.

From the date that notice is issued, the RMMR provider can provide services for 30 days. Normal claiming deadlines will apply to services delivered during this 30 day period.

At no point in time can a pharmacist provide RMMR services to be claimed under the RMMR program in a facility they are engaged as an ACOP.

6 RMMR REVIEW PROCESS

6.1 Identifying a Patient

If the Patient has not been identified by a medical practitioner (the Referrer), a recommendation based on the Patient's clinical need may be provided by the Community Pharmacy or Credentialed Pharmacist, nursing staff or other member of the health care team, the Patient themselves or their carer. However, a medical practitioner (the Referrer) is required to provide the initial referral.

6.2 Referral

The Patient's Referrer will assess suitability and eligibility. The RMMR referral should include the reason for referral and all relevant prescribing and clinical history.

RMMR referrals are only valid if received on or before the date of the RMMR service and cannot be made retrospectively. It is the Service Provider's responsibility to ensure that appropriate Patient consent has been gained prior to conducting the RMMR Service.

The Patient Interview must take place within 90 days of the date of the referral to be remunerated under the RMMR Program.

6.3 Patient Consent

The Service Provider must obtain consent prior to conducting the Patient review to allow:

- participation in the RMMR service
- sharing of necessary Patient information between health care providers; and
- access to relevant Patient data for sharing with the PPA and the Department.

Consent must be obtained from the patient or their authorised representative. Where no authorised person is able to provide consent on the patient's behalf this is to be immediately raised with the facility (refer to the RMMR consent advice on the PPA [website](#)).

6.4 RMMR Service

A RMMR Service consists of a Patient Interview, clinical assessment and written initial RMMR report

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provided to the Referrer and the multidisciplinary team and up to two follow-up services if clinically indicated. The same Credentialed Pharmacist must conduct the initial Patient Interview, assessment and RMMR report and should ideally conduct any associated follow-up services. The Service Provider in receipt of the referral must lodge the claim for payment.

6.5 RMMR Report

The RMMR Report involves assessing the information gathered from relevant sources and preparing a written report. The report must state the findings of the review, outline recommendations to assist in the development of a Medication Management Plan and an indication of whether or not any follow-up service(s) are necessary.

The report must be prepared by the same Credentialed Pharmacist that conducted the Patient Interview and clinical assessment. The Credentialed Pharmacist must provide a copy of the written report to the Referrer and discuss relevant findings and suggested management strategies. The written report should be communicated in a manner agreed upon by the Credentialed Pharmacist, the Facility and the Referrer.

The report should also be uploaded to the Patient's My Health Record (if the Patient has one).

6.6 Medication Management Plan

The Patient (or facility staff if the Patient is cognitively impaired) and the Referrer must agree on a medication management plan. With Patient consent, the medication management plan should be forwarded to the Service Provider and relevant members of the Patient's healthcare team, including a Community Pharmacy of their choice. If relevant, the Patient's Community Pharmacy must contribute to the implementation where applicable and continue to monitor the medication management plan in the normal course of contact with the Patient.

6.7 Follow-up services

In the event that one or more follow-up services are required due to the Patient's clinical status and as a result of subsequent discussions between the Service Provider and the Referrer, in conjunction with other members of the Patient's healthcare team, it is expected that this will follow a similar, but less complex, process to the initial Patient Interview. Follow-up services are expected to focus on the resolution of medication -related problems identified at the initial consultation.

Information on what should be included in the follow-up service can be found in the *Guidelines for Comprehensive Medication Management Reviews*.

The pharmacist undertaking the follow-up service must make a clinical record of the follow-up, and any actions or recommendations arising from the review. The record should be provided to the Referring Medical Practitioner, and the General Practitioner (if this is not the Referring Medical Practitioner), and be available to the healthcare team and uploaded to the My Health Record (if the patient has one).

If required, the first face-to-face follow-up Interview should be undertaken no earlier than one month and no later than nine months after the initial Interview.

If a second face-to-face follow-up Interview is required it should be undertaken no earlier than one month after the first follow-up Interview and no later than nine months after the initial Interview.

Ideally all components of the RMMR are undertaken by the same Credentialed Pharmacist. Where this is not possible, an alternative Credentialed Pharmacist may undertake follow-up services, if required, in collaboration with the Credentialed Pharmacist who completed the initial Patient Interview and

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RMMR Report and the health care team. Where it is not possible for an alternative Credentialed Pharmacist to undertake follow-up services, a registered pharmacist may undertake follow-up services, in collaboration with the Credentialed Pharmacist who completed the initial Patient Interview and RMMR Report and the health care team.

7 PROGRAM VARIATIONS (PRIOR APPROVAL)

7.1 Prior Approval for Pharmacist Only Review

In limited circumstances a Service Provider may seek to conduct a funded RMMR Service without a referral. This is known as a Pharmacist Only Review and requires prior approval.

Prior approval for a Pharmacist Only Review may only be sought when:

- A member of the Patient's health care team, the Patient or their carer has determined that a RMMR would benefit the resident; and
- Where repeated and reasonable attempts have been made to obtain a referral from any of the Referring Medical Practitioners listed above, who have an ongoing clinical relationship with the Patient.

Prior approval will not be granted retrospectively. Receiving prior approval in one instance should not be construed as a guarantee that any future application, even for identical circumstances, will be approved.

Payment for a RMMR Review conducted without a referral will only be made when prior approval has been sought and granted.

7.2 Submissions for Pharmacist Only Review

Service Providers can make a submission for prior approval of a Pharmacist Only Review by completing the Program Variation Pharmacist Only Review Form located on the PPA [Portal](#).

Submissions must be made at least 10 working days prior to the proposed date of interview.

The Service Provider must provide information that outlines a detailed and reasonable justification for a service to be conducted without the involvement of a medical practitioner.

As part of the assessment process, some information contained in the submission will be shared with the Department. Requests will be assessed by the Department on the evidence provided. The Service Provider will be advised of the outcome via email within seven working days from the date of submission.

It is the responsibility of the Service Provider to explain the prior approval process to the Facility and the Patient and seek consent for their details to be shared with the Department and the Pharmacy Programs Administrator for the purpose of assessing the request for prior approval.

8 FREQUENCY OF SERVICE

One RMMR Service can be conducted per eligible Patient on referral from a medical practitioner (Referrer – see Section 2).

A subsequent RMMR Service may only be conducted if more than 24 months has elapsed since the date of the most recent Patient Interview, or when the Patient's medical practitioner (Referrer) specifically deems a subsequent review is clinically necessary, such as when there has been significant change to the Patient's condition or medication regimen.

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Reasons why an additional review may be requested include (but are not limited to):

- Discharge from hospital after an unplanned admission in the previous four weeks
- Significant change to medication regimen in the past three months
- Change in medical condition or abilities (including falls, cognition, physical function)
- Prescription of a medicine with a narrow therapeutic index or requiring therapeutic monitoring
- Presentation of symptoms suggestive of an adverse drug reaction
- Sub-therapeutic response to therapy
- Suspected non-compliance or problems with managing medication related devices.

Provision of a subsequent RMMR must not be triggered solely by an 'anniversary' date. Similarly, provision of a follow-up services should only be undertaken where clinically indicated.

In the event that any subsequent referrals are issued and an additional initial face-to-face Interview conducted and claimed, no follow-up service(s) can be undertaken on the first RMMR Service.

It is the responsibility of the Service Provider to ensure that no subsequent RMMR Services have been initiated prior to conducting a follow-up service.

9 FEES

Approved Service Providers can claim the following payments under the Program:

Description	Fee (per patient)
Provision of initial RMMR Service (includes the initial Interview, assessment and RMMR Report)	\$112.65
First follow-up service	\$56.33
Second follow-up service	\$28.16

10 CLAIM SUBMISSION

Claims must be submitted by Service Providers online via the Pharmacy Programs Administrator [Portal](#).

If a Program Variation has been submitted and approved, Service Providers should submit the associated initial Service claim through the Pharmacy Programs Administrator [Portal](#) by clicking the new claim button next to their approved Program Variation request.

A follow-up service can only be claimed where an initial service has been claimed and paid and must be submitted by the same Service Provider who submitted the initial service claim.

Additionally, if a second follow-up service is required, this may only be claimed where a first follow-up service has already been claimed and paid.

RMMR initial Services and follow-up services must be claimed by the end of the next calendar month after the initial Interview or follow-up Interview was conducted (e.g. Interviews undertaken in March must be claimed by 30 April).

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Claims that are outside this timeframe, that are incomplete or that do not meet Program Rules cannot be submitted and will not be paid (e.g. where the RMMR interview was conducted more than 90 days after the date of referral or where Pharmacist Only Review claims are submitted without prior approval being granted).

11 AUDIT AND COMPLIANCE REQUIREMENTS

Service Providers must retain full and true records (including all patient consent forms) in relation to the provision of services for not less than seven years after the claim for payment. Such records must be kept in a manner that permits them to be conveniently and properly audited, and enables the amounts claimed as well as the services provided under the General Terms and these Program Rules to be determined. Service Providers may be subject to audits by the Department (or its representative) to ensure that the General Terms and these Program Rules have been complied with and must provide all and any records requested as part of such audit(s).

Service Providers must also ensure that they are using current documents when obtaining information or consent from patients. Service Providers that wrongfully or incorrectly receive support and/or do not meet the requirements set out in the General Terms and these Program Rules may be subject to compliance action (as determined by the Department or Pharmacy Programs Administrator) and repayment may be required. Under section 137.1 of the Criminal Code, giving false and misleading information is a serious offence. If an audit/compliance action is to be conducted, Service Providers will be required to produce documentation within a specified time frame.

12 RESOURCES

RMMR Program resources are available for download on the PPA [website](https://ppaonline.com.au).



CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au