**RMMR Agreement

The provision of Residential Medication Management Review Services**

This document evidences the Service Agreement provided by the Aged Care Facility (ACF) identified below, to the Service Provider identified below, for the provision of Residential Medication Management Review (RMMR) Services. A signed version of this document must be uploaded to the PPA Portal by the Provider when registering the ACF under the RMMR Program. Claims and payments cannot be made prior to the Service Agreement being approved by PPA.

Please note, if the ACF is part of a broader corporate or not-for-profit group, this Service Agreement should be signed by both the ACF Manager and a representative from the group head office, where one exists.

**Details**

|  |
| --- |
| **Aged Care Facility (ACF)** and **Provider** |
| **Aged Care Facility** | Name | **[insert full name of ACF]**  |
| NAPS ID | [insert NAPS ID] |
| ABN | [insert ABN] |
| Address | [insert address] |
| Email | [insert email address] |
| **Service Provider** | Name | **[insert business/ provider name]** |
|  | ABN | [insert ABN] |
|  | Address | [insert address] |
| **Commencement date** | [insert date] |
| **Date of expiry** | [insert date] |

**Extension of existing RMMR service agreement**

If this is an extension of an existing agreement between the named parties in this service agreement, with no break in service, please tick this box:

**If this box is ticked, then completion of the Notice of Termination to other Service Providers section is not required to be filled out.**

**Notice of Termination to other Service Providers**

The RMMR Program is nonexclusive, meaning the ACF hold the right to enter into a RMMR Service Agreement with any number of Service Providers at any given time.

In order for the PPA to approve this Agreement, the ACF must have issued 30 days’ notice to their RMMR/QUM/ACOP Service Provider where applicable. If this is not a contract extension, please complete the table below:

|  |
| --- |
| **Confirmation of Notice to other Service Providers** |
| Please tick the boxes according to whichever applies:* The ACF was not participating in the RMMR program or the ACOP Measure at the time of signing this Agreement.
* The ACF was previously participating in the RMMR Program and wishes to continue participating in the RMMR program with multiple Service Providers
* The ACF was previously participating in the RMMR Program and notice has been provided to the previous RMMR Service Provider
* The ACF was previously participating in the ACOP Measure and notice has been provided to the ACOP Service Provider
* The ACF was previously participating in Tier 2 of the ACOP Measure and notice of cessation of the ACOP(s) engagement has been provided.

If the third or fourth box (above) was ticked, please provide details of relevant service relationships below.  |
| **Program/Measure** | **Date Notice of Cessation Provided** | **Termination Date** |
| Notice of cessation must be provided before signing this service authorisation |
| ACOP | <enter date> | <enter date> |
| RMMR | <enter date> | <enter date> |

**Signatures and Obligations**

By signing this RMMR Service Agreement, each party is confirming that they meet all eligibility requirements in relation to RMMR Program and that they will comply with the obligations set out below.

**Aged Care Facility (ACF) obligations under the RMMR Program**

ACFs participating in the RMMR Program are subject to [PPA’s General Terms and Conditions](https://www.ppaonline.com.au/wp-content/uploads/2019/01/Pharmacy-Programs-Administrator-General-Terms-and-Conditions.pdf) and must adhere to the [RMMR Program Rules](https://www.ppaonline.com.au/wp-content/uploads/2024/07/RMMR-Program-Rules.pdf).

**Provider obligations under the RMMR Program**

Providers participating in the RMMR Program are subject to [PPA’s General Terms and Conditions](https://www.ppaonline.com.au/wp-content/uploads/2019/01/Pharmacy-Programs-Administrator-General-Terms-and-Conditions.pdf) and must adhere to the [RMMR Program Rules](https://www.ppaonline.com.au/wp-content/uploads/2024/07/RMMR-Program-Rules.pdf). This includes, but is not limited to:

* Ensuring that the ACF or any eligible resident is not charged a fee for the provision of RMMR services
* Ensure that all RMMR Services are provided by a Credentialed Pharmacist who has a relationship with the Provider
* Ensure that all Claims for Payment are true, correct and not misleading.

**Termination**

Either party may terminate this Agreement at any time during the Term by giving 30 days’ notice in writing to the other party.

**Service Provider Signature:**

NAME ………………………………………………….

SIGNATURE ………………………………………….

DATE……………………………………………………

**ACF Manager Signature:**

NAME ………………………………………………….

EMAIL ADDRESS ……………………………………

TELEPHONE…………………………………………..

SIGNATURE …………………………………………..

DATE…………………………………………………….

**ACF Head Office Signature:**

*Note – this signature is only provided where the ACF is part of a corporate or not-for-profit group of ACFs.*

NAME ………………………………………………….

POSITION……………………………………………..

EMAIL ADDRESS ………………………………………

TELEPHONE…………………………………………..

SIGNATURE …………………………………………

DATE…………………………………………………..