

Co-Dispensed Opioid Services (CDOS) Interim Operational Guideline December 2013

1. Introduction

This guideline will help you identify patients that qualify for the supplement payment of Co-Dispensed Opioid Services (CDOS). Read this guideline in conjunction with the [notice issued 29 July](#) 2013 that amended the Stage 3 transitional provisions relating to the Community Pharmacy Services Agreement (CPS Agreement 2012).

The interim CDOS process will apply during this transitional stage of the CPS Agreement and will remain active until there is a permanent process. The guideline will be updated to reflect a permanent process for funding of the Co Dispensing of pharmaceuticals to service users in the Pharmacy Methadone Service for Opioid Dependency.

2. Co-Dispensed Opioid Services (CDOS) Criteria

Co-dispensing with the Opioid Service is mandated when a prescriber specifies on the prescription that pharmaceuticals are to be dispensed at the same frequency as Methadone or Suboxone for a service user receiving Pharmacy Methadone Services for Opioid Dependency.

The co-dispensing of these pharmaceuticals must be at least weekly (or more frequently) and supplied at the same time as the dispensing of the Methadone or Suboxone.

Note: Any other Core dispensing that the patient receives will also be paid with the same multiplier providing there is at least one qualifying co-dispensed medicine.

How to claim for CDOS:

The pharmacy must either:

- have opted in to the Pharmacy Methadone Service for Opioid Dependency (PH1006) as part of the CPS Agreement 2012;

or

- be providing Pharmacy Methadone Services for Opioid Dependency to no more than two patients.

Exclusions

The Service User:

- cannot be receiving PHAM services because Pharmacy Methadone Services for Opioid Dependence patients are specifically excluded from PHAMS.
- must not be registered for the Long Term Conditions Service at the pharmacy where they are receiving Co –Dispensed Opioid Services.
- must not be in a Community Residential Care facility (CRC) or ARRC facility.

3. INTERIM CLAIM PROCESSES

A more permanent long term solution for CDOS funding is being considered as part of the Stage 4 changes (potentially mid-2014 dependent on CPS Operational Group decisions). Until there is agreement to the best long term approach, claiming for CDOS pharmacy services will use the same approach as claiming for ARRC pharmacy services i.e. use the ARRC 'flag' in the Pharmacy Management System for claiming with the requirement to separately notify Sector Operations of the date that CDOS services started and ended.

The following are processes are interim until a more permanent long-term solution for funding CDOS is available.

Interim Claim Mechanism

Use the ARRC flag to identify CDOS Pharmacy Service Users. Your pharmacy software suppliers will advise you of the process and steps required for their system.

Register CDOS service users in monthly electronic return

From 1 August 2013 there is a requirement for pharmacy to report the NHI number of the patient receiving Co-dispensed services and the start date of the service.

This reporting will be enabled through the Eligibility Assessment & Registration portal (EAR).

Data entry will be via a register (Appendix 1) that will need to be populated with service start and end dates. There will also be the ability to upload data collected in a spread sheet if this better suits your business needs. This process is identical to the process that you currently undertake for identifying CRC patients. The only differences are

- the information required.
- the business rules that allow for CDOS patients to be registered at more than one pharmacy

The following information about the Service User will need to be reported for all Co-dispensing activity alongside Opioid Dependency activity on initialisation.

- NHI Number
- Start Date
- End Date (only required when patients ceases to require co dispensing)

The following information about your pharmacy will need to be supplied at the same time you record or update a CDOS patient details:

- Claimant Number
- Claimant Name
- Created Date

You will be able to upload a file of your CDOS patients using the CRC upload facility on the EAR system.

Please note the notification does not trigger payment for CDOS – the ARRC flag triggers payment.

This entry will not require updating after the initial registration until the Service User no longer requires the service.

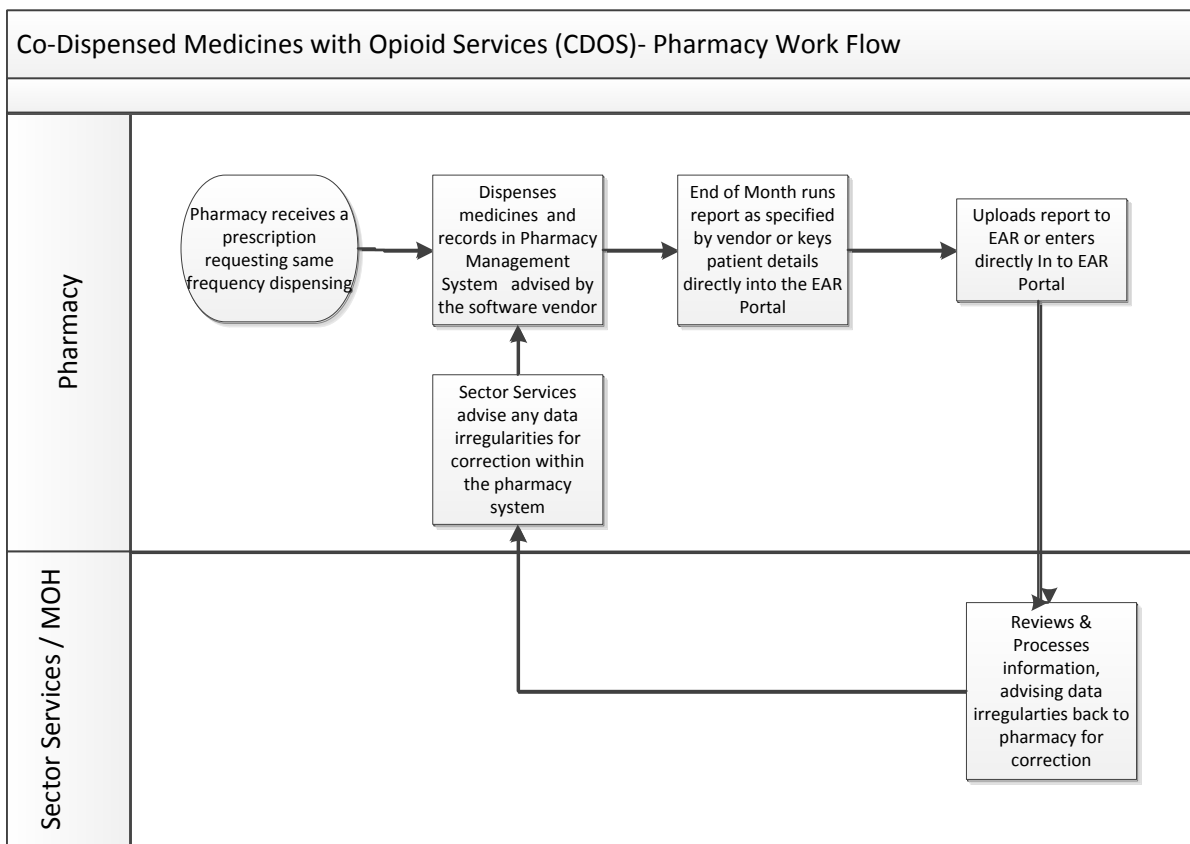
Exiting

To exit a service user from the register the end date of service must be entered on the notification.

After a pharmacy has supplied their register of CDOS Service Users, Sector Operations will maintain a national list of Service Users receiving Co-dispensed services with Opioid Dependency. This list is maintained for the purposes of data management, so ARRC services and CDOS services can be analysed and audited separately.

Payment

As soon as you flag your CDOS patients with the ARRC flag each co-dispensed medicine dispensed to that patient will be paid at the \$5.30 rate. The opioid dispensing will continue to be paid at the \$6.89 rate.



Sector Operations will feed back to you any data irregularities for follow-up and subsequent correction.

Reporting Submission Timelines

Report the details of Service Users entering or existing CDOS through to Sector Operations by the end of the previous month following service start up or exiting. For example, report patients entering or exiting the CODS service in August by the end of September.

Please note: *If reports are not received within this time frame payment for the service is not guaranteed.*

