

Section 100 (s100) HSD Co-payment Program

User guide: How to submit your claim application online

The purpose of this user guide is to explain how to submit claim items in an application. You can do this by uploading an s100 HSD Claim Template or entering individual claim items directly into the s100 HSD Co-payment Program Portal (the Portal), or a mixture of both.

Submitting an application for payment

- 1. When you sign in to the <u>s100 HSD Co-payment Program Portal</u>, you will be directed to the **New Application** page. Click **Continue** at the bottom of the page.
- 2. Select the pharmacy you are submitting claim items for then click **Continue**.



3. Submit your claim.

Option 1: To upload the S100 HSD Claim Template

- Claim Template is recommended if you have many claim items to submit. You can enter up to 100 items in the template.
- Click + Add file

✓ S100 HSD Claim Details Template
In order to complete your Application online, you need to upload the S100 HSD Claim Details Template containing the details of each claim item.
Upload Attachments
+ Add file
Files must be smaller than 2.0 MB, and be one of the following types: xlsx.

- Browse to find the completed Claim Template you want to upload.
- Click **Open** to upload the template. If you upload a file by mistake you can simply remove it by clicking the Delete button.

Please refer to <u>How to complete the s100 HSD claim template</u> user guide for more information

Option 2: To add Individual Claim items

- The Portal allows you to add up to 10 Individual Claim Items directly.
- Click Add Another to enter the first individual claim items directly into the Portal.

S100 HSD Individual Claim Items
In this area you can enter the details of up to a Maximum of 10 individual Claim Items.
Press the "Add Another" button to add a new Claim Item.
Press the "Delete" button to detail a Claim Item.
Add Another

• Once you have entered all the co-payment claim items, select **Save and Continue**.

New Entry			
Medicare or DVA File Number () *			
Patient First Name *			
Patient Family Name *			
Patient Home Postcode *			
Please Select	~		
Was this a Regulation 24 Script? *			
Please Select	~		
S100 Co-Payment Category *			
Please Select	~		
Date of Dispensing *			
Unique Dispensing ID 8 *			
5100 HSD Items Lookup *			
Please Select	~		

*The drop-down fields also allow you to start typing to make it easier to choose your selection.

Completing 1 Individual Claim Item means you are claiming 1 co-payment. You will need to complete 1 Item **per dispensing** regardless of the number of tablets shown in the s100 HSD Items Lookup (i.e. increased supply quantity constitutes a single dispensing and therefore 1 claim item).

Regulation 24 claims (also known as Regulation 49)

Complete 1 Individual Claim Item for the original supply quantity as well as each repeat supplied at the same time regardless of the number of tablets (e.g. a Reg. 24 script with 2 repeats requires 3 Items to be completed).

• Select **'Yes'** in the 'Was this a Regulation 24 Script?' dropdown menu.

4. Check **Primary application contact** details. This contact will receive all emails and payment remittance advice. If these details need to be changed, click 'Change contact details for this application only'. Click 'Save and continue'.

5. Read and agree to the relevant Declaration by selecting the checkbox and click Submit.

Declaration	
l agree to:	
Having any information pertaining to the claim forwarded to the New South Wales Government	
l declare that:	
 a completed patient consent document was sighted for each item being claimed under this program the information provided in this claim is true and correct I am authorised to submit this claim on behalf of the Pharmacy the events in the claim were conducted in accordance with the relevant program rules, as applicable at the date of dispensing documentation in support of the claim is available for audit I understand that: giving false or misleading information is a serious offence 	
y checking this box I agree to all of the above declarations and confirm all of the above statements to be true *	
Go back Submit	Close

6. Your application has now been submitted and will be processed



If you require further assistance, please visit <u>www.s100.guildsolutions.com.au</u>, contact the s100 HSD Co-payment Program Support Team on (02) 6270 1614, or email <u>guild.solutions@guild.org.au</u>.