



4th September 2017

Review Secretariat
Departments of Human Services, Health and Attorney General's
mca.review@humanservices.gov.au

**SUBMISSION TO THE INDEPENDENT REVIEW OF
HEALTH PROVIDERS' ACCESS TO MEDICARE NUMBERS**

Thank you for your invitation to make a submission to this Review.

NACCHO understands that:

- the Review has been established following media coverage that Medicare numbers were for sale on the 'dark web' and that about 75 Medicare Card numbers were sold (eg Sydney Morning Herald, 4 July 2017). In addition, 369 cases of Medicare identify theft over 2 years were reported in Senate Estimates in 2015 (ABC News, 4 July 2017);
- Minister Tudge noted in his recent media release (10 July 2017) that health providers accessed the online and telephone system subject to this review 45,000 times per day;
- Medicare numbers are not necessarily secure when held by other service providers who collect them for use in medical emergencies (eg preschools, schools, vacation care, aged care homes); and
- that Medicare identity theft does not necessarily result in a breach in privacy to an individual's health information since a card number does not automatically provide access to health records.

It is critically important to our member health services, particularly in remote areas, that they continue to have access to clients' Medicare card numbers which:

- is available by telephone if internet coverage or computer systems are down;
- imposes no additional requirements for identifying people, since many clients do not carry identification;
- continues to provide immediate access to Medicare card numbers so that for our many transient clients who require emergency treatment, we have instant access to information on the medicines they are taking and their medical history; and
- continues to enable all our eligible clients to access Medicare rebates, including bulk-billing, so that health care does not become more unaffordable.

Given the above, it is **our strong preference that no changes be made to existing providers' access to Medicare numbers** which is vital to our continuing ability to meet our clients' health needs. I circulated the Review's consultation questions to our members and have attached the responses that could be provided within the consultation period.

Yours sincerely

Pat Turner, AM
Chief Executive Officer, NACCHO



From:

Policy and Strategy Manager, Aboriginal Health Council of Western Australia

Based on advice from Derby Aboriginal Health Service
whose CEO is Dr Lyn Henderson-Yates *Dip. Teach, B. Edn, M. Edn, PhD*

Summary of consultation questions

1. Do patients have sufficient control and awareness of access to their Medicare card details? **Many clients have limited understanding of their Medicare card**
2. What identifying information should patients have to produce to access health services? **Health care card, Medicare card**
3. Are the current access controls for HPOS sufficient to protect Medicare information and prevent fraudulent access? **Yes**
4. What would the impact on health professionals be if they were required to move from an individual or site level PKI certificate to a PRODA account? **Very limited as most have PRODA accounts.**
- 4 Would any enhancements to PRODA be required for health professionals to accept it as a replacement? **No, it is very straight forward.**
5. If PRODA accounts and PKI certificates were to be suspended following a period of inactivity, what processes or alerts would the Department need to put in place? What would be a reasonable period of inactivity before accounts were suspended? **A notice sent to the PRODA account holder giving two months' notice before inactivity, or Account holder giving notice before inactivity.**
6. If delegate arrangements in HPOS were to be time limited, what processes or alerts would the Department need to put in place? **Contact all involved and make them aware of any time limits.** What would be a reasonable period for delegate arrangements to last before they require review? **3-6 monthly**
7. In what circumstances do health professionals need to make batch requests for Medicare card details through HPOS Find a Patient? Can such requests be limited to certain types of providers or health organisations? Should they be subjected to a higher level of scrutiny? **To search for any previous billing 715 etc. so not to double up. Requests can be limited to only GPs etc.**
8. In what circumstances do health professionals require access to Medicare card numbers through the provider enquiries line? **When there is not access (remote areas).** Could the provider enquiries line be made available in more limited circumstances? **When a member does not have a PRODA account or access.**
9. Is the information available to health professionals regarding their obligations to protect Medicare card information (including the terms and conditions for accessing this information online) sufficiently clear and understood? **Yes**
10. Should Medicare cards continue to be used as a form of evidence of identity? **Yes, for some people this is the only form of ID they have.**
11. How can Government build public awareness of why it is important for individuals to protect their Medicare card information? **It's up to the individual to be responsible.**
12. Do you have any other comments about the Review Panel's possible responses or any other matters relating to the Terms of Reference? **No thanks**



From:

GP Registrar – FARGP

Australian Medical Services Alliance Northern Territory (AMSANT), Darwin

Please find below some recommendations/issues we have collated from AMSANT in regards to how a change would affect our health services and patients:

1. If there are any additional security measures added to the process of obtaining information about a patient's Medicare card details, these would need to be simple and workable and immediate so our health services are able to provide health care to our patients.
2. If the additional security measures are not simple and workable this could harm medical services in the Aboriginal Community Control Sector and their ability to provide health care and continue essential services due to loss of Medicare billings due to the process being too arduous or difficult to use.
3. Patient care could also be jeopardised if Aboriginal patients are unable to access an ACCHO and are turned away from other health services – this may occur as many of our patients are transient or homeless and often do not carry a Medicare card with them. If it is difficult to obtain the Medicare card information this would mean some health services would not be able to provide a service if the patient is unable to pay a full fee.
4. Many of our Aboriginal patients use their Medicare card as their only form of identification – many do not have a Drivers' License or a Proof of Identity card. If this was no longer available for use as a form of identification, this would make access to essential welfare services extremely difficult for our patients.
5. The HPOS/PRODA system is not used widely in our sector and therefore not well understood – more information would need to be provided in order for us to comment on this area.