



**The Pharmacy  
Guild of Australia**

Submission  
to  
Review of Health Providers'  
Access to  
Medicare Numbers

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**The Pharmacy Guild of Australia  
National Secretariat**

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# 1. THE PHARMACY GUILD OF AUSTRALIA

The Pharmacy Guild of Australia (the Guild) was established in 1928, and is registered under the federal Workplace Relations Act 1996 as an employers' organisation. The Guild's members are the owners of approximately 80% of the 5,587 community pharmacies in Australia which dispense around 290 million prescriptions annually, the majority of which are dispensed under the Pharmaceutical Benefits Scheme (PBS).

The Guild aims to promote, maintain and support community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medicines management and related services.

As mentioned above community pharmacies in Australia dispense the bulk of PBS prescriptions and each PBS prescription must include a correct Medicare number. As detailed on the Medicare website<sup>1</sup> payments to pharmacists in relation to the dispensing of prescriptions for pharmaceutical benefits is dependent on:

- the pharmacist providing the patient's Medicare card number or Veterans' Affairs file number with their claim, and
- the Medicare card number, where used, matching the one held by Medicare in relation to that particular person

Improved Medicare Entitlement (IME) is a measure to ensure pharmaceutical benefits are provided only to those people eligible to receive them. IME does not change patient entitlements.

A patient's Medicare number or Veterans' Affairs file number and concession card number if applicable has to be included on pharmaceutical benefit prescription information provided to Medicare as part of the pharmacist's claim. This ensures that when a PBS claim is made, the claimant can be reliably identified and their eligibility checked by Medicare.

Special numbers have been created by Medicare to cover emergencies and other situations where consumers are eligible but cannot produce a Medicare card number. The legislation to support the use of Medicare special numbers is outlined in the *National Health (Entitlement to Pharmaceutical Benefits – Special Evidentiary Categories) Determination 2001*.

Whilst pharmacists can use one of the special numbers if the circumstances fit to ensure data integrity and to ensure all information on medicines dispensed is included in a consumer's My Health Record and the PBS Safety Net it would be preferred if the special numbers were used only in exceptional cases. Medicare states that it is the responsibility of pharmacists to make sure Medicare special numbers are used appropriately. To ensure that this is the case it would be preferable if pharmacies had access to the HPOS online service so that they could quickly search for the correct Medicare number rather than using the 132 290 phone number. When using this number only a maximum of 5 numbers and expiry dates can be released per call. Given that the 132 290 number often has long wait times this would be a more efficient use of the Department and pharmacist time if pharmacies had access to the HPOS.

The Guild welcomes the opportunity to provide input into this Review and has limited its answers to those questions related to its scope of practice.

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<sup>1</sup> <https://www.humanservices.gov.au/organisations/health-professionals/enablers/medicare-cards-improved-monitoring-entitlements>

### **1. Do patients have sufficient control and awareness of access to their Medicare card details?**

The Guild believes that most consumers are not aware that a Medicare card is of value to others that might use the card or the number for fraud. Whilst it may be worthwhile to remind consumers to keep their Medicare card number safe we do not believe that it would be wise to advertise the fact that Medicare cards have the potential to be used for a range of illicit purposes as this may only encourage such activity.

### **2. What identifying information should patients have to produce to access health services?**

The Guild believes that when a Medicare card is used for the first time to receive health services from a prescriber it would not be onerous for that patient to provide some proof as to their identity. This would certainly be helpful to ensure that stolen Medicare cards were not used for 'doctor shopping' or other illegal activity. If a prescriber were to check the identity of the health consumer before writing prescriptions then the pharmacist would have confidence that the patient presenting with a PBS prescription were indeed who they claimed to be. This would ensure that information that will eventually be included in the My Health Record is valid.

The Guild notes that all PBS prescriptions dispensed must have a correct Medicare number included at the time of dispensing and that the patient's name is identical to that recorded in the Medicare system. In fact most dispense systems have a facility for a patient's given name and the name they use (eg John Smith vs Jack Smith or William Jones vs Bill Jones) to both be recorded in the system to ensure that the label printed is what the patient expects and the claim can be processed correctly by Medicare.

Pharmacies often use the Medicare number to differentiate consumers with very common surnames such as Smith, Jones or Nguyen to ensure that the medicine record is accurately maintained. Given that the Government is moving towards an Opt-Out My Health Record it's more important than ever before to ensure that the consumers are correctly identified in all medical record systems. The use of the patient's Date of Birth and address is also a useful way to correctly identify consumers in medical software used by prescribers and dispensers especially in the cases of common surnames. In some states and territories it is compulsory for the Date of Birth to be recorded on prescriptions for Controlled Drugs and this ensures that record keeping for these items is accurate as it acts as an additional identifier.

### **3. Are the current access controls for HPOS sufficient to protect Medicare information and prevent fraudulent access?**

Given that approved pharmacists are not currently allowed to access HPOS the Guild is not in a position to provide advice on this question.

### **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?<sup>2</sup> Would any enhancements to PRODA be required for health professionals to accept it as a replacement?**

No comment

**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?**

The Guild notes that there would rarely be a case where a pharmacy would have a period of inactivity as most pharmacies are dispensing medicines in many cases up to 365 days per year and would always be accessing HPOS.

**6. If delegate arrangements in HPOS were to be time limited, what processes or alerts would the Department need to put in place? What would be a reasonable period for delegate arrangements to last before they require review?**

The Guild does not see the need for pharmacy's access to HPOS to be time limited.

**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?**

The Guild believes that it would be rare for a pharmacy to need to make batch requests for Medicare card details but there may be very busy pharmacies or those servicing nursing homes where the facility to do batch process would be an advantage.

We do not believe that requests should be limited to certain types of providers or organisations and they should not be subjected to a higher level of scrutiny. If the scrutiny is sufficient for a single request it should be sufficient for a batch request.

**8. In what circumstances do health professionals require access to Medicare card numbers through the provider enquiries line? Could the provider enquiries line be made available in more limited circumstances?**

Currently approved pharmacies can only access Medicare card numbers through the provider enquiries telephone line and this is a very laborious and time consuming process. The Guild notes that in the discussion paper the volume of telephone enquiries for Medicare card numbers is comparatively low (approximately 588,000 in 2016-17). The Guild would be interested to know how many of these were from approved pharmacists. Whilst it may be comparatively low it would be much more efficient for pharmacy and the Department if approved pharmacists were able to use HPOS to search for Medicare numbers when dispensing PBS medicines. This would free up the enquiries telephone line for more important phone calls.

Given that all pharmacies that dispense PBS medicines use PBS Online they already are using an online channel to dispense so it would not appear onerous to add HPOS to pharmacy computer systems.

**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?**

Approved pharmacists are well aware of their obligations to protect Medicare card information and the information available to them is clear.

**10. Should Medicare cards continue to be used as a form of evidence of identity?**

Yes.

The Guild believes that Medicare cards should continue to be used as a form of evidence of identity and moreover given the Government's intention to expand the My Health Record by making it 'opt-out' we believe that the Medicare card should be used as a form of identity for all instances of a health care intervention with a health care profession so that this activity may be uploaded onto the patients My Health Record to ensure that it is a useful repository of health interventions to ensure better health outcomes and to reduce duplication and waste in the health care sector.

In addition we note that on page 38 of the Interim Report of the Review of Pharmacy Remuneration and Regulation<sup>3</sup> published in June 2017 that the on the Review it was recommended that *"the government should require the PBS Safety Net to be managed electronically for consumers."* In order for this to happen the correct Medicare number will have to be used for all PBS dispensing as the emergency numbers will not correctly identify the consumer. It is therefore essential for approved pharmacist to have access to HPOS to ensure that all PBS prescriptions have the correct Medicare number as this will be used to identify prescriptions eligible for the patient's Safety Net record.

**11. How can Government build public awareness of why it is important for individuals to protect their Medicare card information?**

As part of the roll out of the MyHealthRecord the Government could include information on the importance of keeping Medicare numbers safe just as you would your credit card numbers or PIN.

**12. Do you have any other comments about the Review Panel's possible responses or any other matters relating to the Terms of Reference?**

The Guild would be available to work with the Department of Human Services in implementing HPOS for approved pharmacists.

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<sup>3</sup> <http://www.health.gov.au/pharmacyreview#InterimReport>