

Discussion

The following is clarification of some of the points discussed during the presentation of the Guild's evidence on 16th September 2019:

1. When a patient or agent presents a prescription at a pharmacy, pharmacy staff first confirm the details of the patient for whom the prescription is intended, inclusive of:
 - a. Patient name
 - b. Patient address
 - c. Patient contact details if relevant
 - d. Date of birth if relevant
 - e. Medicare details
 - f. Concessional details
 - There is no requirement for pharmacy staff to sight either a Medicare card or Concessional card if all the details are on the prescription or already in the pharmacy system, however these numbers are required for PBS claims to be processed and for the pharmacy to be correctly paid by Services Australia for supplying the medication.
 - While prescribers often include a person's Medicare and Concessional number on computer generated prescriptions, they generally omit some details (e.g. expiry date of number).
 - While hand-written prescriptions are much less common today, in almost all cases these prescriptions have no Medicare details e.g. dental prescriptions
 - Pharmacy staff generally update the full Medicare and Concessional details into the pharmacy dispense system the first time a prescription is presented for a particular patient, and then when these cards are updated
 - The Medicare and Concessional cards are generally only sighted by pharmacy staff at this time
 - While agents do not have to verify their identity, when collecting a prescription they have to sign their name and include their address
2. When a pharmacy dispenses a claimable PBS prescription, the pharmacy receives real time feedback from Services Australia regarding the status of the claim for payment, including any warnings or rejections requiring attention by the pharmacy staff.
3. There are a range of PBS Online alerts¹ provided to the pharmacy in real time related to a person's Medicare number, for reasons including:
 - a. non provision of a Medicare number
 - b. provision of an incorrect Medicare number
 - c. provision of an invalid Medicare number
 - d. situations where the Medicare number could not be matched to the patient name
 - e. situations where the Medicare number has been reported stolen and cancelled
4. In these situations, the PBS claim is rejected and the pharmacy must correctly update the patient details in order for the claim to proceed. This may involve sighting a Medicare card and correcting the details in the pharmacy's dispense system (the preferred approach as this is then ready for future dispensing), or in the absence of the patient having a Medicare card, using one of the special Medicare numbers² if justified.
5. If there is concern that there is PBS fraud from people using other people's Medicare details, the proposed amendment would have little effect in identifying the fraud at the time of dispensing as there is no requirement for pharmacy staff to sight a Medicare card every time a prescription is presented, and no requirement for the actual patient to be presenting or collecting the prescription.
6. The Guild's concern regarding patient access would be if as part of this measure, processes were changed to address the limitations described in section 5, such as requiring a patient to present

¹ <https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/pbs-pharmacists/claiming/understanding-reason-and-rejection-codes>

² <https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/pbs-pharmacists/initiatives/improved-monitoring-entitlements-pharmaceutical-benefits>

in person to have a prescription dispensed and for pharmacy staff to check the Medicare card every time. We note that while this is not currently proposed, this would significantly affect pharmacy workflow and limit patient access, and would be difficult or impossible for certain patient groups such as residential patients, people in remote indigenous communities or people with mobility issues.