



PROGRAM RULES

Home Medicines Review

July 2019



Australian Government
Department of Health

This program is funded by the Australian Government Department of Health as part of the Sixth Community Pharmacy Agreement.

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1 INTRODUCTION

This document outlines the Program Rules governing the Home Medicines Review (HMR) Program. This document must be read in conjunction with the *Pharmacy Programs Administrator General Terms and Conditions* (General Terms). Definitions in the General Terms apply in these Program Rules.

The HMR Program is one of the Medication Management Programs funded under the Sixth Community Pharmacy Agreement to support quality use of medicines services that are designed to reduce adverse events and associated hospital admissions or medical presentations.

2 DEFINITIONS

HMR means Home Medicines Review (also known as Domiciliary Medication Management Review (DMMR) under the Medicare Benefits Schedule).

HMR Service means a review requested by the eligible Patient's general practitioner (GP), in which the GP, Community Pharmacy, Accredited Pharmacist, Patient, and where appropriate, a carer or other member of the health care team participate.

HMR Service Provider means any of the following who have been approved to provide HMR Services in accordance with the General Terms and these Program Rules:

- An owner of an approved Section 90 Community Pharmacy
- A business entity with an Australian Business Number (ABN). This includes an Accredited Pharmacist operating as a sole trader.

A business entity does not include:

- Any organisation that is able to initiate a referral for the HMR Service
- A Section 94 Pharmacy
- A public or private hospital.

Patient means a person living at home in the community setting.

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3 BACKGROUND

The policy intent of the HMR Program is to enhance the quality use of medicines and reduce the number of adverse medicines events, by assisting Patients to better manage and understand their medicines through a medication review conducted by an Accredited Pharmacist in the Patient's home.

The objectives of a HMR are to:

- Achieve safe, effective, and appropriate use of medicines by detecting and addressing medicine-related problems that interfere with desired Patient outcomes
- Improve the Patient's quality of life and health outcomes using a best practice approach, which involves cooperation between the GP, pharmacist, other relevant health professionals and the Patient (and where appropriate, their carer)
- Improve the Patient's, and health professional's knowledge and understanding of medicines
- Facilitate cooperative working relationships between members of the health care team in the interests of Patient health and wellbeing
- Provide medication information to the Patient and other health care providers involved in the Patient's care.

A HMR Service is available to an eligible Patient (as defined in section 4.2) whose GP determines that a HMR is clinically necessary to address the Patient's needs and to optimise the Patient's quality use of medicines.

A complete HMR Service includes the service provided by the GP, the HMR Service Provider and the Patient's choice of usual Community Pharmacy from the time the Patient is identified through to the implementation and ongoing monitoring of the medication management plan.

4 PARTICIPATION REQUIREMENTS

4.1 Service Provider Eligibility

HMR Service Providers must fulfil the following requirements for ongoing participation in the HMR Program:

- Abide by the General Terms, available from the PPA online [website](#)
- Undertake to provide HMR Services in accordance with these Program Rules
- Provide the HMR Interview in the Patient's home, unless a Program Variation has been requested and approved (see section 6.1)
- Be able to certify that the same Accredited Pharmacist will conduct the Patient Interview, the clinical assessment and report writing steps of the HMR Service, unless a Program Variation has been requested and approved (see section 6.2)
- Understand that no more than 20 HMR Services per HMR Service Provider per calendar month will be remunerated
- Understand that any Accredited Pharmacist can conduct no more than a total of 20 HMR Services per calendar month (irrespective of the number of HMR Service Providers they provide HMR Services on behalf of).

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4.2 Patient Eligibility

The Patient must satisfy the following mandatory HMR Service Eligibility Criteria:

- The Patient is a current Medicare or Department of Veterans' Affairs (DVA) cardholder
- The Patient is living in a community setting
- The Patient is at risk of, or experiencing, medication misadventure
- The Patient's GP confirms that there is an identifiable clinical need and the Patient will benefit from a HMR Service.

HMR Services are not available to in-patients of public or private hospitals, day hospital facilities, transition care facilities or to residents of an Aged Care Facility (ACF).

4.3 Frequency of Service

One HMR Service can be conducted per eligible Patient on referral from a GP.

A subsequent HMR may only be conducted if more than 24 months has elapsed since the date of the most recent Patient Interview or when the Patient's GP specifically deems a subsequent review is clinically necessary, such as when there has been significant change to the Patient's condition or medication regimen.

Reasons why an additional review may be requested include:

- Discharge from hospital after an unplanned admission in the previous four weeks
- Significant change to medication regimen in the past three months
- Change in medical condition or abilities (including falls, cognition, physical function)
- Prescription of a medicine with a narrow therapeutic index or requiring therapeutic monitoring
- Presentation of symptoms suggestive of an adverse drug reaction
- Sub-therapeutic response to therapy
- Suspected non-compliance or problems with managing medication-related devices
- Risk of, or inability to continue managing own medicines, due to changes in dexterity, confusion or impaired vision.

Provision of a subsequent Home Medicines Review must not be triggered solely by an 'anniversary' date; the Service is not intended to be an ongoing review cycle.

5 HMR PROCESS

A HMR Service consists of a Patient Interview, clinical assessment and written HMR Report provided to the referring GP and the Patient's choice of Community Pharmacy. The same Accredited Pharmacist must conduct all steps of the HMR Service. A Registered Pharmacist may participate in the provision of a HMR Service by conducting the Patient Interview step only. This involvement is permitted under very limited circumstances and requires prior approval (see section 6.1). The HMR Service Provider in receipt of the referral must lodge the claim for payment.

Each approved Service Provider may conduct up to a total of 20 HMR Services per calendar month that will be remunerated; any Accredited Pharmacist can conduct no more than a total of 20 HMR

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services per calendar month that will be remunerated (irrespective of the number of HMR Service Providers they provide HMR Services on behalf of).

5.1 Identifying a Patient

A HMR could benefit a Patient for whom quality use of medicines may be an issue, or Patients who are at risk of medication misadventure because of factors such as their co-morbidities, age or social circumstances, the characteristics of their medicines, or the complexity of their medication treatment regimen.

If the Patient has not been identified by the GP, a recommendation based on the Patient's current clinical need should be provided to the GP. The recommendation may be provided by a Registered Pharmacist, the Patient/carer or another health care professional. However, the GP is required to provide the initial referral.

5.2 Referral

The Patient's GP will assess eligibility and outline the HMR Service to the Patient. If the Patient agrees that a HMR Service is necessary and is willing to have the Interview conducted in their home, the GP will obtain Patient consent to participate in the HMR Service. Following a discussion between the GP and Patient, the Patient may choose to be referred to the Patient's choice of/usual Community Pharmacy or to an Accredited Pharmacist who meets the Patient's needs. The HMR referral should include the reason for referral and all relevant prescribing and clinical history. The Patient Interview must take place within 90 days of the date of the referral to be remunerated under the HMR Program.

5.3 Patient Consent

If the GP and the Patient determine a Home Medicines Review meets the Patient's needs, the HMR Service Provider must receive Patient consent prior to conducting the Patient Interview to allow:

- Access to relevant Patient data from the Patient's usual Community Pharmacy
- A copy of the written HMR Report to be provided to the Patient's choice of Community Pharmacy.

5.4 Timeliness

The HMR Service Provider is required to arrange the Interview with the Patient and advise the referring GP of the details, including the date of the Interview and details of the Accredited Pharmacist conducting the HMR Service, unless the GP has indicated a preference not to receive this information.

If the HMR Service Provider is unable to provide a HMR Service within two weeks or in the specific time frame, the HMR Service Provider must contact the GP and state when the HMR Service will be provided. The GP will determine, and discuss with the Patient if necessary, whether the specific time frame meets the Patient's needs.

5.5 Patient Interview

The Patient Interview must occur in the Patient's home and must be conducted by an Accredited Pharmacist who is approved to conduct a Home Medicines Review.

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In limited circumstances the Patient Interview may be conducted outside the Patient's home or by a Registered Pharmacist. This requires prior approval (see Program Variations below).

5.6 HMR Report

The HMR Report involves assessing the information gathered from the clinical assessment and other relevant sources and preparing a written HMR Report. The Report must state the findings of the Review and outline recommendations to assist in the development of a medication management plan.

The Report must be prepared by the Accredited Pharmacist who conducted the Patient Interview and clinical assessment. If a Program Variation is approved for a Registered Pharmacist to conduct the Patient Interview the Accredited Pharmacist must still complete the HMR Report. The HMR Service Provider must provide a copy of the written HMR Report to the referring GP and discuss relevant findings and suggested management strategies.

The HMR Report must also be forwarded (with Patient consent) to the Patient's usual Community Pharmacy or a Community Pharmacy of their choice and discussed if necessary.

5.7 Medication Management Plan

The Patient and the GP must agree on a medication management plan. With Patient consent, the medication management plan should be forwarded to the Patient's usual Community Pharmacy or a Community Pharmacy of their choice. The Patient's usual Community Pharmacy must contribute to the implementation where applicable and continue to monitor the medication management plan in the normal course of contact with the Patient.

6 PROGRAM VARIATIONS (PRIOR APPROVAL)

To seek prior approval on a case by case basis for a Patient Interview to be conducted outside the Patient's home, or for the Patient Interview to be conducted at the Patient's home by a Registered Pharmacist, the HMR Service Provider must submit a Program Variation Request through the Pharmacy Programs Administrator [Portal](#).

The Program Variation request must provide a detailed and reasonable justification for the request. Program Variation requests must be submitted at least **10** working days prior to the proposed date of Interview. Requests will be forwarded by the Pharmacy Programs Administrator to the Department of Health to assess based on the evidence provided. The Pharmacy Programs Administrator will advise the HMR Service Provider of the outcome via email within **seven** working days from the date of submission. Additionally, HMR Service Providers will be able to see the approval status of their Program Variation request on the Pharmacy Programs Administrator [Portal](#).

It is the responsibility of the HMR Service Provider to explain the prior approval process to the Patient (and to the Registered Pharmacist if one is to be involved at the Interview stage) and seek consent for their details to be shared with the Department of Health and the Pharmacy Programs Administrator for the purpose of assessing the Program Variation request.

HMR Service Providers who conduct Patient Interviews outside a Patient's home or by using a Registered Pharmacist without prior approval will not be remunerated for those HMR Services. Approval will not be granted retrospectively. Receiving prior approval in either situation should not

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be construed as a guarantee that any future application, even for identical circumstances, will be approved.

If a Program Variation has been approved, HMR Service Providers should submit the associated HMR Service claim through the Pharmacy Programs Administrator [Portal](#) by clicking the new claim button attached to their approved Program Variation request, rather than submitting as a separate new claim.

6.1 Location of Patient Interview

The Patient Interview must occur face-to-face at the Patient's home except in the following circumstances:

- For cultural reasons
- Because of safety concerns relating to being inside the Patient's home.

If either circumstance applies, prior approval to conduct the HMR interview in an alternative location must be obtained prior to the Interview commencing.

6.2 Patient Interview conducted by a registered pharmacist

A Registered Pharmacist may conduct the Patient Interview only when access to an Accredited Pharmacist is not possible. Approval for a Registered Pharmacist to visit the Patient at home and conduct the Patient Interview must be gained prior to the Patient Interview commencing.

A Registered Pharmacist proposing to conduct a HMR Service outside the Patient's home must submit Program Variation requests for both the location of the Patient Interview and for an Interview conducted by a Registered Pharmacist.

7 FEES

Approved Service Providers can claim the following payments under the Program:

Description	Fee (per patient)
Provision of a HMR Service	\$222.77

8 CLAIMS

8.1 Claim Submission

Approved HMR Service Providers must submit claims online via the Pharmacy Programs Administrator [Portal](#).

If a Program Variation has been submitted and approved, HMR Service Providers should submit the associated Service claim through the Pharmacy Programs Administrator [Portal](#) by clicking the new claim button next to their approved Program Variation request.

HMR Services must be claimed by the end of the next calendar month (e.g. services undertaken in March must be claimed by 30 April).

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Claims submitted outside this timeframe will not be paid and cannot be resubmitted.

Claims that are incomplete or that do not meet Program Rules will not be able to be submitted or will be rejected (e.g. where the HMR Interview was conducted more than ninety days after the date of referral or where a HMR Service Provider has exceeded their monthly cap of twenty HMR Services).

8.2 Number of HMR Services that may be Claimed

Each approved HMR Service Provider may claim up to a total of **20** HMR Services that have been conducted within a calendar month.

8.3 Number of HMR Services that may be Conducted

Each Accredited Pharmacist may conduct no more than a total of **20** HMR Services that can be claimed by an approved HMR Service Provider per calendar month, irrespective of the number of approved HMR Service Providers they provide HMR Services on behalf of.

9 AUDIT REQUIREMENTS

HMR Service Providers must retain all records for seven years to demonstrate that they have complied with the General Terms and these Program Rules when providing and claiming for a HMR Service.

HMR Service Providers will be subject to audits by the Australian Government to ensure HMR Services are provided in accordance with the General Terms and these Program Rules. HMR Service Providers that do not provide HMR Services in accordance with the General Terms and these Program Rules may no longer be able to participate in the HMR Program or be eligible to receive HMR Program payments. Under section 137.1 of the *Criminal Code Act 1995*, giving false and misleading information is a serious offence.

10 RURAL LOADING ALLOWANCE

If the Patient's home is located in a rural or remote area, the HMR Service Provider may be eligible for the HMR Rural Loading Allowance. The *HMR Rural Loading Allowance Program Rules* are available on the [PPA website](#).

Approved HMR Service Providers must apply for the HMR Rural Loading Allowance through the Pharmacy Programs Administrator [Portal](#).

11 RESOURCES

HMR Program resources are available for download on the [PPA website](#).



CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au