



Human Services (Medicare) Regulations 1975

Statutory Rules No. 27, 1975

made under the

Human Services (Medicare) Act 1973

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About this compilation

This compilation

This is a compilation of the *Human Services (Medicare) Regulations 1975* that shows the text of the law as amended and in force on 3 December 2015 (the *compilation date*).

This compilation was prepared on 14 December 2015.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on ComLaw (www.comlaw.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on ComLaw for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on ComLaw for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Part 1—Preliminary

1 Name of Regulations

These Regulations are the *Human Services (Medicare) Regulations 1975*.

2 Commencement

These Regulations shall be deemed to have come into operation on 19 September 1974.

3 Definitions

In these Regulations:

Act means the *Human Services (Medicare) Act 1973*.

Aged Care Act means the *Aged Care Act 1997*.

Aged Care Department means the Department administered by the Aged Care Minister.

Aged Care Minister means the Minister administering the Aged Care Act.

Aged Care Secretary means the Secretary of the Aged Care Department.

Aged Care Transitional Act means the *Aged Care (Transitional Provisions) Act 1997*.

approved supplier has the meaning given by subsection 84(1) of the National Health Act.

de-identified has the meaning given by subsection 6(1) of the *Privacy Act 1988*.

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emergency means an emergency or disaster that occurs in Australia, or that affects one or more Australian citizens or permanent residents, and includes:

- (a) an emergency or disaster that has been the subject of a declaration under section 80J or 80K of the *Privacy Act 1988*; or
- (b) any circumstance in relation to which the Australian Government has decided that a program of special assistance involving the provision of a service, benefit, program or facility is to be implemented.

Examples:

- 1 A natural disaster.
- 2 A terrorist act.

healthcare providers includes:

- (a) medical practitioners; and
- (b) prescribers; and
- (c) pharmacists; and
- (d) approved suppliers; and
- (e) dentists; and
- (f) State and Territory health departments; and
- (g) State and Territory mental health authorities; and
- (h) private and public pain management clinics; and
- (i) private and public alcohol or drug detoxification centres; and
- (j) private and public hospitals.

Health Department means the Department administered by the Minister administering the National Health Act.

Health Insurance Act means the *Health Insurance Act 1973*.

lifetime health cover has the meaning given by section 31-1 of the Private Health Insurance Act.

National Health Act means the *National Health Act 1953*.

PBS information means information collected for the administration of the Pharmaceutical Benefits Scheme established under Part VII of the National Health Act.

person affected by an emergency has a meaning affected by regulation 3A.

personal information has the meaning given by subsection 6 (1) of the *Privacy Act 1988*.

Pharmaceutical Benefits Regulations means the *National Health (Pharmaceutical Benefits) Regulations 1960*.

Private Health Insurance Act means the *Private Health Insurance Act 2007*.

reappraisal period is the period under section 27-2 of the Aged Care Act in which a reappraisal of the classification of the level of care needed by an aged care recipient must be made.

State or Territory body means:

- (a) a State or Territory Minister; or
- (b) a Department of a State or Territory; or
- (c) a body (whether incorporated or not) established for a public purpose under a law of a State or Territory.

3A Person affected by an emergency

In these Regulations, a reference to a **person affected by an emergency** includes:

- (a) a person who is indirectly affected by the emergency; and
- (b) an individual who has a family member who is directly or indirectly affected by the emergency; and
- (c) an unincorporated organisation that is directly or indirectly affected by an emergency.

Part 2—Prescribed functions—Aged Care Act

4 Terms used in this Part

A term that is used in this Part and in the Aged Care Act has the same meaning in this Part as it has in that Act.

Note: The following terms are defined in clause 1 of Schedule 1 to the Aged Care Act:

- aged care service
- approved provider
- flexible care subsidy
- protected information
- recoverable amount
- residential care service.

4A Application

This Part sets out prescribed functions for paragraph 5(1)(e) of the Act.

5 Request information relating to payments

It is a prescribed function of the Chief Executive Medicare, on behalf of the Aged Care Secretary, to request an approved provider to give the Chief Executive Medicare information relating to payments made under the Aged Care Act or the Aged Care Transitional Act, in accordance with subsection 9-3(1) of the Aged Care Act.

6 Classification of care recipients

Each of the following is a prescribed function of the Chief Executive Medicare:

- (a) on behalf of the Aged Care Secretary, to classify a care recipient in accordance with section 25-1 of the Aged Care Act according to the level of care the care recipient needs, relative to the needs of other care recipients;

- (b) on behalf of the Aged Care Secretary, to receive an appraisal of the level of care needed by a care recipient made under section 25-3 (and for the purposes of sections 26-1 and 26-2) of the Aged Care Act;
- (c) on behalf of the Aged Care Secretary, to decide under subsection 26-2(2) of the Aged Care Act, and having regard to any relevant information under subsection 26-2(3) of that Act, whether an appraisal of a care recipient was sent in sufficient time to be received by the Aged Care Secretary, in the ordinary course of events, within the period specified in paragraph 26-1(a) or (b) as the case may be.

7 Renewal and change of classifications

The Chief Executive Medicare has the following functions, to be carried out on behalf of the Aged Care Secretary:

- (a) in accordance with section 27-6 of the Aged Care Act:
 - (i) to receive a reappraisal of the level of care needed by a care recipient; and
 - (ii) to renew the classification of a care recipient;
- (b) to make a decision under subsection 27-8(2) of the Aged Care Act:
 - (i) about whether a reappraisal of the level of care needed by a care recipient was sent in sufficient time to be received, in the ordinary course of events, within the reappraisal period; and
 - (ii) having regard to any relevant information under subsection 27-8(3) of that Act;
- (c) if the Chief Executive Medicare, acting on behalf of the Aged Care Secretary, is not satisfied that a reappraisal received outside the reappraisal period was sent in sufficient time—to notify the approved provider under subsection 27-8(4) of the Aged Care Act;
- (d) to change a classification of a care recipient in accordance with subsection 29-1(1) of the Aged Care Act;
- (e) in accordance with subsection 29-1(3) of the Aged Care Act, to review a classification of a care recipient before changing

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the recipient's classification under subsection 29-1(1) of that Act;

- (f) in accordance with subsection 29-1(4) of the Aged Care Act, to notify an approved provider that is providing care to a care recipient that the classification of the care recipient has changed.

8 Certification of residential care service

It is a prescribed function of the Chief Executive Medicare to keep a record of the payment of application fees for certification of a residential care service received under paragraph 38-1(2)(b) of the Aged Care Act.

9 Payment of subsidies

- (1) Subject to subregulation (3), each of the following is a prescribed function of the Chief Executive Medicare:
 - (a) on behalf of the Aged Care Secretary, to perform the functions conferred on the Aged Care Secretary by:
 - (i) Parts 3.1, 3.2 and 3.3 of the Aged Care Act; and
 - (ii) Parts 3.1, 3.2 and 3.3 of the Aged Care Transitional Act;
 - (b) on behalf of the Commonwealth, to make payments of subsidies, and do anything necessary for the purpose of making such payments, in accordance with any of the provisions mentioned in paragraph (a).
- (2) Each of the following is also a prescribed function of the Chief Executive Medicare:
 - (a) to make a record of information obtained in performing a function specified by subregulation (1);
 - (b) to disclose that information to the Aged Care Minister, Aged Care Secretary or an officer of the Aged Care Department for use by that person in the exercise of powers under the Aged Care Act or the Aged Care Transitional Act.
- (3) It is not a prescribed function of the Chief Executive Medicare to do any of the following:

- (a) approve a form that the Aged Care Secretary is required to approve under:
 - (i) Part 3.1 or 3.2 of the Aged Care Act; or
 - (ii) Part 3.1 or 3.2 of the Aged Care Transitional Act;
- (b) make a determination under section 42-5 of the Aged Care Act;
- (c) revoke a determination under section 42-6 of the Aged Care Act;
- (d) make a determination under:
 - (i) subsection 44-20(5) or (6) of the Aged Care Act; or
 - (ii) subsection 44-20(5) or (6) of the Aged Care Transitional Act;
- (e) under section 44-20A of the Aged Care Act:
 - (i) require a person to give information or produce a document; or
 - (ii) make a determination;
- (f) perform a function or exercise a power of the Aged Care Minister in relation to the determination or payment of a subsidy under any of the provisions in paragraph (1)(a);
- (g) enter into an agreement in relation to the payment of flexible care subsidy, in accordance with Part 2 of Chapter 4 of the *Subsidy Principles 2014*.

9A Functions relating to financial hardship

- (1) Subject to subregulation (2), each of the following is a prescribed function of the Chief Executive Medicare, to be carried out on behalf of the Aged Care Secretary:
 - (a) to perform the functions conferred on the Aged Care Secretary by Division 52K of the Aged Care Act;
 - (b) to perform the functions conferred on the Aged Care Secretary by sections 57-14 and 57-15 of the Aged Care Transitional Act;
 - (c) to perform the functions conferred on the Aged Care Secretary by sections 57A-9 and 57A-10 of the Aged Care Transitional Act.

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- (2) It is not a prescribed function of the Chief Executive Medicare to approve a form that the Aged Care Secretary is required to approve under a provision mentioned in subregulation (1).

10 Notification of start of care

- (1) Each of the following is a prescribed function of the Chief Executive Medicare, to be carried out on behalf of the Aged Care Secretary:
- (a) to receive notice under subsection 63-1B(2) of the Aged Care Act of a care recipient who enters a residential care service;
 - (b) to receive notice under Division 2 of Part 3 of the *Accountability Principles 2014* of a care recipient who starts to be provided with home care.
- (2) The prescribed functions in subregulation (1) do not include the function of approving the form in which notice is to be given.

11 Reconsideration and review of decisions

Each of the following is a prescribed function of the Chief Executive Medicare, to be carried out on behalf of the Aged Care Secretary:

- (a) to exercise the powers and perform the functions of the Aged Care Secretary under Part 6.1 of the Aged Care Act for a reviewable decision described in any of the following items of the table in section 85-1 of that Act:
 - (i) items 28 to 31;
 - (ii) items 39AA and 39AB;
 - (iii) items 45 to 49B;
 - (iv) items 53 to 53D;
 - (v) items 53F to 53H;
- (b) to exercise the powers and perform the functions of the Aged Care Secretary under Part 6.1 of the Aged Care Transitional Act for a reviewable decision described in any of the following items of the table in section 85-1 of that Act:
 - (i) items 39AA to 41;

- (ii) items 44 to 46;
- (iii) items 48 to 53C;
- (c) to act in any legal proceeding that concerns the exercise of powers or performance of functions by the Chief Executive Medicare under paragraph (a) or (b).

12 Protection of information

Each of the following is a prescribed function of the Chief Executive Medicare:

- (a) on behalf of the Aged Care Secretary, to make decisions, and exercise the powers and perform the functions of the Aged Care Secretary under section 86-3 of the Aged Care Act and to disclose protected information as permitted by those paragraphs;
- (b) on behalf of the Aged Care Secretary, to make information about an aged care service publicly available as permitted by subsections 86-9(1) and (2) of the Aged Care Act.

13 Powers of officers

Each of the following is a prescribed function of the Chief Executive Medicare:

- (a) on behalf of the Aged Care Secretary, to appoint a person by written instrument under section 90-3 of the Aged Care Act to be an authorised officer for the purposes of section 93-1 of that Act, but only in relation to a matter described in paragraph 93-1(2)(b) of that Act;
- (b) on behalf of the Aged Care Secretary, to obtain information and documents in accordance with subsection 93-1 (1) of the Aged Care Act, by requiring a person to attend before an authorised officer, but only in relation to a matter described in paragraph 93-1(2)(b) of that Act;
- (c) on behalf of the Aged Care Secretary, to cause an identity card to be issued in accordance with section 94-1 of the Aged Care Act:

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- (i) to each person appointed by the Chief Executive Medicare under the function prescribed by paragraph (a); and
- (ii) which specifies, in addition to the matters mentioned in subsections 94-1(2) and (3) of the Aged Care Act, that the person to whom the card is issued is appointed as an authorised officer only in relation to a matter described in paragraph 93-1(2)(b) of that Act.

14 Recovery of overpayments—subsidies

- (1) Each of the following is a prescribed function of the Chief Executive Medicare:
 - (a) to investigate whether the Commonwealth has paid to a person, by way of subsidy under Chapter 3 of the Aged Care Act or Chapter 3 of the Aged Care Transitional Act, an amount that is a recoverable amount;
 - (b) on behalf of the Commonwealth, to take action to recover an amount that is a recoverable amount (or part of it):
 - (i) under section 95-2 of the Aged Care Act, in a court of competent jurisdiction; or
 - (ii) by any other means;
 - (c) on behalf of the Aged Care Secretary, to determine to do anything permitted by section 95-6 of the Aged Care Act in relation to a debt or class of debts arising, or an amount of a debt payable, under Chapter 3 of that Act or Chapter 3 of the Aged Care Transitional Act.
- (2) In this regulation:
recoverable amount has the meaning given by subsection 95-1(1) of the Aged Care Act.

15 Recovery of overpayments—Subsidies and grants

- (1) Each of the following is a prescribed function of the Chief Executive Medicare:

- (a) to decide, for section 95-3 of the Aged Care Act, if a recoverable amount (or part of it) that an approved provider is liable to pay should be deducted from one or more other amounts payable to the approved provider under that Act or the Aged Care Transitional Act;
- (b) to decide, for section 95-4 of the Aged Care Act, if a recoverable amount (or part of it) should be deducted from one or more other amounts payable under that Act or the Aged Care Transitional Act to a transferee (within the meaning given by section 95-4 of the Aged Care Act);
- (c) to decide:
 - (i) if the Commonwealth is liable to make a refund to a transferee (within the meaning given by section 95-5 of the Aged Care Act) under subsection 95-5(1) of that Act; and
 - (ii) if the Commonwealth is liable to make a refund under subsection 95-5(1) of the Aged Care Act—the amount of the refund payable to a transferee mentioned in subparagraph (i) in accordance with subsection 95-5(2) of that Act.

16 Extension of time for giving information relating to application

- (1) It is a prescribed function of the Chief Executive Medicare, on behalf of the Aged Care Secretary, under subsection 96-7(2) of the Aged Care Act:
 - (a) to receive and consider an applicant's request to extend a period in which the applicant has been requested to give further information in relation to an application under that Act; and
 - (b) to extend the period if the Chief Executive Medicare considers it appropriate to do so.
- (2) It is a prescribed function of the Chief Executive Medicare, on behalf of the Aged Care Secretary, under subsection 96-7(2) of the Aged Care Transitional Act:

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- (a) to receive and consider an applicant's request to extend a period in which the applicant has been requested to give further information in relation to an application under that Act; and
- (b) to extend the period if the Chief Executive Medicare considers it appropriate to do so.

17 Aged Care Principles

- (1) This regulation applies if:
 - (a) it is a prescribed function of the Chief Executive Medicare under this Part to perform a function, or exercise a power, of the Aged Care Secretary on behalf of the Aged Care Secretary; and
 - (b) the performance of that function or the exercise of that power by the Aged Care Secretary requires or permits the Aged Care Secretary to act under, or in accordance with, a provision of any Principles made under section 96-1 of the Aged Care Act or section 96-1 of the Aged Care Transitional Act.
- (2) It is a prescribed function of the Chief Executive Medicare to act on behalf of the Aged Care Secretary under, or in accordance with, the relevant provision of the Principles.
- (3) This regulation is for the avoidance of doubt.

Part 3—Prescribed functions—general

18 Prescribed functions

For paragraph 5(1)(e) of the Act, this Part prescribes functions of the Chief Executive Medicare.

19 Delegated functions

- (1) A prescribed function is to perform functions delegated to the Chief Executive Medicare under:
 - (a) a law of the Commonwealth; or
 - (b) a law of a State or Territory.
- (2) Paragraph (1)(b) applies only if the Chief Executive Medicare is allowed by sections 8AD and 8AE of the Act to perform the function.

20 Functions in relation to prescription shopping

- (1) A prescribed function is to detect and prevent prescription shopping, which includes the functions mentioned in this regulation.
- (2) The Chief Executive Medicare may use PBS information (including personal information) for the performance of the functions mentioned in this regulation.
- (3) The education and prevention function is to:
 - (a) promote awareness of the Prescription Shopping Program to healthcare providers, prescription shoppers and the general public; and
 - (b) promote measures to assist healthcare providers to manage prescription shoppers or people who may be at risk of prescription shopping; and

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- (c) educate healthcare providers and prescription shoppers about the law and requirements within which the Prescription Shopping Program operates; and
 - (d) encourage prescription shoppers to have a nominated prescriber; and
 - (e) encourage prescribers to become nominated prescribers; and
 - (f) encourage communication between prescribers, approved suppliers and pharmacists; and
 - (g) discourage inefficient and improper use of pharmaceutical benefits.
- (4) The identification and detection function is to:
- (a) identify prescription shoppers, prescribers prescribing pharmaceutical benefits to prescription shoppers and approved suppliers supplying pharmaceutical benefits to prescription shoppers; and
 - (b) establish and maintain databases containing information about prescription shoppers; and
 - (c) detect and identify prescription shoppers who may be improperly using, stockpiling, swapping, diverting or illegally dealing with pharmaceutical benefits.
- (5) The disclosure function is to:
- (a) disclose PBS information about whether a person is or is not a prescription shopper; and
 - (b) disclose PBS information about a prescription shopper to:
 - (i) the prescription shopper; and
 - (ii) a prescriber, to assist the prescriber to make decisions about prescribing to a prescription shopper who has visited or is visiting that prescriber or is a patient of that prescriber; and
 - (iii) an approved supplier who is proposing to supply, or has supplied, pharmaceutical benefits to the prescription shopper, to assist the approved supplier (or a pharmacist employed by the approved supplier) to make decisions about supplying pharmaceutical benefits to that prescription shopper.

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- (6) The Chief Executive Medicare may perform the disclosure function for the following purposes:
- (a) administering and enforcing the Chief Executive Medicare's functions under the National Health Act;
 - (b) protecting public revenue;
 - (c) discouraging inefficient and improper use of pharmaceutical benefits.
- (7) The evaluation and reporting function is to use PBS information and information collected by the Chief Executive Medicare under the National Health Act to:
- (a) evaluate the Prescription Shopping Program; and
 - (b) report (using de-identified PBS information) to the Health Department and other bodies on the administration and outcomes of the Program.

- (8) In this regulation:

nominated prescriber, in relation to a prescription shopper, means a prescriber nominated by the prescription shopper from time to time to be that person's main prescriber.

prescriber means a person who is authorised to prescribe a pharmaceutical benefit or purports to be authorised to prescribe a pharmaceutical benefit.

prescription shopper has the meaning given by subregulation (9).

Prescription Shopping Program means the program administered by the Department and the Health Department to reduce doctor shopping.

target pharmaceutical benefits means pharmaceutical benefits in any of the following categories of the Anatomical Therapeutic Chemical classification system:

- (a) N02 (Analgesics);
- (b) N03 (Antiepileptics);
- (c) N04 (Anti-Parkinson Drugs);
- (d) N05 (Psycholeptics);

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- (e) N06 (Psychoanaleptics);
- (f) N07 (Other central nervous system drugs);
- (g) R03 (Drugs for obstructive airway diseases);
- (h) C10A (Serum lipid reducing agents);
- (i) A02B (Drugs for peptic ulcer and gastro-oesophageal reflux diseases);
- (j) J01 (Antibacterials for systemic use);
- (k) M01 (Anti-inflammatory and antirheumatic products);
- (l) A10A (Insulin and analogues);
- (m) C02 (Antihypertensives).

Note: The Anatomical Therapeutic Chemical classification system is published by the World Health Organisation's Collaborating Centre for Drug Statistics Methodology.

- (9) In this regulation, **prescription shopper** means a person who, within any 3 month period:
- (a) has had supplied to him or her pharmaceutical benefits prescribed by 6 or more different prescribers; or
 - (b) has had supplied to him or her a total of 25 or more target pharmaceutical benefits; or
 - (c) has had supplied to him or her a total of 50 or more pharmaceutical benefits.
- (10) Paragraph (9)(a) does not include a prescriber who is a specialist within the meaning of subsection 3(1) of the Health Insurance Act and who has prescribed pharmaceutical benefits to a person in that capacity.

21 Functions in relation to provision of emergency services

- (1) The following are prescribed functions:
- (a) providing a service, benefit, program or facility to a person affected by an emergency (an **emergency service**);
 - (b) participating in disaster policy and planning activities, including activities undertaken by disaster policy and planning committees.

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- (2) Without limiting subregulation (1), the Chief Executive Medicare may perform the functions for, or under an arrangement with, a State or Territory body.
- (3) The function mentioned in paragraph (1)(a) includes the following:
- (a) establishing and maintaining a register of persons affected by the emergency;
 - (b) receiving, processing, investigating, deciding and paying claims for assistance;
 - (c) operating a telephone enquiry line;
 - (d) providing call centre assistance;
 - (e) making arrangements for health assessments and other assistance in relation to health care;
 - (f) referring a person to another organisation if the person requires assistance provided by that organisation;
 - (g) working with, and providing information to, other government and non-government bodies in relation to the provision of assistance;
 - (h) providing information to a State or Territory body about a person affected by the emergency that will assist the State or Territory body to provide a payment, benefit or other assistance to the person;
 - (i) undertaking action (including starting legal proceedings) to recover payments that should not have been made;
 - (j) disclosing statistical information (including de-identified information from the register mentioned in paragraph (a)) about assistance provided;
 - (k) undertaking compliance, audit, review, investigation, enforcement and recovery services ancillary to the emergency service.
- (4) Information in subregulation (3) includes personal information.
- (5) If the Chief Executive Medicare provides an emergency service to a person, or the person makes a request for an emergency service, the Chief Executive Medicare may:

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- (a) collect information about the person or the person's family, including personal information; and
- (b) maintain records about the emergency service or the request.

23 Function in relation to lifetime health cover

- (1) A prescribed function is to assist the Health Department with communications to members of the public about lifetime health cover.
- (2) This function includes:
 - (a) identifying persons who have become subject to, or will soon become subject to, the operation of lifetime health cover; and
 - (b) providing persons identified under paragraph (a) with information about lifetime health cover received by the Chief Executive Medicare from the Health Department; and
 - (c) providing information and reports on matters relating to lifetime health cover to the Health Department.
- (3) In performing this function, the Chief Executive Medicare may use personal information collected for the performance of the medicare functions.

24 Functions in relation to inappropriate practices

- (1) The following are prescribed functions:
 - (a) devising and implementing measures to:
 - (i) prevent practitioners and other persons from engaging in inappropriate practice; and
 - (ii) detect cases where practitioners or other persons have engaged in inappropriate practice in relation to rendering or initiating services; and
 - (iii) prevent or detect activities relating to claims for medicare benefits, or receipt of medicare benefits, that may constitute an offence under the Health Insurance Act, the *Crimes Act 1914* or the *Criminal Code*;

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- (b) if there are reasonable grounds to suspect that a person has engaged in inappropriate practice, investigating the conduct of the person to decide whether to make a request under subsection 86(1) of the Health Insurance Act for the provision of services by the person to be reviewed;
- (c) investigating cases where there are reasonable grounds to suspect that:
 - (i) an act in relation to a claim for medicare benefits, or receipt of medicare benefits, may constitute an offence under the Health Insurance Act, the *Crimes Act 1914* or the *Criminal Code*; or
 - (ii) a person may have committed an offence against section 23DP, 106D or 106EA, or subsection 19D(2), 19D(7), 106E(1) or 106E(2), of the Health Insurance Act;
- (d) if an investigation under paragraph (c) discloses enough evidence for a prosecution, referring the case and the evidence to the Australian Federal Police or the Director of Public Prosecutions;
- (e) undertaking action (including starting legal proceedings) to recover from a person an amount of medicare benefit that is recoverable by the Commonwealth, including under the Health Insurance Act.

(2) In this regulation:

inappropriate practice has the meanings given by section 82 of the Health Insurance Act.

practitioner has the meaning given by section 81 of the Health Insurance Act.

service has the meaning given by section 81 of the Health Insurance Act.

25 Functions in relation to provision of pharmaceutical benefits

The following are prescribed functions:

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- (a) processing claims for payment relating to the provision of pharmaceutical benefits under Part VII of the National Health Act, and making payments of those claims;
- (b) on behalf of the Repatriation Commission, processing claims for payment relating to the provision of pharmaceutical benefits under the *Veterans' Entitlements Act 1986* and the *Australian Participants in British Nuclear Tests (Treatment) Act 2006*, and making payments of those claims;
- (c) on behalf of the Military Rehabilitation and Compensation Commission, processing claims for payment relating to the provision of pharmaceutical benefits under the *Military Rehabilitation and Compensation Act 2004*, and making payments of those claims;
- (d) devising and implementing measures to prevent or detect contraventions of Part VII of the National Health Act or the Pharmaceutical Benefits Regulations;
- (e) investigating cases where there are reasonable grounds to suspect that an act in relation to the provision of a pharmaceutical benefit may constitute an offence under the National Health Act, the Pharmaceutical Benefits Regulations, the *Crimes Act 1914* or the *Criminal Code*;
- (f) if an investigation under paragraph (e) discloses enough evidence for a prosecution, referring the case and the evidence to the Australian Federal Police or the Director of Public Prosecutions;
- (g) undertaking action (including starting legal proceedings) to recover from a person an amount relating to a pharmaceutical benefit that is recoverable by the Commonwealth, including under the National Health Act or the Pharmaceutical Benefits Regulations.

26 Functions in relation to hearing services

- (1) The following are prescribed functions:
 - (a) acting as the claims acceptance body for section 21 of the *Hearing Services Administration Act 1997*;
 - (b) acting as the claims payment body for that section.

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- (2) Subregulation (1) has effect only when a declaration that the Chief Executive Medicare is the claims acceptance body or the claims payment body for the purposes of section 21 of the *Hearing Services Administration Act 1997* is in force.
- (3) Each of the functions in subregulation (1) includes:
- (a) recovering a service provider debt under section 24 of the *Hearing Services Administration Act 1997* if:
 - (i) the debt is apparent from the records of the Chief Executive Medicare; or
 - (ii) the Health Department notifies the Chief Executive Officer of the debt; and
 - (b) disclosing the following information to the Health Department about a claim accepted or paid by the Chief Executive Medicare:
 - (i) client number;
 - (ii) voucher number;
 - (iii) date on which the claim was submitted;
 - (iv) date on which the claim was processed;
 - (v) date of the service to which the claim relates;
 - (vi) provider number;
 - (vii) practitioner number;
 - (viii) site identification;
 - (ix) item number;
 - (x) hearing loss details for right and left ears;
 - (xi) details of the device fitted to the client, whether fitted to the left or right ear, and fitting configuration;
 - (xii) date on which the device was fitted;
 - (xiii) details of top-up devices;
 - (xiv) contracted service provider's certification details;
 - (xv) client certification details;
 - (xvi) cost to the client;
 - (xvii) payment details;
 - (xviii) a code showing the reason a claim or an element of a claim was rejected;

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(xix) any other details about the processing of the claim.

(4) In this regulation:

client means a person who received a hearing service for which a claim has been made.

contracted service provider has the meaning given by section 4 of the *Hearing Services Administration Act 1997*.

hearing services has the meaning given by section 4 of the *Hearing Services Administration Act 1997*.

voucher has the meaning given by section 4 of the *Hearing Services Administration Act 1997*.

27 Functions in relation to military compensation

The following are prescribed functions:

- (a) processing, on behalf of the Military Rehabilitation and Compensation Commission, claims for compensation under Chapter 6 of the *Military Rehabilitation and Compensation Act 2004*;
- (b) making payments for those claims.

28 Functions in relation to claims for treatment provided under certain legislation

The following are prescribed functions:

- (a) processing, on behalf of the Repatriation Commission and the Military Rehabilitation and Compensation Commission, claims for payment in relation to:
 - (i) the provision of medical treatment under Division 2 of Part IV of the Seamen's War Pensions and Allowances Regulations, as in force on 30 June 1994; and
 - (ii) the provision of treatment under the following Acts:
 - (A) *Australian Participants in British Nuclear Tests (Treatment) Act 2006*;

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- (B) *Military Rehabilitation and Compensation Act 2004*;
 - (C) *Safety, Rehabilitation and Compensation Act 1988*;
 - (D) *Veterans' Entitlements Act 1986*;
- (b) making payments for those claims.

29 Function in relation to registration of sonographers

A prescribed function is to establish and maintain a register of sonographers.

30 Function in relation to mental health care by medical practitioners

A prescribed function is to establish and maintain a register of medical practitioners who may provide focused psychological strategies under the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative administered by the Health Department.

30A Functions in relation to National Bowel Cancer Screening Register

- (1) The following are prescribed functions:
- (a) to establish, maintain and administer a register of:
 - (i) bowel cancer screening test results; and
 - (ii) the screening and detection history of people described in subregulation (2); and
 - (iii) other relevant information in relation to such people;
 - (b) to invite people to undergo bowel cancer screening at appropriate intervals;
 - (c) to supply faecal occult blood test kits to people;
 - (d) to provide personal information about a person's bowel cancer screening and detection history to a medical practitioner to assist the medical practitioner in advising the person about options for the person's clinical management;

Regulation 30A

- (e) to provide personal information about a person to the Department administered by the Minister administering the *Health Insurance Act 1973* to assist in investigating complaints and other matters raised by, or concerning, the person;
 - (f) to provide personal information to the Australian Institute of Health and Welfare to assist in:
 - (i) assessing the accuracy of screening tests; and
 - (ii) monitoring, and control of the quality of performance of, the functions mentioned in this subregulation;
 - (g) to provide personal information to State and Territory Departments and authorities with responsibility for health matters, to assist in arranging follow-up of people who have had positive screening test results;
 - (h) to provide de-identified information to:
 - (i) the Department administered by the Minister administering the *Health Insurance Act 1973*; and
 - (ii) the Australian Institute of Health and Welfare;to assist in monitoring and evaluating the effectiveness of the program constituted by the functions mentioned in this subregulation;
 - (i) to make payments on behalf of the Commonwealth to medical practitioners, or other persons authorised by medical practitioners to receive the payments, for the transfer of information.
- (2) For subparagraphs (1)(a)(ii) and (iii), the people are as follows:
- (a) people undergoing bowel cancer screening;
 - (b) people whom the Chief Executive Medicare invites to undergo bowel cancer screening;
 - (c) people whom the Chief Executive Medicare:
 - (i) considers inviting to undergo bowel cancer screening; but
 - (ii) decides not to invite to undergo the screening.

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- (3) The following information may be used for the purposes of the functions mentioned in subregulation (1):
- (a) information acquired by a person in the performance of the person's duties, or in the exercise of the person's powers or functions, under the *Health Insurance Act 1973*;
 - (b) information acquired by a person in the performance of the person's duties, or in the exercise of the person's powers or functions, under the *Veterans' Entitlements Act 1986*.
- (4) The program constituted by the functions mentioned in subregulation (1) is to be known as the ***National Bowel Cancer Screening Register***.

31 Functions in relation to allocation of identification numbers

The following are prescribed functions:

- (a) allocating identification numbers for the purposes of the National Health Act to medical practitioners and to participating dental practitioners;
- (b) allocating identification numbers for the purposes of the Health Insurance Act to the following persons in relation to the person's places of practice:
 - (i) practitioners;
 - (ii) approved pathology practitioners;
 - (iii) participating midwives;
 - (iv) participating nurse practitioners;
 - (v) participating optometrists;
 - (vi) persons providing health services determined under section 3C of that Act.

Part 4—Miscellaneous

32 Prescribed period

For paragraph 41C(8)(a) of the Act, the prescribed period is the period of 2 years that commenced on 1 January 1981.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Endnotes about misdescribed amendments and other matters are included in a compilation only as necessary.

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnotes

Endnote 1—About the endnotes

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Human Services (Medicare) Regulations 1975

Compilation No. 26

Compilation date: 3/12/15

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Endnote 2—Abbreviation key

A = Act	o = order(s)
ad = added or inserted	Ord = Ordinance
am = amended	orig = original
amdt = amendment	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
c = clause(s)	pres = present
C[x] = Compilation No. x	prev = previous (prev...) = previously
Ch = Chapter(s)	Pt = Part(s)
def = definition(s)	r = regulation(s)/rule(s)
Dict = Dictionary	Reg = Regulation/Regulations
disallowed = disallowed by Parliament	reloc = relocated
Div = Division(s)	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislative Instruments	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LI = Legislative Instrument	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnotes

Endnote 3—Legislation history

Endnote 3—Legislation history

Number and year	FRLI registration or gazettal	Commencement	Application, saving and transitional provisions
1975 No. 27	25 Feb 1975	19 Sept 1974	
1976 No. 21	30 Jan 1976	30 Jan 1976	—
1976 No. 146	22 July 1976	22 July 1976	—
1982 No. 249	1 Oct 1982	1 Oct 1982	—
1983 No. 88	30 June 1983	30 June 1983	—
1983 No. 152	1 Sept 1983	r. 1: 29 Oct 1982 Remainder: 1 Sept 1983	—
1984 No. 321	2 Nov 1984	2 Nov 1984	—
1985 No. 41	24 Apr 1985	24 Apr 1985	—
1985 No. 70	20 May 1985	20 May 1985	—
1986 No. 127	6 June 1986	6 June 1986	—
1987 No. 165	31 July 1987	1 Aug 1987	—
1989 No. 55	14 Apr 1989	14 Apr 1989	—
1989 No. 96	26 May 1989	r. 3: 24 Apr 1985 rr. 2 and 4: 22 May 1986 Remainder: 26 May 1989	r. 5
1989 No. 195	17 July 1989	17 July 1989	—
1991 No. 443	19 Dec 1991	19 Dec 1991	—
1992 No. 241	29 July 1992	29 July 1992	—
1993 No. 81	17 May 1993	17 May 1993	—
1993 No. 89	28 May 1993	1 May 1993	—
1993 No. 197	20 July 1993	1 May 1993	—
1993 No. 217	17 Aug 1993	1 Apr 1993	—
1994 No. 102	19 Apr 1994	19 Apr 1994	—

Endnote 3—Legislation history

Number and year	FRLI registration or gazettal	Commencement	Application, saving and transitional provisions
1994 No. 257	28 July 1994	28 July 1994	r. 4
1994 No. 404	8 Dec 1994	8 Dec 1994	—
1994 No. 450	30 Dec 1994	rr. 3 and 4.4–4.6: 9 June 1993 Remainder: 30 Dec 1994	—
1995 No. 24	28 Feb 1995	28 Feb 1995	—
1995 No. 286	10 Oct 1995	10 Oct 1995	—
1995 No. 375	6 Dec 1995	1 Jan 1996	—
1995 No. 440	22 Dec 1995	1 Jan 1996	—
1996 No. 159	24 July 1996	1 Aug 1996	—
1996 No. 322	23 Dec 1996	1 Dec 1996	—
1997 No. 286	8 Oct 1997	8 Oct 1997	—
1997 No. 332	3 Dec 1997	3 Dec 1997	—
1997 No. 396	24 Dec 1997	1 Jan 1998	—
1998 No. 67	24 Apr 1998	27 Apr 1998 (<i>see</i> r. 1 and <i>Gazette</i> 1998, No. S167)	—
1998 No. 103	27 May 1998	27 May 1998	—
1998 No. 124	9 June 1998	r. 4: 15 June 1998 Remainder: 10 June 1998	—
2001 No. 276	5 Oct 2001	rr. 1–3 and Schedule 1: 5 Oct 2001 Remainder: 1 Dec 2001 (<i>see</i> r. 2 and <i>Gazette</i> 2001, No. GN41)	—
2001 No. 277	5 Oct 2001	5 Oct 2001	—
2002 No. 142	27 June 2002	1 July 2002	—
2002 No. 253	31 Oct 2002	1 Nov 2002	—
2003 No. 161	26 June 2003	26 June 2003	—

Endnotes

Endnote 3—Legislation history

Number and year	FRLI registration or gazettal	Commencement	Application, saving and transitional provisions
2004 No. 182	1 July 2004	1 July 2004	—
2005 No. 207	19 Sept 2005 (F2005L02673)	1 Oct 2005 (r 2)	—
2005 No. 220	19 Oct 2005 (F2005L03040)	20 Oct 2005 (r 2)	—
2009 No. 197	3 Aug 2009 (F2009L02998)	4 Aug 2009 (r 2)	—
2011 No. 120	30 June 2011 (F2011L01364)	1 July 2011 (r 2)	—
81, 2014	16 June 2014 (F2014L00725)	1 July 2014 (s 2)	—
212, 2015	2 Dec 2015 (F2015L01917)	3 Dec 2015 (s 2(1) item 1)	—

Act	Number and year	Assent date	Commencement	Application, saving and transitional provisions
Health Legislation Amendment Act 1983	54, 1983	1 Oct 1983	s 71(2): 1 Oct 1983 (s 2(1))	—
Health Insurance Commission (Reform and Separation of Functions) Act 1997	159, 1997	11 Nov 1997	Sch 2: 11 Nov 1997 (s 2(1))	Sch 2 (items 4–6)

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
Part 1	
Part 1 heading.....	ad. 2005 No. 220
r. 1.....	rs. 2001 No. 277; 2005 No. 207 rs. 2011 No. 120
r. 2A.....	ad. 1976 No. 146 am. 1987 No. 165; 1989 Nos. 96 and 195
renum r 3.....	2005 No. 207
r. 3..... (prev r 2A)	rs. 2005 No. 220 am. 2009 No. 197
r. 3.....	rs. 2011 No. 120 am No 81, 2014; No 212, 2015
r. 3A.....	ad. 2009 No. 197 rs. 2011 No. 120
r. 2AB.....	ad. 1994 No. 450 am. Act No. 159, 1997 rep. 2005 No. 207
r. 3.....	rep. 1982 No. 249 ad. 1983 No. 88 rep. Act No. 54, 1983 ad. 1985 No. 70 am. 1987 No. 165; 1992 No. 241; 1994 No. 257; 1996 No. 322; Act No. 159, 1997; 1998 No. 103 rep. 2005 No. 207
r. 3A.....	ad. 1987 No. 165 am. 1994 No. 257; Act No. 159, 1997 rep. 2005 No. 207
r. 3B.....	ad. 1989 No. 55 am. Act No. 159, 1997 rep. 2005 No. 207

Endnotes

Endnote 4—Amendment history

Provision affected	How affected
r. 3C	ad. 1989 No. 55 am. 1989 No. 195; Act No. 159, 1997 rep. 2005 No. 207
r. 3D	ad. 1989 No. 195 am. Act No. 159, 1997 rep. 2005 No. 207
r. 3E	ad. 1989 No. 195 am. Act No. 159, 1997 rep. 2005 No. 207
r. 3F	ad. 1992 No. 241 am. Act No. 159, 1997 rep. 2005 No. 207
r. 3G	ad. 1993 No. 81 am. 1993 No. 217; Act No. 159, 1997 rep. 2005 No. 207
r. 3H	ad. 1993 No. 89 rs. 1997 No. 332 rep. 2005 No. 207
r. 3I	ad. 2004 No. 182 rep. 2005 No. 207
r. 3J	ad. 1994 No. 102 am. Act No. 159, 1997 rep. 2005 No. 207
r. 3K	ad. 1994 No. 102 am. Act No. 159, 1997 rep. 2005 No. 207
r. 3L	ad. 1994 No. 102 am. Act No. 159, 1997 rep. 2005 No. 207
r. 3M	ad. 1994 No. 102 am. 1995 No. 24; Act No. 159, 1997; 2001 No. 276

Endnote 4—Amendment history

Provision affected	How affected
	rep. 2005 No. 207
r. 3N.....	ad. 1994 No. 102
	am. Act No. 159, 1997
	rep. 2005 No. 207
r. 3P.....	ad. 1994 No. 404
	am. 1995 No. 286; 1996 Nos. 159 and 322; Act No. 159, 1997
	rep. 1998 No. 124
r. 3Q.....	ad. 1995 No. 375
	am. 1995 No. 440; Act No. 159, 1997
	rs. 1997 No. 286
	rep. 1998 No. 124
r. 3R.....	ad. 1998 No. 67
	rep. 2005 No. 207
r. 3S.....	ad. 2001 No. 277
	rep. 2005 No. 207
r. 3T.....	ad. 2002 No. 142
	am. 2002 No. 253
	rep. 2005 No. 207
r. 3U.....	ad. 2003 No. 161
	rep. 2005 No. 207
r. 3V.....	ad. 2003 No. 161
	rep. 2005 No. 207
r. 3W.....	ad. 2003 No. 161
	rep. 2005 No. 207
r. 4.....	rep. 1982 No. 249
	ad. 1983 No. 152
	rs. 1985 No. 41
	am. 1989 No. 96; Act No. 159, 1997; 2001 No. 277
	rep. 2005 No. 207
r. 4A.....	ad. 1985 No. 41
	rs. 1989 No. 195

Human Services (Medicare) Regulations 1975

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Endnote 4—Amendment history

Provision affected	How affected
	am. 1993 Nos. 81 and 197; 1994 Nos. 404 and 450; 1995 Nos. 24 and 375; 1997 No. 396
	rs. Act No. 159, 1997
	rep. 2005 No. 207
r. 4B	ad. 1986 No. 127
	am. 1991 No. 443
	rep. 2005 No. 207
Part 2	
r. 4	ad. 2005 No. 220
r. 4A	ad. 2009 No. 197
r. 5	ad. 2005 No. 220
	am. 2011 No. 120
	rs No 81, 2014
r. 6	ad. 1976 No. 146
	rep. 2005 No. 207
	ad. 2005 No. 220
	am. 2009 No. 197; No 81, 2014
r. 7	ad. 2005 No. 220
	rs. 2009 No. 197
	am. 2011 No. 120; No 81, 2014
r. 8	ad. 2005 No. 220
	am. 2011 No. 120
r. 9	ad. 2005 No. 220
	am. 2011 No. 120
	rs No 81, 2014
r 9A	ad No 81, 2014
r. 10	ad. 2005 No. 220
	am. 2011 No. 120
	rs No 81, 2014
r. 11	ad. 2005 No. 220
	rs. 2009 No. 197

Endnote 4—Amendment history

Provision affected	How affected
	am. 2011 No. 120
	rs No 81, 2014
r. 12	ad. 2005 No. 220
	am. 2011 No. 120; No 81, 2014
r. 13	ad. 2005 No. 220
	am. 2011 No. 120; No 81, 2014
r. 14	ad. 2005 No. 220
	am. 2011 No. 120; No 81, 2014
r. 15	ad. 2005 No. 220
	am. 2011 No. 120; No 81, 2014
r. 16	ad. 2005 No. 220
	am. 2011 No. 120; No 81, 2014
r. 17	ad. 2005 No. 220
	am. 2011 No. 120; No 81, 2014
Part 3	
Part 3 heading.....	ad. 2005 No. 220
	rs. 2011 No. 120
Part 3	rs. 2011 No. 120
r. 5	rs. 1976 No. 21
	rep. 1982 No. 149
	ad. 1984 No. 321
renum r 18.....	2005 No. 220
r. 18.....	rs. 2011 No. 120
r. 19.....	ad. 2011 No. 120
r. 20.....	ad. 2011 No. 120
r. 21.....	ad. 2011 No. 120
r. 22.....	ad. 2011 No. 120
	rep No 81, 2014
r. 23.....	ad. 2011 No. 120
r. 24.....	ad. 2011 No. 120
r. 25.....	ad. 2011 No. 120

Endnotes

Endnote 4—Amendment history

Provision affected	How affected
r. 26	ad. 2011 No. 120
r. 27	ad. 2011 No. 120
r. 28	ad. 2011 No. 120
r. 29	ad. 2011 No. 120
r. 30	ad. 2011 No. 120
r. 30A	ad No 212, 2015
r. 31	ad. 2011 No. 120
Part 4	
Part 4	ad. 2011 No. 120
r. 32	ad. 2011 No. 120
Schedule 1	ad. 1976 No. 146 rep. 2005 No. 207
Schedule 2	ad. 1976 No. 146 rep. 2005 No. 207
Schedule 2A	ad. 1996 No. 159 rep. 1998 No. 124
Schedule 3	ad. 1995 No. 375 rep. 1997 No. 286
