



PROGRAM RULES

Home Medicines Review

April 2026



Australian Government
Department of Health,
Disability and Ageing

This program is funded by the Australian Government Department of Health, Disability and Ageing.

TABLE OF CONTENTS

1	INTRODUCTION	1
2	DEFINITIONS	1
3	BACKGROUND	2
4	PARTICIPATION REQUIREMENTS	3
	4.1 Service Provider eligibility	3
	4.2 Patient eligibility	3
	4.3 Frequency of service	4
5	HMR PROCESS	4
	5.1 Identifying a Patient	5
	5.2 Referral	5
	5.3 Patient consent	5
	5.4 Timeliness	5
	5.5 Patient Interview	6
	5.6 HMR Report	6
	5.7 Medication Management Plan	6
	5.8 Follow-up services	6
6	PROGRAM VARIATIONS (PRIOR APPROVAL)	7
	6.1 Location of Patient Interview	8
	6.2 Patient Interview and/or follow-up services conducted by a Registered Pharmacist	8
7	FEES	9
8	CLAIMS SUBMISSION	9
9	RURAL LOADING ALLOWANCE	9
10	AUDIT AND COMPLIANCE REQUIREMENTS	10
11	RESOURCES	10

HOME MEDICINES REVIEW

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) and the *Guidelines for Comprehensive Medication Management Reviews* (PSA Standards). Definitions in the General Terms apply in these Program Rules.

The HMR Program is funded by the Australian Government Department of Health, Disability and Ageing (the Department) to support quality use of medicines services.

2 DEFINITIONS

DVA means Department of Veterans' Affairs.

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 Referring Medical Practitioner, in which the Referring Medical Practitioner, General Practitioner (if this is not the Referring Medical Practitioner), other members of the Patient's healthcare team (including the Patient's usual Community Pharmacy if they have one), Credentialed Pharmacist, Patient, and where appropriate, a carer participate. For the purposes of remuneration under this program, this includes:

- An initial face-to-face Interview with the Patient, and if required the Patient's carer;
- Clinical assessment of the Patient and written HMR Report to be provided to the Referring Medical Practitioner, the General Practitioner (if this is not the Referring Medical Practitioner) and any member of the Patient's healthcare team requested by the Patient, including an indication of whether or not a follow-up service is recommended;
- If required, a first face-to-face follow-up Interview with the Patient, and if required the Patient's carer, no earlier than one month and no later than nine months after the initial Interview;
- Clinical follow-up assessment of the Patient and written correspondence to be provided to the Referring Medical Practitioner, the General Practitioner (if this is not the Referring Medical Practitioner), and any member of the Patient's healthcare team requested by the Patient, including an indication of whether or not a second follow-up service is required;
- If required, a second face-to-face follow-up Interview with the Patient, and if required the Patient's carer, no earlier than one month after the first follow-up and no later than nine months after the initial Interview;
- Clinical follow-up assessment of the Patient and written correspondence to be provided to the Referring Medical Practitioner, the General Practitioner (if this is not the Referring Medical Practitioner) and any member of the Patient's healthcare team requested by the Patient.

Referring Medical Practitioner (Referrer) means any medical practitioner registered with the Medical Board of Australia from the list below:

- General Practitioner (GP);
- Specialist in Pain Medicine;
- Specialist Physician;

HOME MEDICINES REVIEW

- Specialist Psychiatrist; or
- Specialist in Palliative Medicine.

Note: only a GP can currently claim MBS Item 900 for referring a Patient for a HMR Service.

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) with a relationship with a Credentialed Pharmacist. This includes a Credentialed 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 (which includes a Credentialed Pharmacist embedded within a medical practice who is paid as an employee of the practice to undertake HMR services as part of their employment);
- A Section 94 Pharmacy; or
- A public or private hospital.

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

3 BACKGROUND

The policy intent of the HMR Program is to support the quality use of medicines and reduce medication misadventure, by assisting Patients to better manage and understand their medicines through a medication review conducted by a Credentialed Pharmacist in the Patient's home.

The objectives of a HMR are to:

- Support safe, effective, and appropriate use of medicines
- Detect and address 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 collaboration between the Referrer, GP (if this is not the Referrer) Pharmacist, other relevant health professionals and the Patient (and where appropriate, their carer)
- Improve the Patient's, and health professional's understanding of the medicines the Patient is taking
- Facilitate collaborative working relationships between members of the health care team in the best 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 Referrer determines that a HMR is clinically necessary to address the Patient's needs and to optimise the quality use of medicines.

A complete HMR Service includes the service provided by the Referrer, the Service Provider, the Patient's choice of usual Community Pharmacy (if relevant) and input from the multidisciplinary team from the time the Patient is identified through to the implementation, ongoing monitoring of the medication management plan and any follow-up service(s) as required.

4 PARTICIPATION REQUIREMENTS

To be eligible to participate in the HMR Program, Service Providers must meet Program Eligibility Criteria and register for the Program on the Pharmacy Programs Administrator [Portal](#) (the Portal).

4.1 Service Provider eligibility

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

- Abide by the General Terms, available from the PPA [website](#)
- Undertake to provide HMR Services in accordance with these Program Rules
- Agree to undertake services in accordance with the PSA Standards
- Provide the HMR initial Interview and any required follow-up Interviews 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 Credentialed Pharmacist will conduct the Patient Interview, the clinical assessment and initial 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 30 HMR Services per Service Provider per calendar month will be remunerated
- Understand that any Credentialed Pharmacist can undertake no more than a total of 30 HMR Services per calendar month under this program (irrespective of the number of Service Providers they provide HMR Services on behalf of). Follow-up services do not count towards this restriction.

4.2 Patient eligibility

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

- The Patient is a current Medicare or DVA cardholder or is a person who is eligible for a Medicare card
- The Patient is living in a community setting
- The Patient is at risk of, or experiencing, medication misadventure
- The Patient's Referrer confirms that there is an identifiable clinical need for 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 any Aged Care Facility (ACF) including privately owned or Government funded facilities.

HMR Services funded by the Department must be provided at no charge to the Patient however, where a Patient does not meet the Eligibility Criteria or does not consent to their information being provided to the Pharmacy Programs Administrator and the Department for the purpose of claiming a funded service, the Service Provider may offer the service at the Patient's own cost.

HOME MEDICINES REVIEW

4.3 Frequency of service

One HMR Service can be conducted per eligible Patient on referral from a Referrer (See Definitions in Section 2).

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 Referrer 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 but are not limited to:

- Discharge from hospital after an unplanned admission in the previous four weeks
- Significant change to a patient's 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 HMR Service must not be triggered solely by an 'anniversary' date. Similarly, provision of a follow-up service should only be undertaken where clinically indicated.

In the event that any subsequent referrals are issued and an additional initial face-to-face Interview is conducted and claimed, no follow-up service(s) can be undertaken on the first HMR Service.

It is the responsibility of the Service Provider to ensure that no subsequent HMR Services have been initiated prior to conducting a follow-up service.

Service Providers are also encouraged to utilise the [Service History Checker](#) tool available on the Portal to assist in determining service history for the Patient, or communicate with the Patient to ensure a recent HMR Patient Interview has not taken place. Please note the Service History Checker tool can only show HMR claims already submitted to the Pharmacy Programs Administrator. You should therefore always confirm any prior services with the Patient in case another Provider has undertaken a service but not yet submitted their claim.

5 HMR PROCESS

A HMR Service consists of a Patient Interview, clinical assessment and written initial HMR report provided to the Referrer and the Patient's choice of Community Pharmacy (if relevant) with input from the multidisciplinary team and up to two HMR follow-up services if clinically indicated. The same Credentialed Pharmacist must conduct the initial Patient Interview, assessment and HMR report and should ideally conduct any associated follow-up services. A Registered pharmacist may participate in the provision of a HMR Service by conducting the Patient Interview step of the initial review. This involvement is permitted under very limited circumstances and requires prior approval (see Section 6.2). A Registered Pharmacist may conduct follow-up services in collaboration with the Credentialed Pharmacist and the health care team when it is not possible for a Credentialed Pharmacist to undertake the follow-up services.

HOME MEDICINES REVIEW

The Service Provider in receipt of the referral must lodge the claim for payment.

Each approved Service Provider may be remunerated under this program for up to a total of 30 HMR Services per calendar month; any Credentialed pharmacist may undertake no more than a total of 30 HMR services per calendar month under this program (irrespective of the number of Service Providers they provide HMR Services on behalf of). Follow-up services do not count towards this restriction.

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 Referrer, a recommendation based on the Patient's current clinical need should be provided to the Referrer. The recommendation may be provided by a Registered Pharmacist, the Patient/carer or another health care professional. However, the Referrer is required to provide the initial referral.

5.2 Referral

The Patient's Referrer will assess suitability and 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 Referrer will obtain Patient consent to participate in the HMR Service. Following a discussion between the Referrer and Patient, the Patient may choose to be referred to the Patient's choice of/usual Community Pharmacy or to another Service Provider (including a sole trader Credentialed 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 Referrer and the Patient determine a Home Medicines Review is to be undertaken, the Service Provider must receive Patient consent prior to conducting the Patient interview to allow:

- Participation in the HMR service
- Access to relevant Patient data from the Patient's usual Community Pharmacy;
- Access to the Patient's My Health Record (if the Patient has one); and
- A copy of the written HMR Report, and any follow-up reports, to be provided to the Patient's healthcare team, including usual Community Pharmacy.

The signed consent obtained by the Service Provider is separate to the consent obtained by the Referrer in Section 5.2.

5.4 Timeliness

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

HOME MEDICINES REVIEW

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

5.5 Patient Interview

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

In limited circumstances the initial Patient Interview may be conducted outside the Patient's home or by a Registered Pharmacist. This requires prior approval (see Section 6).

As per the PSA's Guidelines for comprehensive medication management reviews, to collect comprehensive information during the HMR consultation pharmacists should allow 45mins-60 mins (or more time depending on the complexity and number of issues) for the interview. For follow-up interviews, the guidelines recommend allowing 20 mins (or more depending on the complexity and number of issues) for the interview.

5.6 HMR Report

The HMR Report involves assessing the information gathered from the clinical assessment and other relevant sources and preparing a written report. The Report must state the findings of the Review and outline recommendations to assist in the development of a medication management plan and an indication of whether or not any follow-up service(s) are necessary. The HMR report must also include the date that the patient interview was conducted.

The Report must be prepared by the Credentialed 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 Credentialed Pharmacist must still complete the HMR Report. The Service Provider must provide a copy of the written HMR Report to the Referrer and discuss relevant findings and suggested management strategies.

The HMR Report must also be forwarded (with Patient consent) to relevant members the Patient's healthcare team, including a Community Pharmacy of their choice, and discussed if necessary.

The report should also be uploaded to the Patient's My Health Record (if the Patient has one).

5.7 Medication Management Plan

The Patient and the Referrer must agree on a medication management plan. With Patient consent, the medication management plan should be forwarded to the Service Provider and relevant members of the Patient's healthcare team, including a Community Pharmacy of their choice. If relevant, the Patient's 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.

5.8 Follow-up services

Follow-up services allow Service Providers to focus on the resolution of specific medication-related problems identified and reported on during the initial consultation and where conducting another initial service would not be appropriate. Provision of a follow-up service should only be undertaken

HOME MEDICINES REVIEW

where clinically indicated and must focus on the resolution of medication-related problems identified in the initial Interview.

In the event that one or more follow-up services are required due to the Patient's clinical status and as a result of subsequent discussions between the Service Provider and the Referrer, in conjunction with other members of the Patient's healthcare team, it is expected that this will follow a similar, but less complex, process to the initial Patient Interview.

Information on what should be included in the follow-up service can be found in the *Guidelines for Comprehensive Medication Management Reviews*.

The pharmacist undertaking the follow-up service must make a clinical record of the follow-up, and any actions or recommendations arising from the review. The record should be available to the healthcare team and uploaded to the My Health Record (if the patient has one).

If required, the first face-to-face follow-up Interview should be undertaken no earlier than one month and no later than nine months after the initial Interview.

If a second face-to-face follow-up Interview is required it should be undertaken no earlier than one month after the first follow-up Interview and no later than nine months after the initial Interview.

Ideally all components of the HMR are undertaken by the same Credentialed Pharmacist. Where this is not possible, an alternative Credentialed Pharmacist may undertake follow-up services, if required, in collaboration with the Credentialed Pharmacist who completed the initial Patient Interview and HMR Report and the health care team. Where it is not possible for an alternative Credentialed Pharmacist to undertake follow-up services, a registered pharmacist may undertake follow-up services, in collaboration with the Credentialed Pharmacist who completed the initial Patient Interview and HMR Report and the health care team.

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 Service Provider must submit a Program Variation Request through the [Portal](#).

The Program Variation request must provide a detailed and reasonable justification for the request, and address all relevant criteria outlined in the Program Variation Request form within the [Portal](#).

Program Variation requests must be submitted at least 10 working days prior to the proposed date of the initial Interview. Requests will be forwarded by the Pharmacy Programs Administrator to the Department to assess based on the evidence provided. The Pharmacy Programs Administrator will advise the Service Provider of the outcome via email within seven working days from the date of submission. Additionally, Service Providers will be able to see the approval status of their Program Variation request on the Portal.

It is the responsibility of the 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 and the Pharmacy Programs Administrator for the purpose of assessing the Program Variation request.

In the event that a Program Variation is approved for a HMR Service, this approval will apply to any follow-up service(s) undertaken in relation to the initial face-to-face Interview.

HOME MEDICINES REVIEW

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

If a Program Variation has been approved, Service Providers should submit the associated HMR Initial Service claim through the [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
- Where there is a concern for the safety of the Pharmacist undertaking the face-to-face Interview 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 initial Interview commencing.

In the event that a Program Variation is approved for the initial Interview to be undertaken outside of the home, this will also apply to any follow-up Interview(s) undertaken in relation to the initial Interview. If the initial Interview has been undertaken in the Patient's home, any follow-up Interviews must also be in the Patient's home and no requests can be lodged.

6.2 Patient Interview and/or follow-up services conducted by a Registered Pharmacist

A Registered Pharmacist may conduct the initial Patient Interview only when access to a Credentialed 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.

In the event that a Program Variation is approved for the initial Interview to be undertaken by a Registered Pharmacist, this approval will apply to any follow-up service(s) undertaken in relation to the initial face-to-face Interview.

If a Program Variation is approved for a Registered Pharmacist to conduct the HMR Patient Interview and follow-up services, the Credentialed Pharmacist must still complete the HMR Report and follow-up service report/s.

HOME MEDICINES REVIEW

7 FEES

HMR payments are not subject to GST.

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

Description	Fee (per patient)
Provision of initial HMR Service (includes the initial Interview, assessment and HMR Report)	\$222.77
First follow-up service	\$111.39
Second follow-up service	\$55.70

8 CLAIMS SUBMISSION

Service Providers must submit claims online via the [Portal](#).

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

A follow-up service can only be claimed where an initial service has been claimed and paid.

Additionally, if a second follow-up service is required, this may only be claimed where a first follow-up service has already been claimed and paid.

HMR initial services and follow-up services must be claimed by the end of the next calendar month after the initial Interview or follow-up Interview was conducted (e.g. Interviews undertaken in March must be claimed by 30 April).

Claims that are outside this timeframe, that are incomplete, or that do not meet Program Rules cannot be submitted and will not be paid. (e.g. where the HMR Interview was conducted more than ninety days after the date of referral or where a Service Provider has exceeded their monthly cap of thirty HMR Services).

Please note, Service Providers must ensure the correct Medicare reference number is entered when submitting a claim.

9 RURAL LOADING ALLOWANCE

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

Approved Service Providers must apply for the HMR Rural Loading Allowance through the Portal.

The Service Provider who submits the HMR Rural Loading Allowance claim must be the Service Provider who has submitted the relevant HMR Service claim(s).

10 AUDIT AND COMPLIANCE REQUIREMENTS

Service Providers must retain full and true records, either digitally or in hard copy, in relation to the provision of services for not less than seven years after the claim for payment. Such records include all patient consent forms used to document written consent. Requirements for documenting patient consent are detailed in the [PPA's Patient Consent Form template](#).

Service Providers may be subject to audits by the Department or its representatives and must provide all records requested as part of such audits. Records must:

- Be kept in a manner that permits them to be conveniently and properly audited, and
- Enable verification of the services provided under the General Terms and these Program Rules.

Service Providers must also ensure that they are using current documents when obtaining information or consent from patients. Service Providers that wrongfully or incorrectly receive support and/or do not meet the requirements set out in the General Terms and these Program Rules may be subject to compliance action (as determined by the Department or Pharmacy Programs Administrator) and repayment may be required. Under section 137.1 of the Criminal Code, giving false and misleading information is a serious offence. If an audit/compliance action is to be conducted, Service Providers will be required to produce documentation within a specified time frame.

11 RESOURCES

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



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