

Administrative issues for processing claims under the various HSE schemes

***** (Please note that these are purely administrative issues. Other legal, clinical and ethical issues must always be considered first before dispensing a prescription. *****)*

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General Medical Services Scheme (both single and repeat claims)

Key considerations in order to ensure payment is received –

- The items are correct on the PMR and script.
- All items dispensed have a GMS code.
- If the medication is an unlicensed medicine, it must be the only item on the prescription form. Following ethical, clinical and legal considerations as to whether the medication should be dispensed, the pharmacist should check that the item is on the Exempt Medicinal Products List provided by the HSE in Circular No. 009/10, and therefore has been granted a code. The maximum price which the HSE-PCRS will pay (displayed on the list) should also be noted. (If an unlicensed medicine is not on the pre-approved list, then the pharmacist may consider applying under the hardship scheme.)
- The doctor on the patient's PMR for that particular script must correspond with the actual doctor on the script and the doctor must have a GMS number.
- The patient's GMS number must be correct and in date. In general the prescriber should verify this; however it can be checked on the HSE website (http://www.hse.ie/eng/staff/PCRS/Online_Services/).
- The quantity of medication dispensed per month must not exceed any set limits for that medication (e.g. tablets for erectile dysfunction max of 4 per month; no sip feeds or NRT products can be claimed for on GMS repeat claim forms).
- For pharmacies that send claims electronically, there is no requirement to enter the drug code and quantity on the script.

Calculating prescription value -

- Calculation of prescription value = cost price (as recognised by PCRS) + dispensing fee. (No pharmacy mark-up.)
- Dispensing fee is on a sliding scale: For the first 1667 items it is €5.00, for the next 833 items it is €4.50 and anything above that is €3.50.
- The patient must pay 50c per item dispensed to the pharmacy up to a limit of €10 per month per family. *[Due to increase to €1.50 per item and limit of €19.50 per month in 2013.]*
- The HSE-PCRS will deduct the 50c [€1.50] payment per item which patients pay the pharmacy from the total payments made to the pharmacy from the PCRS.
- Children in HSE care with their own medical cards are exempt from the levy for all their prescriptions.

Processing payments -

- In order to receive payments the top copy of the GMS scripts will be bundled together in numerical order and the total number of scripts will be counted.
- This number is recorded and the scripts are submitted to the PCRS for payment at the end of the month.
- If the item is an unlicensed medicine, and the pharmacy has deemed it appropriate to dispense due to clinical, ethical and legal considerations, and the item is on the HSE Exempt Medicines list, then the code on this list is used for the item and an invoice for the item is attached to the claim form before they are bundled together and submitted.

Dental Treatment Services Scheme

Key considerations in order to ensure payment is received –

- The prescription must be written on a DTSS script.
- The items are correct on the PMR and script, all items dispensed have a DTSS code and are listed on the DTSS list.
- The patient's GMS number is present and in date.
- The dentist on the PMR for that particular script must correspond with the dentist on the script and the dentist must have a GMS code.
- The patient must be over the age of 16 years.

Calculating prescription value -

- Calculation of prescription value = cost price (as recognised by PCRS) + dispensing fee. (No pharmacy mark-up.)
- Dispensing fee is on a sliding scale: For the first 1667 items it is €5.00, for the next 833 items it is €4.50 and anything above that is €3.50.
- The patient must pay 50c per item dispensed to the pharmacy up to a limit of €10 per month per family. *[Due to increase to €1.50 per item and limit of €19.50 per month in 2013.]*
- The HSE-PCRS will deduct the 50c *[€1.50]* payment per item which patients pay the pharmacy from the total payments made to the pharmacy from the PCRS.
- Children in HSE care with their own medical cards are exempt from the levy for all their prescriptions.

Processing payments -

- In order to receive payment the DTSS form is manually coded, *i.e.* the DTSS code of the medication and the quantity dispensed is written in the appropriate space on the prescription form. This may change with time as electronic submission of pharmacy claims is updated.
- The top copy of the DTSS script is bundled with all other DTSS scripts for that month in numerical order and the total number of scripts is counted.
- This number is recorded and submitted to the PCRS for payment at the end of the month.

EU National/EEA Scheme

Key considerations in order to ensure payment is received –

- The prescription must be on a GMS single script.
- The items are correct on the PMR and script and all items dispensed have a GMS code.
- The patient must be eligible for the scheme (*i.e.* temporary resident) and the patient's address in their home country (*i.e.* not Ireland) must be included on the GMS script.
- The doctor on the PMR for that particular script must correspond with the doctor on the script and the doctor must have a GMS number.
- Any maximum quantities of certain medication which apply to the GMS scheme must not be exceeded.

Calculating prescription value -

- Calculation of prescription value = cost price (as recognised by PCRS) + 20% mark-up + dispensing fee.
- Dispensing fee is on a sliding scale: For the first 1667 items it is €5.00, for the next 833 items it is €4.50 and anything above that is €3.50.
- The patient must pay 50c per item dispensed to the pharmacy up to a limit of €10 per month per family. [*Due to increase to €1.50 per item and limit of €19.50 per month in 2013.*]
- The HSE-PCRS will deduct the 50c [*€1.50*] payment per item which patients pay the pharmacy from the total payments made to the pharmacy from the PCRS.

Processing payments -

- In order to receive payment the EU/EEA form is manually coded; *i.e.* the GMS code of the medication and the quantity dispensed is written in the appropriate space on the prescription form. This may change with time as electronic submission of pharmacy claims is updated.
- The top copy of the script is bundled with all other EU National/EEA Scheme scripts for that month in numerical order and the total number of scripts is counted.
- This number is recorded and they are submitted to the PCRS for payment at the end of the month.

Drugs payment scheme

Key considerations in order to ensure payment is received –

- The items are correct on the PMR and the script and the receipt claim form.
- All items have a code.
- The patient's DPS number must be correct and in date.
- The doctor does not need to have a GMS code.
- Any maximum quantities of certain medication which apply to the DPS scheme must not be exceeded (*e.g.* only 4 tablets for the treatment of erectile dysfunction are permitted per month; only one month supply of medication is permitted).
- If the medication is an ULM, it should be the only item on the prescription form. Following ethical, clinical and legal considerations as to whether the medication should be dispensed, the pharmacy should check if the item is on the Exempt Medications List provided by the HSE in Circular No. 009/10. The maximum price which the HSE-PCRS will pay (displayed on the list) should also be noted. If it is not on this list the pharmacy must check with the HSE Local Area office if the item will be allowed on the DPS scheme.

Calculating prescription value -

- Calculation of prescription value = cost price (as recognised by the PCRS) +20% mark up + dispensing fee
- Dispensing fee is on a sliding scale: For the first 1667 items it is €5.00, for the next 833 items it is €4.50 and anything above that is €3.50.
- The patient pays the first €132 per month *[due to increase to €144 per month in 2013]* for the cost of the medication and the PCRS pays the balance.

Processing payments -

- In order to receive payment, when dispensing under the DPS scheme a unified claim form / receipt will be printed. This must be signed by the patient to confirm receipt of the items.
- The top copy of the signed forms for the DPS scheme are bundled together in numerical order and the total number of forms are counted and recorded. These are then submitted to the HSE-PCRS for remuneration.
- If the item is an unlicensed medicine, and the pharmacy has deemed it appropriate to dispense due to clinical, ethical and legal considerations, and the item is on the HSE Exempt Medicines list, then the code on this list is used for the item and an invoice for the item is attached to the claim form before they are bundled together and submitted.

Long term illness scheme

Key considerations in order to ensure payment is received –

- The items are correct on the PMR, script and receipt claim form.
- All items have a code. In exceptional circumstances permission may be granted by the LTI section in the patient's health board for uncoded item to be remunerated by the PCRS under the patient's LTI number. These decisions are on a case by case basis.
- All items must be specific to the treatment of the patient's Long Term Illness condition.
- The patient's LTI number must be correct.
- If a patient has both an LTI number and a GMS card, then the LTI number will generally only cover items that do not have a GMS code. An item which has a GMS code should be put on a GMS prescription and the patient will have to pay the 50c charge per item dispensed [*due to increase to €1.50 per item in 2013*].

Calculating prescription value -

- Calculation of prescription value = cost price (as recognised by PCRS) +20% mark up + dispensing fee.
- Dispensing fee is on a sliding scale: For the first 1667 items it is €5.00, for the next 833 items it is €4.50 and anything above that is €3.50.

Processing payments -

- In order to receive payment, when dispensing under the LTI scheme a unified claim form / receipt will be printed. This must be signed by the patient to confirm receipt of the items.
- The top copy of the signed forms for the LTI scheme are bundled together in numerical order and the total number of forms are counted and recorded. These are then submitted to the HSE-PCRS for remuneration at the end of the month.

High Tech Scheme

Key considerations in order to ensure payment is received –

- The items are correct on the PMR, script and receipt claim form.
- The items must be included in the High Tech Scheme list of medications.
- The patient's eligibility must be considered. If the patient has a GMS card, DPS card, LTI card or HAA card, their card numbers must be entered correctly and valid / in date if applicable.
- If the patient is a private patient and does not have a medical card, LTI number or HAA card or drugs payment scheme number then the pharmacy must register them under the DPS in order to process the payment.
- The patient must be registered under the High Tech Scheme and must be registered as attending this pharmacy.
- The patient must only attend this pharmacy to collect their High Tech medications. (For private patients who are paying the monthly €132 charge *[to rise to €144 monthly in 2013]*, this effectively means that the entire family unit is tied to the pharmacy.)

Calculating prescription value -

- Calculation of fee = monthly patient care fee = €62.03
- The pharmacy is not charged for the medication by the wholesaler and does not receive a payment from the HSE-PCRS for the medication.
- The HSE has stated that even if the patient has a medical card they will *not* have to pay the prescription levy per item dispensed for the high tech medication (though they will still have to pay the prescription levy for any non-High Tech items).
- If the patient has an LTI number and the High Tech medication is for the treatment of their LTI condition there is no charge to the patient for the medication.
- If the patient has a card for the Health Amendment Act there is no charge to the patient for their medication.
- If the patient has a DPS number they must pay €132 *[to rise to €144 in 2013]* for the medication; this is the maximum they will have to pay in that calendar month in that pharmacy. If they (or other members of the DPS family unit) require further medication within that month they will not be charged beyond the €132 *[€144]* payment.
- If the high tech item is the only item obtained by the patient, although the patient will pay the pharmacy €132 *[€144]* monthly (if they are not covered by GMS/LTI/HAA) the pharmacy is only due to receive the €62.03 High Tech care fee for each patient per month so the extra €57.97 *[€81.97]* paid by the patient will be deducted from the pharmacy's payments by the HSE-PCRS.

Processing payments -

- In order to receive payment, when dispensing under the High Tech Scheme a unified claim form/receipt will be printed. This must be signed by the patient to confirm receipt of the medication.
- The invoice or a copy of the invoice for the high tech item must be attached to the top copy of the signed form.
- The forms (and invoices) for the High Tech Scheme are bundled together in numerical order and the total number of forms are counted and recorded. These are then submitted to the HSE-PCRS for remuneration at the end of the month.
- If the patient does not collect the High Tech medication in a given month, having received it within in the last 3 months, the pharmacy may still claim a high tech patient care fee **but since June 2011 only a half-fee (€31.02) is payable in these circumstances.** (The patient must not be deceased, and their High Tech therapy must not be known to have been discontinued.) This is done by printing off a unified claim form for the patient and entering "high tech patient care fee" instead of the medication's name on the PMR.
- This must be signed by the pharmacist and the reason written on the form (e.g. patient has been admitted into hospital).

Methadone Treatment Scheme

Key considerations in order to ensure payment is received –

- The patient's details are correct and complete on the script (*i.e.* name, address and treatment card number) and the patient has signed the prescription.
- The doctor's details are correct and complete on the script (*i.e.* name, GMS number)
- The prescription details have been completed by the doctor and signed by the doctor.
- The pharmacy has completed the section detailing what was dispensed including the total quantity dispensed, the drug code, the pharmacy code, the number of supervised visits and the pharmacist has signed the prescription.

Calculating prescription value -

- Pharmacists are paid for the cost of the methadone which will vary depending on the different brand of methadone which is dispensed (*e.g.* Martindale, Pinadone or Phymet), and also for providing this service in the pharmacy. The pharmacist will receive -
 - cost of methadone (varies depending on volume and brand of methadone)
 - there is no mark up on the cost of the methadone
 - a methadone MDA fee of €5.60, which also includes the first dispensing on the prescription
 - where dispensed in instalments, a dispensing fee of €3.60 for each subsequent instalment on that prescription
 - a monthly patient care fee, which depends on the number of times the patient will receive a supervised dose in the pharmacy; if this is less than 12 times per month then the pharmacy receives the lower monthly patient care fee of €52.07 for that patient, and if the patient attends the pharmacy more than 12 times per month the pharmacy receives the higher patient care fee of €60.49 for that patient.

Processing payments -

- In order to claim for this payment, the top copy of the methadone prescription is bundled together with all the other methadone forms for that month.
- These are sent to a PCRS PO box, addressed to the Minister for Health in accordance with the regulations. These can be sent by the 10th day of the month to allow for transport. (The legislation requires a methadone prescription to be forwarded to the Minister not later than 14th of the month after that in which the last supply was made; *i.e.* if the last supply on the prescription was on 31st January the due date is 14th February, but if the last supply was on 1st February the due date is 14th March.)

Health Amendment Act Scheme

Key considerations in order to ensure payment is received –

- The items are correct on the PMR, script and receipt claim form. All items are included under this scheme.
- The patient's HAA number must be correct on the PMR and receipt claim form.

Calculating prescription value -

- Calculation of prescription value = cost price (as recognised by the PCRS) +20% mark up + dispensing fee.
- Dispensing fee is on a sliding scale: For the first 1667 items it is €5.00, for the next 833 items it is €4.50 and anything above that is €3.50.
- The patient makes no payment; all payment is by the HSE-PCRS.

Processing payments -

- In order to receive payment, when dispensing under the HAA scheme a unified claim form / receipt will be printed. This must be signed by the patient to confirm receipt of the items.
- The top copy of the signed forms for the HAA scheme are bundled together in numerical order and the total number of forms are counted and recorded. These are then submitted to the HSE-PCRS for remuneration at the end of the month.

Private patient (Drug Refund Scheme)

Patient pays the full cost of medication.

This is private dispensing business and individual pharmacies can determine their own mark up and dispensing fees.

The patient may apply for a DPS card, in particular if their medication or their family's medication is expensive and is likely to go above €132 [*€144 in 2013*] in a calendar month.

Hardship Scheme

***** Please note this information is purely related to administrative issues in obtaining payment for medications dispensed under this scheme; consideration must first be given to legal, clinical and ethical issues relating to the supply of unlicensed medications or medications not covered by the medical card scheme. ****

Key considerations in order to ensure payment is received –

- The patient's GMS number is entered correctly on the PMR and script.
- The items are correct on the PMR and script.
- This scheme is for items which are not covered by the medical card scheme (e.g. unlicensed medicines that are not listed on the HSE-PCRS Exempt Medicinal Products list, as appended to Circular No. 009/10).
- An application to the HSE Local Area office should be made in accordance with local area guidance.

Calculating prescription value -

- Calculation of prescription value = cost price (as recognised by the PCRS) + dispensing fee. (No pharmacy mark-up.)
- Dispensing fee is on a sliding scale: For the first 1667 items it is €5.00, for the next 833 items it is €4.50 and anything above that is €3.50.
- The patient must pay 50c per item dispensed to the pharmacy up to a limit of €10 per month per family. *[Due to increase to €1.50 per item and limit of €19.50 per month in 2013.]*
- The HSE-PCRS will deduct the 50c *[€1.50]* payment per item which patients pay the pharmacy from the total payments made to the pharmacy from the PCRS.
- Children in HSE care with their own medical cards are exempt from the levy for all their prescriptions.

Processing payments -

- In order to receive payment, you should await approval from the HSE Local Area office and follow the guidance provided by them. This will usually require submission of the following documents or copies of these documents: approval documentation, breakdown of costs, invoice, prescription, and receipt claim form.
- These forms for the Hardship scheme are bundled together in numerical order and the total number of forms are counted and recorded. These are then submitted to the HSE-PCRS for remuneration at the end of the month.

Psychiatric Scheme

The Psychiatric Scheme which was specific to prescriptions from public psychiatric clinics in the East region (*i.e.* Dublin, and areas of Kildare, Meath and Wicklow), has now been discontinued

General Information

- The top copies of GMS, DTSS, EEA and the unified claim forms for DPS, LTI, Health Amendment Act, High Tech (plus a copy of the invoice) are all submitted together to the HSE-PCRS.
- They must be submitted electronically by day 3 of the next month and must be sent by post before day 5 of the next month, otherwise the processing may be delayed.
- If there are any errors on the prescription or any key information missing the prescription will be rejected and the pharmacy must resubmit the claim with the information corrected. This significantly delays processing payments.
- The top copy of the methadone scheme prescriptions are sent separately to the HSE-PCRS and this must be by day 10 of the next month (to allow for transport time).
- Payments from the HSE-PCRS should be checked regularly to ensure that they are correct and that no errors are made either on behalf of the pharmacy or the HSE-PCRS.