



**Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive**

**National Shared Services
Primary Care Reimbursement Service**

**Information and Administrative
Arrangements
For Optometrists/Ophthalmologists**

**HSE - National Shared Services
Primary Care Reimbursement Service
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Reimbursement Service**

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1.0 HSE – National Shared Services - Primary Care Reimbursement Service

The HSE – National Shared Services - Primary Care Reimbursement Service carries out the following functions on behalf of the Health Service Executives in relation to the provision of services by General Practitioners, Pharmacists, Dentists and Optometrists/Ophthalmologists:

- Calculation of payments
- Making of such payments
- Verification of accuracy and reasonableness of claims
- Compilation of statistics

In respect of the following schemes:

- General Medical Services Scheme (GMS)
- Drugs Payment Scheme (DPS)
- Long Term Illness Scheme (LTI)
- Health (Amendment) Act, 1996 (HAA)
- High Tech Drugs (HTD)
- Methadone Treatment Scheme
- Dental Treatment Services Scheme (DTSS)
- Community Ophthalmic Services Scheme (HBCOSS)
- Primary Childhood Immunisation SchemeEuropean Economic Area (EEA)

2.0 Overview of the General Medical Services (GMS) Scheme

Persons who are unable without undue hardship to arrange general practitioner medical and surgical services for themselves and their dependants and since the 1st July 2001 all persons aged 70 years and over receive free general medical services.

- Person registers with the Doctor of his/her choice.
- Receives free Doctor, Dentist or Optometrists/Ophthalmologists treatment and prescribed medicines from Pharmacists

Each GMS eligible person is issued, by their Health Service Executive, with a laminated plastic medical card which identifies the patient's name and medical card number embossed thereon, you should also note the 'Valid To' date on applicants cards.

GP (General Practitioner) Visit Card

A person issued with a discretionary GP Visit Card registers with the doctor of their choice and is entitled to receive free Doctor treatment. **They are not entitled to Dentist or Optometrist treatment or prescribed medicines and appliances.**

3.0 Overview of the Health Service Executive Community Ophthalmic Services Scheme (HBCOSS)

Under this scheme adult and teenage (12-16yrs) medical cardholders are entitled to eye examinations and necessary spectacles/appliances free of charge. Claims made under this scheme are processed and paid by the Primary Care Reimbursement Service.

The Primary Care Reimbursement Service may also facilitate Health Service Executive by processing claims, in relation to the appliance cost only, for spectacles supplied to children. They may not avail of this facility.

4.0 Administrative Arrangements

Your Health Service Executive Panel Number will be the number for your premises identified in your agreement- the Health Service Executive will assign a unique number to each additional outlet by incrementing the last digit of the above number. Each outlet submitting claims should quote the unique number for that outlet.

The following describes the administrative arrangements in place by the Primary Care Reimbursement Service to ensure that the terms of these agreements are implemented efficiently and effectively

Application by eligible persons for eye examination/optical appliances.

An application form for service under the HBCOSS should be completed in respect of a request by an eligible medical card person for services under this scheme. Each GMS eligible person has been provided with a laminated plastic medical card, by their Health Service Executive, which has the patient's name and medical card number embossed thereon, you should also note the 'Valid To' date on applicants cards. It is important that this form is completed in every respect. Completed application forms should be forwarded to the applicants local Health Service Executive.

Health Service Executive Authorisation for Services

Each applicant who is approved for services will receive a letter of authorisation from their Health Service Executive. The Optical Examiner/Dispenser who will provide the Service(s) approved for the named patient will be named on a letter of authorisation.

Claim Forms

The reverse side of a letter of authorisation is designed to be the claim form to be completed as a claim for payment. The result of an eye examination must be detailed on part (B) of the form. An eye examination for an Optometrist is code 001 and an Ophthalmic Medical Practitioner must use code 002.

To claim payment Part (B) must also contain the date of the eye examination and the Health Service Executive panel number and signature of claimant.

A claim for appliances supplied must be made by reference to the appropriate code number for the particular appliance(s) supplied and entered in part (C).

Coding instructions and details of fees are enclosed herewith. Appliances that are reimbursable under the Scheme are listed and the appropriate code for each is also shown. The Optical Dispensers claim for payment panel under part (C) must be fully completed.

The agreement provides that in certain specified circumstances services may be provided in a domiciliary environment with the prior approval of a Health Service Executive C.E.O. or other designated Health Service Executive Officer. A letter from a General Practitioner setting out the circumstances of an applicant must be presented to a Health Service Executive in support of each application for a domiciliary service – provision for such claim is made in Part D. For a claim to be valid Part E must bear the signature of the authorised person, absence of a signature will normally invalidate a claim unless the very special circumstances for same are explained and are acceptable.

Submission of Claims

Fully completed claim forms should be submitted so as to be received by the Primary Care Reimbursement Service not later than the 5th of the month following the month in which service or services were supplied.

The number of claim forms being submitted in each category of claim to the Primary Care Reimbursement Service each month should be recorded on a 'Summary of Claims' Form. This is a two-part form. The original (top copy) should be sent to the Primary Care Reimbursement Service with your claims, the carbon copy should be retained for your records.

Claim for payment should be addressed to:

P.O. Box 7103, HSE – National Shared Services - Primary Care Reimbursement Service, Exit 5, M50, North Road, Finglas, Dublin 11.

Claim Processing and Payment

Payment for valid claims will issue on the last day of the month in which they have been received by the Primary Care Reimbursement Service or the working day nearest to the last day of the month.

Payment will be made by Credit Transfer to the Bank Account identified on the Pay Mandate form received by the Primary Care Reimbursement Service.

Details of paid claims will be reported on a 'Detailed Payment Listing' sent out shortly after payment is made each month.

Errors encountered in the processing of data entered on a form will result in the non-payment of such claims. These will be reported on a Reject/Reclaim Listing, the reason for the rejection will be detailed and the claimant will be asked to insert additional/corrected information on the listing and return same to the Primary Care Reimbursement Service for processing.

Claims for spectacles supplied to children under the Health Service Executive Scheme.

The Primary Care Reimbursement Service processes claims for spectacles supplied to children on behalf of some of the HSE local health offices.

The special yellow claim form may be used to claim for spectacles supplied to children under the Health Service Executive scheme. Follow the instructions outlined above (Claim Forms) for the submission of such claims. Write on the legend on the 'Summary of Claims Form':

Children's Spectacles	XXX	No. of Claims
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Claims for Eye Examinations / Spectacles to Teenagers (12-16 yr olds)

The o Reimbursement Service facilitates most Health Service Executives by processing claims for 12-16 yr olds. The special yellow claim form may be used to claim for spectacles supplied to teenagers under the Health Service Executive Scheme otherwise the green authorisation will be used to claim for this age group as they may obtain an eye examination/spectacles from a private optometrist/ophthalmologist. All teenagers must have a valid medical card in order for the claims to be processed. Follow the instructions outlined above (Claim Forms) for the submission of such claims.

5.0 Contact Information / Queries

Any queries you may have should be addressed to:

Head of Optical Claims Unit,

HSE – National Shared Services - Primary Care Reimbursement Service,

Exit 5, M50,

North Road,

Finglas,

Dublin 11

6.0 Withholding Tax from Payments for Professional Services

Under the terms of the Finance Act, the Primary Care Reimbursement Service is obliged to deduct Withholding Tax, (currently 20%) from all payments for professional services by contractors under all Schemes administered by the Primary Care Reimbursement Service.

Each contractor is required under the relevant legislation to furnish the Primary Care Reimbursement Service with his/her income tax reference number on a form provided. The Primary Care Reimbursement Service will issue a completed Form F45-1 each month showing details of the payment and tax deducted to each contractor who has submitted a Tax Reference Number – such information is also shown on monthly Summary Listings.

Where no tax reference number has been submitted, the Primary Care Reimbursement Service will be obliged to deduct the tax but will not be authorised to issue form F45-1. It appears that in such circumstances a contractor would be unable to make a claim to the Inspector of Taxes in respect of Withholding Tax paid.

Any queries you may have in relation to Withholding Tax should be directed to the Inspector of Taxes for your own region.

Appendix 1: Circular PB002/06 Re: Claiming Practice

PB 002/06

18th January 2006.

Dear Optometrist/Ophthalmologist,

It has come to our attention that a small number of Optometrists/Ophthalmologists have engaged in a practice of claiming from both the Optical Benefit within the Treatment Benefit Scheme and the Health Board Community Ophthalmic Services Scheme for the same treatments provided to the same patients.

Whilst the Department of Social and Family Affairs is taking the lead role in respect of investigation of such cases of dual claiming, the Health Service Executive is being kept fully briefed in all aspects of this matter. Whilst we acknowledge that such practice involves only a very small number of Contractors, you are respectfully reminded to ensure that the administrative processes within your practice are sufficiently robust not to permit any such occurrence.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Patrick Burke', with a long horizontal line extending to the right.

Patrick Burke,
Head of Primary Care Reimbursement Service