

Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

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PQ9681/23*

"To ask the Minister for Health if his attention has been drawn to the ongoing problems for patients availing of the Cross Border Healthcare Directive or the Northern Ireland planned healthcare scheme, in that the codes for the procedures do not match up between the private health care providers in the Northern Ireland and the HSE, with the consequence of those patients then being left with very significant additional costs; and if he will ensure that the private health care providers in the North of Ireland and the HSE urgently align their coding systems to prevent further reoccurrences."

Dear Deputy Mac Lochlainn,

Thank you for your parliamentary question referenced above, which has been forwarded to me for direct reply.

The HSE Cross Border Directive allows for a person to access healthcare abroad for which they are entitled to access in the public health system in Ireland. The patient is required to pay for the healthcare abroad and claim reimbursement from the HSE CBD office. The reimbursement rate will be based on the cost of the healthcare abroad or the cost of the healthcare in the public system in Ireland, whichever is the lesser.

The costs of healthcare in an acute setting in Ireland is based on DRG coding and Casemix methodology which are the costs used for the purpose of reimbursement. An episode of care in a public hospital for a patient is assigned a DRG code. That DRG code has a specific cost associated with it on the admitted patient price list. The admitted patient price list is published on the HSE website. Most public hospital systems use DRG coding to establish healthcare costings albeit different versions of the coding system.

In general private hospitals do not use DRG coding. The HSE has no role in influencing private providers in other jurisdictions to purchase the relevant IT system licences or employ trained coders and thus be in a position to identify the correct code for patients from Ireland.

The HSE would however, hope that private providers in Northern Ireland would make the patients aware that the code being identified in NI is based on a best guess.

To mitigate the situation where patients are not aware of this situation the HSE added a section to the pro-forma invoice whereby the provider abroad must identify if a DRG coding system is being used or a best guess practice is in operation.

The HSE also introduced a system of prior notification to seek to protect the patient and the second page of the prior notification approval letter is devoted to warning patients of the risk of providers abroad identifying incorrect codes whereby the patient has an unrealistic expectation of a higher than appropriate reimbursement rate.

If you have any queries, or would like to discuss further, please do not hesitate to contact me.

Yours sincerely,

Catherine Donohoe

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