



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

2018

PCRS Operational Plan



Contents

Introduction	2
Primary Care Reimbursement Service	2
Priorities for 2018	2
New Developments.....	2
Risks	3
Overview	4
Targets for 2018.....	4
Key Project Areas	4
Actions	6
Budget	10
2018 Net Expenditure	10
2018 PCRS Budget allocation	10
Appendix	11
Performance Indicator Suite.....	11
Volume of Service	11

Introduction

The Primary Care Reimbursement Service (PCRS) Operational Plan 2018 sets out the priority actions to be delivered in 2018. These are in line with the National Service Plan (NSP) 2018 of the Health Service Executive (HSE) and the Primary Care Division Operational Plan 2018.

Primary Care Reimbursement Service

PCRS is responsible for making payments to healthcare professionals – doctors, dentists, pharmacists and optometrists/ophthalmologists – for the free or reduced costs services they provide to the public across a range of community health schemes. The schemes form the infrastructure through which the HSE delivers a significant proportion of Primary Care to the public.

PCRS also makes payments to suppliers and manufacturers of High Tech drugs as part of the High Tech Arrangement and facilitates direct payment to hospitals involved in the provision of national treatment programmes such as the National Cancer Control Programme and the National Hepatitis C Treatment Programme.

PCRS also manages the National Medical Card Unit (NMCU) which was established in 2011 to process all Medical Card and GP Visit Card applications at a national level.

In addition, PCRS compiles statistics and trend analyses which are provided to the HSE, the Government, customers, stakeholders and members of the public.

Priorities for 2018

- Ensure equitable access to services in line with health policy, regulations and within service level arrangements governing administration of health schemes through reimbursement of contractors.
- Implement the provisions of the *Framework Agreement on the Supply and Pricing of Medicines*.
- Strengthen accountability and compliance.

New Developments

Subject to funding provisions, PCRS will reimburse those services approved for expansion or centralisation:

- The extension of GP Visit Cards to Carers.
- The centralisation of registration for LTI and DPS.
- Additional primary care fees relating to national pertussis vaccination programme for pregnant women.
- Centralisation of ERT payments.
- Centralisation of Mother & Infant – scoping to commence in 2018.
- Repointing of EU Regulations Office to PCRS.

Risks

- The scale of resources required by PCRS to meet the needs of its customers and work within its budget is a challenge due to the demand led nature of eligibility.
- The scale of the financial challenge and other savings measures are linked to assumptions regarding the numbers availing of schemes and the volume and blend of medical cards.
- Capacity to meet the demand for new drug therapies and any further expansion of schemes within funded levels.
- Financial risks associated with the delivery of savings under the Drug Framework Agreement, the approval of new drugs and the control of existing drugs at or below 2017 funded levels.

Signed

Anne Marie Hoey
Primary Care Reimbursement Service

Overview

By 31st December 2017 there are projected to be 1,612,020 Medical Cards and 484,344 GP Visit Cards in circulation.

Total net payments and reimbursements of €2.57 billion are projected to be made in 2018, including payments under the GMS Scheme (Medical Card & GP Visit Card), Drugs Payment Scheme, Dental Treatment Scheme, Community Ophthalmic Scheme, Long Term Illness Scheme, High Tech Arrangements and Hospital reimbursements, etc. and involving in excess of 75 million individual contractor claims.

Targets for 2018

- Implement the provisions of the Framework Agreement on the Supply and Pricing of Medicines.
- Develop and deploy online services for DTSS, Optical and GPs.
- Progress the High Tech Ordering & Management hub.
- Centralise the DPS and LTI schemes from CHOs to PCRS.
- Extend access to free GP care for those in receipt of Carer's Allowance.
- Process 96% of medical / GP visit card applications within 15 days.
- Improve quality assurance and process 95% of applications error free from a financial perspective.
- Strengthen accountability and ensure compliance with service and probity arrangements.
- Ensure the appropriate allocation of human resources to meet our targets.

Key Project Areas

In order to meet its commitments going forward PCRS will focus on a number of key areas to deliver a better service that is more accountable and one which meets service user needs. The following will be the focus of PCRS's operations in 2018.

Online Medical Card Applications
A fully integrated online application process for those wishing to apply or renew their GMS card will be rolled out in 2018. This will result in a reduction in the submission of incomplete applications and will mitigate against the risk of lost documents and also reduce storage costs associated with paper applications. The service will provide customer service supports and incorporate the new format for Medical Card Applications.
Extending Eligibility of GP Visit Cards to Carers
GP Visit Cards will be extended to Carers in receipt of Carer's Allowance and IT systems will be updated to ensure that all those who have eligibility will receive their card in a timely fashion if not already in possession of one.
Centralisation of LTI & DPS
Centralise the DPS & LTI schemes to the National Medical Card Unit (NMCU) through a single IT system will allow people to register and submit their information online. New software will need to be developed and integrated with existing IT systems within PCRS. Staff will be recruited/redeployed and trained to process applications, and the public kept informed of new developments. Ongoing monitoring and evaluation will also take place.

Reporting/Data Mining
PCRS will continue to improve access to its data for health researchers, service providers and other stakeholders. This project will see the production of the Annual Report and monthly reports in a more dynamic, online format, with the automation of routine 'ad-hoc' reporting and the provision of open, anonymised data.
High Tech Drugs Hub phased deployment
Stemming from a C&AG recommendation and a review conducted of High Tech Drugs, a HTD hub will be provided for the tracking and monitoring of HTD arrangements; specifically, prescriptions, patient registration, stock ordering and delivery. This project will result in improved governance, assurance, transparency and probity for the HTD spend. It will further provide value for money benefits through improvements in stock management and reductions in stock wastage.
National Drugs Management System (Centralised Reimbursement of Hospitals)
The NDMS ensures equitable access for all patients to specified high-cost drugs in the acute hospital settings, regardless of their location. By extending PCRS reimbursement arrangements to hospitals to include medicines provided under local demand led schemes, hospitals will be supported in meeting the financial burden of providing these drugs to patients. This project will also facilitate national reporting and inform budgetary requirements as part of the service planning process.
Pharmacy Interface
This interface, to be implemented by the HSE and IPU, will deliver a number of technical enhancements that will enable a fully electronic claiming interface for all types of pharmacy claims.
Dental Interface
PCRS will develop and deploy online prior approval functionality to DTSS contractors.
Optical
PCRS will consider introduction of online approval functionality.
GPs
PCRS will expand online services to include application for Medical Indemnity.
Probity
By increasing staffing levels in the Probity Unit, PCRS will undertake enhanced levels of inspections and carry out investigations where necessary to provide assurance in relation to the use of public monies.
ISO Accreditation
Achieve ISO 9001:2015 accreditation in the National Medical Card and CRM units in order to meet customer requirements and ensure that quality is consistently improved.
Excellence Through People
Roll out a staff development programme to all staff in line with the Excellence Through People accreditation plan to encourage staff to reach their full potential.

Actions

Primary Care Reimbursement Service (PCRS)	Target Q	
Ensure equitable access to services in line with health policy, regulations and within service level arrangements governing administration of health schemes through reimbursement of contractors	2018	c/f 2017 (Y/N)
Implement Programme for a Partnership Government Priorities including:		
Extend access to free GP care for those in receipt of Carer's Allowance.	Q2	N
Extend access to free GP care for children aged up to 12 years subject to negotiations under the Framework Agreement and subject to legislative change.	Q4	N
Extend eligibility for Medical Cards to refugees coming to Ireland under EU and UN resettlement and relocation programmes.	Q1	Y
Reduce prescription charges for all medical card holders from €2.50 per item to €2 and reduce the monthly cap on prescription charges from €25 to €20 per month.	Q1	N
Reduce drug payment scheme (DPS) family threshold from €144 per month to €134 per month.	Q1	N
Implement the provisions of the Framework Agreement on the Supply and Pricing of Medicines including:		
Reduce the price of patent-expired, non-exclusive, non-biologic medicines where first generic products become available.	Q4	Y
Reduce the price of patent-expired, non-exclusive, biologic medicines where first biosimilar products become available.	Q4	Y
Assess and reimburse applications in relation to new drugs and new uses of existing drugs in 2018 in accordance with the procedures outlined in the Framework Agreement on the Supply and Pricing of Medicines.	Q4	Y
Realign downward the price of all qualifying medicines on the 1st July 2018.	Q3	Y
Reference price medicines as appropriate.	Q4	Y
Collect the rebate of 5.25% or 5.5%, as provided for in the Agreement.	Q4	Y
Operational Plan Actions		
<ul style="list-style-type: none"> Extend PCRS reimbursement arrangements to hospitals to include medicines provided under local demand led schemes. 	Q4	N
<ul style="list-style-type: none"> Complete roll out to all relevant sites in relation to centralised reimbursement of HIV Medicines subject to agreement at acute hospital and CHO level. When HIV medicine reimbursement arrangements are complete, PCRS proposes that community funded TPN (total parenteral nutrition) and Immunoglobulin be centralised for reimbursement in the next phase. 	Q4	Y
<ul style="list-style-type: none"> Extend online processing for Dental Treatment Services Scheme (DTSS) claim submissions to dentists and clinical dental technicians. Centralisation of approvals of appropriate dental treatments from CHOs to deliver faster turnaround. Review clinical requirements (treatment schedule) for DTSS in collaboration with the National Lead for Oral Health. 	Q4	Y

<ul style="list-style-type: none"> Maximise uptake of online optical claims by contractors. Develop technical enhancements that will enable a fully electronic claiming interface for all types of pharmacy claims which will facilitate going paperless by 2020. Information Roadshows to be rolled out to promote electronic submission across a number of contractor groups. 	Q4 Q4 Q4	Y N N
<ul style="list-style-type: none"> Implement document scanning in Contract Support Unit. Implement integrated solution to allow GPs submit health check, asthma and diabetes cycle of care data. Convert paper based GP submissions of contributions to locum expense claims and medical indemnity refunds to electronic submissions. 	Q1 – Q4 Q2	N N
<ul style="list-style-type: none"> Centralise invoicing for Oxygen & CPAP rental for DPS patients living in the Community. Design, develop & implement electronic file submission for certain respiratory services /products for payment by PCRS in 2018. 	Q4	N
<ul style="list-style-type: none"> Progress the procurement of additional floor space with HSE Estates to meet accommodation requirements. 	Q2-Q3	Y
Assess and reimburse applications in relation to new drugs and new uses of existing drugs in 2018 in accordance with the procedures outlined in the Framework Agreement on the Supply and Pricing of Medicines and in accordance with the Health (Pricing and Supply of Medical Goods) Act 2013		
Operational Plan Actions		
<ul style="list-style-type: none"> Strengthen the High Tech drug arrangement processes. High Tech Ordering & Management Hub to go live with phased roll out to take place. 	Q4	N
Medicine Management Programme		
<ul style="list-style-type: none"> Implement initiatives and efficiencies of MMP reports once recommendations arising are approved by the HSE. One priority area of focus will be quality prescribing by GPs including increased utilisation of programme preferred drugs. Develop a Framework for the price setting of biosimilars. Develop and agree a report with recommendations to influence prescribing practices for prescriptions that originate in acute hospitals and are reimbursed in the primary care setting. 	Q4	Y
Recommendations of the Clinical Advisory Group		
<ul style="list-style-type: none"> Consider recommendations of the Clinical Advisory Group which the NMCU will implement once approved by the Department of Health / HSE. PCRS to anticipate work plans coming from Clinical Advisory Group recommendations in order to ensure timely implementation of actions. 	Q1-Q4	Y
Process applications for eligibility within agreed timelines		
Process 96% of completed Medical Card and GP Visit Card applications within 15 days		
Process 95% of Medical Card and GP Visit Card applications error free from a financial perspective		
Operational Plan Actions		
<ul style="list-style-type: none"> Progress rollout of document scanning to other areas in NMCU and in particular to new applications, to improve efficiency of processing and file management. Revise internal processing targets for NMCU teams in line with updated automation and API integration with DSP. Centralisation of the DPS and LTI schemes from CHOs to PCRS. Commence planning for further schemes centralisation from CHOs to PCRS. 	Q1-Q4 Q1 –Q4 Q3	Y N N

Web based paperless medical card application		
<ul style="list-style-type: none"> Roll out a web based paperless medical card application process to reduce the number of paper based applications. In order to maximise the use of the national medical card on line application system, the NMCU will proactively promote and communicate the benefits of the system. Medical Card Suite of correspondence to be updated following full go live of national medical card on line system, reviewed by National Adult Literacy Agency. 	Q1-Q4	Y
Enhanced Data Sharing		
<ul style="list-style-type: none"> Integrate Revenue data and enhance medical card processes with a view to maximise efficiencies in processing and reducing the amount of data sought directly from clients. 	Q1-Q3	Y
Develop Website Information		
<ul style="list-style-type: none"> Update medicalcard.ie (HSE website) and PCRS.ie microsites. 	Q1-Q4	Y
Strengthen accountability and improve quality assurance across all services		
Strengthen accountability within primary care and ensure compliance with service and probity arrangements and internal and external audit findings		
Operational Plan Actions		
<ul style="list-style-type: none"> Monitor savings to be achieved under the Framework Agreement on the Supply and Pricing of Medicines. Continue Probity work programme. 	Q1-Q4	Y
<ul style="list-style-type: none"> Develop further categorisation for IPHA reporting purposes on existing products on an ongoing basis. 	Q1-Q4	Y
Improve quality assurance by developing and expanding the PCRS quality assurance function		
Operational Plan Actions		
<ul style="list-style-type: none"> Implement recommendations to ensure obligations under General Data Protection Regulations (GDPR) are met. Achieve ISO 9001:2015 accreditation in National Medical Card and CRM units. 	Q2 Q3	Y Y
Improve Customer Engagements		
<ul style="list-style-type: none"> Engage with external stakeholders throughout the year, e.g. Appeals Office, Patient Advocacy Groups, etc. Convene meetings and information exchange sessions with representatives of CHOs, GPs and local representatives. Provide opportunity for customer feedback through customer engagement surveys. Web chat facility to support the enhanced online Medical Card and GP Visit Card application process and delivery by contact centre service provider. 	Q1-Q4	Y
Query Handling		
<ul style="list-style-type: none"> Having gone live in 2017 with query handling in reimbursement, review output from QHT and daily reports. Continue development and maintain Frequently Asked Questions for each contractor group on www.pcrs.ie to reduce number of queries submitted. 	Q2-Q3 Q3-Q4	Y Y
Conduct Staff Engagement		
<ul style="list-style-type: none"> Conduct regular staff briefing sessions. Roll out the staff development programme to all staff. Implement competency based training for all new staff Complete accreditation in Excellence through People. 	Q1-Q4	Y Y N Y

Develop PCRS ICT and Shared Services

• Complete upgrade of core infrastructural components to ensure ongoing performance and resilience of medical card eligibility assessment and reimbursement operations.	Q3	Y
• Work with HBS to complete transition of the current HR record management system and payroll to SAP HR and Payroll. This is contingent on PCRS being included in the HBS plan for 2018.	Q3	N
• Utilise HSE Shared Services capacity for administrative support services (e.g. Payroll and Pension Administration and Vendor Management).	Q3	Y
• Work with the national Individual Health Identifier (IHI) project team as it develops the use of the IHI by Primary Care Contractors within the Community Health Services.	Q4	Y
• Remove risks in PCRS payments production through succession planning and expansion of IT payments production team to remove dependence on individuals.		
• Implement improvements in registering contractors/suppliers/hospitals for reimbursement.		

Budget

The HSE National Service Plan 2018 details a net budget allocation of €2,567.8m for PCRS which is consistent with the final 2017 net budget allocation of €2,565.7m.

2018 Net Expenditure

	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Primary Care Reimbursement Service	19.52	2,645.41	2,664.93	(97.13)	2,567.80

2018 PCRS Budget allocation

Scheme / Arrangement Payment Category	Allocation 2018 €m
GP Fees and Allowances	523.60
Drug Target Refund	0.63
GMS Pharmacy Claims	818.77
DPS Pharmacy Claims	64.00
LTI Pharmacy Claims	220.86
EEA Pharmacy Claims	1.02
Dental Treatment Services	65.63
High Tech Arrangement	664.00
Methadone Treatment	22.33
Health Amendment Act 1996	1.85
Community Ophthalmic Services	31.06
Hardship Arrangements	14.72
OPAT Programme	8.13
OPIT Programme	3.91
NDMS - Orphan Drugs and Medicines	12.20
NDMS - Oncology Drugs and Medicines	30.61
NDMS - Hepatitis C Programme	30.00
NDMS - Other Hospital Drugs	9.00
PCRS Administration (Pay and Non-Pay)	45.48
Total Payments	2,567.80

Appendix

Performance Indicator Suite

National Medical Card Unit			
Indicator	Reporting Frequency	Projected/Actual Outturn 2017	Expected Activity / Target 2018
% of Medical Card / GP Visit Card applications processed within 15 days.	M	70%	96%
% of Medical Card / GP Visit Card applications, assigned for Medical Officer review, processed within 5 days.	M	85%	91%
% of Medical Card / GP Visit Card applications which are accurately processed from a financial perspective by National Medical Card Unit staff.	M	95%	95%
% of Medical Card / GP Visit Card applications that are processed from end to end without the need for additional information.	M	74%	75%
No. of persons covered by Medical Cards as at 31 st December	M	1,612,020	1,564,230
No. of persons covered by GP Visit Cards as at 31 st December	M	484,344	492,293*
Sub-total		2,096,364	2,056,523

*Figure shown does not include those in receipt of Carers Allowance who will gain eligibility in 2018 for the first time.

Volume of Service

PCRS			
Indicator	NSP 2017 Expected Activity / Target	Projected / Actual Outturn 2017	Expected Activity / Target 2018
General Medical Services Scheme			
No. of general medical services scheme prescriptions	18,811,508	18,860,700	18,721,471
Total no. general medical services scheme items prescribed	57,821,617	58,224,900	56,854,793
No. of claims – special items of service	1,074,865	1,220,119	1,233,540
No. of claims – special type of consultations	1,350,710	1,235,101	1,293,151
Long Term Illness Scheme			
No. of long term illness scheme claims	2,407,912	2,309,099	2,342,248
Total no. long term illness scheme items prescribed	8,657,750	8,237,342	8,241,730
Drug Payment Scheme			
No. of drug payment scheme claims	2,411,929	2,211,362	2,389,599
Total no. drug payment scheme items prescribed	8,305,797	7,203,504	7,872,735
High Tech Arrangements			
No. of high tech drugs claims	660,125	645,579	650,150
No. of high tech drugs items		741,128	768,636

PCRS			
Indicator	NSP 2017 Expected Activity / Target	Projected / Actual Outturn 2017	Expected Activity / Target 2018
DTSS			
No. of treatments (above the line)	1,190,453	1,175,570	1,199,084
No. of treatments (below the line)	65,964	61,078	62,297
Total no. of dental treatment services scheme treatments	1,256,417	1,236,648	1,261,381
No. of patients who have received treatment (above the line)	583,168	558,484	569,653
No. of patients who have received treatment (below the line)	64,373	61,274	62,500
Total	647,541	619,758	632,153
COSS			
No. of treatments (adults)	765,132	758,550	773,721
No. of treatments (children)	92,485	94,284	96,170
Total no. of community ophthalmic services scheme treatments	857,617	852,834	868,891