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Health Service Executive

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### Medical Cards – Facility to Change of Choice of Doctor, for Doctors

Dear Doctor,

As an integral part of the centralisation of Medical Card processing programme, GPs have assisted with a number of practical modifications to the Medical Card register such as additions of new babies and the reinstatement of patients etc. These collaborative efforts assist the HSE to deliver on its responsibility to maintain the register and to process Medical Card applications and reviews.

The purpose of this circular is to draw your attention to the latest feature which the HSE will add to the GP Application Suite from 11<sup>th</sup> May 2017. This allows you to perform a **Change of GP** at the request of a Medical Card holder or GP Visit Card Holder. On completion of that process the person will be transferred on to your panel with immediate effect. Sample screenshots are attached on the following pages.

Where a GP chooses to utilise the Change of Doctor facility:

- They must ensure that they complete a Change of Doctor Form, have it signed by the card holder and retain it for their records. The online facility allows the General Practitioner to print the Change of Doctor Form which will be pre-populated and allows the card holder retain a copy.
- These forms should be retained by the practice for 12 months for audit purposes.
- The General Practitioner whom the card holder has transferred from will be notified in writing of the change.
- If the patient is moving to your panel as the result of changing address, the online facility also has the option to update the Card holder's address.

This enhancement does not replace the existing process which continues to be available where GPs complete manual paper forms for submission by the patient to the PCRS. Manual Change of Doctor forms received by 20<sup>th</sup> of a month will continue to be processed by 1<sup>st</sup> of following month.

The online enhancement is made available with appropriate control measures to protect both patients and GPs. A part of the control will be additional transparency on your Monthly Panel listing to identify patients who have moved to or from your panel. Online change of doctor applications will be processed up until the 1<sup>st</sup> of the following month. Where increased usage is detected clarification will be sought from your Primary Care Unit Manager.

It is emphasised that this new facility does not apply to full or partial panel transfers. You should contact your Community Healthcare Organisation in the normal way to complete a panel transfer. I trust that this new facility will enhance the operation of the scheme from both patients' and your own perspective.

Yours faithfully

Anne Marie Hoey  
Assistant National Director  
Primary Care Reimbursement Service

# Sample Screenshots of the Online Facility

## Welcome Screen



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### Welcome

This facility allows you to assist a medical card holder who wishes to move to your panel, so that you become their Choice of Doctor on the medical card scheme.

**Please note:**

1. That a GP can facilitate a move to his / her panel only, upon request by the medical card holder.
2. Transfer takes place with immediate effect and the capitation payment will apply from the 1st of the month following the transfer.
3. Each GP can see the transfer history related to their own panel and a full audit trail of transfers is maintained.
4. Online and integrated eligibility confirmation functions will confirm the transfer within 24 hours following an overnight process.

## Patient Search



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### Step 1 - Patient Search

Enter the card number or PPSN of patient in search form below.

**Card Number**

or

**PPS Number**

## Patient Selection



### Modify Choice of Doctor

Username: [jmaster@hse.ie](mailto:jmaster@hse.ie) Acting for doctor: XXXX

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#### Step 2 - Patient Selection

Please select the individuals moving to your panel.

	Patient Name	PPS Num	Date of Birth	Card Number	Card Expiry
<input type="checkbox"/>	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
<input type="checkbox"/>	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
<input type="checkbox"/>	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
<input type="checkbox"/>	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
<input type="checkbox"/>	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
<input type="checkbox"/>	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]

## Facility to update address



### Modify Choice of Doctor

Username: [jmaster@hse.ie](mailto:jmaster@hse.ie) Acting for doctor: XXXX

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#### Step 3 - Card Address

**Address:** [blurred]

**If patients changing doctor will have a new address please provide here.**

Note: Eircode is optional. Please enter code without space, e.g. D11XKF3

**Line 1**

**Line 2**

**Line 3**

**County**

**Eircode \***

**LHO num**

# Details of Cardholder/s to be transferred and facility to print a copy of the form



## Modify Choice of Doctor

Username: [jmaster@hse.ie](mailto:jmaster@hse.ie) Acting for doctor

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### Step 4 - Family Transfer

The following card holders wish to this panel:

Name	DOB	PPSN	Card Num	Gender	Expires
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Address:** 67 PARK AVENUE, GREY CO WEXFORD, WEXFORD, Y04P42

Print copy of change of doctor request

[Print Doctor copy](#)

[Print Patient copy](#)

#### Acknowledgement

- I am satisfied that the client ID has been verified and the amendment(s) are for this person.
- I have printed and witnessed the patient signing the Change of Doctor form. I have signed the Change of Doctor form and will retain for my records and audit. I acknowledge that this transfer will take place with immediate effect.

[Transfer Patients](#)

[Cancel](#)

## Check to ensure the GP has a signed copy

### Step 4 - Family Transfer

The following card holders wish to this panel:

Name	DOB	PPSN	Card Num	Gender	Expires
EMMA MULLY					31/03/2018
ALICE MULLY FARRRELL					31/03/2018
FREYA MULLY DUNNE					31/03/2018
BRANDON DUNNE					31/03/2018
ALICE MULLY FARRRELL					31/03/2018
EMMA MULLY					31/03/2018

Address: 17 PARK AVENUE, DUBLIN 4

Message from webpage

Once submitted this transfer will be immediate. Please make sure you have a signed patient consent form for audit purposes before proceeding. Are you sure you wish to submit?

OK Cancel

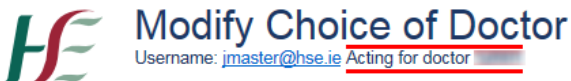
Print copy of change of doctor request

Print Doctor copy Print Patient copy

#### Acknowledgement

- I am satisfied that the client ID has been verified and the amendment(s) are for this person.
- I have printed and witnessed the patient signing the Change of Doctor form. I have signed the Change of Doctor form and will retain for my records and audit. I acknowledge that this transfer will take place with immediate effect.

GP will receive this message when the transfer is complete



### Card successfully transferred

Card has been successfully transferred to your panel.

# Transfer History



## Modify Choice of Doctor

Username: [jmaster@hse.ie](mailto:jmaster@hse.ie) Acting for doctor

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### Transfer History

The table below contains history of Medical Cards who have changed Doctor panel.

Date	Card Num	Doctor Num	Prev Doctor Num	Previous Card Num
30/10/2014	000000	0000	0000	
22/10/2014	000000	0000	0000	
14/12/2016	000000	0000	0000	
06/04/2017	000000	0000	0000	
06/04/2017	000000	0000	0000	
06/04/2017	000000	0000	0000	
06/04/2017	000000	0000	0000	
06/04/2017	000000	0000	0000	
06/04/2017	000000	0000	0000	
06/04/2017	000000	0000	0000	
14/12/2016	000000	0000	0000	

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