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Health Service Executive

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Circular No 004/12

Dear Doctor,

This letter is being issued jointly on behalf of the Irish Medical Organisation (IMO) and the Health Service Executive (HSE).

The IMO and HSE have been engaged in reviewing existing processes and procedures between the HSE and GP contract holders. Much of this process to date has focused on medical card registrations. While medical cards will continue to be issued in the normal way by PCRS, who have responsibility for the issuing and management of cards, this change provides GPs with the facility to deal with commonly experienced problems.

As a result of such interactions the IMO and HSE are pleased to inform you of measures to enhance access to PCRS processes thus allowing a more real time registration process.

Attached for your information and attention is a copy of the agreed Specification, which describes in detail the new functionality now available to you, and a set of Questions and Answers to some of the key aspects of this functionality.

The capability which will now be available to GPs helps to provide solutions to a number of longstanding issues which have existed within the medical card system. We feel that the delivery of these solutions designed together over a considerable period represents a significant achievement providing benefits to GPs, our medical cardholder clients and the HSE. Currently available PCRS processes will continue for GPs who choose not to engage in the new functionality.

Under these new procedures, a Medical Card will remain valid, irrespective of the expiry date shown on the card, once the Medical Card holder is genuinely engaging with the HSE review process. Eligibility for services can be confirmed by any Doctor or Pharmacist, through the GP practice system, by the Medical Card holder online at [www.medicalcard.ie](http://www.medicalcard.ie), in any Local Health Office, or through the helpline at 1890-252-919.

All stakeholders face unprecedented challenges in the current financial environment to deliver services under the GMS in a way that minimises any adverse impact on patients and protects as far as possible, the most vulnerable.

The IMO recognises that the HSE is obliged to ensure that its resources are used effectively and that services are delivered in accordance with the contracts in force. Equally, the HSE recognises that IMO members are entitled to remuneration for the services they provide under their GMS contracts.

On that basis, the HSE and the IMO have agreed to establish a joint forum, which will meet on an ongoing regular basis to work through and address the rollout of the new functionality regarding medical cards and any other related matters covered under the current GMS contract.

We will arrange to keep you updated in relation to these initiatives as we progress.

Yours sincerely,

**Patrick Burke**  
**HEALTH SERVICE EXECUTIVE**

**George McNeice**  
**IRISH MEDICAL ORGANISATION**

# GPs and Medical Card Centralisation Project

## FAQs for GPs

### What can I do with the new functionality?

**Add a new baby:** Add a new baby to a family that have medical card eligibility.

**Sensitive renewal:** Where a patient may lose eligibility because he/she cannot engage or complete his/her review due to a medical condition or social circumstances you can extend eligibility for that client for one year.

**Patient Reinstatement:** If a patient presents for medical care that has had eligibility removed in error, e.g. due to a lack of response to the review process because of a change of address, you can reinstate eligibility for four months.

**Remove a person from panel:** This allows you to remove a medical card patient from your panel in circumstances where you are satisfied that the client has passed away or is non resident.

**Register movement of a patient in and out of a state medical facility:** This allows you to register the fact that a patient has entered or left a state medical facility, which will in turn cause the capitation payment to cease or re-commence.

**Panel confirmation:** This allows you to confirm that your panel is, to the best of your knowledge, correct, on a quarterly basis.

### Adding a new baby:

Where a new baby has been born into a family who already have medical card eligibility, and are on your panel, and the parents have not yet added the baby to their medical card you can do so by providing the baby's details on the new system. The baby is added immediately, with the details followed up by the HSE to confirm the eligibility with the parents. GPs are expected to make best efforts to provide the PPS Number when it's available, however, the PPS Number will not be mandatory at the point of addition of a baby.

### Sensitive Renewal:

A sensitive renewal can occur if a patient's eligibility is due for review and you are aware of circumstances that will result in the patient losing eligibility because he/she has not or cannot complete the standard review process. In these cases eligibility will be extended for one year, during which time the HSE will make contact with the patient to establish the relevant details. Sensitive renewals occur **before** a patient loses eligibility.

### Patient Reinstatement:

A patient reinstatement can be made if a patient presents to a GP for services and for some reason his/her eligibility had been suspended. Where the GP is satisfied that the patient is alive and in the jurisdiction and is still entitled to receive contracted services free of charge under the Medical Card Scheme he/she can reinstate eligibility for four months. Patient Reinstatement occurs **after** a patient loses eligibility.

## **Remove a Person from Panel:**

This allows you to remove a medical card patient from your panel directly in circumstances where you are satisfied that the client has passed away or is non resident. This function will be treated as a notification of removal. Responsibility for the removal, and the maintenance of the national database, remains with the HSE.

When such a notification is made the HSE will reference other data sources, as appropriate, and where necessary will communicate with the client directly, or the client's family, to confirm the status of the client.

## **Register Movement of a Patient in and out of a State Medical Facility:**

Patients that go into a state medical facility, where his/her care is provided in house, remain on your panel, however capitation is affected depending on how long the patient is in the facility. This function allows you to register the fact that one of your medical card patients has entered or left a state medical facility, which will in turn cause the correct capitation payment to be made.

## **How does Panel Confirmation work?**

Panel confirmation provides "tick" boxes for you to confirm that your panel is correct. Once the panel is confirmed through this mechanism the panel maintenance functions set out above will remain available to you. After ticking the boxes you simply print out the form, sign and return it to PCRS. This is a quarterly process.

## **What happens when I create or extend a person's eligibility?**

All of the relevant information is automatically submitted to the PCRS, who will follow up each case directly with the client to confirm the eligibility status of the client.

## **Are there limits and controls on the changes that can be made?**

Yes, a series of limits and controls are in place to ensure, for example, that a duplicate record cannot be created. There is also a limit set for each change type on the maximum number of changes that a GP may complete in any calendar month. Details are set out in the protocol document.

## **Is there a review and continuous improvement process in place?**

Yes. This initiative, deliverables and operation, will be the subject of formal meetings between the HSE and the IMO on a regular basis.



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## **Primary Care Reimbursement Service**

GPs and Medical Card Centralisation Project

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## 1 Introduction

The purpose of this document is to specify deliverables from a joint project between the Irish Medical Organisation (IMO, representing GPs) and the HSE Primary Care Reimbursement Service (PCRS). The objective of the project is to enhance the administrative processes around the maintenance of the list of those clients with medical card eligibility.

The deliverables arise from input material from the IMO in the form of a set of 17 suggestions (see Appendix A) and discussions between the parties regarding the successful completion of centralisation from GPs perspective and from PCRS requirements relating to the same project. The design in this document is high level and captures the main principles of the deliverables.

Note: It is agreed that where percentage rates are set out in these initiatives as limits to the number of changes that can be made to a GPs panel by the GP in any given month, the percentage rates will be reviewed in light of experience to ensure that an appropriate rate is agreed and implemented so that the practical application of the initiative is optimised, while maintaining appropriate controls. It is also agreed that there may be areas where differing rates will be agreed and applied, e.g. socially deprived areas may require more flexibility in certain circumstances.

This initiative, deliverables and operation, will be the subject of a formal review every 3 months.

## 2 Medical Card

A person who is eligible for a Medical Card should receive contracted medical services under the Medical Card (GMS) Scheme without charge from a GMS GP when their medical card number is confirmed on the HSE's National List, hosted by the HSE Primary Care Reimbursement Service. This list should be consulted as required to determine whether a person is eligible or not.

The person's medical card number is found on the face of the physical Medical Card owned by that person. A number of expectations arise from this, which are set out in this document, **provided always that such expectations and actions required on foot of this document are without prejudice to the terms of the GMS Contract upon which individual GPs and the IMO may continue to rely. In the event of any conflict between the terms of this document and the GMS Contract the terms of the GMS Contract shall apply.**



### 3 Fast Track - Re-Instatement of Medical Card (Item 4)

Medical card eligibility is removed by PCRS when a death notification is received from the state's Death Event Publication Service (DEPS) or another reliable source, e.g. a Local Health Office or if a client does not respond to appropriate communications concerning his/her eligibility. In relation to a death event notification the medical card is removed based on the PPS number associated with the notification and the PPS number on the medical card. On rare occasions the PPS number on either the medical card or in the death notification has been incorrect.

A patient reinstatement can occur if a patient's eligibility is suspended as a result of a death event notification or as a result of a lack of response to HSE contact to confirm eligibility. Where a GP is satisfied that the patient is alive and in the jurisdiction and is still entitled to receive contracted services free of charge under the Medical Card scheme he/she can reinstate eligibility for a period of four months, during which time the HSE will contact the client directly to establish the relevant details. Patient reinstatement occurs after a patient's eligibility has been suspended.

A function will be added to the GP Application Suite which will allow a GP to re-instate a medical card to their panel in circumstances where they are satisfied that the client is in fact alive and is still entitled to receive contracted services free of charge under the Medical Card Scheme.

The following controls will be applied to this function.

- a) A GP can only re-instate a client removed from his/her own panel.
- b) The eligibility period will be set at four months upon re-instatement.
- c) The correct PPS number will be required to be provided.
- d) A duplicate eligibility cannot be created.
- e) A letter will be issued from PCRS to the client confirming re-instatement of their eligibility under the Scheme, and this will serve as both third party verification and good customer service practice. Where PCRS has received an erroneous death notice from DEPS and subsequently confirms eligibility we will notify DEPS of the error on their records.
- f) The maximum number of re-instatements which a GP may complete in any one calendar month in respect of PCRS removal of a medical card arising from an erroneous death notification is equal to 1% of the number of clients on the panel with a minimum of 1. For the purposes of calculation a card holder and dependents are counted as one unit only. There is no maximum number of re-instatements per calendar month in respect of patients whose eligibility for a medical card is suspended as a result of a lack of response

to HSE contact from HSE to confirm continuing eligibility, and where a GP is satisfied the patient is in the jurisdiction and is still entitled to receive contracted services free of charge under the Medical Card scheme. As stated above such a re-instatement is for a period of four months, during which time the HSE will contact the client directly to establish the relevant details.

- g) The function will be available to GPs where panel certification is current. See section 7. Where the lack of response from the client was the result of a change of address the GP should include the client's current, correct address so that appropriate communications can be made to the client. These communications refer to the standard letters issued to a client in relation to their continued eligibility (2 standard letters) and a final reminder.

#### 4 Fast Track – Addition of Baby to Panel (Item 6)

The PCRS normally obtain a baby's PPS number from the parents and we also make every effort to obtain it directly from the Department of Social Protection. We will continue to obtain this data through these avenues. The PCRS require the PPS number as a part of the client registration data set to validate the existence of the child in the state and to ensure that there are no mis-identifications or duplications in the PCRS processing systems. This is required for audit purposes as agreed with the Data Protection Commissioner.

The current function on the GP application suite which allows a GP to submit a request to add a client to their panel will be enhanced. The new function will allow a GP to add a medical card **directly** to their panel in circumstances where they are satisfied that a new baby has been born into a family who already have Medical Card eligibility and are on their panel.

The following controls will be applied to this function.

- a) A GP can only add a baby to their own panel and to an existing family.
- b) If the baby is 12 months or older he/she cannot be added to the panel by the GP. Such an addition will be required to be performed by the Client Registration Unit in PCRS.
- c) The eligibility period will be set at six months.
- d) The correct PPS number will be required to be provided. However, in recognition that PPS numbers may not always be available at the point of adding the baby to the family medical card, flexibility will apply as follows,
  1. GPs are expected to make best efforts to provide the PPS number when it's available, however, the PPS number will not be mandatory at the point of addition of a baby. PCRS will insert "BabyPPSN" in these cases on a temporary basis.
  2. Capitation payments will be made going forward from the first of the month following the addition of the baby. There will be an arrears payment from the

date of birth or the date from which the family joined this GP panel, whichever is the later. In both cases, the calculation of the arrears payment will be from the 1<sup>st</sup> of the month following the date of birth or date of addition to the panel.

3. In the event that a PPS number is not furnished from any source after six months for the baby in question, eligibility will be removed. In the event that a PPS number is not furnished from any source after twelve months for the baby in question fees paid to date will be recouped automatically and detailed on GP payment listings. In such instances GPs will receive notifications of the failure of the PCRS to receive a PPS number and the consequent recouping of fees paid to date, three months, two months and one month before the twelfth month. **The primary responsibility to obtain the PPSN will remain with PCRS.**
  4. In the event that upon provision of the PPS number it is evident that the baby was already registered and that a GP was in receipt of duplicate capitation payments then capitation payments made to date will be recouped automatically from the GP who added the baby without the PPS number and detailed on GP payment listings.
- e) A duplicate cannot be created.
- f) A letter will be issued from PCRS to the family confirming the addition of the child as a dependant under their Medical Card and this will serve as both third party verification and good customer service practice. The letter will indicate that eligibility has been provided by the GP and will indicate where appropriate that the eligibility will lapse unless the details of the baby including the PPS number are provided to the PCRS.
- g) The maximum number of additions which a GP may complete in any one calendar month is equal to 1% of the number of clients on the panel. For the purposes of calculation a card holder and dependents are counted as one unit only.
- h) The function will be available to GPs where panel certification is current. See section 7.

## 5 Fast Track – Notification of Removal of Medical Card from Panel

The current function on the GP application suite which allows a GP submit a request to remove a client from their panel will be enhanced. The new function will allow a GP to remove a medical card from his/her panel directly in circumstances where he/she is satisfied that the client has passed away or is non resident.

This function will be treated as a notification of removal. Responsibility for the removal, and the maintenance of the national database, remains with the HSE.

When such a notification is made the HSE will reference other data sources, as appropriate, and where necessary will communicate with the client directly, or the client's family, to confirm the status of the client.

The following controls will be applied to this function.

- a) A GP can only remove a medical card from his/her own panel.
- b) This function will always be available to the GP.
- c) This function may only be used in the event of the death of a client, or in a circumstance where a GP becomes aware of a client that is no longer living in the State, e.g. where the client lives permanently overseas. This functionality is provided to allow GPs to assist the HSE in these matters and it is accepted that there may be cases where a GP will not be aware of such circumstances.

## 6 Fast Track – Turn off Capitation Payment

A GP is not paid capitation in circumstances where a client has entered a state medical facility where his/her care is provided in house. These clients remain on a GP's panel since the GP is the clients GP of choice. An additional facility will allow the GP to register the fact that the client has entered / left a state medical facility, which will in turn cause the capitation payment to cease / re-commence.

The following controls will be applied to this function.

- a) A GP can only adjust this status on a medical card on his/her own panel.
- b) The function to register entry to the state medical facility (cease capitation payment) will always be available to the GP.
- c) The function to register exit from the state medical facility (start capitation payment) will be available to the GP when panel certification is current.
- d) A letter will be issued from PCRS to the state medical facility to confirm the client's status, and this will serve as both third party verification and good customer service practice.
- e) There is recognition that some permanent residents of state medical facilities (code 904) may need to access GP services in the community on an urgent basis. An agreed process of payment, agreed between PCRS and the IMO, **to be concluded by 31 May 2012**, will be put in place to ensure such access is provided as appropriate.
- f) An up to date list of state medical facilities (code 904) will be made accessible to GPs on the PCRS GP software suite. This list will not include hospital facilities or nursing homes for acute/chronic or rehabilitative care (not already coded 904) where it is likely that patients will be coming/going to the community as part of their rehabilitation.

## 7 Panel Confirmation / Prescription Completion

GPs will use their best endeavours to support the HSE to maintain the national list of medical card holders accurately. The functions at 3, 4, 5 and 6 above enlist the GPs assistance in keeping the national list correct and at the same time give a GP direct control over aspects of the national medical card list and therefore his/her payment.

PCRS is obliged to ensure that these powerful tools are made available with appropriate control measures surrounding their use. Therefore these tools, which will be on a GPs menu, will be available to the GP in circumstances where there are no probity issues and the GP confirms on a quarterly basis that their panel is, to the best of their knowledge, correct. This process is provided to allow GPs to assist in maintaining accurate and up to date panel lists. It is accepted that there may be cases where a GP will not be aware of a change in status or circumstance of one or more of the patients on their panel list.

Panel confirmation will also be added as a new function to the GP application suite. This will allow the GP to “tick” boxes which confirm that their panel is correct. Once the panel is confirmed through this mechanism, the panel maintenance functions will remain available to the GP. Completion of panel confirmation will require the printing, signing and submission of the confirmation to PCRS, where these will be audited. Two months after the last panel confirmation a reminder message will display on the GP application suite for a period of one month until the next panel confirmation is completed. If the panel is not confirmed in that period then the panel maintenance tools will cease to function until the panel is re-confirmed.

GPs will be asked to tick, print and sign, to confirm the following seven points;

- a) I will use the online facility to register any babies born to families on my panel and recognise that this initiates a payment to me.
- b) I will use the online facility to re-instate any medical cards that were removed in error and recognise that this initiates a payment to me.
- c) I have removed medical cards from all clients where they have passed away as soon as that information was available to me and recognise that this ceases a payment to me.
- d) I have registered all cases where a medical cardholder on my panel has entered a state medical facility (code 904 institution) as soon as that information was available to me and recognise that this ceases a payment to me.
- e) To the best of my knowledge I have registered all cases where a medical cardholder on my panel has moved out of a state medical facility as soon as that information was available to me and recognise that this initiates a payment to me.

- f) I am satisfied that to the best of my knowledge all of the clients currently registered on my panel are entitled to receive services from me under the Medical Card Scheme and therefore the associated capitation fees are due to me.
- g) I will ensure that prescriptions written by me contain all of the required patient information including his/her medical card number.

## 8 Managing Expiring Eligibility (Items 1, 3)

PCRS is obliged to have a sufficiently rigorous renewal/review process to ensure that eligibility is maintained for clients that are entitled to it and ceases when clients cease to be eligible. However, in recognition that the standard renewal process, can pose challenges for some clients and collaboration between the GP and PCRS will ensure there are less gaps in eligibility. Three enhancements are proposed in the following sections.

### 8.1 Enhanced Panel Listing – 3, 2, 1 Countdown to Expiry

Each month every GP has access to a full panel listing which represents the clients on their list as of the 1<sup>st</sup> of the month, and for whom they are being paid capitation. The current panel listing shows every client and has additional sections for additions and removals for the current month.

This panel listing will have an additional section and sub-sections commencing with new pages which will repeat the set of clients who are expiring in three months, two months and one month. The full postal address will be shown.

The purpose of this is to act as a tool which could provide opportunities for GPs to encourage/assist cardholders to complete their renewals to prevent any eligibility gap. This enhanced panel listing will be available in electronic format only.

The National Centralisation Project sees the end of clients being provided with written confirmation of eligibility in advance of receiving their medical card. Their eligibility status will be available for eligibility checking on the online eligibility checker, on the day the eligibility is given. **Since all clients are managed by the central office their eligibility status will be updated, and available for eligibility checking on the national system on the day eligibility is given.**

### 8.2 Enhanced Panel Listing – 16 Year Old Approaching Expiry

This panel listing will have an additional section, commencing on a new page, which will repeat the set of clients who are 16 years old and expiring within three months. The full postal address will be shown. This enhanced panel listing will be available in electronic format only.

### 8.3 Client Requires Sensitive Renewal Process

In recognition that the standard renewal process, can pose challenges for some clients, GPs can identify clients that may require a sensitive renewal process.

A sensitive renewal can occur if a patient's eligibility is due for review and the GP is aware of circumstances that will result in the patient losing eligibility because the patient has not or cannot complete the standard review process. In these cases eligibility will be extended for one year, during which time the HSE will make contact with the patient to establish the relevant details. Sensitive renewals occur before a patient loses eligibility.

This will be an additional function on the GP application suite. The GP will be able to select the client and specify from a set of reasons why the sensitive renewal process should apply. The consequence of this setting is that eligibility will not be lost in the normal way if the client has not, or cannot, complete the standard review process. The HSE will need to reserve the right to implement a reasonable form of review procedure and/or checks for these clients. However, in effect these clients could have semi-permanent eligibility on the word of their GP. Controls which apply to this facility are;

- a) The number of clients that can be identified as requiring this sensitive renewal process is limited to a number (rounded up) equal to 3% of the total panel size.
- b) The IMO and HSE will agree a fixed list from which GPs will on each case specify the reason (to support analysis) and also make a declaration that the setting is appropriate for this client. This will include a statement about the client's circumstances and in addition their lack of recourse to friends/family to assist with the standard renewal. An agreed set of reasons will form the basis of a discussion between the IMO and the HSE at a later date.
- c) As part of the Centralisation project a 'lo-call' number for all client telephone enquiries is provided, where calls are answered by customer service staff promptly. There is also an online query form on [www.medicalcard.ie](http://www.medicalcard.ie) where online queries are responded to within 48 hours. The central office is also examining how hearing aid functionality for those with impaired hearing will be accommodated on the lo call telephone system.

## 9 Standard Renewal Notice Period (Item 1)

In the centralised medical card registration unit the renewal policy is;

- a) That all clients approaching their expiry, are notified 3 months in advance in writing and are provided with the materials to complete the renewal process.
- b) Eligibility will not be extended without a renewal process, with the exception of those identified as requiring the sensitive renewal process.

- c) Where possible the renewal process has been simplified to improve customer service and reduce eligibility gaps. This will be done while maintaining reasonable and appropriate controls on eligibility provision to adhere to government policy; e.g. the extension of the much simplified “self assessment” type renewal process to people over 65 and to those under 65 that received their card on the basis of a means assessment.

The new online medical card application facility has been extended to support online reviews/renewals. Cardholder now receive a PIN and are able to review and confirm where details previously recorded have not changed. In this way where circumstances have not changed the renewal process is significantly simplified.

## **10 Cardholder Address Maintenance (Item 2)**

PCRS agree that cardholders should be enabled to update their registered address online. PCRS has been requested and has committed to the establishment of the HSEs National Client Identity Service in the context of the integration of NIMIS into the PCRS client index system. Providing self service options to clients for the purpose of address maintenance in this context is appropriate. It is anticipated that such address changes should be published for use throughout the health system as appropriate.

A detailed analysis of how this could operate will need to be carried out to ensure privacy and data protection concerns are addressed, and to ensure that appropriate verification mechanisms are in place before new Medical Cards are issued to new addresses.

## **11 Eligibility Expiry Date for Children Under 16 (Item 5)**

It is agreed that where a client’s eligibility would normally go beyond his/her 16<sup>th</sup> birthday his/her eligibility should be set to expire on his/her 16th birthday. The medical card issued to the 16 year old will reflect the expiry date set by the person’s 16<sup>th</sup> birthday. The expiry date may differ from the parent’s or guardian’s card expiry date. When a dependent of a valid medical/GPV cardholder turns 16 they will be issued a card in their own right and the expiry date will be set to the parent’s or guardian’s card expiry date. The implementation of this policy will be reviewed to ensure that this happens in all cases.

## **12 Provision of Care to Homeless Persons (Item 7)**

There is a strong social class gradient in health status for those in the lowest socio-economic group having the highest death rates for all causes of death. This group primarily are within the medical card cohort and especially socially excluded groups such as Homeless Persons and Asylum Seekers.

Early detection of disease, prevention, rehabilitation and ongoing monitoring in maintaining health is critical for this cohort of people and access to GP Services play a pivotal role in this regard. In that context it is recognised that many homeless persons are reluctant to seek help from health professionals and only use such services as A & E as a last resort. Over the



past number of years under the auspices of the former Health Boards, a number of initiatives were set up to:

- Fast track Medical Card applications;
- Ensure access for Homeless Persons/Asylum Seekers to GP panels;
- Develop outreach GP Services to hostels.

While these initiatives have proven successful in many ways the various business processes and payment methodologies vary to a great extent around the Country. With the decision taken to centralise the Medical Card/GP Visit Card processes to PCRS it is now timely to review the above initiatives and agree one national approach that will maintain the positive outcomes that were achieved across the various initiatives to date.

A HSE project team has been established to develop a National agreed protocol that will:

- Fast track Medical Cards for socially excluded groups
- Ensure outreach GP Services as deemed necessary
- Ensure where possible, continuity of entitlement under same card if homeless person moves address
- Ensure access to emergency GP Services on arrival in hostels as required
- Promote the developments required for GPs to monitor the health status of hostel residents who are on their GMS lists. The IMO will be included in discussions on this issue to ensure a suitable outcome.

### **13 PCRS Response to GPs Eligibility Queries (Item 8)**

The deliveries specified in this document are anticipated to go a very long way to addressing GP concerns in this area. The tools which allow a GP to become directly involved in list maintenance will reduce / remove the issue of eligibility gaps etc. and the associated queries. It is anticipated that GPs will prefer to use the tools to resolve the issue directly.

That said PCRS have implemented a new call triage system for the purpose of medical card administration. This provides detailed call handling statistics and ensures that all calls are picked up and responded to quickly. A similar service is planned for GPs and other PCC groups for reimbursement and other queries.

Telephone enquiries through the call triage system (1890-252-919) from GPs regarding client eligibility will be answered immediately. Where such enquiries are made online through the online query form, available at [www.medicalcard.ie](http://www.medicalcard.ie), a reply will issue within 2 working days.

### **14 Discretionary Medical Card Provision (Item 9)**

The grant of eligibility for the General Medical Services (GMS) Scheme is discretionary in nature based on an assessment of the applicant's means. Where an applicant's assessed means are in excess of the financial guidelines, the HSE can use discretion to grant a card where 'undue hardship' exists for the applicant to meet his/her and/or their dependants medical needs. A decision is taken after a sufficient and reasoned assessment of all the circumstances of an individual case has taken place, including taking account of the nature and extent of personal, medical or social circumstances of the applicant and / or family.

The processes which deliver discretionary medical cards within the HSE in the context of the centralisation of the Medical Card scheme are currently being developed and enhanced.

## **15 Appeals Process (Item 10)**

An independent appeals process is in place and operational. Over time it is anticipated that the rules which would cause a medical card to issue on appeal will be applied within the normal assessment process itself; i.e. as any ambiguity in existing guidelines is clarified.

## **16 Local Health Office Delivered Letters**

As medical cards are granted and issued centrally the visibility to the GP community of the eligibility is immediate (24 hours) using the normal online and SMS based tools.

## **17 Online Checker – Eligibility Gaps (Item 12)**

The tools specified in this document together with the agreement from GPs to collaborate with PCRS to maintain the list correctly should remove the issue of inappropriate eligibility gaps. In addition, current eligibility is the only criteria which a GP should use to determine whether a client is to be charged for a service or not.

It is agreed that all reviews of cards, including those that have recently lapsed, will have new dates reflected on the card checker with all new initiations being notified on a weekly basis.

It is agreed that all weekly updates, confirmed on the card checker as valid will be recognised as valid cards.

It is agreed that all weekly updates will be provided in line with existing practice at the end of the relevant week, included in the immediate month following the monthly list. To ensure no ambiguity in the interpretation of this point a medical card that is designated as 'due for renewal' in the weekly reports will remain valid until the end of that month. This validity can be confirmed in the GMS checker.

It is important to note that if a patient has eligibility on the 1<sup>st</sup> day of a month, this eligibility persists until the end of that month. The GP on whose panel the patient is listed on the 1<sup>st</sup> day of the month is paid capitation for the full month in line with the agreed GP contract arrangements. There is no concept of a mid month eligibility removal.

The Monthly “GP Panel Listing” report details the position regarding your panel as of the first of each month. Details of all patients joining and leaving your panel since the previous month are also listed in that report.

Where a patient transfers from one doctors panel during a month this patient is listed on the new doctors “Clients Added” section of weekly panel update reports. In these circumstances the original GP will be paid capitation for the month that the transfer occurred and the new GP will receive capitation for the transferred patient from the following month.

## **18 Lo-Call Number for Medical Cardholders (Item 13)**

The PCRS number is a lo-call number. It is understood that typically assistance for those with impaired hearing is at the callers end but PCRS will commit to examine this further to see what is practical.

## **19 Emergency Medical Card Provision (Item 14)**

The centralised medical card registration unit has an emergency medical card issue process which operates in concert with Local Health Offices. A person can at any time seek assistance from, or direct their emergency application to their local health office.

This aspect of medical card administration has been operating successfully since 1<sup>st</sup> January 2009.

Should a GP have such a case he/she should contact their Local Health Office, who can request an emergency medical card from the central office if they are satisfied that an emergency situation obtains.

## **20 PCRS Access to Social Welfare Data (Item 15)**

In recent months the position has changed so that PCRS has access to the normal DSP systems for access to Social Welfare data which HSE Local Health Offices have traditionally had. However, the interaction with these systems is currently manual and PCRS are working with the Department of Social Protection to enhance electronic access to records in an appropriate way which could make the checking process more rigorous and efficient.

The cross departmental nature of this exchange adds complexity such that delivery on this item is not a short term possibility. PCRS continue to pursue the matter.

## **21 Scheduling of Centralisation (Item 16)**

Centralisation is finalised.

## **22 Physical Medical Cards without Eligibility**

The IMO have also raised the issue of medical cards which exist and where these are not visible on the national list to confirm eligibility at point of service. This issue has three aspects as follows,

- a) A local area previously requested a card during the month but the eligibility is only created at PCRS at the end of the month. This no longer happens, as all Medical Card processing has been centralised.

These requests are now visible (using the normal browser, SMS and integrated tools) from the time the card is issued until the eligibility is established at the end of the month.

- b) A local area previously requested a card during the month but the eligibility cannot be created at PCRS at the end of the month.

PCRS are working through a process to see if in these cases eligibility can be established from the card requests itself and maintain an appropriate accountability for the financial issue arising. This can no longer happen, as all Medical Card processing has been centralised.

- c) There are a number of legacy cases. In the context of this project and the resolution of the issue at (b) above, from an ongoing perspective it is anticipated that the best approach in respect of legacy cases is to ask the client who presents with a card which cannot be confirmed using the normal tools to work with the HSE to resolve this registration issue.

## Appendix A

Ref	Issue
1	All medical card holders (including dependants approaching their 16 <sup>th</sup> birthday) should be notified in writing a minimum of 3 months in advance of the precise date of expiry of their medical card with all necessary forms for re-application enclosed, and the date of postage of notification should be verifiable on the PCRS website.
2	Patients (or their GP on their behalf) should be enabled to update their registered address online on the PCRS website.
3	GPs should be given a list (including names and addresses) by the PCRS of cards which are due to expire 3 months hence so that practices have the opportunity to ensure address details held by the PCRS for renewal forms are up to date and accurate.
4	A fast track mechanism must be put in place so that cards which have been cancelled in error or due to inaccurate information (such as PPS numbers) can be reinstated immediately for a minimum period of 3 months on the national list referred to by the PCRS, pending provision of the necessary paperwork. This is especially important for elderly patients and those residing in Nursing Homes.
5	The practice of issuing a laminated medical card to children under the age of 16 with an expiry date beyond their 16 <sup>th</sup> birthday (on which date that card number is automatically invalid) must cease immediately.
6	General Practitioners should be enabled to automatically register newborn additions to existing medical cards and the baby's mother (who has just delivered a baby) should be notified in writing of a reasonable grace period of at least 3 months during which administrative requirements (such as PPS number and copy birth cert) should be furnished.

7	Written clarity around the provision of care to homeless persons under the medical card scheme should be provided urgently to all GPs.
8	A dedicated fast-track system should be made available without delay to all General Practitioners which guarantees a written response by the PCRS within a defined short time interval and facilitates the provision of urgent medical cards to vulnerable groups who lose their entitlement, such as those with language difficulty or intellectual disability. Faxes and emails from General Practitioners regarding client eligibility should be acknowledged by return and a substantive reply should be received within 2 working days.
9	Formal Medical Officer input should be available within the PCRS to evaluate confidential and possibly complicated medical data with a view to establishing the need for the provision of a medical card on medical grounds (as existed under the Health Board system).
10	An independent appeals process for patients who feel they have been refused a medical card unfairly should be put in place with immediate effect.
11	The system of local HSE offices giving clients written confirmation of immediate eligibility should cease forthwith unless local offices are simultaneously adding clients to the PCRS “single national list” in real time. Until such time as this step is taken, there exists a “single national list” in name only.
12	The PCRS online checker should show the date eligibility last commenced and should clearly illustrate historical gaps in eligibility. Many patients for a variety of reasons habitually fail to meet the administrative requirements of the HSE at renewal date and their cards lapse on a regular basis as a result.
13	The PCRS phone number should be a “lo-call” number with hearing aid functions for those with impaired hearing.

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14	All applications and documents are currently posted to a PO Box Number which does not facilitate registered letters or swift post and this should be addressed immediately. This is not required, all local health offices and primary care teams have a customer service where emergency situations can be handled.
15	PCRS staff should have on site access to Social Welfare data regarding PPS numbers, social welfare payments clients are in receipt of etc., this access being subject to normal Data Protection requirements, similar to that access currently enjoyed by local offices. This access will alleviate delays arising from the PCRS writing back and forth to clients confirming data held on other state databases.
16	The centralisation of remaining Local Health Office medical card processing should be deferred until these easily deliverable but important governance issues have been addressed.
17	An independent third party should oversee a liaison group between the PCRS and the Irish Medical Organisation (as happened previously) to ensure these issues are addressed without delay.