



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
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Circular 019/13

19 September 2013

Influenza/Pneumococcal/Hepatitis B Vaccination Programme 2013/2014

Dear Doctor,

I wish to advise you that the Influenza and Pneumococcal Vaccination Programmes have resumed. The target population/at risk groups for each programme are set out in appendix A attached.

The vaccination claiming system is available to both General Practitioners and Community Pharmacists (see 'Vaccination Services' on your GP Application Suite menu). For information on accessing and using the claiming system please see Appendix B attached – Frequently Asked Questions.

In the event you continue to opt for manual submission, please arrange to use one of the attached forms, which should be copied when required and submitted for payment in one batch. Vaccination Programme claims are no longer accepted on STC/SS/OOH claims and will not be processed for payment.

Please find attached:

Appendix A: Programme Target Populations/Risk Categories

Appendix B: Frequently Asked Questions

Appendix C: List of approved vaccines.

Set of Blank Claiming Form Templates for manual submission

Yours faithfully,

Patrick Burke
Primary Care Reimbursement Service

APPENDIX A: Programme Target Populations/Risk Categories

Influenza Vaccination Programme

- A Chronic Respiratory Disease
- B Pregnant Women
- C Chronic Heart Disease
- D Chronic Renal Failure
- E Chronic Liver Disease
- F Chronic Neurological Disease
- G Immunosuppressed (due to disease or treatment)
- H Household contacts or out of home carer (to persons with increased medical risk)
- I Diabetes Mellitus
- J Morbidly Obese
- K Haemoglobinopathies
- L Children with conditions that compromise respiratory function
- M Residents of a nursing home or other long stay facility
- O Carers
- P Workers in close contact with pigs, poultry or water fowl
- Q Children on long-term aspirin therapy
- R Health Care worker – Medical/Dental
- S Health Care worker – Nursing
- T Health Care worker – Health and Social Care Staff
- U Health Care worker - Management /Administration
- V Health Care worker – General Support Staff
- W Other Health Care Worker
- X Age 65 and over

Pneumococcal Vaccination Programme

- A Chronic Respiratory Disease
- C Chronic Heart Disease
- D Chronic Renal Failure
- E Chronic Liver Disease
- F Chronic Neurological Disease
- G Immunosuppressed (due to disease or treatment)
- I Diabetes Mellitus
- K Haemoglobinopathies
- L Children with conditions that compromise respiratory function
- X Age 65 and over
- Y Children < 5 years with history of invasive pneumococcal disease
- Z CSF leaks either congenital or complicating skull fracture or neurosurgery
- AA Individuals who have received, or are about to receive, cochlear implants

HEPATITIS B VACCINATION PROGRAMME

- D Chronic Renal Failure
- E Chronic Liver Disease
- G Immunosuppressed
- AB Occupational Risk
- AC Family and household contacts of Hepatitis B cases
- AD Injecting drug users and contacts
- AE Receiving regular blood transfusions
- AF Clients in centres for learning disabilities
- AG Members of high risk groups e.g. immigrants from high or intermediate prevalence of hepatitis B, infection, inmates, homeless, MSM, sex workers.

APPENDIX B: Frequently Asked Questions

Q1. How do I access the vaccination recording web site to provide the details of vaccination services which I want to provide?

Choose the menu option titled “Vaccination Services” from your GP Application Suite menu.

Q2. What process should I follow?

Type in the details of the proposed vaccination, then print off the paper record which the patient (or guardian) signs before providing the vaccination. This approach ensures that the proposed vaccination service has not already been provided by another health professional. It also provides confirmation to you that PCRS has validated the proposed service from a reimbursement point of view.

Q3. Where can I get training on the PCRS web site?

The web site has on screen assistance and validation to help if you forget to enter something. The web site for capturing these details is designed to minimize the time taken and is also designed to be simple to use. The on screen help and validation will ensure that you can record the necessary details.

Q4. What details do I need to provide?

You need to provide details of uptake for HSE Population Health and to support the processing and payment of claims e.g.

- a) the patient receiving the vaccination,
- b) the vaccination itself i.e. batch number and injection site,

<u>Details</u>	<u>Source</u>
Vaccination date,	User input
Vaccination batch number,	Drop down selection list
Injection site,	Drop down selection list
Cold Chain Account Number,	User input

- c) any “at risk” medical condition that the patient may have,

<u>Details</u>	<u>Source</u>
Medical risk code,	Drop down selection list

Q5. What details do I have to capture in respect of the patient?

Enter the patient's Personal Public Service number (PPS number).

For patients in the target group, if the PPS number exists and the patient has a valid Medical Card / GP Visit Card/ Health (Amendment) Act, 1996 Card associated with this PPS number then this will be found automatically for you in most cases. The patient is entitled to free vaccination and the vaccination details submitted to PCRS are a claim for remuneration.

For patients in the target group, if the PPS number exists and no Medical Card / GP Visit Card /Health (Amendment) Act, 1996 Card is identified you will have an opportunity to input the Medical Card / GP Visit Card number / Health (Amendment) Act, 1996 Card. If Medical Card / GP Visit Card / Health (Amendment) Act, 1996 Card eligibility exists for this patient then they are entitled to free vaccination and the vaccination details submitted to PCRS are a claim for remuneration.

If the patient does not have Medical Card / GP Visit Card / Health (Amendment) Act, 1996 Card eligibility but the patient's PPS number is found then the vaccination details submitted to PCRS are simply a record in this case.

If the patient does not have Medical Card / GP Visit Card/ Health (Amendment) Act, 1996 Card eligibility and no PPS number is found, then the patient details including their PPS number should be recorded. The vaccination details submitted to PCRS are simply a record in this case also.

Finally, In a small number of cases the patient may present with their verified PPS number and it can happen that the patient details on file need to be changed. The "Override Patient Details" is used in this case to enter the patient details including their name and address. The vaccination details submitted to PCRS are simply a record in this case also.

Q6. What other details do I have to capture in respect of the patient?

Family Doctor Name and Address in the case of a vaccination for a Non-Medical Card holder.

Q7. I get paid for vaccinating a Medical Card holder in the target group. Why do I need to record vaccinations provided to persons not in the target group?

Since the HSE provides the vaccine and may be required to look back it is important to capture details of all vaccinations. Future stock distribution requirements to vaccination service providers can also be determined with reference to records of vaccinations provided.

Q8. I don't want to use the web site. Can I continue to submit manual paper claims?

In the event you continue to opt for manual submission, please arrange to use one of the blank vaccination forms dispatched to you. This form should be copied when required and submitted for payment in one batch. Please insert all relevant details, including your medical council number and select appropriate at risk group where the client is aged under 65. Submission of this year's Flu Campaign on STC/SS/OOH claims will not be processed for payment.

Q9. What happens if the PCRS web site is down or my connection to the internet is not available?

The PCRS web site is available almost all of the time, 24 hours a day, 365 days a year. However, by way of backup, a vaccination record form will be available to download and copy. You should download this form and prepare a stock of forms as a backup to allow you provide vaccinations in the event of web site unavailability for any reason. Simply complete the form and enter the details later when the web site is available again. This form will contain the standard Data Protection notice which applies in the case of all records.

Data Protection Notice: Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Extra care should be used in this case to verify the details which you will need to enter into the web site later. If some of the details are incorrect, e.g. the medical card is not valid then you will not be able to get reimbursed for this service via the web site.

Q10. Where do I get help if I have problems with PCRS web sites?

There are two elements involved in using web sites successfully. These are (a) the web site itself and (b) the browser software you are using to access the web site and your computer environment the browser is installed on.

Regarding the web site itself, PCRS is committed to announcing any planned downtime in advance to you. If there is unplanned downtime a message will be posted to this effect as soon as possible. There is a single national web site and to the extent any issue arises PCRS is generally aware of that immediately.

Regarding your browser software itself and your computer environment, you need to ensure that these components are covered with support agreements so that you have assistance readily available to you.

Appendix C
Influenza/Pneumococcal Programme
Approved Vaccine Batch Numbers for 2013/2014 Programme

Vaccine Type	Manufacturer	Brand Name	Batch Number	Expiry Date
Hepatitis B	GlaxoSmithKline	Engerix B (Adult) 20 mcg./1 ml.	AHBVB988AD	30/09/2013
	GlaxoSmithKline	Engerix B (Adult) 20 mcg./1 ml.	AHBVC089BB	31/05/2014
	GlaxoSmithKline	Engerix B (Adult) 20 mcg./1 ml.	AHBVC247AF	31/05/2015
	GlaxoSmithKline	Engerix B (Adult) 20 mcg./1 ml.	AHBVC256AD	31/05/2015
	GlaxoSmithKline	Engerix B (Adult) 20 mcg./1 ml.	AHBVC193AD	28/02/2015
	GlaxoSmithKline	Engerix B (Adult) 20 mcg./1 ml.	AHBVC089BK	31/05/2014
	GlaxoSmithKline	Engerix B (Paed.) 10 mcg./0.5 ml.	AHBVC157BE	30/09/2014
	GlaxoSmithKline	Engerix B (Paed.) 10 mcg./0.5 ml.	AHBVC005BF	30/09/2013
	GlaxoSmithKline	Fendrix	AFENA015AK	31/01/2014
	GlaxoSmithKline	Fendrix 1	AFENA015AE	31/01/2014
	GlaxoSmithKline	Fendrix 1	AFENA017AA	30/11/2015
	Sanofi Pasteur MSD	HBVAXPRO 10 mcg./1 ml.	G011679	30/09/2013
	Sanofi Pasteur MSD	HBVAXPRO 10 mcg./1 ml.	H008653	31/10/2014
	Sanofi Pasteur MSD	HBVAXPRO 10 mcg./1 ml.	H012259	31/12/2014
	Sanofi Pasteur MSD	HBVAXPRO 10 mcg./1 ml.	H019548	31/12/2014
	Sanofi Pasteur MSD	HBVAXPRO 10 mcg./1 ml.	J002508	28/02/2015
	Sanofi Pasteur MSD	HBVAXPRO 40 mcg./1 ml.	H011495	30/06/2014
	Sanofi Pasteur MSD	HBVAXPRO 40 mcg./1 ml.	H014995	30/06/2014
	Sanofi Pasteur MSD	HBVAXPRO 40 mcg./1 ml.	J000299	31/08/2015
	Sanofi Pasteur MSD	HBVAXPRO 40 mcg./1 ml.	NP15660	30/09/2013
Sanofi Pasteur MSD	HBVAXPRO Paed. 5 mcg./0.5 ml.	H005144	30/09/2013	
Sanofi Pasteur MSD	HBVAXPRO Paed. 5 mcg./0.5 ml.	H012496	31/01/2015	
Sanofi Pasteur MSD	HBVAXPRO Paed. 5 mcg./0.5 ml.	H016480	31/01/2015	
Influenza	Sanofi Pasteur MSD	Inactivated Influenza 0.5 ml.	K8368-1	30/06/2014
	Sanofi Pasteur MSD	Inactivated Influenza 0.5 ml.	K8369-1	30/06/2014
	Sanofi Pasteur MSD	Inactivated Influenza 0.5 ml.	K7194-1	31/05/2014
	Sanofi Pasteur MSD	Inactivated Influenza 0.5 ml.	K8402-1	31/07/2014
	Sanofi Pasteur MSD	Inactivated Influenza 0.5 ml.	K8371-1	30/06/2014
Pneumococcal	Sanofi Pasteur MSD	Pneumovax	H008048	31/01/2014
	Sanofi Pasteur MSD	Pneumovax 11 0.5 ml.	H014997	30/04/2014
	Sanofi Pasteur MSD	Pneumovax 11	G016345	30/09/2013
	Sanofi Pasteur MSD	Pneumovax 11	G016662	30/09/2013
	Sanofi Pasteur MSD	Pneumovax 11	H004821	30/11/2013
	Sanofi Pasteur MSD	Pneumovax 11 0.5 ml.	H017413	30/06/2014
	Sanofi Pasteur MSD	Pneumovax 11 0.5 ml.	H019239	30/06/2014
	Sanofi Pasteur MSD	Pneumovax 11 0.5 ml.	J000826	30/09/2014
	Sanofi Pasteur MSD	Pneumovax 11 0.5 ml.	J006779	28/02/2015
	Sanofi Pasteur MSD	Pneumovax 11 0.5 ml.	H011853	31/03/2014
	Pfizer	Prevenar 13	F15376	30/09/2013
	Pfizer	Prevenar 13	F19054	31/10/2013
	Pfizer	Prevenar 13	F30627	31/12/2013
	Pfizer	Prevenar 13	F50763	28/02/2014
	Pfizer	Prevenar 13	F62144	30/04/2014
Pfizer	Prevenar 13	F89170	31/08/2014	

Influenza Vaccination Claim

Reference Number

CLIENT DETAILS

*PPSN

*Card No.

*Patient's Name

Address

*Date of Birth

*Gender

**Increased Medical Risk Code

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I have received an injection of Influenza Vaccination.
2. I confirm that I consented to have myself / the above named person vaccinated with Influenza Vaccination.
3. **Data Protection Notice:** Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Signature (Mandatory)

PRACTITIONER DETAILS

*GMS Contractor No.

Contractor's
Name

Address

*SIGNATURE AND STAMP OF CONTRACTOR: The vaccination detailed hereon has been given by me.

If different from above, enter name (in Block Capitals) of the person who provided the vaccination.

*MCRN:

*Cold Chain Acc. No.:

VACCINATION DETAILS

* Vaccination Date

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

Shot 1

Clinical Necessity

INCREASED MEDICAL RISK CODES

- A - Chronic Respiratory Disease
- B - Pregnant woman
- C - Chronic Heart Disease
- D - Chronic Renal Failure
- E - Chronic Liver Disease
- F - Chronic Neurological Disease
- G - Immunosuppressed (due to disease or treatment)
- H - Household contacts or out of home carer (to persons with increased medical risk)
- I - Diabetes Mellitus
- J - Morbidly Obese
- K - Haemoglobinopathies
- L - Children with conditions that compromise respiratory function
- M - Resident of a nursing home or other long stay facility
- O - Carers
- P - Workers in close contact with pigs, poultry or water fowl
- Q - Children on long-term aspirin therapy
- R - Health Care worker - Medical/Dental
- S - Health Care worker - Nursing
- T - Health Care worker - Health and Social Care Staff
- U - Health Care worker - Management /Administration
- V - Health Care worker - General Support Staff
- W - Other Health Care Worker
- X - Age 65 and over

* Mandatory fields

** At least one required for payment

Contractors should retain this paperwork for audit as required.

Pneumococcal Vaccination Claim

Reference Number

CLIENT DETAILS

*PPSN

*Card No.

*Patient's Name

Address

*Date of Birth

Gender

**Increased Medical Risk Code

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I have received an injection of Pneumococcal Vaccination.
2. I confirm that I consented to have myself / the above named person vaccinated with Pneumococcal Vaccination.
3. **Data Protection Notice:** Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Signature (Mandatory)

PRACTITIONER DETAILS

*GMS Contractor No.

Contractor's Name

Address

*SIGNATURE AND STAMP OF CONTRACTOR: The vaccination detailed hereon has been given by me.

If different from above, enter name (in Block Capitals) of the person who provided the vaccination.

*MCRN:

*Cold Chain Acc. No.:

VACCINATION DETAILS

* Vaccination Date

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

Shot 1

Clinical Necessity

INCREASED MEDICAL RISK CODES

- A - Chronic Respiratory Disease
- AA - Individuals who have received, or are about to receive, cochlear implants
- C - Chronic Heart Disease
- D - Chronic Renal Failure
- E - Chronic Liver Disease
- F - Chronic Neurological Disease
- G - Immunosuppressed (due to disease or treatment)
- I - Diabetes Mellitus
- K - Haemoglobinopathies
- L - Children with conditions that compromise respiratory function
- X - Age 65 and over
- Y - Children < 5 years with history of invasive pneumococcal disease
- Z - CSF leaks either congenital or complicating skull fracture or neurosurgery

* Mandatory fields

** At least one required for payment

Contractors should retain this paperwork for audit as required.

Pneumococcal/Influenza Vaccination Claim

Reference Number

CLIENT DETAILS

*PPSN

*Card No.

*Patient's Name

Address

*Date of Birth

Gender

**Increased Medical Risk Code

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I have received two injections, Pneumococcal Vaccination and Influenza Vaccination.
2. I confirm that I consented to have myself / the above named person vaccinated with both the Pneumococcal and Influenza Vaccinations.
3. **Data Protection Notice:** Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Signature (Mandatory)

PRACTITIONER DETAILS

*GMS Contractor No.

Contractor's Name

Address

*SIGNATURE AND STAMP OF CONTRACTOR: The vaccination detailed hereon has been given by me.

If different from above, enter name (in Block Capitals) of the person who provided the vaccination.

*MCRN:

*Cold Chain Acc. No.:

VACCINATION DETAILS

* Vaccination Date

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

Shot 1

Clinical Necessity

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

Shot 2

Clinical Necessity

INCREASED MEDICAL RISK CODES

- A - Chronic Respiratory Disease
- C - Chronic Heart Disease
- D - Chronic Renal Failure
- E - Chronic Liver Disease
- F - Chronic Neurological Disease
- G - Immunosuppressed (due to disease or treatment)
- I - Diabetes Mellitus
- K - Haemoglobinopathies
- L - Children with conditions that compromise respiratory function
- X - Age 65 and over

* Mandatory fields

** At least one required for payment

Contractors should retain this paperwork for audit as required.

Hepatitis B Vaccination Claim

Reference Number

CLIENT DETAILS

*PPSN

*Card No.

*Patient's Name

Address

*Date of Birth

Gender

**Increased Medical Risk Code

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I have received an injection of Hepatitis B Vaccination.
2. I confirm that I consented to have myself / the above named person vaccinated with Hepatitis B Vaccination.
3. **Data Protection Notice:** Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Signature (Mandatory)

PRACTITIONER DETAILS

*GMS Contractor No.

Contractor's
Name

Address

*SIGNATURE AND STAMP OF CONTRACTOR: The vaccination detailed hereon has been given by me.

If different from above, enter name (in Block Capitals) of the person who provided the vaccination.

*MCRN:

*Cold Chain Acc. No.:

VACCINATION DETAILS

* Vaccination Date

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

Shot

1 2 3 4

Clinical Necessity

INCREASED MEDICAL RISK CODES

- AB - Occupational Risk
- AC - Family and household contacts of Hepatitis B cases
- AD - Injecting drug users and contacts
- AE - Receiving regular blood transfusions
- AF - Clients in centres for learning disabilities
- AG - Members of high risk groups e.g. immigrants from high or intermediate prevalence of Hepatitis B, infection, inmates, homeless, MSM, sex workers
- D - Chronic Renal Failure
- E - Chronic Liver Disease
- G - Immunosuppressed (due to disease or treatment)

* Mandatory fields

** At least one required for payment

Contractors should retain this paperwork for audit as required.