



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Circular 043/16

9th September 2016

Influenza/Pneumococcal Vaccination Programmes 2016/2017

Dear Doctor,

I wish to advise you about the 2016/2017 Influenza/Pneumococcal Vaccination Programmes which commenced this month. The target population/risk categories for each programme are set out in Appendix A.

The vaccination claiming system is available to General Practitioners (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.

Details of the approved batch numbers of the influenza and pneumococcal vaccines will be available on the drop down selection list of the vaccination claiming system. 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: Set of Blank Claiming Form Templates to be retained and copied as required for additional submissions.

Please call 1890 252920 to address any queries you may have in relation to the Influenza or Pneumococcal, Vaccination Programmes for 2016/2017.

Yours sincerely,

Anne Marie Hoey
Primary Care Reimbursement & Eligibility

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	People 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
AL	Down Syndrome

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
AL	Down Syndrome

APPENDIX A: *Continued*

Pneumococcal/Influenza 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
- AL Down Syndrome

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 Health and Wellbeing 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

- c) the practitioner administering the vaccine

<u>Details</u>	<u>Source</u>
*GMS No.	User input
Name	User input
*MCRN	User input
*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,	Tick Box Listing

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 I GP Visit Card I 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 I GP Visit Card I Health (Amendment) Act, 1996 Card is identified you will have an opportunity to input the Medical Card I GP Visit Card number I Health (Amendment) Act, 1996 Card. If Medical Card I GP Visit Card I 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 I GP Visit Card I 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 I GP Visit Card I 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 need to input or record?

Any field marked with an * on the on-line system or the paper-based form must be completed. However it is desirable that all system or form fields are completed. This will help to ensure prompt payment as well as assisting in the collation of data that will drive and inform future vaccination campaigns.

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 less than 65. Submission of this year's Flu Campaign on STCISSIOOH 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.

Q 10. Where do I get help if I have problems with PCRS websites?

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.

Pneumococcal Vaccination Claim

Reference Number

PATIENT DETAILS

*PPSN

*Card No.

*Patient's Name

Address

*Date of Birth

Gender

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I/the named patient have received an injection of Pneumococcal Vaccination.
2. I confirm that I consented to have myself/the named patient 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 Number

*NAME

The vaccination detailed hereon has been given by me.

*SIGNATURE AND STAMP OF CONTRACTOR

If different from above, then please provide details, in BLOCK CAPITALS, of person administering the vaccine

*Forename:

*Surname:

*MCRN:

*Cold Chain Acc. No.:

VACCINATION DETAILS

* Vaccination Date

DD / MM / YYYY

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

**INCREASED MEDICAL RISK CODES

A <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
F <input type="checkbox"/>	G <input type="checkbox"/>	I <input type="checkbox"/>	K <input type="checkbox"/>
L <input type="checkbox"/>	X <input type="checkbox"/>	Y <input type="checkbox"/>	Z <input type="checkbox"/>
AA <input type="checkbox"/>	AL <input type="checkbox"/>		

* Mandatory fields

** At least one required for payment

Contractors should retain copies of this paperwork for their own records and audit if required.

INCREASED MEDICAL RISK CODES DESCRIPTION

- 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
- AL - Down Syndrome

Influenza Vaccination Claim

Reference Number

PATIENT DETAILS

*PPSN

*Card No.

*Patient's Name

Address

*Date of Birth

*Gender

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I/the named patient have received an injection of Influenza Vaccination.
2. I confirm that I consented to have myself/the named patient 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 Number

*NAME

The vaccination detailed hereon has been given by me.

*SIGNATURE AND STAMP OF CONTRACTOR

If different from above, then please provide details, in BLOCK CAPITALS, of person administering the vaccine

*Forename:

*Surname:

*MCRN:

*Cold Chain Acc. No.:

VACCINATION DETAILS

* Vaccination Date

DD / MM / YYYY

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

**INCREASED MEDICAL RISK CODES

A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	<input type="checkbox"/>
E	<input type="checkbox"/>	F	<input type="checkbox"/>	G	<input type="checkbox"/>	H	<input type="checkbox"/>
I	<input type="checkbox"/>	J	<input type="checkbox"/>	K	<input type="checkbox"/>	L	<input type="checkbox"/>
M	<input type="checkbox"/>	O	<input type="checkbox"/>	P	<input type="checkbox"/>	Q	<input type="checkbox"/>
R	<input type="checkbox"/>	S	<input type="checkbox"/>	T	<input type="checkbox"/>	U	<input type="checkbox"/>
V	<input type="checkbox"/>	W	<input type="checkbox"/>	X	<input type="checkbox"/>	AL	<input type="checkbox"/>

* Mandatory fields

** At least one required for payment

Contractors should retain copies of this paperwork for their own records and audit if required.

INCREASED MEDICAL RISK CODES DESCRIPTION

- 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 - People 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
- AL - Down Syndrome

Pneumococcal/Influenza Vaccination Claim

Reference Number

PATIENT DETAILS

*PPSN

*Card No.

*Patient's Name

Address

*Date of Birth

Gender

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I/the named patient have received two injections, Pneumococcal Vaccination and Influenza Vaccination.
2. I confirm that I consented to have myself/the named patient 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 Number

*NAME

The vaccination detailed hereon has been given by me.

*SIGNATURE AND STAMP OF CONTRACTOR

If different from above, then please provide details, in BLOCK CAPITALS, of person administering the vaccine

*Forename:

*Surname:

*MCRN:

*Cold Chain Acc. No.:

VACCINATION DETAILS

* Vaccination Date

DD / MM / YYYY

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

**INCREASED MEDICAL RISK CODES

A <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
F <input type="checkbox"/>	G <input type="checkbox"/>	I <input type="checkbox"/>	K <input type="checkbox"/>
L <input type="checkbox"/>	X <input type="checkbox"/>	AL <input type="checkbox"/>	

* Mandatory fields

** At least one required for payment

Contractors should retain copies of this paperwork for their own records and audit if required.

INCREASED MEDICAL RISK CODES DESCRIPTION

- A - Chronic Respiratory Disease
- C - Chronic Heart Disease
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- G - Immunosuppressed (due to disease or treatment)
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- L - Children with conditions that compromise respiratory function
- X - Age 65 and over
- AL - Down Syndrome