



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Seirbhísí Comhroinnte Airgeadais
Seirbhís Aisioca Príomhchúraim
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An Bothar Thuaidh
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Circular Number: 019/07

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Dear Pharmacist,

You may be aware that as part of the Accountability arrangements within the HSE, the Primary Care Reimbursement Service (PCRS) undertakes a number of post processing reviews every month. As you can appreciate it is imperative that we verify the accuracy and reasonableness of all claims that are submitted for payment, and only make payment on foot of a valid claim in respect of an eligible client.

I understand that HSE inspections have also highlighted deficiencies in claiming practices. Some pharmacists may have already received specific queries with regard to claims presented. These reviews / inspections have highlighted a number of issues with respect to the GMS Scheme and the DP Scheme, which I would like to bring to your attention, in order to avoid misunderstandings in the future.

- *Incomplete Prescription Bundles.* Some prescription bundles presented with the claim for payment are incomplete. The electronic claim does not match the prescription 'paper record' provided as back up to the claim. In some cases, the deficit in actual prescriptions is quite marked.
- *Items claimed but not written on relevant prescription.* In some instances, items appear to have been added to the claim when comparison with original documentation is made i.e. the electronic claim has more items presented for reimbursement than on the respective prescription provided as back up to the claim. Pharmacists are reminded that '*the Prescriber only must countersign material alterations to a prescription item.*'
- *Generic Substitution.* Pharmacists are reminded that they are required to dispense the product as written on the prescription. Any deviation from the prescription as written must be agreed in consultation with the prescriber and annotation made on the original prescription and countersigned by the prescriber.
- *Phased Dispensing.* Your attention is drawn to the valid reasons for claiming a phased dispensing fee outlined in the Administrative Arrangements for Pharmacists published by the PCRS. We are aware of some circumstances where phased dispensing is claimed in respect of nursing homes and I wish to reiterate that such a practice is not provided for under the current scheme arrangements.

- *All Claims (including claims for Parallel Imported Products)*
All products, and in particular Parallel Imported Products, must be coded appropriately when dispensing so that your claims will be correctly reimbursed. Supervising Pharmacists should ensure that all their staff are aware of this and are vigilant in this regard.
- *Two months supply per calendar month.* While there is provision for 13 dispensings in the calendar year under the Drugs Payment Scheme, a number of pharmacies appear to have clients who regularly access two months medication in the one calendar month. The PCRS has implemented a mechanism to identify such practices and, where there is more than one month in the calendar year where two dispensing take place, we will operate on the basis that two co-payments of €85 have been received by the pharmacy and will deduct €170 for each relevant month accordingly.
- *OTC medicines.* It has become clear through inspections of pharmacies that some community pharmacies appear to display atypically high patterns of OTC medicines claims through the DPS. To avoid misunderstanding, it would be advisable that photocopies of prescriptions, which include OTC medicines, are held at the community pharmacy for inspection. This might avoid the HSE communicating directly with the patient to access copies of relevant prescriptions.

Pharmacists are reminded that there is a requirement on the HSE, relating to the reasonableness and accuracy of payments. The Administrative Arrangements for Pharmacists provides guidance in this respect. The document was published on the archived 'www.gmspb.ie' Website, which is still available on the Internet. As stated in this administrative arrangements document, payment may be withheld until the HSE is satisfied that a claim is correct in every respect.

Yours faithfully,



Patrick Burke
Assistant National Director
Primary Care Reimbursement Service