



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhísí Comhroinnte Airgeadais
Seirbhís Aisíoca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

Health Service Executive
Finance Shared Services
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11

Guthán: (01) 864 7100
Facs: (01) 834 3589

Tel: (01) 864 7100
Fax: (01) 834 3589

Circular No. 007/09

23rd June 2009

Re: Claiming Procedures.

Dear Pharmacist,

Community Pharmacists will be aware of ongoing PCRS post processing reviews and HSE pharmacy inspections. Some contractors may already have been involved in these processes.

In the context of more than €2bn being reimbursed to community pharmacies under the state community drug schemes, in line with good accountability, the HSE will be dedicating more resources to carry out a range of inspections, some of which will be randomly selected.

It is the HSE's intention that all Pharmaceutical Contractors premises will be inspected at least once under this initiative. These arrangements are additional to enhanced patient identification and claim validations about which we will write to you under separate cover.

Drawing on the information gathered in previous inspections, the HSE would like to bring the following issues to your attention:

- 1. GMS.** A GMS prescription must be submitted before claims can be validly reimbursed. It is also important to ensure that all items for which a claim is presented must be written on the relevant prescription. I refer to the current HSE Information and Administrative Arrangements for Pharmacists (http://www.hse.ie/eng/PCRS/Contractor_Handbooks/PCRS_Handbook_for_Pharmacists.pdf) where pharmacists are allowed to endorse under particular conditions

“Where a prescription is incomplete, in that the prescriber has omitted *one* of the following: the quantity to be dispensed **or** the strength to be supplied where more than one strength is available **or** the dosage instructions from the prescription the prescriber should be contacted where this is possible and the prescription dispensed as follows:-

- Where the Prescriber can be contacted – the prescription should be dispensed in accordance with the Prescriber's wishes and the missing details inserted by the prescriber and signed by him/her.
- Should it not be practicable to have the missing details inserted by the Prescriber, the pharmacist may with the agreement of the Prescriber, Add the relevant details required, Initial and date the endorsement, and Indicate that the prescriber was contacted – PC (Prescriber Contacted).
- Where the prescriber cannot be contacted: If the pharmacist has sufficient information to make a professional judgment s/he may dispense a sufficient quantity of the preparation for up to 7 days treatment depending on the nature of the prescribed item. Where, from experience of the patient's previous requirements the Pharmacist is satisfied that a greater quantity is justified s/he may dispense up to one month's supply. The Pharmacist should then: - Add the relevant details required, Initial and date the endorsement, and Indicate that the Prescriber could not be contacted – PNC (Prescriber Not Contacted).

It must be emphasised that a claim should not be made where the prescription related to the claim is not submitted. Neither is it appropriate to add items to a prescription, even when it has been previously dispensed for the patient. Where claims have been paid and the relevant prescriptions have not been submitted and these matters come to light through post processing reviews or inspections, such monies will be automatically recouped. Such behaviour by a contractor may be found to constitute a fraudulent claim against the HSE.

2. **DPS.** Private prescriptions should be held on the pharmacy premises for a period of two years after the last dispensing. Where the prescription is not available for review at the pharmacy location, the HSE may contact patients for copies of relevant prescriptions for which DPS claims were generated.

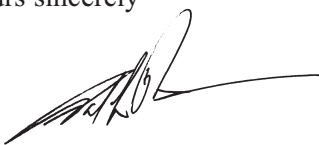
It has been noted that DPS unified claim forms are being presented for payment, unsigned or apparently signed by a member of staff of the pharmacy. Pharmacists are reminded that the patient or their agent is expected to sign the unified claim forms. To further enhance accountability in this context, a record of the DPS items claimed by the pharmacy for a household held at the Primary Care Reimbursement Service, will be sent to a sample of patients on a regular basis for their confirmation.

3. **LTI.** Pharmacists should ensure that the patient holds a valid prescription for all items dispensed. As above, it has been noted that LTI unified claim forms presented for payment, are unsigned or apparently signed by a member of staff. Pharmacists are reminded that the patient or their agent is expected to sign the unified claim forms. To further enhance accountability in this context, a record of the LTI items claimed by the pharmacy for a patient held at the Primary Care Reimbursement Service will be sent to a sample of patients on a regular basis for their confirmation.
4. **Retention of Invoices of medicinal products,** as records under the Medicinal Products (Prescription and Control of Supply (Amendment) Regulations 2003 and 2005), must be held on the premises for a period of two years. These records should be readily available for inspection on request.
5. **Valid Prescriptions.** Pharmacists will be aware that prescriptions are generally valid for six months only (for Controlled Drugs a much shorter period applies) and claims should not be submitted in respect of expired prescriptions.
6. **Parallel Imports** – I refer to information previously outlined in Circular No 020/08. Please be advised that, where a pharmacist / pharmacy dispenses a parallel imported / parallel distributed product without using the appropriate code, or claims for one product while dispensing another, this behaviour by a contractor may be found to constitute a fraudulent claim against the HSE.
7. **Services to Nursing Homes.** Pharmacists are reminded of their obligations under legislation to dispense prescription controlled medicines only where they hold a current valid prescription. Through recent inspections, the HSE has become aware of unsafe practices in this regard which should cease immediately. Dispensing from faxed Kardexes or Medication Administration Records is not acceptable professional practice.

The HSE reserves the right to withhold payment for any claim presented incorrectly, until such time as all outstanding issues of concern are fully addressed. The Administrative Guidelines, setting out how claims should be submitted correctly to the Primary Care Reimbursement Services, can be referenced on the HSE website http://www.hse.ie/eng/PCRS/Contractor_Handbooks/PCRS_Handbook_for_Pharmacists.pdf.

It is the responsibility of the Supervising Pharmacist to ensure that all relevant staff have been trained and instructed to present claims in accordance with the administrative guidelines.

Yours sincerely



Patrick Burke
Assistant National Director
Primary Care Reimbursement Service