



Circular 022/21

24.08.2021

Re: August Reimbursement Update

Dear Pharmacist,

The purpose of this circular is to provide an update regarding reimbursement in August 2021 under a number of headings as we proceed to unwind the payments on account made during June and July now that we have the claims available. I refer to previous circular 018/21 in this regard.

As a result of the cyber attack on the HSE in May, HSE computer systems including PCRS systems were unavailable for a period of time. Recognising the difficulty that this would cause pharmacists where access to the system is required to check the validity of a claim prior to dispensing, the HSE PCRS undertook to pay such claims which had been dispensed in such circumstances. Examples include where a patient's eligibility under GMS has expired in May or where patient-specific authorisation for a particular item has expired in May. However, there are other categories of claims which do not require access to PCRS systems to ascertain their validity. This circular sets out how those will be dealt with.

(1) May and June Claim Reimbursement

Our commitment to reimburse claims stands. All claims where any line item within the claim had a reliance on PCRS systems to determine approval status, will be paid in your payment this month. In certain situations, where no reliance on PCRS systems applied in the validation of that line item, some may be recouped at a later date. For example, phased claims where a patient was never approved for phased dispensing will be marked down in the normal manner for ingredient cost and standard dispensing fee only.

(2) Recoupment at a later date.

In normal times, pharmacists and the HSE collaborate together to provide medicine to eligible patients for reimbursable products. That collaboration requires access to HSE computer systems which were not available for a period of time. Pharmacists dispensed in good faith and were assured that we would reimburse accordingly.

However, it is apparent that certain claims were paid that would usually be rejected, these being claims where no access to HSE computer systems was required in validating the claim. For PCRS Audit purposes, it will now be necessary to check such claims and recoup as appropriate.

(3) Retrospective Audit Exercise.

In circumstances where a claim was paid in August that would usually have been rejected, and where no access to HSE computer systems was required to validate the claim, PCRS will contact the individual contractor to inform them that certain claims will now be considered for recoupment. Examples would include duplicate claims, ingredient cost too high, Controlled Drugs / ONS on a GMS Repeat Prescription form etc. The contractor will have the opportunity to satisfy the HSE as to why the recoupment should not proceed by returning relevant paperwork or explanation to the HSE within a notified two week timeframe.

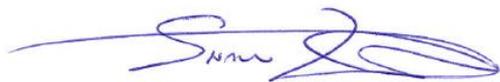
It is anticipated that this process will run over a number of months but is expected to be completed by the end of the year.

(4) Detailed Listings.

You will be aware of the audit responsibilities of the Primary Care Reimbursement Service. Therefore, in the review of May and June claims presented, claims that would never have been paid under any circumstances will be displayed as a reject in your claims listing. An example would be the submission of a 777 claim under the GMS scheme. In this situation, the contractor can use the usual avenues if they wish to dispute the rejection of the claim.

Finally, I would like to re-iterate, on behalf of the HSE, appreciation for the support of all community pharmacists during a very difficult period of time in the health service.

Yours faithfully,



Shaun Flanagan
Assistant National Director
Primary Care Eligibility & Reimbursement Service