Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíocaíochta Cúraim Phríomhúil
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11
D11 XKF3

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

Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11
D11 XKF3

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

5th May 2016

Dear Pharmacist,

The PCRS has recently noted that there has been a significant rise in the number of claims requesting Phased Dispensing fees. The purpose of this letter is to remind all pharmacists of the applicable rules relating to Phased Dispensing.

1. Phased Dispensing Rules

Enhanced dispensing fees are payable for GMS patients where an item on a single prescription form is dispensed across multiple supply occasions, typically within a period of one month from the first dispensing.

Claims for Phased Dispensing fees are only valid in certain narrow circumstances. These are where the dispensing on multiple supply occasions is:

1. at the request of a patient's physician;
2. due to the inherent nature of a medicinal product i.e. product stability and shelf life;
3. where a patient is commencing new drug therapy with a view to establishing patient tolerance and acceptability before continuing on a full treatment regimen;
4. in exceptional circumstances where the patient is incapable of safely and effectively managing the medication regimen.

The rules have not changed since the establishment of Phased Dispensing in 1996. The rules were originally outlined in the letter from the GMS (Payments) Board to all pharmacists on 30 September 1996. Since then, every pharmacist is made aware of them when taking up a pharmacy contract – they are clearly stated in the PCRS's Information and Administrative Arrangements for Pharmacists Handbook (which is also available online).

2. Recent claiming patterns

The PCRS has recently noted that:-

a) there has been a significant rise in the number of claims requesting phased dispensing fees;
b) the vast majority of claims presented seeking phased dispensing fees are submitted from most pharmacies quoting reason 1 above - 'At the request of a patient's physician'.

The HSE is in the process of carrying out an audit of all claims submitted for Phased Dispensing fees. We will shortly be in contact with individual pharmacies/pharmacy chains where we believe that the rules are not being complied with.

Among other things, we are reviewing claims where there is a disproportionate increase in phased dispensing in recent times.

I also wish to remind all pharmacy contractors that claims for phased dispensing fees should only be presented where the patient (or their agent) attends the pharmacy on multiple supply occasions, typically within the claiming month.

Yours sincerely,

Anne Marie Hoey

Anne Marie Hoey
Primary Care Reimbursement & Eligibility

Raven House Finglas Dublin 11 Telephone (01) 8343644
Fax (01) 8343535

An Bord Seirbhísí Liachta Ginearálta (Iocaíochtaí)

General Medical Services (Payments) Board

Our Ref PB243
Your Ref

30th September 1996

Dear Pharmacist,

The fee increases provided for under the terms of the agreement recently concluded between the Department of Health and the Irish Pharmaceutical Union are being applied to all pharmacists who are providing services under the GMS, DCS, LTI and EEA Schemes. It should be noted that entitlement to benefit from the increases in fees or from the special categories of fees described is dependant on the provisions of the revised pharmacy agreement being applicable to pharmacists to whom the revised fees are being paid or to pharmacists claiming such fees.

- an increase of 1½% under the PCW to be applied to June 1996 claims;
- an increase of 3% applied to August 1996 claims;
- revised extemporaneous fees for the compounding and dispensing of powders, ointments or creams applied to August 1996 claims;
- fee for the exercise of professional judgement resulting in a decision by a pharmacist not to dispense a reimbursable item - to be implemented with effect from October 1st - claimants will enter '79999' in the space reserved for GMS code opposite the prescribed item - pharmacists are not required to complete the 'Quantity Supplied' column in this instance - a manuscript note on the form indicating the reason for non-dispensing must be provided;
- an additional fee of £1.00 to be paid in the case of medicines dispensed which are controlled under Schedules 1, 2 or 3 of the Misuse of Drugs Regulations 1988 (as amended) - implemented with effect from August 1996;
- fee for phased dispensing to be implemented with effect from October 1st, 1996.

Where the dispensing of an item is being phased for one of the reasons specified under the agreement a pharmacist will code the item as usual and on the line underneath in the space provided for a code number the 5 digit phased dispensing indicator should be:

889-- - at the request of a patients physician;

888-- - due to the inherent nature of a medicinal product i.e. product stability and shelf life;

887-- - where a patient is commencing new drug therapy with a view to establishing patient tolerance and acceptability before continuing on a full treatment regimen.

886-- - in exceptional circumstances where the patient is incapable of safely and effectively managing their medication regimen.

When an item has been dispensed in 2 lots then the last two digits of these special numbers should be '01', e.g. at the request of a patients physician an item is dispensed in, say, 3 lots then the appropriate number to use would be 88902. When an item has been dispensed in, say, 13 lots then the last digits should be '12'. Pharmacists should leave the 'Quantity Supplied' column blank where the phased dispensing indicator is used.

Non dispensing or phased dispensing claims should be submitted with GMS Exception Claims.

Yours faithfully,

THOMAS A FLOOD,
Chief Officer

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5th May 2016

RE:"Owings"

Dear Pharmacist ,

I refer to your Community Pharmacy Contractor Agreement (the Contract) with the HSE for the provision of services under the HSE Primary Care Community Drugs Schemes.

Under those Schemes, pharmacists should only present a claim for reimbursement by the HSE in respect of items which are supplied on foot of a properly completed prescription in accordance with the Community Pharmacy Contract.

The HSE recognises that the vast majority of pharmacy claims are reasonable, valid and in compliance with contractual agreements in place.

It is acknowledged that circumstances may arise in practice where the full quantity of a prescription item is not filled and supplied and, as a result, the pharmacy will temporarily owe their patient a balancing quantity. Such a balancing quantity should only be submitted for reimbursement where the pharmacist has a genuine expectation that the patient will return in the near future to collect the remainder of their prescription, which is awaiting collection in the pharmacy. An example of where this might arise is where the total quantity of medicines is not available in the pharmacy at the time the initial prescription is presented for supply.

A number of pharmacy inspections have highlighted, however, that some pharmacists have raised and submitted claims for reimbursement when the product has been entered in their pharmacy system as "an owing" and neither supplied nor intended for supply, as other claims for reimbursement of the same product have been made in the interim.

Any claiming for products not actually provided to the patient (or to the patient's agent) on the recorded date of dispensing, where the pharmacist does not have a genuine expectation that the remainder of the medicine will be collected in the near future, could potentially be considered a fraudulent claim against the HSE.

In this context you are requested to review your standard operating procedures to establish if you have made claims for products which have not been supplied to patients.

If on review of your procedures and records you believe an issue has arisen for your pharmacy, please notify Pauline Bryan directly at this address within 28 days of receipt of this letter i.e. 6 June 2016.

If agreement can be reached with the HSE regarding recoupment of invalid claims and the methodology for such recoupment in relation to any voluntary disclosures on "owings" made within this period, the HSE will not initiate the disciplinary processes in the Contract or bring legal proceedings.

You can make contact by email to **CSC.PharmacyQueries@hse.ie** or alternatively by telephone to Jennifer Walsh at Ext 7225.

Thank you for your co-operation in this matter.

Yours sincerely,

Anne Marie Hoey

Anne Marie Hoey
Primary Care Reimbursement & Eligibility