



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Primary Care Reimbursement Service
Information and Administrative Guidelines for
Optometrists/Dispensing
Opticians/Ophthalmologists



Building a Better Health Service

CARE COMPASSION TRUST LEARNING

December 2016

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1. HSE – Primary Care Reimbursement Service

The HSE's Primary Care Reimbursement Service (PCRS) supports the delivery of a wide range of primary care services to the general public through over 7,000 primary care contractors (i.e. doctors, dentists, pharmacists, optometrists, dispensing opticians etc.) across a range of community health schemes. These schemes form the infrastructure through which the Irish health system delivers a significant proportion of primary care to the public.

PCRS was originally established in 1973 as a reimbursement service for primary care service providers. PCRS spends €2.5bn funding the delivery of a wide range of primary care services to 3.4m persons through more than 7,000 primary care contractors across a range of 'demand led' national health schemes and arrangements.

In 2011 the assessment and administration of medical cards was centralised to the National Medical Card Unit (NMCU), an internal component of the PCRS. Since then the PCRS National Medical Card Unit has assumed responsibility for all aspects of the medical card application process. Through its eligibility functions it is now responsible for determining and managing the eligibility of members of the public for medical cards and GP visit cards, which provide entitlements to free or subsidised primary care services. The Unit currently administers over 1.7 million medical cards and over 460,000 GP visit cards to the general population across a number of schemes:

The vast majority of primary care services to the general public in Ireland are delivered by over 7,000 primary care contractors through a range of community health schemes. The PCRS is responsible, through its reimbursement activities, for making payments to these primary care contractors for the services provided, according to the rules of the relevant schemes. PCRS also reimburses and makes payments to suppliers and pharmaceutical companies under the terms of other schemes.

In addition to the processing and making of payments on a national basis to key service providers and recipients, PCRS also compiles statistics and trend analyses which are provided to other areas within the HSE, Government Departments and other interested parties.

PCRS provides additional services to the wider health service through the functions of the Corporate Pharmaceutical Unit (CPU), which is responsible for drug pricing, and through other activities such as PCRS's collaborative support to the Medicine Management Programme.

2. Eligibility under General Medical Services Scheme (GMS Scheme)

2.1 Who is entitled to a Medical Card?

Entitlement to a medical card is governed by legislation as provided for under Section 45 of the Health Act, 1970. Under this section, those fully eligible for a medical card include.

1. Applicants (and their dependants) whose assessable income is below the income threshold and comes within relevant Income Guidelines.
2. Applicants (and their dependants) whose assessable income is in excess of the Income guidelines but where the HSE considers that to refuse a medical card would cause undue hardship.
3. The following applicants are exempt from a means test:-
 - a. Persons with EU entitlement.
 - b. Persons with retention entitlement under Government Schemes
 - c. Persons affected by the drug Thalidomide
 - d. Persons affected by Symphysiotomy
 - e. Persons under the Redress for Women Resident in Certain Institutions Act, 2015'
 - f. Those infected with Hepatitis C from Anti-D as per the Health (Amendment) Act 1996.
 - g. Persons under 18, with cancer diagnosis within the preceding five years
 - h. Persons under 16, whose parents are receiving a Domiciliary Care Allowance (DCA)

Once eligibility is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technicians (CDT's), Optometrists or Ophthalmologists treatments/services and prescribed medicines from Pharmacists as set out under each scheme.

CÁRTA LEIGHIS / MEDICAL CARD

HE Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

AINM / NAME

UIMHIR SGL /
GMS NUMBER

UPSP / PPSN INSCNE / GENDER BAILÍGO / VALID TO D.BR. / D.O.B.

AINM AN DOCHTÚRA /
DOCTOR NAME UIMHIR PHAINÉIL /
PANEL NO. CINEÁL /
TYPE

2.2 GP (General Practitioner) Visit Card

A person issued with a GP Visit Card registers with the doctor of their choice and is entitled to receive free doctor treatment. They are **not** entitled to treatment free of charge by a Dentist/Clinical Dental Technician/Optometrlist or Ophthalmologist or prescribed medicines and appliances.



2.3 European Economic Area (EEA) entitlements

European Regulation 883/04 gives entitlement to citizens of the European Union (EU) and of the European Economic Area (EEA) to health entitlement when they move to another EU/EEA state, either on a permanent basis, such as for retirement or on a temporary basis, such as a holiday or seeking employment.

It should be noted that the eligibility of such persons is based on their linkage to the Social Security System of another EU/EEA State and not on their Nationality.

For persons moving on a permanent basis the linkage is established by the production of the relevant E Form, e.g. E106, E109, E 121 or S form.

Such persons who are moving to Ireland on a permanent/long term basis should be advised that they may be eligible to apply for a medical card under EU Regulations.

For a person who is just visiting on a temporary basis such as a holiday the linkage is established by the production of a European Health Insurance Card (EHIC) or a Temporary Replacement Certificate (TRC). It should be noted that there is an agreement between Ireland and the UK which does not require the use of an EHIC or the production on an E Form. These are referred to later on in this section.

The Health Service Executive may in certain circumstances make special arrangements for private practitioners to provide treatment to such persons but the resulting claim must be made directly to the Health Service Executive Community Office concerned.

2.4 European Health Insurance Card (EHIC) Entitlements

Such persons, who are visiting Ireland on a temporary basis, e.g., for holiday purposes, are entitled to receive, without charge, the necessary medical care, including such approved medication which a Doctor may prescribe, which would allow them to remain in Ireland in line with their original planned scheduled.

As indicated above the normal method by which a person provides evidence of eligibility under these arrangements is by producing a current European Health Insurance Card, EHIC, or a current Temporary Replacement Certificate, TRC, issued by their Competent State.

Health Service Executive may in certain circumstances make special arrangements for private practitioners to provide treatment to such persons but the resulting claim must be made directly to the Health Service Executive Community Office concerned. A list of HSE Community Health Offices is available at:

- <http://www.hse.ie/eng/services/list/1/LHO/>

Please note a European Health Insurance Card only provides entitlement to services when the holder of the card is travelling within the EU/EEA and outside of their own State. These arrangements do not cover persons who come to the country specifically for the purpose of obtaining medical treatment.

2.5 Reciprocal Arrangements with the UK

There is no change to the existing arrangements between Ireland and the UK, and residents of either Country travelling to the other on a temporary stay are not required to present a European Health Insurance Card or an equivalent paper form. Proof of residency is sufficient. There is no reciprocal arrangement in place for eye examination services.

A resident of the UK must produce documentary evidence of such residence. Patients claiming UK residency can establish eligibility for free Doctor services under the GMS Scheme by producing documentary evidence of their entitlement to services in the UK in the form of a UK Medical Card, Social Security Payment from the UK or other link to the Social Security system. Should such proof not be readily available and where a Doctor has sight of a current passport or similar documents, which would establish bona fide residence in the UK, such documents may be accepted as evidence of eligibility.

If the doctor has reason to believe that the person, while in possession of such documentation is, in fact, ordinarily resident in the State, the person should be asked to have his/her eligibility confirmed by the National Medical Card Unit Lo Call Number 1890 252919.

2.6 Health (Amendment) Act, 1996

The Government has provided in the Health (Amendment) Act, 1996 for the making available without charge of certain health services to certain persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin-Anti-D or the receipt within the State of another blood product or blood transfusion.

Eligible persons will receive a Health (Amendment) Act 1996 Services Card from the Hepatitis C Liaison Officer in their HSE area. This card is personal to the holder and is valid for his/her lifetime.

3. Client Eligibility Confirmation

Each eligible person is provided with an individual GMS card, which has a 'valid to' date thereon. After this date the card cannot be used to claim entitlement to certain services

Each time a G.M.S. cardholder attends for treatment under the COS Scheme they should present with their current medical card.

To assist contractors a specific tool to verify a client's eligibility prior to providing services has been developed.

The facility is available under the 'Online Services' link at www.pcrs.ie, under the heading 'Online Eligibility Confirmation'.

3.1 Eligibility under Community Ophthalmic Services Scheme (COSS)

Those requiring services under the COS scheme must obtain pre-approval through their Community Health Office.

Ophthalmic Services are available to the following categories of clients:

Adults

The Statutory basis for the provision of ophthalmic services are:

- The Health Act, 1970 (Section 67) provides that Ophthalmic services should be provided to Medical Card Holders and their dependants.
- The Health (Amendment) Act 1996 confers entitlement to free eye examinations and/or spectacles for people who contracted Hepatitis C from the administration of contaminated blood products within the State (As per the approved scale of fees)

Children

Children are not entitled to Optical examinations under the COS scheme. Their examination must be conducted by an Ophthalmologist (Eye Doctor). This service is provided by Community Ophthalmic Physicians employed by the HSE.

The COS scheme provides for the dispensing of spectacles and optical devices by optometrists and dispensing opticians, prescribed by Ophthalmologists to children who are eligible under the Health Act 1970.

Teenagers

Teenagers 12-16 years who are dependants of Medical Card Holders or who are medical card holders in their own right.

3.2 Provision of service

Examinations

Clients approved by the HSE for Optometric services (defined hereunder) are entitled to receive those services from any contracted provider of their own choice.

Adults

Ophthalmologists or Optometrists who have entered into a contractual arrangement with the HSE may provide routine eye examinations for all eligible adults.

Children

Eye examinations for children under 12 years or until completion of Primary Education are normally carried out by a Community Ophthalmologist under the School Medical Scheme therefore reimbursement of examinations for this cohort is not provided by the PCRS.

Teenagers

Ophthalmologists or Optometrists who have entered into a contractual arrangement with the HSE may provide routine eye examinations for teenagers (aged 12-16) who are dependants of Medical Card Holders or who are medical card holders in their own right,

HAA (Health Amendment Act) Card Holders

Ophthalmologists or Optometrists who have entered into a contractual arrangement with the HSE may provide routine eye Examinations for persons eligible for services under the Health (Amendment) Act 1996.

Dispensing

All approved clients should in the first instance be offered frames and lenses from the schedule of reimbursable items. If the client chooses a more expensive frame/lens, they should be informed that this is at their own expense and is not reimbursable.

Adults

With prior approval Ophthalmologists, Optometrists or dispensing Opticians who have entered into a contractual arrangement with the HSE may provide dispensing services for all eligible adults.

Children

With prior approval Ophthalmologists, Optometrists or Dispensing Opticians who have entered into a contractual arrangement with the HSE, may provide dispensing services for this category.

Teenagers

With prior approval Ophthalmologists, Optometrists or Dispensing Opticians who have entered into a contractual arrangement with the HSE may provide dispensing services for this category.

HAA (Health Amendment Act) Card Holders

Ophthalmologists, Optometrists or Dispensing Opticians who have entered into a contractual arrangement with the HSE may provide dispensing services for persons eligible for services under the Health (Amendment) Act 1996.

4. Entitlements under the scheme

Adults

Eligible adults will normally be allowed an eye examination and spectacles once every two years if required. They will be supplied with one pair of reading and one pair of distance spectacles (if a separate prescription for distance and near vision is required) **or** one pair of bifocal spectacles once every two years from the date of initial approval.

More frequent examinations will only be considered by the approving officer where the application is accompanied by a note from the Medical Practitioner or optometrist. Sufficient detail must be provided, outlining a full description in each individual case.

In the case of loss or damage, one additional pair may be provided in any 12 month period.

Where a patient is examined and referred by the Optometrist to a contracted Ophthalmologist, both examinations are payable under the scheme.

Children

Each child is entitled to the supply of one pair of contract spectacles every two years from the date of initial prescription or change of prescription.

In the case of breakages or loss a maximum of two additional pairs of spectacles may be provided within 12 months from the date of initial prescription or date of last prescription change.

Therefore, the approval of a senior HSE official in the Community Office is required to authorise replacements in the case of breakages or loss.

Teenagers

Eligible Teenagers will normally be allowed an eye examination and spectacles once every two years if required. In the case of loss or damage, one additional pair may be provided free of charge in any period of 12 months.

More frequent examinations will only be considered by the approving officer where the application is accompanied by a note from the Medical Practitioner or optometrist. Sufficient detail must be provided, outlining a full description in each individual case.

Where a patient is examined and then referred by the Optometrist to a contracted Ophthalmologist, both examinations are payable under the scheme.

HAA (Health Amendment Act) Card Holders

Eye examinations and dispensing will be approved as agreed with the Hepatitis C Liaison Officer. Those who are covered under the Health Amendment Act may choose any of the standard items plus there are additional items such as a wider choice of frames, multi-focal and anti-reflective coatings available to them.

Replacements in the case of loss or damage will be provided, as agreed with Hepatitis C Liaison Officer.

Where a patient is examined and then referred by the Optometrist to an Ophthalmologist both examinations are payable under the scheme.

For detailed information in relation to HAA entitlements please see below document.

http://www.hse.ie/eng/services/list/1/schemes/hepc/Information_Guide_to_Services_Provided_with_the_HAA_Card.pdf

5. Application procedure

This scheme is underpinned by **patient choice of service provider**. A patient may choose the same provider for eye examinations and dispensing or choose two different providers. In all cases patients must apply to their local area for authorisation for service from any Ophthalmologist/Optomtrist/ Dispensing Optician contracted to the HSE. If two different providers are chosen, two separate approvals are required.

Adults

- An application form (LOA/1) is completed by, or on behalf of the applicant, for eye examination and/or dispensing as required. It is stamped by the contractor of choice and forwarded to the Medical Card Holder's Community Health Office for approval. On receipt of the LOA/1 form, the application details, including validity of medical card, and personal details are to be checked and validated.
- It is intended that the application is approved or refused and returned to the applicant within one month of receipt by the relevant Community Health Office.
- The authorisation form number is recorded and held for record purposes by the Community Health Office
- The applicant should ensure the authorisation form is taken to the selected Dispensing Optician/Optomtrist/Ophthalmologist within 90 days of the date stamped on form, who will then provide the service required.
- If the applicant allows the 90 days to expire he/she should present the form for re-authorisation at their Community Health Office
- Claims submitted for processing at Primary Care Reimbursement Service which are outside this time frame will be rejected for payment.

Medical cardholders requiring instant authorisation

- Instant authorisation would apply to post-surgical cases, lost or broken glasses where an individual is unable to work/drive and which would only apply in emergency situations.
- These should represent a small percentage of the total.
- An application form (LOA/1) is completed by or on behalf of the applicant for an eye examination or dispensing as required, and stamped by the contractor of choice.
- **Telephone contact** is then made, by the contractor, to the Community Health Office, to **confirm eligibility**. Verbal authorisation is issued and noted by the contractor.
- The application is then forwarded to the Community Health Office where the application and LOA/1 details are checked and validated.
- The authorisation form number is recorded and held for record purposes.
- The form is returned directly to the contractor.
- Treatment should be completed and claimed within 90 days.

Adults requiring a domiciliary visit (private residence)

- An application form (LOA/1) is completed by or on behalf of the applicant for an eye examination or dispensing, as required.
- A letter signed by the card holder's General Practitioner, or the Public Health Nurse, should support the application. (This letter should confirm that the cardholder requires the service to be provided at their place of residence).
- This letter or a copy of it should remain attached to the form
- The application form is stamped by the contractor of choice and forwarded to the Medical Card Holders Community Health Office. On receipt of the application form, the application and medical card details are to be checked and validated
- The application is approved or refused and returned to the applicant with the domiciliary visited approval noted on claim.
- The authorisation form number is recorded and held for recorded purposes by the Community Health Office
- The applicant should ensure the authorisation form is taken to the selected Dispensing Optician/Optomestrist/Ophthalmologist within 90 days of the date stamped on form, who will then provide the service required
- If an applicant allows the 90 days to expire he/she should present the form for re-authorisation at their Community Health Office
- Claims submitted for processing at Primary Care Reimbursement Service which are outside this time frame will be rejected for payment.

Adults requiring a domiciliary visit (Hospital or other group care setting)

- An application form (LOA/3) is completed by or on behalf of the applicant for an eye examination or dispensing, as required. This application form must be accompanied by a Form B. This Form B must also be authorised by the Community Health Office. The maximum number of patients which may be included on the Form B is 15.
- The application form, and Form B, is forwarded to the Community Health Office. On receipt of the application form, the application and medial card details are to be checked and validated
- The application is approved or refused and returned to the applicant (i.e. Nursing Home or group care setting)
- The authorisation form number is recorded and held for recorded purposes by the Community Health Office
- The applicant/or care setting, on behalf of the applicant, should ensure the authorisation form is taken to the selected Dispensing Optician/ Optomestrist/ Ophthalmologist within 90 days of the date stamped on the LOA/3 form who will provide the service required

- If an applicant/ or care setting, on behalf of the applicant, allows the 90 days to expire he/she should present the form for re-authorisation at their Community Health Office
- Claims submitted for processing at Primary Care Reimbursement Service which are outside this time frame will be rejected for payment.

Children

- Children receive a vision screen while in national school from a Public Health Nurse. If an abnormality is detected on screening, the child will be referred to the Community Ophthalmic Physician or the local multidisciplinary ophthalmic care team.
- If required the parent or guardian, will be given a prescription/authorisation which they should present to a contracted Optometrist/Dispensing Optician who provides the dispensing service required.
- The authorisation reference number is recorded and held with a copy of the prescription, for record purposes, by the Community Health Office.

Teenagers

- An application form is completed by or on behalf of the applicant for eye examination or dispensing, as required. It is stamped by the contractor of choice and forwarded to the Community Health Office. On receipt of the application form, the application and medical card details are to be checked and validated.
- The application is approved or refused and returned to the applicant
- The authorisation form number is recorded and held for record purposes by the Community Health Office
- The applicant should ensure the authorisation form is taken to the selected Dispensing Optician/Optomtrist/Ophthalmologist within 90 days of the date stamped on form, who will then provide the service required
- If an applicant allows the 90 days to expire he/she should present the form for re-authorisation at their Community Health Office.
- Claims submitted for processing at Primary Care Reimbursement Service which are outside this time frame will be rejected for payment.

HAA (Health Amendment Act) Card Holders

- An application form (LOA/1) is completed by or on behalf of the applicant for an eye examination or dispensing, as required and stamped by the contractor of choice.
- **Telephone contact** is then made, by the contractor, to the Local Hepatitis C Liaison Officer, to **confirm eligibility**. Verbal authorisation is issued and noted by the contractor.
- The application is then forwarded to the Local Hepatitis C Liaison Officer where the application and LOA/1 details are checked and validated.

- The authorisation form number is recorded and held for record purposes.
- The form is returned directly to the contractor.
- Treatment should be completed and claimed within 90 days.
- If an applicant allows the 90 days to expire he/she should request re-authorisation from their Hepatitis C Liaison Officer.
- Claims submitted for processing at Primary Care Reimbursement Service which are outside this time frame will be rejected for payment.

Items not on the schedule of reimbursable items are not payable under the Community Ophthalmic Scheme. (Examples below)

- Eye screening required for drivers licence
- Occupational colour vision screening
- Eye examinations required for those working on VDUs under health and safety legislation
- The provision of spectacles for VDU use under the same legislation
- Eye examinations and the provision of safety eyewear as required under health and safety legislation

6. Reimbursement Procedure

Claims must be submitted by the 5th day of the month, in order to ensure prompt payment. Should the 5th of the month fall on a weekend or public holiday, the deadline for claims submission will be extended until the close of business on the next working day.

Only one bundle of claims per month should be submitted for processing and must be accompanied by a properly completed summary of claims certificate. Submitting multiple bundles throughout the month may result in delays to your payment.

Summary of Claims Certificates and Pre-addressed stickers are available by calling the Optical Unit on 01 864 7150.

Claims should be forwarded to the Primary Care Reimbursement Service, P.O. Box 7103, Finglas, Dublin 11, D11 PXT0. Please note this is not a free post service.

Valid claims entered online by the last day of the month, will be paid by the last banking day of the following month. In order to discharge its obligations in relation to public accountability, the PCRS reserves the right to audit the original claims from time to time, and to evidence third party verification and HSE approval. Accordingly, you are required to retain the original claims (i.e. the original LOA forms or children's authorisation forms) securely for a period of no less than six years from the date of claim.

6.1 Detailed Payment Listing

Details of paid claims will be reported on a 'Detailed Payment Listing' sent out shortly after payments are made each month.

6.2 Reclaims

Claims that fail to generate for payment because of invalid or insufficient data will report on a reclaim listing. Corrections and amendments should be inserted on the reclaim listing which should then be re-submitted to the PCRS for processing.

The top occurring error messages are detailed below along with clarification on how the issue can be resolved.

Error Message	Method of Resolution(if any)
Maximum Of 90 Days Between Approval Date And Examination Date	The approval has expired, contact is to be made with Community Health Office to receive re-approval.

Error Message	Method of Resolution(if any)
Patient Signature Missing	Contact to be made with patient in an effort to obtain patient signature to confirm receipt of treatment.
Approval Date Missing	Note to be sent to PCRS in writing from Community Health Office with whom approval originated, confirming approval date.
Error - Exam Date Is Missing	Confirmation of date examination provided to patient to be written on reclaim listing and resubmitted for processing.
Code Conditions Violated	Examination or appliance not payable to this cohort of patient under COSS.
Patient Inactive On Approval Date	Contractor should check if patient had a valid medical card on date of approval. If different card number, contractor should supply same on reclaim listing and resubmit for processing.
GP Visit Cards Not Eligible For This Scheme	Patient is not covered under COSS. Contact should be made with Community Health Office.
Signature Required For Exam/Dispensing	Signature of claiming contractor to be written on reclaim listing to confirm provision of service and resubmitted for processing.
Invalid Patient Card Number	Correct medical card number to be supplied by contractor on reclaim listing and resubmitted for processing.

7. Contact Information/Queries

When submitting written queries regarding payments made or claims submitted, please quote your Panel Number, Claim Number, Form Number and a brief explanation as to the nature of your query. Queries may be submitted via the below methods.

In Writing: Optical Unit
 HSE- Primary Care Reimbursement Service
 PO Box. 7103
 Finglas
 Dublin 11
 D11 PX10

By Phone: 01 864 7150

By Fax: 01 864 1997

By E-Mail: coss.queries@hse.ie

8. Withholding Tax from Payments for Professional Services

Under the terms of the Finance Act, the Primary Care Reimbursement Service is obliged to deduct Withholding Tax, (currently 20% of Fees) from all payments for professional services by contractors under all Schemes administered by the Primary Care Reimbursement Service.

Each contractor is required under the relevant legislation to furnish the Primary Care Reimbursement Service with his/her income tax reference number on a form provided. The Primary Care Reimbursement Service will issue a completed form F45-1 each month, showing details of the payment and tax deducted to each contractor who has submitted a Tax Reference Number - such information is also shown on monthly Summary Listings.

Where no tax reference number has been submitted, the Primary Care Reimbursement Services will be obliged to deduct the tax, but will not be authorised to issue form F45-1. It appears that in such circumstances a contractor would be unable to make a claim to the Inspector of Taxes in respect of Withholding Tax paid.

Any queries you may have in relation to in relation to Withholding Tax, should be directed to the Inspector of Taxes for your own region.

8.1 e-Tax Clearance

Tax Clearance Status for all suppliers and service providers who receive payments in excess of €10,000 within a twelve-month period must be confirmed prior to release of payment. Contractors must satisfy themselves, they have a valid Tax Clearance Certificate (TCC). Full details on how to apply for e-Tax Clearance are available directly from the Irish Revenue website on www.revenue.ie.

FAQs in relation to e-Tax Clearance can be found at:

<http://www.revenue.ie/en/online/etax-clearance-faqs.html#section18>

The Tax Clearance Status of all relevant recipients will be checked on a monthly basis through online data upload. It is important to note that until Tax Clearance Status has been confirmed payments will be held.

9. Probity

The Health Service Executive/PCRS is obliged to ensure the accuracy and reasonableness of claims submitted from contractors.

PCRS has a probity function dedicated to:

- Preventing, detecting and deterring of invalid, inappropriate or fraudulent claiming
- Identification and management of risk
- Ensuring contractor compliance with the claiming terms of their contract
- Identification and monitoring of contractor claiming patterns

10. Online Optical Application Suite

Currently the majority of COS Scheme claims are keyed by contractors online, via our application suite. Benefits of this facility include:

- The claim entry screen is available 24/7
- There are no rejected claims
- Downloadable and printable itemised listings with archive.
- Client Checker facility which can confirm clients eligibility at the point of service.
- Online claim review

The aim is to streamline the processes involved in making claims and offer more payment information. If you are interested in registering please complete and forward the below application form to the following [**certinfo@hse.ie**](mailto:certinfo@hse.ie).

Alternatively you can fax your application form to 01 864 1997. Please note a separate registration is required per PC and or GMS Panel Number. If you have any further queries in relation to this please contact the Optical Unit directly via phone or email on 01 864 7150 or [**cooss.queries@hse.ie**](mailto:cooss.queries@hse.ie).

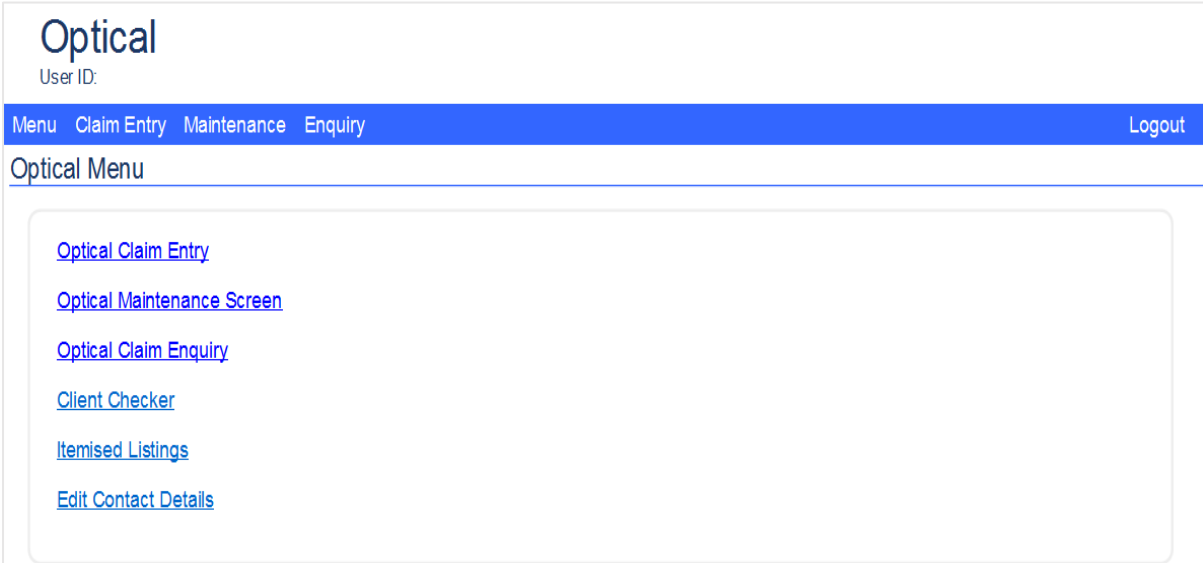
PCC Number	Health Office Name	PCC Number	Health Office Name
01	Dun Laoghaire	17	Mayo
02	Dublin South East	18	Roscommon
03	Dublin South City	19	Donegal
04	Dublin South West	20	Sligo/Leitrim
05	Dublin West	21	Clare
06	Kildare/West Wicklow	22	North Tipperary
07	Wicklow	23	Limerick
08	Laois/Offaly	24	South Lee - Cork
09	Longford/Westmeath	25	North Lee - Cork
10	Dublin North West	26	West Cork
11	Dublin North Central	27	Kerry
12	Dublin North	28	North Cork
13	Cavan/Monaghan	29	Carlow/Kilkenny
14	Louth	30	Waterford
15	Meath	31	South Tipperary
16	Galway	32	Wexford

10.1 Online Application Suite User Guide

The URL to access the Optical Application Suite is <https://hse.sspcrs.ie/portal/optical>

Access the suite requires a digital certificate must be installed on the user's PC. Certificate codes are issued by I.T Operations at PCRS.

When the user successfully logs into the suite the following page is displayed.



Optical
User ID:

Menu Claim Entry Maintenance Enquiry Logout

Optical Menu

- [Optical Claim Entry](#)
- [Optical Maintenance Screen](#)
- [Optical Claim Enquiry](#)
- [Client Checker](#)
- [Itemised Listings](#)
- [Edit Contact Details](#)

Claim Entry

Claims processed on or before the last day of the month will be paid on the last day of the following month.

Click on the '**Optical Claim Entry**' link.

The Tab key should be used to navigate through the required fields. All fields are mandatory unless otherwise stated.

Enter **Form Number**.

This is the Health Board Authorisation Reference Number which is located at the top of the LOA form. If no form number exists, place the number 1, 2, 3 etc. on the form. Under no circumstances may two identical form numbers be entered in any one month.

Enter **(A)dult/(C)hild/(T)eenager**. This field indicates whether the claim belongs to an Adult (A), Teenager (T) or Child (C). If the patient is an Adult/Teenager (Age 12-15 years), enter the letter A (1) or T (2) into this field.

Tab to the next field where they must enter the patient's medical card number.

Tab to the next field where the patient code letter should be entered. (i.e. A, B, C). If the card number is valid the patient's name should appear on screen. If the card number is invalid please contact the HSE Office who approved the form as this claim cannot be processed at PCRS. If the Community Health Office provide a new medical card which was valid on date of approval enter this in the card number field.

A claim may also be entered online, for the holder of a Health Amendment Card. The user should enter the letter A for Adult into Adult/Child field. These claims must also be approved prior to claims processing.

If a **(C)hild (3)** is entered, the necessity to enter a medical card number is removed however we would ask for your own records that the child's forename and surname is keyed into the available fields.

If the child has a medical card, proceed to enter the medical card number as with an Adult/Teenage claim.

Enter **Claim Approval Date** (format DDMMYYYY) – This is the date on which the Community Health Office have stamped their approval for Exam and/or Dispense treatment.

Enter Y for Yes in the **HB Signature field** if the Community Health Office authorising officer has signed the form or N for No if the signature is absent.

If approved and applicable enter Examination Claim Details.

Enter required **Exam Code (i.e. 0001, 0005) into the Exam Code field**. A description will automatically appear.

Enter Y for Yes or N for No if the Optical Examiner has or has not signed the **Exam Signature** field on Part B of the LOA form.

Enter the date that the examination took place into the **Exam date** field. (Format DDMMYYYY).

Claims for a Domiciliary Eye Examinations cannot be processed online through the PCRS Optical Application Suite. Domiciliary Claims should be forwarded to PCRS for manual processing.

Claims for Examinations for children cannot be processed online through the PCRS Optical Application Suite.

If approved and applicable enter Dispensing Claim Details.

Enter **Claim Code**. A description will automatically appear.

Enter as many dispensing claim codes as necessary.

Enter Y for Yes or N for No if the Optical Dispenser has or has not signed the **Dispensing signature** field on Part C of the LOA form.

Enter the date that the appliances were dispensed into the **Dispensing date** field. (Format DDMMYYYY).

Enter Y for Yes or N for No if there are special circumstances notes which relate to this individual claim.

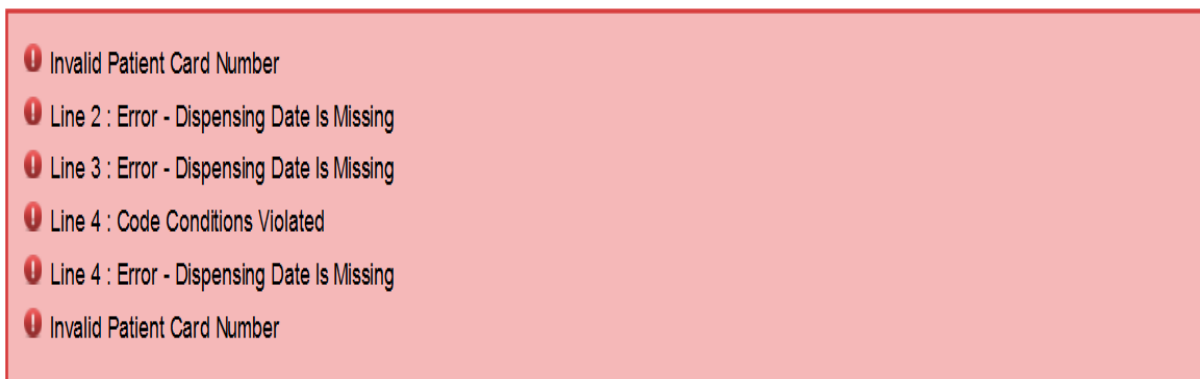
Enter Y for Yes or N for No to confirm that the optician has signed to confirm these special circumstances.

A claim must contain at least one Examination or Dispensing code.

After all claim items have been entered and all claim details are deemed correct click **Save Claim or Alt + S**.

Once 'Save Claim' has been clicked, the claim is validated. If there are any errors, the claim will not be saved, and payment will not be made.

The reason for the rejection will be displayed at the bottom of the claim, as detailed in the example below:



The user must click fix errors in order to proceed with claim.

When the claim is validated and no errors are found, a unique claim number will be generated and the user is now ready for the next claim to be entered.

Claim Enquiry

An enquiry screen allows the user to view claims that have been saved to the PCRS database.

If the user would like to look at all the claims for a specific month enter the month which you would like to retrieve in the format YearMonth (201509 for September 2015) and click on Search or Alt+S. All of the claims processed for that specific month will be displayed.

If the user would like to look at a specific claim or all claims for a specific patient the information being searched for should be keyed into the relevant field.

Click on Search or (Alt+S).

Click on the claim number in order to see all information processed on the claim form. Retrieved information can then be exported to Excel by clicking on the Download as CSV icon at the end of the screen.

Claim Maintenance

If post processing a claim the user would like to alter the claim in anyway this is possible via our claim maintenance screen. Please note alterations on a claim can only be made on or before the last day of the month alterations after this date must be carried out by the Optical Unit of the PCRS.

Enter the Form, Claim or Card Number of the claim into the relevant field.

Click on Search or (Alt+S).

The claim will be displayed on the screen.

Click on the claim number in order to see all information processed on the claim form.

Update claim with corrected information.

Click on save claim (Alt+S).

Optical

Username: DM001.01

Menu Search Claim Entry Maintenance Reclaim Corrections Enquiry Deletion Open Batch Logout

Enquiry Search

Claim Number: Optician: Form Number:
 Card Number: Nursing: Month Year: 2015/09

Search Results (228)

Show **Default** entries Search:

Claim	Updated	Optician	Paid	Form Number	Card Number	Forename	Surname	Status	Keyed	Reclaim	C
471588	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471589	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471590	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471591	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471592	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471593	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471594	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471595	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471596	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471597	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471598	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471599	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471600	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471601	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471602	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471603	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471604	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc
471605	Internal	88919	2015/09	10100	10000000000000000000	ALAN	WILSON	D	2015/09	No	Nc

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