



Guidelines for HSE Deciding Officers involved in the assessment of undue hardship as part of the application process for Medical Cards and GP Visit Cards.

This document is a:

Policy Procedure Protocol Guideline

National Medical Card Unit, Primary Care Reimbursement Service, National Services

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Part A: Outline of Guideline steps

There are two parts to this document. Part A presents the steps followed by Deciding Officers involved in assessing undue hardship for Medical Cards and GP Visit Cards issued on the basis of discretion.

Part B explains how these Guidelines were developed.

At the end of the document, there are also appendices which list the names of the people involved in developing these Guidelines and other necessary documents.

Deciding Officers' role in assessing applications for Medical Cards and GP Visit Cards

Deciding Officers are involved in assessing applications for discretionary Medical Cards or GP Visit Cards. These applications are made when the applicant has been unsuccessful in an initial application on income grounds alone.

Following the Medical Officers medical review and recommendations, the Deciding Officer further reviews all medical and financial information provided.

In so doing, the Deciding Officer will investigate if all social and medical issues were taken into account in determining whether or not undue hardship exists for the applicants in providing General Practitioner, medical and surgical services for themselves and their dependants. This is in line with Section 4.6.3 of the Medical/ Card GP Visit Card National Assessment Guidelines February 2015.

Through the Oracle system (an IT system), the Deciding Officer receives a Medical Officer recommendation. The Deciding Officer will then examine all of the elements of the processed application to ensure accurate information is captured and entered correctly. The Deciding Officer considers whether it is likely that there will be extra costs associated with care that may not have been included in the financial assessment. Examples of these costs include:

- Accommodation costs
- Additional child-minding costs or the cost of care in the home

- Additional or special clothing
- Additional privately-funded treatments
- Dental bills
- Equipment such as aids, appliances or orthotics
- Extra electricity costs from using home oxygen or other equipment
- Extra heating costs
- Incontinence products
- Laundry
- Possible charges for attendance an Emergency Department
- Special dietary requirements
- The cost of adapting a home to facilitate care. These costs may not have been funded by the local authority.
- Travel costs for treatment if the applicant lives at a distance from treatment centre

The Deciding Officer assesses each application on a case-by-case basis. They exercise discretion in as compassionate a way as possible to make a decision for each person named on the application.

The Deciding Officer implements the Medical Officers recommendation if satisfied that the processing of the application complies with the National Guidelines and that all discretionary elements have been considered.

The Deciding Officer must not assess applications if they have a personal connection to the applicant. Instead, they should forward the application to a different Deciding Officer to complete the assessment.

A recommendation can be made for one of the following:

- Medical Card
- GP Visit Card
- No card

The **standard period of eligibility** for a Medical Card or a GP Visit Card or is **3 years** for applicants aged up to 66 years and 4 years for people aged 66 and over.

A Deciding Officer may recommend a Medical Card or a GP Visit Card for **less** than the standard period of eligibility **if** they think that the person needs a card to overcome possible undue hardship that may be short-term.

Children under 18 years of age with cancer

From July 2015, any child or young person up to 18 years of age who has had a diagnosis of cancer may be awarded a medical card for a maximum of five years. **No means test is needed.**

A medical report is needed from the child's GP or treating consultant. This report needs to set out the diagnosis, the date the diagnosis was made and plans for treatment.

Emergency Medical Cards

Emergency Medical Cards can be requested from the National Medical Card Unit in emergency situations.

Emergency Medical Cards are always issued to a named individual.

With the exception of terminally-ill patients, all emergency cards are issued **for a six-month period** on the basis that the patient is eligible for a medical card based on means or undue hardship. These patients will be asked to make a full application **within three months of receiving emergency cards.**

Part B: How these Guidelines were developed

This part of the document focuses on how these Guidelines were developed.

1.0 Initiation

1.1 Purpose

The Health Service Executive (HSE) is responsible for ensuring timely and equitable access to services for those in need. The Medical Card and GP Visit Card Schemes are key access points to services. It is a statutory function of the HSE to determine entitlement to these Schemes. The HSE is committed to assisting clients, supporting them through the application process and ensuring that every person who is entitled to the Schemes can avail of them.

The HSE has developed the Medical Card and GP Visit Card National Assessment Guidelines, last updated in 2015, as a way to help make consistent, timely and equitable decisions on a person's eligibility for Schemes.

www.hse.ie/eng/services/list/1/schemes/mc/forms/medicalcardguidelines2015.pdf

1.2 Scope

1.2.1 These guidelines apply to all Deciding Officers involved in the application process for Medical Card and GP Visit Card on behalf of the HSE National Medical Card Unit (NMCU).

1.3 Objectives

1.3.1 To set out the legislation underpinning the assessment of eligibility in the HSE.

1.3.2 To provide clear guidance to the Deciding Officers involved in assessing a Medical Card or GP Visit Card application on the basis of discretion.

1.3.3 To set out the various issues that may need to be considered by Deciding Officers when assessing an individual application and making a decision based on the Medical Officer recommendation.

1.4 Outcomes

1.4.1 To serve as a resource for Deciding Officers working in the NMCU.

1.4.2 To make sure that all Deciding Officers involved in the application process for Medical Cards

and GP Visit Cards, on behalf of the HSE NMCU, are able to:

- assess undue hardship from a social and medical perspective in as standardised a way as possible, while at the same time taking account of the individual circumstances that apply to each application.

1.4.3 To provide openness and transparency clearly showing the reasons Deciding Officers make their decisions.

1.5 Guidelines Development Group

See Appendix 2 for membership of the Deciding Officers Guideline Group and Appendix 3 for Conflict of Interest Declaration Form for the members of this group.

1.6 Guidelines Governance Group

See Appendix 4 for membership of the Clinical Advisory Group.

1.7 Supporting evidence

1.7.1 Eligibility for a Medical Card or GP Visit Card is governed by legislation under the provisions of the Health Act 1970, Section 45, and subsequent amendment by the Health (Amendment) Act 2005.

1.7.2 Related Guidelines include:

Medical Card/GP Visit Card National Assessment Guidelines. February 2015

www.hse.ie/eng/services/list/1/schemes/mc/forms/medicalcardguidelines2015.pdf

Medical Officer Guidelines, Dr Johanna Joyce. October 2017

[*Hyperlink to be inserted when published*](#)

1.8 Glossary of terms and abbreviations

Abbreviations and Terms	Definition
CAG	Clinical Advisory Group
Deciding Officer	A Deciding Officer is employed by the HSE to make a full and final decision for cards awarded on the basis of discretion.
HSE	Health Service Executive
Medical Officer	Doctors employed in HSE community services. Medical Officers are fully registered medical practitioners with at least 5 years' experience.
NMCU	National Medical Card Unit
Oracle	The software system used by the NMCU to process Medical Card/GP Visit Card application
PCRS	Primary Care Reimbursement Service

2.0 Development of Guidelines

2.1 The Report of the Expert Panel on Medical Need for Medical Card Eligibility, September 2014,:

- proposed improvements to the current Medical Card system;
- called for the strengthening of the assessment process to help measure the burden of illness; and
- established a Clinical Advisory Group (CAG) to improve governance structures.

The CAG has broad and experienced clinical, lay and administrative representation. It also has access to other expert opinions. The group gives clinical oversight and guidance as part of the HSE's work to ensure a more compassionate and trusted Medical Card system. The Terms of

Reference for the Clinical Advisory Group included the development of appropriate operational guidelines for Medical Officers and Deciding Officers.

2.2 There is no available literature relating to the assessment of undue hardship under the Health Act 1970, and its subsequent amendments

2.3 The Guidelines (see Part A of this document) were developed by the Deciding Officer Guideline Group in the NMCU, many of whom have years of experience in assessing undue hardship for Medical Card applications.

The guidelines were developed taking account of:

- common practice;
- the principles of good administrative decision-making;
- feedback from relevant stakeholders through surveys and the media; and
- learning from audits of discretionary assessments.

2.4 No additional resources are needed to implement these Guidelines

3.0 Governance and approval

3.1 The Head of Operations within the NMCU reviews and signs the PPPG (Policy, Protocol, Procedure, Guideline) checklist.

3.2 The checklist accompanies the final Guidelines document when it is submitted to the Clinical Advisory Group for approval. The checklist is used to assess if the Guidelines meet the standards outlined in the HSE National Framework for developing PPPGs.

3.3 The final document is recommended to the National Director of National Services and the Director General of the HSE. Once accepted by the National Director and the Director General, the final version is converted to a PDF document to ensure the integrity of the document. A signed and dated master copy is kept within the National Services Division.

3.4 A signed copy of the checklist is attached to the master copy.

4.0 Communication and dissemination

4.1 The National Director of National Services is responsible for ensuring that there is widespread awareness of these Guidelines among relevant audiences of HSE services and other stakeholders. The audiences and their means of accessing the guidelines are as follows:

- service users through the HSE website at www.hse.ie
- relevant Deciding Officers through the Head of Operations in the NMCU; and
- other stakeholders through www.hse.ie

5.0 Implementation

5.1 The Guidelines should be adopted from the date of approval.

5.2 The Guidelines can be implemented and operated within existing resources.

5.3 The NMCU provides training and education on an ongoing basis in line with any relevant changes in policy or procedures.

5.4 Specific roles and responsibilities

5.4.1 All Deciding Officers who assess Medical Card and GP Visit Card applications must:

- try to do so in line with these Guidelines while at the same time taking account of the individual set of circumstances that apply to each application;
- have a good working knowledge of the relevant HSE schemes and entitlements that offset health-related costs;
- consider whether or not the costs of providing for the medical and other health needs of the applicant and their dependants could cause undue financial hardship in the context of the family income;
- make the final decision regarding eligibility through the Oracle system.

5.4.2 The Deciding Officer makes the final decision regarding eligibility.

5.4.3 The Deciding Officer Guideline Group is responsible for:

- implementing these guidelines;

- ensuring that Deciding Officers carry out their assessments in as standardised a way as possible; and
- reporting on the implementation and operation of these Guidelines to the Assistant National Director for PCRS.

6.0 Monitoring, audit and evaluation

6.1 Monitoring: The National Medical Card Unit has a systematic process of gathering information to achieve the objectives within these Guidelines

6.2 Audit: The Line Manager of the Deciding Officer Team, in so far as is possible given the discretionary nature of the undue hardship assessment process, will audit Deciding Officers compliance with these Guidelines and will report the outcome of the audits to the Quality Control function within the NMCU.

6.3 Evaluation: The Clinical Advisory Group will recommend the development of appropriate key performance indicators (KPIs) to support clinical oversight and performance assurance.

7.0 Revision and update

7.1 These Guidelines should be reviewed **three years from date of approval.**

7.2 If changes are needed in policy or procedures to deliver community health services, or changes are needed in other relevant areas of the public service, the Head of Operations NMCU will update the Guidelines.

8.0 References

Ireland. Health Act (1970)

<http://www.irishstatutebook.ie/eli/1970/act/1/enacted/en/html>

Ireland. Health Services Executive (last updated in 2015) Medical Card/GP Visit Card National Assessment Guidelines

www.hse.ie/eng/services/list/1/schemes/mc/forms/medicalcardguidelines2015.pdf

Joyce, J. (October 2017) The Medical Officer Guidelines

Hyperlink to be inserted once published

Keane, F. Prof (September 2014) Report of the Expert Panel on Medical Need for Medical Card Eligibility. Ireland. Health Services Executive.

<http://www.hse.ie/eng/services/publications/corporate/expertpanelmedicalneed.pdf>

