



Guidelines for HSE Medical Officers involved in assessing 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 Division

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Part A: Outline of Guidelines steps

There are two parts to this document. **Part A** presents the steps to be followed by Medical 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 appendices which list the people involved in developing these Guidelines and also contain other relevant documents.

Medical Officers' role in assessing applications

Medical 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.

The Medical Officer considers if the costs of providing for the medical and other health needs of the applicant and their dependants could cause undue financial hardship in terms of how this would affect their family income.

Having considered this, the Medical Officer then makes a recommendation to the Deciding Officer. They make this recommendation through the Medical Officer Discretionary Review (MODR) system – an information technology (IT) programme where Medical Officers can view applications and related documents. The Deciding Officer makes the final decision about eligibility for discretionary cards.

Assessment of individual applications

Using the MODR system, the processor sends information to the Medical Officer about the applicant. This information includes:

- financial information (statement),
- medical report,
- Burden of Illness Questionnaire (when asked for),
- eligibility history, and
- additional considerations such as any exceptional circumstances.

Let's look briefly at each of these in turn.

Financial statement

This statement sets out the summary information about the means assessment that administrative

staff carry out. This assessment is done in line with the [Medical Card/GP Visit Card National Assessment Guidelines](#).

The assessment takes account of:

- the evidence the applicant submitted about all their sources of income; and
- allowable outgoings such as mortgage payments, house insurance, travel to work costs, childcare costs and any valid expenses arising from their medical treatment.

From the medical information submitted, the administrative staff calculate an estimated figure – called a ‘discretionary’ figure – of the weekly health care costs for:

- attending the GP,
- buying prescribed medicines, and
- hospital treatment.

If the discretionary figure brings the applicant under the financial threshold for a Medical Card, the Deciding Officer may issue a card for the appropriate level of eligibility without contacting a doctor.

The Medical Officer reviews the financial information available and considers:

- sources of income and if they are sustainable according to the information provided;
- if the costs associated with medical care have been adequately taken into account;
- if there are any inconsistencies or unclear areas;
- the applicant’s weekly income after regular costs for healthcare are taken into account;
- the number of people who depend on the remaining income;
- the family composition and age of any children; and
- where the applicant lives and how far this is from any treatment centres they need to attend.

The Medical Officer considers if the remaining income allows for unexpected GP visits, medication costs and other likely expenses without causing undue hardship. The Medical Officer must also consider whether there may be other costs for the family which have been suggested or mentioned in the medical information but may not have not been taken into account in the financial assessment.

If the Medical Officer needs to know more about an applicant’s finances before reaching a decision,

they can return the application to the Deciding Officer and ask for further information.

Medical reports

The medical report often includes:

- the standard template form (AMI1A) completed by the applicant's GP (doctor);
- letters or reports from consultants, public health nurses, social workers, therapists and other health professionals; and
- letters or additional information from the applicant, their family members or carers.

The Medical Officer must assess all of the information provided.

The Medical Officer must verify that the medical report:

- relates to the named applicant or other named family members;
- is as up-to-date as possible; and
- is a valid medical report from a reliable health professional.

The Medical Officer considers if enough information has been provided for them to make a recommendation. If not, they can ask for further medical reports through the MODR system.

Sometimes a Medical Officer may also decide to ring an applicant's GP or one of the other health professionals treating them for clarification or further information. Relevant information provided in this way may not always be documented because of the need for confidentiality.

Burden of Illness Questionnaire (BIQ)

A Medical Officer can request that a BIQ be sent to an applicant or their named advocate for example a family member, friend or carer. They can do this if they think that:

- the medical report suggests there may be an additional significant burden on the applicant's family due to the nature of an illness or disability, **but**
- there is not enough information to inform their recommendation.

The BIQ asks questions about the applicant's social circumstances and ongoing care needs.

The applicant or their advocate is asked to complete the BIQ for one or more people named on the application. The Medical Officer specifies which family member or members they want a BIQ to be completed for. A separate BIQ must be completed for each of the people specified. The applicant or their advocate must return the completed BIQ(s) to the NMCU **within 21 days of the date on the letter that accompanies the BIQ.**

The Medical Officer then reviews the completed BIQ along with the financial assessment and medical information.

Eligibility history

Medical Officers have access to the National Schemes Viewer, a HSE PCRS system which gives a full history of eligibility for a Medical Card or GP Visit Card. It also gives information about eligibility for the Long Term Illness (LTI) Scheme and Drugs Payment Scheme (DPS) for the applicant and all other people named on the application. The Medical Officer considers the applicant's eligibility history.

Additional considerations and exceptional circumstances

The Medical Officer also takes account of other issues, some of which apply to all applicants and others which may only apply to particular applicants.

The issues that need to be considered for **all** applicants include:

- **variation across HSE areas** – there is significant variation across HSE areas in how schemes are administered and in the eligibility criteria for services such as public health nursing, therapy services, and access to aids and appliances under the LTI Scheme; and
- **how often the applicant is likely to visit their GP** – granting a GP Visit Card or Medical Card results in ongoing regular payments to GPs. When deciding whether to recommend a card or not, the Medical Officer must consider how often an applicant is likely to need to visit their GP. The Medical Officer needs to also consider if a significant amount of the care an applicant is likely to receive will be in hospital with very little input from the GP.

Medical Officers give special consideration when assessing applications from **particular** applicants who have:

- newly-diagnosed, significant acute cancers that will require a period of treatment such as surgery, radiotherapy, chemotherapy;
- complex or multiple medical conditions where it is difficult to estimate additional costs;
- others in their household with significant chronic illnesses;
- a significant mental illness which may mean that they have limited insight into their need for compliance with treatment;
- significant dependency on community supports and inputs which may not be readily available without a Medical Card;
- need of specialised treatments and equipment. These can be very expensive and are not funded by some HSE Schemes if a person does not have a full Medical Card;
- severe degenerative and progressive neurological conditions; and
- children with significant medical conditions and complex or severe disability especially in early infancy and where they need continuing intensive costly inputs. These children's parents are likely to apply for the Domiciliary Care Allowance (DCA). Children have an automatic entitlement to a Medical Card if eligible for the DCA.

Making a recommendation

Having reviewed all the information available, the Medical Officer considers whether it is likely that there will be extra costs associated with care which may not have been included in the financial assessment.

The Medical Officer assesses each application on a case-by-case basis and exercises discretion in as compassionate a way as possible to make a recommendation for each person named on the application.

Conflict of interest

The Medical Officer must not assess applications if they have a personal connection to the applicant. Instead, they should return the application so that it can be sent to another Medical Officer or brought to a Medical Officer Group for discussion.

The Medical Officer Group discussions are generally scheduled twice weekly to allow the Medical Officers to discuss more complex applications. This helps to ensure consistency.

Types of recommendation

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 GP Visit Card is **3 years** for applicants aged up to 66 years and 4 years for applicants aged 66 and over.

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

Extended eligibility for 6 years

Medical Officers may recommend Medical Cards for up to 6 years where:

- a medical condition(s) is progressive and enduring, or the burden of illness or care is unlikely to get any easier, and where discretion is already being used.

Children under 18 years of age with cancer

From 1 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 up to five years. **No means test is required.**

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 various

emergency situations.

Emergency Medical Cards are always issued to a named individual.

Apart from terminally ill patients, all emergency cards are issued **for a six month period**. They are issued on the basis that the patient is likely to be eligible for a Medical Card because of undue hardship. These patients will be asked to make a full application **within three months of receiving the emergency card**.

When reviewing the medical information provided for an emergency application, the Medical Officer will consider if there is a reason why the applicant cannot go through the normal process involving a financial assessment.

When Medical Officers review applications made on the grounds of terminal illness, they consider if:

- the information provided suggests that the person has advanced disease; and
- palliative treatment only is being provided.

Part B: How these Guidelines were developed

This part of the document focuses on how these Guidelines were actually developed and not the Guidelines themselves.

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 helping 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](#) (2015) as a way to help make consistent, timely and equitable decisions on a person's eligibility for schemes.

1.2 Scope

1.2.1 These guidelines apply to all Medical Officers involved in the application process for Medical Cards and GP Visit Cards 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 Medical 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 Medical Officers when assessing an individual application and making a recommendation to the Deciding Officer

1.4 Outcomes

1.4.1 To serve as a resource for Medical Officers working in or to the NMCU

1.4.2 To make sure that all Medical 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 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 by clearly showing how Medical Officers make their decisions

1.5 Guidelines Development Group

See Appendix 2 for membership of the Guidelines Development Group

1.6 Guidelines Approval Governance Group

See Appendix 4 for membership of the Approval Governance 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](#) (2015)

1.8 Glossary of terms and abbreviations

Abbreviations and Terms	Definition
CAG	Clinical Advisory Group
DCA	Domiciliary Care Allowance
DPS	Drugs Payment Scheme
HSE	Health Service Executive
LTI	Long Term Illness
Medical Officer	Doctors employed in HSE community services, who are fully registered medical practitioners with at least 5 years' experience
MODR	<p>Medical Officer Discretionary Review</p> <p>The IT software programme within the NMCU that Medical Officers use to view applications and related documents</p>
NMCU	National Medical Card Unit
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
- recommended the establishment of a Clinical Advisory Group (CAG) to improve governance structures.

The CAG has broad and experienced clinical, lay and administrative representatives. 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 about the assessment of undue hardship under the Health Act 1970, and subsequent amending Acts.

2.3 The Guidelines (see Part A of this document) were developed by the Medical Officers in the NMCU. Many of these have years of experience in assessing undue hardship for Medical Card applications for HSE before the function was centralised in the PCRS.

The guidelines were developed taking account of:

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

3.0 Governance and approval

3.1 The Lead Medical Advisor reviews and signs the Policy, Protocol, Procedure, Guideline (PPPG) checklist – a checklist to assess if the Guidelines meet the standards outlined in the HSE National Framework for developing PPPGs.

3.2 The checklist accompanies the final Guidelines document when it is submitted to the Clinical Advisory Group.

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 (sharing of information)

4.1 The National Director of National Services is responsible for making sure 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 HSE Medical Officers through the Lead Medical Advisor in PCRS; 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 within existing resources.

5.3 The Lead Medical Advisor will provide 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 Medical 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 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 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; and
- make a recommendation to the Deciding Officer through the MODR system.

5.4.2 The Deciding Officer makes the final decision regarding eligibility.

5.4.3 The Lead Medical Advisor is responsible for:

- implementing these guidelines;
- ensuring that Medical 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 Lead Medical Advisor, in so far as is possible given the discretionary nature of the medical assessment process, will audit Medical 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 the 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 Lead Medical Advisor and Clinical Advisory Group will amend and update the Guidelines.

8.0 References

Ireland. Health Act (1970)

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

Ireland. Health (Amendment) Act 2005

<http://www.irishstatutebook.ie/eli/2005/act/3/enacted/en/html>

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