



Circular 40/19

22nd November 2019

Re: Clarification on the Maternity and Infant Care Scheme

Dear Doctor,

In 2018, the HSE reviewed the operation of the Maternity & Infant Care Scheme and prioritised the digitalisation and centralising of this scheme to create efficiencies. This resulted in the development of an online tool which was piloted with a number of GPs who had expressed an interest in modernising reimbursement services.

Following a successful pilot where 86% of those participating confirmed they were 'likely/very likely to recommend the service to other practices' new functionality was deployed in July 2019.

With effect from October 2019, the following methods of claiming are available for you to consider and opt for the method that best suits your practice:

1. Online Claiming

This option enables GPs to register and submit claims online for expeditious processing and payment. The functionality is available via GP Application Suite and delivers faster access to payment with valid claims paid in your monthly PCERS payment as opposed to waiting until the full package of care has been provided which improves cash turnaround for your practice.

The Benefits for Contractors include:

- Earlier access to payments with online claim submission
- Reliable and familiar service
- The online facility eliminates rejections and reduces the need to query payments
- Online ordering of pregnancy kits for the practice
- Centralised processing and payment

Some 68% of GPs, who have expressed an interest in moving to online, are now submitting online. For those participating online, registration is completed as the first step and then online claiming for each visit facilitating earlier payments.

For GPs who are interested in transitioning to online claiming, please complete and return the attached form (Appendix 1), and email to pcrs.maternityandinfant@hse.ie. For further information, including User Guides and FAQs please refer to 'Information' tab on your application suite.

2. Manual Claiming Submission

From 1st October 2019, as the service is now centralised, GPs who have not opted for on-line registration should submit any new registrations and claims to PCERS. Please address those claims to Maternity & Infant Care Scheme, HSE Primary Care Eligibility & Reimbursement Service, J5 Plaza, North Park Business Park, Exit 5, M50, North Road, Finglas Dublin 11, D11PXT0.

- a) **Revised Manual Route improving registration process** – Cognisant of the efficiencies created in providing online functionality the PCERS took the opportunity to review the manual process. The submission of claims and subsequent reimbursement will remain unchanged with payment issuing after the patient has attended for their 6 week post-natal visit.

The process has been simplified, therefore, instead of applying to the PCERS to register your patient for the Maternity & Infant Scheme a new declaration was introduced which would negate this step. The declaration asked the GP to certify to the best of their knowledge that that patient was ordinarily resident. Residency can be confirmed by the patients holding a Medical Card, GPV Card, Drug Payment Scheme Card or Long Term Illness Card. By providing this confirmation practices could continue to treat patients under the Maternity & Infant Scheme and submit the bundle of claims for payment. The new registration form (Appendix 2) and claim form (Appendix 3) are provided for your information should you wish to avail of this option. For further supplies of new registration and claim form please contact pcrs.maternityandinfant@hse.ie.

- b) **2009 Manual Process** - Following a request from the IMO, they would like no changes introduced for those who continue to submit manual registrations and claims as set out in 2009. In these circumstances, 1999 claim forms will no longer be accepted. GPs who would like to avail of the 2009 option must send their registration forms completed by both the expectant mother and the GP to the PCERS for admission to the scheme **prior to** commencing a course of service. The PCERS will advise the GP once the expectant mother is approved for service. As the 2009 registration and claim form (Appendix 4 & 5) does not have the number of previous births, you will be required to ensure your registration form contains this information to avail of the higher fee available. In circumstances where this information is not provided the PCERS can only reimburse in line with payments for first pregnancy.

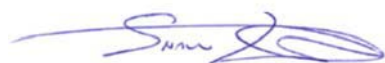
As previously outlined expectant mothers who are ordinarily resident in Ireland are eligible for services under the scheme. This can be satisfied by a Medical, GP Visit, DPS or an LTI card. Clients who do not have eligibility can check www.medicalcard.ie or Lo Call 1890 252 919 for further information.

GDPR

I refer you to circular 017/18 in relation to GDPR. As a service provider under the 1970 Health Act (as amended), you have agreed to provide healthcare services to eligible patients. In order for the HSE PCERS to facilitate the payment for such services, claim documentation, which should include personal data relating to the person to whom the service was provided, is furnished by the Primary Care Contractor to the HSE PCERS on a monthly basis. All data outlined on these claim forms are held securely by the HSE PCERS, in line with the obligations under Data Protection legislation. Data provided to the HSE PCERS is not used for any purpose other than is permitted by legislation.

Thank you for your co-operation in this matter.

Yours Sincerely



Shaun Flanagan
Primary Care Eligibility & Reimbursement Service

Maternity and Infant Care Scheme Online Submission



<p>I wish to submit my registrations and claims under the Maternity and Infant Care Scheme online.</p>	<p>GMS Number</p> <table border="1" data-bbox="1093 768 1420 884"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>								
<p>General Practitioner Signature & Date: _____</p> <table border="1" data-bbox="1048 1193 1490 1252"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<p>Maternity and Infant Care Scheme effective date: i.e. Date in which Maternity and Infant Care Scheme contract was signed</p> <table border="1" data-bbox="1048 1379 1490 1438"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<p>General Practitioner Stamp:</p>									

If you are interested in registering to submit your claims online please complete this form and return in the pre-paid envelope provided or by email to pcrs.maternityandinfant@hse

Maternity and Infant Care Scheme Registration Form

PATIENT DETAILS

*PPSN *Date of Birth
 ** Client Identifier
 * Client Name
 * Address

PRACTITIONER DETAILS

*GMS Number *MCRN
 *GP Name
 *GP Stamp

Registration Details

*Number of Previous Births

*Expected Delivery Date

*Phone Number

If you provide your mobile phone number we may text you in connection with your registration

Data Protection

*The Patient has been informed that their details will be submitted as part of the Reimbursement Application Process

Doctor Acknowledgement

*I undertake to provide medical and surgical services for
 (a) the person named above
 (b) the infant
 in accordance with the conditions laid down in the Agreement made between myself and Health Service Executive for the provision of services under Section 62 & 63 of the Health Act, 1970

Declaration of Residency

*I am satisfied to the best of my knowledge the above patient has been living here for a minimum of one year or intends to live here for a minimum of one year

Patient Consent

*I give my consent for a doctor representing the HSE to inspect my clinical records relating to claims presented by my GP under the Maternity & Infant Care Scheme

* Patient Signature

* GP Signature

* Mandatory fields

** Client Identifier you wish to check (include client code letter for Medical Card, GP Visit Card, Drug Payment Scheme card identifiers). At least one client identifier required for payment i.e. PPSN or one of the above

Appendix 3

GENERAL MEDICAL SERVICES Maternity and Infant Care Scheme Consultation

Claim Number:

Patient's Name:

PPSN:

Registration ID:

Doctor No.

Dr's Name:

Address:

TO BE COMPLETED IN WRITING BY PATIENT

1. I confirm that I was seen by the doctor at and that this was a Maternity and Infant Care Scheme Consultation
2. I verify that I have received the following Special Service from my Doctor:

Patient Signature (if not patient, please indicate relationship):

****The HSE may contact you independently to confirm the visit.**

Claim Date	Visit Type	Visit No.	Special Service Code	Expected Delivery Date

SIGNATURE AND STAMP OF CLAIMING DOCTOR:

The Consultation/Service detailed hereon has been given by me and I claim the appropriate fee.

Additional Visit

Reason

Post Natal

Baby PPSN

Baby Date of Birth

Week No.

I confirm that the pregnancy is continuing.

If different from above, enter name (in Block Capitals) of Dr. who provided the service which is the subject of claim.

Data Protection Notice: Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Appendix 4



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig sláinte Áitiúil, rathuaiseart ÉnÁC
Stiúthóireacht an Chúram Priomhúil
Pobail agus Leanúnach
Bunurlár, Aonad 4 & 5
Áras Nexus
Bloc 6A
Páirc Chorporáideach Bhaile Bhlaínseir
Baile Átha Cliath 15

Local Health Office North West Dublin
Primary, Community and Continuing
Care Directorate
Ground Floor, Unit 4 & 5
Nexus Building
Block 6A
Blanchardstown Corporate Park
Dublin 15

☎ (01) 897 5177 / 897 5160
☎ (01) 897 5198

APPLICATION FOR MEDICAL AND SURGICAL SERVICES FOR MOTHERS AND INFANTS

This form, when completed by applicant and doctor should be returned to: Maternity Services at the above address

SECTION A. TO BE COMPLETED BY THE APPLICANT *(In block letters)*

Confidential

Office Use Only:

Ref: _____

Date: _____

I hereby apply for Maternity and Infant Services under the Health Act, 1970.

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ MEDICAL CARD No. (if any): _____

TELEPHONE NO: _____ PPS NUMBER (OLD RSI NO.) _____

HOW LONG ARE YOU RESIDING IN IRELAND? _____ YEARS _____ MONTHS

IF LESS THAN TWELVE MONTHS, STATE YOUR PREVIOUS ADDRESS:

I apply to Doctor _____ To

- (a) Accept me for medical and surgical services in respect of motherhood and
- (b) Provide medical and surgical services for my infant.

I HAVE NOT MADE ARRANGEMENTS FOR THESE SERVICES WITH ANOTHER MEDICAL PRACTITIONER, AND I HEREBY UNDERTAKE TO PAY ANY CHARGE APPROVED OF OR DIRECTED BY THE MINISTER FOR HEALTH FOR ANY SERVICES OF WHICH I AVAIL MYSELF AND TO WHICH I AM NOT ENTITLED.

Signature of Applicant: _____ Date: _____

SECTION B. TO BE COMPLETED BY THE DOCTOR *(In block letters)*

I undertake to provide medical and surgical services for (a) the person named above and (b) the infant in accordance with the conditions laid down in the Agreement made between me and the Health Service Executive for the provision of services under Sections 62 & 63 of the Health Act, 1970.

E.D.D: _____

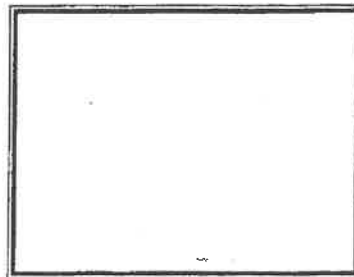
Doctor's Stamp

DATE OF INITIAL EXAMINATION: _____

SIGNED: _____
Medical Practitioner

ADDRESS: _____

DATE: _____



WARNING Section 75 of the Health Act 1970 provides that any person who knowingly makes false statement or conceals any material fact shall be liable on summary conviction to a fine not exceeding € 127 or, at the discretion of the Court, to imprisonment for any term not exceeding three months or to both.

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Appendix 5



In ádharcasacht na Seirbhíse Sláinte
Health Service Executive

**Claim Form for Provision of Services under
Maternity and Infant Scheme: please submit signed
form to your Local Health Office**

Mother's Forename	
Mother's Surname	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Mother's DOB	
Mother's PPS No.	
Maternity Ref. No.	

GP's Forename	
GP's Surname	
Practice Address Line 1	
Practice Address Line 2	
Practice Address Line 3	
Practice Address Line 4	

Gravida	
LMP	

Date	Antenatal Service Provided
	Antenatal first visit
	Antenatal care
	Antenatal care
	Antenatal care
	Antenatal care
	Antenatal care
	Antenatal care (2nd and subsequent pregnancies)

Date	Additional Service Provided and Reason

Date	Postnatal Service Provided
	Date of Birth
	Baby at two weeks
	Mother and Baby at six weeks

GP Signature	
Date	

