Circular 057/17   15th December 2017

Re: Enhancements to Secure Checker and Pharmacy Query Form

Dear Pharmacist,

I am pleased to notify you of the latest enhancement to Secure Checker and an additional feature which the PCRS will add to the pharmacy application suite from 15th December 2017.

Secure Checker

The Primary Care Reimbursement Service (PCRS) has gradually enhanced the secure checker facility throughout 2017 in order to assist you at patient level. Some of the enhancements include:

- A search function to retrieve all patient specific eligibility using the client's PPSN
- A Family Grouping option, which displays details of persons in family grouping in order to retrieve family member specific eligibility
- A Patient Specific Arrangements option which can be used to check if a patient is approved for phased or special drugs and can advise you of the patient's Prescription Charge Status.

We have added additional information for Long Term Illness (LTI) card holders as an initial enhancement of an improvement journey which includes their LTI illness code(s) and a link to the core list directly from secure checker. Further developments are planned and we will keep you informed accordingly.

Pharmacy Query Form

PCRS has developed a query form (attached) which should be used when submitting queries to the Pharmacy Processing Unit going forward. This form has been developed to ensure that we have enough information on queries to help us deal with them in a more timely manner.

This form will be available on the Application Suite to download.

I trust you will find the enhancements to our online service beneficial and welcome your continuing co-operation.

Yours Sincerely,

Anne Marie Hoey
Primary Care Reimbursement & Eligibility

Pharmacy Query Form

Please complete in CAPITAL LETTERS and place a tick (√) where appropriate in the single boxes provided.

GMS Number of Pharmacy Contractor:

Name of Pharmacy Contractor:

Name of Pharmacy Staff Member submitting query:

Contact Number:

Pharmacy Software Vendor:

If query submitted previously please tick (√) method of submission and insert date:

Phone	Fax	Email	Post

Insert Claim Number(s) & Patient Card Number(s) in the boxes below:

Claim Number	Patient Card Number	Reason

Pharmacy Query Form

This query relates to claims in scheme type. Please tick (√) as appropriate:

GMS (Including Hospital Emergency, Stock Order)		EC	
Drug Payment Scheme		HAA	
Long Term Illness		Dental	
High Tech		SDR Drugs	
Methadone		SDR Approval	

This query relates to the following. Please tick (√) as appropriate:

High Quantity Rejects		SDR (Including Versatis Fampridine & Diabetic Strips)	
Phased Dispensing on GMS		LTI Approved Drugs	
Weekly Dispensing on DPS		Unlicienced Medicines	
13th Dispensing on DPS		Patient Eligibility	
Intermittent Claiming on DPS		Claim Enquiry/Reclaim	
High Tech Patient Care Fee		Drug Code	
Methadone		Stock Orders	
NOAC approval		Other	

Brief Summary of Query:

Pharmacy Stamp:

FOR OFFICAL USE ONLY

Query No.:

Date Received: