



16th November 2022

Circular 030/22

RE: Management of Owings by Community Pharmacy Contractors and Claim Enhancements

Dear Pharmacist,

In accordance with your Community Pharmacy Contractor Agreement with the HSE for the provision of services under GMS and Community Drug Schemes, pharmacists should only present a claim for reimbursement in respect of products which are supplied on foot of a valid prescription. It is recognised that there are occasions where an owing may occur:

1. Where there is no supply of a medicine as the product is not in stock.
2. Where there is a partial supply of product due to the full quantity of the product not being in stock.

An owing (in respect of 1 and 2) should only occur in circumstances where there is a reasonable and genuine expectation that the patient will return in a short timeframe for the remainder of the product that was prescribed. Please be reminded that a non-dispensing fee is completely separate and is utilised where the pharmacist exercises their professional judgement not to dispense a reimbursable item on foot of a valid prescription (reference Circular 20/19).

I refer to Circular 018/18 which highlighted a key priority for the HSE PCRS was to bring transparency of items filed under owings through an enhancement of the pharmacy software interface with the HSE. Owings transparency is already in place for those pharmacies which applied for a new or change of contract since July 2020.

Under Contract, pharmacists are obliged to verify the reasonableness and accuracy of claims presented for reimbursement. For claims from January 2023 this will include full transparency of their owings files/claims. Owings transparency must therefore be implemented by all Community Pharmacy Contractors by 31st December 2022.

PCRS has engaged over the last number of months with pharmacy software vendors. They are aware of their responsibilities and the requirement that all owings be submitted in the electronic files to the HSE. They updated their software to enable this functionality. The HSE is requesting that each Community Pharmacy Contractor contact their vendor in this regard to have this functionality enabled if they have not already done so.

Owings transparency ensures that items are not claimed from the HSE unless the product has been supplied; or alternatively dispensed and awaiting collection and there is a genuine expectation that the item will be collected by the patient in a short timeframe.

Once the new functionality is put in place, a Community Pharmacy Contractor can be reimbursed a 'deferred supply' fee of €3.27 where a zero supply owing is registered. This has been in place since 1st September 2022 for those who have the updated functionality on their computer system.

A frequently asked questions document accompanies this Circular to support pharmacies with this change.

It is important that Community Pharmacy Contractors ensure that owings are managed appropriately to avoid invalid or fraudulent claims being submitted to PCRS. This software change supports appropriate claiming. Further correspondence will issue separately to pharmacy contractors in relation to historic owings.

Electronic submission of EU and Dental Treatment Services Scheme (DTSS) Claims

From November 2022 (November claims submitted in December 2022), PCRS can accept files submitted electronically for the EU (European Health Insurance Card (EHIC) Prescription) Scheme and the Dental Treatment Service Scheme (DTSS). These schemes will no longer be required to be claimed manually and will bring these claims in line with other electronic schemes submissions.

For dental claims, a valid DTSS Contract Number should be submitted to PCRS. Under this scheme, claims will be marked as 'DE' for identification.

For the submission of claims under the EU Scheme, a valid identifier is required. The HSE, as the competent institution in Ireland for the provision of health services under EU regulations, is required to recoup the costs of the provision of health services to EHIC holders, through the submission of detailed accounts to the relevant EU/EEA state and/or Switzerland.

Therefore, for claims submitted under this scheme for EU residents, submission of the EHIC number is mandatory. For those who reside in the UK, the patient identifier that was provided to the prescriber should be submitted. This is either their EHIC number or NHS number.

Initially, manual claims will be accepted until vendors have enabled the electronic submission of EU and DTSS claims. This will be reviewed over the coming months as PCRS moves to full electronic submission of EU and DTSS claims.

Enhanced Claim File Listings

From November 2022 there will be a new enhanced monthly XML file listing. This is an upgraded version of the final exception file. The enhanced XML will contain all data currently in the final exception files plus additional reporting sections such as:

- Paid items across the GMS, DPS, LTI, HAA, EU, DTSS and Stock Order Schemes. The data here will include the date and time the item was dispensed.
- Prescription Charge Deductions, broken down by family
- Processed High Tech items

- DPS Deductions, broken down by family
- GMS Incomplete Claims
- GMS Incomplete Claims Progress
- Quantity Markdown
- The identification of prescription claims where the card number/letter submitted was replaced with the card/letter that was eligible on the claim date
- Claims that will not attract payment
- High Tech Patient Care Fee
- Paid items under Discretionary Hardship Arrangements

Your co-operation with these new enhancements is appreciated.

Yours faithfully,



Shaun Flanagan
Primary Care Reimbursement Service



Owings Transparency Frequently Asked Questions

1. What is an 'Owing'?

An Owing can occur in the following scenarios

- Where there is no supply of medicine due to the product not being in stock.
- Where there is a partial supply of medicine (*) due to the product not being in stock.

An Owing is raised where there is a genuine expectation that the patient will return for some or all of the remaining medicine that is "owed" to him/her within a short timeframe.

(*) Note: Dispensed per the pharmacy contract means given to the patient or bagged and labelled prepared for giving to the patient.

2. What is a 'Dispensed Owing'?

It is the subsequent dispensing of a full or partial quantity of medicine and discharges or resolves the owing which was previously on file.

3. How should a zero supply owing be submitted to PCRS when my pharmacy has the owings transparency functionality in place?

Where owings transparency is in place and an owing registered where there is no supply, the quantity submitted in the file should be zero. The zero supply owing will attract the 'deferred supply' fee of €3.27.

4. How will the zero supply owing and the linked discharged owing be reimbursed?

Where owings transparency is in place, a zero supply owing registered will attract the 'deferred supply' fee. It should be noted that in any event PCRS will calculate the fee due based on the relevant reimbursement rules, regardless of the fee value in the file.

This applies to the 'Owing' and linked 'Discharged Owings' transactions.

The fee difference will be reimbursed on the first successful 'Discharged Owing'.

For example;

An owing for 'Metformin 850 mg' is registered and dated 29th November 2022 and it is a zero quantity owing. There is a total quantity of 56 on the prescription. The zero supply owing is submitted to PCRS with November 2022 claims where a 'deferred supply' fee of €3.27 is assigned and paid for the item.

The pharmacy submits 1500 items in total, dated in November 2022.

The count of items for November 2022 claims will be 1499 as the zero quantity owing is not counted towards standard fees. No ingredient cost or prescription charges apply as its zero quantity

The patient returns on 2nd December 2022 for the product. A full quantity of 56 is dispensed to the patient. This is a discharged owing with a quantity of 56 and a discharged date of 2nd December. This is submitted with December 2022 claims.

When December 2022 payments run, the payments process looks up the system to see what fee, if any, was paid for the linked owing transaction. A 'deferred supply' fee of €3.27 was paid in November 2022.

In this example, a standard fee of €4.50 is calculated as part of the usual standard fees process as the discharged item was the 2000th item to be processed.

Note standard fees applied in the following way:

0- 1667 items = €5.00

1668 - 2500 items = €4.50

2501+ = €3.50

The standard fee minus the 'deferred supply' fee is applied (€4.50- €3.27) and the fee applied and paid on the discharged item in this example is €1.23.

An ingredient cost is paid and a prescription charge is applied as the item was dispensed and supplied to the patient.

5. What should be submitted to PCRS where an 'Owing' and a 'Dispensed Owing' occur in the same day?

In this case, two transactions should be submitted to PCRS, one for the 'Owing' and one for the 'Dispensed Owing'. A record for each transaction that occurs is submitted to PCRS to provide full transparency.

6. What are the Reimbursement Rules for Owings transactions?

The following table sets out the fees and associated payments that apply. The Prescription Charge does not apply where product is not supplied to a patient (zero supply owing).

#	Transaction	Fee	Ingredient Cost	Prescription Charge
1	Owing (No Supply)	Deferred Supply Fee	None	No

#	Transaction	Fee	Ingredient Cost	Prescription Charge
2	Owing (Partial Dispensing)	Standard Dispensing Fee	Yes, based on quantity dispensed and supplied to the patient.	Yes, as product was supplied to the patient
3	Dispensed Owing	No, if associated owing was a partial dispensing and the Standard Dispensing Fee has already been paid. If there was no supply, difference between the Standard Dispensing Fee and the Deferred Supply Fee is paid.	Yes, based on quantity supplied	No, if there was a partial dispensing and patient already paid. Yes, if associated owing was a zero supply owing.

7. What are the schemes that 'Owings' and 'Dispensed Owings' apply to?

Owings apply to the GMS, including the Hospital Emergency Scheme. Note: this will include the EU Scheme and the Dental (DTSS) Scheme when they are submitted electronically via the monthly XML file.

The operation of owings is subject to review by PCRS.

8. Where no supply is issued to the patient and there is an expectation that the patient will return, should the prescription charge be applied?

No – the prescription charge should only apply where a supply of the prescribed item has been dispensed to the patient and where the patient is subject to prescription charges.

9. What is the relationship between 'Non-Dispensing' and management of 'Owings'?

As set out previously in circular 020/19, a non-dispensing fee can be paid whereby the pharmacist has exercised their professional judgement, including but not limited to identification and mitigation of risk to the patient should a drug be dispensed. The non-dispensing fee cannot be claimed for the reasons such as "product is in short supply", "out of stock", "not available", "not required", "collect later", "to follow" etc. as such claims do not demonstrate the exercise of professional judgement.

An owing is a dispensing related activity under the contract and a function of a genuine expectation that the patient requires the medicine and will return to the pharmacy to collect it in a short timeframe.

Therefore, the management of an owing and non-dispensing in relation to any one prescription item is mutually exclusive.

Considering a prescription in January for an item, a pharmacist can dispense it or may register an owing in relation to the item. Once claimed, there can never be a non-dispensing claim in relation to that prescription item again.

A pharmacist could submit a non-dispensing claim for that medicine for that patient on foot of a new prescription, e.g. in February where the pharmacist has exercised their professional judgment that the product should not be dispensed. This has no bearing on the handling of the January prescription and associated claim. The owing registered on foot of the January prescription item remains in place and must be discharged in the normal way before dispensing of that medicine to that patient can resume.

10. What date is used for an owing discharged in December when the owing was originally registered in November?

Two dates will be submitted to PCRS on the dispensed (i.e. discharged) owing item transaction. The claim level date will have the date of original owing dispensing in November and the item level date will have the date the owing was discharged in December.

For the purpose of validation and the reimbursement price, the date the owing was discharged in December is used.

11. What is the process if there is a change in pharmacy GMS contract number (i.e. the pharmacy has a new contract)?

Owings will transfer in all cases where there is a change of contract number and where the contract start date is on or after 1st September 2022.