

PAC-R-129

Correspondence 3.2  
Meeting – 10/11/2011



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Ms Eimear Lavelle  
Committee Secretariat  
Committee of Public Accounts  
Leinster House  
Dublin 2

25<sup>th</sup> October 2011

Dear Eimear,

In my response to you on the 19<sup>th</sup> October 2011, I submitted a series of replies to a number of follow up issues from our appearance at the recent PAC meeting and indicated I had one issue to submit on. I now include below a response to that outstanding follow up matter *Claims for deceased medical card holders*. I also include a further information note on the follow up issue on *Consultant Compliance* to supplement that already supplied in my response on 19<sup>th</sup> October.

**Claims for deceased medical card holders**

*Response;*

The HSE has addressed the matter of Death Events and the payment of capitation payments and is working in concert with all interested parties to ensure that there are no overpayments or underpayments to GPs.

In the last 30 months the HSE has implemented policy changes, which have resulted in a reduction of more than €150m in capitation, and other related payments to GP's.

The automation of recoupment of capitation payments between date of death and removal of eligibility could not be resolved in isolation from the issue of underpayments, which resulted from a delay in registering babies, and the resultant capitation payment to a GP, along with other issues of reported underpayment to GP's, which also had to be considered.

Recoupment could only be resolved in the context of an equally robust solution for payment of underpayments associated with births and reviews of eligibility. To this end the HSE has not written individually to General Practitioners on this issue, but, to implement a long lasting agreed solution to all of the issues involved, has met with the Irish Medical Organisation (IMO) to enhance the systems that underpin maintenance of the list of Medical Card clients, from which capitation is paid.

A key enabler in moving these issues forward is the centralisation of the processing of Medical Cards, from over 100 offices across the country to one central office. The result of the work done to date, with the cooperation of all of the stakeholders, ensures that there will be no overpayment or underpayment of capitation to GP's.

Since centralisation commenced the HSE has implemented systematic processing of death information based on the Death Event Publication Service (DEPS). Where the notification is complete eligibility is removed immediately upon receipt. Where the notification is not sufficient to identify a person systematically then the effort required to process this material is much more labour intensive.

It is essential from a strategic point of view to complete the automation of recoupments and arrears payments together and in the context of the GP project. The HSE believes that GPs, as the people most closely associated with the patient on the ground, must be involved in assisting with the management of the client register. The body of work required to build a foundation of single systems, systematic reporting and full transparency for GPs, which is required to get to a place where their direct assistance with the management of the register could be agreed, can not be underestimated. For the first time ever in 2011, 2,300 GPs will be actively, transparently and directly involved and committed to client list maintenance with the HSE.

A lot more has been done in the meantime, including systematic duplicate prevention and data sharing projects set up with the Department of Social Protection and the Revenue Commissioners.

In summary, the issue of GP overpayment in relation to client deaths could not be dealt with in isolation. The HSE has taken a number of strategic decisions, the resulting actions of which, can properly address problems which have existed for longer than a decade and should be significantly better managed following the centralisation of medical card processing and the direct involvement of GP contractors.

### **Consultant Compliance - Supplementary note**

*A breakdown of consultant compliance rates, when type A contracts are excluded.*

Response;

The HSE employs a total of 2506 Consultants. Table A below sets out the consultant numbers by contract and category that they are employed under and the number and percentage of those within the contract type identified for further action in terms of their private practice compliance.

*Table A*

Consultant Contracts	Contract Type / Category	Total Posts	Number and % within contract type identified for further action re private practice compliance	% of all consultants holding Contract 2008 identified for further action re private practice compliance	% of all consultants employed on either 2008 contract, 1997 or 1991 contracts identified for further action re private practice compliance
2008	Contract Type A	501	0	0	0
	Contract Type B	1,263	70 (4.4%)	N/A	N/A
	Contract Type B*	326			
	Contract Type C	0	0	0	0
	<b>Sub-total</b>	<b>2090</b>	<b>N/A</b>	<b>3.34%</b>	<b>N/A</b>
1997	Category I	221	N/A	N/A	N/A
	Category II	175	N/A	N/A	N/A
	<b>Sub-total</b>	<b>396</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
1991	<b>Sub-total</b>	<b>20</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Total</b>		<b>2506</b>			<b>2.8%</b>

This now completes our replies to all of the matters raised in your correspondence of 5<sup>th</sup> October 2011. Should the committee have any queries on the information supplied or require additional information please contact me and I will be happy to expedite.

Yours sincerely,



**Ray Mitchell**  
Assistant National Director