

New Illness Benefit Certification Process

As you will be aware the new system of certification comes into place from Friday, 1st March.

This new system introduces a GP delivered assessment of the patient, which involves the use of Closed Certification.

We have set out some FAQ's below based on queries received from members on this topic.

What is closed Certification?

Closed Certification utilises expected timeframes of illness to base duration of illness certification on. This is done by reference to:

- 1) The Closed Certification Guidelines (attached separately)
- 2) The physical nature of the patients work intensity

Does this replace the Consultation fee?

This new system involves a payment to the GP of €50 per Illness Benefit Assessment and it is envisaged that these Assessments will take place after the end of a regular Doctor-Patient Consultation.

This Illness Benefit Assessment is separate to the normal consultation. The normal consultation will be covered by either capitation or on a private fee basis.

While a Patient may attend purely for the purposes of Illness Benefit Assessment, if they do so then they will not be entitled to receive treatment under this scheme or any other scheme.

What details do I need to complete on the new form?

The patient completes the first section (PPS no. date of birth, name, and signs and dates the form)

The GP confirms the date of certification;

- Then either nominates the expected date of ending of the illness or nominates the number of weeks of expected absence
- These certificates are generally expected to be final certificates so you will tick this box
- For the physical effort the GP should consider what is the best description based on the information from the patient and use Closed Certification Guidelines for guidance

On the reverse of the form you will see a list of conditions and codes. You should code as appropriate, or where the condition is not listed tick other and enter the appropriate code.

Is this an occupational assessment?

It is important to state that Illness Benefit Assessments are not Occupational Health Assessments but rather a system of Closed, or defined timeframe, Certification whereby the GP uses their clinical expertise to estimate how long the patient will be out of work for.

As set out above you are required to take into account the nature of the patients work, but this is based on whether the physical effort is light, medium or heavy.

It is, for example, probably that a physical injury may lead to a longer absence for someone involved in manual labour than for somebody involved in office based work.

Do I need to code for patients?

As set out above, yes you will need to code the condition for patients. The back of the form has a number of conditions listed, but if the appropriate condition is not listed you should tick other and enter the applicable ICD10 code.

What happens if the patient is not ready to return to work within the timeframe?

Where you have assessed a patient, and they are not fit to return to work within the originally assessed period, then you may reassess them.

You will complete a further certificate in this instance, and you will be paid a reassessment fee of €50 for this.

In a case where a re-assessment for the same condition reoccurs within the first 3 weeks then a further certification period may be given but a €50 fee will not be claimable by the GP.

To give an example, if you assess a patient with an arm injury and consider that they will be out for 6 weeks, and on week 6 they return and they are still not recovered, then you can reassess them for a further period of absence. You will again be paid the assessment fee of €50 for this re-assessment. If you had assessed this patient as being out for 2 weeks and they attended for reassessment after 2 weeks you would not be eligible for this fee.

What happens where the 2nd certificate is for a separate condition?

In the case where you assessed someone with one condition, for example bronchitis, and they attended with a separate condition within the 3 week period, e.g. a broken arm, then you would be paid for this assessment of the new condition.

How will reconciliation work?

You will receive a report of all assessments paid for at the end of each quarter in the normal fashion.

Based on the feedback from members the IMO pushed for the forms to be amended to include a counterfoil. If you have not been paid for a completed assessment, you can claim for payment using the counterfoil stub which is kept at the top of the book of forms

The amended forms which the Department have created are in the process of being dispatched to practice this week. If you have not received the new books you can use the forms which have been in place since October, but you should retain a copy of the form number for reconciliation purposes.

[What is the position with the Department Consent form?](#)

You will have received a consent form from the Department of Social Protection.

This is for when the GP is returning details directly to the Department of Social Protection - this is when e-certification comes in or when you post the form in yourself. This is a once off consent, which you hold, and no further action is required. This is not required when you are providing the form to the patient. It may be convenient to start obtaining consents now, but it is not required.

[What is e-certification and when will it come in?](#)

E-certification is a system which will allow GPs to send illness benefit certification directly through their practice management system.

This is due to be piloted in the coming months with a view to rolling out later in 2019.

[What about patients on monthly and 6 monthly certificates?](#)

Patients on monthly and 6 monthly certificates, will not form part of this assessment process. New forms for these patients will be provided to practices for these patients. The fee for these forms has been increased to €10.