

## Extending access to primary care services

### Information for general practices, PHOs and DHBs

Bulletin Twelve: 26 April 2019

Mauri ora ki a koutou

This is the twelfth in a series of bulletins to inform general practices and PHOs about activities and actions needed post the 1 December 2018 implementation of the new primary care initiatives. You can find more information about these changes including previous bulletins on the [Ministry of Health website](#) and in the [PHO Services Agreement](#) (version 6).

This bulletin provides additional information about payment processes following the National Enrolment Service (NES) go-live on 1 April 2019.

### CSC opt-in timeframes

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The next Entry Date into the CSC scheme will be 1 July 2019 – **Deadline to notify the Ministry of Health and your PHO is 14 June 2019**. This notification can be done via email.

**Please email opt-in information to the following contacts:**

[Rachael Bayliss@moh.govt.nz](mailto:Rachael_Bayliss@moh.govt.nz) and [CBF-CICAdministrator@moh.govt.nz](mailto:CBF-CICAdministrator@moh.govt.nz)

### Process for June 2019 payments

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The following activities will need to be undertaken by PHOs and DHBs for payments made on 15 June 2019.

1. On 1 May 2019 the Ministry will email:
  - a. all PHOs a reminder to advise the Ministry and DHB by 17 May 2019 of any practice changes for CBF payments. The type of changes that could impact on payments are:
    - new practices
    - closed practices
    - merged/moved practices
    - changes in practice HPI\_Org\_ID
    - changes to funding schemes (VLCA/U14/CSC).
  - b. all DHBs the VLCA\_U14\_CSC template to be completed and updated by 17 May 2019.
2. On 10 May 2019 the Ministry will email PHOs and DHBs a reminder to complete points 1 (a) and (b) above.
3. By 17 May 2019 DHBs will email all completed VLCA\_U14\_CSC templates back to the Ministry.

Note: If a practice is changing status from non-VLCA to VLCA, the practice must meet the current eligibility criteria for a VLCA practice and must have approval from their DHB and the Ministry.

## Changes to the format of GMS/FFS Deduction Reports

The format of the GMS/FFS deduction reports has changed due to the move to NES. The file type is now the same as the other PHO CBF reports (.psv).

For example, the column "Register ID" no longer exists, and the Practice ID will change to the new HPI Org ID when GMS claims have a date of service after 1 April 2019.

The most relevant format changes are outlined below.

Field	Notes
NHI Number	Unchanged
NHI Source	Removed as the NHI Source is always the same, and does not add value.
NES Enrolment ID	Added this on request, which will be populated when GMS claims have a date of service after 1 April.
Internal Patient ID	Will be empty for GMS claims with a date of service after 1 April 2019.
Practice ID	Has the complete practice ID (concatenation of PHO ID and practice ID). When the GMS claims have a date of service after 1 April 2019, this will be the new HPI Org ID.
Practitioner ID	Unchanged but will shift to CPN when the GMS claims have a date of service after 1 April and when this is populated in NES.
Register ID	Replaced with CBF Period Start Date which is the start of the month when the deduction will take place.
GMS Patient Category	Unchanged.
GMS Patient Category Value (GST inclusive)	Obsolete as the value is always 0. Removed.
Date Of Visit	Directly added the time of visit to the date instead of having that in a separate column.
FFS Amount Paid (GST inclusive)	Unchanged.
FFS Deducted (GST inclusive)	Unchanged.
DHB of Domicile	Unchanged, but only populated when the address has been fully resolved and GMS claims have a date of service after 1 April 2019.
Practitioner Type	Removed.
Location Type	Unchanged.

With this change, the system now also takes practice changes into account where a practice changes PHO between the date of service and the date of deduction.

The system looks up which practice was funded at the date of (GMS) service but deducts this from the PHO where this practice is linked to at the beginning of the deduction month. This removes the need to redistribute funds when practices change PHO.

Only GMS claims that are less than 2 months old (the difference between the date of service and the date received) are deducted.

The rule not to deduct GMS for pre-enrolled patients has been replaced with a rule not to deduct GMS where the patient (baby) is under 3 months old at the date of service.

With the change to monthly enrolments, this prevents deducting from practices that saw babies and enrolled them within 3 months.

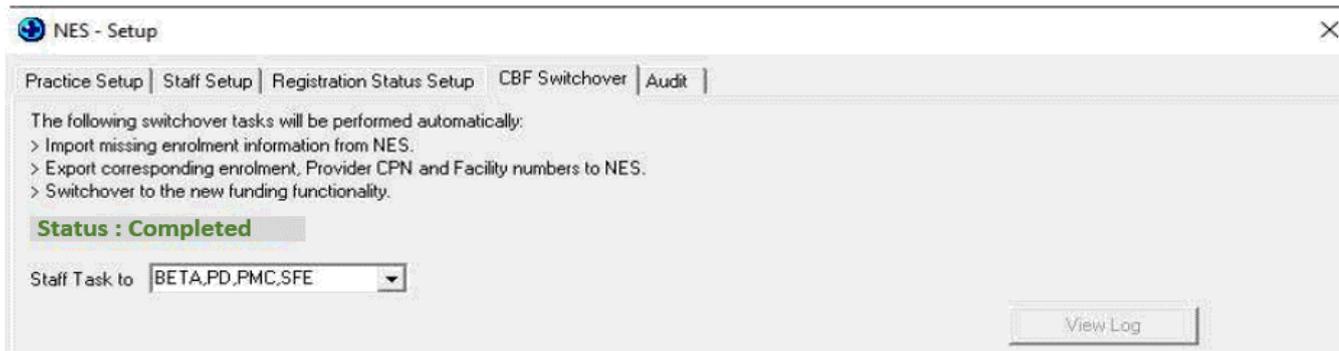
## The NES funding switchover

### MEDTECH PRACTICES

Practices should check that the Medtech CBF Switchover has completed.

Go to Setup ► Connected Health Information Services ► NES Setup ► CBF Switchover

Check the "Status". If it does not show "Completed" you will need to contact Medtech.

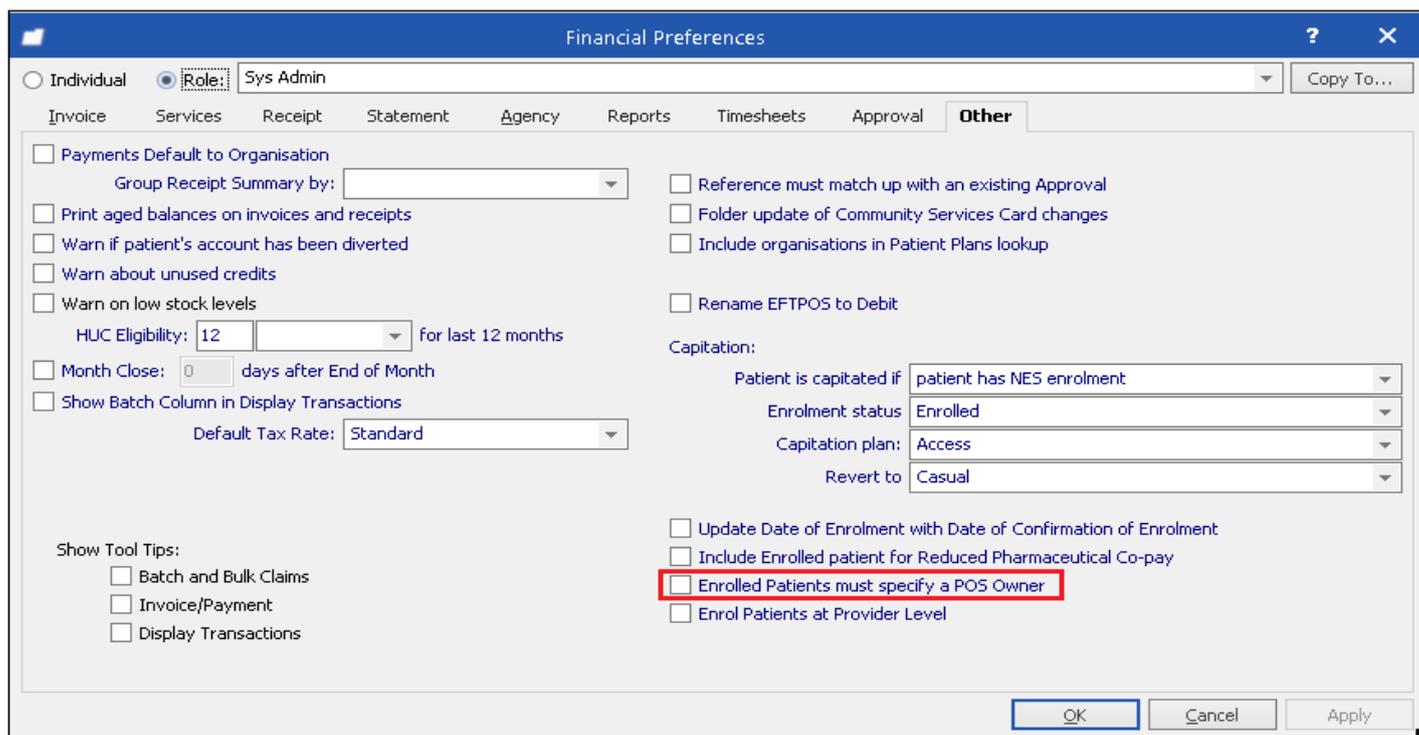


The CBF switchover does not synchronise ethnicity, address/quintile, gender or dates of birth. Any of these demographic differences must be synchronised by the practice by checking that the NHI details reflect what the patient has provided on their enrolment form or subsequent updates provided by the patient.

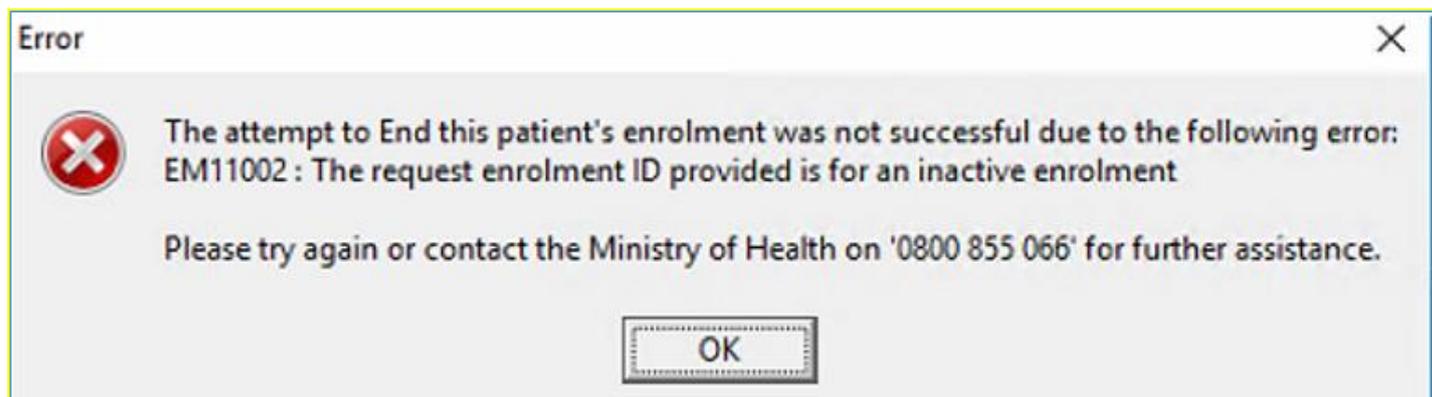
These demographic differences may have an impact on some of the streams of funding.

### INTRAHEALTH PRACTICES

Practices should ensure that this preference is checked. This will ensure the Facility ID will be sent to NES. The Facility ID is required to ensure the practice is included in the Patient Experience Survey.



## Unexpected error



If you have been getting this error when ending an enrolment, the NES enrolment has been ended.

You can check with the [View Enrolment](#) to confirm the NES enrolment has ended. The PMS will likely be showing that the patient is still enrolled.

For Medtech users, this issue has now been fixed and Medtech users should not be receiving this error message.

Indici users may still be receiving this error message, however we are working to get this fixed as soon as possible and will keep you updated.

Keep a note of any patients you have had this error with and you will receive instructions on how to get the PMS to show the enrolment has ended when we have found a resolution.

## **Service Utilisation, Clinical Performance Indicator and Provider List reporting changes after the funding switch to NES**

The NES Transition Working Group met on 17 April 2019. A paper describing options for the reporting of Service Utilisation (SU) and Clinical Performance Indicator (CPI) under a monthly rather than quarterly register of enrolled patients was tabled. It was agreed:

- that SU will now be reported as three monthly files at the end of the quarter
- that CPI performance reporting will be based on the final month's enrolled population of the previous quarter.

Service Provider Lists remain unchanged.

## **Frequently asked questions**

### Will missing geocoding on NHI addresses affect funding?

Patients with NHI addresses that have not been validated will still be funded but they will be funded at the 0 quintile rate. Geocoding will only affect funding if the meshblock of the person's address is quintile 5.

Please refer to your vendor guidelines to find out how to ensure the NHI addresses have been validated.

### When should a practice enrol a person on NES?

Practices should enter a person's enrolment details into their PMS and update NES on the day the practice accepts the patient's enrolment.

Ensuring enrolments are updated in NES as soon as the practice has accepted the enrolment means that other users of NES can be confident that the information is up to date and accurate.

If the practice accepts a person's enrolment but the person has not yet supplied the required evidence of eligibility the practice should enter the enrolment in NES on the day they accept the enrolment. They should ensure the evidence of eligibility is returned to the practice as soon as possible. If the practice subsequently finds that the patient is not eligible when the documentation is returned the enrolment should be ended in NES with a reason of "not eligible".

### Can the enrolment start date in NES be different from the date on the enrolment form?

#### **For new enrolments**

Any enrolments added to NES using the NES web services have an enrolment start date of the day the practice enters the new enrolment into their PMS and updates NES.

The date on a person's enrolment form should be the date the practice accepts the enrolment. The practice should update the enrolment in NES on that day. (Ref Q1.7) Small discrepancies in the date on the form and the enrolment date in NES are acceptable i.e. 1 - 2 days. PMS systems allow you to record the date on the form as a separate field to the NES enrolment start date.

#### **Further information**

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The Ministry of Health will continue to provide [online bulletins](#) to DHBs, PHOs and practices as needed. These updates also provide information about NES implementation.

Thank you for your support and hard work to provide people with greater access to primary care.

Ngā mihi nui ki a koutou katoa