

## Extending access to primary care services

### Information for general practices, PHOs and DHBs

Bulletin Thirteen: 5 July 2019

Mauri ora ki a koutou

This is the thirteenth and final in a series of bulletins to inform general practices and PHOs about activities and actions needed post implementation for 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 6.1).

### Ministry of Health - change in email address format

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On 29 May 2019, the Ministry of Health (the Ministry) updated our email address format. Our email address format is now [firstname.lastname@health.govt.nz](#).

Any emails sent to an old MOH email address format will be automatically forwarded to the new health email address. The Ministry's IT team will be monitoring the use of the MOH email address formats, so we can contact senders to let them know about the address change. Once usage of the old email address has dropped to a nominal level, emails sent to the old address will no longer be delivered. There will be notice in advance of this happening to remind those using the old address.

Any non-personal (generic) email addresses that include an underscore will not be changed eg, [Primary\\_Care@moh.govt.nz](#) will change to [Primary\\_Care@health.govt.nz](#).

We are updating our website and publications progressively to reflect the change in email addresses. If you have any references to Ministry email addresses on your website, publications or other materials please ensure these are updated with the new email format. Thank you.

### General practice fees from 1 July 2019

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From 1 July 2019, general practice fees have increased for the Community Services Card (CSC) scheme in non-very low cost access (VLCA) practices and all VLCA practices. The patient co-payment is:

- Zero Fees for Under-14s - zero fees
- 14 to 17 year olds - \$13.00
- 18 years and over - \$19.00.

Go to the [PHO Services Agreement](#) (version 6.1) for more information.

Information has been updated on the Ministry of Health website. This information is available at [health.govt.nz/zerofees](#).

From 1 July 2019, in line with the Ministry of Health, ACC raised the co-payment cap for CSC holders from \$18.50 to \$19.00 (incl. GST), and CSC dependants from \$12.50 to \$13.00 (incl. GST).

These new rates apply to practices working under contract – Rural General Practice and Urgent Care Clinics. Contract holders will need to meet the terms and conditions of their contracts – variations to these were implemented on 1 July 2019.

Regulated providers are able to set their co-payment levels, however, the additional contributions for CSC holders and their dependants are set at a level to encourage practices to pass on the benefits to their patients.

## Notification of changes for capitation based funding purposes

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As the [National Enrolment Service \(NES\)](#) is now live, the primary health organisation (PHO) will be able to make changes to their practices on a monthly basis. The PHO must advise their district health board (DHB) and the Ministry no later than 10 business days before the last business day of each month, if there are any changes for practices that could impact capitation based funding (CBF) payments in the next month.

The type of changes that could impact on payments are:

- New Practices
- Closed Practices
- Merged Practices
- Changes in Practice HPI\_Org\_ID
- Opting in/out of the very low cost access (VLCA), zero fees for under-14s (U14) or community services card (CSC) schemes.

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.

**Please email any changes to the following email address:**

[CBF-CICAdministrator@health.govt.nz](mailto:CBF-CICAdministrator@health.govt.nz)

## Primary Care Underspend

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### CSC implementation underspend

The Minister of Health has approved the use of the primary care underspend. The underspend resulted from budgets being forecast on 100 percent uptake of the CSC implementation by non-VLCA practices. As of 1 April 2019 the uptake was 91 percent. The resulting underspend was \$7m.

The Minister of Health has agreed that half of the underspend (\$3.5m) should be allocated as a one-off to general practices to contribute to costs relating to NES and CSC implementation. The other half (\$3.5m) again as a one-off, be allocated to a health equity project to improve health outcomes for Māori babies, subject to development of an approved implementation plan.

### Contribution to costs for practices

The Minister has approved that \$3.5m will be distributed to practices as a contribution to costs related to CSC and NES implementation. The Ministry will distribute the funding via an agreement with DHBs, with the requirement that 100 percent of the funding is distributed to PHOs and then on to practices. This will be based upon the 1 May 2019 enrolled population snapshot.

PHOs will need to distribute this to **all** general practices, not just those non-VLCA practices that have taken up CSC, as compliance costs were also incurred in the NES roll-out by practices that did not join the CSC scheme.

### **Health equity project**

The other \$3.5m will be allocated to a project to improve health outcomes for Māori babies across all of New Zealand Aotearoa, with \$100,000 of this funding allocated to fund an implementation and project plan. The National Hauora Coalition have been contracted to develop the implementation plan.

The remaining \$3.4m will be allocated based on the implementation plan's endorsement by PSAAP and the Director-General, and signed off by the Minister of Health.

## **Frequently asked questions**

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### **Why does the ESAM address validation service sometimes return a “0” quintile?**

The assignment of a 0 Quintile is correct. 112 of the 40,000 plus mesh blocks were not assigned a deprivation quintile due to either having no residents for 2013 Census or for technical reasons. The technical reasons are usually that the responses from the 2013 Census would not allow a statistically safe quintile to be calculated. Approximately 18,000 addresses are impacted by this issue.

More information about the calculation of the deprivation quintiles can be found at:

<https://www.otago.ac.nz/wellington/otago069929.pdf>.

### **What actions need to be undertaken for newborns to prove eligibility for general practice enrolment?**

Parents can register their child's birth with the Department of Internal Affairs (DIA) at no cost. There is a cost associated with obtaining a birth certificate. Beneficiaries and non-beneficiaries are able to apply to Work and Income for financial assistance to meet the cost of an essential item such as a birth certificate (Advance Payment of Benefit for beneficiaries, and Recoverable Assistance Payment for non-beneficiaries). There is discretion and consideration of the person's individual circumstances when assistance is provided.

The practice will also receive an invitation from the National Immunisation Register (NIR) to enrol a baby (called a pre-enrolment). It is called a pre-enrolment because the enrolment process is not completed. The enrolment process is complete when the enrolment form has been filled out and signed by the parent or guardian. In the Enrolment Requirements document, the sample enrolment form does have "**I confirm** that, if requested, I can provide proof of my eligibility." While the pre-enrolment can happen at the NIR invitation, the assessment of the eligibility for the child still must happen at enrolment. Many practices may require the birth certificate to be supplied.

Providing proof is not a mandatory requirement, but it is best practice. If the child's citizenship status holds a status of 'unknown', the practice may be asked by Audit and Compliance to provide proof for enrolment.

## **National Enrolment Service (NES)**

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### **CSC support for health providers**

MSD currently operates a CSC helpline for health providers. Now that the NES is active the expectation is that all providers with a practice management system (PMS) can access CSC information via the NES. Options are being explored for CSC online support for non-PMS users e.g. dentistry and hospital. More challenging queries can still be put through to the Ministry of Social Development Medline on 0800 999 999.

## **Enrolling and Re-Enrolling Patients**

A reminder to practices that the 'Enrol Patient' function should only be used if a practice has a new (or dated within the last few days) enrolment form to support an updated enrolment date.

## **Ending NES Enrolments using Medtech**

Please be aware there is a known constraint in Medtech when changing the patient from being actively enrolled to no longer enrolled (i.e. changing the 'Registered' field to 'Transferred' or 'Casual'). In these cases the enrolment on the NES is not automatically changed (ended), so the practice continues to have that patient enrolled and funded on the NES, but appearing as transferred or casual on the local PMS.

The issue has been raised with Medtech for future remediation, but in the interim practices should remember to end the enrolment on the NES first.

## **Further information**

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The Ministry has received positive feedback saying the Bulletins have been a useful channel in providing information to you. The primary care team is going to trial producing a quarterly Bulletin Update. We welcome your feedback on the information you would find useful from us. Please email [Rachael.Bayliss@health.govt.nz](mailto:Rachael.Bayliss@health.govt.nz) with your suggestions.

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

Ngā mihi nui ki a koutou katoa