

Extending access to primary care services from 1 December 2018 Information for general practices, PHOs and DHBs

Bulletin Three: 31 October 2018

Mauri ora ki a koutou

This is the third in a series of bulletins to inform general practices about steps that need to be taken to enable implementation of the new primary care initiatives from 1 December 2018. More information about these changes is available on the [TAS website](#), including Bulletins [One](#) and [Two](#), and the [PHO Services Agreement](#).

This bulletin provides the most recent information on key dates and focuses in particular on questions PHOs, DHBs and the Ministry of Health have received over the past few weeks about the changes. Responses are provided.

Key dates for general practices, PHOs and DHBs

| Key dates: CSC | Comments |
|--|--|
| Information about funding arrangements varies by PHO . | <ul style="list-style-type: none"> Practices should contact their PHO if they have not received information about the financial modelling for their practice. Further payment information is available in Schedule F1.1 in the PHO Services Agreement. |
| By 30 October 2018 non-Very Low Cost Access (VLCA) practices should have informed their PHOs if they are opting in to the CSC initiative for December 2018 and the January to March 2019 quarter. | <ul style="list-style-type: none"> Practices should have received a template from their PHO to advise their PHO if they are opting in to extending low-cost visits to CSC holders. |
| By 14 November 2018 PHOs need to tell the Ministry of Health and DHBs which practices are opting-in to the CSC initiative for December 2018 and the January to March 2019 quarter. | <ul style="list-style-type: none"> PHOs will send completed templates to the Ministry and their DHB contact. |
| By 11 February 2019 non-Very Low Cost Access (VLCA) practices need to tell their PHOs if they are opting in to the CSC initiative for the April to June 2019 quarter. | <ul style="list-style-type: none"> By 15 February 2019 PHOs need to tell the Ministry of Health and their DHB which practices are opting-in to the CSC initiative for the April to June 2019 quarter. |

Frequently asked questions

Frequently asked questions (FAQs) have been prepared as a separate document to this Bulletin. These have been developed to assist you in responding to any questions you may receive.

Posters with information about the changes

Posters outlining the changes are being developed by the Ministry. These are intended for display by general practices and other providers such as pharmacies. Two different posters will be available for:

- VLCA practices with information about zero fees for under-14s and
- non-VLCA practices with information about the CSC and under-14s initiatives.

The posters will initially be available in English, and shortly after in Te Reo Māori, Samoan, Tongan, simplified Chinese, Korean, Tuvaluan and Tokelauan.

The English language posters will be available in PDF for download from the Ministry's website from mid-November, for display from 1 December.

Further information

The Ministry of Health will continue to provide bulletins to DHBs, PHOs and practices to support implementation. Practices are encouraged to talk with their PHO about local implementation arrangements.

Thank you for your support and action as we put in place initiatives to provide people with greater access to primary care.

Ngā mihi nui ki a koutou katoa

Frequently asked questions

Up-to-date information is on the TAS website <https://tas.health.nz/planning-and-collaboration/community-services-card-and-zero-fees-for-under-14s/>

Glossary

| | |
|---------------|-------------------------------|
| CSC | Community Services Card |
| VLCA practice | Very Low Cost Access practice |
| Under-13s | Zero Fees for Under-13s |
| Under-14s | Zero Fees for Under-14s |
| PMS | Practice management system |
| NES | National Enrolment Service |

For general practices

When do practices need to decide to opt in or out?

| Key dates: CSC | Comments |
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What do general practices need to do to prepare for zero fees for under-14s and increased subsidies for Community Services Card (CSC) holders?

General practices will need to:

- familiarise themselves with the changes in their PMS on how to retrieve or add CSC card holder information and how funding status is displayed
- ensure their NES enrolments processes have high completion rates
- update their PMS system once the CSC and zero fees for under-14s PMS updates are available

- implement the new processes based on the PMS changes and CSC holder funding status
- make sure all standard operating procedures and staff induction documents are updated to reflect changes.

What changes are required to PMS systems?

Practices will be using their practice management systems (PMS) to verify the CSC entitlement status of their patients. There are three main areas within PMSs that need to be changed to incorporate the use of CSCs.

- Prominent display of CSC entitlement status for patients by the PMS.
- Handling of CSC entitlement exceptions. For example, when a patient presents their CSC but no entitlement is shown in the NES, or the CSC information differs from that held on record. Changes and corrections will be made using the PMS to update the NES.
- Enabling dependents (aged 14 to before their 18th birthday) to be able to access their caregiver's CSC entitlement.

PMS systems will also need to reflect the new rates; vendors and Management Services Organisations have been sent the new services agreement rate tables.

PMS vendors are currently working on the changes required, and system updates will be available once this work is completed.

What is the vendors plan for testing?

The PMS vendors have specific usual practices that they work with for beta testing, and are using these practices again to test the changes pre 1 December 2018.

Will the changes result in more demand for general practice services?

It is anticipated that reduced fees may see an increase in national demand for non-VLCA practices from 1 December 2018.

Possibilities for managing increased demand include:

- nurse-led clinics to manage long-term conditions
- telephone triage and follow up by general practitioners or wider team
- health care assistants undertaking additional tasks
- providing patients with education about self-managing conditions
- video consultations
- patient portals.

It is not anticipated that VLCA practices will experience an increase in demand.

If a non-VLCA practice opts in to zero fees for under-14s and the CSC scheme, what does the monthly capitation payment for the practice include?

The monthly capitation payment for the practice includes the first contact payment, the under-14s payment and the CSC top up.

What are the key changes for VLCA practices?

The monthly capitation payment for the practice includes the first contact payment, VLCA payments and the new CSC payment for enrolled CSC holders. However the VLCA sustainability funding has been incorporated into the new CSC funding. There are no service change requirements for VLCA practices.

How do practices advise their PHO of their decisions?

The Ministry of Health has developed a template for PHOs to use to gather opt-in status information for the CSC patient subsidies. PHOs have the template to give to practices to populate.

For CSC opt-in, the template asks for a yes or no opt-in with the effective date. This template also includes after hours general practice and pharmacy arrangements (reported by DHBs), and information on which practices will provide zero fee visits for injury-related visits.

Zero fees for under-13s is changing to zero fees for under-14s as of 1 December 2018.

Non-VLCA practices can opt-out of any scheme by notifying their PHO, and the change would be effective from the next funding round.

If a practice chooses to opt into the CSC scheme and change their mind can they opt out?

A practice can opt-out any time. Opting-out would be effective from the next funding change date.

When will the patient co-payment adjustment templates be available?

DHBs and PHOs have been emailed co-payment adjustment templates which have been amended for the CSC and zero fees for under-14s programmes. These templates are available on the TAS website <https://tas.health.nz/planning-and-collaboration/primary-health-organisation-service-agreement-psaap/fees-review/> for use from 1 December 2018.

Practices should use these templates to make adjustments to patient fees after 1 December 2018 for the allowable annual rate increase. The templates can also be used to adjust fees for non-CSC holders if the practice considers that joining the CSC scheme will cause significant financial disadvantage. Supporting evidence will need to be shared with the DHB.

Zero fees for under-14s

Will practices already providing zero fees for under-13s be required to extend zero fees to include children aged 13?

Practices do not need to opt into under-14s as this will automatically take place (this is why under-14s is not included in the opt-in template). Practices will attract an additional subsidy from the Government.

What is the funding utilisation rate for under 14s? (6-13 year olds)

Agreement was reached to fund 6-13 year olds at a service utilisation rate of 2.2 visits per year per enrolled child.

What does the zero fees for under-14s scheme cover?

The zero-fees scheme applies to a standard day time visit to a GP or nurse at the usual practice where the child is enrolled, or to an after-hours visit to a participating clinic. Most practices will also offer zero fees for injury-related visits covered by ACC.

During the day, those not visiting their regular practice may be charged a fee.

Fees for extended consultations, procedures and extra services, such as certificates or equipment, will continue to be charged in the usual way.

The usual charge for each prescription item (normally \$5) will no longer apply to 13-year-olds. Pharmacies may charge for extra services such as medicines delivery or special packaging. The costs for medicines that are not fully funded by PHARMAC will remain the same.

DHBs are required to ensure reasonable travel time (maximum of 60 minutes) to after-hours general practice and pharmacy services for 95 percent of the enrolled population. The inclusion of children aged 13 is likely to be an extension to existing contracts that DHBs have in place to provide free after-hours services for under-13s. This will be an arrangement with one provider or several in a locality.

ACC prescriptions will be funded in the usual way through a bulk funding agreement with the Ministry.

Community Services Card

Will all people eligible for a CSC receive their card before the policy comes into effect?

Some people eligible for a CSC automatically receive their cards, while others have to apply.

Practices will receive the updates of new CSC holders by 28 November 2018, so PMSs will be appropriately updated before the new policy comes into effect.

The newly eligible cohort of social housing tenants and accommodation supplement holders will be automatically issued cards. New cards are expected to arrive to these CSC holders between 1 and 7 December 2018. However, letters will go to this cohort before the initiative is rolled out, explaining how they can visit their general practice and access lower fees if that practice has chosen to provide the CSC initiative.

People are still encouraged to carry their CSC card, while at the same time PMS systems are expected to present CSC eligibility more clearly as a result of vendor updates.

You will be updated in a future bulletin when more details are confirmed.

Should practices encourage eligible patients to apply for a CSC ahead of implementation?

Certainly, if you have enrolled patients who you think may be eligible to apply for a CSC you can refer them to Work and Income to apply through the usual process. A person is eligible for a CSC if their family income is below specified amounts for different family sizes.

To find out about eligibility for a CSC and how to apply, people can go to www.workandincome.govt.nz and search for 'Community Services Card'. Or they can call the Community Services Card centre on 0800 999 999.

What will the charging cap cover? Is it just GP consultations? What about nurse, script fees and other consultations?

The initiative requires practices to charge no more than \$18.50 for adults and \$12.50 for youth aged 14-17 for a standard day time nurse or GP consultation.

If a person is a casual patient and presents a CSC, are they entitled to the new CSC discounted fee that comes with this new policy?

No, the person should be charged according to the casual fee guidance. If the person is a casual and holds a CSC, practices should charge a casual CSC rate and claim a general medical services (GMS) rebate.

This is governed by the GMS claiming rules in the PHO services agreement, whereby a practice claiming GMS must not charge the casual CSC holder more than their standard casual rate minus the value of the GMS rate. The new policy only applies to enrolled CSC holders.

The DHB will pay the fee specified below for General Medical Services provided to the category of Casual User specified below:

| | Casual User | Fee per consultation (Excluding GST) |
|---|--|---|
| 1 | A child under 6 years of age | \$31.11 |
| 2 | A child or young person aged 6 to 17 years who is the dependent of a holder of a Community Services Card | \$17.78 |
| 3 | A child or young person aged 6 to 17 years who is the dependent of a holder of a High Use Health Card | \$17.78 |
| 4 | A child or young person aged 6 to 17 years who is not the dependent of a holder of a Community Services Card or High Use Health Card | \$13.33 |
| 5 | A person aged 18 years or over who holds a Community Services Card | \$13.33 |
| 6 | A person aged 18 years or over who holds a High Use Health Card | \$13.33 |

If a person is enrolled already and becomes a CSC holder, should practices charge the standard adult fee or the CSC discounted fee even if the CSC funding hasn't kicked in yet?

The practice is encouraged to charge the CSC discounted fee as soon as an enrolled patient has an active CSC entitlement.

If a person is a new enrollee and is a CSC holder, and is then enrolled and not funded, should practices charge the casual fee or the CSC discounted fee even if funding hasn't kicked in yet?

The practice is encouraged to charge the CSC discounted fee as soon as an enrolled patient has an active CSC entitlement. The business rules are being updated and will allow one newly enrolled consultation fee if a consultation takes place before the patient is funded at the casual rate.

Will CSCs expire as they do now and what happens to funding if patients don't renew in time?

Practices don't need to worry about renewal or expired cards. Expired cards will be removed from display, and new cards will be loaded as they become active. In terms of presentation of an expired card, practices should check in the system if the patient believes they have an active CSC entitlement. If there's no active entitlement in the system, or the patient has not physically presented an active card, then the practice has no evidence the patient has an active CSC. The patient could be directed to Work and Income on 0800 999 999 to follow up.

What is the timing of payments for the new initiatives?

As the new CSC initiative goes live on 1 December 2018, the payments will be calculated and paid on 15 December 2018. Please note the capitation funding has not yet been paid for December (as of 31 October 2018).

Dependents of CSC holders will be eligible for lower cost visits. How will dependents be identified/confirmed?

Some dependents will be added to PMSs as an update in November. For those who are unable to be identified, vendors are building a way for practices to link dependants that will be included in their release to support these system changes.

How are the number of CSC holders identified in any given month?

The Ministry of Health receives CSC holder updates (new ones/expiries) from the Ministry of Social Development every night. These are fed into PMS systems. Vendor system changes will enable CSC status to be more obvious in PMSs by 1 December 2018.

Will the subsidy for CSC holders be recalculated monthly, as more people sign up for the CSC?

Yes, the number of CSC holders in practices changes monthly. If NES goes live in February 2019 as expected, payment will be made on a different volume of CSC holders every month.

PHO Services Agreement Version 6

Can you please clarify some of the new PHO Services Agreement clauses?

Clause

7A Fee Increase by Eligible CSC Practice

(1) If the PHO or one of its Contracted Providers intends to become an Eligible CSC Practice and proposes to increase standard General Practitioner consultation fees for Enrolled Persons who are not CSC holders to take effect when the Contracted Provider first becomes an Eligible CSC Practice, the Fees Framework in clause F.22 shall apply subject to this clause 7A.

Clarification

The fees framework still applies. This clause acknowledges the special situation where practices may decide to increase non-CSC holder fees only because of entering the CSC scheme.

Clause

(1) If the Contracted Provider considers that the proposed fee increase is necessary in order to avoid significant financial disadvantage in terms of the revenue it anticipates it will receive in respect of Enrolled Persons who hold CSCs, the PHO and the Contracted Provider will provide reasonable supporting evidence to the DHB.

Clarification

The PHO and practice will need to provide evidence that going on the CSC scheme disadvantages them. It is likely DHBs will also expect the co-payment template to substantiate the requirement for the proposed fees increase in respect to practice revenue.

Clause

(2) The DHB will not refer the proposed increase to the Fees Review Committee if it agrees that the evidence supports the need for the fee increase, such agreement not be to be unreasonably withheld.

Clarification

The DHB can still refer to fees review if they wish. This clause is about reasonableness. PHOs do not accept that automatic referral to fees review at 0.1% over the accumulated available limit is reasonable. This is a matter of local policy and practice, not contractual obligation.

ACC injury-related visits

What about ACC-related visits?

From 1 December 2018 ACC will increase its contribution for injury-related visits to encourage zero fees for under 14-year-olds and capped co-payments for CSC holders and their dependants (ie, \$18.50 for adults and \$12.50 for dependents). There will also be an inflation increase. These changes are part of ACC's Cost of Treatment Regulations.

Following a public consultation and feedback, the ACC contributions have been increased to better align with health initiatives and ensure practices can pass on free or low-cost fees to their patients.

Does ACC have the same system of 'opt-in/opt-out' as health?

ACC does not have the same 'opt-in/opt-out' option, as the funding model is different. Most practices are funded on a 'fee for service' basis by ACC, with the contributions set by Government under the Cost of Treatment Regulations.

Practices with ACC contracts (ie, urgent care clinics or rural general practice) will have received updated information from ACC directly, and are expected to meet the terms and conditions of their contract.

What are the new ACC rates?

Note: these rates require final Government approval in early November.

Contribution rates for general practice visits for CSC holders (excl. GST)

| Service | Current contribution for claimants 13 and over | Additional contribution for CSC holders | New contribution rate for CSC holders (including the proposed 1.56% increase) |
|---------------------------|---|--|--|
| GP consultation | \$31.53 | \$21.80 | \$53.33 |
| GP and nurse | \$34.48 | \$21.84 | \$56.32 |
| Nurse practitioner | \$27.04 | \$22.02 | \$49.06 |
| Nurse consultation | \$14.77 | \$12.84 | \$27.61 |

Contribution rates for general practice visits for dependants of CSC holders (excl. GST)

| Service | Current contribution for claimants 13 and over | Additional contribution for dependants of CSC holders | New contribution rate for dependants of CSC holders (including the proposed 1.56% increase) |
|---------------------------|---|--|--|
| GP consultation | \$31.53 | \$27.01 | \$58.54 |
| GP and nurse | \$34.48 | \$27.06 | \$61.54 |
| Nurse practitioner | \$27.04 | \$26.82 | \$53.86 |
| Nurse consultation | \$14.77 | \$18.06 | \$32.83 |

Proposed GP visit contribution rates for 13-year-olds (excl. GST)

| Service | Current contribution for claimants under 13-years-old | Current contribution for claimants 13 years old and over | Additional funding for claimants 13-years-old | New contribution rate for claimants under 14-years-old (with 1.56% increase) |
|---------------------------|--|---|--|---|
| GP consultation | \$56.07 | \$31.53 | \$25.41 | \$56.94 |
| GP and nurse | \$59.01 | \$34.48 | \$25.45 | \$59.93 |
| Nurse practitioner | \$51.57 | \$27.04 | \$25.33 | \$52.37 |
| Nurse consultation | \$19.88 | \$14.77 | \$17.16 | \$31.93 |

When will ACC confirm the final new rates?

While Cabinet has approved the above rates, the regulations still require a final stage of Government sign-off in early November. ACC will be able to supply more detailed information about the rates and codes at this time.

Practices have been provided with the new rates in advance of final sign-off due to interest in the outcome of the consultation.

What do practices need to do now for ACC-related changes?

Until the final rates are confirmed in early November, practices do not need to make any changes to their systems.

However, ACC will provide PMS vendors with details of the changes to give them adequate time to update their systems before new rates come into effect. If general practices use a PMS, the updates will be made available automatically or to upload by the system vendor in November.

If practices don't use a PMS they will continue to invoice for services as they do now, using the updated prices. Full prices and codes will be available on the ACC website from November.

What about the ACC urgent care and rural general practice contracts?

ACC will mirror the initiatives in the Urgent Care and Rural General Practice contracts. Suppliers are expected to meet the terms and conditions of their contracts.

General practices will need to make a number of changes to business processes to prepare for the new initiatives. One change will be an update to their PMS.