

Enrolment Requirements for Providers and Primary Health Organisations

Version 3.0

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MANATŪ HAUORA

Introduction

The *Primary Health Care Strategy 2001*¹ (the Strategy) outlined a new direction in primary health care with the development of primary health organisations (PHOs), capitation funding, and primary health care services (First Level and additional services to meet population needs) organised around the needs of a defined group of people “rather than by just responding to those individuals who actively seek care”.

PHOs are the identified local structures tasked with achieving the vision of the Strategy in collaboration with affiliated Providers. PHOs are funded by DHBs for the provision of First Level Services and an extended range of health care services to their enrolled population.

First Level Services enable the provision of acute, long term and restorative care to patients. Providers and/or the PHO also provide population health, health promotion, and preventative services to keep people well, develop partnerships with other community health and social service providers, and ensure coordinated, seamless services for enrolled patients.

The amount of funding a PHO receives is based on the number and demographic characteristics of the PHO’s enrolled population. As enrolment is directly linked to funding it is important that proper enrolment processes are followed to ensure the accuracy of enrolment data. Enrolment data is also an important tool for monitoring and planning purposes.

Enrolment has two steps:

- a) A person chooses a Provider of First Level Services (“Provider”) - for example a general practice - to be their regular and ongoing provider of these services.
- b) The Provider assesses the person is eligible for the full range of publicly funded health and disability services and is entitled to be enrolled, and then enrolls the person with the PHO they are affiliated to.

Enrolment is for the defined set of First Level Services outlined in the PHO Agreement and provides access to additional services that the PHO makes available to meet the needs of its population.

The Strategy has continued to evolve since 2001. As part of this evolution Enrolment Policy is reviewed from time to time by the Ministry of Health and receives input from DHBs, PHOs and Providers. Enrolment processes are also reviewed by the parties to the PHO Agreement.

Future enrolment policy will continue to ensure there are no unnecessary barriers to enrolment, and support the involvement of the health care team in providing high quality, comprehensive and coordinated primary health care to enrolled populations.

The Minister of Health’s Eligibility Direction is critical in determining which people are eligible to enrol in a PHO. The Eligibility Direction is updated from time to time, and the PHO Agreement provides for any current Direction to be actioned. It is the responsibility of all health and disability providers to assess the eligibility of a person for publicly-funded services against the criteria set out in the Eligibility Direction². For PHOs and Providers this applies to people enrolling in a PHO. People not eligible to be enrolled can still register with a Provider or practice and pay the full cost of the service.

While this document specifies the current procedures required to ensure an orderly and auditable enrolment process that meets the requirements of the Eligibility Direction, in future and once systems allow, aspirational goals for enrolment include moving to:

- New Zealand citizens enrolled at birth
- Life long enrolment eligibility linked to NHI for New Zealand citizens, as long as they are resident in New Zealand
- Real time enrolment (i.e. no lag time between enrolment and funding for the Provider).

¹ Minister of Health. 2001. *The Primary Health Care Strategy*. Wellington: Ministry of Health.

² The gazetted Eligibility Direction, 2011 is available on <http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-direction>

How to Apply This Document

All aspects of this Referenced Document are agreed, and will be applied from the date of agreement by Full PSAAP.

The parties to PSAAP accept the Government expectations that assessing people's eligibility to receive publicly-funded health services is the responsibility of all health providers who administer publicly-funded health and disability services. Providers are to take all reasonable steps to ensure that only eligible people are enrolled and included in the PHO Enrolment Register. If not eligible the person is liable for the full costs of the service.

The revision process for this version of the Enrolment Requirements Referenced Document undertaken in 2010 has highlighted that not all PHOs and providers have adequate systems in place to ensure they meet their obligations under the Eligibility Direction 2011, particularly in cases where a person's eligibility may be time limited (e.g. eligibility is dependant on a two-year work permit).

For this reason, a quality improvement process is to be applied as follows:

Quality Improvement Process

- a. The Eligibility Direction is the standard and forms part of the PHO Agreement, and the Enrolment Requirements referenced document incorporates this standard.
- b. It is recommended that Providers and PHOs sight the patient's documents in order to assess eligibility.
- c. It is the patient's responsibility to provide appropriate documentation against which the eligibility assessment is made by the Provider.
- d. The Ministry of Health has compiled relevant material to assist Providers to assess eligibility. This material is recommended to Providers and PHOs as it clearly sets out how to meet the Government's Eligibility Direction.
- e. From 1 May 2011 to 30 April 2012 a quality improvement process will apply. This will give Providers and PHOs time to develop their internal systems and processes to assess patient eligibility for publicly-funded health services and entitlement to enrol.
- f. The *Audit Protocol – Financial Claiming and Referred Services V2.0* revised in 2010, identifies that one of the Exception Factors for extrapolation during the moratorium period is ineligible patients. During the Quality Improvement Period the Exception Factor related to extrapolation in ineligible patients will be removed, and the moratorium will be extended to apply to ineligible patients. With the exception of ineligible patients all other inclusions to the Moratorium ceased, as agreed, after 28 February 2011.
- g. During this Quality Improvement Period in audit reports Audit & Compliance will continue to advise PHOs and Providers of people enrolled who are not eligible and these individuals will be removed from the Register by the PHO and Provider and no further capitation payments made in respect of those individuals. The DHB will review and discuss any recommendations from Audit & Compliance regarding the audit with the PHO/Provider and is able to recover the actual amount related to the invalid enrolment(s) found in the sample. However, during the Quality Improvement Period there will be no application of extrapolation against the whole Register for invalid enrolments found in the sample.
- h. In January/February 2012, PSAAP or the Parties to the PHO Agreement (if PSAAP no longer exists), will review progress and any final requirements for the Standard to be fully met.

A communication about the outcome of the January/February 2012 review and PHO and Provider obligations in relation to the Standard will be made at that time and also at the end of the Quality Improvement Period in May 2012.

Definitions

Eligibility

Eligibility is not defined in the Eligibility Direction 2011, but means the right to be considered to receive publicly funded services. It is not an entitlement to receive any particular services (refer to the definition of Entitlement).

Enrolment. People are considered **enrolled** with a Provider and a PHO, and their details able to be submitted for payment to the Ministry of Health in the PHO capitation register when they:

- are confirmed as *fully eligible* for publicly-funded health and disability services (refer to Clause 3 - Eligibility); and
- have signed a Provider/PHO enrolment form indicating they intend to use the Provider as their regular and ongoing Provider of First Level Services; and
- have been advised of the PHO with which the Provider is affiliated and the services available through the PHO.

Refer also to **Enrolment Registers**

Enrolment Registers

Providers and PHOs can retain a person on their Enrolment Register for submission to the Ministry of Health for capitation funding when the enrollee has had a First Level Service consultation with his/her Provider within 3 years, or has confirmed his/her intention to remain enrolled with the Provider by clear and auditable means.

Entitlement means the person is eligible for the full range of publicly funded health services and meets the criteria for PHO enrolment.

First Level Services as described in the PHO Agreement are the provision of a full range of Primary Health Care Services to the enrolled population that aim to improve, maintain and restore health and ensure access to care for the enrolled population. Care is coordinated with other health and social service agencies, as appropriate. First Level Services can also be provided to Casual Users. First Level Services are ideally provided by teams including General Practitioners, Nurse Practitioners, registered nurses and a range of other health professionals who have appropriate training and/or qualifications.

First Level Service Consultation is the provision of clinical health services as described in V18.2 of the PHO Agreement in clause H.4.1(b), H.4.2, H.4.3 and H.4.4(a). The consultation is between a patient and a medical practitioner / registered nurse / other health professional who has appropriate training and/or qualifications.

Primary Health Organisation / primary health organisation or PHO is the generic term used to refer to the local capitated health care structures tasked with achieving the vision of the Primary Health Care Strategy in collaboration with affiliated Providers.

Provider (of First Level Services) means any health service provider (whether an organisation or individual, including any Practitioner, General Practitioner or Medical Practitioner) contracted by the PHO to deliver services as per the PHO Agreement.

1. Overview

People enrol with a Provider (such as general practice) and join a PHO through the Provider's affiliation with the PHO. Enrolment is with the person's preferred Provider of First Level Services and the PHO with which the Provider is affiliated³.

A person can only be enrolled with one Provider and one PHO at any one time.

Individuals who seek health services from another Provider (including within the same PHO) are considered casual in terms of co-payments, funding and access to First Level Services (refer to Clause 4 for a definition of a Casual User).

2. Data Collection

Data Collection Processes

The Provider and PHO Enrolment Registers must include up-to-date and accurate information for each person in accordance with the agreed data specifications and business rules in the *Business Rules: Capitation-based Funding* referenced document.

Enrolees are to be provided with the opportunity to update their enrolment information at any time. In particular, when a person has changed to a new Provider it is recommended that his/her demographic details are confirmed.

PHOs will monitor Provider data collection processes for consistency and accuracy and work with Providers to correct errors when discrepancies in an enrolment register are identified.

Certification of Registers

Each Register submitted for Payment is accompanied by certification signed by the PHO's Chief Executive Officer (or delegated senior manager) as per the PHO Agreement and the *Certification of PHO Enrolment Register V1.1* referenced document.

Ethnicity Data Collection

Providers and PHOs are required to follow the collection process outlined in the document entitled '*Ethnicity Data Protocols for the Health and Disability Sector*'⁴. This includes giving people the opportunity to self-identify their ethnicity according to the Statistics New Zealand census 2006 ethnicity question.

PHOs will monitor the quality of the ethnicity data collected by Providers and work with Providers to correct errors and ethnicity data collection processes when discrepancies in an enrolment register are identified.

3. Eligibility

Eligible (Person) means a person who is eligible for publicly-funded health and disability services pursuant to the Health and Disability Services Eligibility Direction 2011 (the Eligibility Direction) of the Minister of Health, or any replacement of that Eligibility Direction.

Fully eligible (Person) means a person who:

- a) Is **eligible to enrol** in a PHO as he/she meets the eligibility criteria for any publicly-funded health service as per the Eligibility Direction <http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-direction>, namely:
 - i. Is a New Zealand citizen **OR**
 - ii. Holds a resident visa or permanent resident visa (includes residence permits issued before December 2010) **OR**

³ A PHO affiliated Provider is a Provider with a subcontract with a PHO that complies with the requirements of clause D2 of V18.2 of the PHO Agreement ("Subcontracting").

⁴ Ministry of Health. 2004. *Ethnicity Data Protocols for the Health and Disability Sector*. Wellington: Ministry of Health.

- iii. Is an Australian citizen or Australian permanent resident **AND** able to show that he/she has been in New Zealand or intends to stay in New Zealand for at least 2 consecutive years **OR**
 - iv. Has a work visa and is able to show that he/she is able to be in New Zealand for at least 2 years (previous visas/permits included) **OR**
 - v. Is an interim visa holder who was eligible for publicly funded health services immediately before his/her interim visa started **OR**
 - vi. Is a refugee or protected person **OR** is in the process of applying for, or appealing to the Immigration and Protection Tribunal for refugee or protection status **OR** is the victim or suspected victim of a people trafficking offence **OR**
 - vii. Is under 18 and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in i-vi above **OR**
 - viii. Is 18 or 19 years old and can demonstrate that, on 15 April 2011, he/she was the dependant of an eligible work visa/permit holder (visa must still be valid) **OR**
 - ix. Is a NZ Aid Programme student studying in New Zealand and receiving Official Development Assistance Funding (or their partner or child under 18) **OR**
 - x. Is participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
 - xi. Is a Commonwealth scholarship holder studying in New Zealand and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund **AND**
- b) Is entitled to enrol in a PHO because he/she is currently residing permanently in New Zealand **AND** wishes to use the practice as his/her regular and ongoing general practice provider or provider of First Level services.

Eligibility Criteria

The Eligibility Direction sets out the eligibility criteria for publicly-funded health and disability services in New Zealand: <http://www.moh.govt.nz/eligibility>. The Direction is issued by the Minister of Health under the New Zealand Public Health and Disability Act 2000.

Only people who meet the eligibility criteria defined in the Eligibility Direction can receive publicly-funded personal health and disability services. Key points to note are:

- Assessing people's eligibility to receive publicly-funded health services is the responsibility of all health providers who administer publicly-funded health and disability services.
- It is assessed at the time the services are received. People whose eligibility is unlikely to change (e.g. New Zealand citizens and permanent residents) can expect to have their eligibility assessed only once by any provider.
- If a person is not fully eligible for publicly-funded Health and Disability Services in New Zealand he/she is usually liable for the full costs of primary health care services.
- Providers are to take all reasonable steps to ensure that only fully eligible people are enrolled and included in the PHO Enrolment Register.

Eligibility Process

Prior to accepting people for enrolment in the PHO, Providers and their staff are responsible for assessing a person's eligibility to receive publicly-funded health services and entitlement to enrol in a PHO (Appendix One).

For all new people seeking to enrol in the PHO the Provider must assess:

- eligibility to receive publicly-funded health services
- entitlement to enrol – *and also that*
- the person wishes to use the practice as their ongoing general practice provider or provider of First Level Services.

Examples of the types of documentation that would assist with the checking process can be found on the Ministry of Health website - <http://www.moh.govt.nz/eligibility>.

The provider is entitled to rely on the documentation provided unless it patently appears fraudulent.

Removal from Register

A fully eligible person becomes ineligible to remain on an Enrolment Register and must be removed from the Enrolment Register by the PHO and Provider in any of the following instances:

- the individual notifies his/her previous Provider or PHO that he/she wishes to dis-enrol or enrol with another Provider or PHO (e.g. the previous Provider receives a request for notes from the new Provider);
- the Ministry of Health notifies the PHO that the individual is no longer enrolled or no longer eligible;
- there is no record on the individual's medical record that within the previous three years he/she has either consulted with the Provider or confirmed he/she wishes to remain on the Provider and PHO Enrolment Registers (Refer to Clause 5 – Maximum Period);
- the person advises the Provider that he/she intends living overseas for 12 months or longer. (If advised, the Provider should remove a person from the Register at the time of departure, not wait for the 12 months to expire);
- the Provider or PHO is otherwise made aware that the person has been overseas for a continuous period of more than 12 months;
- the individual dies;
- the Provider's or PHO's records indicate the individual is no longer fully eligible for services or the Provider is made aware of this (e.g. the visa/permit or scholarship that makes him/her eligible expires);
- the Provider is made aware that an individual is receiving his/her long-term continuous and exclusive care through another funding agreement (e.g. prison, the defence force);
- the provisions of Enrolment Requirement 11 (Provider Change of Affiliation to another PHO) permit that removal.

Submission of Registers

Providers and PHOs are to take all reasonable steps to submit correct data in their PHO Enrolment Registers for payment. This includes removing a person when it is known he/she has died or is otherwise ineligible (e.g. is in prison, has departed overseas for more than 12 months), and having a system in place to remove a person from the Register when a time-limited visa or permit has expired.

Contractual Issues

PHOs must have a contract with their DHB(s) for First Level Services and may also be funded for other services. PHOs must also have back-to-back agreements in place with their Providers that reflect the PHO's obligations in the PHO Agreement.

Enrolment Process

The enrolment process is completed when a person:

- confirms he/she is fully eligible for ongoing PHO capitation-funded services in accordance with the Eligibility Policy for ongoing PHO capitation-funded services [Refer to Section 3 (Eligibility) and also the Definitions (“Eligible” and “Fully Eligible”)]⁵; and
- confirms to a PHO-affiliated Provider that he/she intends to use that Provider as his/her regular and ongoing Provider of First Level Services;”); and
- is informed of the PHO with whom the Provider is affiliated and the benefits and implications of Provider / PHO enrolment and the services available within the practice and through affiliated Providers and the PHO; and
- is provided with information about where personal information is sent and how it is used; and
- agrees to provide the required information on the enrolment form for inclusion on the PHO and Provider Enrolment Registers, or confirms details already held; and
- agrees to the enrolment process by signing⁶ the requisite Provider / PHO Enrolment Form; and
- is given the opportunity to request a transfer of notes from his/her previous Provider where a change in Provider occurs.

If a person enrolls with a new Provider within the same PHO, PHO enrolment consent clauses do not need to be re-signed but the new provider must hold the signed enrolment form. If a person enrolls with a new Provider in a new PHO, a new Provider / PHO Enrolment Form is to be signed.

In the case of a PHO merger or configuration, or a Provider who is changing affiliation to a new PHO, refer to Clause 11.

If the person’s enrolment details do not comply with the mandatory minimum dataset as outlined in Appendix Two, or the person’s consent to enrolment is recorded on an enrolment form that does not comply with the nationally-agreed PHO enrolment consent clauses and Health Information Privacy Statement (Appendix Three) it is recommended that at the next point of contact he/she is asked to sign updated enrolment clauses that comply with these requirements.

Enrolment of Dependants

Authorised representatives can enrol dependants. In the case of a dependant child under 16 years old the process can be completed by a parent or caregiver who is the legal guardian or who has custody.

In the case of other dependants who do not have the capacity to complete and sign an enrolment form, the process can be completed by their legally authorised representative (e.g. power of attorney).

Once a dependant child reaches 16 years of age a new Provider/PHO Enrolment Form does NOT need to be signed if he/she remains with the same Provider of First Level Services. The criterion of consulting the Provider at least once in a 3 year period or reconfirming enrolment applies (Clause 5 – Maximum Period).

⁵The Immigration Act 2009 (Section 300) which will become effective in November 2010, will in time, allow the Ministry and DHBs access to eligibility data for overseas travellers and immigrants, and data may also be available to PHOs. Providers will continue to have responsibility for taking all reasonable steps to submit correct data to their PHO Enrolment Registers for payment.

⁶ The person’s decision to enrol must be evidenced by a personal handwritten signature of the person or their legally authorised representative. A name printed electronically on an enrolment form is not valid.

Retention of Records

Enrolment and dis-enrolment records should be kept so they are readily retrievable at audit. This may be with the person's medical records or retained together in separate files for this purpose.

Enrolment and dis-enrolment records should be kept for seven (7) years following the last date on which payment was claimed in respect of the Enrolment.

4. Casual User

A Casual User is a person who:

- Is not eligible or entitled to enrol with a Provider and PHO; or
- Declines to enrol with a Provider and PHO; or
- Is enrolled with one Provider/PHO and who visits another Provider (including within the same PHO).

Casual Users who are enrolled elsewhere should be encouraged to return to their usual provider. Casual users who are not enrolled should be informed of the benefits of enrolment and encouraged to enrol with a Provider/PHO of their choice at the earliest opportunity.

5. Maximum Period

Three years is the maximum period of time a person in New Zealand can be enrolled with a PHO without either a First Level Service Consultation recorded as per clause E.10 ("Daily Record") of the PHO Agreement, a new enrolment form signed (or an existing enrolment form re-signed), or auditable contact with the person that confirms continued enrolment.

After three years and no First Level Service Consultation recorded as per clause E.10 ("Daily Record") of the PHO Agreement or confirmation of enrolment as detailed above the person is to be taken off the Provider and PHO Enrolment Registers.

6. Dis-enrolment

People are free to dis-enrol at any time.

Where a person has enrolled with a new Provider and subsequently with a new PHO, the Ministry of Health will inform the previous PHO that the person is no longer enrolled. Details of where the person is enrolled will not be provided.

If an enrollee is ineligible, he/she must be removed from the Provider and PHO Enrolment Register without delay.

Auditable records must be kept regarding persons (or their families) who advise of emigration, death, or that they wish to leave a Provider.

7. Termination and Declining Enrolment

Declining Enrolment

A Provider or PHO must not refuse to enrol any person because of his/her health status, anticipated need for health services, or any other form of discrimination.

If enrolment has been declined, Providers and/or PHOs should provide advice to the person on finding another suitable Provider.

Terminating Enrolment

The Provider or PHO can only terminate a person's enrolment if:

- there is genuine concern that the relationship between the person and the practitioner is severely compromised; or

- fee-for-service deductions over the preceding six-month period demonstrate that the Provider is no longer the person's regular and ongoing Provider of First Level Services.

A person must be given appropriate notice of any termination of enrolment, the reasons for the termination, and the opportunity to respond:

- A personal contact such as a documented telephone call contact constitutes appropriate notice;
- Where the person is unable to be contacted by telephone, a letter sent to the last known address is deemed to constitute appropriate notice.

For audit purposes relevant information and detail on efforts to contact the person must be kept.

If enrolment has been terminated Providers and/or PHOs should use their best endeavours to offer to help the person find another suitable Provider.

8. Transfer of Patient Information

Patient information must be managed and transferred in accordance with the Privacy Act 1993, the Health Information Privacy Code 1994 and the Health Act 1956.

People must be told that:

- relevant health information may be given to other health professionals who are directly involved in their care.
- if they have a High User Health Card or Community Services Card, for payment purposes the PHO and affiliated Provider they are enrolled with will be informed of any casual visits to other Providers. (The PHO and Provider will be told only that a visit took place and the date it took place. The reasons for the visit and the Provider visited will not be disclosed unless authorised by the person).

9. National Health Index numbers

Providers and PHOs are to take reasonable care to ensure that NHI information relating to a person is accurate and the person's recorded name is their legal name. It is the person's responsibility to provide accurate and truthful information to the Provider when enrolling.

Each PHO is required to cross-match Provider Enrolment Registers within its organisation to remove duplicates, and the Ministry of Health will validate this when the PHO Enrolment Register is submitted.

Where inaccurate information is found by the Provider or PHO, or correct information is supplied by the Ministry, the Provider and PHO must update their Provider and PHO Enrolment Registers, or indicate in writing (to the DHB and to the person in the entity that advised of the required change) why they are declining to do so.

10. Disputes

No PHO shall submit a person more than once in any PHO Enrolment Register and the PHO is responsible for ensuring that all duplicate entries submitted by its affiliated Providers are identified and removed.

If a person is identified as being enrolled with more than one PHO, for funding purposes he/she will be assigned to the PHO with whom he/she enrolled most recently.

There is a potential for disputes to arise regarding enrolment of people on Provider and PHO Enrolment Registers, and:

- DHBs must have policies to settle disputes that arise between PHOs in their own districts.
- PHOs must have policies to settle disputes that arise between their Providers.

11. Provider change of affiliation to another PHO (including a PHO configuration or merger)

The DHB, their payment agent (Ministry of Health Sector Services), and enrolled people must be informed of a change in a Provider's affiliation with another PHO.

- The DHB needs to be informed for contractual reasons and implications for funding and services.
- Ministry of Health Sector Services needs to be advised so that national systems are able to be updated at the appropriate time with the correct information that ensures the flow of funding.
- Information to enrolled people provides the opportunity for them to be updated about changes in Provider or PHO services as a result of the change.

When a Provider changes their PHO affiliation, the "three year enrolment clock" with the existing Provider is retained (i.e. there is no change to either the date of enrolment or date of last consultation). The person will be removed from the Provider and PHO Enrolment Registers after 3 years if no First Level Service Consultation has been recorded as per clause E.10 ("Daily Record") of the PHO Agreement, or if there has been no auditable contact with the person that confirms their consent to continued enrolment as per Clause 5 'Maximum Period'.

In the situation of a provider change of PHO affiliation that has no impact on enrolled patients' existing choice of regular and ongoing provider of First Level Services, individual patient consent to the change of PHO prior to the change occurring is not required. In a PHO merger or configuration process, the PHO enrolment and PHO enrolment consent clauses will be transferred to the new PHO or the newly-created PHO entity. Information to enrolled patients regarding the change of PHO status may be provided as follows:

- a) At the next point-of-contact
- b) By general advertising in the practice rooms
- c) By other forms of general advertising (e.g. local media).

12. Change in Provider

Medical Practitioner Moves to a New Practice

If a medical practitioner moves to a new practice a person will remain enrolled with the existing contracted Provider and PHO unless a new Provider / PHO Enrolment Form is signed and the person consents to move to a new Provider.

In the event that any change of PHO is to occur the provisions of Clause 11 are to be followed.

Unexpected or Unplanned Change in a Provider

In the case of a situation that results in an unexpected or unplanned change in Provider with little or no warning (e.g. due to illness or death) and a locum is used for an interim period until permanent arrangements are decided, enrolled people will be enrolled with the existing PHO or temporarily with the Provider's new PHO and the provisions in Clause 11 will be followed.

Change of Practice Ownership

In the event of a change of practice ownership and a new Provider takes on permanent responsibility for patients but there is no change in PHO, enrolled people should be informed of the change at the next point-of-contact over a 3 year period, or at an earlier occasion through a range of communication options which could include general advertising within the practice or in the local media.

Appendix One

Eligibility Summary Guide

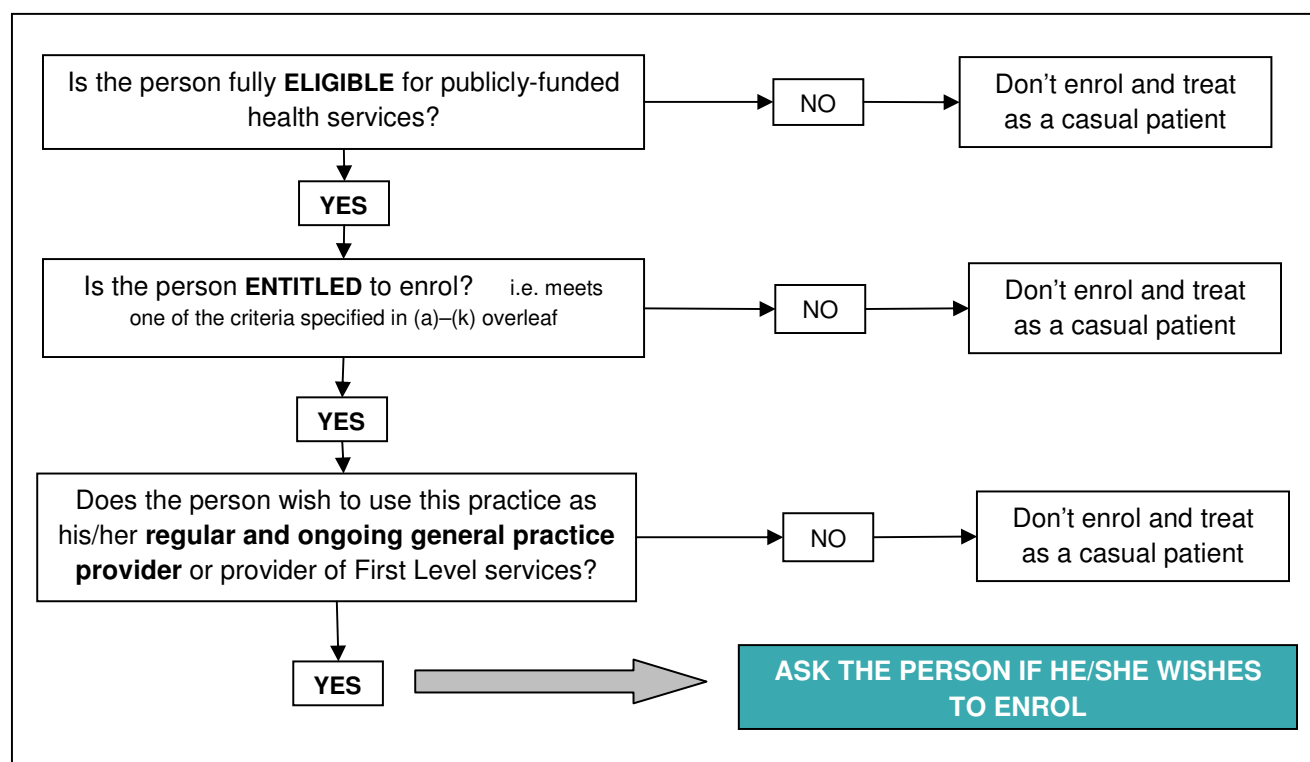
The Health and Disability Services Eligibility Direction 2011, issued by the Minister of Health, is the basis for eligibility

Refer to <http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-direction>

This guide is designed to assist providers to assess a person's eligibility for publicly funded health and disability services and entitlement to enrol in a PHO.

There are three basic steps to follow as set out in the diagram below:

- Is the person fully eligible?⁷
- Is the person entitled to enrol?⁸ and
- Does the person wish to use the practice as his/her regular and ongoing provider of general practice services?



NB: If a person does not already have a NHI number they should be assigned one, regardless of their eligibility status.

⁷ Some people are only eligible for some services (e.g. pregnant partners of eligible people may be eligible for maternity-related services) and can not enrol at a PHO.

⁸ Some people are fully eligible, but not entitled to enrol (e.g. they live overseas and the general practice would not be their regular and ongoing primary health care provider).

A person is fully eligible and entitled to be enrolled in a PHO if he / she is residing in New Zealand and:

- a) Is a New Zealand citizen **OR**
- b) Holds a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**
- c) Is an Australian citizen or Australian permanent resident AND able to show he/she has been in New Zealand or intends to stay in New Zealand for at least 2 consecutive years. **OR**
- d) Has a work visa/permit and is able to show that he/she is able to be in New Zealand for at least 2 years (previous permits included) **OR**
- e) Is an interim visa holder who was eligible immediately before their interim visa started **OR**
- f) Is a refugee or protected person OR is in the process of applying for, or appealing refugee or protection status, OR is a victim or suspected victim of people trafficking **OR**
- g) Is under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a–f above **OR**
- h) Is 18 or 19 years old and can demonstrate that, on 15 April 2011, he/she was the dependant of an eligible work visa/permit holder (visa must still be valid) **OR**
- i) Is a NZ Aid Programme student studying in New Zealand and receiving Official Development Assistance funding (or their partner or child under 18 years old) **OR**
- j) Is participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- k) Is a Commonwealth Scholarship holder studying in New Zealand and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

To work out if someone is eligible use the resources for service providers at:

<http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-resources> and
<http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-direction> for the legal document.

Further explanations of eligibility criteria are available in the Q&A section of the eligibility website.

Note there is a difference between being eligible for publicly funded health services and being entitled to enrol in a PHO. For example a New Zealand citizen who resides overseas and returns to New Zealand on vacation is eligible for publicly-funded health services but is not entitled to enrol in a PHO as he/she is not living permanently in New Zealand.

Examples:

- John was born in New Zealand (before 1 January 2006⁹) and lives permanently in New Zealand. He is eligible and entitled to enrol.
- Jack was born in New Zealand (before 1 January 2006) and moved to Australia a year ago. He is back visiting his family for one month. He is eligible, but not entitled to enrol.
- Mary was born in Australia and has been living in New Zealand for a year. She intends to remain in New Zealand for at least one more year. She is eligible and entitled to enrol.
- James is six. He was born in the United Kingdom and is visiting New Zealand for two months with his parents who are United Kingdom citizens. He is eligible for emergency medical treatment under a reciprocal agreement but as he is not fully eligible, he is not entitled to enrol.
- Susan was born in South Africa and has a one year working visa. Immediately before her visa started, she was in New Zealand on another visa for a year. She is eligible and entitled to enrol.
- Elizabeth was born in South Africa and has a two-year working visa. She is eligible and entitled to enrol.
- Jeremy is a Samoan citizen and has just moved to New Zealand. He holds a one year work visa. He will not be eligible until he gets a work visa for a second year, and so cannot enrol.
- Mark is 20, American, and has held student visas for two years. He is not a NZ Aid Programme student or a Commonwealth scholarship holder. He is not eligible and is not entitled to enrol.

To work out if someone is eligible use the resources for service providers at:

<http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-resources> and
<http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-direction> for the legal document that sets out the eligibility criteria

Further explanations of eligibility criteria are available in the FAQ section of the eligibility website.

⁹ New Zealand citizenship ceased to be automatically granted to children born in New Zealand on this date.

Appendix Two

National Minimum Dataset to be included in Enrolment Forms

The PSAAP Enrolment Working Group has developed a national minimum data set of information / mandatory fields to be included in an Enrolment Form. These are marked with a red asterisk (*) on the sample Enrolment Form (Appendix Three).

- Practice Name **(not required to be filled out by the patient, but should be included on the form)**
- Patient Consent
- Enrolment Date
- NHI
- Full name
- Date of birth
- Physical address
- Gender
- Country of birth (required to determine eligibility to capitation)
- Ethnicity **Note that the ethnicity question must be worded and set out exactly as specified as this is the standard ethnicity question required by the 'Ethnicity Data Protocols for the Health and Disability Sector'.**

Required for access to other funding

- Community Services Card number
- High User Health Card number

Non-mandatory information that practices will find very useful:

- Consent to the transfer of records from a previous provider
- Other names known by (e.g. maiden name)
- Preferred name
- Postal address
- Contact Details (Phone / Cell / Email)
- Emergency contact details
- Occupation
- Private Health Insurance
- Iwi
- Place of birth

Appendix Three

PHO Enrolment Clauses and Information to Patients

PHO Enrolment Consent Clauses

Standardised and nationally-agreed enrolment clauses have been developed for PHO enrolment. These include:

1. Eligibility clauses for enrolment in a PHO. This includes a “generic” PHO enrolment clause, whereby the patient enrolls in the PHO the practice is affiliated to (rather than a named PHO).
2. A Health Information Privacy Statement that meets the legislative requirements for informing people about the potential use of health information
 - One has been developed for enrolled patients
 - One has been developed for casual users.

Sample Enrolment Form

A *sample* enrolment form has been developed which includes the mandatory minimum dataset as identified in Appendix Two (and also some non-mandatory information), and the standardised and nationally-agreed enrolment clauses.

Providers can choose to adapt this form, however the enrolment form used *must include* the mandatory minimum dataset and the standard Eligibility, Enrolment, and Health Information Privacy Statement clauses. Also the format of the ethnicity question must be in column format with the wording as listed.

Information on Enrolling in General Practice and Enrolment in a PHO

A standardised information sheet has also been developed which explains enrolment in general practice and enrolment in a PHO. Use of this information is recommended, but not mandatory.

SAMPLE ENROLMENT FORM

PHO Logo

Practice Name *
Address
Phone Number

Practice Logo

Title		Mr Mrs Ms Miss Dr	First * Name(s)		Family Name*		NHI*	
Preferred Name						Other Names Known By (e.g. maiden name)		
Gender*		<input type="checkbox"/> Male <input type="checkbox"/> Female				Place / Country of birth*		
Physical Address*		Street or Rapid (rural) number	Name of Street			Date of Birth*		_____ / _____ / _____ <small>Day Month Year</small>
		Suburb			Community Services Card			YES / NO
		City/Town		Postcode			Card Number Expiry Date	
Postal Address						High User Health Card		YES / NO
Contact Details		Day Phone	Night Phone	Cell Phone		Card Number Expiry Date		Card Number Expiry Date
Emergency contact		Name of person to contact		Relationship		Phone number		Other contact details

Which ethnic group do you belong to? * Mark the space or spaces which apply to you		BLANK FOR PRACTICE TO ADD TO	
New Zealand European		Māori	
Samoan		Cook Islands Maori	
Tongan		Transfer of Records	
Niuean		In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	
Chinese			
Indian			
Other such as DUTCH, JAPANESE, TOKELAUAN. Please state:			
		Doctor's Name: Address / Location:	

Dependants listed on this form will also be enrolled in the PHO as long as I am legally entitled to sign on their behalf (see over)					
NHI	First Names	Family Name	Gender	Ethnicity/Ethnicities	Date of Birth

See page 2- for eligibility, consent and signature

Enrolment in the Practice / Primary Health Organisation (PHO)

I intend to use [#practice or doctor name#] as my regular and ongoing provider of general practice / GP / First Level primary health care services.

I am eligible to enrol because **I live in New Zealand** and meet one of the following criteria:

- a) I am a New Zealand citizen **OR**
- b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**
- c) I am an Australian citizen or Australian permanent resident AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years **OR**
- d) I have a work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included) **OR**
- e) I am an interim visa holder who was eligible immediately before my interim visa started **OR**
- f) I am a refugee or protected person OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking **OR**
- g) I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a–f above **OR**
- h) I am 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder **OR**
- i) I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old) **OR**
- j) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- k) I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

I confirm that, if requested, I can provide proof of my eligibility.

My agreement to the enrolment process

NB Parent or caregiver to sign if you are under 16 years

I choose to enrol with this practice as my regular and on going provider of general practice / GP / First Level primary health care services.

I understand that by enrolling with this practice I will be enrolled with the Primary Health Organisation (PHO) this practice belongs to, and my name address and other identification details will be included on both the Practice and the PHO Enrolment Register.

I understand that if I visit another provider where I am not enrolled I may be charged a higher fee.

I have been given information about the benefits and implications of enrolment with the PHO, and their contact details.

I have read and I agree with the Health Information Privacy Statement (overleaf).

I agree to inform the practice of any changes in my eligibility.

	/ / Day Month Year
SIGNATURE*	DATE*

OR Signed by AUTHORITY¹⁰

Full Name of Authority	Contact Phone Number	Relationship
Address	Signature of Authority	/ / Day Month Year
Detail the basis of authority (e.g. parent of a child under 16):		

¹⁰ An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Health Information Privacy Statement

I understand the following:

Access to my health information

I have the right to access (and have corrected) my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

Visiting another GP

If I visit another GP who is not my regular doctor I will be asked for permission to share information from the visit with my regular doctor or practice.

If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular doctor, he/she can make a claim for a subsidy, and the practice I am enrolled in will be informed of the date of that visit. The name of the practice I visited and the reason(s) for the visit will not be disclosed unless I give my consent.

Patient Enrolment Information

The information I have provided on the Practice Enrolment Form will be:

- held by the practice
- used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- sent to the PHO and Ministry of Health to obtain subsidised funding on my behalf
- used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies but only when permitted under the Privacy Act.

Health Information

Members of my health team may:

- add to my health record during any services provided to me and use that information to provide appropriate care
- share relevant health information to other health professionals who are directly involved in my care

Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the practice, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

Health Programmes

Health data relevant to a programme in which I am enrolled (e.g. Breast Screening, Immunisation, Diabetes) may be sent to the PHO or the external health agency managing this programme.

Other Uses of Health Information

Health information *which will not include my name but may include my National Health Index Identifier (NHI)* may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

- health service planning and reporting
- monitoring service quality, and
- payment.

Research

My health information may be used for health research, but only if this has been approved by an Ethics Committee and will not be used or published in a way that can identify me.

Except as listed above, I understand that details about my health status or the services I have received will remain confidential within the medical practice unless I give specific consent for this information to be communicated.

Enrolling with General Practice

General practice provides comprehensive primary, community-based, and continuing patient-centred health care to patients enrolled with them and others who consult. General practice services include the diagnosis, management and treatment of health conditions, continuity of health care throughout the lifespan, health promotion, prevention, screening, and referral to hospital and specialists.

Most general practice providers are affiliated to a PHO. The fund-holding role of PHOs allows an extended range of services to be provided across the collective of providers within a PHO.

Enrolling with a Primary Health Organisation (PHO)

What is a PHO?

Primary Health Organisations are the local structures for delivering and co-ordinating primary health care services. PHOs bring together doctors, nurses and other health professionals (such as Maori health workers, health promoters, dietitians, pharmacists, physiotherapists, mental health workers and midwives) in the community to serve the needs of their enrolled populations.

PHOs receive a set amount of funding from the government to ensure the provision of a range of health services, including visits to the doctor. Funding is based on the people enrolled with the PHO and their characteristics (e.g. age, gender, ethnicity). Funding also pays for services that help people stay healthy and services that reach out to groups in the community who are missing out on health services or who have poor health.

Benefits of Enrolling

Enrolling is free and voluntary. If you choose not to enrol you can still receive health services from a chosen GP / general practice / provider of First Level primary health care services. Advantages of enrolling are that your visits to the doctor will be cheaper and you will have direct access to a range of services linked to the PHO.

How do I enrol?

To enrol, you need to complete an Enrolment Form at the general practice of your choice. Parents can enrol children under 16 years of age, but children over 16 years need to sign their own form.

Q & A

What happens if I go to another General Practice?

You can go to another general practice or change to a new general practice at any time. If you are enrolled in a PHO through one general practice and visit another practice as a casual patient you will pay a higher fee for that visit. So if you have more than one general practice you should consider enrolling with the practice you visit most often.

What happens if the general practice changes to a new PHO?

If the general practice changes to a new PHO the practice will make this information available to you.

What happens if I am enrolled in a general practice but don't see them very often?

If you have not received services from your general practice in a 3 year period it is likely that the practice will contact you and ask if you wish to remain with the practice. If you are not able to be contacted or do not respond your name will be taken off the Practice and PHO Enrolment Registers. You can re-enrol with the same general practice or another general practice and the affiliated PHO at a later time.

How do I know if I'm eligible for publicly funded health and disability services?

Talk to the practice staff, call 0800 855 151, or visit <http://www.moh.govt.nz/eligibility> and work through the Guide to Eligibility Criteria.

Health Information Privacy Statement (Casual Patient)

I understand the following:

Access to my health information

I have the right to access (and have corrected) my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

Visiting another GP

If I visit another GP who is not my regular doctor I will be asked for permission to share information from the visit with my regular doctor or practice.

If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular doctor, he/she can make a claim for a subsidy, and the practice I am enrolled in will be informed of the date of that visit. The name of the practice I visited and the reason(s) for the visit will not be disclosed unless I give my consent.

Patient Enrolment Information

The information I have provided on the Practice Enrolment Form will be:

- held by the practice
- used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies but only when permitted under the Privacy Act.

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Members of my health team may:

- add to my health record during any services provided to me and use that information to provide appropriate care
- share relevant health information to other health professionals who are directly involved in my care

Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the practice, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

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Health information *which will not include my name but may include my National Health Index Identifier (NHI)* may be used by health agencies such as the District Health Board or Ministry of Health or a PHO for the following purposes, as long as it is not used or published in a way that can identify me:

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Research

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Except as listed above, I understand that details about my health status or the services I have received will remain confidential within the medical practice unless I give specific consent for this information to be communicated.