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## OIA REQUEST

**Received:** 09 February 2021  
**Due:** 09 March 2021  
**Response Date:** 03 March 2021 and 13 July 2021\*  
**Subject:** Complaint Procedure WBOP PHO

In response to your request under the Official Information Act, please find our response below:

1. Complaint procedure for your contractor – Western Bay of Plenty Primary Health Organisation.

Please find attached the Western Bay of Plenty Primary Health Organisation's Complaints Management Policy. This is currently under review, therefore, is in draft form at this time. \* **We now attach the updated and approved final Complaints Policy.**

2. What is the minimum required documentation regarding eligibility/identity required by GP practices that are subsidised by the WBOPHO.

Information held by a contractor to an OIA organisation is deemed held by that organisation if it is in the contractor's capacity as contractor. WBOP PHO is contracted by Bay of Plenty DHB.

WBOPPHO and its aligned General Practices observe the national Enrolment Requirements when enrolling a new patient/s. This requires:

- establishing the identity of the person, and
- verification of the persons entitlement to access publicly funded health services by establishing that the person is;
  - a New Zealand citizen, or
  - has a right to permanently reside in New Zealand, or
  - holds a work visa for two or more years, or
  - is aged 17 years or younger and their parent meets one of the above criteria.

This identity and eligibility verification is usually evidenced through production of a Birth Certificate, New Zealand passport, passport from country of birth with a visa attached and/or a NZ Driver's License. In the absence of photo ID, two other forms of identity verification are required. Please find the MoH enrolment requirements document attached.

Please note that this response may be published on our website as part of our proactive release practice.

Yours sincerely

**DEBBIE BROWN**

Senior Advisor Governance and Quality



WBoP PHO log	<b>POLICY STANDARD &amp; PROCEDURE</b>		<b>No:</b>	<b>BP 001</b>
	<b>Title: Complaints Management</b>	<b>Page</b>	<b>1 of 6</b>	
		<b>Date of Issue:</b>		
		<b>Authorised By:</b>		
		<b>Date Authorised:</b>		
		<b>Date of Review:</b>		

## BACKGROUND

The complaint mechanisms under the Health and Disability Commission Act 1994, have become the primary vehicle for dealing with complaints about the quality of health care and disability services in New Zealand. The purpose of this Act is to promote and protect the right of health consumers and disability services consumers and to that end, to facilitate the fair, simple, speedy and efficient resolution of complaints relating to infringements of those rights.

## INTRODUCTION

The Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 applies to all providers of health and disability services. The Code sets out 10 rights, including the right to be treated with respect, to be free from discrimination or exploitation, to dignity and independence, to services of an appropriate standard, to give informed consent, and the right to complain.

## SCOPE

- The enrolled population of the WBoP PHO who receive health services from PHO contracted providers
- Patients who receive health service directly from the WBoP PHO
- "PHO customers" - those contracted providers and others when receiving services from the PHO office.

## PURPOSE

- To resolve as many issues as possible to the complainant's satisfaction in a fair, simple, speedy, and efficient manner.
- To use the Complaints policy and process as a tool to pro-actively promote what is the expected consumer service behaviour that all WBoP PHO staff should display

## POLICY

The WBoP PHO is committed to the delivery of high-quality service. There are 3 key groups of customers that the WBoP PHO provides services to, either directly or indirectly:

While it is most appropriate that complaints are dealt with at the provider level, the patients are able to raise a complaint with the WBoP PHO.

The WBoP PHO is committed to promoting a culture of continuous quality improvement within its providers and the WBoP PHO office. Part of promoting this culture is responding appropriately to any complaint in a way that ensures that information identified as part of complaint investigation is used to improve the services the WBoP PHO, and its providers, deliver.

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## PROCEDURE

### 1. PATIENT RELATED COMPLAINTS

A patient related complaint applies to any complaint received by the WBOP PHO relating to services provided by the WBOP PHO or by any of its contracted staff.

The process of communication and timeframe for dealing with complaints is specifically set out in the Code of Health and Disability Services Consumer Rights, Right 10: Page 5 & 6

The WBOP PHO's response to any patient complaint shall comply also with all the other relevant rights in the Health and Disability Code of Patient Rights when dealing with complaints.

Complaints may be made in any way that is appropriate to the patient.

#### On Receipt of a Patient Complaint

- **All written** complaints should be addressed/forwarded to the Chief Executive Officer.
- Any complaints received **verbally** are to be documented on the complaint's form and forwarded to the Chief Executive Officer.
- On receipt of the complaint the Chief Executive Officer shall determine whether the complaint has been previously raised directly with the provider concerned.

If not, The Chief Executive Officer may suggest that this occurs.

If for any reason the patient does not wish to raise the complaint directly with the provider, the PHO will pursue the complaint on their behalf.

- All complaints will be registered on the WBOP PHO complaints register.
- All complaints shall be acknowledged **within 5 working days** of receipt of the complaint.

The provider concerned will be informed that the PHO has received a complaint. For more minor complaints this may occur at the same time as any investigation takes place.

In the unlikely event that a provider **does not wish to** engage in the WBOP PHO complaints process, the Chief Executive Officer shall advise the Chair of the Clinical Committee.

If following the engagement of the Chair of the Clinical Committee, the provider remains unwilling to participate in the process, the WBOP PHO shall advise the patient of their right to complain to the Health and Disability Commissioner

*When dealing with complaints it is important to ensure that the privacy of both the patient and the provider is protected*

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### **Investigating the Complaint**

- All complaints will be investigated by the Chief Executive Officer or a delegated person.
- Where it is considered appropriate, the Chief Executive Officer may seek and consider input, from the Clinical Committee and/or other appropriate individuals/organisations

Where the Chief Executive Officer engages the Clinical Committee, the GM and the Chair of the Clinical Committee may establish a sub-group of the Committee which would be made up of the most appropriate people to assist with the processing of the complaint.

This group would include the Chair of the Clinical Committee and would also include a representative of any professional group that the complaint relates to. The subgroup may also opt on those with expertise relevant to the specific complaint.

- If the complaint is considered to be of a serious nature, the Chief Executive Officer shall inform the Chairs of the WBoP PHO Board and the Clinical Committee. After initial investigations, together they can form a judgement as to whether any external authority needs to be notified.
- The WBoP PHO will ensure that the patient's complaint and the actions of the WBoP PHO regarding that complaint are documented.

### **Informing the Patient**

The WBoP PHO shall acknowledge the patient **within 5 working days of the receipt of a complaint**, unless it has been resolved to the satisfaction of the patient within that period.

The patient shall be informed of any relevant internal and external complaints' procedures, including the availability of:

- Independent advocates provided under the Health and Disability Commissioner Act 1994; and
- The Health and Disability Commissioner

The patient receives all information held by the WBoP PHO that is, or may be relevant, to the complaint.

**Within 15 working days** of receiving the complaint, the WBoP PHO must decide whether the WBoP PHO:

- Accepts that the complaint is justified; **or**
  - Does not accept that the complaint is justified
- or**

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If the WBOP PHO decides that more time is needed to process the complaint

- The WBOP PHO will determine how much additional time is needed; and where additional **time is more than 20 working days**, inform the patient of that determination and of the reasons for it.

As soon as practicable, after the WBOP PHO decides whether or not the complaint is justified, the PHO must inform the patient of:

- The reasons for the decision; and
- Any actions the provider proposes to take; and
- Any appeal procedure the provider has in place.

## **2. COMPLAINTS FROM OTHER 'PHO CUSTOMERS'**

All providers within the PHO are "customers" when they receive services from the WBOP PHO. To ensure best practice for all complaints; any complaint relating to the services that the WBOP PHO provides, will be dealt with using the timeframes and process that relates to patient complaints:

- All complaints will be registered on the WBOP PHO complaints register.
- All complaints will be treated as confidential.
- If the complaint is considered to be of a serious nature the Chief Executive Officer will inform the Chair of the WBOP PHO Board.
- All complaints will be investigated by the Chief Executive Officer or a delegated person.
- The WBOP PHO shall acknowledge the customer within 5 working days of the receipt of a complaint, unless it has been resolved to the satisfaction of the customer within that period
- The complaint and the actions of the WBOP PHO regarding the complaint are documented

**Within 15 working days of receiving the complaint**, the WBOP PHO must decide whether the WBOP PHO:

- Accepts that the complaint is justified; or
- Does not accept that the complaint is justified

If the **WBOP PHO** decides that **more time is needed** to process the complaint

- The WBOP PHO will determine how much additional time is needed; and where additional **time is more than 20 working days**, inform the patient of that determination and of the reasons for it.

As soon as practicable, after the WBOP PHO decides whether or not the complaint is justified, the WBOP PHO must inform the customer of:

- The reasons for the decision; and
- Any actions the provider proposes to take; and
- Any appeal procedure the provider has in place.

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## Health and Disability Commissioner Act 1996 Code of Rights

### DEFINITION: RIGHT 10 - Right to Complain

- 1) Every consumer has the right to complain about a provider in any form appropriate to the consumer.
- 2) Every consumer may make a complaint to:
  - a) The individual or individuals who provided the services complained of; and
  - b) Any person authorised to receive complaints about that provider; and
  - c) Any other appropriate person, including:
    - i. An independent advocate provided under the Health and Disability Commissioner Act 1994; and
    - ii. The Health and Disability Commissioner.
- 3) Every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints.
- 4) Every provider must inform a consumer about progress on the consumer's complaint at intervals of not more than 1 month.
- 5) Every provider must comply with all the other relevant rights in this Code when dealing with complaints.
- 6) Every provider, unless an employee of a provider, must have a complaints procedure that ensures that –
  - a) The complaint is acknowledged in writing within 5 working days of receipt, unless it has been resolved to the satisfaction of the consumer within that period; and
  - b) The consumer is informed of any relevant internal and external complaints procedures, including the availability of:
    - i. Independent advocates provided under the Health and Disability Commissioner Act 1994; and
    - ii. The Health and Disability Commissioner; and
  - c) The consumer's complaint and the actions of the provider regarding that complaint are documented; and
  - d) The consumer receives all information held by the provider that is or may be relevant to the complaint.
- 7) Within 10 working days of giving written acknowledgement of a complaint, the provider must:
  - a) Decide whether the provider:
    - i. Accepts that the complaint is justified; or
    - ii. Does not accept that the complaint is justified; or
  - b) If it decides that more time is needed to investigate the complaint:
    - i. Determine how much additional time is needed; and
    - ii. If that additional time is more than 20 working days, inform the consumer of that determination and of the reasons for it.
- 8) As soon as practicable after a provider decides whether or not it accepts that a complaint is justified, the provider must inform the consumer of -
  - a) The reasons for the decision; and
  - b) Any actions the provider proposes to take; and
  - c) Any appeal procedure the provider has in place.

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**Documentation:**

- Complaints form - document numbers needed
- Disciplinary process as above
- Investigation Process as above

**Cross Reference(s)**

Health and Disability Commissioner Act 1994  
 Health and Disability Commissioner Act 1996 Code of Rights  
 Privacy Act 2000  
 Health information Privacy Code 1994 and amendments  
 Health Customer Service, Consumer Rights,

DRAFT

# **Enrolment Requirements for Contracted Providers and Primary Health Organisations**

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**Version 4.1**

**6 November 2018**



# Revision History

Version	Changes from previous version	Date
4.0	<ol style="list-style-type: none"> <li>1. Updated introduction</li> <li>2. Additional information about the use of NES in the enrolment process</li> <li>3. Addition of steps for managing health identity</li> <li>4. Re-ordering of steps in the enrolment process to reflect workflow in practices</li> <li>5. Clarification of the split between maintaining identity and managing enrolment in NES</li> <li>6. Clarification of the processes required following changes in Contracted Provider and/or PHO</li> <li>7. Final legal review by Buddle Findlay</li> </ol>	November 2017
4.1	<ol style="list-style-type: none"> <li>1. Updated introduction</li> <li>2. Further clarification around NHI as the source of truth for patient demographic information</li> <li>3. Change to rule around no GMS deductions for newborns with a "B" code status to no GMS deductions for all newborns for a period of three months from the newborn's date of birth.</li> </ol>	October 2018

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# 1 Introduction

The refreshed New Zealand Health Strategy: Future Direction 2016 sets out the framework for the health system to address the significant demands on its services and on the health budget. Its key themes for health care services – people-powered, closer to home, value and high performance, one team and smart system – are cornerstones in establishing a health sector that understands people’s needs and provides services that are integrated across sectors, emphasising investment early in life, maintaining wellness, preventing illness, and providing support for the final stages of life. A strong primary health care system is central to improving the health of New Zealanders and implementing this framework.

The Primary Health Care Strategy (the Strategy) was developed in 2001 to provide a clear direction for the future development of primary health care in New Zealand. Its implementation signalled a new direction in primary health care with the development of Primary Health Organisations (PHOs), capitated population-based funding, and primary health care services that are organised around the needs of a defined population.

Enrolment is a fundamental and enabling principle of the Strategy as it describes the process by which a person formalises their longitudinal relationship with their chosen Contracted Provider.

Enrolment lays the foundation for a pro-active, co-ordinated population-based approach to preventive care, chronic disease management and systematic practice-level performance measurement and quality improvement.

Enrolment underpins accountability by defining the population for which the Contracted Provider and PHO is responsible and funded for. Therefore it is important that robust enrolment processes are followed to ensure the accuracy and timeliness of enrolment data.

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

NES is the national enrolment service hosted by the Ministry of Health and is the master source of truth for a person’s enrolment status. The Contracted Provider’s Practice Management System (PMS) uploads to NES via a secure web-based service and NES links directly to the Ministry of National Health Identity (NHI) platform.

NES provides the capability to support Contracted Providers via a direct link from NES to the Ministry of Health hosted National Health Index (NHI) identity platform which can be used to assist with assessment of a person’s entitlement to enrol and eligibility for funded healthcare. A person’s demographic attributes are sourced and maintained from the NHI being the master source of truth for such data.

***All aspects of this Referenced Document are complete and will be applied from the date of agreement by the PHO Services Agreement Amendment Protocol (PSAAP) Group (the NES Start Date).***

## 2 Enrolment Overview

A person enrolls with their preferred Contracted Provider of First Level and Urgent Care Services and becomes part of a PHO's Enrolled Population through the contract the PHO has with a Contracted Provider. A person can only be enrolled with one Contracted Provider and be part of one PHO's Enrolled Population at any one time.

The table below summarises the requirements for enrolment with a Contracted Provider of a PHO.

Confirm <b>Identity</b> of Person	Contracted Providers are required to follow the protocols relating to patient identity management outlined in the NHI Best Practice guidance provided by the Ministry, using the data provided in a person's NHI record as the central source/repository of identity information. A person's NHI data will be available via the NES integration with the Contracted Provider's PMS.
Assess <b>Eligibility</b> to receive publicly funded health services	Contracted Providers (along with all other publicly funded health providers) are required to assess the eligibility of the person to receive publicly-funded health and disability services as per the Eligibility Direction 2011 published in the <i>Gazette</i> .
Assess <b>Entitlement</b> to Enrol	<p>Contracted Providers are required to assess the entitlement of the person to enrol by having the person confirm they:</p> <ul style="list-style-type: none"> <li>▪ intend to use the Contracted Provider as their regular and on-going provider of First Level Services;</li> <li>▪ intend to reside permanently in New Zealand (resident in NZ for more than 183 days in the next 12 months); and</li> <li>▪ are not receiving long-term continuous and exclusive care through another funding agreement e.g. Department of Corrections (prison including remand), NZ Defence Force.</li> </ul>
Complete Enrolment Process	<p>Contracted Providers are required to ensure the enrolling person completes a hard copy or electronic format Enrolment Form. The Enrolment Form must include:</p> <ul style="list-style-type: none"> <li>▪ the enrolment minimum dataset (refer section 3.6)</li> <li>▪ an eligibility declaration</li> <li>▪ an entitlement declaration</li> <li>▪ the My Agreement to the Enrolment Process statements</li> <li>▪ an acknowledgment of Use of Health Information Statement</li> <li>▪ hand signature (ink or digital pen) of enrolling person (or authorised person) and date of signing</li> </ul> <p>NB. Although "consent to transfer records" is not a mandatory requirement on the Enrolment form it is required as part of Foundation Standard which is a minimum requirement within the PHO Services Agreement.</p> <p>Enrolment Forms in electronic format must be able to be printed in a format that presents all Enrolment Form requirements.</p>
Enrolment Data Collection and data held in <b>NES</b>	<p>Contracted Providers are required to record accurate information about Enrolled Persons in their PMS which will upload enrolment information to the NES in accordance with the agreed data specifications and business rules in the <i>Business Requirements: National Enrolment Service and Capitation Based Funding</i> Referenced Document.</p> <p>NES will be the 'single source of truth' for enrolment data.</p>

## 3 Enrolment Process

### 3.1 *Confirming Identity of Person*

If the person presenting for services for the first time is unknown to the Contracted Provider best practice is to confirm the person is who they say they are by sighting documentation with photo ID eg. Driver's Licence or Passport.

It is the person's responsibility to provide accurate and truthful information to the Contracted Provider when presenting for services and/or seeking to enrol and the Contracted Provider is entitled to rely on appropriate information provided by the person seeking to enrol.

If the primary confirmation of identity includes photo ID then that alone is sufficient. If this is not available then sighting of two supplementary forms of ID is recommended eg. credit card, invoice with name, other forms of non-photo ID with the person's name included.

### 3.2 *Assessing Eligibility to Receive Publicly Funded Services*

Having confirmed the identity of the person seeking to enrol, Contracted Providers are required to assess the person's eligibility to receive publicly funded health services, which involves an eligibility declaration by the person.

The Ministry of Health has compiled relevant material to assist Contracted Providers to assess eligibility in the link below:

<http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services>

This material is recommended to Contracted Providers and PHOs as it clearly sets out how to meet the Government's Eligibility Direction.

Refer to **Appendix 1 Eligibility Guide** for further detail on determination of eligibility.

- Contracted Providers are to take all reasonable steps to ensure that only persons that are eligible to enrol are recorded in their PMS as enrolled.
- It is recommended that Contracted Providers sight the person's documents in order to assess eligibility.
- It is the person's responsibility to provide appropriate documentation against which the eligibility assessment is made by the Contracted Provider.

The Eligibility criteria questions are required to be completed by the person seeking enrolment in the format outlined in **Appendix 4 Sample Enrolment Form**.

Contracted Providers are entitled to rely on the documentation provided by the person seeking to enrol unless it patently appears fraudulent.

*NB. If the Contracted Provider has knowledge that a person is no longer **eligible** to be enrolled, the Contracted Provider must dis-enrol the person by changing the enrolment status in the PMS to a Registered User or Casual User without delay. This will upload to NES. A note should be made in the Daily Record stating the reason why the person is no longer eligible to be enrolled.*

### 3.3 *Assessing Entitlement to Enrol and to remain Enrolled*

Having confirmed the **eligibility** for publicly funded services of the person seeking to enrol, Contracted Providers are required to assess the person's **entitlement** to enrol, which involves an entitlement declaration by the enrolling person.

It is the enrolling person's responsibility to provide accurate and truthful information to the Contracted Provider when presenting for services and/or seeking to enrol and the Contracted Provider is entitled to rely on information provided by the person seeking to enrol.

A person is **entitled** to enrol (or remains entitled to be enrolled) with a Contracted Provider of a PHO if he/she:

- intends to use the practice as his/her regular and ongoing provider of First Level Services; and
- intends to reside permanently in New Zealand (resident in NZ for more than 183 days in the next 12 months); and
- is not receiving his/her long-term continuous and exclusive care through another funding agreement e.g. Department of Corrections (prison and remand), Defence Force.

The Entitlement declaration is set out in **Appendix 4 Sample Enrolment Form**.

If a person is declined enrolment because he/she does not intend to reside permanently in New Zealand he/she may lodge an appeal with the Enrolment Appeal Office within 30 days of being declined enrolment on the basis of not meeting the residency requirement.

An Enrolment Appeal Form is included in **Appendix 6 Enrolment Appeal Form**.

*NB. If the Contracted Provider has knowledge that a person is no longer **entitled** to be enrolled, the Contracted Provider must dis-enrol the person by changing the enrolment status in the PMS to a Registered User or Casual User without delay. This will upload to NES. A note should be made in the daily record stating the reason why the person is no longer entitled to be enrolled.*

### 3.4 Enrolment Process

Until such time as the NES has an interface for on-line enrolment and digital signature, Contracted Providers are required to ensure enrolling persons (or an authorised representative) complete the Enrolment Process.

The Enrolment Process is completed when a person:

- is provided information about the benefits and implications of enrolment and the services the practice and PHO provide along with the Contracted Provider and PHO's name and contact details;
- is provided with information about where personal information is sent and how it is used (**refer to Appendix 5 Use of Health Information Requirements**);
- is given the opportunity to request a transfer of notes from his/her previous Contracted Provider where a change in Contracted Provider occurs;
- agrees to provide the required information on the Enrolment Form;
- agrees to the Enrolment Process by (hand) signing and dating the completed Enrolment Form; and
- has the information on the completed Enrolment Form entered into the PMS and uploaded to NES.

#### Enrolment Form

The Enrolment Form (hard copy and electronic format) must include:

- the enrolment minimum dataset
- the eligibility declaration
- the entitlement declaration
- the My Agreement to the Enrolment Process statements
- the signature of enrolee (or authorised person) and date of signing, noting that the signature must be written by the hand of the enrolee (or authorised person) using either an ink or electronic pen.

A sample Enrolment Form (hard copy) that meets all the requirements of the Enrolment Process is included in **Appendix 4 Sample Enrolment Form**.

NB. Although "consent to transfer records" is not a mandatory requirement on the Enrolment form it is required as part of Foundation Standard which is a minimum requirement within the PHO Services Agreement. The sample Enrolment Form includes "consent to transfer records" but a separate form may be generated by Contracted Providers for this purpose.

Enrolment Forms in electronic format must be able to be printed in a format that presents enrolment information in a format that includes all Enrolment Form requirements.

#### Enrolment in NES

Contracted Providers are required to validate the person's demographic details against data held in the NHI. Contracted Providers should search for and retrieve the person's NHI details. A comparison between the person's NHI data and the information provided by the enrolling person should be made, and updates made to NHI data as appropriate following the best practice documentation provided by the Ministry (available on the Ministry website).

<http://www.health.govt.nz/our-work/health-identity/national-health-index/nhi-information-health-providers>

Authorised users should create a new NHI record in cases where a record does not exist, using the information provided by the person seeking to enrol.

When the Contracted Provider is satisfied the correct information for the person has been recorded from the Enrolment Form in both the PMS and the NHI they can save the enrolment record to NES, taking note of any warnings or notifications returned by NES during this process.

A person is considered to be fully enrolled for Capitation Based Funding once their enrolment is accepted by NES.

### **3.5 Enrolment of Dependants / Individuals lacking capacity**

Authorised representatives may enrol dependants. In the case of a dependent child under 16 years old the Enrolment Process may be completed by a parent or caregiver who is the legal guardian or who has custody of the child, or the child themselves if they are competent to do so.

It is recommended that each child is enrolled on his/her own Enrolment Form as ethnicity and next of kin information may differ from parents (or authorised representatives).

When a dependent child reaches 16 years of age a new Enrolment Form does **NOT** need to be signed if he/she remains enrolled with the same Contracted Provider. The criterion of a consultation with the Contracted Provider within the previous 3 year period or Confirmation of Enrolment applies (refer **Section 7 Enrolment Period**).

In the case of other individuals who do not have the capacity to complete and sign an Enrolment Form, the Enrolment Process can be completed by their legally authorised representative. Another person who is responsible for the care and welfare of that individual lacking capacity can sign only if the person lacking capacity does not have a legally authorised representative.

### **3.6 Enrolment Minimum Dataset**

A national enrolment minimum dataset is collected on the Enrolment Form. The required wording is provided, and mandatory fields indicated, in **Appendix 4 Sample Enrolment Form**.

The required minimum dataset is:

- NHI
- Full name
- Date of Birth, Place of Birth and Country of Birth
- Gender
- Residential address (which can be recorded as No Fixed Abode in the case of a homeless person)
- Ethnicity

### **3.7 New or Updated Enrolment Requirements**

Changes to Enrolment Requirements do not require Enrolled Persons to sign new Enrolment Forms. Enrolment Forms will remain valid if they complied with the Enrolment Requirements in effect at the time the Enrolment Form was signed.

Enrolment Forms used from the date a practice begins working with NES must comply with Enrolment Requirements for Contracted Providers and PHOs V4.1.

Enrolment Requirements V4.1 includes the following new fields in the minimum dataset:

- Place of Birth

It is recommended Contracted Providers collect this additional information from all Enrolled Persons at the next point of contact.

Enrolment Requirements V4.1 includes a new standardised Use of Health Information Statement. This is provided in **Appendix 5 Use of Health Information Requirements**.

Contracted Providers are required to inform Enrolled Persons of any changes to how their health information will be handled, if the changes are such that the Enrolled Person did not agree to them at the time of completing the Enrolment Process (or Confirmation of Enrolment).

The legal obligation under Rule 3 of the Health Information Privacy Code is for agencies to take 'such steps as are, in the circumstance, reasonable' to make sure a health consumer (or his/her representative) is aware of:

- The fact that the information is being collected
- The purpose of collection



- Intended recipients of the information
- The agency or agencies who will be collecting and holding the information (names and addresses)
- Any laws requiring provision of the information
- Any consequences of not providing the information
- Rights of access and correction under the Health Information Privacy Code.

There is no specific requirement to obtain a signed statement from Enrolled Persons as part of Rule 3.

'Reasonable steps' could amount to a practice poster or leaflet. However, in the event that the Privacy Commissioner gets a complaint about a Rule 3 breach (e.g. 'I didn't realise my information may be compared with other government agencies!') it is up to the Contracted Provider to demonstrate their processes of informed consent.

It is recommended that Contracted Providers undertake a risk assessment of the differences between their existing Use of Health Information Statement and the new standardised Use of Health Information Statement in Enrolment Requirements V4.0 and make a judgement call as to whether they ask Enrolled Persons to sign the new standardised Use of Health Information Statement or they notify Enrolled Persons of the changes by way of a practice poster and/or leaflet.

### 3.8 *Retention of Enrolment Records*

Enrolment and dis-enrolment records should be kept so they are readily retrievable for an Audit. These records may be kept with the Enrolled Person's medical records or retained together in separate files for this purpose.

Enrolment and dis-enrolment records should be kept for 10 years following the last date on which payment was received in respect of the Enrolment.

For further information see **Section 10 Dis-enrolment**.

## 4 Enrolment Data Collection and Integration with NES

### 4.1 *Data Collection Processes*

NES is a web-based solution that integrates with the PMS so that staff of Contracted Providers will not have to go out of the PMS at any stage to access or upload NES information.

Contracted Providers and PHOs must take all reasonable steps to ensure accurate Enrolled Person information is entered into their PMS as **enrolment information in the PMS uploads to NES**. This also includes changing a person's enrolment status in the practice PMS if a person is no longer eligible or entitled to be enrolled.

NES is the 'single source of truth' for all national enrolment information.

Enrolled Persons are to be provided with the opportunity to update any of their enrolment, identity and ethnicity information at any time.

Information held in NES should be in accordance with the agreed data specifications and business rules in the Business Requirements: National Enrolment Service and Capitation Based Funding Referenced Document:

<http://www.health.govt.nz/our-work/primary-health-care/primary-health-care-subsidies-and-services/national-enrolment-service>

### 4.2 *National Health Identity Information*

Patient identity information held in the NHI must be updated as soon as new information is provided to a Contracted Provider by the person. When a person has changed to a new Contracted Provider, the person's NHI details must be checked and updated if necessary.

The primary residential addresses of an Enrolled Person must be validated by the eSAM address service before they are entered in the PMS and saved to NES. The eSam address service uses data from NZ Post, Land Information NZ, Statistics NZ and the Ministry to provide accurate and standardised address and geospatial data. The Ministry provides Services to Improve Access funding to health providers for patients residing in areas coded by Statistics NZ as NZ Deprivation Index 9-10 (corresponding to eSam quintile 5) (in addition to providing Services to Improve Access funding for patients who identify as being either Māori or Pacific Islander).

If a residential address is not able to be validated by the eSAM address service the following will occur:

- an Enrolled Person with a non-validated address at the NES Snapshot will receive Capitation Based Funding in the unknown quintile deprivation payment category.
- an Enrolled Person with an address validated to suburb level at the time of the NES Snapshot will receive Capitation Based Funding in the quintile deprivation payment category of that suburb.

### 4.3 Ethnicity Data Collection

Contracted Providers and PHOs are required to follow the collection process outlined in the document entitled '*Ethnicity Data Protocols for the Health and Disability Sector*' (Ethnicity data protocols).

<https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols>

Enrolled Persons must be given the opportunity to self-identify their ethnicity.

The format of the ethnicity question on an Enrolment Form must be presented as it is described in the *Ethnicity Data Protocols*. The reason for having a standardised ethnicity question, format and collection process used by all providers is to ensure the quality and reliability of ethnicity data and consistency with Census data.

**NB. The NHI will be the data source for a person's ethnicity and will provide NES enrolment data at the point a Contracted Provider begins working with NES. As Contracted Providers confirm details with patients during subsequent encounters, ethnicity data in PMS should be used to update NHI ethnicity data.**

The required format of the Ethnicity question is set out in **Appendix 4 Sample Enrolment Form**.

The Ministry provides Services to Improve Access funding for patients who identify as being either Māori or Pacific Islander (Level 1 ethnic codes 2 and 3).

PHOs will monitor the quality of the ethnicity data collected by Contracted Providers and work with Contracted Providers to correct errors and ethnicity data collection processes.

### 4.4 NES Notifications

Contracted Providers will receive notification via the NES of any of the following updates to their Enrolled Persons:

- expiry of enrolment (including enrolment end date) where there is no record that an Enrolled Person has received a consultation within the previous three years or confirmed their enrolment.
- when a verified date of death for an Enrolled Person is recorded in the NHI.
- where a duplicate enrolment occurs for an Enrolled Person as a result of linking two NHIs. The enrolment with the most recent Date of Enrolment, Date of Confirmation of Enrolment or Date of Last Consultation will be retained. The other enrolment will be ended.
- when a Contracted Provider enrolls a person any previous enrolment for that person will be ended.
- if on the fourth NES Snapshot (or the NES Snapshot next occurring at least 12 weeks after the date of birth of the newborn, whichever is the sooner) a newborn is still recorded as a B code; the newborn's enrolment will expire within NES.

## 5 Preliminary Enrolment Process for Newborns

The following process applies for all newborn preliminary enrolments where a Contracted Provider accepts a notification from the National Immunisation Register (NIR) as the newborn's nominated on-going provider of First Level Services.

On acceptance of the NIR notification the Contracted Provider must immediately enter the newborn into the PMS as a B pre-enrolment code (or as appropriate according to the type of PMS they use). The pre-enrolment code B stands for a newborn that has been accepted for funding before the Enrolment Process has been completed. The B pre-enrolment information in the PMS will upload to NES.

When the Contracted Provider first enters the newborn in the PMS and this is uploaded to NES they should record the Date of Enrolment as the date the newborn is entered into the PMS, the enrolment status as B, and leave the Date of Last Consultation blank until the newborn has had a consultation.

If a Contracted Provider accepts the NIR notification, the Contracted Provider should follow best practice by:

- communicating with the family (within a week of accepting the NIR notification) welcoming the newborn to the practice with the option of attaching an Enrolment Form for the newborn if the Eligibility of the newborn is

already known to the practice. For example, if at least one of newborn's parents are eligible the newborn will also be eligible;

- pre-calling the newborn at four or five weeks of age for a six week immunisation appointment and a general health and physical assessment; and
- recalling the newborn if she/he did not attend for their six week immunisation and a general health and physical assessment.

If a completed and signed Enrolment Form is made available to the Contracted Provider in response to the welcome communication they should:

- change the newborn pre-enrolment code status to Enrolled; and
- update the **Enrolment Date** in the PMS with the date the Enrolment Form was signed, but leave the Date of Last Consultation blank until the newborn presents for services.

When the newborn first presents for services (e.g. six week immunisation) the Contracted Provider is required to complete the formal Enrolment Process (if the Enrolment Form has not already been completed). Once the Enrolment Process is completed the Contracted Provider must change the newborn to Enrolled and update the Enrolment Date in the PMS to the date the Enrolment Process was completed by the parent or guardian signing an Enrolment Form.

If in the course of completing the Enrolment Process the Contracted Provider finds that the newborn is not eligible and/or entitled to enrol, or the parent or guardian declines enrolment, they must change the B pre-enrolment code to Registered User or Casual User (as appropriate) in their PMS which will upload to NES.

If on the fourth NES Snapshot after the newborn's date of birth the newborn is still recorded as a B code, the newborn's enrolment will expire within NES. All expired enrolments within NES will be excluded for payment purposes.

## 6 Fee Schedule for Newly Enrolled Patients

For Contracted Providers that charge a fee to newly Enrolled Persons:

- a casual consultation fee may be charged for the first consultation following completion of the Enrolment Process if the Enrolled Person's first consultation occurs before the last day of the calendar month in which they complete the Enrolment Process.
- subsequent consultations must be charged at the Enrolled Person consultation rate.

**Contracted Providers that charge newly Enrolled Persons at the Enrolled Person consultation rate for their first consultation are encouraged to continue that practice.**

Contracted Providers may claim a General Medical Service (GMS) fee for service subsidy for eligible persons only in the calendar month in which the person completes the Enrolment Process, noting that:

- The number of GMS deductions against an Enrolled Person's CBF Payment will be 'capped' at three claims submitted in a calendar month; and
- GMS deductions will not be made for any newborn for a period of three months from the newborn's date of birth.

## 7 Enrolment Period

Three years is the maximum period of time an Enrolled Person residing in New Zealand can remain enrolled with a Contracted Provider of a PHO without either:

- a First Level Service Consultation being recorded in the Daily Record, and as further described in Section 9; or
- Confirmation of Enrolment occurring through one of the methods detailed in Section 8 below.

A First Level Service Consultation or Confirmation of Enrolment within a three year period resets the three year enrolment period.

If neither of the above is recorded in the PMS then the person's enrolment will expire in NES at the end of the 3 year period.

## 8 Confirmation of Enrolment

An Enrolled Person may confirm their enrolment in three ways:

1. The Enrolled Person signs a confirmation of enrolment form (NB The original enrolment form needs to be retained as either a hard or electronic copy);
2. The Enrolled Person signs a new Enrolment Form; or
3. The Enrolled Person confirms continued enrolment through Auditable Contact.

Auditable Contact:

- may be a telephone contact or electronic media exchange with an Enrolled Person that specifically confirms his/her intention to remain enrolled with the Contracted Provider.
- is only acceptable if the conversation is documented in the Enrolled Person's Daily Record and there is sufficient documented evidence that the Enrolled Person's eligibility and entitlement to be enrolled has been confirmed, and there is no reason why the Enrolled Person's eligibility and entitlement to be enrolled would have changed.
- may be used as confirmation of enrolment only if there is a signed Enrolment Form on file. NB Prior to 1 April 2004 a signed Enrolment Form was not required.
- may be used to update the Date of Confirmation of Enrolment field in the PMS if the above conditions are met.

## 9 Date of Last Consultation

The Date of Last Consultation field can be updated following a face-to-face, telephone or other electronic contact between an Enrolled Person and a Health Practitioner which is recorded in the person's patient notes as per the Daily Record requirements of the PHO Services Agreement referenced document titled "Daily record, laboratory tests, diagnostic imaging services, and pharmaceutical requirements".

The following activities should not be used to update the Date of Last Consultation field in the Contracted Provider's PMS:

- invoices (for non-clinical related services) and credit notes;
- correspondence, initiated by the Contracted Provider, relating to outstanding debts or other financial matters;
- correspondence, initiated by the Contracted Provider, relating to recalls for immunisation or cervical screening programmes, for example;
- the receipt of reports from other health service providers, such as radiographs and laboratory test results;
- registration, enrolment or re-enrolment;
- notes about the Enrolled Person's visits to other providers (e.g. emergency departments); or adding notations to an Enrolled Person's clinical records that are not related to an Auditable Contact with the Enrolled Person.

## 10 Dis-enrolment

An Enrolled Person is free to dis-enrol at any time.

Where a person has enrolled with a new Contracted Provider, NES will automatically end the previous enrolment and notify the previous Contracted Provider that the person is no longer enrolled with them. Details of where the person is enrolled will not be provided in the notification.

If an Enrolled Person does not remain entitled to enrol, or is no longer eligible to receive publicly funded health services, the Contracted Provider must change the enrolment status in the PMS to Registered User or Casual User without delay as soon as the Contracted Provider becomes aware of an Enrolled Person's change of entitlement or eligibility status.

If the Contracted Provider becomes aware that an Enrolled Person either:

- will not be resident in New Zealand for 183 days in the next 12 months; or
- is currently not resident in New Zealand and will not be resident for 183 days or greater in the next 12 months;

the Contracted Provider should change the Enrolled Person's status in the PMS to Registered User or Casual User immediately or at the time of departure (whichever is applicable). The Contracted Provider may re-enrol the person if and when they re-present, if at that time the person meets the entitlement to enrol and eligibility requirements.

Other sections of these Enrolment Requirements that require dis-enrolment include:

- Section 3.3 (remaining entitled to be enrolled – including receiving long-term continuous and exclusive care through another funding agreement (eg prison (including remand), NZ Defence Force);
- Section 4.4 (expiry of enrolment, date of death, duplicate or superseding enrolment);
- Section 7 (maximum enrolment period); and
- Section 11.2 (terminating enrolment).

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

Changing a person's enrolment status in the PMS will upload to NES and change the person's enrolment status in the NES.

## **11 Declining and Terminating Enrolment**

### **11.1 Declining Enrolment**

A Contracted Provider 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, Contracted Providers and/or PHOs should provide advice to the person on where they can access urgent health services and use their best endeavours to help the person find another suitable Contracted Provider.

### **11.2 Terminating Enrolment**

The Contracted Provider can only terminate an Enrolled Person's enrolment if:

- there is genuine concern that the relationship between the Enrolled Person and Contracted Provider or the relevant Health Practitioner is severely compromised; or
- fee-for-service deductions over the preceding six-month period demonstrate that the Contracted Provider is no longer the Enrolled Person's regular and on-going Contracted Provider of First Level Services.

An Enrolled 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 Enrolled 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 Enrolled Person must be kept and the final decision with justification recorded in the Daily Record.

If enrolment has been terminated Contracted Providers and/or PHOs should provide advice to the person on where they can access urgent health services and use their best endeavours to help the person find another suitable Contracted Provider.

If the Contracted Provider receives official notice that the Enrolled Person is deceased, the person's enrolment should be immediately terminated in the Contracted Provider's PMS.

## **12 Changes in Contracted Provider and/or PHO**

### **12.1 New Contracted Provider**

If a person enrolls with a new Contracted Provider, the new Contracted Provider must complete the Enrolment Process (including signing and dating a new Enrolment Form) with the person seeking to enrol, as set out in section 3 of this document.

## **12.2 Contracted Provider Changes PHO (including PHO Mergers)**

If a Contracted Provider contracts with a new PHO the Enrolled Person's enrolment with the Contracted Provider remains unchanged. This means no new Enrolment Process is required and the three-year enrolment period with the Contracted Provider is deemed to continue (i.e. there is no change to either the date of enrolment or date of last consultation).

The Enrolled Person becomes part of the new PHO's Enrolled Population and must be informed of the change in PHO status:

- at the next point-of-contact, or
- by general advertising in the practice rooms, or
- by letter or email, or
- by other forms of general advertising (e.g. local media).

## **12.3 Change of Practice Ownership (including Practice Mergers)**

In the event of a change of practice ownership or practice merger and a new Contracted Provider taking on permanent responsibility for Enrolled Persons, but there is no change in PHO, Enrolled Persons must be informed of the change:

- at the next point-of-contact, or
- by general advertising in the practice rooms, or
- by letter or email, or
- by other forms of general advertising (e.g. local media).

This means no new Enrolment Process is required and the three-year enrolment period with the Contracted Provider is deemed to continue (i.e. there is no change to either the date of enrolment or date of last consultation). If the change of practice ownership results in a change in PHO, clause 12.2 also applies.

## **12.4 Change of Practice Location**

In the event a Contracted Provider changes its practice location, the Enrolled Person's enrolment with the Contracted Provider remains unchanged.

The Enrolled Person must be informed of the change:

- at the next point-of-contact, or
- by general advertising in the practice rooms, or
- by letter or email, or
- by other forms of general advertising (e.g. local media).

If the change of practice location results in a change in PHO, clause 12.2 also applies.

## **12.5 Contracted Provider Ceases to Provide Services**

If a Contracted Provider ceases providing services (planned or unplanned), its Enrolled Persons will remain part of the PHO's Enrolled Population and the PHO is required to make provision for continuing services for the Contracted Provider's Enrolled Persons.

## **12.6 Health Practitioner of a Contracted Provider Moves to a New Contracted Provider**

If a Health Practitioner who is not a Contracted Provider moves to a new Contracted Provider, an Enrolled Person who was a patient of the Health Practitioner will remain enrolled with the original Contracted Provider unless and until they choose to enrol with a new Contracted Provider, at which time the new Contracted Provider must complete the Enrolment Process (including signing and dating a new Enrolment Form) with the enrolling person.

# **13 Registered User**

A Registered User is a person who:

- has chosen the Contracted Provider (practice) as their on-going provider of First Level Services; and
  - is not entitled and/or eligible to enrol; or
  - has chosen not to enrol

Registered Users have the same continuity of care relationship with their nominated Contracted Provider as an Enrolled Person but they are not eligible for capitation based funding and their information is not uploaded to the NES.

A Register User would typically have an “R” (Registered) status within the Contracted Provider’s PMS and be included in the practice’s population for on-going patient management eg. immunisation and screening programmes.

## 14 Casual User

A Casual User is a person who:

- has not chosen the Contracted Provider as their on-going provider of First Level Services; or
- is already enrolled with a Contracted Provider and who visits another Contracted Provider and does not choose to enrol with that other Contracted Provider (including if both Contracted Providers are part of the same PHO).

Persons who seek health services from another Contracted Provider (including within the same PHO), and do not enrol are considered a Casual User in terms of funding and access to First Level Services.

Casual Users who are enrolled elsewhere should be encouraged to seek ongoing care from the Contracted Provider they are enrolled with.

Casual Users who are not enrolled and are entitled and eligible to enrol should be informed of the benefits of enrolment and encouraged to enrol with a Contracted Provider of their choice at the earliest opportunity.

## 15 Disclosure of Patient Information

Patient information must be managed and disclosed in accordance with the Health Act 1956, Privacy Act 1993, the Health Information Privacy Code 1994 and the New Zealand Public Health and Disability Act 2000.

Persons must be informed that:

- relevant health information may be provided to other health professionals or agencies in the circumstances described in **Appendix 5 Use of Health Information Requirements**.
- for payment purposes the Contracted Provider they are enrolled with and the contracting PHO will be informed of any casual visits to other Contracted Providers if they are:
  - aged under eighteen years
  - have a High Use Health Card
  - have a Community Services Card.

Refer PHO Services Agreement, Schedule C2, Clause; ‘Information about GMS consultations’

*NB The Contracted Provider and PHO will be told that a visit took place, the date and time it took place, aggregated information about the location at which the visit took place, and the type of Health Practitioner who provided the consultation, but the reasons for the visit will not be disclosed unless authorised by the person.*

## 16 Disputes

There is a potential for disputes to arise regarding enrolment of people on NES. DHBs and PHOs should have processes in place for timely resolution of disputes as outlined in dispute resolution clauses of the PHO Services Agreement.

## 17 Changes in Enrolment Requirements

Enrolled Persons are not required to sign a new Enrolment Form if there are changes to Enrolment Requirements. Enrolment Forms are audited against the enrolment requirements in effect at the time of the enrolment.

Updated Enrolment Forms incorporating any new Enrolment Requirements must be used for all new enrolments from the date the new requirements came in to effect.

Where new Enrolment Requirements include the collection of new information, this information should be sourced from the Enrolled Person at the next point of contact and entered into the PMS. If the new information relates to demographic data that is held in the NHI, the NHI should also be updated.



# Appendix 1 Eligibility Guide

Contracted Providers (along with all other publicly funded health providers) are required to assess the eligibility of the person to receive publicly-funded health and disability services as per the Eligibility Direction 2011 published in the Gazette.

Using information from the patient, providers are responsible for taking all reasonable steps to assess the eligibility and entitlement of patients to enrol, and entering accurate information into their PMS which uploads to NES.

Each Contracted Provider or PHO should work out its internal systems and processes and how this will be managed.

**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 with a Contracted Provider or PHO as he/she is not living permanently in New Zealand. After completing the **eligibility assessment**, it will also be necessary to confirm **entitlement** to enrol – see **Appendix 4 Sample Enrolment Form** for the Entitlement Declaration.

## **Eligibility Assessment Resources**

This guide is designed to assist Contracted Providers to assess a person's eligibility for publicly funded health and disability services. The eligibility questions are included in **Appendix 4 Sample Enrolment Form**.

Eligibility for publicly funded services is determined by the Health and Disability Services Eligibility Direction 2011 (the Eligibility Direction). This is a direction made by the Minister of Health under section 32 of the New Zealand Public Health and Disability Services Act 2000. The direction became effective on 16 April 2011, and applies from that date forward.

The following resources are recommended to Contracted Providers and PHOs as they clearly sets out how to meet the Eligibility Direction, and determine those people eligible to enrol with a Contracted Provider and become part of a PHO's Enrolled Population.

- <http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services-0>
- <http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services>
- <http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/resources-service-providers-check-eligibility> and
- <http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction> for the legal document that sets out the eligibility criteria.

## **Process to Assess Eligibility**

It is recommended that Contracted Providers have information at reception that reassures people not to be offended if they are asked to provide evidence of citizenship or eligibility for publicly funded health services. People from overseas would expect to be asked to show proof of eligibility.

Practices may choose to make it a routine practice to ask new patients to bring in documentation at the first visit. If this is forgotten, documentation could be photocopied and sent by post, or scanned and sent by email.

Contracted Providers may make copies of, and file, documents provided to assess eligibility for publicly funded health services (eg. Passport) but this information cannot be used for any purpose other than for which it was provided ie. to assess eligibility.

Contracted Providers are entitled to rely on the documentation provided by the patient unless it patently appears fraudulent, or is not sufficient to confirm eligibility.

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

## **Documentation to Assess Eligibility**

### **New Zealand Citizens and Permanent Residents:**

If the person's NZ Citizenship status is Yes, **and** the NZ Citizenship source code is sent to DIA then practices can be confident that the person's citizenship is valid, but may still request hard copy proof if they feel it is appropriate.

Everyone born in New Zealand prior to 2006 was automatically a New Zealand citizen, and for the purposes of determining eligibility for publicly funded health services use of a birth certificate prior to 2006 is appropriate.

*NB. In order to reduce identity fraud the Department of Internal Affairs is in the process of updating all birth certificates to have a unique identifier, and any person needing a birth certificate for official purposes may need to purchase a new one containing this unique identifier.*

As all New Zealand citizens are eligible for publicly funded health and disability services, expired New Zealand passports can be used for assessment of eligibility provided there are no identity related risks. If a person presents an expired New Zealand passport you must be confident that the person requesting to be enrolled is who they say they are. Care should be taken to ensure that the passport is not so old that it is difficult to tell if the person presenting the passport is the same person on the passport. For example, care would need to be taken if the passport has a picture of the person as a child.

The following suggestions may help with determining eligibility for publicly funded services.

New Zealanders and New Zealand permanent residents:

- with a Gold Card and receiving Superannuation; or
- on an Unemployment Benefit, Domestic Purposes Benefit, Sickness Benefit or Invalids Benefit

have already proven eligibility for publicly-funded health services by having to provide the required documentation (a birth certificate or passport) to the Ministry of Social Development or Work and Income NZ.

Being on an emergency benefit does **not** count towards proof of eligibility.

A NZ driver's licence can assist with determining identity, but does not have the appropriate information to determine eligibility. For example, a person who is not eligible for publicly-funded health services may have a New Zealand driver's licence. A New Zealand driver's licence does not provide information on country of birth.

### **Financial Assistance Available**

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 person can phone the Contact Centre on 0800 559 009 to make an appointment. Additional information is also available on the Work and Income website <http://www.workandincome.govt.nz/>

### **Eligibility other than New Zealand Citizen or Permanent Resident:**

If a person seeking enrolment is using a **non-New Zealand passport** for assessment of eligibility for publicly funded health services, the passport **must be valid** at the time of enrolment.

Refer to the Eligibility Checklist for each eligibility category and the proof required:

<http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/resources-service-providers-check-eligibility/eligibility-checklist>

NB Those categories of individuals who are eligible for only a 'limited range of publicly funded health and disability services' are **not** eligible to be enrolled.

**Interim Visa.** If a person has an interim visa this means they are waiting for Immigration to finish processing an application as Immigration issues interim visas if the old visa has run out but the new visa is still being processed. To determine the eligibility of an interim visa holder you should look at what their eligibility status was immediately prior to being issued the interim visa. For example, the person had a two year work permit and has been issued with an interim visa while waiting for their application for another two year work permit to be processed. Immigration usually issues Interim visas in a letter form.

### **Eligibility Examples**

- **Citizen:** John was born in New Zealand (before 1 January 2006) and lives permanently in New Zealand. He is eligible and entitled to enrol.
  - If his NHI record indicates John's NZ Citizenship status is Yes, **and** the NZ Citizenship source code is set to DIA then no further proof of citizenship is required.
  - If the DIA record is not present on the NHI data base then a New Zealand passport, citizenship certificate or birth certificate must be produced. If John was born after 1 January 2006 then a birth certificate alone will not be sufficient to establish eligibility, unless one of the parents on the certificate establishes their eligibility.

- If John had been born in the Cook Islands, Niue or Tokelau he would also have New Zealand citizenship.
- **Citizen living overseas:** Jack was born in New Zealand (before 1 January 2006 – so he is eligible) and moved to Australia a year ago. He is back visiting his family for one month. He is eligible, but not **entitled** to enrol, as he is not Residing Permanently in New Zealand.
- **Australian citizen or resident intending to stay in New Zealand for at least two consecutive years:** 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. If Mary was only visiting New Zealand for a holiday she would not be eligible to enrol.
- **UK citizen visitor visa:** 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 eligible to enrol with the general practice.
- **Work visa holder legally in New Zealand for two years or more:**
  - Susan was born in South Africa and currently has a one year working visa. Immediately before her visa started, she was legally in New Zealand on another visa for a year. Susan is a current work visa holder who is legally able to stay in New Zealand for a period of at least two consecutive years. She is eligible and entitled to enrol.
  - Elizabeth was born in South Africa and has a two-year working visa that will enable her to stay in New Zealand legally for a period of two years. She is eligible and entitled to enrol if she arrived in New Zealand on a date that leaves a full two-year period until the working visa expires. If, however, Elizabeth entered New Zealand part way through the time period on her visa, so that the remaining time left on her visa was less than a full two-year period, she would not be eligible to enrol as she will be unable to be legally in New Zealand for two years until she is granted another visa.
  - 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.
- **Student visa:** Mark is 20, American, and has held student visas for two years. He is not eligible to enrol.
  - If Mark was a NZ Aid Programme student or a Commonwealth Scholar, from another country and studying in New Zealand, he would be eligible to enrol

## Appendix 2 National Enrolment Minimum Dataset

The PSAAP Group has developed a national enrolment minimum dataset that is required to be included in an Enrolment Form. These mandatory fields are shaded in **Appendix 4 Sample Enrolment Form**.

- 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, Place of Birth and Country of Birth
- Gender
- Residential address (validated by the eSAM service)
- Ethnicity (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:

- High Use Health Card number

Community Services Card number

Non-mandatory information that practices may find useful:

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

## Appendix 3 Ethnicity Requirements

Contracted Providers and PHOs are required to follow the collection process outlined in the document entitled *'Ethnicity Data Protocols for the Health and Disability Sector'* available on the Ministry website at the location provided below. This includes giving people the opportunity to self-identify their ethnicity according to the Statistics New Zealand Census 2013 ethnicity question. PHOs will monitor the quality of the ethnicity data collected by Contracted Providers and work with Contracted Providers to correct errors and ethnicity data collection processes when discrepancies in an enrolment register are identified.

<https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols>

## Appendix 4 Sample Enrolment Form

A *sample* Enrolment Form has been developed which includes all the mandatory enrolment data requirements as set out in this document as well as other data fields commonly used in the process of patient registration with the Contracted Provider. Mandatory fields are shaded in the sample Enrolment Form. A black and white version of the Enrolment Form, with the mandatory fields marked with an asterisk, has also been included for Contracted Providers that have a need to fax the form.

Other fields have been included that can be customised by Contracted Providers for their own purposes.

Contracted Providers may choose to adapt this sample Enrolment Form however any Enrolment Form a Contracted Provider chooses to use *must include*:

- the enrolment minimum dataset
- an entitlement declaration
- an eligibility declaration
- the My Agreement to the Enrolment Process statements

NB. Although “consent to transfer records” is not a mandatory requirement on the Enrolment form it is required as part of Foundation Standard which is a minimum requirement within the PHO Services Agreement. The sample Enrolment Form includes “consent to transfer records” but a separate form may be generated by Contracted Providers for this purpose.

The Contracted Provider is also required to provide the enrolling person with information about the benefits and implications of enrolment and the services the Contracted Provider and PHO provide along with the PHO’s name and contact details.

Logo	<b>ENROLMENT FORM</b>	Practice Specific Field eg. Address and Contact Details
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Fields shaded in blue are compulsory	Practice Specific Field	NHI (Office use only)
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<b>Name</b>	<small>(Title)</small>	<b>Given Name</b>	<b>Other Given Name(s)</b>	<b>Family Name</b>
<b>Other Name(s)</b> <small>(eg. maiden name) Please tick the name you prefer to be known as</small>				
<b>Birth Details</b>		<small>Day / Month / Year of Birth</small>	<small>Place of Birth</small>	<small>Country of birth</small>
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse (please state)	<b>Occupation</b>

<b>Usual Residential Address</b>	<small>House (or RAPID) Number and Street Name</small>	<small>Suburb/Rural Location</small>	<small>Town / City and Postcode</small>
<b>Postal Address</b> <small>(if different from above)</small>	<small>House Number and Street Name or PO Box Number</small>	<small>Suburb/Rural Delivery</small>	<small>Town / City and Postcode</small>

<b>Contact Details</b>	<small>Mobile Phone</small>	<small>Home Phone</small>	<small>Email Address</small>
<b>Emergency Contact</b>	<small>Name</small>	<small>Relationship</small>	<small>Mobile (or other) Phone</small>

<b>Transfer of Records</b>	<i>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, as I am only able to be enrolled at one practice at a time in New Zealand.</i>		
	<input type="checkbox"/> Yes, please request transfer of my records	<input type="checkbox"/> No transfer	<input type="checkbox"/> Not applicable
	<small>Previous Doctor and/or Practice Name</small>		<small>Address / Location</small>

<b>Ethnicity Details</b> <small>Which ethnic group(s) do you belong to? Tick the space or spaces which apply to you</small>	<input type="radio"/> New Zealand European <input type="radio"/> Maori <input type="radio"/> Samoan <input type="radio"/> Cook Island Maori <input type="radio"/> Tongan <input type="radio"/> Niuean <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Other (such as Dutch, Japanese, Tokelauan). Please state <input type="text"/> <input type="text"/>	<b>Community Services Card</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<small>Day / Month / Year of Expiry</small>	<small>Card Number</small>	
		<b>High User Health Card</b>		<input type="checkbox"/> Yes
		<small>Day / Month / Year of Expiry</small>	<small>Card Number</small>	
		Practice Specific Field		

## My declaration of entitlement and eligibility

**I am entitled to enrol** because I am residing permanently in New Zealand.

*The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months*

**AND I am eligible to enrol** because:

**a** I am a New Zealand citizen *(If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)*

If you are **not** a New Zealand citizen please tick which eligibility criteria applies to you (b–j) below:

b	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
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	<input type="checkbox"/>
d	I have a current work visa/permit and can show that I am legally able to be in New Zealand for at least 2 years (previous visas / permits included)	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
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	<input type="checkbox"/>
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 <b>OR</b> in the control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
h	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)	<input type="checkbox"/>
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
j	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	<input type="checkbox"/>

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

Evidence sighted *(Office use only)*

## My agreement to the enrolment process

**NB. Parent or Caregiver to sign if you are under 16 years**

**I intend to use this practice** as my regular and ongoing provider of general practice / GP / health care services.

**I understand** that by enrolling with this practice I will be included in the enrolled population of this practice's Primary Health Organisation (PHO) [PHO name.....], and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

**I understand** that if I visit another health care 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 and the services this practice and PHO provides along with the PHO's name and contact details.

**I have read and I understand** the Use of Health Information Statement. The information I have provided on the Enrolment Form will be 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.

**I understand** that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

**I agree** to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

<b>Signatory Details</b>	Signature	Day / Month / Year	<input type="checkbox"/>	<input type="checkbox"/>
			Self Signing	Authority

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

<b>Authority Details</b> <i>(where signatory is not the enrolling person)</i>	Full Name	Relationship	Contact Phone
	Legal basis of authority (e.g. parent of a child under 16 years of age)		



<b>Practice Logo</b>	Practice Specific Field eg. Address and Contact Details	
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## ENROLMENT FORM

<b>Fields with * are compulsory</b>	<b>Anyone over age of 16 years must complete their own enrolment form</b>	<b>NHI (Office use only)</b>
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<b>Name</b>	Title	* Given Name	* Other Given Name(s)	* Family Name
<b>Other Name(s)</b> (eg. maiden name) Please tick the name you prefer to be known as				
<b>Birth Details</b>		* Day / Month / Year of Birth	* Place of Birth	* Country of birth
<b>Gender</b>		* <input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Diverse (please state)
				Occupation

<b>Usual Residential Address</b>	* House (or RAPID) Number and Street Name	* Suburb/Rural Location	* Town / City and Postcode
<b>Postal Address</b> (if different from above)	House Number and Street Name or PO Box Number	Suburb/Rural Delivery	Town / City and Postcode

<b>Contact Details</b>	Mobile Phone	Home Phone	Email Address
<b>Emergency Contact</b>	Name	Relationship	Mobile (or other) Phone

<b>Transfer of Records</b>	<i>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.</i>		
	<input type="checkbox"/> Yes, please request transfer of my records	<input type="checkbox"/> No transfer	<input type="checkbox"/> Not applicable
	Previous Doctor and/or Practice Name	Address / Location	

<b>Ethnicity Details</b> Which ethnic group(s) do you belong to? <i>Tick the space or spaces which apply to you</i>	<table style="width: 100%;"> <tr> <td>* <input type="radio"/> New Zealand European</td> <td><b>Community Services Card</b></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="radio"/> Maori</td> <td>Day / Month / Year of Expiry</td> <td colspan="2">Card Number</td> </tr> <tr> <td><input type="radio"/> Samoan</td> <td colspan="3"><b>High User Health Card</b></td> </tr> <tr> <td><input type="radio"/> Cook Island Maori</td> <td><input type="checkbox"/> Yes</td> <td colspan="2"><input type="checkbox"/> No</td> </tr> <tr> <td><input type="radio"/> Tongan</td> <td>Day / Month / Year of Expiry</td> <td colspan="2">Card Number</td> </tr> <tr> <td><input type="radio"/> Niuean</td> <td colspan="3" rowspan="3" style="text-align: right; vertical-align: bottom;"><b>Practice Specific Field</b></td> </tr> <tr> <td><input type="radio"/> Chinese</td> </tr> <tr> <td><input type="radio"/> Indian</td> </tr> <tr> <td><input type="radio"/> Other (such as Dutch, Japanese, Tokelauan). Please state</td> <td colspan="3"> <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/> </td> </tr> </table>	* <input type="radio"/> New Zealand European	<b>Community Services Card</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="radio"/> Maori	Day / Month / Year of Expiry	Card Number		<input type="radio"/> Samoan	<b>High User Health Card</b>			<input type="radio"/> Cook Island Maori	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="radio"/> Tongan	Day / Month / Year of Expiry	Card Number		<input type="radio"/> Niuean	<b>Practice Specific Field</b>			<input type="radio"/> Chinese	<input type="radio"/> Indian	<input type="radio"/> Other (such as Dutch, Japanese, Tokelauan). Please state	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>		
* <input type="radio"/> New Zealand European	<b>Community Services Card</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																												
<input type="radio"/> Maori	Day / Month / Year of Expiry	Card Number																													
<input type="radio"/> Samoan	<b>High User Health Card</b>																														
<input type="radio"/> Cook Island Maori	<input type="checkbox"/> Yes	<input type="checkbox"/> No																													
<input type="radio"/> Tongan	Day / Month / Year of Expiry	Card Number																													
<input type="radio"/> Niuean	<b>Practice Specific Field</b>																														
<input type="radio"/> Chinese																															
<input type="radio"/> Indian																															
<input type="radio"/> Other (such as Dutch, Japanese, Tokelauan). Please state	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																														

* <b>My declaration of entitlement and eligibility</b> *
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<b>I am entitled to enrol</b> because I am residing permanently in New Zealand. <i>The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months</i>	<input type="checkbox"/>
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**I am eligible to enrol** because:

a	<b>I am a New Zealand citizen</b> <i>(If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)</i>	<input type="checkbox"/>
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If you are **not a New Zealand citizen** please tick which eligibility criteria applies to you (b–j) below:

b	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
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	<input type="checkbox"/>
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)	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
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	<input type="checkbox"/>
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 <b>OR</b> in the control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
h	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)	<input type="checkbox"/>
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
j	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	<input type="checkbox"/>

<b>I confirm that, if requested, I can provide proof of my eligibility</b>	<input type="checkbox"/>	<i>Evidence sighted (Office use only)</i>
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<h2 style="margin: 0;">My agreement to the enrolment process</h2> <p style="margin: 0;"><b>NB. Parent or Caregiver to sign if you are under 16 years</b></p>
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**I intend to use this practice** as my regular and ongoing provider of general practice / GP / health care services.

**I understand** that by enrolling with this practice I will be included in the enrolled population of this practice’s Primary Health Organisation (PHO) [**PHO name.....**], and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

**I understand** that if I visit another health care 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 and the services this practice and PHO provides along with the PHO’s name and contact details.

**I have read and I understand** the Use of Health Information Statement. The information I have provided on the Enrolment Form will be 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.

**I understand** that the Practice participates in a national survey about people’s health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

**I agree** to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

<b>Signatory Details</b>	* Signature	* Day / Month / Year	<input type="checkbox"/> Self Signing	<input type="checkbox"/> Authority
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**An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.**

<b>Authority Details</b> <i>(where signatory is not the enrolling person)</i>	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		

## Appendix 5 Use of Health Information Requirements

The legal obligation under Rule 3 of the Health Information Privacy Code is for agencies to take 'such steps as are, in the circumstances, reasonable' to make sure a health consumer (or his/her representative) is aware of:

- The fact that the information is being collected
- The purpose of collection
- Intended recipients of the information
- The agency or agencies who will be collecting and holding the information (names and addresses)
- Any laws requiring provision of the information
- Any consequences of not providing the information
- Rights of access and correction under the Health Information Privacy Code.

There is no specific requirement to obtain a signed statement from health consumers as part of Rule 3 of the Health Information Privacy Code, however it is recommended that as part of the Enrolment Process the elements of the Use of Health Information Statement are:

- provided to the enrolling person in written or practice poster form; and
- the enrolling person indicates on the Enrolment Form that they have read and understood the Use of Health Information Statement.

The Use of Health Information Statement has been developed by the Health Information Governance Expert Advisory Group (HIGEAG) at the request of PSAAP. HIGEAG is a group of subject matter experts from around the sector who were brought together to draft the Health Information Governance Framework. The Statement was developed with input from the National Health IT Board Consumer Panel and a number of independent consumer groups.

### The Use of Health Information Statement is provided below.

#### Use and confidentiality of your health information (fact sheet)

Your privacy and confidentiality will be fully respected. This fact sheet sets out why we collect your information and how that information will be used.

#### Purpose

We collect your health information to provide a record of care. This helps you receive quality treatment and care when you need it.

We also collect your health information to help:

- keep you and others safe
- plan and fund health services
- carry out authorised research
- train healthcare professionals
- prepare and publish statistics
- improve government services.

#### Confidentiality and information sharing

Your privacy and the confidentiality of your information is really important to us.

- Your health practitioner will record relevant information from your consultation in your notes.
- Your health information will be shared with others involved in your healthcare, and with other agencies with your consent, or if authorised by law.
- You don't have to share your health information, however, withholding it may affect the quality of care you receive. Talk to your health practitioner if you have any concerns.

- You have the right to know where your information is kept, who has access rights, and, if the system has audit log capability, who has viewed or updated your information.
- Your information will be kept securely to prevent unauthorised access.

### **Information quality**

We're required to keep your information accurate, up-to-date and relevant for your treatment and care.

### **Right to access and correct**

You have the right to access and correct your health information.

- You have the right to see and request a copy of your health information. You don't have to explain why you're requesting that information, but may be required to provide proof of your identity. If you request a second copy of that information within 12 months, you may have to pay an administration fee.
- You can ask for health information about you to be corrected. Practice staff should provide you with reasonable assistance. If your healthcare provider chooses not to change that information, you can have this noted on your file.

Many practices now offer a patient portal, which allows you to view some of your practice health records online. Ask your practice if they're offering a portal so you can register.

### **Use of your health information**

Below are some examples of how your health information is used.

- If your practice is contracted to a Primary Health Organisation (PHO), the PHO may use your information for clinical and administrative purposes including obtaining subsidised funding for you.
- Your District Health Board (DHB) uses your information to provide treatment and care, and to improve the quality of its services.
- A clinical audit may be conducted by a qualified health practitioner to review the quality of services provided to you. They may also view health records if the audit involves checking on health matters.
- When you choose to register in a health programme (eg immunisation or breast screening), relevant information may be shared with other health agencies involved in providing that health programme.
- The Ministry of Health uses your demographic information to assign a unique number to you on the National Health Index (NHI). This NHI number will help identify you when you use health services.
- The Ministry of Health uses health information to measure how well health services are delivered and to plan and fund future health services. Auditors may occasionally conduct financial audits of your health practitioner. The auditors may review your records and may contact you to check that you received those services.
- Notification of births and deaths to the Births, Deaths and Marriages register may be performed electronically to streamline a person's interactions with government.

### **Research**

Your health information may be used in research approved by an ethics committee or when it has had identifying details removed.

- Research which may directly or indirectly identify you can only be published if the researcher has previously obtained your consent and the study has received ethics approval.
- Under the law, you are not required to give consent to the use of your health information if it's for unpublished research or statistical purposes, or if it's published in a way that doesn't identify you.

### **Complaints**

It's OK to complain if you're not happy with the way your health information is collected or used.

Talk to your healthcare provider in the first instance. If you are still unhappy with the response you can call the Office of the Privacy Commissioner toll-free on 0800 803 909, as they can investigate this further.

### **For further information**

Visit [www.legislation.govt.nz](http://www.legislation.govt.nz) to access the Health Act 1956, Official Information Act 1982 and Privacy Act 1993.

The Health Information Privacy Code 1994 is available at [www.privacy.org.nz](http://www.privacy.org.nz). You can also use the Privacy Commissioner's [Ask Us](#) tool for privacy queries.

A copy of the Health and Disability Committee's Standard Operating procedures can be found at <http://ethics.health.govt.nz/operating-procedures>

Further detail in regard to the matters discussed in this Fact Sheet can be found on the Ministry of Health website at <http://www.health.govt.nz/your-health/services-and-support/health-care-services/sharing-your-health-information>

## Appendix 6 Enrolment Appeal Form

An enrolling person has 30 days from the date when they were declined enrolment to appeal the decision to decline to enrol. If the enrolling person(s) a couple or a family that has been declined enrolment this form should be completed for each individual.

Email the completed form to:

[info@tas.health.nz](mailto:info@tas.health.nz)

The Enrolment Appeal Office will respond to you within 20 working days of receiving your appeal.

## PHO ENROLMENT APPEAL FORM

Email completed form to: [info@tas.health.nz](mailto:info@tas.health.nz) or post to Central TAS, PO Box 23075, Wellington 6140

<b>Legal Name</b>	(Title)	Given Name	Other Given Name(s)	Family Name
<b>Birth Details</b>		Day / Month / Year of Birth	Country of Birth	NHI Number <i>(Practice to supply)</i>
<b>Usual Residential Address</b>		House (or RAPID) Number and Street Name	Suburb/Rural Location	Town / City and Postcode
<b>Contact Details</b>		Mobile Phone	Home Phone	Email Address
<b>Practice Details</b>		Practice Name	Practice Phone Number	Day / Month / Year when enrolment was declined

**I am entitled to enrol** because:

I intend to use this practice as my regular and ongoing provider of general practice services	<input type="checkbox"/>
I am residing permanently in New Zealand. <i>The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months</i>	<input type="checkbox"/>

**I am eligible to enrol** because:

a	I am a New Zealand citizen	<input type="checkbox"/>
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If you are **not a New Zealand citizen** please tick which eligibility criteria applies to you (b–j) below:

b	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
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	<input type="checkbox"/>
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)	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
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	<input type="checkbox"/>
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 <b>OR</b> in the control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
h	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)	<input type="checkbox"/>
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
j	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	<input type="checkbox"/>

**Attach proof of your eligibility. Copies of birth certificates, passports, visas etc are acceptable.**

<p><i>Please state on what criteria where you were declined enrolment with this practice</i></p>
--

<p><i>Please explain why you believe you should be permitted to enrol with this practice</i></p>
--

<b>Signatory Details</b>	Signature	Day / Month / Year
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# Glossary of Terms

**Audit** includes an inspection, monitoring, audit, investigation, review and evaluation of the PHO's or a Contracted Provider's performance and compliance with the terms of the PHO Services Agreement, in accordance with Part B of that Agreement.

**Contracted Provider (of First Level Services)** means any health service provider whether an organisation, practice or individual that the PHO subcontracts to deliver First Level Services and other services as described in the PHO Services Agreement Part H, and includes the Contracted employees, agents and subcontractors.

**Demographic Information** includes name, address, date and place of birth and ethnicity. Demographic information is recorded against a National Health Index (NHI) number. For more information about the National Health Index and your National Health Index number, see <http://www.health.govt.nz/our-work/health-identity/national-health-index>.

**Eligibility** is described in the Eligibility Direction 2011, and 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** see Enrolment Process

**Enrolled Person** is someone who has completed the Enrolment Process

**Enrolment Process** describes the process a person has undertaken to become an Enrolled Person with a Contracted Provider and part of a PHO's Enrolled Population. The Enrolment Process includes:

- confirming the identity of the person;
- assessing the person's eligibility to receive publicly-funded health and disability services and entitlement to enrol;
- the person completing and signing an Enrolment Form (with associated requirements);
- being informed of the PHO the Contracted Provider is contracted to and the services available through the PHO; and
- having their enrolment information uploaded to the National Enrolment Service (NES).

**Entitlement** means the person is entitled to enrol with a Contracted Provider of a PHO if he/she:

- intends to use the practice as his/her regular and ongoing provider of First Level Services; and
- intends to reside permanently in New Zealand (resident in NZ for more than 183 days in the next 12 months); and
- is not receiving his/her long-term continuous and exclusive care through another funding Agreement eg. Department of Corrections (prison and remand), NZ Defence Force.

**First Level Services** as defined in the PHO Services Agreement Part H 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 defined in Part H of the PHO Services Agreement to an Enrolled Person by a member of a General Practice Team.

**Health Identifiers** are required to submit a person's enrolment with a Contracted Provider to the National Enrolment Service and include the following:

- National Health Index (NHI) number
- Health Provider Index Organisation Number (HPI-O). A HPI-O number has been assigned for each General Practice and Primary Health Organisation
- Health Provider Index Person Number (HPI-P). Also referred to as HPI-CPN Common Person number. These numbers have been assigned to all Practitioners since 2004. The Medical Council provides details to the HPI for all Medical Practitioners number.

**National Enrolment Service (NES)** is the enrolment service hosted by the Ministry that is the master information source for a person's enrolment status. It has links to other core services, and is used to maintain the central database



of enrolments of patients who are eligible for and entitled to funded healthcare, and to maintain patient demographic information in the NHI. Also referred to as the 'single source of truth' (for primary care enrolment data).


**Patient Identity Services** are available to Contracted Providers through their Practice Management System (see below) and link directly to the National Health Index, allowing the most up to date patient identity data to be synchronised between the PMS and the central NHI database.

**Practice Management System (PMS)** refers to the software application used by the Contracted Provider to manage its clinical and financial operation.

**Primary Health Organisation (PHO)** is a not-for-profit community-based organisation contracted to, and funded by, district health boards to support the provision of essential primary health care services through general practices to those people who are enrolled with Contracted Providers of the PHO. For more information see <http://www.health.govt.nz/our-work/primary-health-care/about-primary-health-organisations>

**Residing Permanently in New Zealand** means a person will be deemed as residing permanently in New Zealand if she/he confirms that she/he intends to be resident in New Zealand for at least 183 days in the next 12 months. (NB resident in NZ for at least 183 does not mean that a person cannot travel casually within this period.)

**'single source of truth'** is a reference to NES as the central repository for primary care provider enrolment data and the associated funding entitlement for patients, and acknowledging that it derives from the NHI as the central source of health identity data.

 <p>Western Bay of Plenty Primary Health Organisation</p>	<b>POLICY AND PROCEDURE</b>	<b>No:</b>	<b>BP001</b>
	<b>COMPLAINTS POLICY</b>	<b>Version</b>	
		<b>Date of Issue:</b>	<b>8/3/2021</b>
		<b>Reviewed By:</b>	<b>R. Baucke</b>
		<b>Approved By:</b>	<b>L. Webber</b>
		<b>Next Review:</b>	<b>8/3/24</b>

## BACKGROUND

The complaint mechanisms under the Health and Disability Commission Act 1994, have become the primary vehicle for dealing with complaints about the quality of health care and disability services in New Zealand. The purpose of this Act is to promote and protect the right of health consumers and disability services consumers and to that end, to facilitate the fair, simple, speedy and efficient resolution of complaints relating to infringements of those rights.

## INTRODUCTION

The Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 applies to all providers of health and disability services. The Code sets out 10 rights, including the right to be treated with respect, to be free from discrimination or exploitation to dignity and independence, to services of an appropriate standard, to give informed consent, and the right to complain.

## SCOPE

- The enrolled population of the WBOP PHO who receive health services from PHO contracted providers
- Patients who receive health service directly from the WBOP PHO
- "PHO customers" - those contracted providers and others when receiving services from the PHO office.

## PURPOSE

- To resolve as many issues as possible to the complainant's satisfaction in a fair, simple, speedy, and efficient manner.
- To use the Complaints policy and process as a tool to pro-actively promote what is the expected consumer service behaviour that all WBOP PHO staff should display

## POLICY

The WBOP PHO is committed to the delivery of high-quality service. There are 3 key groups of customers that the WBOP PHO provides services to, either directly or indirectly:

While it is most appropriate that complaints are dealt with at the provider level, the patients are able to raise a complaint with the WBOP PHO.

The WBOP PHO is committed to promoting a culture of continuous quality improvement within its providers and the WBOP PHO office. Part of promoting this culture is responding appropriately to any complaint in a way that ensures that information identified as part of complaint investigation is used to improve the services the WBOP PHO, and its providers, deliver.

## PROCEDURE

### 1. PATIENT RELATED COMPLAINTS

A patient related complaint applies to any complaint received by the WBOP PHO relating to services provided by the WBOP PHO or by any of its contracted staff.

The process of communication and timeframe for dealing with complaints is specifically set out in the Code of Health and Disability Services Consumer Rights, Right 10: Page 5 & 6

The WBOP PHO's response to any patient complaint shall comply also with all the other relevant rights in the Health and Disability Code of Patient Rights when dealing with complaints.

Complaints may be made in any way that is appropriate to the patient.

#### 1.1 On Receipt of a Patient Complaint

- All written complaints should be addressed/forwarded to the Chief Executive Officer.
- Any complaints received verbally are to be documented on the Complaint's Form and forwarded to the Chief Executive Officer.
- On receipt of the complaint, the Chief Executive Officer shall determine whether the complaint has been previously raised directly with the provider concerned.

If not, The Chief Executive Officer may suggest that this occurs.

If for any reason the patient does not wish to raise the complaint directly with the provider, the WBPOP PHO will pursue the complaint on their behalf.

- All complaints will be registered on the WBOP PHO complaints register.
- All complaints shall be acknowledged **within 5 working days** of receipt of the complaint.

The provider concerned will be informed that the WBOP PHO has received a complaint. For more minor complaints this may occur at the same time as any investigation takes place.

In the unlikely event that a provider **does not wish to engage** in the WBOP PHO complaints process, the Chief Executive Officer shall advise the Chair of the Clinical Committee.

If following the engagement of the Chair of the Clinical Committee, the provider remains unwilling to participate in the process, the WBOP PHO shall advise the patient of their right to complain to the Health and Disability Commissioner

**When dealing with complaints it is important to ensure that the privacy of both the patient and the provider is protected**

## 1.b Investigating the Complaint

- All complaints will be investigated by the Chief Executive Officer, or a delegated person.
- Where it is considered appropriate, the Chief Executive Officer may seek and consider input, from the Clinical Committee and/or other appropriate individuals/organisations

Where the Chief Executive Officer engages the Clinical Committee, the GM and the Chair of the Clinical Committee may establish a sub-group of the Committee which would be made up of the most appropriate people to assist with the processing of the complaint.

This group would include the Chair of the Clinical Committee and would also include a representative of any professional group that the complaint relates to. The subgroup may also opt on those with expertise relevant to the specific complaint.

- If the complaint is considered to be of a serious nature, the Chief Executive Officer shall inform the Chairs of the WBOP PHO Board and the Clinical Committee. After initial investigations, together they can form a judgement as to whether any external authority needs to be notified.
- The WBOP PHO will ensure that the patient's complaint and the actions of the WBOP PHO regarding that complaint are documented.

## 1.c Informing the Patient

The WBOP PHO shall acknowledge the patient **within 5 working days** of the receipt of a complaint **unless** it has been resolved to the satisfaction of the patient within that period.

The patient shall be informed of any relevant internal and external complaints' procedures, including the availability of:

- Independent advocates provided under the Health and Disability Commissioner Act 1994; and
- The Health and Disability Commissioner

The patient receives all information held by the WBOP PHO that is, or may be relevant, to the complaint.

**Within 15 working days** of receiving the complaint, the WBOP PHO must decide whether the WBOP PHO:

- Accepts that the complaint is justified; **or**
- Does not accept that the complaint is justified

**Or**

If the WBOP PHO decides that **more time** is needed to process the complaint

- The WBOP PHO will determine how much additional time is needed; and
- Where additional time is more than 20 working days, inform the patient of that determination and of the reasons for it.

As soon as practicable, **after the WBOP PHO decides whether or not the complaint is justified**, the WBOP PHO must inform the patient of:

- a) The reasons for the decision; and
- b) Any actions the provider proposes to take; and
- c) Any appeal procedure the provider has in place.

## **2. COMPLAINTS FROM OTHER 'PHO CUSTOMERS'**

All providers within the WBOP PHO are “customers” when they receive services from the WBOP PHO.

To ensure best practice for all complaints; any complaint relating to the services that the WBOP PHO provides, will be dealt with using the timeframes and process that relates to **patient complaints**:

- All complaints will be registered on the WBOP PHO complaints register.
- All complaints will be treated as confidential.
- If the complaint is considered to be of a serious nature the Chief Executive Officer will inform the Chair of the WBOP PHO Board.
- All complaints will be investigated by the Chief Executive Officer or a delegated person.
- The WBOP PHO shall acknowledge the customer within 5 working days of the receipt of a complaint, unless it has been resolved to the satisfaction of the customer within that period
- The complaint and the actions of the WBOP PHO regarding the complaint are documented

**Within 15 working days** of receiving the complaint, the WBOP PHO must decide whether the WBOP PHO:

- Accepts that the complaint is justified; or
- Does not accept that the complaint is justified

If the WBOP PHO decides that **more time is needed** to process the complaint

- The WBOP PHO will determine how much additional time is needed; and
- where additional time is more than 20 working days, inform the patient of that determination and of the reasons for it.

As soon as practicable, after the WBOP PHO decides whether or not the complaint is justified, the WBOP PHO must inform the customer of:

- a) The reasons for the decision; and
- b) Any actions the provider proposes to take; and
- c) Any appeal procedure the provider has in place.

## HEALTH AND DISABILITY COMMISSIONER ACT 1996, CODE OF RIGHTS

### DEFINITION: RIGHT 10 - Right to Complain

- 1) Every consumer has the right to complain about a provider in any form appropriate to the consumer.
- 2) Every consumer may make a complaint to:
  - a) The individual or individuals who provided the services complained of; and
  - b) Any person authorised to receive complaints about that provider; and
  - c) Any other appropriate person, including:
    - i. An independent advocate provided under the Health and Disability Commissioner Act 1994; and
    - ii. The Health and Disability Commissioner
- 3) Every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints.
- 4) Every provider must inform a consumer about progress on the consumer's complaint at intervals of not more than 1 month.
- 5) Every provider must comply with all the other relevant rights in this Code when dealing with complaints.
- 6) Every provider, unless an employee of a provider, must have a complaints procedure that ensures that –
  - a) The complaint is acknowledged in writing within 5 working days of receipt, unless it has been resolved to the satisfaction of the consumer within that period; and
  - b) The consumer is informed of any relevant internal and external complaints procedures, including the availability of:
    - i. Independent advocates provided under the Health and Disability Commissioner Act 1994; and
    - ii. The Health and Disability Commissioner; and
  - c) The consumer's complaint and the actions of the provider regarding that complaint are documented; and
  - d) The consumer receives all information held by the provider that is or may be relevant to the complaint.
- 7) Within 10 working days of giving written acknowledgement of a complaint, the provider must:
  - a) Decide whether the provider:
    - i. Accepts that the complaint is justified; or
    - ii. Does not accept that the complaint is justified; or
  - b) If it decides that more time is needed to investigate the complaint:
    - i. Determine how much additional time is needed; and
    - ii. If that additional time is more than 20 working days, inform the consumer of that determination and of the reasons for it.

- 8) As soon as practicable after a provider decides whether or not it accepts that a complaint is justified, the provider must inform the consumer of -
- a) The reasons for the decision; and
  - b) Any actions the provider proposes to take; and
  - c) Any appeal procedure the provider has in place.

**Related Documentation:**

- WBOP PHO Complaints form
- WBOP PHO Complaints Register
- WBOP PHO Serious and Sentinel Events Management Process

**Cross Reference(s)**

Health and Disability Commissioner Act 1994  
Health and Disability Commissioner Act 1996 Code of Rights  
Privacy Act 2000  
Health information Privacy Code 1994 and amendments  
Health Customer Service, Consumer Rights