National Enrolment Service

Question and Answers

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| October 2016 | Q1.14 What if I inadvertently enrol a patient in NES. Can I ‘undo’ an enrolment on NES |
| Q2.2 Do I still run the PHO import after our practice goes live on NES? |
| Q9.10 Should I update the ethnicity on the NHI if the ethnicity in the PMS is different? |
| September 2017 | Q1.5 Can a practice not affiliated to a PHO use the NES services in their PMS? |
| Q11 Practice and PHO changes. [A new question has been added and the existing questions re-numbered Q11.1 – Q11.5]. |

# 1 About NES

## Q1.1 What is NES?

The National Enrolment Service (NES) provides a single source of truth for all national enrolment data. Web-based services integrated into Practice Management Systems (PMS) allow practice staff to maintain patient identity and enrolment information in the National Health Index (NHI) and National Enrolment databases. NES provides a real time view of who a patient’s provider is to whoever has the permission to access it.

## Q1.2 Who can view enrolments in NES?

Only those organisations authorised by the Ministry of Health can use the NES web services to access NHI and enrolment information. Within the organisation, the PMS administrator can allocate access to staff based on the staff member’s role.

## Q1.3 Who can view and update enrolments in NES?

Health providers and their staff who are authorised to use a PMS that has integrated the NES web-based services and have permission to access the particular functions in the PMS can view and update NES enrolment and NHI information.

All GP practices that enrol patients who are eligible for Capitation Based Funding have been authorised to view and update patient identity and enrolment information using the NES web services. All GP practices must apply for credentials to use NES using the [Connected Health Information Services request form](http://www.health.govt.nz/system/files/documents/pages/connected-health-info-services-request-form-apr16.docx). These credentials are entered into the PMS and allow users to access NES.

All practices have been assigned a Health Provider Index (HPI) organisation ID. They should use this HPI Org ID when they apply for access. New practices will be assigned an HPI Organisation ID when they apply for access.

## Q1.4 Will all my patients be enrolled in NES when I start to use the new system?

All your practice’s enrolled patients will be loaded into NES from the most recent Capitation Based Funding (CBF) extract sent to the Ministry by your Primary Healthcare Organisation (PHO). This is called the NES Bulk Loader. Some enrolments may be declined by this load due to data quality issues, for example the name recorded in the NHI does not match the name recorded in the PMS.

New patients that have enrolled at your practice since the CBF export will be enrolled in NES as one of the steps to be completed in your PMS when your practice goes live with the new enrolment web services. This is called the Practice Gap Catch-up. Your PHO will tell you when this should be run.

## Q1.5 Can a practice not affiliated to a PHO use the NES services in their PMS?

The Ministry has worked closely with PHOs to implement NES in general practices holding back to back agreements. The central aims of NES are to improve the efficiency of the Capitation Based Funding process and to improve the overall quality of health identity information held in the NHI.

Providers of first level services that operate outside PHOs should use the identity services provided in NES. If you are in this group, contact the NES Project Team to discuss how you can gain access to NES.

## Q1.6 Can I use the NES services if I use an NES enabled PMS but I am not a GP?

Yes, all health providers who have the credentials and an NES enabled PMS should confirm and synchronise their patient information with the NHI information.

Talk to the Contact Centre about whether you can use the enrolment services.

## Q1.7 When should a practice enrol a person on NES?

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

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

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

## Q1.8 Can the enrolment start date in NES be different from the date on the enrolment form?

**For existing enrolments**:

All enrolments migrated into NES from the PHO Capitation Based Funding files (ASR) by the NES Bulk Loader are created with the enrolment start date as provided in the PHO CBF file.

Any enrolments rejected by the NES Bulk Loader that are corrected and added to NES by the practice at go-live will have an enrolment start date of the day they are processed by the practice.

Enrolments added to NES by the Practice Gap Catch up (Ref Q1.4) will have an enrolment start date of the day the Practice Gap Catch up is run.

**For new Enrolments**

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

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

## Q1.9 Can a person be enrolled in NES with more than one practice at the same time?

No. When an enrolment is entered in NES any existing enrolment is ended automatically. A notification is created for the practice owning the enrolment that has been ended. When the practice retrieve their notifications their PMS will be updated automatically to show that the patient is no longer enrolled.

## Q1.10 What happens when a person transfers from one practice to another?

The person’s new practice will complete the enrolment process and create a new enrolment for the person in NES. The person’s previous enrolment is ended by NES and the previous practice management system will receive a notification that the enrolment with that practice has been ended. The PMS will update the patient information locally so that it matches NES. The previous enrolment will appear in the history of enrolment.

## Q1.11 Does the enrolment ID stay the same for a patient if they were to enrol with another practice? What is the purpose of the enrolment ID?

No. The enrolment ID is an internal system identifier that remains the same while an enrolment is with one practice. When a patient transfers to another practice a new enrolment ID is created. A user does not need to know the enrolment ID, however if you find it to be a helpful reference it can be used.

## Q1.12 What should the method of enrolment be?

The Enrolment Form continues to be the method of enrolment. In early releases of Medtech a method of ‘NES’ had been in the list. This has been removed in subsequent releases.

## Q1.13 If someone insists they should still be enrolled with your practice but you can see from the enrolment history that they have recently enrolled somewhere else, what should you do?

The patient chooses where they want to enrol. You will need to enrol them again at your practice, take a note of the conversation, get them to date and initial a copy of their enrolment form or a printout of their current information. If it becomes a frequent problem talk to your PHO.

## Q1.14 What if I inadvertently enrol a patient in NES. Can I ‘undo’ an enrolment on NES?

There is no ‘undo’ functionality. When the enrolment was wrongly made it ended the previous enrolment and a notification was sent to the previous practice to end the enrolment, when they receive the notification their patient is changed to registered or casual. Patient enrolment needs correcting in both practice PMS.

**What to do**

1. The practice that wrongly enrolled the person should End the enrolment in NES as soon as possible using ‘OrgEnd’ as the termination reason. (ie the Practice has terminated the enrolment)
2. View enrolment history to find the affected practice ie the practice that you have ‘taken’ the enrolment from.
3. Contact the affected practice and get them to enrol the patient again if they are on NES.
4. If the affected practice is not on NES then their next CBF load will add the enrolment again to NES with the start date they submit. If they go-live on NES before their next CBF load they will need to correct this when they go live on NES.

# 2 Capitation Based Funding Payments (CBF)

## Q2.1 Will I be paid from NES enrolments as soon as I start to use the new system?

No. Payment calculation will remain unchanged until all the PHOs and the Ministry agree that the payments calculated from NES are insignificantly different from the payments calculated from the current CBF extract. The PSAAP Group will assess the accuracy of the payment calculations made by the two methods and will make the final decision when to cut over from the current CBF process to the new NES-based payment process.

## Q2.2 Do I still run the PHO import after our practice goes live on NES?

Yes, run the PHO import until you are advised by your PHO to stop. Make sure the PHO Import Options in Medtech have the ‘Update Patient Geocoding and Address information’ and the ‘Update patient NHI numbers’ unticked

# 3 Eligibility Questions

## Q3.1 Does the enrolment service check a person's eligibility to enrol?

No. The practice is required to assess a person’s eligibility to enrol. The NHI may have a person’s NZ citizenship status as provided by the Department of Internal Affairs (DIA). If the person’s NZ citizenship status is available on the NHI with a source DIA, it can be used by the practice as a trusted source of evidence that the person is eligible to enrol. Guidance on patients’ eligibility to enrol can be found on this page of the Ministry website:

http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/resources-service-providers-check-eligibility/eligibility-enrol-primary-health-organisation

## Q3.2 What about my registered patients who are not eligible to enrol, should I put them in NES?

Not at this time. Registered patients will be added in future phases of the project when the eligibility modules contain a comprehensive view of everyone’s evidence of eligibility

## Q3.3 How do I register a new patient in my PMS who is not eligible for CBF funding and make sure they are not enrolled in NES.

This will depend on your PMS. Refer to your PMS documentation for guidance in this area.

# 4 NES and identity validation

## Q4.1 Why does an enrolment in NES require an NHI number?

The NHI number and NHI information are used to confirm a person’s identity. Health information is recorded with an NHI number so that important information about the person can be shared between providers. A person’s age, gender, ethnicity and deprivation quintile derived from a person’s NHI information will be used for the calculation of Capitation Based Funding when NES is used as the source of enrolment information.

## Q4.2 Why do the NHI demographics need to match the patient demographics in my local PMS? What happens if they don't?

It is important that the NHI has the most recent information about the patient so that when other providers use the NHI to confirm the identity of a patient they can use the current information to find the correct person. The patient’s details in the PMS should always match what is held in the NHI. Your PMS will alert you if a patient’s NHI information has changed since the last NHI check was done. When you receive an alert you should compare and synchronise the NHI and PMS information.

If this synchronisation is done for all your patients the CBF extract from your PMS and the NES data will match and the funding calculated from each source will be the same.

## Q4.3 Sometimes I get an error ‘Patient identity does not validate’. What does it mean?

If the patient name, gender, date of birth on your PMS are very different from what is in the NHI and you attempt to create or update a patient enrolment then you may receive this error. You will need to compare and synchronise your patient information with the NHI. First ensure you have the right NHI number for your patient then you should synchronise the data so that the PMS and the NHI are the same. This may mean the PMS information may need updating or the NHI information or some of each. When they are synchronised you will then be able to add or update the patient enrolment. This error may also occur when a qualifying encounter date is sent to NES without first synchronising the patient information.

## Q4.4 When do practices need to have all their patients validated i.e. ensure that the PMS details are the same as the NHI details?

Validation of the patient information should be done when the patient is present so they can confirm their details. It is expected to take 12 months to validate most of your register.

PHOs will provide practices with lists of patient’s whose enrolments were rejected by the CBF Bulk Loader because the patient information in the PMS did not match the NHI. These can be corrected before you upgrade your PMS by ringing the Ministry Contact Centre. Or a practice may correct these soon after they start using the new web services.

## Q4.5 What if we don’t have time to complete the NHI updates in a busy clinic?

It is essential that the NHI is updated with the most current information about a patient. Updating the information while the patient is present allows you to confirm the information with the patient. Initially when you enable NES in your system you will have to validate and synchronise all the patients in your register. It may take more than a year to validate all the patients on your register.

Most PMS systems will allow you to park the validation process and come back to it at a later time. You can use this functionality to smooth out the workload at peak times and in the beginning when everyone is learning the new functionality.

## Q4.6 Will NES reject an enrolment for a patient whose gender in the PMS is not the same as the gender in the NHI?

“A patient has changed gender and we have recorded this in the PMS at the patient’s request but they have not had their birth certificate changed and the NHI has not been updated. And also the NHI has no code for cross gender.”

Gender difference alone will not stop a person being enrolled in NES. We will in a future release be allowing genders other than male and female to be recorded on the NHI. It is appropriate that you record the gender locally as the person requests if your system allows it. Ref Q9.9

## Q4.7 How often is validation required – with each interaction or only once?

Initially when a patient presents. After initial validation whenever some details for the patient changes either locally or when the NHI is changed by another party

## Q4.8 Does the system prompt for validation again eg in 3 years time?

Validation is only prompted by the system when there has been a change in patient information either in PMS or on NHI. There are no time based prompts for identity validation or synchronisation. Practices have processes in place to regularly ask patients if their contact details have changed and ensure they have current information for the patient.

## Q4.9 If you should validate the patient information when they are present, does this include telephone conversations or email contact with the patient when their details are confirmed verbally?

Yes, as long as you have confirmed who the person is you are communicating with telephone and email can be a practical way of getting the most up to date information for your patients. New patients should provide their details by completing a registration or enrolment form the first time they present along with some proof of identity like a driver’s license. Evidence of eligibility to enrol eg visa, passport can be used as proof of identity also.

## Q4.10 Do we need to validate casual patients?

Yes, all patients should have their identity confirmed against the NHI and be assigned an NHI number. Casual patients that are new to NZ should be added to the NHI if they are not already there.

## Q4.11 Will practices be monitored to ensure they are synchronising all their patients and acknowledging all their notifications?

As practices come on line PHOs will be able to compare the CBF register export and the NES PHO register reports. This will show how closely aligned the PMS information is to the NHI and NES.

# 5 Pre-Enrolments

## Q5.1 What is a "pre-enrolment" and when should it be used?

A pre-enrolment is used for babies when the practice accepts an invitation from the National Immunisation Register (NIR) to enrol a baby. It is called a pre enrolment because the enrolment process is not completed. The enrolment process is complete when the enrolment form has been completed and signed by the parent or guardian. A pre-enrolled baby can be fully enrolled once the enrolment process has been completed. A pre-enrolment will end when the baby is fully enrolled or 3 months have passed since the start date of the pre-enrolment. NES will automatically end the pre-enrolment after 3 months and the practice will receive a notification. The PMS will update the patient information to end the pre-enrolment when the notification is retrieved by the PMS.

## Q5.2 I have received an invitation from the NIR to enrol a baby but I can’t find the baby’s NHI record using the baby’s name. What do I do?

Use the baby-of name to search the NHI

i.e. First name =Baby of <mother’s first name> Familyname=<mother’s family name>. If the baby’s NHI number has been supplied use it to retrieve the NHI record for the baby. Ring the contact centre for help.

## Q5.3 Should I update a child’s baby-of name with their actual name?

No. You should add the baby’s actual name so that the baby-of name and the actual name are both on the NHI. You should only inactivate a baby-of name on the NHI if the person (or their guardian) has requested it be removed AND the child/person is over 1 year old. The baby-of name must be retained on the NHI for at least a year after the birth.

## Q5.4 Why does my PMS ask for declarations for pre-enrolments?

First Level Services declarations do not apply to pre-enrolments because pre-enrolments are entered before the enrolment process has been completed. Declarations will be removed from pre-enrolments. In the interim tick the declarations on pre-enrolments and continue.

The declarations are:

* I choose to enrol with this practice as my regular and ongoing provider of first level health care services
* I will be in NZ at least 183 days in the next 12 months
* I have been informed of the PHO with which my chosen Practice is affiliated and the services available through the PHO and I have signed a Provider/PHO enrolment form

## Q5.5 Are different declarations required for patients under the age of 16?

No. The declarations required for a person to enrol apply to everyone enrolling whether they personally sign an enrolment form or their guardian signs for them.

## Q5.6 What is the process for preliminary enrolment of newborns?

You will receive an invitation from the National Immunisation register to enrol a baby. Add the baby to your PMS with their baby-of name or their real name if you have been given it. Validate and synchronise your PMS details with the NHI adding the baby’s actual name to the NHI if you have it. Enrol the baby in NES using the ‘pre-enrol’ option. When the parent or guardian completes an enrolment form then enrol the baby using the ‘enrol’ option. The will end the pre-enrolment and create an enrolment for the baby.

# 6 Qualifying Encounter Dates, Ended and Expired Enrolments

## Q6.1 What is a qualifying encounter date?

A qualifying encounter date is the date a patient was provided with clinical health services by a member of the General Practice team i.e. the date of a consultation. The expiry date for a First Level Services enrolment is three years after the most recent consultation. The qualifying encounter date on NES will be automatically updated by the PMS every time an enrolled patient has a First Level Services consultation with the practice.

The definition of what qualifies as a First Level Services Consultation can be found in the definitions Part H of the PHO Agreement (Definitions).

## Q6.2 When will the date of my patient’s last consultation show on NES?

This depends on the PMS you use. Some will send the date of the consultation to NES when the patient leaves the clinic, so it will show up straight away and the expiry date will be updated at the same time. Others send all the consultations that have happened during that day all at once later in the evening. Check with your PMS vendor about when this will happen for you.

## Q6.3 Not all my enrolments have the last consult date on NES?

The practice Gap catch up may not send qualifying encounter dates to NES that occurred during the gap period. (refQ1.4) The Ministry will run a utility to ensure the last consult dates reported in the subsequent CBF extract are updated in NES.

If the qualifying encounter dates are updated by the Practice Gap catch up they will be updated with the date when the gap catch up is run rather than the actual date of the consultation. This will result in the expiry date on these enrolments being slightly later than they should be. This will be to the practices advantage and is not considered a significant issue.

## Q6.4 What happens when an enrolment expires?

An enrolment will expire three years after the Date of Enrolment, the date of the last qualifying encounter or the date of the last re-enrolment whichever is the latest. A nightly process will end expired enrolments in NES by adding an end date and a reason, expired, to the enrolment record. The practice will receive a notification that the enrolment has ended. The PMS will update the patient information locally to show that they are no longer enrolled.

## Q6.5 What is the process for un-enrolling a patient for example a patient is going overseas for a two year OE?

A person is entitled to be enrolled if he/she is currently residing in NZ for at least 183 days in the current calendar year. If a patient has told you they will not be living in NZ for that period follow your PMS instructions on how to end their enrolment. Use ‘NotEligible’ as the reason for ending the enrolment.

## C6.6 My patient’s enrolment has expired, my PMS details are different to the NHI. I cannot contact the person, should I leave the patient unsynchronised?

Yes, if you cannot contact the patient to confirm their details then leave the patient unsynchronised and change their registration status to casual. If they present to the practice again you can confirm their details then and synchronise their information at that time.

# 7 Questions about deceased patients.

## Q7.1 What happens when a patient dies?

A date of death is added to the NHI after a person dies. The date of death may come from various sources. If it is applied by the Ministry as a result of receiving authoritative death registration information from the Department of Internal Affairs (DIA) then the person’s enrolment will be automatically ended in NES. The enrolment will be ended on the date the registered death notice was updated to the NHI. This may be some time after the actual date of death. The practice where the person was enrolled will receive a notification that the patient has died and the enrolment has been ended for that patient. The PMS will update the patient information locally so that it matches the NHI and NES.

If a date of death is updated on the NHI by a source other than the data shared by Department of Internal Affairs (DIA), the enrolling practice will receive a notification that the patient has died but NES will not automatically end the enrolment. The practice should end the enrolment manually on NES. (Ref Q7.2)

If the practice does not end the enrolment in NES with this notification and subsequently DIA data sharing confirms the death as a registered death it will automatically be ended and a second notification will be sent to the practice, this time notifying that the enrolment has been ended in NES.

## Q7.2 Why did I receive 2 notifications that a patient of ours had died?

Sometimes you may receive 2 notifications about a person’s death. The first is when the Date of Death has been added to the NHI from a source other than the DIA data sharing of registered deaths. The second notification is when the death registration information is received from DIA. If you end the enrolment in NES when the first notification is received you will not receive a second notification. If the death occurred outside New Zealand you may not receive a second notification.

When you receive a notification of an unregistered death for one of your patients and the certifying doctor was not from your practice, you should take measures to confirm that your patient has died before you end the enrolment. On rare occasions the date of death may have been updated to the wrong NHI or you may have assigned the wrong NHI to your patient. Only end the enrolment when you have confirmed your patient has died.

## Q7.3 What should I do when I receive an NES notification that a patient has died?

If you have already deceased the person in your PMS then you can just file the notification. If this is the first information you have received about your patient’s death then you should follow your usual process for updating your patient records.

## Q7.4 When a patient is deceased we add ‘Estate of’ to the then end of their surname. Should we change their name on the NHI?

No. ‘Estate of’ should not be added to the person’s name on the NHI. A practice choosing to do this locally should leave the patient unsynchronised.

# 8 Linked NHI numbers

## Q8.1 What happens when NHI numbers are linked?

When two NHI numbers are identified to be the same person and are linked by the Ministry the oldest enrolment will be ended by NES. The enrolling PMS with the oldest enrolment will be notified electronically that the enrolment with that practice has been ended. The PMS will update the patient information locally to show the patient is no longer enrolled.

## Q8.2 What happens when an NHI is unlinked?

When two NHIs have been linked incorrectly the Ministry will unlink them. A notification will be sent to the practice that had an enrolment ended when the link was made so they can investigate whether the original enrolment should be re-instated.

## Q8.3 How will we know if our patient who has two NHI numbers has had their NHI numbers linked in NES? We currently get a patients live NHI number in the CBF import file. How will we find this out with NES?

There are 2 ways you may find this information in NES.

1) When the patient presents in the clinic for treatment your PMS will check for any changes on the NHI, linking NHI numbers changes their version on the NHI so the PMS should detect a change. The live and dormant NHI numbers will be displayed with the NHI information.

2) If linking NHI numbers results in duplicate enrolments then the oldest enrolment is ended. If the ended enrolment is with your practice you will receive a notification. NES allows enrolments with a dormant NHI number, but it won’t allow you to add a new enrolment using a dormant NHI number. There can only be one active enrolment for a person no matter which of their NHI numbers they were enrolled with.

# 9 Updating the NHI

## Q9.1 What should a practice update on the NHI for a patient

See NHI Best Practice information http://www.health.govt.nz/system/files/documents/pages/identity-nhi-user-reference-information-best-practice-advice-may16.pdf

## Q9.2 Why can’t I update the Date of Birth, Gender, NZ Citizenship status and place of birth information on the NHI when I know the information in the NHI is wrong or incomplete?

Future upgrades of your PMS may allow you to update some or all of these fields. In the interim you can call the Ministry Contact Centre to update these fields for you.

## Q9.3 If I sight a driver’s licence as evidence of identity what do I record as the source for name and date of birth?

Drivers licence has been added to the list of name source codes. If it does not yet appear in your list use ‘Other’ category for the source of this information.

## Q9.4 What is expected for the citizenship information source when someone has told me they are not a NZ Citizen

The NZ citizenship information source will always be “No Proof Sighted” when NZ Citizenship is set to No or Unknown.

## Q9.5 How does the NHI prioritise ethnicities?

The NHI does not prioritise ethnicities. When ethnicity information from the NHI is used (for example, in calculating the capitation funding from PHOs) it is prioritised. We say it is prioritised on output. The prioritisation used in CBF is described in the PHO Agreement.

The only time the NHI itself outputs ethnicity is when it takes the Level 4 ethnicities (there are up to six recorded for a patient) and reduces them to three to populate the NHI patient information used by hospital systems. The old NHI APIs used by hospitals only allows three ethnicities at Level 2 of the classification system. This is done by first summarising the six Level 4 codes to their Level 2 codes and removing duplicate level 2 codes. If more than 3 codes remain they are prioritised as per the 2009 Protocols Prioritisation for level 2 Table in the Ethnicity Data Protocol for Health and Disability Services and the first 3 used. Ref [www.health.govt.nz/publication/ethnicity-protocols-health-and-disability-sector](http://www.health.govt.nz/publication/ethnicity-protocols-health-and-disability-sector).

Your PMS may also use the same method if only three codes can be stored in the PMS.

## Q9.6 When adding a patient sometimes the country of birth is not taken across to the NHI add screen.

The system will take the PMS country and try to find it in the country code list. If it finds a match the country will be included in the NHI add screen. However if there is no match eg spelling is different then you will need to choose the country from the drop down list in the NHI add screen and then synchronise it back into the PMS.

## Q9.7 How should I update the place and country of birth on the NHI? What official documents contain the place and country of birth?

Both the country of birth and the place of birth can be recorded on the NHI. They are optional, however if a place of birth is entered you must enter a country of birth as well. The place of birth is a free text field and should contain the city, town or location of birth. The country of birth is a coded value and you will select a country from a drop down list. It is acceptable to enter the country of birth but not the place of birth. This DIA page is a useful resource for a description of what documents look like, what they contain and how they can be used for confirming identity.

<https://www.dia.govt.nz/diawebsite.nsf/wpg_URL/Resource-material-Evidence-of-Identity-Standard-Documents-used-for-EOI>?

The following documents have a person’s place and country of birth

NZ Births Certificate – anyone with a NZ birth Certificate will have been born in NZ

NZ Certificate of Identity (issued under the Immigration Act 1987) – Country of birth

NZ Certificate of Identity (issued under the Passports Act 1992) – Place of birth

NZ Citizenship Certificate – place of birth

NZ Civil Union Certificate – place of birth

NZ Emergency Travel Document – place of birth

International Driving Permit – place of birth

NZ Marriage Certificate – place of birth

NZ Name Change Certificate – place of birth

NZ Passport –city not country

Refugee Travel Document – place of birth

## Q9.8 The Legal Name is mandatory on the standard enrolment form. Does this mean that the name held in the PMS must be the legal name?

The legal name is mandatory on the enrolment form so that you can confirm the identity of the person against the NHI. All names provided by the person must be recorded on the NHI. The preferred name on the NHI is the name the person is usually known as, the person will tell you what their preferred name is. Usually the legal name will be the name you choose to record in the PMS. However there are some cases where the legal name is so different from what the patient uses or the patient requests that you record one of the other names they use. The name you choose to record in the PMS must match any one of the names on the NHI. (Currently Medtech synchronisation insists the name on the PMS is the NHI preferred name. We are working with Medtech to all synchronisation to one of the names on the NHI rather than restrict it to a particular type of name)

Q9.9 What should I record on the NHI for someone’s gender?

Gender is self-identified and patients may wish to describe their gender in ways other than male and female. The NHI will only allow you to record gender of Male Female or Unknown. If someone identifies as something other than Male or Female record this as U on the NHI until other codes are added to the NHI so it complies with the Statistics NZ Gender Identity Standard. Ref Q4.6 above

For the Gender Identity Standard and the Frequently Asked Questions go to the Statistics NZ link : <http://www.stats.govt.nz/methods/classifications-and-standards/classification-related-stats-standards/gender-identity.aspx>

Q9.10 Should I update the ethnicity on the NHI if the ethnicity in the PMS is different?

Practices should update the NHI with a person's response to the ethnicity question from their enrolment form. All, and only the ethnicities ticked and listed on the enrolment form should be recorded on the NHI. Don't add extra ethnicities to what is already in the NHI, replace the set of ethnicities on the NHI with the set that are on the enrolment form.

The ethnicity recorded on the PMS may not be as detailed as those on the enrolment form. eg person answers Irish, the PMs may show the level 2 code will show Other European).

However, Maori (21, 21111), Pacific Islander (30,30000), Samoan(31,31111), Tongan(33,33111), Niuean(34,34111), Tokeleuan(35,35111) and Fijian(36,36111) all have only 1 associated level4 code. If a person has any of these ethnicities they can be copied from the PMS without losing any extra detail. If the PMS is showing other ethnicities the user should use the enrolment form to update the NHI.

Other things to consider before you update the NHI:

Does the enrolment form have the standard ethnicity question?

Is it a recent enrolment form? (ie the patient completed it within the last year)

# 10 Validating Addresses and updating the NHI

## Q10.1 Why does the NHI reject an eSAM validated address?

Valid addresses in eSAM can be a physical only address, a physical and postal address, or a postal only address. The NHI rules for addresses have been relaxed so that a residential address on the NHI can be an eSAM postal only address. This is to accommodate those wanting to record a rural address that includes the rural delivery information. For example

When you begin typing ‘196 Paiak’ you will be offered 2 addresses

 196 Paiaka Road, Koputaroa, Shannon 5575

 196 Paiaka Road, RD 5, Levin 5575

Users have reported they would prefer to choose the second address because it has both the road details and the rural delivery number. However that address is a postal only address. The first address is a physical only address. Users can add both addresses on the NHI choosing the physical address to be the primary residential address. It is also acceptable to add only the postal only address because both these addresses have the same meshblock and quintile information. Allowing a postal only address as a residential address is needed until hospitals are transitioned to the new NHI APIs and can view all the addresses recorded for a person. Currently hospitals can only see the primary residential address so would prefer that the address with the rural delivery information is available.

Non rural residential addresses should always be eSAM physical addresses. Users will need to take care that physical addresses are chosen. Relaxing these rules means that the NHI will not reject postal only, P O box numbers etc recorded as residential addresses.

## Q10.2 What if I can’t find an address in eSAM?

Sometimes an address is so new it is not yet in eSAM. New addresses are applied to our eSAM database each month. If a patient provides an address that is very new and not in eSAM or you cannot find a physical address in eSAM for a patients address then update the address in the NHI with an Address Not Validated Reason=Other and log the issue with the Ministry Contact Centre.

## Q10.3 The NHI often only shows one address for a person? How can I find out if the address I have for a person might have been a previous address?

Ideally, you would establish this information with the person directly. However if the person is not available to ask you can also call the Ministry contact centre. They have access to previous addresses that have been recorded on the NHI that are now inactive.

## Q10.4 When is it ok to add an address to the NHI that is not validated by eSAM address validation service?

When the person’s usual residential address is an overseas address (Address Not Validated reason is Overseas address)

When the person is not living in a residence ie they live on the street record the suburb and city of the area where they live, enter No Fixed Abode in the first line of the address and an Address Not Validated Reason of No Fixed Abode.

If a person’s address is very new and has not yet been added to the eSAM address service you can add the address to the NHI as the person provides it with an Address Not Validated reason of Other.

If the eSAM address service is unavailable the address can be added to the NHI with an Address Not Validated reason of Address Service Unavailable.

If someone lives on a boat refer to Q10.8

## Q10.5 Why do some NHI addresses include the building name formatted like ‘.Rita Angus Retirement Village’? How should these be updated?

Hospitals using the old NHI interfaces enter an address with this format (with a full stop as the first letter) so that the building name is retained in the first line of the address. They do not have a separate building name field. If the ‘.’ is removed the legacy interface will validate the address and the valid address returned will have the building name removed.

GPs should enter the facility/building name part “Rita Angus Retirement Village” Building Name in the appropriate place in their PMS and enter the address lines into the address fields so that the address is an eSAM validated address.

If this becomes a problem for hospitals using the old NHI interface we will work with the hospitals to find a solution.

Some practices are finding that their validated address on the NHI has been updated to an unvalidated address by the hospital so that rest home information can be added to address. PHOs should engage with their local DHB to look for agreed ways to update the NHI in the interim until the hospital has the new interfaces.

## Q10.6 Some of my East Tamaki addresses are showing as postcode 2016 in eSAM but the NHI has returned a postcode of 2019? Which is correct?

Changes to the postcode for some East Tamaki addresses were made by NZ Post recently. These changes had been applied in the eSAM database however these addresses on the NHI had not been refreshed with this updated postcode information. eSAM validated addresses on the NHI are refreshed periodically, most recently with the last Census changes. eSAM validated East Tamaki addresses in the NHI have been refreshed to show the updated post code.

## Q10.7 How should I update the NHI when a person requests that all their correspondence be sent to a PO Box address and not their residential address?

Both the patient’s residential address and their postal address should be added to the NHI. You should explain to the patient that they will need to make their request clear to all their providers and to the hospital.

## Q10.8 How should I update the NHI address for a person who lives on a boat?

For a person living on a boat moored off-shore or in a marina that does not have an address in the eSAM service the person's address should be recorded on the NHI with an address that is not validated, use a NotValidated reason of 'Other'. Use the first line of the address to describe the place the boat is moored along with the closest suburb and city.

eg Chaffers Marina

 Oriental Bay

 Wellington

The NHI will use the suburb and city to derive a domicile code (required to find a DHB of Domicile) or a domicile code can be submitted with the address. There will be no mesh block recorded for these addresses so a 0 quintile will be used to calculate funding.

A mailing address should be added to the NHI if the person has one.

## Q10.9 Should I use the night shelter address or City Mission address for people who live on the streets?

Recording the night shelter address or city mission address on the NHI is useful for contacting the person. However their primary residential address should be recorded as a No Fixed Abode address. Add both addresses to the NHI. Refer Q10.4

## Q10.10 How should I update the NHI when a person requests that their residential address is kept confidential, that it is not shared with other health providers and is not put on the NHI?

A residential address needs to be recorded on the NHI for a person so that they can be allocated to a DHB. For someone who does not want their residential address recorded on the NHI you can add an unvalidated address in the following format. These addresses will not get a meshhblock so will have a quintile 0.

Address line 1 Request address kept off NHI

 Suburb Suburb if provided by the person

 City City if provided by the person

# 11 Practice and PHO Changes

## Q11.1 When do I need to contact the Ministry about changes to our practice or PHO?

Practices or PHOs sometimes make changes that will affect the way they interact with NES. Changes that can affect NES are:

* Establishment of a new practice ie new organisation that is starting to enrol patients
* Change of ownership of a practice. ie organisation A sells practice to Organisation B
* Merge of practices ie Enrolling Organisation A merges with Enrolling Organisation B to
	+ Form Enrolling organisation C (ie a new organisation) or
	+ Form combine practice as enrolling Organisation B (ie one of the existing organsiations remains)
* Split of practice ie part of a practice departs and forms a new second Enrolling organisation or merges with another existing enrolling organisation
* Enrolling Organisation changes from one PHO to another.
* Enrolling practice closes completely

Each of these situations will result in some change being required to their NES setup – both at local PMS level and on the Ministry’s Enrolment database

## Q11.2 NES identifies practices, clinics and providers using HPI identifiers. What is the correct format for an HPI number?

HPI identifiers must be used to identify Enrolling Organisations, their facilities and doctors in NES.

An HPI Organisation ID (HPI-O) is issued to each enrolling Organisation. HPI Organisation IDs are formatted GXXNNN-C where X is alphanumeric, N is numeric and C is a check character and must be included in your PMS setup.

An HPI Facility ID (HPI-F) has been created for all the facilities your practice delivers services from. Facility IDs are formatted FXXNNN-C where X is alphanumeric, N is numeric and C is a check character. These must also be included in your PMS setup.

An HPI CPN has been assigned to all doctors and nurses. A CPN has a format NCAAAA e.g. 59DXFT

## Q11.3 Who should I contact regarding practice changes?

The Ministry Contact Centre. As the change is likely to involve new organisations, the Contact Centre will be able to advise on requirements for new Contracts, payee numbers, Connected Health Connection and access to Connected Health Information Services (CHIS form) . The Contact Centre will notify the relevant teams within the Ministry. This may include Sector Services, the Primary Care Team and the Identity Data Management Team.

Queries regarding the impact of practice changes on HPI identifiers should be sent to HI\_Provider@moh.govt.nz. This will ensure that any HPI identifier changes, new access credentials and NES set up changes (possibly including transfer of enrolments) will occur.

## Q11.4 What happens when a practice changes ownership?

When a practice changes ownership the Enrolling Organisation may require a new HPI organisation ID. As part of this process, new credentials will need to be issued to allow access to the Patient Identity and Enrolment services. The enrolled patients may need to be transferred in bulk from the previous practice Organisation ID to the new one. A request for a bulk transfer from one practice to another can be made at the same time as the request for a new HPI Organisation ID. These requests can be made by emailing HI\_Provider@moh.govt.nz A minimum of 2 weeks (10 working days) notice is required for a bulk transfer to be approved and run. Bulk Transfers cannot be processed during a payment round or technical change window. The timing of such transfers may need to be co-ordinated with the installation of new credentials – to ensure access to enrolments is not impacted.

## Q11.5 What happens when a GP moves to another practice?

If a medical practitioner moves to a new practice their enrolled patients will remain enrolled with the previous practice until they choose to enrol with a new practice. The medical practitioner’s new practice will add the medical practitioner to their PMS list of practitioners and the previous practice will remove him/her.

The previous practice should update the Medical Practitioner on their patient’s enrolment record in NES the next time the patient presents and is transferred to a new practitioner within the practice. In some situations MOH may be able to assist in this transfer. Please contact HI\_Provider@moh.govt.nz with full details (ie from, to, date applicable, ALL patients etc) at least 2 weeks in advance of the change occurring.

If the medical practitioner’s enrolled patients at the previous practice choose to enrol with a new practice, the new practice must complete the Enrolment Process (including signing and dating a new Enrolment Form) with the enrolling person and enter their enrolment in NES. The enrolment at the previous practice will be ended.

More detail is provided in the document “Enrolment Requirements for Contracted Providers and Primary Health Organisations v4.0”.

# 12 Patient Experience Survey

## Q12.1 What are Patient Preferences?

Patient Preferences is a service that records a patient’s preference in relation to the Primary Care Patient Experience Survey (the Survey). The Survey is run quarterly. Patients are automatically included in the Survey if they have a qualifying encounter with their enrolling practice during the week of the Survey. Patients have the choice to opt out of the Survey and should let their practice know if they wish to do so. This preference will be recorded in the practice PMS. Patient Preferences gathers the contact details for eligible patients during the week of the Survey and securely communicates them to the Survey provider.

The Primary Care Patient Experience Survey is a contributory measure to the System Level Measures programme the Ministry is using to incentivise quality improvement processes in PHOs. Information on the System Level Measures programme can be found on this page of the Ministry website:

http://www.health.govt.nz/new-zealand-health-system/system-level-measures-framework

Information about the Survey can be found on the HQSC website:

http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/health-quality-and-safety-indicators/patient-experience/primary-care-patient-experience/

## Q12.2 When should Patient Preferences be updated?

The Patient Experience Survey will run for one week every quarter starting in August 2016. The schedule can be found on the HQSC website.

# 13 Support

## Q13.1 What are the hours of availability and support for NES?

NES is available for enrolment activity from 6am - 11pm every day and Ministry support provided 8am – 5pm Monday to Friday, with the exception of Wednesdays where the hours of support are 9:30am – 5pm. The NHI is available and supported 24/7.

## Q13.2 Who should I contact regarding system issues?

You should first contact your PMS vendor for system issues. They will advise if they can assist or if you need to call the Ministry Contact Centre.

## Q13.3 Who do we contact if we have an urgent query about a patient’s NHI information?

Ring the Ministry Contact Centre 0800 855 151. “Press 1 for NHI questions”

## Q13.4 How do I request an NES-PHO report?

The NES-PHO report is an extract from NES of all active enrolments on specified date. It is run every Wednesday night and placed in PHOs FTP folders. If the previous week’s report is still in the folder it will be removed.

## Q13.5 Can a practice email the contact centre eSAM address issues that need further investigation or forwarding to NZPost rather than having to wait to get through by phone?

The best way to get issues resolved is to ring the contact centre. Emails can be sent to onlinehelpdesk@moh.govt.nz to investigate address issues. Remember do not put patient identifiable information including NHI numbers in emails to the contact centre.

# 14 Other

## Q14.1 You cannot go back and forth between the NES screens and the Patient detail PMS screens (Medtech)?

To view the patient details screen while you are in the NES web pages in Medtech you can reduce the size of the web page and drag the page across to expose the patient detail screen. To update the PMS information you need to update it from within the web page or close the web page, do the updates in the PMS and then open the webpage to continue.