

## INSTRUCTIONS FOR COMPLETING THE FEES TEMPLATE 2022/23

Four templates are available for practices wishing to assess the reasonableness of proposed fee increases. The 'Intro' templates should only be used by practices joining the Community Services Card reduced fees for the first time. Practices who have already transitioned to the initiative or those continuing to opt out should use the standard templates A or B.

**Option A** template provides an approximation of allowable fee increases.

**Option B** template needs more information to complete but provides a definitive answer.

**Option A-Intro** template provides an approximation for practices wishing to increase fees and join the CSC reduced fees initiative for the first time in 2022/23.

**Option B-Intro** template needs the most information to complete but provides a definitive answer for practices wishing to increase fees and join the CSC reduced fees initiative for the first time in 2022/23.

### OPTION A

This is a quick template that provides an approximation of allowable fee increases, particularly if busy practices are seeking to apply a \$ value increase across age groups.

**Open up Tab 1 (Revenue Split)** – Co-payment/capitation revenue split calculation.

1. *Column C – “Number of patients in this category”*. Enter the actual number of patients enrolled through the individual practice against each of the age groups. If opted in to the CSC initiative only include patients 14 years and older without Community Service Cards. If not opted into the initiative enter all patients irrespective of their CSC status.
2. *Column H – “30 June 2022 fee (co-payment)”*. Enter the 30 June 2022 co-payment fee for patients against each of the age groups. Use the 30 June co-payment fee even if this is the second or subsequent fee increase this financial year.

**The information in Tab 1 is automatically translated into Tab 2 (Annual Statement Summary).**

- This provides a summary of allowable percentage increases from previous years as a guide only. Given that the revenue split may have changed between years, it is more appropriate to refer back to the assessment for previous year/s to determine whether there is any **residue percentage** that should be brought forward. If so, please refer to clause F22 (11) in the PHO Services Agreement. This will demonstrate the calculation to be used to support carry forward of residue percentages from previous years.
- Note: Given the statements in 2011/12, 2012/13 and 2018/19 opting into the CSC initiative it is possible that this residue percentage could be negative.

**Open up Tab 3 (Co-payment Template)** - “Template to adjust fees by age group”.

- *Column I or L – “Co-payment change”*. (Choose one – either a \$ value **or** % value). Enter the proposed increase in co-payment. Use the up and down arrows to reach the desired rate. As a co-payment increase is applied, the “% change in annual co-payment revenue” amount accumulates in the bottom right hand corner. When all age group increases have been applied, if the “% change in annual co-payment revenue” is equal to or less than the “Co-payment annual statement” percentage, the increase will be deemed reasonable and not challenged by the DHB.

## OPTION B

This template needs more information to complete and provides a definitive answer.

### Open up Tab 1 (Revenue Split) – Co-payment/capitation revenue split calculation.

1. *Column D “Enrolled patients in this category”*. Enter the number of enrolled patients against each age group. If opted in to the CSC initiative only include patients 14 years and older without Community Service Cards. If not opted into the initiative enter all patients irrespective of their CSC status.
2. *Column E – “Annual standard medical consultations”*. Enter the total actual number of consultations for each age group for the previous 12 months. Apply these consultation numbers consistent with the breakdown of the number of enrolled patients.
3. *Column F – “30 June 2022 fee co-payment”*. Enter the GST inclusive co-payment fee for patients against each of the age groups that applied on 30 June 2022. Fee increases will be measured against the total allowance for the year irrespective of any previous increases. Use the 30 June co-payment fee even if this is the second or subsequent fee increase this financial year.
4. *Cell H34 – “Annual capitation revenue”*. Enter the total revenue received by the practice in capitation payments exclusive of GST for those patients included in column D, i.e. for practices that have opted into the Community Service Card reduced fees initiative only include first contact funding for non-CSC patients.

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- Note: Given the statements in 2011/12, 2012/13 and 2018/19 opting into the CSC initiative it is possible that this residue percentage could be negative.

### Tab 3 (Co-payment Template) - “Template to adjust fees by age group”.

- *Column I or L – “Co-payment change”*. (Choose one – either a \$ value **or** % value). Enter the proposed increase in co-payment. Use the up and down arrows to reach the desired rate. As a co-payment increase is applied, the “% change in annual co-payment revenue” amount accumulates in the bottom right hand corner. When all age group increases have been applied, if the “% change in annual co-payment revenue” is equal to or less than the “Co-payment annual statement” percentage, the increase will be deemed reasonable and not challenged by the DHB.

## OPTION A-INTRO

Only use this template if wishing to increase fees and are opting into the CSC initiative for the first time in 2022/23.

This is a quick template that provides an approximation of allowable fee increases, particularly if busy practices are seeking to apply a \$ value increase across age groups.

**Open up Tab 1 (Revenue Split)** – Co-payment/capitation revenue split calculation.

3. *Column C – “Number of patients in this category”*. Enter the actual number of patients enrolled through the individual practice against each of the age groups. Complete all lines separately identifying patients 14 years and older with Community Service Cards.
4. *Column H – “30 June 2022 fee (co-payment)”*. Enter the 30 June 2022 co-payment fee for patients against each of the age groups. Use the 30 June co-payment fee even if this is the second or subsequent fee increase this financial year.

**The information in Tab 1 is automatically translated into Tab 2 (Annual Statement Summary).**

- This provides a summary of allowable percentage increases from previous years as a guide only. Given that the revenue split may have changed between years, it is more appropriate to refer back to the assessment for previous year/s to determine whether there is any **residue percentage** that should be brought forward. If so, please refer to clause F22 (11) in the PHO Services Agreement. This will demonstrate the calculation to be used to support carry forward of residue percentages from previous years.
- Note: Given the statements in 2011/12 and 2012/13 it is possible that this residue percentage could be negative.

**Open up Tab 3 (Co-payment Template)** - “Template to adjust fees by age group”.

- *Column I or L – “Co-payment change”*. (Choose one – either a \$ value **or** % value). Enter the proposed increase in co-payment. Note: Only fees for patients without a Community Services Card may be changed in this way. The template will default co-payments for patients with a Community Services Card to the maximum amount chargeable for these patients set out in the PHOSA. In either case, use the up and down arrows to reach the desired rate. As a co-payment increase is applied, the “% change in annual co-payment revenue” amount accumulates in the bottom right hand corner. When all age group increases have been applied, if the “% change in annual co-payment revenue” is equal to or less than the “Co-payment annual statement” percentage, the increase will be deemed reasonable and not challenged by the DHB.

## OPTION B-INTRO

Only use this template if wishing to increase fees and are opting into the CSC initiative for the first time in 2022/23.

This template needs the most information to complete but provides a definitive answer.

**Open up Tab 1 (Revenue Split)** – Co-payment/capitation revenue split calculation.

5. *Column D “Enrolled patients in this category”*. Enter the number of enrolled patients against each age group. Complete all lines separately identifying patients 14 years and older with Community Services Cards.
6. *Column E – “Annual standard medical consultations”*. Enter the total actual number of consultations for each age group for the previous 12 months. Apply these consultation numbers consistent with the breakdown of the number of enrolled patients.
7. *Column F – “30 June 2022 fee co-payment”*. Enter the GST inclusive co-payment fee for patients against each of the age groups that applied on 30 June 2022. Fee increases will be measured against the total allowance for the year irrespective of any previous increases. Use the 30 June co-payment fee even if this is the second or subsequent fee increase this financial year.
8. *Cell H32 – “Annual capitation revenue”*. Enter the total revenue received by the practice in capitation payments exclusive of GST.

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- Note: Given the statements in 2011/12 and 2012/13 it is possible that this residue percentage could be negative.

**Tab 3 (Co-payment Template)** - “Template to adjust fees by age group”.

- *Column I or L – “Co-payment change”*. (Choose one – either a \$ value **or** % value). Enter the proposed increase in co-payment. Note: Only fees for patients without a Community Services Card may be changed in this way. The template will default co-payments for patients with a Community Services Card to the maximum amount chargeable for these patients set out in the PHOSA. In either case, use the up and down arrows to reach the desired rate. As a co-payment increase is applied, the “% change in annual co-payment revenue” amount accumulates in the bottom right hand corner. When all age group increases have been applied, if the “% change in annual co-payment revenue” is equal to or less than the “Co-payment annual statement” percentage, the increase will be deemed reasonable and not challenged by the DHB.

In instances where the “% change in annual co-payment revenue” is greater than the “Co-payment annual statement” percentage, DHBs will seek to have the PHO/practice review the intended increase to bring the overall percentage back within the allowable percentage. Where the PHO/practice rejects that request, DHBs may submit a referral to the regional Fees Review Committee to have the matter considered independently. This is a timely and costly process that ideally should be avoided if at all possible.