

# Business Requirements

National Enrolment Service and Capitation Based Funding

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Version 1.2

June 2021

## Revision history

This document is the working draft approved by PSAAP for use in the roll out of the National Enrolment Service to Contracted Providers.

Feedback on this document can be provided to the Primary Care team at the Ministry of Health.

Date	Version	Description	Author
May 2015	0.1	New draft document to reflect the implementation of the National Enrolment Service as the source of data for the calculation of Capitation Based Funding  Draft reviewed by sector working group, Ministry subject matter experts, Health Legal and Buddle Finlay	Jess White
June 2017	1.0	Final draft for approval by PSAAP	Alastair McLean
October 2018	1.1	New draft document to reflect implementation of CSC and U14 policies for approval by PSAAP.	Nemu Lallu
June 2021	1.2	Amendment to BR #4.1 as approved by PSAAP in February 2021. This now reads "Gender is either male, female, another gender or unknown. A person with another or unknown gender will be assigned the female value."	Michael Howard

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# Introduction

Capitation Based Funding (CBF) is the funding that Primary Health Organisations (PHOs) receive based on the number and demographic characteristics of the PHO's Enrolled Population. This population-based approach to primary health care provision focuses on maintaining, restoring and improving people's health using funding according to the needs of the population served.

CBF is the Ministry of Health's system for linking funding to population health needs and thereby pursuing the vision of the Primary Health Care Strategy.

Enrolment has four steps:

1. a person chooses a Contracted Provider of First Level and Urgent Care Services (eg. general practice or Health Care Home) to be their regular and on-going provider of these services; and
2. the Contracted Provider assesses whether the person is entitled to be enrolled; and is eligible for the full range of publicly funded health and disability services.
3. the Eligible Person formally enrolls with a Contracted Provider and becomes part of the PHO's Enrolled Population; and
4. the Enrolled Person is recorded in the National Enrolment Service.

Contracted Providers and PHOs are to take all reasonable steps to ensure that correct data is collected and updated correctly in the National Enrolment Service (NES). NES is the enrolment service hosted by the Ministry of Health and is the master source of truth for a person's enrolment status with links to other core services, which is used to assess a person's demographics, entitlement to enrol and eligibility for funded healthcare. A person's demographics are sourced and maintained from the National Health Index (NHI), which is the master source of truth for such data. The NHI number holds the following information:

- Name (including alternative names such as maiden names)
- NHI number
- Address
- Date of birth
- Gender
- New Zealand resident status
- Ethnicity
- and if appropriate, date of death, or flags indicating any medical warnings.

The main mechanism to update the National Enrolment Service is via the Ministry of Health NES web service that is integrated into the Contracted Provider's Practice Management System. The National

Enrolment Service will capture changes to a person's enrolment information and status in a national database in real time.

NES enrolments refer only to Enrolment with a Contracted Provider of First Level Services contracted to a PHO (in accordance with the PHO Services Agreement) for the purpose of calculation and payment of primary care CBF payments.

## Purpose

The purpose of this document is to provide the business requirements for the calculation and payment of PHO Capitation Based Funding using NES as the source of information about the Contracted Providers' Enrolled Persons and PHOs' Enrolled Population.

This document is divided into the following broad categories:

1. Contractual Requirements
2. Enrolment
3. National Enrolment Service Requirements
4. Capitation Based Funding Payment
5. Reporting

The intended audience for this document is DHBs, PHOs, Management Services Organisations (MSOs) and Contracted Providers.

Unique Identifier	Requirement number
Title / Name	Requirement title
Requirement	Requirement statement
Event	Circumstances under which requirement applies
Description	Detailed clauses
Source	Source of data required
Related Requirements	BR# 1.2
References	PHO Services Agreement

## Business Requirement #1: Contractual Requirements

### BR# 1.1 – PHO Services Agreement

Item	Details
Unique Identifier	BR# 1.1
Title / Name	PHO Services Agreement
Requirement	A PHO must hold a current PHO Services Agreement with a DHB to receive CBF payments. The DHB must notify the Ministry of Health of this Agreement.
Event	Formation of a new PHO or an existing PHO providing services in a geographical area covered by another DHB.
Source	Ministry of Health Contract Management System
Related Requirements	BR# 1.2
References	PHO Services Agreement

or

## BR# 1.2 – Subcontracted (Back to Back) Agreements

Item	Details
Unique Identifier	BR# 1.2
Title / Name	Subcontracted (Back-to-Back) Agreements
Requirement	A PHO must hold a current Back-to-Back Agreement with each of their Contracted Providers in order to receive CBF payments.
Event	A new Contracted Provider contracts with a PHO or an existing Contracted Provider changes PHO.
Description	<ul style="list-style-type: none"><li>▪ When a Back to Back Agreement is signed with a new Contracted Provider, PHOs will apply to the Ministry of Health via its contact centre for an HPI-Organisation identifier for that Contracted Provider so that Enrolment information can be recorded accurately in NES.</li><li>▪ The PHO must also notify the Ministry of Health the date the Back to Back Agreement comes into effect.</li></ul>
Related Requirements	BR# 1.1
References	PHO Services Agreement



## Business Requirement #2: Enrolment

### BR# 2.1 – Enrolment Requirement for Payments

Item	Details
Unique Identifier	BR# 2.1
Title / Name	Enrolment Requirement for Payments
Requirement	Payment will be made if a person has an Active Enrolment in NES on the last day of the month prior to the payment month.
Event	<p>A person and the Contracted Provider complete the Enrolment Process in accordance with the Enrolment Requirements for Contracted Providers and Primary Health Organisations.</p> <p>On completion of the Enrolment Process the Contracted Provider will enter the enrolment details into the Practice Management System (PMS), synchronise demographic information with the NHI and save in NES.</p>
Description	<ul style="list-style-type: none"> <li>▪ A person's Enrolment Start Date will be the date on which the Contracted Provider enters enrolment information into the PMS and saves it in NES.</li> <li>▪ A person can only have one Active Enrolment in NES at any time.</li> <li>▪ NES will not allow a person to be enrolled with two Contracted Providers on the same day.</li> </ul>
Source	NES
References	Enrolment Requirements for Contracted Providers and Primary Health Organisations.
Notes	<ul style="list-style-type: none"> <li>▪ Hard copy enrolment forms will remain in place until such time as they are no longer required.</li> </ul>

	<ul style="list-style-type: none"><li>▪ The Enrolment Start Date in NES may vary from the date the enrolment form was signed by an authorised person but may not pre-date the signed enrolment form. Every attempt should be made to process the enrolment on the day the enrolment form is signed so that the variance is kept to a minimum.</li></ul>
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## BR# 2.2 – Enrolment Expiry

Item	Details
Unique Identifier	BR# 2.2
Title / Name	Enrolment Expiry
Requirement	No payment will be made for expired enrolments.
Event	A person's Enrolment will expire and be End Dated in NES if that Enrolment exceeds the three year maximum period without a First Level Service Consultation or if the Contracted Provider does not update that person's enrolment details after having received confirmation of enrolment from that person during that period.
Description	<p>NES management of expired enrolments includes:</p> <ul style="list-style-type: none"> <li>▪ The enrolment End Date is the date the enrolment expires within NES.</li> <li>▪ Enrolments with expired enrolment End Dates are automatically ended on the day of expiry via a batch process run daily.</li> <li>▪ Expired enrolments automatically ended in NES will be notified to the Contracted Provider.</li> <li>▪ The Contracted Provider's PMS will process the NES notifications to ensure that the local PMS is updated by NES. Enrolments with expired enrolment End Dates within NES are not included in Capitation Based Funding calculations.</li> </ul>
Source	NES
References	Enrolment Requirements for Contracted Providers and Primary Health Organisations.
Notes	PHOs can determine what enrolments are due to expire by examining the expiry dates in the PHO Enrolment Report.

## BR# 2.3 – Pre-Enrolment Payments for Newborns

Item	Details
Unique Identifier	BR #2.3
Title / Name	Pre-Enrolment Payments for Newborns
Requirement	Payment will be made for newborn pre-enrolments
Event	A Contracted Provider receives a notification of birth from the National Immunisation Register (NIR) and may enrol the newborn with a 'pre-enrolled' status.
Description	<ul style="list-style-type: none"> <li>▪ A Contracted Provider may enrol a newborn baby with a 'pre-enrolled' status (B code) for funding purposes before the Enrolment Process is completed.</li> <li>▪ A newborn enrolment with a pre-enrolled status will be accepted for Capitation Based Funding for a period of 3 months from the date of birth.</li> <li>▪ A newborn pre-enrolment status will expire in NES with an End Date of the next payment snapshot following the period 3 months after the date of birth unless the status is updated to "Enrolled" by completion of the Enrolment Process.</li> <li>▪ Funding for a newborn pre-enrolment will cease the payment period following expiry of the 3 month pre-enrolment status. The newborn pre-enrolment or Enrolment Date may not precede the newborn date of birth.</li> </ul>
Source	NES
References	Enrolment Requirements for Contracted Providers and Primary Health Organisations.
Notes	<ul style="list-style-type: none"> <li>▪ PHOs can determine what newborn pre-enrolments are due to expire by examining the expiry dates in the PHO Enrolment Report.</li> </ul>

	<ul style="list-style-type: none"><li>▪ A 'B' code is the pre-enrolment code used by some PMS to denote a newborn that has been accepted for funding before the Enrolment Process has been completed. NES records preliminary newborn enrolments as 'pre-enrolment' and does not record the 'B' code.</li></ul>
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## Business Requirement #3: National Enrolment Service

### BR# 3.1 - Payment on Validated NHI Demographic Data

Item	Details
Unique Identifier	BR# 3.1
Title / Name	Payment on Validated NHI Demographic Data
Requirement	Payment will be calculated using the patient's demographic data held on the NHI (ie age, gender, ethnicity and address) and validated in NES at the time the NES Snapshot is taken.
Event	A person wishes to enrol with a Contracted Provider.
Description	<ul style="list-style-type: none"> <li>▪ All Enrolled Persons with a record in NES will have a validated NHI. NHI validation will occur through the NHI Patient web service.</li> <li>▪ When a person presents, Contracted Providers can search and view the NHI records for a person from within the PMS, and update the PMS with the most recent demographic data for the patient if the NHI data is more current.</li> <li>▪ Authorised NES users will also be able to update the NHI record if new demographic information is available, synchronise both the PMS and NHI with the most recent demographic data for the person, and add a new NHI record if the person is new to the NZ health system.</li> <li>▪ Enrolled Persons' demographic details drawn from the NHI and held in NES will be extracted on the NES Snapshot date to calculate the CBF payment (as described in Requirement 3.6).</li> </ul>
Source	National Health Index patient demographic information.
Related Requirements	BR# 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 4.1

## BR# 3.2 – Geocoding Validation

Item	Details
Unique Identifier	BR #3.2
Title / Name	Geocoding Validation
Requirement	A person's primary residential address recorded in the NHI will determine the geocoding and deprivation quintile used for the CBF calculation and payment.
Event	Geocoding an Enrolled Person's address in NES.
Description	<ul style="list-style-type: none"> <li>▪ An Enrolled Person's primary residential address should be validated by the eSam address validation service before being added to that person's NHI record.</li> <li>▪ The NES Snapshot will extract the Enrolled Person's primary residential address details from the NHI to calculate the CBF payment.</li> <li>▪ An Enrolled Person with a non-validated address at the NES Snapshot date will receive Capitation Based Funding in the unknown quintile deprivation payment category.</li> </ul>
Source	NHI Patient Identity Service for all demographic information.
Related Requirements	BR# 3.1, 3.3, 3.4, 3.5, 3.6, 3.7, 4.1
References	Enrolment Requirements for Contracted Providers and Primary Health Organisations.
Notes	Authorised users may update the NHI with a person's validated primary residential address by recording the validated address in their PMS and synchronising it with the NHI.

## BR# 3.3 – Date of Birth, Ethnicity and Gender Validation

Item	Details
Unique Identifier	BR# 3.3
Title / Name	Date of Birth, ethnicity and gender validation
Requirement	An Enrolled Person’s date of birth, ethnicity and gender demographic information must be validated and synchronised with the NHI. The Capitation Based Funding calculation and payment is based on what the information the NHI has recorded for these attributes..
Event	Calculation of Capitation Based Funding payments.
Description	An Enrolled Person’s date of birth, ethnicity and gender demographic information is recorded in, and sourced from, the NHI.
Source	NHI Patient Identity Service.
Related Requirements	BR# 3.1, 3.2, 4.1
References	Enrolment Requirements for Contracted Providers and Primary Health Organisations



## BR# 3.4 – High Use Health Card (HUHC) Validation

Item	Details
Unique Identifier	BR# 3.4
Title / Name	High User Health Card (HUHC) Validation
Requirement	Subsidies will be paid for Enrolled Person holders of valid HUHC as part of Capitation Based Funding calculations
Event	Calculation of Capitation Based Funding payments.
Description	<p>NES will hold HUHC numbers for Enrolled Persons with current HUHC.</p> <p>An Enrolled Person will be marked as a valid HUHC holder in NES when:</p> <ul style="list-style-type: none"> <li>▪ The NHI number, date of birth and gender of the HUHC holder match the Ministry of Health HUHC reference data; and</li> <li>▪ The HUHC expiry date is valid at time of the NES Snapshot.; and</li> <li>▪ The HUHC is not declined or cancelled.</li> </ul>
Source	Ministry of Health HUHC reference data
Related Requirements	BR# 4.1

## BR# 3.5 – Community Service Card (CSC) Validation

Item	Details
Unique Identifier	BR# 3.5
Title / Name	Community Services Card (CSC) Validation
Requirement	Capitation Based Funding Subsidies will be paid for Enrolled Persons who have an active community services card at the end of the last day of the month.
Event	Calculation of Capitation Based Funding payments.
Description	<ul style="list-style-type: none"> <li>▪ Ministry of Social Development (MSD) provide the Ministry of Health with daily updates to CSC they have issued. The name, date of birth and gender details provided by MSD are used to find the CSC holders NHI number and CSC dependants NHI numbers. A CSC entitlement or CSC dependent entitlement is created and maintained in NES.</li> <li>▪ Some CSC cards from MSD cannot be matched to the NHI (October 2018 this was less than 1%). These are held as unmatched cards and are regularly re-presented for matching. If a CSC holder presents a card at a practice that is an unmatched card in NES the practice can create that match in NES. This also applies to CSC holder’s dependants.</li> <li>▪ An Enrolled Person will be marked as a CSC holder or CSC dependant holder for CBF calculation when the NES CSC entitlement is active at the start of the first day of the month of the payment period.</li> </ul>
Source	<p>Ministry of Social Development.</p> <p>Enrolling Organisations can add CSC dependent entitlements.</p>
Related Requirements	BR# 4.1

## BR# 3.6 – Enrolments Ended in NES

Item	Details
Unique Identifier	BR# 3.6
Title / Name	Enrolments Ended in NES
Requirement	No payment will be made for enrolments that have ended in the NES before the last day of the month.
Event	A person can have only one Active Enrolment in the NES at any time.
Description	<p>A person's Enrolment in NES will be automatically Ended (End Date) and the Contracted Provider will receive notification of any update to a person's Enrolment in the following events:</p> <p>Date of Death:</p> <ul style="list-style-type: none"> <li>▪ When a registered date of death for an Enrolled Person is recorded in the NHI, that Enrolled Person's Enrolment in NES will be automatically ended (the End Date); or</li> <li>▪ When a Contracted Provider receives provisional notification of date of death, or a death overseas, and the Contracted Provider can confirm this notification; the Contracted Provider should manually end that Enrolled Person's Enrolment in the PMS and in NES.</li> <li>▪ CBF will cease at the start of the next payment cycle after the date on which the deceased person's Enrolment in NES has ended.</li> </ul> <p>Patient Transfers:</p> <ul style="list-style-type: none"> <li>▪ When a Contracted Provider enrolls a person, the Enrolment for that person with a previous Contracted Provider will be ended. The Enrolment End Date will be the day before the new Enrolment Start Date.</li> </ul> <p>Duplicate Patients:</p>

	<ul style="list-style-type: none"> <li>▪ When a duplicate Enrolment occurs for a person as a result of merging two NHIs the Contracted Provider with the most recent enrolment date or Confirmation of Enrolment date at the time of merging two NHIs will retain the person’s Enrolment. The enrolment with an older date will be ended and the Contracted Provider notified.</li> <li>▪ The enrolment End Date in NES will be the day after the NHI numbers were merged.</li> </ul> <p>Prisoners:</p> <ul style="list-style-type: none"> <li>▪ When an Enrolled Person is sent to prison (including prisoners on remand) their enrolment will be ended in NES.</li> <li>▪ CBF will cease at the start of the next payment cycle after the date on which the person’s Enrolment in NES has ended.</li> </ul>
Source	NES
Related Requirements	BR# 3.7, 4.1
References	Enrolment Requirements for Contracted Providers and Primary Health Organisations
Notes	The NES Enrolment Report to PHOs provides details of changes of patient enrolment status.

## BR# 3.7 – NES Snapshot

Item	Details
Unique Identifier	BR# 3.7
Title / Name	NES Snapshot
Requirement	CBF payments will be calculated on the NES Snapshot of Active Enrolments taken on the last day of the month prior to the payment month.
Event	Monthly NES Snapshot
Description	<ul style="list-style-type: none"> <li>▪ The NES Snapshot will be an extract of NES Enrolment data, NHI demographic data and HPI data used in the calculation of Capitation Based Funding. This snapshot of NES data will be used for Capitation Based Funding calculation and payment processing.</li> <li>▪ CBF payments derived from the NES Snapshot will cover all persons enrolled on the last day of the month prior to the payment month.</li> </ul>
Source	NES
Related Requirements	BR# 3.6, 4.1, 4.2

## Business Requirement #4: Capitation Based Funding

### BR# 4.1 – Funding Calculation

Item	Details
Unique Identifier	BR# 4.1
Title / Name	Funding Payment Calculation
Requirement	An Enrolled Person’s Funding is calculated according to the age, HUHC status, CSC status, ethnicity, deprivation quintile and gender. This information is sourced using the NES Snapshot taken at on the last day of the month prior to the payment month, and calculated using the Ministry of Health Payments Calculator.
Event	Calculation of Funding for Enrolled Persons
Description	<p><b>Capitation Based Funding</b></p> <p>Each Enrolled Person’s record will be assigned an individual category based on a combination of the following subcategories.</p> <ul style="list-style-type: none"> <li>▪ <b>Age:</b> is calculated by the difference between first day of the month and date of birth.</li> <li>▪ <b>Gender:</b> is either male, female, another gender or unknown. A person with another or unknown gender will be assigned the female value.</li> <li>▪ <b>HUHC status:</b> is derived as either cardholder or non-cardholder.</li> <li>▪ <b>CSC status:</b> is derived as either a cardholder or non-cardholder.</li> <li>▪ <b>Deprivation quintile:</b> Deprivation quintile (1–5) is derived from the person’s validated primary residential address. <ul style="list-style-type: none"> <li>a. An Enrolled Person with a non-validated address at the snapshot date will receive Capitation Based Funding in the unknown quintile deprivation payment category.</li> </ul> </li> <li>▪ <b>Ethnicity:</b> is derived as either ‘Māori/Pacific Island’ or ‘non-Māori/Pacific Island’.</li> </ul>

	<p>Additional Funding available to Enrolled Persons</p> <ul style="list-style-type: none"> <li>▪ <b>Funding formula type:</b> Access Practice or non-Access Practice</li> <li>▪ <b>Additional payment formulas:</b> Very Low Cost Access (VLCA), Zero Fees Under 6s, Zero Fees Under 14s, CSC.</li> </ul>
Source	<ul style="list-style-type: none"> <li>▪ NHI for all demographic information.</li> <li>▪ Ministry of Health HUHC reference data.</li> <li>▪ Ministry of Social Development for CSC data.</li> </ul>
Related Requirements	BR# 3.1, 3.2, 4.2
References	Ethnicity Data Protocols for the Health and Disability Sector 2004
Notes	Access funding formula practices have historical funding arrangements in place. They receive additional funding for patients in the 00 – 04 and 05 – 14 age bands.

## BR# 4.2 – Payment Process

Item	Details
Unique Identifier	BR# 4.2
Title / Name	Monthly Capitation Based Funding payment
Requirement	CBF Payments will be made to PHOs on a monthly basis and calculated using the Ministry of Health Payments Calculator.
Event	Capitation Based Funding payments made to PHOs
Description	<ul style="list-style-type: none"> <li>▪ On the 15th day (or next business day) of each month each PHO will be paid Funding derived from the NES Snapshot taken on the last day of the month prior to the payment month (regardless of whether it is a business day or not) and calculated through the Ministry of Health Payments Calculator.</li> <li>▪ Adjustments are made to the next payment after DHB approval is given. Any fee for service deduction amounts will be applied to the next available payment date following approval.</li> <li>▪ A negative balance will result in no payment being made and that balance carrying over until the next payment.</li> <li>▪ The lead DHB account will be debited for all services associated with each PHO's Enrolled Population.</li> </ul>
Source	NES Enrolment, Eligibility and Entitlement database
Related Requirements	BR# 3.7, 4.1
Notes	The lead DHB is not always the DHB of domicile.



## BR# 4.3 – General Medical Service (GMS) deductions from Capitation Based Funding

Item	Details
Unique Identifier	BR #4.3
Title / Name	GMS deductions
Requirement	<p>When a payment on a GMS claim is made for First Level Services provided by a Health Practitioner (General Practitioner, Nurse Practitioner or Registered Nurse) employed by a Contracted Provider other than the Contracted Provider that the person receiving those services is Enrolled with; the GMS payment will be deducted from the Contracted Provider the Enrolled Person was funded to on the day the service was provided and the PHO the funded Contractor Provider was contracted to on the date the deduction was made.</p> <p>GMS claims must be submitted to the MoH payment agent within two months of the date of service to be eligible for payment.</p> <p>GMS deductions will be made in the month following the receipt and approval of the GMS claim.</p>
Event	GMS deductions from Capitation Based Funding payments
Description	<ul style="list-style-type: none"> <li>▪ GMS claims for Enrolled Persons who are not yet funded may be made for First Level Services provided until the end of the month in which their enrolment started.</li> <li>▪ A GMS deduction is made for any GMS claims where an Enrolled Person is in NES:             <ol style="list-style-type: none"> <li>a. as not enrolled with the claiming Contracted Provider on the day the service is provided (Casual User); or</li> <li>b. is enrolled with the claiming Contracted Provider on the day the service was provided but is not yet funded.</li> </ol> </li> <li>▪ Up to three GMS claims per Enrolled Person per month can be deducted from the Contracted Provider the Enrolled Person is funded</li> </ul>

	<p>to on the day the service was provided and the PHO the funded Contractor Provider was contracted to on the date the deduction was made.</p> <ul style="list-style-type: none"> <li>▪ No GMS deductions will be made for all newborns for a period of three months from the newborn’s date of birth.</li> </ul>
Source	NES and GMS Claims
References	PHO Services Agreement
Notes	<ul style="list-style-type: none"> <li>▪ GMS deductions will be reported to the PHO monthly.</li> <li>▪ GMS claims that have not been deducted as a result of the deduction ‘cap’ will also be reported to the PHO monthly.</li> </ul>

## BR# 4.4 – PHO notification of change to Capitation Based Funding

Item	Details
Unique Identifier	BR# 4.4
Title / Name	PHO Notifications
Requirement	<p>A PHO must notify the lead DHB of changes to a Contracted Provider or a Contracted Provider’s funding formula entitlement status. PHOs must also notify the CBF administration team (<a href="mailto:CBF-CICAdministrator@moh.govt.nz">CBF-CICAdministrator@moh.govt.nz</a>) of all changes that affect payment.</p>
Event	<p>A Contracted Provider of a PHO has an agreed change to a Contracted Provider’s entity status, or a Contracted Provider’s funding formula entitlement status.</p>
Description	<p>PHOs must notify the lead DHB and the CBF administration team (<a href="mailto:CBF-CICAdministrator@moh.govt.nz">CBF-CICAdministrator@moh.govt.nz</a>) of all changes that affect payment. The situations whereby this notification is required are:</p> <ul style="list-style-type: none"> <li>▪ Any change of PHO by a Contracted Provider.</li> <li>▪ The opening or closure of a Contracted Provider.</li> <li>▪ A split or merger of a Contracted Provider.</li> <li>▪ Any changes of ownership of a Contracted Provider.</li> <li>▪ Any change of name by a Contracted Provider.</li> <li>▪ Any changes to the funding formula entitlement status of a Contracted Provider. For example, if they enter, exit or change between Very Low Cost Access, Zero Fees for Under 6 or Zero Fees for Under 14s and CSC funding formulae.</li> <li>▪ Any changes made by a PHO to a Contracted Provider’s PHO Practice ID.</li> </ul> <p>This will ensure that correct Capitation Based Funding calculation and payment can be made on a monthly basis.</p>

	If notification of a change from the PHO is not received by the Ministry of Health CBF administration team at least ten business days prior to the NES Snapshot the changes will not be reflected in the next payment period.
Related Requirements	BR #4.2, 4.5
References	PHO Services Agreement
Notes	PHO notification of Contracted Provider changes must be in accordance with the PHO Services Agreement. A new practice or a practice changing PHOs must hold a Back-to-Back Agreement with the existing or new PHO.

## BR# 4.5 – Incorrect Payments

Item	Details
Unique Identifier	BR# 4.5
Title / Name	Incorrect Payments
Requirement	Capitation Based Funding re-calculations and wash-ups for PHOs will be completed in the next monthly NES Snapshot and Capitation Based Funding payment following the notification of an incorrect payment as per the PHO Services Agreement Clause F.15 Incorrect Payments.
Event	The Capitation Based Funding payment made to a PHO is incorrect.
Description	<ul style="list-style-type: none"> <li>▪ If there is an error in the payment as a result of Ministry of Health or DHB payment agent processes, a manual adjustment will be made to correct the error after agreement with the Ministry of Health, DHB and PHO where applicable, in a timely manner.</li> <li>▪ If there is an error in payment as a result of DHB or PHO/Contracted Provider error the Ministry of Health will correct the payment in the next payment cycle following notification of an incorrect payment as per the PHO Services Agreement Part F.</li> <li>▪ Adjustments will be made as simple debit and credit adjustments. Whenever one type of adjustment is made to a PHO, a balancing adjustment must be made to a lead DHB or the Ministry of Health.</li> </ul>
Source	Notification and evidence of an incorrect payment provided to the DHB Payment Agent
References	PHO Services Agreement

## Business Requirement #5: Reporting

### BR# 5.1 – NES and Capitation Based Funding Payment Reporting

Item	Details
Unique Identifier	BR# 5.1
Title / Name	NES and CBF reporting
Requirement	The Ministry will make monthly reports available securely to PHOs, and PHOs will be able to extract and analyse these reports at practice level, practitioner level (if applicable), and NHI level within their PHO data.
Event	NES and CBF reporting
Description	<p>The monthly reports provided to PHOs will provide information at practice level, practitioner level (if applicable), and NHI level within their PHO. This will support service development and delivery, funding, monitoring, and planning functions.</p> <p>The following reports will be available to PHOs:</p> <p><i>Capitation Based Funding Payment Reports</i></p> <ul style="list-style-type: none"> <li>▪ PHOs Payment Notification</li> <li>▪ PHOs Person Extract</li> <li>▪ PHOs Finance Extract</li> <li>▪ Buyer Created Tax Invoice</li> <li>▪ General Medical Service Claiming Report</li> <li>▪ Fee for Service Deductions Report</li> </ul> <p><i>NES Report</i></p> <ul style="list-style-type: none"> <li>▪ NES PHO Monthly Extract</li> </ul>

	<p>The following reports will be available to DHBs and the Ministry:</p> <ul style="list-style-type: none"> <li>▪ Capitation Payment Summary Report</li> <li>▪ Capitation Payment Detailed Report (anonymised for DHBs)</li> <li>▪ Fee for Service Deductions Report</li> <li>▪ General Medical Service Claiming Report</li> </ul>
Source	NES and the Ministry of Health Payments Calculator.
Related Requirements	BR# 4.1, 4.3, 4.4 and 4.5
References	PHO Services Agreement
Notes	<p>PHOs will still be required to submit monitoring data reports to their DHBs and the Ministry on a quarterly basis as per the contractual obligations of the PHO Service Agreement between PHOs and DHBs on a quarterly basis.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>▪ service utilisation data,</li> <li>▪ clinical performance indicators and</li> <li>▪ Provider information.</li> </ul>

## Definitions, Acronyms, and Abbreviations

Term	Meaning
Active Enrolment	An Active Enrolment is an enrolment which has an Enrolment Start Date and has not ended at a specified point in time (End Date).
BR	Business Requirements
Contracted Provider	A Contracted Provider means a health service provider, whether an organisation, person, or a Practitioner, that the PHO subcontracts to deliver Services, and includes the Contracted Provider's employees, agents and subcontractors.
DHB	District Health Board
End Date	Means the point in time at which a person's enrolment with a Contracted Provider ends.
Enrolling Organisation	The Provider of First Level Services a person is Enrolled with, identified by an HPI-Organisation ID that is assigned to the Provider in NES
Enrolment Start Date	The Enrolment Start Date is the date on which the Contracted Provider enters a person's enrolment information into the PMS and saves that information in NES. The Enrolment Start Date may vary from the date the enrolment form was signed by an authorised person, but may not pre-date the enrolment form signature. Every attempt should be made by the Contracted Provider to process the enrolment on the date the enrolment form is signed so that the variance between the enrolment form and the NES record is kept to a minimum.
Health Provider Index (HPI)	<p>The Health Provider Index (HPI) is a national database holding information to identify health providers and practitioners. The HPI comprises three separate indexes for:</p> <ul style="list-style-type: none"> <li>▪ Organisation – HPI-Organisation Id</li> <li>▪ Facility – HPI-Facility Id</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Practitioner – HPI-CPN</li> </ul>
HPI-O identifier	The Health Provider Index - Organisation identifier assigned to Organisations that provide Health Services (such as general practices)
HPI-CPN or CPN	<ul style="list-style-type: none"> <li>▪ A Health Provider Index - Common Person Number in this document refers to the identifier assigned to a practitioner providing First Level Services.</li> <li>▪ The HPI-CPN is the common index for health practitioners that are registered with a registration agency (termed Responsible Authority in the Health Practitioner Competence Assurance Act). An HPI-CPN is allocated for example to (but not limited to) doctors, nurses, pharmacists, midwives, physiotherapists.</li> </ul>
HPI-Facility,	<ul style="list-style-type: none"> <li>▪ The Health Provider Index – Facility identifier assigned to service facility providing First Level Services</li> </ul>
National Immunisation Register (NIR)	The National Immunisation Register (NIR) is a computerised information system that holds national immunisation details for those immunisations on the National Immunisation Schedule.
NES	National Enrolment Service
NHI and NHI number	The National Health Index (NHI) is an index of all persons with their identity and demographic details. Anyone receiving health care in NZ is assigned a unique National Health Index Number (NHI number), and are recorded in the National Health Index (NHI).
PHO	Primary Health Organisation
PHO HPI-O identifier	The Health Provider Index - Organisation identifier assigned to a Primary Health Care Organisation
Snapshot	The NES Snapshot is the extract of NES information as further described in BR#3.7 upon which CBF payments are calculated

Validated Identity

A validated identity is a patient record assessed against a set of identity attributes (NHI number, name, date of birth and gender) that scores above the threshold for a valid match when matched to data held in the NHI.

## References

This document should be read in conjunction with the following documents to provide greater clarity on the business requirements outlined.

#	Document Title	Description	Publisher
1	PHO Services Agreement	The PHO Services Agreement is the contract between DHBs and PHOs that sets out the roles and responsibilities of DHBs and PHOs to ensure that primary health care services are funded and provided in a way that is best for people, best for the system, and continually meets the Government's policy objectives.	District Health Boards and PHOs
2	Enrolment Requirements for Contracted Providers and Primary Health Organisations	Outlines the precise rules for determining an enrolled person.  Referenced Document is part of the PHO Services Agreement V3.0.	Ministry of Health
3	Business Requirements: Capitation Based Funding	Provides the business requirements for the system that the Ministry of Health uses to calculate the Capitation Based Funding a PHO should receive.  NES Implementation  On completion of the transition period, the Business Requirements: Capitation Based Funding v3.9 will become redundant, and the Business Requirements: National Enrolment Service Capitation Based Funding v1.0 will come into effect.  This document is a Referenced Document to the PHO Services Agreement.	Ministry of Health