

19 August 2008

To Whom It May Concern

Extension of the \$3 co-payments on subsidised medicines policy

I write to inform you that the Government is extending access to \$3 co-payments on fully subsidised medicines. The extension of the \$3 co-payments on fully subsidised medicines policy will take effect from 1 September 2008.

Under this policy extension a person who is eligible for publicly funded health services in New Zealand under the Eligibility Direction (refer to www.moh.govt.nz/eligibility) is eligible for a \$3 co-payment on prescriptions for fully subsidised medicines if the prescription is issued by:

1. A prescriber employed by a District Health Board (e.g. hospital or DHB community-based services);
2. A provider/prescriber with an access or service agreement with the Ministry of Health or a District Health Board (DHB) or a Primary Health Organisation (PHO);
3. An After Hours provider with an access or service agreement with a PHO or a DHB;
4. A provider providing a fully publicly funded service under a Section 88 notice alone.

This policy extension is intended to apply to all registered health practitioners who have prescribing rights under the Health Practitioners Competence Assurance Act 2003 including, but not limited to, medical practitioners, midwives, nurses and dentists.

Exclusions to this policy extension are:

- a. Providers providing completely privately funded services;
- b. Providers providing services under a Section 88 notice alone that are not solely publicly funded (for example, general practitioners who are not part of a PHO and private specialists).

Anticipated scenarios to which the \$3 co-payment policy extension is expected to apply:

- Prescriptions issued by prescribers while working for a DHB hospital or community-based service.
- Prescriptions issued by a health practitioner who is working in primary health care after hours service that has an access or service agreement with a PHO or a DHB.
- Prescriptions issued by a health practitioner who is working for a provider funded under a Ministry of Health contract.
- Prescriptions issued by a midwife who has an access or service agreement with a DHB or an arrangement with a PHO or is operating under a Section 88 notice alone.
- Prescriptions issued by a health practitioner who is working in a youth health service that has a contract with a DHB or an arrangement with a PHO.
- Prescriptions issued by a dentist in the course of providing services under a DHB contract.
- Prescriptions issued by a health practitioner who is working in a hospice or rest home that has DHB contracts.

The prescriber/provider will be responsible for ascertaining whether the patient is eligible for \$3 co-payments and for coding their prescriptions correctly. The pharmacist is entitled to rely on prescriber coding to indicate the correct level of co-payment that should be charged.

The policy extension will be implemented by introducing amendments to the Pharmaceutical Schedule, the Pharmacy Procedures Manual and the Pharmaceutical Transactions Data Specification. A new category of 'eligible person and eligible provider/prescriber' (Refer to Appendix 1) is proposed. The 'eligible person and eligible provider/prescriber' category will be coded Y4, J4 or A4, depending on the age group of the patient. This will mean that no system changes are required to be implemented by pharmacies.

The usual rules and provisions associated with the High Use Health Card (HUHC), Community Services Card (CSC) and Pharmaceutical Subsidy Card (PSC) will continue to apply to persons who are not included in other categories of eligibility.

If you have any questions please email your questions to primary_healthcare@moh.govt.nz.

Yours sincerely



Danny Wu
National Programme Manager
Primary Health Care Implementation

Appendix 1: Pharmacy Procedures Manual Proposed amendments.

The only affected section is section 4.1.2 as follows.

4.1.2 Patient Information

In addition to the legal requirements of a prescription as set out under clause 4 - Procedure, the following Patient information is required for subsidy purposes:

a. Patient address

The address of the Patient must be specified. This must be the residential address, not a PO Box or Rural Delivery number. A rural grid number is acceptable.

b. Patient category

Patient eligibility must be clearly identified in accordance with the Pharmaceutical Schedule. If the prescriber has included this information on the prescription, the pharmacist may accept these details as correct unless the Patient provides documented evidence to the contrary.

Information on eligibility can be found on the MoH web site at: <http://www.moh.govt.nz/eligibility>

An "H" code is used for a Patient who is usually resident in the Hokianga Ward of the Far North District. The prescription must be written by a registered medical practitioner employed by, and on a form supplied by, the Hokianga Health EnterpriseTrust.

Procedure

The patient categories and pharmaceutical co-payments as at 1 September 2008 are:

Youth (ages 0 to 5 years)

CSC or PHO Status	HUHC Holder / <u>Care Plus Patient</u>	Patient Category	Maximum Pharmaceutical Co-payment	
			No PSC	With a PSC
Low-cost PHO Enrolee; or Eligible person and eligible provider/prescriber	Yes	Y4Z	\$0	\$0
	No	Y4	\$0	\$0
CSC Holder	Yes	Y1Z	\$0	\$0
	No	Y1	\$0	\$0
None of the Above	Yes	Y3Z	\$0	\$0
	No	Y3	\$0	\$0

Junior (ages 6 to 17 years)

CSC or PHO Status	HUHC Holder / <u>Care Plus Patient</u>	Patient Category	Maximum Pharmaceutical Co-payment	
			No PSC	With a PSC
Low-cost PHO Enrolee; or Eligible person and eligible provider/prescriber	Yes	J4Z	\$3	\$0
	No	J4	\$3	\$0
CSC Holder	Yes	J1Z	\$3	\$0
	No	J1	\$3	\$0
None of the Above	Yes	J3Z	\$3	\$2
	No	J3	\$10	\$2

Adult (ages 18 and above)

CSC or PHO Status	HUHC Holder / <u>Care Plus</u> Patient	Patient Category	Maximum Pharmaceutical Co-payment	
			No PSC	With a PSC
Low-cost PHO Enrolee; or Eligible person and eligible provider/prescriber	Yes	A4Z	\$3	\$0
	No	A4	\$3	\$0
CSC Holder	Yes	A1Z	\$3	\$0
	No	A1	\$3	\$0
None of the Above	Yes	A3Z	\$3	\$2
	No	A3	\$15	\$2

Persons usually resident in the Hokianga Ward of the Far North District with a prescription issued by a registered medical practitioner employed by, and on a form supplied by, the Hokianga Health Enterprise Trust

CSC or PHO Status	HUHC Holder / <u>Care Plus</u> Patient	Patient Category	Maximum Pharmaceutical Co-payment	
			No PSC	With a PSC
Low-cost PHO Enrolee	Yes	H4Z	\$0	\$0
	No	H4	\$0	\$0
CSC Holder	Yes	H1Z	\$0	\$0
	No	H1	\$0	\$0
None of the Above	Yes	H3Z	\$0	\$0
	No	H3	\$0	\$0

Glossary

CSC means a Community Services Card

HUHC means a High Use Health Card

PSC means a Pharmaceutical (Prescription) Subsidy Card

Low-cost PHO Enrolee means an eligible person who is:

A) Low-cost PHO Enrolee means an eligible person who is:

enrolled in any practice in a Primary Health Organisation (PHO);

and the prescription has been issued by a prescriber working for the eligible person's enrolling PHO (unless local arrangements are in place).

Could also be simply “enrolled in a Primary Health Organisation (PHO) either with or without Care Plus Services

Note: Care Plus patients will be coded either Y4Z, J4Z, A4Z or H4Z.

Eligible person and eligible provider/prescriber means:

1. a person eligible for publicly funded health services under the Eligibility Direction (refer to www.moh.govt.nz/eligibility) who is issued a prescription by:
 - a) A prescriber employed by a DHB (e.g. Public Hospital or community-based service);
 - b) A provider with an access or service agreement with the Ministry of Health or a District Health Board (DHB) or a Primary Health Organisation (PHO);
 - c) An After Hours provider with a service agreement with a DHB or a PHO;
 - d) A provider providing a fully publicly funded service under a Section 88 notice alone.

Exclusions to the Eligible person and eligible provider or prescriber policy are:

- a) Providers providing completely privately funded services;
- b) Providers providing services under a Section 88 notice alone that are not solely publicly funded.