

Performing your own in-house audit for enrolment.

As part of the enrolment process, we strongly recommend that practices undertake a self-audit of their enrolment register. The frequency of these audits is at the discretion of each practice, however we would suggest at least once every 12 months. Routine self-audits also help your practice remain well prepared in the event of an enrolment audit by Health New Zealand. A recommended sample size for each audit is 100 enrolment records.

The most important area of enrolment is ensuring the enrolment form is completed and checked carefully.
For any patients where the following issues apply, get a new enrolment form signed ASAP or consider ending the enrolment before the end of the current month if a new form cannot be obtained. If audited, the following issues may have financial implications if not completed:

- form is unsigned
- not dated
- eligibility and entitlement criteria are not completed
- ethnicity not completed and scanned copy is not legible or does not include the full information

Qualifying Encounter Date (QED)

It is important to understand that every time an invoice for a consultation service is created, this updates NES and pushes the patient's current enrolment out 3 years. There must be clinical notes found to support a clinical interaction to update the Qualifying Encounter Date (QED) in the NES. It is important that Consultation invoices are not used for administration tasks.

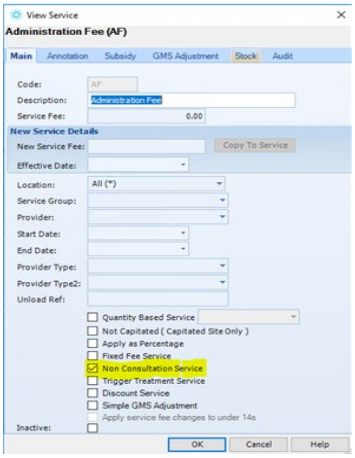
Date of Last Consultation (DLC)

The Date of Last Consultation field can be updated following a face-to-face, telephone or other electronic contact between an **Enrolled Person** and a **Health Practitioner.** This is to be recorded in the patient notes "Daily record".
The following activities <u>should not</u> be used to update the DLC field in the providers PMS:

- Invoices (non-clinical related service) and credit notes
- Correspondence, initiated by Contracted Provider (e.g., debts, recalls, imms)
- Receipt of reports from other health service providers (e.g., lab results)
- Registration, enrolment, re-enrolment
- Notes about patient visits to other providers (e.g., ED) or adding notations.

Non consultation services

These should be flagged within the setup to avoid these updating QED incorrectly. The following Service set up shows an example of a non-consultation Service with a tick in the 'Non-Consultation Service' checkbox. Service codes for Tasks, Admin fees, DNAs, Credit notes etc need to have this ticked however Consults, Scripts, Nurses services, ACC etc will not have this ticked. It is also important that Practices have a good system for checking clinical notes are completed for every interaction that has a consultation invoice associated with it.



Next week's issue will have the resolutions to the errors identified in an audit.

Practice Self Audit of Patient Enrolment Requirements

Obtain 100 random NHIs from your PMS. Retrieve the corresponding enrolment forms for these patients. Compare the details on the enrolment form against the PMS and NES. Tick if the same, Cross if different and then update PMS/NES appropriately This is a great training exercise for staff and highlights the errors that can occur when enrolling patients and the care that is required during that process. * mandatory information that must be entered on the enrolment form.

NHI	Family Name*	First Name*	Other Names*	Place of birth*	Country of birth*	Gender*	Ethnicity *	Eligibility Clause ticked*	Signature / Signed authority *	Enrolment form date = PMS enrol date	Enrolment form date = NES enrol date	Date last consult = supporting notes	Eligibility / Entitlement tested