*Information Sheet*

Te Urutī

Level 1  
48 Hereford Street, West End

Christchurch 8013  
PO Box 3877

Christchurch 8140

T+64 3 974 2040

**RE ENROLMENT via “AUDITABLE CONTACT”**

The two ways of retaining a person on a practice’s register is for either the date of last consult or date of enrolment to be legitimately updated. If the patient does not need to, or won’t come into the practice for a consult, then it will be necessary to re-enrol the patient.

Obtaining a new enrolment form with the new declarations, eligibility questions and health privacy statement would be the best and safest option. However, it is possible to re-enrol patients via the means of “Auditable Contact”. The rules are quite strict and are detailed in the Enrolment Requirements in Sections 7 & 8. It states:

# 7. Enrolment Period

Three years is the maximum period of time an Enrolled Person residing in New Zealand can remain enrolled with a Contracted Provider of a PHO without either:

* a First Level Service Consultation being recorded in the Daily Record, and as further described in Section [**9**;](#_bookmark20) or
* Confirmation of Enrolment occurring through one of the methods detailed in Section [**8**](#_bookmark19)below.

A First Level Service Consultation or Confirmation of Enrolment within a three year period resets the three year enrolment period.

If neither of the above is recorded in the PMS then the person’s enrolment will expire in NES at the end of the 3 year period.

# 8. Confirmation of Enrolment

An Enrolled Person may confirm their enrolment in three ways:

1. The Enrolled Person signs a confirmation of enrolment form (NB The original enrolment form needs to be retained as either a hard or electronic copy);
2. The Enrolled Person signs a new Enrolment Form; or
3. The Enrolled Person confirms continued enrolment through Auditable Contact. Auditable Contact:

* may be a telephone contact or electronic media exchange with an Enrolled Person that specifically confirms his/her intention to remain enrolled with the Contracted Provider.
* is only acceptable if the conversation is documented in the Enrolled Person’s Daily Record and there is sufficient documented evidence that the Enrolled Person’s eligibility and entitlement to be enrolled has been confirmed, and there is no reason why the Enrolled Person’s eligibility and entitlement to be enrolled would have changed.
* may be used as confirmation of enrolment only if there is a signed Enrolment Form on file. NB Prior to 1 April 2004 a signed Enrolment Form was not required.
* may be used to update the Date of Confirmation of Enrolment field in the PMS if the above conditions are met.

Although it is possible for a practice to re-enrol a patient via this method it can be risky. Failure to complete any of the appropriate steps will result in the re-enrolment via “Auditable Contact” being invalid.

To summarise, the most important things that are required are:

1. A note of the conversation confirming the patient’s wish to remain enrolled must be recorded in the patient’s records identifying who spoke to the patient and the date
2. There must be **documented** evidence that the patient’s eligibility and entitlement to be enrolled has been confirmed, and there is no reason why the patient’s eligibility and entitlement to be enrolled would have changed.
3. An original signed enrolment form **must** also be held

The biggest risk of using a phone call to re-enrol patients will be borne by those practices who have not yet obtained new enrolment forms (post 2011, that include the eligibility question and health privacy statement) as they will unlikely be able to produce any **documented** evidence that the patients eligibility has been tested.

Even if the practice holds a new enrolment form it is imperative that the practice ensures the eligibility section is properly completed as some patients do not always complete this section. If the practice cannot produce documented evidence that the person's eligibility has been tested the re-enrolment may fail, ie: it is disregarded by the auditors and the true date of enrolment will revert back to the date on the original enrolment form. This may mean that the patient no longer has a consult date or genuine enrolment date within the last three years and if so should not have been included on the register and any incorrect funding received because of the incorrect date may be recovered by the DHB.

For re-enrolment a newly signed enrolment form, containing the new eligibility questions and health privacy statement is best practice (where possible). A newly signed form also has the benefit of allowing the practice to obtain any new demographics for the patient, ethnicity, mobile numbers, email addresses, next of kin etc, which ensures the practice has up to date information about their patient.