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**Midlands Health Network**

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Primary Options - Waikato

1. Aim of the service

The Primary Options programme is about providing general practice with access to a range of funded community, diagnostic, treatment and logistical services to help treat patients with acute illnesses in the community and reduce the number of acute referrals to hospitals.

Primary Options

- Supports general practice to safely manage more patients in the community
- Allows the patient’s family doctor to manage their ongoing care at no cost to the patient
- Provides patients with access to community-based in-clinic health services 24 hours a day
- Simplifies the claiming and coordination process for all parties involved - claims onto other 3rd party services are activated within 60 minutes.

1.1. Principles

The Primary Options programme must:

- Provide value to the whole health system
- Be easy to access for all patients, clinicians and providers
- Have strong, evidence-based clinical pathways and clinical oversight
- Encourage the best health outcomes for patients and support their individual needs
- Ensure all communities have access to the same range of services
- Utilise existing services and current care pathways
- Address patients physical and mental health care needs
- Be free to all patients who meet the necessary criteria
- Have feedback, evaluation and auditing processes in place to make sure standards are met and necessary improvements are made
- Be able to respond to a range of ethnicities and ages
- Have a single point of coordination.

1 In-clinic services include: extended consultations, follow-up consultations, in clinic diagnostic procedures such as ECG’s, urgent labs and radiology services where available at an A &M.
1.2. Strategic benefits of Primary Options

Primary Options is operating in Northland, Auckland, Bay of Plenty, Hawkes Bay and Christchurch. Feedback from these areas supports the benefits to general practice, secondary care providers and patients.

Benefits to primary health care providers:
- Primary health care providers receive more resource and a range of services to manage their acute patients in the community rather than referring them to hospital
- General practitioners have more choice on how to manage their patients
- Reporting data provides an overview of areas where future service improvement opportunities can be made
- The service is continually reviewed with regular feedback available for clinicians
- The knowledge and skills within the primary health care sector increases.

Benefits to secondary care providers:
- The Primary Options programme helps to reduce the projected growth in GP referrals to hospital emergency departments
- Reporting data provides an overview of areas where future service development opportunities can be made.

Benefits to patients:
- Patients can be managed by their general practice team who they know well and is the patient’s first point of contact for all their health care needs
- Patients are supported in an environment they are familiar and comfortable with
- Primary Options is free for patients following the initial GP/clinic consultation
- Primary Options is reviewed and evaluated on an ongoing basis to make sure patients receive high quality, clinically sound health care services.
2. Clinical oversight

A Regional Clinical Group and a Regional Service Development Group oversees the programme. Both groups ensure that services are tailored to the needs of each community, and the standard of care and access to services for patients remains consistent across each district.

2.1. Primary Options Regional Advisory Group

The Regional Clinical Group (led by a 0.2 FTE Regional Clinical Director):

- Provides clinical oversight through focusing on:
  - Clinical effectiveness
  - Quality assurance
  - Education and development
  - Clinical audit that leads to continuing quality improvement
  - Clinical risk management
  - Research and development
- Takes part in acute care management forums
- Communicates with key stakeholders about the services
- Advocates for the ongoing development of the Primary Options programme.
3. Service Overview

3.1. The service

- Primary Options coordinates and facilitates access to existing community-based services that:
  - Prevent an unnecessary acute hospital referral
  - Shortens the length of stay for patients who are referred or admitted to hospital.
- Primary Options is designed to:
  - Allow more patients to be managed in the community
  - Improve patient care pathways to reduce acute demand on hospital services
  - Create opportunities for primary and secondary services to work more closely together
  - Link with other community services that support the programme
  - Reduce the number of bed-days with supported discharge services.
- Primary Options gives general practice easier access to services, including alternative options if a practice is not equipped to undertake a given service or package of care.
- Primary Options actively works to broaden the scope of services provided to patients in the community.

3.2. Primary Options team

The Primary Options programme is coordinated by a regional team. General practice and service provider relationships continue to be managed by Midlands Health Network Ltd’s Practice Services team.

The regional programme manager is based in Hamilton and has overall responsibility for the programme across the Lakes, Tairawhiti, Taranaki and Waikato DHB regions, as well as relationships with Waikato general practice teams and providers.

The local Primary Options coordinator provides training, education and liaison with general practice teams within their locality to ensure the programme is supported appropriately.

The regional team consists of 2.5 FTE positions with administrative functions carried out by the Patient Access Centre (PAC).

Primary Options Regional Service Manager:

The Primary Options Regional Service Manager is responsible for:

- Training and education of general practice teams and providers
- Marketing and communication
- Financial management
- Reporting
- Non-clinical systems and processes
- HR/recruitment
- Contract management
  - DHB
• Providers
• General practice

- Relationship management (visits, phone calls and meetings) within the Waikato region
  • General practice
  • Hospitals
  • Providers
  • Rest homes
  • Accident and Medical Centres
  • Primary Options board
  • Regional Clinical Group and Service Development Group.

All administrative functions required for the programme are carried out by PAC. Responsibilities are spread across the PAC team to ensure tasks are completed if a customer service representative is on leave.

**Primary Options Regional Clinical Services Coordinator:**

The Primary Options Regional Clinical Services Coordinator is responsible for:

- Clinical review of all claims and invoices
- Participating in clinical pathway development e.g. cellulitis and DVT
- Policy development
- Clinical queries from and to providers
- Approval of services outside the Primary Options business rules
- Taking some of the phone calls as a step down from the administrator.

The Primary Options clinical coordinator is responsible for clinical oversight of the claims and service utilisation to ensure they are appropriate, safe, within the business rules, current practice and aligned with clinical guidelines. They are also a member of the regional clinical group.

**Primary Options Regional Administration:**

The Primary Options administrative functions are based within PAC.

Administration responsibilities include:

- First line call taker for external services, claims and enquiries
- Processing and receipting faxed claims
- Updating the database
- Checking coding and re-coding
- Processing invoices from external providers
- Processing completed claims
- Account queries
- General administration
- Coordinating services on behalf of practices e.g. ultra sound, respite care, home support, transport, etc.
3.3. General Practices

The towns/cities selected to use Primary Options in phase one (October 2012) are:

- Hamilton
- Morrinsville
- Cambridge
- Te Awamutu
- Raglan
- Huntly
- Te Kauwhata
- Kawhia

Initial roll-out of Primary Options in Hamilton, North and West Waikato will achieve the largest impact on Waikato Hospital’s Emergency Department. Roll-out across the remaining Midlands Health practices will occur in 2013 allowing time for Primary Options to be tailored to rural needs and different models of care.

Other Midlands Health Network District Health Boards will have the opportunity to launch Primary Options in the next 12 months.
3.4. Eligibility criteria

A patient is eligible for Primary Options if:

- They receive a clinical assessment and would have traditionally been referred acutely to hospital
- They have given their consent to the recommended treatment
- They have been advised that they may be liable for costs should the claim be declined by Primary Options, and agree
- They are eligible to access funded New Zealand health care services
- It is clinically safe and appropriate to manage the patient’s care in the community
- The clinician is able to take responsibility for the patient's care, or has the option to hand over the patient to another clinician
- The services will not exceed $300 unless otherwise approved.

Exclusions: A patient whose primary reason for a claim is covered by another funding stream, e.g. ACC or Maternity, with exception of Hyperemesis treatment, or who is not a New Zealand resident covered by a reciprocal agreement, is not covered under the Primary Options programme.

If you are unsure of whether a person is eligible for primary health care please refer to Ministry of Health’s web site for the eligibility criteria and reciprocal agreements.


3.5. Volumes

Service volumes are capped with a regional annual budget. General practices can claim against a regional pool of funding.

The Primary Options Service Manager is responsible for making sure the programme is delivered within contracted volumes and budget, and reports to funders on a monthly basis. This includes service utilisation against budget and additional information as set out in 4.6.
3.6. Primary Options pathway

The following pathway shows eligibility and claims lodgment for the Primary Options programme:

Patient presents at practice/A&M
Assessment and diagnosis
Usual co-payment applies

Would you admit this patient to hospital?

YES
Can this patient be managed safely within the Primary Options business rules and service range?

YES
Can you take clinical responsibility for the patient for the duration of care?

YES
Provide services in your own clinic or refer to an additional Primary Options service

NO
Can a colleague or A&M take responsibility for the duration of the episode of care?

YES
Manage the patient in the usual way

NO
REFER PATIENT TO HOSPITAL

Complete the claim process to Primary Options. Ensure a case number appears on the claim.

On completion of care – complete claim information and outline treatment within 30 days for payment
4. Primary Options Services

4.1. Entry to Primary Options

There are a number of entry points into the Primary Options service (see diagram on page 44).

- **General Practice:**
  The patient makes an appointment to see their general practitioner or walks into a general practice.

- **Ambulance services:**
  Ambulance staff assesses the patient and transports them to an accident and medical centre or a general practice.

- **Accident and medical centre:**
  The patient makes an appointment at the accident and medical centre or walks in to an accident and medical centre.

- **Hospital Emergency Department (ED)**
  The patient presents at ED, either as a walk in or by ambulance. Following triage the patient is assessed as meeting the criteria to be appropriately managed through Primary Options at an Accident and Medical Centre. (see diagram on page 45)

Services accessed through Primary Options can include a mix of the following within an episode of care:

- Urgent Diagnostics - X-Ray, ultrasound, CT and ECG
- Urgent blood tests
- Extended and follow-up GP and nurse consultations
- Intravenous (IV) therapy in the practice or in the home
- GP and nurse home visits
- Patient Observation (Anglesea A&M have dedicated capacity to provide patient observation)
- Referral to an accident and medical clinic and accident and medical observations
- Home care - nursing, home help/personal care, meals on wheels
- Equipment hire
- Patient transport (ambulance and/or taxi) to and from care/treatment locations
- Residential rest home or private hospital respite care.

4.2. Exit from Primary Options

The patient exits the Primary Options programme once the care is completed. Care would usually be completed within one to five days. The exit is managed by their doctor as part of their care plan.

Once the patient has been managed through Primary Options services, the general practitioner completes the necessary ‘clinical outcome’ information in order for the general practice and third party providers to receive payment.

Where treatment in the community is no longer clinically appropriate, the patient may be admitted to hospital during a Primary Options plan of care.
4.3. Response time

Services where there is an agreed clinical pathway (such as cellulitis and DVT diagnosis), or those services that are accessed within the general practice (in-clinic), can be initiated immediately while the patient is in the practice. A claim should be lodged by the practice at the same time.

Services, provided through a third party provider, are accessed and coordinated through the Primary Options coordination service unless otherwise indicated in an agreed clinical pathway. These may include respite care, home based support, district nursing and radiology. Some services may require prior approval from the Primary Options clinical coordinator if the timeframe and/or budget are expected to be exceeded.

The Primary Options care plan, including third party services, should be initiated within 60 minutes to meet the acute needs of the patient.

4.4. Funding

Each episode of care can accrue a total cost of up to $300 (including GST) per patient. Any additional cost requires approval from the Primary Options clinical coordinator or service manager.

<table>
<thead>
<tr>
<th>Funded in-clinic services provided by General Practice or and A&amp;M</th>
<th>Funded third party provider services</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP extended consultation</td>
<td>Transport (taxi)</td>
</tr>
<tr>
<td>GP follow-up consultation</td>
<td>Respite care</td>
</tr>
<tr>
<td>GP home visit</td>
<td>Home support</td>
</tr>
<tr>
<td>Practice Nurse extended consultation</td>
<td>St John transfer</td>
</tr>
<tr>
<td>Practice Nurse follow-up consultation</td>
<td>Radiology</td>
</tr>
<tr>
<td>Practice Nurse home visit</td>
<td>Urgent laboratory</td>
</tr>
<tr>
<td>In-clinic ECG</td>
<td>Observation</td>
</tr>
<tr>
<td>Observation</td>
<td>Equipment hire</td>
</tr>
<tr>
<td>Procedures</td>
<td>District/Agency nursing</td>
</tr>
<tr>
<td>IV therapy</td>
<td>Accident and Medical Centre after hours</td>
</tr>
</tbody>
</table>

4.5. Monitoring and Audit

All claims to Primary Options undergo a clinical audit for appropriateness, safety and adherence to pathways (where relevant) and will be based on the clinical notes provided in the claiming process. Feedback on the programme utilisation will be provided to general practices to ensure the service is used appropriately and to its potential.

The Primary Options service retains the right to turn down payment for any episode of care that does not meet the audit criteria.
4.6. Reporting

Reports are made available to Midlands Health Network Ltd and the DHB funders of the Primary Options services. They include:

- Primary Options service utilisation
- Utilisation by diagnosis
- Utilisation by provider type
- Patient demographic information
- Intervention/services delivered
- Average price of intervention by service type and diagnosis
- Hospital admissions by diagnosis

As Primary Options becomes a more regional service, the above reports will be available for each District Health Board.
5. General Practice claiming guidelines

Under Primary Options, the initial consultation is charged to the patient at the usual practice rate prior to the Primary Options funded ‘in-clinic’ or third party services being commenced.

The patient must be informed and agree that the information on the claim form and other information relating to the illness will be made available to Primary Options and sub-contracted health care providers.

The patient must also be informed that they may be liable for costs if the claim is declined by Primary Options, and agree.

General Practice and Accident and Medical Clinics can claim GMS for casual patients at the initial consultation where Primary Options is initiated and the patient pays the usual consultation fee. GMS cannot be claimed for subsequent consultations once a patient is lodged with Primary Options - including where a practice or clinic sees a Primary Option patient who has been referred by another doctor.

The following schedule of practice fees is based on the RVU2 pricing model. These fees are automatically allocated to a service activity in the PMS Primary Options advanced form invoice option. Consumables or materials and patient observation are not coded and will need to be priced per episode of care. For general practices who are not on Medtech or My Practice, the claims can be completed on the paper claim form and faxed to the Primary Options administrator.

A&M Primary Options claiming rules:

1. Claims for enrolled patients in-hours to be claimed at general practice rates
2. Claims for enrolled patients after-hours to be claimed at A&M rates
3. Claims for casual patients all-hours to be claimed at A&M rates

Any departure from this guideline should be discussed with the PO coordinator e.g. an enrolled patient could be referred in-hours for more intensive observations to their A&M if they had the capacity and facility to safely manage the patient.

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2 A RVU is a relative value unit which forms the baseline for other prices. The RVU for this schedule was 1 x GP consultation = $70
<table>
<thead>
<tr>
<th>Service Item</th>
<th>Description</th>
<th>GST Incl.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial consultation with GP or Nurse</td>
<td>Patient pays co-payment</td>
<td>0.0</td>
</tr>
<tr>
<td>GP extended consultation 15</td>
<td>15 minute consultation (in addition to standard consultation)</td>
<td>70.00</td>
</tr>
<tr>
<td>GP extended consultation 30</td>
<td>30 minute consultation (in addition to standard consultation)</td>
<td>105.00</td>
</tr>
<tr>
<td>GP extended consultation 60</td>
<td>60 minute consultation (in addition to standard consultation)</td>
<td>210.00</td>
</tr>
<tr>
<td>GP Follow-up standard consultation</td>
<td>Part of the acute care management plan</td>
<td>70.00</td>
</tr>
<tr>
<td>GP home visit/residential care &lt;45</td>
<td>Visit time under 45 minutes. Mileage charged for separately</td>
<td>105.00</td>
</tr>
<tr>
<td>GP home visit/residential care &gt;45</td>
<td>Visit time over 45 minutes. Mileage charged for separately</td>
<td>140.00</td>
</tr>
<tr>
<td>Practice Nurse standard and follow up consultation</td>
<td>Consultation up to 30 minutes</td>
<td>35.00</td>
</tr>
<tr>
<td>Practice Nurse extended consultation</td>
<td>Consultation up to 30-60 minutes</td>
<td>70.00</td>
</tr>
<tr>
<td>Practice Nurse home visit or residential care visit</td>
<td>Visit time. Mileage charged for separately</td>
<td>70.00</td>
</tr>
<tr>
<td>Practice observations 0.75 c per minute</td>
<td>Up to 180 minutes. Includes clinician time</td>
<td></td>
</tr>
<tr>
<td>A&amp;M extended consultation 15</td>
<td>15 minute consultation (in addition to standard consultation)</td>
<td>75.00</td>
</tr>
<tr>
<td>A&amp;M extended consultation 30</td>
<td>30 minute consultation (in addition to standard consultation)</td>
<td>115.00</td>
</tr>
<tr>
<td>A&amp;M extended consultation 60</td>
<td>60 minute consultation (in addition to standard consultation)</td>
<td>240.00</td>
</tr>
<tr>
<td>A&amp;M follow up standard consultation</td>
<td>Part of the acute care management plan</td>
<td>75.00</td>
</tr>
<tr>
<td>A&amp;M observation</td>
<td>$1 per minute up to 360 minutes. Includes clinician time</td>
<td></td>
</tr>
<tr>
<td>IV Drug Therapy (medications)</td>
<td>Includes administration of IV medications (non cellulitis) consultation, clinical observation time and consumables E.g. IV morphine, IV antibiotics</td>
<td>75.00</td>
</tr>
<tr>
<td>IV Therapy treatment (hydration)</td>
<td>Includes consultations, clinician observation time, and consumables. (Single episode)</td>
<td>140.00</td>
</tr>
<tr>
<td>In-clinic ECG</td>
<td>Includes clinician time and reading of the ECG</td>
<td>35.00</td>
</tr>
<tr>
<td>Incision/Drainage/Dressing/Suturing</td>
<td>Consumables and materials charged at normal price</td>
<td></td>
</tr>
<tr>
<td>Mileage</td>
<td>Mileage for urgent lab delivery, home visits at $0.77c/km</td>
<td></td>
</tr>
<tr>
<td>Cellulitis Day 1</td>
<td>Administration of the first IV dose in general practice including consumables, GP and RN consult</td>
<td>75.00</td>
</tr>
<tr>
<td>Cellulitis Day 2</td>
<td>Administration of second IV dose in general practice including consumables, GP and RN consult</td>
<td>75.00</td>
</tr>
<tr>
<td>Cellulitis Day 3</td>
<td>Administration of third IV dose in general practice including consumables, GP and RN consult</td>
<td>75.00</td>
</tr>
<tr>
<td>DVT Diagnosis Enoxaparin</td>
<td>If required: Extended GP consultation 15</td>
<td>70.00</td>
</tr>
<tr>
<td>DVT Treatment GP</td>
<td>Extended Consultation 30 (1 Only)</td>
<td>105.00</td>
</tr>
<tr>
<td>DVT Treatment Enoxaparin PN</td>
<td>Extended Nurse consultation 30 (1 Only)</td>
<td>70.00</td>
</tr>
</tbody>
</table>
An example of the Cellulitis clinical pathway using Primary Options funding:

<table>
<thead>
<tr>
<th>Day</th>
<th>Description</th>
<th>Charge to Primary Options ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Initial consultation - the patient pays the co-payment</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Administration of the first IV dose in general practice including consumables. Includes GP and RN consult</td>
<td>75.00</td>
</tr>
<tr>
<td>Day 2</td>
<td>Administration of second IV dose in general practice including consumables. Includes GP and RN consult</td>
<td>75.00</td>
</tr>
<tr>
<td>Day 3</td>
<td>Administration of third IV dose in general practice including consumables. Includes GP and RN consult</td>
<td>75.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>$225.00</strong></td>
</tr>
</tbody>
</table>

If the second and third doses are due on the weekend, the patient can be referred to an accident and medical clinic for the second and third doses.

**DVT pathway**

Primary options will support the DVT pathway which includes diagnosis and treatment.

DVT Diagnosis:

- A claim can be made to Primary Options for the extended consultation for administration of Enoxaparin if the ultrasound or D-dimer result will be delayed for more than 6 hours and clinical suspicion is high (please see pathway notes for more detail).

- A referral can be made to a Radiology provider for a unilateral Doppler ultrasound and the Radiology provider will claim from Primary Options. If a bilateral ultrasound is required, this must be approved by the Primary Options Clinical Coordinator. The general practice can make arrangements for the ultrasound or ask the Primary Options Administrator to make a booking. Prior approval is not required for a Doppler ultrasound.

DVT treatment:

- If the ultrasound is positive, the patient will be asked to return to primary care. A DVT treatment GP consultation can be claimed from Primary Options to cover the consultation where the diagnosis and care plan are put in place.

- A DVT treatment Enoxaparin PN claim can be made for the practice nurse time when administering the first dose of Enoxaparin and providing patient education.
The patient can be given options for the ongoing administration of Enoxaparin: Return to general practice, referral to the district nursing service or self administration. None of these options can be claimed from Primary Options.

**Extended consultations:**

There will be times when a patient is assessed as meeting the Primary Options criteria in an initial consultation which then turns into an extended consultation. The clinician has two options:

1. Charge the patient a co-payment for the initial consultation and in addition charge Primary Options for an extended consultation 15, 30 or 60
2. Were the patient has already been assessed or triaged as meeting the criteria for Primary Options criteria, the general practice or accident and medical centre may choose to charge Primary Options for the whole consultation as an Extended Consultation 15, 30, 60. For example, when a patient’s care has been transferred from general practice to an accident and medical centre.

**Observations:**

In-clinic and accident and medical observations are priced to allow 3 x 10 minute baseline observations per hour for up to 6 hours. If a patient requires closer monitoring, please discuss with the Primary Options Clinical Coordinator.

**Notes:**

- All usual consumables and materials are included in the consultation prices. Where a ‘procedure’ is undertaken, such as suturing or drainage, the consumables and materials can be charged separately at normal cost
- Accident and medical centres are not able to claim GMS for a Primary Options consultation, however, they can claim GMS for the first consultation where the patient pays for this.
- Practices can only claim GMS, for casual patients, on the first consultation that the patient pays
- MPSO funded drugs are not claimable under Primary Options
- Clinical notes for all interactions are required and will be audited for appropriateness, safety and reporting
- Claims will be paid on the 20th of the month following the completion of the episode of care providing that the outcome field has been completed.
Examples of Primary Options Scenarios:

<table>
<thead>
<tr>
<th>From this</th>
<th>To this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy, 23, works in a day care and had been suffering from severe diarrhoea for the past 36 hours. Amy was nauseated, dehydrated and couldn’t tolerate any food or fluids. The GP provided Amy with a lab form for an urgent stool sample and gave her the option to pay for IV fluids in the practice or attend ED at the hospital if she could not afford it. Amy chose to go to ED, waited for 4 hours. An IV was established and Amy remained at ED for a further 3 hours. Amy provided the stool sample and returned home. Amy paid the co-payment of the GP initial consultation.</td>
<td>Amy had been suffering from severe diarrhoea for the past 36 hours. Amy was nauseated, dehydrated and couldn’t tolerate any food or fluids. The GP decided to treat Amy using Primary Options in the community. The GP provided Amy with a lab form for an urgent stool sample and asked the nurse to prepare for IV fluids for Amy to provide rehydration in the surgery. An IV was established and Amy remained at the surgery for 3 hours, being intermittently observed by the nurse. Amy provided the stool sample and returned home. As they had missed the lab courier for the day a taxi was arranged to take the samples the same day to the central lab. The nurse phoned later in the afternoon to see if she was feeling better and had managed to drink some fluids. Amy was improving slowly. Amy paid the co-payment of the GP initial consultation. A claim was made to Primary options for IV therapy, ($140). The taxi company invoiced primary options directly for delivering the lab samples. ($20).</td>
</tr>
<tr>
<td>Bob, 64, went to the GP with a lower leg that was red and sore without any history of trauma. The GP diagnosed cellulitis and decided to treat Bob with IV antibiotics. The GP explained that the treatment was to be given over 3 days and Bob needed to come to the surgery each day. Bob was charged for 3 visits to the GP practice but no consumables or nurse time was charged for as they knew Bob was not financially well off.</td>
<td>Bob, 64, went to the GP with a lower leg that was red and sore. The GP diagnosed cellulitis and decided to treat Bob with IV antibiotics. The GP explained that the treatment was to be given over 3 days and Bob needed to come to the surgery each day to see the nurse for antibiotic therapy and the GP who would review the condition. The GP made a claim to Primary Options and treated Bob. Bob paid for the initial consultation.</td>
</tr>
<tr>
<td>From this</td>
<td>To this</td>
</tr>
<tr>
<td>-----------</td>
<td>---------</td>
</tr>
<tr>
<td>A claim was made to Primary Options.</td>
<td>A claim was made to Primary Options.</td>
</tr>
<tr>
<td>• day 1 - to establish the IV line and administer the first dose of antibiotics, ($75)</td>
<td>• day 1 - to establish the IV line and administer the first dose of antibiotics, ($75)</td>
</tr>
<tr>
<td>• day 2 - nurse to administer IV antibiotics ($75)</td>
<td>• day 2 - nurse to administer IV antibiotics ($75)</td>
</tr>
<tr>
<td>• day 3 - nurse IV antibiotics and GP follow-up consultation ($75).</td>
<td>• day 3 - nurse IV antibiotics and GP follow-up consultation ($75).</td>
</tr>
</tbody>
</table>

Mabel, 83, went to see her GP with abdominal pain and loose bowel motions. She lived alone and waited 2 days for a friend to bring her to the GP. She was not drinking much fluid. The GP examined her, and excluded an acute abdomen, but was worried about her hydration and because of her age and frailty referred her to the emergency department for more investigations. Mabel paid the co-payment for the consultation and got her friend to drive her to ED. They waited for 5 hours before they were seen. She was admitted for rehydration overnight and Mabel’s friend had to take 2 unpaid leave days from work.

Mabel went to her GP with abdominal pain and loose bowel motions. The GP examined her and excluded an acute abdomen, but was worried about her hydration and because of her age and frailty referred her to the emergency department for more investigations. The GP lodged a claim with Primary Options. The GP arranged for the nurse to take bloods and insert an IV line. She was cautiously administered IV fluids whilst being monitored for signs of fluid overload. Despite feeling much better for the IV fluids and pain relief, it was clear that Mabel would not cope at home that night so the general practice team contacted the Primary Options Administrator who arranged a respite bed near Mabel’s home with transfer by ambulance. The GP visited Mabel the next morning on his way to work and due to her improved health status, discharged her home. Mabel’s daughter had arrived from Wellington to stay for a couple of days by then.

Mabel paid the co-payment for the initial consultation. The GP practice claimed for an IV Therapy ($140), St John transfer ($65) and a GP home visit ($105). The rest home invoiced Primary Options for the respite bed.

Jack, 55, smoker with a family history of ischemic heart disease, presented with unilateral pleuritic chest pain with chest wall tenderness. He had some similar episodes at work over the last few days that were not related to exertion. He feels

Jack, 55, smoker with a family history of ischemic heart disease, presented with unilateral pleuritic chest pain with chest wall tenderness. He had some similar episodes at work over the last few days that were not related to exertion. He feels
<table>
<thead>
<tr>
<th>From this</th>
<th>To this</th>
</tr>
</thead>
<tbody>
<tr>
<td>washed out and his wife made him come. The GP suspects musculo-skeletal</td>
<td>washed out and his wife made him come. The GP suspects musculo-skeletal</td>
</tr>
<tr>
<td>non-cardiac chest pain but in view of his cardiac risk factors, wants</td>
<td>non-cardiac chest pain but in view of his cardiac risk factors, wants</td>
</tr>
<tr>
<td>rule out an atypical presentation of ischemic heart disease.</td>
<td>rule out an atypical presentation of ischemic heart disease.</td>
</tr>
<tr>
<td>Jack already had debts at the practice and is reluctant to allow you to</td>
<td>The GP lodges a claim with Primary Options rather than referring Jack to</td>
</tr>
<tr>
<td>do an ECG because of the cost involved.</td>
<td>Cardiology.</td>
</tr>
<tr>
<td>He pays for the consult but does not present to ED despite you referring</td>
<td>Jack was about to have the in-clinic ECG at no cost to Jack.</td>
</tr>
<tr>
<td>him to a reluctant cardiology registrar who accepted him for ECG and</td>
<td>As it is now 4pm, you arrange clinical referral of Jack to the local A&amp;</td>
</tr>
<tr>
<td>troponin tests.</td>
<td>M centre for serial ECG’s and troponins.</td>
</tr>
<tr>
<td>The A&amp;M centre picked up the Primary Options case number from the referral</td>
<td>With investigations being totally normal Jack was sent home.</td>
</tr>
<tr>
<td>and monitored Jack during the investigations.</td>
<td>A claim was made by Jacks GP to Primary options for an in-clinic ECG.($35)</td>
</tr>
<tr>
<td>With investigations being totally normal Jack was sent home.</td>
<td>The A&amp;M claimed 2 GP consultations 15 ($70,$70) for the serial ECG’s and</td>
</tr>
<tr>
<td>A claim was made by Jacks GP to Primary options for an in-clinic ECG.</td>
<td>a period of time in the observation unit (up to $360)</td>
</tr>
</tbody>
</table>
6. Contact details

Calls to the Primary Options administrator/office are made on a direct phone line. These calls are answered as a priority call by the Primary Options administrator. In the unlikely event all the administrators are busy, the caller will be asked to hold or leave a message (during business hours only). Should a message be left, the administrator will respond in the priority order it was left.

After hours the referrer can initiate a primary options claim for in-clinic services without approval. If third party services are required, the clinician can initiate these services by contacting the preferred provider listed in the Primary Options Information Manual arrange the service and provide the provider with the patient’s Primary Options claim number. An email must be sent to the Primary Options administrator to advise them that a third party provider has been contracted for this patient.

**Primary Options Regional Administrator/Regional Office**

Patient Access Centre
07 834 8289
infoprimaryoptions@midlandshn.health.nz

**Primary Options Regional Fax**
07 838 8485

**Primary Options Regional Service Manager**
Eleanor MacTavish RCPN, PG Dip (Rehabilitation)
07 834 8289
021 2425930
primaryoptions@midlandshn.health.nz

**Primary Options Regional Clinical Coordinator**
Rachel Dobson RN, PG Dip (Emergency and Critical Care Medicine)
07 834 8289
027 6877 312
primaryoptions@midlandshn.health.nz
7. Frequently Asked Questions

Who is eligible for Primary Options?
A patient is eligible for Primary Options if:

- They receive a clinical assessment and would have traditionally been referred acutely to hospital
- They have given their consent to the recommended treatment
- They are eligible to access funded New Zealand health care services
- It is clinically safe and appropriate to manage the patient’s care in the community
- The clinician is able to take responsibility for the patient’s care, or has the option to hand over the patient to another clinician
- The services will not exceed $300 unless otherwise approved.

**Exclusions:** A patient whose primary reason for a claim is covered by another funding stream, e.g. ACC or Maternity, with exception of Hyperemesis treatment, or who is not a New Zealand resident covered by a reciprocal agreement, is not covered under the Primary Options programme.

If you are unsure of whether a person is eligible for primary health care please refer to Ministry of Health’s web site for the eligibility criteria and reciprocal agreements.

Who takes clinical responsibility for the patient when they are enrolled with Primary Options?
The doctor who initially refers the patient carries clinical responsibility, unless that doctor has specifically handed over the patient’s care to another doctor.

What if the patient is enrolled with another Midland’s Health Network GP?
When a doctor who is not the patient’s regular GP refers a patient to Primary Options, he/she must update their GP, then hand over the patient’s care to the patient’s GP as early as practical, for example the next working day. The doctor who originally referred the patient to Primary Options carries clinical responsibility for managing the patient’s acute illness until the responsibility has been accepted by the patient’s GP.

Does the patient need to be enrolled with a Midlands Health Network practice?
No. Patients do not need to be enrolled with you or any other practice to receive treatment under this service.

Note: Only Midlands Health Network practices and Anglesea Clinic Accident & Urgent Medical are contracted to deliver Primary Options from 1 October 2012.

**Midlands Health Network patients:** When a Midlands Health Network patient is treated under Primary Options by another general practice or an accident and medical clinic, they will be handed back to the Midlands Health Network practice they are enrolled with at the first available opportunity to complete their episode of acute care by agreement between the referring and accepting doctors.
Non-Midlands Health Network patients: As long as a patient is seen in a Midlands Health Network practice, regardless of whether they are enrolled or casual, they are eligible for Primary Options. If the patient is from a non-Midlands Health Network practice, the general practice or accident and medical clinic will continue the episode of care until it is completed.

How can services be accessed for patients?
Services delivered within the general practice or accident and medical clinic can be initiated immediately. No pre-approval is required. For all external services, phone the Primary Options Administrator and the necessary services will be arranged on behalf of the practice.

What happens if the services required for a patient’s care cost more than the allocated amount?
If the cost of an episode of care is likely to exceed the budgeted amount of $300 (including GST), please phone the Primary Options clinical coordinator for approval to extend the amount. For example, if an ultrasound is required as part of an approved pathway (DVT), or approved treatment plan, the cost of the episode is automatically increased to cover it.

Does the patient have to pay?
The initial GP consultation incurs the usual GP consultation fee. All Primary Options services thereafter are provided at no cost to the patient. However, a GP can claim from Primary Options for extended consultations, as part of the initial consultation, if acute treatment is initiated. In these cases, the patient still pays for a standard initial consultation. If the claim is declined by Primary Options, the patient may be liable to the practice for the fees incurred.

What is the claiming procedure for practice-based services?
1. Notification
   - Process the claim electronically using the advanced form on the PMS or
   - For practices without Medtech or My Practice, complete the paper claim form and fax it to the Primary Options administrator.
2. Claim as the patient is treated or wait until the episode of care is finished then complete the claiming process and patient outcome.
3. Completion of care
   - The ‘invoice and outcome’ should be completed no later than 30 days following the initial claim to Primary Options. Summary consultation notes for each day of treatment must be included.
   - The outcome of the Primary Options episode of care should be complete
   - Complete the advanced form and process the invoice and outcome electronically once the episode of care has been completed or
   - For practices without Medtech or My Practice, complete the original paper claim form including the outcome of the episode of care and attach a summary of clinical notes, then fax it to the Primary Options administrator.
For more information on how to refer electronically, practice teams should phone the Primary Options Manager or administrator or contact their Practice Liaison.

**What sorts of acute illnesses can be referred to Primary Options?**
There is no set list of acute illnesses or conditions to be referred. Doctors are encouraged to consider a Primary Options claim for any situation where the patient would otherwise be referred acutely to the hospital, and based on clinical assessment it is considered the patient can be safely cared for in the community.

**How does the general practice get a case reference number?**
If a member of the general practice team is referring electronically from their PMS (MedTech and My Practice only), a case number is automatically generated and can be seen on the top left hand corner of the advanced form. If your practice does not have Medtech or My Practice, you will be given some paper claim forms with case numbers already allocated.

**Does the practice need to phone for approval to initiate a claim?**
No. The practice team member should start an electronic claim at the time of initial consultation. For Ultrasound/CT appointments, claims for home support or respite care, transport, equipment hire, urgent lab transporting and district/agency nursing please phone the Primary Options office who will arrange these services for you.

**Will Primary Options pay for after hour’s follow-up or home visits if needed?**
Yes. Either the GP, the deputised after hours services, or a local accident and medical provider can provide after hours care to the Primary Options patient. The referring GP will need to print off the original claim form which shows the Primary Options reference number and consultation notes and give it to the patient to provide when they attend an accident and medical clinic after hours.

**What happens if the A&M clinic does not have the capacity to take my after hours referral?**
The A&M’s will make a judgement on accepting a referral based on capacity and capability. Should the A&M decline a referral, the referring clinician needs to determine the safest option for the patient. If this is a referral to hospital, then the usual referral process should be followed and the Primary Options claim completed.

**If a patient has health insurance, should we use that for diagnostics in the first instance?**
Primary Options is available for acutely unwell patients only. Often it requires prior approval from the insurer to activate a claim against health insurance which would delay the Primary Options services past the 60 minute activation window. If the patient’s insurance can meet the business rules of Primary Options, then using health insurance becomes a decision between the clinician and patient.

Primary Options will not fund the health insurance excess on behalf of the patient.
What hours is the service available?
“In-clinic” services can be made available to a patient 24 hours a day, 7 days a week and a claim can be made any time. If the patient requires third party services, or the in-clinic service is expected to exceed $300 out of hours or at the weekend, the clinician can initiate the services and discuss it with the Primary Options Regional Clinical Coordinator at the next available opportunity.

What if the patient eventually needs to be admitted to hospital?
Refer to hospital services in the usual way. It is essential that patients are admitted when necessary, and risks should never be taken to avoid hospital admission. Primary Options will pay for services provided up to referral to hospital including transport if necessary.

If a patient is admitted to hospital this ends the Primary Options episode of care. Complete the Primary Options claim as normal and indicate that the patient was admitted in the outcome field.

Any follow up post-discharge should be considered standard care and is not funded by Primary Options.

Can services be accessed for the same patient for more than one episode?
Yes. Funding is allocated per patient, per acute episode.

What happens if a claim is initiated by one doctor and completed by another?
A claim can be started by one doctor and completed by another doctor. For example, a 3 day Cellulitis pathway could be started by the patient’s GP on a Friday, referred to an A&M for Saturday, day 2 and Sunday, day 3. The A&M doctor can discharge the patient on day 3 and submit an invoice and outcome.

How can I lodge a claim if the invoice and outcome has already been completed by another doctor?
All claims are still available in the patient’s record on the advanced form. A clinician can re-open the particular claim and lodge and invoice retrospectively for services. If a claim needs to be lodged after a longer period of time has elapsed, the GP should contact the Primary Options Clinical Coordinator to discuss the delay.

Only one outcome can be lodged for each claim.

Who can help with medical management advice?
The Primary Options clinical director or the hospital medical registrar/consultant.

What level of clinical notes do I need to submit to Primary Options?
Primary Options is a DHB funded service designed to avoid an ED referral. GPs are therefore required to provide sufficiently detailed consultation notes to determine appropriate use of Primary Options. Every claim to Primary Options is audited for clinical appropriateness, adherence to guidelines (where these are in place) and safety. The notes can be easily added by clicking the ‘add clinical notes’ button, or by typing in a brief summary of the consultations and findings. Other
providers are not able to see your clinical notes so referrals, made in the usual way to third party providers, need to have some detail to maintain continuity of care.

Call the Primary Options administrator between 8.30am and 5pm Monday-Friday for all administrative queries.

**How much should the practice charge for services?**
There are set fees for some services, which are detailed in the claiming guide in the Primary Options information manual or on our website. These standard charges are loaded onto the PMS to make invoicing easy.

**When should an episode of care end?**
Primary Options only funds the acute episode or agreed clinical pathway which could be up to five days. The patient should be discharged from Primary Options when they are no longer acutely unwell and require the increased level of care that Primary Options funds. This is usually within one to three days, but may be longer in some cases. If an increase in funding is required to meet the extended time period, phone the Primary Options office for approval.

**How often should the patient be seen while under Primary Options?**
The referring GP is responsible for seeing their acute patient as often as clinically required while they are under Primary Options. Generally it would be expected that the patient is reviewed at least once a day while they are acutely unwell and under Primary Options.

**Does Primary Options fund ongoing dressing changes?**
No. Once the patient is well enough to be discharged from Primary Options (usually within 24 hours of last IV antibiotic dose), any ongoing dressings should be referred to district nursing or paid by the patient.

**How does the practice receive payment for consumables and materials for in-clinic procedures?**
Claims can be made for in-clinic procedure consumables/materials that are not associated with a pathway of care (DVT or Cellulitis), and is not a usual consultation consumable. These may include, non-cellulitis IV therapy, non-ACC dressings, drains, wound care, suturing etc. The consumables are charged on the electronic invoice under the claiming line ‘consumables/materials’.

**How does the electronic claiming work?**
The Primary Options electronic claim management system is integrated with the PMS. This allows claims to be lodged electronically directly to Midlands Health Network from your PMS. Primary Options will generate a ‘buyer created invoice’ for each practice monthly and the practice will receive payment for all Primary Options services delivered by the practice that have been completed (outcome lodged). A Primary Options payment advice notice will include a breakdown of patients and treating doctors. If the PMS does not support electronic claims management, then the practice will be provided with manual (paper) claim forms that have a pre-allocated Primary Options case reference.
number. If the practice requires additional forms, please phone the Primary Options Administrator or their practice liaison.

**How does a practice get set up for electronic claiming?**
Practices should contact their Practice Liaison or the Primary Options Administrator to get set up for electronic claiming. There is no charge to have this set up.

**What is the best time to lodge a claim with Primary Options?**
A claim needs to be lodged at the time the decision is made to utilise Primary Options funding to care for the patient to initiate Primary Options. A clinician can invoice for every consultation and in-clinic activity as it occurs, (preferred) or complete the invoice and outcome at the end of the episode and submit it all at once.

**What should I do if I make a mistake on a claim and have already submitted it?**
Phone the Primary Options administrator and they will work through the error with you and make the appropriate alterations.

**Who do I contact if I have queries about claims or payments?**
Contact the Primary Options Administrator who will answer your questions.
8. Business rules – Primary Options services

8.1. Services

Service administration:
Many of the services funded by Primary Options are delivered in the practice with a small number accessed through third party providers. Generally the third party services are coordinated through the Primary Options Administrator to reduce the time required by the GP or practice nurse to telephone around and find an appointment time.

<table>
<thead>
<tr>
<th>Funded in-clinic services provided by General Practice and/or A&amp;M</th>
<th>Funded third party provider services</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP extended consultation</td>
<td>Transport (taxi)- approval required from Primary Options</td>
</tr>
<tr>
<td>GP follow-up consultation</td>
<td>Respite care- approval required from Primary Options</td>
</tr>
<tr>
<td>GP home visit</td>
<td>Home support- approval required from Primary Options</td>
</tr>
<tr>
<td>Practice Nurse extended consultation</td>
<td>St John transfer- approval required from Primary Options</td>
</tr>
<tr>
<td>Practice Nurse follow-up consultation</td>
<td>Radiology- approval required from Primary Options except for DVT ultrasound</td>
</tr>
<tr>
<td>Practice Nurse home visit</td>
<td>Urgent laboratory</td>
</tr>
<tr>
<td>In-clinic ECG</td>
<td>Observation</td>
</tr>
<tr>
<td>Observation</td>
<td>Equipment hire- approval required from Primary Options</td>
</tr>
<tr>
<td>Procedures</td>
<td>District/Agency nursing- approval required from Primary Options</td>
</tr>
<tr>
<td>IV therapy</td>
<td>Accident and Medical Centre after hours</td>
</tr>
</tbody>
</table>

Additional services:
Where a clinician decides the patient requires services over and above the episode of care price and/or the business rules, these services must be approved by the Regional Clinical Coordinator.

8.2. Accident and medical centres and after hours care

- Where a GP cannot provide services, they may choose to refer the patient to a local accident and medical centre or another after-hours doctor.
- The referring GP must make a clinical hand-over to the provider and have the patient accepted for treatment.
- The patient should have a letter of referral with the Primary Options case reference number documented. In urgent situations where the referring GP has not lodged the patient with
Primary Options, and a case reference number has not been assigned, the accident and medical will lodge the Primary Options case when the patient presents. (Note that there is no charge to the patient by the accident and medical in these circumstances).

8.3. **ECG**

Primary Options funds an ECG within the patient’s general practice or by another medical centre by direct referral, where this relates to the diagnosis or treatment of an acute case.

8.4. **Equipment hire (For provider refer page 43)**

This is available in cases where a patient is able to avoid going to hospital by having extra support to enable them to stay at home. This may include commode, nebuliser, walking frame or other equipment. Please request these services from the Primary Options Administrator in the Patient Access Centre (PAC) who will seek approval and coordinate their delivery. Equipment hire may also be organised by a home care nurse as part of their treatment.

8.5. **Home help/personal cares (For providers refer page 41)**

Home help, personal cares or meals on wheels can be provided where the patient would otherwise need to be admitted to hospital. Please request these services from the Primary Options Administrator in PAC who will seek approval and coordinate their delivery.

8.6. **Laboratory Services (For providers refer page 41)**

Laboratory Provider-Pathlab

*For urgent blood specimen collections, please use the following process:*

**Hamilton City**

Normal working hours 0800 – 2000 daily seven days per week

- All specimens must be marked **Primary Options – Urgent**
- All samples must have the **Primary Options Claim number**
- Pathlab will do all pick ups in Hamilton City between 0800 – 2000hrs. All specimens collected during this time will go to Central Pathlab.
- **Ph: 07 858 0795**

**Surrounding areas**

- All specimens must be marked **Primary Options – Urgent**
- All samples must have the **Primary Options Claim number**
- Samples may be sent to the lab via the Laboratory courier pick up service or,
- Samples may be sent to the lab via taxi if outside the courier pick up times or,
- Informally dropped off to the lab by a general practice staff member (if applicable)

**After Hours service from 2000 – 0800hrs**

- All samples are to be marked **Primary Options – Urgent**
- All samples must have the **Primary Options Claim number**
After Hours Collection options include:
  - Accident and Medical - Arranged pick up by Waikato DHB orderlies Ph: 07 839 8726 ext 8555
  - From General Practice by taxi to a designated drop off point at Waikato Hospital
  - Informally dropped off to Waikato Hospital by a general practice staff member (if applicable) and mileage charged to Primary Options

1. Urgent testing may include the following tests:
   - D-Dimer; Troponin Screening; Haemoglobin, White Cell Count, Platelets; Glucose; Sodium, Potassium, Urea

- NB: Taxi costs can be invoiced to Primary Options

8.7. **Radiology (For providers refer page 43)**
Urgent diagnostics including; X-Ray, Ultrasound, CT and ECG can be accessed by general practice or accident and medical centres for those people who meet the criteria to receive Primary Options. Upon patient clinical assessment, the referrer may complete a radiology request form, documenting the patient’s Primary Options claim number and refer the patient to a local community radiology department as listed in this manual (please refer to the supplier delivery list as there is some variation of availability).

Access to radiology services are expected within **one hour of a request being made**.

- **Ultrasound:**
  - All Primary Options Ultrasound requests will be treated as urgent and given priority
  - Current priority given to suspected DVT will continue
  - All referrals for Primary Options Ultrasound to be marked urgent and include claim number.

- **X-ray:**
  - All Primary Options Plain film X-ray requests can be ‘walk ins’ to a community radiology department
  - All referrals for Primary Options X-ray to be marked Primary Options and include claim number.

As this is a Waikato DHB funded service, it is proposed that payment for Primary options radiology services will be aligned with current DHB radiology pricing.

- **Radiology Service type includes:**
  - Chest X-ray
  - Abdominal X-ray
  - Musculoskeletal X-ray
  - Other X-ray
  - DVT Doppler Ultrasound
8.8. **Respite Care** *(For provides refer page 40)*

- Short term respite care can be arranged upon request. Funding is available for up to three nights rest home care or up to two night’s private hospital care. Where deemed clinically necessary an extension may be approved.
- Placement is arranged by the Primary Options administrator upon request. Every effort is made to find a placement to provide the appropriate level of care required to meet the patient’s needs. Family, cultural needs and locality are also taken into consideration.

8.9. **Referrals from Waikato DHB Emergency Department:** *(Flow chart refer page 45)*

From 29 April 2013 the Primary Options Programme will accept referrals from Waikato Emergency Department. Patients who arrive as walk-ins or by ambulance will be assessed by the triage nurse. If they meet the criteria to have their episode of care safely managed by Primary Options they will be referred to Anglesea A&M in the first instance.

**What?**

- Cellulitis
- DVT assessment and/or treatment
- Migraine / mild to moderate headache
- Vomiting and diarrhoea
- Abdominal pain without fever or vomiting
- Urinary Tract Infection (UTI)
- Urinary retention
- Acute on chronic pain

**How?**

- Patients meet the standard Primary Options entry criteria
- ED staff will complete an Information Sheet, this will be given to the patient to give to Anglesea A&M staff on arrival
- Patient are expected to arrive at Anglesea A&M within **30 minutes** of leaving ED
- Anglesea A&M staff will lodge a referral to Primary options
- There will be **no charge** to the patient for the consultation or any additional treatment for this episode of care
Who will manage the episode of care?

- Following initial assessment / treatment, Anglesea A&M may:
  - Complete the PO episode of care **OR**
  - Hand patient back to GP (MHN practices only) **Patient choice**
  - GP will continue the PO episode of care and enter outcome when complete

How will general practice be informed?

- If Anglesea A&M manages the whole episode of care the ‘Referral Discharge Summary’ via Healthlink applies (as per current practice)
- If Anglesea A&M hand back to the GP the current Primary Options process applies

Transport

- It is expected that patients will have their own transport arrangements
- If transport is required to get patient from Waikato ED to Anglesea A&M, a taxi can be ordered by Waikato ED staff using Pre printed Taxi Vouchers
9. The Primary Options Electronic Claiming System

MHN Primary Options Installation Guide

<table>
<thead>
<tr>
<th>Responsible: Nikki Beifield</th>
<th>Date: 27.09.2012</th>
<th>No.: 001</th>
</tr>
</thead>
</table>

**Step 1:**
- Go to email
- Click on link in installation guide [https://10.192.150.1/hiink/Primary-Options-V3-Midlands-HN.EXE](https://10.192.150.1/hiink/Primary-Options-V3-Midlands-HN.EXE)

**NOTE:**
The address is a secure connection using https not http

**Step 2: Download & Run**
- Security Warning – click allow

- Click Run

- Click Run
Step 3: Welcome
- Click Next

Step 4: Select your Primary Options Provider
- Select Primary Options
  MidlandsHN (POMHN)
- Click Next
**MHN Primary Options Installation Guide**

<table>
<thead>
<tr>
<th>Responsible: Nikki Belfield</th>
<th>Date: 27.09.2012</th>
<th>No.:001</th>
</tr>
</thead>
</table>

**Step 5: Install**  
- Click Install

- This message will display and may take some time to complete  
- Do not click cancel or exit

**Step 6: Finished**  
- Click finish
Step 7: Test Connection
- Click on Module, Advanced Forms, New Form (shift F3)
- Select Primary Options MidlandsHN POM
  - Click OK

- Select Test Connection
  - Do not click OK

- You should now see the success page
  - Click Cancel
Step 8: Set up account for Primary Options
- Create an account holder for Primary Options – MHN
- Un-tick Patient
- Change Ac group to Corporate or Company
- Click OK

- Click on Set-up, Advanced Forms, Advanced Forms Manager
- Change the publisher to MedTech
- Select Primary Options MidlandsHN POM (double click)

- Click on Actions tab
- Tick Create Invoice to Account
- Click on the three dots and search Primary Options MHN as the account holder to bill
- Click OK to save
Step 9: Testing
Please use the MHN Primary Options user instructions to send test forms for the following using a “dummy” patient eg: Mickey Mouse

- New Referral
- Invoice Only
- Outcome & Invoice

Once this is done, remove the invoice amounts from your Primary Options MHN account.
10. The Primary Options Manual Claiming System

### Primary Options Manual (Faxed) Claiming

**Primary Options Patient**

- Patient would usually be referred to ED and is eligible for Primary Options

**Complete Primary Options Claim Form**

- Primary Options Fax form includes a pre-allocated unique case reference #

**Fax to (07) 838 8485**

- Retain the Primary Options Form in the practice after faxing

**Phone (07) 834 8289 to notify of fax**

- Approval required for 3rd-Party services (Except: DVT USS, Labs, plain film X-Ray & After-Hours)

**Retain PO Form and update services/claims**

- Update the Primary Options Form each time a service is added. Complete claims for services at the same time

**Primary Options Episode of Care Completed**

**Complete Outcome and Final Claim**

- Fax completed Form to the Primary Options Coordinator (07) 838 8485
## 11. Third Party Preferred Providers

### Accident and Medical Centres

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Contact Details</th>
<th>Website</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglesea Clinic Accident &amp; Urgent Medical (open 24 hours)</td>
<td>The Anglesea Clinic Complex 13 Thackeray St, Hamilton</td>
<td>Ph 07 858 0800, Fax 07 858 0806</td>
<td><a href="http://www.angleseamedical.co.nz">www.angleseamedical.co.nz</a></td>
<td></td>
</tr>
<tr>
<td>Victoria Clinic Ltd</td>
<td>750 Victoria St Hamilton</td>
<td>Ph 07 834 0333, Fax 07 834 0314</td>
<td><a href="http://www.victoriacentral.co.nz">www.victoriacentral.co.nz</a></td>
<td><a href="mailto:victoriacentral@xtra.co.nz">victoriacentral@xtra.co.nz</a></td>
</tr>
<tr>
<td>Mahoe Med Ltd</td>
<td>670/4 Cambridge Rd Te Awamutu 3840</td>
<td>07 871 7899, 07 871 7880</td>
<td></td>
<td><a href="mailto:annchen@mahoemed.co.nz">annchen@mahoemed.co.nz</a></td>
</tr>
</tbody>
</table>

### Resthome – Respite Care

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Contact Details</th>
<th>Website</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resthaven</td>
<td>Vogel St Cambridge</td>
<td>Ph 07 927 6097, Fax 07 827 4652</td>
<td>Bed availability for all facilities can be checked daily by looking on Eldernet: <a href="http://www.eldernet.co.nz">http://www.eldernet.co.nz</a></td>
<td><a href="mailto:admin@resthaven.org.nz">admin@resthaven.org.nz</a></td>
</tr>
<tr>
<td>San Michele Home and Hospital</td>
<td>175 College St Te Awamutu</td>
<td>Ph 07 871 6226, Fax 07 871 6226</td>
<td></td>
<td><a href="mailto:sanmichele@xtra.co.nz">sanmichele@xtra.co.nz</a></td>
</tr>
<tr>
<td>Kimihia Home and Hospital</td>
<td>76 Rosser St Huntly</td>
<td>Ph 07 828 9396, Fax 07 828 7319</td>
<td></td>
<td><a href="mailto:general.manager@kimihia.co.nz">general.manager@kimihia.co.nz</a></td>
</tr>
<tr>
<td>Alphacare Riverview</td>
<td>11 Opoia Road, Chartwell, Hamilton 3240</td>
<td>Ph 07 854 9504, Fax 07 854 9500</td>
<td></td>
<td><a href="mailto:barrypohio@gmail.com">barrypohio@gmail.com</a></td>
</tr>
<tr>
<td>Armourdene Residential Care Facility</td>
<td>10 Von Tempsky Street Hamilton</td>
<td>Ph 07 839 5476, Fax 07 839 5476</td>
<td></td>
<td><a href="mailto:barrypohio@gmail.com">barrypohio@gmail.com</a></td>
</tr>
<tr>
<td>Radius Care St Joan’s</td>
<td>371 Peachgrove Rd Fairfield, Hamilton</td>
<td>Ph 07 855 5701, Fax 07 855 7896</td>
<td></td>
<td><a href="mailto:carron.huymans@rrcl.co.nz">carron.huymans@rrcl.co.nz</a></td>
</tr>
<tr>
<td>Radius Care Maeroa Lodge</td>
<td>135 Maeroa Road Hamilton</td>
<td>07 846 6489, Fax 07 855 7896</td>
<td></td>
<td><a href="mailto:carron.huymans@rrcl.co.nz">carron.huymans@rrcl.co.nz</a></td>
</tr>
<tr>
<td>Radius Care Windsor Court</td>
<td>18 Sandes St Ohaupo</td>
<td>07 823 6696, Fax 07 846 6481</td>
<td></td>
<td><a href="mailto:carron.huymans@rrcl.co.nz">carron.huymans@rrcl.co.nz</a></td>
</tr>
</tbody>
</table>
## Home Help/Personal Care

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Contact Details</th>
<th>Website</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthCare NZ Waikato Region</td>
<td>80 Sunshine Ave Te Rapa Hamilton</td>
<td>Ph 07 850 1430 OR Angela 027 488 4295 Fax 07 850 8237</td>
<td><a href="http://www.healthcarenz.co.nz">http://www.healthcarenz.co.nz</a></td>
<td><a href="mailto:hamilton.office@healthcarenz.co.nz">hamilton.office@healthcarenz.co.nz</a></td>
</tr>
<tr>
<td>Home Instead</td>
<td>56 Massey St Frankton Hamilton</td>
<td>Ph 07 834 2296 Fax 07 839 6704</td>
<td><a href="http://www.homeinstead.co.nz/">www.homeinstead.co.nz/</a></td>
<td><a href="mailto:hamilton@homeinstead.co.nz">hamilton@homeinstead.co.nz</a></td>
</tr>
<tr>
<td>Geneva Health Auckland Office</td>
<td>Level 2, 139 Quay St Auckland 1010</td>
<td>Ph 09 916 0200 Fax 09 916 0201</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvation Army Midland Division Headquarters</td>
<td>71 Seddon Rd Frankton Hamilton 3240</td>
<td>Ph 07 848 2197 (Diverts A/Hrs) OR 027 659 9386 (Rita) Fax 07 839 2282</td>
<td><a href="http://salvationarmy.org.nz/here-to-help/homecare/">http://salvationarmy.org.nz/here-to-help/homecare/</a></td>
<td><a href="mailto:meng_chong@nzf.salvationarmy.org">meng_chong@nzf.salvationarmy.org</a></td>
</tr>
<tr>
<td>Medibank</td>
<td>PO Box 10643 Wellington 6143</td>
<td>Ph 0800 725705 Fax 0800 310 597</td>
<td><a href="http://www.medibankhealth.co.nz">www.medibankhealth.co.nz</a></td>
<td><a href="mailto:homecare@medibankhealth.co.nz">homecare@medibankhealth.co.nz</a></td>
</tr>
</tbody>
</table>

## Laboratory - [http://www.pathlab.co.nz](http://www.pathlab.co.nz)

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Address</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathlab Anglesea Clinic</td>
<td>Gate 3 58 Tristram St, Hamilton</td>
<td>Ph 07 858 0799</td>
</tr>
<tr>
<td>Dinsdale</td>
<td>19 Whatawahata Rd Dinsdale, Hamilton</td>
<td>Ph 07 847 5465 Fax 07 847 9465</td>
</tr>
<tr>
<td>Davies Corner</td>
<td>31 Hukanui Rd Fairfield, Hamilton</td>
<td>Ph 07 855 5653 Fax 07 855 5653</td>
</tr>
<tr>
<td>Fairfield</td>
<td>1021 Heaphy Terrace Fairfield, Hamilton</td>
<td>Ph 07 855 3195 Fax 07 855 3195</td>
</tr>
<tr>
<td>Flagstaff</td>
<td>3 Endeavour Ave, Flagstaff, Hamilton</td>
<td>Ph 07 854 5704 Fax 07 854 5701</td>
</tr>
<tr>
<td>Glenview</td>
<td>6 Urlich Ave Melville, Hamilton</td>
<td>Ph 07 843 6806 Fax 07 843 6806</td>
</tr>
<tr>
<td>Hamilton East</td>
<td>14 Beale St Hamilton East</td>
<td>Ph 07 834 3142 Fax 07 834 3143</td>
</tr>
<tr>
<td>Hillcrest</td>
<td>Cnr Masters Ave &amp; Cambridge Rd Hillcrest, Hamilton</td>
<td>Ph 07 856 8441</td>
</tr>
<tr>
<td>Provider Name</td>
<td>Address</td>
<td>Contact Details</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
</tbody>
</table>
| Hamilton East | Pharmacy 547  
533 Grey St, Hamilton East | Ph 07 834 1037  
Fax 07 834 1037 |
| Rototuna     | Cnr Horsham Downs Rd & Thomas Rd  
Rototuna, Hamilton | Ph 07 853 8639  
Fax 07 853 8690 |
| Melville     | South City  
91 Kahikatea Dr, Melville, Hamilton | Ph 07 838 2323  
Fax 07 838 2323 |
| St Andrews   | Cnr Bryant Rd and Te Rapa Rd  
Te Rapa, Hamilton | Ph 07 850 6475  
Fax 07 850 6406 |
| Cambridge    | 48 Alpha St  
Cambridge | Ph 07 827 4278  
Fax 07 827 4284 |
| Leamington   | 127 Shakespeare St  
Leamington, Cambridge | Ph 07 827 7124  
Fax 07 827 7432 |
| Huntly East  | 178 Main St  
Huntly East | Ph 07 828 9789 |
| Huntly West  | Bridge St,  
Huntly West | Ph 07 828 9300 |
| Morrinsville | Canada St  
Morrinsville | Ph 07 889 4106 |
| Morrinsville | Dallas  
55 Studholme St  
Morrinsville | Ph 07 889 3809 |
| Ngaruawahia  | 11 Galileo St  
Ngaruawahia | Ph 07 824 8893  
Fax 07 824 8070 |
| Raglan       | 12 Wallis St  
Raglan | Ph 07 825 6595 |
| Te Awamutu   | 220 Bank St  
Te Awamutu | Ph 07 871 5853 |
<table>
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<th>Email</th>
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<tbody>
<tr>
<td>Hamilton Radiology</td>
<td>Anglesea Imaging Centre 15 Thackeray St, Hamilton</td>
<td>Ph 0800 426 723 Fax 07 839 4909</td>
<td></td>
<td><a href="mailto:info@hamrad.co.nz">info@hamrad.co.nz</a></td>
</tr>
<tr>
<td>Horizon Ultrasound</td>
<td>440 Anglesea St Hamilton Central</td>
<td>Ph 07 929 4151 Fax 07 929 4152</td>
<td></td>
<td></td>
</tr>
<tr>
<td>River Radiology</td>
<td>Victoria Clinic 750 Victoria St, Hamilton 3240</td>
<td>Ph 07 839 1800 Fax 07 839 1810</td>
<td></td>
<td><a href="mailto:care@riverradiology.co.nz">care@riverradiology.co.nz</a></td>
</tr>
<tr>
<td>Mahoe Med Ltd – Radiology (No Ultrasound available)</td>
<td>670/4 Cambridge Rd Te Awamutu 3840</td>
<td>Ph 07 871 7899 Fax 07 871 7880</td>
<td></td>
<td><a href="mailto:annchen@mahoemed.co.nz">annchen@mahoemed.co.nz</a></td>
</tr>
<tr>
<td>medimaging</td>
<td>21 Von Tempsky Street Hamilton East, Hamilton</td>
<td>Ph 07 834 3530 Fax 07 834 3565</td>
<td><a href="http://www.hamiltonradiology.co.nz">http://www.hamiltonradiology.co.nz</a></td>
<td><a href="mailto:reception@medimaging.co.nz">reception@medimaging.co.nz</a></td>
</tr>
<tr>
<td></td>
<td>35 Pembroke Street Hamilton West, Hamilton</td>
<td>Ph 07 834 0000 Fax 07 834 0060</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cambridge Ultrasound 14 Dick Street, Cambridge</td>
<td>Ph 07 823 1090 Fax 07 823 1091</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 Onslow Street Huntly (Wednesday’s only)</td>
<td>Ph 07 834 0000 Fax (07) 834 0060</td>
<td></td>
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<th>Provider Name</th>
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<tbody>
<tr>
<td>Hamilton Taxis</td>
<td>PO Box 5163 Frankton 3242</td>
<td>Ph 07 8477 477 0800 477 477</td>
<td><a href="http://www.hamiltontaxis.co.nz/">http://www.hamiltontaxis.co.nz/</a></td>
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</tbody>
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<tbody>
<tr>
<td>Life Unlimited</td>
<td>20 Palmerston Street Hamilton</td>
<td>Ph 07 839 5506 0800 008 011</td>
<td><a href="http://www.lifeunlimited.net.nz">www.lifeunlimited.net.nz</a></td>
</tr>
</tbody>
</table>
Primary Options Process Diagram

Patients

- 111
- Home
- Ambulance/ED

Practice/PAC

- GP
- Nurse
- Admin

Consultation

- Triage
- Advised patient to dial 111
- Treat as usual

Emergency

- Patient taken by ambulance
- Patient taken to ED by family

Walk-in to A&M

- Patient taken by ambulance to Practice or A&M

Walk-in to ED

- Patient taken by ambulance ED
- Patient taken to ED by family

Primary Options Acute Care

- Emergency
- Patient taken to ED by family

Menu of localised options
- Investigation
- Support
- Respiratory care/overnight Support
- Observation
- Treatment
- Transport
- Extended Consults
- Pharmacy Prescription
- Home visit
- Follow-up appointment

Primary Options Treatment plan initiated

- Associated Prices $$$

Episode of Care completed

- Episode of care completed

Primary Options claim & data capture

- Primary Options claim & data capture

Episode of A&M

- Assessed by Ambulance Service
- Treat as usual

Triage

- Urgent
- Does the patient need to be referred to ED?

Primary Options

- Patient Assessed for Primary Options Programme

Associated Prices $$$

Services arranged through PAC

- <60 minutes
Acute Patient presents to ED (walk-in or by Ambulance)

Patient triaged (ED triage nurse assessment)

Episode of care suitable for Primary Options?
Information sheet given to patient.

Primary Options

No transport available?

No transport available?

Taxi paid by Primary Options if no other transport available

Patient presents within 30 minutes to Anglesea under Primary Options Referral Lodged

‘Primary Options’ initiated by Anglesea Clinic Accident & Medical

Assessment and treatment by Anglesea Clinic Accident & Medical

Primary Options Episode of care completed

‘Primary Options’ episode completed by Midlands Health Network GP or Anglesea Clinic Accident & Medical

In-hours hand-over

Patient handed back to GP (Midlands Health Network practices only)
Patient choice

Primary Options episode completed by Midlands Health Network GP or Anglesea Clinic Accident & Medical

‘Primary Options’

EDTriage Nurse refers to Anglesea Clinic Accident & Medical

‘Primary Options’ initiated by Anglesea Clinic Accident & Medical

No patient charge for consultation

Accident & Medical Clinic (contracted by Primary Options)
12. Terms and conditions

Definitions
In these terms and conditions, unless context otherwise requires:

- ‘we’ and ‘us’ means the contract holders, Midland’s Health Network.
- ‘The service’ means the Primary Options service
- ‘Providers’ means general practitioners in the first instance and other health providers who are given claiming access to Primary Options in time.

Background
This document represents a Contract between us and Providers wishing to claim from to the Primary Options service.

The service is operated by us under contract to the Waikato District Health Board.

The range of acute alternative services includes, but is not limited to, the range of services listed in the Primary Options information manual.

Objective
The objective of the service is to have an immediate and significant impact on health outcomes for Patients and the growth in acute hospital referrals by empowering primary care providers to provide more flexible and responsive alternatives to an acute hospital referral.

Outcomes
The overall outcome of the service is to demonstrate a range of Provider’s ability to reduce the hospital acute demand.

- The specific outcome sought by The Service is 85% of referrals “managed without admission”.

Definition of the Service
The Service and its procedures are defined in the Primary Options Information Manual. The Primary Options Service may be modified from time to time.

Qualifying Patients
Patients who:

- Have received a clinical assessment and would have traditionally been referred to hospital
- Have given their consent to the recommended treatment and for information relating to their episode of care being shared with Primary Options and other relevant providers.
- Are eligible to access funded New Zealand health care services
- It is clinically safe and appropriate to manage their care in the community
- The clinician is able to take responsibility for the patient’s care, or has the option to hand over the patient to another clinician

Qualifying Providers

- Medical and Nursing Staff
  Any Registered Medical Practitioner who holds a current Annual Practicing Certificate and has not been found guilty of disgraceful conduct under the Medical Practitioners Act 1995.
  All medical and nursing staff employed by the referring doctor will be registered with their appropriate statutory body and hold a current annual practicing certificate.
Other Providers

Other Providers need to hold a current registration, accreditation, license or certificate with their statutory body and have been notified they are a preferred Provider by the Primary Options team.

Clinical Responsibility

When a Doctor who is not the Patient's GP, refers a Patient to the service, (the Initiating Doctor), he/she agrees to advise and hand over care to the Patient's GP at the earliest practical opportunity e.g. next working day.

The Initiating Doctor carries clinical responsibility for managing the Patient's acute illness until the responsibility has been accepted by the Patient's GP.

Where a patient is seen in a Midlands Health Network practice, Victoria or Anglesea Clinics regardless of whether they are enrolled or casual, they are eligible for Primary Options. If the patient is from a non-Midlands Health Network practice, the general practice or accident and medical clinic will continue the episode of care until it is completed. The patient may choose to return to their own non-Midlands Health Network GP but will not be eligible for Primary Options.

Quality Standards

Doctors making a claim for Patients from the service will apply sound clinical judgment to ensure that patient safety is not compromised.

Records

In addition to regular Clinical Records, Providers claiming from the service will complete the Primary Options Claim Form (electronic or paper), and ensure the correct Case Reference Numbers and clinical notes are documented on all forms.

Indemnity

When using the service the Doctor agrees to take full clinical responsibility for managing the treatment and ongoing care of their Patient in the community.

The Doctor indemnifies us against any loss, damage or expense incurred by us as a result of any action or poor performance by the Doctor.

Other Providers will indemnify us in accordance with the indemnity clause in their provider contract.

Audit

The Providers agree to cooperate with us in its audit responsibilities under the contract between us and the DHB.

The Providers agrees to allow the DHB reasonable access to premises, all relevant information, and Primary Options referred patients or their families as required for audit purposes.

For the purposes of carrying out any audit, access to clinical information will only be made available to a suitably qualified registered clinical practitioner.

Claiming

The provider agrees to adhere to the claiming instructions as defined in the Information Manual or contract and as modified from time to time by us.

The Provider agrees to complete a claim form for each claim made by the provider and notify the Primary Options office of a claim within 24hrs of initiation. The provider agrees to forward all relevant information along with the claim within 30 days of completion of the episode of care.
Payment for the Service
We agree to pay for all appropriate claims made by the Providers to the Service.

Cost Control
Payment of the Service is subject to the Primary Options cost management policy and procedures.

Provider Acknowledgement
In signing the Claim Form or submitting a claim electronically, the Provider acknowledges that he/she has read, understood, and agrees to be bound by these Terms and Conditions when referring to the service.

Clinical Governance
The Provider agrees to adhere to the Clinical Governance Procedures as contained in the Clinical Governance Process and its amendments.

We reserve the right to modify or limit the availability to the Service without further notice.
13. Cost management policy and procedures

- The maximum charge per Primary Options claim is currently up to $300.
- The maximum charge includes ALL costs incurred ie charges made by the initiating GP as well as any other Service Provider used.
- Should a claim be declined, the initiating GP is responsible for all in-clinic charges. Where third party providers have delivered service against a declined claim, these will be paid by Primary Options.
- Approval to exceed the maximum limit can be requested by phoning the Primary Options Regional Clinical Coordinator. A Cost Approval Number is provided which must be quoted when submitting the Primary Options claim.
- If a claim exceeds the maximum limit without prior approval, the initiating GP is advised in writing. On the first 2 occasions that a GP exceeds the limit, payment of the claim is still made in full. However on the third and any subsequent occasions, payment is restricted to $300. This payment is inclusive of any other Service Provider charges, which receive payment preferentially.

Contact details

Primary Options Regional Administrator/Regional Office
Patient Access Centre
07 834 8289
infoprioryoptions@midlandshn.health.nz

Primary Options Regional Fax
07 838 8485

Primary Options Regional Service Manager
Eleanor MacTavish RCpN, PG Dip (Rehabilitation)
07 834 8289
021 2425930
primaryoptions@midlandshn.health.nz

Primary Options Regional Clinical Coordinator
Rachel Dobson RN, PG Dip (Emergency and Critical Care Medicine)
07 834 8289
027 6877 312
primaryoptions@midlandshn.health.nz