

Metro Auckland: General Practice COVID-19 Activity. Claiming via Primary Options for Acute Care (POAC) payment mechanism

How to submit a claim

All claiming for the following services is using the POAC claiming system via the clinic Practice Management System (PMS). If you are unable to access this, please contact POAC deannaw@easthealth.co.nz

1. Open the POAC form (using DHB of patient domicile OR practice domicile if patient resides outside of the Auckland Region)
2. Submit a new **Referral** using the relevant diagnosis/reason for referral coding as described below, complete fields as prompted and submit
3. Submit an **Invoice only (or Outcome + Invoice)**. The system will allow access only to the range of codes described under each service below. If coded incorrectly and difficulty submitting a claim, email accounts@poac.co.nz

Please note this document does not include payments of COVID-19 testing and assessments. Continue to submit your notifications in the normal way via e-Order, éclair or e-Notification. Do not use these methods of notification for any of the below services.

Standard conditions of all claims

- Clinical notes must support all activity and either be provided upon submission or available for audit purposes
- No fee is to be charged to the patient
- No claim for clawback
- No simultaneous claiming against any other funding stream for same activity
- Claiming is via the PMS system using the POAC form
- Submit a new 'REFERRAL' for each type of service and then submit your 'INVOICE' using the fee schedules listed

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COVID-19 Positive PC Management

For claims up to 9th February 2022

Please note primary care is not expected to take over the full COVID-19 management in the community. C-SIQ is looking after COVID-19 positive patients in the community for their COVID-19-related care.

Please direct these patients to Healthline 0800 687 647 (0800 OUR MIQ) for their COVID-19 related care and welfare needs.

To support the active management and treatment of COVID positive patients in the community.

The Initial Clinical Assessment can be undertaken by any member of the general practice team. The care plan is agreed based on the patient's clinical condition and risk factors. People are placed on either an active clinical management or self-management pathway, based on clinical need, risk and acuity.

Claims period to 9 th February 2022	Code	Amount Including GST
	COVID PC Initial Assessment	\$138.00
	COVID PC Monitoring Monitoring via Telehealth	\$69.00
	COVID PC Full +/- Admission Full assessment in person	\$287.50
	COVID PC Full +/- Admission Full assessment requiring hospital admission	\$287.50
	COVID PC 6 week follow up	\$69.00

COVID-19 Positive PC Management

For use for claims from 10 February

Important Notes:

- Claiming options from 10th February include either:
- Package of Care (POC), OR
- Fee for Service (FFS)
- Only ONE claiming method can be used per patient per COVID episode
- Initial referral must record the High Needs Qualifying Criteria
- Where possible record activity in CCCM

Acuity score and Packages of Care:

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- Please see Healthpathways. Clinicians are requested state the acuity score when doing COVID assessments and record in CCCM where possible. If an acuity score has not been applied at the time of the care, and the claim is for Acuity 5-6 please ensure POAC claim attached notes contain enough information to substantiate the claim.
- If acuity changes during the course of the illness from 1 to 4 to acuity 5 or 6 then higher acuity level package can be claimed as appropriate.
- Packages of care funding estimate the work required by acuity. Sometimes the work will be more, sometimes less.

Initial Assessment:

An initial assessment does require a conversation with the person with COVID-19. It is not possible to determine acuity without this. Oximetry results are not required to confirm acuity.

Most low risk cases (COVID Triage Tool < 10% risk of hospitalisation) will not need an assessment or call. However, if an assessment is required then claim as per Acuity.

High Needs Qualifying Criteria:

- Maori, Pacific,
- Q4 or Q5,
- Over 75 years of age,
- Former Refugee or Asylum Seeker
- Those with disabilities.

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COVID Positive Management -Package of Care:

- Four packages, acuity dependent.
- Submit invoice using following fee schedule
- Cannot combine Package of Care (POC) with Fee for Service
- See list of 'services' claimable in addition to the POC
- Submit a new 'referral' via the POAC claiming system in your PMS using code ' COVID-19 Positive PC Management'
- Submit an 'Invoice only' or 'Outcome + Invoice' using codes below

Claims period to 10 th February to 8 th March 2022	Code	Amount Including GST
	COVID PC Acuity 1-4 standard Package One: Acuity 1 to 4 – standard (Assessment and one regular review)	\$254.73
	COVID PC Acuity 1-4 high needs Package Two: Acuity 1 to 4 – high needs (Assessment and three reviews)	\$522.19
	COVID PC Acuity 5-6 standard Package Three: Acuity 5 to 6 – standard (Assessment and six reviews, one GP/NP review, Clinical Discharge) – 10 Feb to 8 Mar	\$617.93
	COVID PC Acuity 5-6 high needs Package Four: Acuity 5 to 6 – high needs (Assessment and six reviews, one GP/NP review, Clinical Discharge) – 10 Feb to 8 Mar	\$803.31

Claims period to from 9 th March 2022	Code	Amount Including GST
	COVID PC Acuity 1-4 standard Package One: Acuity 1 to 4 – standard (Assessment and one regular review)	\$254.73
	COVID PC Acuity 1-4 high needs Package One: Acuity 1 to 4 – standard (Assessment and one regular review)	\$522.19
	COVID PC Acuity 5-6 standard Acuity 5 to 6 – standard (Assessment, six reviews, Clinical Discharge) – From 9 March	\$546.05
	COVID PC Acuity 5-6 high needs Acuity 5 to 6 – high needs (Assessment, six reviews, Clinical Discharge) \$617.28 plus GST – From 9 March	\$709.87

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Services claimable in addition to Package of Care:

INITIAL ASSESSMENT	
Code	Amount Including GST
COVID PC Assessment standard After Hours	\$140.16
COVID PC Assessment high needs After Hours OR Weekend	\$182.09
COVID PC Assessment standard Weekends	\$140.16
COVID PC Assessment high needs Weekends	\$182.09
REGULAR REVIEW	
Code	Amount Including GST
COVID PC Regular Review standard Weekend 10 Feb to 8 Mar 2022 only	\$25.42
COVID PC Regular Review high needs Weekend 10 Feb to 8 Mar 2022 only	\$33.04
CLINICAL ESCALATION	
<i>Where clinically indicated at regular review or by a person on the self-management pathway – includes transfer of care to hospital level services</i>	
Code	Amount Including GST
COVID PC Clinical Escalation Std	\$143.75
COVID PC Clinical Escalation After Hours	\$237.19
COVID PC Clinical Escalation Weekends	\$237.19
IN PERSON CARE (IN CLINIC)	
Code	Amount Including GST
COVID PC In Person Care at practice/clinic	\$287.50
COVID PC In Person Care at practice/clinic After Hour	\$474.38
IN HOME CARE	
Code	Amount Including GST
COVID PC In Home Care – Per Hour	\$287.50/hr
COVID PC In Home Care – Per Hour After Hours	\$474.38/hr
COVID PC In Home Care – Per Hour Weekends	\$474.38/hr
COVID PC In Home Care – Mileage	\$0.71/km

After Hours rate is applied from between 8pm and 8am Monday through Thursday.

Weekend and public holiday rates are applied from 5pm Friday through to 8am Monday and any public holiday.

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COVID Positive Management - Fee for Service:

Additional conditions of claim:

- Only one Initial Clinical Assessment can be claimed for each COVID positive person
- Claims can be submitted for each COVID positive person in the household
- Limited to one claim per day per patient per practice (unless nurse review and clinical escalation to GP which can be claimed together)
- For the 6 week follow up, also include date of hospital discharge on the clinical note
- No fee to patient and no claw back
- Submit 'invoice' via the POAC claiming system using following fee schedule:

INITIAL ASSESSMENT	
Code	Amount Including GST
COVID PC Assessment standard	\$215.63
COVID PC Initial Assessment Standard After Hours	\$355.79
COVID PC Initial Assessment Standard Weekends	\$355.79
COVID PC Initial Assessment High Needs/Un-enrolled	\$280.31
COVID PC Initial Assessment High Needs/Un-enrolled After Hours	\$462.52
COVID PC Initial Assessment High Needs/Un-enrolled Weekends	\$462.52
REVIEWS	
Code	Amount Including GST
COVID PC Regular Review Standard	\$39.10
COVID PC Regular Review Standard Weekends	\$64.52
COVID PC Regular Review High Needs	\$50.83
COVID PC Regular Review High Needs Weekends	\$83.87
CLINICAL ESCALATION	
<i>Where clinically indicated at regular review or by a person on the self-management pathway – includes transfer of care to hospital level services</i>	
Code	Amount Including GST
COVID PC Clinical Escalation	\$143.75
COVID PC Clinical Escalation After Hours	\$237.19
COVID PC Clinical Escalation Weekends	\$237.19
GP/NP REVIEW	

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Code	Amount Including GST
COVID PC GP/NP Regular Review Standard <i>10 Feb to 8 Mar only</i>	\$71.88
COVID PC GP/NP Regular Review Standard Weekends <i>10 Feb to 8 Mar only</i>	\$118.60
COVID PC GP/NP Regular Review High Needs <i>10 Feb to 8 Mar only</i>	\$93.44
COVID PC GP/NP Regular Review High Needs Weekends <i>10 Feb to 8 Mar only</i>	\$154.17
IN PERSON CARE (IN CLINIC)	
Code	Amount Including GST
COVID PC In Person Care at practice/clinic	\$287.50
COVID PC In Person Care at practice/clinic After Hours	\$474.38
IN HOME CARE	
Code	Amount Including GST
COVID PC In Home Care – Per Hour	\$287.50/hr
COVID PC In Home Care – Per Hour After Hours	\$474.38/hr
COVID PC In Home Care – Per Hour Weekends	\$474.38/hr
COVID PC In Home Care – Mileage	\$0.71/km
CLINICAL DISCHARGE	
Code	Amount Including GST
COVID PC Clinical Discharge Standard	\$95.83
COVID PC Clinical Discharge High Needs	\$124.58
HOSPITAL DISCHARGE	
COVID PC Clinical Assessment Post Discharge from hospital <i>Within 7 days of discharge - Post transfer of care out of hospital to primary care</i>	\$143.75
COVID PC Clinical Assessment Post Discharge from hospital Weekend <i>Within 7 days of discharge - Post transfer of care out of hospital to PC</i>	\$237.19
COVID PC Follow Up Check <i>After 8 days post discharge - Post transfer of care out of hospital to primary care</i>	\$71.88

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COVID-19 Vaccine Adverse Event

- Submit new POAC referral using code 'COVID-19 Vaccine Adverse Event'
- Must include Vaccination Date (adverse event must fall within 2 weeks of vaccination date)
- And include the type of vaccination reaction in the Provisional/Working Diagnosis Free Text Box
- And be reported to CARM (record in notes or use tick box on form for CARM when operational)
- Claim via ACC only where appropriate
- Submit invoice using the following fee schedule

Code	Amount Including GST
COVID Vax Reaction Tele + CARM	\$69.00
COVID Vax Reaction Full Assess + CARM	\$138.00

Extended services may be claimed under normal POAC funding rules where required. This may include ECG, Point of Care Troponin, extended observation time or IV fluids where indicated. Claims should be submitted under the same case as above.

COVID-19 Vax Home Visit: Clinically and/or physically unable to leave the House

Patients are eligible for a funded in-home COVID-19 vaccination when they are clinically or physically unable to leave the house. Practices are able to deliver this service to their enrolled patients only. Please note only one home visiting fee is available per household despite the number of vaccinations administered at the home. Rest homes are defined as one household.

- Submit a new POAC referral using code 'COVID Vaccine Outreach Visit'
- Must include reason the patient needs in-home vaccination in Free Text Box
- Must be an authorised outreach vaccinator
- Enrolled patients only and only one Home Visit fee per patient
- Submit 'invoice' via the PMS form using the following fee schedule

Code	Amount Including GST
COVID Vax Home Visit	\$188.54

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COVID-19 Vaccination Immunocompromised Dose 3

A consultation via a General Practitioner (GP) or Nurse Practitioner (NP) to assess the patient and issue a prescription and complete the consent form, if clinically indicated. This is a temporary process and will remain in place until the use of a third primary Pfizer dose for severely immunocompromised people has been approved by Medsafe.

Please note, you do not need to be an accredited COVID-19 vaccinating practice to claim this fee. However, if you are authorised and do provide the vaccination, the PPD POAC vaccine event fee will be paid in addition to this subsidy.

- Must Include the consultation date and the immunocompromised category (see below), or;
- Include the consultation date, the immunocompromised category (see below) and notes showing the consent form and prescription have been completed, or;
- Include the consultation/contact date but that the person was not eligible.
- No charge for issuing the prescription
- Select the appropriate immunocompromised category:
 - Patients with primary or acquired immunodeficiency at the time of vaccination.
 - Patients on immunosuppressive or immunomodulating therapy at the time of vaccination.
 - Patients with chronic immune-mediated inflammatory disease who were receiving or had received immunosuppressive therapy prior to vaccination.
- Submit 'invoice' via the PMS form using the following fee schedule

Code	Amount Including GST
COVID 3 rd dose, not eligible – virtual	\$69.00
COVID 3 rd dose, declined by patient	\$69.00
COVID 3 rd dose, consented – virtual	\$69.00
COVID 3 rd dose, consented – F2F	\$138.00

COVID-19 GP/NP AstraZeneca Vaccination Consultation

A consultation via a General Practitioner (GP) or Nurse Practitioner (NP) to assess the clinical suitability of the AstraZeneca vaccine and answer any queries direct with the patient. The fee includes the prescription, should the patient request a second primary dose or booster of AstraZeneca after having had the Pfizer vaccine, and completion of a written consent form.

- Submit referral using code from dropdown box 'COVID19 AstraZeneca Vaccine Consult'

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- Funding covers consultation and, if required, consent and prescription
- Submit 'invoice' via the PMS form using the following fee schedule, include clinical notes

Code	Amount Including GST
COVID AstraZeneca consult	\$69.00

COVID-19 Medical Exemption Consult

Medical and nurse practitioners may apply for temporary exemption on behalf of unvaccinated or partially vaccinated patients who are subject to a vaccine mandate. Strict criteria apply, and supporting documentation is required.

Refer to Auckland HealthPathways for further information on applying for medical exemption of COVID-19 vaccine. <https://aucklandregion.communityhealthpathways.org/839885.htm>

- Submit referral using code from dropdown box 'COVID19 Medical Exemption Consult'
- Funding covers consultation and application where relevant
- Submit 'invoice' via the PMS form using the following fee schedule, include clinical notes

Code	Amount Including GST
COVID Medical Exemption GP/NP Simple	\$69.00
COVID Medical Exemption GP/NP Complex	\$138.00