



+ Beetroot is a good source of B vitamins and you can use the leaves like you would use spinach - they're from the same family.



# Societynews

AUGUST 2011 | Keeping the provider community informed

Welcome to Societynews from Southern Cross Health Society. We hope you enjoy reading it.

## Getting the most out of our members' healthcare dollars

Providing 'sustainable value' for our members is a role we take very seriously. Over 830,000 New Zealanders continue to put their faith in Southern Cross to get the most out of the healthcare dollars they spend in the private system.

'Sustainable value' is an underlying theme in just about every story in this newsletter: Affiliated Providers, working with ACC, updated policy benefits, investigating overseas treatment options, a new Southern Cross-branded primary care initiative.

I know practitioners recognise the challenges we all face, and many share the sustainable value goal. To that end, I hope the contents of this newsletter give you a clear picture of the goals Southern Cross is pursuing.

## Affiliated Provider reaction

A year ago, when Southern Cross introduced additional Affiliated Provider-only benefits - for high volume procedures like cataract surgery, colonoscopy and gastroscopy - there was disquiet in some medical quarters. As we've worked through the process, there's been very constructive dialogue between Southern Cross, practitioners and

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representative colleges. We're delighted that nearly all providers or facilities providing these specific services now have Affiliated Provider agreements with us.

The outcome we were looking for, which we think has been achieved, is the establishment of relationships that will help us work collaboratively with practitioners to moderate the rate of future medical cost inflation.

As a not-for-profit organisation, rising costs translate directly into rising premiums for our members. Consequently, annual medical inflation impacts directly and significantly on New Zealanders that pay for access to private healthcare by having health insurance.

The effect, especially in the current economic climate, is that more and more people have to make hard decisions about downgrading their cover or giving up their insurance altogether. That, in turn, reduces the amount of funding that's readily available to fund private healthcare.

## Affiliated Provider expansion

The Affiliated Provider programme is an important means by which Southern Cross is trying to address significant claims escalation. Consequently, we're moving more procedures into our Affiliated Provider-only category of benefits for members over the coming months - PET scans, intravitreal injections, Mohs surgery and prostate surgery.

We're now engaging with providers of these services to enable as many of them as possible to continue providing services to Southern Cross members through the Affiliated Provider programme.

As the programme grows it becomes more familiar and popular with Southern Cross members, who particularly appreciate the simplified prior approval and claiming process.

For non-Affiliated Provider-only procedures too, Southern Cross continues to encourage members (and their GP referrers) to consider Affiliated Providers whenever possible, as a means of ensuring good value.

## Benefit review

The latest Affiliated Provider-only benefits are a feature of our most recent benefit review, in which we aim to update members' benefits to reflect market and competitive drivers, while balancing the impact of enhanced benefits on the premiums members pay.

We have undertaken a comprehensive review of the Schedule of Surgical Maximums, which determines the surgeon and anaesthetist reimbursement levels for Regular Care and KiwiCare members. More than half of the surgeon and anaesthetist maximums will be increased from 17 October, to ensure these plans reimburse members at more acceptable levels.

## Clinical operations head

I'd like to extend my thanks and appreciation to Lee Hohaia who made a tremendous contribution to my senior management team as Head of Clinical Operations. Lee has taken on a fresh challenge within the Southern Cross Healthcare Group with Southern Cross Primary Care. This is a new Southern Cross business and one we hope will assist New Zealanders get better healthcare in the future.



Best of health  
**Peter Tynan**  
Chief Executive Officer  
Southern Cross Health Society

# Affiliated Provider programme update: 'Now we're talking!'

Affiliated Providers are now receiving around a quarter of all claims paid by Southern Cross for its members' elective surgical procedures.

In the space of a year, the programme has grown by around 50 per cent; from 180 Affiliated Provider agreements accounting for around 18 per cent of the Society's claims costs, to 270 contracts that will account for an estimated 27 per cent of claims.

Affiliated Provider Contract Management team leader, Becky Ogilvie, says the most significant outcome of the programme's growth is being better able to manage future medical cost inflation through a growing understanding and dialogue between specialists and the Society.

"Our work with ophthalmologists around cataract excision has been a great example. The Royal Australasian and New Zealand College of Ophthalmologists (RANZCO) said to us that they were keen to have more formal involvement in consultation for things such as eligibility criteria.

"That provided us with a great platform to better understand providers' views on other procedures such as intravitreal injections, where there's a wide range in costs for the same procedure (from \$400 to more than \$1,200 by some providers). This variability is a shared concern for Southern Cross and RANZCO."

Becky says discussions with the College of General Surgeons about changes to Southern Cross' endoscopy benefits also proved to be very positive, enabling the Society to address a range of topics, from contract terms and administration time to member choice.

## Impetus

The impetus for the increasing dialogue with providers was the introduction last September of Affiliated Provider-only benefits for cataract surgery and endoscopy procedures. These procedures collectively accounted for 25,000 claims and nearly \$60m in claims costs to Southern Cross during 2010.

Since September, Southern Cross has established agreements with 100 per cent of private facilities providing cataract and endoscopy services.

"In the case of cataracts, that accounts for 16 new facility agreements including 64 specialists," says Becky. "For colonoscopy and gastroscopy there are 27 new facility agreements encompassing 183 endoscopists.

"We're not expecting the number of procedures we fund, or the total costs for those procedures, to drop substantially as a result of these agreements. However, we think there's significant potential to moderate future cost inflation in these areas, which is a major plus given the huge money that's being spent there.

Becky says the growth in the Affiliated Provider programme will continue with the introduction of further Affiliated Provider-only benefits for Southern Cross members in October this year: PET scans for cancer indications, Mohs surgery, intravitreal injections and prostatectomy procedures.\*

"The key thing for Southern Cross is to enable access to these services and good value for our members, so we're talking with all providers about joining the Affiliated Provider programme."

## Transition

The new Affiliated Provider-only benefits (except PET/CT scans) begin with a transition period during which members will still be able to claim for procedures on a fee-for-service basis. This will give specialists time to talk with us about joining the Affiliated Provider programme and for members and their referrers to become familiar with the changes.

"We understand that these changes may not be popular with all providers but, from members' and Southern Cross' viewpoint, it is necessary to help contain rapidly increasing healthcare costs and the impact they have on premiums," says Becky.

\* AP-only benefits do not apply to members on UltraCare plans (eligibility criteria may still apply).

## Southern Cross and general practice

A new Southern Cross business has taken its first steps into general practice, with an agreement to take an initial 20 per cent stake in a partnership to run leading Rodney District practice, Silverdale Medical Centre, with an option to purchase a further 30 per cent stake in three years time.

The Silverdale Medical Centre partnership is the first of a number of partnerships that Southern Cross Primary Care (SCPC) plans to establish with progressive GP practices around the country in coming months, says

SCPC Chief Executive Officer, Victor Klap.

"Our objective is to collaborate with practices to develop new models of quality cost-effective care. We're also keen to explore flexible remuneration, career development and ownership options to attract and retain doctors in the sector."

SCPC is part of the not-for-profit Southern Cross Healthcare Group. However, it has no legal or financial links to Southern Cross Health Society, and will operate independently and at arm's length from

other Southern Cross businesses. For more information go to [www.scpco.co.nz](http://www.scpco.co.nz)

Meanwhile, the Health Society's former head of Clinical Operations, Lee Hohaia, has left that role to join SCPC as Business Manager. Lee has an extensive background in the primary care sector. SCPC has also recruited Jane Millington (former GM Operations with First Health) as Programme Manager, and Paul Denham (an experienced health sector relationship and business development manager) as Business Engagement Manager.

### Southern Cross Healthcare Group

Southern Cross Medical Care Society  
Trading as  
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Southern Cross Hospitals Limited  
Trading as  
Southern Cross Hospitals

Southern Cross Benefits Limited  
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Southern Cross Travel Insurance

Southern Cross Primary Care Limited  
Trading as  
Southern Cross Primary Care

# Cost proving more than skin deep

Few areas of claims have been growing as fast as those associated with skin lesion surgery in recent years. More than 30,000 skin procedures carried out by surgeons and specialists were funded by Southern Cross in 2010. Many thousands more were done under the minor surgery benefit and carried out by GPs.

The increasing claims costs for skin procedures is why Southern Cross is continuing to focus on a range of skin-related initiatives – notably in the upcoming review of members' plan benefits - aimed at getting the best possible value-for-money for what's being spent in this area. Changes comprise:

- a new benefit for minor skin surgery by specialists under local anaesthetic being added to Southern Cross plans, with claims year maximums of between \$6,000 and \$10,000
- Mohs surgery becoming an Affiliated Provider-only procedure, with eligibility criteria to determine when this approach is appropriate for lesion removal

- the minor surgery benefit for procedures carried out by GPs being increased (for example, from \$350 to \$450 on Wellbeing plans), to encourage more members to opt for this low-cost option where it's appropriate.

In addition, results are now being evaluated from a skin cancer surgery pilot Southern Cross has been running with selected GPs since late 2009.

The general theme here, says Southern Cross Health Society CEO, Peter Tynan, "is to create benefits that will help members and providers find the most cost-effective and appropriate form of skin treatment."

"Mohs surgery is a great example. The precision of the technique means it's very valuable in minimising scarring for facial lesions, or where skin is very delicate. But it's not the most cost-effective option for lesions that occur in less visible parts of the body.

"We're keen to engage with providers and relevant associations to form a shared view on the circumstances when Mohs is appropriate, so we work to reduce the use of Mohs when

it's not the most appropriate treatment option, and hence achieve the best possible value for members."

Peter says the decision to increase the minor surgery benefit for procedures carried out by GPs was relatively simple. "We introduced this benefit in 2005 to enable members with surgery-only plans to use their GPs for very straight-forward procedures. Up to that point, many members could only seek referral to more expensive specialist facilities in order to claim the cost under their health insurance policy."

"By increasing the amount that members are able to claim for GP procedures, we're now saying that the approach we took in 2005 has been effective in getting value for money when simple problems need sorting out, and we want to make sure members and their doctors continue to consider it as an option."

The changes to skin-related benefits will take effect on 17 October 2011. The Mohs changes will take effect once Southern Cross has entered into sufficient Affiliated Provider agreements with Mohs accredited specialists.

## Southern Cross benefit review at a glance

Southern Cross regularly reviews the benefits that members can claim under their health insurance policies to ensure they reflect current medical practice and the prices charged for such treatment in the private health sector. At the same time we also try to balance the impact of changes on members' premiums.

The latest benefit updates will be notified to members from late August and will take effect from 17 October 2011.

### Updates to surgical treatment

- Surgical treatment maximums will increase from \$75,000 to \$100,000 per procedure on plans that provide cover for up to 100% of surgical costs.
- The Schedule of Surgical Maximums (which applies to RegularCare and KiwiCare plans where members pay a portion of their treatment costs) has been reviewed and many benefit maximums have been increased.

- A new benefit is being introduced for minor skin surgery by specialists under local anaesthetic. The limits for this benefit will be between \$6,000 and \$10,000 per claims year depending on the policy type.
- The minor surgery benefit for procedures done by GPs will increase (from limits of between \$240-\$350 per procedure to \$360-\$450).

### Further Affiliated Provider-only benefits\*

- Other prostate surgical treatment is to become Affiliated Provider-only, aligning with those prostate-related surgeries and treatments that have previously been Affiliated Provider-only.
- Mohs surgery is to become an Affiliated Provider-only procedure.
- Intravitreal injections for Age-related Macular Degeneration (AMD) are to become Affiliated Provider-only procedures.

- A new Affiliated Provider-only PET/CT imaging benefit is being introduced to cover PET/CT scans. Cover is limited to cancer indications only and eligibility criteria will apply.

### Changes to cancer treatment

- The chemotherapy benefit is changing. The 'course of treatment' sub-limit is being removed, meaning the total 'claims year' limit (between \$48,000 and \$60,000) will apply.
- Included in the 'claims year' limit is an ability to claim up to 50 per cent of the cost (to a maximum of between \$8,000 and \$10,000) for non-Pharmac approved MedSafe indicated chemotherapy drugs.

\*AP-only benefits do not apply to members on UltraCare plans (eligibility criteria may still apply)

**Affiliated Providers – don't forget to let Southern Cross members know that you'll apply for prior approval on their behalf.**

# Stepping up ACC review efforts

In recent years, Southern Cross has supported members in seeking review from ACC where their surgeon or another medical practitioner believed their medical case required a second look by ACC and the member wanted to pursue it. Southern Cross will now go one step further, *requiring* members to seek review if it deems that ACC's decision should be reviewed.

Southern Cross Health Society Chief Executive Officer, Peter Tynan, says ACC reviews have previously been optional for members who end up making claims on their health insurance for accident or injury related surgery. This has meant that although there are cases where a surgeon or another medical practitioner would support a member going to review, it has not been pursued.

"In the past, around 20 per cent of members given the option to initiate a review have pursued the option. And a large proportion of those that seek review succeed. From now on, the need to seek review will be identified when members apply for prior approval for their surgery."

Southern Cross ACC Clinical Manager, Kristin Rewha-Langdon says "If a claim is accident or injury related, my team will ask to look at the clinical documentation relating to it. If it appears that the member would have a strong case on review, we will agree to meet their surgical costs on the condition that they seek ACC review."

Kristin says "Members pay Southern Cross premiums for their health insurance and ACC levies for their accident insurance. We need to ensure that the correct organisation covers the correct treatment costs.

"We also want to see members receiving the best possible cover for their injury – including benefits like earnings compensation and rehabilitation that isn't provided under their health insurance policy."

Kristin says the most important factor in any decision to proceed with a review will be the surgeon's opinion. "If the surgeon's finding, post-surgery, is that the injury was caused primarily by an accident, as opposed to degeneration or other factors, we will want to address that. If the surgeon's post-operative

opinion does not support a review, we won't ask the member to pursue it.

"If members are required to proceed with a review, Southern Cross will provide as much support as possible to achieve a successful outcome for them.

"We can advise them on what information to collect from their surgeon and help them prepare information on their claim for presentation. Our new approach is designed to encourage members to do the right thing for themselves and the Society."

Peter Tynan says, "While Southern Cross is modifying its approach to ACC reviews, we also welcome the announcement made by ACC in May that it is working towards establishing a more transparent and effective decision-making process around claims for ACC funded elective surgery.

"ACC's recent commitment to improving clinical decision-making, consistency and timeliness should reduce the number of cases we've been seeing go through the review process. Ultimately, that's the best possible outcome for everyone."

## Introducing... Kristin Rewha-Langdon, ACC Clinical Manager



Previous careers in nursing and law make Kristin Rewha-Langdon well qualified for her role as Southern Cross' ACC Clinical Manager, in which she works with Southern Cross members to seek review where their surgeon or another medical practitioner believes their medical case requires a second look by ACC. Kristin and her small team play a critical role in ensuring Southern Cross members receive the correct and appropriate cover they're entitled to from ACC.

Kristin's first career entailed 13 years in nursing, with a variety of roles including managing a breast cancer screening unit in Brisbane. She then decided to retrain in law, with an emphasis on medical law.

After graduating, she spent four years with the Office of the Privacy Commissioner, four years with the Health and Disability Commissioner and then, in 2007, joined Southern Cross.

"I was initially involved in a range of projects including our dealings with ACC on treatment injuries. But two years ago I became almost wholly focused on supporting members through the ACC review process."

The key objective for Kristin and her team is to assist in providing low stress and constructive outcomes for members.

"We don't see the 'yesses' that ACC give for surgical claims – we only see the 'noes'. That means we typically have members and surgeons who are at odds with the decision ACC has reached.

"We've now worked with hundreds of members and their surgeons, so we're in a very good position to assist and empower them regarding those decisions where the situation warrants it."

Outside of her working life, Kristin is a volunteer adult literacy tutor and a regular golfer at Auckland's Aviation club.

### Receive your Southern Cross payment faster

Did you know providers can choose to receive their Southern Cross reimbursement by direct credit?

Just send an e-mail to

**Oprovidervendormaintenance@**

**southerncross.co.nz** or a letter telling us you'd like us to set up direct payments.

We'll also need a bank deposit slip or copy of an invoice including your bank account number.

# Immersion the key for key-hole surgeon



David Merrilees

Despite doing more laparoscopic urological surgeries than anyone else in the country, David Merrilees is still a strong believer in horses-for-courses when it comes to prostate cancer.

Minimally invasive laparoscopic prostatectomies, which have become more common in recent years, have certainly reduced incidence of nerve damage that can cause urinary incontinence and erectile dysfunction. But David says there's still an important role for open surgery with high-risk, bulky cancers.

External beam radiotherapy, brachytherapy and hormonal treatments are also important – sometimes in combination with surgical options – in the urologist's armoury, he says.

David came into urological surgery at a time when laparoscopic techniques were starting to become established. He says he "saw the future" when completing two fellowships at Cambridge University, UK, under internationally regarded surgeons David Neal and Christopher Eden.

"Those fellowships not only exposed me to surgeons who were at the top of their fields, they also gave me the opportunity to become completely immersed in laparoscopic surgical techniques."

David returned from the UK nearly four years ago, and has been applying his well-honed laparoscopic skills in both public and private practice in Auckland ever since. He has rooms on Gillies Ave, Epsom and most of his private lists are done at nearby Southern Cross Brightside Hospital; his public work is based at Auckland Hospital, with clinics at Greenlane and Middlemore.

"The different surgical modalities all provide for similar cancer cure rates but laparoscopic techniques – where it's appropriate to use them – have a distinct edge in terms of nerve sparing and, hence, better lifestyle outcomes for more patients."

David maintains an open mind on the recent arrival of robot-assisted laparoscopic prostatectomies in New Zealand. It's a procedure that he plans to add to the open and laparoscopic options he currently offers for surgical treatment of prostate cancer but he doesn't believe it will make a significant difference in outcomes for patients.

"I want to be in a position to say these are your options, these are the outcomes and these are the costs; and then let the patient decide. The additional cost of the robot-assisted procedure is something that has to be weighed up. In my view, whether it's the laparoscopic or robot-assisted techniques, the skill and experience of the surgeon is what's going to determine the quality of outcomes for patients."

David has been part of the Southern Cross' Affiliated Provider programme since 2008 and is keen to bring a broader range of his urological procedures, including all of his prostatectomy options, into the Affiliated Provider agreement he has with Southern Cross.

"The Affiliated Provider approach provides certainty of cost for patients, especially those who have shared cover policies where they pay a portion of the bill. And the streamlined processes make things simple for my patients and the office.

"I'm very comfortable with Southern Cross' expansion of the Affiliated Provider programme because there's no doubt New Zealand is facing a considerable challenge with medical cost inflation. I see it as a good thing that insurers take a position on making sure they're getting value for their members' money."



David Merrilees

+ Common garden mint has anti-inflammatory properties as well as containing antioxidants.



## Prostates getting the right treatment

Urological surgeon David Merrilees believes New Zealand men are now better equipped to deal with prostate cancer than they used to be.

"With improving awareness of prostate cancer, GPs have the opportunity to detect and refer men earlier, when the cancer is still localised in the prostate. That greatly improves our chances of successfully treating the cancer and minimising nerve damage that can cause incontinence and erectile dysfunction," says David.

"In the past there's also been a tendency to over treat men with low risk cancers. We're better now at determining which patients need treatment and which of the various treatments available is best in each patient's circumstances."

Because prostate tumours are usually slow growing and sometimes benign, David says regular PSA blood tests and monitoring may be recommended for up to 20 per cent of patients.

The remainder have better treatment options available than there were 10 years ago. "In recent years, there's been a swing away from brachytherapy and towards minimally invasive surgical techniques but there's still a role for each of the treatments available. Younger patients tend to choose surgery while those over 60 tend to lean towards radiation."

# Prostates going Affiliated Provider-only

The range of high-tech procedures available to treat men with prostate cancer has grown significantly in recent years, giving choice to patients and urologists to help pick the most suitable option.

The challenge for Southern Cross has been to enable access to these treatment options for its members, while trying to manage the impact of new technology on members' premiums. The answer, in most cases, has been to contract with urologists to provide these services through the Affiliated Provider programme.

As such, from 17 October, to enable access to qualifying treatment on a consistent basis, all prostate surgery will be moving into the Affiliated Provider-only category of cover.

## Expensive

Prostate cancer-related treatments have been a rapidly growing area of claims. In the year

to 30 June 2010, Southern Cross paid nearly \$6.6m toward 280 Affiliated Provider-only prostate procedures including laparoscopic prostatectomy, robot assisted laparoscopic prostatectomy, prostate brachytherapy, external beam radiotherapy and prostate cryotherapy.

This also includes contributions made towards robot assisted laparoscopic prostatectomy, which is in itself not covered but which Southern Cross contributes towards (on the basis of what a member would have received if they were simply having a laparoscopic procedure undertaken).

In addition, Southern Cross paid \$4.5m in fee-for-service claims for radical (retropubic or perineal) prostatectomy. Add to that \$3.2m for prostate resections for benign prostate disease and it comes to a total of \$14.1m related to just under 900 procedures.

## Simplification

By bringing all of these covered procedures into the Affiliated Provider-only category of cover, Southern Cross hopes to simplify processes for surgeons and patients, says Affiliated Provider Contract Management team leader, Becky Ogilvie.

"It will mean the same streamlined prior approval and billing processes can be used across the range of covered prostatectomy and resection procedures. And, in the process, we hope to get greater certainty for members about the relative costs of the different procedures and simplify their claiming process."

Becky's team will be talking with urologists in the coming months about extending existing Affiliated Provider agreements, and establishing new ones, to ensure ongoing access for Southern Cross members to a broad choice of providers and procedures.

# Overseas treatment investigation underway

A member-initiated resolution was passed at Southern Cross' 2010 AGM, calling for an investigation into accessing suitably qualified and more cost-effective medical services overseas.

The Society's Board subsequently approved a terms of reference for the investigation ([www.southerncross.co.nz/tor](http://www.southerncross.co.nz/tor)) which is

now underway.

The investigation team is aiming to report its findings back to the Board by September.

One area of interest is the comparative cost of elective surgical procedures in other countries, such as Australia, Singapore and Thailand. The investigation also aims to

consider potential issues related to New Zealanders receiving surgical treatment outside the New Zealand health jurisdiction.

The investigation team welcomes input from New Zealand medical practitioners. If you would like to offer your views, please contact [communications@southerncross.co.nz](mailto:communications@southerncross.co.nz) in the first instance.

For those Health Practitioners who wish to have more direct access to information and assistance from Southern Cross Health Society please contact the Provider line on:

# 0800 770 843

(line available 9am – 5pm weekdays)

For email enquiries:

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A list of current Southern Cross Affiliated Providers is available at

[www.southerncross.co.nz/affiliatedproviders](http://www.southerncross.co.nz/affiliatedproviders) To request a copy of the latest Affiliated Provider directory, please contact the Provider Line on **0800 770 843**.