Southern Cross Health Insurance

Eligibility criteria change request application form

Purpose of this form
This form is to be completed by Affiliated Providers who want to propose changes to existing eligibility criteria. Applications should clearly outline the requested changes, the clinical rationale, the anticipated financial impact, and must be supported by relevant clinical evidence and/or best practice guidelines.

See our eligibility criteria at southerncross.co.nz/eligibility-criteria-providers

When complete, email to EC@southerncross.co.nz

1. Applicant details

Please provide the details of the individual submitting this application.

Company / organisation
Full name
Professional role (eg consultant, clinical director)

NZMC #	Phone	Email

1.2. Financial disclosure

Please declare any actual or potential conflicts of interest related to the proposed change, consistent with the Health Technology Assessment and Quality application process.

☐ I confirm that neither I, nor any member of my immediate family, have any financial interest in the service or procedure to which this eligibility criteria change relates. This includes, but is not limited to, compensation for consultation fees, royalties, fiduciary roles, advisory services, equity interests, travel, or other benefits.

☐ I declare that I do have a financial interest in the service or procedure to which this eligibility criteria change relates. Details of the financial interest are provided below:

Nature of financial interest	Organisation / company involved	Role held (if applicable)	Estimated annual value (NZD)

Section 2: Eligibility criteria information

2.1 Existing eligibility criteria

Please specify the eligibility criteria to which this application relates.

Name of eligibility criteria:

Relevant procedure or service code(s), if known:

2.2 Proposed change(s)

Please clearly describe the recommended change(s) to the existing eligibility criteria. This should include sufficient detail to understand how access, indications, thresholds, or exclusions would be altered.

2.3 Clinical rationale for the proposed change

Please outline the clinical reasoning supporting the proposed change. This should include a description of the patient population affected, the intended clinical benefit, and how the proposed change improves patient outcomes, safety, or appropriateness of care.

Section 3: Financial assessment

3.1 Estimated activity impact

Please provide an estimate of the expected impact on service utilisation if the proposed eligibility criteria change is implemented.

Estimated number of additional procedures or services per year:

Is the proposed change expected to replace or reduce use of another funded service? If yes, please describe:

3.2 Cost considerations

Where available, please provide information on the expected cost implications of the proposed change, including any anticipated changes to episode of care costs, downstream investigations, or follow-up requirements.

Section 4: Supporting documentation

4.1 Evidence and guidelines

Please attach all relevant supporting documentation. This may include but is not limited to the following.

- Published clinical research supporting the proposed change.
- Systematic reviews, meta-analyses, or high-quality observational studies.
- National or international clinical practice guidelines recommending the service or supporting the proposed change to eligibility criteria.
- Consensus statements or position papers from recognised professional bodies.

☐ Supporting documentation attached.

4.2 Additional comments (optional)

Please include any additional information you consider relevant to the assessment of this application.

Section 5: Declaration

Acknowledgement that submission does not guarantee approval
Submission of this form constitutes a request for Society to consider the eligibility criteria changes and does not represent a commitment by Society to approve, adopt, or implement the proposal in whole or in part. Society retains sole discretion to accept, modify, or decline any proposal, and will not be bound by any prior correspondence or discussions relating to the submission.

Consent to Society using the information for internal assessment purposes
By submitting this form, you consent to the Society using the information provided, including any supporting clinical documentation, for the purposes of evaluating the proposal internally. This may include sharing the information with clinical advisors, actuarial teams, or other relevant internal or external parties engaged by Society in connection with the assessment process. The only exception to this is that financial data will not be shared with external parties.

Consent to being contacted for follow-up
Society may contact you to seek clarification or further information in connection with your submission. Signing below indicates that you consent to being contacted for this purpose. Note that Society is under no obligation to provide reasons for any decision made in relation to your submission.

Privacy Statement
By submitting this form, you consent to Southern Cross using your information, including your name, contact details and any supporting clinical documentation, to evaluate your proposal and assess whether the health technology or procedure should be considered for funding or eligibility changes.

This information may be shared with relevant internal teams, including clinical and actuarial advisors and with external experts engaged by Society, where necessary, to support the assessment process. Your information will not be disclosed to other providers or professional bodies and will not be attributed to you in governance papers or decision-making forums. Southern Cross collects this information to assess your proposal, contact you if further information or clarification is needed, and to progress contracting arrangements if the proposal is approved. The provision of this information is voluntary; however, if the required information is not provided, Society's' ability to properly assess your submission may be limited.

Any personal information will be collected in accordance with the purposes listed in the Society's Privacy Statement (Privacy statement | Southern Cross Health Insurance). The information will be collected and held by Southern Cross Medical Care Society, Level 1, Te Kupenga, 155 Fanshawe Street, Auckland City 1010, New Zealand. You have the right to access and request correction of the information in accordance with the Privacy Act 2020

I confirm that the information provided in this application is accurate and complete to the best of my knowledge, and that all relevant interests have been disclosed.

Applicant name	
Signature	Date

Please 'Download' or 'Save as' to sign this form.