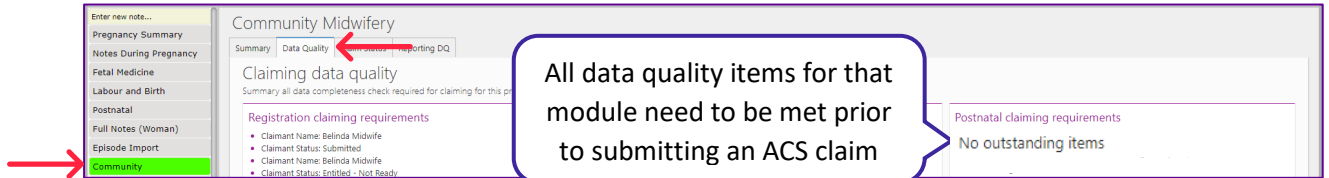
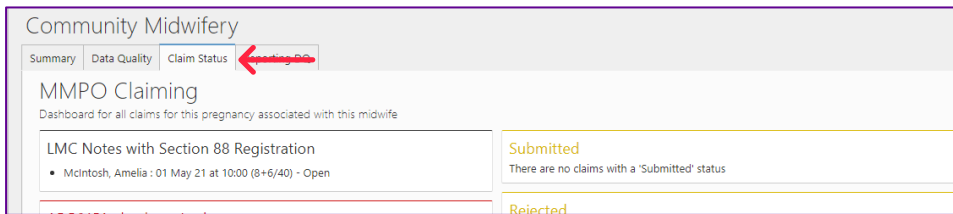


Additional Care Supplement (ACS) – Postnatal

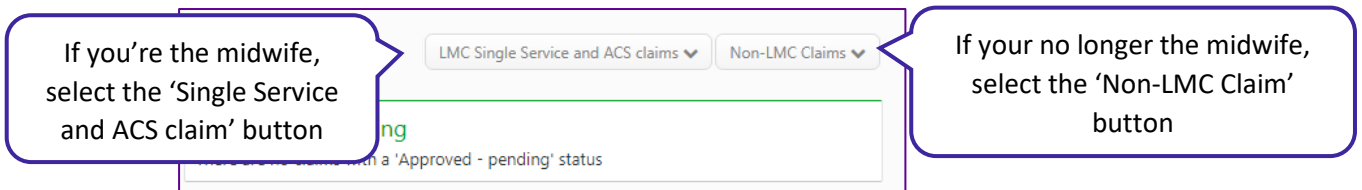
1. Access the woman’s record, go to the ‘Community’ and select the ‘Data Quality’ tab



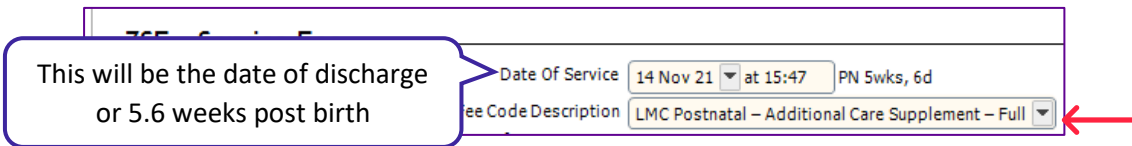
2. If all data requirements are complete move to the ‘Claim status’ tab



3. Depending on if you are the registered midwife at the time of making the ACS claim will determine what buttons display (only one will display)



4. First, you will need to update the Date of Service to be in line with the date and time of discharge
NOTE: The date of service must be on or before 5 weeks and 6 days post birth. If you provided care for longer you will need to adjust the date otherwise your claim will reject



5. Select ‘LMC Postnatal – Additional Care Supplement – Full’ in ‘Fee Code Description’
6. You will need to complete ‘Module End Reason’ at the bottom of the form – these are mandatory
7. Complete all of the fields in the ACS questionnaire – see page 2 for details

| | |
|---------------------------------------|--------|
| Grand Total Amount Claimed (GST incl) | 115.00 |
| Grand Total Amount Claimed (GST excl) | 100.00 |
| GST | 15.00 |
| Fee Claimed | 100.00 |

9. Once complete click ‘Save and Close’
10. Your claim will now follow the same process as other claims

Additional Care Supplement Questionnaire

1 Ethnicity: Māori, Pacific, Indian Maori Pacific Indian Non-applicable

2 Age at registration

3 Refugee status Is a refugee Not a refugee

4 Number of postnatal acute/afterhours visits or assessments

5 Multiple neonates Yes No

6 Number of visits in the postnatal period (excluding FARCP)

7 Number of visits of 75 minutes or more duration (excluding booking visit in FARCP) in the postnatal period

8 Number of multi-disciplinary meetings attended during postnatal period

9 Was the woman referred for a condition that meets the following referral categories Emergency Transfer of Clinical Responsibility Consultation N/A

| | | | |
|---|---|--|--|
| 1 | Ethnicity | Māori, Pacific and/or India | 1 x \$50 payment – even if more than one is applicable |
| | | Non-Applicable | \$0 |
| 2 | Age at registration | 19 years or younger | 1 x \$50 |
| | | 20 years and over | \$0 |
| 3 | Refugee status | Is a refugee | 1 x \$50 |
| | | Is not a refugee | \$0 |
| 4 | Number of acute/out of hours visits – out of hours is outside of your normal hours of work | 2 or more | \$90 |
| | | 1 | \$50 |
| | | None | \$0 |
| 5 | Multiple neonates | Yes | \$100 |
| | | No | \$0 |
| 6 | Number of postnatal visits excluding FARCP or pregnancy loss services | 12 or more | \$250 (full ACS claim) |
| | | 11 | \$100 |
| | | Less than 11 | \$0 |
| 7 | Number of 75 minute appointments or more duration excluding the FARCP visit | 2 or more | \$50 |
| | | None | \$0 |
| 8 | Number of multidisciplinary meetings attended | 1 or more | \$50 |
| | | None | \$0 |
| 9 | Was the woman referred for a condition that meets the following referral categories | Emergency OR Transfer of clinical responsibility OR Consultation | \$50 |
| | | Consultation + Transfer + Emergency | \$100 |
| | | Transfer + Emergency | \$100 |
| | | Consultation + Emergency | \$100 |
| | | Consultation + Transfer | \$50.00 |