

# **Online Maternity Claiming**

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## **User Guide**

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# About this Document

This document describes how to submit maternity claims to the Ministry of Health using the Online Maternity Claiming (OMC) system.

All data relating to Maternity Providers and patients (Registration Numbers, Payee and Agreement Numbers, NHI Numbers, Names) within this document are fictitious.

## Document Conventions

In this document's text:

- All references to software features (buttons, fields, check boxes) are in **bold**.

## Acronyms, Abbreviations, and Definitions

The following table lists the definitions, acronyms, and abbreviations used in this document.

<b>Additional Postnatal Visits</b>	The fee payable to maternity providers if they have provided more than 12 postnatal visits to the mother and baby as part of the services following birth.
<b>Artificial Feeding</b>	The baby has had no breast-milk in the past 48 hours but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.
<b>Birthing Unit</b>	A facility that provides birthing unit services in accordance with the service specification for birthing unit services available from the Ministry of Health.
<b>Caregiver</b>	In relation to a baby, - a) means the person who has the primary responsibility for the day to day care of the baby, other than on a temporary basis; but b) does not include the mother of the baby
<b>EDD</b>	Estimated Date of Delivery means the estimated date of delivery or the actual date of the delivery of the baby.
<b>Exclusive Breastfeeding</b>	To the mother's knowledge, - a) the infant has never had any water, formula or other liquid or solid food; and b) only breast-milk, from the breast or expressed, and prescribed medicines, defined as per the Medicines Act 1981, have been given to the baby from birth
<b>First Birth</b>	A woman has not previously experienced a birth.
<b>First Trimester</b>	The period from the LMP date until the end of the fourteenth week of pregnancy (1-12 weeks after conception).
<b>Fully Breastfeeding</b>	The infant has taken breast-milk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the previous 48 hours
<b>Gravida</b>	The total number of pregnancies the woman has experienced including the current one (for example, a woman who has had one prior pregnancy, and is

	currently pregnant, is designated 'Gravida 2').
<b>Home Visit</b>	A postnatal domiciliary consultation between the woman and baby and a practitioner at – <ul style="list-style-type: none"> <li>a) the home where the woman and baby is domiciled; or</li> <li>b) a maternity facility where the woman has been discharged as an inpatient but the baby remains as an inpatient</li> </ul>
<b>Homebirth</b>	<ul style="list-style-type: none"> <li>a) A birth that takes place in a person's home and not in a maternity facility or birthing unit; or</li> <li>b) A birth for which management of the labour commences at home and there is a documented plan to birth at home</li> </ul>
<b>Hospital Midwifery Services</b>	The midwifery component of labour and birth, and postnatal care provided by a DHB employed midwife where the LMC is a general practitioner or obstetrician.
<b>Inpatient Postnatal Care</b>	The 24 hour care a woman and baby receives if the woman remains in the maternity facility for 12 hours or more after the birth.
<b>Labour and Birth (Rural Support)</b>	The labour and birth support provided by a non-LMC practitioner to women in rural areas.
<b>LMP</b>	Last Menstrual Period date means the estimated or actual date of the beginning of the woman's last menstrual period.
<b>Maternity Provider</b>	An organisation or an individual that provides primary maternity services.
<b>NHI Number</b>	National Health Index Number means the unique person identifier number allocated by the New Zealand Health Information Service.
<b>Parity</b>	The number of times a woman has borne children counting multiple births as one and including stillbirths.
<b>Partial Breastfeeding</b>	The infant has taken some breast-milk and some infant formula or other solid food in the past 48 hours.
<b>Pending Claims</b>	Claims that have been completed by the user, but have yet to be submitted in an Online Maternity Claiming claim file. Pending Claims are editable prior to claim submission.
<b>Previous Submissions</b>	Claims that have been submitted by the user in an Online Maternity Claiming file. Previous Submissions are not editable.
<b>Rural Area Unit Classification Code</b>	The six digit code assigned to regional areas throughout New Zealand. Schedule 2 of the Primary Maternity Services Notice 2007 contains all area units that are eligible for Rural Travel fees, along with the Rural Travel classification they are entitled to.
<b>Rural Travel</b>	The fees payable to maternity providers that provide services following birth to woman who are resident in the areas listed in Schedule 2 of the Primary Maternity Services Notice 2007.
<b>Second Trimester</b>	The period of pregnancy from the beginning of the 15th week until the end of the 28th week of pregnancy.
<b>Subsequent Birth</b>	A woman has previously experienced a birth (excluding a vaginal birth after caesarean section).

<b>Third Trimester</b>	The period of pregnancy from the beginning of the 29th week of pregnancy until established labour.
<b>Urgent Normal Hours Pregnancy Care</b>	Care provided to a woman on a casual basis during the hours of 8am and 6pm on weekdays, excluding public holidays, where she is unable to attend either her enrolling general practice (in the 1st trimester) or her registering LMC (in any trimester).
<b>Urgent Out of Hours Pregnancy Care</b>	Care provided to a woman on a casual basis during the hours of 6pm and 8am on weekdays or at all times on weekends and public holidays, where she is unable to attend either her enrolling general practice (in the 1st trimester) or her registering LMC (in any trimester).
<b>Urgent Postnatal Care</b>	Urgent care provided on a casual basis to a woman or baby who is away from their usual place of residence.
<b>VBAC</b>	Vaginal Birth After Caesarean section means a vaginal birth for a woman who has had a previous birth by caesarean section and who has not had a previous vaginal birth.

Table 1 – Acronyms, Abbreviations, and Definitions

## Document History

<b>Name</b>	<b>Action</b>	<b>Date</b>
Davina Payne	Author	June 2007
Mark Huston	Content Review	September 2015

# 1 Introduction

## 1.1 Purpose

This document describes how to use the Ministry of Health's Online Maternity Claiming (OMC) system to claim for maternity services under the Primary Maternity Services Notice 2007. It contains examples of all screens and defines processes to be followed to successfully submit a maternity claim for payment.

The information required to complete claims in OMC mirrors the information requested on manual claim forms and fulfils the requirements of the Primary Maternity Services Notice 2007.

For clarification on any contractual requirements or obligations, the Primary Maternity Services Notice 2007 Guide should be used in conjunction with the using the OMC system.

## 1.2 Online Maternity Claiming

The OMC system allows Maternity Providers to submit claims under the Primary Maternity Services Notice 2007. The OMC system allows entry of service details for any number of Women/Caregivers in any session. Claims can be completed but not submitted instead being put into Pending Claims status. Pending Claims remain editable until they have been submitted as part of a claim file to the Ministry.

Users are also able to see their 10 most recent Previous Submissions. Claims that have already been submitted are not able to be edited. If a user wishes to make changes to a claim that has already been submitted, they need to resubmit a new claim for the service.

In order to begin claiming using OMC Maternity Providers must first request to be activated as an Online Maternity Claimant. Request forms for OMC can be obtained from our Contact Centre by phoning 0800 458 448.

**Online Maternity Claiming is currently only available to users with a Dial-Up Connection however broadband connection will be available by the end of 2015.**

### 1.3 Claimable Services

The following Maternity Services are claimable using OMC:

- Registration with an LMC
- LMC 1<sup>st</sup>/2<sup>nd</sup> Trimester
- LMC 3<sup>rd</sup> Trimester
- LMC Labour and Birth
- LMC Services Following Birth
- Non-LMC 1<sup>st</sup> Trimester
- Non-LMC Services

## 2 Data Entry Standards

This section describes the functionality common to all areas of the OMC system.

### 2.1 Field Formats and Validations

- Drop Down Boxes are used where numerous options can be selected for a field. A Drop Down Box is used to select the service type the user wishes to complete for a Woman/Caregiver. To select the required option from a Drop Down Box, click the Mouse on the down arrow to the right of the Drop Down Box and then click on the service you require.
- Navigation through fields is either by use of the Mouse or the Tab key. Tab sequence runs from left to right and from top to bottom, with action buttons included in the Tab sequence.
- Dates can be entered in various ways however when saved it will display as dd/mm/yyyy
- Time can be entered in various way however when saved it will display in 24 hour format ie 3pm would show as 15:00

### 2.2 Mandatory Information

All fields that are considered mandatory for a claim to be submitted to Ministry of Health are identified with a red asterisk next to the field. Claims cannot be submitted without this information being provided.

Where further information becomes mandatory due to the options the user selects on a claim screen, fields to capture this information become visible to the user. The completion of these fields is mandatory in order to successfully submit claims.

## 2.3 Error Messages

Where information entered by the user does not meet the required format for that field, Error Messages are generated by the system. Examples of situations where an error message will appear are:

<b>Numbers</b>	If the value is not a whole number, or is a negative number, the error message “This is not a valid <Field Label>” appears.
<b>Character Type</b>	If the value contains a character not meeting standard characters, the error message “Sorry, only alphabetical letters (without accents), numbers and simple punctuation are allowed” appears. Standard characters include numbers, letters contained in the alphabet and hyphens.
<b>Date</b>	If the value is not a calendar date, the error message “This is an invalid date” appears. If the date is before 1900 or after next year, the error message “Sorry, only dates between 1900 and next year are allowed” appears.
<b>NHI Number</b>	If the format of the NHI Number is incorrect, the error message “This is an invalid NHI Number” appears. Incorrect NHI Number formats include numbers that do not meet the standard ABC1234 format, or that contain the letters I or O. <sup>1</sup>

Validation of field information is performed as the user saves the information they have completed for a claim. If there are issues with the information a message stating;

**“This form contains invalid information, marked in red below. Please review, and save the form again”**

is displayed at the top of the screen. Each invalid field is highlighted, and further messages are displayed near each invalid field explaining what is wrong.

Errors relating to validation of the actual information supplied on the form (e.g. NHI Numbers, Business Rules) are not generated until the file is submitted.

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<sup>1</sup> Please phone 0800 855 151 if you need assistance with the NHI

### 3 Getting Started

Prior to claiming using OMC, Maternity Providers need to advise the Ministry of their interest by calling the Contact Centre on 0800 458 448. The Ministry will send an Introduction to Online Maternity Claiming document and an Online Maternity Claiming questionnaire to the provider. Maternity Providers should complete this questionnaire, return it to the Ministry and await notification of user details and connection guidelines. Once the guidelines have been followed Maternity Providers are able to access OMC and begin submitting claims.

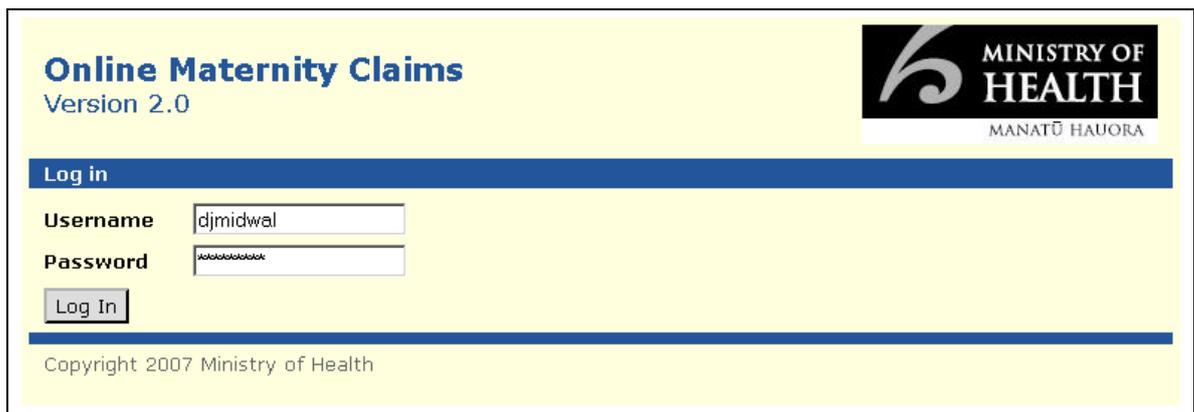


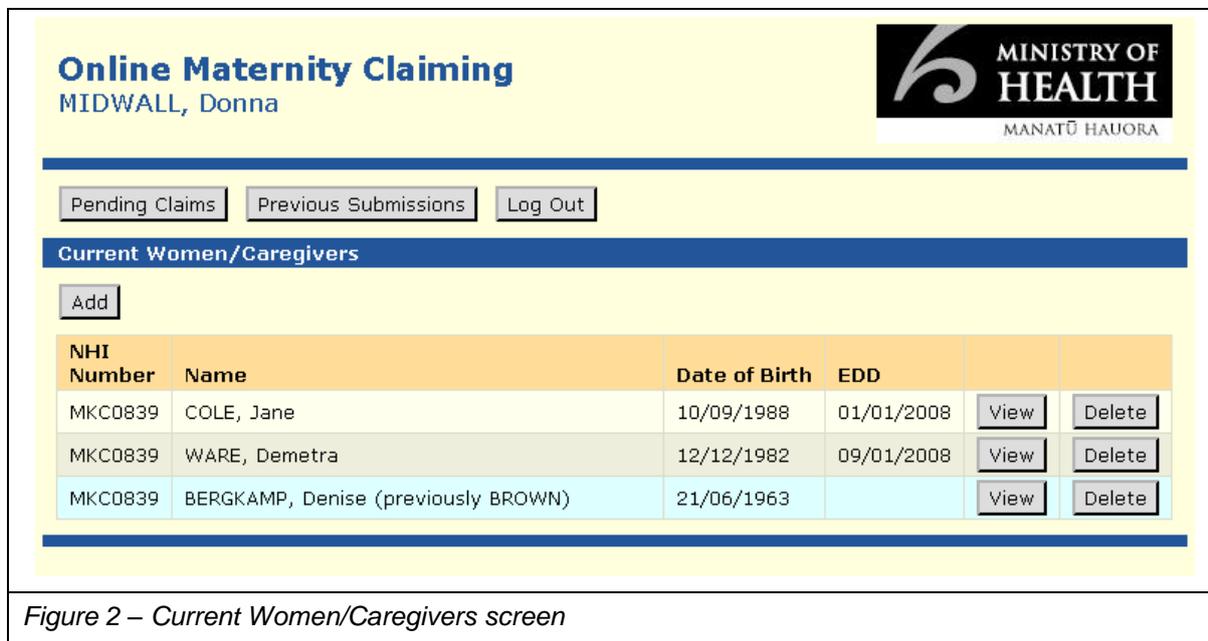
Figure 1 – Online Maternity Claiming Log In screen

#### 3.1 To log into the Online Maternity Claiming system:

1	Enter the unique Username provided to you.
2	Enter the unique Password provided to you
3	Click on the Log In button to take you to your Current Women/Caregivers list.

## 4 List Women

This page acts as the OMC 'home page' and is the first screen to appear when you log into OMC. It contains summary information for all Women/Caregivers that have been entered for the Maternity Provider. The Current Women/Caregiver list is ordered alphabetically by NHI Number.



**Online Maternity Claiming**  
MIDWALL, Donna

MINISTRY OF HEALTH  
MANATŪ HAUORA

Pending Claims Previous Submissions Log Out

**Current Women/Caregivers**

Add

NHI Number	Name	Date of Birth	EDD		
MKC0839	COLE, Jane	10/09/1988	01/01/2008	View	Delete
MKC0839	WARE, Demetra	12/12/1982	09/01/2008	View	Delete
MKC0839	BERGKAMP, Denise (previously BROWN)	21/06/1963		View	Delete

Figure 2 – Current Women/Caregivers screen

### 4.1 Current Women/Caregivers List

The Current Women/Caregivers screen provides the following information for each woman/caregiver:

- NHI
- Name (including any Previous Names belonging to the woman/caregiver)
- Date of Birth of Woman/Caregiver
- EDD (if available)

This information is taken from data entered by the user in the Maintain Woman/Caregiver Details screen.

The Current Women/Caregivers screen enables the user to move to other screens within OMC. The list below identifies tasks that can be initialised using the Command Buttons on this screen. Further detail of each button is provided in 4.2 Online Maternity Claiming – Current Women/Caregivers Command Buttons.

- Review all claims completed but not submitted to Ministry of Health (Pending Claims).
- Review the 10 most recent Previous Submissions to Ministry of Health.
- Add a new Woman/Caregiver to your list.
- View the Woman/Caregiver Summary for each woman/caregiver.
- Delete a woman/caregiver from your records.
- Log out of the Online Maternity Claiming system.

## 5 Woman / Caregiver Summary

This screen appears when you select the 'View' option for a Woman from the List Women screen. It displays key claim information relating to the Woman/Caregiver and a history of pending and submitted claims for the Woman/Caregiver. You can create a new registration or claim for the Woman/Caregiver from this screen.

### Woman/Caregiver Summary

COLE, Jane



MINISTRY OF  
**HEALTH**  
MANATŪ HAUORA

---

Woman/Caregiver Details

<b>NHI Number</b>	MKC0839	<b>Date of Birth</b>	10/09/1988
<b>Name</b>	COLE, Jane	<b>Ethnicities</b>	Other European New Zealand Maori
<b>Address</b>	10 Brydon Way Herne Bay Auckland 1011		

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New Claim or Registration

**Claim Under**     2007 Primary Maternity Services Notice     2002 Maternity Services Notice

**Claim Type**

---

Claim History

**Pending Claims under 2007 Primary Maternity Services Notice**

Date of Service	Claim Type	Amount (GST excl)	
04/06/2007	LMC 3rd Trimester Claim	\$290.00	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<b>Total</b>		<b>\$290.00</b>	

**Submitted Claims under 2007 Primary Maternity Services Notice**

Date of Service	Claim Type	Submitted	Amount (GST excl)	
30/05/2007	LMC 1st/2nd Trimester Claim	08/06/2007	\$300.00	<input type="button" value="View"/>
<b>Total</b>			<b>\$300.00</b>	

Figure 3 – Woman/Caregiver Summary

## 5.1 To complete the Woman / Caregiver Summary screen

- If the user wishes to make a new claim or registration for the women:

1	Select the Claim Type you wish to complete for the Woman/Caregiver from the Drop Down Box.
2	Click on the <b>Create</b> button to navigate to the Claim Type screen for completion.

- If the user wishes to edit any Pending Claims for the Woman/Caregiver, click on the Edit button next to the relevant claim.
- If the user wishes to delete any Pending Claims for the Woman/Caregiver, click on the Delete button next to the relevant claim.
- If the user wishes to view any Submitted Claims for the Woman/Caregiver, click on the View button next to the relevant claim.

## 6 Add a Woman/Caregiver to List

This screen appears when you select 'Add' or 'Edit' from the Current Women/Caregivers or Woman/Caregivers Summary screens. This screen needs to be completed for any new Women or Caregivers that the Maternity Provider is giving pregnancy care to prior to claims being submitted via OMC.

### Add a Woman/Caregiver to List



**Woman/Caregiver Details**

<b>NHI Number</b> *	<input type="text" value="MKC0839"/> <small>e.g. ABC1235</small>	<b>Date of Birth</b> *	<input type="text" value="10/09/1988"/>
<b>Surname</b> *	<input type="text" value="Cole"/>	<b>Ethnicity 1</b> *	<input type="text" value="Other European"/>
<b>First Name</b> *	<input type="text" value="Jane"/>	<b>Ethnicity 2</b>	<input type="text" value="New Zealand Maori"/>
<b>Previous Surname</b>	<input type="text"/>	<b>Ethnicity 3</b>	<input type="text"/>

**Residential Address**

<b>Street</b> *	<input type="text" value="10 Brydon Way"/>
<b>Suburb</b>	<input type="text" value="Heme Bay"/>
<b>Town/City</b> *	<input type="text" value="Auckland"/>
<b>Postcode</b>	<input type="text" value="1011"/>

**Claims**

**Create New Registration**     Yes     No  
i.e. do you want to Register this woman/caregiver when you save this form?

**Outstanding 2002 claims**     Yes     No  
i.e. will you be creating any new claims for this woman/caregiver under the 2002 Maternity Services Notice?

\* Denotes a mandatory field

*Figure 4 – Maintain Woman/Caregiver Details*

## 6.1 To complete the Woman / Caregiver Details screen

<b>Woman / Caregiver Details</b>	
NHI Number	Enter the NHI of the Woman or Caregiver. <sup>1</sup>
Surname	Enter the Surname of the Woman or Caregiver.
First Name	Enter the First Name of the Woman or Caregiver.
Previous Surname	If the Woman or Caregiver has a known Previous Surname, enter this.
Street	Enter the Street Number and Street Name where the Woman or Caregiver currently resides
Suburb	Enter the Suburb (if applicable) that the Woman or Caregiver currently resides
Town/City	Enter the Town or City that the Woman or Caregiver currently resides.
Postcode	Enter the Postcode that the Woman or Caregiver currently resides <sup>2</sup>
Date of Birth	Enter the Date of Birth of the Woman or Caregiver.
Ethnicity 1	From the Drop Down Box select the ethnicity that the Woman or Caregiver identifies with.  <i>A list of possible ethnicity options is contained within Appendix 1 of this document.</i>  <i>Provision of at least one Ethnicity for a Woman or Caregiver is mandatory.</i>
Ethnicity 2	If the Woman or Caregiver identifies with a second Ethnicity, from the Drop Down Box, select the second Ethnicity that they identify with.  <i>Ethnicity 2 cannot be the same as Ethnicity 1.</i>
Ethnicity 3	If the Woman or Caregiver identifies with a third Ethnicity, from the Drop Down Box, select the third Ethnicity that they identify with.  <i>Ethnicity 3 cannot be the same as Ethnicity 1 or 2.</i>
<b>CLAIMS</b>	
Create New Registration	Select appropriate option  <i>Selection of one option is mandatory</i>
Outstanding 2002 Claims	<b>NO LONGER CLAIMABLE</b>

<sup>1</sup> Please phone 0800 855 151 if you need assistance with the NHI

<sup>2</sup> Postcode information can be obtained from NZ Post

## 7 Registration with an LMC

This screen is called up when you request to create a Registration from either the Woman/Caregiver Summary or Maintain Woman/Caregiver Details screens.

Entry of Woman/Caregiver information in the Maintain Woman/Caregiver screen stores certain claim information for that Woman/Caregiver which appears whenever a service type is selected. The following fields default with information entered on the Maintain Woman/Caregiver screen for Registration with an LMC:

- NHI Number
- Name
- Address
- Date of Birth
- Ethnicities

These details cannot be amended from the registration with an LMC screen. If any of this information is incorrect at time of registration with an LMC, the user will need to return to the Maintain Woman/Caregiver Details screen and amend and save the updated information.

## Registration with an LMC

COLE, Jane



### Woman/Caregiver Details

**NHI Number** MKC0839      **Date of Birth** 10/09/1988  
**Name** COLE, Jane  
**Address** 10 Brydon Way  
Herne Bay  
Auckland  
1011      **Ethnicities** Other European  
New Zealand Maori  
**Service Provided to**  Birth Mother     Caregiver  
**Postnatal Registration**  No     Yes

### Birth Mother Information

**Height** \*  cm      **Smoking Status**  No     Yes  
e.g. 162  
**Weight** \*  kg      **Cigarettes per Day**  Less than 10     10 - 20     20+  
e.g. 64.9

### Pregnancy Details

**Estimated LMP Date** \*       **Gravida** \*   
**Estimated Delivery Date** \*       **Parity** \*

### Baby Details

Baby 1		Baby 2 (where applicable)	
<b>NHI Number</b> *	<input type="text"/> <small>e.g. ABC1235</small>	<b>NHI Number</b>	<input type="text"/> <small>e.g. ABC1235</small>
<b>Surname</b> *	<input type="text"/>	<b>Surname</b>	<input type="text"/>
<b>First Name</b> *	<input type="text"/>	<b>First Name</b>	<input type="text"/>
<b>Date of Birth</b> *	<input type="text"/>	<b>Date of Birth</b>	<input type="text"/>

### Details of Claim

**Registration Date** \*

### Certification

I understand that:

- the Ministry of Health will use the information in this registration form in a manner consistent with the Privacy Act 1993;
- the information in this registration form will be held securely by the Ministry and will be kept confidential except when required to be disclosed by law.
- I must retain a copy of the registration form completed and signed by the woman/caregiver and myself in accordance with clauses DA2(4) and DA2(6) of the Section 88 Primary Maternity Services Notice 2007 (the Notice) as a record of the registration.

I certify that:

- I have been chosen by the above named person as their Lead Maternity Carer to provide pregnancy care/labour and birth/services following birth.
- I agree to meet the obligations of a Lead Maternity Carer as set out in the Section 88 Primary Maternity Services Notice 2007.
- the information provided by me in this form is true and correct.

\* Denotes a mandatory field

Figure 6 – Registration with an LMC (2007) screen

## 7.1 To complete the Registration with an LMC screen

<b>Woman / Caregiver Details</b>	
NHI Number	Defaults to the NHI Number supplied in the Maintain Woman/Caregiver Details screen.
Name	Defaults to the Name supplied in the Maintain Woman/Caregiver Details screen.
Address	Defaults to the Address supplied in the Maintain Woman/Caregiver Details screen.
Date of Birth	Defaults to the Date of Birth supplied in the Maintain Woman/Caregiver Details screen.
Ethnicities	Defaults to the Ethnicities supplied in the Maintain Woman/Caregiver Details screen.
Service Provided To	Selection of one option is mandatory, birth mother or caregiver <i>If the Registration is for a caregiver, Postnatal Registration must = Yes, and Baby Details must be supplied.</i>
Postnatal Registration	Selection of one option is mandatory
<b>Birth Mother Information - Mandatory if Service Provided to Birth Mother</b>	
Height	Enter the height of the Birth Mother at time of registration with an LMC.
Weight	Enter the weight of the Birth Mother at time of registration with an LMC.
Smoking Status	Selection of one option is mandatory <i>If Smoking Status = Yes, Cigarettes per Day fields are displayed.</i>
Cigarettes per Day	Tick appropriate box for the number of cigarettes smoked per day
<b>Pregnancy Details - Mandatory if Service Provided To Birth Mother</b>	
Estimated LMP Date	Enter the estimated or actual date of the beginning of the woman's last menstrual period.
Estimated Delivery Date	Enter either the estimated date of delivery of the baby or the actual date of delivery of the baby.
Gravida	Enter the total number of pregnancies the woman has experienced including the current one.
Parity	Enter the number of times the woman has borne children counting multiple births as one and including stillbirths. <i>Parity must be less than the Gravida.</i>

<b>Baby Details – Baby 1 and Baby 2 when applicable</b>	
NHI Number	Enter the NHI of the Baby. <sup>4</sup>
Surname	Enter the Surname of the Baby.
First Name	Enter the First Name of the Baby.
Date of Birth	Enter the Date of Birth of the Baby.
<b>DETAILS OF CLAIM</b>	<b>Mandatory</b>
Registration Date	Enter the Date that the Woman or Caregiver signs the Registration with the Lead Maternity Carer.

## 8 LMC 1st and 2nd Trimester Claim

This screen is called up when you request to create an LMC 1st/2nd Trimester claim from the Woman/Caregiver Summary screen.

Entry of Woman/Caregiver information in the Maintain Woman/Caregiver screen stores certain claim information for that Woman/Caregiver which appears whenever a service type is selected. The following fields default with information entered on the Maintain Woman/Caregiver screen for LMC 1<sup>st</sup>/2<sup>nd</sup> Trimester Claim:

- NHI Number

These details cannot be amended from the LMC 1st/2nd Trimester screen. If this information is incorrect at time of LMC 1st/2nd Trimester claim, the user will need to return to the Maintain Woman/Caregiver Details screen and amend and save the updated information.

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<sup>4</sup> Please phone 0800 855 151 if you need assistance with the NHI

## LMC 1st/2nd Trimester Claim

COLE, Jane



### Woman Details

NHI Number MKC0839

Estimated Delivery Date \* 09/01/2008

### Details of Service Provided

Number of Visits in the 1st Trimester \*

Number of Visits in the 2nd Trimester \*

### Details of Claim

Date Module Ended \*

#### LMC 1st/2nd Trimester

Module  Full Module  First Partial  Last Partial

Fee Amount  
(GST excl)

Total

### Reason Service Completed

- Woman moved to next module of care
- Woman has changed Maternity Provider
- Woman has transferred to Secondary Care
- Woman has had a miscarriage
- Woman has had a termination

### Certification

I understand that:

- the Ministry of Health will use the information in this claim form in a manner consistent with the Privacy Act 1993 to process my claim, to undertake audits of service provision under the section 88 Primary Maternity Services Notice 2007, and to provide information to the New Zealand Health and Information Service for the publication of maternity information through the annual Ministry of Health *Report on Maternity*.
- the information in this claim form will be held securely by the Ministry and will be kept confidential except when required to be disclosed by law;
- I must print and retain a copy of the maternity claim submission screen, as a record of the claim submitted in accordance with clause CC6(3) of the Section 88 Primary Maternity Services Notice 2007 (the Notice);
- if the Ministry of Health determines that I have been overpaid or that I was not entitled to a payment or part payment, the Ministry may deduct any over payment from any subsequent payment payable to me in accordance with clause CC9 of the Notice.

I certify that I have provided the above primary maternity service(s) in accordance with the Notice, and that the above information is true and correct.

\* Denotes a mandatory field

Figure 7 – LMC 1<sup>st</sup>/2<sup>nd</sup> Trimester Claim (2007) screen

## 8.1 To complete the LMC 1st/2nd Trimester screen

<b>Woman Details</b>	
NHI Number	Defaults to the NHI Number supplied in the Maintain Woman/Caregiver Details screen.
Estimated Delivery Date	Enter the estimated date of delivery of the baby.
<b>Details of Service Provided</b>	
Number of Visits in the 1 <sup>st</sup> Trimester	Enter the total number of visits between the Woman and Lead Maternity Carer in the 1 <sup>st</sup> Trimester. <i>If no visits provided enter 0</i>
Number of Visits in the 2 <sup>nd</sup> Trimester	Enter the total number of visits between the Woman and Lead Maternity Carer in the 2 <sup>nd</sup> Trimester. <i>If no visits provided enter 0</i>
<b>Details of Claim</b>	
Date Module Ended	Enter the date that the 1 <sup>st</sup> and 2 <sup>nd</sup> Trimester Module ended or the date you ceased caring for the woman
LMC 1 <sup>st</sup> /2 <sup>nd</sup> Trimester	Selection of one MODULE is mandatory <i>For definitions of the eligibility criteria to claim a LMC 1<sup>st</sup>/2<sup>nd</sup> Trimester Module, refer to the Primary Maternity Services Notice 2007</i>
<b>Reason Service Completed</b>	
	Select relevant option

## 9 LMC 3rd Trimester Claim

This screen is called when you request to create an LMC 3rd Trimester claim under the Primary Maternity Services Notice 2007 from the Woman/Caregiver Summary screen.

Entry of Woman/Caregiver information in the Maintain Woman/Caregiver screen stores certain claim information for that Woman/Caregiver which appears whenever a service type is selected. The following fields default with information entered on the Maintain Woman/Caregiver screen for LMC 3rd Trimester Claim:

- NHI Number

These details cannot be amended from the LMC 3rd Trimester screen. If this information is incorrect at time of LMC 3rd Trimester claim, the user will need to return to the Maintain Woman/Caregiver Details screen and amend and save the updated information.

## LMC 3rd Trimester Claim

COLE, Jane



### Woman Details

NHI Number MKC0839

Estimated Delivery Date \* 09/01/2008

### Details of Service Provided

Number of Visits in the 3rd Trimester \*

### Details of Claim

Date Module Ended \*

#### LMC 3rd Trimester

Module  Full Module  First Partial  Last Partial

Fee Amount  
(GST excl)

Total

### Reason Service Completed

- Woman moved to next module of care
- Woman has changed Maternity Provider
- Woman has transferred to Secondary Care

### Certification

I understand that:

- the Ministry of Health will use the information in this claim form in a manner consistent with the Privacy Act 1993 to process my claim, to undertake audits of service provision under the section 88 Primary Maternity Services Notice 2007, and to provide information to the New Zealand Health and Information Service for the publication of maternity information through the annual Ministry of Health *Report on Maternity*.
- the information in this claim form will be held securely by the Ministry and will be kept confidential except when required to be disclosed by law;
- I must print and retain a copy of the maternity claim submission screen, as a record of the claim submitted in accordance with clause CC6(3) of the Section 88 Primary Maternity Services Notice 2007 (the Notice);
- if the Ministry of Health determines that I have been overpaid or that I was not entitled to a payment or part payment, the Ministry may deduct any over payment from any subsequent payment payable to me in accordance with clause CC9 of the Notice.

I certify that I have provided the above primary maternity service(s) in accordance with the Notice, and that the above information is true and correct.

\* Denotes a mandatory field

Figure 8 – LMC 3<sup>rd</sup> Trimester Claim (2007) screen

## 9.1 To complete the LMC 3rd Trimester screen

<b>Woman Details</b>	
NHI Number	Defaults to the NHI Number supplied in the Maintain Woman/Caregiver Details screen.
Estimated Delivery Date	Enter the estimated date of delivery of the baby.
<b>Details of Service Provided</b>	
Number of Visits in the 3 <sup>rd</sup> Trimester	Enter the total number of visits between the Woman and Lead Maternity Carer in the 3rd Trimester.
<b>Details of Claim</b>	
Date Module Ended	Enter the date that the 3rd Trimester Module ended.
LMC 3 <sup>rd</sup> Trimester Module	Selection of one MODULE is mandatory <i>For definitions of the eligibility criteria to claim a LMC 3<sup>rd</sup> Trimester Module, refer to the Primary Maternity Services Notice 2007</i>
<b>Reason Service Completed</b>	
	Select relevant option

## 10 LMC Labour and Birth Claim

This screen is called when you request to create an LMC Labour and Birth claim from the Woman/Caregiver Summary screen.

Entry of Woman/Caregiver information in the Maintain Woman/Caregiver screen stores certain claim information for that Woman/Caregiver which appears whenever a service type is selected. The following fields default with information entered on the Maintain Woman/Caregiver screen for LMC Labour and Birth Claim:

- NHI Number

These details cannot be amended from the LMC Labour and Birth screen. If this information is incorrect at time of LMC Labour and Birth claim, the user will need to return to the Maintain Woman/Caregiver Details screen and amend and save the updated information.

## LMC Labour and Birth Claim

COLE, Jane



### Woman Details

NHI Number MKC0839  
Estimated Delivery Date \*   
Maternal Death  No  Yes

### Baby Details

#### Baby 1

Date of Birth \*   
Condition  Liveborn  Stillborn  
Apgar Score at 5 Minutes \*   
Birth Weight \*  grams  
NHI of Liveborn Baby \*   
e.g. ABC1235

#### Baby 2 (where applicable)

Date of Birth   
Condition  Liveborn  Stillborn  
Apgar Score at 5 Minutes   
Birth Weight  grams  
NHI of Liveborn Baby   
e.g. ABC1235

### Details of Service Provided

LMC Attendance at Birth  Yes  No

### Details of Claim

Date Module Ended \*

LMC Labour and Birth

GP or Obstetrician has used Hospital Midwifery Services  No  Yes

Service Type  First Birth  VBAC  Subsequent Birth

Labour Established

Date \*  Time \*

Labour & Birth Exceptional Services

Labour & Birth Rural Support

Homebirth Supplies & Services

Birthing Unit Services

Fee Amount  
(GST excl)

Total

### Reason Service Completed

- Woman moved to next module of care  
 Woman has changed Maternity Provider  
 Woman has transferred to Secondary Care

### Certification

I understand that:

- the Ministry of Health will use the information in this claim form in a manner consistent with the Privacy Act 1993 to process my claim, to undertake audits of service provision under the section 88 Primary Maternity Services Notice 2007, and to provide information to the New Zealand Health and Information Service for the publication of maternity information through the annual Ministry of Health *Report on Maternity*.
- the information in this claim form will be held securely by the Ministry and will be kept confidential except when required to be disclosed by law;
- I must print and retain a copy of the maternity claim submission screen, as a record of the claim submitted in accordance with clause CC6(3) of the Section 88 Primary Maternity Services Notice 2007 (the Notice);
- if the Ministry of Health determines that I have been overpaid or that I was not entitled to a payment or part payment, the Ministry may deduct any over payment from any subsequent payment payable to me in accordance with clause CC9 of the Notice.

I certify that I have provided the above primary maternity service(s) in accordance with the Notice, and that the above information is true and correct.

\* Denotes a mandatory field

Figure 9 – LMC Labour and Birth Claim (2007) screen

## 10.1 To complete the LMC Labour and Birth screen

<b>Woman Details</b>	
NHI Number	Defaults to the NHI Number supplied in the Maintain Woman/Caregiver Details screen.
Estimated Delivery Date	Enter the date of delivery of the baby.
Maternal Death	Selection of one option is Mandatory. <i>No is the default value for this information.</i>
<b>Baby Details</b>	
Date of Birth	Enter the Date of Birth of the baby, and baby 2 if relevant
Condition	Selection of one option is mandatory
Apgar Score at 5 Minutes	Enter the Apgar Score of the baby taken at 5 minutes
Birth Weight	Enter the Birth Weight of the baby
NHI of Liveborn Baby	Enter the NHI of the Live born Baby. <sup>1</sup>
<b>Details of Service Provided</b>	
LMC Attendance at Birth	Selection of one option is mandatory
<b>Details of Claim</b>	
Date Module Ended	Enter the date that the Labour and Birth Module ended
LMC Labour and Birth	
GP or Obstetrician has used Hospital Midwifery Services	Selection of one option is mandatory
Service Type	Selection of one option is mandatory
Labour Established	Mandatory if claiming an LMC Labour and Birth fee
Date	Enter the Date that Labour was established
Time	Enter the Time that Labour was established
Labour & Birth Exceptional Circumstances	Mandatory if claiming an LMC Labour and Birth Exceptional Circumstances fee
Labour & Birth Rural Support	Mandatory if claiming an LMC Labour and Birth Rural Support fee
Homebirth Supplies & Services	Mandatory if claiming a Homebirth Supplies & Services fee
Birthing Unit Services	Mandatory if claiming a Birthing Unit Services fee
<b>Reason Service Completed</b>	
	Select relevant option

<sup>1</sup> Please phone 0800 855 151 if you need assistance with the NHI

## 11 LMC Services Following Birth Claim

This screen is called when you create a Lead Maternity Carer Services Following Birth claim from the Woman/Caregiver Summary screen.

Entry of Woman/Caregiver information in the Maintain Woman/Caregiver screen stores certain claim information for that Woman/Caregiver which appears whenever a service type is selected. The following fields default with information entered on the Maintain Woman/Caregiver screen for LMC Services Following Birth Claim:

- NHI Number

These details cannot be amended from the LMC Services Following Birth screen. If this information is incorrect at time of LMC Services Following Birth claim, the user will need to return to the Maintain Woman/Caregiver Details screen and amend and save the updated information.



## 11.1 To complete the LMC Services Following Birth screen

<b>Woman / Caregiver Details</b>	
NHI Number	Defaults to the NHI Number supplied in the Maintain Woman / Caregiver Details screen
Service Provided to	Selection of one option is mandatory
Date of Discharge from LMC	Enter the Date of Discharge from LMC of the Woman or Caregiver
<b>Birth Mother Information</b>	
EDD	Enter the date of delivery of the baby
Smoking Status	Selection of one option is mandatory
Cigarettes per Day	Selection of one option is mandatory if Smoking Status = Yes
<b>Baby Details</b>	
Date of Birth	Enter the Date of Birth of the baby
Condition	Selection of one option is mandatory
NHI Number	Enter the NHI of the Baby. <sup>1</sup> <i>NHI Number is only mandatory if Baby Condition = Live born.</i>
Date of Neonatal Death	If there has been a Neonatal Death, enter the Date of Neonatal Death
Breast Feeding	
At 2 Weeks	From the Drop Down Box, select the Breast Feeding status at 2 Weeks of the baby for this Pregnancy Episode  <i>Breast Feeding options for selection are: Exclusive, Fully, Partial and Artificial</i>
At Discharge from LMC	From the Drop Down Box, select the Breast Feeding status at Discharge from LMC of the baby for this Pregnancy Episode.  <i>Breast Feeding options for selection are: Exclusive, Fully, Partial and Artificial</i>
Baby(s)	Selection of at least one option is mandatory
Ethnicity 1	From the Drop Down Box, select the Ethnicity that the Birth Mother or Caregiver identifies for the Baby. A list of possible ethnicity options is contained within Appendix 1 of this document.  <i>Provide ethnicity 2 and 3 if applicable and cannot be the same as Ethnicity 1</i>

<sup>1</sup> Please phone 0800 855 151 if you need assistance with the NHI

<b>Details of Service Provided</b>	
Number of Visits During Inpatient Postnatal Stay	Enter the Number of Visits During Inpatient Postnatal Stay between the Woman or Caregiver and the Maternity Provider <i>If no visits provided enter 0</i>
Number of Midwifery Home Visits	Enter the Number of Midwifery Home Visits between the Woman or Caregiver and the Maternity Provider. <i>If no visits provided enter 0</i>
Referral to Well Child Provider	Selection of One option is mandatory
Referral Date	Enter the date of Referral to Well Child Provider. <i>Mandatory if Referral to Well Child Provider = Plunket or Other.</i>
Referral to GP	Selection of one option is mandatory
Referral Date	Enter the date of Referral to GP
<b>Details of Claim</b>	
Date Module Ended	Enter the date that the Services Following Birth Module ended
LMC Services Following Birth	Mandatory if claiming an LMC Services Following Birth fee
GP or Obstetrician has used Hospital Midwifery Services	Selection of one option is mandatory
Woman Received Inpatient Care	Selection of one option is mandatory
Additional Home Visits	Mandatory if claiming an Additional Home Visits fee
Rural Travel	Mandatory if claiming a Rural Travel fee
Rural Type	Selection of one option is mandatory. Rural Type is defined from the Rural Area Unit Classification Code <i>Refer to the Primary Maternity Services Notice 2007 to determine eligibility for Rural Travel.</i>
Module	Selection of one option is mandatory <i>Refer to the Primary Maternity Services Notice 2007 to determine eligibility</i>
Rural Area Unit Classification Code	Enter the Rural Area Unit Classification Code based on where the Woman or Caregiver resides. Mandatory if claiming a Rural Travel fee.
<b>Reason Service Completed</b>	
	Select relevant option

## 12 Non-LMC 1<sup>st</sup> Trimester Claim

Clause DB10 of the Primary Maternity Services Agreement 2007 states that this fee is only available to;

**“For a woman in the first trimester of pregnancy a general practitioner or midwife, who works for a PHO practice with whom the woman is enrolled for primary health services”**

Meaning this fee is only to be claimed by a GP or midwife who is employed by the PHO, for a woman with whom they are enrolled under that PHO.

This screen is called when you request to create a Non-LMC 1st Trimester claim under the Primary Maternity Services Notice 2007 from the Woman/Caregiver Summary screen.

Entry of Woman/Caregiver information in the Maintain Woman/Caregiver screen stores certain claim information for that Woman/Caregiver which appears whenever a service type is selected. The following fields default with information entered on the Maintain Woman/Caregiver screen for Non-LMC 1<sup>st</sup> Trimester Claim:

- NHI Number

These details cannot be amended from the Non-LMC 1st Trimester screen. If this information is incorrect at time of Non-LMC 1st Trimester claim, the user will need to return to the Maintain Woman/Caregiver Details screen and amend and save the updated information.

## Non-LMC 1st Trimester Claim

COLE, Jane



### Woman Details

NHI Number MKC0839  
Estimated Delivery Date \* 09/01/2008  
LMP Date \* 23/03/2007

### Details of Service Provided

Number of Visits in the 1st Trimester \*

### Details of Claim

Date Module Ended \*

Fee Amount  
(GST excl)

#### Non-LMC 1st Trimester

- Without Miscarriage or Termination  
 With Miscarriage or Termination

Total

### Reason Service Completed

- Woman has transferred to LMC Care  
 Woman has transferred to Secondary Care  
 Woman has had a miscarriage  
 Woman has had a termination  
 Woman has changed PHO Practice

### Certification

I understand that:

- the Ministry of Health will use the information in this claim form in a manner consistent with the Privacy Act 1993 to process my claim, to undertake audits of service provision under the section 88 Primary Maternity Services Notice 2007, and to provide information to the New Zealand Health and Information Service for the publication of maternity information through the annual Ministry of Health *Report on Maternity*.
- the information in this claim form will be held securely by the Ministry and will be kept confidential except when required to be disclosed by law;
- I must print and retain a copy of the maternity claim submission screen, as a record of the claim submitted in accordance with clause CC6(3) of the Section 88 Primary Maternity Services Notice 2007 (the Notice);
- if the Ministry of Health determines that I have been overpaid or that I was not entitled to a payment or part payment, the Ministry may deduct any over payment from any subsequent payment payable to me in accordance with clause CC9 of the Notice.

I certify that I have provided the above primary maternity service(s) in accordance with the Notice, and that the above information is true and correct.

\* Denotes a mandatory field

Figure 11 – Non-LMC 1<sup>st</sup> Trimester Claim (2007) screen

## 12.1 To complete the Non-LMC 1<sup>st</sup> Trimester screen

<b>Woman Details</b>	
NHI Number	Defaults to the NHI Number supplied in the Maintain Woman/Caregiver Details screen
Estimated Delivery Date	Enter the estimated date of delivery of the baby
LMP Date	Enter the estimated or actual date of the beginning of the woman's last menstrual period
<b>Details of Service Provided</b>	
Number of Visits in the 1 <sup>st</sup> Trimester	Enter the total number of visits between the Woman and Lead Maternity Carer in the 1 <sup>st</sup> Trimester
<b>Details of Claim</b>	
Date Module Ended	Enter the date that the 1st Trimester ended
Non-LMC 1 <sup>st</sup> Trimester	Selection of one option is mandatory
<b>Reason Service Completed</b>	
	Select relevant option

## 13 Non-LMC Services Claim

This screen is called when you request to create a Non-LMC Services claim under the Primary Maternity Services Notice 2007 from the Woman/Caregiver Summary screen.

Entry of Woman/Caregiver information in the Maintain Woman/Caregiver screen stores certain claim information for that Woman/Caregiver which appears whenever a service type is selected. The following fields default with information entered on the Maintain Woman/Caregiver screen for Non-LMC Services Claim:

- NHI Number

These details cannot be amended from the Non-LMC Services screen. If this information is incorrect at time of Non-LMC Services claim, the user will need to return to the Maintain Woman/Caregiver Details screen and amend and save the updated information.

## Non-LMC Services Claim

COLE, Jane



### Woman/Baby Details

Service Provided To  Mother  Baby

Woman's NHI Number MKC0839

Estimated Delivery Date \*

### Details of Claim

Date of Service \*

Fee Amount  
(GST excl)

#### Non-LMC Services

- Service Type
- Urgent Normal Hours Pregnancy Care
  - Urgent Out Of Hours Pregnancy Care
  - Labour & Birth (Rural Support)
  - Urgent Postnatal Care

Total

### Certification

I understand that:

- the Ministry of Health will use the information in this claim form in a manner consistent with the Privacy Act 1993 to process my claim, to undertake audits of service provision under the section 88 Primary Maternity Services Notice 2007, and to provide information to the New Zealand Health and Information Service for the publication of maternity information through the annual Ministry of Health *Report on Maternity*.
- the information in this claim form will be held securely by the Ministry and will be kept confidential except when required to be disclosed by law;
- I must print and retain a copy of the maternity claim submission screen, as a record of the claim submitted in accordance with clause CC6(3) of the Section 88 Primary Maternity Services Notice 2007 (the Notice);
- if the Ministry of Health determines that I have been overpaid or that I was not entitled to a payment or part payment, the Ministry may deduct any over payment from any subsequent payment payable to me in accordance with clause CC9 of the Notice.

I certify that I have provided the above primary maternity service(s) in accordance with the Notice, and that the above information is true and correct.

\* Denotes a mandatory field

Figure 12 – Non-LMC Services (for Mother) Claim (2007) screen

### 13.1 To complete the Non-LMC Services screen

<b>Woman / Baby Details</b>	
Service Provided To	Selection of one option is mandatory
Woman's NHI Number	Defaults to the NHI Number supplied in the Maintain Woman/Caregiver Details screen
Estimated Delivery Date	Enter the estimated date of delivery of the baby
<b>Details of Claim</b>	
Date of Service	Enter the date that the service was provided to the Mother
Non-LMC Services Service Type	Selection of one option is mandatory

## 14 Pending Claims for Submission

This screen is called when you select the 'Pending Claims' option from the Current Women/Caregivers homepage. It contains information on all claims that are in Pending status during this session.

Provider Details information is entered by the Ministry of Health at the time of Online Maternity Claiming user set up and is linked to the unique Username and Password generated for each user. The following fields default with information supplied by each Online Maternity User:

- Name
- Registration Number
- Payee Number
- Agreement Number

These details cannot be amended by an Online Maternity Claiming user. If this information is incorrect, the user will need to advise the Ministry of any changes and request an update to the information to be made.

Summary data for each saved claim in an Online Maternity Claiming session is displayed on the Pending Claims for Submission screen. The following information is displayed for each claim in Pending status:

- Date of Service
- NHI Number
- Name
- Claim Type (Service Type only, not Module Type)
- Amount (GST excl)

These details cannot be amended from the Pending Claims for Submission screen. If this information is incorrect at time of submitting a claim file, the user will need to click on the Edit button and amend and save the updated information.

**Prior to submitting a claim file for processing, OMC users must print a copy of the claim submission screen for their records. This forms part of the contractual agreement for claiming via the OMC system, as outlined in the Primary Maternity Services Notice 2007.**

## Pending Claims for Submission



### Provider Details

**Name** MIDWALL, Donna      **Payee Number** 987654  
**Registration Number** 15-99999      **Agreement Number** 123456

### Claims under 2007 Primary Maternity Services Notice

**Claim Reference Number** \*

Date of Service	NHI Number	Name	Claim Type	Amount (GST excl)		
30/05/2007	MKC0839	COLE, Jane	LMC 1st/2nd Trimester Claim	\$300.00	<input type="button" value="Edit"/>	<input type="button" value="Do not Submit"/>
25/05/2007	MKC0839	WARE, Demetra	LMC 1st/2nd Trimester Claim	\$175.00	<input type="button" value="Edit"/>	<input type="button" value="Do not Submit"/>
<b>Total</b>				<b>\$475.00</b>		

### Certification

I understand that:

- the Ministry of Health will use the information in this form in a manner consistent with the Privacy Act 1993;
- the information in this application form will be held securely by the Ministry and will be kept confidential except when required to be disclosed by law.

I certify that:

- the attached primary maternity services for which I am claiming payment were provided in accordance with the requirements of the Section 88 Primary Maternity Services Notice 2007 (the Notice).
- the woman and/or her baby to whom I provided the services were persons who are eligible for primary maternity services, in accordance with clause B2 of the Notice.
- I am not entitled to have my claim for the services paid by the Ministry of Health or a District Health Board under any other arrangement, and I have not provided the services in my capacity as an employee of a District Health Board, in accordance with clause CC2 of the Notice.
- where the claim is for payment of Lead Maternity Care services, I will be available to provide the full range of Lead Maternity Care services as specified in the Notice.

\* Denotes a mandatory field

Figure 14 – Pending Claims for Submission screen

## 14.1 To complete the Pending Claims for Submission screen

<b>Provider Details</b>	
Name	Displays the name of the Maternity Provider
Registration Number	Displays the Registration Number of the Maternity Provider
Payee Number	Displays the Payee Number of the Maternity Provider
Agreement Number	Displays the Agreement Number of the Maternity Provider
<b>Claims under 2007 Primary Maternity Services Notice</b>	
Claim Reference Number	Enter a reference number for the claim file you will be submitting to the Ministry of Health  <i>Claim Reference Numbers should be different for each claim file submitted, alphanumeric only</i>
Date of Service	Displays the Date of Service (or Module End Date) for the claim  <i>Date of Service is repeated for each Pending Claim</i>
NHI Number	Displays the NHI for the claim  <i>NHI Number is repeated for each Pending Claim.</i>
Claim Type	Displays the Claim Type for the claim (Service Type only, not Module Type within that Service)  <i>Claim Type is repeated for each Pending Claim</i>
Amount (GST excl)	Displays the Amount (GST exclusive) for the claim (based on Service and Module Type)  <i>Amount (GST excl) is repeated for each Pending Claim</i>

## 15 Previous Submissions

This screen is called when you select the 'Previous Submissions' option from the Current Women/Caregivers homepage. It contains information on the ten most recent submissions submitted by the user.

Summary data for each submitted claim in an Online Maternity Claiming session is displayed on the Previous Submissions screen. The following information is displayed for each claim:

- Submitted
- Claim Reference Number
- Number of Claims
- Total Amount (GST excl)

These details cannot be amended from the Previous Submissions screen.

**Previous Submissions**

MINISTRY OF HEALTH  
MANATŪ HAUORA

All Submissions

Submissions under 2007 Primary Maternity Services Notice

Submitted	Claim Reference Number	Number of Claims	Total Amount (GST excl)	
30/05/2007	MID0407	2	\$475.00	<a href="#">View</a>

[Close](#)

Figure 15 – Previous Submissions screen

# Appendix 1 – Ethnicity Values

The list below contains a list of possible Ethnicity Values for Ethnicity drop down boxes in the Online Maternity Claiming system.

- European not further defined
- NZ European
- Other European
- NZ Maori
- Pacific Island not further defined
- Samoan
- Cook Island Maori
- Tongan
- Niuean
- Tokelauan
- Fijian
- Other Pacific Island
- Asian not further defined
- Southeast Asian
- Chinese
- Indian
- Other Asian
- Middle Eastern
- Latin American/Hispanic
- African
- ZZZ Other
- Other Ethnicity
- Don't Know
- Refused to Answer
- Response Unidentifiable
- Not stated