

## Invoicing and Reporting Requirements

### Community Pharmacy Anticoagulation Management (CPAM) Service

#### **1. Invoice Requirements for CPAM Services**

An invoice template that satisfies Sector Operations and IRD requirements in clause 11.3 in Schedule 3B.5 of the ICPSA is **ATTACHED** in the Appendix One of this document.

Claims are made manually at the end of the month. **Invoices received by the 4th of the month are paid on the 20<sup>th</sup>**. After that, the invoice is paid the following month.

#### **The invoice should be sent to:**

Sector Operations,  
c/- Ministry of Health,  
Provider Payments  
Private Bag 1942  
Dunedin 9054

Or [providerinvoices@moh.govt.nz](mailto:providerinvoices@moh.govt.nz)

To verify your claim you should **attach the Monthly Patients Report** which contains the NHIs of active patients for the month. (NB You are not required to send the patient's name, only the NHI).

#### **2. Establishment Fee (one off for new providers)**

New providers may claim an Establishment Fee as per Clause 11.3 of Schedule 3B.5

#### **3. Reporting**

Once providers have a contract to provide CPAMS, Sector Operations sends you a reporting template. **Phone 0800 855 066** if you have any queries about this.

The reporting requirements for this service are outlined in the CPAM Service Specification in the Agreement (Schedule 3B.5, CPAM Service Specification, Clause 10.3) – and are outlined below.

If you are starting up and have not yet registered any patients by the time the Reporting is due, it is important to still send in a report with a narrative on progress in implementing the service.

#### **Instructions:**

INR online have developed a summary report for this reporting **“Full Summary” Report** for quarterly reporting. (NB You are **not required** to send the patient's name, only the NHI).

- This can be used for your quarterly reporting (or any other reporting period you wish to review, e.g. monthly, six monthly)
- You just need to put in the Date Range for the Quarter – e.g. 1 October – 31 December 2018, and print this off with your invoice cover sheet.

**Definitions:**

**Recording Hospitalisations** - should only be those hospitalisations related to warfarin or complications.

**Recording Bleeds.** A definition / grading system may be developed in the future.

**11.3 Quarterly Reporting [Schedule 3B.5, CPAM Service Specification, Clause 10.3]**

Quarterly reporting will be provided to us as follows using an agreed reporting template:

Reporting Period	Report Due
1 July – 30 September	20 October
1 October – 31 December	20 January
1 January – 31 March	20 April
1 April – 30 June	20 July

Quarterly Report	
<b>Quarterly Summary</b>	Number of Service Users registered by NHI with the Community Pharmacy Anti-coagulation Management Service in the quarter (i.e. active patients plus new patients minus patients who have exited the Community Pharmacy Anticoagulation Management Service)
	Average number of INR tests per quarter
	Documentation of Key Performance Indicators <ul style="list-style-type: none"><li>- Compliance (Tests on time, 1-3 days, 4-7 days, 7+ days)</li><li>- Control (Tests in range, tests above, tests below)</li><li>- Adverse events (Total recorded bleeds, Total recorded hospital admissions)</li></ul>
	A brief narrative report outlining progress implementing the service in this quarter, and any issues experienced.

Send reporting to: [performance\\_reporting@moh.govt.nz](mailto:performance_reporting@moh.govt.nz)

Performance Reporting

Sector Operations

c/- Ministry of Health

Private Bag 1942

Dunedin 9054

**CPAMS Invoicing and Reporting Requirements Updated 1 October 2018**

# Tax Invoice

**Invoice Date:** 3 January 2018

**Invoice number:** xx

<p><b>TO:</b>  <b>XXX</b> DHB          c/- Ministry of Health  <i>Provider Payments</i>  <i>Private Bag 1942</i>  <i>Dunedin 9054</i></p>	<p><b>FROM:</b>          Barry White Pharmacy          111White Road          Whitehorse          Brownville</p>
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<b>GST Number</b>	12-345-678	<b>Phone</b>	07 234 567	<b>Fax</b>	07 234 568
<b>Claimant Number</b>	111	<b>Email:</b>	barrywhite@yahoo.com		
<b>Contract/ Agreement Number</b>	308888/05	<b>Contact person</b>			

<b>Community Pharmacy Anti-coagulation Management (CPAM)Services</b> <b>PUC PH1031</b>	
<b>Period Claiming for</b>	<i>1 December – 31 December 2017</i>
<b>Number of Clients Registered in the Claim Period</b>	45 <i>(Monthly Patient Report Attached)</i>

<i>45 patients @\$45 (excluding GST)</i>	\$2,025.00
<i>GST</i>	\$303.75
<b>TOTAL including GST</b>	<b>\$2,328.75</b>