

20 May 2014

Ms Gladys Webster  
[fyi.org.nz](http://fyi.org.nz)

Dear Ms Webster

### Official Information Act Request

Thank you for your email of 26 April 2014, requesting information regarding ACC cover decisions and practices relating to sensitive claims. Please find ACC's responses to your questions below.

1. *'Please provide copies of any guidelines to updating a claimant's cover and any internal policies relating to cover provisions that the sensitive claims unit follow. Please also include practices that staff are expected to follow when cover is being updated, altered or amended on Eos.'*

Please find attached the following ACC policies: *When to review cover and entitlements, Determining cover for an additional injury or change in diagnosis, and Confirming existing cover decision.*

2. *'How do clients ensure that the Sensitive Claims Unit has correctly recorded all their covered mental injuries? If claimants believe these are recorded in error how is this addressed by the Sensitive Claims Unit'*

When ACC accepts an injury claim, it sends the client a letter confirming this, including what injuries are covered. In the event there are changes to the client's cover, ACC provides the client details of these changes. A client can formally review a cover decision if they disagree with it. This must be initiated within 90 days of receiving the decision.

If a client believes that their injuries have not been recorded correctly, they should first raise this with ACC directly. If a client requests an additional diagnosis to their claim, ACC will investigate this request and make a decision with review rights.

3. *'How does the Sensitive Claims Unit show evidence of court decisions so that cover for clients incorporates recent judgements like Judge Ongley stating "all the consequences of the personal injury"... and he goes on to state "It would follow that the assessment is not confined to PTSD even if that is the extent of cover nominated by the Corporation". Do staff go back and check data assessments to make sure claimant files are accurate? This would be evidence of good practice and fairness would it not?'*

I refer you to question six of my letter of 17 April 2014. I will note that if a court decision results in changes to a policy or process this will be reflected in the relevant documents, and consequently the practices and decision making of case management staff.

I understand the second of these questions asks whether ACC routinely reviews its records and claim files to ensure that findings in court decisions are applied to all clients whose claim is affected by the decision. Actions taken in response to a court decision are determined on a case by case basis.

When appropriate, ACC takes steps to identify clients whose entitlements or cover may have been affected by a court decision. A recent example is the decisions about clients having their weekly compensation suspended for not signing ACC167 consent forms. Discussion on these cases, including ACC's subsequent actions can be found on ACC's website [www.acc.co.nz](http://www.acc.co.nz) under 'ACC167 consent form'.

4. *'If claimants believe they have been sent to corporation assessors where cover has been nominated as PTSD, rather than "all the consequences of their injury", how can this best be addressed as no decision letter is issued carrying review rights? Your help in this matter would be appreciated.'*

This question asks for comment on a hypothetical situation, and as previously advised, an agency is not obliged to respond to these sorts of questions under the Official Information Act 1982.

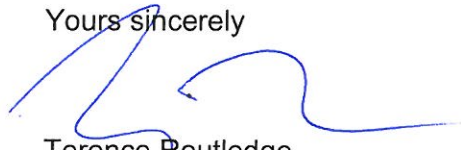
However, as noted above, if a client believes that their injuries have not been recorded correctly, they should first raise this with ACC directly.

Please contact me at [terence.routledge@acc.co.nz](mailto:terence.routledge@acc.co.nz) if you would like discuss the information provided.

If you're unhappy with ACC's response, you may make a complaint to the Office of the Ombudsman. You can call them on 0800 802 602 between 9am and 5pm on weekdays, or write to:

The Office of the Ombudsman  
PO Box 10 152  
WELLINGTON 6143.

Yours sincerely



Terence Routledge  
**Senior Advisor, Government Services**

Encl: *When to review cover and entitlements*  
*Determining cover for an additional injury or change in diagnosis*  
*Confirming existing cover decision*