Personal Information and Privacy Policy

POLICY NUMBER	5.3.0
TOPIC	Care and protection of personal information; privacy
OWNER	Head of Privacy
DATE APPROVED	8 September 2022
APPROVER	Board
DATE OF NEXT REVIEW	25 February 2023

1   Objective

This Personal Information and Privacy Policy (policy) sets out how ACC collects, stores, uses, discloses, retains, and protects personal information.

Personal information is taonga (treasured), and we consider ourselves to be kaitiaki (guardians) of any personal information we receive. For the purposes of this policy, personal information includes health information. We are committed to managing personal information in line with the Privacy Act 2020, the Health Information Privacy Code 2020, any related legislation and recognised best practice.

We have a wide range of statutory functions and duties under the Accident Compensation Act 2001. We collect, use, store and share personal information to fulfil those functions and duties, as well as for related lawful activities. We are entrusted with personal information. It is fundamental that we protect this information and use it only for permitted purposes and in appropriate ways.

Key to our goal of Stewardship/Kaitiakitanga is the value we create for our public and for our partners, including our Māori Treaty partners. Maintenance of public trust and support for the scheme and how we deliver it is critical to the sustainability of the scheme. In order to achieve this everyone at ACC must be well-equipped to protect the personal information entrusted to us by our clients, our people, our providers, and our businesses.

2   Scope

This policy applies to all ACC people, including employees, secondees, and independent contractors.

This policy applies to all personal information we collect and have access to. This includes all information held on claim files about our clients and our people (ACC staff claims), together with all information about our people, providers, and businesses.

This policy is supplemented by the Personal Information and Privacy Guidelines, which further detail how we collect, store, use, disclose, retain and protect personal information.

3 Policy statements

The policy is underpinned by the principles and rules of the Privacy Act 2020 and Health Information Privacy Code 2020. These govern how agencies manage personal and health information throughout the information lifecycle: collection, storage, access, correction, use and disclosure.

3.1 We collect, use and store personal information to carry out our functions and responsibilities under the Accident Compensation Act 2001, as well as for related lawful activities.

We collect, use, and store personal information to perform our functions and responsibilities including as set out in section 3.4 below. Personal information may be obtained from clients, health providers, employers, and other agencies. We also collect personal information about other individuals including our people, providers, and businesses. ACC people who receive or gather information for us are directed by internal guidelines, procedures and training that specify the boundaries of collection and its use.

3.2 We commit to making people aware of the collection of personal information

When collecting personal information from our people, businesses, clients, health providers, employers and other agencies, we must inform them of:

- the purposes for collection

- who will receive their personal information

- any laws under which we are authorised to collect their personal information (such as the Accident Compensation Act 2001)

- what could happen if the client does not provide the personal information we need, and

- their rights to access and request correction of that personal information

We will only collect personal information by means that are lawful, fair and do not intrude unreasonably on an individual's personal affairs. "Fair and reasonable" in this context means we will aim to collect personal information from individual clients rather than third parties unless there is a lawful reason for doing otherwise. When collecting information from third parties we obtain consent from the individual concerned, unless there is a good reason why consent is not required.

We will inform our customers and our people of our purpose for collection and their rights to access and correct that information. Irrelevant and unnecessary personal information will be returned to the supplier or destroyed where practicable.

3.3 We facilitate access to and respect an individual's right to seek amendment of factually incorrect personal information as a key priority

We commit to providing individuals with access to their personal information unless an exception under the legislation applies. Requesters are verified and the information is provided to them within legislative timeframes and boundaries.

We commit to keeping personal information accurate and up to date. We have a clear process for handling amendment requests which our people follow. If there is good reason for not amending the information, we will invite the individual to submit a statement of correction and we will ensure that it is read together with the original document in future.

3.4 We commit to using personal information only for the purpose for which it was obtained and other lawful purposes.

We only use personal information for the purposes for which it was collected, for directly related purposes, and for the purposes of carrying out the Scheme and lawful functions related to ACC, except where limited statutory exceptions apply.

We primarily use information to:

- assess and provide entitlements to compensation, rehabilitation and medical treatment

- assist the evaluation of our services and performance

- contribute to research into injury prevention and effective rehabilitation

- develop policy

- ascertain levy payments and maintain the scheme (including a claims database)

- facilitate training, quality monitoring, system testing and continuous improvement purposes

- enable effective rehabilitation outcomes by sharing relevant information with our partners (employers and providers) to allow them to play an active role in supporting injured people

- act as an employer, which requires us to collect and use personal information about our employees for work purposes

- conduct investigations (including for integrity issues)

- respond to information requests

In line with ACC policies and guidelines, only relevant information is used for any given purpose, including where use involves disclosure.

Where personal information is not relevant or necessary for an activity, all reasonable efforts will be taken to anonymise, cleanse, or otherwise remove personal information.

3.5 Personal information is disclosed to other parties only where there is authority to do so

We may use and disclose personal information to fulfil our legislative obligations and protect the health and safety of our clients, staff and third parties.

We will primarily disclose personal information with the informed authority of the individual concerned. We may also disclose information where authority has not been granted by the individual concerned. In all instances, any disclosure will be with authority either granted by the individual concerned or granted by law.

We will take reasonable steps to ensure third parties protect the personal information we share with them in line with legislation and with the same care we give to it ourselves.

Where personal information may be disclosed outside of New Zealand, we will ensure it is afforded similar, reasonable care as is granted in New Zealand, in line with our legal requirements.

We commit to appropriately using unique identifiers when handling personal information.

3.6 We commit to storing personal information with reasonable safeguards against loss and disclosure and retaining it in line with legislative requirements

The personal information we hold is taonga and must be protected from loss, unauthorised access, use, modification or disclosure. This applies to our electronic systems and all personal information

stored in hard copy. Information regarding how ACC secures personal information is set out in the *Information Security Policy*.

We will store personal information in accordance with the Accident Compensation Act 2001 and Public Records Act 2005 (including disposal authorities as issued by the Chief Archivist). We commit to only holding information for as long as we have a legal reason to hold it.

If we identify we have received personal information that is not relevant to our functions and duties, where reasonably practicable, it will be returned or destroyed securely.

3.7 We have clear, consistent processes for reporting, managing and escalating privacy incidents

ACC people or contractors should report a potential or perceived incident, either that they have observed or have contributed to, within 24 hours of becoming aware of the incident or as soon as practicable.

Privacy incidents are breaches or near misses of any of the privacy rules or principles, including this policy, by ACC people or parties contracted to us. Every incident needs to be reported to the Privacy Team and prompt steps will be taken to prevent or mitigate harm resulting from the incident and prevent its recurrence.

We will notify the Office of the Privacy Commissioner and the affected individual or individuals as soon as practicable (and typically within 72 hours) of becoming aware of a breach that we reasonably believe has caused or is likely to cause serious harm, or where we think it is otherwise appropriate to do so, aligned with best practice guidance and our legislative obligations.

We will use the data collected from privacy incident reports to gather insights and lessons learned for reporting purposes in order to better prevent future privacy incidents ensuring a continuous improvement approach to enhancing privacy practices.

3.8 Care of personal information is embedded in everything we do

We provide regular training to ensure both new and existing staff understand the relevant privacy principles for their role, what good privacy practice looks like, and how to appropriately report privacy incidents or raise concerns about privacy and inappropriate behaviour. We will apply a continuous improvement approach to our privacy practices; we will learn from mistakes and frequently review our processes and training to ensure it is fit for purpose.

3.9 We commit to ensuring we have effective policies and processes which reflect current best practice standards

We are committed to ensuring we have effective policies and processes which reflect the most up-to-date best practice standards.

How we handle the personal information in our care is governed by this policy, and our people are guided on best practice by our guidelines and documented processes. We are committed to maintaining and updating these policies, guidelines and processes, with an approach to both continuous improvement and fixed review schedules.

Our business practices and processes, related IT systems and networked infrastructure, have privacy proactively embedded into their design by the completion of privacy risk assessments, anytime they may affect the way we handle personal information.

We will keep our people informed on privacy best practice through regularly updated guidelines that meaningfully connect these policy statements with the work they do.

4 Accountabilities

Board responsibility for privacy and information management is set out in our Board Governance Manual. This acknowledges the Board is committed to managing personal and health information by:

- setting clear expectations regarding privacy and protection of personal information, and communicating them to the executive management

- holding executive management accountable for meeting those expectations

- ensuring effective privacy risk management is fully embedded within our overall risk management activities

- implementing high-quality monitoring and information management practices

Our managers are directly accountable for identifying and addressing privacy risks in their own units to ensure these are captured for reporting to the Board via the Head of Privacy.

All members of the Executive are responsible for driving strong enterprise-wide culture and practices for the care and protection of personal information.

The Deputy Chief Executive – Corporate and Finance, on behalf of the Executive, is accountable for ensuring supporting guidelines, operational measures and monitoring are in place.

5 Roles and Responsibilities

Role:	Responsibility
Board	• responsible for ensuring the organisation is aware of the need to protect our customers' information through high-quality monitoring and information management practices
Executive	• support the implementation of this policy • ensure corporate policies are appropriately endorsed • model best privacy practices and ensure privacy is core to all aspects of our culture •
Deputy Chief Executive – Corporate and Finance	• represents the Executive team in relation to all matters regarding privacy • responsible for ensuring organisational controls are in place to support and raise awareness of this policy; report and analyse privacy incidents to identify root causes of privacy incidents; and develop training to imbed privacy knowledge throughout ACC.
Head of Privacy	• ensures policies reflect relevant legislative or regulatory requirements, rules, standards and codes that apply to ACC • ensures policies include monitoring and oversight mechanisms that reflect the principles of the 5 Lines of Assurance

	• ensures policy content is accurate, relevant, complete and aligned with other related policies and the Corporate Policy Governance Framework
	• liaises with subject matter experts and relevant groups and committees, including the Enterprise Risk Team and external shareholders (for example: NZ Public Service Association)
	• ensures policies are communicated, and training activities and guidance documents are in place to support implementation of the policy
	• ensures mechanisms are in place to monitor compliance with privacy policies
	• considers and, if appropriate, approves policy exceptions
	• responds to and addresses any non-compliance issues and ensures processes are in place to identify, manage, record and report policy breaches and exceptions as appropriate
	• ensures policies are reviewed within a three-yearly cycle or as otherwise required

	• responsible for the management of the privacy function including:
	  ○ breach and complaint management
	  ○ measuring and reporting on our privacy performance
	  ○ setting our privacy strategy
	  ○ implementing our privacy maturity plan - privacy risk identification and mitigation
	  ○ privacy stakeholder engagement

Privacy Officer and Privacy Team	• support compliance with this policy and the relevant legislation • oversee investigations into privacy-related complaints lodged with the Privacy Commissioner and ACC • ensure there is a process in place for responding to requests for access to, or correction of, personal information • participate, as required, in the development and review of this policy's standards and procedures to ensure they meet requirements • ensure the policy owner and leads are informed of any potential future changes that may affect a policy • identify privacy risks and mitigations
1st Line of Assurance	• Managers, People Leaders, and all ACC people should ensure appropriate processes and activities are in place to track compliance • each policy should include monitoring and oversight mechanisms that follow the principles of the 5 Lines of Assurance People Managers have specific responsibilities for: • notifying privacy incidents to their manager • proactively assessing and managing privacy risk • managing all privacy reporting requirements through the Privacy Reporting Tool • liaising with the People and Culture Group where necessary following privacy incidents to ensure consistent follow up with staff

	• owning the unit's Privacy Risk Register and ensuring it is kept current
	• ensuring ACC people are aware of and recognise the importance of their role in privacy
	• ensuring ACC people are aware of and compliant with our Personal Information and Privacy Policy, the Privacy Act 2020, the Health Information Privacy Code 2020 and complete their annual privacy training
	• ensuring new staff induction includes privacy training
Our people	• comply with this policy

6 Monitoring and Oversight

Our Personal Information and Privacy Policy and guidelines have been established to comply with the Privacy Act 2020 and Health Information Privacy Code 2020.

The monitoring and oversight of privacy follows the 5 Lines of Assurance model to provide assurance staff and third-party privacy risks are being managed effectively.

Lines of Assurance:	Role	Monitoring & Oversight

1st Line	Employees and People Leaders	• all employees:
		  ○ remain alert to potential breaches of the Personal Information and Privacy Policy and report potential and actual breaches to their manager
		  ○ maintain best privacy practice behaviours, promote privacy at work, comply with privacy policies, actively participate in privacy training and identify privacy risks
		• all people managers ensure:
		  ○ privacy breaches and incidents (near misses etc.) brought to their attention are documented in the Privacy Reporting Tool,
		  ○ notification of the breach is provided to the Privacy Team within 24 hours of the breach occurring, and
		  ○ they act to resolve the privacy breach in a timely fashion, obtaining guidance and support from the Privacy Team as/when required

	Policy Owner	• ensures the Group (and other parts of ACC if applicable) responds appropriately to Policy breaches and requests for exceptions
	Enterprise Risk Team	• performs periodic oversight activities intended to assess and/or provide insights into (among other things) compliance with the Policy and the adequacy and effectiveness of the Group's practices to monitor compliance and deal with breaches • reports to the Executive and the Board on the outcomes of such activities
2nd Line	Privacy Team	• supports employees and leaders to determine whether events constitute actual breaches of the Policy

		• supports employees and Leaders to determine actions that are required as a result of the breach
		• completes root cause analysis of breaches
		• monthly reporting on our privacy breaches and Enterprise Risk Reporting to the Executive and Board
		• attestation compliance
		• delivery of the privacy programme
		• privacy assurance reviews
		• ownership of privacy policies and guidelines
		• specialist advice and support, including privacy-by-design
		• escalates breaches to the Group's Leadership Team and Deputy Chief Executive – Corporate and Finance when appropriate
		• notification of serious breaches to Office of the Privacy Commissioner
		• updates risk registers as required
3rd Line	Internal Audit (and external providers)	• perform periodic audit activities intended to assess and/or provide insights into (among other things) compliance with the Policy and the adequacy and effectiveness of the Group's practices to monitor compliance and deal with breaches • report to the Executive, Risk Assurance and Audit Committee and Board on the outcomes of such activities
	Office of the Privacy Commissioner	• provides external monitoring and oversight of our compliance with the Privacy Act through its advice and complaints functions, and public reporting on these. The Commissioner can issue a compliance notice if we are not meeting our obligations under the Privacy Act.

4th Line	Executive	• ensures each Group has sufficient emphasis on building and maintaining privacy risk management and meeting compliance obligations
		
		 • ensures effective processes and monitoring are in place to meet compliance obligations for the Personal Information and Privacy Policy
		
		 • acts in an appropriate and timely manner in response to reports received that alert the Executive to opportunities to improve Personal Information and Privacy Policy compliance activities.
		
		 • receives regular reporting on:
		  o privacy as an Enterprise Risk
		  o privacy compliance
		  o progress against the Privacy Maturity Assessment Framework (PMAF)

5th Line	Risk Assurance	• recommend any material changes to this policy

	and Audit Committee	

	Board	• responsible for approving any material changes to the Level 1 Policies, including text related to monitoring and oversight of compliance with the Personal Information and Privacy Policy
		
		• acts in an appropriate and timely manner in response to reports received that alert the Board to opportunities to improve Personal Information and Privacy Policy compliance activities
		
		• responsible for ensuring privacy risk management is in place and also responsible for setting the Privacy Risk Appetite Statement
		
		• receives regular reporting on:
		    ○ privacy as an Enterprise Risk
		    ○ privacy compliance
		    ○ progress against the Privacy Maturity Assessment Framework

7 Breaches of Policy

We require any potential or perceived privacy incidents to be reported within 24 hours of becoming aware of the incident or as soon as practicable. This includes incidents that have been observed or directly contributed to.

Our Code of Conduct requires our people to comply with all our policies.

Breaches of this policy can result in a range of consequences for us and our clients.

While we strive to be good guardians of personal information, incidents will happen. When they do, our priority is to make things right. Accidental failures to achieve the standards in this policy will not normally be grounds for disciplinary action. Repeated or deliberate failures (including by failing to report a privacy incident) may result in disciplinary action.

8 Contacts

Questions regarding the interpretation or management of the policy can be directed to the Privacy Team.

9 Definitions

Health Information

Governed by the Health Information Privacy Code, 'health information' is the following classes of information about an identifiable individual:
a) information about the health of that individual, including their medical history;
b) information about any disabilities that individual has, or has had;
c) information about any health services or disability services that are being provided, or have been provided, to that individual;
d) information provided by that individual in connection with the donation, by that individual, of any body part or any bodily substance of that individual or derived from the testing or examination of any body part, or any bodily substance of that individual; and
e) information about that individual, which is collected before or in the course of, and incidental to, the provision of any health service or disability service to that individual.

Personal Information

The Privacy Act 2020 governs 'personal information', that is:
a) information about a living, identifiable individual; and
b) including information relating to a death that is maintained by the Registrar-General under the Births, Deaths, Marriages, and Relationships Registration Act 1995 or any former Act (as defined in section 2 of the Births, Deaths, Marriages, and Relationships Registration Act 1995).

Information may be personal information even if the individual concerned cannot be identified from the information itself, provided there is some other 'link' in information held by the agency which means the individual is identifiable.

That being the case, personal information may include information that does not actually identify the individual concerned, including information that is only about an 'identifiable' individual by reason of extrinsic knowledge or information, or information that can be linked to an identifiable individual through the use of other information.

For the purposes of this policy, 'health information' is included in the definition of 'personal information'.

Privacy Maturity Plan

Formalises our approach to improving privacy maturity at ACC. It embeds a culture of information stewardship that aligns with the other being made to improve our customers' experiences.

Privacy Maturity Assessment Framework

A self-assessment developed by the Government Chief Privacy Officer to help agencies assess their privacy capability and maturity.

Serious Harm

Serious harm is not defined in the Privacy Act. Examples of serious harm include physical harm or intimidation, financial fraud including unauthorised credit card transactions or credit fraud, family violence, and psychological or emotional harm.

10 References

This policy should be read in conjunction with the Personal Information and Privacy Guidelines, the Privacy Maturity Plan, and the Information Management Policy.

11 Version Control

Version	Date	Change reason	Who
1.1	14/06/2018	Updated old version to new draft	Out of scope
1.2	10/07/2018	Reflecting comments from Head of Privacy	Out of scope
1.3	20/07/2018	Reflecting comments of Corporate Policy Review Working Group	Out of scope
1.4	30/07/2018	Formatting and minor edits	Out of scope
1.5	11/06/2021	Moved to new template and updated for Privacy Act 2020	Out of scope
2.0	29/07/2022	Updated to new version to reflect recommendations from the Clark Independent Review	Out of scope

Obtain Client Authority to Collect Information v42.0

Summary

Objective
To obtain verbal or written authority from the client so that we can collect relevant medical or other records.

Background
Obtaining client authority to collect information is required when ACC needs to gather client medical or other records, and ensures our clients understand the type of information we might request and why.

Use this process to either obtain:
• informed verbal authority during client onboarding to ensure the client is aware of what they've consented to when the ACC45 claim form has been lodged, or
• written authority via MyACC or an ACC6300 form when verbal authority is not appropriate.

Each time we request information about a client, we should first explain why we are collecting the information, and how we intend to use it.

ACC6300 Expire – As long as the ACC6300 is on the claim and the claim is actively managed there is no need to redo it. If the claim hasn't been active for more than a year and then needs to be managed again, redo an ACC6300 even if one was already on the claim. While waiting for a renewed 6300 to be completed, a verbal confirmation with the client that they are still happy to give consent and a contact made in the claim is enough to demonstrate that the client has provided interim authorisation. - Privacy Team

Owner	Out of scope
Expert	Out of

Procedure

1.0 Determine appropriate type of authority

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor, Treatment and Support Assessor

a In Eos, check what existing authority there is on the claim.

> **NOTE** **What if you view Client Authority through Claim on a Page (COAP)?**
> Claim on a Page will show if there is consent on the client's claim, but to view more details or make changes you will need to open the claim in Eos.

📄 View Client Consent

> **NOTE** **What if your client is under 16 years of age?**
> Your client's parent, guardian or nominated person will provide the authority to collect information. When your client turns 16 they can give the authority themselves therefore you need to request authority from the client directly as per steps in this process.
>
> Clients under 16 with complex mental injuries, require that you identify a Safe Contact. Your clients' Safe Contact or guardian can provide authority to collect information on your clients behalf. Depending on who your clients' Safe Contact is you will need to Obtain Authority to Collect Information and/or Authority to Act .
>
> For more details refer to the information and process below.
> 📄 **PROCESS** Identify Safe Contact for Child Clients

📄 Children and Adolescents Consent

> **NOTE** **What are the different authority types?**
> There are five different authority types and a Conditions section on the Consent tab:
>
> • ACC45: The ACC45 claim form that provides ACC with initial authority to collect information
> • Verbal: A pre-recorded message played to the client during onboarding, to ensure they are informed of the authority they have previously provided on the ACC45 claim form and reaffirm this
> • MyACC: The client has reviewed the authority terms and conditions and provided authority to collect information via MyACC. Eos creates the ACC6300D form as a record of the client's agreement.
> • ACC6300: The client has reviewed the authority terms and conditions and signed their authority on the ACC6300 Authority to collect medical and other records form. Eos holds a record of this when it has been signed and returned
> • Withdrawn: The client has advised they no longer give authority for any of the above authority types and we have 'Withdrawn' their authority. No records can be requested if the type is Withdrawn
>
> Conditions: The client has provided authority to collect information in one of the ways above but they have also provided certain conditions to their authority. The conditions are recorded as comments in the Conditions text box.

> **NOTE** **What needs to be on the claim for the ACC6300 information to show in MyACC?**
> The Recovery Plan must be created, verbal Authority loaded on the RP before the ACC6300 will show in MyACC.
>
> MyACC: The client has reviewed the authority terms and conditions and provided authority to collect information via MyACC. Eos creates the ACC6300D form as a record of the client's agreement.

b Determine if it's appropriate to request informed verbal authority or written authority using the Obtain Verbal or Written Authority Guidelines below or click on the Sharepoint link.

📄 ACC Guidelines to obtain verbal or written authority

NOTE **What if you need to obtain informed verbal authority during the Welcome Conversation?**
Go to Activity 2.0 Obtain informed verbal authority.

NOTE **What if the client's claim is active and has been open for 12 months?**
Progress to an ACC6300 via form or MyACC as noted in the 'NG GUIDLINES Obtain Verbal or Written Authority' above.

NOTE **What if you need to obtain written authority from the client?**
Go to Activity 2.1 Obtain written authority.

📄 Personal and Property Orders for Clients Policy

NOTE **What if the information is needed for the birth mother of an injured baby is required?**
Send the ACC6301 – Authority to collect medical & other records – Birth Mother.
Refer to Promapp page "Triage and Allocate Claim (Treatment Injury)" for more information.
📄 **PROCESS** Triage and Allocate Claim (Treatment Injury)

NOTE **Do we accept Electronic Signatures?**
Information from the Privacy Team - Since Lockdown we have been more lenient in accepting electronic signatures. However, a client's name typed on a form isn't enough to accept the ACC6300, unless we have spoken with that client about typing their name and have captured this in a detailed 'contact' on EOS.

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2.0 Obtain informed verbal authority
Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor, Treatment and Support Assessor

a Advise the client that we want to explain how we gather and use their information by playing a pre-recorded message. Confirm they are ready to listen to this.

b Play the pre-recorded consent message

NOTE **How do you play the pre-recorded consent message?**
1. Select "Invite More People" in the top right hand corner of the active call window
2. Enter the extension for the Verbal Consent Recording: 50013 and press OK
3. You will appear in a Conference with the Verbal Consent Recording and the Client
4. Once the consent recording has finished playing, it will automatically leave the phone conference

NOTE **How do you play the pre-recorded message using Genesys Cloud?**
1. Select the 'Transfer' arrow icon
2. In 'Name or Number' bar, type 'Consent' and select 'Consent IVR' when it pops up
3. Select 'Consult'. This places the customer on hold and dials the IVR. While IVR is connecting, click on ALL to bring the customer into the call.
4. The IVR message plays, then disconnects automatically, leaving the Staff Member and customer on the phone together.

c Verbally confirm that the client agrees.

NOTE **What if the client requests a copy of what they have consented to?**
The consent is a pre-recorded message and can be emailed to the client if requested. Attach the Disclosure Statement - Consent Recording.

📄 Disclosure Statement - Consent Recording

NOTE **What if the client doesn't agree to the pre-recorded verbal authority?**
If they want to:
• provide authority in writing, fully or with conditions, go to Activity 2.1 Obtain written authority
• decline all authority options, go to the Decline or Withdraw Client Authority to Collect Information process.
📄 **PROCESS** Decline or Withdraw Client Authority to Collect Information

NOTE **How often do you need to update the authority to collect information when given verbally?**
Consider updating the consent indicator at 6 and 12 months post welcome conversation if the consent is verbal.

d Go to Activity 4.0 Update claim.

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2.1 Obtain written authority
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor, Treatment and Support Assessor

a Discuss and confirm if the client would like to provide written authority via:
• MyACC
• an emailed ACC6300 Authority to collect medical and other records form
• a posted ACC6300 Authority to collect medical and other records form.

📄 ACC6300 Authority to collect medical and other records

NOTE **What if the client wants to use MyACC?**
Advise them to log in to MyACC and complete the authority on the Injury Details section.
The ACC6300D will be uploaded to Eos automatically if provided via MyACC.

NOTE **What if the client wants it to be emailed?**
• Advise that they'll need to print, sign and scan the form back to ACC
• Check if the client's email address is verified. If not, got to Update Client's Party Record to verify the email address
• Email it to the client.
📄 **PROCESS** Update Client Party Records

NOTE **What if the client wants it to be posted?**
• Ensure they have a valid postal address
• Send a Send Letter task to the Recovery Administration department queue to request it to be posted.

NOTE **What if the client wants to provide their own conditions?**
• Discuss obtaining alternative conditions, using the Privacy - Authority Principles as a guide
• Request them to send their conditions in writing.

ACC > Claims Management > Manage Client Information > Update Client Records > Obtain Client Authority to Collect Information
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NOTE **What is the CLI01 letter and when should you use it?**

If you require the ACC6300 and the ACC165 to be completed by the client, you can use the CLI01Branch ACC6300 ACC165 Letter With Task - Client, which has the cover letter and the two forms attached.

You can also use this if you only require the ACC6300, just remember to remove the information about the ACC165.

As this letter has the cover letter already done it is a good way to send the form to the client.

📄 Privacy - Authority Principles

NOTE **What if the client doesn't agree to provide any authority?**

Go to the Decline or Withdraw Client Authority to Collect Information process. This process ends.

⬏ **PROCESS** Decline or Withdraw Client Authority to Collect Information

b In the appropriate system Eos or Salesforce, create a Follow Up task for 10 working days from today to confirm the client has completed and provided their authority.

NOTE **What if the client needs to use an electronic signature on the form**

Information from the Privacy Team - Since Lockdown we have been more lenient in accepting electronic signatures. However, a client's name typed on a form isn't enough to accept the ACC6300, unless we have spoken with that client about typing their name and have captured this in a detailed 'contact' on EOS.

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3.0 Review returned authority document

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor, Treatment and Support Assessor

a Receive the 'NGCM - Action Attached Documentation' task.

NOTE **What if you've received an NGCM - Action Attached Documentation task?**

Close the task as it's to inform you that the ACC6300 form has been uploaded to the claim.

b Review the written authority to confirm you understand and accept any conditions provided.

NOTE **What if the conditions need to be further clarified with the client?**

Contact the client to confirm the conditions and clarify any uncertainties.

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4.0 Update claim

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor, Treatment and Support Assessor

a In Eos, add the applicable consent record type and any conditions on the Consent tab.

📄 Add Client Consent

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Request medical or clinical records Policy v20.0

Summary

Objective

Client medical or clinical records help in a range of situations. They:

• help inform cover and support decisions

• provide further information about the injury, client and diagnosis

• help develop the rehabilitation plan

• help identify and manage any risks.

We can ask providers, including general practitioners (GPs) and District Health Boards (DHBs) to provide us with these medical or clinical records. See Requesting clinical records from DHBs. Providers who spend time preparing medical or clinical records (including completing an ACC554 LSIA medical certificate), can invoice ACC for that time.

1. Rules
2. When to request medical or clinical records
3. Limits on what we can request
4. Medical or clinical record request forms and letters
5. Non-DHB provider medical or clinical records - Prior approval
6. Service codes and prices
7. Types of medical or clinical records
8. Quality
9. District Health Board (DHB) medical or clinical records - Knowing your DHB
10. Level of urgency
11. Prior approval
12. Service codes and prices
13. What we don't pay for
14. Types of medical or clinical records
15. Exceptions
16. Quality
17. Completing the ACC2386 Clinical Records Request - DHB

Owner Out of scope

Expert Out of

Policy

1.0 Rules

a When dealing with a client's medical or clinical records, we must take care to observe the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. For more information, and the difference between personal and health information see ACC's privacy page.

A client must supply us with the information we need to make a decision about a claim unless they have a reasonable reason not to. See the Accident Compensation (AC) Act 2001, Section 72. Section 55 of the Act refers to the 'Responsibilities of the claimant to assist in establishment of cover and entitlements' and generally extends to responsibilities at the request of the Corporation. This means that ACC will, as part of its investigative role, request the relevant supporting information from the client, and their treating providers. Once investigations are complete, a decision can be made on the claim.

All medical or clinical records provided to ACC must be kept on the client's file.

Accident Compensation Act 2001, section 72 - Responsibilites of claimant who receives entitlement http://www.legislation.govt.nz/act/public/2001/0049/lat

2.0 When to request medical or clinical records

a When the client requests cover, additional diagnosis, support, or treatment from ACC, the onus/responsibility rests with the client and/or their provider to supply supporting clinical or medical information to help us to make the decision. If the client and/ or their provider has not supplied the supporting information, ACC will, as part of its investigative role, request the relevant supporting information from the client, and their treating providers. Once investigations are complete, a decision can be made on the claim.
On the other hand, if ACC is considering withdrawing support or treatment, revoking cover, or ceasing entitlements such as weekly compensation, then the onus/ responsibility sits with ACC to request the supporting medical or clinical records

Before making a request, you must ensure that the information has not already been requested. You must also check that clients are registered patients at the medical practices where notes need to be requested from.

When a provider requests additional treatment or other support on behalf of their client they should include all medical or clinical records with their request, at no additional charge to ACC or the client.

b Overseas medical records may be required in ordered to determine cover on a claim.
In these cases, it is ACC's position that ACC is responsible for the sourcing of the medical records from the overseas provider as well as paying the provider directly for those records.
This responsibility doesn't extend to ACC sourcing and purchasing overseas medical records for the purpose of investigating entitlement and/or treatment.

c Sections 56 and 57 Accident Compensation Act 2001 (the act) state that ACC must investigate cover on a claim at its own expense. There is nothing in the act barring ACC from gathering medical records from overseas when the records are required to determine cover.

d Examples of when overseas medical records may be required to determine cover:
• A client who meets the definition of being ordinarily resident in New Zealand who suffers a personal injury whilst overseas and seeks cover for that injury when they return to New Zealand.
• A medical specialist comment is required from an overseas-based specialist due to the level of expertise required (e.g. complex treatment injury claims where an opinion is sought from an overseas based medical specialist who is an expert in the relevant field).
• A client has immigrated to New Zealand and it needs to be determined whether their personal injury sustained in New Zealand is a new injury or a reaggravation of an injury that occurred overseas before the client emigrated.

📄 **PROCESS** **Request Clinical Records**

📄 **PROCESS** **Request Clinical Records for Treatment Injury**

3.0 Limits on what we can request

a You must have a reason for requesting medical or clinical records.

We're only allowed to request information relating to the claim, so the provider must review the record and edit out any unrelated information. You must therefore use the correct service code to allow them to do this if necessary and invoice us correctly.

4.0 Medical or clinical record request forms and letters

a You must use the correct form or letter to request medical or clinical records.

b To request clinical notes and medical reports from providers use the relevant form or letter:

📄 MD09a Further info – consultation notes – vendor

📄 MD09b Allied - Further info - Consultation Notes - Vendor

NOTE **Please make sure you have specified where the provider/vendor should send the requested notes to (the correct return email or postal address).**

c Work Injury Inquiry Team

📄 MD10b Allied - Further info - Medical Questionnaire - Vendor

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5.0 Non-DHB provider medical or clinical records - Prior approval

a If medical or clinical records are likely to take more than an hour to prepare, the provider must get prior approval from the case manager who raised the initial request.

6.0 Service codes and prices

a See Codes and prices for non-DHB medical or clinical records.

📄 Codes and prices for non-DHB clinical records

7.0 Types of medical or clinical records

a The type of medical or clinical record(s) required will depend on the reason for the request. Records can include:

• copies of specialist reports, directed from one medical practitioner to another
• investigation results
• clinical notes
• reports by medical consultants
• hospital records, including admission and discharge summaries
• counselling notes for sensitive claims
• notes on surgical operations
• pathology and laboratory tests
• reports on special tests and diagnostic procedures including x-ray and scan results
• physiotherapy notes.

8.0 Quality

a The number of medical or clinical record pages received from a provider may not reflect the time spent reviewing and editing. If you have concerns about the quality or quantity of provider medical or clinical records or their invoices, discuss this with:

• a medical advisor
• your supplier manager
• the provider.

9.0 District Health Board (DHB) medical or clinical records - Knowing your DHB

a Knowing how the DHB you work with stores and processes their client medical or clinical records will help you with your requests. For example if a client is still in hospital, their medical record will be on their hospital ward, rather than with the hospital medical records department.

Avoid making duplicate requests. You must make sure the request is necessary and complete the forms thoroughly.

Request the medical or clinical records from the correct contact.

10.0 Level of urgency

🖼 Timeframes for Clinical notes..PNG

11.0 Prior approval

a If you're requesting more than 340 pages from the DHB, they will seek prior approval from the case owner. The case owner must then consider whether the volume of information is actually needed. If it is needed, either:

• amend the request to be more specific, ie request a date range or a particular treatment event, or

• give approval to proceed as originally requested, and adjust the purchase approval increasing the price accordingly.

12.0 Service codes and prices

a • the payment rates that DHBs charge ACC for copies of medical or clinical records are standardised across the country
• the DHBs know to claim payment for a range rather than a number of pages, eg 1-20 pages etc.

13.0 What we don't pay for

a Missing mandatory information including:

• documentation required as part of the Non Acute Rehabilitation Services Schedule (ACC74, ACC739, ACC9 and ACC740)

• documentation that may be attached to support the ACC705 which could include Emergency Department/ Discharge report, ACC45, Allied Health Needs Assessment

• services provided in a fracture clinic under the Clinical Services contract.

A purchase order should not be loaded for a payment for these requests.

14.0 Types of medical or clinical records

a The type of medical or clinical record requested will differ depending on the reason for the request. Also see Scenarios for requesting DHB clinical records.

📄 Scenarios for requesting District Health Board clinical records - Reference

🖼 Types of medical records.PNG

15.0 Exceptions

a • The Elective Surgery, Treatment Injury and National Serious Injury Service units may have specific requirements when:
— making a request for a medical or clinical record
— determining cover or support
— managing the rehabilitation or risks
• What is requested is generally directed and reviewed by a Clinical Panel
• Treatment injury or elective surgery may request the client's full DHB record including nursing notes.

b When requiring mental health records, there are specific timeframes and requirements:

To ensure ACC only collects information relevant and necessary for decision making, we need to communicate with our clients to determine a timeline for which to collect mental health records.

This aids in establishing a timeline with the client of their engagement with mental health services, organizations and Primary Health Care services.

16.0 Quality

a The number of pages received from a DHB may not reflect the time spent reviewing and editing. If you have concerns about the quality or quantity of medical or clinical records or their invoices, discuss this with your team manager.

17.0 Completing the ACC2386 Clinical Records Request – DHB

a All components for Section 1 (vendor details), Section 2 and 4 (patient details) and Section 6 (ACC staff member details) must be completed.

Section 3 (request details) is the most important section to complete accurately and may take the longest.

• Injury – review the claim Injury and Medical tab in Eos to assist you in identifying or confirming the injury
• Dates you require the records – you may have many options for confirming the dates the client was in hospital for example, ACC74, ACC9, ACC705 or check with the client directly.

📄 ACC2386 DHB request for copy of notes - Vendor

NOTE **Please make sure you have specified where the provider/vendor should send the requested notes to (the correct return email or postal address).**

Request Clinical Records v99.0

Summary

Objective
To request medical or clinical records from a client's vendor, so that we have enough information to make a cover, support or treatment decision.

Background
ACC must request medical or clinical records from a client's vendor if we don't already have enough information to make a cover, support or treatment decision. ACC can ask external vendors, including General Practitioners (GPs), District Health Boards (DHBs) and specific treatment vendors (such as physiotherapists or chiropractors) to provide ACC with medical or clinical records related to the case.

Client medical or clinical records help in a range of situations. They:
• help inform cover, support or treatment decisions
• provide further information about the injury, client and diagnosis
• help develop the rehabilitation plan
• help identify and manage any risks.

Each time we request information about a client or a claim, the client should be aware of the request and why we need the information.

Owner   Out of scope

Expert   Out of scope

Procedure

PROCESS **Create or Update Recovery Plan**
Recovery Assistant, Recovery Coordinator, Recovery Partner

PROCESS **Arrange Medical Case Review (MCR) Assessment**
Recovery Assistant, Recovery Coordinator, Recovery Partner

PROCESS **Seek Internal Guidance**
Clinical Advisor, Practice Mentor, Technical Specialist

1.0 Determine requirement for clinical records
Recovery Assistant, Recovery Coordinator, Recovery Partner

  a Check the claim for information already on the claim, before proceeding.

  b Determine what type of medical or clinical records you need to obtain by referring to the links below.

    📄 Best Practice Guidelines for requesting medical notes

    📄 Request medical or clinical records Policy

    📄 Summary of the Health Information Privacy Code Policy

    📄 Personal Information Requests Policy

NOTE **What if you require notes from Oranga Tamariki?**
Use the below link.
    PROCESS Request and Obtain External Agency Records

NOTE **What if you need to request records from New Zealand Police?**
Use the below link.
    PROCESS Request and Obtain External Agency Records

NOTE **What if you need clinical or medical records from a DHB?**
Check if the reason for requesting the records aligns with one or more of the scenarios for requesting District Health Board (DHB) clinical records

  📄 Scenarios for requesting District Health Board clinical records - Reference

NOTE **What if the information request is for a prison facility?**
you will need to know the current/last facility the client was held.
you must contact them first to confirm they hold the records and confirm the vendor number and email address to send the information request then follow the GP request

NOTE **What if you need to obtain Specialist records or High Tech imaging?**
Specialist notes or High Tech Imaging contracts require them to send through their reports within 5 working days of the patient consultation. Only submit a request for these records if it has been more than 5 working days and they have not been received. A Purchase Order is not required for these requests.

NOTE **What are the timeframes for receiving information?**
If you are requesting information from a DHB, the timeframe is:
• non-urgent request – 21 working days
• urgent request – 6 working days

If you are requesting information from a non-DHB (GP, Medical Centre), the timeframe is:
• non-urgent request – 11 working days
• urgent request – 6 working days

c In Eos, in the Consent tab of the Recovery Plan, check if the client has provided authority to collect medical and other records from third parties or has an ATA in place.

NOTE **What if there is no authority on the client's claim, or the authority has expired?**
Refer to the NG GUIDELINES Obtain Verbal or Written Authority for guidance.
If an ACC6300 is needed, Go to the Obtain Client Authority to Collect Information process.
    PROCESS Obtain Client Authority to Collect Information

  📄 ACC Guidelines to obtain verbal or written authority

NOTE **What if you need notes older than 2 years or more? or if there are multiple claims for the client?**

To ensure ACC only collects information relevant and necessary for decision making, we need to communicate with our clients to determine a timeline for which to collect medical records.

To help guide your conversation with the client to establish a timeline of their engagement with mental health services, organisations and Primary Health Care services, please consider asking the client the following questions:
• Have you spoken to your Doctor about any concerns with being unable to sleep, stress or anxiety?
• Have you spoken with any health care professionals such as Doctors or organisations about the
assault and support?
• When did you first engage with these health care professionals or organisations? DD/MM/YYYY or a rough estimate eg June 2018 is sufficient
• Confirm the client is happy for ACC to collect these clinical records from the date of DD/MM/YYYY to assist in ACC making a cover decision and support decisions on ongoing entitlements and support?

If, following your conversation with the client, you're unable to determine a specific period to request clinical records, then up to 2 years of Clinical Records can be requested as a reasonable timeframe.

If there is a clear reason that 2 years is likely to be insufficient, we can collect up to 5 years if rationale exists that we are reasonably likely to need this. ACC will then be able to determine, once the information is received, whether we have sufficient information for the purpose we requested it. In all instances, it is essential to consult and confirm what information ACC intends to collect, with the client.

At least one claim must have a signed Authority to Collect information (ACC6300) within the current year. Discuss with the client if you need to request information not already on file. Document their verbal authority.

NOTE **What if you are requesting Mental Health notes?**

Before requesting Mental Health notes a signed ACC6300 Authority to collect information must be on the file. (Received within the last 12 months)

NOTE **What if you need notes where a client has an active claim, but you require notes for other claims for the same client that are inactive?**

Check the other claims for information before proceeding to request information.

Request for notes on Multiple claims, but to one provider, Task on active claim noting all claim numbers

Request for notes on previous claims:
The task should be created on the active claim (if no active claim, task on the claim you need) in the task, note which claim number you need clinical notes for and add the vendor as a participant on claim

d Check that the client has been seen by the Vendor you are requesting records from for this injury/claim.

NOTE **What if the Provider is under contract?**

To check to see if a Provider is under contract, search via MFP, if under contract a purchase order is not required. When completing the e-form, in the 'Purchase Order Number required' drop down box, select 'No'.

NOTE **What if the client has been seen by (including but not limited to) a Specialist or Surgeon at a Private Hospital?**

Contact the Specialists rooms to confirm where this request should be sent. Eg. Private Hospital or Specialists rooms. Add the specialist name to the request for information.

NOTE **What if the claim is for a client with a Mental Injury?**

If you are requesting mental health records from any of the following providers, you must contact them first to confirm they hold the records and confirm the email address to send the information request:
• GP records - Please confirm the name of the Doctor they saw. If there are multiple names, preferably
list the most recent one. If the Doctor is a locum of the Practice, please provide a name of someone
who is registered at the practice. The request will be made under their name instead.
• Physiotherapist or Allied Health providers Specialist or other records
• Mental Health Services or programmes which could be funded through Primary Health Organisations or Non-Governmental Organisations
Ensure a contact action is used to record this conversation.

If the email address provided has not been verified, go to Verify Provider and Vendor email addresses then return to this process.

DHB's and Oranga Tamariki are the exception to this as we are not able to verbally confirm that they hold information. If requesting from a DHB, follow the usual process. If requesting from Oranga Tamariki, use below link.

PROCESS Request and Obtain External Agency Records

e In Eos, check the correct Vendor is entered as a participant on the claim.

NOTE **What if the Vendor hasn't been added as a participant?**

Add the Vendor as a participant to the claim

NOTE **What if the provider has not been set up as a Vendor?**

In MFP, confirm the provider is not a Vendor. Contact the Vendor to confirm they hold the records and confirm the email address, physical address and contact phone number for follow-up. In the task to Recovery Administration - note the use of Vendor ACC Default J99966 & above information

Manage Participants

f In Eos, add a NGCM - Information Requests activity and complete as per the Requesting Clinical Records system steps.

Requesting Clinical Records

NOTE **What if the information request is no longer required?**
Cancel the following tasks:

• NGCM - Information Request
• NGCM - Follow up Requested Information
• NGCM - Continue to Follow up Requested Information
• NGCM - Incomplete Information Request task
• NGCM - Follow up Request for Clinical Records

This will remove the tasks from the Recovery Admin Queue (do not close the task or place a comment on the task asking for the task to be closed).

📄 Cancel a task

g Complete the eform with all the relevant information and instructions for Recovery Admin to action.

NOTE **What if the information request is for a GP Practice, 24-hour surgery or 24-Hour Medical Centre?**
Please indicate the name of the Doctor they saw. If there are multiple names, preferably list the most recent one.
If the Doctor is a locum of the Practice, please provide a name of someone who is registered at the practice. The request will be made under their name instead.

NOTE **What if the information request relates to notes needed to make a cover decision?**
Edit the task and change the priority to 'High'.

NOTE **What if the claim is for Mental Injury but requesting notes for physical injuries only**
When creating your task, add title in task description PHYSICAL INJURY NOTES ONLY, not in the request Eform - then complete the eform with all the relevant information and instructions for Recovery Admin to action.
Include: List the diagnoses that you would like notes on and the name of the most recent Doctor who treated them at the facility. If the ACC45 has sensitive material, we will need to have a current ACC6300 to proceed.

NOTE **What information do you need to include in the information request task?**
Refer to the 'Referring Tasks to Recovery Administration - Principles'. Ensure you record all claims numbers you are requesting notes on if requesting notes on more than one claim.

📄 Referring Tasks to Recovery Administration - Principles

NOTE **What if the request for clinical notes is from a DHB?**
Refer to 'Contacts for requesting District Health Board clinical records' to locate who to request the information from and add the DHB as a participant using the correct vendor code.

📄 Contacts for requesting District Health Board clinical records

NOTE **What if the Vendor is a DHB?**
In the NGCM - Information Request, note that the client's ACC6300 needs to be sent with the request. (Received within the last 12 months)

NOTE **What if the request is for hard materials?**
Clearly state in the task description "Hard materials [type of material] required from [provider] to be sent to [your address]".

NOTE **What if you are requesting medical notes for multiple claims from the same vendor?**
Note the following in the task:

• Specific "from" and "to" dates.

• If you are requesting additional notes for a claim from the same vendor, to avoid duplication check the from and to dates on the previous request.

For example: 1st request for medical information "from" date is 21/06/2019 to 21/08/2019 (Present date in which the purchase order was created). Next request will go "from" 21/08/2019 "to" 21/10/2019.

NOTE **What if you are requesting information prior to seeking internal guidance or information has been requested by an advisor?**
Request the additional information using the Request Clinical Records process above. Then extend the target date of the clarification task to later than the due date of the medical notes task. Ensure you update the clarification task description to reflect you have requested additional information.

h Add a note in the Recovery Plan, under the appropriate Life Area recording the reason for the information request.

NOTE **What if you're a Cover Assessor?**
Edit the 'Confirm Cover Decision' task and add the details to record the request for information.

- -

2.0 Review request for clinical records
Recovery Administrator

a Upon allocation of the 'NGCM - Requested Information' task in Salesforce, open the associated task in Eos and select [Do Task] from your task queue.

b Review the task to check Recovery Team member has provided the name of the Vendor.

NOTE **What if the information needed is from overseas?**
Refer to the Making an overseas payment link below for more information.

📄 Making an overseas payment
http://thesauce/team-spaces/chips/compensation/wee

NOTE **What if the name of the Vendor hasn't been provided in the task?**
The Vendor details should be included in the task. If the details are missing, contact the requestor for the information and ask them to add as a Participant on the claim.

NOTE **What if the vendor has not been added as a Participant on the claim?**
The Recovery Team member should be adding the vendor as the Participant on the claim. but if this has not been completed, contact the Recovery Team Member asking them to add the Vendor as a participant before creating the purchase order

NOTE **What if the vendor is noted as Vendor ACC Default J99966?**
Some records may be requested from Vendors who are not set up as an ACC Provider. In this case, the Vendor Default of J99966 is used.
edit the letter: remove the ACC address and add vendor name and address copy and paste from the task

NOTE **What if the request is for medical notes for multiple claims?**
When requesting notes on Multiple claims, but to one provider, the Purchase Order is created on the active claim; all claims numbers should be listed in the letter.

Request for notes on previous claims:
When requesting notes on a previous claim, the task should be received on an active claim which notes the claim number the notes are needed for. Purchase Order and request letter should be completed on the previous claim number. Close the request task- this will create a follow up task, edit this follow up task with the previous claim number the Purchase Order was created on.

c Check the task to determine if you need to generate a Purchase Order.

NOTE **What if you don't need to create a Purchase Order?**
Go to Activity 4.0 (d) Create and send request.

d Identify the vendor type for the information request.

NOTE **What if the information request is for GP records?**
Go to Activity 3.0.

NOTE **What if the information request is for DHB records?**
Go to Activity 3.1.

NOTE **What if the information request is for private hospital records?**
If PO needed Go to Activity 3.0. if no PO is needed Go to Activity 3.3.

NOTE **What if the information request is for Physiotherapy records?**
Go to Activity 3.2.

NOTE **What if the information request is for Specialist records?**
Go to Activity 3.3.

NOTE **What if the request is for Oranga Tamariki?**
Use the below link.
  📄 **PROCESS** Request and Obtain External Agency Records

NOTE **What if the request is for hard materials?**
If the request is for hard materials (ie tooth sample), include the address of the staff member requesting it in the "How to send the requested information" section of the letter.

NOTE **What if the request is for New Zealand Police**
Use the below link.
  📄 **PROCESS** Request and Obtain External Agency Records

NOTE **What if the information request is for Treatment Injury claim?**
Check the cover status on the General tab and Claim Type, eg Cover Status - Accept, Claim Type Treatment Injury - ticked

If Treatment Injury ticked and Held Claim, follow Request Clinical Records for Treatment Injury - linked below

If Treatment Injury ticked and accept follow 2.0 d

NOTE **What if the information request is for a Maternal Birth Injury (MBI) claim?**
Check the cover status on the General tab and Claim Type, eg Cover Status - Accept, Claim Type
Maternal Birth Injury – ticked Follow 2.0d.

If Treatment is also ticked and claim is accepted, also follow 2.0d.

If Maternal Birth Injury – ticked & Treatment Injury is also ticked and Held Claim, follow Request Clinical Records for Treatment Injury - linked below

  📄 Request Clinical Records for Treatment Injury

3.0 Request GP records
Recovery Administrator

NOTE **Can you request Clinical Records electronically via SureMed?**
ACC's preferred method for requesting Clinical Records from GP's is electronically through the SureMed portal. If needed you can still request Clinical Records manually by continuing with this process.
  📄 **PROCESS** Request GP Clinical Records - SureMed

a View the [Add Info] tab in the task.

b Create the Purchase Order.

  📄 Creating purchase orders using general + QE

NOTE **What information do you need to create the Purchase Order?**
Choose the appropriate Entitlement Code or a combination of codes:
MEDR – (is an hourly rate for the time taken by the Medical Practitioner to prepare and review the medical notes).
COPY – (is the cost for practice admin staff to photocopy and prepare existing medical notes that may be paper based).

*If you mark the request as 'Urgent', provide the reason.

After selecting the Entitlement code(s), proceed as follows:
1) Rehab Action / Claim: Treatment (Search)
2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
3) Quantity Approved: MEDR - 1, COPY - up to max of 30
4) Frequency: Quarter
5) Create PO
6) Purchase Method: Non-Contracted.

If there are questions for the GP vendor, select the 'MD02a GP - Further info - Medical Notes - Vendor' letter. In this case, select 'In total' as the [Frequency] when raising the PO, this will ensure the document template populates the right quantity. Alternatively, manually amend the template to change quantity from 0 to 1.

c Approve the Purchase Order.

NOTE **What if you get a Limited Payment error message when authorising the Purchase Order?**
If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
2) Select 'OK'.
3) Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

d Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury".

e Generate the MD01a GP - Further Info - Medical Notes - Vendor letter by selecting 'add documents'.

NOTE **What if the request relates to a Mental Injury claim?**
Refer to the admin template for what needs to be updated in the MD01a letter.

📄 Admin Template - MD01a GP Further Info - Medical Notes - Vendor

NOTE **What if the request is urgent?**
Update the sentence under the 'How to invoice ACC' with the following:
'Please forward the requested reporting within 5 days'.

When emailing add URGENT to the email subject line.

NOTE **What if there are questions to be included in the information request?**
Generate the 'MD02a GP - Further info - Medical Notes - Vendor' letter.

📄 Admin Template - MD02a GP Further info - Medical Reports – Vendor

NOTE **What if the claim is for Mental Injury but requesting notes for physical injuries only**
Follow the task template for physical injury records request, use NGCM Email template.
Make no mention of any mental injuries.
We are not requiring mental health notes, do not add this.

f Text to include in letters, that haven't been updated in Eos:

Privacy
As we are dealing with a client's medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

3.1 Request DHB records
Recovery Administrator

a View the [Add Info] tab in the task.

b Create the Purchase Order.

📄 Creating purchase orders using general + QE

📄 Contacts for requesting District Health Board clinical records

NOTE **What information do you need to create the Purchase Order?**
Use Entitlement Code DHBC.
If questions need to answered by a DHB Specialist, use Entitlement Code: DHBR1.

After selecting the DHBC Entitlement code, proceed as follows with steps 1 – 6 as below. If you require further information, refer to the 'Creating purchase orders using general + QE System Steps' document below.

1) Rehab Action / Claim: Treatment (Search)
2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
3) Quantity Approved: 1
4) Frequency: Quarter
5) Create PO
6) Purchase method: non contracted
7) Choose the correct vendor. (Use the link above for contacts for requesting DHB Clinical Records).

c Approve the Purchase Order.

NOTE **What if you get a Limited Payment error message when authorising the Purchase Order?**
If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
2) Select 'OK'.
3) Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

d Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury".

e Generate the ACC2386 - DHB (Vendor) request for copy of notes by selecting 'add documents'.

📄 Admin Template - ACC2386 Clinical Records Request District Health Board

NOTE **What if the request relates to a Mental Injury claim?**
Generate the 'ACC2386 DHB request for copy of notes' letter. Using the instructions in the template modify the letter for a Mental Injury request.

📄 ACC2386 Clinical Records Request District Health Board Mental Injury Template

NOTE **What if there are questions to be included in the request?**
Generate the 'MD02c-DHB-Further Info - medical reports - vendor' letter.

📄 Admin Template - MD02c - DHB Further info - Medical Reports – Vendor

NOTE **What if the claim is for Mental Injury but requesting notes for physical injuries only**
Follow the task template for physical injury records request, use NGCM Email template. Make no mention of any mental injuries. We are not requiring mental health notes, do not add this.

- -

3.2 Request Other Clinical records ie, Physiotherapist or Allied Health
Recovery Administrator

a View the [Add Info] tab in the task.

b Create the Purchase Order.

📄 Creating purchase orders using general + QE

NOTE **What information do you need to create the Purchase Order?**
Use Entitlement Code: STPR.
If you have questions requiring answering by the Physiotherapist, Osteopath, Chiropractor or Podiatrist use Entitlement Code: MEDR.

*A contracted physiotherapist may request STPR when they need to spend significant time reviewing and redacting information before sending the notes to ACC, in which case ACC should fund.

After selecting the relevant Entitlement code, proceed as follows:

1) Rehab Action / Claim: Treatment (Search)
2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
3) Quantity Approved: 1
4) Frequency: Quarter
5) Create PO
6) Purchase method: Non-contracted
7) Choose the correct vendor or just type in the correct vendor code.

c Approve the Purchase Order.

NOTE **What if you get a Limited Payment error message when authorising the Purchase Order?**
If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
2) Select 'OK'.
3) Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

d Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury"

e Generate the MD01b Allied - Further info - Medical Notes - Vendor by selecting 'add documents'.

NOTE **What if the request is urgent?**
Under 'Services approved ', update the sentence 'Please forward the requested reporting within 10 days' to 5 days.

NOTE **What if there are questions you need to include?**
Generate the MD02b Allied - Further info - Medical Notes - Vendor letter.

📄 Admin Template - MD02b Allied Further info - Medical Reports – Vendor

NOTE **What if you need to fax the letter?**
Generate the 'MD01b Allied - Further info - Medical Notes fax - Provider'.

📄 Admin Template - MD01b Allied Further info - Medical Notes – Vendor

NOTE **What if the claim is for Mental Injury but requesting notes for physical injuries only**
Follow the task template for physical injury records request, use NGCM Email template. Make no mention of any mental injuries. We are not requiring mental health notes, do not add this.

f Amend the MD01b letter to include the 'from to dates' provided in the task by the Recovery Team member

g Text to include in letters, that haven't been updated in Eos:

Privacy
As we are dealing with a client's medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

- -

3.3 Request Specialist or other records
Recovery Administrator

a View the [Add Info] tab in the task.

b Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury".

> **NOTE** **What if the claim is for Mental Injury but requesting notes for physical injuries only?**
> Follow the task template for physical injury records request, use NGCM Email template. Make no mention of any mental injuries.
> We are not requiring mental health notes, do not add this.

c Check if there is a requirement to submit questions to the vendor.

> **NOTE** **What if questions are not needed for the information request?**
> Proceed to Activity 4.0 (d) Create and send request.

> **NOTE** **What if the Specialist or 'other' does not have a verified email address?**
> If you are requesting notes from a Specialist and they do not have a verified email address, then:
>
> 1) Call and verify as the first option
> 2) Only if absolutely necessary (if they don't want the request emailed) create a letter to FAX as per the steps in 4.0 e Note 1.

d Create the Purchase Order.

> **NOTE** **What information do you need to create the Purchase Order?**
> Entitlement Code: MEDR
> Entitlement Type: Intervention Medical Notes / Reports - Tmt (Quick Add)
> Quantity: 1
> Frequency : In Total
> Purchase Method Non-Contracted
>
> If there are questions for the Specialist vendor, select the 'MD02a GP - Further info - Medical Notes - Vendor' letter. In this case, select 'In total' as the [Frequency] when raising the PO, this will ensure the document template populates the right quantity. Alternatively, manually amend the template to change quantity from 0 to 1.

e Approve the Purchase Order.

> **NOTE** **What if you get a Limited Payment error message when authorising the Purchase Order?**
> If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.
>
> 1). In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
> 2). Select 'OK'.
> 3). Go back to the Purchase Order to authorise.
>
> Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

f Generate the MD02a - GP Further info - Medical Reports letter and modify as per the task. Send an email using the Medical Notes Request Email template and modify accordingly.

> 📄 Admin Template - MD02a GP Further info - Medical Reports – Vendor

g Text to include in letters, that haven't been updated in Eos and to email template when no PO required:

Privacy
As we are dealing with a client's medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

- -

4.0 Create and send request
Recovery Administrator

a Edit the documents and letters:

1) Change the 'Staff Name' from your name to 'ACC'

2) Copy the document name under the 'Recipient Details' heading and paste into the Document Description' box

3) Untick 'Record a Contact' and then 'Next' (the document will be generated in Word for you to complete)

4) Complete the document using the information provided located in the 'Additional Information' tab

5) Check the details you have entered are correct

6) Save the document and close.

> **NOTE** **What if the task includes questions from a Recovery Team Member?**
> Refer to the NG GUIDELINES Sending Letters in NGCM to confirm whose signature should be used.

> 📄 NG GUIDELINES Sending Letters in NGCM

b In Eos, mark the status of the document as complete, and select OK.

c Complete privacy checks on the completed documents.

> 📄 Privacy Check Before Disclosing Information Policy

> 📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

d Create an email using the appropriate template and attach the document(s). Add the client's NHI at the beginning of the email subject field.

> **NOTE** **What email template should you use?**
> If Purchase Order created, use 'Medical Notes Request (Purchase Order)'
> If no Purchase Order created, use 'Medical Notes Request'
> Modify accordingly.

> **NOTE** **A copy of the lodgment form (ACC45/46/42) must be sent with every DHB request, or an ACC6300 if there is one on file**

> **NOTE** **What if the request relates to a Mental Injury claim?**
> Create an email in outlook. Copy and paste the following text and modify accordingly:
>
> Kia Ora,
>
> ACC have received a claim from *client first name* relating to their Mental injury.
>
> We require Mental health information from between 00/00/0000 and present, to help us make decisions about their claim.
>
> Our preference is to receive all documentation by email, if this is not possible just let us know.
>
> If you have any queries, please do not hesitate to email recoveryadmin1@acc.co.nz or call 0800 735 566 Ext:87879.
>
> Ngā mihi

📄 NGCM - FINAL Emailing from Eos using a Template - System Steps

> **NOTE** **What if the request is for records across multiple claims?**
> Send the request from the claim where the PO was created.

> **NOTE** **What if the Vendor's address has not been verified?**
> Go to Verify an Existing Provider, Vendor or Facility Email Address.
>> ↱ **PROCESS** Verify an Existing Provider, Vendor or Facility Email Address

> **NOTE** **What if the request is URGENT?**
> State this clearly in the body and subject line of the email.

> **NOTE** **What if the request relates to a Mental Injury claim?**
> If the claim relates to a Mental Injury (e.g. stress related injuries), you will need to manually remove the injury details from the Medical Notes Admin Email template(s).
>
> NOTE: Details of a client's physical injury won't populate on the Medical Notes Requests email templates used by Recovery Administration for Purchase Orders or non-Purchase Orders for Sensitive Claims in the Assisted or Partnered Recover teams.

> **NOTE** **What if you need to send a FAX?**
> Fax the requests do the following:
>
> (A) – For users with Fax Access
> 1). Print/Fax the request using RightFax
> 2). Navigate back to Eos
> 3). Add a new contact stating: "MD01a [document date and time], sent via fax to: [faxnumber] on [date and time]".
>
> (B) – For users without Fax Access
> 1). Create the request
> 2). Update the task details with "Please Fax, Vendor #, Fax #, [Document attached]
> 3). Link the request to the task
> 4). Set the priority as 'High'
> 5). Transfer back to the Admin queue
>
> For guidance on how to use RightFax refer to the document below.

📄 RIghtFax Instructions

e Perform despatch check.

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

f Send the email.

g In Eos, close the task. This will automatically generate a Follow up Requested Information task for Recovery Administration.

> **NOTE** **What if the request was set as High Priority?**
> Edit the Follow Up Requested Information task and set to 5 business days.

> **NOTE** **What if you were requesting records across multiple claims?**
> Edit the description in the follow up task to include a list of all the claim numbers and dates are requesting records for. Copy the details from the task.

- -

5.0 Review clinical records received
Recovery Administrator, Recovery Team Member

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b Complete privacy checks.

> **NOTE** **Perform privacy checks.**
> We get a lot of information coming in from third parties like GPs and DHBs, and mostly that information is just what we asked for. However sometimes we get information we don't need and don't want, even information about unrelated people. Getting unwanted, excessive or irrelevant information from a third party provider isn't a privacy breach, but sending it on later very much is. We have a responsibility to make sure we only send out relevant information and to ensure that, we need to check information as it comes in – if it's not what you need or want, either return to the provider and ask them to resend, or redact the unnecessary information and delete the unredacted version.

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

📄 Privacy Check Before Disclosing Information Policy

c In Eos, upload the information to the claim.

📄   NGCM Filing Away - System Steps

d Update the document and contact properties with an accurate description of the information received.

    NOTE   **What if you are a Recovery Team Member?**
        Locate and edit the associated 'NGCM - Follow up Requested Information' task stating clinical records have been received. Recovery Admin will update the 'Information Requested' tab and close the task.

e Select the 'Information Requested' tab on the Recovery Plan subcase, mark the request as 'Complete' and state 'Information Received', select OK.

f Close the 'NGCM - Follow up Requested Information' task stating clinical records have been received. A NGCM - Review Requested Information task will be auto generated and assigned to the Recovery Team or Individual managing the claim.

    NOTE   **What if you receive a Review Requested Information Task and the information is incomplete?**
        Close the task.
        Select 'Information Incomplete and click OK.
        Add the details of the information that is missing in the comment box and select a target date.
        Click OK. The task will auto-route to Recovery Administration.

        if NGCM - Follow up Requested Information request was set as High Priority?
        after closing and creating Review Requested Information Task or the information is incomplete Edit task to high.

- -

6.0 Follow up request for clinical records
Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b In Eos, check the 'Documents' tab to confirm the requested information has not been received before proceeding to contact the vendor.

    NOTE   **What if you're unable to locate the information in the documents tab?**
        1) Check the shared inbox to see if the email has arrived but has not yet been filed away
        2) If the information is in the shared inbox, file it away to the claim
        3) Copy and paste the email subject line into the Salesforce search bar, opens the related task and close.
        4) Check the client's party record under Documents
        5) If the vendor has email ACC back with no attach notes, File away, update task with template below
        Response from vendor:
        See contact:
        Action:

c Contact the vendor to follow up on the requested information. Ensure that you check what has previously been requested and only follow up the request for subsequent information (using the date ranges on the request form).

NOTE **How many times do you follow up with the vendor?**
*If it a SureMed request, follow the SureMed pro-mapp pg

Make two attempts to follow up with the Vendor Check Task date inline with below, if not, correct the target date (count from Creation Date), update the task description eg 'JL 18/09/2019 task date correction'.

DHB, the timeframe is:
• non-urgent request – 21 working days
• urgent request – 6 working days

non-DHB (GP, Medical Centre), the timeframe is:
• non-urgent request – 11 working days
• urgent request – 6 working days

1) The first attempt should be made by phoning the vendor, to confirm receipt of initial request.

• Unless you are following up a DHB request email only.(only follow up Urgent DHB notes before 20 days)

• If you are successful in contacting the vendor, Update your task with template below:

• If leaving a message, ensure you provide sufficient details for the vendor to identify the client whose information we require, eg Client full name, NHI or claim number or ACC45 number, DOB
Update your task with template below:

When calling:
(Initials)(Date) - Follow up #
Number called:
Person who you spoke with:
Outcome:
Expected timeframe:
Notes will be sent via:

If you are unable to leave message , eg: line busy, unable to connect or no VM . Put the task on hold , try 2-3 times during the day to establish a successful contact or to leave a message . If unable to make contact, send final email (follow process 2)

• Reset the follow up task target date and time (between 10.00-15.00), if said notes already sent, push task out 3 days (giving time to be received/upload); If no timeframe, push task out 2 weeks. (10 working days)

Exceptions: If the vendor has been in touch and has asked for more time or explained their circumstances, then adjust accordingly

2) Edit the task description with below template (do not delete any information from the task)

When emailing:
(Initials)(Date) - Follow up #
Email sent to:
See contact dated:
Additional info:
Response from vendor:
See contact:
Action:

From the Documents tab in Eos, locate the original request letter that was sent to the vendor.
Create new email from template and copy and paste original email (in contacts tab) add the additional content below. In the Email subject line, ensure that you include the wording 'Follow

📄 NGCM - FINAL Emailing from Eos using a Template - System Steps

NOTE **What if the vendor has advised that they no longer hold the client's records as the client has transferred to another GP practice?**
Make a note of what the previous vendor has advised on the NGCM – Information Not Received task once the NGCM – Follow up Requested Information task has been closed. Copy in the relevant notes that have been left on the task for the team/RTM to follow.

d Close the 'NGCM - Follow up Requested Information' task.

📄 Information Not Received

e Copy and paste the task description from the 'NGCM - Follow up Requested Information' task into the 'NGCM - Information Requested not Received' task.

NOTE **What other information should you include?**
Include any other relevant information e.g. 'Voice Message says the clinic has closed down'.

- -

7.0 Determine if clinical records are still required
Recovery Assistant, Recovery Coordinator, Recovery Partner

a Review the 'NGCM - Information Requested Not Received' task to determine if you still require the medical or clinical records.

NOTE **What if you no longer require the medical or clinical records?**
Select the NGCM - Information Requested Not Received task. Follow the systems steps for Information not Received.
This process ends.

📄 Information Not Received

NOTE **What if you still require the medical or clinical records?**
Close the 'NGCM - Information Requested Not Received' task.

In the 'Choose Next Step' screen, select option 'Continue to follow-up'.

An 'NGCM - Continue to Follow up Requested Information' task will automatically generate route to Recovery Administration Team.

- -

8.0 Continue following up request for clinical records
Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

📄 Continue To Follow Up Requested Information

NOTE **Set the target date and time (between 10.00-15.00) for a week after (5 working days) . Exceptions: If the vendor has been in touch and has asked for more time or explained their circumstances, then adjust accordingly.**

b Review the claim to ensure information is not on file.

NOTE **What if you are unable to locate the information on file?**
• Check the shared inbox to see if the notes have been received. If you have received the notes, file
it away onto the claim, close the salesforce task email task and continue to 8d.
• Review if there are any correspondences to confirm why ACC haven't received the Notes. If you
have identified there are correspondences, update the task with the response from the vendor,
where the correspondence is and the action taken.
• If you have no correspondences or the notes are not on file continue to follow up.

c Contact the vendor to determine why they have been unable to provide the requested information

NOTE **What if the vendor is unable to provide the requested information?**
Add the response into the task to notify the Recovery Team Member. In Eos, record this conversation as a contact on the claim.

Reason: Contact with Provider
Direction: Outgoing
method of Contact: Phone

Description:
Name: (who you spoke to)
PH#:
Detail: (of the conversation)

d Close the 'NGCM - Continue to Follow up Requested Information' task, and select 'Information Requested Not Received'.

- -

9.0 Review clinical records
Recovery Assistant, Recovery Coordinator, Recovery Partner

a Confirm you have received the records requested.

NOTE **What if you need help to interpret the information?**
Go to the Seek Internal Guidance process.
📄 **PROCESS** Seek Internal Guidance

NOTE **What if the records received are incomplete?**
Follow the system steps below.

📄 Information Incomplete

b Perform privacy checks.

📄 Privacy Check Before Disclosing Information Policy

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE **What if the clinical records require redacting or third-party information removed?**
• Email the document for Mental Injury use recoveryadmin1@acc.co.nz; for all others use recoveryadmin@acc.co.nz.

• When emailing to Recovery Administration, provide clear instructions or highlight Document, on the information that needs redacting.

NOTE: Do not add any third-party information into the task or email because this cannot be removed in the future and tasks are provided to a client when they request their claim information. Instead state 'please remove third party information on page xx'.

c In Eos, open the 'NGCM – Review Requested Information' task, select the option to accept records and close the task.

- -

10.0 Action incomplete request for clinical record, if required

Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

NOTE **What if the original request was submitted through SureMed**
Go to Request GP clinical record- SureMed and follow step 2.0 NOTE What if information is missing?

📄 **PROCESS** Request GP Clinical Records - SureMed

b Open the 'NGCM - Incomplete Information Request' task to determine what information is missing. To view the original information request, go to the [Add Info] tab and then click on the 'Inherited' tab.

📄 Information Incomplete

c Contact the vendor to obtain the missing information.

NOTE **What methods and templates do you use for this?**
Call the vendor to discuss what's missing from the original request and ask if they can send the information to ACC. In EOS, record this conversation as a contact on the claim.

NOTE **What if the vendor insists on an email?**
Using the appropriate Eos template, email the vendor and attach the original clinical request and advise the vendor of the missing information as outlined by the Recovery Team Member in the task, and then close the task.

An email example could be:
"Thank you for sending the requested medical information on (insert date). We have reviewed the medical notes and noticed some information is missing. Could you please send a copy of (insert what information is missing here) to us at your earliest convenience. Thank you"

This will then create the NGCM - Follow up Request for Clinical Records task.

d In Eos, close NGCM - Incomplete Information Request task. This will then create the 'NGCM - Follow up Request for Clinical Records' task.
Check to see if it has generated a Follow Up Requested Information task.
If it has generated a follow up task, make a note on the task to specify that it is the follow up of the Incomplete Information Request task and set the task target date for 10 working days
from task creation.

NOTE **If it hasn't generated a follow up?**
• Go to the 'Task' tab on the ACC45 Claim.
• Click on the 'Incomplete Information Request' task so it brings it up in the preview space below. Do not fully open it.
• Click on the 'Process View' tab.
• Find the blue square.
• Click the play button on the right side of the square.
• This should have generated the 'Follow Up Requested Information' task.
• Follow the steps above regarding editing the task and the target date.

e Edit the 'NGCM - Follow up Request for Clinical Records' task and record your initials, today's date, attempt number and discussion had with the provider regarding the missing information.

f Go to Activity 6.0, 'Follow up Request for Clinical Records' if required.

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Decline or Withdraw Client Authority to Collect Information v18.0

Summary

Objective
To decline or withdraw client authority to collect medical or other information at the client's request.

Background
At any stage of a client's journey, they can decline to give authority to ACC to gather information about them. A client can also give authority but then change their mind and withdraw their authority at a later stage.

Use this process to support a client who either:
- declines to give authority to collect medical and other relevant records; or
- withdraws authority to collect medical and other relevant records.

Owner   Out of scope

Expert   Out of

Procedure

PROCESS **Obtain Client Authority to Collect Information**
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor

1.0 Consider alternative authority options
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor

a Discuss with the client why they would like to withdraw or decline their authority. If you are required to collect information, discuss the information which ACC needs to collect and why it's necessary for that information to be obtained to progress the claim.

b Ask the client to review the ACC6300 terms on the paper form or via MyACC and consider agreeing or providing alternative authority (conditions).

   Privacy - Authority Principles

   ACC6300 Authority to collect medical and other records

   NOTE **What if the client agrees to provide authority?**
   Go to the Obtain Client Authority to Collect Information process to complete this. This process ends.

   PROCESS Obtain Client Authority to Collect Information

NOTE **What if the client declines all authority options?**
Consider the following questions and ensure you have answered them with the client before progressing:
- Why do you need to request the information?
- What will the information be used for?
- Is it reasonable for you to request it?
- Why is the client declining to give authority for you to collect the information?
- Is the client's decline reasonable or unreasonable?
Go to the Seek Internal Guidance process below to assist you further.

   PROCESS Seek Internal Guidance

NOTE **What if the client wants to withdraw their current valid authority?**
Go to Activity 2.0 Withdraw client authority.

PROCESS **Obtain Client Authority to Collect Information**
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor

PROCESS **Seek Internal Guidance**
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor

2.0 Withdraw client authority
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor

a Explain that we'll withdraw the authority for this claim. Advise them that if we need to obtain further information, we'll contact them to seek further authority at a future date.

b In Eos, edit the current Consent Record and change it to Withdraw.

   Edit Consent Conditions

c Provide the reason the client has withdrawn the authority on their Recovery Plan notes.

Clinical Advisor

Our vision is to create a unique partnership with every New Zealander, improving their quality of life by minimising the incidence and impact of injury.

We know that a diverse and inclusive team helps us meet the needs of our customer, and we welcome candidates from every ethnicity, national origin, gender identity, age, and those with a disability or who have additional mental health needs. It is important to us that people are free to be themselves at work. Here are some ways we encourage that:

- Employee networks to support our colleagues from diverse backgrounds.
- The option to explore flexible working that suits your needs and ours.
- Development opportunities in te reo Māori me ngā tikanga.

Position purpose

The Clinical Advisor works collaboratively across teams to provide expert consistent, robust and up to date clinical and rehabilitation advice to ensure sound, consistent, evidence-based decision making.

In addition, the Clinical Advisor:

- As an expert advisor, ensures the relevant response is provided and/or transferred / escalated as appropriate to a relevant advisor.

- Leverages their external networks and credibility to lead engagement with allocated health professional groups and organisations as required.

- Supports provider improvement through relationships, conversations, audit and feedback.

Key Accountabilities and Outcomes

- Provide expert, culturally safe, clearly conveyed advice as part of a multidisciplinary team via phone/face to face, email and EoS referrals, ensuring first point resolution where possible or a researched, coordinated response within agreed service levels where more investigation is required.

- Provide expert advice for internal customers across the ACC network for wide range of cover and entitlement requests , to ensure that the needs of our internal customers are met.

- Work collaboratively as a team player, openly engaging with other advisors and sharing knowledge as part of a diverse multidisciplinary team.

- Work within ACCs clinical quality framework, clinical standards and guidelines to ensure advice is fit for ACCs purpose.

- Proactively engage with treatment providers to clarify or seek information to support expert decision making for client outcomes.

- Provide feedback, coaching and participate in education sessions for advisor colleagues and decision makers to continuously improve referral quality.

- Supports and mentors the Triage and Workflow team when required to help them to triage requests to the appropriate channel.

- Build and maintain relevant clinical knowledge through effective internal and external networks, reviewing relevant information available within ACC and undertaking desktop research if required.

- Report clinical business issues identified and participate in continuous improvement initiatives to address these to minimise future risk.

- Support the Clinical Quality and Governance function to identify new publications and education initiatives and up-skilling opportunities to enhance ACC's evidence-based decision making.

- Adhere to agreed service levels proactively and effectively manage all workflow to ensure optimal outcomes for customers.

- Ensure appropriate documentation of all queries is completed (including face to face) to ensure accurate reporting and analytics on workflow and emerging trends and/or needs.

- Provide expert representation on panels as required.

- Participate in clinical audit activity as part of the continuous quality improvement programme, and to support the performance management of external providers as required.

- Contribute to Provider and Injury Prevention design work and other projects and activities where required.

Experience and Qualifications

- 5 years of experience dealing with clients/patients in a health service-based environment desirable.

- Proven ability to effectively manage varied workloads to meet service levels.

- Ability to work in a dynamic, collaborative, responsive and continuous improvement environment.

- Clinical qualification, experience and knowledge in one or more of the following areas – Occupational Therapy, Physiotherapy, Osteopathy, Chiropractic, Pharmacy or Nursing.

- Current annual practicing certificate, evidence of indemnity insurance and a comprehensive and up to date understanding of relevant rehabilitation practices and clinical knowledge and conditions.

- Ability to think logically and have a key eye for detail.

- Strong communication, collaboration, relationship management and coaching skills including the ability to explain conditions, treatment options and ACC decision rationale to others in an easy to understand manner. This would include in writing and verbal, including telephone-based communication

- Proven ability to interpret and critically evaluate appropriate information to determine appropriate advice.

ACC Behaviours

Accountable: He tangata pono
I make considered decisions; I'm responsible for my actions, and I take practical steps to overcome challenges.

Inclusive: He tangata kotahitanga
I encourage others; I respect different perspectives; I collaborate and make it easy for ideas to be shared.

Curious: He tangata mahira
I am open to new ideas; I welcome feedback and seek opportunities to improve.

Customer focused: He tangata aro kiritaki
I enable my customers to achieve the right outcomes by being responsive, clear and transparent.

Seek Internal Guidance v126.0

Summary

Objective
To assist in making decisions by receiving internal specialist guidance from a number of different areas:

• Clinical Services
• Technical Services
• Practice Mentors
• Payments
• Technical Overpayments
• Privacy

Background
Seeking internal guidance is a three tiered process:

Tier 1 - Self-Service: Using the information available on Promapp and Te Whāriki to make a decision
Tier 2 - Hotline Guidance: Guidance provided by a short (less than 15 minutes) phone call
Tier 3 - Written Guidance: Comprehensive guidance provided within a written guidance form in Salesforce, which creates a transcript in Eos

Owner   Out of scope

Expert   Out of

Procedure

1.0 Complete Self-Service Guidance
Cover Assessor, Recovery Administrator, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Review the following on the client's claim:

• claim history and current circumstances
• read and consider relevant documents
• check for and review previous guidance
• check for and review outstanding investigations
• check for outstanding reports and/or records

b Refer to Promapp to check if next steps can be identified in using one or more of the following:

• Process pages - having knowledge of the objective, background and expected outcome of the range of services provided by ACC could help you determine the next steps to progress your client's recovery.

• Policy pages - having knowledge of legislation, payments and legal aspects of the services and supports provided by ACC could help you determine the next steps to progress your client's recovery.

• Service pages - having knowledge of the services provided by contracted Providers could help you determine the next steps to progress your client's recovery.

> **NOTE**   **What if you are trying to make a cover decision?**
> Refer to the processes in the Make Cover Decision group in Promapp or refer to the Cover Traffic Light tool to assist in determining cover for particular injuries or injury types.

📄 Make Cover Decision

📄 TOOL - Add or change diagnosis decision traffic light

> **NOTE**   **What if you need additional guidelines, tools and information to support case management?**
> Refer to the Te Whāriki site to search.

📄 Te Whāriki Home Page

> **NOTE**   **What if you need to obtain approval for services/costs outside of your delegation?**
> Refer to the Delegations Framework to determine whether you can approve. If approval is needed, refer to Activity 3.1 to Request Written Guidance

📄 Delegations Framework

c Attempt to problem solve the issue with your Team Leader prior to seeking guidance, and that you have put together a question that is appropriate for clinical or technical guidance.

> **NOTE**   **What kind of query is considered not appropriate for clinical or technical services?**
> Ensure you are not contacting an advisor or specialist asking "What are the next steps on a claim", or "Whether or not ACC can fund something", you must attempt to provide more information relevant to the client's injury.

2.0 Determine Appropriate Type of Guidance
Cover Assessor, Recovery Administrator, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Use the Recovery Support Decision Tree tool linked below to determine what kind of guidance you need.

📄 Recovery Support Decision Tree

> **NOTE**   **What if you are still unsure what type of guidance is needed?**
> Attempt to run through the decision tree tool alongside your Team Leader. If you are still unsure, contact a Practice Mentor to discuss your issue and the best way forward.

> **NOTE**   **What if you need to request guidance on a Surgery claim?**
> If you require guidance on a Surgery claim, there are two channels, ensure you use the decision tree tool to determine which one to use:
> • For invoicing and coding queries that are appropriate for hotline guidance, email your query to clinicaladvisorsurgery@acc.co.nz
> • For written guidance queries:
> • If you are seeking guidance from a Principal Clinical Advisor (CAP referral), refer to the CAP referral process document under activity 3.1 (a)
> • For invoicing and coding queries that are appropriate for written guidance on a Surgery claim, use the written guidance request form in Salesforce. Once you've submitted your guidance request, update the task description with the code "TACDUN"

NOTE **What if you are working in the Remote Claims Unit or requiring guidance on a Staff claim or High Profile claim?**

Refer to the knowledge article below on how to request Hotline and Written Guidance for the above scenarios.

For written guidance on a Staff claim, do not raise this in Salesforce, these tasks must be created in Eos. Use the Written guidance template below and refer to the system steps for creating/sending the task.

📄 Remote claims, Staff and High Profile claims - Seek internal guidance

📄 Written guidance template for non-Salesforce users.docx

NOTE **What if a provider is requesting to speak directly with a Psychology Advisor?**

The following external Psychology hotline numbers can be shared with providers: Sensitive claims: 09 354 8425 Physical injury: 09 354 8426

This is for PROVIDERS ONLY and must not be released to clients.

b Go to Activity 3.0 to request Hotline Guidance, or Activity 3.1 to request Written Guidance.

- -

3.0 Request Hotline Guidance

Cover Assessor, Recovery Administrator, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Prepare for requesting guidance using ISBAR (Identify, Situation, Background, Accident, Request). Continue to refer to the Recovery Support Decision Tree tool for additional things to remember/consider and tips for best practice.

Ensure you provide your full name when requesting hotline guidance.

📊 Hotline ISBAR.PNG

📄 Recovery Support Decision Tree

b If calling from Genesys Cloud, call the 'Recovery Support' queue.

Otherwise, dial extension 50118 and select one of the following options:

• Select option 1 for Clinical Services. You will then be asked to select from the following options:
1 - for Clinical Advisors
2 - for Psychology Advisors - sensitive claims
3 - for Psychology Advisors - physical injuries
4 - for Pharmaceutical Advisors
6 - for Sensitive Claim Medical Advisors

• Select option 2 for Technical Services. You will then be asked to select from the following options:
1 - for Transport for Independence Specialists
2 - for Housing Modifications Specialists
3 - for Technical Accounting Specialists
4 - for Technical Specialists in relation to a Sensitive Claim
5 - for General Technical Specialists

• Select option 3 for Practice Mentors.

• Select option 4 for Payments Assessors. You will then be asked to select from the following options:
1 - Sensitive Claims Payments
2 - Travel
3 - All Other Client Reimbursements
4 - Payments Assessor

• Select option 5 for Privacy Advisors

• Select option 6 for Client Administration Support related to a physical injury

• Select option 7 for Client Administration Support related to a mental injury

NOTE **What if my query is regarding a mental injury claim?**

All requests for guidance on mental injury claims must go to a Psychology Advisor.

NOTE **What if the Hotline is not answered?**

Keep trying the Hotline. If, after a few more attempts, there is still no answer add a note to the task in Eos (or update the description in Salesforce) and try again at your earliest convenience.

If you are working in Assisted Recovery, update the description to say "Attempt to call the Hotline again", before putting the task on hold so you can pull another one from the queue. Aim to complete any on hold tasks by the end of the day, taking them off hold and returning them to the queue if you're unable to do so.

NOTE **What if you need advice from a Practice Mentor about a Mental Injury (MI) claim?**

Recovery Partners (MI) can book a 1x1 session with a Practice Mentor ahead of time using the link after this note.

If you need advice from a Practice Mentor right away you can call ring Recovery Support, select Option 3 and the Practice Mentor will take the claim number of the claim you need support on. This will then be passed on to the Practice Mentor with Mental Injury capability to get in contact with you.

📄 Knowledge & Capability Bookings Calendar

c Go to activity 4.0 to action the Hotline Guidance.

3.1 Request Written Guidance

Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Prepare for requesting guidance using ISBAR (Identify, Situation, Background, Accident, Request). Refer to the Recovery Support Decision Tree tool for additional things to remember/consider and tips for best practice.

The Decision Tree Tool references key medical information that must be on file prior to submitting a written guidance request, ensure you have attempted to request this information. Clinical and Technical staff will not be able to provide written guidance if there is insufficient information on file.

📄 Recovery Support Decision Tree

NOTE **What are the standards needed when seeking guidance?**
Refer to the Standards for Seeking Guidance and Written Guidance Questions below.

📄 Standards for Seeking Guidance

📄 Written Guidance Questions

NOTE **What does a quality referral look like?**
Refer to the Written guidance example below.

📄 Written guidance example

NOTE **What if you need written guidance from a Principal Clinical Advisor (PCA) for a Surgery claim?**
Refer to the CAP referral process (SF) guide below.

📄 CAP referral process (SF)

NOTE **What if you need to request written guidance where there is a CAP referral in progress?**
Call the Surgery team on 83566 to discuss whether additional question(s) can be added to the existing CAP referral. Note: CAP will not answer questions regarding ongoing incapacity.

📄 Principal Clinical Advisor consideration list

📄 Delegations Framework

b Check the necessary supporting documents and information is on the claim.

NOTE **What if there are documents and/or information missing on the claim?**
Refer to the Request Clinical Records process.
⤷ **PROCESS** Request Clinical Records

c In Salesforce, select the 'Recovery Support' tab and 'Create Guidance'. Follow the steps and complete the fields on the written guidance form.

If there are relevant documents on file you want the advisor/specialist to review, collate them into a document group entitled 'Written Guidance document group' in Eos, and reference the name and date in the 'Documents or contacts relating to the request' section. Ensure you also note if documents from multiple claims have been added to the group.

If there are relevant contacts on file you want the advisor/specialist to review, ensure you specify the date and contact description in the 'Documents or contacts relating to the request' section.

If you need to add any particular information regarding who the guidance request should go to (i.e. If this needs to go to a specific specialist discipline), specify this information in the 'Triage Written Guidance' task description. (This is located inside the 'information' heading, ensure you save the change to the description)

NOTE **What if the claim is for maternal birth injury?**
Type "#MBI" in the 'information' heading of the 'Triage written guidance' task description.

📄 Recovery Support FAQs.docx

NOTE **What priority should I select for my Written Guidance request?**
Check the Written Guidance Priority Categories document to see whether or not your request falls into one of the P1/P2 categories. Speak with your Team Leader if you are unsure whether or not a certain scenario falls into a P1/P2 category. If your reason for escalation does not meet the P1/P2 categories, but your Team Leader agrees your request should be escalated, then please email clinicaltriage@acc.co.nz with your Team Leader approval and reason for requesting escalation.

Written Guidance requests falling into a P1/P2 category should be submitted as follows:
• Select 'P1 - High' or 'P2 - Medium' under 'What's the priority for this request?'
• Select relevant drop down option under 'Why is the request urgent?'

Written Guidance requests not falling into a P1/P2 category should be submitted as P3 - Low.

📄 High and Medium Priority Categories for Written Guidance Requests

NOTE **What if you want to cancel, save as a draft, or add additional information to your guidance request?**

• To cancel: Go to the guidance request you have submitted and select 'Cancel Written Guidance,' then provide a reason for cancellation (i.e. if other client information was entered in the request, select the reason as 'Cancelled due to error').

Note - the information submitted in the form is not discoverable by the client until the written guidance has been accepted and a transcript is created in Eos, if you cancel, there will be no record of it on the client's file

• Save as draft: At the bottom of the written guidance form select the tick box labelled 'Save as Draft' then click 'Next', then when you are ready to complete your guidance request, go back to the written guidance request in salesforce and select 'Edit Written Guidance'

If you are saving the request as a draft because you are awaiting some additional information:

For claims assessment staff - create a follow up task in Eos to revisit the draft guidance request once the information has been received

For Recovery team members – create a reminder action in salesforce to revisit the draft guidance request once the information has been received

• If you need to add additional information to a Written Guidance request that has been sent to Triage or allocated to an advisor – select 'Additional Information to a Guidance request' on the guidance request in salesforce

NOTE **What if you are a non-Salesforce user and you require written guidance?**

Ensure you request your guidance via the 'Complete Internal Referral' task and then transfer the task into the Regional Clinical Advice - CENTRAL queue or the Operations Support queue.

Please use the referral template document below.

W Written guidance template for non-Salesforce users.docx

NOTE **What if you require written guidance on a claim not migrated to Salesforce?**

There is a system error which means Recovery Team Members cannot access Salesforce in order to make referrals on very old claims.

For very old claims where you are unable to access Salesforce in order to make a request for clinical advice, please action the referral using the NGCM pathway (see below systems steps) on EOS and mark the task as "OLDER EOS CLAIM, SF unavailable".

This label will ensure the Triage Team does not return the task due to being submitted in the wrong queue.

📄 (NGCM) Create Request for Written Guidance

NOTE **What if you require written guidance on a Mental injury claim or disentitlement for a Wilfully Self-inflicted (WSI)/suicide claim?**

If you require guidance on the below:

• Work-related Mental Injury (WRMI) claims, and Treatment Injury Mental Injury (TIMI) claims

• Complex mental injury caused by sexual abuse (MICSA) and complex mental injury caused by physical abuse (MICPI) claims, for example, where a combination of clinical, legal and technical factors complicates the decision, for instance: multiple related claims involving technical and medico-legal complexity; where the causal link to injury is unclear or contentious; and/or the diagnosis is unusual or contentious.

• Wilfully self-inflicted (WSI)/suicide claims where the evidence to support a decision is unclear or equivocal; and/or there are clinical, legal or technical complexities that complicate the decision.

Request written guidance from a Psychology advisor, and complete the forms as outlined below. You need to fill out the relevant sections on either an ACC1517 (Mental Injury Cover form) or ACC6178 (Disentitlement for WSI or suicide claims). Ensure you leave the document as incomplete.

Complete the written guidance request form as per the current process (if you have completed an ACC6178 you can still select the tick box for 'Have one of the above ACC documents been completed') and indicate in your summary 'Refer to the ACC1517 (or ACC6178) document uploaded on XX/YY/ZZZZ'.

The PA will then arrange a Complex Mental Injury Panel (CMIP) comment via Technical Services. Once the Psychology Advisor and CMIP have completed their comments in the ACC1517/ACC6178, complete these documents and action the recommendations.

You can refer to the delegations spreadsheet below which shows what types of claims need to be referred to the Complex Mental Injury panel.

📄 Delegations Framework

NOTE **What if you require written guidance from a Technical Accounting Specialist?**

Refer to the following page for more information on Technical accounting and what information needs to be included with a written guidance request.

NB: Due to the complexity of these requests there is a 3 day Service Level Agreement for urgent (client is in financial distress) tasks and a 20 day Service Level Agreement for all other requests.

📄 **PROCESS** Referring to the Technical Accounting Specialists for Advice

NOTE **What if you require guidance on a claim where weekly compensation has been paid for less than six months and you're considering suspending entitlements, as the covered injury has resolved?**

Submit written guidance to clinical only (there is no need to tick coordinated guidance). However, if due to the complexity of the client or their situation, and technical guidance is still required, then tick the box for coordinated guidance.

NOTE **What if you are working on a claim that is in 'Actioned Cases'?**

Written Guidance must be requested on 'active' claim, you will need to transfer this into the appropriate queue/name.

d Go to Activity 4.1 'Action Written Guidance' once you have received your guidance.

NOTE **What if you have already submitted your written guidance request, and you need to update the priority?**

If you have received new information that changes the priority of the request, complete the steps below:
• Open the claim in Salesforce.
• Click on the 'Recovery Support' tab and then click on the relevant Guidance Number to open it.
• Now you should be on the 'Details' page. Click on the 'Update Guidance Priority' button to change the priority of the request.
• Check the Written Guidance Priority Categories document to see which category your request meets.
• Select 'P1 - High' or 'P2 - Medium' under 'What's the priority for this request?'
• Select the relevant drop-down P code option under 'Why is the request urgent?'
• If your reason for escalation does not meet one of the pre-set categories, you should email clinicaltriage@acc.co.nz with your Team Leader approval and reason for requesting escalation.

FYI – If you wanted to check the progress of the task, you can click on the 'Related' tab and then click on the open task number:
• If the guidance is still with the Triage team, it will be the 'Triage Written Guidance request' task type.
• If it has already been triaged and allocated to an Advisor queue, it will be the 'Provide Written Guidance' task type.

📄 High and Medium Priority Categories for Written Guidance Requests

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📄 **PROCESS** **Provide Internal Guidance - Hotline**
Clinical Team Member, Payments Assessor, Practice Mentor, Privacy Advisor, Technical Team Member

- -

📄 **PROCESS** **Provide Internal Guidance - Written**
Clinical Team Member, Senior Triage and Workflow Coordinator, Technical Team Member

- -

4.0 Action Hotline Guidance
Cover Assessor, Recovery Administrator, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Consider the advice documented by the Advisor, Specialist or Assessor and undertake the next steps.

NOTE **What if you need to clarify the guidance provided by the Advisor, Specialist or Assessor?**

Message or call the Advisor, Specialist or Assessor directly to clarify the guidance.

NOTE **What if you want an Advisor, Specialist, or Practice Mentor hotline comment to be removed from file or amended?**

The only instances a clinical or technical comment should be removed/ deleted is when the guidance is on the wrong claim. In rare instances the Advisor may need to amend or add an addendum to the guidance. Only an Advisor's or Specialist's manager can delete their own comment, neither a frontline staff member or another advisor can delete your comment.

If the comment needs to be removed/amended ensure you reach out to the advisor or specialist who provided the guidance and include their manager in the discussion.

📄 Receive Written Guidance (Recovery Team Member)

- -

4.1 Action Written Guidance
Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a In Salesforce, review the guidance provided on the Written Guidance request by selecting the 'details' tab.

NOTE **What if you are requested to provide clarification on a guidance request?**

If this is via IM or call, clarify the question directly with them.

If this is via Salesforce, open the Guidance Request and click 'Provide Clarification on Guidance Request', read the clarification question and provide the clarification. If you need to cancel or put the request on hold you can do this at this step.

If you need to request additional information in order to clarify the request, use the Request Clinical Records process. In Salesforce, extend the target date of the clarification task to later than the due date of the medical notes task. Ensure you update the task description to reflect you have requested additional information (if you are in Assisted Recovery and are returning this to the queue, update the description when you do this).

NOTE **What if the written guidance is on a claim not migrated to Salesforce?**

For very old claims where you are unable to access Salesforce in order to make a request for clinical advice, a written guidance referral would have been actioned using the NGCM pathway in EOS.

\- If you decide to accept the written guidance or to ask for clarification on the written guidance provided, use the Review Written Guidance system steps below.

\- If the Advisor had asked for clarification within the written guidance, use the Respond to Clarification Request from Advisor system steps below.

📄 Receive Written Guidance (Recovery Team Member)

📄 Respond to Clarification Request from Advisor (Recovery Team Member)

b Accept the guidance provided by selecting 'Accept Guidance', or request clarification if required.

NOTE **What if the advice is unclear or the questions are unanswered?**

Select 'Clarification Required on Guidance Provided' and input your clarification question(s).

NOTE **What if you want an Advisor or Specialist's written guidance to be removed from file or amended**

Comments within a Written Guidance form cannot be deleted or edited once the Advisor or Specialist has submitted their guidance.

If the wrong client's information has been included, please cancel the guidance in Salesforce and submit a new request.

NOTE **What if your request for written guidance was related to transferring weekly compensation to a different claim for a further injury?**

Return to 'Determine Transfer of Weekly Compensation to a new claim due to Further Injury' and continue the process.

🔲 PROCESS Determine Transfer of Weekly Compensation to a new claim due to Further Injury

📄 Add an Eform

c Once the guidance has been accepted a transcript will be created in Eos.

NOTE **What if guidance indicates it's appropriate to suspend entitlements where weekly compensation has been paid for less than six months, as the injury has resolved?**

Copy and complete the decision rationale template below and paste this into a NGCM General Task (in Eos). Assign it to a leader from your hub. Message them to let them know it's there.

• Decision type SUSPEND ENTITLEMENTS DECISION
• Who was consulted [eg. Recovery Support hotline guidance from Practice Mentor received 10/03/23 and Written guidance from Clinical Advisor received 24/03/23]
• Rationale for the final decision [(e.g. Suspend all entitlements as Clinical guidance has confirmed the client's covered injury has resolved) or (Suspend all entitlements as Clinical guidance has confirmed the client's covered injury has resolved and the reason for ongoing incapacity is non-injury related)]

The leader will review and send the task back to you within 24 hours - with either their support or if they wish to discuss further.

Once your Team Leader has endorsed the decision, create a new Salesforce contact action and copy the body of the NGCM General Task into the Outcome Summary of your Salesforce contact. Close the NGCM General Task.

Follow the relevant steps in the below page for "Stop Supports".

🔲 PROCESS Stop Supports

NOTE **What if guidance indicates I have sufficient information to issue a decision?**

See the below page for "Issue Recovery Decision"

🔲 PROCESS Issue Recovery Decision

NOTE **What if I'm unable to locate my Written Guidance request?**

The Written Guidance process is a cog process meaning that when one action is completed it creates a new task in the process to be actioned.

For example: Once the triage process is completed, the 'Triage Written Guidance' task will be closed and a 'Provide Written Guidance Task' is automatically created which is then assigned to the appropriate advisor.

The instructional video below provides an overview of the Recovery Support Written Guidance process in Salesforce and EOS and support in locating the various tasks in this cog process.

🎞 An overview of the Recovery Support Written Guidance process in Salesforce and EOS

- -

5.0 Provide and Review feedback
Cover Assessor, Recovery Administrator, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a If applicable, provide feedback on the guidance received.

ACC > Claims Management > Manage Claims > Gather Additional Information or Advice > Seek Internal Guidance
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NOTE **How do you provide feedback on the Hotline guidance you have received?**

In Salesforce, navigate to the Recovery Support tab and select the 'Provide Feedback' option. On the Provide Feedback form, complete the mandatory question and comments sections, and submit your feedback.

NOTE **How do you provide feedback on written guidance?**

When you accept the written guidance in Salesforce, you will get the option to provide feedback, select this option, and complete the mandatory fields.

b If applicable, review feedback on the guidance request you submitted.

NOTE **What if you want to review some feedback you have received?**

You will be notified you have received feedback by getting an alert notification from the "bell" icon in Salesforce. If you select this you will be able to review the feedback.

Alternatively, if you select the nine dots in the top left corner of the Salesforce window, and search for "Feedback", you can select this Feedback option.
From here you can select the drop down arrow to show different list views which display feedback from a range of dates.

NOTE **What if you are a Team Leader and you want to subscribe to a feedback report?**

Complete the steps below in Salesforce:

• Select 9 dots to the left of "Work Load Management"
• Type in "Reports"
• Select "All Folders' and then "Feedback Reports"
• Open the new report " My Team's Feedback – Last 7 days"
• Click the down arrow at the top right of the report and select subscribe
• Schedule when you want the report subscription email e.g. 9am on a Monday every week. Confirm recipient being added and run report as = "Me"
• Result will be an email to your inbox at that time/day, with a link to the report in Salesforce
• Last step will be to use the Team Leader filter, to narrow the results to your team members i.e. use the name your Salesforce user is set up with

ACC > Claims Management > Manage Claims > Gather Additional Information or Advice > Seek Internal Guidance
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Cover criteria for pre-existing conditions Policy v10.0

Summary

Objective

If a client has a pre-existing condition and suffers a personal injury, the personal injury may be covered but the pre-existing condition will not. However, if the pre-existing condition has previously been accepted for cover, the worsened condition may be covered under the existing claim.

The AC Act 2001, Section 26(4) states that personal injury does not include personal injury caused wholly or substantially by the ageing process.

Owner	Out of scope
Expert	Out of

Policy

1.0 Taking a person as they are

a If a person with a pre-existing condition has an accident, they may sustain more serious results from the accident than a healthy person. They have a right to compensation for the more serious results. See Examples of pre-existing conditions.

You may sometimes hear this referred to as the "eggshell skull principle" or the "thin skull rule". It means that we consider all claims for cover on their own merits, without giving weight to any pre-existing conditions.

2.0 Aggravation or acceleration of pre-existing damage

a We will not cover the aggravation or acceleration of pre-existing damage that is a natural step in the process of deterioration, without evidence of a fresh injury.

3.0 Obtaining medical information

a When obtaining medical information you must:

- establish the cause of injury, to determine whether the injury is the result of an accident
- get a description of any significant pre-existing condition.

You should collect the following information to get a full picture of a client's condition:

- full diagnosis of the condition claimed for
- likely prognosis of the condition
- description of any significant pre-existing medical condition that may have caused or contributed to the injuries claimed for
- details of any other medical practitioner consulted about either the injuries or a pre-existing medical condition that may be related to the injuries claimed for
- copies of any medical reports, x-rays or clinical test results that may be related to the injuries claimed for
- information about any unusual features of the injuries.

If you contact medical practitioners by phone, make sure you get a written response from them as well.

4.0 Adjacent Segment Disease

a Adjacent Segment Disease (ASD) is a term describing pathology that has become symptomatic following a spinal fusion. When a person has one or more levels of their spine fused surgically to treat disc pathology caused by a covered back injury, the adjacent disc level above or below the fused segment may be subject to extra load and stress because those levels are now the lowest remaining mobile segments.

b Only spinal fusion surgery has the potential to cause adjacent segment disease. The way in which disc prolapses contribute to ASD is not scientifically well established.

Cover for ASD is not available if a fusion accelerates the progression of pre-existing degeneration at an adjacent level.

ASD arising from non-ACC funded fusions would not be covered unless the disease met the criteria for a treatment injury.

The fact that ACC has funded an earlier fusion which, in turn, is alleged to have caused ASD is not enough in itself to determine causation.

ACC > Claims Management > Manage Claim Registration and Cover Decision > Operational Policies > Cover Decision > Personal Injury Eligibility > Cover criteria for pre-existing conditions Policy

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5.0 Examples of pre-existing conditions

a Example 1

Paul is being treated for cancer. While undergoing a course of radiotherapy, he falls and fractures his knee. His claim will be accepted for cover for the knee fracture, but not for the pre-existing cancer.

Paul's entitlements are limited to the separate consequences of the knee fracture. For instance, ACC may contribute towards the cost of treatment of the fracture by an orthopaedic surgeon, but not towards any cost of further radiotherapy.

b Example 2

Ann is aged 85 years and lives in a rest home. She falls and fractures the neck of her femur.

The fracture heals but Ann does not become as mobile again. A year later, when the fracture is healed, she contracts pneumonia and dies. Because there is no direct causal link between the fracture and Ann's death, ACC is not responsible for any costs arising from the pneumonia and death.

c Example 3

Carl is aged 85 years and lives in a rest home. He falls and fractures the neck of his femur.

Because of the fracture, Carl is immobilised in bed and cannot even sit up. Within a few weeks, he has congestion in his lungs because of his immobility. Carl contracts pneumonia and dies.

The claim for cover will be accepted for Carl's death, because there is a clear chain of causation. The fall caused the fracture, which caused the immobilisation, causing the congestion in the lungs. The congestion led to pneumonia, which caused Carl's death.

d Example 4

Scott, aged 52, has an osteoarthritic hip joint. He is still reasonably mobile, but it is anticipated that, at some time, he will need a replacement joint.

While swinging his golf club one day, Scott twists his hip joint. His claim will be accepted for cover for the twisting, but not for the underlying osteoarthritis.

e Example 5

Cath has suffered from the effects of Scheuermann's disease (an osteochondritis of the spine) since her teenage years. This will gradually deteriorate so she will not be able to flex part of her spine.

When lifting a bolt of material, Cath severely strains her back muscles. Her claim for the muscle strain will be accepted for cover, and she can receive appropriate entitlements while the strain heals. But as soon as the deteriorating osteochondritis becomes the substantial cause of Cath's back problems she will lose her entitlements.

f Example 6

Brent is an active diabetic who slips while cutting firewood and a splinter pierces his foot. The injury, because of his pre-existing poor circulation, leads to gangrene in a part of the foot. This has to be excised in two separate operations.

Brent's claim will be accepted for cover for the splinter incident and his entitlements extend to the two separate operations. However, ACC has no responsibility for other measures that are required, for example a vein transposition, which is a prophylactic measure undertaken to improve the blood circulation to what remains of Brent's foot.

g Example 7

Brenda has always been inclined to minor depression, but did not need any treatment other than rest. She sustains serious chest injuries and other abrasions in a motor vehicle accident. As a result of these physical injuries Brenda suffers a post-traumatic stress disorder (PTSD).

The PTSD needs medical treatment, which prevents Brenda from working for a time. ACC will accept the claim for cover for the PTSD and for her physical injuries.

Provide Internal Guidance - Written v12.0

Summary

Objective
To provide guidance to frontline staff via a Written Guidance eForm in Salesforce or Eos.

Background
Written Guidance is available for any of the following areas:

• Clinical Services
• Technical Services

Owner   Out of scope

Expert   Out of scope

Procedure

1.0 Triage and Allocate requests for Written Guidance
Senior Triage and Workflow Coordinator

a   In Salesforce, open the next 'Triage Written Guidance request' task or the next 'Triage Request for Clarification' task.

> **NOTE**   **For additional information about the Written Guidance process refer to the FAQ document below.**

📄 Recovery Support FAQs.docx

> **NOTE**   **What if you are working out of an Eos queue?**
> Depending on the business unit who sent the task, allocate this to an appropriate Clinical or Technical staff member in Eos.

📄 Recovery Support Decision Tree

> **NOTE**   **What if there is not enough information and clarification is required?**
> For minor clarification, attempt to contact the requestor directly via call or IM. The requesting staff member will then update the relevant information on the Guidance Request by selecting [Add additional Information to a Guidance Request].
>
> For major clarification, or if minor clarification attempt was unsuccessful, select [Request Clarification] while in the Triage Written Guidance request task.
>
> If there already appears to be a guidance request on file that is addressing the requestor's query, send the request back for clarification and determine if the guidance transcript uploaded on XX/YY/ZZZZ addresses their query.

> **NOTE**   **What if you get a written guidance request from a Surgery or Additional Treatment staff member with the description TACDUN?**
> Allocate to the Clinical Advisor queue keeping the task description as TACDUN.

> **NOTE**   **What if you need to reassign a task to another Advisor or Specialist?**
> Check the tick box in the relevant queue, and transfer it by selecting [Change Owner]. This can also be done for multiple tasks.
>
> This can also be done directly from the task, by Selecting [Change owner] from the 'Provide Written Guidance' task and entering the appropriate owner/department queue.

> **NOTE**   **What if a written guidance request needs to be returned to the requesting staff member due to the HASTEN initiative?**
> 1. Select [Return Request Due to HASTEN Initiative] and provide a reason for this.
>
> 2. The HASTEN initiative has been implemented to unnecessary written clinical advice requests that can be more appropriately answered with Promapp "self service" knowledge products, seeking advice from Team Leader and/or Practice Mentor channels.
>
> 3. When you receive written guidance requests from frontline staff, and you are aware of self service content that is available to answer their query, or if the query is better suited for a Team Leader, or Practice Mentor, ensure you provide this information to the requestor.

b   Assign the task to the relevant staff member or queue. If you need to add any particular details to the request, enter this into the description field of the task once its been assigned. Refer to the relevant Triage salesforce report, to confirm how many tasks each advisor has in their queue.

- -

2.0 Provide Written Guidance
Clinical Team Member, Technical Team Member

a   In Salesforce, select the next task in either 'My Assigned Tasks - Recovery Support', or the applicable department queue to your role. Review the provide written guidance task, then select [Provide or Clarify Guidance].

> **NOTE**   **For additional information about the Written guidance process refer to the FAQ document below.**

📄 Recovery Support FAQs.docx

> **NOTE**   **What if you are picking up a task from a shared queue?**
> When you select [Provide or Clarify Guidance], the task will automatically go into your name. You can still change the ownership of the task by selecting [Change Owner], but this is not required.

> **NOTE**   **What if you are picking up a task from an Eos queue?**
> If you are receiving a request for written guidance via Eos, you will need to complete the guidance in Eos.
>
> There are a number of teams who will not be requesting guidance via Salesforce i.e: Remote claims, Review requests, TPA and Technical Accounting

NOTE **What if you need to transfer the task to a new owner?**
Check the tick box in the relevant queue, and transfer it by selecting [Change Owner]. This can also be done for multiple tasks.

This can also be done directly from the task, by Selecting [Change owner] from the 'Provide Written Guidance' task and entering the appropriate owner/department queue.

NOTE **What if you are a Clinical Advisor and you have received a request regarding Surgical guidance via the clinicaladvisorsurgery@acc.co.nz inbox?**
1. These requests come via the Surgery and Additional Treatment team at ACC. Ensure you document this as a record of Hotline Guidance in Salesforce.
2. If you believe this query needs to be sent as a Written Guidance request inform the requestor and ask them to re-submit the request.
3. Advise the requestor to use the decision tree tool when trying to determine whether or not to send requests via the above email address vs the written guidance form in salesforce.

NOTE **What if you get a written guidance request for a Mental injury claim or disentitlement for a Wilfully Self-inflicted (WSI) or suicide claim?**
Guidance must be provided by a Psychology advisor, and may need to go to the Complex Mental Injury Panel. Refer to the document below to determine what claims need to go to the Panel, and what the referral process is.

📄 CMIP process for Advisors and Specialists

b Select the previous tab in Salesforce to launch the client's Eos claim, using the [Launch Eos claim] button.

c Determine if you have all the relevant information to provide Written Guidance. Then, enter your Qualifications, Analysis and Recommendations into the relevant fields in the eform or ACC document, to complete your guidance.

NOTE **What if there is not enough information and clarification is required?**
For clarifications that can be provided the same day, contact the requestor directly via call or IM.

If required, the requesting staff member will then update the relevant information on the Guidance Request by selecting [Add additional Information to a Guidance Request].

For clarifications that cannot be provided the same day, select [Clarification Required] then specify what you need from the requestor in the 'Clarification Questions' free text box.

NOTE **What if the guidance request is related to a decision-making authority?**
For Technical Services: Ensure you select the tick box at the bottom of the Written Guidance form labelled 'Decision making authority'.

If the request is relevant to a shared delegation, ensure you have discussed the decision with the clinical staff member.

If the delegation requires a higher level decision-making authority, contact the relevant person requesting them to add their comment onto the client's file, then ensure they have contacted you to confirm this is completed.

If the delegation sits with Clinical, ensure you specify this in your clinical summary.
For information on delegations, refer to the spreadsheet below.

📄 Delegations Framework

NOTE **What if you need to save a draft of your guidance request to complete later?**
At the bottom of the written guidance form select the tick box labelled [Save as Draft] then click [Next]
When you are ready to complete your guidance request, go back to the written guidance request in salesforce and select [Edit Written Guidance], to complete your guidance.

NOTE **What if the requestor has cancelled the request for Written Guidance?**
You will receive a notification via the bell icon on the top right hand corner of the screen. If this is the case, close out of the guidance request and move onto another task.

NOTE **What if the requestors query is located in an ACC document (eg. ACC1517 Determining cover for a mental injury claim)?**
Before selecting [Provide or Clarify Guidance], Select [Launch EOS Claim] and enter your guidance into the document stated in the request.

Then in Salesforce, select [Provide or Clarify Guidance] and complete the written guidance form and in your recommendations enter "Guidance provided in ACC form (Specify the document)".

NOTE **What if additional advice is required from another team/advisor or specialist?**
Select [Yes], when presented with this question, then select the relevant role and add your comments.

NOTE **What if you are considering referring the client for a Medical Case Review?**
Before providing your recommendation, refer to the documents below

📄 Recovery Support to Determine Need for a Medical Case Review (MCR)

📄 MCR Quick Reference - Question Selection

NOTE **What if you want to seek advice from Legal Services?**
Refer to the Legal Services team space below

📄 Legal Services team space

NOTE **What if you need to add images to support your analysis?**

Images can be inserted into the guidance you provide in Salesforce. For information on what images are supported and how to ensure they display correctly, please refer to the document 'Adding images in Salesforce' below.

📄 Adding images in Salesforce

NOTE **What if you have entered incorrect information into the guidance you've provided?**

Please make sure to review the guidance you provide before submitting as there is no way to remove once it has been saved and sent through to the next team and/or requester.

Where the guidance has been submitted and you've included the incorrect client details, you will need to request that the front line team cancel the request and submit a new one.

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3.0 Provide and Review feedback

Clinical Team Member, Technical Team Member

a If applicable, provide feedback on the guidance request.

NOTE **How do you provide feedback on the guidance request?**

Once you have submitted your guidance, you will be given the option to provide feedback on the guidance request. If you want to provide feedback, select this option and complete the mandatory fields.

b If applicable, review feedback on the guidance provided.

NOTE **What if you want to review some feedback you have received?**

You will be notified you have received feedback by getting an alert notification from the "bell" icon in Salesforce. If you select this you will be able to review the feedback.

Alternatively, if you select the nine dots in the top left corner of the Salesforce window, and search for "Feedback", you can select this Feedback option.
From here you can select the drop down arrow to show different list views which display feedback from a range of dates.

NOTE **What if you are a Team Leader and you want to subscribe to a feedback report?**

Complete the steps below in Salesforce:

• Open the new report Folder "Feedback Reports"
• Open the new report " My Team's Feedback – Last 7 days"
• Click the down arrow at the top right of the report and select subscribe
• Schedule when you want the report subscription email e.g. 9am on a Monday every week. Confirm recipient being added and run report as = "Me"
• Result will be an email to your inbox at that time/day, with a link to the report in Salesforce
• Last step will be to use the Team Leader filter, to narrow the results to your team members i.e. use the name your Salesforce user is set up with

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Causal Link Policy v11.0

Summary

Objective
Use this guidance to help you establish a causal link between the treatment and the injury.

Background
For a claim to have cover for a treatment injury there must be a causal link between the treatment and the injury. See Scenarios for treatment injury and the Accident Compensation Act 2001, Section 33.

Owner	Out of scope
Expert	Out of

Policy

1.0 Determining the link between the cause and effect

a When determining a causal link you must consider the following questions using your clinical knowledge and all available case information:

• Did the cause precede the effect? How long did it take for the effect to appear?
• Is there a strong relationship between the cause and effect?
• Has the relationship between cause and effect been observed repeatedly, by different people and in different times and places?
• Does a variation in cause produce a variation in effect?
• Is the relationship between cause and effect consistent with clinical knowledge?
• Does the removal of the cause result in a decreased risk?
• Does one cause produce one effect?

Causal link cannot be established where:

• the personal injury is wholly or substantially caused by an underlying health condition
• the personal injury is the result of unreasonably withholding or delaying consent to undergo treatment.

2.0 Unreasonably withholding or delaying consent to undergo treatment

a A person can only make a reasonable decision not to consent to the recommended treatment when they have enough information to make an informed decision. Before declining cover under this provision, check that the client had enough information at the time they withheld their consent.

You must fully examine the client's reasons for withholding or delaying their consent. In some situations the decision may have been reasonable, given all the circumstances of the treatment.

3.0 Failure to provide treatment, or to provide treatment in a timely manner

a To determine cover for a personal injury due to failure to provide treatment, or failure to provide treatment in a timely manner, the injury must meet the following criteria:

• there has been a failure to provide treatment or to provide treatment in a timely manner

• there is a personal injury, over and above the natural consequences of the underlying condition for which the treatment was sought

• had the condition been diagnosed or treatment received earlier, the personal injury would have been prevented or lessened.

See Accident Compensation Act 2001, Section 33(1)(d).

To assess whether there has been a failure to provide treatment, or a delay to treat or diagnose in a timely manner, you must consider the following factors:

• based on the client's presentation, including complexity of presentation and any co-morbidities present, and clinical knowledge at the time of treatment, should a different diagnosis reasonably have been made, or a different treatment path reasonably have been undertaken, at an earlier point in time in the case of delay?

• if a different diagnosis or treatment path was indicated, and if it had been followed, would this, on the balance of probabilities, have led to a different outcome, i.e. would it have prevented or altered the progression of the injury?

📄 Accident Compensation Act 2001, Section 33, Treatment
http://www.legislation.govt.nz/act/public/2001/0049/lat

4.0 Do not apply hindsight

a You must investigate what treatment was actually required, based on the client's presentation at the time rather than on what was subsequently proved to be the case with the benefit of hindsight.

NOTE **Example**
In the case of Baker 70/2009, Mrs Baker presented to her General Practitioner (GP) with flu-like illness including headache and vomiting. Her GP provided treatment according to her presentation. Her health deteriorated over several weeks and she was eventually diagnosed with herpes simplex encephalitis (HSE), which resulted in Mrs Baker suffering from right visual field defect and right-sided hyperaesthesia. Treatment for HSE was not required for Mrs Baker's original presentation, as this diagnosis was only discovered after the drastic step of a brain biopsy

b In summary, just because a client goes on to have a more severe diagnosis confirmed at a later date, this does not automatically mean that there was a delay or failure to treat the client for that diagnosis at the time of the original presentation, if there were no indications pointing to the more severe condition at that time.