

16 December 2015

David Lawson
fyi.org.nz

Dear Mr Lawson

Official Information Act Request

Thank you for your four requests dated 7 and 9 November 2015.

ACC has responded to each of these requests as follows. The wording of your specific requests is set out in ACC's response, written in italics.

Request One

I am writing to request information in regards to the significance of the description Partially Paid that appears on Accident Compensation Corporation's 4.06: CLAIM SERVICE REPORTS.

It would be appreciated if you could provide me with the following official information;

- 1). It appears that the indicator registers as either Partially Paid or alternatively Paid and I would appreciate if you could confirm if there are any other settings for this indicator under the 4.06 CLAIMS SERVICES REPORT screen/print. For instance is there also an Unpaid indicator.*
- 2). I understand that the Partially Paid indicator can remain shown as such for periods well in excess of ACC's standard payment remittance contractual arrangements with service providers. I have witnessed situations where the payment details for a particular service provider continues to show Partially Paid 20 months after the service was provided by the ACC service provider, whereas subsequent and much more recent provisions of service by the same service provider have been registered as Paid.*
 - a) In light of this anomaly it would be appreciated if you could confirm under the official information act all circumstances/scenarios between ACC and ACC Service providers that would trigger the Partially Paid indicator on the Accident Compensation Corporation's 4.06: CLAIM SERVICE REPORTS in terms of the payment relationship between ACC and the ACC service provider.*
 - b) what circumstances lead to an account being registered as Partially Paid on the 4.06: CLAIM SERVICE REPORTS, well after the service has been provided to the ACC client.*
- 3). In circumstances where a Partially Paid indicator is shown can you please advise whether the unpaid balance to the service provider who had treated an ACC client registers as a unique identifier for any purpose other than registering a standard charge account submitted by a service provider which ACC has yet to fully settle.*
- 4). In circumstances where a Partially Paid indicator is shown can you please advise whether the unpaid balance to the service provider is associated with any form of a commission/reward/incentive component of payment in addition to the service providers*

standard charge, possibly linked to a short term or long term treatment/rehabilitative goal and outcome, similar to the KPI and staff incentive programme that ACC Staff enjoy.

5) If the answer to question 4) above is yes, can you please confirm whether the Partially Paid indicator could be triggered in a situation where an ACC service provider has been advised by an ACC client of an additional injury, be it accidental or a treatment injury, and that injury is made known to ACC by the ACC service provider without the service provider either registering the injury via submitting an ACC 45 to ACC or alternatively advising the ACC Client to register an ACC 45 claim.

Response to Request One

Payment status indicated in ACC's Claim Service Reports

Your request seeks specific information regarding the 'partially paid' status referred to in ACC's 4.06 Claim Service Report.

Claim Service Report

This type of report is supplied to ACC clients about their individual claim. It lists entitlement payments related to that client's claim. General details of the provider's invoice accompany the list of specific services from that provider's invoice which applies to the particular client. The entitlements listed are ones that have been paid by ACC.

The provider invoice details include the invoice number, the date, and the payment status at the time the report was generated. The payment status can be one of: authorised, awaiting authorisation, cancelled, paid, or partially paid.

The payment status is connected to the invoice itself, rather than the specific services or items listed in the individual claim report. Importantly, under standard bulk billing practice, a single invoice from a provider can have multiple services listed on it that are related to a number of ACC clients. Notably each report does not provide details of any other ACC clients – just a reference to the provider's invoice and the services the provider has supplied to the ACC client for whom the report has been prepared.

'Partially paid' status

The partially paid status is activated if any one of the various services listed on a provider invoice has not been paid. As noted, a single invoice can include services provided to a number of ACC clients.

This means that the partially paid status can be activated in a report even when the unpaid service relates to a different client altogether. It is not possible to tell this from viewing a report.

The partially paid status can remain unchanged for varying lengths of time for a variety of reasons. These can be broadly categorised under the terms: declined, cancelled, awaiting validation, held, or reviewed. Such terms may be used in the following situations:

- the client is not eligible for the entitlement (e.g. their claim was declined by ACC)
- further information is required (e.g. claim number not supplied in invoice, number of hours not provided)
- the amount sought is incorrect or greater than ACC pays under contract or regulations (e.g. payment for a surcharge, payment sought at the previous contracted rate)
- payment is held because ACC has further questions (e.g. service was provided more than 12 months ago, number of services claimed is very high)
- the service provided did not comply with the relevant contract or regulations
- the service listed in the invoice had already been paid by ACC
- the service requires ACC approval
- the claim is not managed by ACC (i.e. it is managed under the Accredited Employer Programme).

The partially paid status may endure indefinitely, as the unpaid service(s) in the provider invoice may not at any stage qualify for payment by ACC.

Use of 'partially paid' status or unpaid balances

ACC does not use the unpaid balance of a provider invoice in any way as a unique identifier.

Further, ACC does not have any payment arrangements with treatment providers that include a reward/commission/incentive component.

Request Two

It would be appreciated if you would provide me with a copy of the ACC EOS Staff Reporting Guidelines that set out the current ACC staff policy for how contact between ACC staff and external providers in which personal information in regard to an ACC claimant is discussed, and or exchanged should be recorded to meet ACC's EOS reporting guidelines.

It would also be appreciated if you could provide confirmation to me of how the correct ACC EOS Staff Reporting guidelines would apply to the ACC Staff Member's reference to "receive your message" in the following scenario when they have communicated with an ACC service provider;

"Thanks for letting me know (ACC Service provider). I also received your message regarding the IMA and I think it best to keep the appointment as set so we can have all the necessary reports available for Dr X to view. Thanks ACC Staff Member."

Specifically can you confirm whether under the ACC EOS Staff Reporting guidelines the ACC Staff member in the above scenario has an obligation to have had recorded on the ACC EOS System the "message" from the service provider that they refer to separately in the above example, since the content of the service providers message remains unknown.

It would also be appreciated if you could also confirm whether there has been any change to the ACC EOS Staff Reporting Guidelines within the past 24 months and if so could you please indicate the specific changes as such.

Response to Request Two

Record management and reporting contact between ACC staff and external parties

This request asks about record management and what ACC staff are required to do in this regard while undertaking their work.

Records Management Policy

In terms of policy documents related to this request, we attach the following:

- Records Management Policy
- Add a contact
- When to save emails in Eos

ACC's Records Management Policy is an overarching policy that applies to all staff. In line with this approach, all staff managing claims are required to keep records of all activities, transactions and decisions carried out in the course of their daily work. This includes keeping all documentation related to the claim - as well as copies of correspondence, and a record of interactions related to a claim.

Application of this policy

You ask how our policy applies in a particular case. To consider whether ACC's Records Management Policy was complied with in the scenario outlined, we would need to review the matter carefully and form a view. Please note that the Official Information At 1982 does not require agencies to provide an opinion or point of view - as this part of your request seeks.

If you would like ACC to address or otherwise consider any concerns you have in relation to a claim, please let us know using your own email address and noting your ACC claim. We will be happy to assist.

No recent changes to this policy

There have been no changes to guidelines and policies regarding the recording of contacts in Eos in the last 24 months.

Request Three

I am writing to request a copy of the ACC Policy/Guidelines that would set out an ACC staff members obligations under the ACC ACT and also their obligations to the ACC Claimant under the Code with respect to fully informing an ACC Claimant of the following intervention prior to having carried out this intervention without their knowledge;

Intervention;

An ACC Staff member communicates with an ACC Claimant's ACC treatment provider (physio) without the ACC Claimant's prior knowledge and or consent, and between them together write to the ACC Claimant's lead surgeon seeking further assessment/guidance on the appropriateness of the ACC claimant's suitability to continue gym based strength training to facilitate a return to their manual based occupation.

Both ACC Staff member and the ACC Claimant's treatment provider have been informed and are fully aware prior to writing the letter that;

- 1. An additional accident that the surgeon has not been previously informed of by the client, because the ACC staff member had advised the claimant not to approach the surgeon directly,*
- 2. Pain at a higher spinal level followed the additional accident and was ongoing, and neither the ACC staff member nor the treating physiotherapist made reference to the salient accident/symptom history noted in 1 & 2 above in the letter forwarded to the Surgeon by ACC staff, but signed by physio.*

The ACC Claimant was not informed of the letter being sent and thus had no knowledge of the content, nor ability to correct the omissions and inaccuracies/misleading comments in the letter.

Consequences;

The letter goes on to be submitted by ACC for consideration to the IMA Doctor.

The letter then contradicts the ACC Claimant's advice to the IMA doctor that the additional accident occurred, and the added symptoms.

The IMA Doctor omits the accident reported by the ACC Claimant in the IMA and IMRA reports.

I look forward to receiving copies of the relevant ACC Policy/Guidelines that set out the best practice guidelines on the ACC staff member's obligations under the act and to the claimant under the code.

Response to Request Three

ACC's collection and use of information and communication with clients

This request seeks information regarding ACC's approach to, and policies about, collecting and using a client's health information. It also asks about staff keeping clients informed regarding their claims. This information is set out below - as well as some commentary on the specific situation you described.

Collection and use of health information

ACC collects health information in accordance with the consent provided by the client.

Generally, ACC seeks authority from a client to collect and disclose information right at the start of a claim. This is done via the ACC45 Injury Claim form.

For ongoing treatment, ACC obtains further consent through the ACC6300 form (used since 2014 in place of the ACC167 form). If an ACC167 form is on a client's file, it will still be valid

in cases where the claim has remained active, and the client has not elected to complete a new ACC6300 form.

The ACC6300 consent form does not require a client to formally authorise disclosure of information. Under the Privacy Act 1993, an agency is entitled to disclose personal information if the purpose of this disclosure is in connection with which the information was collected. As ACC collects health information for the purpose of treating and rehabilitating its clients it is appropriate to disclose relevant health information to treatment providers to establish a client's rehabilitation and treatment needs.

ACC staff are guided by the following principles in how we use a client's authority:

- requesting authority at the right time
- being specific about what information we need and why
- returning or destroying records received and not asked for
- only using records for the purposes for which they were requested.

Communication with clients

ACC requires its staff to keep in contact with clients to ensure that they know what ACC is doing. This requirement aligns with the Code of ACC Claimants' Rights, which includes:

- the right to be fully informed
- the right to effective communication.

How often or in what circumstances a claim manager contacts a client depends partly on the individual client's preferences. This should be discussed with the client at an early stage of the claim.

ACC's 'Guidelines for managing and monitoring rehabilitation' provides further information on ACC's approach to communication with clients. A copy of this document is attached.

Generally speaking, a client should be made aware of actions relating to their claim. If a client is unsatisfied with the level of communication they receive, they should raise this with their claim manager in the first instance. If this does not resolve the matter, the client can consider complaint options, as discussed below.

Specific scenario

We are unable to comment on the specific scenario you have described in your request - particularly in the context of an Official Information Act request. ACC would only be able to do so following an investigation of the matter.

There are a number of options available for clients who are unhappy with any aspect of the service they received from ACC, or treatment or service providers. Our website has details of these options, which can be accessed by the following link:

<http://www.acc.co.nz/making-a-claim/what-if-i-have-problems-with-a-claim/ECI0046>

Request Four

1. Please provide a copy of the ACC Policy/Guidelines/contractual reporting obligations of an ACC accredited physiotherapist to ACC, who treats an ACC client under an ACC Med Fee Contract when the ACC client reports an adverse reaction to their treatment. The treatment being acupuncture and the adverse reaction impacting on the trigeminal facial nerves

Please ensure that the official documentation/ information provided specifies;

a) Who the ACC approved physiotherapist should notify within ACC,

b) The time limit that the ACC approved physiotherapist has to make the declaration of the treatment injury to ACC,

c) Whether the ACC approved physiotherapist is required to fill out an ACC45 in the first instance, together with an ACC2152.

d) the expectation of the ACC approved physiotherapist in terms of their obligation to the ACC client that they were supervising and caused the treatment injury to.

2. Please provide a copy of the ACC Policy/Guidelines/contractual reporting obligations of an ACC accredited physiotherapist to ACC, who treats an ACC client under a Functional Rehabilitation Programme Contract when the ACC client accidentally injures their neck whilst performing exercises in the presence of the ACC approved physiotherapist when they twist at the same time as pressing a load above their neck. The injury results in a cervical prolapse and the injury occurred half way through the 12 FRP sessions;

Please ensure that the official documentation/ information provided specifies;

- a) Who the ACC approved physiotherapist should notify within ACC,
- b) The time limit that the ACC approved physiotherapist has to make the declaration of the additional injury to ACC,
- c) Whether the ACC approved physiotherapist is required to fill out an ACC45 in the first instance, together with an ACC2152.
- d) the expectation of the ACC approved physiotherapist in terms of their obligation to the ACC client that they are supervising.

Response to Request Four

Obligations of treatment providers to report treatment injuries occurring in the course of ACC-funded treatment

This particular request focuses in on physiotherapists and what process is required to be followed with respect to injuries or adverse reactions that occur in the course of treatment.

Treatment provision by physiotherapists

Physiotherapists can provide treatment services to ACC clients via a few different avenues. They can do so under:

- the Physiotherapy Services contract which sets out the requirements for reporting and communication - as well as service specifications (refer to http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_providers/documents/publications_promotion/wpc138753.pdf for a copy)
- the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (Cost of Treatment Regulations)
- the Functional Reactivation Programme, under which treatment providers are required to report to a client's claim manager regarding any obstacles to rehabilitation that have been identified. (An obstacle to rehabilitation may be a further injury or an adverse reaction during treatment, depending on the specific circumstances.)

No formal obligation to report

Outside of the situation described above (related to the Functional Reactivation Programme), there is no formal obligation for physiotherapists to automatically report an adverse reaction or injury to ACC relating to treatment provided to a client.

ACC expects that physiotherapists (and any other type of medical or health professional) to respond to any treatment issues according to the specific circumstances, and in line with the standards established by the provider's professional body.

Determining if a treatment injury has occurred

If a patient believes they have suffered an injury in the course of treatment, they need to seek confirmation of this from an appropriately qualified medical or health professional. This will involve a formal diagnosis and discussion of what has caused the injury. If this process indicates a treatment injury, then the client, through a treatment provider, can lodge a treatment injury claim using the ACC45 and ACC2152 forms.

A treatment injury claim does not have to be lodged by the treatment provider who was providing treatment at the time of the injury.

Options available where there are concerns regarding treatment being received

In cases where an ACC client has specific concerns with the treatment they are receiving, they can raise this with their claim manager.

The client can also consider raising their concerns with the treatment provider's professional body (eg Physiotherapy Board), or through the Health and Disability Commissioner. Further information can be found on these agencies' respective websites (refer to www.physioboard.org.nz and www.hdc.org.nz).

Questions or concerns about ACC's response

If you have any further questions, contact us by email at GovernmentServices@acc.co.nz.

You have the right to make a complaint to the Office of the Ombudsman regarding our decision. You can call them on 0800 802 602, 9am to 5pm weekdays, or write to: The Office of the Ombudsman, PO Box 10 152, Wellington 6143.

Yours sincerely

Government Services
ACC