

21 July 2017

David Lawson
Email: fyi-request-6079-9e7bbc17@requests.fyi.org.nz

Dear Mr Lawson

Official Information Act Request

Thank you for your request of 28 June 2017, asking for information under the Official Information Act 1982 (the Act).

Please find our response to each of your questions (in *italics*) below.

Response

1. *Within the ACC policy document titled "Timeframes to determine cover"...*

It would be appreciated if you could supply me with the official information that is linked to and can be accessed by an ACC employee when they click on the wording "deemed in their favour" as noted above.

'Deemed in their favour' is a link to the intranet page 'Deemed cover decisions when timeframes not met'. Please find this page attached (Document 1).

2. *Within the ACC policy document titled "Deemed cover decisions when timeframes not met"...*

It would be appreciated if you could supply me with the official information that is linked to and can be accessed by an ACC employee when they click on the word "timeframes" as noted above.

'Timeframes' is a link to the intranet page 'Timeframes to determine cover'. Please find this page attached (Document 2).

We have also included the two standard letter templates referred to on this page, specifically:

- CVR30 Time Extension – advise – claimant (Document 3)
- CVR31 Time Extension – request – claimant (Document 4)

3. *Within the ACC policy document titled "Deemed cover decisions when timeframes not met"...*

It would be appreciated if you could supply me with a full copy of the official policy documentation and or information that is titled "Reasons to revoke cover" as noted above.

'Reasons to revoke cover' is a link to the intranet page of the same name. Please find this page attached (Document 5).

4. Please provide the official information on what ACC define the following terms highlighted in blue in the policy document titled "Deemed cover decisions when timeframes not met"

(a) "converted weekly compensation", and

(b) "revoke",

and provide a copy of the full information an employee of ACC would find if they linked of either of these highlighted tabs.

'Converted weekly compensation' is a link to the intranet page 'Managing application by surviving spouse for converted amount'. Please find this attached (Document 6). At the top of page 1 is an explanation of converted weekly compensation.

'Revoke' is a link to the 'Reasons to revoke cover' intranet page (Document 5). This page includes a description of the circumstances where we revoke cover. Revoking cover refers to withdrawing or cancelling our original decision, in the case it was wrong or made in error.

Withheld information

Please note, ACC has withheld the names of staff members from the attached documents to protect their privacy. This decision is made under section 9(2)(a) of the Act. In making this decision we have determined that withholding this information is not outweighed by public interest in making it available.

ACC is happy to answer your questions

If you have any questions or concerns about the information provided, ACC will be happy to work with you to resolve these. Please address any concerns by emailing GovernmentServices@acc.co.nz or in writing to *Government Engagement and Support, PO Box 242, Wellington 6140*.

If you are unhappy with ACC's response, you may make a complaint to the Office of the Ombudsman. You can call them on 0800 802 602 between 9am and 5pm on weekdays, or write to *The Office of the Ombudsman, PO Box 10152, Wellington 6143*.

Yours sincerely

Government Engagement and Support

Encl: *Deemed cover decisions when timeframes not met (Document 1)*
Timeframes to determine cover (Document 2)
CVR30 Time Extension – advise – claimant (Document 3)
CVR31 Time Extension – request – claimant (Document 4)
Reasons to revoke cover (Document 5)
Managing application by surviving spouse for converted amount (Document 6)

Document 1

Deemed cover decisions when timeframes not met

Contact [REDACTED]

Last review 12 Feb 2016

Next review 12 Feb 2017

Introduction

If ACC fails to meet the agreed timeframes on a cover decision, a client is deemed to have cover for their injury under the AC Act 2001, Section 58. Once there is a deemed cover decision, the client will also be eligible for entitlements.

Rules

We treat claims that have deemed cover decisions differently to those whose cover decisions were made within the statutory timeframes.

We:

- must continue to investigate the substantive claim for cover on an urgent basis
- are able to revoke deemed cover decisions where it is established that the client should not have cover on the substantive merits of the case. See AC Act 2001, Section 65(2).
Note: Revoking cover decisions that haven't been deemed due to exceeding statutory timeframes need to follow different rules. See Reasons to revoke cover.
- will pay for entitlements on deemed decision claims so long as the entitlement meets eligibility criteria
- will pay some entitlements from the date cover is deemed until the deemed decision is revoked
- will not make any payments of lump sums for impairment or converted weekly compensation on deemed cover decisions
- must notify the branch group manager or centre manager of the deemed cover decision.

Informing the client

We must inform the client in writing of any deemed decisions and entitlements.

If at the time of writing the letter there is...	then advise the client...
not enough information to make a decision on the substantive merits of the claim	<ul style="list-style-type: none"> • that because the timeframes were exceeded, cover is granted while we continue to investigate their claim • of any entitlements on the basis of the deemed decision, and that these entitlements are only payable from the date the timeframes were exceeded
enough information to make a decision on the substantive merits of the claim for cover, and the client does not meet the criteria for cover	<ul style="list-style-type: none"> • that the timeframes were exceeded and they have a deemed cover decision in their favour • that the claim is not supported by evidence, therefore the deemed decision is revoked and the claim for cover is declined on its substantive merits • that only entitlements for the period from the date of deemed cover until the date cover was revoked will be provided
enough information to make a decision on the substantive merits of the claim for cover, and the client meets the criteria for cover	<ul style="list-style-type: none"> • that cover is granted and we'll consider entitlements in the usual manner

Confirm or revoke a cover decision after further investigation

Continue to investigate the claim until you can confirm or revoke the deemed decision.

If the decision is...

then...

to accept cover

- confirm cover on the substantial merits of the claim investigation
- pay any entitlement arrears due for periods before the date that cover was deemed

If the decision is...

then...

the claim does not meet the criteria for cover

- revoke the deemed cover decision and decline the claim for cover on the substantive merits of the claim investigation
- make any final entitlement payments for the period from the date of deemed cover until the cover was revoked

Document 2

Timeframes to determine cover

Contact 

Last review 31 Jan 2013

Next review 01 Nov 2013

Introduction

ACC operates under strict legislative timeframes for making cover decisions. If we don't meet these timeframes, a client's cover decision is deemed in their favour under the AC Act 2001, Section 58.

Rules

Non-complicated claims

We must determine cover within 21 days of lodgement for claims that are considered non-complicated.

If there is not enough information to make a cover decision, we must inform the client that a decision cannot be made and the timeframe is being extended up to four months from the date of lodgement. Use the CVR30 Time Extension - advise - claimant (42K) letter.

We must make a final decision within four months of the claim being lodged.

See of the AC Act 2001, Section 56.

Complicated claims

The following claims are considered complicated:

- personal injury caused by a work-related gradual process, disease or infection
- treatment injury
- claims for cover lodged 12 months after the date of accident (late claims)
- mental injury caused by certain criminal acts (sensitive claims)
- work-related mental injury.

We must make a cover decision within two months of a complicated claim being lodged. If we can't make a decision we must inform the client that we're extending the timeframe up to four months from the date of lodgement. Use the CVR30 Time Extension - advise - claimant (42K) letter.

See AC Act 2001, Section 57.

Additional extension

It's possible to extend the timeframe for a complicated claim cover decision by up to nine months from the date the claim was lodged. The client must agree to this further extension by signing the form attached to the CVR31 Time Extension - request - claimant (88.5K) letter.

We must make a final decision within nine months of the claim being lodged.

Your claim number is **[Claim number auto]**

Document 3

Date auto

Client Title Auto Client Full Name Auto
Additional Recipient Reference Auto
Address Line 1 Auto
Address Line 2 Auto
Suburb Auto
Town Or City Auto Post Code Auto

Dear Client Title Auto Client Surname Auto

We need more time to consider your claim

[Option 1] We're still working on getting [information] from your [source of information]. It's important we have this information as it will help us assess your claim.

We'll be in touch with you as soon as possible and advise that we are required to make a decision by [date - 4 months from lodgement].

[Option 2] We're still working on getting the following information from your [source of information]:

- [information]
- [information]

It's important we have this information as it will help us assess your claim.

We'll be in touch with you as soon as possible and advise that we are required to make a decision by [date - 4 months from lodgement].

[Option 3] We have received the following information from your [source of information]:

- [information]
- [information]

However, we're still working on getting the following information from [source of information]:

- [information]
- [information]

It's important we have this information as it will help us assess your claim.

We'll be in touch with you as soon as possible and advise that we are required to make a decision by [date - 4 months from lodgement].

We're happy to answer your questions

Please call me on [CONTACT_DETAILS] if you would like to talk about this letter. I'll be able to help you faster if you have your claim number (LEGACY_CASE_ID auto) ready.

Yours sincerely

[Staff_Name auto]

[Job Title auto]

Telephone: [CONTACT_DETAILS]

1 July 1974

CLM_TITLE Claimant_First_Name Claimant_Surname
Claimant_Line1
Claimant_Line2
Claimant_Line3
Claimant_Line4

Dear CLM_TITLE Claimant_Surname

We need your agreement for more time to consider your claim

[Option 1] We're still working on getting [information] from your [source of information]. It's important we have this information as it will help us assess your claim.

[Option 2] We're still working on getting the following information from your [source of information]:

- [information]
- [information]

It's important we have this information as it will help us assess your claim.

[Option 3] We have received the following information from your [source of information]:

- [information]
- [information]

However, we're still working on getting the following information from [source of information]:

- [information]
- [information]

It's important we have this information as it will help us assess your claim.

Why we need your agreement

The law gives ACC a limited period of time in which to assess claims. If we need longer than this, we must ask for your agreement.

Although we will try to make a decision on your claim as soon as possible, we are asking for your agreement to have until [9 months from lodgement date] to give us enough time to collect all the information we need.

If we don't have this information, we will have to use the information we currently have to make a decision on your claim.

What happens now

If you agree to give us more time, please fill out the attached *Time extension to determine cover* form and return it in the enclosed reply-paid envelope by [date].

We're happy to answer your questions

Please call me on [**CONTACT_DETAILS**] if you would like to talk about this letter. I'll be able to help you faster if you have your claim number (**LEGACY_CASE_ID**) ready.

Yours sincerely

Staff_Name

Job Title

Telephone: CONTACT_DETAILS

Encl. *Time extension to determine cover (ACC109)*, reply-paid envelope



Request for time extension

"Use this form to agree or disagree to a time extension for ACC to make a decision on your claim"



Please read the statements below and tick one box.

I agree to an extension of time from [from date] to [to date]. This will enable ACC to gather required information to enable a decision to be made on my claim.

Or

I do not agree to an extension of time. I ask ACC to make a decision based on available information.

Signed

Date/...../.....

CLAIMANT FULL NAME

Claim number: LEGACY_CASE_ID

Document 5

Reasons to revoke cover

Contact [redacted] Last review 10 Dec 2015 Next review 09 Dec 2016

Introduction

We can revoke cover on a claim when cover for the injury was initially approved and the decision was issued, but we subsequently find that the original decision was wrong.

Rules

We'll revoke cover when:

- we discover new information about the claim that makes our original decision wrong
- we examine the existing claim information and determine that the original decision was made in error.

For more information see Revoking cover.

Under the AC Act 2001, we must apply the cover provisions and policy rules of the earlier Act when considering whether to revoke cover granted under an earlier Act.

If cover was granted under...	then revoke cover under the...
the Accident Compensation Act 2001 (AC Act)	AC Act 2001, Section 65
an earlier Act	AC Act 2001, Section 390

Stopping entitlements and payments

If the client has been receiving entitlements for 52 weeks or more and we revoke cover, the client must be given up to 4 weeks' notice that their entitlements will stop. The 4 weeks' notice starts from the date we advise the client that they no longer have cover for their injury.

When not to revoke cover

Do not revoke cover if you're satisfied that we originally granted cover correctly, but the client's current condition does not relate to the personal injury. Under these circumstances:

- decline the application if the client is applying for an entitlement
- suspend the entitlement if we've already been providing it.

Document 6

Managing application by surviving spouse for converted amount

A surviving spouse can choose to have their weekly compensation paid out as a converted amount, a single amount or two or more payments at least six months apart, instead of receiving regular weekly compensation payments.

The Accidental Death Units in Dunedin or Hamilton process applications for converted amounts.

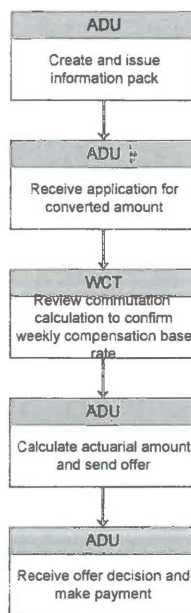
For help with the 2015 Accidental Death Unit (ADU) FLIS rewrite, see the ADU FLIS was/is list.

Contact [REDACTED]

Last review 11 Nov 2015

Next review 11 Nov 2016

Click on a shaded box for instruction details



Show all instructions

Create and issue information pack

Responsibility

Accidental Death Unit (ADU)

When to use

Use the following instruction to prepare and send a Converted Amount Information Pack to a surviving spouse once a final cover acceptance letter has been issued.

Send a converted amount pack when you receive either:

- a task from a Claims Manager between 3 and 6 months after a weekly compensation decision letter has been issued
- a request for a Converted Amount Information Pack.

Instruction

Step 1

Generate the ACD80 Converted amount weekly comp first offer spouse pack, which includes the:

- ACDIS03 Converting your weekly compensation information sheet
- ACC6300 Authority to collect medical and other records

Step 2

If the offer is under the...	then...
1992, 1998 or 2001 Acts	<ul style="list-style-type: none"> print and add the ACC655 Application for a Converted Amount (1992, 1998 and 2001 Acts) form into the pack go to step 3
1972 or 1982 Acts	<ul style="list-style-type: none"> in the ACD80 letter, change the two references of ACC655 to ACC654 (the first bullet and in the enclosures list) print and add the ACC654 Application for a Converted Amount (1972 and 1982 Acts) form into the pack go to step 3

Step 3

Print and add the 'How ACC can affect a benefit' Work and Income information sheet into the pack.

Step 4

Check the information pack is complete and correct and send it to the surviving spouse with a reply paid envelope.

What happens next

Go to **Receive application for converted amount**.

Back to process map ↑

Receive application for converted amount

Responsibility

Accidental Death Unit (ADU)

When to use

Use the following instruction when you receive an application for a converted amount offer.

Instruction

Step 1

Open the task alerting the claims manager that an application and consent form has been received.

Check that:

- you have received either the ACC654 Application for a Converted Amount (1972 and 1982 Acts) or the ACC655 Application for a Converted Amount (1992, 1998 and 2001 Acts)
- the authority to collect relevant records has been returned
- both forms are complete and have been signed.

Step 2

If information is missing and you...	then...
can obtain it by phone	phone the surviving spouse to obtain the information. In Eos, note when, how and from whom you got the information
cannot get it by phone	<ul style="list-style-type: none"> return the application form to the surviving spouse with an ACD85 Converted amount weekly comp request missing info - spouse letter identifying the required information keep a copy of the form on the client's file

Step 3

Use the following table to determine whether you need to get new medical information if a spouse has previously applied for a converted amount.

If a surviving spouse applies...	then...
within six months of declining or	use the information obtained from the spouse's medical practitioner at the time of their last application

If a surviving spouse applies...	then...
withdrawing a previous application	
more than six months after declining or withdrawing a previous application	<ul style="list-style-type: none"> • obtain new information from the surviving spouse's medical practitioner • create a purchase order (PO) requesting medical information in the Eos 'Entitlement' tab using code FS03 and load the general practitioner/medical centre listed on the ACC654 or ACC655 as the provider. Authorise the PO once you have loaded all the information • create the ACD126 Request medical questionnaire GP – vendor letter, which includes the ACC693 Medical history form, and: <ul style="list-style-type: none"> • include a copy of the relevant <u>authority to collect relevant records</u> • include a reply paid envelope • send it to the medical practitioner identified on the application form with • update the automatically-generated Eos task to follow-up with the general practitioner in four weeks.

Step 4

If the base rate for weekly compensation...	then...
was set up by the weekly compensation team	go to step 7
was not set up by the weekly compensation team	go to step 5

Step 5

Create an Eos follow-up fatal task to the relevant weekly compensation team's technical claims manager (TCM) to advise a commutation application has been received and request to confirm that the base rate calculation is correct.

The task should include the comment 'ADU Commutation application - TCM to check weekly compensation base rate'.

If the requesting unit is...	then send a follow-up task to...
Dunedin ADU	Timaru Weekly Compensation team TCM
Hamilton ADU	Hamilton Weekly Compensation team TCM

Step 6

Create an Eos follow-up fatal task to follow up with the TCM for five working days with the comment 'Waiting for response from weekly compensation'.

If the response...	then...
confirms the base rate calculation is correct	<ul style="list-style-type: none"> • send an internal audit memo to Quality Assurance to complete • go to step 7
confirms the base rate calculation is incorrect	correct the errors and return to the weekly compensation TCM
has not been received within 5 days	follow-up by phone or email with the TCM to provide a response

Step 7

Create an Eos task to follow up the medical practitioner in four weeks.

If the medical practitioner...	then...
responds within four weeks	go to step 8
does not respond within four weeks	<ul style="list-style-type: none"> • contact the medical practitioner by phone to follow up • continue to follow up weekly until you receive the ACC693 medical questionnaire • send an ACD86 Converted amount weekly comp delay in processing – spouse letter to the surviving spouse outlining the reason for the delay and the likely time frame for further action
does not adequately complete the medical questionnaire	return the medical questionnaire to the medical practitioner asking for the missing information

Step 8

- Request an underwriter's assessment by uploading the ACC693 and medical notes into the secure website or couriering the documents directly to the underwriter
- Email an underwriter asking them to review the information. CC another claims manager in the email so they can follow-up in case you are absent
- Create a task to follow-up with the underwriter four weeks from the date of the request.

Step 9

If the underwriter...	then...
confirms that they have all the information they need	go to Calculate actuarial amount and send offer
requests further medical information	when you receive the information, go back to step 5

What happens next

Go to **Review commutation calculation to confirm weekly compensation base rate.**

[Back to process map ↑](#)

Review commutation calculation to confirm weekly compensation base rate

Responsibility

Technical claims manager, Weekly Compensation

When to use

Use the following instruction when you have received a task from Accidental Death Unit (ADU) to identify if there are any errors in the calculation. You must complete these checks within five working days of receiving the task.

Instruction

Step 1

Check the weekly compensation base rate for errors.

Step 2

If the calculation...	then...
has no errors	add your findings in the follow-up fatal task with your initials in the task description and return to the initiator
has identified errors	return the task to the referring ADU to rectify the error

What happens next

Go to **Calculate actuarial amount and send offer.**

[Back to process map ↑](#)

Calculate actuarial amount and send offer

Responsibility

Accidental Death Unit (ADU)

When to use

Use the following instruction to complete the converted amount calculation and obtain sign-off from the General Manager, Scheme Performance and the Chief Executive for the calculated figure.

Instruction

Step 1

Open the current monthly 'Fatal_WC_v...' calculation spreadsheet sent by the actuarial analyst at the start of each month.

Step 2

Open the underwriter assessment document and the Pathway 'Entitlement' screen and complete the 'Entry' tab of the spreadsheet to calculate the converted amount payable.

Step 3

- Complete the 'ACC742' tab of the spreadsheet and print the completed ACC742 Converted amount offer assessment and sign off form
- Barcode and load the ACC742 to Eos documents.

Step 4

Send the completed spreadsheet via email to the actuarial analysts and create a task in Eos for four weeks for the ACC742 to be returned.

Step 5

When the signed ACC742 is returned from Corporate Office, generate and print the ACD130 Converted amount offer – party pack, which includes the ACC656 Converted amount offer accept or decline form and the ACDIS03 Converting your weekly compensation information sheet.

Print and add the 'How ACC can affect a benefit' Work and Income information sheet (coming soon) into the pack.

Step 5

Send the documents to the spouse and create a task for the forms to be returned at least one week prior to the offer effective date.

What happens next

When you receive the completed forms, go to **Receive offer decision and make payment**.

[Back to process map ↑](#)

Receive offer decision and make payment

Responsibility

Accidental Death Unit (ADU)

When to use

Use this instruction when you receive an offer decision from a surviving spouse.

Instruction

Step 1

When the offer form is returned, check that all sections have been completed including the tax rate. If the form is not complete, contact the spouse to obtain the required information or return the document to the spouse. Keep a copy of the form on Eos.

If the spouse wants payment to a different bank account, check that the verified bank account details are attached.

Step 2

If the surviving spouse...	then...
-----------------------------------	----------------

- | | |
|--------------------|---|
| declines the offer | <ul style="list-style-type: none"> • send the ACD87 Converted amount weekly comp stop processing application – spouse letter |
|--------------------|---|

If the surviving spouse...	then...
accepts the offer as one payment	<ul style="list-style-type: none"> • remove converted amount tasks • go to step 3 • open Pathway and in the 'Entitlement' tab, click on 'Spouse fatal weekly compensation' and then 'Person period' tab. Add 'Commutation of Weekly Comp.' period to the spouse and save • update the weekly compensation. Check that all dependants who have previously received weekly compensation are active in Eos and their payees are active in Pathway • get the weekly compensation checked by an authorised person then inactivate any dependants that have been reactivated • send the ACCD83 Converted amount weekly comp confirmation – spouse letter • add a task to Eos to pay the converted amount within 5 working days of the 'offer effective' date and note whether there is a change in tax rate and any new bank account details • if the spouse has accepted multiple payments ensure the task shows how many payments are due and the date of each payment • go to step 3
wants the offer to be altered to multiple payments	<ul style="list-style-type: none"> • contact the actuarial analyst to request new payment details • when you receive the new payment details, go to Calculate actuarial amount and send offer

Step 3

- Within five working days of the 'offer effective' date, update Pathway with the spouse payee details, tax code and bank account if any changes are required, or reactivate the spouse's payee if the payee has been inactivated
- In the 'Entitlement' screen under 'Maintain Entitlement', change to 'Manual Entitlements' and click 'Add'. Enter the following details:

Field	enter...
Summary category	death benefits
Entitlement description	commutation of weekly comp
Dependant	the spouse
Invoice number	which payment you are making, ie 1 of 1, 3 of 10 etc
Invoice date	the date you are making the payment
Amount	the gross amount of payment
From date	the day weekly compensation ceases or the date of payment if multiple payments are being made
To date	the date weekly compensation would cease or the end of the six monthly period

Step 4

Complete an ACC743 Converted amount payment record and either print the document for signing or complete the document in Eos and task the Team Manager to check the payment. Note whether there are payee details to check.

Step 5

If there are...	then...
no other dependants on the claim receiving entitlements	<ul style="list-style-type: none"> • inactivate the spouse • close the claim the day after the final converted amount payment has been made

If there are...

dependants on the claim still receiving entitlements

then...

inactivate the spouse the day after the converted amount payment has been made

What happens next

This process ends.

[Back to process map ↑](#)