

Provider Conversation

Principles and Guidelines



Principles

✓ Seek to understand

Providers play an essential role in a client's recovery. As well as providing treatment and support, they gather valuable information that helps us to identify obstacles to recovery and provide the most appropriate support to our clients. We should understand the provider's view of the client's treatment plan, diagnosis, any obstacles which could put our client's recovery at risk.

✓ Record your interactions

Heartbeat feedback tells us our Providers can find it challenging when they are asked to repeat information. We store key details in the client's recovery plan and record every interaction we have to avoid this. This is important for our clients supported in both a one-one and one-many relationship.

✓ Keep providers updated

If a client is transitioning to another team, their Providers need to know. You should use the Provider's preferred communication channel to speak with them before the move (Partnered) and communicate new contact details once the claim has moved teams (i.e. your contact details or the Assisted email and phone number).

Guidelines

Providers play an essential role in a client's recovery. As well as providing treatment and support, providers may also coordinate the client's rehabilitation and can refer clients onto other providers for assessments or programmes. As part of their role assessing and treating clients, they gather valuable information that helps us to support our clients.

Key Outcomes

Why we contact the client's Provider?

- To collaborate on the client's treatment plan and discuss expectations about the client's recovery
- To educate the provider on services ACC can provide and explore ways where ACC can assist with the client's rehabilitation (such as return to work planning)
- To understand and clarify information about the client's injury, incapacity, diagnosis or treatment plan
- To ask questions to collect information from the provider, such as:
 - how the client is progressing and what their next milestone is - what treatment is happening or being recommended
 - whether (or when) your client will be ready to get back into work - whether they have any concerns about the client's recovery
- To supply the provider with information about ACC, such as:
 - services we can provide
 - where to get help with invoicing questions

Provider

By the end of the call we want our providers to feel they're part of the client's treatment plan and decision making. Our providers need to know how to work with ACC and understand what can and can't be approved. A provider should feel empowered by ACC to help the client get better.

ACC

By the end of the call we should be clear on the provider's understanding of the client's treatment plan, their diagnosis, any areas which could put our client's recovery at risk and options to address any barriers.

When should we contact the Client's Provider?

We should contact the provider if it will assist with the client's recovery:

Providers (e.g. GP or Physiotherapist) with an ongoing relationship with the client will have a good understanding of the client's needs and will be a key part of the client's rehabilitation

Hospitals (DHBs) will usually only require consultation where concerns about the severity of the injury or diagnosis are present. They won't usually have an ongoing relationship with the client

Timing and Duration

- Make contact if it will assist with the client's recovery
- If a provider has an ongoing relationship with the client, an initial contact call should be done after the Client Welcome Conversation
- Attempt a minimum of two contacts over one full working day before sending an email or letter to notify the need for communication
- Create a task in seven days for scenarios where contact with provider is necessary to move the claim forward
- It should only take about five minutes dependent on the complexity of the claim
- It's important to respect the providers time and be prepared prior to calling them

Follow-up Frequency

- Be mindful of contacting providers too frequently
- Follow ups will be as required to support the client's recovery
- This may be via email or a call and may be required at a key milestone or if an issue arises

Call pre-work and post-work

Pre-work:

- Familiarise yourself with the claim and your provider before you call. Make sure you're well prepared and clear about what you need to talk to the provider about. For example:
 - Previous conversations with client, providers and employer (including how injury occurred)
 - Check current diagnosis, treatment and next steps (timeline for recovery)
 - Check the date of accident and incapacity period and know estimated outcome date (ECO opt)
 - Understand the clients social needs and goals
 - Consider whether any decisions may need to be made in this conversation (cover, treatment, costs)
 - Understand the reason (purpose) we are calling, i.e:
 - Are you calling to check recovery progress ?
 - Are you calling to confirm suitability of work tasks offered by employer? If this is the reason we are calling - understand the client's Occupation, Work Tasks and how heavy these tasks are
 - Are you calling to understand the reason for extended recovery?

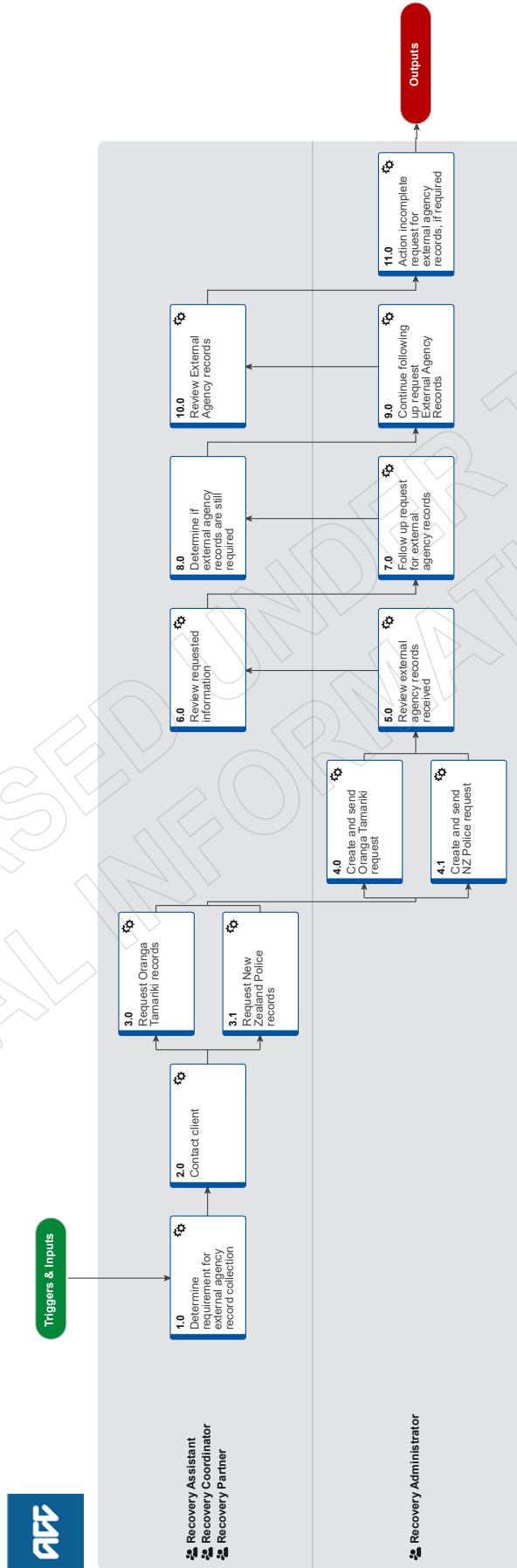
- Are you calling because the Provider Requested Contact on either an ACC45 or ACC18 medical certificate?
- Are you calling to provide/share contact details?

Post-work:

- In Eos, a Provider Conversation transcript is automatically created and a contact is added to the Recovery Plan
- After the call, take time to update the client's record with the information gathered on the call i.e. contacts, the Recovery Plan and the Recovery Status Tool (if relevant).
- Check the provider's details are correct/updated and complete any actions you arranged with the provider
- Set up a reminder task for follow up as agreed (if required)

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OFFICIAL INFORMATION ACT

Request and Obtain External Agency Records v6.0





Summary

Objective

To request client's personal information and records from an External Agency, so that we have enough information to make a cover, support or treatment decision.

Background

On occasion ACC needs to request client's information and records from an External Agency if we don't already have enough information to make a cover, support or treatment decision. ACC can ask External Agencies to provide ACC with records that relate to the case.

Client's personal information and 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 [Redacted]

Procedure

1.0 Determine requirement for external agency record collection

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Review the claim for any information that exists.
- b Determine what type of personal information and/or records you need to obtain by referring to the link below.

Personal Information Requests Policy

NOTE What if you need notes older than five years and there are multiple claims for the client?

Must have a signed Authority to Collect information (ACC6300) within the current year on the active claim. Discuss with the client if you need to request information not already on file. Document their verbal authority, as a contact.

- c In Salesforce in the the recovery plan, under the appropriate life area record the reason for the information request.

2.0 Contact client

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a In Eos, in the consent tab of the recovery plan, check if the client has provided authority to collect other records from third parties or has an Authority to Act (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 to update the Authority to Act?

Refer to the process below.

PROCESS Obtain Authority to Act (ATA)

- b Contact client or ATA by preferred method of communication.

NOTE What if you are unable to contact client to gain informed consent?

Email the Lead Provider using the following template:

Kia ora XXXX,

ACC needs to obtain the below for a [Supported Assessment/Psychiatric/Treatment Review/ Or Cover Decision etc].

Can you please confirm with [Insert Clients name/guardians] that they consent to the collection of their notes for the above purpose and for them to be released to the assessor/ advisor?


Please acknowledge the client's permission to collect notes by identifying the below:

Ministry for Children Oranga Tamariki (/CYFS if any interaction):

New Zealand Police:

Your time and assistance with this is very much appreciated.

- c** Confirm you are speaking with the right person by asking the identity check questions.

 Identity Check Policy

- d** Confirm with client/ATA that they are aware of a signed an ACC6300 form that gives ACC permission to collect Clinical and Other records, on this claim. Confirm that ACC needs to request relevant External Agency Records, and why we need this information.

NOTE What if the client/ATA does not give consent for ACC to collect External Agency Records?

1) Inform the client that their decision not to give their consent is their right and ACC will not request External Agency Records.

2) Advise client that not giving consent to collect External Agency Records may impact ACC's ability to make an informed decision on their claim.

3) Inform advisor who requested records.

4) In Salesforces in the Recovery Plan, under the appropriate Life Area, record the client's response that informed consent was not given.

Request For External Agency Records Process Stops.

- e** In Salesforces in the Recovery Plan, under the appropriate Life Area, record the client's response that informed consent was given.

3.0 Request Oranga Tamariki records

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Eos, create the NGCM - Requested Information Task, and add following information.

NOTE What information should you include in the task?

- Type of records: Other
- Purchase order required: No
- Date from: Confirm date
- Vendor ID: VAU732
- Vendor Name: Oranga Tamariki

'Specific Document (if required)' section add:

Request for Oranga Tamariki Notes

Date of Assessment: DD/MM/YYYY OR Date of Assessment is unavailable

Confirmed email address to send request to: myrequest@ot.govt.nz

Link ACC6300 to task.

NOTE What is the expected Oranga Tamariki response timeframe?

The response time from Oranga Tamariki to confirm receipt of the request is 20 business days. Recovery Administration set a follow-up for 3 months from the date of the request being sent (unless assessment date is provided). If urgent add this information to task and Admin will add this to the body of the email they send Oranga Tamariki.

- b** Add Participants to claim.

 Manage Participants (Eos Online Help)

3.1 Request New Zealand Police records

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Eos, create the NGCM - 'Requested Information' task and add the following information.

NOTE What information should you include in the task?

- Type of records: Other
- Purchase order required: No
- Date from: Confirm date
- Vendor ID: J99966
- Vendor Name: Default Vendor (Police do not have Vendor Code).

In the 'Specific Document' section add:

Request for Police Records

Client name

Date of birth

Address

What information you're requesting

Reason you're requesting the information

Date of the event/events

District/Town the incident took place: Name district/town

Called the client to discuss requesting police records to assist with their claim. Obtained their authority to do so as per contact note dated (insert date)

- b** Link signed ACC6300 Authority to Collect Medical and Other records form received (insert date signed) and link this to the task

NOTE What information should you collect from New Zealand Police?

If you are unsure whether you should be requesting information from the Police or how to handle that information once received, contact the Privacy Team via email privacy.officer@acc.co.nz or on their hotline number 46464.

NOTE What if your request is urgent?

Provide your rationale in the task. Please note, New Zealand Police have a 20 working day timeframe regardless of urgency. If they need more time, they will contact ACC.

4.0 Create and send Oranga Tamariki request

Recovery Administrator

- a** Review the task to check Recovery Team member has provided the name of the Agency.
- b** Upon allocation of the 'NGCM - Requested Information' task in Salesforce, open the associated task in Eos and select [Do Task] from your task queue.
- c** In Eos, create and complete SCU05 Request for Information letter using the below template.

 Admin Template - SCU05 Request for Information - Oranga Tamariki


 NG GUIDELINES Sending Letters in NGCM

- d** Complete privacy checks on the completed document.

 Privacy Check Before Disclosing Information Policy

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- e** Create an email using the appropriate template and attach the document(s). myrequest@ot.govt.nz.

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

NOTE What if the request is URGENT?

State this clearly in the body and subject line of the email.

- f** Perform dispatch check and send email to myrequest@ot.govt.nz


 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- g** In Eos, close the task. This will automatically generate a follow up 'Requested Information' task for Recovery Administration. Push the due date on this task out 3 months from today's date.

4.1 Create and send NZ Police request

Recovery Administrator



- a** Review the task to check Recovery Team member has provided the name of the Agency.
- b** Upon allocation of the 'NGCM - Requested Information' task in Salesforce, open the associated task in Eos and select [Do Task] from your task queue.
- c** Ensure all actions below have been completed first before proceeding with the request:
- A clear contact note is on file outlining the reasons for the request
 - We have the client's permission to request this information
 - A signed ACC6300 is either linked to the task or the recovery team member has advised where to find this form on the claim.
- d** Go to the Police website using the below link.

 NZ Police Request for Official Information form
<https://forms.police.govt.nz/oiarequest>

- e Complete information request via the portal.
- f In Eos, close the task. This will automatically generate a follow up 'Requested Information' task for Recovery Administration.

5.0 Review external agency records received

Recovery Administrator

- a In Salesforce, open the shared inbox and locate for email.
- b Perform privacy checks.
 -  NG SUPPORTING INFORMATION Inbound and Outbound Document Checks
 -  Privacy Check Before Disclosing Information Policy
- c In Eos, upload the information to the claim.
- d Select the [Information Requested] tab on the Recovery Plan subcase, mark the request as [Complete] and state [Information Received], then select [OK].
- e Close the 'NGCM - Follow up Requested Information' task stating the records have been received.

NOTE What will happen once this task is closed?


Review Requested Information task will be auto generated and assigned to the Recovery Team or Recovery Team Member managing the claim.

 NGCM Filing Away - System Steps

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

6.0 Review requested information

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a In Eos, open the NGCM- Review requested information task.
- b Perform privacy and relevancy checks.
 -  NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE What if you receive a 'Review Requested Information' task and the information is incomplete?

- 1) Close the task.
- 2) Select 'Information Incomplete' and click OK.
- 3) Add the details of the information that is missing in the comment box and select a target date.
- 4) Click OK. The task will auto-route to Recovery Administration.

NOTE What if you need help to interpret the information?

Go to the Seek Internal Guidance process and follow the advice.

This Process ends.

 **PROCESS** Seek Internal Guidance

7.0 Follow up request for external agency 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 the request was for Oranga Tamariki Records?

Oranga Tamariki often partially release notes as they gather the information.

Check the claim to see whether any documents have been received, and whether there is an email on file confirming when the rest of the information will be sent. The email will also contain a reference number, add this to the task description.

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:

- 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?

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'.

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

- If you are successful in contacting the vendor, Update task with template.

- Reset the follow up task for two weeks.

If they are received, go to Activity 5.0, if they are not received close follow up requested information task.

NOTE What if the External Agency has advises that they do not have any records?

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.

 Information Not Received

8.0 Determine if external agency 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 records.

NOTE What if you no longer require 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 records?

- 1) Close the 'NGCM - Information Requested Not Received' task.
- 2) In the 'Choose Next Step' screen, select option 'Continue to follow-up'.
- 3) An 'NGCM - Continue to Follow up Requested Information' task will automatically be generated and routes to Recovery Administration Team.

9.0 Continue following up request External Agency 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

- b Email the vendor to follow up on the requested information.

NOTE How many times do you follow up with the vendor?

Three times via email.

NOTE What if the vendor is unable to provide the requested information?

File the response to the claim.

- c In Eos close the 'NGCM - Continue to Follow up Requested Information' task, and select 'Information Requested Not Received'.

10.0 Review External Agency 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 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'.

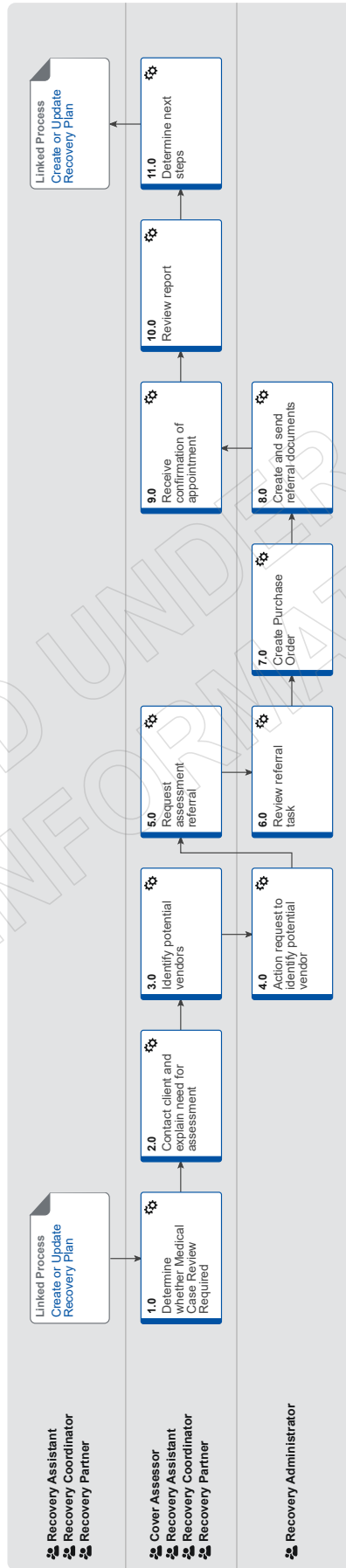
- c** In Eos, open the 'NGCM – Review Requested Information' task, select the option to accept records and close the task.

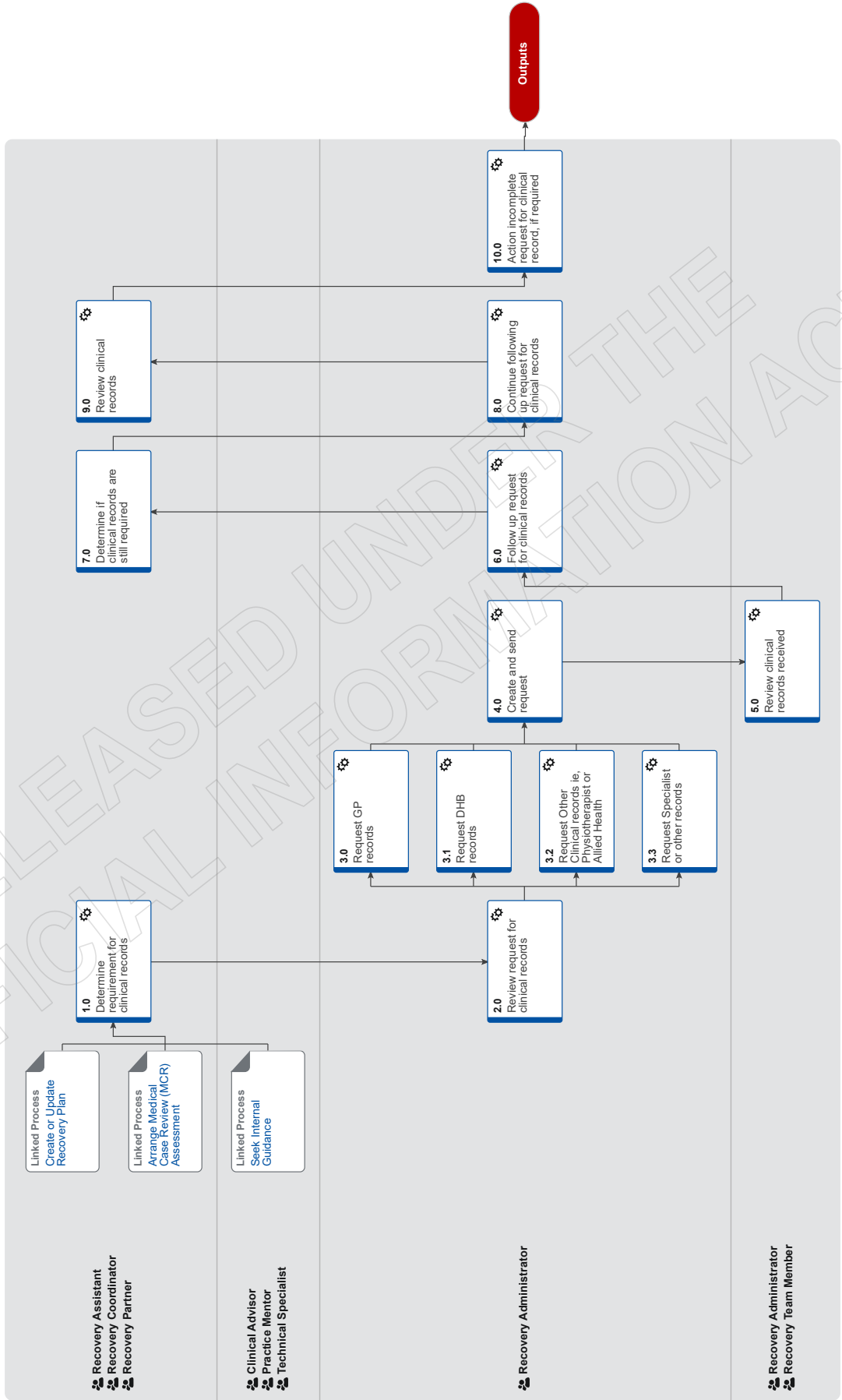
11.0 Action incomplete request for external agency records, if required**Recovery Administrator**

- a** Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.
- 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?**
Email the vendor to discuss what's missing from the original request and ask if they can send the information to ACC.
- d** In Eos, close NGCM - Incomplete Information Request task. This will then create the 'NGCM - Follow up Request for Clinical Records' task.
- e** 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
- f** Edit the 'NGCM - Follow up Request for Records' task and record your initials, today's date and attempt number.
- g** Go to Activity 6.0, 'Follow up request for External Agency Records' if required.



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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

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

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

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?

Use Vendor ID: ACCCOMP
edit the letter: remove the ACC address and add vendor name and address copy and paste from the task then Go to activity. 3.0 for codes and letters

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 be 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 Send letters from Client Recovery and Claims Assessment page to confirm whose signature should be used.

-  Send letters from Client Recovery and Claims Assessment

- 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

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, 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.

NOTE What if the information requested was from overseas?

Complete an ACC5776 Request for overseas payment and email to accounts.payable@acc.co.nz

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 promapp 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 up requested information'.

"Please note, this request was originally sent on (date). To best support our clients, it would be appreciated if you could respond as soon as possible. If you did not receive this, please check your spam folder, and add our email address to your contacts list to receive future emails from our Recovery Administration Team." HealthLink account holders should send the information to the HealthLink Mailbox: ACCSPECR.

- Reset the follow up task target date for one week (5 working days)


3) If, after 1 call & 1 mail attempts, the medical or clinical records are not received from the vendor, close go to task d.

 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.
-

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Summary

Objective

To clarify diagnoses and the cause of a client's injury or current condition and get recommendations for further investigations, treatment or rehabilitation.

To create and send a medical assessment referral in order to provide the most appropriate support for our clients throughout their recovery.

Background

Medical Case Reviews (MCR) are used to obtain an opinion from a non-treating practitioner or a second opinion from a suitably qualified assessor.

Key features:

- Only ACC can refer for an MCR
- An MCR can be used to help determine cover and ongoing entitlements
- The provider must be a non-treating practitioner who is a medical specialist
- The provider may order tests or investigations if necessary for them to be able to provide an opinion. They can also make recommendations for tests or investigations
- MCRs are purchased either under the Clinical Services contract or by letter of agreement where the provider does not hold this contract.

Owner

[Out of Scope]

Expert

Procedure



PROCESS

Create or Update Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

1.0 Determine whether Medical Case Review Required

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Confirm client's eligibility for the Medical Case Review (MCR) assessment. Please note, you must Seek Recovery guidance from a Clinical Advisor before arranging an MCR.

NOTE What if the request/referral is to a specialist who is the treating practitioner or will become the treating practitioner?

In this case MCR codes are not appropriate. If the provider holds the clinical services contract then they need to bill under this using the standard codes which do not need prior approval. If the provider does not hold the clinical services contract then consult the "manage non contracted purchasing" process. (see activity 3.0 for how to confirm if they hold the clinical services contract.) Please seek support from your Team Leader and Engagement and Performance Advisor if the provider continues to request MCR codes.

NOTE Who will identify the need for an MCR?


The need for an MCR will be identified as part of written guidance from Recovery Support. Where there are clinical questions, or where required for medicolegal reasons and Clinical Services or the treating practitioner are unable to address these, written guidance from Recovery Support will confirm and support the need for obtaining an independent expert opinion from a non-treating specialist. The written guidance will include tailored questions for the MCR provider to respond to.

For how to obtain written guidance, refer to Seek Internal Guidance.

 **PROCESS** Seek Internal Guidance

NOTE What do you need to consider when deemed cover exists?

Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.

 Deemed Cover and Entitlements Policy

NOTE What if the client has not granted ACC authority to collect medical and other records?

See step 2a below

NOTE What if the MCR request has come from a Review Specialist?

If the MCR is being requested by a Review Specialist as the result of a review hearing or resolution agreement then you do not need to Seek Internal Guidance. Review Specialists have delegation to authorise an MCR without referring to Clinical Advice. This may be the result of an overturned or revoked decision.

NOTE What are the different types of MCR you can refer a client for?

- standard
- complex

NOTE When would you refer for or agree to a request for a complex MCR?

- the client's injury is of unusual complexity
- there are co-morbidities that appear to be affecting the client's recovery from injury
- the review or assessment will be undertaken in two parts while results of investigations are obtained.


NOTE When would you use an 'exceptional code' in MFP?

This is usually initiated after discussion with the provider. The 'complex' code plus an hourly rate payable under the Clinical Services Contract (all codes are in MFP). ie large volume of reading required, complex injury/non injury factors.

b Ensure current medical notes are on file so they can be sent to the MCR assessor.

NOTE What if the current medical notes are not on file?

You will need to obtain these before the referral is sent to the provider. Refer to (NGCM) Request Clinical Records.

 **PROCESS** Request Clinical Records

NOTE What if you need clarification of an answer following the MCR assessment?

Following the initial MCR assessment, you may need to clarify something in the report or have a follow up a question from Recovery Support. In this case ensure you use the PO code MEDR. Send an NGCM - Admin Request Task to Recovery Admin to update the PO.

NOTE What if you require a supplementary report following the MCR assessment?

Following the initial MCR assessment, you may be required to request a supplementary report. This may be because you have additional questions for the assessor. Ensure you use the PO code CSM3 and specify the number of hours required. Send an NGCM - Admin Request Task to Recovery Admin to update the PO.

NOTE What if the client needs requires a second MCR assessment?

Following the initial MCR assessment, you may be required to request a additional MCR assessment. This may be due to receiving new medical information. Follow the same steps below as arranging the initial MCR and ensure you use the appropriate contracted or non-contracted purchase order code. Go to 2.0 Contact client and explain need for assessment.

NOTE What if you are assessing a Work Related Gradual Process (WRGP)?

Refer to the Medical Case Review Providers list to identify who can conduct this type of assessment for WRGP claims. See link to the Te Whariki page below

 [WRGP - Medical Case Review Providers](#)

2.0 Contact client and explain need for assessment

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check that the client has granted ACC the authority to collect medical and other records.

NOTE What if the client has not granted ACC authority to collect medical and other records?

You will need to consider if authority is needed. Refer to (NGCM) Obtain Client Authority to Collect Information.

 **PROCESS** Obtain Client Authority to Collect Information

b Contact the client and confirm you are speaking with the right person by asking ACC's identity check questions.

 [Identity Check Policy](#)

c Explain that you are referring them for the assessment, the purpose and any potential implications, as well as what their rights and responsibilities are.

NOTE What else do you need to discuss with the client?





- that the specialist may suggest a telehealth (virtual) assessment if it is clinically appropriate - the client must give their consent for this, otherwise it should be in person. Explore any concerns about a potential virtual assessment and confirm their agreement/disagreement at this point.
- ask what their availability is to attend the assessment, do they have a preferred time during the day?
- we will send the appointment details through to them
- that there is no cost for the appointment, that we can contribute or arrange travel
- they are welcome to have a support person accompany them
- the specialist will send us a report which we will send to appropriate parties. Confirm they are happy for the report to be sent to the key parties, including their GP and record this in your contact.
- make them aware that some providers will ask to review the referral documents before accepting the referral and confirming they can undertake the assessment. Explain that this is to assist the provider in deciding whether they are the right clinician for the client, and that any providers that do not accept the referral will be asked to delete the referral documents.

Ensure your client understands the purpose of the assessment and the possible outcomes.

NOTE What if you are booking an MCR with an Occupational Physician via the Vocational Medical Services (VMS) Centralised Booking System spreadsheet?


Some Occupational Physicians hold the Vocational Medical Services (VMS) contract to conduct an MCR, if you use these assessors they can be booked using the VMS Centralised Booking System spreadsheet. Follow the steps below when booking an assessor via the VMS spreadsheet:

- Open the VMS Centralised Booking System and identify the provider, for information and guidance refer to VMS Centralised Booking System.
- Create a reminder action to notify the client of appointment details the day prior to the appointment.
- In Salesforce, add a contact as a record of the conversation.
- Add the agreed intervention to the Recovery Plan.
- Go to step 5.0

-  Group VMS SharePoint site
-  Medical Case Review and Medical Single Discipline Assessment Service Page
-  Client Legislative Rights and Responsibilities Policy
-  Client choice of providers Policy

NOTE What if the client does not agree to participate or does not want a telehealth assessment if that has been suggested?


Find out why the client does not want to participate and consider their reasoning and alternatives. Go to (NGCM) Seek Internal Guidance if you are unsure how to proceed. If the client wants to be seen in person, let the assessor know.

 **PROCESS** Seek Internal Guidance

- d** In Salesforce, (or EOS if your role does not use Salesforce) add a contact as a record of the conversation.
- e** Add the agreed intervention to the Recovery Plan.

NOTE How do you update the Recovery Plan?

Go to (NGCM) Create or Update Recovery Plan

 **PROCESS** Create or Update Recovery Plan

NOTE What if you are a Cover Assessor and there is no Recovery Plan?

Add an EOS task to remind yourself to follow up on the report if it has not been received in a timely manner amending the date once you have confirmation of the assessment date.

3.0 Identify potential vendors

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Contact the vendor to check their availability and their capability to conduct the assessment.

NOTE What if the provider wants to see the referral documents prior to accepting it?

Some providers may request information about the referral prior to accepting it. When discussing the referral with your client, best practice would be to alert them to this (see section 2c). This information can be sent to potential providers if absolutely necessary and should only occur as an exception, rather than routinely for every referral. Where this happens and the provider does not end up accepting the referral, you should request that they delete any client information they have received.

If you would like Recovery Administration to do this for you follow the note below.

NOTE What if you would like Recovery Administration to find or confirm a vendor for you?

Send an NGCM - Admin Request Task to Administration Recovery, so they can search for potential vendors and their availability or confirm that the vendor will take the referral.


Enter the following information into the task:

"Find/Confirm Vendor for MCR"

- Type of provider for the MCR eg neurologist, orthopaedic (and body area e.g. spinal) or pain specialist or if you know which vendor but they want to see the referral documents before accepting note this instruction here.
- a brief summary of client's injury history so that the vendor can make an informed decision about whether they are the right clinician for this referral.
- any special client requests/needs e.g. if the client prefers a morning or afternoon appointment, the date range, if the client can travel.
- timeframe i.e. how urgent the referral needs to be done, or whether it needs to be completed within a specific time range.
- which type of referral this is - complex or standard and the respective costs (including GST) which can be found in the "Service Schedule for Clinical Services" - page 7 and 8 which is linked at the bottom of step a.
- some providers may request to see the full referral documents prior to accepting the referral. Confirm that the client is happy that referral documents go out to potential providers in these situations.
- create your relevant document list and note the name of it in your task (this is so Recovery Admin can send it if a provider requests to see the referral documents prior to accepting the referral. See Activity 5 a-d for how to create and name the relevant document group.


NOTE What if you are unsure of the correct vendor to use?

Refer to (NGCM) Seek Internal Guidance on the most suitable provider.

 **PROCESS** Seek Internal Guidance

NOTE How do you know if a vendor is contracted or non-contracted?

You can use the Service Contracts and Contracted Providers - MFP spreadsheet to confirm whether a vendor holds the clinical services contract. (see link below). Change the yellow box to show Clinical Services and search within the green vendor column. You can use this spreadsheet to confirm the equivalent contracted rate as well.

 [Service Contracts and Contracted Providers - MFP spreadsheet](#)

NOTE What if you need to refer to a non-contracted provider and how much do you pay them?

Use the non-contracted purchase order codes to pay the non-contracted vendor (this should only be done when there is no suitable contracted option available). Service codes can be found in the link below NG GUIDELINES Purchase Order Details - Medical Case Review.

If a non-contracted vendor needs to be used, send them the "SMR15 - Medical case review non-contracted agreement - vendor letter" once discussion and agreement is made on rates.

How much do you pay them? Ask them what their rate is keeping in mind the maximum amount is the equivalent contracted rates (CSM1/CSM2). See page 7 and 8 of the "Clinical Services Schedule" linked below.

Any requests for an exceptional rate or higher must be referred to the Portfolio Manager in the Provider Service Delivery.

Email elective.services@acc.co.nz and use the subject "Approval for exceptional non contracted MCR/MSDA".

The signed letter of offer MUST be returned prior to sending a referral task to Recovery Admin.

 [NG GUIDELINES Purchase Order Details - Medical Case Review](#)

 [Clinical Services Service Schedule \(Service Codes and Pricing\)](#)

NOTE How do you create the SMR15 letter from outside the purchase order?

From the Documents tab at ACC45 claim level, complete the following:

- Add Document
- From the "search" tab, enter SMR15 in the document type field and click search
- Select SMR15 Medical Case Review non-contracted agreement - vendor and click OK
- Add the client's NHI number to this letter
- Codes are MCR11 (standard) or MCR12 (complex)
- Use the rates as instructed in the note above

 [SMR15 Medical Case Review non-contracted agreement - vendor](#)

NOTE What if the vendor refuses to sign the SMR15 or accept the referral without either a purchase order or the ACC7395 referral document?

There are some providers who wish to have the referral document (ACC7395) prior to either accepting the referral or signing the SMR15. Generally this is because they want to be able to confirm if they are the right provider for this client and this document gives them a good summary of the client and the questions you are hoping to have addressed.

Explore with them first whether the referral documents are sufficient. If they aren't then the Recovery Team Member can generate the ACC7395 early and let the provider know that the Purchase Order (PO) will follow once the SMR15 is signed. Completing the ACC7395 prior to the referral going out should be the exception and not the norm.

See activity 8 of this process for information about the ACC7395

It is not appropriate to provide a PO before the SMR15 Letter of Agreement is signed.

- b** If the vendor confirms they can undertake the assessment and have returned their signed letter of agreement where they are non-contracted, add them as a participant on the claim and go to step 5.0 Request Assessment Referral.


NOTE How do you manage participants on a claim?

The Recovery Team Member must ensure all known participants are loaded on the claim and then removed when they are no longer relevant. For information on how to manage participants, refer to Manage Participants (Eos Online Help).

 [Manage Participants \(Eos Online Help\)](#)


4.0 Action request to identify potential vendor**Recovery Administrator**

- a** Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.
- b** Use the MCR & MSDA provider search tool to search for potential Providers with the required specialty. ACC contracted Providers should be used whenever possible.

 [MCR MSDA provider search tool](#) - please direct feedback on this tool to the Portfolio team - email address is located in the tool.

NOTE What if a suitable contracted Provider cannot be identified?

Refer to the Medical Council of New Zealand's Register of Doctors and the Dental Council's Register of Oral Health Practitioner to search for potential providers with the required specialty in the links below.

 Medical Council of New Zealand's Register of Doctors
<https://www.mcnz.org.nz/registration/register-of-doctors/>

 Dental Council's Register of Oral Health Practitioner
<https://www.dcnz.org.nz/practitioners>

c Check the following information is on the claim before contacting the Providers:

- Client's claim number
- Injury description
- Client's location

d Phone or email potential Providers to check their availability. Contact Providers local to the client first.

NOTE What do you discuss when seeking Provider availability?

Use the information the RTM has provided in the task to let the Provider know:

- The type of MCR the RTM is wanting (e.g. orthopaedic, neurology)
- If requested, the client history provided to you in the task
- Any special client needs as per the task

Ask:

- Availability
- Location of assessment – advise where client is based
- ACC Vendor ID
- Preference to receive referrals eg physical or electronic.

NOTE What if the provider wants to see the referral documents prior to accepting it?

Some providers may request information about the referral prior to accepting it. This information can be sent to potential providers if absolutely necessary and should only occur as an exception, rather than routinely for every referral. Where this happens and the provider does not end up accepting the referral, you should request that they delete any client information they have received.

Recovery Team Members should have attached the relevant document group to the task. If this is not included and the vendor is requesting this follow the process as per Activity 6.0.

NOTE What if the provider asks for a purchase order or wants the ACC7395 referral document prior to accepting the referral?

There are some providers who wish to have the referral document (ACC7395) prior to either accepting the referral or signing the SMR15. Generally this is because they want to be able to confirm if they are the right provider for this client and this document gives them a good summary of the client and the questions you are hoping to have addressed.

Explore with them first whether the referral documents are sufficient. If they aren't then the Recovery Assistant can generate the ACC7395 early and let the provider know that the Purchase Order (PO) will follow once the SMR15 is signed. Completing the ACC7395 prior to the referral going out should be the exception and not the norm.

See activity 8 of this process for information about the ACC7395

NOTE What if you can't contact any Providers by phone?

Try additional Providers, until you do have a response'

Hold on to the task and try selected Providers again with in a 2-hour period.

e Once the potential providers have been identified close the NGCM - Admin Request Task.

TIP: If potential providers have been identified in the task description copy this before you close the task

f Create a Contact Party (Case Owner) Task to the Recovery Team Member/Team.

In the task description enter the following

'Potential Providers Identified'

- Provider names and dates available (include if the provider is suggesting telehealth (virtual) assessment) or
- No providers available

If the request to arrange an MCR is urgent change the priority to 'High' before transferring the task back to the Recovery Team Member/Team

5.0 Request assessment referral

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Find all the documents that need to be sent along with the referral.

NOTE What if the letter of offer has not been received for a non-contracted service?

The process cannot proceed to assessment without the signed letter of offer being returned from the provider. The Recovery Team member is responsible for ensuring this is returned.

NOTE What documents should be considered?

It is important that you send only the relevant information to the specialist. Consider the questions you are asking them to answer.


- A current medical certificate
- Schedule relevant to the client's function
- Schedule of Claimant Injuries (if deemed applicable)
- Most recent/current Back to Work, Stay at Work, Standalone Workplace Assessment Reports
- GP notes
- Specialist notes
- Imaging results
- Physio notes
- All medical notes and any relevant vocational notes eg a Standalone Workplace Assessment if the specialist has been asked to consider s103
- Any written guidance information from Recovery Support
- Signed ACC6300 or ACC6300D Authority to collect medical and other records. NOTE: If verbal consent was provided please note this in the task eform for Recovery Admin.

NOTE What do you do if you don't have all the information to complete the referral?

If you require further information, refer to Gather Additional Information or Advice. Once you have requested the required information, create a reminder action and set the target date for when you expect to receive the information.

NOTE What if the document group created is larger than 250 pages?

This may indicate that there is irrelevant information being included. We should only be sending the relevant documents to the assessor so please discuss what can be redacted with your Team Leader prior to sending it to Recovery Administration.

 Gather Additional Information or Advice

b Perform privacy checks on documents.

NOTE What do you need to check?

Check documents:

- are relevant to the referral
- do not contain any third party information
- do not contain any other information that needs to be withheld.

For details on what checks you need to complete before sending documents out, refer to NG SUPPORTING INFORMATION Inbound and Outbound Document Checks.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE What if you find information that needs to be redacted?

Send an email to Recovery Administration (recoveryadmin@acc.co.nz) and include the document to be redacted plus your redaction instructions, before adding the document to the document group.

 NGCM - Redact information from PDF documents

c Create a referral-specific document group with today's date and name it 'Medical Case Review'.

d Add the documents to the group.

NOTE What if there are documents from other claims that are relevant to the assessment?

Create a bulk print of all documents on the other relevant claim and complete mandatory fields and description

- Open PDF document from email link
- File the PDF away to the relevant claim
- Repeat these steps if there is relevant documents on multiple relevant claims

The PDF should also be renamed to identify which claim number the information came from, so it is included/printed in further referrals or copy files. e.g. Medical records and reports from claim: 100XXXXXXXXX

This will ensure the notes remain on the correct claim but a copy can accompany the referral, while clearly identifying which claim they belong to.


Please do not create a bulk print on one claim and then move it to another claim, renaming it and using it in a referral for advice as it will not appear in any file copy subsequently used.

 Manage document groups

e Generate a Medical Assessment referral task for Recovery Administration for a 'Medical Case Review'.

NOTE How do you refer a task to Recovery Administration?

Please see Referring Tasks to Recovery Administration - Principles for further information and guidance.

 Referring Tasks to Recovery Administration - Principles

NOTE How do you generate and send a referral task to Recovery Administration?

Go to NGCM Create a Referral Task.

NOTE What do you do if Mental Injury Claim information needs to be sent with a Referral from a Physical Injury Claim?

In Eos, manually transfer the Referral Task generated to the Recovery Administration department with the Sensitive Claims Administrator Role

 Creating Manage Referral Tasks - System Steps

NOTE What information do you need to include in the referral task?

- Type of MCR (standard/complex)
- Vendor
- Address for clinic/appointment (if known)
- If non contracted confirm that the signed SRMR15 (letter of agreement) is on file
- Recommendations from Recovery Support, including any questions
- Reason for the referral
- Provider's delivery method (email/courier)
- Provide the correct service code. Refer to the Purchase Order guidelines linked below
- The client's NHI number
- Confirm whether or not the client has consented to telehealth if this was requested
- Details of care indicators if applicable
- In the VMS box write NA if it not a vocational assessment.


 NG GUIDELINES Purchase Order Details - Medical Case Review

f Complete all the mandatory fields and any additional information to be included in the referral form including questions received via written guidance from Recovery Support.

NOTE What if your client has a Care indicator?

You need to clearly outline this in the e-form.

Refer to Disclosure of Care Indicator Information to Third Parties Policy for more information on how information is disclosed.

 Disclosure of Care Indicator Information to Third Parties Policy

g Review "When to use 'high' priority indicator on the tasks sent to Recovery Administration" rules to determine priority of the task.

 When to use 'high' priority indicator on the tasks sent to Recovery Administration

NOTE What if your scenario meets the 'high' priority rule for this task?

- If your scenario meets the priority rule for this task, change the priority indicator to 'high'.
- If your scenario doesn't meet the priority rule for this task, leave the priority indicator at 'low'.

6.0 Review referral task**Recovery Administrator**

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

b Review the task to ensure it has all the information you need to proceed.

NOTE What if the referral is for a non-contracted service?

The process cannot proceed to assessment without the signed letter of offer (SMR15) being returned from the provider. The Recovery Team member is responsible for this so if it's not linked to the task then you should follow the note below.


NOTE What if you don't have all the information you need?

If required information is missing from the task, or you need guidance on working within the Administration Team, refer to the link below.

 NG PRINCIPLES Working in the Administration Team

7.0 Create Purchase Order**Recovery Administrator**

a In Eos, create a Purchase Order for the MCR referral.

 Create a purchase order

 NG GUIDELINES Purchase Order Details - Medical Case Review

b Identify and select the vendor as specified by the Recovery Team Member.

NOTE What if you need to locate the vendor via the VMS Booking sheet?

Once selected add the vendor as a 'Vendor' - participant in Eos.

 Group VMS SharePoint site


c Locate the vendor via the Geographic Location search, once selected add the vendor as a 'Vendor' participant in Eos.

d Approve the purchase order.

NOTE What if the purchase order requires a higher delegation?

Save the purchase order. Create and send a Request Authorisation task to a Recovery Leader for a purchase order approval.

Refer to the link below.

 Request Authorisation for a Purchase Order - System Steps

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 please remember to change the Limited Payment List Indicator to 'Yes'.

8.0 Create and send referral documents**Recovery Administrator****a** Create an ACC7395 referral document for the MCR assessment

 ACC7395 Referral for medical single discipline assessment or medical review - PO - vendor

b Populate with extra information noted on the referral task. Ensure you have checked that all the relevant information within the task has been captured.**NOTE What does a quality ACC7395 look like?**

Refer to Admin Template - Referral for medical single discipline assessment or medical review

 Admin Template - Referral for medical single discipline assessment or medical review

c Ensure you have completed the document (to convert the document into a non-editable pdf).**d** Link the referral to the document group 'Medical Case Review'.**e** Perform privacy checks using Inbound and Outbound Document checks

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

f Call the vendor to confirm how they want to receive the referral documents (if email, ensure it is verified and if they prefer documents to be emailed separately or as a bulk print)**NOTE What if the Provider and/or Vendor email address has not been verified?**

Go to Verify Provider and Vendor email addresses process.

 **PROCESS** Verify an Existing Provider, Vendor or Facility Email Address

NOTE What if the vendor has been booking via the VMS booking sheet?

Update the VMS booking sheet with the date the referral is sent

 VMS Centralised Booking System Service Page

g Generate a Bulk Print of the "Medical Case Review" Document Group by following the system steps below.

 Create Bulk Print

h Generate the Bulk Print Index**NOTE How do you generate the Bulk Print Index?**

- Click properties
- Click view contents less
- Right click convert to PDF
- Save to desktop
- Upload to Claim using document type VCF006
- Label as Bulk Print Index
- Delete file from desktop

i If email is the preference, create email using the requests and referrals template and attach the referral and bulk print and save the bulk print to desktop and attach to the email. Use the email address as confirmed by the vendor.

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

NOTE What if you identify the documents you're sending exceed 10MB?

Use Adobe Pro to

Reduce file size:

- Select Optimize PDF
- Select Reduce File Size

Or

Split document

- Select organize page
- Select Split
- Select Split by File Size (up to 10MB)

The document will save in the same location and the original document and will be name PART1, PART2 (depending in the size of the file being split).


j Send the referral to the vendor.

NOTE What if the Vendor requires the documents to be sent via courier?

Go to Prepare and Send Client Information by Courier process.

 **PROCESS** Prepare and Send Client Information by Courier

k Send the appointment and information sheet to the client via the preferred contact method. Ensure they contain the relevant dates/times/locations where these are available and ensuring any vendor phone numbers are not personal ones.

 SMR12 Medical case review appointment - client

 SMRIS02 Medical case reviews - client

l in Salesforce, close the assigned referral task.

9.0 Receive confirmation of appointment

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Receive confirmation of the appointment from the provider and file the email away to Eos.

NOTE What if the provider is unable to accept the referral?


If the provider is unable to accept the referral, resubmit the request with a new provider.

NOTE What are the timeframes?

- A supplier who has agreed to provide the MCR must perform a clinical examination within eight business days of receiving a referral, unless otherwise agreed by ACC
- If a provider is unable to meet the eight day timeframe to see a client, you can negotiate a timeframe which is acceptable to both parties
- The provider must provide a copy of the report to the case owner within eight business days from the date of the clinical examination.

NOTE What if the client refuses or fails to attend and/or participate in the MCR?

If the client refuses or fails to attend or take part in the MCR you should find out why. In some cases, you may need to consider the non compliance process. Refer to the Policy below.

 **PROCESS** Decline Entitlement when Client is Non-compliant Policy

NOTE What if the client wants to change to appointment date?

Contact the provider and discuss and confirm new appointment details.

10.0 Review report

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Receive notification that the MCR report has been attached to the claim.

NOTE What if there are quality clinical issues or concerns?

If you have any concerns relating to the clinical quality of any VMS reports, please email the case through to clinicalquality@acc.co.nz. You are encouraged to deal directly with the Provider where you can, particularly if the concerns are around the completeness of the report or omissions.

However, the clinical quality team are particularly interested regarding any reports which lack clinical quality. Not only will the clinical quality team help you by reviewing the report with the Engagement and Performance Management team (EPM) talking with the Providers, learnings will be provided to all Providers through the regular newsletters.

b Perform Privacy and Relevancy checks on the received report.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

c Contact the client and confirm you are speaking with the right person by asking ACC's identity check questions.

 Identity Check Policy

d Advise client the report has been received and that you are to seek further guidance on next steps.

e In Salesforce, add a contact note as a record of the conversation.

11.0 Determine next steps

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Follow the advice and recommendations in the MCR. If the report answers your questions clearly then act on those answers and in these cases there is no need to seek internal clinical advice. The only exception to acting on the recommendations of the report without any further advice is if the next step is a section 117 suspension or revocation of cover, then seek advice from Technical Services.

NOTE What if the MCR report is not clear?

Seek guidance from your Team Leader initially, escalating to Practice Mentor if required. If you are still not clear what the next steps are then seek internal guidance to confirm.

The referral for guidance must explicitly state what exactly in the report you need assistance understanding.

NOTE Refer to (NGCM) Seek Internal Guidance.

 **PROCESS** Seek Internal Guidance

NOTE What if you need clarification of an answer following the MCR assessment

Following the initial MCR assessment, you may need to clarify something in the report or have a follow up a question from Recovery Support. In this case ensure you use the PO code MEDR. Send an NGCM - Admin Request Task to Recovery Admin to update the PO.


NOTE What if you require a supplementary report following the MCR assessment?

Following the initial MCR assessment, you may be required to request a supplementary report. This may be because you have additional questions for the assessor. Ensure you use the PO code CSM3 and specify the number of hours required. Send an NGCM - Admin Request Task to Recovery Admin to update the PO.

NOTE What if the client needs requires a second MCR assessment?

Following the initial MCR assessment, you may be required to request a additional MCR assessment. This may be due to receiving new medical information. Follow the same steps below as arranging the initial MCR and ensure you use the appropriate contracted or non-contracted purchase order code. Go to 2.0 Contact client and explain need for assessment.

- b Contact the client and confirm you are speaking with the right person by asking ACC's identity check questions.

 Identity Check Policy

- c Discuss the report, the outcome of the guidance and the next steps. Consider if a face-to-face meeting is required.

 NG GUIDELINES Client Face to Face Meetings

NOTE What if the client requests that the report is changed or incorrect?

A client can request that information held by ACC is changed or updated if it is factually incorrect (ie: wrong DOB, incorrect name spelling etc). If it is the opinion of an assessor or provider, the client can supply a 'statement of correction' to ACC which is then included with the report. This means that any time the report is sent out, the statement of correction must be sent as well.

Refer to Managing a client's request to change personal information

 Managing a client's request to change personal information

- d Provide a copy of the report to the client, their GP (ensuring the client has given permission) and any other stakeholders as you consider appropriate or if internal advice was sought then also as recommended by recovery support.

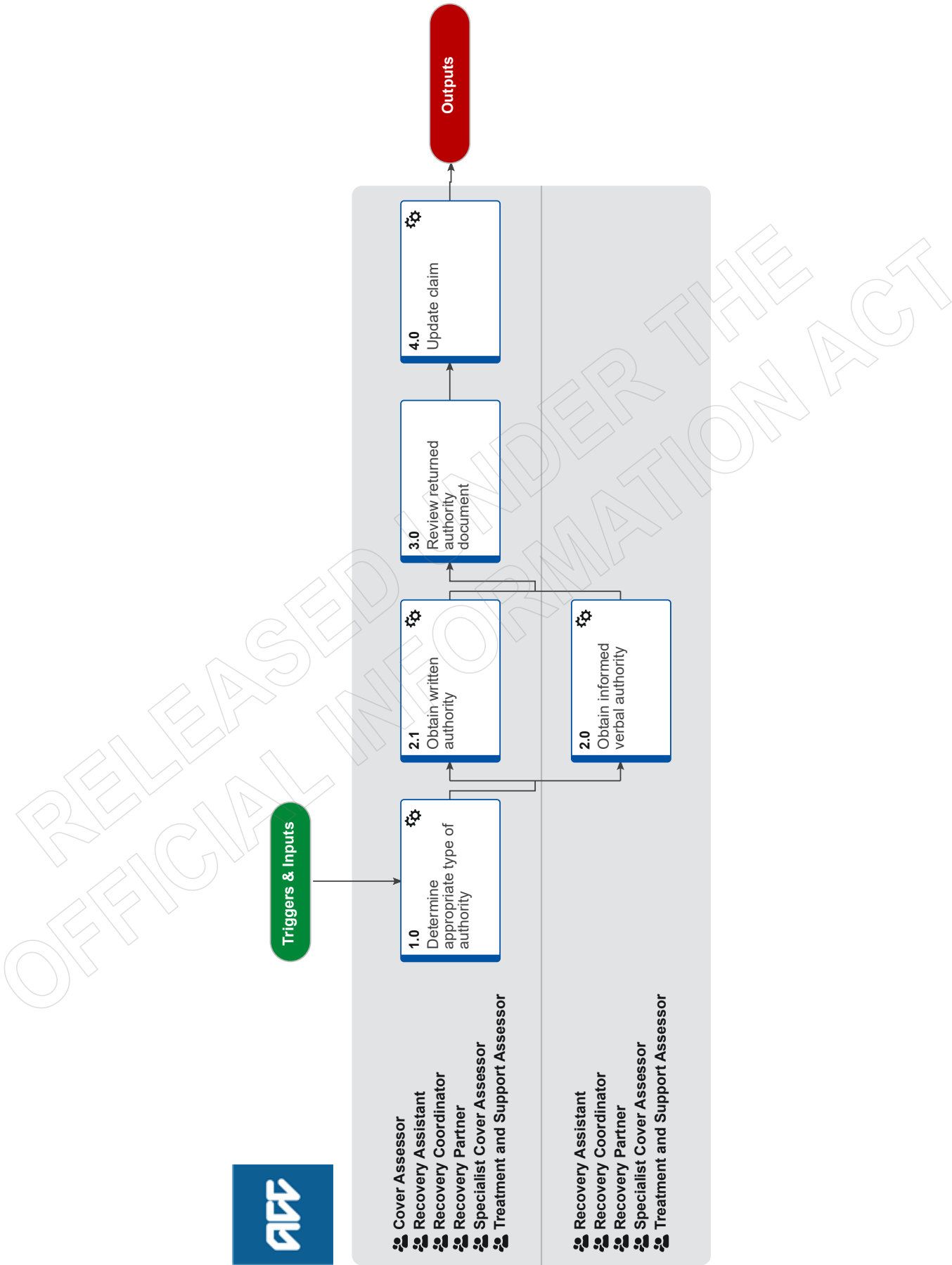
- e In Salesforce, add a contact note as a record of the conversation.

- f Update the Recovery Plan with the outcome of the intervention.

 **PROCESS**

Create or Update Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner



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

Te Whatu Ora is only able to legally fulfil information requests when a current ACC6300 has been received (received within the last 12 months). An ACC6300 is required for all claims where the date of injury or lodgement is greater than 12 months or we are requesting information for a 12 month or longer period

Owner [Out of Scope]

Expert

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 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.

NOTE Why is Te Whatu Ora asking for a signed ACC600?

Te Whatu Ora is only able to legally fulfil information requests when a current ACC6300 has been received (received within the last 12 months). An ACC6300 is required for all claims where the date of injury or lodgement is greater than 12 months or we are requesting information for a 12 month or longer period.

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.

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.

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.

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.

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

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Summary

Objective

If ACC becomes aware that a client is potentially at risk from abuse or neglect we can refer our concerns to a government agency with statutory authority to act upon them. Although our ability to disclose information about a client without their authority is limited by Privacy Act 2020 and the Health Information Privacy Code 1994, exceptions are allowed in certain circumstances.

Owner

[Out of Scope]

Expert

Policy

1.0 Rules

a We can disclose information about a client without their authority in the following circumstances:

- for the maintenance of the law, including the prevention, detection, investigation, prosecution, and punishment of offence
- to prevent or lessen a serious threat to the public's safety or the life or health of an individual
- where a child or young person (under the age of 18) has been or is suspected to be harmed physically, emotionally or sexually, or ill-treated, abused, neglected or deprived
- to identify, prevent and respond to family violence (per the Family Violence Act 2018)
- The Oranga Tamariki Act 1989 (specifically s66) enables ACC employees to share information about a young person with a requestor that is relevant to the safety or wellbeing of children. This is a very broad ability, and any good faith disclosure is protected from liability.

 Referring children in potentially vulnerable situations

2.0 Reasonable belief

a We can act on our concerns if we have a reasonable belief that the risk to the client exists. You and your Client Service Leader must consider the information available to establish risk.

While it would be ideal to verify the existence of the risk with the client, it's often not practicable or appropriate to discuss your concerns directly with them. You should leave this to the agency whose role it is to undertake further investigations into the suspected abuse or neglect.

Once you've established reasonable belief you must pass on information regarding your concerns to the appropriate government agency, either:

- Oranga Tamariki - Ministry for Children (for young people 17 and under who may be in need of care or protection)
- the NZ Police, for adult clients and children and young people when the risk is serious and imminent.

3.0 Serious threat

a If you reasonably believe the risk to the client is serious then you must inform the Police immediately. This decision must be made together with your Client Service Leader, and take into account:

- the likelihood of the threat occurring
- the severity of the consequences if it does
- when the threat may occur.

You must also notify either the Privacy Group (for adult clients) or the Safety Response Coordinator via safety.response@acc.co.nz (for clients 17 and under) that you've notified the Police.

4.0 If you are unsure

a If you reasonably believe the situation to be potentially serious but are unsure whether we should disclose information about the client without their authority, then contact the Privacy Group (for adult clients) or a Safety Response Coordinator via safety.response@acc.co.nz for advice.

Summary

Objective

If the client sends an email regarding a specific claim, upload it as a 'Contact' to that claim, otherwise upload it to Party level.

Uploading emails to the appropriate Party record:

- enables us to gather information more easily if the client requests a review or appeal
- provides a date and time stamp
- provides context for the email
- helps us manage requests from clients for their personal information
- provides greater integrity and accuracy of information
- provides a complete and accurate record of our contact with the client or party.

Owner

[Out of Scope]

Expert

Policy

1.0 Rules

- a** You must upload all correspondence to the appropriate Party record in Eos, including emails to and from a client, provider or employer. This includes:

- general correspondence regarding our processes
- specific information about how we manage claims
- correspondence about the active management of a particular claim
- evidence of a decision or activity regarding the file, including internal emails where the case is discussed.




Emails saved in Eos must be a complete record of correspondence with the client and include:

- the date and time it was sent
- the name of the sender and the receiver.

You must save all appropriate emails into Eos, regardless of the number of emails sent and received on a topic.

You must delete emails from Outlook once they have been saved into Eos.


You must secure all legally privileged information after uploading it to prevent the documents from printing when someone asks for a copy of their claim file.

-  Verify an Existing Provider, Vendor or Facility Email Address
-  File an inbound email (Te Whāriki)
-  Email and instant messaging policy (Te Pātaka)

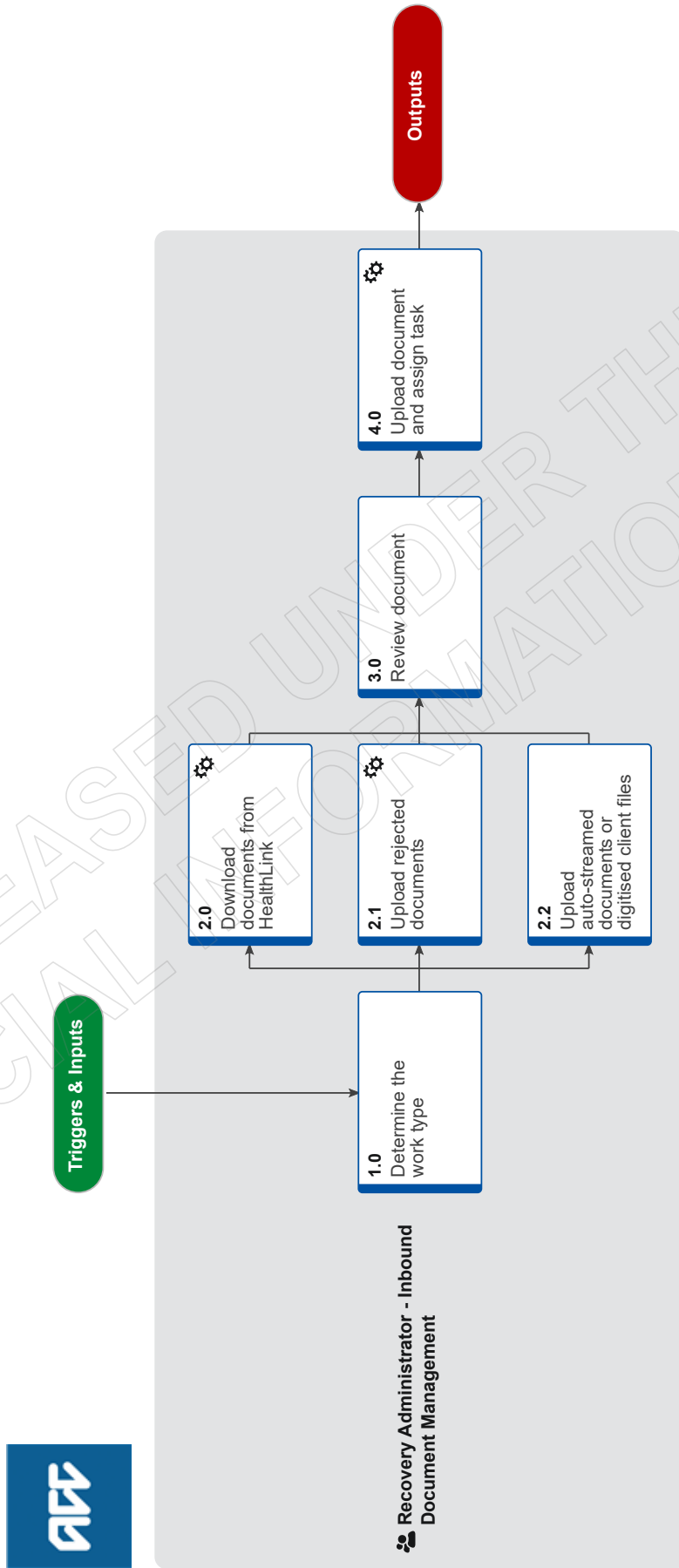
2.0 Exceptions

- a** The attached table shows which email communications you are not required to save into Eos. If you're not sure whether to save an email into Eos, talk to your team manager.

| If the source is... | then you don't need to save... |
|---------------------|---|
| internal | <ul style="list-style-type: none"> • information relating to an ACC investigation • legally privileged information, including: <ul style="list-style-type: none"> • any correspondence between ACC offices and ACC Legal Services • any advice from ACC Legal Services • information from Government Services regarding: <ul style="list-style-type: none"> • the Ombudsman, Privacy Commissioner or Health and Disability Commissioner • a complaint • ministerial correspondence • allocations, spreadsheets or dual management lists • requests for claims management staff, with the correct delegation, to reopen a claim • duration tool and case list filters • meeting invitations to discuss claim-related information • team manager coaching notes related to specific claims • lists of claims for panels |
| external | <ul style="list-style-type: none"> • information requests about provider claims • requests for information from providers about: <ul style="list-style-type: none"> • claim details required to facilitate client treatment and invoicing • the progress of any prior approvals for treatment • vendor enquiries about invoice payments for client services |

 Exceptions - Email in EOS.PNG

Upload Electronic Documents Received via HealthLink or secure file transfer v20.0



Upload Electronic Documents Received via HealthLink or secure file transfer v20.0



Summary

Objective

The purpose of this process is to

- upload electronic claim documents received via automated and non-automated HealthLink accounts to claims in Eos and/or
- upload digitised client files received via Axway Secure File Transfer to claims in Eos and
- generate a task with an action required.

Background

HealthLink is a secure method for providers to submit documents to ACC. There are 10 HealthLink accounts set up to receive different document types. Some accounts are configured to automatically process documents and load them into Eos (Medical Notes, Clinical Notes, Radiology Reports, Operation and Discharge Notes). The remaining accounts require manual upload of documents to Eos. The Inbound Document Management Team manages all manual uploading of documents from HealthLink to claim files.

Axway Secure File Transfer is a secure way to exchange information between two parties. It is being used to send digitised client files from Iron Mountain to ACC.

Owner [Out of Scope]

Expert

Procedure

1.0 Determine the work type

Recovery Administrator - Inbound Document Management

- a** Check which work needs completing

NOTE What if you need to download documents from HealthLink

Go to 2.0 Download documents from HealthLink

NOTE What if you need to upload rejected documents?

Go to 2.1 Upload rejected documents

NOTE What if you need to upload auto-streamed documents or digitised client files?

Go to 2.2 Upload auto-streamed documents or digitised client files.

2.0 Download documents from HealthLink

Recovery Administrator - Inbound Document Management

- a** Log in to the appropriate HealthLink account each day to check for documents that require manual uploading to Eos.

NOTE Which accounts need checking?

- Sensitive HealthLink Website
- accpraprMX

- b** Download documents from each account and save to an appropriate folder.

NOTE What folder do you save these in?

- Hamilton staff save in appropriate sub-folder: I:\Service Centre\Front End\AA Electronic uploads
- Dunedin staff save in appropriate sub-folder: I:\PUBLIC\Scan Unit\Electronic Documents\ - Emails to Upload

- c** Check if any document needs to be renamed.

NOTE When do you need to rename?

Rename the document when the naming convention is not correct. Examples of the correct naming convention are: Bloggs F or 100xxxx123.

- d** Log out of the HealthLink account.

- e** Go to 3.0 Review document.

2.1 Upload rejected documents

Recovery Administrator - Inbound Document Management

- a** Check the 'rejection' folder for rejected documents. If a document sent through a HealthLink account that "auto-uploads" to Eos fails, it is forwarded to a folder in Dunedin for manual upload. These accounts are 'accshti', 'accsprer' and 'accdisop'.

NOTE Which folder do you need to check?

Dunedin: I:\PUBLIC\Scan Unit\NEW\CMS045\CMS045 upload errors

- b** Check if any document needs to be renamed.

NOTE When do you need to rename?

Rename the document when the naming convention is not correct. Examples of the correct naming convention are: Bloggs F or 100xxxx123.

- c Go to 3.0 Review document.

2.2 Upload auto-streamed documents or digitised client files**Recovery Administrator - Inbound Document Management**

- a Check for auto-streamed documents in the appropriate folders.

NOTE What folders do you check for auto-streamed documents?

Hamilton: I:\Service Centre\Front End\ACC32\MMEEX_HL

Dunedin: I:\PUBLIC\Scan Unit\MMEEX_HL (there are five sub-folders that need to be checked)

NOTE What folders do you check for digitised client files?

I:\Public\ACC network Back Scanned Files - CIC_IDMT Shared Resources_Feb 2020 onwards

- b Check if any documents or digitised client files need to be renamed.

NOTE When do you need to rename?

Rename the document when the naming convention is not correct. Examples of the correct naming convention are: Bloggs F or 100xxxx123 (claim number) for digitised client files;

- c Go to 3.0 Review document.

3.0 Review document**Recovery Administrator - Inbound Document Management**

- a Check all the pages belong to the right client/claim.

- b Identify and remove any unrelated content. This includes documents for other clients or claims, blank pages and pages with information redacted by the provider.

 NGCM - Redact information from PDF documents

- c Correct formatting errors (for example upside down document, one document separated into separate attachments or one attachment includes multiple documents) by rotating, combining or extracting document(s).

- d Check the size of the document or digitised client file does not exceed 10MB.

NOTE What if the size of the document or digitised client file exceeds 10MB?

1) Attempt to save the document or digitised client file as a reduced size pdf.

2) If the reduced size is still bigger than 10MB, then optimise the file using Adobe DC.

3) If the optimised file is still bigger than 10MB, then split the document into multiple volumes. Make sure you include the volume number in the file name.

 Reduce digital file size or split digital file into volumes - system steps

- e For digitised client files, check the image quality is good and readable.

NOTE What if the quality of the image is low?

If the quality of the image is low and the content is not readable, contact Iron Mountain via email (aklops.info@ironmountain.com) and ask them to re-submit a better quality copy.

4.0 Upload document and assign task**Recovery Administrator - Inbound Document Management**

- a Open document in the relevant folder.

- b In Eos, open the appropriate claim.

NOTE What if you don't have the claim number?

Go to Party record, search for the client and upload at the Party level.

- c Complete the 3-point check of the documents received by comparing at least three client and claim identifiers with data points in Eos.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE What if you cannot complete the 3-point check?

Complete the 3-point check by responding to the sender (or managing unit/team), requesting the missing client data points.

- d Upload the document or digitised client file to Eos following the Front End Scanning (FES) Guidelines.

NOTE Where are the FES Guidelines located?

W:\Public\Client Administration\Inbound Document Management\Uploading

- e In Eos, update the Security Level, if required.

NOTE What if the document requires a 'Secured' Security Level (eg sensitive claim documents, legally privileged information)?

You must select it now, as once uploaded only selected staff can make changes to the Security Level.

f In Eos, on ACC45 case in 'Tasks' tab, create the appropriate task type (refer to FES guidelines) and assign to relevant ACC Staff Member/Team.

NOTE What if the document is a request for entitlements/support on a Not Yet Registered claim (eg ACC18 with incapacity, ACC705, ACC883)?

Transfer the task to the Hamilton SC-Administration queue. Go to Administer Request on a Not Yet Registered Claim (NYR) process.

PROCESS Administer Request on a Not Yet Registered Claim (NYR)

NOTE What if the document is NOT a request for entitlements/support on a Not Yet Registered claim (eg clinical notes)?

Leave the document stored at the Party record. This process ends.

NOTE What if it is a digitised client file?

Transfer the original 'General Task' (which was requesting the archived claim file) to the person who requested the archived claim file.

g For digitised client files, enter data about the file uploaded into the 'Requested Physical Files' spreadsheet.

Requested Physical Files Dunedin and Hamilton

h For digitised client files, in the 'Indicators' tab, set the Physical File Status to 'Does Not Exist'.

i This process ends.
