Privacy check before disclosing information Policy v22.0

Summary

Objective

When providing personal information to a client, client advocate, client lawyer, provider, supplier or employer, you must take care to protect individual privacy at all times. See also Responding to a request for official or personal information.

Owner [Out of Scope]

Expert

Policy

1.0 Rules

a You must check all incoming client documentation to ensure the information relates to the client and does not contain inappropriate or non-injury related information.

You must complete a content and privacy check before disclosing any personal information, even if we initiated the disclosure. A content check ensures we only give the information that was requested and is relevant. A privacy check ensures we only give information about the client who is requesting it.

You must also include an appropriate covering letter when providing requested information.

If sending information via email to an external email address make sure the email address has been verified in Eos first.

2.0 Privacy checking client information

a Before you provide a copy of a client's personal information or file you must complete a privacy check to ensure that no other person's information is included.

The case owner or Client Information Requests team (CIR) is responsible for privacy checking full client copy files that they prepare.

For anything other than a minor enclosure you must add a 'Contact' in Eos noting that documents have been privacy checked prior to disclosure.

In particular, you must ensure:

• the recipient's name and address is correct and, if appropriate, check the 'Verification and 'Valid Address' statuses
• information about people other than the client is removed
• any information that may negatively affect the client's physical or mental health is discussed with their medical practitioner (e.g. GP or Psychiatrist) prior to release. If the medical practitioner agrees it may be harmful, we can withhold that information
• any information you send to a supplier is fit for purpose. Only provide what is required, particularly in respect to non-injury conditions.

Before you do the privacy check, clear your work area. If possible, use the dedicated privacy desk in your unit or an available empty desk.

3.0 Printing client information

a Only print documents for one client at a time, unless you're batch printing and processing a bulk mailing of a standard letter. Make sure the number of letters matches the number of envelopes.

When you print client information you must:

• always use secure print or user box functionality to print enclosures

• always fasten documents using staples, not paper clips. When printing a multiple page letter use the Multi-functional Device (MFD) staple functionality, if available

• avoid using mail merge

• not put post-it notes on letters.

4.0 Enclosure types

a There are two types of enclosure, substantial and minor.

A substantial enclosure generally contains varied and potentially sensitive health information or multiple documents.

> **NOTE** **Examples**
> • independence allowance report
> • vocational independence report
> • home and community support assessment report
> • medical case review report
> • complex social rehabilitation assessment
> • lump sum independence allowance (LSIA) assessment

b A minor enclosure is routine correspondence or one or two short documents.

> **NOTE** **Examples**
> • a 1 or 2 page letter, eg a letter approving home help
> • a letter with a form or information sheet included
> • a short report with limited medical information in it, eg a report about a simple injury such as a broken ankle that does not refer to pain issues or other medical conditions
> • reimbursement claim forms

5.0 When to use the ACC6173 Information disclosure checklist

a Full or partial copy file

If you're providing a full copy file or partial copy file you must complete an ACC6173 information disclosure checklist when you do the privacy check.

b Substantial enclosure

If you're providing a substantial enclosure completing an ACC6173 information disclosure checklist is optional. You may still find it useful to follow the checklist to make sure you don't miss anything.

c Minor enclosure

If you're providing a minor enclosure completing an ACC6173 information disclosure checklist is optional. But you must make sure that:

• the recipient's name and address is correct and, if appropriate, check the 'Verification and 'Valid Address' statuses
• information about people other than the client is removed
• any information that may negatively affect the client's physical or mental health is discussed with their medical practitioner (e.g. GP or Psychiatrist) prior to release. If the medical practitioner agrees it may be harmful, we can withhold that information
• any information you send to a supplier is fit for purpose. Only provide what is required, particularly in respect to non-injury conditions.

any information you send to a supplier is fit for purpose. Only provide what is required.

📄 ACC6173 Information Disclosure Checklist

6.0 Client addresses

a You must check the 'Verification' and 'Valid Address' statuses of the client or authorised representative's physical address, and either verify or reverify by telephone or in person as needed.

Verify their address on first contact, and then either:

• at regular intervals
• before you provide any information by email, post or courier.

Only use a window envelope or labelope to display the address and make sure only the name and address are visible.

Always print the address from Eos using the CLI05 Address label and make sure Eos is set to default to the postal address.

7.0 Changes to a client's residential or mailing address

a Changes to a client's residential or mailing address must be requested by either:

• the client
• someone with authority to act on behalf of the client. There must be a signed ACC5937 Authority to act form on the client's file.

We'll accept written notification of a change of address by letter, on a signed ACC form such as an ACC250, or on an ACC210 Change of bank account or address form. We will also accept a scanned copy by email. See Communication using email.

We'll accept verbal notification of a change of address from the client, after they confirm their identity by providing the attached information.

📄 ACC5937 Authority to act - Client

The client must supply their...	and either...
• full name, including middle names or any aliases • date of birth • full address, including suburb, town or city • home or mobile phone numbers	• the date of the accident • the type of injury sustained • how the injury was caused • their ACC number or ACC45 number

📊 Changes to a client's residential or postal address.PNG

📄 ACC210 Change of bank account or address

📄 Communication using email (Clients)
https://au.promapp.com/accnz/Process/45278637-26cd-4f32-8f4e-aebf9f60b05b

b Any time the client provides information that we can verify in Eos, make sure that you check the 'Verification' status and verify or re-verify as appropriate.

c A current Home address in Eos should always be a residential address.

8.0 Temporary client addresses

a If the client has a temporary physical address, the client must specifically confirm that the temporary address is appropriate for ACC to send documents to. If they do, in Eos add the temporary address as the home address. Task to remember to update Eos once the client returns to their normal mailing address.

If the client does not request for mail to be sent to their temporary address, then do not change their home address to the temporary address. The client must collect the information from an ACC office.

You may send blank forms to a temporary address. They must not contain any client details.

9.0 Alternative address

a An alternative address should only be used as a mailing address IF the current home address does not receive mail.

For example,
- where the client uses a PO box instead of receiving mail to their home address
- where the client is deceased, we should keep the address as their last physical address and load the details of their representative as the alternative address.

📄 Add or edit alternative address

10.0 Client email addresses

a Ensure you:

• only use a verified client email address in Eos
• create emails and attach documents from within Eos
• complete a privacy check
• have disabled auto population of email addressess in Outlook

The "ACC Privacy Check" tool will also support a targeted second check for emails sent externally which include any attachments, or client or customer identifiers.

11.0 Provider and supplier addresses

a If you're an Eos user you must use Eos when checking provider and vendor addresses. See Searching for provider or vendor addresses in Eos. Make sure you compare the provider or vendor's contact details with those in Eos. If they need updating you must:

• ask them to email you their new contact details
• email the new details to the Provider/Vendor Registrations (PVR) team at Registrations@acc.co.nz and put 'Change contact details' in the subject line.

Or, the provider or vendor may email the PVR team with a copy to you. Physical and email addresses, phone and fax numbers are automatically updated in Eos from the Medical Fees Processing (MFP) system.

See also Communication using email.

Communication using email (clients)
https://au.promapp.com/accnz/Process/45278637-26cd-4f32-8f4e-aebf9f60b05b

NOTE   **What if a vendor/provider is no longer involved in a claim?**
Once a vendor or provider is no longer actively involved in the claim, remove them from the participants list. This reduces the chance of incorrectly selecting them and appropriately disclosing information later on

Manage Participants

12.0 Delivery options for clients, client advocates, client lawyers

a If a client, their advocate, or their lawyer requests a copy of the client's file, we prefer to provide an electronic copy on a password protected CD or USB. You may send the CD or USB by post with an appropriate covering letter. See Responding to a request for official or personal information.

If they want a printed copy we prefer that they collect it from us. We do this to ensure their information is secure and only accessed by authorised people.

Only consider sending personal information by courier if specifically requested. See 18.0 'When to send client information by courier' below.

Complete Client Information request

13.0 Exception – Clients in prison

a If a client is in prison and they don't have an advocate, we can only provide them with a printed copy of their file. Clients in prison generally don't have access to computers. You must send them an INP12 Personal info request - provide info - clients in prison letter, which includes suitable wording for clients in prison about the risks of using a courier. Do not use the ACC6181 information sheet.

Please note that in most cases we'll need to write to a client in prison as we'll be unable to contact them by telephone. However, if you're able to phone a client who's in prison, you can record their preferred delivery method as a Contact in Eos. Do not release the information until you receive the client's instructions.

If the client has not nominated a lawyer or advocate for us to send the information to, you must contact the client when their information is ready to advise that we will prepare a paper copy to be couriered to the prison. The client will need to be made aware that prison staff check all incoming packages, which may include their package.

Preparing client information in a CIT

14.0 Information for reviews and appeals

a If a full or partial copy file is required for a review or appeal, or a transcript of a review hearing, you may:

• ask the recipient to collect it from an ACC office
• send it to them by post on a password protected CD or USB
• send it to them by email within a password protected PDF if the file is small. This is not recommended for large files that need more than one email
• deliver it in person to the client if appropriate, after completing an identity check (eg. as part of a scheduled outreach visit).

Only send the information by courier if this is specifically requested. See 18.0 'When to send client information by courier' below.

Do not use post (if printed) to provide full or partial copy files, review transcripts or relevant documents that relate to a review or appeal.

15.0 Collecting from an ACC office

a A requestor may collect their information or file from an ACC office:

• If the information is prepared at a different office, you must courier it to the appropriate ACC branch or unit to be collected. Double envelope the information before you place it in the courier bag

• You must check the person's authorisation and identification before handing over the information. Complete the ACC6179 form and upload to the claim)

For more information see Responding to a request for official or personal information.

📄 Complete Client Information request

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16.0 Sending information by email

a If using email to send or receive client information ensure you:

• remember the "one email, one client" rule. Each email you send, with or without attachments, must only refer to a single client or recipient
• send your email and attachments to a verified email address
• complete a privacy check
• check all email threads and delete any information that is not relevant to the client
• ask another staff member to double check attachments if you have any doubts about sending the information
• never use a Multi-Functional Device (MFD) to send documents outside of ACC
• use the "ACC Privacy Check" email notification to check all attachments before sending your email.

When sending a verification email from Eos, remove the party name from the 'Subject' field and replace it with "Please confirm your email address"

📄 The easy guide to email and messaging (ACC Sharepoint)

📄 Communication using email (clients)
https://au.promapp.com/accnz/Process/45278637-26cd-4f32-8f4e-aebf9f60b05b

📄 Risks associated with email communication (client)
https://au.promapp.com/accnz/Process/Minimode/Permalink/EO1xLRwZ3TZnOXjSpT0Ubf

📄 What to include in emails to clients, providers and employers
https://au.promapp.com/accnz/Process/Minimode/Permalink/GLhB1JBrdpLc4GQrgfPdMi

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17.0 When to send client information by post

a You can use post to send client information if it's a minor enclosure or it's on a password protected CD.

You can send substantial enclosures by post, however, you must:

• obtain the client's agreement for it to be posted, especially if it contains sensitive personal information
• record this agreement in Eos and make the client aware of the nature of the material in the enclosure
• check with the client before sending each enclosure.

If the client has any concerns about the material being posted then you must use an alternative delivery method, such as a courier.

You must carefully check the items that you place in the envelope to make sure:

• they relate to the right client, the right claim(s) and the right request
• multi-page items are stapled and there are no missing pages or extra pages attached.

Ensure the envelope is securely sealed before sending.

NOTE **Envelope peer checks**
If you're sending more than one page, the Privacy Team highly recommend getting a colleague to check your letter before the envelope is sealed. This involves taking the documents out of the envelope and checking that they relate to the right client and are supposed to be included. Many privacy breaches have been prevented by a peer check!

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18.0 When to send client information by courier

a You may only use a courier to provide information to a client, client advocate or client lawyer if you have the client's consent to use courier.

• You must reconfirm consent separately for each information request
• The client must specifically request delivery by courier
• You must let them know the risks of sending their information by courier. See the ACC6181 Receiving personal information by courier information sheet

Before providing any information by courier you must:

• check the recipient's address including, if appropriate, the 'Verification' and 'Valid Address' statuses and the recipient's authority to receive the information
• place the information in a clearly addressed envelope or package before you put it in the courier bag.

For more details see Responding to a request for official or personal information.

⬜ ACC6181 Receiving personal information by courier

⬜ Complete Client Information request

NOTE Exception

If the client is in prison, you must send them an INP12 Personal info request - provide info - clients in prison letter, which includes suitable wording for clients in prison about the risks of using a courier. Do not use the ACC6181 information sheet.

⬜ INP12 Personal info request - provide info - clients in prison

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19.0 Clients that live overseas

a You may send personal information to a client if they live overseas.

You may only send client information to their advocate, insurer, representative or employer if you have the client's consent and the requestor has authority to act on behalf of the client. See the Privacy Act 2020, Principle 6, Subclause (1)(b).

The staff member preparing the password protected CD, eg case owner, is responsible for sending the disk overseas.

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20.0 Delivery options for suppliers, providers, GPs and employers

a You may send documents by courier if requested by a supplier, provider, General Practitioner (GP) or employer. You must request a signature on delivery.

Only include information about one client in a package or envelope and make sure the package is clearly addressed before you place it in the courier bag.

If you need to send information about multiple clients, use a separate courier bag for each client. This applies to both printed information and password protected CDs.

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21.0 What to do when client information is returned to us

a When someone returns client information to us, eg personal information that has been included with a referral to a provider or a copy file returned from a Review Hearing or Appeal, you must create a 'Contact' in Eos to record what's been received before you place the documents in the document destruction bin.

Create the 'Contact' at Claim level. If multiple claims are involved, create it at Party level.

Make sure you include:
• as much detail as possible about what was received, eg "Medical Case Review copy medical notes", "Appeal copy file" etc, and how it was received, eg sealed envelope, attached to provider report etc
• what you did with the documents, eg placed in secure document destruction bin, uploaded to claim file record etc, and any other relevant information.

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Personal Information and Privacy Guidelines

Personal Information and Privacy Policy – Objective

ACC's Personal Information and Privacy Policy sets out how ACC collects, stores, uses, discloses, retains, and protects personal information.

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

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

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

Personal Information and Privacy Guidelines

These guidelines are designed to provide our people with meaningful and practical guidance on how to care for and use personal information in our daily activities, supplement ACC's Personal Information and Privacy Policy. It is important that everyone considers how these guidelines should be applied in the area that you work.

Who this applies to:

Our Personal Information and Privacy Policy and these Guidelines apply to all ACC people, including employees, secondees, and independent contractors. For specific Accountabilities, including our Roles and Responsibilities, please see ACC's Personal Information and Privacy Policy.

Definitions:

Personal information is defined as information that relates to an identifiable individual.

Personal information includes but is not limited to:

- Staff information
- medical records and history
- the circumstances of injury

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- contact details
- records of our customers' interactions with us
- recordings and photographs
- our notes, records and discussions about our customers and their claims
- contact with any health provider
- recordings of calls with us
- financial information, such as bank account details, IRD numbers, income or payments received
- information about an individual's health, medical history, or disability (health information)
- information about the health services provided to an individual (health information)

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

What this means for you
Personal information includes all information about an identifiable individual. Information can also be considered personal information if it can be linked to an individual when combined with other available information. In other words, information that could be used to reasonably identify an individual, when combined with other available information or knowledge. The types of personal information we have access to include all information held about our customers, our providers, businesses, and our people. We will only collect personal information by means that are lawful, fair and do not intrude unreasonably on an individual's personal affairs. "Fair and reasonable" in this context means we will aim to collect personal information from individual customers rather than third parties unless there is a lawful reason for doing otherwise. When collecting information from third parties we obtain consent from the individual concerned, unless there is a good reason why consent is not required. Any collection of data and information must be for a lawful and well-defined purpose. Transparency is important for trust and respect and recognising people's mana.

Doing it right
Treating all information as if it was your own. Personal information is taonga (treasured) and we consider ourselves to be kaitiaki (guardian) of any personal information we receive.   - We only collect personal information we need   - We collect information directly from the individual wherever possible and from third parties with the individual's consent, unless there is a good reason why consent is not required   - We consider all personal information with respect, even if an individual is not named   - Every time we handle personal information, we keep in mind ACC's purpose and the purpose for which it was collected   - Asking the question - How does the collection of this information relate to ACC's purpose and contribute towards creating positive outcomes for our customers.   - Respect and uphold the mana and dignity of the people, whānau, communities or groups who share their data and information with ACC   - If collecting data for research purposes, it is de-identified to the extent possible

Doing it wrong
- Collecting irrelevant or unnecessary personal information   - Collecting personal information for use in training purposes   - While working at ACC, Hayden is also completing a PhD on rock climbing safety and uses his EOS access to extract claims data to inform his research.

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- Andrew is writing a survey for clients. He chooses to include questions that will not answer the current research question but may be useful in the future.
- Not telling people, in a way that makes sense to them, what data or information is collected about them and why, even if it's used or shared in a way that does not and cannot be used to identify them.

Tips and tricks

- ✓ Ask yourself whether you could identify someone based on the information you're collecting.
- ✓ Ask yourself – Is the information I am collecting necessary for me to provide the requested service? Is there a way of doing so without the collection of personal information?
- ✓ Those who hold people's information can grow its value. They may do this by creating and sharing insights, or by returning collective, non-personal data back to the people and community it came from for their use. In all cases they must comply with the law, protect people's privacy, and maintain people's trust and confidence.
- ✓ Be mindful of New Zealand's cultural diversity, and the different perspectives, needs and approaches that should influence how we work to benefit individuals, whānau, a community or iwi.
- ✓ When deciding what information to collect and use to develop insights or for research, recognise that different groups and people may value qualitative and quantitative information about themselves differently.

More information

This relates to Privacy Principle 1: Purpose for collection of personal information
This relates to Privacy Principle 3: What to tell the individual about collection
This relates to Privacy Principle 4: Manner of collection
This relates to Privacy Principle 5: Storage and security of information
This relates to Privacy Principle 10: Use of personal information
Behaviours to uphold the Code of ACC Claimants' Rights
ACC Code of Conduct

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

What this means for you
We have an obligation to tell anyone we are collecting information from why we are collecting it. In claims, we do this as part of our standard claims management onboarding automatically. In corporate functions, this is mostly going to happen around the personal information of our people for the purposes of people management, i.e., med certs for sick leave, individual CVs. When personal Information is being collected for research purposes consideration needs to be given to why this is being collected, what is the lawful purpose of the research, can the information be de-identified and is the information being collected necessary for the identified purpose. Be transparent and help people understand about the collection and use of their data or information, their right to access and corrections, and what choices they have.

Doing it right
• As part of a customer onboarding conversation, Alex ensures the privacy statement is shared with the customer and they confirm they have understood it. • A customer's rehabilitation needs have changed and we would like them to attend a new assessment. We need additional medical notes, so we call our customer to let them know what we need to collect, and how we will be using and disclosing it.

Doing it wrong
• We obtain personal information from a customer's employer without advising the client of what information we require and why? • Using a customer's personal information for a research project or survey when they have declined to participate. • Collecting information about a customer from a 3rd party without their knowledge or consent.

Tips and tricks
✓ Are you using the information for the purpose we've advised it was collected? ✓ Ask yourself - What's being collected or used, why it's required. ✓ If and why it will be shared with other agencies or professionals. ✓ What laws allow the collection or use? If you are unsure, please contact the Privacy Team.

More information
This relates to Privacy Principle 2: Source of personal information - collect it from the individual This relates to Privacy Principle 3: What to tell the individual about collection

> This relates to Privacy Principle 4: Manner of collection

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

What this means for you - ACCESS
As an organisation that holds personal information, we must allow individuals access to the information we hold about them. People can only ask for information about themselves unless they are acting on another person's behalf and have written permission. Requests for personal information can be received via email, letter, phone or in person. Once a request has been received, we must acknowledge the request and provide the requested information within 20 working days. The website for the Privacy Commissioner provides a response calculator to allow you to confirm the date we must provide a response to the customer and factors in weekends and public holidays. There may be some situations where there are good reasons to refuse a request for access to personal information, e.g., the information may breach someone else's privacy or releasing it may pose a serious threat to someone's safety. In these instances, you should discuss these scenarios with your Team Leader or the Privacy Team.

Doing it right
- If you're unsure, liaise with the privacy team - Ensure the information requested relates to the individual making the request. - Acknowledge the request and use the timeframes calculator on the privacy commission website to ensure we meet our legislative timeframes - Gary receives a call from a customer who would like a copy of the medical notes we hold relating to his ankle injury. Gary verifies the customer's details and confirms the specific records the customer would like a copy of. At the conclusion of the conversation, Gary documents the conversation and sends the customer an INP01: Personal Info Request Acknowledgment. He then sends the task off for completion.

Doing it wrong
- Jo receives a request from Karen about information ACC holds in relation to her daughter. Jo releases the information, but Karen's daughter is over 18, however, Karen does not have permission to act on her daughter's behalf. - A customer asks for a copy of a medical report by email, which we are unable to locate. We respond to the other questions in the email, but don't take any further action to find

and provide the medical report. This results in ACC not addressing the request within 20 working days.

Tips and tricks
✓ Be proactive and make it as easy as possible for customers to access their personal information. ✓ Tell them about their rights and encourage and support them to use those rights.

More information
This relates to Privacy Principle 6: Access to personal information This relates to Privacy Principle 8: Accuracy of personal information https://au.promapp.com/accnz/Process/6d831acc-9567-439f-adb1-8a421e364eaf?Area=Process

What this means for you - AMENDMENT
We do our best to ensure all personal information held by us is correct, but mistakes happen. Customers have the right to request that we correct any information they feel is incorrect, inaccurate, or misleading. We acknowledge and respond to these requests in a timely manner. Legislative timeframes for Personal Information Requests are 20 working days. If the information cannot be corrected, the customer has the right to attach a statement of correction to the information. Disability, culture, language, or literacy may prevent people from feeling comfortable asking to see their information and can also result in general concerns about where their information is, and which agencies have access to it. Offer the information about rights in a safe and comfortable way that supports the Customer's ability to absorb and understand the information being provided. It's important to note that the Privacy Act 2020 requires agencies to "provide reasonable assistance" to people who wish to request access to their personal information or request correction of their personal information.

Doing it right
• Jo receives a call from a customer who disagrees with statements made by their provider in their latest medical report. The provider confirms this was their accurate opinion at the time. The customer still disagrees, so the customer is asked to submit a statement of correction to ensure it is read together with the original document in the future. • Jo receives a call from a customer saying their address isn't correct. Jo acknowledges the request and actions it, immediately, informing the customer the correction has been made.

Doing it wrong

- Jim receives a call asking him to update a customer's contact details. He does not check that he is speaking with the individual concerned and it turns out this was a malicious act by the customer's ex-partner.

Tips and tricks

Ask yourself:
- ✓ Am I dealing with the person that the personal information relates to?
- ✓ Have I acknowledged the request?
- ✓ Where does the information need to be corrected?
- ✓ Can I correct it?
- ✓ Is a statement of Correction more appropriate?
- ✓ Have I recorded the request for correction in our systems?
- ✓ Have I responded to the requestor with the outcome?

More information

This relates to Privacy Principle 7: Correction of personal information

Promapp Processes
Add or update business customer contact details
Manage a customer's request to correct personal information

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

What this means for you
We all need to be aware that the personal information ACC holds is in our care for purposes that relate to ACC and what we do. Information should only be used for legitimate reasons, and that relate to the core functions and purpose of ACC.   If you cannot answer the following questions when using information, you should not be using it: • What is the reason to use this information?   • Is that related to the purpose we collected it for?   • Have we informed the customer it may be used for this purpose?   There might be occasions where we hold information gathered for one purpose that could be lawfully used for another. However, the circumstances within which this is allowed under the Privacy Act are limited, like non-identifiable information making up part of a research project, or de-identified training resources. Where this is proposed, advice should always be sought from the Privacy team first.

Doing it right
• Engage with the Privacy team and/or Ethics Panel when you require advice.   • Aroha, one of Tama's team is unwell with a serious illness. Tama advises the team that Aroha is away but does not share any information about Aroha's illness.   • Ensuring that we are using de-identified data whenever possible or practicable for a research project.   • Use the correct technical processes, methods, and approaches for the kind of analysis or research you are doing.   • A GP provides medical notes that did not form part of ACC's request. We advise the GP of the incident and ask that they provide only the information that was requested and securely destroy the incorrect information.

Doing it wrong
• Using personal information for training purposes without the customer providing their authority for their information to be used in this manner.   • Mel's manager discloses her age to some colleagues without her permission.   • Using personal information in a way that is not aligned to the Code of Conduct or Code of ACC Claimants' Rights.

Tips and tricks
✓ We should only access, use, or share personal information with others (including ACC employees) in accordance with ACC policies and guidelines.

✓ Communicate openly with our customers about how we intend to use their information

✓ Ask whether the information you wish to use is both relevant *and* necessary for the purpose you collected it for – less is best when using personal information.

More information
This relates to Privacy Principle 10: Disclosing personal information Promapp 'Limits on using and disclosing information' policy

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

What this means for you

We hold information that is Taonga to the people it relates to.

There are times when we'll have to share information with third parties for ACC to be able to do our job. When we share information, we need to make sure this only happens when we have the authority to do so.

There are some limited circumstances where we may be able to share information without client authority. However, the circumstances within which this is allowed under the Privacy Act are limited. For example, occasions when we need to share information to protect our people and others – such as, when we share information relating to a customer's behaviour with the Police to ensure the safety of providers or our people. Where this is proposed, advice should always be sought from the Privacy team first.

If you have queries, please raise these with your leader, the Privacy Team or OIA Services.

If there isn't a clear link between why we collected the information and our intended disclosure, we need to consider if the disclosure is necessary. We can always confirm with our customers that they authorise us to disclose information.

Doing it right

- Recognise that the trust people place in you, comes with an obligation to care for and respect the information they have shared.
- IRD contacts us for information relating to a customer's weekly compensation. Krystal checks Promapp for the process related to sharing information and provides the information back to the requestor.
- Jane calls ACC to try and sort out her self-employed husband's levy payments. There is no authorisation on file for Jane to act on her husband's behalf. We obtain verbal consent from Jane's husband and encourage him to complete an Authority to Act form.
- A customer contacts us via the ACC Facebook page. ACC's social media team responds to the customer, without disclosing any personal information, and provides them with the details of who to contact about their claim.
- Understand to your own satisfaction the potential value of the information you collect, and when it might be used in a non-personal form (for example, to develop new insights that may improve outcomes).

Doing it wrong

- Medical notes are emailed to a provider without checking to ensure the provider is the intended recipient before hitting send.
- An advocate who only has authority to act on the customers behalf on claim A, is incorrectly sent information about claim B, which is not covered by the authority.

• Rob discloses information to an individual without verifying that they are an authorised party on the claim record.

Tips and tricks
✓ Act as a Kaitiaki of the taonga ACC holds. ✓ When discussing customer information within the office ensure that you are being respectful and demonstrating ACC's values. ✓ Raise concerns and debrief privately with a team leader or trusted colleague. ✓ Consider whether the information being asked for by a third party is information we can share. ✓ Never disclose other people's personal information for your own purposes.

More information
This relates to Privacy Principle 11: Disclosure of personal information This related to Privacy Principle 12: Disclosure outside of New Zealand Manage Information Requests Official Information Requests Policy | Nintex Promapp® Personal information requests Policy | Nintex Promapp® Requests for customer information policy | Nintex Promapp®

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

What this means for you
We typically hold records for 75 years from the date of the last action on a file, to ensure that records are available should claims need to be reactivated or issues arise in relation to decisions made in the past. If we identify we have received information that is not relevant to our functions, where reasonably practicable, it will be returned or destroyed securely. Recognise the trust that people place in us, which comes with an obligation to care for and respect the information they have shared and use data management processes and tools that provide the appropriate level of security to protect, transfer and store data and information

Doing it right
- Make every effort to ensure personal information remains protected and secure when you are working remotely, this includes when working from home.   - Try to work as much as possible electronically. Hard copies of files can be lost or seen by others if being accessed in public places.   - Create an environment in your team discussions and decision-making where information management practices are understood and practiced.

Doing it wrong
Jane decides to complete some work during her morning train commute. Jane opens a document that contains personal information and starts reading it. People around her can see and read the document.

Tips and tricks
✓ Make sure the correct classification tags are on documents.   ✓ Conduct regular back-ups of data.   ✓ Use password protecting electronic documents that contain significant or sensitive information (for example, health records, financial information).   ✓ Avoid transporting physical documents, except where necessary.   ✓ Only use our authorised cloud computing services that comply with government standards.

✓ Use the document destruction bins for secure document and information disposal.

More information
This relates to Privacy Principle 5: Storage and Security of information This relates to Privacy Principle 9: Limits on retention of information The easy guide to the information management policy The easy guide to the email and instant messaging policy

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

What this means for you

If you think there has been a privacy incident, you must report this to the Privacy Team immediately. We're required by law to report any serious privacy breaches to the Office of the Privacy Commissioner and to notify affected individuals within a limited timeframe.

Reporting allows us to:
- fix the problem - where a privacy incident occurs, we will do our best to rectify the situation
- learn from the incident and get better
- where appropriate, make breach notifications in accordance with the Privacy Act 2020

Anyone can report a potential incident to the Privacy Team at any stage. Reporting privacy incidents allows us to learn from any mistakes and helps us to prevent breaches happening in the future. We aim to grow from them and will take any learnings from the incident to continuously improve our approach to privacy.

To report breaches, use the Privacy Reporting Tool or if the matter is urgent or a serious privacy breach that may be notifiable call the Hotline.

Doing it right

- You notice there appears to be an issue with email address verifications which means emails have been defaulting to an older address. You raise with your team leader *and* follow the procedures for raising with the Privacy team and lodging an incident.
- You have been added into a group chat where colleagues are discussing personal information of customers. You immediately alert your people leader. (It might be appropriate to use OK2Say or follow the Protected Disclosures Guidelines if you didn't feel comfortable going to your people leader)

Doing it wrong

- You've been added to a group chat where colleagues are discussing personal information of our customers. You don't participate in the chat, but you also don't report it.
- You send an email to the incorrect recipient. The email contains some personal information of a customer. You identify your error and re-send the message to the correct address but don't report it.
- You leave your computer unattended whilst working from home, there is personally identifiable information on your screens visible to your flat mate.

Tips and tricks

Privacy incidents may include:

- ✓ Accidental disclosure to third parties and disclosures to third parties without authority or a lawful reason for doing so.
- ✓ Access of customer files by our people where there is no good business reason for access.
- ✓ Sharing customer personal information with other ACC people without a good business reason.
- ✓ Using personal information for reasons other than its intended purpose.
- ✓ Personal information systems are hacked or accessed unlawfully, either by external third parties or by ACC people.
- ✓ Near misses (where an incident was narrowly averted).

More information

Privacy Reporting Tool
Guide for reporting a breach or privacy incident

3.8 Care of personal information is embedded in everything we do

What this means for you
Making sure we take care of personal information is part of everything we do at ACC – we think about how we're caring for personal information when we do our day-to-day work, develop processes and policy, design systems and communicate with each other and external organisations. New Zealanders must be able to reasonably expect their personal information is collected, used, and shared respectfully, and adequately protected. All ACC people need to keep up to date with best practice and training modules on privacy and know how to raise privacy issues. The process of ensuring privacy is embedded throughout the product or service lifecycle from design to disposal and everything else we do at ACC is often referred to as Privacy by Design and should be incorporated into activities where personal information is collected and used. This may include continuous improvement activities, procurement, or policy development. At the center of the design for a product, service, system, or process that uses personal information should be the mitigation of individual harm and adverse impact of any privacy breach or misuse of information.

Doing it right
- Be kaitiaki (guardians) of personal information by building privacy by design into our systems and process, with guidance from the Privacy team, at the very start of the process.   - Mitigate risks by ensuring that privacy recommendations or requirements are completed before your project goes live.   - Dane finds an article about a privacy issue at another government agency. He raises this with his manager to ensure that ACC can mitigate this risk.   - Not using real customer or claims information when designing training material and using Sandbox environments where possible   - Only using de-identified data for research projects where possible.

Doing it wrong
- Designing a new business system or process without assessing the privacy risks involved at the start of the project.   - Talking about the latest interesting case you were working on with a friend in the pub and discussing information that would identify the customer.   - You suspect a colleague has made a potential breach and it has not been reported, you don't raise it with anyone as you're unsure if it's your responsibility.

Tips and tricks

- ✓ Privacy needs to be part of the planning of any new or updated product, service, system, or process. Privacy considerations should help drive the design rather than being bolted on at the end to address a few privacy risks.
- ✓ Protection and security of personal information should be considered for every stage of the information lifecycle: collection, storage and security, use, access and correction, disclosure, retention, and disposal
- ✓ When you do have to discuss personal information, think about what information is relevant and necessary to share.

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

What this means for you
ACC are committed to a programme of continuous improvement and has policies, guidelines and processes that have been designed to reflect the most up-to-date best practice standards. These documents govern how our people should handle the personal information in our care.

Doing it right
- Leaders are current with processes and guidelines, and they take accountability to ensure their teams are too.   - Checking the privacy hub regularly for any updates or refreshers.   - If you come across a policy or guideline that is out of date, please raise this with your Team Leader.

More Information
Information on ACC policies and procedures relating to ensuring we continue to meet our privacy obligations and best practice can be found in these locations: *The Privacy Hub.*   *The Information Management Hub.*   *Promapp*   *Policy Hub*

Legislation relevant to these guidelines

Personal information held by us is subject to:

- the Privacy Act 2020
- the Health Information Privacy Code 2020
- the Official Information Act 1982
- the Code of Claimants Rights
- the Health and Safety at Work Act 2015
- Accident Compensation Act 2001
- the Public Records Act 2005.

Privacy queries or concerns

Our Privacy Team can provide support or respond to any complaints about privacy related matters under the Privacy Act 2020 or Health Information Privacy Code 2020.

You can contact them in the following ways:

The Privacy Officer
Accident Compensation Corporation
PO Box 242
Wellington 6011

Email: Privacy.Officer@acc.co.nz

Phone: 0800 101 996

Information is also available on the Office of the Privacy Commissioner's website at www.privacy.org.nz

PREVENTION. CARE. RECOVERY.

Te Kaporeihana Āwhina Hunga Whara

ACC Privacy Maturity Plan 2016/17

PREVENTION. CARE. RECOVERY.

Te Kaporeihana Āwhina Hunga Whara

1   Purpose of the ACC Privacy Maturity Action Plan

Effective management of our customers' information is an essential element in creating a unique partnership with all New Zealanders. Our customers need to have confidence that their personal information managed by ACC is collected appropriately, stored securely and only disclosed with appropriate authority and that they can access it when they need it. Better management of personal information across the information lifecycle is fundamental to delivering on our Vision and Values, as well as, improving customer outcomes, and building public trust and confidence.

ACC collects and uses personal information from a large number of people and entities, including clients, providers and business customers. Our relationship with personal information is complex – some information is compelled by law (eg through the collection of levies or providing medical records for a claim) and some is volunteered (eg when a client submits a claim or a provider seeks payment for services). Some information comes directly from our customers and some comes to us through third parties. We then use that information to make decisions about a person's individual circumstances and in some cases we need to share it with others. Given this complex set of responsibilities, a wide range of customer expectations can arise.

But fundamental to all of our relationships is the need for our customers to have confidence that their personal information is collected appropriately, stored securely and accurately, only disclosed with appropriate authority and that they can access it when they need it. Building that confidence is an essential element in ACC creating a unique partnership with all New Zealanders.

Focus for next four years - embedding and maturing our approach to privacy

As part of putting the customer at the core of our services and building customer confidence, ACC needs to continue to mature from a culture of risk management to our developing culture as responsible information stewards. ACC's Statement of Intent 2015-2019 promises we will *'Improve the way we protect our customers' personal information'* to ensure:[1]

Our people respect and protect customer information as if it were their own.

Processes and systems are designed to minimise the possibility of privacy breaches occurring.

This four year action plan formalises our approach to build on our progress and continue to improve our privacy maturity between now and 2020. It will embed a culture of information stewardship that aligns with the other changes we are making to improve our customers' experiences.

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[1] ACC Statement of Intent 2015-2019

2   Building our Privacy Maturity as Part of Shaping our Future

ACC is in a period of significant change. A new organisational vision, values and customer experience approaches have been introduced. Our Target Operating Model puts the customer at the centre of our processes and will fundamentally transform the way ACC collects, uses, stores and discloses information. It also provides customers with better ways to access and correct their information. We will achieve this through the implementation of the Shaping our Future strategy and our Transformation Programme.

There are nine layers in the Target Operating Model – Service, Customer, Digital channels, Processes, Information, Technology, Organisation, People and Location. We will embed privacy in the design of all systems and processes that are developed under the layers of the Target Operating Model. Significant investment is planned in years 4 and 5 to establish an effective technology foundation that will reduce the number of privacy breaches associated with manual handling. It will put the customer at the centre of our processes and fundamentally transform the way ACC collects, uses, stores and discloses information, as well as providing customers with significantly improved access to and correction of their information.

The Information Layer describes how our data will be organised, distributed and shared, internally and with our customers. Our aim is to have accurate and timely data, which is specific, organised for a purpose, and is presented with context so that it has meaning and relevance.

The key features of the Information Layer include:

- A focus on continuous improvement, supported by the analysis of our customers' feedback and satisfaction, behavioural information, and data

- Sourcing information from trusted sources such as Inland Revenue, the Companies Office, and Ministry of Health to improve the quality of our data while ensuring we operate efficiently

- Identifying our principal data sources and avoiding replication of data between systems

- Only holding data that we need

- Ensuring our core systems are our single source of truth and provide a complete view of each customer.

The following diagram shows the relationship between the Privacy Maturity Action Plan and other key elements that define the Information Layer of the Target Operating Model.
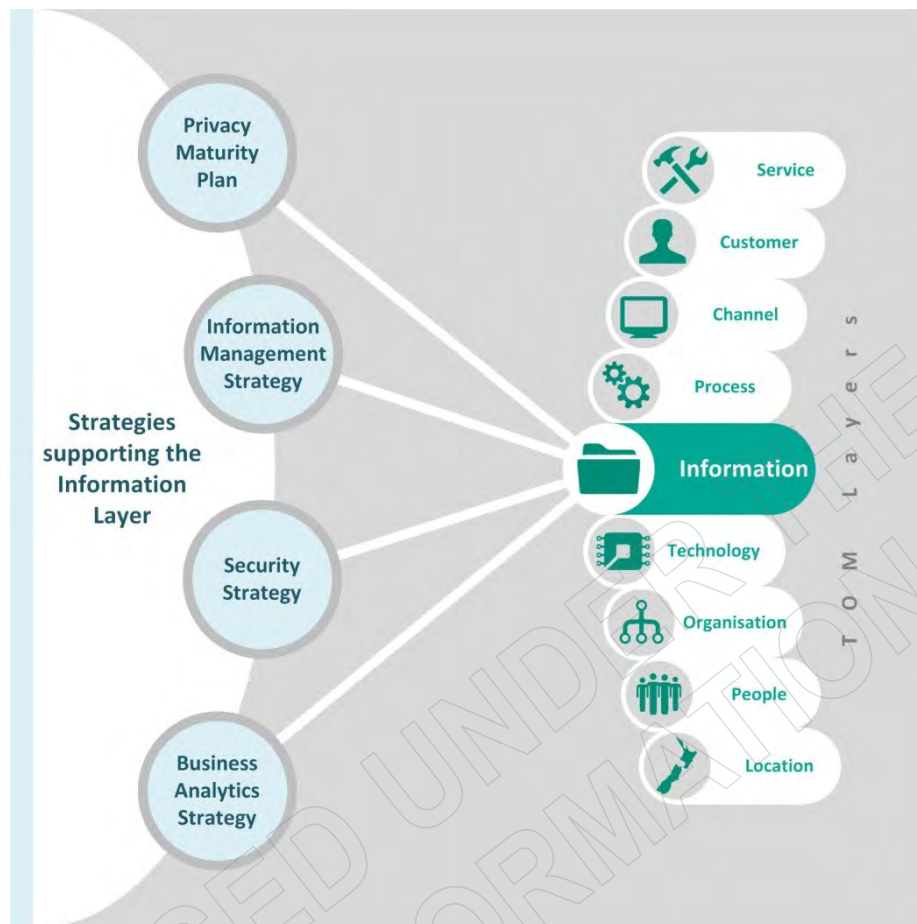
This action plan outlines how we will embed privacy through the Transformation Programme and our broader operations to build our privacy maturity. The actions we take under this plan will be integrated with the enterprise-wide work to improve our overall Information Management Maturity.

3   Assessment of Current State

An independent review in 2012 highlighted significant concerns with how (at that time) we were managing the personal information. We have made significant improvements and investment in our privacy performance since then including the establishment of a dedicated privacy team, and client information teams to manage information access requests. Privacy policies have been documented to support best practice, and system design processes include a preliminary investigation of privacy risk.

In December 2014, we commissioned a follow-up review on our progress since 2012.[2] The review noted that ACC had made substantial improvements. Frontline staff, in particular, now have a much better understanding of privacy, how to protect personal information and the processes required to mitigate against the risk of privacy breaches.

The review concluded:

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[2] Both the 2012 *Independent Review of ACC's Privacy and Security of Information* and the 2014 *Independent Privacy Follow-Up Review* can be found at http://www.acc.co.nz/privacy.

> *We are not aware of any other New Zealand agencies or organisations that have put in a comparable level of dedicated resourcing and attention to Privacy protection, and issue detection, within such as short timeframe. This is commendable.*

However, privacy breaches are still occurring. Our processes are still manually intensive and rely on the attention of individual staff members to avoid mistakes being made. In the year to April 2016, the monthly average of privacy breaches using ACC's own definition ranged from 10-21. Ongoing focus at an enterprise level is required to maintain and improve this performance.

Privacy by Design[3] has been adopted as a core design principle within the Transformation Programme and all other change being implemented across ACC. Privacy by Design is an approach to protecting privacy by embedding it in the design of new technologies and business practices. It involves building in privacy into the design specifications and architecture of new systems and processes.

Privacy Maturity Assessment Framework

In August 2014, the Government Chief Privacy Officer (**GCPO**) issued core expectations of government agencies that represent good practice for privacy management and governance. The GCPO also issued the Privacy Maturity Assessment Framework (**PMAF**) to support agencies in meeting the core expectations.

The PMAF enables an organisation to determine its current level of maturity and assess whether this is appropriate, given the nature and risks associated with managing personal information. The Framework assesses privacy in nine focus areas and allows agencies to rate their performance against a five-point maturity scale. Details are contained in **Appendix 1**.

An independent assessment against the PMAF confirmed that ACC is measurably ahead of the rest of the Public Sector in overall privacy maturity and this has been confirmed in discussions with the GCPO.

The April 2015 independent assessment showed that our privacy culture and breach and incident management capability are already *Embedded*, which aligns to expectations for an agency of our size and complexity. This reflects the significant focus and investment we have placed in these areas since 2012.

The areas which were assessed as needing improvement in maturity were:

- Information Management

- Assurance

- Business Processes

- Implementation of the Information Privacy Principles (IPPs) from the Privacy Act 1993.

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[3] An overview of Privacy by Design is available at https://www.ipc.on.ca/english/privacy/introduction-to-pbd/

These areas were assessed as being weaker predominantly because we did not have privacy embedded into the design of our processes and systems. It should be noted that since the independent PMAF assessment of 2015, changes have been made to these improve these areas that will contribute to an increase in their privacy maturity. For example, establishing the Information Governance Group and formalising the information strategy will uplift the level of maturity from Ad Hoc to Defined.

Our key areas of focus for the next four years will therefore be:

- agreeing an enterprise-wide approach to information management. Specifically appreciating information as a business asset rather than a by-product of business processes

- implementing an enterprise-wide approach to privacy assurance, and enhancing its effectiveness through building on the basics of the three lines of defence model

- improving business processes through consideration of the value of the information that we manage

- enhancing our maturity across all the IPPs through effective and detailed policies, and using customer feedback to identify improvement opportunities.

Our assessed current state against each of the maturity focus areas is reflected in the diagram at the end of section five of this document.

4   Actions

The systemic changes that will be delivered by our Transformation Programme are key to sustainably improving our privacy performance. They will fundamentally transform the way ACC collects, uses, stores and discloses information, as well as provide our customers with significantly improved abilities to access and correct their information. This will be complemented by the delivery of our Strategic Change Portfolio[4] and our ongoing programme of other continuous improvement activities.

This will enable us to achieve our strategic objectives relating to privacy, including increased privacy maturity and improved breach performance across our operations.

The deliverables below reflect the key areas of change that will improve our privacy maturity and performance across the next four years. Initiatives have been mapped against the element of the PMAF that they will have the greatest improvement impact against.

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[4] The Strategic Change Portfolio is overseen by the Enterprise Portfolio Management Office and consists of all major strategic investment programmes and projects delivered outside the Transformation Programme.

Deliverable Area:

| Transformation Programme |
| Strategic Change Portfolio |
| Business Plan / Service Agreement Deliverables |

Maturity Element	FY16/17	FY17/18	FY18/19	FY19/20
Governance, Leadership & Accountability	Strengthen Information Governance	Information Strategy Implementation		
	Privacy Policy Update			
	Information Management Policy Update			
Culture	Culture and Change Delivery			
	Ongoing Privacy Communications and Engagement			
Assurance	Implement Privacy Audits	Develop Information Assurance Framework		
	Supplier Management Framework			
	Transformation Programme Independent Quality Assurance			
	Assurance Services Annual Assurance Plan Delivery			
Information Management	Enterprise Content Management as a Service (ECMaaS)			
	Data Classification and Assessment	Information Classification Framework		
	Business Analytics and Reporting		Mobile Business Analytics Capability	
	Current State Information Assessment	Enterprise Information Register		
	Information Management Strategy approved			
	New Zealand Business Number			
	Business Support Modernisation			

Maturity Element	FY16/17	FY17/18	FY18/19	FY19/20
Privacy Risk Assessment	Privacy Risk Assessments for Strategic Change Portfolio			
	Privacy Risk Assessments for Transformation Programme			
	Implement Privacy Risk Assessments for Continuous Improvement	Privacy Risk Assessments for Continuous Improvement		
Privacy Programme	Secure File Transfer			
Business Processes	Levy Invoice Simplification			Business Customer CCRP Integration
	Business Customer Self Service			
		Client Self Service		
	Provider Self Service			
		Evidence Based Approach to Client and Provider Management		
	Core Claims Management Modernisation			
	Customer Feedback			Field Enabled Case Management
	Practice Management System Integration			
	Continuous Improvement Enhancements			
Implementation of Information Privacy Principles	Enterprise Business Rules			
	Ongoing Privacy Education and Training			
	IPP Compliance Review (Collection, Storage and Security, Retention, Unique Identifiers)	IPP Compliance Review (Access, Correction, Accuracy)	IPP Compliance Review (Use and Disclosure)	
Breach & Incident Management	Implement GCPO Breach Definition			
	Breach and Incident Management and Analysis			

5   Measuring our Success

Privacy Breaches

Privacy breaches are a key indicator of the success of our privacy investment. We will continue to track and report on privacy breaches through our published external accountability reporting and internal performance reporting. This will ensure that we remain accountable at an enterprise level to continually improve our privacy performance and provide us with a benchmark for measuring the success of our initiatives.

From 1 July 2016, ACC will be implementing the Privacy Breach Reporting Framework (Framework) that was released by the GCPO in December 2015. The Framework gives public sector agencies a tool to identify and report on the scale and severity of privacy breaches, and assist in providing context when reporting incidents internally, or to the public through official documents. Details of the Framework are included in **Appendix 2**.

Our Service Agreement Targets are:

Proposed Measure [and owner]	Suggested Targets						Commentary
	14/15	15/16 [to 31 Jan 16]	16/17	17/18	18/19	19/20	
Privacy breaches	4	2	<5	<5	<5	<5	Updated measure to reflect GCPO privacy breach reporting framework. A breach is defined as an incident rated at Level 3, 4 or 5 and recommended as being reported externally under the GCPO reporting framework
			with zero category 5 breaches				

Under the Framework, a privacy breach is when an agency does not comply with one or more of the IPPs. Compared to our current breach definition, the Framework will capture a broader range of privacy incidents (including what ACC currently defines as 'non-compliance events').

Privacy Maturity Improvements

We will measure improvements in our privacy maturity through annual re-assessments against the PMAF. Our objective is to be assessed as *Embedded* against all nine elements of the PMAF by 2020. Through delivery of actions outlined above, the expected annual improvements in maturity levels against the Framework are illustrated in the following table:

	Ad Hoc	Developing	Defined	Embedded	Optimised
1. Governance, Leadership and Accountability			CS		
2. Culture				CS	
3. Assurance		CS			
4. Information Management	CS				
5. Privacy Risk Assessment			CS		
6. Privacy Programme			CS ●—●—●		
7. Business Processes		CS			
8. Implementation of IPPs		CS			
9. Breach and Incident Management				CS ●—●	

Key: Current State CS
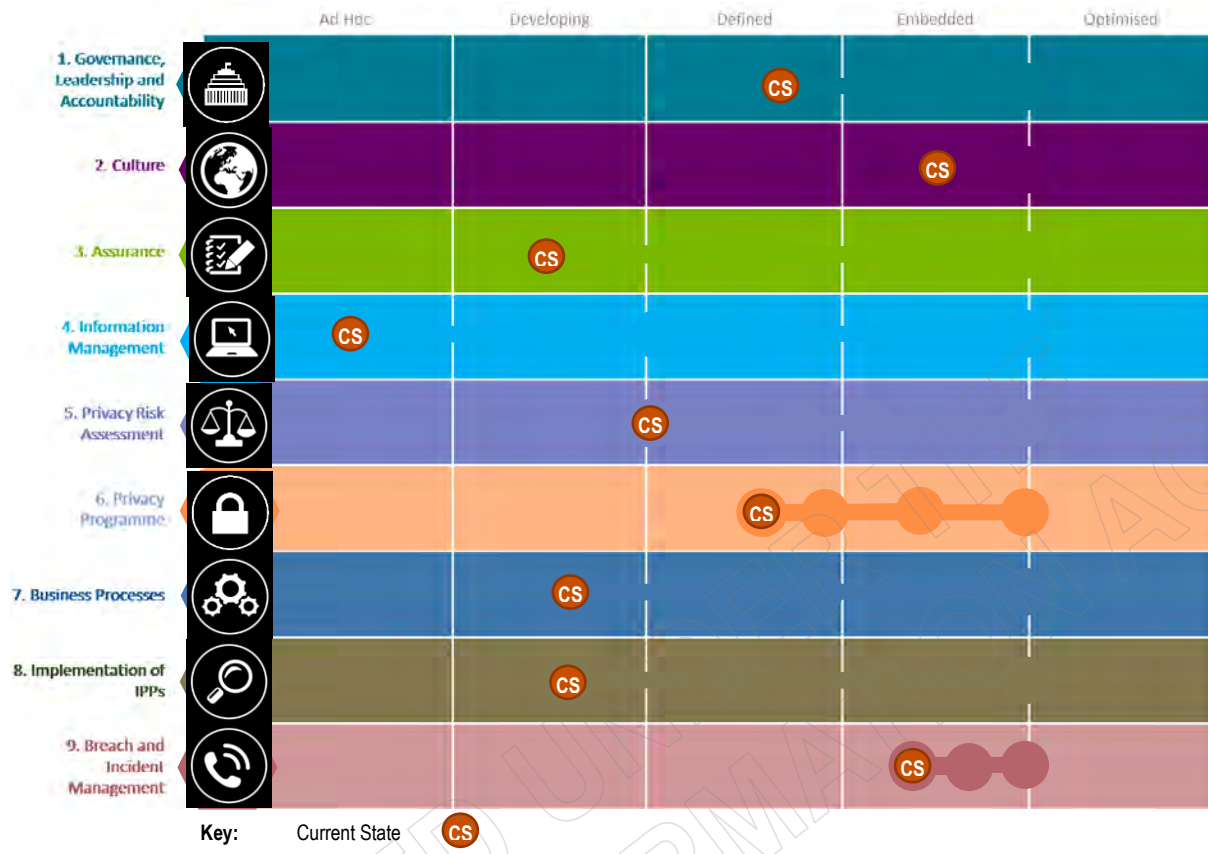
6 Outcomes

By implementing the actions in this Maturity Plan, the following outcomes will be realised against the elements of the PMAF by 2020.

Elements		Outcomes
	Governance, Leadership & Accountability	• There is ongoing, visible commitment from senior leadership • Governance oversight of privacy is effectively operating across the organisation • A formal privacy management structure is in place, including a Privacy Officer, and clear accountability for privacy at all levels
	Culture	• Leadership work collectively and visibly to improve privacy • There is clear evidence of respect for privacy embedded as part of a customer centred culture
	Assurance	• Three lines of assurance are in place, providing ongoing feedback on privacy performance and maturity • Assurance reporting and monitoring effectively informs of any changes in performance

Elements	Outcomes
Information Management	• There is a defined and effectively operating structure to manage data and information • There is an effective information management strategy supporting delivery of the information layer within the Target Operating Model • Information management is integrated into business processes and continually monitored for improvement.
Privacy Risk Assessment	• Privacy risk management is fully integrated with our wider enterprise risk management framework • Identifying and managing privacy risk is a business-as-usual activity
Privacy Programme	• Privacy is a core competency across all areas of our operations • Privacy policies and procedures are understood and adhered to by all our people • Privacy training empowers staff to manage personal information with confidence
Business Processes	• Privacy analysis is fully integrated into business processes designed with privacy as the default setting • Privacy impact assessments are a standard part of all change and continuous improvement activities, • Systems and business processes are automated and digital where possible to minimise the risk of privacy incidents • Continuous monitoring of systems containing personal information
Implementation of Information Privacy Principles	• We are able to demonstrate ongoing, effective compliance with IPPs 1-12 • Supporting policies and processes are documented and continually monitored for improvement opportunities
Breach & Incident Management	• The incident handling and escalation process is effective and monitored, minimising the risk of privacy incidents escalating into events that cause harm to individuals • Breach incident reporting is in place and all incidents are analysed to inform changes

7   Risks and Mitigations

The following are identified risks, and possible mitigations.

- Uncertainty about technology: ACC's privacy performance is heavily reliant on people because processes to prevent privacy incidents are predominantly manual. If the technologies are challenging for people to adopt, this could impact on the delivery of solutions and risks of manual work-arounds as a solution to preventing privacy incidents. While ideally technology solutions will employ optimal privacy protections, they will require testing before implementation to ensure their fitness for purpose; assessment to ensure compliance with government computing standards (particularly if cloud-based); and thorough training to ensure users adopt them with minimal disruption to operations.

- Failing to incorporate Privacy by Design: All changes across ACC are required to incorporate Privacy by Design into system and process design. It would be difficult to retroactively apply adequate protections if they are not incorporated at the design stage. Implementation of any initiative needs to have a privacy lens applied early in the design process.

- Staff will lose their privacy mindset: If technology solutions are not delivered with adequate training, are not intuitive or do not assist staff to meet privacy considerations, staff may ignore or misuse them. Conversely, if staff rely on technology solutions that are not designed with full privacy protections, they will not take personal responsibility for ensuring information is protected. Mitigating this risk will require maintaining our engagement with staff about privacy and continued education about and promotion of best practice behaviour.

- Reduced resources: As ACC's privacy performance improves and the number of breaches reduces, there may be an inclination to decrease the privacy resources available. This could impact on the type of training for our staff to ensure a high awareness of privacy is maintained. It could impact on the analysis of privacy incidents undertaken, and the resulting initiatives to target high risk areas. Reduced resources may also impact on the assistance available to Shaping Our Future and other parts of the business to ensure Privacy by Design is considered. To mitigate this risk, it is important that these initiatives are appropriately resourced.

- Privacy is not integrated into business planning: Privacy processes, risks and considerations impact many areas of the business. In particular, the Information Management and Information Security areas (and accompanying strategies) are natural companions to privacy, and the Customer Feedback Strategy includes privacy feedback components. It is important that privacy is linked into all business planning processes across the organisation, so that the protection of our customers' personal information is embedded into every aspect of our operations.

- Governance processes lessen their focus on privacy: The significant focus and investment in privacy at ACC has contributed to our success in improving privacy culture and reducing privacy incidents. Given the number of initiatives underway over the next several years, these competing priorities may distract or reduce our attention on privacy. ACC management needs to ensure that privacy remains a priority as one of our strategic intentions.

Appendix 1 – Privacy Maturity Assessment Framework

The PMAF assesses privacy in nine focus areas, rating current performance against a five-point maturity scale. The diagram on the left below shows the nine focus areas, and the table on the right show the maturity scale and descriptions from Ad Hoc to Optimised.

THE PRIVACY MATURITY ASSESSMENT FRAMEWORK

1. GOVERNANCE, LEADERSHIP & ACCOUNTABILITY
2. CULTURE
3. ASSURANCE
4. INFORMATION MANAGEMENT
5. PRIVACY RISK ASSESSMENT
6. PRIVACY PROGRAMME
7. BUSINESS PROCESSES
8. IMPLEMENTATION OF THE IPPs (Information Privacy Principles)
9. BREACH & INCIDENT MANAGEMENT

AD HOC	DEVELOPING	DEFINED	EMBEDDED	OPTIMISED
Unstructured approach where privacy policies, processes and practices are not sufficiently defined or documented. Privacy management is mostly dependent on initiatives by individuals rather than processes.	Privacy management is viewed as a compliance exercise and the overall approach is largely reactive with some documented guidelines. There is limited central oversight of the privacy policies, processes and practices with siloed approaches within business units.	Privacy policies, processes and practices are defined and comprehensive to meet the operating needs of the agency and are consistently implemented throughout. The business has a holistic and pro-active approach with widespread awareness of privacy management.	Privacy management is embedded into the design and functionality of business processes and systems and is consistent across the agency. Well-defined governance and oversight structures exist.	Privacy management is viewed as a strategic initiative with a clear agency culture of continual improvement. The agency is viewed by stakeholders and the public as a leader in privacy management, introducing innovative initiatives to meet their needs.

Appendix 2 – Privacy Breach Reporting Framework

Government Chief Privacy Officer (**GCPO**) has developed guidance for breach reporting, which was officially launched in December 2015. The purpose of this Privacy Breach Reporting Framework (**Framework**) is to give agencies a tool to identify and report on the scale and severity of privacy breaches and near misses (where this information is requested). It may also assist agencies in providing context around privacy breaches and near misses reported internally, or to the public through official documents such as annual reports. ACC is seen by the GCPO as a leader in privacy breach reporting and was involved in the development of this Framework including using our privacy incident data to support testing and calibration of the Framework.

A privacy breach is when an agency does not comply with one or more of the IPPs set out in section 6 of the Privacy Act 1993. The matrix has seven key areas to be assessed:

- number of individuals affected

- sensitivity of the information at issue

- harm to the individual

- harm to the agency

- potential for media attention

- source of the privacy breach

- whether the information has been recovered, accessed, or able to be accessed

Each assessment response is assigned a value, the total of which determines the rating of the privacy breach. The purpose of the ratings is to provide an indication of the severity and scale of the privacy breaches occurring. Once ratings are totalled, they are allocated a Level from 1 to 5, with 5 being the most serious.

Information Management Policy

POLICY NUMBER	5.0.0
TOPIC	Information Management
OWNER	Deputy Chief Executive – Enterprise Change Delivery
BUSINESS GROUP	Enterprise Change Delivery
AUTHOR	[Out of Scope] Manager Information Frameworks and Assurance
DATE APPROVED	25th March 2021
APPROVER	ACC Board
NEXT REVIEW DATE	25th March 2023

1 Policy Statement

As a Crown entity, ACC holds information on behalf of the peoples of New Zealand. The information held is related to the duties ACC is responsible for in accordance with the Accident Compensation Act 2001. These duties relate to ACC's major functions: injury prevention, rehabilitation, setting and collection of levies; assessing and paying claims and investment management. This constitutes the primary use of this information.

ACC holds a unique set of information that has significant value, not only for NZ but internationally.

Information is the only enduring asset that ACC holds and should be treated as such. This aligns with the Māori data sovereignty principle of viewing this as a treasure (Māori: taonga). In recognition of the obligations under the Treaty of Waitangi (Māori: Te Tiriti o Waitangi).

To extract the maximum value of this resource, the secondary use of information must be actively promoted and supported for secondary use which includes:

- Identifying opportunities for injury prevention initiatives
- Improving customer service by improving outcomes, efficiencies and effectiveness
- Sharing information for external use in support of insights and research related to accidents, injuries, treatments
- Ensuring information is available and representative of the peoples of NZ, including Māori, minorities and marginalised groups to facilitate and support these communities
- Partnering with representative groups to promote, support and advise on the appropriate use of ACC information
- To ensure that information is fit for purpose, ACC is committed to establishing, maintaining and monitoring modern information management practices to ensure they meet both primary and secondary needs. This includes meeting legal compliance, accountability requirements and stakeholder expectations.

2 Alignment with Government

As a crown entity, ACC is expected to conform and adhere to government policies and practices related to information management as specified by appointed officials. In addition, as ACC is viewed as part of the health and disability sector, we also need to conform to specific sector requirements.

These are described in more detail in Appendix 3.3.

3 Policy Objective

We are committed to establishing modern information governance and management practices that meet our customer expectations, ongoing business needs, security, privacy and legal requirements including:

- Capturing only relevant, and applicable, information
- Securing and storing our information appropriately, recognising that we are a customer-centric organisation
- Documenting actions and decisions as required for legislative, governance and legal reasons
- Managing information as a strategic corporate asset

All our information management practices are delivered in accordance with the principles set out in this policy, and its supporting standards and procedures. ACC is committed to continuous improvement in our corporate information policies, processes and standards.

4 Policy Scope

This policy is intended for all our people, including our board members, consultants, contractors and organisations (including vendors and other third parties) engaged to undertake work on behalf of ACC.

This policy covers all information that we create, ingest, receive, manage, store and share as part of conducting our business.

5 Policy Principles

Our Information Management principles are the foundations for the way that we use information within ACC.

Our information must be managed, secured, and maintained as per our Information Management principles. We must also comply with all relevant legislation and government standards.

Personal and health information makes up a significant part of our information.

The ACC Privacy Policy sets out additional requirements for storage and use of this information and must be read in conjunction with this policy when dealing with personal and health information.

4.1 Our Information is a strategic asset and we actively manage it

Our Information Governance Group (IGG) must ensure that our information assets are professionally managed. This supports our objectives, principles, and the obligations set out in the IGG Terms of Reference.

Active management means:

- We have senior leaders setting strategy, and making sure we are sufficiently resourced to manage our information assets in a consistent, integrated way
- We use our information assets to deliver insights and enable smarter business decisions
- Our change management processes consider, and actively manage, information management risks at both design and implementation stages
- All staff must ensure the information they use is accurate and fit for purpose.

4.2 Our information has clear ownership

All our business-critical information assets must be assigned a Steward (business owner) by subject area, and at least one Custodian (information caretaker) as per our Information Stewards and Custodians Standard.

Stewards and Custodians must ensure that our information is cared for (actively managed) throughout its lifetime. They must also ensure that information access is only granted where needed for the particular role and is disposed of (destroyed or archived) at the end of its lifetime in accordance with our approved disposal authorities.

Clear ownership means:

- We must ensure all staff understand and are able to manage our information within their role
- We must ensure our information is fit for purpose and aligned with the strategic direction set by the Information Governance Group (IGG)
- All our key information assets have defined business owners (Stewards) with agreed delegation of authority
- Stewards are responsible for making decisions related to their assigned information assets
- Custodians support Stewards by ensuring the information they are responsible for is fit for purpose, meets primary and secondary needs, is readily accessible by those that need it and is trustworthy.

4.3 We make our Information fit for purpose

We must manage information to ensure it is fit for purpose, consistently described, trustworthy and meets all needs. We all have a responsibility to conform with required quality requirements by, taking ownership of the information in our care.

Fit for purpose means:

- We protect the value of information against misuse, misinterpretation, unnecessary access restrictions or failure to maintain its quality
- Active stewardship of our information ensures that it remains fit for purpose. To do so it must be accessible and complete, well described so that it is understood, and can be used with confidence in support of both internal and external:
  - Operational use
  - Evidence-based decision making
  - Research
  - Reporting
  - Analytics, and
  - Data Mining

- Information must be periodically reviewed to ensure compliance with all relevant legislation and standards as shown Appendix 1
- Good archiving and disposal practices ensure our information is compliant with the requirements of the Public Records Act 2005.

4.4 We make our information Accessible, yet Secure

We enable the sharing of our information to make best use of the information assets we hold and promote public and government confidence in our information.

We protect the ethical use, confidentiality, integrity and accessibility of information, through active management and adherence to the principles of our Privacy Policy, Information Security Policy and related Standards.

Accessible, yet Secure means:

- We comply with our obligations under the New Zealand Open Data Charter
- We enable appropriate, and prevent inappropriate, access and reuse of our data assets
- We improve the effectiveness and efficiency of work by allowing people to discover, use, and share information
- We enable better, evidence based, decision making
- When we share information externally, we ensure appropriate approvals and/or formal agreements are in place, and where relevant will seek advice from the ACC Ethics Panel.
- We minimise the risk of uncontrolled release of our information, and the resulting harm arising to our clients, business and personnel
- The privacy and confidentiality expectations of all stakeholders are met.

4.5 Our Information is simplified by design, and we standardise it for reuse

Our information architecture and Enterprise Information Management (EIM) Strategy provides the big picture of how our information hangs together. It is designed to provide visibility, promote reuse, integration and efficiency.

Simplified and standardised information means:

- A well-managed information architecture that allows people to discover, use and share information
- It provides a lean, agile information environment that results in more efficient use of information assets, and promotes cost effective business outcomes
- The concept of 'create once, use many times' meaning duplication and reinvention is minimised, which allows us to significantly reduce the cost and effort in creating and managing duplicate information

4.6 We all share a common understanding of how we work

All our people and contractors understand their responsibilities as set out in this policy and its supporting policies, standards, processes and guidelines.

We all work to deliver our information management goals and best practice outcomes for all our customers.

6 Accountabilities

The ACC Board is responsible for ensuring ACC's compliance with the directions to support an all of government approach including the current direction on Information and Communication Technologies (ICT).

To support the Board, each Executive member is accountable for understanding and compliance with this policy and its supporting policies and standards within their business area.

This includes effective implementation of information management practices across our work activities to ensure the principles of this policy are understood and that the relevant legislation and standards are complied with.

The Deputy Chief Executive – Enterprise Change Delivery is accountable for the operational implementation and monitoring of this policy.

7 Responsibilities

All employees are collectively responsible for Information Management.

Role	Responsibilities
Employees including contractors, consultants and temporary staff engaged by ACC	Must read and understand the principles of this policy. Adhere to any reasonable instruction that is given to comply with legislation and best practice. Complete information management training as required so that they: • Comply with our documented information management policies and procedures • Can create full and accurate records of activities, transactions, and decisions carried out during daily business activity • Ensure that such records are maintained by being captured into the appropriate information management system • All Information assets are classified in accordance with our Information Security Policy • When creating or amending information, they are responsible for its quality • Maintain best privacy practices in line with the Privacy Policy, including managing information safely and reporting breaches.
People Managers	Ensuring these principles are understood Creating an environment where appropriate information management practices are present in team thinking, discussion, and decision-making Develop skills and knowledge to support and facilitate staff in information management best practices They communicate expectations with staff, monitor compliance, and ensure accurate reporting.
The Information Governance Group (IGG)	Operates with appropriate delegation of responsibility to oversee and govern the information management function and is accountable for Enterprise Information Management Strategy IGG's focus is to ensure that our information is actively managed

	throughout each stage of its lifecycle as a strategic business asset IGG's roles and responsibilities are set out in by the IGG Terms of Reference Document Appoints required roles and delegates appropriate authority to ensure they can operate effectively in their information role and duties in conjunction with their manager.
Security and Privacy advisory group (SPAG)	Responsible for advising the IGG on the outcomes of the Information security strategy roadmap and the Privacy maturity roadmap.
Māori Data Working Group (MDWG)	Reports to IGG and Whāia te Tika Steering Group and is responsible for coordinating and prioritising Māori data collection, use and reporting to drive performance for Māori. The MDWG also works with iwi to identify initiatives that promote Te Tiriti o Waitangi principles, such as equity and partnership.
Deputy Chief Executive – Enterprise Change Delivery	Directs and leads our information management initiatives Holds the positions of Chief Data Officer (CDO) and Chief Information Officer (CIO) as defined in relevant NZ legislation and policy Ensures that our Information is managed and updated, disposed of, or archived in a timely fashion in accordance with our approved disposal authorities Responsible for ensuring Information Stewards and Custodians are trained in the skills needed for their role in our information management Provides Senior leadership representation as chair of the IGG.
Ethics Panel	Advises on any research requests for personally identifiable or potentially personally identifiable ACC data
Head of Information and Technology on behalf of the Deputy Chief Executive – Enterprise Change Delivery	Responsible for developing and implementing information systems and governance processes to ensure operational measures and monitoring is in place to support this policy Ensures all staff are aware of the policy and that the appropriate structures and roles are put in place with the right level of training and guidance to operate at the required level Support IM governance groups and roles to enable them to fulfil their obligations and responsibilities.
Information Stewards	Accountable and responsible for implementing operational policy, business value, scope, definitions, rules, standards, structure, content, use and disposal for information and data under their responsibility Make decisions on strategic needs as well as the collaborative needs and external partners and providers Ensure that Custodians are supported by management Ensure that all our information assets for which they are responsible are defined and maintained in the Information Asset Register.
Information Custodians	An inclusive role that accepts one or more delegated information and data custodianship activities on behalf of the Information Steward Manage and support the day to day operation and use of information Custodians use our processes and information management standards to make day to day decisions about information governance.
Deputy Chief Executives	Empower and direct our information management maturity and roadmap goals with appropriate delegation of authority Provide executive support and oversight of all our information management activity.

Board	Board is responsible for ensuring the organisation is aware of the need to look after our information through high-quality monitoring and information management practices.

8   Monitoring and oversight

The monitoring and oversight of privacy follows the five lines of assurance model (5LOA).

LOA:	Role	Monitoring & Oversight
1st Line	Employees and People Managers	All people managers monitor the completion of information management modules and training All employees remain alert to potential breaches of the Policy and report potential and actual breaches to their manager All people managers ensure that (i) breaches brought to their attention are documented, (ii) notification of the breach is provided to the owner of the Policy within five days of the breach occurring From time to time we deliberately take actions contrary to a policy's provisions (corporate policy exceptions). When people managers are responsible for a corporate policy exception, the people managers ensure that the exceptions are agreed either using the process in the Policy or by agreement in writing from the Policy owner.
	Group Risk and Compliance Manager and/or Advisor	Supports employees/groups to determine whether events constitute actual breaches of the Policy Escalates breaches to the Group's Leadership Team and Deputy Chief Executive when appropriate. Updates risk registers as required.
	Policy Owner	The Policy Owner ensures that the Group (and other parts of ACC if applicable) respond appropriately to Policy breaches and requests for exceptions.
2nd Line	Enterprise Risk Team	Performs periodic oversight activities intended to assess and/or provide insights into (among other things) compliance with the Policy and the adequacy and effectiveness of the Group's practices to monitor compliance and deal with breaches Reports to the Executive and the Board on the outcomes of such activities.
	Enterprise Data and Information (EDI) team	Provide oversight of all information management aspects in this policy and subject matter expertise to staff and management when required Regularly review and report to ensure the intention of the policy is being honoured Carry out periodic audit and assurance activities on information management practices along with the Enterprise Risk and the Privacy team Supports employees to determine whether events constitute actual breaches of the Policy Escalates breaches to the Group's Leadership Team and Deputy Chief Executive when appropriate Supports the oversight of our information management practices and decision making via the Information Governance Group and sub governance groups.
3rd	Internal Audit (and external	Performs periodic audit activities intended to assess and/or provide insights into (among other things) compliance with the Policy and the adequacy and

LOA:	Role	Monitoring & Oversight
Line	providers)	effectiveness of the Group's practices to monitor compliance and deal with breaches Reports to the Executive and the Board on the outcomes of such activities.
4th Line	Deputy Chief Executives	Ensures each Group has sufficient emphasis on risk management and meeting compliance obligations Ensures effective processes and monitoring are in place to meet compliance obligations for the Policy Acts in an appropriate and timely manner in response to reports received that alert the Executive to opportunities to improve Policy compliance activities.
5th Line	Board	Responsible for approving any material changes to the level 1 Policies, including text related to monitoring and oversight of compliance with the Policy Acts in an appropriate and timely manner in response to reports received that alert the Board to opportunities to improve Policy compliance activities.

This policy will be formally reviewed every 2 years. We acknowledge the changing information management landscape may require policy changes and updates more regularly where technology or best practice changes.

Where practicable these changes will be managed through standards and best practice guidelines.

9 Breaches of Policy

Complying with all policies and procedures is a requirement outlined in the Code of Conduct. Behaviour or actions that are investigated and found to be in breach of the Code of Conduct may result in disciplinary action. Refer to Code of Conduct for further information.

10 Contacts

The Information Frameworks and Assurance team can be contacted in relation to any queries regarding this policy.

11 Definitions

Our Information	All data and information produced by ACC, and all information under our care regardless of to whom it belongs, or where it originated.
Custodian and Steward	As defined in the Information Stewards and Custodians Standard.
Information	All recorded forms of data, knowledge, facts, intentions, opinions, or analysis, irrespective of the content, or the medium through which it is communicated or stored.

	Information may be contained in a variety of media, for example: printed documents, handwritten notes, diaries, maps, spatial data, photographic data, images, videos, electronic databases, electronic documents, emails, web pages, voice mail and audio records.
Information Architecture	The structured organisation of information and its relationship to business processes and systems. This excludes technical system design.
Information management	The creation and maintenance of complete, accurate and reliable evidence of business transactions in the form of recorded information.
Information Repository	An environment (either electronic or physical) where information is registered, stored, and managed.
Records	A record is any documentation or evidence of business activity and decisions, regardless of format.
Retention and Disposal Schedule	A systematic listing of the records created by an organisation, which informs their lifecycle management from creation to disposal.

12 References

This Information Management Policy is supported by the Information Management Governance structure in Appendix 2. Supporting sub policies, standards, procedures and guidelines are outlined in Appendix 1.

The legislative requirements that our information assets must meet are listed under Appendix 2.

13 Version Control

| Version	Date	Material change reason	Who
0.1	13/07/20	Initial Draft	[Out of Scope]
0.2	26/7/20	EDIS review completed	
0.3	21/9/20	Feedback from reviews added	
0.4	12/10/20	Final preparation for GG's	
0.5	16/04/21	Amendments for Board (minor)	
0.6	26/07/22	Update roles to reflect new organisation structure	

14 Appendices

Please note the following appendices are informative only they are accurate as of the time of publication and should not be considered an authoritative list or source given the changing policy and legislative landscape.

13.1 Appendix 1: Supporting Documentation

Subordinate Policies and Standards
Information Security Policy (Tier 2) Privacy Policy (Tier 2) Cloud Computing Policy (Tier 2) Use of the Internet Policy (Tier 3) Email and Instant Messaging Policy (Tier 3) Information Management Standards (omnibus document) Information Security Standards (omnibus document) Stewards and Custodians Standard Cloud Collaboration Standard
Associated Technology Policy and Standards
Telephony Policy (Tier 3) BYOD Policy (Tier 3) Modern Device Standards Vendor Device Standard
Related Acts, Standards and Codes
Accident Compensation Act 2001 Privacy Act 2020 Public Service Act 2020 Health Information Privacy Code 2020 Public Records Act 2005 Health Act 1956 New Zealand Public Health & Disability Act 2000 Tax Administration Act 1994 Copyright Act 1994 Official Information Act 1982 Contract and Commercial Law Act 2017 Evidence Act 2006 Financial Reporting Act 1993 Public Finance Act 1989 and Public Finance Amendment Act 2004 Resource Management Act 1991 and Resource Management Amendment Act 2005 State-Owned Enterprises Act 1986 Health and Safety in Employment Act 1992 New Zealand Public Health & Disability Act 2000 Data Content Standards (data.govt.nz)

3.2 Appendix 2 – Information Governance Boards
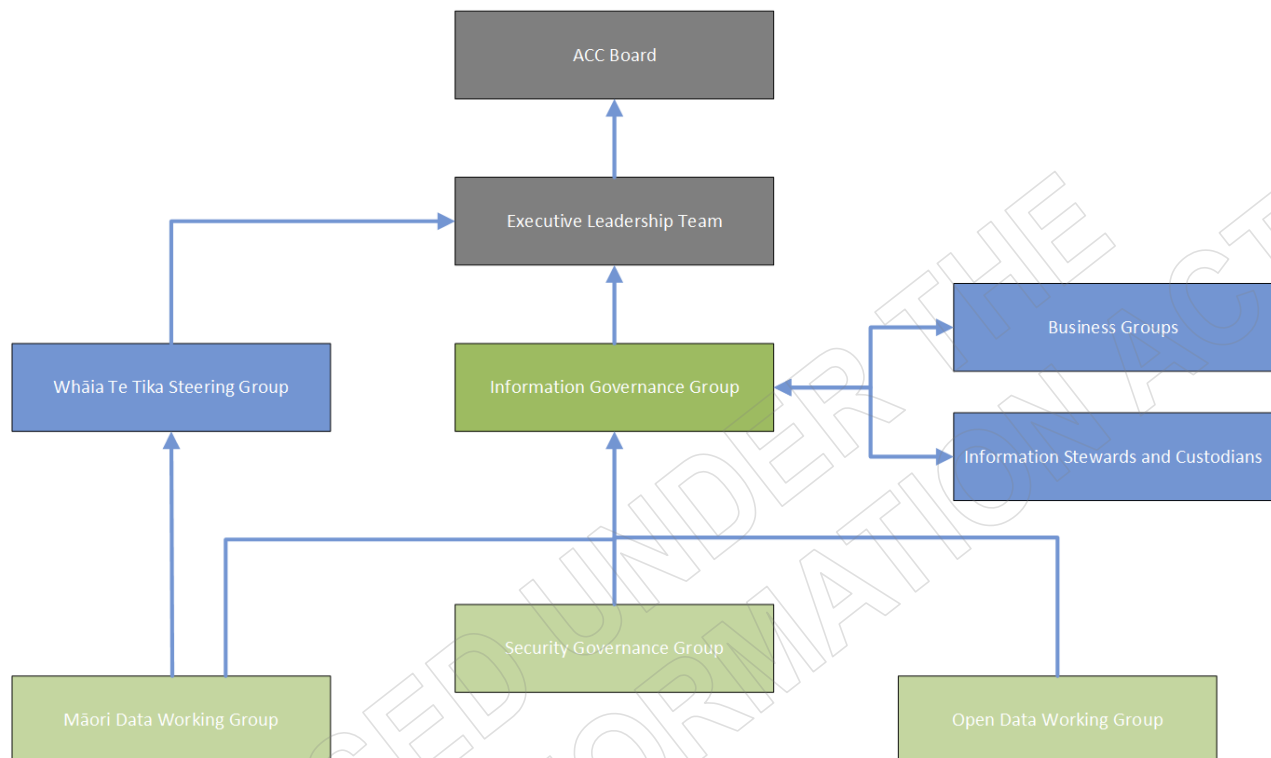
3.3 Appendix 3 – Alignment with Government

As a crown entity, ACC is expected to conform and adhere to government policies and practices related to information management as specified by appointed officials. In addition, as ACC is viewed as part of the health & disability sector, we also need to conform to specific sector requirements.

All-of-Government Official Functions (www.digital.govt.nz)

The NZ Government has established functional leads who are charged with developing and improving designated areas across government. The roles are delegated to specific chief executives by the Public Service Commissioner.

The roles are:

1. Government Chief Digital Officer (GCDO) oversees the development and management of digital for the state sector. The GCDO is responsible for:

    -   setting digital policy and standards

    -   improving investments

- establishing and managing services

- developing capability

- system assurance (assuring digital government outcomes)

2. Government Chief Data Steward (GCDS) supports the use of data as a resource across government to help deliver better services to New Zealanders. The GCDS is the government functional lead for data and ensures that government agencies have the capability and right skills to maximise the value of data. This is achieved through setting data standards and establishing common capabilities, developing data policy and strategy, and planning across the state sector. Focus has been on:

- Co-developing a Data Stewardship Framework to enable agencies to manage data as a strategic asset and benchmark their data maturity

- Leading the government's commitment to accelerate the release of open data, including the implementation of the International Open Data Charter

- Developing data governance across the system through evolving approaches to data ethics and Māori data governance.

3. Government Chief Information Security Officer (GCISO) role strengthens Government decision making around Information Security and supports a system-wide uplift in security practice. The GCISO is the government functional lead for information security. The GCISO's work includes:

- coordinating the government's approach to information security

- identifying systemic risks and vulnerabilities

- improving coordination between ICT operations and security roles, particularly around the digital government agenda

- establishing minimum information security standards and expectations

- improving support to agencies managing complex information security challenges.

4. Government Chief Privacy Officer (GCPO) leads an all-of-government approach to privacy to raise public sector privacy maturity and capability. The role sits within the Digital Public Service branch of the Department of Internal Affairs, reporting to the Government Chief Digital Officer. The GCPO is the practice lead for privacy and supports government agencies to meet their privacy responsibilities and improve their privacy practices. The GCPO is responsible for:

- providing leadership by setting the vision for privacy across government

- building capability by supporting agencies to lift their capability to meet their privacy responsibilities

- providing assurance on public sector privacy performance

- engaging with the Office of the Privacy Commissioner and New Zealanders about privacy.

Statistics NZ (data.govt.nz)

Statistics NZ (as GCDO) is responsible for overseeing official government statistics. Tier 1 statistics are New Zealand's most important statistics, and are essential to help the Government, business, and members of the public to make informed decisions and monitor the state and progress of New Zealand. Tier 1 statistics describe New Zealand's economy, environment, population, society, culture, international relations, and civil and political rights. Tier 1 statistics are also used by a range of organisations to develop new services and products.

One of the 162 Tier 1 statistics is the incidence of injuries annually produced by Statistics NZ using ACC and MoH data.

As ACC supplies data to produce a Tier 1 statistic, ACC must ensure that the Tier 1 statistic is of good quality and has integrity. Producers of Tier 1 statistics must adhere to the Principles and protocols for producers of Tier 1 statistics. Tier 1 statistics must be presented impartially and clearly without judgement and must be managed in such a way to ensure that the statistics are free from undue influence.

Ministry of Health

The Health Information Standards Organisation (HISO) with the Ministry of Health supports and promotes the development and adoption of fit-for-purpose health information standards for the New Zealand health system. HISO works with health providers and shared services organisations, clinical and consumer groups, software vendors and industry bodies, the academic community, the wider government sector and other standards development organisations. It also supports *He Korowai Oranga: Māori Health Strategy* for the effective delivery of health and disability services to Māori and represent the interests of all New Zealanders as consumers of health services and stakeholders in the health system.

HISO links with the international standards community through Standards NZ, SNOMED International for SNOMED CT, and through HL7 New Zealand for HL7 standards.

As a participant in the Health & Disability Sector, ACC is expected to adhere and support the standards produced by HISO.

Inbound and Outbound Document Checks
Supporting Information

Quick links

Background / Guiding Principles

The overarching principle for any document checks is that it is everyone's responsibility to ensure the correct and relevant information is attached to a claim, and/or released from ACC.

Whilst many of these checks are administrative in nature, they can only be executed when clear and thorough instruction is provided by the Recovery Team member. Both parties play an important role in ensuring inbound and outbound checks do not result in privacy breaches.

Redaction

For the following, "redaction" means to black-out information from a document using Adobe Pro, or to remove completely (e.g. by physically removing a document).

Recovery Teams should email redaction instructions to Recovery Administration.

Withholding

The term "withholding" applies to instances where the client or representative has requested personal information under Information Privacy Principle 6. Under Principle 6, agencies are required to provide a reason for why information has been withheld.

Where information is being sent to a provider or other party for assessment purposes, agencies are not legally required to provide withholding reasons.

Please see this page for more information about withholding.

Roles and Responsibilites

The overarching principle for any document checks is that it is everyone's responsibility to ensure the correct and relevant information is attached to a claim, and/or released from ACC.

The table below provides further guidance on the role of each position in document checks:

	Check Type	Recovery Teams	Recovery Administration
Inbound	3-point check	N/A	Responsible (Inbound Document Management) for ensuring incoming documents are uploaded to the correct client's record
	Third-Party	Responsible for the third-party and relevance checks	Responsible for redacting based on instruction of the Recovery Team members
	Relevance	Email Recovery Administration to undertake any redactions When emailing Recovery Administration, they should provide clear instruction on the information that needs to be redacted	Should seek clarification from the Recovery Team if insufficient instructions received
Outbound	Third Party	Responsible for the third-party and relevance checks	Responsible for redacting based on instruction of the Recovery Team members
	Relevance	Email Recovery Administration to undertake any redactions When emailing Recovery Administration, they should provide clear instruction on the information that needs to be redacted	Should seek clarification from the Recovery Team if insufficient instructions received
	Other Party		
	Dispatch/House keeping	It is the responsibility of all team members to ensure outbound documentation is sent to the correct recipient and meets quality standards	

Example One – Sending an Initial Medical Assessment referral

Who	Action
Recovery Team member	Compiles document group
	Completes third-party and relevance checks - identifies third-party information in a Stay at Work report
	Sends a redaction email to Recovery Administration and provides instructions, e.g. *"Document group – Medical Documents; Document type – ACC7430 Stay at Work – plan progress and completion; please remove third party information on page xx"*
Recovery Administration	Uses Adobe Pro to redact third party name from all pages and re-uploads document
	Completes housekeeping and dispatch check

	Sends referral

A Recovery Team or Recovery Administration TL will need to remove the original document

Example Two – Sending an Orthopaedic Medical Case Review

Who	Action
Recovery Team member	Compiles document group for referral
	Completes third-party and relevance checks – notes that GP notes contain references to historical sexual abuse
	Sends a redaction email to Administration and provides instructions, e.g. *"Document group – Medical Documents; Document type – Medical Reports/Notes; please remove non-claim related information on page xx"*
Recovery Administration	Uses Adobe Pro to redact references to sexual abuse and re-uploads document
	Completes housekeeping and dispatch check
	Sends referral
A Recovery Team or Recovery Administration TL will need to remove the original document	

Example Three – Processing inbound GP notes

Who	Action
Recovery Administration	Completes 3-point check and uploads documents
	Sends *You have new mail* task to Recovery Team
Recovery Team member	Completes third-party and relevance checks – identifies that GP notes contain references to the client's husband who is having treatment for testicular cancer
	Sends redaction email to Administration and provides instructions, e.g. *"Medical Reports/Notes uploaded on 18 February 2020 @ 9.28; please remove third party information on page xx"*
Recovery Administration	Uses Adobe Pro to redact information about client's husband and reuploads document

A Recovery Team or Recovery Administration TL will need to remove the original document

Inbound Checks

Types of inbound check

Inbound Document Management are often the first point in the inbound checking process and are responsible for an initial 3-point check. This ensures that information is uploaded to the correct file. Due to the superficial nature of the 3-point check, it remains the responsibility of the Recovery Team members to check any uploaded documentation for third-party or irrelevant information and ensure it is redacted.

Recovery Teams should task redaction to Administration.

3-point

Purpose	Accountable roles
Ensure incoming documents are uploaded to the correct client's record	Inbound Document Management Team

Examples of 3-point check

Information	Action
Medical notes from provider contain 3 data points – client name/address, date of birth and claim number - that match with the client's Eos record	Upload the documents
Unable to match 3-data points in medical notes from provider	Investigate further. Look for other data points that might match, e.g. the provider involved, the injury type, a signature. Call the provider. If still unable to match, discuss with TL

Third-party

Purpose	Accountable roles
To ensure that no personally identifiable third-party information is on the document that has been uploaded to the claim	Recovery Teams This would normally be the person who receives the *You have new mail* task from the Inbound Document Management Team

Examples of third-party check

Information	Action
GP notes contain another patient's medical certificate	Email Recovery Administration to remove, redact and re-upload (put in document description that unrelated information was removed on receipt). A Recovery or Administration TL will need to remove original document
GP notes contain other individuals' random claim numbers or ACCID numbers	Email Recovery Administration to remove, redact and re-upload (put in document description that unrelated information was removed on receipt). A Recovery or Administration TL will need to remove original document

ACC requests an Independence Allowance assessment report – there is a section that relates to another client	Send the report back to author and ask them to submit an amended report

Relevance Check

Purpose	Accountable roles
To ensure that only information relevant is uploaded to the claim	Recovery Teams

Examples of relevancy check

Information	Action
Client has an Anterior Cruciate Ligament (knee) injury – a DHB assessment outlines the details of a historic sensitive claims event	Where it is *clearly* irrelevant, email Recovery Administration to remove, redact and re-upload (put in document description that unrelated information was removed on receipt). TL will need to remove original document
Client has a claim for a broken leg – medical notes contain cervical smear test results	Where it is *clearly* irrelevant, email Recovery Administration to remove, redact and re-upload (put in document description that unrelated information was removed on receipt). TL will need to remove original document
Client has a thoracic injury and ACC requests an orthopaedic assessment – the report contains references to bi-lateral knee replacement	Refer the report back to author to determine relevance

Outbound Checks

Whilst many of these checks are administrative in nature, they can only be executed when clear and thorough instruction has been provided by the Recovery Team member. Both Recovery Administration and the Recovery Teams play an important role in ensuring outbound checks do not result in privacy breaches.

It is always important to consider the recipient of the information when undertaking an outbound check and as this has a bearing on the type of action taken.

Information that is not relevant for a provider (e.g. for an assessment referral pack) is not 'withheld', it is simply not provided. In these cases there is no need to use withholding grounds from the Privacy Act to justify why we have redacted something. However, when a client requests their own information, we need to tell them why we have withheld any information.

Third-Party

Purpose	Accountable roles
To ensure that no personally identifiable third-party information is included in the document being sent	Recovery Teams and Recovery Administration

Examples of relevance check

Information	Sending to provider	Sending to client
Provider home addresses	Redact – no need to provide a withholding reason	Withhold under s29(1)(a) of Privacy Act 1993 and redact
Identifiable information about other individuals, e.g. a report contains another client's name and claim number in the footer	Redact – no need to provide a withholding reason NB. Where the information is on a single page just remove	Withhold under s29(1)(a) and redact. **Please note: This will also need to be removed permanently from the claim. Recovery or Administration TL removes original document - the redacted version must re-uploaded** NB. Where the information is on a single page just remove
Other individuals' random claim numbers or ACCID numbers	Redact – no need to provide a withholding reason	Withhold under s29(1)(a) and redact. **This will also need to be removed permanently from the claim as above**
Other individuals' identifiers, e.g. Drivers' Licence numbers, IRD numbers	Redact – no need to provide a withholding reason	Withhold under s29(1)(a) and redact. **This will also need to be removed permanently from the claim as above**
Information about client's family members, e.g. Oranga Tamariki notes about a family conference	Consider if it's applicable to release in context, otherwise redact – no need to provide withholding reason	Consider whether it is applicable to release in context, otherwise withhold under s29(1)(a) and redact
Next of kin information	Redact – no need to provide a withholding reason	Leave in

Relevance check

Purpose	Accountable roles
To ensure that only information relevant to the claim is sent *Determining relevance can be difficult to do, however, if it feels wrong, it probably is*	Recovery Teams and Recovery Administration

Examples of relevance check

Information	Sending to provider	Sending to client
Client has a rotator cuff (shoulder) injury - clinical notes mention PTSD	If clearly not relevant, redact – no need to provide a withholding reason	Leave in Good practice would be to permanently remove this from the file
Client has a Treatment Injury for a hernia - GP notes contain references to asthma, eczema and diabetes	If clearly not relevant, redact – no need to provide a withholding reason	Leave in Good practice would be to permanently remove this from the file
Client has an Anterior Cruciate Ligament (knee) injury – a DHB assessment outlines the details of a historic sensitive claims event	If clearly not relevant, redact – no need to provide a withholding reason	Leave in Good practice would be to permanently remove this from the file
Client has a concussion injury – clinical notes refer to a torn ankle ligament injury	If clearly not relevant, redact – no need to provide a withholding reason	Leave in Good practice would be to permanently remove this from the file

Other Party Check

Purpose	Accountable roles
To check for any other relevant withholding reasons (Sections 27-30 of the Privacy Act). Ensure that information being released does not breach legal privilege, is not likely to prejudice the maintenance of the law, is not likely to endanger the safety of an individual, etc	Recovery Teams and Recovery Administration

Examples of other party check

Information	Sending to provider	Sending to client
Legally Privileged, e.g. emails between a case owner and ACC's Legal Services about whether to do a s103 assessment (may be able to return to pre-injury role)	Redact – no need to provide a withholding reason	Withhold under s29(1)(f) and redact; leave in EOS file
Non-core pricing, e.g. hospital notes contain a breakdown of elective surgery costs	Redact – no need to provide a withholding reason	Withhold under s28(1)(b) and redact; leave in EOS file
Fraud informant information, e.g. file note indicating that client's neighbour called the Fraud Line to allege client has been driving a delivery van	Redact – no need to provide a withholding reason	Withhold under s27(1)(d) and redact; leave in EOS file
Fraud investigation techniques, e.g. a memorandum explains how a surveillance activity was carried out	Redact – no need to provide a withholding reason	Withhold under s27(1)(d) and redact; leave in EOS file
Delicate health information which could emotionally disturb client, e.g. client has a history of suicidal ideation and a psychiatric report indicates that the client is malingering	Leave in if relevant	Withhold under 29(1)(c) - after consultation with individual's medical practitioner - and redact; leave in Eos file

Dispatch Check

Purpose	Accountable roles
To ensure that documents are being sent for one client only and sent to the correct recipient	Recovery Teams and Recovery Administration

Examples of dispatch check

Information	Action
Purchase order extension letter being emailed to a provider. A second document for another party is identified during the Smart Gate check	Remove incorrect document. Establish how error occurred. Advise TL if recurring multiple times from same person (for learning opportunities)
Vocational Independence letter being posted to client. During a buddy check, a second letter located in envelope	Remove incorrect document. Establish how error occurred. Advise TL if recurring multiple times from same person (for learning opportunities)
Request for medical notes being requested from Auckland DHB. During Smart Gate check, it is found that the email address is for Capital and Coast	Change email address. Establish how error occurred. Advise TL if recurring multiple times from same person (for learning opportunities)

Housekeeping Check

Purpose	Accountable roles
To ensure outbound documentation meets quality standards	Recovery Teams and Recovery Administration

Examples of housekeeping check

Information	Action
Letter is not signed	Fix and sign letter (to prevent delays in information getting sent)
Letter is not on letterhead	Fix letter (to prevent delays in information getting sent)
Fields in form not populated	Fix or return to tasker – advise TL if recurring multiple times from same person (for learning opportunities)
Email contains misspellings or poor grammar	Fix or return to tasker – advise TL if recurring multiple times from same person (for learning opportunities)

Requesting Medical Notes - Best Practice Guide

The following document is an extension of the below processes described in Promapp:

- [Request Clinical Records | Nintex Promapp®](#)
- [Request medical or clinical records Policy | Nintex Promapp®](#)
- [Request GP Clinical Records - SureMed | Nintex Promapp®](#)

This document is a guide to requesting medical notes on a claim. It includes the steps that must be followed to ensure only specific information relating to a cover, support, or treatment decision is requested. This is essential to ensure we comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020.

It is important to only request necessary information because there are also financial implications for ACC if we request too much information. That's because ACC pays for medical notes through the KonnectNet system SureMed via three request types which are charged at different rates.

When Client Administration send a notes request to a GP through SureMed, they must choose one of the below three request types: The request type they select is based on the information that is provided by Recovery Team Members in the NGCM – Request for Clinical Records e-form.

Using the right code means we can ensure the most cost-effective option is being used where possible.

In many cases, the 'Specific Piece of Information for a Claim' request (up to three pieces of information) should be the most appropriate. This is the most cost-effective for ACC and the simplest for GPs to action.

We should not default to requesting all consultation notes on a claim. We need to check what specific information is required for the claim (e.g what services ACC has been billed for) and request that information accordingly.

SureMed Request Types

- ➢ **Specific Piece of Information for a Claim (Up to three pieces of information).** You may specify up to three specific pieces of information for a single claim/injury. (For example, two consultations notes, 1 x-ray)

- ➢ **Single Body Part/Injury Request.** These are medical notes to support incapacity and ongoing entitlements. You can use this to obtain detailed information on a single body part only (or condition when considering mental injury or treatment injury).

- ➢ **Specialised Claims or Multiple Claims/Injuries. This is for specialised claims, eg sensitive claims,** mental injury, work related gradual process, treatment injury. It is also for entitlements that need to be assessed against more than one claim, eg surgical intervention where the client has multiple claims related to requested surgical site. You can use this to obtain detailed information on up to three body parts (or conditions when considering mental injury or treatment injury).

Process

1. Before making a request, check the information has not already been requested or available. Always check in Eos what medical documents are already on the claim file - in many cases, ACC may already have the relevant medical notes. Below is an example of a claim that has the imaging and clinical services consultations on the claim file.

2. Check to see what services ACC has been billed for under the claim. To do this, go to MFP and click on "Query Service"
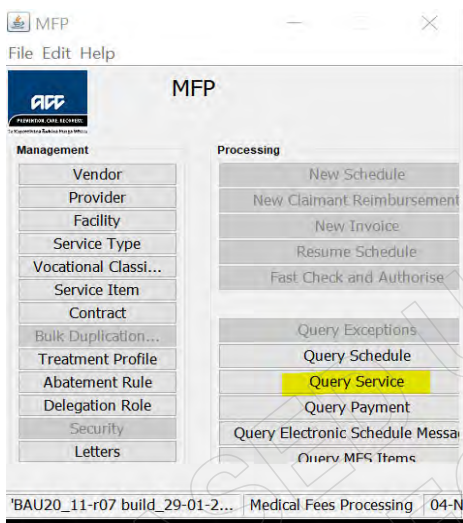
3. Enter the Claim number and tick the 'Show All' box.
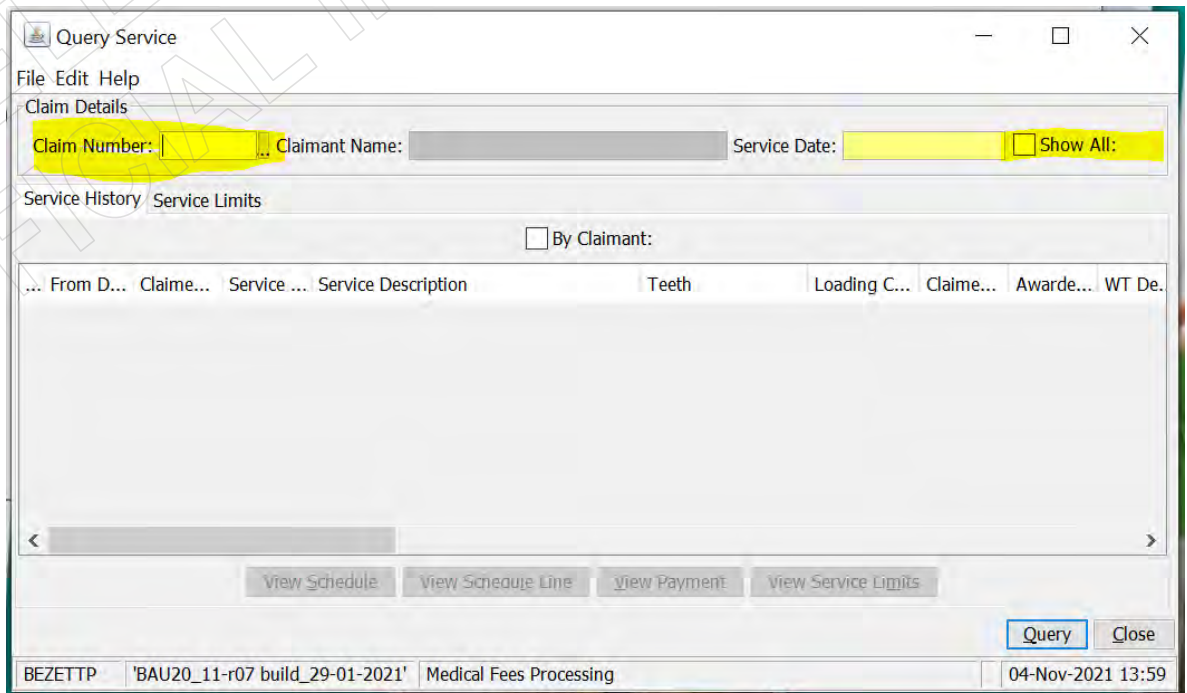
4. This will give you a list of the services ACC has been billed for on the claim. In the example below, there has been 1 x GP consultation, 2 x X-rays and 2 x Clinical Services Assessments paid for under this claim. (Note: there can sometimes be multiple charges on one date)

	From D...	Claime...	Service ...	Service Description	Teeth	Loading C...	Claime...	Awarde...	WT De.
1	27-Sep-...	1	MF5	Fractured carpal bone, cast immob, no ...		GMS Code A3	$174.26	$133.16	$0
2	27-Sep-...	1	GPN	GP &/or Nurse consultation: 14 years ...		GMS Code A3	$174.26	$41.10	$0
3	27-Sep-...	1	A10	Hand And/Or Wrist Joint			$54.31	$54.31	$0
4	27-Sep-...	1	GPN	GP &/or Nurse consultation: 14 years ...			$37.58	$37.58	$0
5	06-Oct-2...	1	CS100	Clinical Services - Simple Assessment (...			$206.84	$206.84	$0
6	06-Oct-2...	1	A08	Elbow Joint			$54.31	$54.31	$0
7	21-Oct-2...	1	CS61	Clinical Services - Subsequent Assessm...			$140.09	$140.09	$0

5. For the example above, as the X-rays and the Clinical Services consultations are already on ACC's claim file you would only need to request 1 x GP note from 27 September.

NB If the client has seen an Allied Health Provider, for example Physiotherapy, Chiropractor or Hand Therapist, you will need to request these notes separately from the Allied Health Provider

6. To do this you need be very specific when you complete the systems steps for completing the **NGCM – Request for Clinical Records** e-form with the instructions for the Client Administration Team. **Please ensure you are specific with the dates of what medical notes/consultations are required.**

7. Below are the steps for entering the document details into the e-form which goes to Client Administration. If you're **only requesting specific documents**, please refer to the highlighted steps.

SYSTEM STEPS - Creating Information Request Tasks

1. If the Vendor you want to request clinical records from is:
   - Already a Participant on the claim:
     - Select the **appropriate Vendor**
     - Select **OK**
     - Go to **Step 5**
   - Not a Participant on the claim:
     - Select **Add**.
     - In the next **Add Participant Page** select **Treatment Provider** for the Role and choose the **Vendor** option for the **Party Type** field. Complete any other relevant fields
     - Select **Find Party**
2. In the next **Provider/Vendor/Facility Search** page displayed enter either the **ACC Identifier** or **Vendor/Facility Name** then select **Search**.
3. You will then be shown a list of Vendors - **select the appropriate Vendor** and select **OK**.
4. In the next **ACC External Vendor Search** screen select **OK**.

5 You will then be routed back to the **NGCM – Request for Clinical Records** Eform where the **Vendor code** and name will now be shown.

1. Complete the remaining Eform fields:
   - If your request is **Urgent** click the box to the right of the **Urgent?** field and enter your rationale in the **Reason why urgent** field
   - The **All document types** field defaults to 'Yes'. If you don't require all documents change the drop down to **No** and enter document details in the **Specific documents** field.
   - If there are any additional questions for the Vendor, or comments for the Recovery Administrator enter these into the **Any other questions or comments** field
2. Select **Next**
3. Select **Close**

   NOTES:
   - A **NGCM – Requested Information** task is automatically generated and routed to the **Recovery Administration** task queue. The task **Description** will show the **Vendor name** to allow for easier follow up for Recovery Administration.
   - The request will also show in the **Recovery Plan** Sub-case > **Information Requested** tab.

8. Below is an example of what the Request for Clinical Records task should look like in Salesforce . If requesting specific GP notes 'choose the No" option for **All Document Types** and then state in the free test field "GP notes from Date X and X only".

Type of Records	GP	
Purchase order number required?	Yes	
Date from	17/10/2021	
Date to	Use the current date	
Vendor code	* GG4666	Waimauku Doctors,6 Waimauku Station Road, Waimauku, 0812, New Zealand
Urgent?	☑	
Reason why urgent	Weekly compensation request and question of cover	
All document types	Yes	
Specific documents (if required)	-	
Any other questions or comments	-	

Summary

Objective

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

• help inform cover and support decisions

• provide further information about the injury, client and diagnosis

• help develop the rehabilitation plan

• help identify and manage any risks.

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

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

Owner [Out of Scope]

Expert

Policy

1.0 Rules

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

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

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

📄 Accident Compensation Act 2001, section 72 - Responsibilites of claimant who receives entitlement
http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101409.html

2.0 When to request medical or clinical records

a When the client requests cover, additional diagnosis, support, or treatment from ACC, the onus/responsibility rests with the client and/or their provider to supply supporting clinical or medical information to help us to make the decision. If the client and/or their provider has not supplied the supporting information, ACC will, as part of its investigative role, request the relevant supporting information from the client, and their treating providers. Once investigations are complete, a decision can be made on the claim.

On the other hand, if ACC is considering withdrawing support or treatment, revoking cover, or ceasing entitlements such as weekly compensation, then the onus/responsibility sits with ACC to request the supporting medical or clinical records

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

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

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

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

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

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

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

3.0 Limits on what we can request

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

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

4.0 Medical or clinical record request forms and letters

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

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

📄 MD09a Further info – consultation notes – vendor

📄 MD09b Allied - Further info - Consultation Notes - Vendor

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

c Work Injury Inquiry Team

📄 MD10b Allied - Further info - Medical Questionnaire - Vendor

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

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

6.0 Service codes and prices

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

📄 Codes and prices for non-DHB clinical records

7.0 Types of medical or clinical records

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

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

8.0 Quality

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

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

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

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

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

Request the medical or clinical records from the correct contact.

10.0 Level of urgency

If needed to...	then request the information within...
• inform a cover decision • inform an entitlement decision • confirm the injury or details of the injury • identify any other entitlements the client may be receiving through the DHB	5 days
• help develop the rehabilitation plan • identify and manage any risks • gather information about the client and their injury	10 days

📊 Timeframes for Clinical notes..PNG

11.0 Prior approval

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

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

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

12.0 Service codes and prices

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

13.0 What we don't pay for

a Missing mandatory information including:

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

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

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

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

14.0 Types of medical or clinical records

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

   📄 Scenarios for requesting District Health Board clinical records - Reference

Type of record requested on ACC2386 (Clinical Records Request – DHB)	Example
Operation notes	Note on surgical operations
Clinical letters or notes	The medical or clinical records that describe all assessment and treatment by the team or specialist that have managed the client's injury either while an inpatient and/or outpatient – should be requested using the DHBC code. If you need a specialist's opinion on a specific question use the DHBR1 code and an MD02c letter
Radiology reports	X-ray, MRI, CT scan reports. Do not request hard copies of x-rays and MRIs. Radiology reports may be included in an Assessment Report Treatment Plan (ARTP)
Discharge summary	Summary of treatment received and ongoing plan when the client is discharged from hospital
Other, eg physiotherapist, OT	Reports/records/assessments from the physiotherapist, occupational therapist, speech therapist, social worker, who saw the client while they were in hospital. If you require an answer to a specific question, request this using the DHBR2 code and MD02c letter

   📊 Types of medical records.PNG

15.0 Exceptions

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

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

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

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

16.0 Quality

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

17.0 Completing the ACC2386 Clinical Records Request – DHB

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

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

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

📄   ACC2386 DHB request for copy of notes - Vendor

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

Summary of the Health Information Privacy Code Policy v12.0

Summary

Objective

The Health Information Privacy Code 2020 (the Code) applies specific rules to organisations acting as health agencies to ensure that individual privacy is protected. The Code contains 13 Health Information Privacy Rules and works in conjunction with the Privacy Act 2020. It recognises that health information is special and needs to be treated differently as it:

•is considered confidential
•can be sensitive
•may have ongoing use.

With regard to the collection, use, storage and disclosure of health information the 13 Health Information Privacy Rules take the place of the 13 Information Privacy Principles of the Privacy Act 2020 and describe how the code is put into practice.

As of 1 December 2020, the new Privacy Act will come into effect. Please contact us if this page has not been updated by December 2020.

Owner	[Out of Scope]
Expert	

Policy

1.0 Rules

a You must handle health information in particular ways.

You must make sure you know, understand and comply with the health information privacy rules as there may be financial or other consequences for breaching them.

Complaints regarding breaches of these rules can be made to the Office of the Privacy Commissioner and, if necessary, to the Human Rights Review Tribunal.

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2.0 The 13 Health Information Privacy Rules in brief

a 1. Only collect health information if you really need it
2. Get it straight from the people concerned
3. Tell them what you're going to do with it
4. Be considerate when you're collecting it
5. Take care of it once you've got it
6. People can see their health information if they want to
7. They can correct it if it's wrong
8. Make sure health information is correct, up-to-date, complete, relevant, and not misleading, before you use it
9. Get rid of it when you're done with it
10 .Use it for the purpose you got it
11. Only disclose it if you have a good reason
12. Only disclose it overseas if the recipient is subject to NZ's privacy law or a comparable overseas law.
13. Only assign unique identifiers where permitted.

For a full description of these rules, see Complete health information privacy rules.

📄 Health Information Privacy Code 2020
https://www.privacy.org.nz/privacy-act-2020/codes-of-practice/hipc2020/

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Personal information requests Policy v19.0

Summary

Objective

Knowledge about different types of information requests and how to handle them.

Background

The Privacy Act 2020 contains 13 Information Privacy Principles for collecting, accessing and releasing personal information. The Health Information Privacy Code 2020 contains 13 Health Information Privacy Rules for collecting, accessing and releasing an individual's health information.

We must all understand these principles and rules when handling requests for the release of personal and health information. For more information see 'Differences between personal and health information'.

Owner   [Out of Scope]

Expert

Policy

1.0 Who can request personal information?

a Under the Privacy Act 2020, only the client, their representative, or a person with authority to act on their behalf may request information that we hold about that individual.

If the request for personal information is from…	then treat it as a request under the …
the individual concerned or their authorised representative	Privacy Act 1993
another individual	Official Information Act 1982
an organisation or government agency	

🖼 Who can request personal information..PNG

NOTE Definitions

Under the Privacy Act, the individual is someone requesting information for themselves. An individual's representative is defined in the Health Information Privacy Code 2020 as their parent/guardian if they are under 16, OR the executor/administrator of their estate if they are deceased.

b Under the Official Information Act 1982 (OIA) the following parties may request information that we hold about a client:
• a third party administrator
• an insurance company assessing a related claim
• any other person or organisation.

This does not necessarily mean we can release all the information requested. Please see the Official Information Requests Policy for assistance.

PROCESS   Official Information Requests Policy

2.0 Response time

a Under the Privacy Act, we must make a decision on a request for personal information:

• as soon as reasonably practicable
• within a maximum of 20 working days after receiving the request.

📄 INP01 - Acknowledge Personal Info Request; INPIS02 - All About Requesting Personal Information

NOTE **Extension of response time**

Sometimes you may need a time extension to respond to a request for personal information. Extensions are allowed where:
- large quantities of information are involved
- searching through large quantities of information will unreasonably interfere with ACC's operations
- you need to consult with other business units.

You may only make one request for an extension so you must be able to complete the response within the extended timeframe.

You must formally notify the requestor about an extension of time within the 20-working day limit and include the:
- extension period required
- reason(s) for the extension
- advice that the requestor has the right to lodge a complaint about the extension with the Office of the Privacy Commissioner.

📄 INP02 Personal Information Request - Advise Time Extension

NOTE **Late decisions on personal information requests**

If we have missed the 20 working day timeframe for responding to personal information requests, this will need to be reported in the Privacy Reporting Tool as a privacy breach.

↱ **PROCESS** Report a Privacy Breach

📄 Privacy Reporting Tool
https://accnz.sharepoint.com/sites/PrivacyHub/SitePages/Privacy-Reporting-Tool.aspx

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3.0 Transferring a personal information request

a If we don't hold the requested personal information, but know another agency that does, we can transfer the request to the other agency under the Privacy Act 2020, Section 43. The transfer must be arranged within 10 working days from the date of receiving the request.

📄 INP04 Personal Information Request Transfer - Government Agency

b You will also need to notify the requestor that you are transferring their information request.

📄 INP03 Personal Information Request Transfer

4.0 Releasing personal information

a We must release requested personal information unless we have good reasons to withhold it. See 'When to withhold personal information'

↱ **PROCESS** **When to withhold personal information Policy**

5.0 Releasing only part of the requested personal information

a Sometimes it's appropriate to release only part of the personal information requested. The Privacy Act, Section 43 permits us to redact the part(s) of the document containing this information before releasing it. We must provide reasons for withholding any parts of the information.

We must use the Adobe Pro redaction function to redact the information so that the recipient cannot read any of the information that has been redacted.

NOTE **Example**

• When information identifies multiple individuals it may be appropriate to delete information about other people from the document before we release it

• When a client's medical practitioner advises that disclosing particular information would be likely to affect the client's physical or mental health.

6.0 Requests for Access Logs/Footprint Reports

a Access logs, also known as footprint reports, are spreadsheets ACC is able to generate to show each time a member of staff has accessed a client's claim file or party record in Eos. The access log contains limited information, showing only the time and date of access to an Eos claim (or party record), the name of the staff member who accessed it, their user ID, 'job title' and 'department' (as recorded in Eos) at the time the report was run.

This report contains personal information about our clients and is readily retrievable by ACC, so people have a right to request this information from us under the Privacy Act.

If you receive a request for an access log or footprint report, refer to Request for Access Log/Footprint Report.

⌐ **PROCESS**   **Complete Digital Footprint Request**

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7.0 Charging for information

a ACC cannot charge for providing personal information. Private agencies may choose to charge for personal information requests but public service agencies cannot.

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8.0 Requests from members of Parliament

a We frequently receive enquiries from members of Parliament (MPs), or their electorate office staff, advising that they're acting on behalf of an ACC client or customers.

    If you're concerned about disclosing or releasing the information, contact the client to confirm the MP is acting on their behalf. If you're unsure of how to proceed, contact Government Services for advice.

- -

9.0 Requests from members of the New Zealand Police

a We occasionally receive requests from the Police for information about clients. These should be referred to the Privacy Team who will provide advice on whether it is appropriate to release the information requested.

    If you receive a written request, please email it to the Privacy Team on privacy.officer@acc.co.nz.

    If you receive a verbal request, advise the Police that they must make their request in writing and send it to privacy.officer@acc.co.nz.

    Under no circumstances should you disclose any information about the client before consulting with the Privacy Team.

- -

10.0 Requests from insurance companies for client information

a If you receive a request from an insurance company for a copy of a client's file(s), see 'Manage requests for client information' from insurers' policy and 'Respond to a private insurer request for client information' process.

    📄 Manage requests for client information from insurers Policy

- -

⌐ **PROCESS**   **Respond to a private insurer request for client information**

- -

11.0 Office of the Privacy Commissioner

a The Office of the Privacy Commissioner is responsible for investigating complaints about the withholding or disclosure of personal information. Our Privacy team manages ACC's liaison with the Office of the Privacy Commissioner.

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Obtain Verbal or Written Authority
Guidelines

Introduction and purpose

We must ensure that our clients understand what it means to provide us with their authority to collect medical and other records. While the ACC45 claim lodgement form provides us with this authority, playing the verbal recording when we onboard the client, ensures they fully understand how and why we collect their records, and that they agree to it.

Things to note:

- It is permissible to rely on the ACC45 plus the verbal authority for up to 12 months if the claim is straightforward and you are collecting only a limited amount of information. After 12 months, if further information is required, an ACC6300 will be needed

- In some cases, a verbal authority is not appropriate and an ACC6300 will be required

- In some cases, even if you have an ACC45 and a verbal authority, you may need to progress to an ACC6300. This is usually when the claim becomes more complicated that it originally was.

When Verbal Authority is Not Appropriate

For some clients, playing the verbal recording isn't the best option to obtain their authority. The following examples will support you to determine when obtaining written authority is more appropriate. These are only a handful of examples; please use your judgement to determine the best option for your client. If in doubt, speak with your Privacy Advisor.

If the client…	then…
has sensitive claim information	obtain authority with an ACC6300 form. Verbal authority must not be used.
is under the age of 16 years	obtain authority with an ACC6300 form. Verbal authority must not be used.
has a treatment injury and the following apply: • we need to request significant amounts of information • we will need to obtain external clinical advice and to do this we will send medical information to the clinician	obtain authority with an ACC6300 form. Verbal authority must not be used.
has communication or comprehension obstacles: • limited understanding of English • any disability limiting the client's comprehension or communication (for example, hearing loss, moderate-severe head injury)	obtain authority with an ACC6300 form or in MyACC. Verbal authority must not be used.

If the client…	then…
has any of the following: • advocacy involvement • active review cases • active care indicators • anything to identify trust issues with ACC in the past	obtain authority with an ACC6300 form or MyACC. Verbal authority must not be used.

Progressing from Verbal Authority to an ACC6300

You should be constantly evaluating whether an ACC6300 is required during the first 12 months. For example, if the client now requires a mental injury assessment and we need to collect pre-injury mental health notes, you are required to obtain an ACC6300. The following examples will support you in your decision making. Again, judgement is required. If in doubt, speak with your Privacy Advisor.

If the client…	then…
has an active claim which has been open for more than 12 months and you still need to collect some information	obtain an ACC6300 form or in MyACC
has a claim that now requires the need for pre or post-injury medical notes about mental health or other medical conditions that may be impacting on the covered injuries – especially if the information is needed for the following: • Mental injury assessment • Neuropsychological assessment • Requested by a medical advisor, psychologist or psychiatrist, internal or external	obtain an ACC6300 form or in MyACC
has a claim that now requires the collection of information that may be delicate in nature, e.g. gynaecological or fertility related	obtain an ACC6300 form or in MyACC.
has a treatment injury and we now need to obtain external clinical advice and to do this we will send medical information to the clinician	obtain an ACC6300 form or in MyACC.

Providers

Some providers may be reluctant to disclose information unless they see a written authority.

If the provider…	then…
will not release information to ACC on the basis of an ACC45	obtain an ACC6300 form or in MyACC.

Outputs

10.0 Action incomplete request for clinical record, if required

9.0 Review clinical records

8.0 Continue following up request for clinical records

7.0 Determine if clinical records are still required

6.0 Follow up request for clinical records

4.0 Create and send request

5.0 Review clinical records received

3.0 Request GP records

3.1 Request DHB records

3.2 Request Other Clinical records ie, Physiotherapist or Allied Health

3.3 Request Specialist or other records

1.0 Determine requirement for clinical records

2.0 Review request for clinical records

Linked Process
Create or Update Recovery Plan

Linked Process
Arrange Medical Case Review (MCR) Assessment

Linked Process
Seek Internal Guidance

Recovery Assistant
Recovery Coordinator
Recovery Partner

Clinical Advisor
Practice Mentor
Technical Specialist

Recovery Administrator

Recovery Administrator
Recovery Team Member

Request Clinical Records v100.0

Summary

Objective

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

Background

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

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

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

Owner   [Out of Scope]

Expert

Procedure

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

- -

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

- -

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

- -

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

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

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

     Best Practice Guidelines for requesting medical notes

     Request medical or clinical records Policy

     Summary of the Health Information Privacy Code Policy

     Personal Information Requests Policy

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

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

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

     Scenarios for requesting District Health Board clinical records - Reference

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

NOTE   **What if you need to obtain Specialist records or High Tech imaging?**

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

NOTE   **What are the timeframes for receiving information?**

If you are requesting information from a DHB, the timeframe is:
• non-urgent request – 21 working days
• urgent request – 6 working days

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

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

NOTE   **What if there is no authority on the client's claim, or the authority has expired?**

Refer to the NG GUIDELINES Obtain Verbal or Written Authority for guidance.
If an ACC6300 is needed, Go to the Obtain Client Authority to Collect Information process.

     PROCESS Obtain Client Authority to Collect Information

📄 ACC Guidelines to obtain verbal or written authority

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

To ensure ACC only collects information relevant and necessary for decision making, we need to communicate with our clients to determine a timeline for which to collect medical records.
To help guide your conversation with the client to establish a timeline of their engagement with mental health services, organisations and Primary Health Care services, please consider asking the client the following questions:
• Have you spoken to your Doctor about any concerns with being unable to sleep, stress or anxiety?
• Have you spoken with any health care professionals such as Doctors or organisations about the assault and support?
• When did you first engage with these health 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 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'.

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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.

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10.0 Action incomplete request for clinical record, if required
Recovery Administrator

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

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

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

> 📄 Information Incomplete

c Contact the vendor to obtain the missing information.

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

> **NOTE** **What if the vendor insists on an email?**
> Using the appropriate Eos template, email the vendor and attach the original clinical request and advise the vendor of the missing information as outlined by the Recovery Team Member in the task, and then close the task.
>
> An email example could be:
> "Thank you for sending the requested medical information on (insert date). We have reviewed the medical notes and noticed some information is missing. Could you please send a copy of (insert what information is missing here) to us at your earliest convenience. Thank you"
>
> This will then create the NGCM - Follow up Request for Clinical Records task.

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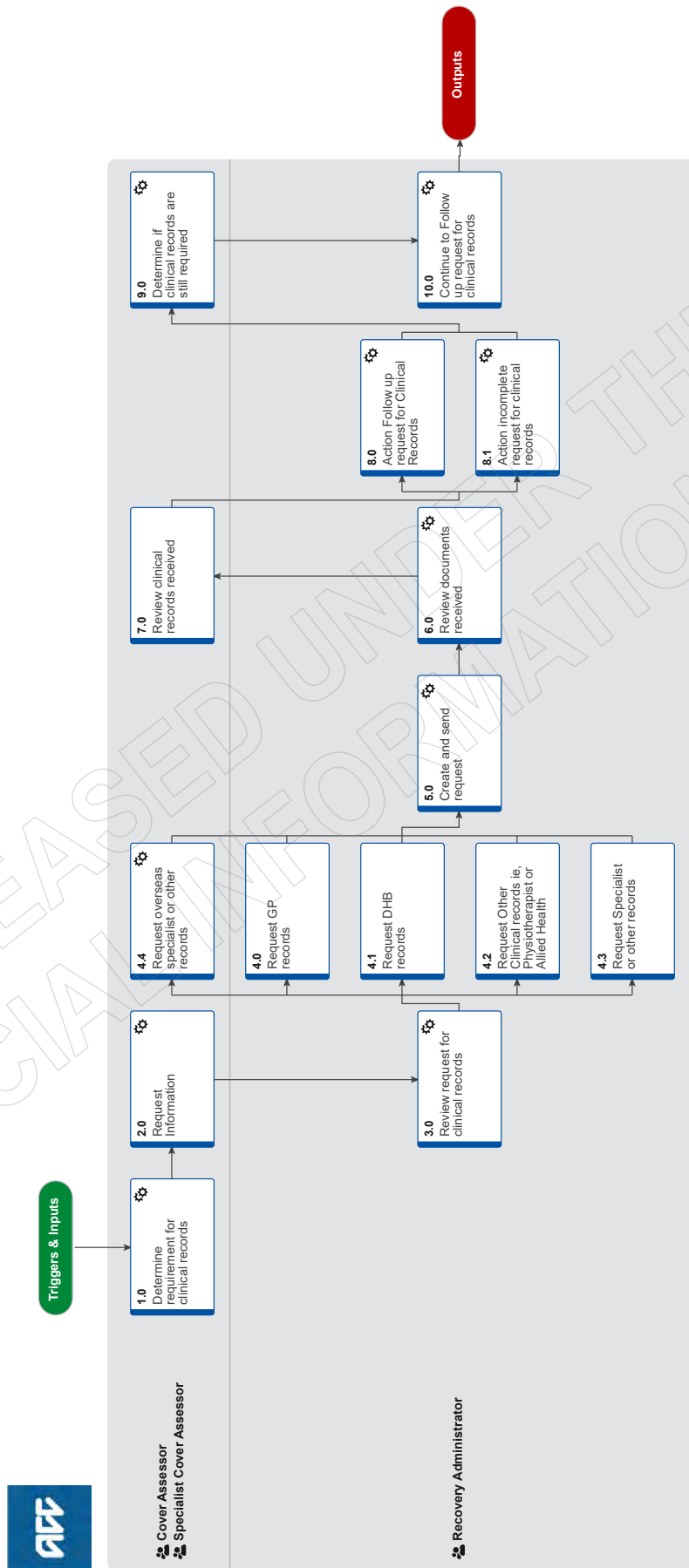Check to see if it has generated a Follow Up Requested Information task.
If it has generated a follow up task, make a note on the task to specify that it is the follow up of the Incomplete Information Request task and set the task target date for 10 working days
from task creation.

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

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

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

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ACC > Claims Management > Manage Claims > Gather Additional Information or Advice > Request Clinical Records

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Outputs

Triggers & Inputs

Cover Assessor / Specialist Cover Assessor

1.0 Determine requirement for clinical records

2.0 Request Information

4.4 Request overseas specialist or other records

7.0 Review clinical records received

9.0 Determine if clinical records are still required

10.0 Continue to Follow up request for clinical records

8.0 Action Follow up request for Clinical Records

8.1 Action incomplete request for clinical records

Recovery Administrator

3.0 Review request for clinical records

4.0 Request GP records

4.1 Request DHB records

4.2 Request Other Clinical records ie, Physiotherapist or Allied Health

4.3 Request Specialist or other records

5.0 Create and send request

6.0 Review documents received

ACC > Claims Management > Manage Claims > Gather Additional Information or Advice > Request Clinical Records for Treatment Injury
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Request Clinical Records for Treatment Injury v16.0

Summary

Objective
To request medical or clinical records from DHBs, GPs and specialists for Treatment Injury Claims.

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 claim.

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

1.0 Determine requirement for clinical records
Cover Assessor, Specialist Cover Assessor

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

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

   📄 Request medical or clinical records Policy

   📄 Summary of the Health Information Privacy Code Policy

   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 – 15 working days
   • urgent request – 5 working days

   If you are requesting information from a non-DHB (GP, Medical Centre), the timeframe is:
   • non-urgent request – 10 working days
   • urgent request – 5 working days

   c In Eos, check the claim for a signed ACC6300 consent form or that the client has provided authority to collect medical and other records from third parties.

   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 5 years and there are multiple claims for 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. Once the ACC6300 has been received, send copy to the provider when requesting notes.

> **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 In Eos, check the client has been seen by the Provider you are requesting records from for the treatment 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.

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

📄 Manage Participants

> **NOTE** **What if the provider has not been set up as a Vendor?**
> In MFP, confirm the provider is not a Vendor. In the task to Recovery Administration, note the use of Vendor ACC Default J99966.

> **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

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2.0 Request Information

Cover Assessor, Specialist Cover Assessor

a In Eos, at Recovery Plan sub-case level, Add Activity and choose NGCM - Information Requests.

b In the task description, specify the request if for a Treatment Injury claim, then complete as per the 'Requesting Clinical Records ' system steps.

📄 Requesting Clinical Records

📄 Request clinical records/report for Held Treatment Injury

> **NOTE** **What information do you need to include in the information request task?**
> - Refer to the 'Referring Tasks to Recovery Administration - Principles'.
> - The 'basis of the claim' MUST be specified in the task.
> - Add 'Treatment Injury' to the task description to allow recovery admin to easily identify your request is for treatment injury.
> - If requesting notes on more than one claim, record all claims numbers you are requesting notes from.
> - If requesting notes from a GP, please include the name of the GP and the name of the practice.

📄 Referring Tasks to Recovery Administration - Principles

> **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 Vendor is not a lodging provider?**
> In the NGCM - Information Request, note that the client's ACC6300 needs to be sent with the request.
> Edit the 'Confirm Cover Decision' task and add the details to record the request for information.

> **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 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]".

3.0 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 the name of the Provider has has been provided.

NOTE **What if the name of the Vendor hasn't been provided in the task or not added as a Participant on the claim?**
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 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.

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 the task identifies that a Purchase Order is not required?**
Go to 'Documents' tab and select 'Add', generate the TI11 Clinical Information request - Vendor letter. When editing the TI11, ensure that you remove anything regarding a purchase order or invoicing. Refer to the TI11 Admin Guidance Template for specific instructions on how to edit the letter and what sections need to be removed.
Finally, go to Activity 5.0 Create and send request.

d Identify the vendor type for the information request to proceed.

NOTE **What if the information request is for GP records?**
Go to Activity 4.0.

NOTE **What if the information request is for DHB records?**
Go to Activity 4.1.

NOTE **What if the information request is for Physiotherapy records?**
Go to Activity 4.2.

NOTE **What if the information request is for Specialist records?**
Go to Activity 4.3.

NOTE **What if the information request is for overseas specialist or other records?**
Go to Activity 4.4

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4.0 Request GP records

Recovery Administrator

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

NOTE **When can you use SureMed to request GP records for Treatment Injury?**
Suremed can be used if we do not need to request an ACC2152 or ask questions as part of the request.
PROCESS Request GP Clinical Records - SureMed

b Create the Purchase Order.

Creating purchase orders using general + QE

NOTE **What information do you need to create the Purchase Order?**

Check what information has been requested in the NGCM - Requested information task and use the corresponding entitlement codes below when generating the purchase order.

MEDR (Quantity: '1', Frequency: 'Quarter') - should be approved with every request for medical notes/report/ ACC2152.

COPY (Quantity: '30', Frequency 'Quarter') - should be approved (in combination with MEDR) when requesting copies of existing medical notes.

ACC2152 (Quantity: '1' Frequency 'Quarter') - should be approved (in combination with MEDR) when we are requesting the GP to complete an ACC2152 form.

Proceed to generating purchase order.
- Under Rehab Action / Claim dropbox, select 'Cover Assessment'
- For the Intervention dropbox, select 'Treatment Injury - Cover'
- Add entitlement code(s) as appropriate
- Vendor Name/address
- Vendor ID
- Purchase method: Non-contracted.

NOTE **What if an ACC2152 has been requested?**
- Go to the documents tab
- Generate a blank 'ACC2152 Treatment Injury Claim' form
- Leave the ACC2152 unedited and close the document
- Select 'next' and change the document 'status' to 'complete'.
- Enclose the blank ACC2152 to be sent with the request.

Please also note, the ACC2152 Service Code invoicing instructions will need to be copied from the TI11 Admin Guidance Template to the request manually.

c Approve the Purchase Order.

d Select 'Add documents' and generate the TI11 Clinical information request - vendor letter.

NOTE **What if the request is urgent?**
In the email subject line add 'URGENT'

In the letter, update the sentence under the 'How to invoice ACC' with the following:

'Please forward the requested reporting within 5 days'.

NOTE **What if there are questions to be included in the information request?**
Refer to the TI11 Admin Guidance Template for further information as to how to include questions in the request.

📄 TI11 Admin Guidance Template.docx

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4.1 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?**

Check what information has been requested in the NGCM - Requested information task and use the corresponding entitlement codes below when generating the purchase order.

DHBC (Quantity: '1', Frequency 'Quarter', Unit Price '165') - used to request copies of existing medical notes
DHBR1 (Quantity: '1', Frequency: 'Year') - used If questions need to answered by a DHB Specialist
DHB2152 (Quantity: '1' Frequency 'Quarter') - used when we are requesting the DHB to complete an ACC2152 form.

Proceed to generating purchase order.
- Under Rehab Action / Claim dropbox, select 'Cover Assessment'
- For the Intervention dropbox, select 'Treatment Injury - Cover'
- Add entitlement code(s) as appropriate
- Vendor Name/address • Vendor ID
- Purchase method: Non-contracted.
- Choose the correct vendor. (Use the link above for contacts for requesting DHB Clinical Records).

NOTE   **What if an ACC2152 has been requested?**
- Go to the documents tab
- Generate a blank 'ACC2152 Treatment Injury Claim' form
- Leave the ACC2152 unedited and close the document
- Select 'next' and change the document 'status' to 'complete'.
- Enclose the blank ACC2152 to be sent with the request.

Please also note, the DHB2152 Service Code invoicing instructions will need to be copied from the TI11 Admin Guidance Template to the request manually.

c   Approve the Purchase Order.

d   Generate the TI11 Clinical information request - Facility or TI11 Clinical information request - Vendor by clicking one/both of them and selecting 'add'. Refer to the TI11 Admin guidance template for further information as to how to format the request.

📄 TI11 Admin Guidance Template.docx

4.2   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?**
Check what information has been requested in the NGCM - Requested information task and use the corresponding entitlement codes below when generating the purchase order.

Note: 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.

MEDR (Quantity: '1', Frequency: 'Quarter') - should be approved with every request for medical notes/report/ACC2152.
COPY (Quantity: '30', Frequency 'Quarter') - should be approved (in combination with MEDR) when requesting copies of existing medical notes.
ACC2152 (Quantity: '1' Frequency 'Quarter') - should be approved (in combination with MEDR) when we are requesting the provider (Physiotherapist, Osteopath, Chiropractor or Podiatrist) to complete an ACC2152 form.

Proceed to generating purchase order.
- Under Rehab Action / Claim dropbox, select 'Cover Assessment'
- For the Intervention dropbox, select 'Treatment Injury - Cover'
- Add entitlement code(s) as appropriate
- Vendor Name/address • Vendor ID
- Purchase method: Non-contracted.

NOTE   **What if an ACC2152 has been requested?**
- Go to the documents tab
- Generate a blank 'ACC2152 Treatment Injury Claim' form
- Leave the ACC2152 unedited and close the document
- Select 'next' and change the document 'status' to 'complete'.
- Enclose the blank ACC2152 to be sent with the request.

Please also note, the ACC2152 Service Code invoicing instructions will need to be copied from the TI11 Admin Guidance Template to the request manually.

c   Approve the Purchase Order.

d   Select 'Add documents' and generate the TI11 Clinical information request - vendor letter. Refer to the TI11 Admin guidance template for further information as to how to format the request.

📄 TI11 Admin Guidance Template.docx

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

4.3   Request Specialist or other records
Recovery Administrator

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

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

NOTE   **What if a purchase order is not required?**
Go to the documents tab, add a TI11 Clinical information request and edit as per TI11 guidance template then proceed to 5.0 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 5.0 e Note 4.

c Create the Purchase Order.

NOTE **What information do you need to create the Purchase Order?**

Check what information has been requested in the NGCM - Requested information task and use the corresponding entitlement codes below when generating the purchase order.

MEDR (Quantity: '1', Frequency: 'Quarter') - should be approved with every request for medical notes/report/ACC2152.
COPY (Quantity: '30', Frequency 'Quarter') - should be approved (in combination with MEDR) when requesting copies of existing medical notes.
ACC2152 (Quantity: '1' Frequency 'Quarter') - should be approved (in combination with MEDR) when we are requesting the specialist to complete an ACC2152 form.

Proceed to generating purchase order.
• Under Rehab Action / Claim dropbox, select 'Cover Assessment'
• For the Intervention dropbox, select 'Treatment Injury - Cover'
• Add entitlement code(s) as appropriate
• Vendor Name/address • Vendor ID
• Purchase method: Non-contracted.

NOTE **What if an ACC2152 has been requested?**
• Go to the documents tab
• Generate a blank 'ACC2152 Treatment Injury Claim' form
• Leave the ACC2152 unedited and close the document
• Select 'next' and change the document 'status' to 'complete'.
• Enclose the blank ACC2152 to be sent with the request.

Please also note, the ACC2152 Service Code invoicing instructions will need to be copied from the TI11 Admin Guidance Template to the request manually.

d Approve the Purchase Order.

e Generate the TI11 Clinical information request - Vendor letter and modify as per the task. Refer to the TI11 Admin guidance template for further information as to how to format the request.

W TI11 Admin Guidance Template.docx

4.4 Request overseas specialist or other records
Cover Assessor, Specialist Cover Assessor

a Obtain overseas medical notes copies from the client.

NOTE **What if the client is unable to obtain copies of their own overseas medical notes?**
Request the provider details from the client to allow ACC to request the information directly from the provider.

📄 Request medical or clinical records Policy

b Record the provider information in a contact on the client's claim.

NOTE **What information do you need to obtain.**
• Provider's complete email address (the email address where they would like to receive the request). [Advise the Provider that we will need them to respond to our Vendor Email address verification email before we can send them the request.]
• Provider's full name
• Name of bank
• Physical address of bank:
• Name of account:
• Account number:
• SWIFT code and/or bank, state and branch (BSB) number

c In Eos, at Recovery Plan sub-case level, Add Activity and choose NGCM - Information Requests.

NOTE **What information do you need to create your request for overseas medical information?**
Use Vendor ID: ACCCOMP when creating the NGCM - Requested information task.

In the comments box of the task include:
This is a request for overseas medical information. Please generate a TI11 in accordance with the following information. 'ATTN [Provider's full name]', Provider's complete physical address (the postal address where they would like to receive the request) , the information you are requesting and any information you would like to be sent with the request (ACC6300, ACC2152, etc.)

5.0 Create and send request
Recovery Administrator

a In Eos, 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 information 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** **Whose signature should be reflected in the letter if questions are to be included?**
> If the claim has been assigned and is in an individual name you would use the Specialist Cover Assessors contact details, if no one is assigned to the claim you would choose the Recovery Admin information

📄 Send letters from Client Recovery and Claims Assessment

b Check the contents of the letter and all information provided in the task has been captured, a copy of the lodgement form (ACC45/46/42) MUST be sent with every request.

c In Eos, mark the documents as complete, and select OK.

d Complete privacy checks on the completed documents.

📄 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). In the email subject field, add the client's NHI number and 'Treatment Injury Request'.

> **NOTE** **What email template should you use?**
> 'Medical Notes Request (Purchase Order)' Email Template should be used on all occasions.
>
> Modify the email template accordingly.

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

> **NOTE** **What email address should you use?**
> Treatment Injury request or medical notes contact person is ideal if available, otherwise General Purchasing contact. Some requests may have the email to send to specified in the information request task.

> **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 you need to send a FAX?**
> If there is a request to Fax the documents:
>
> 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]".
>
> 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

f Perform dispatch check.

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

g Send the email.

h In Eos, close the task. A 'Follow up Requested Information' task will auto-generate.

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

> **NOTE** **What if you are requesting records across multiple claims?**
> Edit the description in the follow up task and add the list of all the claim numbers and dates where records are being requested. Copy the details from the task.

6.0 Review documents received
Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select the NGCM - Follow Up Requested Information' task. Select 'Do Task'.

b Perform privacy checks

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

📄 Privacy Check Before Disclosing Information Policy

c In Eos, upload the documents to the claim.

📄 NGCM Filing Away - System Steps

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

e At the Recovery Plan subcase, select the 'Information Requested' tab

f Update to 'Complete' and state 'Information Received', select 'OK'.

g Close the 'NGCM - Follow up Requested Information' and add that the information has been received. A 'Review Requested Information' task will autogenerate and route to the correct Recovery Team Member or Team for action.

7.0 Review clinical records received
Cover Assessor, Specialist Cover Assessor

a Select the 'NGCM - Review Requested Information Task'.

b Assess the corresponding clinical information and check the information is complete.

> **NOTE** **What if 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 date for completion (target) date.
> Click OK.
> The NGCM - Information Incomplete task will auto-route to Recovery Administration.

📄 Information Incomplete

c Close the task and select 'Accept - All information has been received', select 'OK'.

> **NOTE** **What if the information requested was from overseas?**
> Complete an ACC5776 Request for overseas payment and email to accounts.payable@acc.co.nz

📄 Making an overseas payment
http://thesauce/team-spaces/chips/compensation/weekly-compensation/process/paying-overseas-client/index.htm

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8.0 Action 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 been received.

> **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 emailed ACC back with no attached 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 to 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 e.g. '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, e.g. 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 , e.g.: 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.

If they notes are received, go to Activity 6.0, 'Review clinical records r

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

NOTE **What if the vendor advises 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 other relevant information e.g Voice message says the clinic has closed down

- - -

8.1 Action incomplete 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 Open the NGCM - Incomplete Information Request' task and determine the information missing. To view the original information request, go to the [Add Info] tab, click 'Inherited' tab.

c Call the vendor to get the missing information.

d In Salesforce, add a Contact to record the conversation.

NOTE **What if the vendor prefers an email?**

Using the appropriate Eos template, email the vendor and attach the original request, advising them of the missing information, as advised by the Recovery Team Member in the task.

NOTE **What is an example email?**

An example could be:

"Thank you for sending the requested medical information on (date), We have reviewed the medical notes and note some information is missing. Could you please send a copy of (insert what information is missing) to us at your earliest convenience. Thank you"

The NGCM - Follow Up Request for Clinical Records' task will be created.

e Close the NGCM - Incomplete Information Request task. A NGCM - Follow Up Request for Clinical Records task will be generated.

f Check for a NGCM - Follow Up Requested Information task and add a note in the task specifying this is a follow up of the Information Incomplete Information Request task and set the target date for 10 working days.

NOTE **What if the NGCM - Follow Up Requested Information was not generated?**

- 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

- - -

9.0 Determine if clinical records are still required
Cover Assessor, Specialist Cover Assessor

a In Eos, from your task queue, 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 and route to the Recovery Administration Team.

- - -

10.0 Continue to Follow up request for clinical records
Recovery Administrator

a From your task assignment, select the NGCM - Continue to Follow Up Requested Information' task.

    📄 Continue To Follow Up Requested Information

b Call the vendor and discuss the reasons why the information requested hasn't been provided.

    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)

c Close the 'NGCM - Continue to Follow Up Requested Information' task.

Triggers & Inputs

Outputs

1.0 Request GP Records

2.0 Review SureMed document available

3.0 Upload document into Eos

4.0 Advise task is complete

Cover Assessor
Recovery Administrator
Treatment and Support Assessor

Cover Assessor
Treatment and Support Assessor

Request GP Clinical Records - SureMed v17.0
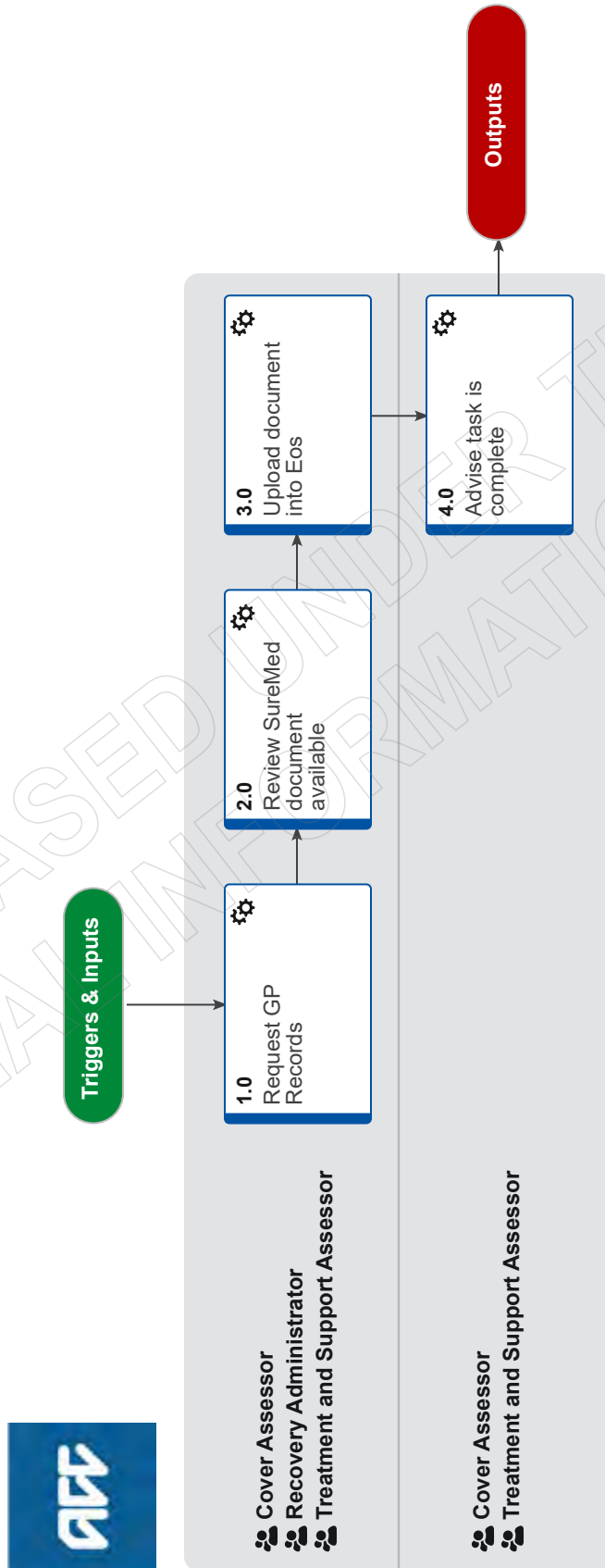
Summary

Objective
Request and Receive Clinical Records from SureMed.

Owner [Out of Scope]

Expert

Procedure

1.0 Request GP Records
Cover Assessor, Recovery Administrator, Treatment and Support Assessor

a Open the SureMed portal and enter all information to complete the request.

   📄 SureMed User Guide

   📄 Process change when raising an urgent task

   📄 SureMed FAQs v 1.6

   📄 SureMed Cheat Sheet

NOTE **What if the SureMed portal does not open?**
Ring the SureMed help line 0800 500 959, do not call IT Helpdesk.

NOTE **How do you know which Information Request to select within SureMed?**
Ensure you check what information you require before making a request. The 'Specific Piece of Information for a Claim (up to three pieces of information)' request is the most cost-effective for ACC and simplest for GPs, please ensure you select this request type if you only need specific claim information.

Specific Piece of Information for a Claim (Up to three pieces of information) = lodgement notes for establishing cover. You may specify up to three specific pieces of information for a single claim/injury e.g. A GP consultation note, MRI scan result, radiology report

Single body part / injury Request = medical notes to support incapacity and ongoing entitlements. Used to obtain detailed information on a single body part only (or condition when considering mental injury or treatment injury).

Specialised claims or multiple claims/injuries = Specialised claims, eg sensitive claims, mental injury, work related gradual process, treatment injury. Entitlements that need to be assessed against more than one claim, eg surgical intervention where the client has multiple claims related to requested surgical site. Used to obtain detailed information on up to three body parts (or conditions when considering mental injury or treatment injury).

NOTE **Ensure you enter the Doctors name on the demographics page of the request and include reference to the ACC45 numbers for all claims referred to in the request. If you have not been provided a Doctors name in your task, go back to the Recovery Team Member, it is their responsibility to provider a GP name.**

NOTE **"Claims Product" box must be ticked when creating a request or the system will not allow you to proceed.**

NOTE **What if the doctor to request clinical notes from is not on the list?**
Ring the SureMed help line 0800 500 959 and advise them. They will follow up with the clinic and have the GP added to the list. If SureMed advises you can use another GP on the list, you can do this, but make sure you add a note for KonnectNet advising the name of the correct GP as per your EOS task.
Alternatively, follow the process "Request Clinical Records" activity 3.0 Request GP records to manually request the clinical records.

   ↪ **PROCESS** Request Clinical Records

NOTE **What if there is a duplicate flag on SureMed?**
Follow the duplicate flag process and check if the request is a duplicate before continuing.

   📄 Dupliate Flag Process

b Attach the SureMed consent form to each request.

   📄 SureMed Consent form.pdf

NOTE **When should you use an ACC6300?**
If the request is for a Sensitive Claim or there is an ACC6300 already in EOS then attach this instead of the SureMed Consent form (above)

c In Eos, close the Requested Information task. This will automatically generate a Follow up Requested Information task for Recovery Administration. In the Follow Up Requested Information Eos task, note that clinical records have been requested via SureMed and include the reference number from the SureMed portal.

NOTE **Use the Follow Up Requested Information task for this**

With SureMed requests, Admin will no longer need to follow up with the provider as KonnectNet will do this on our behalf. The follow up tasks will remain open in EOS in the Recovery Administration EOS Department Queue. Follow Up tasks are to remain in the department queue at all times.

Should you be allocated one via Salesforce, you can log into SureMed and using the reference number provided in the follow up task, check the "Tasks & Notes" tab to confirm the status of the request and re-set the follow up task target date to one day after SureMed are due to follow up. If detailed notes have been made explaining why there are delays etc. it is useful to copy this into the follow up task so Recovery Team Members can see why there are delays with the notes being received back.

Follow up tasks are to remain open until medical notes have been uploaded to EOS by Inbound Document Management Administrators (IDM).

NOTE **What should you know about the tasks & notes within SureMed?**

• Tasks and Notes will display every interaction and update that SureMed have had from the medical practice. SureMed should follow up with the practice every five working days and leave a message.
• Check tasks and notes by selecting + symbol on the left hand side of the request or by clicking on the clients name and then selecting the tasks & Notes tab.
• This tab will inform you on reasons for delays or anything else going on with the request.
• SureMed will also send you a task if you have requested from the incorrect practice or if there are any other issues that need to be actioned or acknowledged (it is the responsibility of the initial requestor to action these tasks).
— This will appear as an email notification but can also be viewed through the 'Manage' drop down box and then 'Tasks'.
• Once actioned or acknowledged, select complete task and it will disappear.
• Also use this section when creating tasks for SureMed in regards to urgent requests etc.

NOTE **How to clone a request**

If you have been notified by KonnectNet that there is information that needs changing (e.g client name spelt differently, incorrect GP etc).

1. Search for the client using the SureMed reference number.
2. Click on the ACTIONS button on the far right hand side of the screen. A drop down menu will appear
3. Select Clone
4. Make the required changes on the Demographics tab. All information entered from your original request will have copied over to the clone request, you do not need to re-enter what is being requested or re-upload the consent form.
5. Once corrections have been made, submit the request as usual and make sure to note the new reference number in the EOS Follow up task.

NOTE **What if you receive a task notification advising the client is not registered at that medical practice?**

If you receive a task notification from KonnectNet that has advised the client is not registered at the medical practice, make a note of this and any information provided on the NGCM – Information Not Received task which generates once you close the NGCM – Follow up Requested Information task. If your task is for a Treatment Injury claim you will not be able to add a note to the NGCM - Information Not Received task, in this instance you should contact the Specialist Cover Assessor or the task creator of the initial Requested Information task.

NOTE **What if the notes have been received on SureMed, but they have not been uploaded to EOS?**

Admin are to push the follow up task out to allow time for Inbound Document Management Administrators (IDM) to upload the notes.

Push the follow up task out for 3 days as IDM usually have a 48 hour turn around for uploading medical notes. If the notes still haven't been uploaded after 3 days, contact the IDM team member who accessed the medical notes on the SureMed Portal to follow up. If we do not upload the notes within 14 days of them being accessed, SureMed's Data Retention Policy will delete the notes and we will have to request the information again.

NOTE **Do not close the follow up task if the medical notes have not been received.**

Follow up tasks are to remain open until medical notes have been uploaded to EOS by Inbound Document Management Administrators (IDM). The only exception to this is if the request is declined or cancelled.

- -

2.0 Review SureMed document available

Cover Assessor, Recovery Administrator, Treatment and Support Assessor

a Open the email from SureMed and click on the link to the document.

b Review the document to ensure it contains information for the correct client (3 point check).

NOTE **What if the Recovery Team Member advises the document needs redaction?**

If information needs to be redacted, the request should come to Recovery Admin via email, with clear instructions on which information needs to be redacted.

If redactions are less than 5 pages, Admin can complete redactions as per usual process, but still enter an FYI "To Do" note in the KonnectNet portal advising them information had to be redacted.

If redactions are more than 5 pages, advise SureMed that the Medical Centre needs to redact the documents and only send the information that was requested.
1) Whilst navigating a current request, under the 'Tasks & Notes' section select 'Create a new Task/Note'.
2) On the box that appears select 'Task for Konnect NET' on the left box and 'Request' on the right box.
3) Write in the bottom box what you would like redacted. Eg "Please have the practice redact all information unrelated to the clients right shoulder" and click submit.
4) Create an Admin Request task stating the Medical Centre's name and the original SureMed reference number and note 'Awaiting Redaction'. Push task out for 5 days and reply to the redaction email advising we have notified KonnectNet and have created an Admin task to follow up on.

NOTE **What if information is missing?**

1) Create a task on SureMed informing what notes are missing. While in the request you are missing information for, navigate to the 'Tasks & Notes' tab -> 'Create a new Task/Note.
2) In the left box select 'Insurer Requested MIR', the right box will autofill.
3) In the bottom box write clearly what information was missing that you still require. Eg "Missing notes from a consult dated 04/01/2014". When the missing notes are received, you will be notified as normal.

NOTE **What if there isn't an email to review?**

An alternative way of viewing your, or any team members documents is through the vault. Click on Reports -> Unread Vault Items. Once downloaded the notes will leave the 'Unread Vault Items'.

- -

3.0 Upload document into Eos

Cover Assessor, Recovery Administrator, Treatment and Support Assessor

a Save the document onto your Desktop.

b In Eos, go to 'Documents' tab – click 'Add' button on the right side > 'Upload Document' > Document Type: IB-Medical Reports/ Notes

c Type in the document name based on ACC naming crtieria in the 'Comments' and Description' section.

NOTE **What is ACCs naming criteria for clinical records received by GPs?**

Type of Note. Date Range. Vendor ie: GP Notes. 12/11/2019 – 4/01/2020. Greytown Medical Centre

NOTE **What if you are a Recovery Administrator?**

1) Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue. Perform privacy checks on the medical notes that have been uploaded by IDM.
2) Select the 'Information Requested' tab on the Recovery Plan subcase, mark the request as 'Complete' and state 'Information Received', select OK.
3) 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.

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

📄 Privacy Check Before Disclosing Information Policy

📄 NGCM Filing Away - System Steps

- -

4.0 Advise task is complete

Cover Assessor, Treatment and Support Assessor

a In Eos, update the task to acknowledge that notes have been received and continue with your assessment.

NOTE **What happens to the notes after they are downloaded?**

After notes have been opened or downloaded once, they will disappear from the 'Unread Vault Items' on SureMed but will still remain viewable for 14 days in your SureMed requests.
To view them look under Manage > SureMed Requests in the menu system.

If the notes have not been opened or downloaded, after 60 days they will be deleted as per Suremed's Net's policy.

- -

CLINICAL RECORDS - Information Incomplete - System Steps

Document Purpose

This document explains the steps involved if upon receipt of the NGCM – Review Requested Information task the Recovery Assistant/Coordinator/Partner finds that there is information missing from the request.

Table of Contents

Information Incomplete (Recovery Team Member) – System Steps

Steps for: Recovery Assistants, Recovery Coordinators and Recovery Partners

	SYSTEM STEPS - Information Incomplete (Recovery Team Member)
1	If you find when, reviewing Clinical Records received, there is requested information missing: 1. From the **Recovery Plan** Sub-case, select the **Information Requested** Tab 2. From the **Requested Information Received or Cancelled** section select the **relevant requested Information received item** 3. Select **Re-open**
2	From the **Recovery Plan** Sub-case > **Tasks** Tab: 1. Close the **NGCM – Review Requested Information** task 2. In the next **Choose Next Step** screen select option **Information Incomplete** 3. Select **OK**
3	In the **NGCM - Incomplete Information Request** Eform presented: 1. Provide details about what information requested is missing in the **Incomplete information details** field 2. Enter the date for when you want further follow up completed in the **Target Date** field 3. Select **Next** 4. Select **Close** **NOTE:** A **NGCM – Incomplete Information Request** task is automatically created and routed to Recovery Administration department

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Information Incomplete (Recovery Admin) – System Steps

Steps for: Recovery Administrator

	SYSTEM STEPS - Information Incomplete (Recovery Admin)
1	1. Open the **NGCM – Incomplete Information Request** task 2. View the task **Add.Info** Tab to see what information is missing 3. **Notify the vendor of the missing information** 4. Close the **NGCM – Incomplete Information Request** task. This will automatically generate the **NGCM – Follow up Requested Information** task. **NOTES:** • The **follow up date** is generated from the **Target Date** selected by the Recovery Team Member • When following up, the **Add. Info** tab will show the **original request** <u>AND</u> the **missing information details** provided by the Recovery Team Member. This will also be viewable in the **NGCM – Review Requested Information** task when the Recovery Team Member or Team receives the missing information.

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Document Control

Date	Version	Author	Change Notes
26/06/2019	0.1	[Out of Scope]	System Steps required for August Rollout

ACC Clinical Governance Framework

September 2020 - 2022

ACC Clinical Governance Framework
v1.0 Final
September 2020

Contents

Introduction

The purpose of this Clinical Governance Framework ("the CGF") is to outline our commitment, practices, processes and responsibilities to pursue the best clinical outcomes, aspirations and experiences possible for all ACC customers.

ACC defines clinical governance as:

> *Clinical governance is a systematic approach to ensure delivery of safe, effective and quality outcomes for clients and whānau. It is characterised by documented clinical standards, incorporated into contracts, with systematic joining-up of all clinical quality improvement initiatives to deliver seamless continuous improvement that contributes to best health care outcomes for New Zealanders.*

Objectives of the CGF are to:

- Embed systematic clinical governance across all activity.

- Ensure that clients and whānau are safe, healthy, independent and participating to the greatest possible extent.

- Ensure that Health and Disability sector leaders, both internally and externally, collaborate to effectively improve client and whānau outcomes.

- Deliver clinical insight and champion a Quality System comprised of quality assurance / management and continuous quality improvement.

- Develop a workforce, internal and external to ACC, that is capable and delivers toward the goals of best client and whānau outcomes and experiences.

- Add value by guiding activity that drives performance and quality of services and care.

ACC Clinical Governance Framework
v1.0 Final
September 2020

What is the ACC Clinical Governance Framework

People, culture, leadership, decision-making delegations and information are key elements in any organisational system. In ACC, these elements must work in unison to effectively deliver safe, high-quality care and continuously improved service commissioning to deliver customer-focused health and rehabilitation outcomes. A clinical governance framework can strategically guide our work, provide a consistent language and support an empowering clinical culture.

The CGF provides the foundation and structure for clinical activity in ACC. It outlines how ACCs clinical community can strategically pursue best clinical outcomes and experiences for ACC clients and whānau.
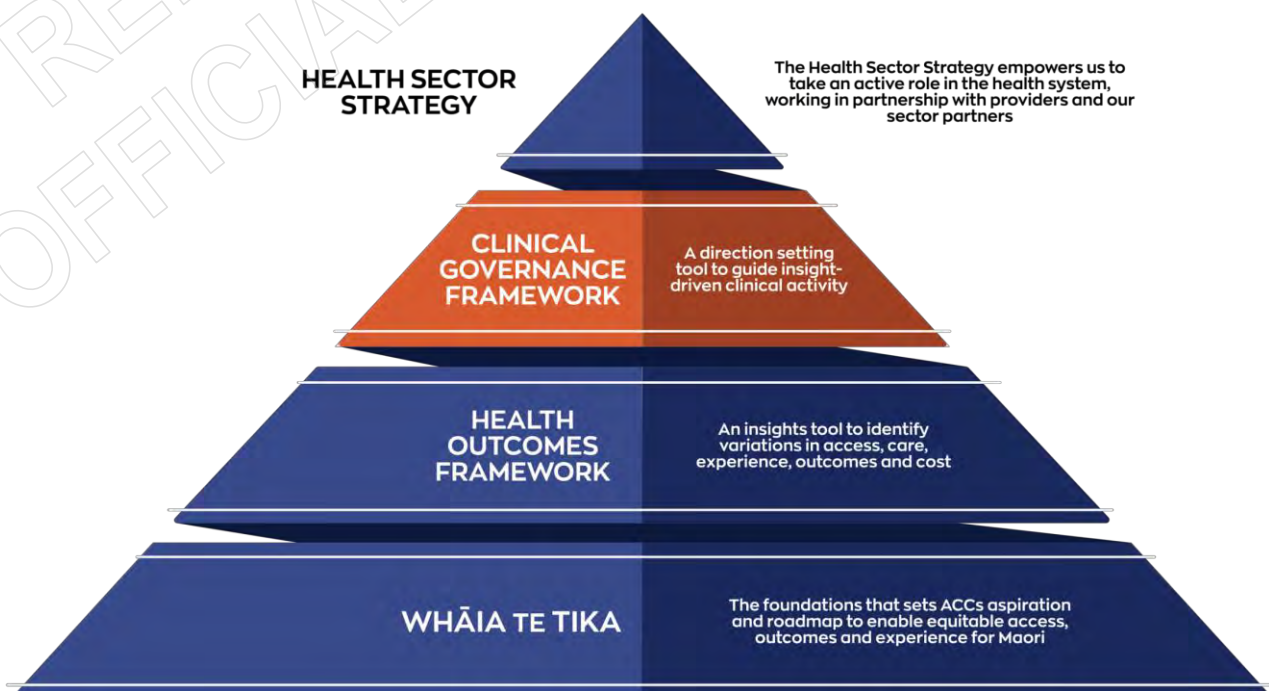
Why does ACC need a Clinical Governance Framework

ACC has legislated responsibility to deliver "…provision of entitlements that restores to the maximum practicable extent a claimant's health, independence and participation" and "… a framework for the collection, co-ordination, and analysis of injury-related information" (AC Act 2001).
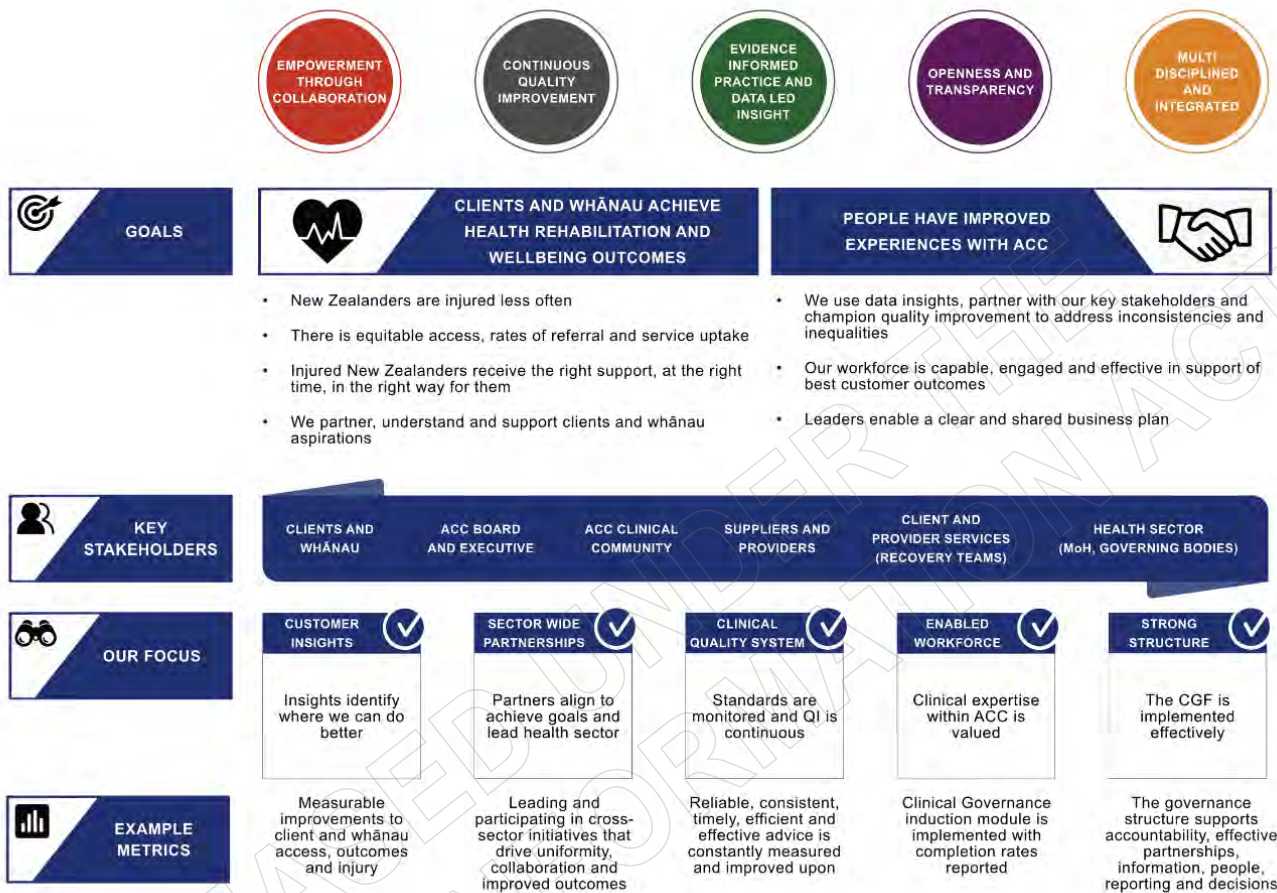
The CGF presents our approach to the clinical governance role we have in the delivery of ACC's purpose in partnership with the health sector. As a healthcare commissioner and provider, we are accountable for high quality safe services that deliver intended outcomes.

ACC has well-established corporate and financial governance. There is opportunity to deliver comprehensive ACC governance with an increased focus on Treaty responsiveness and clinical governance. Incorporating the CGF into our existing governance structures ensures we have the appropriate levels of transparency, consistency, coordination and alignment across the organisation to drive the desired culture and outcomes.

Figure 1: Example of Alignment of ACC health and wellbeing strategies to support customer aspirations and outcomes

HEALTH SECTOR STRATEGY — The Health Sector Strategy empowers us to take an active role in the health system, working in partnership with providers and our sector partners

CLINICAL GOVERNANCE FRAMEWORK — A direction setting tool to guide insight-driven clinical activity

HEALTH OUTCOMES FRAMEWORK — An insights tool to identify variations in access, care, experience, outcomes and cost

WHĀIA TE TIKA — The foundations that sets ACCs aspiration and roadmap to enable equitable access, outcomes and experience for Maori

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The Clinical Governance Framework

The key principles or 'How we Approach Our Work'

The principles underpin and support the CGF. They build on existing principles from our ACC behaviours, Whāia te Tika, the ACC Health Sector Strategy and the Provider Management Framework:

- **Empowerment through collaboration**: We partner with internal and external stakeholders. We share our knowledge and expertise. We are responsive to Te Tiriti ō Waitangi.

- **Continuous quality improvement**: We build on the good, fix issues, learn from failure and keep adapting to get better.

- **Evidence-informed best-practice and data-led insight**: We keep up to date with latest research. We develop tools that reflect best-practice. Our activities are informed by insights drawn from data and evidence.

- **Openness and transparency**: We build a culture of trust and feel safe to speak up. We value open communication and alignment.

- **Interdisciplinary and integrated**: We value diversity and work to our strengths. We work across clinical and non-clinical functions. We are stronger working together as a team.

Summary

Clinical governance enables high-quality, equitable and responsive services, delivered by a capable and effective workforce, to support ACC customers, clients and whānau to achieve their best health and wellbeing outcomes. The CGF is a direction-setting tool to guide insight-driven clinical activity that delivers customer outcomes for ACC. It represents an opportunity for ACC to champion greater Treaty and clinical responsiveness that helps deliver quality health outcomes for all New Zealanders. ACC clinical governance enables us to build and maintain structures that support excellence in the unique ACC context and empowers us to deliver safe, quality care.

Glossary of Key Terms

Term	Meaning in the ACC context
Accountability	The fact or condition of being accountable; responsibility
Alignment	Arrangement in correct relative positions or alliance
Best-practice	Quality care and activity delivered to a prevailing standard or point of view
Capability	The power or ability to do something
Clinical Audit	A tool to assess clinical effectiveness in achieving health outcomes
Clinical Governance	Systems to ensure delivery of safe, effective and quality health outcomes
Collaboration	The action of working together to produce or do something
Continuous Improvement	Ongoing improvement through incremental steps
Corporate Governance	Systems of rules, practices, and processes by which companies are governed
Culture	A system of shared values, beliefs and behaviours that represent the expectations of a group
Client	Injured person or claimant
Empowerment	The process of becoming stronger and more confident
Evidence-informed practice	Evidence guides practice but does not limit it
Financial Governance	Systems of rules, practices and processes to control financial practices and information
Framework	A basic structure underlying a system, concept or text
Governance	Systems, processes and relationships through which an organisation is ruled or controlled
Leadership	A mechanism for affecting change and enhancing quality
Integrated	An organising principle; relates to health care combining methods and coordinated provider roles
Interdisciplinary	An organising principle; relates to heath care combining professionals from diverse fields who work in a coordinated fashion toward a common customer outcome
Openness and transparency	Being honest, easy to understand and free from concealment
Patient safety	Management of risk of harm to maximise benefit
Performance	The action or process of performing a task or function
Principle	A rule or belief governing one's behaviour
Quality Improvement	Systematic change method to pursue actions that lead to measurable improvement in healthcare experiences and outcomes
Quality Management	Oversight of activities and tasks that must be accomplished to maintain a desired level of excellence
Risk Management	The discipline of identifying and managing risk across ACC. We define risk as meaning "the effect of uncertainty on objectives"
Strategy	A plan of action designed to achieve a long-term goal or overall aim
Whānau	Includes physical, emotional and spiritual dimensions and is based on whakapapa. Whānau can be multi-layered, flexible and dynamic.

Appendices

Appendix 1: General Tools that Support our Work

In the CGF, we have tools that enable what we do in the key areas. These tools include (not an exhaustive list)

- Accountability Framework (see Appendix 3)
- Capability Framework
- Clinical Operations Manual and Guide
- Risk and Opportunity Management - process feeds into existing risk standards/guidelines and ACC's risk management framework
- Clinical Quality System Tools (see Appendix 2)
- Research and development
- Education and training
- Data-led insights via heartbeat, provider survey, clinical audit, deep data dives, etc.

Appendix 2: Clinical Quality System Tools

Quality Management and Quality Improvement work together with Clinical Governance to create ACC's Clinical Quality System.

Definitions

Clinical Governance is "The way we do things around here". Our foundation, structure and culture. Clinical Governance sets out clear roles and responsibilities and accountability

Quality Management Comprises of **Quality Control** (our tools, processes and protocols that support what we do) and **Quality Assurance** (tracking our progress)

Quality Improvement is our systematic change method We use a consistent methodology to help us continually improve what we do

Clinical Governance

Quality Management

Quality Improvement

Quality improvement does not happen without good quality management. Quality Management comprises our quality controls (i.e. our tools, processes and protocols that support what we do) and quality assurance (i.e. the way we track or report on our progress to standards).

Quality assurance activities inform quality improvement. Quality improvement is our change methodology. We use a consistent methodology to continuously improve what we do (e.g. Plan Do Study Act or DMAIC).

Appendix 3: Accountability Framework

The purpose of the Accountability Framework is to outline our roles, responsibilities and delegated authorities to support best clinical outcomes, aspirations and experiences possible for all ACC customers.

Table 1: ACC relevant roles, responsibilities and how these are demonstrated

Role	Examples of responsibilities (enabled by ACC)	Demonstrated by
Clients and whānau	• Be an expert on own aspirations, experience and health • Partner in care and decision-making, as desired • Be treated with respect, privacy, clear communication, fair treatment and care that is of the best standard possible • Emphasise rehabilitation for quality of life as an integral part of planning • Have a clear pathway to raise concerns which can be escalated to the Health and Disability Commissioner, if needed for resolution • Use a voice of experience to drive improvements in care	• When I am treated with respect, I feel comfortable to participate fully in my treatment and rehabilitation. • When I understand and partner in the healthcare consent process and decision-making, including discussion of associated treatment risks and obligations, I understand my rights and role in care. • When I feel safe to raise a concern if one arises, I can more effectively get resolution.
Workforce including contractors, locums, acting and temporary staff engaged by ACC *This framework can be customised, expanded and tailored for various ACC roles within the Chief Clinical Office (i.e. Clinical Partners) as well as Customer, Provider, etc.*	• Undertake role responsibilities and requirements to deliver results • Regularly reflect on own practice and seek feedback from others (continuously improve) • Identify, monitor, manage, act on and escalate concerns and risks, unresolved disputes and compliance exceptions in line with the accountability and risk management framework • Participate in quality improvement • Facilitate business group reporting	• When I work to my role and abilities, I take the right risks within tolerance to facilitate effective delivery of outcomes that support ACC's unique relationship with every New Zealander. • When I understand my role responsibilities, I take responsibility for my actions and ensure any necessary client and colleague follow-ups, escalations and handovers are carried out effectively to make the right things happen.
Clinical Managers and Leaders	• Champion the Group, Business & Team's mission • Holds delegated authority to make decisions within the parameters of their role description and annual plans. • Ensure people know their roles & responsibilities	• When I use consistent language to communicate clear expectations, I help remove barriers by coordinating, facilitating and overseeing reporting of outcomes, escalation of risks and delivery of quality improvement.

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Chief Clinical Officer	• Holds delegated authority and accountability for Clinical functions and outcomes • Provides advice, expertise and ensures leadership • Drives continuous quality improvement for optimal utilisation of clinical capacity, competency and capability to meet customer needs. • Supports clinical staff capability with resources to deliver whole of ACC's key strategies	• When I enable internal and external clinical governance, partnerships and operational function, Clinical effectively supports other areas of the business to ensure optimal client outcomes. • When I develop and maintain effective stakeholder relationships, I build ACC's credibility with professional bodies and clinicians.
External clinicians	• Uses best-practice to diagnose and treat patients and prevent risk of harm • Works within contractual obligations, including providing ACC with information or data as requested • Raises issues using agreed escalation processes	• When I work in a spirit of partnership with ACC clients or staff, I can deliver high-quality care.
PHOs and other employing organisations	• Holds contracts with ACC and work to contract • Self-governs with documented and effective health and safety policies, risk management, client and data privacy that is ensured	• When I negotiate on an ACC service delivery contract, I understand roles and responsibilities for effective clinical governance.
Professional groups	• Registers healthcare professionals as competent within a scope of practice • Works in partnership to help deliver best-practice, consistent, integrated and effective care to patients and whānau.	• When I work in a spirit of partnership with ACC, I drive consistency and quality care.
Functional and advisory groups	• Provides direction, guidance, or advice on issues, initiatives or obstacles to ensure good outcomes guided by Terms of Reference • Facilitates alignment, transparency & integration of initiatives in the context of other organisational priorities, risks and sector strategies	• When I am a member of an ACC Advisory Group, I represent my area and provide advice, direction and/or guidance in support informed by my area for the Group's objective.
ACC Assurance services	• Independent from the activities reviewed, able to give recommendations to management and reports to the Executive and Board • Assesses appropriateness and adherence to policy	• I conduct risk-based internal audits or commission independent assessments to provide recommendations to the Board, Executive and first and second-line management.
Executive & Board	• Ultimate decision-makers, supported by everyone • Provides resources, governance and oversight	• Sets behavioural and cultural expectations that facilitate good governance.

Written Clinical Advice

how to guidance document

This guide applies irrelevant of the question being asked

Authors	[Out of Scope] – ACC Clinical Advisors
Date	21 February 2022
Version	V.1

Open the claim in EOS, salesforce and MFP

Start a FILE SUMMARY with the following information (obtained from the medical notes on file in EOS):

1) Claim Information
- Age and occupation of the client.
- Date and mechanism of injury, note the date of claim lodgement.
- Current cover under the claim, if any cover has been added to the claim after lodgement, and under what circumstances (was there CA/MA support for the additional cover. If not, we need to consider whether that cover is / was appropriate, and it if it was not appropriate will need to consider revocation).
- Any previous Clinical Services advice on file, the questions addressed, clinical opinion, and the flow on effects of that advice / have the recommendations been actioned.

2) Weekly Compensation
- Whether the client is currently in receipt of weekly compensation. View corresponding medical certificates / ACC 18's.
- Whether they have received weekly compensation at all under that claim and if so, the relevant date range.
- When weekly compensation commenced in relation to the date of injury and if / when weekly compensation ceased and on what grounds.

3) Clinical History
- Time to presentation for treatment and who lodged the claim.
- The client's initial presentation and progression of symptoms as per the available notes on file. The client contacts / conversation transcripts can provide further information on this also.
- Any evident yellow flags.
- Any cultural considerations.
- Any relevant medical history and / or previous musculoskeletal history.
- If there is insufficient information on file to determine a clear picture of the client's initial presentation and progression of symptoms following the injury event, make a note to have the necessary information gathered by the case owner / recovery team member (as shown as available in MFP).
- Ensure reports for any specialist and radiology billed to the claim are on file (as per MFP).
- Make a note to request any medical information / radiology or specialist reports that are not on file.

4) Current Diagnosis
- Note the current diagnosis as suggested by the treating providers. All Medical certificates (ACC 18) need to be considered and screened for deemed cover.

5) Relevant previous claims
- If any of the treating providers reports / notes or radiology reports refer to any previous ACC covered injury as being relevant review these claims following the above processes.

If further information as noted above is required (from any identified relevant claim), request this from the referring recovery team member (RTM) and complete the guidance for now.

Once all the necessary information is available, start an ANALYSIS

This should include comment on:

1) The covered injury: Advice should include rationale regarding whether the covered injury has resolved, and if so, provide evidence to support this.

2) The current diagnosis, and evidence to support this: Make cover recommendations if cover requires updating. Including any cover revocation recommendations.

3) **Causation**: Provide detailed clinical rationale on whether (based on the information currently on file) the current diagnosis can be causally linked to the covered injury event, or any other ACC covered injury events. Where appropriate include reference to ACC consideration factors / relevant literature.

4) If there is no causal link can be between the identified relevant ACC covered injuries and the current diagnosis and the client is in receipt of weekly compensation, check the client's claim history (in EOS) to determine whether there are any other claims for the same body site.

   - As an initial check note previous claims in terms of the date of injury, mechanism of injury and treatment billed as per MFP or MFS records. (MFS is used for any billing prior to 2003/4).

   - Note reporting portal reports may be required to be run if the treating providers are referring to previous surgery prior to that visible in MFP and EOS (prior to 2003ish).

   - If following the above superficial check and any of the claims appear potentially relevant to the current diagnosis, then these claims will need to be considered in more detail in the 'FILE SUMMARY' as above.

5) **Rehabilitation**: If there is an ongoing causal link to symptoms / dysfunction and the covered injury, or there likely is one but further investigation is required, provide rehabilitation advice (e.g., pain physician assessment, pain management programme, vocational rehabilitation, commencement of the Vocational Independence process, etc). This can also include recommendations to move a claim from 'Assisted' to 'Supported' recovery if one on one case management is indicated and consideration of any cultural factors.

6) Whether further advice is required from a psychology advisor, medical advisor, or technical services.

Next Steps

1) State whether there is a causal link between the current diagnosis / symptoms / dysfunction / incapacity and the covered injury:

   Option ONE

   Causation is unclear - recommend what is required to clarify this:

   - e.g., questions of the treating providers; onward specialist referral; internal advice from Medical Advisor, Psychology Advisor or Principal Clinical Advisor; ACC Technical Advisor input (e.g., whether an injury event occurred) etc.

   - In the interim while awaiting answers to these questions also provide rehabilitation recommendations.

Option TWO

There is no causal link between the current diagnosis and any ACC claim AND the client IS in receipt of ACC weekly compensation. The advice will need to be referred to Technical Services for consideration of suspension of entitlements.

- Technical may make recommendations regarding further questioning of the treating providers, or that a Medical Case Review is required.

Option THREE

No causal link between the current diagnosis and any ACC claim AND the client IS NOT in receipt of ACC weekly compensation. Send comment and recommendations back to the RTM.

Option FOUR

Current diagnosis is attributable the covered injury. Send comment and recommendations back to the RTM.

2) Provide responses to the direct questions asked by the referring RTM.

- Address the questions asked. This is the final step in providing clinical advice. Comprehensive clinical advice cannot be provided without the above being considered first, irrelevant of what the question is.

3) Refer the claim for multi-disciplinary advice if indicated (MA, PA, TS).

Other things to consider

1) If you disagree with any of the previous clinical services advice on file, in the first instance discuss the claim with that advisor. Do not place advice on a claim that conflicts that of another clinical / medical advisor unless:

- There is new information on file which would have altered that previous advice or
- You can reference the conversation you had with the previous advisor and what agreement you came to in this conversation. It may also be that the specific advisor needs to make a comment on the file to document your discussion agreement.

2) If the client has been off work for more than a year, and there is no pending surgery or other barrier, consider recommending commencement of the Vocational Independence process (Initial Occupational Assessment / Initial Medical Assessment referrals).

3) Consider the need for multidisciplinary advisor input and if it is appropriate to contact a Medical Advisor, Psychology Advisor and / or Technical Services to discuss the claim before completion of your written guidance.

4) If any risk has been identified while viewing the claim, record it on the on the Clinical Risk Tool (e.g., provider behaviour, case management issues, etc).

5) Consider whether the claim has been appropriately case managed. If not, document in the clinical risk tool.

6) Consider whether there are any cultural barriers evident (e.g., language / cultural beliefs / access to appropriate services) that may need to be addressed by referral to a specific provider.

Clinical Guidance - Writing Style Guide For ACC Internal Use
Version 1.0 Last reviewed 19 Sept 2019

This Guide is a principles-based tool for documenting and communicating clinical guidance. Well communicated clinical guidance supports Recovery Team Member decision-making, resulting in positive client outcomes.

The mnemonic **ICARE, C**, helps us remember the 6 Guidelines.

Guideline	How to demonstrate the guideline
1. **Identify** yourself (Credentials) **I**	Include your name, role, qualification and guidance date.
2. Consider the **Customer** **C**	Use objective language understood by the Recovery Team Member and client. Consider any specific client context as relevant.
3. Identify the key **Areas (Issues)** **A**	Acknowledge issues identified by the Recovery Team Member. Identify other key issues relevant to the client's case/rehabilitation.
4. Provide a **Rationale** **R**	Review the client's individual information. Provide a clear analysis for your guidance, supported by the available evidence (with references if necessary).
5. Provide **rEcommendations** **E**	Provide actionable next steps which address the issues identified and move the claim forward. Consistently apply ACC legislation and policy. Proactively refer to other clinical advisors and Technical Specialists as needed.
6. Be **Concise** **C**	Use a brief writing style. Write the amount that is needed in the given context. (Short guidance for a simple case, and more in-depth analysis for high risk, high cost treatment requests, or where major client entitlements will be affected).

Scope

This Guide covers all clinical guidance delivered in ACC (initial, follow-up, single discipline, integrated and Hotline). Clinical guidance is an internal ACC clinical opinion that is recorded in the ACC Claims Management System (Eos).

The review process (see below) is not used for the assessment of individual performance, however it may be useful for coaching, self, or peer to peer review. The reviews do not assess clinical accuracy or correctness.

The Review Process

The Clinical Quality Leads group will:

- Complete regular reviews of clinical guidance in line with the Style Guide using the agreed Marking Schedule.

- Provide regular feedback to clinical services teams about the findings of the reviews and work with teams to develop quality action plans.

- Review and make changes to the Style Guide to ensure it reflects current practice.

- Participate in regular moderation to improve inter-rater reliability and provide opportunities for continuous improvement.

Information about the Quality Leads Group can be found here - Quality Leads Group.

Note:

Additional information may be captured from time to time during reviews. For example, conflicts of interest, referencing, client, provider and Injury Prevention considerations. Review information is captured and analysed using Qualtrics.

Development Team and Endorsement

The Writing Style Guide and Marking Schedule were developed by the Clinical Quality Leads and Clinical and Quality Governance Team.

Endorsement	Title	Date
[Out of Scope]	Manager, Clinical Services	16/09/2019
[Out of Scope]	Chief Clinical Officer	19/09/2019

How much detail is needed in my guidance?

Clinical Services Advisors provide clear, concise, timely, plain language clinical guidance that meets the needs of our internal customers. Clinical guidance supports   a targeted approach to improving health outcomes, while helping more Māori, and helping people recover from injury faster.   Brief clinical guidance (both hotline and written) is often all that is needed to meet recovery team member's needs, ACC's responsibilities, our clinical style writing guide, and professional body standards.

Medical and Clinical Records Requirements

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

Section 55 of the Act refers to the '*Responsibilities of the claimant to assist in establishment of cover and entitlements'* and generally extends to responsibilities at the request of the Corporation.

A client must supply ACC with the information needed to make a decision about a claim unless there is a reasonable reason not to. See the Accident Compensation (AC) Act 2001, Section 72.

When the client requests cover, additional diagnosis, support, or treatment from ACC, the onus/responsibility rests with the client and/or their provider to supply supporting clinical or medical information to help ACC to make the decision.

If the client and/ or their provider has not supplied the supporting information, ACC will, as part of its investigative role, request the relevant supporting information from the client, and their treating providers.

Relevant supporting information means the clinical or medical information that helps ACC to make a specific decision on the cover or entitlement request the client has made. This does not include 'nice to have' information that you would seek if you were directly providing patient treatment to help you solve the client's diagnosis or get to the bottom of the client's symptoms. For more information refer to **Conducting-medical-assessments-third-parties (mcnz.org.nz)**. Once investigations are complete, a decision can be made by the decision maker on the claim.

If ACC is considering withdrawing support or treatment, revoking cover, or ceasing entitlements such as weekly compensation, then the onus/responsibility sits with ACC to request the supporting medical or clinical records. For more information please refer to the additional information consensus policy located in the Clinical hub **here**

Assessing impact of guidance

Use professional judgement to determine the time spent working up guidance. Whether more relevant supporting information is needed and the ultimate length of and detail in the guidance provided will depend on the individual claim.   Guidance for Review or Court purposes, or guidance likely to be contested, may take more time. These instances are infrequent.

The role of the Clinical Advisor is to provide clinical expertise to help the decision maker establish ACC cover and entitlements. In distinct contrast to the treating practitioner role, the Clinical Advisor role does not extend to solving the client's diagnosis or getting to the bottom of the client's symptoms. For more information refer to **Conducting-medical-assessments-third-parties (mcnz.org.nz)**.

If a claim appears straightforward, then brief guidance is recommended. If the claim later escalates, and further internal clinical guidance is needed, then the Review or Legal Specialist will request further comment from you that can be more comprehensive. Refer **Complete Background Review | Nintex Promapp®**

When providing clinical guidance, demonstrate respect, empathy and understanding of the client's unique circumstances, including, where relevant, guidance that will prevent further injury. Please refer to the **Clinical**

Writing Style Guide for more information. In instances where the clinical evidence is in balance, focus on providing clear pragmatic guidance that helps internal customers support clients to get on with their recovery, and supports a targeted approach to improving health outcomes, while helping more Māori.   Please refer to the three priority pillars for ACC for more information. **here**

Types of   guidance needed

Type of guidance (examples)	Likely impact of guidance	Length of guidance
Claim is low complexity with less information to analyse **Your guidance is likely to lead to** - approving requested usual treatment or rehab - adding cover for a lesser diagnosis eg a sprain - cover is supported by clear clinical evidence and can be added to the claim **Straightforward claim where your guidance is likely to lead to** - Stopping or declining treatment or rehab that is not going to have a significant impact on the client - Not adding cover to a claim	**Low** **Client impact:** cover, treatment or rehabilitation likely to continue as planned. Declined entitlement or additional diagnosis that will have little impact on client or case management (eg client is not off work). **ACC impact:** cover is supported by clear clinical evidence, and causation is clear. Cover or funding an entitlement will not significantly impact the future entitlements on the claim. Guidance not likely to change ACC's typical view on the issue.	Consider providing brief guidance - case owner's question or issue - brief summary - brief analysis and rationale with limited (if any) copy and paste of clinical records - clear recommendations for case owner action
Claim is higher complexity, with more information to analyse. **Your guidance is likely to lead to** - discontinuing weekly compensation - approving OR declining high cost or high-risk treatment or rehabilitation - revocation of cover where result will have a significant impact on the client - cover to be added to claim that is more complex and likely to be long term entitlements as compared with the existing cover on the claim **Request for funding of new technologies OR** **Topics on the corporate consideration list OR** **Providing guidance on a claim that is going to review or appeal**	**High** **Client impact:** significant impact on the client's recovery, wellbeing, or rehabilitation outcome (e.g. stopping weekly compensation, declining funding of surgery) **ACC impact:** causation is contentious and/or controversial injury type. Potential for large financial impact (eg high cost treatment/rehabilitation). There is organisational or external interest in the claim. Guidance may change ACC's typical view on the issue.	Consider providing a more thorough and detailed analysis and rationale than you would for brief guidance. Include reference to relevant information from the clients treating providers, CART articles, Consideration Factors, or evidence-based references, to support your clinical opinion. Aim to keep the guidance succinct, clear, and relevant Avoid unnecessary jargon.

CATHI - Q
Clinical quality audit tool for clinical advisors

Consistent

- Consistent with internal ACC clinical guidance (e.g., Clinical Advisor Reference Tools, Purchasing Guidance, Clinical Style Guide) and Promapp

Y/N

Comment:

Accurate

- Key clinical issues identified and addressed
- Clear clinical rationale provided for opinion, with reference to clinical literature where necessary
- Only necessary information provided
- Unique individual circumstances and cultural factors considered where relevant

Y/N

Comment:

Timely

- Task taken from queue as per due date prioritisation

Y/N

Comment:

Helpful

- Answers all questions posed by requestor
- Includes concise summary, easy for requestor to understand, actionable, uses plain English, avoids medical jargon
- Identifies other key issues relevant to the client's case/rehabilitation

Y/N

Comment:

Integrated

- Refers to previous advice on claim
- Involves other advisors where necessary and appropriate via coordinated guidance or documented discussion

Y/N

Comment:

Learning Reflections

Comment:

Guidelines for using the CATHI-Q tool

Purpose

The CATHI-Q tool has been designed to enable meaningful appraisal of clinical comments provided for ACC by all clinical advisor groups. Ideally, use of the tool will facilitate continued improvement of the quality of clinical comments, and enable advisors to learn from their colleagues. The tool has not been designed to encourage 'pass or fail' judgements; where any gaps or potential areas for improvement are identified these should be taken as opportunities for discussion and learning.

Considering the individual circumstances of the client (e.g., cultural background)

The expectation is that you will consider the individual circumstances of all clients on whose claims you provide clinical guidance. Where factors such as the cultural background of the client are clearly relevant to their injury, treatment, or rehabilitation, these factors should be discussed and integrated into your guidance. For example, a claim for a client involving a work-related mental injury associated with a verbal altercation at work (which may not usually attract cover), may require Clinical Advisor Māori guidance if the event at work was perceived by the client to have involved a significant breach of cultural norms by a work colleague (e.g., mākutu). A specialist mental injury assessment by someone with particular cultural expertise may be necessary and appropriate in such circumstances.

Timeframes

Clinical Services has service level agreements in place with Client Services regarding the timeliness of clinical guidance, as below. Individual clinical advisors will not be able to independently influence achievement of the SLAs, but can support Clinical Services by taking tasks according to the due date prioritisation process, and by minimising the length of time tasks spend on their personal queue.

Level of Service turnaround times	Clinical Advisor, Psychology Advisor	Medical Advisor
High Priority	2 working days	2 working days
Medium Priority	5 working days	5 working days
Follow-ups	5 working days	Per priority
Low Priority	10 working days	30 working days

Clinical Quality Style Guide

Advisors are reminded to refer to the guidance document 'Fit for Purpose Clinical Guidance', available via Te Pataka.

The 'Clinical Writing Style Guidance' document also provides a useful framework for communicating clinical guidance (**ICARE, C**) i.e:

1. **Identify** yourself (Credentials) **I:** Include your name, role, qualification and guidance date

2. **Consider** the Customer **C:** Use objective language understood by the Recovery Team Member and client. Consider any specific client context as relevant.

3. Identify the key **Areas** (Issues) **A:** Acknowledge issues identified by the Recovery Team Member. Identify other key issues relevant to the client's case/rehabilitation.

4. Provide a **Rationale R:** Review the client's individual information. Provide a clear analysis for your guidance, supported by the available evidence (with references if necessary).

5.Provide **rEcommendations E:** Provide actionable next steps which address the issues identified and move the claim forward. Consistently apply ACC legislation and policy. Proactively refer to other clinical advisors and Technical Specialists as needed.

6. Be **Concise C:** Use a brief writing style. Write the amount that is needed in the given context. (Short guidance for a simple case, and more in-depth analysis for high-risk, high-cost treatment requests, or where major client entitlements will be affected).

C A T H I | OUR GUIDANCE FRAMEWORK

C | consistent

I provide guidance consistent with internal ACC guidance

A | accurate

I provide clinically correct guidance, within case context, using only the necessary information

T | timely

I support the delivery of guidance within agreed timeframes, taking tasks from the top of the queue

H | helpful

My guidance answers all questions concisely in plain English, and is practical, actionable, and appropriate

I | integrated

I consider previous guidance and work with others as required to move claims forward effectively

I C A R E C | OUR COMMUNICATION TOOL

I | identify yourself

Include your name, role, qualification and date of guidance

C | consider the customer

Use objective language understood by the Recovery Team Member and client Consider any specific client context as relevant

A | identify the key areas/issues

Acknowledge issues identified by the Recovery Team Member
Identify other key issues relevant to the client's case/rehabilitation

R | provide the rationale

Review the client's individual information
Provide a clear analysis for your guidance

E | provider rEcommendations

Provide actionable next steps which address the issues identified
Consistently apply ACC legislation and policy

C | be concise

Use a brief writing style, write only the amount that is needed in the given context:
Short guidance for a simple case, and more in-depth for high-risk or high-cost

Standards for seeking Guidance
Supporting Information

Standard	How to apply	Examples
Consider the 'why' before requesting guidance	• Identify the real reason you are requesting guidance. Ensure you have read and considered relevant documents yourself rather than asking the advisor to read them and provide advice. • Ensure you clearly identify the issue. Speak with providers and people involved with the client to try and identify any barriers. Talk to the client to get their perspective. Consider if behaviour, response to the injury and recovery are as expected. • Have you read relevant online information which may help answer your guidance request? • Consider the nature of the guidance you require that will enable you to progress the claim. • When requesting written guidance, select the most appropriate question and ensure you understand why you are requesting guidance.	Will it change the way the claim is managed and/or the outcome for the client? For example, guidance is required to: • Determine whether to add or modify cover outside of your delegation • Determine the best rehab option to progress the client's recovery. • Manage barrier/s to progress the client's recovery. • Determine if an assessment is required to progress the client's recovery. • Establish if a barrier is related to the injury, work, social/home situation, psychological, transport etc.
Use the right Language	• Use plain, clear English. • Tell a 'story' which includes a brief history of the claim (salient points only); current situation; why you are requesting guidance and action/s you have taken to determine if there are any barriers impeding your client's progress. • Phrase your question as a question – make it clear what you are asking for.	Miss Doe is 4 weeks in from a sprain but is not recovering as expected. The injury now exceeds the Expected Client Outcome date. I have contacted the provider to try and establish if there are any barriers other than the injury which could be affecting the client's progress. Nothing to note from the provider. When asking for advice, avoid ambiguity, use 'Confirm', 'Advise' or 'Provide' at the beginning of the sentence. For example, "Please advise if there are any barriers to rehabilitation that ACC should address".

Standard	How to apply	Examples
Guidance is requested at the 'right time'	• Request must relate directly to the client's current situation. • If the client is nearing the end of treatment or the results of an investigation are pending, don't request guidance until the new information has been received and reviewed. • If the client has a pending appointment, wait until new information has been received and reviewed before requesting guidance. • Don't pre-empt written guidance while waiting for specialist reports.	Including, but not limited to, requests for: • MRI • Specialist Assessment • MCR • ARTP • Other relevant documents such as client's perspective

Documentation to be available	• Requests must be based on the most recent information available - this means recent notes from the client's primary provider(s) who is managing their injury – i.e. GP, but it could also be the treating physiotherapist. These notes must be obtained, or available, before referring for written guidance.
	
	• Lodgement notes are required in most cases (i.e. to determine could this accident have caused this injury and did it?). There are few exceptions when they are not required:
	
	   o If cover has been previously accepted by technical/clinical, and/or
	
	   o The question is now about vocational independence, and/or
	
	   o Claim has been *managed* for years so that in any of these instances, cover will not be re-litigated.
	
	• Any clinical notes following recent
		Including but not limited to:
		• Lodgement Notes
		• MRI or other Imaging (x-ray, ultrasound)
		• Pre and Post Imaging notes
		• Provider reports (e.g. SAW, pain, IMA, SRNA)
		• Specialist reports
		• GP Notes
		• Hospital Notes
		• Medical Certificate
		
		• Other relevant documents such as client's perspective
		
		• List of current medication.

Standard	How to apply	Examples
	treatment/consultation(s) (i.e. check MFP to see what ACC has been billed for, in particular allied health, radiology and specialist consultation notes). • Where the client has had hi-tech imaging, ensure pre- and post-imaging notes are on file from the treating specialist who ordered the imaging. • Ensure documents are well labelled and easily located or create a document folder.	

Written Guidance Questions
Supporting Information

Question	EXAMPLE rationale for this question
Is the cover and/or diagnosis correct for this accident even?	• I have spoken with the provider and/or client who has advised they have a prolapsed disc not a lumbar sprain, or a rotator cuff tear not a shoulder sprain. • I am unsure if the original diagnosis is still correct because the Expected Client Outcome indicates the client should have returned to work, or the client has advised they need surgery for a tear, but their covered injury is only a sprain. • I have received medical/imaging reports e.g. x-ray/scan and I am unsure whether the diagnosis needs updating. • I have received an ACC18 that indicates or has requested ACC update or add to the existing cover. • A correct diagnosis is important for the Return to Work or Recovery Plan. • Cover for a neck sprain and nose contusion has been approved, however Concussion Clinic report suggests concussion/mild TBI. I am unsure whether the diagnosis applied is correct for this accident event. • I am unsure if the correct READ codes have been applied to this claim.
Is it appropriate to revoke and replace the cover diagnosis?	• Cover for lumbar disc prolapse with radiculopathy has been provided, however the MRI scan reports the cause of the compression to the L5 nerve root is critical spinal stenosis due to degenerative disc disease. There is no mention of a traumatic cause. I am unsure if it is appropriate to revoke and replace with lumbar sprain. • Cover for pain in lumbar spine has been approved, however this is a symptom and not a diagnosis. I am unsure if it is appropriate to revoke cover and replace with lumbar sprain. • Cover for an anterior cruciate ligament sprain has been awarded for the RIGHT knee, however the clinical notes indicate the LEFT knee was examined. I am unsure if it is appropriate to revoke cover and replace with anterior cruciate ligament sprain LEFT. • Cover for a scaphoid fracture has been approved, however the X ray report mentions no fracture. I am unsure if it is appropriate to revoke the cover and replace with an alternative diagnosis.
Should the client have recovered from their covered injury/ condition by now?	• The client's certification for their inability to work has deteriorated from Fit for Selected Work (FFSW) to Fully Unfit for Work (FUF). I am unsure if this reasonable based on the injury and recovery progress. • The Expected Client Outcome indicates the client is close to exceeding a duration band and I think the client should have recovered by now. • The client is covered for a [xxx] injury, however indications are they are still not fit to return to work. I am unsure if ACC should continue with entitlement/s based on the covered [xxx].

Are the client's current or ongoing symptoms related to the covered injury?	• The client's recovery progress has deteriorated and appears to be off track because they are reporting persistent pain ***and/or*** new symptoms or because the treating provider has advised the injury is resolved ***and/or*** there are no further rehabilitation options. However, the client has reported they haven't fully recovered ***and/or*** have persistent symptoms/ pain and reports they are unable to return to pre-injury activities/ duties.
Is the requested support/ treatment/rehab required to treat the covered injury?	• A treating provider has requested ACC to fund a service e.g. specialist appointment, investigation, pain service or social rehabilitation, however I am unsure if it is related to the covered [xxx] injury. • I am unsure if the entitlement/treatment/rehab request is still required for the covered injury.
For the covered injury, when can I expect the client to return to work or independence?	• The ECO outcome indicates the client should have recovered by now. Can you confirm or advise how long it should take to recover given the injury, work type, age of client, co-morbidities and other factors. Based on this information I am unsure of the next steps.
Based on the findings in the report received, what ACC funded programmes would best support recovery?	• I have received [xxx] report, but I am unsure about the recommendations provided and what are injury versus non-injury related needs. • I have received [xxx] report, but I am unsure if the recommendations are necessary and appropriate for the covered injury.
Is the requested period of inability to work related to the covered injury?	• I have received a request for back-dated Weekly Compensation, but I am unsure if the request period relates to the covered injury.
Are you able to provide questions to ask the treating provider?	• The client has a specialist appointment pending. Are there specific questions the client should ask the Specialist to help them, and ACC understand the current diagnosis?

Client summary:

Age: 48

Date of Accident: 27/05/2020

Injury Description:

S572 – Lumbar sprain

Accident description: Moving to a new house – lifting furniture and felt pain in lower back.

Occupation: Builder

Lodgement Provider: GP

Date the ACC45 was signed: 25/06/2020

Other relevant claims and/or injuries:

4 x lumbar sprain claims – 10045183007, 10045145922, 10045145909, 10045183155

April 2000 – Med fees physio only, June 2002 – 29 Weekly comp days paid, Jan 2007 – med fees physio only, 2010 – 57 weekly comp days paid, Stay at Work Programme for gradual return to work and physio.

Please provide a brief history, include current situation; and action/s taken to identify barriers.

Requestor Summary:

Background: Claim was lodged almost a month after the accident. The client reported his symptoms seemed to resolve on its own and he woke up one morning with feeling pain radiating down his LEFT leg. He presented to his GP who then referred him to a spinal orthopaedic specialist.

MRI has been completed which reported (document dated 04/03/2021) on multi-level changes and the treating orthopaedic surgeon diagnosed "L4/5 disc prolapse causing LEFT L5 radiculopathy." The specialist also reported (dated 20/03/2021) that it would be unrealistic for the client to return to his pre-injury role as a builder due to the "extensive degenerative changes in his lower lumbar spine".

Continued conservative management was recommended.

Situation: Case owner is unsure whether the client's inability to return to his pre-injury role is accident related. Currently, the client does not have cover for disc prolapse with radiculopathy (as per diagnosis on ACC18 20/03/2021).

Question/s

Clinical > Cover and diagnosis

Can you please confirm if this new diagnosis lumbar disc prolapse on the ACC18 dated 20/03/2021 is most probably an injury caused by this accident?

Technical > Cover and diagnosis

Please provide guidance on whether ACC should now accept cover/add cover for an additional/consequential injury lumbar disc prolapse. The technical issues related to cover in this case are: Eligibility to weekly compensation

Clinical > Incapacity

Is the ongoing incapacity (see ACC18 uploaded 20/03/2021) due to the covered injury Lumbar sprain?

Technical > Compensation - Eligibility

Please provide guidance on whether the client is entitled to continue to receive weekly compensation, based on the following information: Clinical comment, relevant information and background noted.

If the client is not entitled, can ACC suspend entitlement to ongoing weekly compensation?

Documents/contacts related to request:

Lodgement note, up to date GP consultation notes, physio notes, MRI and specialist reports. Previous MRI available under 2002 and 2019 claims as well as specialist reports. ACC18 dated 20/03/2021.

High and Medium Priority Categories

For Written Guidance Requests

P1-High Priority Categories

Time sensitive

Code: P1-DEEMED

Description: Tasks from staff managing claims where a decision will become deemed if advice is not obtained within 72 hours.

Information required on file: Standard information as per Recovery Support Decision Tree.

Urgent ARTP

Code: [As per existing Treatment and Support Surgery labelling guidelines]

Description: Tasks from staff managing claims where there is an ARTP marked with an 'H' code.

Information required on file: Standard information as per Recovery Support Decision Tree.

Safety/Wellbeing

Code: P1-WELLBEING

Description: Tasks from staff managing claims where the client's safety or wellbeing might be adversely impacted if advice is not obtained urgently.

Information required on file: Standard information as per Recovery Support Decision Tree.

Financial hardship

Code: P1-FINANCIAL

Description: Tasks from staff managing claims where the client is known to be suffering financial hardship which would be further impacted if advice is not obtained urgently.

Information required on file: Standard information as per Recovery Support Decision Tree.

Media/Ministerial/Complaint

Code: P1-MEDIA *or* **P1-MINISTERIAL** *or* **P1-COMPLAINT**

Description: Tasks from staff managing claims where there is media involvement, a ministerial enquiry, or complaint lodged with the Customer Resolution Team.

Information required on file: Standard information as per Recovery Support Decision Tree.

P2–Medium Priority Categories

S117 or S103 or S105 where all the medical information is available and investigations are complete

Code: P2-S117 *or* **P2-S103** *or* **P2-S105**

Description: Tasks from staff managing suspension of entitlements.

- S117 is where the client's entitlements or incapacity to work are no-longer related to their covered injuries.

- S103 is determining whether or not the client is able to perform their pre-injury job.

- S105 is determining whether or not the client is able to engage in work for which they are suited by reason of experience, education, or training, or any combination of those things.

Information required on file: S117 requires standard information as per Recovery Support Decision Tree. S103 requires S103 report. S105 requires S105 report

Delayed incapacity decisions where all information and investigations are complete

Code: P2-DELAY

Description: Tasks from staff managing requests for incapacity made more than 28 days plus ECO Max after the accident (Date of First Incapacity – DOFI), or more than 28 days after the end of the last period of incapacity (Date of Subsequent Incapacity – DOSI).

Information required on file: Standard information as per Recovery Support Decision Tree.

Any entitlement (rehab or financial) which has reached three-month date since ACC has been considering the request

Code: P2-3MONTH

Description: Tasks from staff managing requests for a rehab or financial related item/aid made more than three months ago, where ACC has not yet provided a decision.

Information required on file: Standard information as per Recovery Support Decision Tree.

ACC191

Code: P2-ACC191

Description: Tasks from staff managing vocational independence where the client is considered to be able to return to a suitable work type for 30+ hours per week.

Information required on file: ACC191, IOA, and IMA.

ACC198

Code: P2-ACC198

Description: Tasks from staff managing vocational independence confirming whether a client has achieved or lost vocational independence via the ACC198 form.

Information required on file: ACC191, ACC198, VIOA, and VIMA.

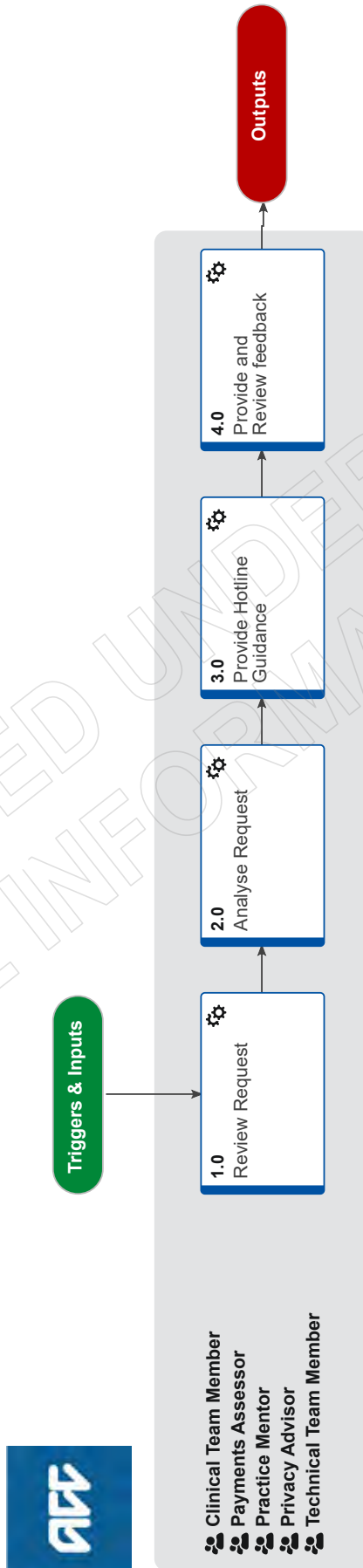## Treatment Injury claim, awaiting cover decision, with incapacity

Code: P2-TI

Description: Tasks from Treatment Injury staff regarding requests for Cover where there is a request for incapacity.

Information required on file: Standard information (all notes, imaging reports etc).

Provide Internal Guidance - Hotline v6.0

Outputs

Triggers & Inputs

1.0 Review Request

2.0 Analyse Request

3.0 Provide Hotline Guidance

4.0 Provide and Review feedback

👥 Clinical Team Member
👥 Payments Assessor
👥 Practice Mentor
👥 Privacy Advisor
👥 Technical Team Member

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Provide Internal Guidance - Hotline v6.0

Summary

Objective
To provide guidance to frontline staff via the Hotline.

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

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

Owner   [Out of Scope]

Expert

Procedure

1.0   Review Request
Clinical Team Member, Payments Assessor, Practice Mentor, Privacy Advisor, Technical Team Member

a   In Salesforce, open the claim using the claim number provided by the frontline staff member.

> **NOTE**   **What if you are not a Salesforce user?**
> Open the claim is Eos using the claim number provided.

b   Listen to the caller's question and confirm the steps that have been taken by the caller to resolve the issue.

> **NOTE**   **What if you are aware of some self service content in Promapp, CHIPs, or within the decision tree tool?**
> Still provide your advice to the caller, but inform them that next time, they can refer to this specific process/piece of knowledge or tool to get the information they need.

> **NOTE**   **What if you've been contacted directly, outside of the Hotline?**
> If the call is about clarifying advice you've already provided, this is appropriate.
>
> If not, and this is the first time the staff member has done this, resolve their query and request that they use the Hotline next time. Advise that you won't be able to resolve their query next time if they call you directly.
>
> If a staff member repeatedly calls the same advisor, redirect them to the Hotline and inform their Team Leader.

c   Determine if you're the correct person to provide guidance.

> **NOTE**   **What if you're not the correct person?**
> Decide who would be the correct person/advisor hotline and transfer the call. If you are unable to transfer the call to another person/advisor, suggest to the frontline staff member to call back later.
>
> Refer to the guide below on how to transfer calls.

📄 Skype Calling and Call Functionality

2.0   Analyse Request
Clinical Team Member, Payments Assessor, Practice Mentor, Privacy Advisor, Technical Team Member

a   Assess whether the issue can be answered during the call (ie you can provide guidance within 15 minutes).

> **NOTE**   **What if you're unable to provide guidance within 15 minutes?**
> If you're unable to provide guidance, recommend that the staff member requests Written Guidance
>
> Ensure you document this in Salesforce by selecting "Create Guidance", "Hotline Guidance", and complete the mandatory fields.
>
> For Payments, Privacy, and Technical Accounting services (TAS), if any guidance was provided, ensure you document this in Eos, in the "Add eForm" section of the Recovery Support subcase.

b   Review the claim background information, including prior claims, if the frontline staff member has not already provided this.

> **NOTE**   **What if you need more time to review information prior to providing guidance?**
> Inform the staff member that this will be the case, providing them with an idea of when they can expect you to get back to them, and how you will do this (Skype, Teams, Phone call etc).

3.0 Provide Hotline Guidance

Clinical Team Member, Payments Assessor, Practice Mentor, Privacy Advisor, Technical Team Member

a Provide guidance to the staff member

NOTE **What if the issue needs additional guidance from a different Advisor, Specialist or Assessor?**
Refer to the guide below for information on how to transfer calls to another Advisor, Specialist or Assessor or how to initiate a conference call with them.

📄 Skype Calling and Call Functionality

b Agree next steps with the staff member. Ensure there is an agreed understanding of the next steps before the call comes to an end.

NOTE **What if you need more time to consider information and/or type up your guidance?**
Set the expectation with the frontline staff member how long this will take, so they can prioritise other work whilst waiting for this guidance if needed. Give them the option of going on hold or ending the call and getting back to them once this guidance is completed, ensuring there is an agreed understanding of how you will do this.

c In Salesforce, record the guidance provided within the 'Recovery Support' tab, create the Hotline guidance form and fill in the fields.

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

NOTE **What if you are in Privacy, Payments, or TAS?**
In Eos, record the guidance provided within the Recovery Support sub-case by selecting "add eForm" and completing the fields.

NOTE **What if you need to edit or delete the Hotline Guidance you created?**
In Salesforce open the hotline guidance:

• If you need to edit the hotline guidance to add/remove information, select 'Edit Hotline Guidance'
• If you need to remove hotline guidance entered on the wrong claim, select 'Delete'

If you are not a Salesforce user, you can edit your guidance in Eos via the Recovery Support sub-case for the above reasons.

NOTE **What if there is no Recovery Support sub-case? (Privacy, Payments, TAS)**
From the ACC45 claim select "Add Sub Case", then select Recovery Support.

- -

4.0 Provide and Review feedback

Clinical Team Member, Payments Assessor, Practice Mentor, Privacy Advisor, Technical Team Member

a If applicable, provide feedback on the guidance request.

NOTE **How do you provide feedback on the guidance request?**
In Salesforce, navigate to the Recovery Support tab and select the 'Provide Feedback' option.
On the Provide Feedback form, complete the mandatory question and comments sections, and submit your feedback.

b If applicable, review feedback on the guidance provided.

NOTE **What if you want to review some feedback you have received?**
You will be notified you have received feedback by getting an alert notification from the "bell" icon in Salesforce. If you select this you will be able to review the feedback.

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

NOTE **What if you are a Team Leader and you want to subscribe to a feedback report?**
Complete the steps below in Salesforce:

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

- -

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

Objective

This document outlines the considerations and steps for Recovery Support to determine whether there is a need to refer for an MCR. It will assist in identifying the need at the right time or whether alternative steps could be taken to negate the need for one.

Background

An MCR can be used to obtain an opinion from a non-treating medical provider to clarify the current condition and/or determine the cause of a client's injury/condition or need for an entitlement. It is to be used where there is a clinical or medico-legal reason to obtain an independent expert opinion.

Key Principle – In most cases, clinical guidance should be able to be provided internally or addressed with the treating provider, without the need for independent expert opinion. Where an MCR is obtained, the accompanying opinion will carry significant weight.

Consideration Steps

The following steps are to be considered as part of the decision-making thought process leading to a recommendation to refer for an MCR. These steps are not rigid and do not replace good decision making given a specific scenario. They represent a guideline to assist the internal advisor to be consistent in when an MCR should be utilised.

1) Identify scenario and review clinical documents
2) Determine if need for MCR can be identified early
3) Determine need to write to treating provider
4) Consider whether additional internal opinion is appropriate
5) Consider whether need for MCR is based on clinical or medico-legal grounds

1) Identify scenario and review clinical documents *(Clinical Advisor, Medical Advisor)*

Confirm whether the task referral relates to a request for cover/entitlement (accept/decline decision) or to investigate the cause of need for an ongoing entitlement (suspension decision). This will identify where the burden of proof lies in reaching a decision (i.e. with the client for the former and ACC for the latter).

There are cases where both a cover and a suspension decision will need to be considered.

Briefly review the clinical records to familiarise yourself with the clinical aspects of the claim.

2) Determine if need for MCR can be identified early *(Clinical Advisor, Medical Advisor)*

The need for an MCR can be identified early in certain circumstances. This will result in avoiding unnecessary time being spent on providing a clinical opinion and/or delaying a referral.

Examples of appropriate circumstances where an MCR may well be required include -

a) Requests or consideration for cover where specialist opinion is required, however, no treating specialist available. Cover request is for -

- pain disorder
- complex concussion / Traumatic Brain Injury (TBI) / head injury
- client's with relevant non-accident related co-morbidities

b) Client is receiving an entitlement (e.g. weekly compensation) and the cause of ongoing symptoms or unfitness for work is unclear, or diagnosis is clinically complex. Client has no treating specialist.

c) Client is receiving an entitlement (e.g. weekly compensation) and has ongoing unexplained symptoms beyond expected healing timeframes. Client does not have treating specialist with required expertise. Cover is accepted for –

- pain disorder

- complex concussion / Traumatic Brain Injury (TBI) / head injury

- complex treatment injuries

d) Client is receiving an entitlement (e.g. weekly compensation) and the treating specialist has expressed an opinion, with strong* supporting rationale, for an ongoing injury or accident related cause which you disagree with.

* beyond a non-plausible or temporal link only

Note – An MCR is not required when seeking an opinion or report on causation from a treating provider. Only where a non-treating provider opinion is required is an MCR used.

If the need for an MCR is not identified early, provide your clinical opinion and consider the next steps.

Key Principle – Identifying the need for an MCR early should negate the need for the Clinical or Medical Advisor to spend time completing an in-depth analysis of the clinical information and formulating their own opinion. Referring for MCR essentially outsources the clinical advice required.

3) Determine need to write to treating provider *(Clinical Advisor, Medical Advisor, Technical Specialist)*

In determining whether to write to the treating provider consider the following –

a) The treating provider has provided a confusing opinion, contradictory information or has not indicated their opinion.

- Where the burden lies with ACC (i.e. for a suspension decision), it is likely necessary to seek further comment or opinion from the treating provider

b) Does the treating provider have the relevant expertise? For example -

- Treating provider is the GP and specialist opinion is required

- Treating specialist does not have the needed medical expertise given nature of issue

c) If investigating a request for cover / entitlement, who has made the request (e.g. provider vs client/advocate)? For example –

- If the request is from a client/advocate and the issue can be addressed with internal clinical opinion, then writing to the treating provider may not be necessary.

d) The complexity of the issue and/or injury history. For example -

- There is significant and relevant background documentation that requires review and consideration to inform an opinion. This might be beyond the availability of the treating provider.

e) Is further comment or clarification from the treating provider likely to negate the need for an MCR?

If it is determined that it is necessary to write to the treating provider, decide if it is appropriate to either:

a) Seek confirmation of your clinical opinion

- Refer to example template in appendix 1

b) Provide questions only

- Refer to example template in appendix 2

- Consider providing any background information that may be relevant and important to addressing the questions posed

- Consider if any background documentation is required to be provided with this request (e.g. a relevant historical report they may not have available to them)

When received, consider the response from the treating provider.

a) If the response confirms or informs the clinical opinion, provide guidance and return the task to either the –

- Recovery Team Member if the referral related primarily to a request for cover/entitlement (accept/decline decision) or non-weekly compensation suspension decision.

- Technical Specialist if the referral related to investigating the cause of ongoing incapacity and ACC's ongoing WC entitlement provision (suspension decision)

b) If the response is contrary to your opinion, or you disagree with the opinion provided, consider the level of evidence and robustness of the rationale provided -

- If a temporal link, non-plausible rationale or no rationale has been provided, provide your opinion, confirm the guidance and return the task as in a) above.

- If the evidence is perceived to be in balance (lay person or 50/50 test), continue to the next step. If you are unsure, consult with technical services.

c) If the response raises new and relevant clinical or medical issues, and you consider these require additional or different internal clinical expertise, continue to the next step.

> **Key Principle** – If a treating specialist provides an opinion and supports this with a plausible rationale, their opinion is likely to carry significant weight. Only in cases where a temporal link only, non-plausible or no rationale has been provided, would a well-reasoned internal clinical opinion likely carry more weight.

4) Consider whether additional internal opinion is appropriate
(Clinical Advisor, Medical Advisor, Technical Specialist)

In cases where the evidence is perceived to be in balance, or the clinical issue becomes complex, there are circumstances where seeking additional internal opinion might negate the need for an MCR.

This might include a Clinical or Medical Advisor seeking comment from a Principal Clinical Advisor with a relevant medical specialty.

Reasons for doing so may include –

a) The issue falls outside the expertise of the Clinical or Medical Advisor

b) For medico-legal reasons, the evidence does not allow for a robust decision (e.g. suspension decision). In this circumstance, consult with technical services on whether this action is likely to support a robust decision and negate the need for an MCR.

Factors to take into consideration may include –

a) Whether there is a need for an in person or physical assessment. If so, this step is likely not appropriate.

b) The size of the background documentation requiring review. If there is a large volume of documentation requiring review, utilising Principal Clinical Advisor resource may not be appropriate.

c) Careful and discretionary use of the additional internal clinical resource

If obtaining additional internal opinion is considered appropriate, the rationale should be made clear and required expertise indicated (i.e. do not refer to a specific individual, rather identify the expertise required).

5) Consider whether need for MCR is based on clinical or medico-legal grounds
(Clinical Advisor, Medical Advisor, Technical Specialist)

Finally, if after having considered or having taken the above steps an MCR is still indicated, determine whether the need is based on clinical or medio-legal grounds.

a) Clinical grounds may include –

- Complicated diagnosis
- Diagnosis still unclear
- Issue outside expertise of internal capabilities

In these cases, the Clinical or Medical Advisor should progress to identifying the appropriate medical speciality required and providing appropriate questions before confirming and returning the guidance.

Please go to appendices 3 and 4 for further resources on provider and question selection.

b) Medico-legal grounds may include –

- Conflicting external opinions
- Conflicting internal verses external opinions

In these cases, seek guidance from Technical Services who will weigh the need for an MCR versus the risks and context of the claim/decision. As required, reach agreement on the need for an MCR, the appropriate medical speciality and questions required.

Please go to appendices 3 and 4 for further resources on provider and question selection.

Key Principle – Where an MCR is to be recommended for medico-legal reasons, technical services should be consulted as part of the decision-making process.

Appendix 1 – Example letter to treating provider

Dear Name of treating provider,

Thank you for providing ACC with the medical certificate / clinical information in relation to Client's name's recent injuries. A Clinical Advisor / Medical Advisor has reviewed the clinical evidence and advised:

1. Client's name's covered personal injuries of List of injuries are no longer a material cause of their presentation and incapacity for work as a Pre-injury role, and

2. Client's name's presentation and incapacity for work as a Pre-injury role is now more likely than not substantially due to Alternative condition, which was not caused by their accident of Date of injury for the following reasons Rationale.

Please let me know by return correspondence if our understanding of the clinical evidence and opinion is correct, and if not, please point ACC to the clinical evidence and provide your rationale for any alternative position to ACC's understanding above.

Thank you for your further time in responding to us.

Kind regards,

Appendix 2 – Example letter to treating provider

Dear Name of treating provider,

Thank you for providing ACC with the medical certificate / clinical information in relation to Client's name's recent injuries.

Provide background information as appropriate

With regard to this client and claim, please can you provide ACC with additional clinical information including your clinical rationale in answer to the following questions –

1)

2)

3)

Thank you for your further time in responding to us.

Kind regards,

Appendix 3 – Provider Selection

The required medical specialty of the MCR assessor should be clearly communicated in the written guidance.

In some cases, depending on the nature of the issue, there is more than one speciality that might be able to provide the assessment.

For example, confirming a diagnosis and opinion on the cause of a non-complex musculoskeletal issue might be adequately addressed by an orthopaedic specialist, sports physician or musculoskeletal physician.

In other cases, there might only be one medical speciality that can provide the required opinion. I.e. a neurologist for a complex neurological issue.

Consider the circumstances of the case and consider whether to –

1) Identify the preferred medical speciality and provide a list of suitable alternatives. Provide a comment noting that if the next available appointment with the preferred specialist type is not reasonably available (I.e. within 3 months) then the alternative options can be considered.

2) Provide the single medical specialty required in cases where only one is suitable.

Appendix 4 – Question Selection

The purposes for obtaining an MCR can be varied. Providing a background summary highlighting the need for the referral can often be valuable and important in ensuring the assessor understands the context in which their opinion is sought. It also provides an opportunity to highlight any important or relevant facts that are specific to the case.

In general, there are three circumstances from which we are seeking opinion –

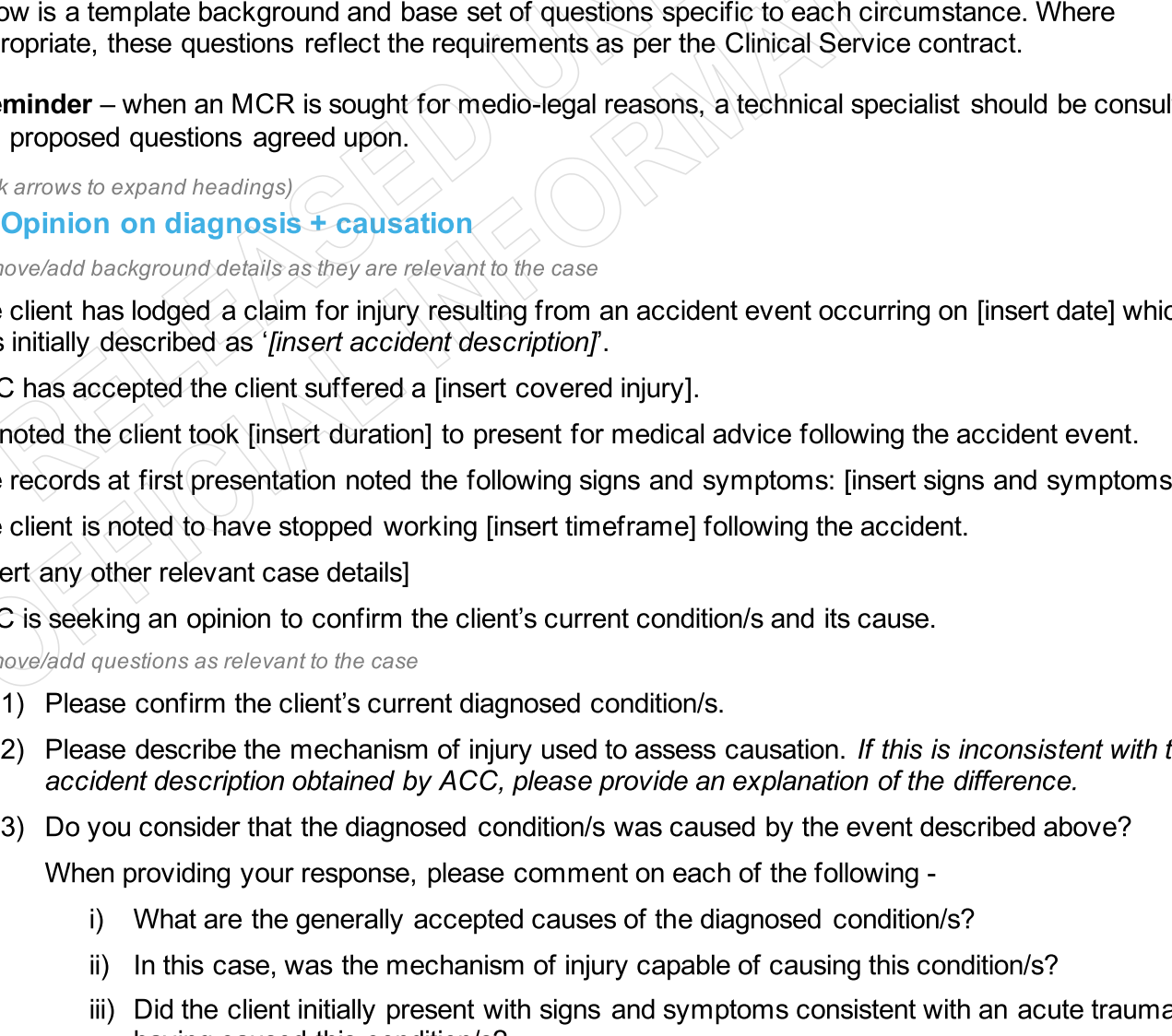|		Diagnosis	Causation
1)	We need confirmation, or expert opinion, of the diagnosis and its cause.	❌	❌
2)	The diagnosis is confirmed; however, we need expert opinion on its cause.	✅	❌
3)	Both the diagnosis and its cause are confirmed; however, we need to distinguish between the relevant contribution of injury verses non-injury conditions.	✅	✅

Below is a template background and base set of questions specific to each circumstance. Where appropriate, these questions reflect the requirements as per the Clinical Service contract.

*Reminder – when an MCR is sought for medio-legal reasons, a technical specialist should be consulted and proposed questions agreed upon.

(click arrows to expand headings)

1) Opinion on diagnosis + causation

Remove/add background details as they are relevant to the case

The client has lodged a claim for injury resulting from an accident event occurring on [insert date] which was initially described as '*[insert accident description]*'.

ACC has accepted the client suffered a [insert covered injury].

It's noted the client took [insert duration] to present for medical advice following the accident event.

The records at first presentation noted the following signs and symptoms: [insert signs and symptoms].

The client is noted to have stopped working [insert timeframe] following the accident.

[Insert any other relevant case details]

ACC is seeking an opinion to confirm the client's current condition/s and its cause.

Remove/add questions as relevant to the case

1) Please confirm the client's current diagnosed condition/s.

2) Please describe the mechanism of injury used to assess causation. *If this is inconsistent with the accident description obtained by ACC, please provide an explanation of the difference.*

3) Do you consider that the diagnosed condition/s was caused by the event described above?

   When providing your response, please comment on each of the following -

   i) What are the generally accepted causes of the diagnosed condition/s?

   ii) In this case, was the mechanism of injury capable of causing this condition/s?

   iii) Did the client initially present with signs and symptoms consistent with an acute trauma as having caused this condition/s?

   iv) If applicate, please discuss why you ruled out other generally accepted causes.

4) Did the client suffer any other physical injuries as a result of the stated event? If so, do you consider these to have now resolved? *Please also comment on the status of any injuries ACC has accepted for cover.*

5) [Add any additional questions if required]

6) Do you have any comment on further clinical management (including investigation, treatment and/or rehabilitation) in this case?

2) Opinion on causation only

Remove/add background details as they are relevant to the case

The client has lodged a claim for injury resulting from an accident event occurring on [insert date] which was initially described as '*[insert accident description]*'.

ACC has accepted the client suffered a [insert covered injury].

It's noted the client took [insert duration] to present for medical advice following the accident event.

The records at first presentation noted the following signs and symptoms: [insert signs and symptoms].

The client is noted to have stopped working [insert timeframe] following the accident.

[Insert any other relevant case details]

The client been diagnosed with [insert condition/s].

ACC is seeking an opinion as to the cause of this condition/s.

Remove/add questions as relevant to the case

1) Please describe the mechanism of injury used to assess causation. *If this is inconsistent with the accident description obtained by ACC, please provide an explanation of the difference.*

2) Do you consider that the diagnosed condition/s was caused by the event described above?

   When providing your response, please comment on each of the following -

   i) What are the generally accepted causes of the diagnosed condition/s?

   ii) In this case, was the mechanism of injury capable of causing this condition/s?

   iii) Did the client initially present with signs and symptoms consistent with an acute trauma as having caused this condition/s?

   iv) If applicable, please discuss why you ruled out other generally accepted causes.

3) Did the client suffer any other physical injuries as a result of the stated event? If so, do you consider these to have now resolved? *Please also comment on the status of any injuries ACC has accepted for cover.*

4) [Add any additional questions if required]

5) Do you have any comment on further clinical management (including investigation, treatment and/or rehabilitation) in this case?

3) Opinion on contribution of diagnoses to symptoms

Remove/add background details as they are relevant to the case

ACC has accepted cover for [insert covered condition/s] as an injury caused by an accident on [insert date]. ACC has not accepted cover for [insert non-covered condition/s].

[Insert any other relevant case details]

ACC is seeking opinion on whether the covered condition/s contributes to the client's current presentation / incapacity for work / need for treatment in a material or meaningful way.

Remove/add questions as relevant to the case

1) What are the client's current presenting symptoms?

2) Does the underlined covered condition/s currently cause, or meaningfully contribute to, any of the client's current symptoms?

3) If so, in your opinion, do you consider that the client's <u>covered</u> condition/s meaningfully contribute to the current incapacity for work and/or need for treatment? Please explain why or why not.

4) Does the <u>covered</u> condition/s otherwise medically restrict the client in any way? If so, please explain how.

5) [Add any additional questions if required]

6) Do you have any comment on further clinical management (including investigation, treatment and/or rehabilitation) in this case?

Common relevant additional questions

- **Recovery Timeframes:** What are the expected or typical recovery timeframes for [insert covered injury]?

- **Relationship to other claims** *(please note, it would be expected that there are contemporaneous medical records to accompany this question):* If the current condition/s was not caused by the stated event, is there any relationship to the following accidents or prior injuries?

Date of accident	Description of accident (if known)	Covered injury or diagnosis on ACC45

- **Consequential Injury:** If an accident event was not the cause, do you consider that the current condition/s are a direct consequence of a physical injury caused by the described accident event. If so, please explain why?

- **Causal medical link stated by treating specialist:** [name of provider] stated the causal medical link between the accident event/covered injury and the current condition/s as follows [insert rationale]. What are your comments on this?