



Resolution Services Review Guide

2022

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Review Guide Contents



This Review Induction Guide has been created to give an overview of the essential tasks and activities involved in the role of a Review Specialist. This guide is to be used in conjunction with Promapp, the Sauce, GROW and any other relevant training resources.

If you have any questions about any of the content, please discuss with your Senior Review Specialist, buddy, or Resolution Manager.

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Induction and Competency Checklist

Review Specialist	
Start Date	

Manager Conversations and Expectation Setting

Subject	Date	Comments
Health and Safety		
Start, finish times & Breaks		
Planned and unplanned leave		
PDC and objectives		
Professional supervision and EAP		

Required GROW Modules

Module name	Date	Comments
Practise Privacy: Protect People		
Protect and Manage our Information		
Integrity@ACC		
Keeping our information secure		
Corporate Delegations		
Health and Safety: Client Meetings		
Health & Safe for Everyone		
Remote working at ACC		
An overview of Te Rito		
Getting to Yes		
Treaty of Waitangi & Whaia Te Tika		
Work in Comfort		

Policies

Module name	Date	Comments
Code of Conduct		
Conflict of Interest		
Health and Safety		

Declarations

Module name	Date	Comments
Sensitive Expenditure		
Safe Kiwis: Managing Aggressive and Threatening Situations		
Conflict of Interest		

Administrative Tasks

Subject	Date	Comments
Opening EOS and checking tasks/Exception reporting		
Updating tasks		
Using Outlook effectively (setting up signatures, folders etc.)		
Using the Knowledge Base		
Privacy checking and redacting information		
Sending documents by courier		
Using Westlaw		
Finding appeals in NZLII		
Indices		
SharePoint		

Induction Guide

Module name	Date	Comments
What is a review?		
Delegations		
Time Management		
Process overview and timeframes		
Acknowledge Review Applications		
Background Reviews		
Late Reviews		
Resolution Pathways		
Resolution Offers		
Overturing Decisions		
Seeking Internal Advice		
Interested Parties		
Initial Customer Contact		
Relevant Documents		

Preparation and Release of Documents		
Alternative Disputes Resolution		
Booking a Case Conference		
Completing an ACC6239		
Case Conference Procedure		
Submissions		
Review Hearing and Adjournments		
Closing a Review		

Buddying

Module name	Date	Comments
Case Conference 1		
Case Conference 2		
Hearing 1		
Hearing 2		
Initial Client Contact 1		
Initial Client Contact 2		
Conciliation 1		
Conciliation 2		

Induction Training

Subject	Date	
Anatomy – Wrist and hand		
Anatomy – Elbow and Shoulder		
Anatomy – Hip		
Anatomy – Knee		
Anatomy – Spine		
Anatomy – Foot and ankle		
Legal Services		
Writing clinical referrals		
Advocacy		
Negotiation		
Submissions		
Interview room training		
Buddy alarm training		

Technical Training Guide		
Training 01 – Process Overview		
Training 02 – Cover Fundamentals		
Training 03 – Cover Assessment - Hernia		
Training 04 – Hearing Loss		
Training 05 – Dental		
Training 06 – Suspension of Entitlements		
Training 07 – Weekly Compensation		
Training 08 – Disentitlement		
Training 09 – Declining to provide – Non-compliance		
Training 11 – Weekly Compensation (Eligibility)		
Training 14 – Weekly Comp Calculations (Employee)		
Training 15 – Weekly Compensation Calculations (Self-employed)		
Loss of Potential Earnings (LOPE)		
Social Rehabilitation		
Independence Allowance and Lump Sum (IA/LS)		
WRGP/WRGPD		
Mental Injury		
Training 20 – Wilfully Self-Inflected		
Fatal Claims (Cover and Entitlements)		
Treatment Injury		
Vocational Independence		
Vocational Independence Case Law		
Accredited Employer and Third Party Administrators (AETP)		

Competency Checklist

The purpose of the competency checklist is to determine when a Review Specialist is competent in their role. Each section should be completed as they are checked off.

Background Reviews

- Customer issue has been correctly identified
- Relevant information to reach the decision has been identified
- Correct and relevant case law used
- Next steps clear and appropriate for the issue

Date	Claim #	Review #

Resolution Offers

- Offer is appropriate and has considered all relevant factors (risks considered, quantifiable, decision maker consulted)
- Letter has used correct template
- Rationale clearly explains reason for resolution offer

Date	Claim #	Review #

Customer and Advocate Contact

- Communication is well presented, clear and shows ACC's values
- Communication includes all required information (hearing information, relevant documents, provider choice, hearing method).

Date	Claim #	Review #

Review Guide

1. Resolution Services and where we fit in ACC

Resolution Services

Before Resolution Services, reviews were managed throughout the network by Case Managers, Technical Claims Managers and specialist Claims Managers.

The Review Specialist role was created after a restructure in July 2017 as a centralised approach to ACC reviews. The review teams joined the Customer Resolution Team under the Resolution Services umbrella.

Resolution Services sits under Customer Performance in the ACC structure as a support function for continuous improvement and consistent decision making in Customer Service Delivery. The Head of Customer Performance is [Out of Scope]

Other teams that are in Customer Performance include:

- Customer System & Intelligence
- Customer Solutions
- Customer Connection
- Customer Engagement

Review Team Structure and Roles

Each review team consists of a Resolution Manager, a Senior Review Specialist and Review Specialists. Resolution Co-Ordinators are based in the Hamilton, Wellington and Dunedin sites and provide administrative support. There are two Resolution Portfolio Specialists based in Hamilton that provide support to the Review teams and the Customer Resolutions Team.

Resolution Manager

- Manage performance and development
- Ensure compliance with current process and quality expectations
- Business continuity and improvement for Resolution Services
- Working with the wider network and decision-making teams

Review Specialists

- Critically analyse and reconsider the decision being reviewed
- Facilitate further investigation and work with decision makers and customers for resolution options
- Ensures all resolution options are considered to achieve early resolution for our customers wherever possible
- Where early resolution is not possible, referring reviews to a Provider in a timely manner
- Uses cultural awareness and sensitivity, with a focus on the experience of Maori
- Influence others through feedback loops, including identifying pre review opportunities to influence decision makers and encourage the use of pre-decision Alternative Dispute Resolution (ADR)
- Write submissions and represent ACC in the review hearing

Resolution Co-Ordinators

- Lodge and allocate review applications
- Monitor the centralised inbox
- Update calendar appointments with case conference and hearing notices
- Close reviews once review decisions are received and pay review costs

Senior Review Specialists

- Quality monitoring and provide coaching/mentoring to Review Specialists
- Oversight and guidance for complex issues
- Identifies gaps and delivers on the job training to enhance the Review Specialists' performance
- Help support and grow team culture in collaboration with the Resolution Manager
- Engage in escalated discussions with advice providers and decision makers

Review Guide

2. What is a Review?

What is a review?

ACC makes decisions every day about claims, entitlements and levies. When a claimant, levy payer or employer disagrees with these decisions, they can apply for a review.

The Accident Compensation Act 2001 (the Act) is the current Act that sets out the parameters of ACC which includes reviews and disputes.

Who can lodge a review?

Section 134 of the Act states the following:

- 1) A claimant may apply to the Corporation for a review of –
 - a) any of its decision on the claim:
 - b) any delay in processing the claim for entitlement that the claimant believes is an unreasonable delay:
 - c) any of its decisions under the Code on a complaint by the claimant.
- 2) An employer may apply to the Corporation for a review of its decision that a claimant's injury is a work-related personal injury suffered during employment with that employer.
- 3) A levy payer may apply to the Corporation for a review of a determination under section 209 (1) or a decision referred to in section 236 (1).

What is a reviewable decision?

Section 134 of the Act (above) states what decisions can be reviewed and who can review them.

Case law have settled that it is only decisions which affect a claimant's entitlement or cover which come within the category of reviewable decisions.

Occasionally, people will apply for reviews against decisions or matters that can't be reviewed, which includes:

- A decision where ACC uses its discretion under section 68(3)
- An unreasonable delay in processing a claim for entitlement within 21 days of requesting the entitlement
- Administrative matters
- Decisions that have been revoked or replaced
- Decisions that have already been considered by the Independent Reviewer or Courts

It should also be noted that an employer may not review a decision about entitlements paid to a claimant by the plain wording of the Act.

What is a valid review application?

Section 135 of the Act states that an application for review must:

- a) Be written
- b) Whenever practicable, be made on the form made available by the Corporation for the purpose
- c) Identify the decision or decisions in respect of which it is made
- d) States the grounds on which it is made
- e) If known by the application, states the relief sought

If ACC receives a correspondence from a claimant where the above criteria to make it a valid review is not met, ACC will go back to the claimant to ask for further information.

Once ACC receives a valid application for review of one of its decisions, Section 137(2) of the Act requires ACC to allocate the review to a reviewer, even if ACC considers that there is no right of review in the circumstances. This means that ACC must engage a reviewer if it is a valid review, even if ACC believes the review is jurisdictional.

Section 135(1) provides that, "A review application is made by giving an application that complies with subsection (2) to the Corporation." This means that, if the requirements in Section 135(2) are not met, there is no review application at all (or no valid review application). Therefore, the requirement in Section 137(2) for ACC to allocate a review to a reviewer is not engaged.

Review applications are received by email, post, fax and EOS task.

- Emails are sent to accreviewapplication@acc.co.nz
- Post is received at the Te Rapa Centre and once sorted in the mail room it is then scanned and emailed to the review application mailbox.
- Fax – these are linked to the email inbox
- EOS task – a branch that receives a review application will send a task advising Customer Resolution that an application has been received and uploaded onto EOS. Please note that sometimes the document is unavailable for you to see until the next business day.



Ask your buddy or Senior Review Specialist to show you some examples of review applications.

What types of reviews will I be dealing with?

Review Types:

ACC has different review types which fall into the following categories:

- 1982 Act Reviews
 - Cover
 - Fatal Entitlements
 - Suspension/Disentitlement
 - Independence Allowance and Lump Sum
 - Jurisdiction
 - Late issues
 - Treatment
 - Elective Surgery
 - Rehabilitation
 - Ancillary Services
 - Weekly Compensation

- Vocational Independence issues
- Work Injury Disputes
- Debt
- Levy Reviews
- Code of ACC Claimants Rights

As a Review Specialist, you will look after all types of reviews except for:

- Wellington Central and Remote Claims reviews that are managed by specialist Review Specialists
- Levy reviews that are managed by a few specific Review Specialists
- Code of ACC Claimants Rights reviews that are managed by a specific Review Specialist
- Reviews where a Review Specialist is already managing an active review for that claimant

Reviews are allocated on a 'next cab off the rank' principle by the Resolution Co-Ordinator.



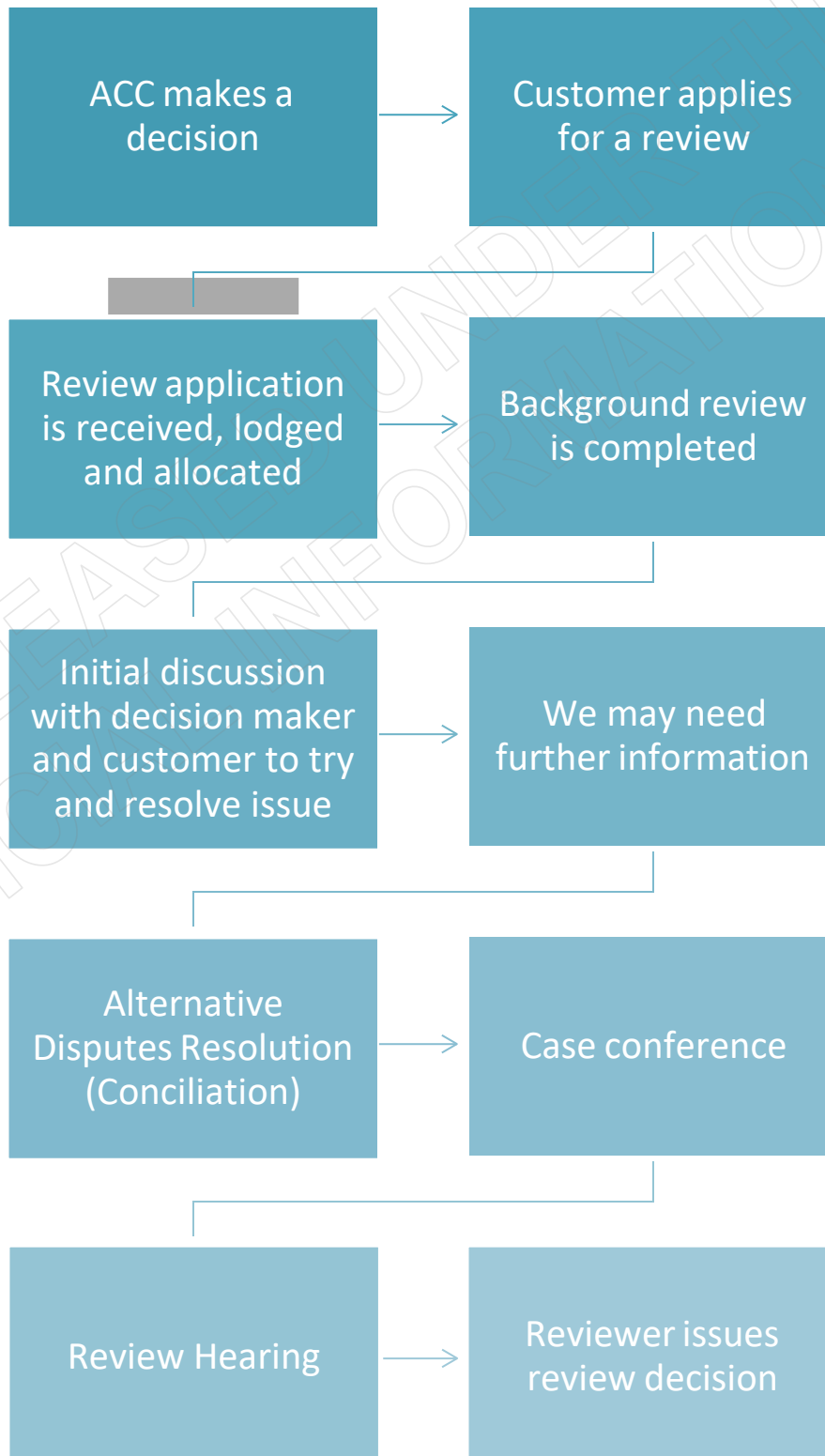
Ask your buddy or Senior Review Specialist to show you what a new allocation task looks like from a Resolution Co-Ordinator.

Review Guide

3. Process Overview and Timeframes

Overview of the process

The review process is designed to work like a stone skipping in a lake with resolution being the focus at each step of the way. The earlier we can achieve resolution, the better it is for the customer and for ACC.



Timeframes:

It is essential that our process timeframes are followed by so that we can ensure we are providing great customer service, meeting our contractual obligations with our providers and adhere to the legislative requirements.

Some of these timeframes are internal policy requirement while others are legal requirements under the following sections of the Accident Compensation Act 2001:

- How to apply for review -Section 135(2)(f)
- Deemed review decisions - Section 146(1)(a)
 - Review decisions, formalities - Section 144(1)
- Costs on review - Section 148(5)

How do we track timeframes?

The important timeframes that you need to keep track of for legislative purposes will be included in your task when you receive an allocation. This includes the initial 7-day timeframe, the conciliation timeframes, the case conference timeframe and the 3-month deemed date.

Your Resolution Manager or Senior Review Specialist will also manage an exceptions report which indicates if any timeframes are being missed.

It is expected that timeframes are being met through use of tasks and other time management strategies.

Timeframes:

Action	Timeframe	Otherwise...
The client, employer or levy payer must lodge their application for a review with ACC e.g. ACC33 Review Application	Within 3 months of the decision being issued by ACC	If there are no extenuating circumstances that prevented the review being lodged in time, ACC may decline their late review application
ACC staff must forward any review applications they receive to the ACC Review Applications Inbox	Within 24 hours of receiving a review application from the applicant	The Review team may not be able to meet the rest of their timeframes
The Review team must lodge the review application in EOS and allocate the review to a Review Specialist	Within 24 hours of receiving a review application from the applicant directly or internal ACC staff	The Review team may not be able to meet the rest of their timeframes

<p>The Review Specialist must complete the background review on the claim and complete initial contacts with the customer, advocate and internal stakeholders where applicable</p>	<p>Within 7 calendar days of receiving the review application</p>	<p>The Review Specialist and other stakeholders may not be able to meet the rest of their process timeframes</p>
<p>The Review Specialist must organise for the Client Information Team to prepare the relevant documents or full file</p>	<p>Within 32 calendar days of the review application being received by ACC (lodgement date)</p>	<p>The file won't be prepared in time for the required case conference date and ACC is at risk of having a deemed review</p>
<p>Notice for the Client Information Team to release an already prepared file to a client, advocate or provider</p>	<p>4 calendar days</p>	<p>The Client Information Team will not have enough time to send the file out before any deadlines</p>
<p>ACC must provide a copy of the relevant documents (or full file if required) to the selected review or conciliation provider</p>	<p>No later than 14 days before the scheduled case conference date</p>	<p>ACC fails to meet the contract requirements and the provider may have to reschedule the case conference date</p>
<p>The Review Specialist must arrange for a conciliation if a conciliation is going to take place with Talk Meet Resolve</p>	<p>Within 59 calendar days of the review application being received by ACC (lodgement date). (The conciliation itself must be held by day 59). The relevant documents need to be with the ADR provider at least 14 days prior to the ADR.</p>	<p>The Review Specialist may not be able to meet their timeframes for booking a case conference or may have to book a case conference in conjunction with conciliation, costing the corporation more</p>
<p>The Review Specialist must arrange for a case conference with an independent reviewer with at least 18 days' notice (see above CIT notice and providing documents to provider)</p>	<p>Within 60 calendar days of the review application being received by ACC (lodgement date) (The case conference itself must be held by day 78)</p>	<p>ACC fails to meet the contract requirements and risk not having a hearing date set within 3 months</p>
<p>The reviewer must set a review</p>	<p>Within 3 months of the review being lodged with ACC, unless</p>	<p>The review decision becomes automatically deemed in the</p>

hearing date	the applicant contributes to the delay in setting the hearing	applicant's favour
ACC must provide written review submissions	No later than 14 days before the scheduled review hearing date	ACC fails to meet the contract requirements and the reviewer may adjourn the hearing to allow the parties to consider the written submissions
The reviewer must issue a formal review decision	28 calendar days after the hearing is closed	The reviewer fails to meet the contract standards
ACC must pay review costs	Within 28 days of the decision being issued to ACC	ACC fails to meet internal performance standards and legislative requirements

More information about review timeframes are found here: [Timeframes for Reviews policy | Nintex Promapp®](#)



Ask your buddy or Senior Review Specialist to show you a new review application and where to find timeframes in your allocation task.

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4. Completing a Background Review

Background Reviews are essential to understand the drivers behind a customer lodging a review with ACC as well as ensuring that the Review Specialist has a grasp of the issue at review and the next steps.

The Background Review can also be helpful when a colleague is required to complete work on a review at late notice as it should provide a brief overview of the issue at review and the next steps.

The Background Review is completed in four important parts in the 'Administrative Review' e-form in EOS. This e-form is accessed through 'Additional Info' tab of the 'Complete an Admin Review' task.

Claimant's Reason for Lodging the Review:

- What is the customer reviewing?
- Why does the customer disagree with ACC's decision?
- What is the client wanting from the review application?
- A brief outline of information client has provided with review application to support their opinion
- This information could be provided in the ACC33 or elsewhere (contact etc).

ACC's Reason for the Original Decision:

- Provide a relevant timeline to issuing the decision (i.e. how did the case owner reach the decision, what relevant documents have been considered and what advice was sought before issuing the decision).
- Show that you understand and have considered the fundamental principles of the decision (ie you understand what cover has been granted for)
- What are the relevant documents and opinions that led to ACC's decision?

Legislative Basis / Case Law:

- What is the relevant Act?
- What is the essential relevant legislation and/or case law?
- Is there a specific policy that ACC has in place to ensure that legislation or case law principles are operationalised?

- This information can be copied and pasted from the Background Review copy and paste document or can be found on Westlaw or Promapp

Additional Information:

- What is your overview of the decision and is the decision robust/correct?
- What is missing and what are your initial thoughts about the next steps?
- What have you noted to be important ie important radiological findings to query with CAP or relevant historical claims.
- Is there new information to consider?

Information about completing the background review can be found in Promapp: [Complete Background Review | Nintex Promapp®](#)



Ask your buddy or Senior Review Specialist to show you where to find the e-form in EOS and some examples of background reviews.



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5. Initial Customer Contact

The initial customer contact is a unique opportunity for you to set the tone for all future interactions you have with the customer. The initial customer contact must be held within 7 days of receiving your allocation and must cover off some key points (which must also be recorded in EOS):

Introduction

- a. Complete security if the customer has not been transferred by another staff member who has already completed security and confirm that the contact information is up to date.
- b. Update the contact information if required
- c. Introduce yourself and explain your role as a Review Specialist
- d. Build rapport with the customer

Confirm Issue

- e. Confirm the issue at review with the customer
- f. Use your resolution skills to understand what is driving the customer to lodge their review

Discuss Decision

- g. Explain the decision to the customer without the use of technical language, medical jargon, ACClingo or acronyms
- h. Educate the customer about the legal test for issue the decision and what ACC and the Reviewer must consider
- i. Discuss the outcome of your background review and the next steps you will be taking

Consider Alternative Disputes Resolution

- j. Explain options for Alternative Disputes Resolution
- k. Explore whether the customer would be open to organising

Explain Review Process

- l. Explain that the customer understands the review process including the background review, ADR, Case Conference process and hearing process if the issue is not resolved
- m. Ask the customer their preferred CC provider and hearing method (i.e. videoconference, teleconference, face to face).
- n. Advise the customer their options for support people, further evidence, cultural support and review costs

Discuss Relevant Documents

- o. Explain options for relevant documents vs full file (see Induction Guide 21 – Relevant Documents).
- p. Discuss with the customer what sort of documents you consider to be relevant and encourage the customer to provide feedback on the relevant documents
- q. Confirm how the customer would like to receive their file (email, USB, CD, branch collection or paper copy couriered)
- r. If the customer would like a paper copy, explain the risks as outlined in the ACC6181 form



Using a buddy headset, listen to your buddy complete an initial customer contact

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6. Acknowledge Review Application

ACC is required to acknowledge that a review application has been received and notify any interested parties of a review application. (Please see Induction Guide 14 for more information about interested parties).

Section 136 of the Accident Compensation Act outlines that when a review application is received, ACC must send the applicant an acknowledgement:

- a. indicating when the review application was received; and
- b. an explanation of the effect of Sections 146 (deemed review decisions) and Section 147 (effect of review decisions)

Resolution Co-Ordinators Actions

Resolution Co-Ordinators will lodge the review and will start the process for acknowledging the review.

The Resolution Co-Ordinator will:

- c. Generate a REV18 letter in EOS addressed to the applicant or their advocate and leave this as incomplete
- d. If the review application is lodged late, the Resolution Co-Ordinator will include a paragraph in the REV18 that explains that a review specialist will be in contact to discuss the reasons the review application was late.
- e. Generate a REV21 letter in EOS addressed to the interested party and leave this as incomplete

Review Specialist Actions

Once the review is allocated, it is the Review Specialist's obligation to update the REV18 and REV21 letters and send them to the correct parties.

- f. The REV18 or REV21 letters must include the date of the decision at review, the date that the review was received by ACC and a brief explanation of the decision at review.
- g. If the REV18 or REV21 letter is completed after a conversation with the applicant or interested party, you may want to personalise the letter and update to reflect the contents of the telephone call.
- h. If the REV18 letter is completed at the time that the Review Specialist is ready to make a decision about a late review, these letters can be merged to avoid sending two letters at the same time (see Induction Guide 10 on Late Reviews).

Information can be found on Promapp about acknowledging review applications here: [Receive, Log and Allocate Review Application](#)



Ask your buddy or Senior Review Specialist to show you some examples of completed REV18/REV21 letters that show where the Review Specialist has updated the relevant information and accepted a late review application.



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7. Late Reviews

The ACC legislation sets out a specific timeframe after a decision has been issued for them to lodge a review against this decision. If a review is lodged outside of this timeframe, it is considered to be a late review and may impact the reviewer's jurisdiction to consider the substantive matter at review.

Why do we need to know about late reviews?

If a client lodges a review with ACC that is outside of the timeframe allowed for lodging a review, it impacts whether a reviewer has jurisdiction to consider the substantive matter at review (i.e. the reviewer may not be able to consider whether the decision that the customer wants to review is correct or not).

Under certain Acts, a Review Specialist will need to issue a decision accepting or declining late lodgement of the review which will have review rights and will need to be addressed before the reviewer is able to consider whether they have jurisdiction to consider the substantive matter.

The delegation to accept or decline late lodged review applications relating to 1972 or 1982 Act (including Lump Sum decisions) sits with the Senior Review Specialist.

Determining which Act the decision was made under

It is important to know which Act a decision was made under so that we know which legal test applies.

There are 5 acts that a decision could have been made under:

- Accident Compensation Act 2001 (1 April 2002 – current)
- Accident Insurance Act 1998 (1 July 1999 – 30 March 2002)
- Accident Rehabilitation and Compensation Insurance Act 1992 (1 July 1993 – 30 June 1999)
- Accident Compensation Act 1982 (1 April 1983 – 30 June 1993)
- Accident Compensation Act 1972 (1 April 1972 – 30 March 1983)

When deciding which Act is the relevant one to consider for the late review, we must look at the date that the decision was issued. If the date that the decision was issued falls under a repealed Act, we must use this Act when deciding what to do with the late review.

Accident Compensation Act 2001

Most late review applications will be for decisions made at the time of this Act.

If the decision was made at the time of this Act, then we will need to consider if there were extenuating circumstances that prevented the customer from applying within the three-month timeframe.

If we think the customer's late reason falls within the definition of extenuating circumstances, then we should accept the late review application. If we accept the late review application, then the review will proceed on the substantive matter as normal. Accepting the late application does not mean ACC accepts/overturns the substantive matter.

If the customer does not give us any reasons for why the review is lodged late (after being asked for further information), or the reason they have provided does not meet extenuating circumstances, then we will issue a decision declining the late review lodgement.

We must advise the review provider on the ACC6239 whether we have accepted or declined the late review.

If we decide to accept the late review application in Eos, generate, complete and send the *REV013 Accept late review application decision* letter. The review will proceed on the substantive matter as normal.

If we decide to decline the late review application:

- By phone, contact the customer/representative and advise them of the decision to decline their extenuating circumstances and that the decision declining the late review can be reviewed.
- We need to make it clear to the customer that the substantive matter will have been transferred to the reviewer for a hearing date to be set and as the review was lodged out of time, it will be heard as a jurisdictional matter (meaning that we do not believe the reviewer does not have the legislative authority to hear the review) unless they lodge a review for this declined decision, which would then need to be heard first.
- Generate and send the *REV012 Decline late review application* letter.
- Even if the late review is declined, we must still consider whether the substantive matter at review is correct and robust.
- If ACC does not receive a review application for the 'declined late application' decision, and the customer does not withdraw the substantive review, then ACC will request a 'no jurisdiction' decision on the substantive issue from the reviewer and write submissions on this basis.

Guidelines when considering extenuating circumstances

When making the decision on whether to accept a late review application, consider the following:

- Did ACC notify the customer of the decision and explain their review rights? Usually decision letters are accompanied by an ACC255 Working Together Factsheet that contains information about the review rights.
- The lateness of a review application. Would a reviewer think it is unfair if the customer was a few days late submitting their review application? We should consider postal delivery timeframes as postal delivery is not always daily.
- Looking objectively at the extenuating circumstances provided, would the reasons provided have prevented the customer from lodging a review within the timeframe? The Courts have held that the threshold for 'extenuating' is not high. It does not require unusual or extraordinary circumstances. 'Extenuating' must still be something of reasonable substance.
- Case law on previous declined late review applications. Are there similar situations that have been considered by the Courts?
- The issue at review - what is it that the customer wants from ACC? If it is something that could easily be resolved, would it be more economical for ACC to offer a resolution agreement rather than going to a review hearing?
- Is the decision at review robust? Even if we are declining the late review, we must still consider whether the substantive matter is correct and robust. We cannot 'hide behind' the late review if a decision is incorrect.

1992 or 1998 Act

If a decision was made at the time of either of these Acts, and the customer/advocate lodged an application for review of the decision made at that time, then we have no discretion to accept applications exceeding the timeframe. ACC cannot accept a late application even if they have good reason for the delay in lodging the review application.

In section 137(2) of the Accident Compensation Act 2001, it states that ACC must arrange for the allocation of a reviewer to the review even if it considers that there is no right of review in the circumstances. To adhere to section 137, lodge the review application as a jurisdictional matter where a hearing will be set, and the reviewer will be making a decision on that matter.

If the advocate or customer does not want to withdraw the review on the understanding that it will be a jurisdictional issue, continue to follow the review process and prepare for the hearing

- a. Complete the background investigation as usual considering whether the substantive matter is correct and robust.
- b. Phone the customer/advocate and advise them:
 - i. ACC has no discretion to accept applications exceeding the timeframe.
 - ii. The legislation states that we must arrange for the allocation of a reviewer. This means we will lodge the review and send it to a reviewer who will likely make a decision that they have no jurisdiction to hear the review.
 - iii. Explain to the customer or advocate that they have the option to withdraw their review.
- c. Add the customer/advocate phone contact in Eos.
- d. Send the REV18 to the customer/advocate and amend the letter to summarise the conversation (if we were able to speak with them) confirming the above information.
- e. Consider alternative disputes resolution and continue to prepare for the review hearing if the customer does not withdraw their review application. The submissions will be asking for a 'no jurisdiction' decision from the reviewer.

1972 or 1982 Act

Review applications relating to decisions made under the 1972 or 1982 Act will be rare. If the decision was made at the time of either of these Acts, we need to decide if we will allow the extension of time. To do this, we must use the McDougall principles.

The McDougall principles are below and in order of what the main principle is, to the least:

- The strength of the applicant's case, e.g. does our decision appear incorrect or are there grounds to re-examine the decision?
 - The reasons for the delay, which can include non-injury related factors, and any factors that affected the claimant's ability to lodge an application for review within the one-month timeframe.
 - The prejudice to ACC if we apply discretion e.g. can we accurately reconsider the matter without being disadvantaged by the delay?
 - The length of delay between the date we issued the decision and the date the client applied for review.
1. Review the application and identify the outcome the customer wants from the review.
 2. Use the McDougall principles to help us decide if we will allow the time extension.

If we need more information, it can be found by looking at the case history in Eos, contacting the customer/advocate to ask for more information, or speaking with a Senior Review Specialist and/or Technical Specialist.

3. Follow the appropriate activities in the lodge process as well as sending the REV18.
 - As part of the lodgement process, phone the customer/advocate to let them know ACC will either be accepting or declining the late review application.
 - If ACC have allowed the time extension, ACC should say to the customer/advocate that we have allowed the time extension for the late review application and the review will follow the usual review process.
 - If we have not allowed the time extension, we should say to the customer/advocate:
 - ACC have not allowed the time extension and the request for review has not been accepted
 - ACC will send a letter declining the time extension and will include review rights
 - Legislation states that ACC must allocate a reviewer to the review. ACC will do this and ACC's submission will be that the reviewer does not have jurisdiction to hear the matter as it is out of time.
 - If they want a reviewer to hear and make a decision on the substantive matter, then they will need to lodge a review of the decision to not allow the time extension within 3 months of the date of the letter.
 - The reviewer will first consider whether ACC correctly decided not to allow the time extension. If the reviewer decides ACC was not correct, they will then arrange to hear the substantive matter.
 - If the reviewer decides ACC correctly decided not to allow the time extension, then the reviewer will dismiss the review application and then may make a no jurisdiction decision on the substantive matter.
4. Complete either a REV13 or REV12 letter.

Important considerations for late reviews:

What happens if the customer/advocate puts in a review for the 'declined late application' decision?

- We will lodge the review as usual where we will determine if ACC should reconsider its decision to decline the late application.
- If we overturn the original decision in favour of the customer then issue a new decision advising that we have accepted their late application and now their substantive matter will be heard.

- Alternately, if we decide the matter should proceed to hearing, continue the process so that a hearing date can be set for the reviewer to make a decision on whether ACC was correct to decline the late review application.

What happens if the reviewer dismisses the 'declined late application' decision?

- If the reviewer agrees with the decision, they will make a decision in ACC's favour for the 'declined late application' decision.
- The reviewer may then make a decision of 'no jurisdiction' on the substantive matter (the original review application). A decision of 'no jurisdiction' means that the reviewer will not make a decision on the substantive issue and ACC's original decision will stand.
- A 'no jurisdiction' decision means that there is no authority for the reviewer to decide upon a matter.

What happens if the reviewer quashes the 'declined late application' decision?

- If the reviewer disagrees with your decision, they will make a decision in the customer's favour for the late review. This means that the reviewer has agreed to hear the substantive issue.
- A new review hearing will be scheduled for the substantive matter to be heard if it was not heard with the late review.

Other Considerations:

- We must consider the correct Act to apply depending on when the decision was issued
- The delegation to accept or decline late lodged review applications relating to 1972 or 1982 Act (including Lump Sum decisions) sits with the Senior Review Specialist. Under the 1972 or 1982, you must issue a decision letter either accepting or declining the late review under the McDougall principles.
- Under the 1992 or 1998 Act, ACC does not have the ability to consider reviews lodged outside of the timeframe but it must still proceed through to review if not withdrawn where you will ask the reviewer to issue a no jurisdiction decision.
- Under the 2001 Act, we must issue a decision letter either accepting or declining the late review
- ACC has an obligation to investigate the extenuating circumstances and it is a low-bar test
- We must still consider whether the substantive matter is correct and robust
- If the customer does not lodge a review against the decision to decline the late lodgement under the 1972, 1982 or 2001 Acts, then the reviewer will not have jurisdiction to consider the substantive matter.

See Promapp: [Accept or Decline Late Review Application | Nintex Promapp®](#)



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8. Resolution Pathways

Once you have completed your background review, you should have a good idea on what potential Resolution Pathway you will follow. These are different methods of obtaining a resolution with the customer without proceeding through to a formal review hearing.

You may try one or a combination of these options to obtain early resolution for a review.

Conversation with the customer

Sometimes, the customer has lodged a review with ACC because they don't understand the decision or the ACC legislation. In your initial conversation with the customer, you should use your resolution skills to understand what is driving the customer to lodge the review. With a good understanding of the ACC legislation and the customer's case, you may be able to explain the decision in a client-friendly way which could result in the customer agreeing to withdraw the review application.

A thorough conversation with the customer can occur at any stage during the review process.

Overturing a decision

Overturing a decision is a common way of obtaining resolution with a customer. You may have found a material flaw in the decision when completing your background review, the customer may have provided new information or ACC may have obtained new information meaning that ACC's decision is now wrong and will need to be replaced.

Once you have decided that a decision should be overturned, you need to consult the decision maker (see Induction 03 – Delegations). You will work with the decision maker to issue a new decision that revokes the current decision and replaces it with a new decision. This means that the initial decision now no longer has jurisdiction and the customer can be encouraged to withdraw the review.

Obtaining new information/advice

After completing your background review, there may still be questions that you have or that you think a reviewer might have about an issue. This information might be internal or external.

Internal information includes guidance such as Clinical Services comments, Technical Specialist comments or Legal Services input. Internal advice should be sought by the Review Specialist as per the Customer Service Delivery agreement.

External information includes medical notes, radiologist opinion, specialist advice or Medical Case Review. If you think that further external information is required, you should discuss this with the decision maker and the customer/advocate first. Once you are confident that obtaining external information is the correct pathway to follow, the decision maker (or equivalent) should organise for this to be requested including generating a purchase order for any service payments. It is appropriate that the Review Specialist would advise what type of information is required and provide questions.

Obtaining new information itself doesn't usually resolve the issue but it might lead to either overturning a decision or having a conversation with a customer to explain the decision with more detail and evidence.

Resolution Offer

A resolution offer is where ACC recognises that the decision at review is correct and robust but there is a more client centric way of moving forward. Review Specialists have a delegation of up to \$2,000.00 that they can offer a customer to resolve the issue at review. For more information about how to correctly utilise resolution offers, see the Induction Guide on resolution offers.

Alternative Disputes Resolution

Alternative Disputes Resolution (Conciliation or Mediation) is a great option for resolving issues without proceeding to a formal review hearing. It involves a meeting with a third party provider who has specialist knowledge of ACC who can guide the parties to a resolution. For more information about Alternative Disputes Resolution, read Induction Guide – Alternative Disputes Resolution.

Case Conference

In some cases, simple and straight forward issues such as jurisdictional matters can be resolved at a case conference. Ideally these would be withdrawn early through constructive conversations with the customer but there are situations where it can take the involvement of an independent third-party for the customer to understand and agree to withdrawing a review.

If you feel that a review can be resolved by having a 10-minute conversation in a case conference and the customer does not want to engage in alternative disputes resolution, then discussing the matter in the case conference is another option to avoid proceeding to review.



Ask your buddy or Senior Review Specialist to show you some new allocations and discuss what the potential resolution pathways might be

Review Guide

9. Delegations

The 'Delegations Framework' outlines what you can and can't approve or agree to in your role.

Every role at ACC has different delegations that specifies your ability to agree to services, approve costs or make decisions.

Review Specialist Delegations:

As a Review Specialist you will have the delegation to:

- Approve a Review application to hearing
- Overturn an original decision (In consultation with a delegation holder)
- Settle for less than \$2000 (In consultation with a delegation holder)
- Accept or decline extenuating circumstances for late review applications.
- Award Alternative Dispute Resolution costs (in line with the Review Regulations)
- Award review costs (as per Review Regulations)

What does 'Consultation' mean in terms of delegation?

This is defined in the Delegations Framework:

If 'In consultation with' is specified, then it means there must be documented consultation between the final decision-making authority and the other described party. All practicable efforts should be made to achieve an agreed decision. In the event agreement cannot be reached, the final decision rests with the decision-making authority and there should be clear documentation of that person's rationale.

This means that we need to discuss resolution offers and overturns with the decision maker before the final decision to overturn a decision or offer a resolution. If the decision maker does not agree with our decision to overturn or offer a resolution agreement, there is an escalation process however the final decision rests with the Review Specialist. Clear rationale should be recorded on the file.

Senior Review Specialist/Resolution Manager Delegations:

A Senior Review Specialist and Resolution Manager has all the delegations above, plus the additional delegations:

- Settle between \$2,000 & \$5,000 (In Consultation with: A delegation holder)

- Accept or decline late lodged review application relating to 1972 or 1982 Act decision (excluding Lump Sum decisions)
- Accept or decline late lodged review application relating to 1972 or 1982 Act Lump Sum decision
- Award Alternative Dispute Resolution costs (outside of Review Regulations)
- Award review costs (as per Review Regulations)*

Note: costs sought at Review outside of Review Regulations are documented below*

A Senior Review Specialist also has a discretionary delegation equivalent to that of a Case Owner, of \$500 outside of the review delegations. This is intended to give Senior Review Specialists/Manager the discretion to fund travel costs to and from a hearing where the costs sought at Review exceed the Review Regulations. These requests will be an exception and considered on a case by case basis.

These delegations are described in the Delegations Framework, found here: [Implement Resolution Outcomes | Nintex Promapp®](#)



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10. Seeking Internal Advice

Once you have completed your background review, you should have a good idea on what potential Resolution Pathway you will follow.

After completing your background review, there may still be questions that you have or that you think a reviewer might have about an issue. ACC has many different resources to access for advice about an issue to support you in the review process.

Resolution Services has agreed with Customer Service Delivery that all internal advice will be sought by the Review Specialist.

If you are unsure about what internal advice would be appropriate, talk to your Senior Review Specialist or a buddy.

Technical Services

Technical Services provide expert consistent, robust and up to date guidance on legislation, regulations, policy and case law interpretation across all functions of ACC. Technical Specialist and Technical Accounting Specialist input is required before some decisions are issued and Review Specialists may use Technical Services for guidance or advice during the review process.

Technical Specialists and Technical Accounting Specialists can be accessed by their Hunt Group, or for a claim specific query, an EOS task.

Information about completing a referral through to a Technical Specialist can be found here:

[Technical Services](#)

Legal Services

ACC's Legal Services are a team of solicitors that can provide legal advice that is legally privileged. A Legal Services referral is beneficial if you need advice on a complex medico-legal issue, case law or interpretation of legislation.

Referrals to Legal Services are done by email and most of Legal Services do not have access to EOS so you must include a bulk print of relevant documents with your referral.

The Legal Services referral template is on Promapp:

[Refer to Legal Services for external counsel | Nintex Promapp®](#)

Clinical Services

Clinical Services are ACC's internal resource of clinically trained professionals who can help us interpret medical information and provide clinical opinions on cover and entitlements.

Clinical Services advice can be accessed by their Hunt Group, or for a claim specific query, an EOS task.

Clinical Services also provide resources for you to understand common clinical issues on your own here:

[Clinical Information Resources](#)

Clinical Advisors – Are often qualified allied health professionals and usually comment on more straight forward issues such as additional treatment, cover or incapacity. All clinical referrals will be triaged by Clinical Services and directed to the most appropriate advisor.

Medical Advisors – Medical Advisors are usually General Practitioners and can often have a specialty in other areas such as Sports Medicine or Occupational Medicine. Some Medical Advisors provide advice to specific areas of the business such as Work-Related Gradual Process or Treatment Injury.

Medical Advisors often comment on more complex cover and entitlement issues and for Reviews, are often more appropriate to address comments from treating doctors or specialists.

Pharmaceutical Advice –The National Pharmaceutical Advisory Team focus pharmaceutical advice on supporting medicine use that is safe, appropriate and will lead to identifiable rehabilitation outcomes for clients.

Information about referring a task to the National Pharmaceutical Advisory team is found here:

[Pharmaceutical Information](#)

Psychology Advisors – Psychology advisors specialise in the area of psychology. Psychology advisors are often required to comment on claims where there are head injuries, mental illness, mental injuries and sensitive claims. Occasionally, Psychology Advisors and Medical Advisors will both need to comment on an issue to ensure all aspects are considered.

Clinical Advisory Panel – The Clinical Advisory Panel (CAP) are a team of specialists who usually comment on Elective Surgery issues. Occasionally, a Medical Advisor will recommend a CAP comment on a complex issue for a non-surgery claim. CAP comments can be provided by an individual member or they might go to a panel that is held weekly where the full Clinical Advisory Panel will provide a response. Clinical Advisory Panel have their own referral process.

Panels

ACC has many panels that can provide expert advice on different topics that are hosted by staff with different areas of expertise.

Weekly Compensation Panel - The Weekly Compensation Panel can consider any weekly compensation assessments, decisions, queries or complaints to see if ACC can give the client a more equitable outcome.

Review Advisory Panel – Review Specialists can refer to the RAP through their Senior Review Specialist when they have concerns with a review decision from a provider or they have a complex case that is subject to a review application that they would like the Panel's views before determining what the next steps should be. This is usually something significant, e.g. backdated weekly compensation for 24 years, vexatious/litigious client (or advocate); media potential etc.

Complex Mental Injury Panel – This is a multi-disciplinary panel that considers complex claims for mental injury cover including ALL work-related mental injury claims, wilfully self-inflicted claims or other types of mental injury claims on recommendation from a Technical Specialist or Psychology Advisor.

Complex Claims Panel – This panel deals with complex requests for cover for physical injuries that are usually Treatment Injury claims. This panel is multidisciplinary with legal and medical expertise. For referrals through to this panel, discuss with the decision maker or team manager.



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11. Alternative Dispute Resolution

What is Alternative Dispute Resolution?

Alternative Dispute Resolution (ADR) is a tool that we can use to assist us with resolving issues without the need for a formal review hearing. There are several different types of ADR but at ACC we mainly use conciliation or evaluative mediation.

The purpose of ADR is to assist both ACC and the customer to negotiate resolutions in a way that is cost effective, confidential and timelier than a formal review hearing. ADR also helps to repair relationships and improve the customer experience by ensuring they are feeling heard.

The resource is available to all front-line staff as well and there doesn't have to be a review in place.

ADR can be completed through three different external providers who all have the option of completing conciliations or mediations through video conference, face-to-face or telephone.

When can we use ADR?

ADR can be used in any situation where there is a dispute and is helpful in almost all situations where the issue can't be resolved from the early Review Specialist communication.

When looking at ADR, we must consider:

- Whether there is anything that can be done to resolve the issue without involving a third party (and the cost for the ADR)
- Whether the customer has agreed to ADR as it is a good-faith process for all parties
- If there are any safety concerns with having ADR with the customer, particularly if it is face to face
- The review timeframes and ensure we are not unnecessarily delaying the customer having a formal review hearing
- The nature of the issue and whether it is something that can be resolved at ADR or whether it needs to be fast tracked through the review process
- Whether the customer has any needs that must be met such as cultural support, translators, disability support or support people they would want to bring to the ADR with them.

Principles of ADR

- An ADR agreement is signed by the parties before the conciliation or mediation that sets out an agreement for how the parties will work together during the ADR process

- ADR should be entered on a good-faith basis with an open mind
- ADR is confidential, and the things discussed in ADR can not be discussed outside of the ADR
- Decision makers should be invited to participate in ADR where possible to build the relationship
- Our ACC delegations still apply in ADR so Review Specialists can not agree to anything that they wouldn't normally be able to
- There should not be any pressure to reach a resolution, some of the most successful reviews are where the parties just listen to each other and understand the other parties' position.
- You should be familiar enough with the issue to consider potential solutions that you can take to the ADR meeting.

Talk Meet Resolve

Talk Meet Resolve (TMR) is an ADR-only provider who is not involved with the formal review hearing process.

ADR can be held through TMR before day 59 which is outlined in the timeframes in the review working task.

TMR use the conciliation style of ADR which means that a conciliator takes an active role in the outcome and proposing solutions.

Conciliation with TMR can be booked by using the TMR booking tool through their website (link found on Promapp) and completing an ACC8026 form (similar to an ACC6239 form) and releasing the file to TMR through the Client Information Requests.

Fairway Resolution

Fairway Resolution is an Independent Review provider who also offer conciliation as a form of ADR. Fairway ADR is not counted as early resolution, but it can be a good idea to use ADR with Fairway if ADR becomes appropriate later on down the track or the customer is not able to be contacted until after the referral to the review provider.

Conciliation can be booked with Fairway after a discussion in the case conference, or by noting it on the ACC6239 that conciliation is requested.

ICRA – Independent Complaints & Review Authority

ICRA is an Independent Review provider who also offer conciliation or evaluative mediation as a form of ADR. Just like Fairway, an ICRA ADR is not counted as early resolution, but can be a good idea, if it is appropriate later on down the track.

Conciliation or mediation can be booked with ICRA after a discussion in the case conference, or by noting it on the ACC6239 that conciliation is requested.

To call into the ADR:

Depending on the Provider, the ADR notice will either give a Zoom or Teams link. This will take you directly to the Zoom or Teams platform where the meeting will be held.

If the link does not work, you can try going through the alternative internet link or calling in on the phone numbers provided in the notice.

After ADR:

If there was a Resolution Agreement that came out of the ADR meeting, the Review Specialist needs to ensure that all agreements are upheld:

- If there were actions for the Review Specialist to complete, these should be done as soon as possible
- If there were agreed actions for a decision maker to complete, ensure that there is a thorough handover so that the next steps and timeframes are understood
- If the review has been withdrawn as the result of the Resolution Agreement, the review can be withdrawn and closed
- If the review has not been withdrawn following conciliation with TMR, a case conference will need to be booked

More information can be found on Promapp: [Prepare and Attend an Alternative Dispute Resolution \(ADR\) | Nintex Promapp®](#)

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12. Overturning Decisions and Escalations

Overturning Decisions

There are situations where you may believe that a decision should be overturned. Although the delegation to overturn currently sits with the Review Specialist, this should be in consultation with the decision maker and other stakeholders as required (such as Technical Specialist, Clinical or the decision maker's Team Manager).

1. Complete a robust and thorough Background Review so that you know the basis of the decision and the pathway that lead to the decision.
2. Have an honest conversation with the decision maker and explain why you believe the decision should be overturned.
3. Send an email to the decision maker explaining why the decision should be overturned. Does anyone else need to be involved at this stage such as a Technical Specialist? It is helpful if you use bullet points and clear language to weigh up the evidence of the case.
4. If the decision maker does not agree to overturning the decision at this stage, you can either respond again with more clear rationale (utilising relevant case law etc to support your opinion) or use this opportunity to involve your Senior Review Specialist. This is usually where you will want to get the decision maker's team manager involved as well.
5. The Senior Review Specialist can look again at the file and provide you with advice about whether the overturn is supported. The Senior Review Specialist may recommend that you obtain further information, they may disagree that an overturn is warranted, or they will respond to the decision maker and stakeholders on your behalf to support the overturn.
6. If the decision maker/team manager does not agree to an overturn at this stage, it may be the case that the Review Specialist needs to use their delegation to overturn the decision or that the Review Specialist and Senior Review Specialist organise a teleconference to discuss the issue and try and reach a resolution.

Tips:

- Be respectful. Decision makers usually put a lot of time and effort into their decisions and often rely on the advice that they are given by other stakeholders.
- Be clear with your requests and your expectations around timeframes. It makes it easier to follow up or escalate things if there are any delays.

- Don't use emotive language or unnecessarily criticise the decision makers. If you feel that the discussion is getting personal, take some time out and reply the next day.

Escalations

There may be occasions when Review Specialists disagree with advice provided or the review pathway.

The first step should always be for the Review Specialist to talk to the decision maker or stakeholder directly.

Technical Services Escalations:

- If a Review Specialist disagrees with the advice provided on a claim and is unable to resolve it with the Technical Specialist, it may be appropriate to ask for it to be escalated.
- Once a Technical Services referral is escalated, it will go to another Technical Specialist or Technical Manager to consider whether the information provided is accurate/correct and provide a new comment as required.
- To escalate a Technical Services referral, contact the Technical Manager by email and make it clear that you would like to escalate the Technical Services referral and provide reasons why you disagree with the advice provided. Whoever manages the escalation will let you know when the escalated comment has been provided.

Senior Review Specialist Advice or Escalation:

- Senior Review Specialist advice should not replace Technical Specialist guidance; however, it can be useful to utilise a Senior Review Specialist when Review Specialists are not sure whether technical advice is correct.
- Senior Review Specialists can liaise with both Technical Specialist or Decision Maker and Review Specialist to decide whether a further escalation is needed or can provide advice to either party about the correct pathway forward.
- Senior Review Specialists can also work with you in a teleconference to assist in overturning a decision by providing technical support and understanding of the review perspective.
- You can either talk to your Senior Review Specialist in coaching or in a desk chat or ask them to respond in writing by email.

Manager Escalation:

- Technical Manager, Team Manager or Resolution Manager escalation is appropriate if there is concern about the service provided by a decision maker, Review Specialist or Technical Specialist.
- Team Managers are helpful when decision makers need guidance or aren't sure whether overturning a decision is appropriate.
- If you need to talk to your team manager, you can have a conversation with them at their desk or send an email.

Legal Services:

- Legal Services referrals may be helpful to complete a risk analysis on whether a review decision should be overturned or modified when the decision maker and Review Specialist are unable to agree.
- The Legal Services referral should contain all relevant information and should be prepared by the Review Specialist with the decision maker or Technical Specialist included in the email so that they can provide additional information to Legal Services if required.
- The Legal Services referral template is on Promapp: [Refer to Legal Services | Nintex Promapp®](#)

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13. Resolution Offers

A resolution offer is where ACC recognises that the decision at review is correct and robust but there is a more client centric way of moving forward.

Review Specialists have a delegation of up to \$2,000.00 that they can offer a customer to resolve the issue at review, in consultation with the decision maker. It is important to note that payment of an agreed monetary resolution shall be made only to the client or, where suitable authority exists, to their representative.

Any resolution offers over \$2,000.00 require prior approval from a Senior Review Specialist or Resolution Manager.

Before offering a resolution offer

- The Review Specialist must have completed a thorough background review
- The decision maker must have been notified of the review being received and there must be consultation regarding offering a resolution.
- The Review Specialist must be confident that the decision at review is correct and robust. If the decision is not correct, then the Review Specialist should be overturning the decision or completing further investigation rather than offering a resolution offer.
- The customer's history and motivation should be considered as part of a risk analysis to determine whether a resolution offer is appropriate. Things that should be considered are:
 - The potential reputational risk for ACC, if any
 - What the customer wants (and whether a contribution towards their request is reasonable as opposed to the full amount).
 - The ACC regulations
 - The possible outcome at review versus the customer experience
 - Whether the customer has shown a pattern of seeking monetary resolution without a reasonable basis
 - Whether the issue has been previously disputed
 - Whether the customer has a tendency to resort to legal proceedings to resolve disputes where no reasonable basis exists
 - That the potential resolution agreement is not detrimental to a customer's entitlements

- Any ongoing impact for levy years not part of the original decision
 - Whether the client has a legal representative/advocate that ACC would be hesitant to create an expectation that ACC 'will settle anything under \$2k'
 - Whether a resolution offer is appropriate for a client who is emotionally aggrieved.
- Quantify the resolution offer. The Review Specialist should consider whether the resolution amount would be economic to ACC, and whether the customer is unfairly advantaged or disadvantaged by accepting the offer.

During the resolution offer process

- Resolution offers should always be discussed with the customer by telephone or in person where possible to enable fair discussions.
- Be a responsible steward and negotiate with the customer where possible.
- Be clear about the implications of withdrawing the review and the process
- Request proof of relevant costs where it is appropriate
- Be mindful of your wording when offering the resolution offer to the customer to avoid setting unreasonable expectations or generating reputational risks.
- A verbal offer should be followed up with a formal letter (REV43 letter can be found on the Sauce) that can be sent by email or by post.

After the resolution has been offered and accepted

- The withdrawal email or document must be uploaded to EOS and clearly labelled
- Once the customer has accepted the offer, the review cog can be closed down.
- There must be a completed resolution rationale on the file. This is completed in the 'Additional Information' section of the *View Review Outcome* task when closing the review cog. The rationale must include:
 - Why ACC offered the resolution offer
 - Whether the decision is correct and robust
 - Whether the customer understands the decision and that it is a one-off offer
 - How the offer was quantified
 - Whether a risk analysis has been completed
 - That the decision maker has been consulted

- Whether anyone else has considered and approved the decision to offer the resolution offer (i.e. Resolution Manager or Senior Review Specialist)

For more information about resolution offers in Promapp see: [Implement Resolution Outcomes | Nintex Promapp®](#)



Ask your buddy or Senior Review Specialist to provide examples of situations where a resolution offer might be appropriate. Ask them to show you some examples of completed Resolution Agreements and Resolution Rationales.



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14. Relevant Documents

'Relevant documents' describes to the bulk print that the Review Specialist completes to notify the Client Information Requests (CIR) what documents need to be prepared and released, and it notifies the Review Provider what the relevant documents are.

Relevant documents should be selected in consultation with the customer where possible but must be completed before the 'prepare and release task' is sent to CIR.

How to complete a bulk print in EOS

1. On the documents tab on EOS, select the 'Print Doc(s)' button on the right-hand side of the screen
2. In the drop-down boxes, select 'Dispute' as the purpose and 'DO NOT RELEASE' in the 'Releasable To' section.
3. Enter the relevant review number(s) in the Description box.
4. Starting from the last page, select the box for each relevant document that needs to be included in the bulk print. At the end of each page, press the 'Add to Print' button on the right side of the page and it will move the documents to the 'Documents to Print' section.
5. Repeat step 4 for each page.
6. Once all of the required documents have been selected and moved to the 'Documents to Print' section, press the Date/Time filter twice to move the documents into chronological order.
7. Select the 'Print' button at the bottom right. This will generate an email to be sent to you with the PDF file.
8. Open the PDF file and ensure that it is in chronological order and there are no errors.
9. Press 'Close' and it will take you back to the Documents tab.

Deciding what the relevant documents are

Determining relevant documents depends on the type of review decision as well as your conversation with the customer.

A starting point would be to consider whether the information was decided based on medical information or other factual evidence that was gathered.

- The ACC45 Claim Lodgement form (where one is available), decision letter (where applicable) and ACC33 Review Application are required relevant documents in all cases.
- If the customer has an Authority to Act, the Authority to Act form will be a relevant document.
- You must consider the final package that the customer and the reviewer will receive and what information the reviewer will need to consider the issue at review.
- Each relevant document selection should be done on a case-by-case basis and consider the facts of the case.
- For decisions based on clinical evidence and medical grounds, all medical information will be required. Additional documents such as medical certificates, vocational assessments and social rehabilitation assessments will need to be considered individually.
- For decisions about weekly compensation, all medical certificates, weekly compensation calculation documents and vocational information will be required. If the decision is about a decline, cessation or suspension of weekly compensation, medical documents will also be required.

Examples:

Cover

1. ACC45/ACC18 (document used to lodge claim with ACC)
2. Cover timeframe extension letters
3. Completed questionnaires
4. Medical notes for cover investigation
5. Radiology or other diagnostic information
6. Specialist referrals
7. Specialist reports
8. Clinical and/or Technical Specialist comment for cover investigation
9. Relevant contacts (if any)¹
10. Cover decision letter
11. Review application

¹ If the review specialist wishes to specifically refer to contacts recorded in the print claim file, its recommended to copy and paste the full contact or email into a word document and store it as a document in Eos.

Surgery or Additional Treatment

1. ACC45
2. Injury history for same body site
3. Cover decisions
4. Radiology or other diagnostic information
5. All medical notes – especially those from the treating provider
6. ARTP or request for additional treatment
7. CAP or clinical advisor comment
8. Surgery decision
9. Review application

Lump Sum/Independence Allowance

1. ACC45 of each claim for cover included in the assessment
2. Schedule of client injuries (permission is required from the customer for this)
3. ACC54 (Application form)
4. ACC554 (LSIA Medical Certificate) for each injury assessed
5. IA/LS payment report.
6. Medical notes used for the assessment (usually uploaded as a document group)
7. AMA Report
8. Previous AMA reports
9. AMA Peer Review Report
10. IA/LS decision letter
11. Review application

Vocational Independence

1. ACC45 for each claim with incapacity or the schedule of client injuries
2. Pre-Injury Job description.
3. Relevant contacts
4. Medical certificates
5. Individual Rehabilitation Plan/s

6. Vocational rehabilitation/pain program completion reports/s
7. All medical reports and notes that are relevant to the covered physical injuries
8. Internal clinical comments
9. Initial Medical Assessment
10. Initial Occupational Assessment
11. Vocational Independence Occupational Assessments
12. Vocational Independence Medical Assessments
13. Blank letters that show that we have followed legislative requirements (e.g. letter notifying customer of entry into VI)
14. Internal Vocational Independence sign off forms
15. Technical Specialist comments
16. Vocational Independence decision letter
17. Review application

Suspension of entitlements

1. ACC45 Claim Lodgement Form
2. Medical certificates (if suspension is regarding weekly compensation)
3. Cover timeframe extension letters
4. Medical notes
5. Radiology or other diagnostic information
6. Specialist referrals and reports
7. Medical Case Review
8. Clinical opinions
9. Technical Specialist comments
10. Relevant contacts
11. Suspension decision letter
12. Review application



Ask your buddy or Senior Review Specialist to show you how to complete a bulk print and discuss how they are deciding which documents are relevant

Review Guide

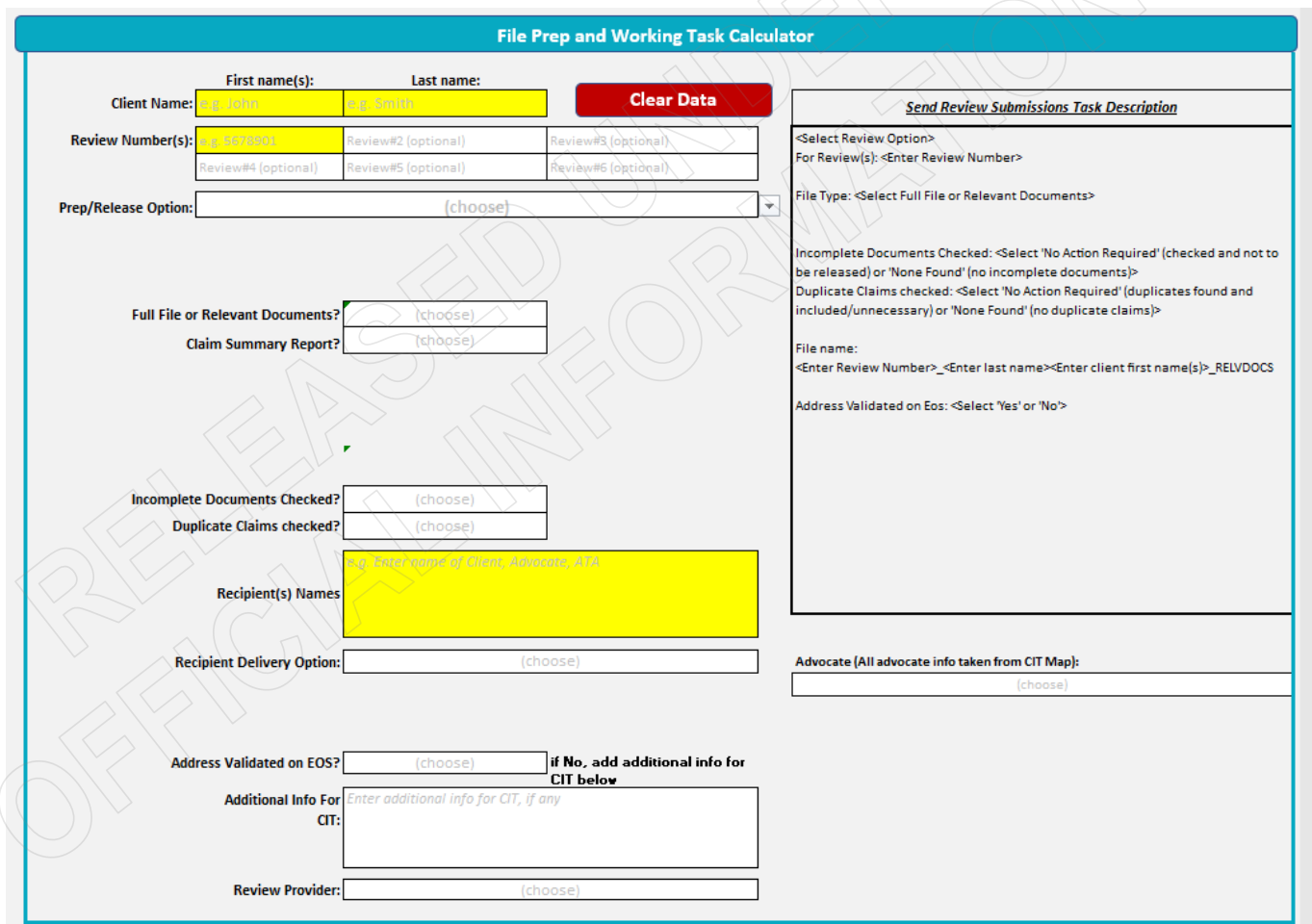
15. Preparation and Release of files

Requesting preparation and release of the files is an important part of the process as it ensures that we are meeting our timeframes for releasing the file to the Independent Reviewer and the customer.

There are several options for the Client Information Team for what action they can take to prepare or release a file.

The options for preparing and releasing a file are chosen using the CIR/IRC Calculator tool that is found on Sharepoint [CIT Task Calculator v1_94.xlsm](#).

Using the CIR Calculator Tool



File Prep and Working Task Calculator

Client Name: First name(s): Last name:

Review Number(s): Review#2 (optional) Review#3 (optional)
 Review#4 (optional) Review#5 (optional) Review#6 (optional)

Prep/Release Option:

Full File or Relevant Documents?

Claim Summary Report?

Incomplete Documents Checked?

Duplicate Claims checked?

Recipient(s) Names:

Recipient Delivery Option:

Address Validated on EOS? if No, add additional info for CIT below

Additional Info For CIT:

Review Provider:

Send Review Submissions Task Description

<Select Review Option>
 For Review(s): <Enter Review Number>
 File Type: <Select Full File or Relevant Documents>
 Incomplete Documents Checked: <Select 'No Action Required' (checked and not to be released) or 'None Found' (no incomplete documents)>
 Duplicate Claims checked: <Select 'No Action Required' (duplicates found and included/unnecessary) or 'None Found' (no duplicate claims)>
 File name:
 <Enter Review Number>_<Enter last name><Enter client first name(s)>_RELVDOCS
 Address Validated on Eos: <Select 'Yes' or 'No'>

Advocate (All advocate info taken from CIT Map):

On all files that are not resolved, CIR must have **prepared** the file. This means that CIR has privacy checked either the full file or relevant documents and it is ready, waiting for release. This process takes up to 14 days for CIR to complete. All requests for CIR to prepare a file **must** have a relevant documents bulk print, even if you are asking CIR to complete the full file.

Once a file is prepared, it can be **released**. Releasing the file means that CIR send it to the customer/advocate/provider/legal services by their preferred sending method.

Client name:

Must be the customer's given name in EOS. This information is used to create a naming convention that CIR use the transfer the file electronically to providers. This naming convention is how provider's know that a new review has been received.

Review Number(s):

This must be the accurate review number from the review cog. Multiple review numbers can be used as long as they are using the same relevant documents bulk print in EOS. This information is used to create a naming convention that CIR use the transfer the file electronically to providers. This naming convention is how provider's know that a new review has been received.

Prep/Release Option:

The Prep/Release option chosen determines the rest of the sections that will need to be completed and tells CIR what actions need to be completed. The options for preparing and releasing the file via the calculator are:

Preparation and Release to Client/Advocate

This option is to be used only if you are still trying to resolve an issue at review or aren't ready to proceed to hearing and you have confirmed how the customer/advocate would like to receive the file.

Preparation and Release to Client/Advocate & Provider

This option is to be used when a preparation task has not already been sent to CIR and you have confirmed how the customer/advocate would like to receive the file and you have booked the case conference, so the file is ready to be released to the provider.

Preparation and Release to Provider

This option is to be used when a preparation task has not already been sent to CIR and you have booked the case conference, so the file is ready to be released to the provider.

Preparation and Release to Legal Services

This option is to be used when a preparation task has not already been sent to CIR and Legal Services require a copy of the file as you have referred the claim through for External Counsel representation.

Release to Provider and Client/Advocate

You have already sent a preparation task and you have now confirmed how the customer/advocate would like to receive the file and you have booked the case conference, so the file is ready to be released to the provider.

Release to Provider

You have already sent a preparation task and you have booked the case conference, so the file is ready to be released to the provider. The customer either has already received a copy of the file, doesn't want a copy of the file, or you have not been able to contact the customer to ask how they would like a copy of the file.

Release to Client/Advocate

You have already sent a preparation task and you have now confirmed how the customer/advocate would like to receive the file.

Release to Legal Services

You have already sent a preparation task and Legal Services require a copy of the file as you have referred the claim through for External Counsel representation.

Full File or Relevant Documents?

Full file should only be chosen in rare circumstances where the customer or advocate is adamant that they want a copy of the full file only and only want a full file going to the reviewer. We should ensure that we have had an in-depth conversation with the customer to try and resolve why they want the full copy of the file being released.

There are many situations where the customer may want a full copy of the file as a Privacy Act request but are happy for the reviewer to receive the relevant documents only.

The relevant documents bulk print needs to still be completed.

Relevant documents – If we choose relevant documents, we will need to specify to CIR what the relevant documents are in the relevant documents bulk print and make it clear whether a claim summary report is required.

A Basic Print Claim File includes basic information about a file such as the lodgement date, fund code and customer details.

A Date Restricted Print Claim file includes basic information as well as the option to include contacts and tasks required for a restricted date range.

A Full Print Claim file includes basic information as well as all of the contacts and tasks on the file.

Incomplete Documents Checked

This means that you have checked whether there are incomplete documents on the file.

If there are no incomplete documents, select 'None found'.

If there are incomplete documents that should be completed, simply change them to completed in EOS. If there are incomplete documents that must remain incomplete (such as the ACC6239, CAP referral etc), then select 'No Action Required'.

Duplicate Claims Checked

This means that you have checked whether there are duplicate claims that contain important information.

If there are no duplicate claims, select 'None found'.

If there are duplicate claims with important information, move that information from the duplicate claim to the master claim. If there are duplicate claims with no relevant information, then select 'No Action Required'.

Recipient Name:

Enter the name of the recipient that requires a copy of the file.

Recipient Delivery Options:

For advocate/client/Legal Services file release, you must choose how the recipient would like their file to be delivered.

If you select to release to the advocate, check whether the delivery method matches the information that CIR have in their records (on the bottom right of the calculator).

For email – Check whether the customer is happy to receive it over multiple emails as some files are too large to be sent by one email.

For courier – Ensure that you advise the customer of the risks of sending paper files by courier.

For branch pickup – You must specify the branch for collection, ensure the customer does not have a care indicator and advise the customer that they will be contacted by the branch when it is ready for collection.

Additional Info For CIR:

This is the section where you can put in free-text about additional information that CIR needs to be aware of.

Review Provider:

Only appears if an option to release to the provider is chosen. Select the review provider from the drop-down list.

Sending the CIR Task

All CIR tasks are sent on the 'Send Review Submissions to all parties' task, either as part of the initial cog or generated outside of the cog.

Once the task is complete, send to the Client Information Requests task queue.

If you receive a withdrawal while CIR is preparing or releasing a file for you and you no longer require them to complete the task, send an email to dscit@acc.co.nz.

More information about this process can be found in Promapp: [Create Bulk Print and Send CIR Task | Nintex Promapp®](#)



Ask your buddy to show you how they send a CIR task. Use the CIR calculator to try out the different options.



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Review Guide

16. Booking a Case Conference

Case conferences are compulsory before proceeding to a hearing. The purpose of case conferences are to:

- Make sure that everyone understands the issue at review and the review hearing process
- Address any jurisdictional or procedural issues before a review hearing
- Determine next steps and timetable any further action
- Try and resolve the issue with a third party before a review hearing
- Book the hearing date at a time that suits all parties

Book and Hold Dates

The last date for you to book and hold a case conference is clearly recorded in your working task. These dates are calculated by the Resolution Co-Ordinator when the review is allocated to you. It is important to note that these dates are the **last possible** dates to book and hold the case conference. You should be mindful of these dates but book the case conference as soon as you know that you are no longer able to resolve the issue, or you know that the case conference book dates are coming up.

The more time that you give the customer, the more flexible you are able to be with the date, time and provider choice.

Customer Contact

Once you are ready to book the case conference, you just need to contact the customer or advocate to determine that they are available for a case conference. This should always be attempted first by telephone if possible.

Telephone:

- Explain case conference purpose and procedure
- Ask the customer what days and times normally work for them and then negotiate a time and date based on your own availability.
- Ask the customer their preferred CC provider and hearing method (i.e videoconference, teleconference, face to face). We can tell the customer that the providers both offer exactly the same services for reviews and are both independent from ACC. If the customer does not want to make a choice, we can advise them that we will book randomly based on availability.

- If appropriate, ask the customer if they have any specific needs (Specific needs include things like a hearing impairment; gender preference for a reviewer; disability support (if they have requested an in-person hearing)).

Email:

If you are unable to contact a customer or advocate by phone and need to book a case conference, there is an example template on Promapp to ensure that we are offering the customer/advocate options. If we are emailing the customer or advocate about case conferences, we must tell them that if they do not get back to us by a certain date, we will book a case conference unagreed.

Booking Tool

The Resolution Services calendar shows all available case conference spaces with the review providers. Each space specifies the review provider and is booked for 30 minutes.

1. Open up the Resolution Services calendar and view the available time slots for the date chosen.
2. Double click on your chosen appointment and fill in the details required in the subject of the calendar booking (Review Specialist, Client name, Review number, claim number).
3. Change the category to 'CC Booked' (this changes the colour of the appointment in the calendar so that it is easy to view booked appointments).
4. Select 'Copy to my calendar' so that a copy of the booking is shown in your calendar.

Next Steps

Once you have booked the calendar appointment in the Resolution Services calendar, you notify the provider of the booking through the ACC6239 and CIR task/file transfer process.



Update the case conference date into your working task and set your working task for 3-5 days from when the CIR task is sent so that you can check that the file has been transferred to the provider and send any additional documents to the provider that weren't included in the initial bulk print.

Once the formal case conference notice or confirmation is received by ACC, the Resolution Co-Ordinator will upload a copy of this to the file and calendar appointment for you.

Recording the Booking in EOS

The case conference booking must be recorded in EOS so that the reporting can pick it up.

In the 'Hearing Outcome Details' task – go to 'Add Info' and update the Preliminary Hearing information when CCC booked:

Preliminary Hearing Reviewer:	Lulu Advocacy Services
Preliminary Hearing Date:	12/04/2019 
Preliminary Hearing Time:	14:00
Preliminary Hearing Venue:	Skype
Preliminary Hearing Outcome:	Not Selected 

Update the 'Hearing Outcome Details' E-form description in the Documents tab with the review number:

Document Type 	Description 
Hearing Outcome Details	Review 6484886 - CCC booked.

More information can be found in Promapp: [Prepare and Attend Case Conference \(CC\) | Nintex Promapp®](#)



Ask your buddy to show you how they book a case conference using the Resolution Services calendar

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Review Guide

17. Completing the ACC6239 and ACC8026

Why do we have an ACC6239 and ACC8026

The ACC6239 and ACC8026 are documents that ACC uses to engage review and Alternative Disputes Resolution providers.

The ACC6239 and ACC8026 are sent to the provider with the full file/relevant documents by CIR.

As well as engaging the provider and notifying them of a new review, these forms also have other purposes:

- Containing information about the review for invoicing
- Providing contact information for customers, advocates and interested parties
- Allowing ACC to meet Health and Safety requirement by providing information about Care Indicators/Remote Claims customers
- Communicating the customer or advocate's preference for hearing method

The ACC6239 and ACC8026 are currently found in Promapp or on the 'Reviews' page on the Sauce:

[Resolution Services - Reviews](#)

Completing the ACC6239 or ACC8026

- The case conference or conciliation must be booked before completing the ACC6239 or ACC8026
- The ACC6239 or ACC8026 must be finished before sending the CIR task for release of the file
- All information on the ACC6239 or ACC8026 (such as the claim number, address, email address etc.) must be copied and pasted out of EOS if possible, to ensure accuracy
- All sections of the form must be completed unless there is no interested parties/advocate. In these cases you can omit these sections.
- The ACC6239 or ACC8026 must be saved in EOS as incomplete so that CIR can send it to the provider as a Word Document (required for Electronic File Transfers).
- The document properties must be clearly labelled with the review number followed by 'APPOINT REVIEWER'

More information about the ACC6239 can be found in Promapp: [Prepare and Attend Case Conference \(CC\) | Nintex Promapp®](#)

Review Guide

18. Case Conference Procedure

Once a case conference has been booked and the ACC6239 and file has been released to the provider, the review provider will send a 'Case Conference Confirmation' or 'Case Conference Notice'. This document confirms the details of the case conference and provides the Zoom link and call details.

To call into the Case Conference:

Open the Case Conference Confirmation or Case Conference Notice and click on the Zoom link. This will take you directly to the Zoom platform where the case conference will be held.

If the Zoom link does not work, you can try going through the alternative internet link or calling in on the phone numbers provided in the notice.

Case Conference procedure:

- Case conferences are quite informal, and it is important to remember that you are still representing ACC
- The case conference is not the review hearing, so it is not practical to get into the details of ACC's argument unless it is for the purposes of discussing resolution options
- The reviewer that hosts the case conference may not be the same reviewer that holds the review hearing – it depends on reviewer availability, circuits chosen and the provider
- The provider is expected to spend 10 minutes discussing and clarifying the decision at review, 10 minutes discussing whether further information is required, or resolution options and 10 minutes scheduling hearing arrangements
- The case conference may be recorded at the reviewer's discretion
- You must book the hearing date in the case conference (unless exceptional circumstances apply e.g. The reviewer is not able to access their hearing schedules and organising for their admin staff to contact ACC and the customer after the hearing to book the hearing)

Questions asked in the Case Conference:

Reviewers usually have a set list of questions that they need to answer during the case conference. The questions may vary depending on the experience of the reviewer and the issue at review. It is helpful to prepare for these questions before the Case Conference.



1. What is the date of the decision under review?
2. When was the review application lodged?
3. What is the issue to be decided?
4. Are there any preliminary jurisdictional issues which need to be addressed before proceeding to review?
5. Are there any relevant documents that have not been provided?
6. Background to the claim (how did ACC get to the decision?)
7. Has further information been sought?
8. Do the parties want to hold a conciliation meeting before proceeding to a review hearing?
9. Does the applicant have a copy of their file and have all relevant documents been provided to the reviewer?
10. When will the review hearing be held and in what format (this should be recorded on the ACC6239)?
11. Are there special requirements for the hearing (i.e Interpreter, wheelchair access)?
12. What are the next steps for both parties/timetabling directions?
13. What are the preferred means of communication and does the review provider have the correct contact details?

What do I do once the case conference is complete, and the hearing is booked?

Continue with your resolution pathway as usual, keeping the review hearing date in mind.

You will need to pencil the hearing date in your calendar to prevent double booking, add the hearing date in your working task and update the Hearing Outcome details e-form:

⊖ Hearing Outcome Details

Preliminary Hearing Reviewer:	Lulu Advocacy Services
Preliminary Hearing Date:	12/04/2019 
Preliminary Hearing Time:	14:00
Preliminary Hearing Venue:	Skype
Preliminary Hearing Outcome:	Not Selected
Preliminary Hearing Outcome Date Received:	DD/MM/YYYY 
Review Hearing Reviewer:	Lulu Advocacy Services
Review Hearing Date:	26/04/2019 
Review Hearing Time:	09:00
Review Hearing Venue:	Skype
Adjournment Granted?:	<input type="checkbox"/>
Adjournment Requestor:	Not Selected



Ask your buddy to let you listen in to a case conference to hear the procedure and know what to expect.

Review Guide

19. Writing Submissions

Submissions are the written outline of ACC's position for the issue at review that are sent to both the review provider, the customer or advocate and any interested parties.

There is a contractual obligation for ACC to provide written submissions **at least 14 days prior to a review hearing** to allow the reviewer plenty of time to consider ACC's points.

Submissions must always be professional in layout with consistent font, spacing and margins.

There are multiple templates available for use until Review Specialists are comfortable developing submissions.

Cover Page

- The cover page outlines the claim number, review number, applicant (customer or employer) and respondent (ACC)
- It is important to remember that the applicant is always the customer or employer, even if the customer or employer has someone acting on their behalf or representing them in the review hearing
- In the case of multiple reviews, it is helpful to specify which review relates to which issue either on the cover page or in the Issue/Synopsis

Issue/Synopsis

- The issue or synopsis piece should briefly outline the issue at review – this should be the correct legal test, not whether ACC's decision is correct. The reviewer has to take an investigative approach and outlining the issue as whether ACC's decision is correct weakens the case theory
- Briefly explain ACC's case theory in one or two sentences. This helps to set out the theme of the submissions

Background

- This is the summary of facts and evidence
- The background can be completed by providing a chronological timeline, or by outlining each of the relevant categories of evidence (i.e. Radiology, Clinical Advisory Panel comments)
- Use quotes or summarise important pieces of information

- Avoid snipping information into the background as it looks unprofessional
- If partial quotes are being used, it should note that it is 'in part'
- Quotes should be easily identified as quotes using quotation marks, italics font and indented margins

Law and Case Law

- Must confirm the correct Act that applies
- The law cited must be relevant and accurate
- An appropriate amount of case law to reference is 2-5 cases. More than this is overwhelming.
- The leading case law should always be referenced where applicable (i.e. *Ellwoods* for suspension, *Bartels* for revocation, *Ambros* for cover)
- Case law should be referenced in line with the Courts/Law Style Guide and the paragraph should be referenced where possible so that reviewers and applicants can find the reference easily. Please see the case law citation training document for the preferred method of citing case law in submissions

Submissions

- The submissions part is where you communicate the theory of your case and persuade the reviewer why ACC's position is correct
- Keep the language plain
- Be brief – avoid waffling as this makes it difficult for a reviewer to follow the main points
- Every submission should have a logical structure of beginning, middle and conclusion
- Do not use personal opinion terms such as "I believe", "I think". Stick to facts and the evidence
- Start by outlining the legal test, the burden of proof and the law
- Concede the obvious (E.g. "There is no dispute that the customer has XXXXX injury" or "There is no dispute that the customer has had an accident, the issue is whether the customer has proven on the balance of probabilities that the accident caused XXXX injury" if ACC has accepted cover for the claim and this is likely to be a point raised by the applicable)
- Briefly speak to the applicant's case theory, anticipate the applicant's main points and highlight why ACC's position should be favoured over the applicant's position
- Cover facts that damage the applicant's case

- Outline the facts and evidence that supports ACC's case and elaborate this in layperson's terms if required to explain the case theory
- Explain why ACC's expert witnesses should be preferred
- Conclude with the main points of your case theory
- You may include information in your submissions about whether you object to any costs and why but do not let this distract from your substantive case theory
- Be clear about your desired outcome and ask the reviewer to respectfully dismiss the application for review



Ask your buddy or your Senior Review Specialist to send you examples of review submissions



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20. Case Law Referencing

This guide sets out how legislation and case law must be set out in submissions being made in review proceedings.

Background

When providing written submissions for a review hearing, review specialists need to provide relevant, accurate and correctly formatted references to case law in support of ACC's case at review.

Historically, there have been a number of conventions observed by resolution services when referencing case law in submissions. It has been observed by some reviewers that the references provided are erroneous, inaccurate or insufficient to identify the specific case or passage cited.

Since 2010, the ACC jurisdiction has used neutral citations as a referencing method for ACC appeal cases. This is the method that must be used when referencing case law in written submissions on behalf of ACC.

Prior to including references to case law in submissions the review specialist needs to ensure that they are sufficiently familiar with the case and understand the context and importance of the passage cited. It is the responsibility of the review specialist that the quotes and citations referred to are accurate and complete.

Format of Case Citations

A median neutral citation (MNC) is a referencing system used by the legal profession to ensure that everyone is "singing from the same songbook" and came from the problem that the same cases could be cited in different ways thus causing confusion and making them difficult to find.

An MNC reference identifies:

- The parties' names in italics (the appellant's name is first)
- The year of the decision in square brackets
- The Court that made the decision
- The unique identifier
- The date of the decision can also be added in brackets.

Cochrane v Accident Compensation Corporation [2003] NZACC 217 (3 September 2003)

Handwritten annotations in red:

- Arrows point from the text to the components of the citation:
 - "which court made decision" points to NZACC
 - "year of decision in square brackets" points to [2003]
 - "unique identifier" points to 217
 - "date decision was issued, in rounded brackets" points to (3 September 2003)

Including the date of decision can be a stylistic choice but is recommended if there is more than one decision in the same year for that surname. It's also good practice to make it easy to identify the date.

Knowing which court is important to telling the reviewer which judgment to prefer or has more weight.

The courts:

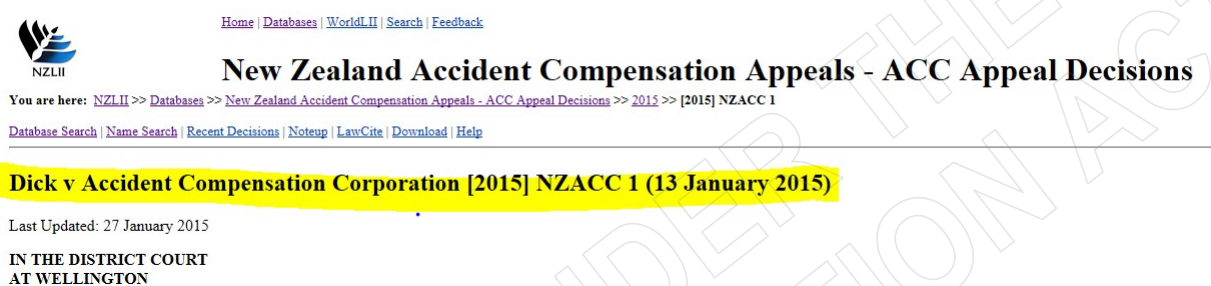
NZACC – this is the District Court (it has its own code because the ACC jurisdiction at the District Court level is an appeal court)

NZHC – High Court

NZCA – Court of Appeal

Tip:

The correct format (minus italics) is used on the New Zealand Legal Information Institute Website:



Home | Databases | WorldLII | Search | Feedback

New Zealand Accident Compensation Appeals - ACC Appeal Decisions

You are here: NZLII >> Databases >> New Zealand Accident Compensation Appeals - ACC Appeal Decisions >> 2015 >> [2015] NZACC 1

Database Search | Name Search | Recent Decisions | Noteup | LawCite | Download | Help

Dick v Accident Compensation Corporation [2015] NZACC 1 (13 January 2015)

Last Updated: 27 January 2015

IN THE DISTRICT COURT
AT WELLINGTON

Citing Cases

Paragraph citations need to be included with the reference to point the reader to the specific section(s) in the decision you are referring to. Paragraphs are referenced using square brackets.

Example:

See the comments of Speight J at [32]

Or: see the analysis of section 67 provided by the Court at [23] – [25]

The first time a case is cited, provide full citation details either in the body of the text or in a footnote. This must include reference to a paragraph number or page number (if the paragraphs are not numbered). Thereafter, so long as the source being referred to is obvious from the context, it is sufficient simply to refer to the relevant paragraph or page number in a footnote.

Example:

There must be sufficient consideration of the reasons supporting conclusions of causation. In the decision of *Jones v Accident Compensation Corporation*¹ Judge Beattie held that a specialist must “flesh out any opinion as to a causal nexus by giving proper logical and medical reasoning for that opinion.”

In the footnotes:

¹ *Jones v Accident Compensation Corporation* [2004] NZACC 246 at [21].

Subsequent Example:

The Assessment Report and Treatment Plan filed by Mr Baloney did not provide any medical reasoning for there being a causal connection between stroking the cat and the supraspinatus tendon tear in Mr Brown’s left shoulder. Given the comments of Judge Beattie in *Jones*² the opinion of Dr Long that the mechanism of injury was an implausible cause of the claimant’s rotator cuff tears should be given precedence.

In the footnotes:

² at [21]

Submissions must also include a hyper link to the New Zealand Legal Information Institute website, so claimants, or their representatives know where they can access the referenced cases should they choose to do so.

Example:

⁴ The full text of the decisions referred to in these submissions can be accessed on the New Zealand Legal Information Institute website: <http://www.nzlii.org/>

Citing Legislation

The first time legislation is referred to in the main text, give it its full reference.

Example:

Dr Smith then commented on the “wholly or substantially” test set out in section 26(2) of the Accident Compensation Act 2001.

For subsequent references, so long as the source being referred to is obvious from the context, it is sufficient simply to refer to the relevant section (or other reference).

Example:

In accordance with section 67, the claimant must have cover for a personal injury in order to receive entitlements.

If the source is not obvious from the context, give the short title again but exclude the year of enactment and jurisdiction identifier (if any) unless it is necessary for clarity to distinguish between two Acts with the same short title.

Example:

The relevant regulations referred to in section 61(2)(b) of the Accident Compensation Act are the Accident Insurance (Occupational Hearing Assessment Procedures) Regulations 1999.

Submissions must also include a hyperlink to the legislation website where the full text can be accessed.

Example:

The Accident Compensation Act 2001 can be accessed at

<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM99494.html>

Review Guide

21. Review Hearings and Adjournments

Review hearings are the last stop for reviews when the Review Specialist is satisfied that the decision is robust, and they have been unable to reach a resolution with the customer to withdraw a review.

A review hearing date must be scheduled within 3 months of a review application being received by ACC.

The review hearing date is booked in the case conference with written submissions being provided at least 14 days in advance.

Adjournments

Occasionally, even though a hearing date has been scheduled, circumstances arise that mean the it needs to be rescheduled. Examples of situations may be where a report has taken much longer than expected to be received; last minute evidence has been provided that must be considered or the customer has an urgent situation come up that means that they cannot attend the review hearing.

Any requests to reschedule hearings must be put through to the Independent Reviewer to consider who will either decline the adjournment request (where the hearing will proceed as scheduled) or they will approve the adjournment request. An adjournment notice will be provided, and a new hearing date will be provided.

Adjourned Part Heard

When a review hearing is adjourned part-heard, it means that the review hearing has been opened or started but it has been paused. This is usually because the hearing needs to be opened to hear evidence from the customer, expert witnesses or interested parties but will be concluded once further information has been sought, provided or considered.

Once a hearing has been adjourned part-heard, the reviewer will issue a notice confirming this and will provide timetabling for any next steps that need to take place. A new review hearing date may be set, or the matter may be concluded on the papers when all of the required steps have been completed.

Preparing for the Hearing

- Remember that information that has come in after your bulk print is not automatically sent to the review provider or the customer – ensure that you are sending any additional information as soon as it comes in.

- Prepare any questions that you may have for the expert witness or customer in advance so that you don't forget them in the heat of the moment.
- Leave plenty of time before the review hearing to organise all of the things you might require for the review hearing – setting up the Surface Pro or sufficient time to park, relevant documents, copy of submissions, hearing notice with link.

Review Hearing Procedure

The review hearing procedure is usually relatively informal. The reviewer will begin the review hearing with some standard "housekeeping". This will include health and safety information if the hearing is face to face. The reviewer should also explain the review hearing procedure, that the hearing is recorded and a bit about their role.

Usually, the customer or employer as the applicant will go first and will explain their story and why they disagree with ACC's decision. ACC and the reviewer will have the opportunity to ask questions or 'cross examine' the applicant.

If there are any expert witnesses or interested parties, they will also have the opportunity to speak and be cross examined.

ACC will then speak to their written submissions and answer any questions that the reviewer or customer may have.

The customer is entitled to the final right of reply as they are the applicant.

Finally, the reviewer will discuss the procedure for issuing the decision and will discuss review costs and whether ACC has any objections.

Expert Witness

Expert witnesses are helpful when evidence is required that is outside of the skill of the Review Specialist to speak to (such as Accounting). Expert witnesses in review hearings are rarely used in ACC reviews.

If there is an expert witness from either ACC or the applicant present at the hearing, it is expected that they would provide a 'brief of evidence' in advance of the hearing so that the other party is able to prepare.

If there is no brief of evidence available, the reviewer should grant an adjournment in the interest of natural justice.

Cross Examination

Cross examination is where you (as the opposing party) have the opportunity to test the veracity of a witness and the accuracy/completeness of their version. If we do not cross-examine or make it clear that

a piece of evidence is disputed, the reviewer can find the evidence to be undisputed and accept it as the truth.

- Be pleasant and courteous
- Get the witness to emphasise and expand on favourable matters raised in chief
- Draw witness out on fresh matters helpful to your case
- Put to the witness evidence favourable to your case
- To discredit unfavourable evidence, focus on perception, recollection, communication, bias, prejudice, interests, motive, untruthfulness, contradictory statements or history of inconsistency

Review Hearing Tips:

- Keep your voice up, use varying tone and don't let it drop away at the end of a sentence
- Enunciate your words, especially when on the telephone
- Do not just read your submissions word for word
- If face-to-face, look at the reviewer and address him/her
- Use simple English and avoid jargon, acronyms and colloquialisms
- Be brief
- Keep it interesting

See Promapp for more information: [Prepare and Attend Review Hearing \(RH\) | Nintex Promapp®](#)



Ask your buddy or your Senior Review Specialist to send you examples of review submissions

Review Guide

22. Closing a Review

When a review has been withdrawn or has been to a hearing, the review cog must be closed.

Who closes the review depends on what type of decision it is and where it has come from:

- All withdrawals, whether as the result of a resolution offer, overturn or customer deciding not to proceed with the review, must be closed by the Review Specialist.
- All decisions that come from a review provider (apart from costs decisions on withdrawals) will be closed down by a Resolution Co-Ordinator.

Withdrawals

If the review has not yet been transferred to a review provider, we can close down the review as soon as the withdrawal is received from the customer.

1. The withdrawal must be uploaded to EOS as a document and coded as an 'ACC34 Request to Withdraw a Review'.
2. The 'Hearing Requested' task is closed which will lead onto the 'View Review Outcome' task. This is where you will put the correct reason for closing the review in the additional information tab:
 - a. **'Settled'** is used when you have offered a resolution offer to a customer or advocate and they have accepted it.
 - b. **'Overturned – incorrect'** is when you have received a review and in your background review or from looking at the information on the file you realise that the decision is not correct without needing any additional information. For it to be incorrect, it must have been the wrong decision based on the information that was already available at the time that the decision was issued. I.e. a suspension decision overturned as insufficient basis, or the incorrect legal test has been considered.
 - c. **'Overturned - new information'** is used when you have received a review and new information is received from the client or ACC obtains new information that makes us overturn the decision. I.e. surgery review where we receive a new CAP comment or information from the customer that makes us change the decision.
 - d. **'Withdrawn'** is when the client just withdraws their review as the result of conversations with ACC, on advice from their advocate after a risk analysis, as the result of ADR or they just don't want to go through with the review anymore.

3. Once the 'View Review Outcome' task is closed, this will take you to the 'Record Review Outcome'. This is where you will record your rationale for the overturn/withdrawal/resolution offer in the additional information section.
4. Once the 'Record Review Outcome' task is closed, this will provide you with the option of paying costs. If you are not paying costs, you can choose this option, and this will be the end of the cog tasks.
5. If you do have costs that need paying (including resolution offer amounts), this will open up the 'Implement Review Costs' task. Complete the payment template (your Senior will give this to you) and transfer this task to the 'Hamilton SC - Quality Assurance' task queue. The Resolution Co-Ordinator will pay the costs from there.

Rationales

Rationales must be loaded to the file for certain review outcomes as they are the documented consultation or rationale for the decision not to proceed to review. They are also the easiest way for anyone else going onto a claim to find out why a decision didn't proceed through to review. The rationales are completed in the 'Additional Information' section of the 'View Review Outcome' task when closing the review cog.

Overturns: Overturn rationales will clearly outline the flaw in the original decision or the new information that led to the decision being overturned. You must also note that there was consultation with the decision maker in overturning the decision and whether the RS delegation was used.

Resolution Offers: Resolution Offer rationale must include

- Why ACC offered the resolution offer
- Whether the decision is correct and robust
- Whether the customer understands the decision and that it is a one-off offer
- How the offer was quantified
- Whether a risk analysis has been completed
- That the decision maker has been consulted
- Whether anyone else has considered and approved the decision to offer the resolution offer (i.e. Resolution Manager or Senior Review Specialist)

Types of Review Outcomes

When a reviewer issues a decision following a review hearing, there are several different outcomes that they can choose from:

- Dismissed – If a reviewer dismisses a review, it means that the reviewer has found in ACC's favour. The reviewer may still award costs within the regulations if the review was reasonably brought.
- No Jurisdiction – No jurisdiction decisions or 'dismissed for want of jurisdiction' means that the reviewer has dismissed the review as they do not have jurisdiction to consider the matter at review. The issue may not have been a reviewable decision, or ACC may have revoked or replaced the decision.
- Dismissed by Consent – This will show in ACC's records as a dismiss but it means that the customer agreed that the decision was correct in the review hearing so the reviewer dismisses it with the customer's consent.
- Quashed and Substituted – This means that the reviewer has not found in favour of ACC and has substituted ACC's decision with their own decision (usually to provide the cover or entitlement that has been declined).
- Quashed with Directions – As above, quashed means that the reviewer has not found in favour of ACC but rather than deciding to provide cover or the entitlement or the level of entitlement requested, the reviewer directs ACC to obtain further information and issue a new decision. The reviewer will usually specify the exact investigation that needs to occur and the timeframe that ACC must adhere to.
- Modified – Modified means that the reviewer agrees with most of the decision or agrees with the decision in principle but believes that a part of the decision is incorrect and needs to be modified. This counts as a type of quash for ACC's statistic purposes.
- Quashed by Consent – This will be in ACC's records as a quash, but it means that the reviewer quashed at ACC's request in the hearing. You must talk to your Senior Review Specialist if you think you need to quash by consent at a review hearing.

Review Outcome Decisions

When a review outcome decision is received from the review provider, the Resolution Co-Ordinator will upload this to the file and will send a copy to the Review Specialist and Senior Review Specialist.

The Co-Ordinator will close the review down with the correct coding (quashed, dismissed, jurisdiction declined, modified). If costs have been awarded in the decision, the Co-Ordinator will organise for these to be paid.

If the decision is dismissed, the Review Specialist must:

- Send a copy of the review decision to any relevant stakeholders (decision maker, decision maker's team manager/leader, Technical Specialist, Clinical Advisor)

- Check whether the correct costs have been paid or whether there is further information required for costs to be paid (invoices, bank account details). If there is further information required, contact the customer/advocate and ask for this information. Give a final date for them to provide this information and advise if they don't provide the required information by that date, the reminder task will be closed. They can still provide the information at a later date to be paid, but ACC will not chase them for the information.

If the decision is quashed:

- The RC will send a task to the Review Specialist which will need to be updated with specific directions for the decision maker and forwarded to the decision maker's work queue.
- The Review Specialist must send a task to the relevant unit, outlining the Reviewer's decision/directions and the decision to be issued. A task is then sent to the RC's too, who will keep an eye on the task, to ensure the directions are being followed.
- The RS is responsible for checking whether the correct costs have been paid or whether there is further information required for costs to be paid (invoices, bank account details). If there is further information required, contact the customer/advocate and ask for this information. Give a final date for them to provide this information and advise if they don't provide the required information by that date, the reminder task will be closed. They can still provide the information at a later date to be paid, but ACC will not chase them for the information.
- If further information is received about costs, send an out of cog 'Implement Review Costs' task through to the 'Hamilton SC - Quality Assurance' task queue.

More information can be found in Promapp: [Close Review | Nintex Promapp®](#)



Ask your buddy to show you how they close down a review

Review Guide

23. Interested Parties and Employer files

Summary

Interested parties refers to parties who have not applied for the review but have an interest in the review outcome.

Employers

Employers are interested parties where the client (employee) lodges a review to challenge the decline of cover for Work-Related Gradual Process Disease or Infection (WRGPDI), or accident injury which happened at work. This includes a request to add cover to a claim, which often happened with requests for surgery.

The employer is an interested party in these reviews because if the reviewer quashes ACC's decision and provides cover for the injury, the employer's experience rating and levies may be impacted.

Customers

Customers (clients) are interested parties when the employer lodges a Work Injury Dispute review.

The customer is an interested party in these reviews because if the reviewer quashes ACC's decision and finds the accident didn't happen at work, or never happened at all, the customer may lose cover for their injury which will impact their entitlements.

Rights as an interested party

Through the course of natural justice, the interested party is entitled to the following:

- Notification that a review has been lodged regarding a decision that they are an interested party to.
- A copy of the relevant documents
- Attendance at the review hearing and an opportunity to provide further evidence or submissions
- Notification of the review outcome

Upholding privacy requirements

We must ensure we are upholding the standards of the Privacy Act when releasing information, particularly for employers, although interested parties are entitled to relevant documents.

We must notify the review applicant that there is an interested party to the review and that they will be entitled to certain information as an interested party. This is done by the REV21 letter.

Preparing employer files

When deciding whether information is appropriate to release to an interested party, we need to think carefully about whether the information is truly relevant to the issue at review or whether it should be redacted.

If the employer is the applicant:

- The easiest way to tackle any issues with files is to contact the customer, explain that the employer is entitled to information about ACC's decision. Discuss the relevant documents with the customer and ask if the customer is happy for us to send a **full copy** of these documents to the employer and reviewer. It is important that there is discussion with the customer about the information contained in their file and if possible, a copy of the file should be sent to customer to check before releasing to the employer. If the customer provides permission for ACC to do this, then information will not need to be redacted.
- If the customer is not happy for us to send the full unredacted documents, then we will need to follow the process for collating information for an employer file and organise information that is not relevant to the review be redacted. Ideally, we will send the file to the customer to check they are happy with it before releasing it to the employer.
- The customer may advise ACC that they do not want any of their information to go to the employer or Reviewer. In these situations, we would advise the customer that the employer and Reviewer are entitled to receive certain information about the claim (such as information relating to the accident itself and causal link between the accident and the personal injury) because it has been lodged as a work-related personal injury. We can reassure the customer that personal information not relating to whether the injury occurred at work will be removed from the file and still give them the opportunity to review the information before proceeding.
- If we are unable to contact the customer to discuss the provision of documents, we must still provide relevant documents to the employer and Reviewer with careful redaction. We must give the customer adequate opportunity to communicate with ACC by making multiple attempts to contact them including sending them a letter if possible.
- If the customer is not wanting any of their information to go to the employer, or if they are unable to be contacted, we may want to consider whether the decision at review is defensible.

If the employer is an interested party:

- Firstly, we should check if the employer is interested in attending the review or requires a copy of relevant documents. If they aren't interested in being involved in the review, then you do not need to send the employer any documents.

- If the employer does want a copy of the documents as an interested party, the most straight-forward way to tackle any issues with files is to contact the customer, explain that the employer is entitled to information about ACC's decision. Discuss the relevant documents with the customer and ask if the customer is happy for us to send a full copy of these documents to the employer.
- If the customer is not happy for the full file to go, we should discuss with the employer what information they require. If they are happy with the ACC45 and ACC33 Review Application, these can be easily sent by email with some information about the customer redacted. If there is other information that the employer believes that they require, redactions must be made in line with the redaction process.
- If we can't contact the customer to discuss the review documents or the customer is not wanting any information to be provided to the employer, follow the instructions as if the employer is the applicant.

Creating a Print Claim File (PCF)

To create a Print Claim File:

Go to Infact (either through Single Client View from EOS or from Business Applications in the start menu):

- Choose Dashboard (Dropdown on top-right corner)
- Choose Print Claim File
- Enter Claim Number + Apply
- Report is then generated – this includes tasks and contact on EOS relating to the claim
- A date range can be applied if the PCF is only to contain information from a specific period, or if the PCF had been privacy checked previously. To generate a Basic PCF, make sure the 'activities' button is selected 'N' and all other field is selected 'Y'. This generates a PCF without contacts or tasks.

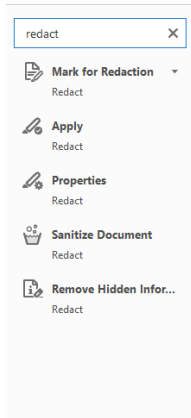
ISSC-Addendum:

- A PCF for Sensitive Claims only
- Database – ISSC Print File addendum – linked to Sensitive Claims
- ISSC – pulls through information form ISSC tab – tech and clinical responses – We only generate the ISSC – Addendum report if there is an ISSC Interval (tab on the left-hand side) in Eos.

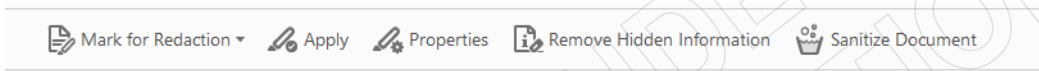
How to redact

1. Open the bulk print and PCF in Adobe Acrobat DC (you may need to save the bulk print and re-open it from your desktop by right clicking and choosing "Edit with Adobe Acrobat").

2. Under "Search Tools", search for redaction.

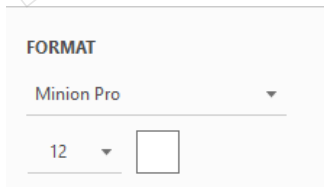
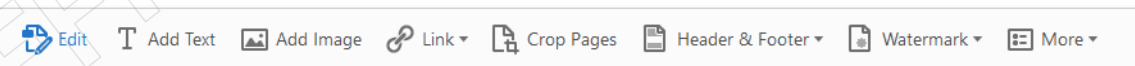


3. Choose "Mark for Redaction" and highlight all words and sentences that need to be redacted using the guide below. When completed, click "Apply redactions".



From: [Redacted]
To: [Redacted]
Subject: Re: Re: [Redacted]
Date: Friday, 21 August 2020 10:31:58 AM
Attachments: [image009.png](#)
[image008.png](#)
[image010.png](#)
[image007.png](#)
[image006.png](#)
[image005.png](#)
[image004.png](#)
[image003.png](#)
[image002.png](#)
[image001.png](#)

4. Under "Edit PDF" tool, choose "Add text" and change font colour to white. Write the relevant section that we have used to redact the information over top of the redacted section.

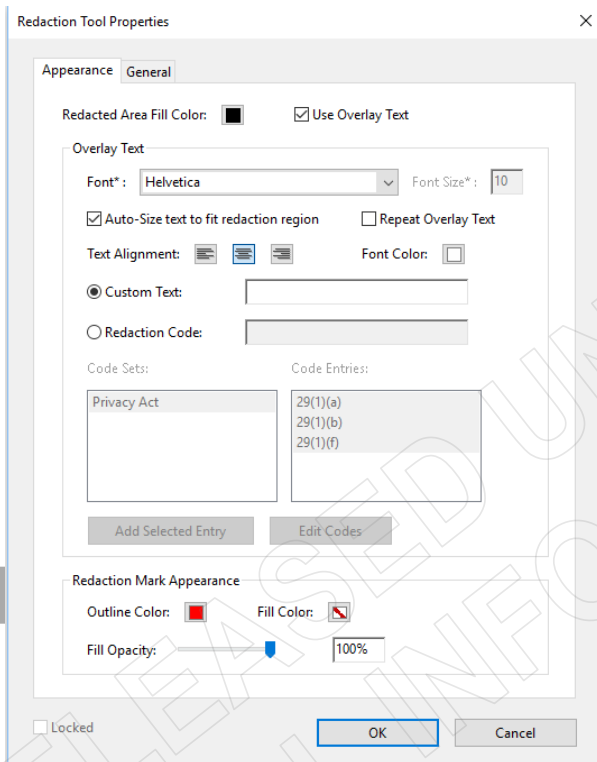


From: [Redacted]
To: 29 1 (a) [Redacted]
Subject: Re: Re: [Redacted]
Date: Friday, 21 August 2020 10:31:58 AM
Attachments: [image009.png](#)
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[image002.png](#)
[image001.png](#)

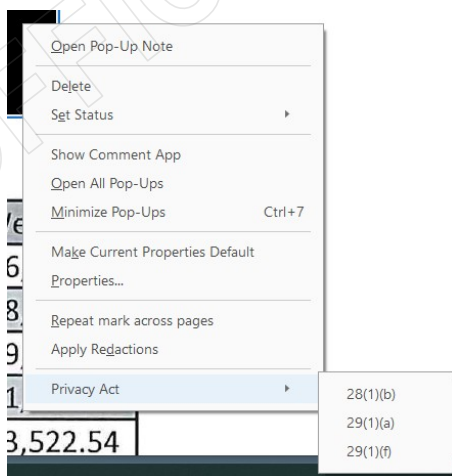
5. Save the document as a new document.

Alternatively, you can add an overlay text shortcut in Redaction Tool Properties, and this will replace step 3 and 4 above and may be quicker if there are multiple redactions to be made:

1. While a document is open in Adobe Acrobat DC, search for redaction and choose 'Properties'.
2. Update the Redaction Tool Properties with the following settings, removing the US statutes:



3. Next, choose mark for redaction and highlight the section of text that needs to be redacted.



4. Once the text has been highlighted, right click and choose 'Privacy Act' and the relevant section that applies from the list below.

5. Once all of the necessary information has been chosen for redaction, choose 'Apply' at the top of the screen and save the document.

What must be redacted

There are 3 main types of redactions that we make, based on the Privacy Act 2020.

Section 53 (b)(i) or (ii) – Unwarranted Disclosure:

(Previously this was under section 29(1)(a) which was referring to both another individual and deceased individual. Under the new Act these have been separated – 53(b)(i) – *another individual* and 53(b)(ii) – *a deceased person*.)

- Information relating to other people (other than the injured person).
- NHI number and other identifiers such as other claim numbers, bank account numbers, IRD numbers
- Customer's middle name and full names of other third parties (such as family members or employer witnesses)
- Residential addresses – customer residential addresses, medical provider residential addresses that aren't used for commercial purposes (can be checked via Google).
- Information relating to other health conditions or non-injury conditions including medication.
- Information relating to entitlements including weekly compensation, social rehabilitation and treatment that doesn't directly relate to causation.
- Imaging reports – if these need to be left in, you must take out identifiers (NHI etc.) and any radiological information not directly related to causation.
- Clinical comments – we can only disclose comments directly related to causation and we may need to take out references to other conditions or treatment.
- Previous employer or new employer names and information
- Double check filing away subject lines in EOS for information that should not be disclosed.

Section 52(b) – Commercially Sensitive Information:

(Previously s28(1)(b))

- All quotes or fee structures coming through for providers (except for general costing and rates which are publicly available or generally fixed costs (such as printing fees) can be left in the file.)
- Breakdown of costs such as surgery information or vocational rehabilitation breakdowns

Section 53(d) – Legally Privileged Information:

(Previously s29(1)(f))

- All communication between ACC and External Counsel Networks including invoices.
- Legal advice including Review Monitoring Panel, Legal Services or other counsel advice.
- General admin communication, such as confirmation of the time of review hearing, can be left in.

Review Guide

24. Multiple Review Issues and Review Lodgements

Purpose

The purpose of a process improvement focusing on multiple review issues is to form a strong policy and process around triaging multiple review issues that is legislatively robust, and customer focused.

The intended benefits of a process improvement are:

- Improvement in Review Specialist wellbeing by decreasing workloads and administrative tasks required for multiple reviews, and greater oversight of true workload numbers.
- Improvement in the customer experience by reducing review numbers used and decreasing confusion from ACC correspondence and duplicate administrative requirements.
- A decrease in review application numbers received for all review types.
- Demonstration of greater fiscal awareness and savings due to consistency in the payment of costs for providers and advocates, as well as reduced administration of reviews.
- More accurate reflection of review volumes and performance that can be reported to the Executive Leadership Team and Board on service level agreement metrics.

Background

What are multiple review issues?

Section 135 of the Accident Compensation Act 2001 sets out how to apply for a review. Section 135(2) prescribes how a review application must be made (in writing, on an ACC33 form whenever practicable, identifying the decision or decisions in respect of which it is made, stating the grounds on which the application is made, be made within 3 months etc.) The components of s135(2) make the review application 'valid'.

A 'review issue' is the specific entitlement or cover decision that has been made on a claim.

There can be multiple 'review issues' when more than one decision regarding cover or entitlements has been issued within the body of the same decision letter, and one or more review applications are lodged by the client for one or more of these decisions.

The review application lodged by the client may or may not contain references to the decisions that have been made but will reference the date of the decision.

PROCESS:

Acknowledging the review application (for RCs and RSs):

1. The REV18 will be prepared by the RC and the Review Specialist will identify all of the issues in the REV18:

e.g. "This review will look at the request for cover [insert cover type] and the request for weekly compensation"

Completing Background Review:

2. Only one background review needs to be completed on the primary review cog. If more space is needed, the background review can be written on a word document and uploaded to EOS with the review numbers clearly recorded.

Referring reviews to providers (for RSs)

3. All of the review issues must be identified on the ACC6239 form to be sent to the provider. Case conference and hearing information will be retrieved from the hearing requested task for the primary review and CIT tasks only need to be sent for the primary review number.
4. Multi-reviews are complex reviews, so the RS must always select the 'complex' box on the ACC6239.
5. Primary review issues are recorded as normal, with secondary issues recorded without review number noted or the same review number noted:

1. Initial case conference details			
Provider Name: Joe Bloggs			
Date: 05/02/2021		Time: 12pm	
Date and time agreed by Customer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Complex Review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Primary contact: <input checked="" type="checkbox"/> Customer <input type="checkbox"/> Representative/Advocate <input type="checkbox"/> Employer			
If proceeding to hearing, the customers' preferred attendance is:			
<input type="checkbox"/> Phone <input checked="" type="checkbox"/> Video conference <input type="checkbox"/> In person			
Additional information:			
2. Review details			
Review number	Review category	Lodgement date	Decision date
987654	X2 – Cover – Is there a personal injury?	05/02/2021	05/02/2021
	Y16 – Rehabilitation – Aids and appliances	05/02/2021	05/02/2021
Late Review Application? <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> No decision yet <input checked="" type="checkbox"/> Not Applicable			

Closing reviews (RCs and RSs):

6. When a review is withdrawn, or outcome received, each “record review outcome” task will be closed with the relevant outcome and outcome received date for each issue. If additional rationales need to be uploaded to the file for the secondary issues, they can be put on EOS using an out of cog task. Remember to label each of the e-form document properties with with the issue it relates to (i.e. REVIEW XXXXXX.01 – Treatment (Physiotherapy)).

Outcome Reporting

7. Outcome and timeliness reporting will show primary reviews and secondary reviews.

What do we need to know?

What are multiple reviews?

- A review ‘issue’ is defined as the specific aspect in law that a client or advocate has lodged their review application about.
- Multiple review ‘issues’ occur where more than one decision has been issued on a claim and a review application is submitted for more than one of these decisions.

What does the law say about ACC’s requirement to log multiple reviews vs logging just one review?

- Section 135(1) and s 135 (2)(c) of the Accident Compensation Act 2001 states: A review application is made by giving an application that complies with subsection (2) to the Corporation... The application must... identify the decision or decisions in respect of which it is made...
- Applying s 5(1) of the Interpretation Act 1999 (i.e. that the meaning of an enactment must be ascertained from its text and in the light of its purpose), ACC’s view is that this gives strong confirmation that Parliament envisaged that one review application could be made in respect of more than one decision.
- The process of creating a cog in EOS and allocating a review number is an internal ACC function that allows for easier administering of reviews. There is nothing in the Act or in case law that dictates how ACC should use its system to allocate review numbers.

What is not included in the multiple review process?

- Decisions issued across multiple claims
- Decisions issued in separate decision letters
- Decisions issued in the same letter that have no impact on each other (i.e. decline washing basket and decline physiotherapy treatment, or declining cover for an additional injury and declining weekly compensation because someone is a non-earner at date of incapacity).

How does lodging one review for multiple issues impact the Reviewer's jurisdiction/scope?

- In short – it doesn't. Section 145 of the Act sets out what Independent Reviewers must do when it comes to issuing review decisions. This clearly gives the reviewer the options for issuing their decisions. Apart from dismissing the review application, it provides the reviewer with the ability to quash/modify the Corporation's decision. This means that there is the ability to provide review decisions/outcomes based on the Corporation's decision(s), not just one decision per review application or review number.
- Any jurisdictional issues can be discussed and sorted out in the pre-hearing case conferences where it may be determined that a second separate review is appropriate in some situations.

How will logging a single review for multiple issues impact review costs for advocates?

- This process may have an impact on advocates who often submit multiple reviews for the same customer on the same day. This process improvement allows us to have consistencies in how we approach agreeing to advocate costs (as right now, we have some advocates who lodge two reviews and request costs for those two reviews and some advocates who only lodge one review).
- Regulation 4 of the Accident Compensation (Review Costs and Appeals) Regulations 2002 sets out the awarding of costs and expenses for reviews. The language indicates that only one set of review costs and expenses (up to the maximum) can be awarded per review.
- *Sutton v Accident Compensation Corporation* [2016] NZACC 166 supports that where there is only one application for review but multiple issues, there is no ability to pay more than one set of review preparation and lodgement costs. Any additional costs incurred will be addressed under the longer review hearing time.
- *Sutton* also addressed the case of *Nielsen v Accident Compensation Corporation* [2006] NZACC 190, where it was found that because of the complex nature of the issues, the reviewer was able to award two lots of preparation for review costs despite there being only one review application. The Court held in *Sutton*, that the Court in *Neilson* appeared to base its conclusion on the general rules around costs in court, rather than the specific rules which applied to accident compensation reviews.

What will be ACC's guidelines for paying review costs and expenses for multiple review issues?

- It is important that we continue to be responsible stewards with levy payers' funds.
- Saving costs or reducing advocate fees isn't the driver behind this project. The only difference is that it is an opportunity for us to be consistent with how we agree to costs.
- In situations where the case is already in front of a reviewer, we can allow the reviewer to make the call on whether additional costs are to be awarded and we can object or not object to requested costs, as we do now. It may need more consideration from us in situations where we are hoping for an early resolution, without engaging a review provider.
- We can consider costs the same as we do now for advocates – we just need to think carefully about whether the advocate was required to put in 'extra preparation' for the second review.
- There may be scope for ACC to consider that "other preparation of case for review" (Accident Compensation (Review Costs and Appeals) Amendment Regulations 2017, Schedule 1) is able to be awarded per review issue. Additional costs will need to be considered on a case by case basis, if the advocate is able to show that there was additional preparation that went into subsequent review issues.
- [Out of Scope] will be on hand to deal with any escalations and issues.

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Review Guide

25. Time Management

Time management is essential to success as a Review Specialist. It is important as it allows you to focus on what really needs to be done and ensures that all important timeframes are met.

In the role of Review Specialist, you have a few key tools to help you manage your time effectively and prioritise your work:

EOS Tasks

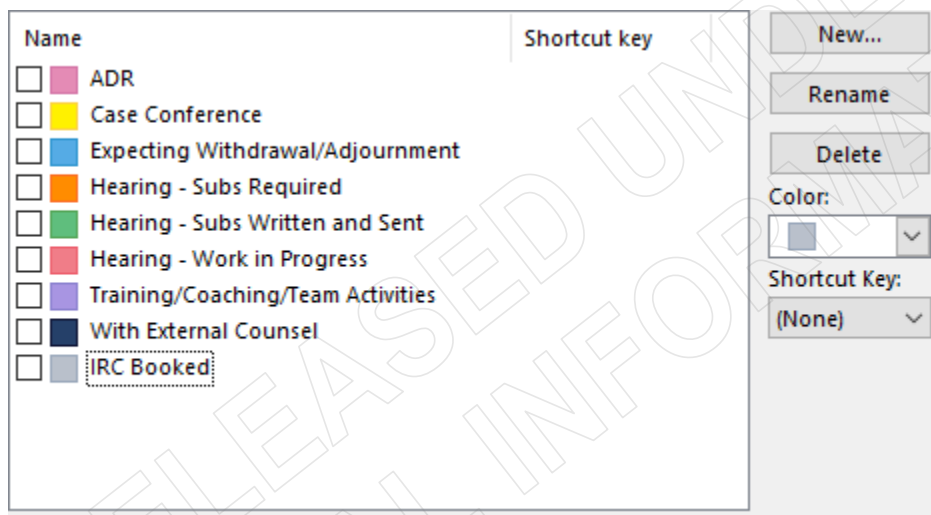
EOS has a built-in task system that allows us to have a to-do list each day. Each review is set up with its own 'cog task' which means that each review will have a task that sits in your 'queue'. You can choose what information is held in the task and when you set the target date for. Tasks should be your main method for structuring your workflow and it also helps your colleagues know what needs to be done if you are away.

- Keep information in the task up to date and delete information out of the task that isn't helpful (having more information to read will just take more time)
- Use the calendar homepage in EOS to ensure you spread your tasks out
- Be realistic about what can be achieved in one day and spread out tasks based on what needs doing (i.e. don't put all of your tasks to write submissions in one day!)
- Allow yourself time to respond to emails and complete other things that may crop up during the day
- All EOS tasks are discoverable and are released during Privacy Act requests so make sure all information is appropriate
- If you find yourself having too many tasks left over at the end of your working day which is causing a backlog of tasks to be completed, try having one day a week where you don't set any tasks. This allows you to have a dedicated catch up day every week to prevent the backlog from building up.

Outlook Calendar

Case conference, conciliation and hearing bookings will be held in your Outlook calendar and so it is a valuable resource for time management. Your calendar will also hold team activities, coaching meetings and one-on-ones.

- Set up your notification alarm for appointments so that you are notified before an appointment and can prepare – most people set this for 15 minutes beforehand to prepare and set up for the case conference/conciliation/hearing.
- Use colour coding in your calendar to easily differentiate between different appointments
- Make sure you pencil in appointments in your calendar (such as hearings) instead of relying on the Resolution Co-Ordinator to put them in there for you straight away. This prevents double-booking yourself or overloading your days.
- Negotiate a different day with a review provider or customer if you feel that a particular day is becoming too full
- Use colour coding in your calendar to easily differentiate between different appointments. Here is an example:



Basic Time Management Tips

- Going back into a claim to refamiliarize yourself with it wastes precious time. If you need to complete a referral or call a customer – do it now instead of pushing it off.
- Invest time in your background reviews. Having quality background reviews means that you don't have to look through the whole claim again to understand what is going on.
- If you find yourself procrastinating and avoiding doing work on a specific claim or review, talk to a buddy about it and find motivation to do it. The stop-start nature of procrastination just wastes time (and often you find it wasn't as bad as you expected it to be).
- Find what works for you – if you are overwhelmed by too many tasks, try using one working task per claim instead of one for each review; or try a different method for noting down important information.



Ask your buddy or Senior Review Specialist to show you how to set up Colour Coding in your calendar and to take you through some 'expert-level' examples of task management.



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