

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

Date auto

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

Dear Client Title Auto Client Surname Auto

We've received your claim and we need more time

We've been told you were injured while being treated by a registered health professional. This means we will consider your claim as a treatment injury claim.

What happens now

These types of claims can be complex, and we need to ask the people involved in your treatment for more information.

We need your authority for us to collect medical and other records relevant to your claim. I've included an *ACC6300 Authority to collect medical and other records* form that you can use to authorise ACC to collect relevant medical and other records to help make decisions about your claim. You can either sign this form or contact us if you'd like to discuss other ways to provide your authority.

[Optional] We've asked [DHB/Practice] to forward us a *Treatment Injury Claim* form which provides more detailed information about your injury. If you believe [DHB/Practice] is not the most appropriate provider to complete this form, please let us know as soon as possible. We expect to receive the claim form by [date] and will remind them if necessary.

We're required to make a decision within four months of receiving your claim, but sometimes it can take longer to get the information we need. If this happens, we'll get in touch to ask you for more time.

We'll be in touch with you as soon as possible and certainly by [date - 4 months from lodgement]

In the meantime, please keep any receipts and medical certificates, as we may be able to help with treatment costs and other support for your injury if we approve your claim. Work & Income may be able to provide some financial help while we consider your claim.

Sharing your information

If we believe an event that led to your injury raises a risk of further harm to the public, by law we're required to share information about your claim with the appropriate regulatory authorities (eg Director General of Health).

Concerns about the care you received

If you're concerned about the care you've received during treatment, most health providers, such as hospitals, have a Customer/Patient Service department which should be able to help. Alternatively, you can contact the Health and Disability Commissioner, who is responsible for dealing with complaints about health and disability providers.

Enclosed information

We've enclosed the following information for you:

- *Assessing cover for your treatment injury claim*
- *Health and Disability Commissioner Learning from Complaints*

We're happy to answer your questions

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

Yours sincerely

[Staff_Name auto]

[Job Title auto]

Telephone: [Telephone]

Encl. *Authority to collect medical and other records (ACC6300), Assessing cover for your treatment injury claim, Health and Disability Commissioner Learning from Complaints*

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Assessing cover for your treatment injury claim



The information below tells you more about how we determine cover for your treatment injury claim.

What do we mean by treatment injury?

A treatment injury is an injury you get while seeking or receiving treatment from a registered health professional.

Treatment can also include diagnosis, monitoring, investigation or advice.

How will we assess your claim?

First, we need the following forms:

ACC2152 – treatment injury claim form	The person who treated you completes this form to provide details about the treatment you received
ACC6300 – Authority to collect medical and other records	You complete this form to authorise ACC to collect relevant medical and other records to help make decisions about your claim

In some cases we may need more information about your injury and the events that led to it. We may ask for medical advice from other health professionals, including those involved in your treatment.

How long will the process take?

Because a treatment injury claim may require us to collect information from a number of sources, it can take anything from a few weeks to several months to assess your claim.

We're happy to answer your questions.

If you'd like to know more, please call your Client Service staff member or **0800 101 996**. In addition, you may be interested in the following information:

For information on...	See the guide ...
help we can provide	Getting help after an injury (ACC2399 – booklet)
how we collect and use your information	Collection and disclosure of information (INPIS01 – information sheet)
your rights to receive a high standard of service, and how we resolve any concerns you may have	Working together to resolve issues (ACC2393 – booklet)

Copies are available at any ACC Branch, on our website www.acc.co.nz or by calling **0800 101 996**.

Keep your receipts and medical certificates.

While we assess your claim, please keep any related medical certificates and receipts for your costs. We may be able to help with treatment costs and other support for your injury if we approve your claim.

How will I know if ACC has approved my claim?

We'll write to you. We'll also let you know the help ACC has to offer and how to go about getting it.

What happens if my claim isn't approved?

We'll call you and write to you to explain our decision. If you disagree with it, we'll work with you to sort out your concerns. You also have the right for the decision to be reviewed by an independent reviewer.

What may not be covered?

ACC may not be able to cover all treatment that doesn't go well. We can't approve your claim if your injury is:

- the result of a health condition you had before you received treatment
- a necessary part, or an ordinary result, of your particular treatment
- caused by a decision an organisation made when allocating health resources
- caused because you unreasonably delayed or refused to give consent for your treatment
- treated, but the treatment didn't achieve the desired result

ACC6300



He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

Authority to collect medical and other records

Please complete this form to authorise ACC to collect relevant medical and other records about your claim.

When you've finished, please return this form to claimsdocs@acc.co.nz or your closest Mail Centre:

If you live in Northland, Auckland, Waikato or Bay of Plenty:

- PO Box 952, ACC Hamilton Hub, Hamilton 3240

If you live in Taranaki, Manawatu-Whanganui, Hawke's Bay, Wellington or the South Island:

- PO Box 408, ACC Dunedin Hub, Dunedin 9054

1. Client details

Client name: [Client full name auto]	Claim number: [Claim number auto]
Date of birth: [Date of birth auto]	Date of injury/event: [Date of injury auto]
Address:	
[Address Line 1 Auto]	
[Address Line 2 Auto]	
[Address Line 3 Auto]	
[Post Code Auto]	

2. Collecting your medical and other records

Why we ask for your authority to collect your medical and other records

To establish your entitlement to compensation, rehabilitation and treatment we may need to collect medical and other records about you from a third party, such as your General Practitioner (GP), other medical professional or employer. We need your authority to collect them.

These records could include:

- medical reports
- details of your accident
- medical history relevant to your claim
- specialist reports and assessments
- your employment details and history
- tax records.

In each case, we'd only seek records that are or may be relevant to your claim during the life of your claim.

We'll let you know about the types of records we need to collect, and why we need to collect them to make these decisions about your claim. Please contact us if you'd like to discuss this further.

How you can provide your authority

You can either sign this form or contact us if you'd like to discuss other ways to provide your authority. These may include for example, setting the duration of your authority or asking us to contact you for authority on a case by case basis.

Collecting and using your personal information

ACC collects your personal and health information to assess whether your claim is covered under the ACC scheme, to manage your claim, and to assess and provide appropriate rehabilitation, treatment, and compensation to you. We also use personal information for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001 (including research, policy development, maintaining a claims database, systems testing, levy setting, internal processes including investigations, training and processing information requests).

ACC6300 Authority to collect medical and other records

ACC may need to obtain medical and other records about you from third parties such as your General Practitioner (GP), specialists, other medical professionals or treatment providers, or your employer.

Providing information to ACC is voluntary. However, if relevant information is not provided, ACC may not be able to determine whether you are eligible for cover or for particular entitlements. Under the Accident Compensation Act 2001, you must provide information that is relevant to your claim when ACC reasonably requires you to provide it. ACC may decline to provide any entitlement if you unreasonably refuse to give ACC any relevant information or to authorise ACC to obtain records that may be relevant to your claim.

ACC shares personal and health information with other agencies for the purposes of managing claims and entitlements, to fulfil our other statutory functions, and in other situations where permitted or required by law. These agencies include government agencies, external providers (eg treatment providers) and your employer (including for non-work related injuries).

You have the right to access and request correction of personal and health information that ACC holds about you.

The Privacy Act 2020 and the Health Information Privacy Code 2020 apply to your personal and health information. Further details of how and why we collect, use, store and disclose information are set out in our Personal Information and Privacy Policy, which may be viewed on our website acc.co.nz/privacydisclaimer.

For more information about privacy, to request access or correction of your personal and health information, or if you have a question or concern, contact us:

privacy.officer@acc.co.nz

The Privacy Officer
Accident Compensation Corporation
PO Box 242
Wellington 6011

3. Declaration

Please read and sign the following declaration:

I declare:

- that the information given in this form is true and correct and that I have not withheld any information likely to affect my application. I will inform ACC of any change in circumstances which may affect my entitlements.

I authorise:

- ACC to collect the following information and to use and disclose it in an accordance with the purposes set out above and in ACC's Privacy Policy:
 - medical and other records which are or may be relevant to my claim
 - details of my accident
 - tax records, employment details and history which are or may be relevant to my claim
 - the holders of such information to provide it to ACC
 - the treatment provider to lodge this claim for me

Client name: [Client full name auto]

Claim number: [Claim number auto]

Signature:

Date:

4. Client representative's declaration

If applicable, please read and sign the following declaration:

I declare that I have authority to consent on behalf of the client to the collection of medical and other records that are or may be relevant to the client's claim. I authorise ACC to collect medical and other records which are or may be relevant to the client's claim.

Signature:

Date:

Representative's name:

Phone number:

What is your relationship to the client?

ACC6300 Authority to collect medical and other records

Why is the client unable to sign this form?

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LANDING PAGE

Treatment Injury | Claims Assessment

Published 11/12/2023

Introduction | Tīmatanga kōrero

Audience: Claims Assessment

Summary: Use this page to access information which supports and informs your decision as well as instructions on activities which need to be completed when following the Make cover or funding decision process.

Each section corresponds to an Activity in the Process manager and are to be completed in chronological order.

[Claims Assessment Portal](#)



^ 1.0 Complete pre-assessment checks



Complete pre-assessment checks

Process manager - [Make Treatment Injury cover decision](#)

1.0 (a) [Treatment Injury | Letters & forms guidance](#)

1.0 (a) [Pre-Assessment Checklist](#)

1.0 (a) [Treatment Injury | Mandatory information \(part of pre-assessment checklist\)](#).

1.0 (a) [Identify Claims for Rapidly Deteriorating Clients](#)

Policy - [Clients with rapidly deteriorating conditions policy](#).

1.0 (b) [Claims Assessment - How do I use Recovery Admin](#)

1.0 (c) [Familiarise yourself with the client and claim](#)

Policy - [Cover criteria for Treatment Injury claims](#)

Policy - [Context of Treatment Policy](#)

Policy - [Causal Link Policy](#)

Policy - [Necessary Part or Ordinary Consequence of Treatment Policy](#)

Policy - [Treatment Injury Exclusions from Cover Policy](#)

Legislation - [Accident Compensation Act 2001, Section 38, Date on which person is to be regarded as suffering treatment injury](#)



REFERENCE PAGE

Treatment Injury | Letters & forms guidance

Published 10/12/2023

IMPORTANT!

Introduction | Tīmatanga kōrero

Audience: Claims Assessment

Summary: This guidance is to be used to identify which letter to send. These templates are to be used to copy and paste content into an Eos generated letter, as there isn't an existing letter which is fit for purpose for these scenarios.

Begin communications with **Kia ora** and sign off with **Ngā mihi**.

When replying to emails, BCC Outbound@claims.acc.co.nz

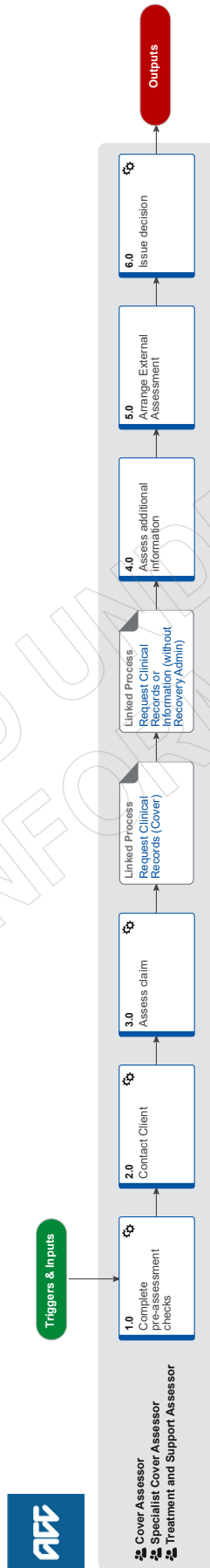


ID	NAME	WHEN TO USE	ATTACHMENTS
TI01	Acknowledge claim - claimant	When a client is older 16 and over	HDC – learning from complaints pamphlet HDC - learning from complaints pamphlet (Te reo)

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Make cover or funding decision :: Make Treatment Injury cover decision

v182.0



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Make cover or funding decision :: Make Treatment Injury cover decision

v182.0



Summary

Objective

Standardised procedure template for cover assessment

Background

General cover

Global Process Owner

[Out of Scope]

Global Process Expert

Variation Expert

Procedure

1.0 Complete pre-assessment checks

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

a Complete pre-assessment checks.

Pre-assessment checklist

NOTE What if the claim is for Treatment Injury, Treatment Injury Mental Injury or FACS?

Send acknowledgement letter to the client. Refer to letter and form guidance.

Treatment Injury | Letters and forms guidance

b Check how you use Recovery Admin before proceeding.

Claims Assessment - How do I use Recovery Admin

c Familiarise yourself with the client and claim. Refer to the Familiarise yourself with client and claim guidance.

Treatment Injury | Familiarise yourself with the client and claim

d Determine eligibility for cover or funding. Refer to the linked information for guidance.

Accident Compensation Act 2001, Section 38, Date on which person is to be regarded as suffering treatment injury

Treatment Injury Exclusions from Cover Policy

Necessary Part or Ordinary Consequence of Treatment Policy

Causal Link Policy

Context of Treatment Policy

Cover Criteria for Treatment Injury Policy

NOTE What if you determine the claim or request doesn't meet the eligibility criteria?

Go to Activity 6.0 Issue Decision.

e Refer to the Claims Assessment Traffic Light for consideration, if applicable.

Claims Assessment Traffic Light

f Check you have the delegation to make a decision without seeking internal guidance. (Go to the 'Explanations' tab, second tab from the left) and refer to the guidance on the landing page for this claim or request type.

Delegations Framework

NOTE What if the claim for cover is for MICPI/WRMI or TIMI?

Even though the Delegations Framework states 'must seek guidance' this is referring to the Psychiatric Assessment report only. Guidance is not required at this point in the process. Continue this process.

NOTE What if you need to seek internal guidance ?



Review the 'Standards for Seeking Guidance' and make sure they are met before proceeding to 'Seek Internal Guidance (Claims Assessment)'. If you request guidance, once received return to this process.

PROCESS Seek Internal Guidance (Claims Assessment)

Standards for Seeking Guidance

NOTE What if the request is for surgery?

Refer to the 'Principal Clinical Advisors considerations list' to determine if you must seek guidance.

-  Principal Clinical Advisor consideration list
- g** Record assessment information and update Eos, if applicable.
-  TI | TIMI | FACS | Confirm cover decision task template
- h** Determine if you can make a decision.


NOTE **What if it is a request for surgery and you are unable to make a decision?**
Send the ELE01 letter to the client and Lead Provider.

NOTE **What if you are able to make a decision?**
Go to '6.0 Issue decision'.

2.0 Contact Client

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

- a** Determine if you need to contact the client. Refer to client conversation guidance.

 Treatment Injury | Initial client conversation guidance

NOTE **What if you don't need to contact the client at this point?**
Go to '3.0 Assess Claim'. Return to '2.0 Contact Client' if required.

- b** Review the client conversation guidance.

- c** Contact the client or ATA by phone.


NOTE **What if you are unable to contact the client?**


1) Leave a voice message, if possible

2) Send text: "Kia Ora, ACC attempted to call you to discuss your claim. Please call us on 0800 101 996 [insert ext if applicable] so we can gather some information from you. Ngā mihi [insert Name]"

3) Add 'Followed up Claimant' to the master task and update the target date to 2 working days from today's date

4) Attempt to contact the client a second time. Then refer to the Client Call Attempts instructions if you are unable to make contact.

 What to say in a voicemail message

 Create and send text

 Claims Assessment - Client Call Attempts

- d** Confirm you are speaking with the right person by asking ACC's identity check questions.

 Identity Check Policy

NOTE **What if the client is presenting a threat of self harm?**

For guidance refer to the NG Guidelines Managing Threat of Self-harm Calls.

 NG GUIDELINES Managing Threat of Self-harm Calls

- e** Check the client's details match the Eos Party record.

NOTE **What if you need to verify the client's email address?**

In Eos, in the Client's Party record, select Email tab, select Email from Template, select Verify Client Email Address. In the body of the email bold the bullet points. Delete the client's name from the subject line.

NOTE **What if client details are incorrect on their Eos party record?**

Update client details.

NOTE **What if the client's name has changed?**

Refer to the Change client's legal name Policy.

 Change clients legal name Policy

- f** In Eos, record the conversation as a contact on the claim.

NOTE **What if the client wishes to withdraw the claim?**

Go to 6.0 Issue Decision task (f).

NOTE **What if you determine a decision can be made following the conversation with the client?**

Go to '6.0 Issue Decision', unless you are waiting for guidance.




- g** In Eos, generate and send letters and documents, if applicable.

NOTE **What if the claims is for Mental Injury caused by Physical Injury, Work Related Mental Injury or Treatment Injury Mental Injury claim?**

Send CVR13 / ACC4244 / PSYIS02 / ACC6300 to the client and CVR14 / ACC4245 to the Provider. In addition to this for WRMI claims send CVR15 to Employer.

3.0 Assess claim

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

- a Check if there are open tasks on the claim that you can action and complete.
- b Check consideration factors for this claim or request type. Refer to the linked consideration factors for guidance.
 -  Treatment Injury - Traffic Light (Consideration factors)
- c Check if you need to request clinical records. Refer to the linked guidance for when to request clinical records.
 -  TI | TIMI | FACS | Guidance for requesting clinical records (SCA)
 -  Treatment Injury | Guidance on requesting clinical records (CA)


NOTE What if you determine you need clinical records?


If you are making a decision on a Treatment Injury (including FACS & TIMI), WRGP or General Cover (including MI) claim, go to 'Request Clinical Records (Cover)' process, otherwise go to 'Request Clinical Records (without RA)' process. Once received continue this process.

- d Consider if you need internal guidance.

NOTE What if you determine you need internal guidance?

Review the 'Standards for Seeking Guidance' and make sure they are met before proceeding to 'Seek Internal Guidance (Claims Assessment)'. If you request guidance, once received return to this process.


 **PROCESS** Seek Internal Guidance (Claims Assessment)

 Standards for Seeking Guidance

- e Consider if you need External Clinical Advice.


NOTE What if you determine you need External Clinical Advice?

Go to 'Seek External Clinical Advice'. Once received, return to this process.

 **PROCESS** Seek External Clinical Advice

NOTE What if you are an SCA and require internal or external advice?

In Eos, generate the ACC2184 Cover decision tool to guide your analysis when requesting advice.

 ACC2184 Treatment injury cover decision tool

- f Update assessment information.

 TI | TIMI | FACS | Confirm cover decision task template


- g Determine if you can make a decision.

NOTE What if you have determined a client is eligible for a Whole Person Impairment Assessment?

Contact client to advise decision. Record this as a contact on the claim.

NOTE: If the client is in prison, consider the practicalities of arranging an assessment prior to issue a decision. For guidance refer to 'Clients in Prison Policy'.

Go to 6.0 Issue decision task (f).

 Clients in Prison Policy

NOTE What if you are unable to make a decision at this point on a Hearing loss claim?

Check if the timeframe to make a decision needs to be extended. Go to 'Extend Cover Decision Timeframe' process. Then go to '5.0 Arrange External Assessment' to refer the client to an ENT specialist.

 **PROCESS** Extend Cover Decision Timeframe

NOTE What if you are able to make a decision?

Go to '6.0 Issue Decision'

NOTE What if you are unable to make a decision?

Check if the timeframe to make a decision needs to be extended. Go to 'Extend Cover Decision Timeframe', then continue this process.

NOTE: This excludes Permanent Injury Compensation requests as there are no legislative timeframes to make a decision, send PIC03.

 **PROCESS** Extend Cover Decision Timeframe

 **PROCESS** **Request Clinical Records (Cover)**
Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor


 **PROCESS** **Request Clinical Records or Information (without Recovery Admin)**
Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

4.0 Assess additional information

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

a Review additional information received.

b Determine whether you are able to make a decision and that the client meets the eligibility criteria. Refer to the linked information for guidance.


 Causal Link Policy

 Cover Criteria for Treatment Injury Policy

 Context of Treatment Policy

 Treatment Injury Exclusions from Cover Policy

 Necessary Part or Ordinary Consequence of Treatment Policy

 Accident Compensation Act 2001, Section 38, Date on which person is to be regarded as suffering treatment injury

NOTE What if you have determined a client is eligible for a Whole Person Impairment Assessment?

Contact client to advise decision. Record this as a contact on the claim.

NOTE: If the client is in prison, consider the practicalities of arranging an assessment prior to issue a decision. For guidance refer to 'Clients in Prison Policy'.

Go to 6.0 Issue decision task (f).

 Clients in Prison Policy

NOTE What if you need to request additional clinical records and/or reports?

If you are making a decision on a Treatment Injury (including FACS & TIMI), WRGP or General Cover (including MI) claim, go to 'Request Clinical Records (Cover)' process, otherwise go to 'Request Clinical Records (without RA)' process. Once received continue this process.

 **PROCESS** Request Clinical Records (Cover)

NOTE What if you are able to make a decision?

Go to '6.0 Issue Decision'.

NOTE What if you are unable to make a decision at this point?

Review the 'Standards for Seeking Guidance' and make sure they are met before proceeding to 'Seek Internal Guidance (Claims Assessment)'. If you request guidance, once received return to this process.

 **PROCESS** Seek Internal Guidance (Claims Assessment)

 Standards for Seeking Guidance


NOTE What if you believe based on guidance and/or new information for a TI claim it needs to be upstreamed to a Specialist Cover Assessor?

Go to 'Treatment Injury and Additional Treatment capability matrix'.

 Treatment Injury capability matrix

c Update assessment information.

 TI | TIMI | FACS | Confirm cover decision task template

 ACC2184 Treatment injury cover decision tool

d Check if an external assessment is required.

NOTE What if the claim is Treatment Injury Mental Injury?

You must send the client for a Mental Injury Assessment. Go to 5.0 Arrange External Assessment.

NOTE What if an external assessment is not required?

Go to '6.0 Issue Decision'.


5.0 Arrange External Assessment

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

a Determine assessment type.


NOTE What if you determine a ENT Specialist assessment is required?

Go to Arrange Ear Nose & Throat (ENT) Assessment. Once this process has been completed return to this process.

 **PROCESS** Arrange Ear Nose & Throat (ENT) Assessment

NOTE What if you determine a Standalone Workplace Assessment maybe required?

Go to Set up Standalone Workplace Assessment. Once this process has been completed return to this process.

 **PROCESS** Set Up Standalone Workplace Assessment


NOTE What if you determine a Comprehensive nursing assessment maybe required?

Go to Arrange Comprehensive Nursing Assessment (CNA). Once this process has been completed return to this process.

 **PROCESS** Arrange Comprehensive Nursing Assessment (CNA)


NOTE What if you determine a Whole Person Impairment Assessment maybe required?

Go to Arrange Whole Person Impairment Assessment. Once this process has been completed return to this process.

 **PROCESS** Arrange Whole Person Impairment Assessment


NOTE What if you determine a Mental Injury Assessment maybe required?

Go to Arrange Mental Injury Assessment for Cover. Once this process has been completed return to this process.

 **PROCESS** Arrange Mental Injury Assessment for Cover

NOTE What if you determine a Medical Case Review Assessment maybe required?

Go to Arrange Medical Case Review (MCR) Assessment. Once this process has been completed return to this process.

 **PROCESS** Arrange Medical Case Review (MCR) Assessment


NOTE What if you determine a Neuropsychological Assessment maybe required?


Go to Assess and Arrange Neuropsychological Assessment. Once this process has been completed return to this process.

 **PROCESS** Assess and Arrange Neuropsychological Assessment

b Determine if you can make a cover decision.**NOTE What if you are unable to make a decision at this point?**

Review the 'Standards for Seeking Guidance' and make sure they are met before proceeding to 'Seek Internal Guidance (Claims Assessment)'. If you request guidance, once received return to this process.


 **PROCESS** Seek Internal Guidance (Claims Assessment)

 Standards for Seeking Guidance

6.0 Issue decision**Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor****a** Check if the client is being managed in a Recovery Team or by a Third Party Administrator.**NOTE What if the client is being managed?**

Consider client impact when you are issuing a decline decision.

b Review decline decision client conversation guidance.

 TI | TIMI | Decline decision client conversation guidance

NOTE What if you are approving or declining an Additional Treatment funding request?


Don't contact the client unless the client has requested contact. Go to task (f).

NOTE What if cover has been accepted?

Contact the client if there are entitlements pending or client has requested contact. If not go to task (f).

c Contact the client or ATA by phone to discuss decision.**NOTE What if you are unable to contact the client?**


- 1) Leave a voice message, if possible
- 2) Send a text requesting they call us on [Insert phone number]
- 3) Create a contact to record attempted client contact. Go to task (f).

 What to say in a voicemail message

NOTE What if you are issuing a decline cover decision and are unable to contact the client.

Record the attempt as a contact on the claim. Go to task (f).

d Confirm you are speaking with the right person by asking ACC's identity check questions.


 Identity Check Policy

e In Eos, record the details of the conversation as a contact on the claim.**f** Create a contact to capture decision rationale with Reason as 'Contact with Internal Party', select 'Internal' as Direction and select 'Other' as Method of Contact. Refer to linked Decision Rationale templates for content to use in the description.

 TI | TIMI | FACS | Decision rationale templates

g Update Eos, including cover status.

 Update Medical tab

 Create Hearing loss indicator

 Cover decision updates

 Edit Treatment Injury tabs

h Create or update Purchase Order, if applicable.

 Create Purchase Order | Claims Assessment


i In Eos, generate and send decision letter / email. Refer to linked Communication guidance and templates.

 Treatment Injury | Letters and forms guidance

 TI | TIMI | FACS | Communication guidance and templates

NOTE **What if you have determined a client is eligible for a Whole Person Impairment Assessment?**

Go to Arrange Whole Person Impairment Assessment.

 **PROCESS** Arrange Whole Person Impairment Assessment

j Check if there is written guidance on the claim if you are issuing a decline decision.

NOTE **What if clinical advice was obtained for a decline decision?**

Send the written guidance transcript located in the documents tab in Eos with the decline letter.

k Check you have a valid email address or valid physical address for the client.


NOTE **What if you don't have either of these?**

Save the decision letter on the claim.

l Check if there are open tasks for support and/or entitlements.

NOTE **What if there are open tasks for treatment and/or support?**

Refer to the queue matrix to determine where to send the task.

 Work type queue matrix

m Run the EMD, if applicable.


NOTE **What if you are accepting a Fatal claim?**

Don't run the EMD. In Eos, create a 'Follow up Fatal' task. Add 'handshake' details to the task. Transfer to Accidental Death Claims department queue as HIGH priority.

NOTE **What if you are accepting or declining a hearing loss claim?**

Don't run the EMD. Transfer the claim to Dunedin SC Actioned Cases department queue.

NOTE: If you are accepting a Treatment Injury Hearing Loss claim, transfer the claim to the Hearing Loss - Assessment queue with the master task as HIGH priority requesting HL indicator is updated and send decision letter to client.

 Identify engagement model and transfer claim

NOTE **What if you are declining cover?**

Transfer the claim to the actioned cases queue for this claim type or to Actioned Cases - Registration.

n Check the EMD has streamed the claim correctly.


NOTE **What if it hasn't been streamed correctly?**

Manually stream the claim to actioned cases queue or Recovery Team identified by the EMD.

o Check if hard materials were needed to inform your decision.


NOTE **What if you received hard materials and want to have them destroyed?**

Go to 'Authorise Destruction of Physical Claim Documents that are Digitised' process

 **PROCESS** Authorise Destruction of Physical Claim Documents that are Digitised

NOTE **What if you received hard materials and want to return them to the Provider?**

Go to 'Prepare and send client information by courier' process.

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