Seek External Clinical Advice v24.0

Triggers & Inputs

Specialist Cover Assessor

1.0 Determine external clinical advice required

2.0 Contact client or representative and explain need for external clinical

3.0 Request external clinical advice referral

9.0 Review report

10.0 Determine next steps

Recovery Administrator

4.0 Review referral task

5.0 Identify available ECA

6.0 Create purchase order

Recovery Administrator
Specialist Cover Assessor

7.0 Create and send referral documents

8.0 Follow up request for external clinical advice

Cover Assessor
Specialist Cover Assessor

Linked Process

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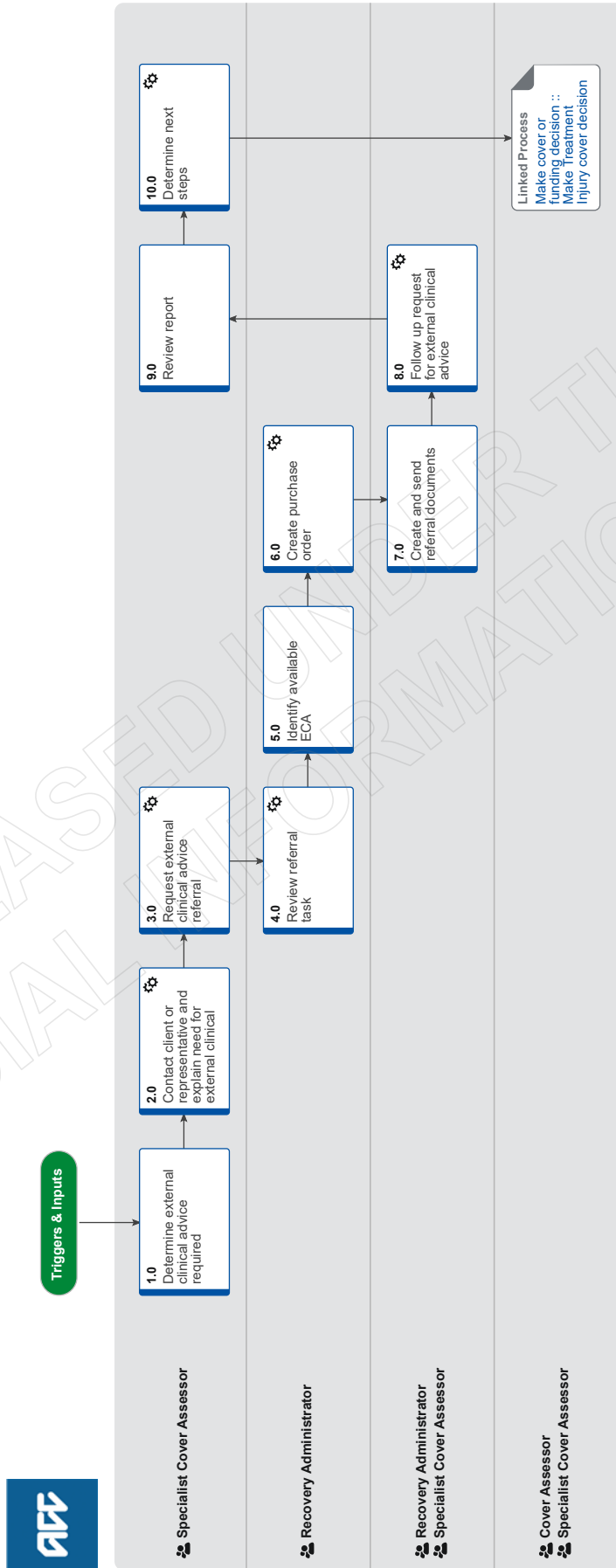Make Treatment Injury cover decision

Seek External Clinical Advice v24.0

Summary

Objective
To request a report from an independent third-party provider answering questions on the standard of care (if relevant), physical injury, causation, background population risk (necessary part of treatment), ordinary consequence of treatment etc.

Background
External Clinical Advice (ECA) is an opinion solely based on the paper file review from an independent provider. It helps to answer the questions on the standard of care (if relevant), physical injury, causation, background population risk (necessary part of treatment), ordinary consequence of treatment etc.

The ECA's role is to comment on clinical facts, accepted standard practice, whether a failure has occurred and likelihood of an injury occurring, taking into account the particular clients contributing factors.

ECA's do not interpret the legislation. It is the role of the Specialist Cover Assessor (SCA) and Cover Assessor (CA) to interpret the legislation against the clinical facts, and obtain further internal advice if required.

Owner   [Out of Scope]

Expert   [Out of Scope]

Procedure

1.0 Determine external clinical advice required
Specialist Cover Assessor

a Confirm ECA is required.

> **NOTE** **When would you seek ECA?**
> • When you need specialised advice regarding failure, standard of care, appropriateness of the chosen
> treatment pathway, identification of a physical injury, causation and determining what contribution patient
> specific factors had in contributing to developing an injury and that advice would help you to determine
> cover.
> • When you've had a conversation with a Review Specialist or following internal guidance and you determine external clinical advice is needed.
> • You are not required to seek internal clinical advice before accessing external clinical advice.

b Identify the speciality of ECA needed.

> **NOTE** **How do you identify the specialty of ECA needed?**
> • Identify the consultant that the care was provided under.
>
> Be mindful that this is not always the most appropriate speciality to provide comment (eg. client had
> cardiothoracic surgery and developed a bacteraemia, which then resulted in a sternal wound infection). It may be more appropriate to seek advice from an infectious diseases physician in this
> case.
>
> • Look up their ECA speciality and sub speciality to ensure that you are seeking advice from a peer with
> similar training and registrations - (eg when considering cases where the treatment has been provided at a rural hospital, be mindful that a rural hospital does not have emergency physicians in
> their emergency department which is usually run by Rural Health General Practitioners).
>
> • An ECA provider cannot provide comment on another practitioner's care if they do not have the same qualifications - (eg. an Obstetrician should not be providing comment on the standard of Midwifery care, we should be seeking comment from a Midwifery ECA if this is required).

> **NOTE** **Where can you access a list of ECA disciplines and specialities?**
> Click on the link below and navigate to the Provider details.

> 📄 Treatment Injury ECA Referral tool

> **NOTE** **What if you are unsure of the correct ECA discipline and/or speciality to use?**
> Go To 'Seek Internal Guidance' process. Use Tier 1 (self service) and Tier 2 (Hotline) guidance process.
>> ↪ **PROCESS** Seek Internal Guidance

> **NOTE** **Can you request an ECA provider by name?**
> • You can instruct Recovery Administration on the medical discipline and speciality required. The Recovery Administrator will then select the next available provider, with the discipline and speciality required, that has capacity to receive a referral.
>
> • You can request an ECA provider by name, if that provider has previously provided ECA advice on the same claim.

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2.0 Contact client or representative and explain need for external clinical advice
Specialist Cover Assessor

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

> 📄 Identity Check Policy

b Explain that you are referring for external clinical advice, the reason seeking advice, what information will be included in the referral, what the advice will be used for and the possible outcomes.

NOTE **What else do you need to make the client aware of?**
• timeframe of when you expect to receive the written advice.
• that sometimes the ECA may confer with other similar experienced vocationally registered health professionals, eg. a blind review
• next steps after receipt of the written advice.

NOTE **What if the client does not agree to proceed to ECA?**
Find out why the client does not want to proceed to ECA and consider their reasoning and alternatives which may include making a cover decision based on the clinical information that is held on the claim. Agree with the client the next step.

c In Eos, add a contact note as a record of the conversation.

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3.0 Request external clinical advice referral
Specialist Cover Assessor

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

NOTE **What documents do you need to include?**
• ACC45 Injury Claim Form
• ACC2152 Treatment Injury Claim
• All clinical notes (including radiology reports, laboratory results and other miscellaneous medical records on file)
• Treating specialist(s) report(s)
• Internal medical advice
• Letters and notes provided by the client
• Death Certificate
• Coroners/Autopsy reports
• Hard copies of clinical evidence (dental moulds, cytology slides, radiological images hard copy/CD).

b Perform privacy checks on documents.

NOTE **What do you need to check?**
Check documents:
• are relevant to the referral
• do not contain any third party information
• do not contain any other information that needs to be withheld.

For details on what checks you need to complete before sending documents out, refer to NG supporting information Inbound and Outbound Document Checks and the Privacy Check Before Disclosing Information policy.

🗋 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

🗋 Privacy Check Before Disclosing Information Policy

NOTE **What if you find information that needs to be redacted?**
Send an email to Recovery Administration (recoveryadmin@acc.co.nz) and include the document to be redacted plus your specific redaction instructions, before adding the redacted document to the document group. You must not create and add to a document group until all redactions have been completed. Wait until you get the correct information back on the claim and then you can create your document group.

c Add the documents to the group.

NOTE **What if there are documents incorrectly on other claims that need to be moved to the correct claim that has the referral-specific document group?**
To move documents from another claim to the correct claim see the system steps below for Move a Document to Another Claim.

🗋 Move a Document to Another Claim

NOTE **What if there are documents from other claims that are relevant to the assessment?**
When a request for a referral is required and there are additional supporting documents on another claim, it is important to upload a copy of the documents to the claim that has the document group. This will ensure the right documents support the cover decisions for each claim, whilst retaining original documents on the correct claims.

To upload documents from one claim to another:
1) Create a bulk print of all documents on the other relevant claim and complete mandatory fields and description
2) Open PDF document from email link
3) Upload the PDF document to the relevant claim that has the document group for the referral
4) Repeat if there are relevant documents on multiple claims.

The PDF should be renamed to something short but relevant, identifying which claim number the information came from so that it is included/printed in further referrals or copy files eg 'medical records and reports from claim 100xxxxxxxx'.

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

🗋 Manage document groups

d Create a referral-specific document group with today's date and name it 'External Clinical Advice'.

e Perform final privacy check as per step 3.0, b on any documents that have been added to document group called 'External Clinical Advice'.

NOTE **What if more than one ECA is requested for the same claim?**
Perform privacy checks as per step 3.0, b on documents to be sent to any other ECA.

NOTE **What do you need to document on Eos regarding privacy checks?**
Create a contact in Eos stating you have completed privacy checks for the document group labeled 'External Clinical Advice' and the date this was done.

f From the Recovery Plan, add an activity for NGCM - Manage Referral task and choose the External Clinical Advice type.

NOTE **How do you generate and send a referral task for Recovery Administration?**
Go to System Steps NGCM Create a Referral Task.

What if this a Mesh claim?

In the e-form sub-specialty list select Other, then use the free type box to note Mesh and note preferred specialist

📄 Creating Manage Referral Tasks - System Steps

NOTE **How do you complete the eform that is associated with the External Clinical Advice type?**
• Select specialty and sub-specialty
• Record the basis of the claim in the 'Questions for referral' field, then leave a space
• Enter your specific ECA questions in the 'Questions for referral' field, then leave a space
• Specify if you need to re-refer to a specific ECA

It is not necessary to link the document group to the task. The recovery administrator will be able to locate the corresponding document group that has been correctly labelled.

📄 Clinical questions guide

NOTE **What if hard copy clinical evidence needs to be sent with the referral (ie specimens and radiological imaging)?**
• send the whole ECA referral yourself via courier so the hard copy clinical material is together with the full referral. See below note about additional information you need to include in the task.
• complete activity 7.0 when you receive a General Task from Recovery Administration notifying you this is ready.
• if you need to send hard material, also record in the task description "Hard material - Specialist Cover Assessor will send referral".

NOTE **What if additional clinical information is received after the referral has been sent to the provider?**
• create a CM03 blank letter addressed to the ECA provider advising that we are sending additional information for them to consider as part of their report and state clearly what the additional information is (eg Medical notes from General Practitioner Dr XXX).
• create another document group that will include a CM03 blank letter and the additional clinical information for the ECA.
• create a NGCM Send Letter task and link the documents for recovery administration to send on your behalf.
• complete privacy checks as per step 3.0, b and document in a contact on Eos.

g Set the priority indicator on the task to 'high'.

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4.0 Review referral task
Recovery Administrator

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

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

NOTE **What if you don't have all the information you need to proceed?**
If required information is missing from the task, contact the task creator.

If you need guidance on working within the Administration Team, refer to the link below.

📄 Principles of Working in the Administration Team

NOTE **What if the referral task indicates the referral is urgent?**
Contact the task creator to discuss the urgency and work together to progress the urgent referral.

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5.0 Identify available ECA
Recovery Administrator

a Check the Treatment Injury ECA Referral tool for the medical discipline and speciality requested and confirm the next ECA provider in line to receive a referral.

📄 Treatment Injury ECA Referral tool

NOTE **Where can you find guidance on how to use and update the referral tool?**
The TI ECA Tool Guidance Info document is located in the referral tool using the weblink provided above or watch an instruction video below.

🎞 TI ECA Referral Tool Training Videos

NOTE **What if the referral task indicated the referral is urgent?**
Work with the task creator to facilitate discussions with the relevant ECA provider to accept an urgent referral.

NOTE **How do you know which ECA provider to use?**
• review the medical specialty and sub-specialty requested in the task.
• search for providers which match the above requirement in the Treatment Injury ECA Referral tool:
- Open Provider details and filter Specialty and Sub-specialty (eg General Medicine, Infectious Diseases)
- Note the geographical location of the client and select a provider from outside of the client's geographical location.

If there are no providers outside of the client's geographical location, advise the task creator and discuss alternatives and/or email your Client Service Leader who will escalate to Clinical Services for resolution.

NOTE **How do you confirm the provider is available and has capacity to receive a referral?**

In the Provider details tab of the Treatment Injury ECA Referral tool check:

• their availability is "Yes".
• the provider's Annual Practicing Certificate (APC) is current.
• the notes section, some providers like to be called and asked whether the basis of the claim is within their scope of practice prior to us sending the request.
• compare the maximum referrals recorded (signalling the number of referrals they can manage at any given time), with the current volume already referred or wait-listed, and waiting receipt of advice
• If the maximum number of referrals has been reached and the referral is wait listed or waiting for an appropriate ECA provider to be recruited with the specific specialty needed. If so the Recovery Administrator to contact the task creator to let them know.

If in doubt, or specified by the provider, contact the provider to confirm capacity.

If the maximum referrals has not been reached and there is no wait-list, the provider has capacity to receive a referral.

NOTE **What if you can't confirm the provider has capacity to receive a referral?**

Select the next appropriate provider with the right specialty and sub-specialty.

NOTE **What do you do if all providers with the required specialty and sub-specialty are at full capacity?**

1) Extend the due date of the task, aligning it to when the soonest expected due date for receipt of an ECA from the identified providers this will keep the referral delay to a minimum.
2) Record a rationale in the task as to why you are extending the task due date this will help identify
through reporting if additional ECA providers need to be recruited and added to the list.
3) Go to step b.

NOTE **What do you do if there are no ECA providers on the Provider details tab with the required speciality and/or subspecialty?**

• Email your Client Service Leader with the issue and they will escalate to CSAdminTeam@acc.co.nz for resolution.
• Extend the due date of the task out to three days to follow up resolution and record reasons why the task due date is extended. This information will be extracted for reporting as part of improving the ECA service.

b Update the booking schedule recording the relevant details in the appropriate fields against the confirmed selected provider.

NOTE **How do you correctly update the booking schedule?**

Refer to 'Populating & Maintaining the Booking Schedule' within the TI ECA Referral tool Guidelines document located in TI ECA Tool Guidance Info for full instructions on how to and what should be recorded in the columns.

When entering a new referral request:
1) From the Booking Schedule, click the '+ New' button on the top left of the screen
2) You will be presented with a form on the right side of the screen. Populate the applicable fields (refer to guidelines for definitions if necessary). When complete, click 'Save'.

When updating an existing referral request entry:
1) Select the referral request entry you wish to update.
2) Click edit.
3) You will be presented with a form on the right side of the screen. Update as necessary and click
'Save'.

NOTE **Why is it important to correctly update the booking schedule?**

It is vitally important that the tool is updated and that requests that have been received are removed from the list. This allows users of the tool to accurately assess the work load of providers. This will enable visibility to your colleagues of referrals sent, when ECA is due, referrals on the waiting list and when provider has capacity so that another referral can be released.

NOTE **How do you manage urgent referrals when other referrals are on the waiting list with a provider?**

Contact the Specialist Cover Assessor who requested the referral and work together to enable the referral to be placed at the top of the waiting list queue.

This should involve discussions with other Specialist Cover Assessors to agree priority based on each client situation, and to enable Specialist Cover Assessors to update clients on the status of their referral and expected timeframes.

NOTE **What if this is a mesh claim?**

In the task sub specialty will be noted as mesh. If a specialist s noted, find them in the ECA list. If no specialist is noted, filter by Mesh in sub - specialty (pending ECA tool update)

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6.0 Create purchase order
Recovery Administrator

a In Eos, create a Purchase Order for the ECA referral by referring to the details in the e-form.

NOTE **What do you add to the purchase order?**

• In 'General Q+E' tab select 'Cover Assessment' under Rehabilitation Action, 'Treatment Injury-Cover' under
intervention, and 'Non-Contracted' under Purchase Method.
• On Select Ent - select ECA01
• Enter 10 units for quantity approved and set frequency as 'Quarter'

📄 Create a purchase order

b Add the vendor to the purchase order, as identified in the ECA booking schedule and Provider details, ensuring the vendor is also added as a participant on the claim.

c Approve the purchase order.

NOTE **What if the purchase order requires a higher delegation?**

Save the purchase order and create and send a Request Authorisation Task from within the purchase order and send to a Recovery Leader for approval.

Refer to the link below.

📄 Request Authorisation for a Purchase Order - System Steps

NOTE **What if you get a 'Limited Payment' error message when authorising the purchase order?**

Change the limited payment indicator.

1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
2) Select 'OK'.
3) Go back to the purchase order to authorise.

Once you have authorised the purchase order, remember to change the Limited Payment List Indicator to 'Yes'.

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7.0 Create and send referral documents

Recovery Administrator, Specialist Cover Assessor

a Create and edit the TI40 External Clinical Opinion Request - Vendor letter (do not complete the document until sent to the vendor - this will allow the vendor to edit the document and enter their findings), populating with the extra information noted in the ECA task. Ensure you check that all relevant information within the task has been captured.

📄 ADMIN TEMPLATE - External clinical advice.docx

NOTE **When would a Specialist Cover Assessor complete this activity?**

Only when hard copy clinical material is to be sent.

Recovery Administrators will complete the TI40 as much as possible and save the document as Incomplete. Upon receipt of the General Task from Recovery Administration, the Specialist Cover Assessors will then edit the rest of the document through to completion and send the referral documents, ensuring all steps outlined in this activity are completed.

NOTE **For Recovery Administrators: What do you do next if the referral task only requested a Purchase Order creation and approval due to hard copy clinical material needing to be sent by the Specialist Cover Assessor with the referral?**

1) Ensure you have edited the TI40 as much as you can and save the document as Incomplete.
2) Create a General Task and record that the purchase order has been approved and the referral is ready to be completed.
3) Add the purchase order number to the task description.
4) Transfer the General Task to the referral request creator.
5) Close the Medical Assessment Referral task.

Go to step 8 (the Specialist Cover Assessor will complete the rest of this activity).

b Link the referral to the document group 'External Clinical Advice'.

c Perform privacy checks using the Inbound and Outbound Document checks.

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

d Check the provider's preference for receiving the referral. If the providers preference is by email and the request is not associated with hard copy material, Recovery Administrator to ensure the provider's email address has been verified.

Update the Booking schedule in the Treatment Injury Referral tool with the date the referral is sent.

NOTE **What if the email address has not been verified?**

Go to (NGCM) Verify Provider and Vendor email addresses process.

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

📄 Treatment Injury ECA Referral tool

e Create email using the requests and referrals template and attach the referral and document group.

📄 Emailing from Eos using a template - System Steps

NOTE **If you are unsure contact the ECA provider directly.**

NOTE **What if the document is too large to email?**

Break it up in chunks, if required.

NOTE **What if the request is urgent?**

State this clearly in the email.

NOTE **What if the referral documents need to be sent via courier?**

Recovery Administrators - Refer to the process link below (NGCM) Prepare and Send Client Information by courier.

Specialist Cover Assessors - Refer to the Information link below Sending medical material to External Clinical Advice

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

📄 Sending medical material to External Clinical Advice

f Complete a final dispatch check to ensure the client and vendor details are correct.

g Send the email or courier to the ECA provider. Use the email address provided under the Treatment Injury ECA Referral tool.

> **NOTE** **What if the TI ECA provider requests an update to their details or availability?**
> Pass the information on to CSAdminTeam@acc.co.nz (Attn: Kristina Bueno) to have the Provider list in the TI ECA Referral tool updated.

h After sending the incomplete TI40 letter to the vendor, save the document as complete this will allow the document to be edited by the vendor (to convert the document into a non-editable pdf).

i Close the assigned task and create a new "NGCM - Admin Request" task, edit the task description with "ECA Follow Up" Provider Name and Due Date. Set the due date for three weeks' time and put back into the queue.

j Check that you have correctly updated the Booking Schedule in the Treatment Injury ECA Referral Tool (locate the entry with your clients name and the vendor who has been previously selected under point 5.0), with the date the referral was sent to the vendor and then calculate a six week ECA report due date (first follow up on ECA referral at 6 weeks then 4 weekly after that).

> **NOTE** **Specialist Cover Assessors sending the referral will need to update the spreadsheet with the date referral sent and ECA due date.**

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8.0 Follow up request for external clinical advice
Recovery Administrator, Specialist Cover Assessor

a Upon receipt of the NGCM - Admin Request task, perform a check of the documents on the claim to confirm the requested information has been received.

> **NOTE** **What if the ECA has been received?**
> 1) Update the Booking schedule in the Treatment Injury ECA Referral tool with the ECA received date.
> 2) Close the "NGCM - Admin Request" task.
> 3) Create "NGCM - Action Attached Documentation" task and tick the box "Assign this work to me" at
> the bottom left of the EOS page so that you can make edits. Select next.
> 4) Write in task description "ECA received from Dr (enter name and specialty)", then allocate task to
> case owner/Specialist Cover Assessor.
> 5) Check if there is another referral on the waiting list for that provider that can now be sent to the
> ECA. If so, locate the referral task, change the due date to today's date, and record in the task description that the provider can now receive the referral.
> 6) Change the task to high priority so that the task can be allocated and actioned same day.

b Contact the ECA provider to follow up on the report if the ECA has not been received.

> **NOTE** **How do you contact the ECA provider to follow up on the report?**
> 1) You can contact the provider by email or phone call and advise the ECA provider that the report is due back to ACC.
> 2) Check if referral has been received by them.
> 3) Ask the provider what the expected timeframe for ACC to receive this report.
> 4) Document this clearly in the contacts of the claim with the follow heading: ECA PROVIDER CONTACTED and write within the contact the agreed timeframe to receive the report.
> 5) Alter the 'NGCM - Admin Request Task' to reflect the new agreed timeframe or three further weeks and place back in the queue.

> **NOTE** **What if the provider can't complete the referral?**
> 1) Make note and close follow up task.
> 2) Mark as report received in booking tool and note that the provider declined the referral.
> 3) Call specialist cover assessor and ask them to make a new task and make mention to not refer to previous provider OR indicate an alternative provider.
> 4) Consider if the provider's availability needs to be changed due to reason of the declined of services.

> **NOTE** **What if the ECA provider is not responding to follow ups?**
> If you experience repeated difficulty communicating with the provider, eg provider is not responding to a mix of emails and phone calls after three attempts, it is reasonable to engage the task creator to determine if the referral should be cancelled and a new referral sent to another ECA provider next on the list who has capacity to receive the referral.

> **NOTE** **What if the ECA provider indicates a lengthy delay and they haven't commenced the review?**
> ECA Providers are very good at advising delays or that they are unable to undertake the work. Some examples of this are, taking leave, or experiencing an increased workload in their routine practice (outside of ECA) and therefore unable to provide reports. If this occurs, inform the Specialist Cover Assessor and determine if the referral should be cancelled and a new referral sent to another ECA provider next on the list who has capacity to receive the referral.

> **NOTE** **For how long should you continue following up for the ECA report?**
> You should continue to follow up the ECA report for as long as required until the ECA report has been received.
>
> NGCM - Admin Request tasks for follow up of the ECA report should never be closed unless the report has been received or you have been advised by the Specialist Cover Assessor that follow up is no longer required.

c Extend the NGCM Admin Request to reflect the earlier of the new agreed timeframe or three further weeks and place back in the queue.

d In the Booking Schedule, add in the comments field that follow-up has occurred and the expected new date of receipt of the ECA report.

NOTE **Do not change the initial six week ECA due date recorded in the Booking Schedule as changing due dates will incorrectly inform provider service level agreement monitoring occurring in another part of the business.**

e   Receive the ECA report or the Alert: You Have Mail task notification from the Inbound Document Management Team that the ECA report has been attached to the claim, open and review the document.

NOTE **What if you are a Specialist Cover Assessor and you receive the ECA report directly from the provider and upload it yourself?**

Do not cancel the NGCM - Admin Request follow up task - update the task requesting the admin team to update the ECA booking tool and change the target date and priority level. This will allow the admin team to close the task after the ECA booking tool has been updated to avoid delays for other clients on the waitlist.

f   Perform Privacy and Relevancy checks on the received report.

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

9.0 Review report
Specialist Cover Assessor

a   Review the report to ensure there are no clinical issues and that it is complete.

NOTE **What if there are quality clinical issues or completeness concerns?**

You are encouraged to deal directly with the Provider where you can, particularly if the concerns are around the completeness of the report, omissions or redactions.

However, where the quality of a report potentially falls below expectation and there may be a need to provide feedback to the ECA, these situations can be referred to a Clinical Advice Manager for consideration. The team will help you by reviewing the report and where necessary talking with the ECA Provider.

If you have any concerns relating to the quality of any ECA reports, please email the case and a summary through to CSAdminTeam@acc.co.nz.

PROCESS Address Treatment Injury ECA Performance Issue

10.0 Determine next steps
Specialist Cover Assessor

a   Review ECA report and determine next steps.

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

📄 Identity Check Policy

c   Discuss the report and next steps.

d   In Eos, add a contact as a record of the conversation.

e   Go to 'Assess Cover for Treatment Injury Claim' step 5.0 Review additional information.

PROCESS **Make cover or funding decision :: Make Treatment Injury cover decision**
Cover Assessor, Specialist Cover Assessor

Recovery Assistant
Recovery Coordinator
Recovery Partner

Linked Process
Create or Update
Recovery Plan

1.0 Determine whether Medical Case Review is required

Cover Assessor
Recovery Assistant
Recovery Coordinator
Recovery Partner

2.0 Contact client and explain the need for an assessment

3.0 Identify and confirm vendor

4.0 Action request to identify potential vendor (if required)

5.0 Request assessment referral

6.0 Review referral task

9.0 Receive confirmation of appointment

10.0 Review report

11.0 Determine next steps

Linked Process
Create or Update
Recovery Plan

Recovery Administrator

7.0 Create purchase order

8.0 Create and send referral documents

ACC > Claims Management > Manage Claims > Gather Additional Information or Advice > Arrange Medical Case Review (MCR) Assessment
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Arrange Medical Case Review (MCR) Assessment v84.0

Summary

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

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

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

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

Owner [Out of Scope]

Expert [Out of Scope]

Procedure

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

- -

1.0 Determine whether Medical Case Review is required
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Confirm client's eligibility for the Medical Case Review (MCR) assessment.

> **NOTE** **You must Seek Recovery guidance from a Clinical Advisor before arranging an MCR.**

> **NOTE** **What if the request/referral is to a specialist who is the treating practitioner or will become the treating practitioner?**
> In this case MCR codes are not appropriate.
>
> If the provider holds the clinical services contract then they need to bill under this using the standard codes which do not need prior approval.
>
> If the provider does not hold the clinical services contract then consult the "manage non contracted purchasing" process. (see activity 3.0 for how to confirm if they hold the clinical services contract.)
>
> Seek support from your Team Leader and Engagement and Performance Advisor if the provider continues to request MCR codes.

> **NOTE** **Who will identify the need for an MCR?**
> The need for an MCR will be identified as part of written guidance from Recovery Support.
>
> Where there are clinical questions, or where required for medicolegal reasons and Clinical Services or the treating practitioner are unable to address these, written guidance from Recovery Support will confirm and support the need for obtaining an independent expert opinion from a non-treating specialist. The written guidance will include tailored questions for the MCR provider to respond to.
>
> For how to obtain written guidance, refer to Seek Internal Guidance.
>
> 📋 **PROCESS** Seek Internal Guidance

> **NOTE** **What do you need to consider when deemed cover exists?**
> Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.
>
> 📄 Deemed Cover and Entitlements Policy

> **NOTE** **What if the client has not granted ACC authority to collect medical and other records?**
> See step 2a below

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

> **NOTE** **What are the different types of MCR you can refer a client for?**
> • Standard
> • Complex

> **NOTE** **When would you refer for or agree to a request for a complex MCR?**
> • the client's injury is of unusual complexity
> • there are co-morbidities that appear to be affecting the client's recovery from injury
> • the review or assessment will be undertaken in two parts while results of investigations are obtained.

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

📄 Identify Claims for Rapidly Deteriorating Clients

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

> **NOTE** **What if the current medical notes are not on file?**
> You will need to obtain these before the referral is sent to the provider. Refer to (NGCM) Request Clinical Records.
>
> 📋 **PROCESS** Request Clinical Records

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

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

Send an NGCM - Admin Request Task to Recovery Admin to update the PO.

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

Following the initial MCR assessment, you may be required to request a supplementary report. This may be because you have additional questions for the assessor.

1) Use the PO code CSM3 and specify the number of hours required.
2) Send an NGCM - Admin Request Task to Recovery Admin to update the PO.

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

Following the initial MCR assessment, you may be required to request a additional MCR assessment. This may be due to receiving new medical information.

Follow the same steps below as arranging the initial MCR and ensure you use the appropriate contracted or non-contracted purchase order code. Go to 2.0 Contact client and explain need for assessment.

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

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

📄 WRGP | Medical Case Review Providers

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2.0 Contact client and explain the need for an assessment

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

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

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

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

�____ **PROCESS** Obtain Client Authority to Collect Information

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

📄 Identity Check Policy

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

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

• that the specialist may suggest a telehealth (virtual) assessment if it is clinically appropriate - the client must give their consent for this, otherwise it should be in person. Explore any concerns about a potential virtual assessment and confirm their agreement/disagreement at this point.

• ask what their availability is to attend the assessment, do they have a preferred time during the day?

• we will send the appointment details through to them

• that there is no cost for the appointment, that we can contribute or arrange travel

• they are welcome to have a support person accompany them

• the specialist will send us a report which we will send to appropriate parties. Confirm they are happy for the report to be sent to the key parties, including their GP and record this in your contact.

• make them aware that some providers will ask to review the referral documents before accepting the referral and confirming they can undertake the assessment. Explain that this is to assist the provider in deciding whether they are the right clinician for the client, and that any providers that do not accept the referral will be asked to delete the referral documents. Confirm that they are informed of this process, consent to the referral documents being shared and note this in the client contact record.

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

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

Some Occupational Physicians hold the Vocational Medical Services (VMS) contract to conduct an MCR, if you use these assessors they can be booked using the VMS Centralised Booking System spreadsheet. Follow the steps below when booking an assessor via the VMS spreadsheet:
• Open the VMS Centralised Booking System and identify the provider, for information and guidance refer to VMS Centralised Booking System.
• Create a reminder action to notify the client of appointment details the day prior to the appointment.
• In Salesforce, add a contact as a record of the conversation.
• Add the agreed intervention to the Recovery Plan.
• Go to step 5.0

📄 Group VMS SharePoint site

📄 Medical Case Review and Medical Single Discipline Assessment Service Page

📄 Client Legislative Rights and Responsibilities Policy

📄 Client choice of providers Policy

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

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

  📄 **PROCESS** Seek Internal Guidance

d In Salesforce, (or EOS if your role does not use Salesforce) add a contact as a record of the conversation.

e Add the agreed intervention to the Recovery Plan.

NOTE **How do you update the Recovery Plan?**
Go to (NGCM) Create or Update Recovery Plan
  📄 **PROCESS** Create or Update Recovery Plan

NOTE **What if you are a cover assessor and there is no Recovery Plan?**
Add an EOS task to remind yourself to follow up on the report if it has not been received in a timely manner amending the date once you have confirmation of the assessment date.

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3.0 Identify and confirm vendor

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Contact the vendor to check they are able to take the referral

NOTE **How do you find potential vendors?**
Go to Activity 4.0c and 4.0d for ways to locate suitable vendors.

NOTE **What if you would like Recovery Administration to find or confirm a vendor for you?**
Send an NGCM - Admin Request Task to Recovery Administration

Enter the following information into the task:

"Find Vendor for MCR"
• Type of provider eg neurologist, orthopaedic (and body area eg spinal) or pain specialist
• The questions you want them to address and a brief summary of the client and the relevant background
• any special client requests/needs eg if the client prefers a morning or afternoon appointment, the date range, if the client can travel and if so, how far.
• timeframe for the report if urgent
• which type of referral this is - complex or standard (for definitions see page 24 of "Clinical Services Service Schedule linked below.)
• confirm your client is aware that supporting information may be sent to the vendor prior to the referral being accepted.

Create your relevant document group and note the name of it in your task (this is so Recovery Admin can send it if a provider requests to see the referral documents prior to accepting the referral.)

See Activity 5 a-d for how to create and name the relevant document group.
Ensure your client is aware that the documents may go out prior to the referral.

NOTE **What if you already know which vendor you want to use?**
Go to activity 5 if they are contracted or Use the steps in the note below ("What if you need to refer to a non-contracted provider and how do you confirm the price?") for non-contracted vendors

NOTE **How do you know if a vendor is contracted or non-contracted?**
You can use the Service Contracts and Contracted Providers - MFP spreadsheet to confirm whether a vendor holds the clinical services contract. (see link below). Change the yellow box to show Clinical Services and search within the green vendor column.

Remember that some specialists work under multiple vendors so you may need to contact them directly to confirm whether they hold the clinical services contract and if so which vendor ID.

📄 Service Contracts and Contracted Providers - MFP spreadsheet

NOTE **What if you need to refer to a non-contracted vendor and how do you confirm the price?**
Send the vendor the "SMR15 - Medical case review non-contracted agreement - vendor letter" once discussion and agreement is made on rates.

Amend the letter to include the relevant service codes and the price of the assessment. Service codes for non contracted MCR's can be found in the link below NG GUIDELINES Purchase Order Details - Medical Case Review. Remove the client's address from the top if it has prepopulated and add MCRD as the service code for the disbursements line.

What is the price? Offer the same rate as a contracted MCR - See CSM codes on page 5 of the "Clinical Services Schedule" linked below.

If there is excessive relevant information and the vendor requests additional reading time it would be appropriate to use MCR13 (Exceptional rate) to cover this. These requests do not need to be approved by Elective Services.

Any requests for a rate higher than the contract must be referred to the Portfolio Manager in the Provider Service Delivery.

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

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

📄 Clinical Services Service Schedule (Service Codes and Pricing)

📄 NG GUIDELINES Purchase Order Details - Medical Case Review

NOTE **How do you create the SMR15 letter from out-side the purchase order?**
From the Documents tab at ACC45 claim level, complete the following:
• Add Document
• From the "search" tab, enter SMR15 in the document type field and click search
• Select SMR15 Medical Case Review non-contracted agreement - vendor and click OK
• Add the client's NHI number to this letter
• Codes are MCR11 (standard) or MCR12 (complex)
• Use the rates as instructed in the note above

📄 SMR15 Medical Case Review non-contracted agreement - vendor

NOTE **What if the vendor wants to see the referral documents prior to accepting it?**
Some vendors may request information about the referral prior to accepting it. Confirm that the client has given consent for supporting information documents to be sent to potential vendors.

If you would like Recovery Administration to do this for you, create an NGCM Admin task stating the action required. Note the Vendor ID & Name, email address or physical address (if the documents need to be couriered) and the document group needing to be sent.

Ensure the email address is verified and able to be emailed out of EOS. Recovery Administration will only send supporting information if consent has been given and the vendor makes this request.

b Add the vendor as a participant on the claim once they confirm they can undertake the assessment and have returned their signed letter of agreement where they are non-contracted. Then go to activity 5.0 Request Assessment Referral.

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

📄 Manage Participants (Eos Online Help)

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4.0 Action request to identify potential vendor (if required)
Recovery Administrator

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

b Review the NGCM Admin Task and ensure it contains the following information:
• Type of provider
• Standard or complex
• Client injury history
• Referral questions
• Client consent (if given) for supporting information to be sent
• Name of the document group
• Client's location or distance they can travel
If this is not included follow the process as per Activity 6.0.

c Use the MCR MSDA provider search tool to search for potential vendors with the required specialty.

📄 MCR MSDA provider search tool

NOTE **What if a suitable contracted vendor cannot be identified?**
Refer to the Medical Council of New Zealand's Register of Doctors and the Dental Council's Register of Oral Health Practitioner to search for potential providers with the required specialty in the links below.

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

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

d Contact potential vendors (local first) to check their availability either by sending the Medical Case Review and Medical Single Discipline Assessment - Vendor Email Template or by phone.

📄 Medical Case Review and Medical Single Discipline Assessment - Vendor Email Templates

NOTE **How long do you hold on to the task?**
Try additional vendors, until you do have a response
Hold on to the task till the end of the day to allow time for responses.

NOTE **What if the vendor requests supporting information prior to accepting the referral?**
Some may ask to see supporting information before they will accept the referral or sign the SMR15. Generally, this is because they want to confirm if they are the right clinician for this client.

This information can be sent to potential vendors via email or couriered as a final option.

Confirm the client has provided consent for the information to be released (the Recovery Team Member will note this in the task).

Email vendors using the email template link below.

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

📄 Medical Case Review and Medical Single Discipline Assessment - Vendor Email Templates

e Close the NGCM – Admin Request task once the vendors have been identified.

NOTE **TIP: If potential vendors have been identified in the task description copy this before you close the task.**

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

In the task description enter the following
'Potential Vendors Identified'
• Vendor names and dates available (include if the vendor is suggesting telehealth (virtual) assessment) or
• No vendors available
If the request to arrange an MCR is urgent change the priority to 'High' before transferring the task back to the Recovery Team Member/Team

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5.0 Request assessment referral

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

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

> **NOTE** **What if the signed letter of agreement has not been received for a non-contracted service?**
> The process cannot proceed to referral without the signed letter of offer being returned from the vendor. The Recovery Team member is responsible for ensuring this is returned.

> **NOTE** **What documents should be considered?**
> It is important that you send only the relevant information to the specialist. Consider the questions you are asking them to answer.
>
> • A current medical certificate
> • Schedule relevant to the client's function
> • Schedule of Claimant Injuries (if deemed applicable)
> • Most recent/current Back to Work, Stay at Work, Standalone Workplace Assessment Reports
> • GP notes
> • Specialist notes
> • Imaging results
> • Physio notes
> • All medical notes and any relevant vocational notes eg a Standalone Workplace Assessment if the specialist has been asked to consider s103
> • Any written guidance information from Recovery Support
> • Signed ACC6300 or ACC6300D Authority to collect medical and other records. NOTE: If verbal consent was provided please note this in the task eform for Recovery Admin.

> **NOTE** **What do you do if you don't have all the information to complete the referral?**
> If you require further information, refer to Gather Additional Information or Advice.
> Once you have requested the required information, create a reminder action and set the target date for when you expect to receive the information.

> **NOTE** **What if the document group created is larger than 250 pages?**
> This may indicate that there is irrelevant information being included. We should only be sending the relevant documents to the assessor so please discuss what can be redacted with your Team Leader prior to sending it to Recovery Administration.

> 🗋 Gather Additional Information or Advice

b Perform privacy checks on documents.

> **NOTE** **What do you need to check?**
> Check documents:
> • are relevant to the referral
> • do not contain any third party information
> • do not contain any other information that needs to be withheld
>
> For details on what checks you need to complete before sending documents out, refer to NG SUPPORTING INFORMATION Inbound and Outbound Document Checks.

> 🗋 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

> **NOTE** **What if you find information that needs to be redacted?**
> Send an email to Recovery Administration (recoveryadmin@acc.co.nz) and include the document to be redacted plus your redaction instructions, before adding the document to the document group.

> 🗋 NGCM - Redact information from PDF documents

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

d Add the documents to the group.

> **NOTE** **What if there are documents from other claims that are relevant to the assessment?**
> Create a bulk print of all documents on the other relevant claim and complete mandatory fields and description
> • Open PDF document from email link
> • File the PDF away to the relevant claim
> • Repeat these steps if there is relevant documents on multiple relevant claims
>
> The PDF should also be renamed to identify which claim number the information came from, so it is included/printed in further referrals or copy files. e.g. Medical records and reports from claim: 100XXXXXXXX
>
> This will ensure the notes remain on the correct claim but a copy can accompany the referral, while clearly identifying which claim they belong to.
>
> Please do not create a bulk print on one claim and then move it to another claim, renaming it and using it in a referral for advice as it will not appear in any file copy subsequently used.

> 🗋 Manage document groups

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

> 🗋 Referring Tasks to Recovery Administration - Principles

> **NOTE** **How do you generate and send a referral task to Recovery Administration?**
> Go to NGCM Create a Referral Task.

> **NOTE** **What do you do if Mental Injury Claim information needs to be sent with a Referral from a Physical Injury Claim?**
> In Eos, manually transfer the Referral Task generated to the Recovery Administration department with the Sensitive Claims Administrator Role

> 🗋 Creating Manage Referral Tasks - System Steps

NOTE **What information do you need to include in the referral task?**
• Type of MCR (standard/complex)
• Vendor
• Address for clinic/appointment (if known)
• If non contracted confirm that the signed SMR15 (letter of agreement) is on file
• Recommendations from Recovery Support, including any questions
• Reason for the referral
• Vendor's delivery method (email/courier)
• Provide the correct service code. Refer to the Purchase Order guidelines linked below
• The client's NHI number
• Confirm whether or not the client has consented to telehealth if this was requested
• Details of care indicators if applicable
• In the VMS box write NA if it not a vocational assessment.

📄 NG GUIDELINES Purchase Order Details - Medical Case Review

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

📄 Identify Claims for Rapidly Deteriorating Clients

NOTE **What if your client has a Care indicator?**
You need to clearly outline this in the e-form.

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

📄 Disclosure of Care Indicator Information to Third Parties Policy

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

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

NOTE **What if your scenario meets the 'high' priority rule for this task?**
• If your scenario meets the priority rule for this task, change the priority indicator to 'high'.
• If your scenario doesn't meet the priority rule for this task, leave the priority indicator at 'low'.

6.0 Review referral task
Recovery Administrator

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

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

NOTE **What if the referral is for a non-contracted service?**
The process cannot proceed to assessment without the signed letter of offer (SMR15) being returned from the vendor. The Recovery Team member is responsible for this so if it's not linked to the task then you should follow the note below.

NOTE **What if you don't have all the information you need?**
If required information is missing from the task, or you need guidance on working within the Administration Team, refer to the link below.

📄 Principles of Working in the Administration Team

7.0 Create purchase order
Recovery Administrator

a In Eos, create a purchase order for the MCR referral.

📄 Create a purchase order

📄 NG GUIDELINES Purchase Order Details - Medical Case Review

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

NOTE **What if you need to locate the vendor via the VMS Booking sheet?**
Once selected add the vendor as a 'Vendor' - participant in Eos.

📄 Group VMS SharePoint site

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

d Approve the purchase order.

NOTE **What if the purchase order requires a higher delegation?**
Save the purchase order. Create and send a Request Authorisation task to a Recovery Leader for a purchase order approval.

Refer to the link below.

📄 Request Authorisation for a Purchase Order - System Steps

NOTE **What if you get a limited payment error message when authorising the purchase order?**
If you have received a request to amend a purchase order or create a purchase order for client reimbursements, change the limited payment indicator.

1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
2) Select 'OK'.
3) Go back to the purchase order to authorise.

Once you have authorised the purchase order and notified the vendor please remember to change the Limited Payment List Indicator to 'Yes'.

8.0 Create and send referral documents
Recovery Administrator

a Create an ACC7395 referral document for the MCR assessment.

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

b Populate with extra information noted on the referral task. Ensure you have checked that all the relevant information within the task has been captured.

NOTE **What does a quality ACC7395 look like?**
Refer to Admin Template - Referral for medical single discipline assessment or medical review

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

c Ensure you have completed the document (to convert the document into a non-editable pdf).

d Link the referral to the document group 'Medical Case Review'.

e Perform privacy checks using Inbound and Outbound Document checks

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

f Call the vendor to confirm how they want to receive the referral documents (if email, ensure it is verified and if they prefer documents to be emailed separately or as a bulk print).

NOTE **What if the Provider and/or Vendor email address has not been verified?**
Go to Verify Provider and Vendor email addresses process.

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

NOTE **What if the vendor has been booking via the VMS booking sheet?**
Update the VMS booking sheet with the date the referral is sent.

📄 VMS Centralised Booking System Service Page

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

📄 Print documents

h Generate the Bulk Print Index.

NOTE **How do you generate the Bulk Print Index?**
• Click properties
• Click view contents less
• Right click convert to PDF
• Save to desktop
• Upload to Claim using document type VCF006
• Label as Bulk Print Index
• Delete file from desktop

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

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

NOTE **What if you identify the documents you're sending exceed 10MB?**
Use Adobe Pro to
Reduce file size:
• Select Optimize PDF
• Select Reduce File Size
Or
Split document
• Select organize page
• Select Split
• Select Split by File Size (up to 10MB)
The document will save in the same location and the original document and will be name PART1, PART2 (depending in the size of the file being split).

j Send the referral to the vendor.

NOTE **What if the Vendor requires the documents to be sent via courier?**
Go to Prepare and Send Client Information by Courier process.

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

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

📄 SMR12 Medical case review appointment - client

📄 SMRIS02 Medical case reviews - client

l in Salesforce, close the assigned referral task.

9.0 **Receive confirmation of appointment**
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

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

NOTE **What if the vendor is unable to accept the referral?**
If the vendor is unable to accept the referral, resubmit the request with a new vendor.

NOTE **What are the timeframes?**
• A vendor who has agreed to provide the MCR must perform a clinical examination within eight business days of receiving a referral, unless otherwise agreed by ACC

• If they are unable to meet the eight day timeframe to see a client, you can negotiate a timeframe which is acceptable to both parties

• The vendor must provide a copy of the report to the case owner within eight business days from the date of the clinical examination.

NOTE **What if the client refuses or fails to attend and/or participate in the MCR?**
If the client refuses or fails to attend or take part in the MCR you should find out why. In some cases, you may need to consider the non compliance process. Refer to the Policy below.

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

NOTE **What if the client wants to change to appointment date?**
Contact the vendor and discuss and confirm new appointment details.

10.0 **Review report**
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

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

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

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

b Perform Privacy and Relevancy checks on the received report.

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

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11.0 Determine next steps

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

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

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

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

NOTE **Refer to (NGCM) Seek Internal Guidance.**

📄 **PROCESS** Seek Internal Guidance

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

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

NOTE **What if the client needs requires a second MCR assessment?**
Following the initial MCR assessment, you may be required to request an additional MCR assessment. Follow the same steps as arranging the initial MCR and ensure you use the appropriate contracted or non-contracted purchase order code. Go to 2.0 Contact client and explain need for assessment.

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

📄 Identity Check Policy

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

📄 NG GUIDELINES Client Face to Face Meetings

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

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

📄 Managing a client's request to change personal information

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

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

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

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

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