

Add or edit a rehabilitation action (Eos)

Summary

Objective

To assess cover for new hearing loss claims so that clients can receive a decision on their claim and request treatment.

Background

This is the cover process for work-related, noise-induced hearing loss and acoustic trauma. It also assists with the cover process for treatment injury claims related to hearing loss or when a client has multiple injuries including hearing loss.

Owner [Name withheld]

Expert [Name withheld]

Procedure

1.0 Assess claim

Cover Assessor

- a In Eos, receive new claim to assess for Hearing Loss.
- b Confirm claim details are accurate and that the claim is a Hearing Loss claim by checking:
 - Medical tab for a hearing loss diagnosis
 - Injury tab to determine whether claim is for Occupational noise or Trauma
 - Date of accident to ensure claim is not late lodged

NOTE What if the claim isn't a hearing loss claim?

Transfer the claim to the correct department.

Transfer a claim (Eos Online Help)

NOTE What if the claim is an Occupational Noise-Induced Hearing Loss (ONIHL) or late lodged trauma claim?

- For the ONIHL claim, ensure that the Gradual Process box is ticked on the general screen in Eos to extend the initial cover timeframe date out to two months from date of lodgement
- For a late lodged claim manually change the cover timeframes on the general screen to two months from the date of lodgement

- c In the claims tab, confirm there are no duplicate claims.

NOTE How do you know whether the claim is a duplicate or not?

Please refer to the page When to Duplicate a Hearing Loss Claim

When to Duplicate a Hearing Loss Claim

NOTE What if a duplicate claim exists and there's already been approval?

- Label the new claim as duplicate and transfer any relevant data to the master record
- Check the duplicate claim transfers to the appropriate Actioned Cases queue
- Check for existing archived claim file on the master claim and request file from archives.

Link duplicate claims during registration (Eos)

Retrieve Archived Physical Claim File

NOTE What if the claim is a request for hearing loss supports?

Go to Managing Hearing Loss Supports. This process ends.

PROCESS Managing Hearing Loss Supports

- d Add a 'Hearing Loss' Rehabilitation Action to the claim.

2.0 Receive ACC724 & ACC612

Cover Assessor

- a Confirm you've received the completed client questionnaire.

NOTE What if the questionnaire hasn't been returned?

- If the claim was lodged by an audiologist contact the audiologist clinic to request copy of the ACC724.
- If the claim was lodged by a GP follow up with the client directly, with a view to completing the questionnaire over the phone - see activity 4.
- Ensure the task is updated with details of follow up and Target Date adjusted accordingly.

NOTE What if the questionnaire is still not returned after follow up?

Go to the Decline Hearing Loss claim process. This process ends

PROCESS Decline Hearing Loss Claim

NOTE What if the questionnaire has missing information?

Follow up with the client by phone. Amend due date on follow up task based on agreement as to when the documentation will be available.

- b Use the client questionnaire to check the address and phone details in EOS and mark them as Verified if details match.

- c Determine that the claim is ONIHL-related and any of the 'Noise-induced hearing loss' (Section 3) criteria are met.

Criteria for Hearing Loss Claims Policy

NOTE What if the claim is ONIHL-related however none of the criteria are met or the claim is trauma related?

Go to task D.

- d Check the audiometric report is completed correctly and also check the NAL calculation with the ACC612 to confirm correct total loss and all frequencies are provided.

Accident Compensation (Occupational Hearing Assessments Procedures) Regulations 1999
<https://www.legislation.govt.nz/regulation/public/1999/>

NOTE What if the report is inaccurate or incomplete?


- If the NAL calculation is incorrect upload our calculation to documents tab in Eos and provide this calculation to the ENT in the referral material in order to not slow down the process for the client.
- Contact the audiologist to request an amended report for any other inaccuracies.

NOTE What if you haven't received the audiometric report and/or employer work place tests after 7 days?

Follow up with the client/provider and/or employer by phone. Amend Target Date on follow up task based on agreement as to when the documentation will be available.

NOTE What if you haven't received the audiometric report and/or employer workplace tests by the agreed date?

- If you haven't received employer workplace tests continue on to activity 4.0
- If you haven't received the audiometric report go to Decline Hearing Loss claim to decline the claim. This process ends.

 **PROCESS** Decline Hearing Loss Claim

- e** Add the hearing Loss indicator to the claim and load information in the hearing loss indicator eform


NOTE What information should be loaded into eform?

- percentage of total hearing loss
- binaural or monaural request
- new claim or re-aiding request
- date of audiogram
- audiologist vendor details
- audiologist provider details.

- f** Assess whether the age corrected hearing loss meets the minimum 5% threshold.


NOTE What if the client lodged the claim after 1 July 2010 and prior to 30 October 2022


Please refer to the page Threshold for Hearing Loss Cover


 Threshold for Hearing Loss Cover

NOTE What if the age corrected hearing loss is less than 5%?

Go to Decline Hearing Loss claim

 **PROCESS** Decline Hearing Loss Claim

 Criteria for Hearing Loss Claims Policy

 Accident Compensation Act 2001, Sections 20, 26, 30 and 61
<https://www.legislation.govt.nz/act/public/2001/0049>

3.0 Assess whether claim meets triage criteria

Cover Assessor

- a** Assess whether the age corrected hearing loss meets the minimum 5% threshold.


NOTE What if the client lodged the claim after 1 July 2010 and prior to 30 October 2022?

The threshold for age corrected hearing loss in these cases is 6%.


 Threshold for Hearing Loss Cover

NOTE What if the age corrected hearing loss is less than 5%?

Go to Decline Hearing Loss claim process

 **PROCESS** Decline Hearing Loss Claim

- b** Check the audiometric report and calculate occupational noise-induced hearing loss (ONIHL) percentage from 3000Hz to 8000Hz.

 Combined ONIHL loss and Band funding Calculator

 Hearing Loss Triage Criteria Process flow document

NOTE What if the percentage is greater than 5%?

Go to task D.

NOTE What if the percentage is between 4% and 5%?

Refer claim to ENT for assessment. Go to activity 5.

NOTE What if the percentage is less than 4%?

Based on age and work history, claim can potentially be referred to ENT for assessment. Go to task C.

- c** Determine if the Client has a strong history of work-related noise exposure in New Zealand for a duration of 15+ years in a well-recognized occupation and no other risk factor (Defence Force, significant recreational noise exposure, medical history, ototoxic exposure)

NOTE What if the duration is less than 15 years or the occupation is not well-recognized?

Refer claim to ENT for assessment. Go to activity 5.

NOTE What if the percentage is less than but there is a strong history of 25+ years in a well-recognized occupation and no other risk factor?

Refer claim to ENT for assessment. Go to activity 5.

NOTE What if there is any other risk factor?

Refer claim to ENT for assessment. Go to activity 5.

- d** Check ACC funding band

NOTE What if the claim falls under ACC funding band 1

Refer claim to ENT for assessment. Go to activity 5.

NOTE What if the claim falls under ACC funding bands 2, 3 & 4?

Accept claim. Go to activity 7.


4.0 Contact client by phone

Cover Assessor

- a** Contact the client by phone to acknowledge receipt of the claim, discuss the claim process and to gather required information for the claim. Refer to note below.


NOTE What do you need to include in the conversation.


- Validate address, phone number and email details and update validation status in EOS.
- If a completed ACC724 has not been received, offer to complete the questionnaire (ACC724) during the conversation.
- Gather any additional information not provided in ACC724 questionnaire.
- Identify if client has had previous audiometry through audiology clinic, hospital and or workplace testing, and request these from the relevant provider.
- Discuss a possible Ear, Nose and Throat specialist assessment either based "on the papers" with a phone call from the ENT or a face to face meeting. "On the Papers" assessment is quicker for the client and seeing the specialist in person is not necessary as they do not need to examine ears or test hearing - this is done by audiologist prior to ENT referral.
- Advise client we are extending cover timeframe out to 4 months from lodgement date. Update cover timeframe on general screen in Eos. Go to 'Extend Cover Decision Timeframe' process
- Discussion about 5% cover threshold, and confirm client's preferred methods of communication, ie phone, email, letter.


 Extend cover decision timeframe

NOTE What if you can't contact the client?

- Expectation is that there are 3 attempts to contact client on the phone. Phone message, ext or email to be sent at second attempt, and 3rd attempt made 2 days following messages being sent. If unable to talk to the client after 3rd attempt then
- Send the appropriate letter and attached questionnaire to the client
- Close the cog task and change the timeframes on the follow up task to 10 days from the date of the oldest task in the work queue.

 HLS03 Acknowledge trauma claim - client

 HLS06 Acknowledge ONIHL claim - client

 ACC610 Hearing Loss accident questionnaire

 ACC724 Hearing loss questionnaire

 HLS32 Acknowledge duplicate claim - client

NOTE What if the client doesn't have the time to complete the questionnaire over the phone?

- Confirm a more appropriate time for us to contact the client to complete the questionnaire and most appropriate method of contact (cell/home/work).
- If the client is unable to provide an alternative time then send the questionnaire by email or post
- Discuss options for ENT assessment and whether client has had recent audiometry (as outlined above) This allows us to keep progressing claim pending receipt of work history.
- Send the appropriate letter and attached questionnaire to the client.
- Close the cog task and change the timeframes on the follow up task to 10 days from date of oldest task in work queue.

Complete the Script & OTP Contact template located in the "Finder" Copy and paste details into Eos contact. Copy and paste the details from the "ENT Referral Task" tab into the "PRC H Follow up Report/Questionnaire" Task generated to follow up on the ACC612 Audiometric Report.

NOTE What if the client is unsure if they have had a full audiometric test previously or have not yet had one?

- Confirm with the client that they are happy to return to the audiologist for a full hearing test if the test they have had does not meet ACC criteria.
- If they haven't had a hearing test, confirm they are happy for us to arrange a test with an audiologist. Read the client options of audiologists in their area, which can be found on google or the NZAS website. Client selects an audiology clinic and we will email the clinic, providing PO number asking them to contact client to arrange appointment.

NOTE What if you have completed the questionnaires over the phone?

Go to step 4, Assess request

NOTE What if there are other open requests/tasks outstanding on the claim?

Every time we take an action on a claim whether that be by task, phone call, or email we need to check the tasks tab on the claim to identify any other tasks that can be actioned at that time. This applies right through the process.

b Gather additional information

- If the client has indicated that they have had a recent hearing test with an audiologist then call or email the audiologist to obtain the ACC612. Create a PO under the Hearing loss rehabilitation on the plan tab. Code to use is HL01 and load as claimant reimbursement. Authorise PO to get PO number which you will need to provide to the audiologist to get the audiogram report.
- If the client has indicated previous work place tests or older audiometry, call or email the client's employer/other audiologists/previous employers to obtain hearing tests using the ACC45 as consent.
- Close cog task and change date on follow up task to 7 days from oldest task date in work queue.

5.0 Arrange Ear, Nose and Throat consultation
Cover Assessor, Recovery Administrator

- a** Review the client's claim history to check for any existing hearing loss claims or head trauma claims that may be relevant to the assessment. Advise client if any additional information being sent to the specialist so they understand what is being disclosed
- b** Confirm from contacts that all information requested has arrived and follow up any outstanding requests before referring to ENT specialist.
- c** Confirm from previous contacts whether the client wishes to see an ENT specialist in person or have their claim assessed on the papers. Note this in the task sent to Recovery admin to arrange the referral, attaching all documents to be included in the referral.

NOTE What supporting documentation should be included in the referral pack?

- the client questionnaire form
- the audiometric assessment
- workplace testing, if any
- historical audiometry, if any
- any other information that may help the ENT specialist to work out causes of the client's hearing loss.

- d** Recovery admin will complete the purchase order, attach all supporting documentation to the ENT referral pack and complete the ACC6173 Information Disclosure Checklist then send the referral pack to the ENT specialist.

 Create Purchase orders using general + QE

 ACC6173 Information Disclosure Checklist


6.0 Process Ear, Nose and Throat report
Cover Assessor

- a** Check the ENT report.

 ACC723 Otolaryngologist report

NOTE What if you have not received the report?

- follow up with the ENT specialist
- if the cover timeframe is about to expire, and we cannot agree an extension with the client, go to Decline Hearing Loss Claim.
- Ensure a task remains on the claim to monitor for receipt of the ENT report.

 **PROCESS** Decline Hearing Loss Claim


NOTE What if inaccurate or incomplete?

Request an amended report.

NOTE What if after reviewing the report you think it requires peer review?

Discuss your concerns with your team leader to get approval for a peer review.

- b** Confirm that you have all information necessary to make a cover decision.

 Criteria for Hearing Loss Claims Policy

NOTE **What if you do not have all necessary information to make a cover decision?**

Request additional information/input from relevant party

NOTE **What if you are unsure how to proceed?**


Discuss claim with Team Leader in the first instance. They may direct you to Seek Internal Guidance.


 **PROCESS** Seek Internal Guidance

NOTE **What if the timeframe is expiring and you still don't have enough information?**

Go to Decline Hearing Loss Claim

- Ensure a task remains on the claim to monitor for receipt of the ENT report.

 **PROCESS** Decline Hearing Loss Claim

 Create a purchase order

- e** Go to the Match Claim to Recovery team process below to determine the appropriate team to manage the claim.


 **PROCESS**

**Match Claim to Recovery Team
Cover Assessor**


7.0 Make hearing loss cover decision

Cover Assessor

- a** Assess information and determine cover decision.


 Accident Compensation Act 2001, Section 20, 26, 30 and 61

<https://www.legislation.govt.nz/act/public/2001/0049/l>

 Criteria for Hearing Loss Claims Policy


NOTE **What if claim does not meet hearing loss cover criteria?**

Go to Decline Hearing Loss Claim.

 **PROCESS** Decline Hearing Loss Claim

NOTE **What if the client is under 18 years of age**

Clients under 18 years of age are not subject to regulated funding, please refer to Supporting Hearing Loss for clients under 18 policy for funding rules.

 Supporting Hearing Loss for Clients Under 18 Policy

- b** Update the hearing loss indicator eform

NOTE **What information need to be updated on hearing loss indicator eform?**

- amount of covered loss, so we can calculate funding bands
- date of ENT report
- ENT vendor ID
- ENT provider ID
- 'Entitlement indicator' and 'Entitlement validation' reason.

 Edit an indicator

- c** Update the cover status in Eos to 'Accept'.

NOTE **What if the date of accident needs changing?**


Change the deemed date of accident to the date of the ENT report if the client requests this.

 Update Cover Status


NOTE **What if the claim is work-related?**

Add the industry codes from client's employment to assign liability

 Manage Participants

 Cost allocation for gradual process claims

- d** Create a purchase order from the HL Indicator e-form and send the client approval letter to provide supports.

 HLS44 Cover approve (MOH contribution) - claimant