

Summary

Objective

To assess weekly compensation entitlement for sensitive claims.

Background

The purpose of Weekly Compensation is to reduce the financial consequences of an injury, by providing some replacement for lost earnings (80% of pre-injury earnings) for as long as the covered injury prevents the person from working.

Weekly Compensation is only available to people who were in paid employment at their Deemed Date of Accident (DDOA) AND at the Date of First Incapacity (DOFI). They must also be an earner at the Date of any Subsequent Incapacity (DOSI).

People who were injured before they were old enough to enter the workforce (that is aged under 18) may instead be eligible for Loss of Potential Earnings.

Owner

[Name withheld]

Expert

Procedure

1.0 Review request

Recovery Partner

- a** Review client's earner status on DDOA and DOFI/DOSI to check eligibility for weekly compensation.

NOTE What if the client is not an earner at DDOA or DOFI/DOSI?

Go to Activity 4.0 Determine weekly compensation eligibility - compulsory to confirm whether the client is eligible to weekly compensation or not before continuing with this process.

- b** Confirm there is a valid ACC18 on file and that the incapacity is related to an injury that is covered on the clients claim.

NOTE What if there is not a valid ACC18 on the claim?

Decline the request due to insufficient information and advise the client to see their primary health care provider.

This process ends.

PROCESS Issue Recovery Decision

- c** Review the claims history and check for a duplicate claim to determine if there are there other Sensitive Claims, to ensure that cover is sitting on the right claim.

NOTE What if you find a duplicate claim?

Link the duplicate claim. Go to Identify and Link Duplicate Claims :: Complex M.I. process.

PROCESS Identify and Link Duplicate Claims :: Identify and link duplicate Sensitive claims

NOTE What should you consider in the medical records?

Check the medical records to understand:

- What additional medical records may be needed to support the assessment?
- Check to see if there is an earlier Deemed Date of Accident (DDOA) based on the notes on file.

- d** Review any medical records already on the claim.

NOTE What if there is an earlier DDOA on the claim?

Seek hotline advice from Recovery Support, specifically Technical Services.

PROCESS Seek Internal Guidance

- e** In Eos, check the Consent tab for a recent ACC6300, note that DHB's require new ones every six months.

NOTE What if there is not a recent ACC6300 (signed within six months)?

Obtain a new ACC6300 and send to the client or the provider. Go to Obtain Client Authority to Collect Information process.

PROCESS Obtain Client Authority to Collect Information

- f** In Eos, check the Indicators tab for a physical file and whether it needs to be requested.

NOTE What if you need to request a physical file?

Go to Retrieve Archived Physical Claim Files process.

PROCESS Retrieve Archived Physical Claim Files

NOTE What if you are unsure if a physical file needs to be requested?

Check in with your Team Leader to determine if need you need to request.

NOTE What if the claim is held or a soft decline?

Refer the client for a Supported Assessment and include the s103 Functional Assessment questions.

2.0 Contact the client or representative

Recovery Partner

- a** Determine the appropriate person to contact, ie the client or an Authority to Act (ATA).

NOTE What if you need to add/update the ATA?

Go to Obtain Authority to Act (ATA) process.

PROCESS Obtain Authority to Act (ATA)

- b** Contact the client or ATA by their preferred method of communication.

Identity Check Policy

- c** Conduct the CMI Welcome Conversation or the CMI Weekly Compensation Script (if the Welcome Conversation has already been completed).

NOTE Where do you find the CMI Welcome Conversation and CMI Weekly Compensation Script?

Refer to the link below.

PROCESS Conduct CMI Welcome Conversation

- d** Confirm the clients pre-injury role immediately prior to DDOA. This is to define the role we are testing incapacity against. Use the weblink below to locate the job description (Work types details sheets) and then confirm role requirements/job tasks with the client.

Work type detail sheets

NOTE What if you can't confirm the client's pre-injury role?

Send the client an ACC188 Job Task Analysis form to complete. This will provide you with a breakdown in work tasks and functional demands. Obtain the appropriate work detail sheet from the ACC external website.

- e** Ensure that the client understands why ACC needs to request notes and that they are aware of what period we are requesting for.

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

Obtain verbal or written authority from the client so that we can collect relevant medical or other records.

See Obtain Client Authority to Collect Information process for further guidance.

PROCESS Obtain Client Authority to Collect Information

NOTE What if the client does not provide authority to collect information?

Obtain advice from Recovery Support and make a decision based on the information on the claim.

PROCESS Seek Internal Guidance

NOTE What if the request is for payment of a backdated period of 90 days or more?

Go to Assess Backdated Weekly Compensation Request. Once you have completed the Assess Backdated Weekly Compensation Request process return to this process and continue with the below tasks.

PROCESS Assess a Backdated Weekly Compensation Request

- f** Advise the client that it's likely we may request updated clinical records and will contact their employer. Confirm that the client is OK with this and that they are comfortable with us discussing their claim with their employer.

NOTE Where there is a sensitive claim we must follow directions by the client and not involve the employer unless requested to do so. Ensure you do not show or discuss any sensitive client information with the employer.

NOTE What if there are no notes available or you don't need to be request them?

after completing the task below, go to Activity 4.0 Determine Weekly Compensation Eligibility - Compulsory.

NOTE What if you need to request updated clinical records?

Ask the client for relevant health provider who we may need to obtain medical records from.

- g** Check the claim for the Rights & Responsibilities Indicator.

ACC165 Declaration of rights and responsibilities

NOTE What if there is no signed ACC165 on the claim?

Discuss the client's rights and responsibilities and confirm that the client understands these responsibilities, then:

- Post or email the ACC165
- Follow up reminder set for 10 working days to follow up with the client if not received
- Activate Client Rights and Responsibilities Indicator once form signed and returned
- Follow up reminder task set for 11 months to review ongoing ACC165 requirement @todo [Name] to check

3.0 Request and review clinical records

Recovery Partner

- a** Contact the relevant health provider, to confirm that the client is registered with the practice, prior to making a request for any updated clinical records.


NOTE What if the client is not registered with the practice?

The practice may still hold notes for the client, or enquire where the client is actually registered. Contact that practice to see if they hold any information on file.

- b** Request all mental health records from the periods of incapacity the client is requesting financial support for.

NOTE How do you request clinical records?


Refer to Request Clinical Records process.

 **PROCESS** Request Clinical Records

- c** Review the received clinical records and complete claim and client relevancy check.

NOTE We get a lot of information coming in from third parties like GPs and DHBs, and mostly that information is just what we asked for. However sometimes we get information we don't need and don't want, even information about unrelated people. Getting unwanted, excessive or irrelevant information from a third party provider isn't a privacy breach, but sending it on later very much is. We have a responsibility to make sure we only send out relevant information and to ensure that, we need to check information as it comes in – if it's not what you need or want, either return to the provider and ask them to resend, or redact the unnecessary information and delete the unredacted version.

 Privacy Check Before Disclosing Information Policy

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- d** Confirm the earliest DDOA based the covered injury and issue a decision letter and in Eos generate a CM03 Blank letter to claimant.

NOTE Add the following template into the CM03 Blank letter to claimant. [Subject] Your claim has been updated [Letter content] Thank you for your patience while we consider your claim. We have now received further information, which shows that your date of injury has changed. Based on the information provided, we consider that the date you first received treatment for your mental injury, to be your date of injury. In your case your date of your injury has been determined to be [new DDOA date]. Therefore, ACC has updated your Date of injury from [old date] to [new DDOA date] The date the client first receives treatment for a mental injury is regarded as their Deemed Date of Accident, as per section 36(1) of the Accident Compensation Act 2001, rather than the date the events occurred. We're here to help If you'd like to talk about this decision or have any questions, please just get in touch with me using the contact details below. I've also enclosed an information sheet that describes what to do if you disagree with our decision. There are a number of ways we can work with you to resolve things, so please just get in touch and we can talk about it. If we can't resolve things easily you may want to have our decision reviewed. To do this you'll need to apply in writing within three months of the date of this letter. In some circumstances we can accept late applications, such as if events outside of control prevent you from applying in time.

NOTE What if the claim is declined or held?

- Do not make a decision on DDOA until cover has been established.
- In Salesforce, create a Reminder Task and document the earliest date the client has been treated for any mental injuries;
 - add the consultation date (eg 15/04/2018)
 - client received treatment for 'diagnosis' (eg depression)
 - notes location (eg see pg3 of notes).
- Set the due task date to the expiration date of the assessment purchase order.

NOTE What if the claim is accepted and the clinical records indicate an earlier DDOA?

Request Real Time Earnings (RTE) information to determine if the client has been in receipt of earnings or to confirm the client earners status at both DDOA and DOFI/DOSI. This requires client consent beforehand.

Please only collect the period for the month of the confirmed date. For example: DDOA or DOFI/DOSI has been confirmed as 15/03/2020. You would request period for 01/03/2020 to 31/03/2020.

Ensure that you are only requesting the RTE for the dates in question. Requesting information from DDOA to DOFI/DOSI is an over request and a potential breach of the clients privacy.

- Create a 'General Task' with the heading RTE REQUEST'
- Add Reason i.e. to confirm earner status at DDOA or DOFI/DOSI
- Period required
- transfer the General Task to the Department Queue: Centralised Weekly Compensation

NOTE What if the task is about a sensitive claim?

If the claim is sensitive, transfer the task to Weekly Compensation Sensitive Claims queue

NOTE What if you are unsure of the earliest DDOA date?

Request guidance from Technical Service via Recovery Support.

PROCESS Seek Internal Guidance

CM03 Blank letter to claimant

4.0 Determine weekly compensation eligibility - compulsory

Recovery Partner

a Confirm that the correct DDOA is on file and that the client is an earner.

NOTE How do you confirm earner status?

If you need to confirm earner status at DDOA or DOFI/DOSI, request the clients Real Time Earnings (RTE) for the period/date required. Only request what is needed to confirm earner status and this requires client consent beforehand.

Please only collect the period for the month of the confirmed date. For example: DDOA or DOFI/DOSI has been confirmed as 15/03/2020. You would request period for 01/03/2020 to 31/03/2020.

Requesting information from DDOA to DOFI/DOSI is an over request and a potential breach of the clients privacy.

- Create a 'General Task' with the heading RTE REQUEST'
- Add Reason i.e. to confirm earner status at DDOA
- Period required
- Transfer the General Task to the Department Queue: Weekly Compensation Sensitive Claims queue

NOTE What if the task is about a sensitive claim?

If the claim is sensitive, transfer the task to Weekly Compensation Sensitive Claims queue

Definition of an Earner

NOTE What if the client is not an earner at DDOA?

Decline the request for support and issue a decision letter.

The process ends.

PROCESS Issue Recovery Decision

b Confirm that DOFI or DOSI is correct and that the client is an earner.

NOTE What if the client is not an earner at DOFI or DOSI?

Decline the request for support and issue a decision letter.

The process ends.

PROCESS Issue Recovery Decision

c Confirm that there is certification for all periods of incapacity.

NOTE What if the client meets the criteria for extension of earner status?

Refer to Extension of Employment Status process below.

PROCESS Extension of Employment Status Policy

NOTE What if the client meets the criteria for LOPE?

Refer to Assess Loss of Potential Earning (LOPE) - Sensitive Claims process.

PROCESS Assess Loss of Potential Earnings (LOPE) - Sensitive Claims

NOTE What if there are gaps in the period of incapacity?

Review the consultation notes to support incapacity, and consider if a case owner extension is appropriate. Refer to the Delegations Framework spreadsheet (worksheet P. Weekly Comp). If you are unsure obtain guidance from a Medical Advisor.

PROCESS Seek Internal Guidance

Delegations Framework

5.0 Arrange s103 Functional Assessment

Recovery Partner

a Consider including a Supported Assessment before arranging a s103 Functional Assessment.

NOTE What if you are unsure if a Supported Assessment is required?

Obtain guidance to determine if a Supported Assessment is required.

PROCESS Seek Internal Guidance

b Identify who can undertake the s103 Functional Assessment.

NOTE What if you are unsure who can undertake a s103 Functional Assessment?


Use a Clinical Psychologist or Psychiatrist who holds an ISSC contract or a Clinical Psychiatric contract. If possible, use a Clinician who has treated the client previously, if they meet the above criteria.

 Contracted Suppliers by Geographic Area of Coverage

- C** In Eos, from the Recovery Plan subcase, select and advise Admin of the correct task. Select Partnered MI Function Assessment. If its for ISSC use add activity NGCM - Admin Request task, if its for the psychiatric contract use manage referrals >mental injury assessment task.

NOTE What information do you need to add into the referral task?

Refer to the Partnered and Assisted Mental Injury Task Template document.

 Partnered and Assisted Mental Injury Task Template

NOTE How do you add the s103 questions to the referral?

Refer to the Partnered and Assisted Mental Injury Task Template document above.

Indicate in the task to Recovery Admin that the referral is for an s103 incapacity assessment so that the appropriate questions can be added to the SCU60 letter.

6.0 Prepare documents in Eos to send to the Assessor

Recovery Partner


- a** In Eos, create a document group and name it: s103 Functional Assessment

NOTE What information do you add to the document group?

- Signed ACC6300 form
- Medical certificates
- Relevant clinical records
- Pre-injury employment details (ACC188 Job Task Document)
- Any relevant documents (medical, psychological, counselling reports)
- Any relevant assessments

NOTE What do you need to consider before releasing any information to the Assessor?

Refer to the Prepare and Complete Sensitive Claims Document Release and follow the process.

 **PROCESS** Prepare and Complete Sensitive Claims Document Release (Provider Only)

NOTE What if you need to collect clinical notes?

Go back to step 3, Request and Review Clinical Records

7.0 Receive and review s103 Functional Assessment Report

Recovery Partner

- a** Review the report carefully and determine if all the questions have been answered.

NOTE What if the assessor has not answered all the questions?

Contact the assessor, request the missing information and ask for an amended report.

- b** Perform Privacy checks on the report.


 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

 Privacy Check Before Disclosing Information Policy

- c** Obtain guidance from Recovery Support.


NOTE What if you receive a Supported Assessment and a s103 Functional Assessment?

Obtain combined advice. Psychology Advisor - regarding cover or additional diagnosis and a Medical Advisor - regarding period(s) of incapacity.

 **PROCESS** Seek Internal Guidance

NOTE What if you only require advice on Incapacity?

Ensure you get Medical Advisor advice on incapacity. Refer to Seek Internal Guidance process for further guidance.

 **PROCESS** Seek Internal Guidance

8.0 Review guidance

Recovery Partner

- a** Review the guidance and action any of the recommendations provided by Recovery Support.

NOTE What if you are unsure about the guidance?

Discuss with your Team Leader.

NOTE What if there is a period of more than 180 days incapacity?

Complete the ACC6217 form and request Technical Guidance. Refer to Assess Backdated Weekly Compensation Request (BDWC) process.

 **PROCESS** Assess a Backdated Weekly Compensation Request

NOTE What if there are recommendations to be actioned?

Action the guidance and continue. If unsure discuss with your Team Leader.

9.0 Issue decision

Recovery Partner

a In Eos, create the WC14 Accept application for weekly compensation - SC letter .

NOTE What if you can't find the WC14 Accept application for weekly compensation - SC letter in Eos?


Continue to use the standard WC14 letter in Eos as a template, then use the content of the new WC14 - SC to update the template with, until the new document is loaded into Eos.


 WC14 Accept application for weekly compensation

NOTE What if the decision is to decline?

Discuss with your Team Leader how best to communicate the decision to the client, if required.

Create SPD999 Decline Entitlement Decision - Client letter.

 **PROCESS** Issue Recovery Decision


 SPD999 Decline entitlement decision - client

NOTE What if the clients preferred communication method is by post?

Follow the guideline in Send letters from Client Recovery and Claims Assessment.

 Send letters from Client Recovery and Claims Assessment

b In Eos, generate the ACC255Kōrero mai - Working Together and the FSWC05 Earning while on weekly compensation.

 ACC255 Kōrero mai - Working together

 FSWC05 Earning while on weekly compensation

c Contact the client or ATA by their preferred method of communication to explain the decision.

 Identity Check Policy

d Explain the seven day stand down period to the client/ATA.

NOTE If you need to do BDWC we are reliant on information from third parties eg MSD or IR which means there could be delays on receiving the information required to make the entitlement calculations.

NOTE What if the client received support from MSD?

Advise the client that ACC will reimburse MSD if they have been in receipt from MSD or any periods of incapacity. Note not all support is reimbursed fully. If unsure speak to your Team Leader.

e Explain to the client that it is essential that ongoing medical certificates need to be submitted in order to avoid any delays or part payments.

f In Salesforce, record your discussion with the client.

 **PROCESS** Request Set Up of Weekly Compensation Payments
Recovery Partner

10.0 Contact employer at DOFI/DOSI


Recovery Partner

a Contact the employer to introduce yourself.

b In Salesforce, complete the employer contact transcript.

NOTE What if the client is Fit For Selected Work (FFSW)?

Discuss opportunities for a graduated return to work or return to work services with the employer, refer to Set Up Pathways to Employment Support process.

 **PROCESS** Set Up Pathways to Employment Support

NOTE What if the employer wants to discuss the client's injuries?

Do not discuss the clients injuries with the employer without obtaining prior consent from the client to do so.

Refer to the NG GUIDELINES Client Welcome Conversation - Weekly Compensation and Employment document below, about obtaining consent.

 NG GUIDELINES Client Welcome Conversation - Weekly Compensation and Employment

 **PROCESS**

Create or Update Recovery Plan
Recovery Partner

 **PROCESS**

Set Up Pathways to Employment Support
Recovery Partner - Mental Injury

Proactively released