



# Questions and Answers

## ICPMSK webinar: Claims management

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This document includes answers to the questions raised at the ICPMSK claims management webinar held on 31 January 2024.

*Update:* this document was updated following Webinar 4 (Provider Performance Framework).

### **Are back to work services provided under ICPMSK for non-earners?**

We can only offer vocational rehabilitation to kiritaki (clients) who are eligible for weekly compensation. Although the rehabilitation which we offer the kiritaki to recover from their injury may, by extension, enable them to work as well, targeted vocational rehabilitation support cannot be provided.

### **If the kiritaki's return to work (RTW) is complicated by other injuries such as TBI or poly-trauma are they best to have a stay at work plan to manage their RTW needs outside of the ICPMSK which is focused on a specific injury recovery pathway?**

Some of these situations will be quite nuanced and you can call the ICP team in cases like these.

Generally, we want you to be coordinating all of their injuries and services they might need.

If it sits clearly under the ICP claim, then that's where treatment should be included through the ICPMSK bundle.

If there are complicating factors with another injury, then give us a call to discuss what the best option would be. It is good to note a couple of key points here:

1. We would not provide a Stay at Work (SAW) programme on the non-ICP injury, this will be completed through the ICPMSK bundle.
2. If the other injury is significant, we may wish to talk to you about exiting the kiritaki so that we can access the more appropriate service.

### **Will travel for clinicians to kiritaki in hard-to-reach locations be covered within the pathway?**

Yes, provider travel is included in the ICPMSK bundle.

We would expect that in some hard-to-reach locations, there might be a need to be creative about how to support the kiritaki (client). This might involve increased use of telehealth, where that's appropriate, or where necessary finding a way for the kiritaki to be able to travel to a suitable location. We can support the kiritaki to travel to



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suitable locations, but a provider is expected to provide service coverage within a reasonable distance from kiritaki in the areas they hold the contract to minimise the need for the kiritaki to travel.

**If a kiritaki is seen initially via Te Whatu Ora after injury, are they able to be referred into ICP by a non-Te Whatu Ora provider? Or would they be ineligible?**

A kiritaki (client) can be referred into ICPMSK by any of the sources noted in the service schedule and operational guidelines.

The ICPMSK team are currently reviewing the interaction that a referral from Te Whatu Ora may have between the other ACC contracts, eg Public Health Acute Services (PHAS) and ICPMSK. We will inform you when we have further information to share.

*Update from Webinar 4 'Provider Performance Framework':* We have been reviewing the interaction that a referral from Te Whatu Ora may have with ICPMSK. Our current position is that an ICPMSK referral for any clients discharged from Te Whatu Ora cannot occur within the first 6 weeks following discharge from Te Whatu Ora. We will continue to explore how these services can align and will inform you when we have further information to share.

**If rehabilitation planning timeframes change based on specialist input, do we just update the plan?**

Yes, that would be a key point to update the plan with the kiritaki (client).

**Do you require an ACC6300 to be completed before declining referral post triage for all kiritaki?**

No. But we will support you with the right information that you will need in your own consent forms.

There is guidance in the ICPMSK operational guidelines for how to manage a scenario where the provider cannot send triage decline data due to no consent from the kiritaki.

**Is ACC going to provide some guidelines around MyACC portal?**

Yes, we have developed some good guidance to support provider's encouraging use of MyACC and in what circumstances.

**Is the standalone assessment report the recommended report for use for return to work planning or can we develop our own? Does this also get sent to ACC?**

Yes, the ACC5945 standalone workplace assessment report template is linked to the operational guidelines as the recommended template to use.



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The return to work plan must be submitted to us, the GP, and the employer within 2 working days of the initial return to work assessment