

02 February 2022



[REDACTED]

Tēnā koe [REDACTED]

Your Official Information Act request, reference: GOV-015992

Thank you for your email of 15 December 2021, asking for the following information under the Official Information Act 1982 (the Act):

- 1. A copy of any policy/guidelines/documents that ACC staff must follow when making a decision about a sensitive claimant re-entering counselling and informing the claimant that they are required to partake in an updated Supported Assessment in order to continue with counselling (after the claimant has already completed a Supported Assessment in the past).*
- 2. A copy of all documents that ACC staff follow when requesting specific information from a sensitive claimants counsellor from the time a claimant starts counselling through to when they decide to stop counselling. Can it please be provided in a way that clearly outlines each individual step where ACC requires information and what type of information that is.*
- 3. A copy of any type of form or process that ACC staff go through when a sensitive claimant has decided to discontinue counselling.*

Re-entering ISSC

The process for re-entering a sensitive claimant into the Integrated Service for Sensitive Claims (ISSC) is different for each claimant, depending on their cover status and what (if any) services they have accessed prior to leaving and re-entering the service.

This process is discussed within the 'ISSC Operational Guidelines' and the policy document 're-open claim'. Please find a copy of the 're-open claim' policy document attached at Appendix 1.

A copy of the ISSC Operational Guidelines is publicly available on our website by searching 'ISSC' at www.acc.co.nz/resources. Because this document is publicly available, we are refusing to reproduce it as part of this response. This decision is made in line with section 18(d) of the Act.

We are also providing, at Appendix 1, a copy of the document 'Assess and Fund Counselling for Sexual Abuse under Regulations' which provides guidance on re-entering sensitive claimants who accessed services prior to the introduction of ISSC and wish to continue seeing providers under the Cost of Treatment regulations.

Requests for information

The information necessary for ACC to process a sensitive claim is dependent on the claimant and their needs and so, is considered on a case-by-case basis. For example, for a claim where the claimant requires only counselling, ACC may require less information from a therapist (or other relevant healthcare provider), than for a claim where the client requires financial support and/or return to work support.

However, ACC does have documents which outline the necessary general information required from a client's provider, in order to process their claim. This information can be found within the ISSC

Operational Guidelines and ISSC Reporting Templates (or ACC form eg ACC7417), which are all publicly available on the ACC website by searching 'ISSC' at www.acc.co.nz/resources.

Because these documents are publicly available, we are refusing to reproduce them as part of this response. This decision is made in line with section 18(d) of the Act.

Additionally, please find the following document attached at Appendix 2, which contain information relevant to part 2 of your request:

- *Arrange mental injury assessment for cover*
- *Request clinical records*

Discontinue counselling

Please find attached at Appendix 3, the following documents relevant to part 3 of your request:

- *Close claim*
- *Assess completion and closure report*

Also relevant to this part of your request is the ISSC completion report. A copy of this document is publicly available on the ACC website by searching 'ISSC' at www.acc.co.nz/resources. We are therefore refusing to reproduce this in line with section 18(d) of the Act.

Notes about the documents

On 27 January 2022, you responded to an email confirming that you did not require the staff names included within the documents in scope of your request. As per your confirmation, names have been redacted (seen as grey boxes) from the attached documents.

Questions about this response

If you have any questions, you can email me at GovernmentServices@acc.co.nz.

As this information may be of interest to other members of the public, ACC has decided to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available [here](#).

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

Nāku iti noa, nā

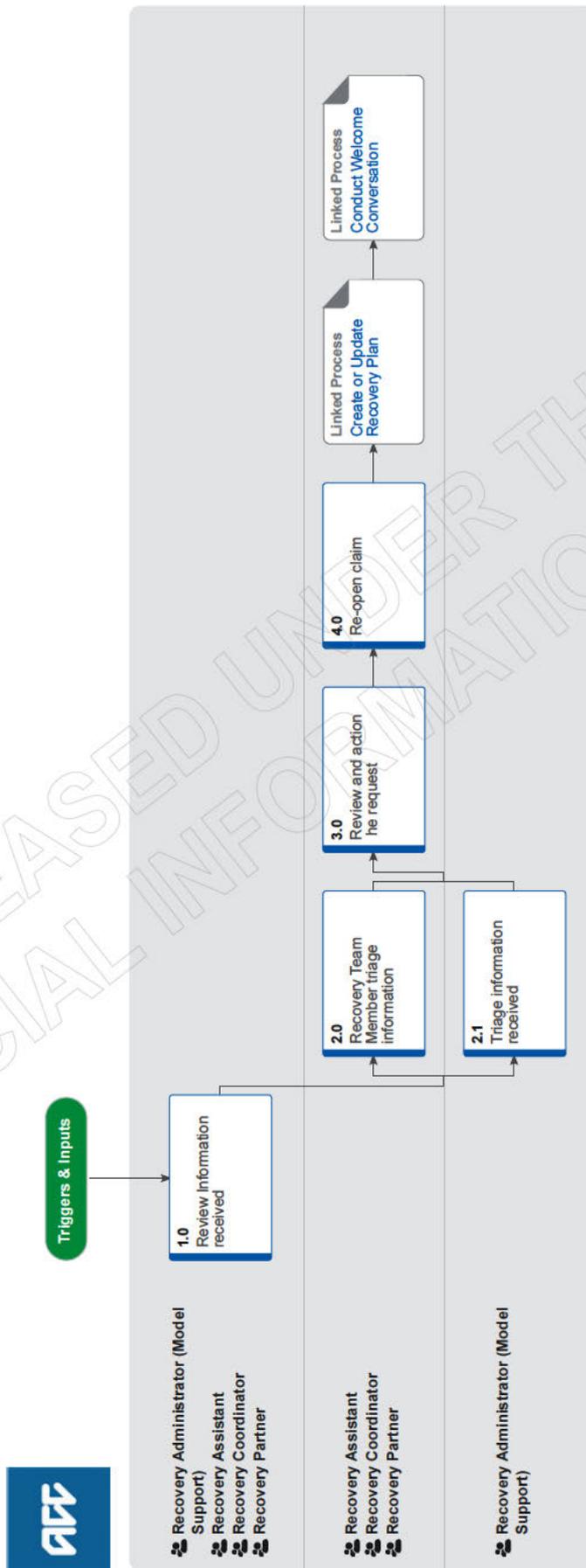


Sasha Wood

Manager Official Information Act Services
Government Engagement & Support



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Summary

Objective

To identify and re-open claims that require further management or assessment post closure so that the client can receive assistance.

Owner



Expert

Procedure

1.0 Review Information received

Recovery Administrator (Model Support), Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Check if the request or information received is for a Mental Injury with Sensitive claim ticked on the General screen.

NOTE What if the request is for a sensitive claim and you are a Recovery Assistant, Coordinator or an Recovery Administrator with Model Support?

1) If it's a phone call from the client or someone acting on behalf of the client, "handshake" the call to Partnered Recovery Huntline (MI Huntline 50137). This process ends.

2) If it's an email or task:

- Create an 'NGCM Action attached request task'
- Transfer the task to the department queue who previously managed the claim or to the Partnered department queue if the claim has not been previously managed. This process ends.

2.0 Recovery Team Member triage information

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Determine if the information contains a statement about or request for the client.

NOTE What if it is information only and no further action is required?

Close the task. This process ends.

NOTE What if there is a request or recommendation for entitlement and/or supports?

Go to Activity 3.0 Review and action request.

2.1 Triage information received

Recovery Administrator (Model Support)

- a Check if it is a task for a claim which has been administered by a Third Party (Third Party Administrator - TPA).

NOTE What if it is a TPA claim?

Transfer the task to the TPA Support queue. This process ends.

- b Check if the document received is a completed ACC5937 Authority to Act

NOTE What if it is an ACC5937 Authority to Act

Go to 'Obtain Authority to Act (ATA) process. This process ends.

PROCESS Obtain Authority to Act (ATA)

- c Use the Re-open claim Decision Tree to determine next steps.

3.0 Review and action the request

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Transfer the task into your name.
- b Determine if you need to contact the client and /or provider to discuss the request for an entitlement or support.

NOTE What if you can complete the request in isolation?

Action the request and close the task. This process ends.

- c Discuss with client/provider to determine if the request is appropriate.

NOTE What if the request is not appropriate and the client does not need support?

Record the conversation as a 'contact' on the claim. Close the task. This process ends.

NOTE What if you can action the request without opening the claim?

Action the request. Record the conversation as a 'contact' on the claim. Close the task. This process ends.

- d Determine if the client requires on going support.

NOTE What if the client requires ongoing support?

Go to Activity 4.0 Re-open claim.

4.0 Re-open claim

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Transfer the claim to the Team decided by the EMD.

NOTE What if you're transferring a claim from NGCM Actioned Cases to Assisted, Supported or Partnered Recovery?

Follow "Transfer a claim" system steps

Transfer a claim (Eos Online Help)

NOTE What if you don't have the system access to transfer the claim?

Go to 'Transfer a Claim from a BAU Action Cases Department' process

PROCESS Transfer a Claim from a BAU Actioned Cases Department

- b Consider if the claim should stay in your team or transferred to another team.

NOTE What if I am unsure which team should manage the client?

Go to Transition Claim process.

PROCESS Transition Claim

PROCESS

Create or Update Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

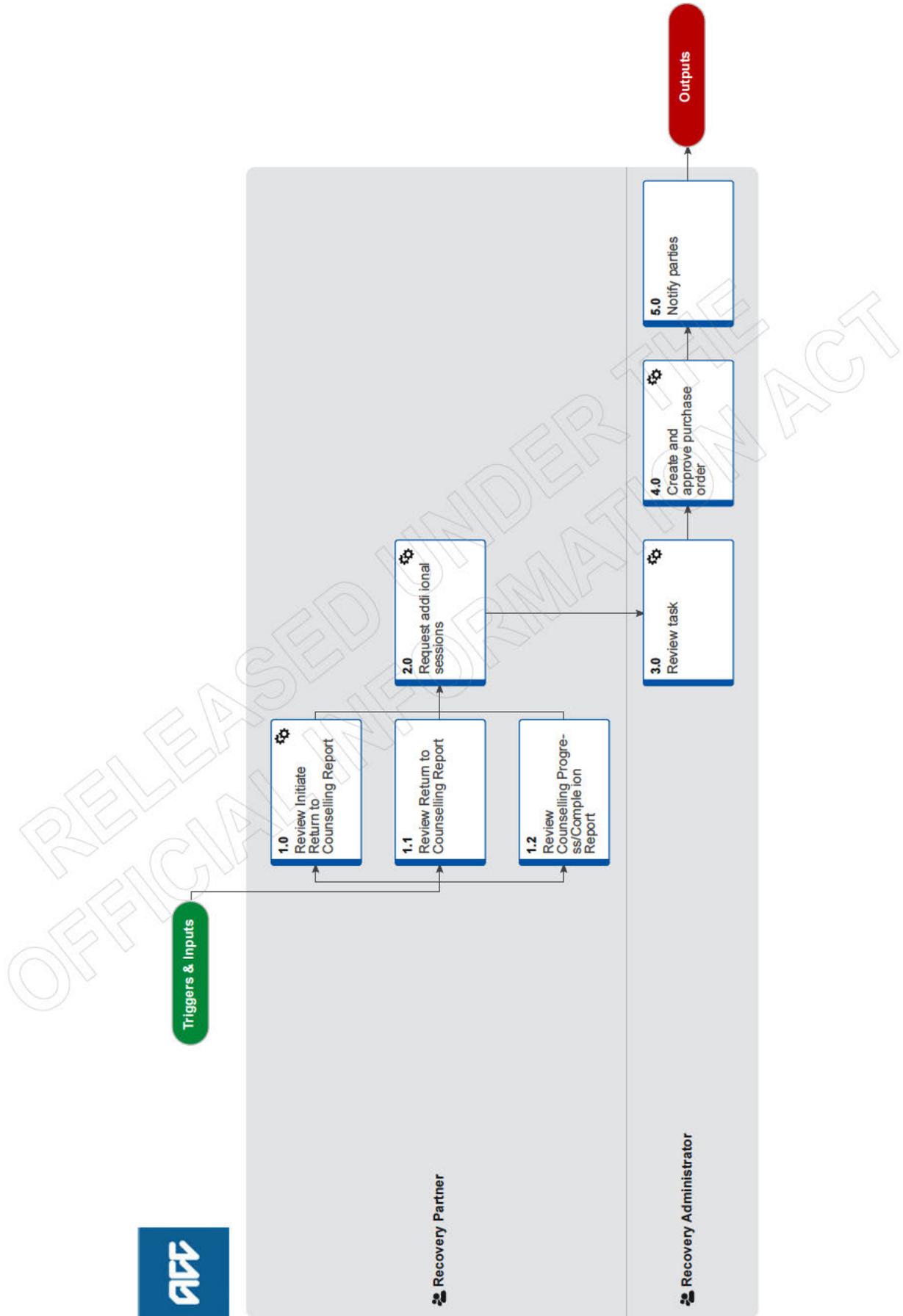
PROCESS

Conduct Welcome Conversation

Recovery Assistant, Recovery Coordinator, Recovery Partner

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Assess and Fund Counselling for Sexual Abuse under Regulations v5.0



Summary

Objective

To put in place counselling that is provided under Accident Compensation Regulations (AC Regulations) for Clients with a Mental Injury from sexual abuse.

Background

ACC is liable for the payment towards counselling costs under Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003:
<http://www.legislation.govt.nz/regulation/public/2003/0388/latest/DLM235778.html/>

Owner



Expert

Procedure

1.0 Review Initiate Return to Counselling Report Recovery Partner

- a In Eos, open the report task or 'NGCM – Action Attached Documentation' task.
- b Review the ACC719 Initiate Return to Counselling Report and carry out the relevant checks.
 -  NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- c Determine eligibility to continue with counselling under AC Regulations.

NOTE What is the eligibility criteria to continue with counselling under AC Regulations?

The cover status is 'Accepted'
The Treating Provider is an ACC approved Registered Counsellor and the client has previously been seen by an ACC Registered Counsellor.

- d Read the Guidelines Re-engaging clients - covered claim to determine if an assessment is required to support on-going treatment.
 -  NG GUIDELINES Re-engaging clients - Covered claim

NOTE What if the claim is held or declined?

Contact the Provider to let them know we can only fund counselling sessions on accepted claims and through the Integrated Service for Sensitive Claims (ISSC). Contact the client and talk them through the ISSC process.

NOTE What if the Provider is not an ACC registered Counsellor?

Contact the provider to advise them we're unable to approve treatment unless the Provider is a registered provider or have a Provider under ISSC.

Contact the client to let them know that funding of counselling sessions are only approved if being carried out by ACC registered Providers.

1.1 Review Return to Counselling Report Recovery Partner

- a Review the ACC720 Return to Counselling Report (Therapeutic Assessment and Planning Report)
 -  NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE What should you be checking in the report?

You need to check the original risk profile and decide whether:

- there is a diagnosis of dissociate identity, schizophrenia, bi-polar, manic psychosis
- there are clear treatment goals
- the symptoms are related to the diagnosis
- there was emotional or physical abuse involved
- there is evidence of self-harming behaviour
- There is evidence of drug and/or alcohol use, if this is not being addressed in the treatment
- a psychiatric history exists (mental illness versus mental injury)
- the client is held in a prison or other institution
- the client has special needs
- there is any physical injury present.

NOTE What if there is one of more of the factors above identified?

Consider seeking internal advice for guidance and next steps.

 **PROCESS** Seek Internal Guidance

1.2 Review Counselling Progress/Completion Report Recovery Partner

- a Review the ACC291 Counselling Progress/Completion Report.
 -  NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE What if your client's recovery is not progressing as expected?

Seek internal guidance from a Psychology Advisor to discuss whether an updated Mental Injury Assessment or Treatment Review might be needed to determine the next appropriate treatment pathway for the client.

 **PROCESS** Seek Internal Guidance

- b Approve additional sessions.

NOTE What if the report is a completion report and no further sessions are required?

Contact the client to ask if there is anything else they need. If no further supports are needed close the claim. Go to Close Claim. This process ends.

 **PROCESS** Close claim

2.0 Request additional sessions Recovery Partner

- a In Eos, at Recovery Plan level, select 'Add Activity' and select 'NGCM - Admin Request' task.

NOTE What do you need to include in the task?

Refer to the Partnered and Assisted Mental Injury Task templates for guidance.

 Partnered and Assisted Mental Injury Task Template.docx

- b** Add the Provider as a participant on the claim.

NOTE How do you add a participant?

Refer to the Manage Participants guidance below.

 Manage Participants

 Service Contracts and Contracted Providers - MFP spreadsheet

- c** Complete the document (to convert the document into a non-editable PDF).

- d** Send the approval via the preferred method.

NOTE What do you need to include in the email to the Vendor?

Refer to the Complex Mental Injury email templates below for what needs to be included.

 Admin Template - Mental Injury email templates

3.0 Review task

Recovery Administrator

- a** Navigate to Eos and select 'Do Task' from your task queue following the task assignment in Salesforce,
- b** Review the task to ensure it has all the information you need to proceed.

NOTE What if the vendor and/or provider is not a participant on the claim?

Return the task to the Recovery Partner advising them that they need to add these participants before you can action the task.

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 NG PRINCIPLES Working in the Administration Team.

 NG PRINCIPLES Working in the Administration Team

4.0 Create and approve purchase order

Recovery Administrator

- a** In Eos, generate a new or update an existing purchase order (as per the task).

 Creating purchase orders using general + QE

NOTE What entitlements should you select when creating a new Purchase Order for Counselling?

Use the following:

- Rehab Action/Claim = Treatment
- Intervention = Counselling -- Tmt
- Purchasing Method = Non-Contracted

 Search for a Party

- b** Search for and select the Vendor provided in the task using the Geographic Location search.
- c** Approve the Purchase Order.

NOTE What if you do not have the delegation to approve the Purchase Order?

Save the purchase order and follow the system steps below.

 Request Authorisation for a Purchase Order - System Steps

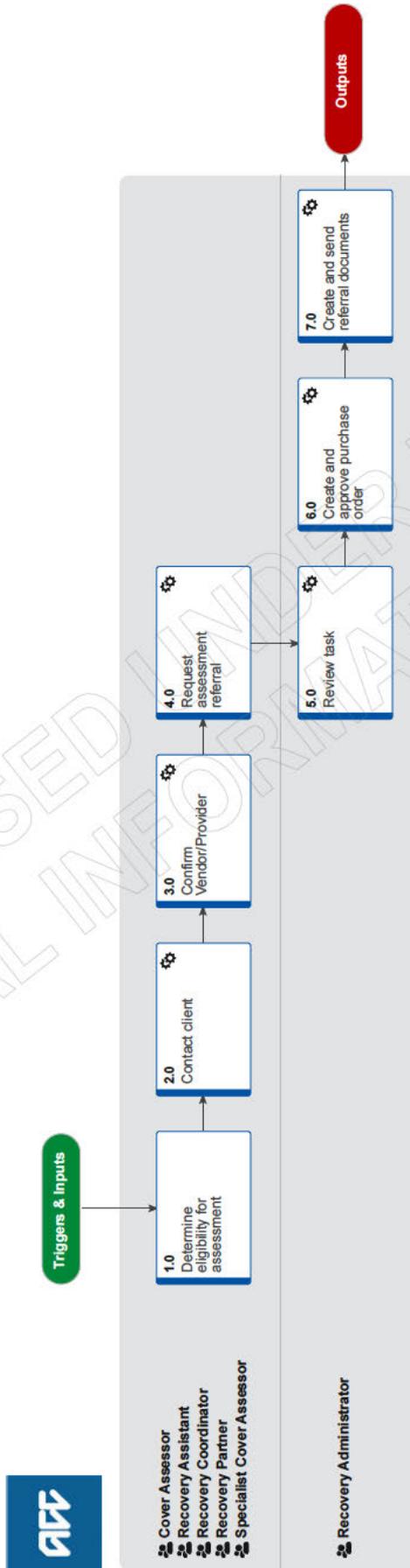
 Purchase Order - Handy Hints on how to create and edit POs

5.0 Notify parties

Recovery Administrator

- a** Create the approval letters as identified in the task.
- b** Populate with any additional information noted in the task and check all information has been captured.

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Summary

Objective

To arrange a Mental Injury Assessment specifically to help determine cover for a claim.

For all other mental health assessments including Mental Injury Assessments or progress reviews for the purposes of ongoing rehabilitation or supports refer to the following processes:

Arrange Psychiatric Services or Arrange Psychological Services processes

Background

Mental Injury Assessments are used to help determine eligibility for cover for:

- Mental injury caused by physical injury (MICPI)
- Work related mental injury (WRMI)
- Treatment Injury Mental Injury (also TIMI)

For cover to be determined for Mental Injury Caused by Sexual Abuse a Supported Assessment is carried out under the Integrated Services for Sensitive Claims (ISSC) refer to the 'Assess Early Planning and Set up Supported Assessment' process for the required steps.

Owner

Expert

Procedure

1.0 Determine eligibility for assessment

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor

- Review the client's current circumstances and the medical information received or information on the claim,
- Determine whether the client meets the criteria for a Mental Injury Assessment.

NOTE What is the eligibility criteria for a Mental Injury Assessment under this process?

The client must meet one of the following criteria:

- Have a covered physical injury and needs an assessment to determine cover for a mental injury.
- Have a non-covered physical injury due to a treatment injury and needs an assessment to determine cover for a mental injury.
- Experienced a work-related trauma and an assessment is needed to determine cover for a work-related mental injury.

NOTE What if it is for an assessment to determine cover for a mental injury caused by sexual abuse?

Refer to the Assess Early Planning and Set Up Supported Assessment process.

 **PROCESS** Assess Early Planning & Set up Supported Assessment

- Determine whether the referral should be sent to a Psychologist or a Psychiatrist.

NOTE When should a psychologist carry out the assessment?

A Psychologist is trained in the study of human behaviour and has specialised skilled in talking therapies as a treatment for mental disorders and other psychosocial causes of distress. They are trained in administering psychometric tests, such as personality assessments and other objective, structured measurement tools. A psychologist may be the preferred choice of assessor where psychometric assessment is required. They are also often better able to provide a sophisticated explanation of the development of a client's difficulties (called the 'formulation'), which is often required when it is not clear how the client came to present in a certain way, or it is unclear how the current symptoms are linked to an injury event.

 Psychological Services Service Page

NOTE When should a psychiatrist carry out the assessment?

A psychiatrist is a medical doctor who is specialised in the diagnosis and treatment of mental disorders. They are able to prescribe medication and often use this as a primary form of treatment. They are often the preferred assessor in cases where the client has complex co-occurring medical conditions or is taking a large number of medications that need to be taken into account when making a diagnosis or considering treatment. They are sometimes more suited to offering an opinion on severe psychiatric disorders such as schizophrenia or bipolar disorder, which require treatment with medication. They are also able to assess inability to work based on mental injury.

 Clinical Psychiatric Service Referral Service Page

NOTE What if you are unsure if a Psychologist or a Psychiatrist should carry out the assessment?

Refer to a Psychology Advisor via the hotline using the Seek Internal Guidance process.

 **PROCESS** Seek Internal Guidance

2.0 Contact client

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor

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

NOTE What if you are unable to contact the client?

- 1) Attempt a maximum of two contacts over two full working days before leaving a voicemail or sending a notification to request client contact.
- 2) If after the second attempt, you are unable to reach the client either:
 - if client is receiving supports add a contact to note your attempts. This process ends.
 - if the client is not actively receiving supports proceed to Decline Claim, this process ends.

If you're in Partnered and no contact is made with the client after three attempts, you must contact the provider, GP or other verified contact on the claim.

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

 Identity Check Policy

NOTE What if the client would like you to discuss the assessment with another person, but there is no ATA on record?

Go to Obtain Authority to Act (ATA), then return to this process.

 **PROCESS** Obtain Authority to Act (ATA)

- c** Check the client has granted ACC the authority to collect medical and other records.

 View Client Consent

NOTE What if the client hasn't provided consent?

Go to Obtain Client Authority to Collect Information, then return to this process.

 **PROCESS** Obtain Client Authority to Collect Information

- d** Discuss with the client why you are recommending and referring them for this assessment and remind them of their rights and responsibilities.

 Client Legislative Rights and Responsibilities Policy

- e** Explain the assessment will be with either a Psychiatrist or Psychologist and confirm they are happy to be referred.

NOTE What if the client does not want to proceed with the assessment?

Advise the client that ACC will have to make a decision based on available information. Continue to assess the claim for cover. End of Process.

 NG Principles Decision Making

- f** Advise the client what information will need to be collected, including medical or clinical notes relating to all mental health records and all relevant GP records pre-dating the injury by two to five years, and that this information will be shared with the selected Provider who will be carrying out the assessment.

- g** Check the claim for medical or clinical records.

NOTE When should medical or clinical notes relating to mental health pre-dating the injury by two years be requested?

Request medical or clinical notes relating to mental health pre-dating the injury by two years when the client has no history of mental health concerns.

NOTE When should medical or clinical notes relating to mental health pre-dating the injury by five years be requested?

Request medical or clinical notes relating to mental health pre-dating the injury by five years when the client has a history of mental health concerns.

NOTE What if you need to request medical or clinical records?

Go to Request Clinical Records process

 **PROCESS** Request Clinical Records

- h** Advise the client the Psychiatrist or Psychologist will contact them to schedule an appointment.

NOTE What other information should you give to the client?

- Let them know that if they are unable to attend an appointment, they must give 24 hours notice.
- Failing to attend could risk suspension of any entitlements, and a cover decision could be made based on the information.
- They are able to have a support person with them.
- There is no cost to them for the assessment.
- The assessor will send ACC a report, of which a copy will be sent to them.

- i** Ask the client if they have a preferred Provider.

- j** Go to the 'Contracted Suppliers by Geographic Area of Coverage' and search for Psychologist or Clinical Psychiatrists located in the client's geographic area.

 Contracted Suppliers by Geographic Area of Coverage

NOTE What if the client has a preferred Vendor and/or Provider?

Mental Injury assessments can only be completed by contracted Suppliers. Refer to the Contract Suppliers by Geographic Area of Coverage to confirm if the preferred Provider is contracted to ACC. If not, advise the client we will find a contracted supplier and let them know.

NOTE What if the client has particular needs that are to be taken into consideration?

If the client expresses particular needs, eg culture, language or gender preference, you may consider using out of region or non-contracted assessors.

 Client choice of providers Policy

- k** In Salesforce, add a contact to record the conversation with the client and if required, verify and update the client's contact details.

NOTE What if you are a Cover Assessor?

In Eos, add a contact to record the conversation with the client and if needed, verify and update the client's contact details.

3.0 Confirm Vendor/Provider

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor

- a** Email five Vendors and Providers (as per the correct Service Code: PSY51 (MICPI), PSY52 (WRMI) or CPSP1 (TIMI)) requesting them to provide available appointments for a mental injury assessment.

 Service Contracts and Contracted Providers - MFP spreadsheet

NOTE What if the client has a contracted preferred Provider?

Only email this Provider for available appointments.

NOTE What information should you put in the email?

Refer to the initial query template as outlined below.

Initial Availability Enquiry

Subject line: Mental Injury Assessment Availability – (Add Area) – (Claim number)

Good morning/afternoon,

I have a client based in (ADD DISTRICT) who is in need of Mental Injury Assessment following their injury.

Please advise if you're able to accept the referral and, if so, the earliest availability for the assessment to take place.

ACC will respond and confirm the assessment details once all responses have been received and reviewed.

Kind regards,

- b** In Salesforce, add and schedule a reminder task for five days, outlining which providers/vendors are still to reply.

NOTE What if you are a Cover Assessor?

Create and schedule a 'Follow-up Provider' task for five days,

- c** Acknowledge receipt of Vendor/Provider emails letting them know whether an alternative provider has been found.
- d** Contact the client once all Providers/Vendors have replied with availability and advise dates and times of available appointments unless the Provider has specified they will contact the client directly.
- e** In Salesforce, add a contact to confirm and record that the Vendor and Provider have confirmed they are happy to take the referral. (In Eos if you are a Cover Assessor).

- f** Add the selected Vendor/Provider as participants on the claim.

 Add a participant

- g** Update the client's Recovery Plan with the agreed intervention.

NOTE What if you don't know how to update the Recovery Plan?

Go to Create or Update Recovery Plan.

 **PROCESS** Create or Update Recovery Plan

NOTE What if you are a Cover Assessor?

No action is needed.

4.0 Request assessment referral

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor

- a** Create a referral-specific document group and name it Mental Injury Assessment.

NOTE What documents do you need to include for a Mental Injury Assessment referral?

- Recent medical certificate
- Clinical guidance transcript
- Relevant clinical records - see note below for further information
- Police reports
- Work incident/accident reports
- Signed ACC6300 or ACC6300D. If verbal consent was provided, note this in the eform or completed Psychiatric Assessment Memorandum (Specialist Cover Assessor)
- Psychiatric Assessment Memorandum (Specialist Cover Assessor).

NOTE Which clinical records are relevant?

- Information relating to a potential mental injury (ie symptoms of a diagnosable mental health condition)
- GP records (GP will determine relevance of information being provided to ACC)
- Anything relating to psychological symptoms or treatment (eg symptoms of low mood, depression, anxiety, trauma, stress and other non-specific symptoms such as headache, fatigue, etc.)
- For some proposed mental injuries (eg somatic symptom disorder), all GP records relating to unexplained medical symptoms may be relevant

Redact medical information that has no relevance to the injury.

 Manage document groups

- b** Check if there are documents on other claims relevant to the referral.

NOTE What if there are documents on other claims?

Create a copy and transfer to the other claim:

- 1) Create a bulk print of documents on the other claim, complete mandatory fields and add a description.
- 2) Open PDF document from email link.
- 3) File the PDF away to the claim you are creating the referral on.
- 4) Repeat these steps if there are documents on other claims.

Provide a short and descriptive title to the document properties in the PDF and state the claim number the information came from eg Medical records and reports from claim: 1000XXXXXXXX

Do not create a bulk print on one claim and move to another claim as it will not appear in any file copy requested by the client.

NOTE What do you do if Complex 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.

NOTE What if you do not have access to the Sensitive Claim?

Contact the Recovery Partner for the Sensitive Claim or Assisted Recovery (if not managed) for them to complete the document group with the relevant information for the referral. Contact can be made by phoning, emailing or tasking the request. If the request is tasked please ensure you provide all relevant information, what is required, why it is required, who the information is to be sent to and confirm that client consent has been obtained and where this is noted.

- c Perform privacy checks to ensure that the documents are relevant to the referral, do not contain any third party information and do not contain any other information that needs to be withheld.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE What if you find information that needs to be redacted?

Email the document to Recovery Administration (recoveryadmin@acc.co.nz) or (recoveryadmin1@acc.co.nz) for CMI clients) advising instructions to redact as required. Once returned, add to the document group.

 NGCM - Redact information from PDF documents

- d In Eos, in the Recovery Plan sub-case select 'Add Activity', select 'NGCM - Manage Referral' task and 'Mental Injury Assessment'.

NOTE How do you refer a task to Recovery Administration?

Refer to the 'Referring Tasks to Recovery Administration - Principles' document below for further guidance.

 Referring Tasks to Recovery Administration - Principles

 Creating Manage Referral Tasks - System Steps

NOTE What information should you include in the task?

- Geographic location
- Confirmed Vendor and Provider
- Note if the client's Mental Injury is the result of Work Related or Physical Injury (this needs to be specified to allow Recovery Administration to modify the letter to reflect why the assessment is needed)
- State clearly if your client has a Care Indicator
- Reason for referral and the status of the claim (Held)
- Note injuries on the claim, including held, declined and accepted injuries (these will be included in the PSY11 letter to the Vendor). Provide the correct Service Codes:
If it is under the Psychological Services contract, use service code PSY51 (MICPI) or PSY52 (WRMI).
If it is under the Psychiatric Services contract, use service code CPSP1 (Other Injury) or CPSS1 (Complex Mental Injury)
Note anything else that needs to be included in the PSY11 vendor or client letter

NOTE What if the client has a Care Indicator?

You need to clearly outline this in the referral. Refer to the 'Disclosure of Care Indicator to third parties' policy below for more information on how the information is disclosed.

 Disclosure of Care Indicator Information to Third Parties Policy

- e Consider the timing of the task. The task routes to the Recovery Administration team with an SLA of 24 hours.

NOTE What if the request is urgent and needs to be completed that day?

- 1) Call Recovery Administration.
- 2) Give the Recovery Administrator who answers the call the claim number.
- 3) The Recovery Administrator will open the claim in Eos and find the task on the claim.
- 4) Transfer the task into the Recovery Administrator's name. This will move it to their personal Eos queue and stop it from being reallocated by Salesforce.

5.0 Review task

Recovery Administrator

- a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.
- b Check the task contains sufficient information to proceed.

NOTE What if you don't have all the information you need?

Refer to the Task clarification process outlined in NG PRINCIPLE Working in the Administration Team.

 NG PRINCIPLES Working in the Administration Team

NOTE What if it is for an assessment to determine cover for a mental injury caused by sexual abuse?

Refer to the Assess Early Planning and Set Up Supported Assessment process.

 **PROCESS** Assess Early Planning & Set up Supported Assessment

6.0 Create and approve purchase order

Recovery Administrator

- a In Eos, create a Purchase Order.
 -  Create QE Purchase Orders
 -  Creating purchase orders using general + QE
 -  NGCM - Psychiatric purchase order details
 -  Guidelines Psychological services purchase order details

NOTE Purchase order codes

If the referral is under the Psychological Services contract, use service code PSY51 (MICPI) or PSY52 (WRMI). maximum 16 hours/units.
If the referral is under the Psychiatric Services contract, use service code CPSP1 (Other Injury) or CPSS1 (Complex Mental Injury) maximum 16 hours/units
If the task is unclear refer to the Task clarification process outlined in NG PRINCIPLE Working in the Administration Team

- b Search for and select the Vendor provided in the task using the Geographic Location search.
 -  Search for a Party
- c Approve Purchase Order.

NOTE What if the purchase order requires a higher delegation?

Save the purchase order. To request authorisation refer to the system steps below.

-  Request Authorisation for a Purchase Order - System Steps
-  Purchase Order - Handy Hints on how to create and edit POs

7.0 Create and send referral documents

Recovery Administrator

- a** In Eos, create the Request Mental Injury Assessment - Vendor (PSY11) using 'Add by Doc' on the purchase order screen.
- b** In the Docs Tab, create the PSY11 Mental Injury Assessment request client letter and the PSYIS01 information sheet. There is no administration template for this form, seek clarification from the task creator if required.

NOTE What if the claim is a complex mental injury/sensitive claim?

If the client is being managed as complex mental injury, in the Docs Tab, create the SCU61 - Psychiatric Assessment - Cover (client) and the SCU60 - Psychiatric Assessment - Cover (Vendor)

- c** Refer to the task and modify the referral letters as per the information provided.
- d** Save the documents as 'Completed' and add to the Mental Injury Assessment document group.

NOTE What if the document group contains an e-form saved as a word document?

Convert the e-form to PDF to enable it to be emailed by Eos.

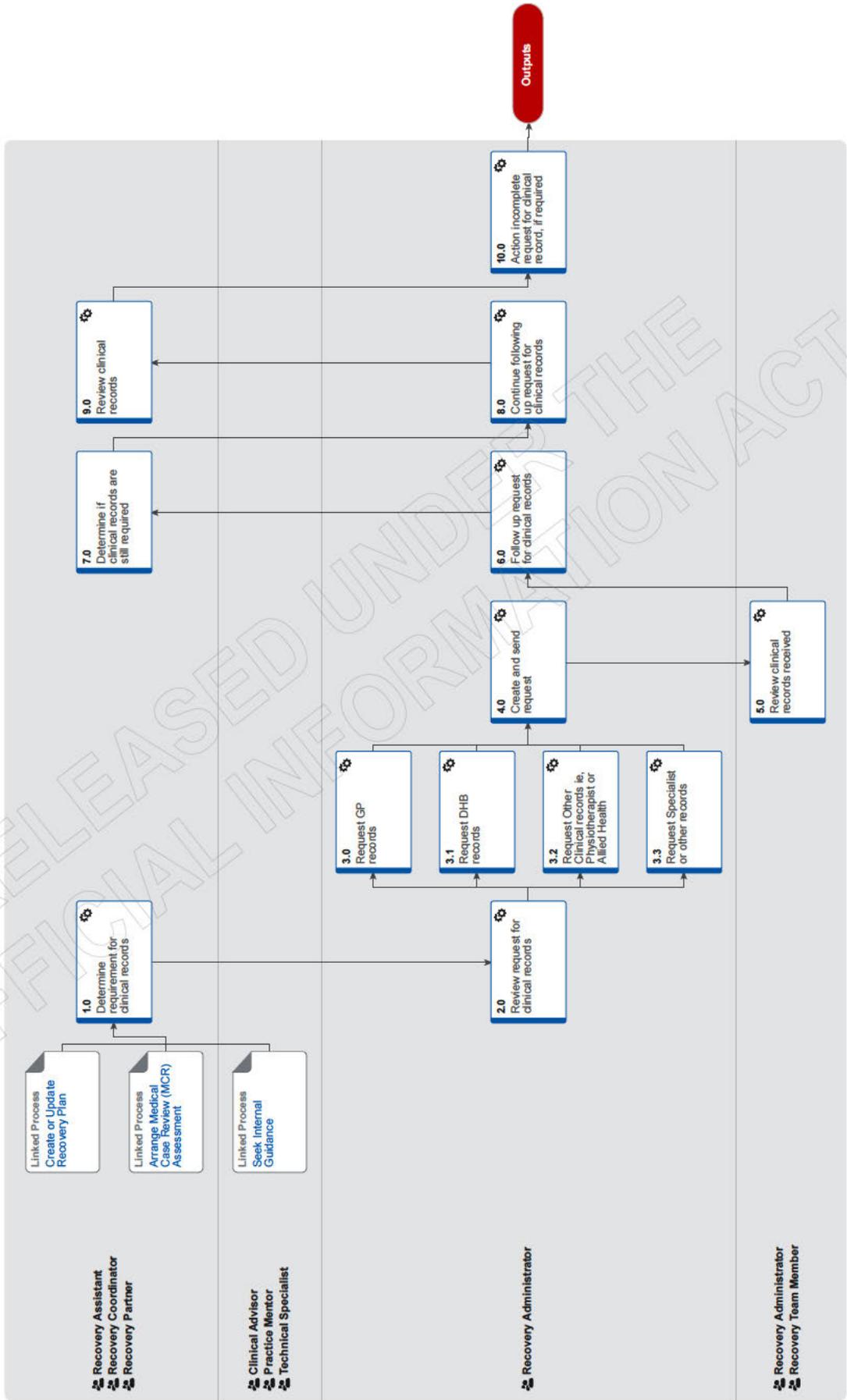
-  Convert an Internal Referral e-form to a PDF document.
-  NG PRINCIPLES Working in the Administration Team
- e** Perform dispatch privacy checks using Inbound and Outbound Document Checks.
 -  NG SUPPORTING INFORMATION Inbound and Outbound Document Checks
- f** Email the Provider using the Requests and referrals template. Attach the Mental Injury Assessment referral letter and the document group to the email. Select the vendor or provider email address from the list of participants on the claim.
 -  NGCM - FINAL Emailing from Eos using a Template - System Steps

NOTE What if the provider has requested the documents are sent by courier?

Go to Prepare and Send Client Information by Courier process.

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

- g** Send the Mental Injury Assessment client letter located in the 'Documents' tab to the client by their preferred method of communication.
- h** In Salesforce, close the assigned referral task.



Summary

Objective

To request medical or clinical records from a client's vendor, so that we have enough information to make a cover, support or treatment decision.

Background

ACC must request medical or clinical records from a client's vendor if we don't already have enough information to make a cover, support or treatment decision. ACC can ask external vendors, including General Practitioners (GPs), District Health Boards (DHBs) and specific treatment vendors (such as physiotherapists or chiropractors) to provide ACC with medical or clinical records related to the case.

Client medical or clinical records help in a range of situations. They:

- help inform cover, support or treatment decisions
- provide further information about the injury, client and diagnosis
- help develop the rehabilitation plan
- help identify and manage any risks.

Each time we request information about a client or a claim, the client should be aware of the request and why we need the information.

Owner



Expert

Procedure

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

 **PROCESS** **Arrange Medical Case Review (MCR) Assessment**
Recovery Assistant, Recovery Coordinator, Recovery Partner

 **PROCESS** **Seek Internal Guidance**
Clinical Advisor, Practice Mentor, Technical Specialist

1.0 Determine requirement for clinical records
Recovery Assistant, Recovery Coordinator, Recovery Partner

- Check the claim for information already on the claim, before proceeding.
- Determine what type of medical or clinical records you need to obtain by referring to the links below.
 -  Best Practice Guidelines for requesting medical notes
 -  Request medical or clinical records Policy
 -  Summary of the Health Information Privacy Code Policy

NOTE **What if you require notes from Oranga Tamariki?**

The process for this is scheduled to be written into Promapp as part of a larger piece of work. In the interim, use the following document.

 Oranga Tamariki Clinical Notes

NOTE **What if you need clinical or medical records from a DHB?**

Check if the reason for requesting the records aligns with one or more of the scenarios for requesting District Health Board (DHB) clinical records

 Scenarios for requesting District Health Board clinical records - Reference

NOTE **What if the information request is for a prison facility?**

you will need to know the current/last facility the client was held.
you must contact them first to confirm they hold the records and confirm the vendor number and email address to send the information request then follow the GP request

NOTE **What if you need to obtain Specialist records or High Tech imaging?**

Specialist notes or High Tech Imaging contracts require them to send through their reports within 5 working days of the patient consultation. Only submit a request for these records if it has been more than 5 working days and they have not been received. A Purchase Order is not required for these requests.

NOTE **What are the timeframes for receiving information?**

If you are requesting information from a DHB, the timeframe is:

- non-urgent request – 21 working days
- urgent request – 6 working days

If you are requesting information from a non-DHB (GP, Medical Centre), the timeframe is:

- non-urgent request – 11 working days
- urgent request – 6 working days

C In Eos, in the Consent tab of the Recovery Plan, check if the client has provided authority to collect medical and other records from third parties or has an ATA in place.

NOTE **What if there is no authority on the client's claim, or the authority has expired?**

Refer to the NG GUIDELINES Obtain Verbal or Written Authority for guidance.

If an ACC6300 is needed, Go to the Obtain Client Authority to Collect Information process.

 **PROCESS** Obtain Client Authority to Collect Information

 NG GUIDELINES Obtain Verbal or Written Authority

NOTE **What if you need notes older than 5 years and there are multiple claims for the client?**

At least one claim must have a signed Authority to Collect information (ACC6300) within the current year. Discuss with the client if you need to request information not already on file. Document their verbal authority.

NOTE What if you are requesting Mental Health notes?

Before requesting Mental Health notes a signed ACC6300 Authority to collect information must be on the file.

NOTE What if you need notes where a client has an active claim, but you require notes for other claims for the same client that are inactive?

Check the other claims for information before proceeding to request information.

Request for notes on Multiple claims, but to one provider, Task on active claim noting all claim numbers

Request for notes on previous claims:

The task should be created on the active claim (if no active claim, task on the claim you need) in the task, note which claim number you need clinical notes for and add the vendor as a participant on claim

- d** Check that the client has been seen by the Vendor you are requesting records from for this injury/claim.

NOTE What if the Provider is under contract?

To check to see if a Provider is under contract, search via MFP, if under contract a purchase order is not required. When completing the e-form, in the 'Purchase Order Number required' drop down box, select 'No'.

NOTE What if the client has been seen by (including but not limited to) a Specialist or Surgeon at a Private Hospital?

Contact the Specialists rooms to confirm where this request should be sent. Eg. Private Hospital or Specialists rooms. Add the specialist name to the request for information.

NOTE What if the claim is for a client with a Mental Injury?

If you are requesting mental health records from any of the following providers, you must contact them first to confirm they hold the records and confirm the email address to send the information request:

- GP records - Please confirm the name of the Doctor they saw. If there are multiple names, preferably list the most recent one. If the Doctor is a locum of the Practice, please provide a name of someone who is registered at the practice. The request will be made under their name instead.
 - Physiotherapist or Allied Health providers Specialist or other records
 - Mental Health Services or programmes which could be funded through Primary Health Organisations or Non-Governmental Organisations
- Ensure a contact action is used to record this conversation.

If the email address provided has not been verified, go to Verify Provider and Vendor email addresses then return to this process.

DHB's and Oranga Tamariki are the exception to this as we are not able to verbally confirm that they hold information. If requesting from a DHB, follow the usual process. If requesting from Oranga Tamariki, see note above under 1.0b.

- e** In Eos, check the correct Vendor is entered as a participant on the claim.

NOTE What if the Vendor hasn't been added as a participant?

Add the Vendor as a participant to the claim

NOTE What if the provider has not been set up as a Vendor?

In MFP, confirm the provider is not a Vendor. Contact the Vendor to confirm they hold the records and confirm the email address, physical address and contact phone number for follow-up. In the task to Recovery Administration - note the use of Vendor ACC Default J99966 & above information

 Manage Participants

- f** In Eos, add a NGCM - Information Requests activity and complete as per the Requesting Clinical Records system steps.

 Requesting Clinical Records

- g** Complete the eform with all the relevant information and instructions for Recovery Admin to action.

NOTE What if the information request is for a GP Practice?

Please indicate the name of the Doctor they saw. If there are multiple names, preferably list the most recent one.

If the Doctor is a locum of the Practice, please provide a name of someone who is registered at the practice. The request will be made under their name instead.

NOTE What if the information request relates to notes needed to make a cover decision?

Edit the task and change the priority to 'High'.

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

When creating your task, add title in task description PHYSICAL INJURY NOTES ONLY, not in the request Eform - then complete the eform with all the relevant information and instructions for Recovery Admin to action. Include: List the diagnoses that you would like notes on and the name of the most recent Doctor who treated them at the facility. If the ACC45 has sensitive material, we will need to have a current ACC6300 to proceed.

NOTE What information do you need to include in the information request task?

Refer to the 'Referring Tasks to Recovery Administration - Principles'. Ensure you record all claims numbers you are requesting notes on if requesting notes on more than one claim.

 Referring Tasks to Recovery Administration - Principles

NOTE What if the request for clinical notes is from a DHB?

Refer to 'Contacts for requesting District Health Board clinical records' to locate who to request the information from and add the DHB as a participant using the correct vendor code.

 Contacts for requesting District Health Board clinical records

NOTE What if the request is for hard materials?

Clearly state in the task description "Hard materials [type of material] required from [provider] to be sent to [your address]".

NOTE What if you are requesting medical notes for multiple claims from the same vendor?

Note the following in the task:

- Specific "from" and "to" dates.
- If you are requesting additional notes for a claim from the same vendor, to avoid duplication check the from and to dates on the previous request.

For example: 1st request for medical information "from" date is 21/06/2019 to 21/08/2019 (Present date in which the purchase order was created). Next request will go "from" 21/08/2019 "to" 21/10/2019.

NOTE What if the Vendor is a DHB?

In the NGCM - Information Request, note that the client's ACC6300 needs to be sent with the request.

NOTE What if you are requesting information prior to seeking internal guidance or information has been requested by an advisor?

Request the additional information using the Request Clinical Records process above. Then extend the target date of the clarification task to later than the due date of the medical notes task. Ensure you update the clarification task description to reflect you have requested additional information.

- h** Add a note in the Recovery Plan, under the appropriate Life Area recording the reason for the information request.

NOTE What if you're a Cover Assessor?

Edit the 'Confirm Cover Decision' task and add the details to record the request for information.

2.0 Review request for clinical records

Recovery Administrator

- a** Upon allocation of the 'NGCM - Requested Information' task in Salesforce, open the associated task in Eos and select [Do Task] from your task queue.
- b** Review the task to check Recovery Team member has provided the name of the Vendor.

NOTE What if the information needed is from overseas?

Refer to the Making an overseas payment link below for more information.

-  Making an overseas payment
<http://thesauce/team-spaces/chips/compensation/wee>

NOTE What if the name of the Vendor hasn't been provided in the task?

The Vendor details should be included in the task. If the details are missing, contact the requestor for the information and ask them to add as a Participant on the claim.

NOTE What if the vendor has not been added as a Participant on the claim?

The Recovery Team member should be adding the vendor as the Participant on the claim. but if this has not been completed, contact the Recovery Team Member asking them to add the Vendor as a participant before creating the purchase order

NOTE What if the vendor is noted as Vendor ACC Default J99966?

Some records may be requested from Vendors who are not set up as an ACC Provider. In this case, the Vendor Default of J99966 is used. edit the letter: remove the ACC address and add vendor name and address copy and paste from the task

NOTE What if the request is for medical notes for multiple claims?

When requesting notes on Multiple claims, but to one provider, the Purchase Order is created on the active claim; all claims numbers should be listed in the letter.

Request for notes on previous claims:

When requesting notes on a previous claim, the task should be received on an active claim which notes the claim number the notes are needed for. Purchase Order and request letter should be completed on the previous claim number. Close the request task- this will create a follow up task, edit this follow up task with the previous claim number the Purchase Order was created on.

- c** Check the task to determine if you need to generate a Purchase Order.

NOTE What if you don't need to create a Purchase Order?

Go to Activity 4.0 (d) Create and send request.

- d** Identify the vendor type for the information request.

NOTE What if the information request is for GP records?

Go to Activity 3.0.

NOTE What if the information request is for DHB records?

Go to Activity 3.1.

NOTE What if the information request is for Physiotherapy records?

Go to Activity 3.2.

NOTE What if the information request is for Specialist records?

Go to Activity 3.3.

NOTE What if the request is for Oranga Tamariki?
use the following document below, Use SCU05 template enclosed in the Request Oranga Tamariki Notes.

-  Oranga Tamariki Clinical Notes

NOTE What if the request is for hard materials?

If the request is for hard materials (ie tooth sample), include the address of the staff member requesting it in the "How to send the requested information" section of the letter.

NOTE What if the information request is for Treatment Injury claim?

Check the cover status on the General tab and Claim Type, eg Cover Status - Accept, Claim Type Treatment Injury - ticked

If Treatment Injury ticked and Held Claim, follow Request Clinical Records for Treatment Injury - linked below

If Treatment Injury ticked and accept follow 2.0 d

-  Request Clinical Records for Treatment Injury
-

3.0 Request GP records Recovery Administrator

NOTE Can I request Clinical Records electronically via SureMed?

ACC's preferred method for requesting Clinical Records from GP's is electronically through the SureMed portal. If needed you can still request Clinical Records manually by continuing with this process.

 **PROCESS** Request GP Clinical Records - SureMed

- a View the [Add Info] tab in the task.
- b Create the Purchase Order.

 Creating purchase orders using general + QE

NOTE What information do you need to create the Purchase Order?

Choose the appropriate Entitlement Code or a combination of codes:
MEDR – (is an hourly rate for the time taken by the Medical Practitioner to prepare and review the medical notes).
COPY – (is the cost for practice admin staff to photocopy and prepare existing medical notes that may be paper based).

*If you mark the request as 'Urgent', provide the reason.

After selecting the Entitlement code(s), proceed as follows:

- 1) Rehab Action / Claim: Treatment (Search)
- 2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
- 3) Quantity Approved: MEDR - 1, COPY - up to max of 30
- 4) Frequency: Quarter
- 5) Create PO
- 6) Purchase Method: Non-Contracted.

If there are questions for the GP vendor, select the 'MD02a GP - Further info - Medical Notes - Vendor' letter. In this case, select 'In total' as the [Frequency] when raising the PO, this will ensure the document template populates the right quantity. Alternatively, manually amend the template to change quantity from 0 to 1.

- c Approve the Purchase Order.

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 remember to change the Limited Payment List Indicator to 'Yes'.

- d Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury"
- e Generate the MD01a GP - Further Info - Medical Notes - Vendor letter by selecting 'add documents'.

 Admin Template - MD01a GP Further Info - Medical Notes - Vendor

NOTE What if the request relates to a Mental Injury claim?

Refer to the admin template for what needs to be updated in the MD01a letter.

 MD01a GP Further Info Medical Notes - Vendor Mental Injury Template

NOTE What if the request is urgent?

Update the sentence under the 'How to invoice ACC' with the following:
'Please forward the requested reporting within 5 days'.

When emailing add URGENT to the email subject line.

NOTE What if there are questions to be included in the information request?

Generate the 'MD02a GP - Further info - Medical Notes - Vendor' letter.

 Admin Template - MD02a GP Further info - Medical Reports – Vendor

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

Follow the task template for physical injury records request, use NGCM Email template. Make no mention of any mental injuries. We are not requiring mental health notes, do not add this

- f Amend the MD02a letter to include the 'from to dates' provided in the task by the Recovery Team member and paragraph relating to the Client's privacy.

NOTE What text do you include?

"In order to consider this request we require copies of the following information from [Date] to [Date]"

- g Text to include in all letters

Privacy

As we are dealing with a client's medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

3.1 Request DHB records Recovery Administrator

- a View the [Add Info] tab in the task.
- b Create the Purchase Order.

 Creating purchase orders using general + QE

 Contacts for requesting District Health Board clinical records

NOTE What information do you need to create the Purchase Order?

Use Entitlement Code DHBC.
If questions need to be answered by a DHB Specialist, use Entitlement Code: DHBR1.

After selecting the DHBC Entitlement code, proceed as follows with steps 1 – 6 as below. If you require further information, refer to the 'Creating purchase orders using general + QE System Steps' document below.

- 1) Rehab Action / Claim: Treatment (Search)
- 2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
- 3) Quantity Approved: 1
- 4) Frequency: Quarter
- 5) Create PO
- 6) Purchase method: non contracted
- 7) Choose the correct vendor. (Use the link above for contacts for requesting DHB Clinical Records).

c Approve the Purchase Order.

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 remember to change the Limited Payment List Indicator to 'Yes'.

d Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury"

e Generate the ACC2386 - DHB (Vendor) request for copy of notes by selecting 'add documents'.

- Admin Template - Clinical Records Request - District Health Board

NOTE What if the request relates to a Mental Injury claim?

Generate the 'ACC2386 DHB request for copy of notes' letter. Using the instructions in the template modify the letter for a Mental Injury request.

- ACC2386 Clinical Records Request District Health Board Mental Injury Template

NOTE What if there are questions to be included in the request?

Generate the 'MD02c-DHB-Further Info - medical reports - vendor' letter.

- Admin Template - MD02c - DHB Further info - Medical Reports – Vendor

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

Follow the task template for physical injury records request, use NGCM Email template. Make no mention of any mental injuries. We are not requiring mental health notes, do not add this.

3.2 Request Other Clinical records ie, Physio-therapist or Allied Health

Recovery Administrator

a View the [Add Info] tab in the task.

b Create the Purchase Order.

- Creating purchase orders using general + QE

NOTE What information do you need to create the Purchase Order?

Use Entitlement Code: STPR.
If you have questions requiring answering by the Physiotherapist, Osteopath, Chiropractor or Podiatrist use Entitlement Code: MEDR.

*A contracted physiotherapist may request STPR when they need to spend significant time reviewing and redacting information before sending the notes to ACC, in which case ACC should fund.

After selecting the relevant Entitlement code, proceed as follows:

- 1) Rehab Action / Claim: Treatment (Search)
- 2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
- 3) Quantity Approved: 1
- 4) Frequency: Quarter
- 5) Create PO
- 6) Purchase method: Non-contracted
- 7) Choose the correct vendor or just type in the correct vendor code.

c Approve the Purchase Order.

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 remember to change the Limited Payment List Indicator to 'Yes'.

d Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury"

e Generate the MD01b Allied - Further info - Medical Notes - Vendor by selecting 'add documents'.

NOTE What if the request is urgent?

Under 'How to invoice ACC', update the sentence 'Please forward the requested reporting within 10 days' to 5 days.

NOTE What if there are questions you need to include?

Generate the MD02b Allied - Further info - Medical Notes - Vendor letter.

- Admin Template - MD02b Allied Further info - Medical Reports – Vendor

NOTE What if you need to fax the letter?

Generate the 'MD01b Allied - Further info - Medical Notes fax - Provider'.

- Admin Template - MD01b Allied Further info - Medical Notes – Vendor

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

Follow the task template for physical injury records request, use NGCM Email template. Make no mention of any mental injuries. We are not requiring mental health notes, do not add this.

f Amend the MD01b letter to include the 'from to dates' provided in the task by the Recovery Team member and paragraph relating to the Client's privacy.

g Text to include in all letters

Privacy

As we are dealing with a client's medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

3.3 Request Specialist or other records

Recovery Administrator

a View the [Add Info] tab in the task.

b Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury"

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

Follow the task template for physical injury records request, use NGCM Email template. Make no mention of any mental injuries. We are not requiring mental health notes, do not add this.

c Check if there is a requirement to submit questions to the vendor.

NOTE What if questions are not needed for the information request?

Proceed to Activity 4.0 (d) Create and send request.

NOTE What if the Specialist or 'other' does not have a verified email address?

If you are requesting notes from a Specialist and they do not have a verified email address, then:

- 1) Call and verify as the first option
- 2) Only if absolutely necessary (if they don't want the request emailed) create a letter to FAX as per the steps in 4.0 e Note 1.

d Create the Purchase Order.

NOTE What information do you need to create the Purchase Order?

Entitlement Code: MEDR
Entitlement Type: Intervention Medical Notes / Reports - Tmt (Quick Add)
Quantity: 1
Frequency : In Total
Purchase Method Non-Contracted

If there are questions for the Specialist vendor, select the 'MD02a GP - Further info - Medical Notes - Vendor' letter. In this case, select 'In total' as the [Frequency] when raising the PO, this will ensure the document template populates the right quantity. Alternatively, manually amend the template to change quantity from 0 to 1.

e Approve the Purchase Order.

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 remember to change the Limited Payment List Indicator to 'Yes'.

f Generate the MD02a - GP Further info - Medical Reports letter and modify as per the task. Send an email using the Medical Notes Request Email template and modify accordingly.

 Admin Template - MD02a GP Further info - Medical Reports – Vendor

g Text to include in all letters and emails

Privacy

As we are dealing with a client's medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

4.0 Create and send request

Recovery Administrator

a Edit the documents and letters:

1) Change the 'Staff Name' from your name to 'ACC'

2) Copy the document name under the 'Recipient Details' heading and paste into the Document Description' box

3) Untick 'Record a Contact' and then 'Next' (the document will be generated in Word for you to complete)

4) Complete the document using the information provided located in the 'Additional Information' tab

5) Check the details you have entered are correct

6) Save the document and close.

NOTE What if the task includes questions from a Recovery Team Member?

Refer to the NG GUIDELINES Sending Letters in NGCM to confirm whose signature should be used.

 NG GUIDELINES Sending Letters in NGCM

b In Eos, mark the status of the document as complete, and select OK.

c Complete privacy checks on the completed documents.

 Privacy Check Before Disclosing Information Policy

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- d Create an email using the appropriate template and attach the document(s). Add the client's NHI at the beginning of the email subject field.

NOTE What email template should you use?

If Purchase Order created, use 'Medical Notes Request (Purchase Order)
If no Purchase Order created, use 'Medical Notes Request'
Modify accordingly.

NOTE A copy of the lodgment form (ACC45/46/42) must be sent with every DHB request, or an ACC6300 if there is one on file

NOTE What if the request relates to a Mental Injury claim?

Create an email in outlook. Copy and paste the following text and modify accordingly:

Kia Ora,

ACC have received a claim from *client first name* relating to their Mental injury.

We require Mental health information from between 00/00/0000 and present, to help us make decisions about their claim.

Our preference is to receive all documentation by email, if this is not possible just let us know.

If you have any queries, please do not hesitate to email recoveryadmin1@acc.co.nz or call 0800 222 435 Ext. 22.

Ngā mihi

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

NOTE What if the request is for records across multiple claims?

The Recovery Team Member will identify the claims in the task. Only one purchase order is needed (if required) on the active claim.

NOTE What if the Vendor's address has not been verified?

Go to Verify an Existing Provider, Vendor or Facility Email Address.

PROCESS Verify an Existing Provider, Vendor or Facility Email Address

NOTE What if the request is URGENT?

State this clearly in the body and subject line of the email.

NOTE What if the request relates to a Mental Injury claim?

If the claim relates to a Mental Injury (e.g. stress related injuries), you will need to manually remove the injury details from the Medical Notes Admin Email template(s).

NOTE: Details of a client's physical injury won't populate on the Medical Notes Requests email templates used by Recovery Administration for Purchase Orders or non-Purchase Orders for Sensitive Claims in the Assisted or Partnered Recover teams.

NOTE What if you need to send a FAX?

Fax the requests do the following:

(A) – For users with Fax Access

- 1). Print/Fax the request using RightFax
- 2). Navigate back to Eos
- 3). Add a new contact stating: "MD01a [document date and time], sent via fax to: [faxnumber] on [date and time]".

(B) – For users without Fax Access

- 1). Create the request
- 2). Update the task details with "Please Fax, Vendor #, Fax #, [Document attached]"
- 3). Link the request to the task
- 4). Set the priority as 'High'
- 5). Transfer back to the Admin queue

For guidance on how to use RightFax refer to the document below.

 RightFax Instructions

e Perform despatch check.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

f Send the email.

g In Eos, close the task. This will automatically generate a Follow up Requested Information task for Recovery Administration.

NOTE What if the request was set as High Priority?

Edit the Follow Up Requested Information task and set to 5 business days.

NOTE What if you were requesting records across multiple claims?

Edit the description in the follow up task to include a list of all the claim numbers and dates are requesting records for. Copy the details from the task.

5.0 Review clinical records received

Recovery Administrator, Recovery Team Member

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

b Perform privacy checks.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

 Privacy Check Before Disclosing Information Policy

c In Eos, upload the information to the claim.

 NGCM Filing Away - System Steps

d Update the document and contact properties with an accurate description of the information received.

NOTE What if you are a Recovery Team Member?

Locate and edit the associated 'NGCM - Follow up Requested Information' task stating clinical records have been received. Recovery Admin will update the 'Information Requested' tab and close the task.

e Select the 'Information Requested' tab on the Recovery Plan subcase, mark the request as 'Complete' and state 'Information Received', select OK.

f Close the 'NGCM - Follow up Requested Information' task stating clinical records have been received. A NGCM - Review Requested Information task will be auto generated and assigned to the Recovery Team or Individual managing the claim.

NOTE What if you receive a Review Requested Information Task and the information is incomplete?

Close the task.

Select 'Information Incomplet and click OK.

Add the details of the information that is missing in the comment box and select a target date.

Click OK. The task will auto-route to Recovery Administration.

if NGCM - Follow up Requested Information'request was set as High Priority?

after closing and creating Review Requested Information Task or the information is incomplete Edit task to high

6.0 Follow up request for clinical records

Recovery Administrator

- a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.
- b In Eos, check the 'Documents' tab to confirm the requested information has not been received before proceeding to contact the vendor.

NOTE What if you're unable to locate the information in the documents tab?

1) Check the shared inbox to see if the email has arrived but has not yet been filed away

2) If the information is in the shared inbox, file it away to the claim

3) Copy and paste the email subject line into the Salesforce search bar, opens the related task and close.

4) Check the client's party record under Documents

5) If the vendor has email ACC back with no attach notes, File away, update task with template below

Response from vendor:

See contact:

Action:

- c Contact the vendor to follow up on the requested information. Ensure that you check what has previously been requested and only follow up the request for subsequent information (using the date ranges on the request form).

NOTE How many times do you follow up with the vendor?

*If it a SureMed request, follow the SureMed pro-mapp pg

Make two attempts to follow up with the Vendor
Check Task date inline with below, if not, correct the target date (count from Creation Date), update the task description e.g. 'JL 18/09/2019 task date correction'.

DHB, the timeframe is:

- non-urgent request – 21 working days
- urgent request – 6 working days

non-DHB (GP, Medical Centre), the timeframe is:

- non-urgent request – 11 working days
- urgent request – 6 working days

1). The first attempt should be made by phoning the vendor, to confirm receipt of initial request.

- Unless you are following up a DHB request email only.(only follow up Urgent DHB notes before 20 days)

- If you are successful in contacting the vendor, Update your task with template below:

- If leaving a message, ensure you provide sufficient details for the vendor to identify the client whose information we require, e.g. Client full name, NHI or claim number or ACC45 number, DOB

Update your task with template below:

When calling:

(Initials)(Date) - Follow up #

Number called:

Person who you spoke with:

Outcome:

Expected timeframe:

Notes will be sent via:

If you are unable to leave message , e.g.: line busy, unable to connect or no VM . Put the task on hold , try 2-3 times during the day to establish a successful contact or to leave a message . If unable to make contact, send final email (follow process 2)

- Reset the follow up task target date and time (between 10.00-15.00), if said notes already sent, push task out 3 days (giving time to be received/upload); If no timeframe, push task out 2 weeks. (10 working days)

Exceptions: If the vendor has been in touch and has asked for more time or explained their circumstances, then adjust accordingly

2). Edit the task description with below template (do not delete any information from the task)

When emailing:

(Initials)(Date) - Follow up #

Email sent to:

See contact dated:

Additional info:

Response from vendor:

See contact:

Action:

From the Documents tab in Eos, locate the original request letter that was sent to the vendor.

Create new email from template and copy and paste original email (in contacts tab) add the

additional content below. In the Email subject line, ensure that you include the wording 'Follow

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

NOTE What if the vendor has advised that they no longer hold the client's records as the client has transferred to another GP practice?

Make a note of what the previous vendor has advised on the NGCM – Information Not Received task once the NGCM – Follow up Requested Information task has been closed. Copy in the relevant notes that have been left on the task for the team/RTM to follow.

- d** Close the 'NGCM - Follow up Requested Information' task.

 Information Not Received

- e** Copy and paste the task description from the 'NGCM - Follow up Requested Information' task into the 'NGCM - Information Requested not Received' task.

NOTE What other information should you include?
Include any other relevant information e.g. 'Voice Message says the clinic has closed down'.

7.0 Determine if clinical records are still required

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Review the 'NGCM - Information Requested Not Received' task to determine if you still require the medical or clinical records.

NOTE What if you no longer require the medical or clinical records?

Select the NGCM - Information Requested Not Received task. Follow the systems steps for Information not Received. This process ends.

 Information Not Received

NOTE What if you still require the medical or clinical records?

Close the 'NGCM - Information Requested Not Received' task.

In the 'Choose Next Step' screen, select option 'Continue to follow-up'.

An 'NGCM - Continue to Follow up Requested Information' task will automatically generate route to Recovery Administration Team.

8.0 Continue following up request for clinical records

Recovery Administrator

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

 Continue To Follow Up Requested Information

NOTE Setting target date

Set the target date and time (between 10.00-15.00) for a week after (5 working days)

Exceptions: If the vendor has been in touch and has asked for more time or explained their circumstances, then adjust accordingly

- b** Call the vendor - discuss the request to determine (if possible) the reason(s) why they have been unable to provide the requested information.

NOTE What if the vendor is unable to provide the requested information?

Add the response into the task to notify the Recovery Team Member. In Eos, record this conversation as a contact on the claim.

Reason: Contact with Provider
Direction: Outgoing
method of Contact: Phone

Description:

Name: (who you spoke to)

PH#:

Detail: (of the conversation)

- c** Close the 'NGCM - Continue to Follow up Requested Information' task, and select 'Information Requested Not Received'.

9.0 Review clinical records

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Confirm you have received the records requested,

NOTE What if you need help to interpret the information?

Go to the Seek Internal Guidance process.

 **PROCESS** Seek Internal Guidance

NOTE What if the records received are incomplete?

Follow the system steps below.

 Information Incomplete

- b** Perform privacy checks.

 Privacy Check Before Disclosing Information Policy

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE What if the clinical records require redacting or third-party information removed?

• Email the document for Mental Injury use recoveryadmin1@acc.co.nz; for all others use recoveryadmin@acc.co.nz

• When emailing to Recovery Administration, provide clear instructions or highlight Document, on the information that needs redacting.

NOTE: Do not add any third-party information into the task or email because this cannot be removed in the future and tasks are provided to a client when they request their claim information. Instead state 'please remove third party information on page xx'.

- c** In Eos, open the 'NGCM – Review Requested Information' task, select the option to accept records and close the task.

10.0 Action incomplete request for clinical record, if required

Recovery Administrator

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

- b** Open the 'NGCM - Incomplete Information Request' task to determine what information is missing. To view the original information request, go to the [Add Info] tab and then click on the 'Inherited' tab.

 Information Incomplete

- c** Contact the vendor to obtain the missing information.

NOTE What methods and templates do you use for this?

Call the vendor to discuss what's missing from the original request and ask if they can send the information to ACC. In Salesforce, record this conversation as a contact on the claim.

NOTE What if the vendor insists on an email?

Using the appropriate Eos template, email the vendor and attach the original clinical request and advise the vendor of the missing information as outlined by the Recovery Team Member in the task, and then close the task.

An email example could be:

"Thank you for sending the requested medical information on (insert date). We have reviewed the medical notes and noticed some information is missing. Could you please send a copy of (insert what information is missing here) to us at your earliest convenience. Thank you"

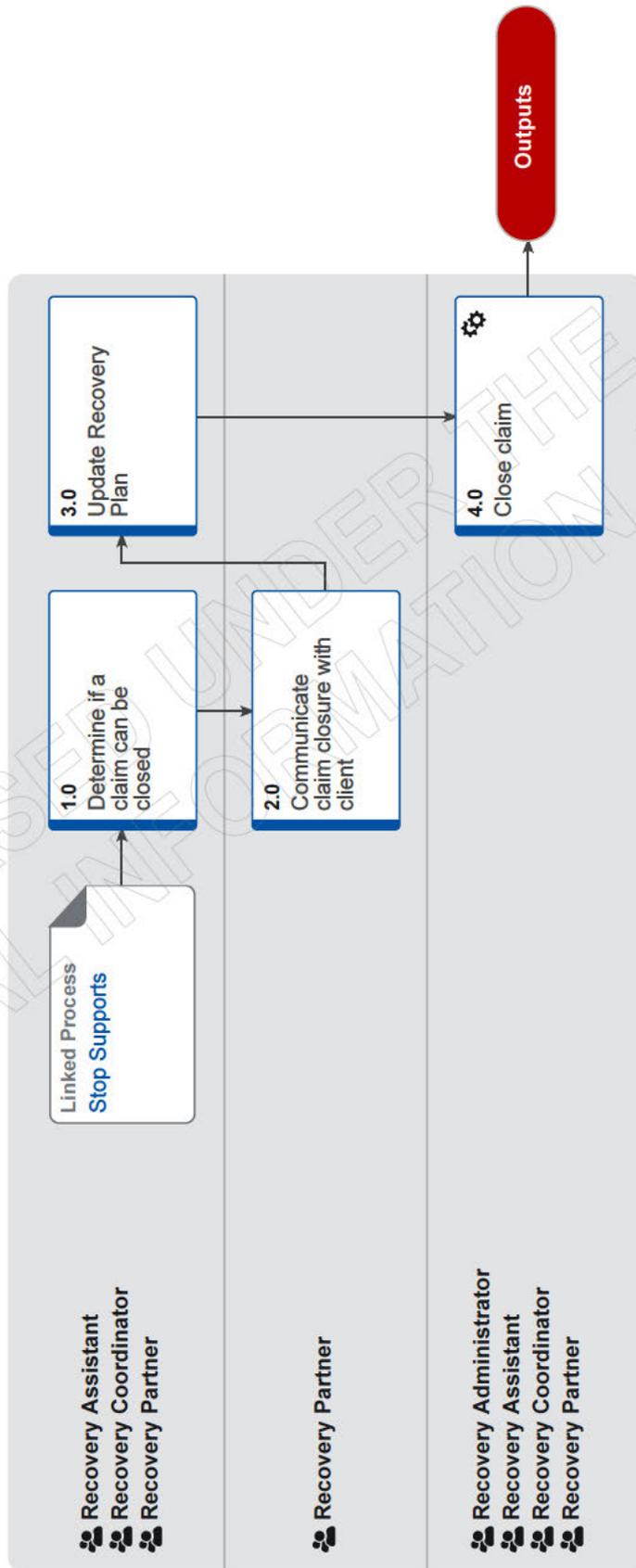
This will then create the NGCM - Follow up Request for Clinical Records task.

- d** In Eos, close NGCM - Incomplete Information Request task. This will then create the 'NGCM - Follow up Request for Clinical Records' task.
Check to see if it has generated a Follow Up Requested Information task.
If it has generated a follow up task, make a note on the task to specify that it is the follow up of the Incomplete Information Request task and set the task target date for 10 working days from task creation.

NOTE If it hasn't generated a follow up?

- Go to the 'Task' tab on the ACC45 Claim
- Click on the 'Incomplete Information Request' task so it brings it up in the preview space below. Do not fully open it.
- Click on the 'Process View' tab
- Find the blue square
- Click the play button on the right side of the square
- This should have generated the 'Follow Up Requested Information' task
- Follow the steps above regarding editing the task and the target date

- e** Edit the 'NGCM - Follow up Request for Clinical Records' task and record your initials, today's date, attempt number and discussion had with the provider regarding the missing information.
- f** Go to Activity 6.0, 'Follow up Request for Clinical Records' if required.
-



Summary

Objective

To move a claim in Eos to an Actioned Cases queue once a client has confirmed they don't require any supports or assistance from ACC so that the claim can be removed from active management. This process is also used when you're unable to contact a client to complete the Welcome Conversation.

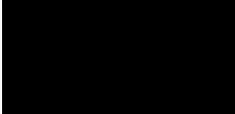
Background

A closed claim is an internal reference at ACC to the electronic status of a claim sitting in the 'Actioned Cases' queue within Eos. Claims are 'closed' (moved to 'Actioned Cases' department queues) at a point in time where ACC and the client confirm that there has been a logical end to the active management of supports on the claim.

Active Management is the need for ACC to consider a request for support, create a purchase order for referral, treatment or service or to complete a compensation payment for the claim. This means at the point of claim closure treatment providers may still be engaging with the client.

Owner

Expert



Procedure

PROCESS

Stop Supports

Recovery Assistant, Recovery Coordinator, Recovery Partner

1.0 Determine if a claim can be closed

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Determine if the claim can be closed using the close claim criteria.

-  Determine if a claim can be closed

NOTE What if there are active entitlements/support in place?"

Refer to Stop Supports page.

-  **PROCESS** Stop Supports

2.0 Communicate claim closure with client

Recovery Partner

- a Contact the client to notify of claim closure

NOTE What if the claim is Declined? (Complex Mental Injury only)

Let the client know we have received their Closure Notice from their provider and you are calling to discuss this. Explain that due to their decision to stop their sessions, we're unable to approve ongoing support, but they will be able to re-engage in support at any point in future. This will mean their claim will not be actively managed and will be closed until they are ready to re-engage.

- Ask if they have any questions
- End Phone call

-  Contacting sensitive claims clients Policy

NOTE What if the client needs further assistance after finishing treatment? (Complex Mental Injury only)

- If they want a new supplier, then help them identify a new supplier

- If they want to leave the service and need no other services, tell them that's ok and they are welcome to reengage at any time

- Advise them of the 'Find Support' Website if in the future they require further support

NOTE What if you are stopping entitlements/supports?

Go to (NGCM) Stop Supports

-  **PROCESS** Stop Supports

3.0 Update Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Update the Recovery Plan by completing the following actions:

- Record an outcome for the clients recovery goal and any Personal Goals
- Ensure all Recovery Plan actions have been completed (agreed interventions should have an outcome of Complete or No Longer Relevant)
- Ensure Recovery Status life areas have been updated.

NOTE How do I update the Recovery Plan?

Go to the Create or Update Recovery Plan process before returning to Activity 3.0 Close claim.

-  **PROCESS** Create or Update Recovery Plan

4.0 Close claim

Recovery Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Check the tasks in Eos and close any tasks that are no longer relevant
- b Transfer the claim to the appropriate Actioned Cases department queue

NOTE What queue should I transfer the claim to if I'm in one of the Recovery Teams?

Transfer the claim to your appropriate Recovery Team Actioned Cases department queue:

- Enabled Recovery claims to Enabled Recovery – Actioned Cases
- Assisted Recovery claims to Assisted Recovery – Actioned Cases
- Assisted Recovery – Sensitive Claims to Assisted Recovery - Actioned Cases
- Supported Recovery claims to Supported Recovery - Actioned Cases
- Partnered Recovery claims to Partnered Recovery - Actioned Cases.

-  Move claim to actioned cases

- c Close any open intervals.

NOTE How do I close the ISSC interval? (Complex Mental Injury only)

Note down the date of the clients last face to face session with provider

- Select the 'ISSC Interval' sub-tab (if there are two intervals showing, choose the last one).
- Click on the 'Interval' tab and check the 'Interval Status' is showing as 'Active' and select 'Edit'.
- Set the 'Actual Interval end date' to the date of the clients last face to face session with the provider (from the closure/completion report) .
- For declined / soft declined claims – refer to NGCM Complex Mental Injury - Best Practice Reference Pack for declines, disengagement and Withdrawn claims for 'additional' steps.
- Select the correct 'Interval Outcome' for your client's situation. It is very important you choose the correct outcome for reporting purposes. Refer to the Best Practice Reference Pack below if you need help with this.
- Select the right 'Desired Interval Outcome' from 1 of the 5 options below based on clients recovery outcome:
 - N/A - No Application for service
 - Recovery <6 Months
 - Recovery >6 Months
 - Recovery and compensation
 - IA/LS only
- Check the tick box if the actual end date is the last clients visit with the provider.
- Add 'Interval Outcome Rationale', this is a free text section (a brief summary will suffice), and click 'OK'.

NOTE What if the client is an adult who is engaged in the Support to Wellbeing (short-term) service?

Don't close the ISSC interval until the completion report is received.

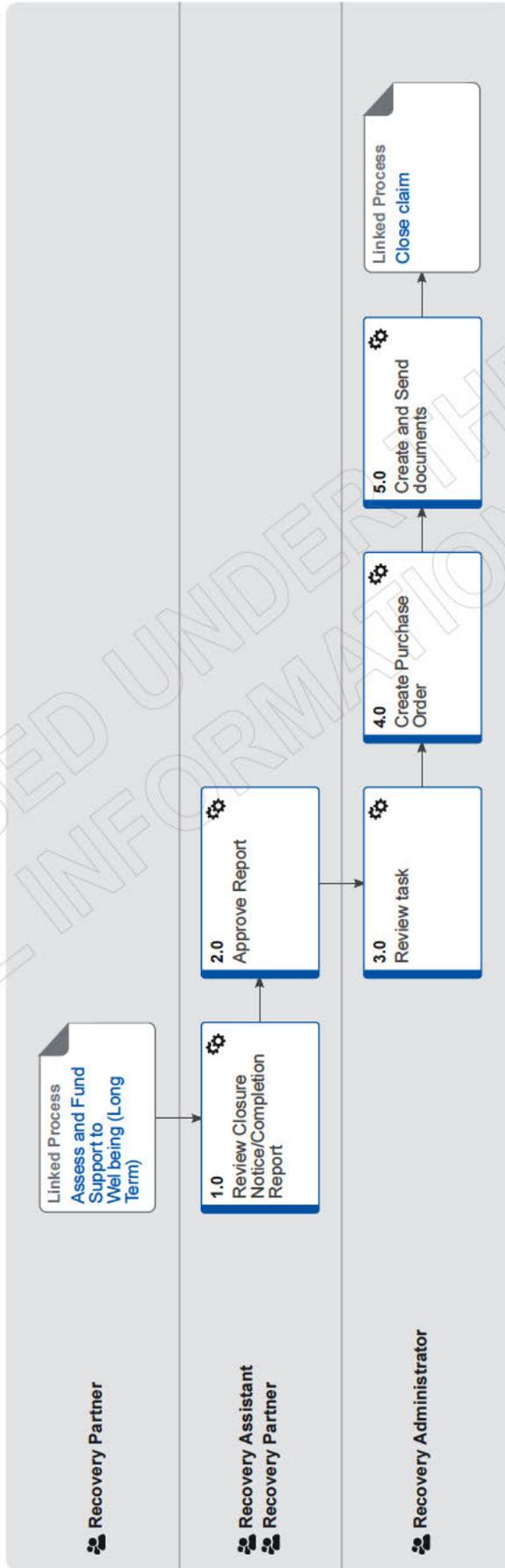
NOTE What if the client is a child or adolescent?

Manage the whole claim up until the completion report is received.

 [Complex Mental Injury Decline and Disengagement Best Practice Guide](#)



RELEASED UNDER THE OFFICIAL INFORMATION ACT



Summary

Objective

To confirm when a client has completed or disengaged from Integrated Service for Sensitive Claims (ISSC) treatment. This occurs when the client's Lead Provider submits either a Completion Report (ACC6423) or Closure Notice (ACC6430).

Background

Completion Reports are submitted when a client has completed ISSC treatment and Maintain Wellbeing needs to be approved.

The purpose of Maintaining Wellbeing is to provide support as required for a Client who is self-managing their mental injury but may need some brief assistance from time to time. ACC will issue a purchase order for four Maintaining Wellbeing hours over the next 12 months with the Client's same Provider. The client may access these sessions whenever support is required.

If the client requires further Maintaining Wellbeing Support in year 2 or 3 after completing ISSC treatment the Supplier will contact ACC to request subsequent purchase orders.

A Closure Notice is submitted when a client is no longer actively engaging in ISSC treatment

It must be completed if the Client has actively disengaged (the Provider has had no contact with the Client for a period of four weeks).

The Closure Notice is also used to signal the completion of 'Support for Next Steps'.

Owner

Expert



Procedure

PROCESS

Assess and Fund Support to Wellbeing (Long Term)
Recovery Partner

1.0 Review Closure Notice/Completion Report

Recovery Assistant, Recovery Partner

- a In Eos, in the [documents] tab, open the Completion Report or Closure Notice.
- b Review the Completion Report or Closure Notice and carry out the quality and privacy checks.

NOTE What quality checks should you complete?

Quality of the report will be determined by whether or not the form has been fully completed and whether the report was lodged in the time frame specified.

If reviewing a Closure Notice, the report should be clear about

The report should be clear about:

- At what stage the client disengaged from services
- The ways in which disengagement was evident
- The reasons for disengagement (if known)

Refer to the Integrated Services for Sensitive Claims (ISSC) Report Quality Standards Service Page for more information on report quality standards

 Integrated Services for Sensitive Claims (ISSC) Report Quality Standards Service Page

NOTE What is the difference between a Closure Notice and a Completion Report

A Closure Notice is used to inform ACC a client has disengaged from treatment. A Completion Report is used to inform ACC the client has completed all treatment under the ISSC.

NOTE What if the report is a Closure Report but the claim is held?

Go to Issue Recovery Decision to issue a SCU999 cover decline letter.
End of process.

 **PROCESS** Issue Recovery Decision

NOTE What if the provider has requested Maintain to Wellbeing support for a second or third year?

Create a NGCM Admin Request, for a new purchase order

 **PROCESS** Assess Completion and Closure Report

2.0 Approve Report

Recovery Assistant, Recovery Partner

a Approve the report.

NOTE What if you reject the report?

Return the report to the Provider, asking them to re-submit the report with the relevant sections completed. Ensure you copy the Vendor into the email so they can be made aware of the quality issues.

When emailing the provider, don't use the word 'Reject', instead use, 'We are unable to accept your report because'

 Accept/Reject ISSC Reports

b Update the Recovery Plan with any new information, ie PWI and WHODAS scores.

NOTE How do you update the Recovery Plan

Go to Create or Update Recovery Plan process.

 **PROCESS** Create or Update Recovery Plan

c In Eos, from the Recovery Plan sub-case, select 'Add Activity' and select NGCM Admin Request' task to arrange Maintaining Wellbeing Support.

NOTE What do you need to include in the task?

Refer to the Partnered and Assisted Mental Injury Task templates.

 Partnered and Assisted Mental Injury Task Template.docx

 NG GUIDELINES Purchase Order Details - ISSC

- d** Add the Provider as a Participant on the claim (if not already).

- c** Complete the document (to convert the document into a non-editable pdf).

- d** Send the approval to the provider and vendor. Refer to the Complex Mental Injury email templates below.

 Admin Template - Mental Injury email templates

- e** Close all ISSC tasks on claim (leave anything assigned to another unit).

- f** Go to Activity 5 of the Close claim process below to transfer the claim and close the ISSC interval,

3.0 Review 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?

If required information is missing from the task, or you need guidance on working within the Administration Team, refer to the link below.

NOTE What if the vendor and/or provider is not a participant on the claim?

Return the task to the Recovery Partner advising them that they need to add these participants before you can action this task.

 NG PRINCIPLES Working in the Administration Team



PROCESS

Close claim

Recovery Administrator

4.0 Create Purchase Order

Recovery Administrator

- a** In Eos, generate a purchase order for services as specified in the task.

 Creating purchase orders using general + QE

 NG GUIDELINES Purchase Order Details - ISSC

 Purchase Order - Handy Hints on how to create and edit POs

- b** Locate contracted vendors via the Geographic Location search. This must be done even if the vendor details are provided in the task.

 Service Contracts and Contracted Providers - MFP spreadsheet

- c** Approve the Purchase Order.

NOTE What if you do not have the delegation to approve the Purchase Order?

Save the Purchase Order, create a request authorisation task and fill out the e-form.

Go to the System Steps link below for further information

 Request Authorisation for a Purchase Order - System Steps

5.0 Create and Send documents

Recovery Administrator

- a** In Eos, create the MIS15 Approval for Maintaining Well-being - vendor letter.

- b** Populate with extra information noted on the task and check all the relevant information within the task has been captured.