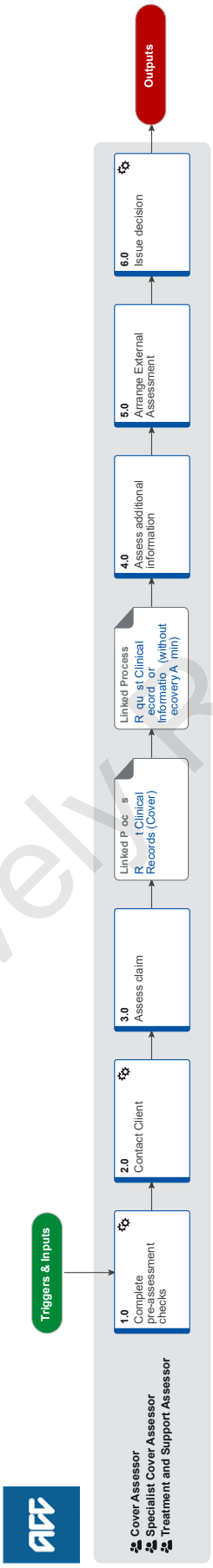
Make cover or funding decision :: Make General cover decision v193.0



Make cover or funding decision :: Make General cover decision v193.0

Summary

Objective
Standardised process for claims assessment

Background
A new claim is received that can't be automatically accepted and a Cover Assessor must make a decision on the claim to ensure a timely experience for the client.

Global Process Owner [Name withheld]

Global Process Expert [Name withheld]

Variation Expert [Name withheld]

Procedure

1.0 Complete pre-assessment checks
Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

a Self allocate a claim from your department queue or WFM allocation spreadshee

- WFM Allocation spreadsheet

b Complete pre-assessment checks.

- Pre-assessment checklist

c Check how you use Recovery Admin before proceeding.

- Claims Assessment - How do I use Recovery Admin

d Familiarise yourself with the client and claim. Refer to the Familiarise yourself with client and claim guidance.

- General | Familiarise yourself with client and claim

e Determine eligibility for cover or funding. Refer to the linked information for guidance.

- Ordinarily resident in New Zealand policy
- Cover for injury in New Zealand policy
- Cover for personal injury caused by ac ident policy - Exposure to the elements
- Criteria for injury occurring outside New Zealand Policy
- Cover for personal inju y caused by accident policy
- Cover for pregnancy, birth and foetal injury policy
- Claim lodgement and additional diagnosis policy

NOTE **What if you determine the claim or request doesn't meet the eligibility criteria?**
Go to Activity 6.0 Issue Decision.

f Check c nsideration factors for this claim or request type. Refer to the linked consideration factors for guidance, if applicable.

- Cover Support Tool

g Check you have the delegation to make a decision. (Go to the 'Explanations' tab, second tab from the left)

- Delegations Framework

NOTE **What if the claim for cover is for MICPI/WRMI or TIMI?**
Even though the Delegations Framework states 'must seek guidance' this is referring to the Psychiatric Assessment report only. Guidance is not required at this point in the process. Continue this process.

h Determine if you need to seek internal guidance before making a decision.

NOTE **What if you have determined you need to seek internal guidance ?**
Review the 'Standards for Seeking Guidance' and make sure they are met before proceeding to 'Seek Internal Guidance (Claims Assessment)'. If you request guidance, once received return to this process.

PROCESS Seek Internal Guidance (Claims Assessment)

- Standards for Seeking Guidance

i Determine if you can make a decision.

NOTE **What if it is a surgery request which has been approved?**
If the approval letter requires simple amendments this is to be sent by Recovery Admin:

Open 'determine eligibility' task, create a 'NGCM - Send Letter' subtask. Go to first page, select 'create and send letter'. Add a 'dot' to the 'Code' box, select 'no preference.

Copy and paste 'Triage Approval' template from the 'Surgery | Determine eligibility task template' to the task. Populate the template and transfer the task to 'Electing SC - Surgery Funding Applications' queue.

Go to 6.0 Issue decision.

If the approval letter requires complex amendments, do not task Recovery Admin, generate and send yourself.

NOTE **What if the claim is for Treatment Injury (including TI Fatal), Treatment Injury Mental Injury or FACS and you are unable to make a decision?**
Post or email (if verified) the appropriate acknowledgement letter to the client taking into consideration whether a time extension is required yet. Refer to letter and form guidance.

NOTE **What if it is a request for surgery and you are unable to make a decision?**
Update Medical tab and apply first 1st extension. Create a 'Follow up Cover' task, change the 'Targ t Date' to the cover decision due date and transfer task to 'Northern SC - Surgery Funding Applications' queue.

If the ELE01 letter requires simple amendments this is to be sent by Recovery Admin:

Open 'determine eligibility' task, create a 'NGCM - Send Letter' subtask. Go to first page select 'create and send letter. Add a 'dot' to the 'Code' box, select 'no preference.

Copy and paste 'Triage Assessment' template from the 'Surgery | Determine eligibilit task template' to the task. Populate the template and transfer the task to 'Elective SC - Surgery Assessment queue.

If the ELE01 letter requires complex amendments, do not task Recov ry Admin, generate and send yourself.

- Update Medical tab

NOTE **What if you are able to make a decision?**
Go to '6.0 Issue decision'.

j Record assessment information and update Eos, if applicable.

- General | Confirm cover task template

2.0 Contact Client

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

a Determine if you need to contact the client. Refer to client conversation guidance.

- General | Client conversation guidance

NOTE **What if you don't need to c ntac the client at this point?**
Go to '3.0 Assess Claim . Return to '2.0 Contact Client' if required.

b Contact the client or ATA by phone

NOTE **What if you are unable to contact the client?**
1) Leave a voice message, if possible

2) Send text: "Kia Ora, ACC attempted to call you to discuss your claim. Please call us on 0800 101 996 [insert ext if applicable] so we can gather some information from you. Ngā mihi [insert Name]"

3) Update the master task and change the target date to a maximum of two working day (one working day if this is more appropriate for the client) from today's date..

4) Attempt to contact the client a second time. Then refer to the Client Call Attempts instructions if you are unable to make contact.

- What to say in a voicemail message
- Create and send text
- Claims Assessment - Client Call Attempts

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

- Identity Check Policy

NOTE **What if a client mentions self-harm or suicide?**
Refer to the respond to a caller guidance.

- Respond to a Caller Who Has Disclosed Thoughts of Self-harm or Suicide

d Check the client's details match the Eos Party record.

NOTE **What if you need to verify the client's email address?**
Refer to 'Activity 5.0 Update Client Party Record'. Once completed return to this process.
PROCESS Update Client Party Records

Send an Email from Eos

NOTE **What if client details are incorrect on their Eos party record?**
Update client details.
PROCESS Update Client Party Records

NOTE **What if the client's name has changed?**
Refer to the Change client's legal name Policy.

Change clients legal name Policy

e In Eos, record the conversation as a contact on the claim.

NOTE **What if the client wishes to withdraw the claim?**
Go to 6.0 Issue Decision task (f).

NOTE **What if you determine a decision can made following the conversation with the client?**
Unless you are waiting for guidance, go to '6.0 Issue Decision'.

NOTE **What if you are an SCA and will require additional medical information or internal or external advice to assess the claim?**
In Eos, generate the ACC2184 Cover decision tool to guide your analysis when requ sting advice.

f In Eos, generate and send letters and documents, if applicable.

NOTE **What if the claims is for Mental Injury caused by Physical Injury, Wo k Re ated Mental Injury or Treatment Injury Mental Injury claim?**
Send CVR13 / ACC4244 / PSYIS02 / ACC6300 to the client and CVR14 / ACC4245 to the Provider. In addition to this for WRMI claims send CVR15 to Employer.

3.0 Assess claim

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

a Check if there are open tasks on the claim that you can action and complete.

b Check consideration factors for this claim or request type. Refer to the linked consideration factors for guidance.

General Cover | SME List

General | Consideration factors

MBI internal guidance

Dental | Consideration factors

Mayo Clinic

STARs Health Information Res urce

Cover Support Tool

c Check if you need to request clinical records. Refer to the linked guidance for when to request clinical records, if applicable.

NOTE **What if you are assessing a surgery request?**
Check if clinical records have been received on relevant claims for this client. Before deciding additional records are requ red go to 'Seek Internal Guidance (Claims Assessment)' process.
PROCESS Seek Internal Guidance (Claims Assessment)

General |Guidance for requesting clinical records

NOTE **What if you determine you need clinical records?**
If you are making a decision on a Treatment Injury (including FACS & TIMI), WRGP, Hearing Loss or General Cover (including MI) claim, go to 'Request Clinical Records (Cover)' process, otherwise go to 'Request Clinical Records (without RA)' process.

If this is for a Dental Claim, and notes are required from a dental provider, email or call the Vendor directly to request the information. Once received continue this process.

d Consider if you need internal guidance.

General | Guidance on when to seek internal guidance

NOTE **What if you determine you need internal guidance?**
Review the 'Standards for Seeking Guidance' and make sure they are met before proceeding to 'Seek Internal Guidance (Claims Assessment)'.

If it is a request for surgery consider the priority category when completing a request for written guidance. Refer to 'High and Medium Priority Categories' document.

If you request guidance, once received return to this process.
PROCESS Seek Internal Guidance (Claims Assessment)

Standards for Seeking Guidance

High and Medium Priority Categories

e If you are an SCA consider if you need External Clinical Advice.

NOTE **What if you determine you need External Clinical Advice?**
Go to 'Seek External Clinical Advice'. Once received, return to this process.
PROCESS Seek External Clinical Advice

f Update assessment information.

General | Confirm cover task template

g Determine if you can make a decision.

NOTE **What if you have determined a client is eligible for a Whole Person Impairment Assessment?**
Contact client to advise decision. Record this as a contact on the claim.

NOTE: If the client is in prison, consider the practicalities of arranging an assessmen prior to issue a decision. For guidance refer to 'Clients in Prison Policy.

Go to 6.0 Issue decision task (f).

Clients in Prison Policy

NOTE **What if you are able to make a decision?**
Go to '6.0 Issue Decision'

NOTE **What if you are unable to make a decision and need o extend the cover decision due date?**
Check if the timeframe to make a decision needs to be extended. Go to 'Extend Cover Decision Timeframe' process. Consider if you need to arrange an external assessment. If yes go to '5.0 Arrange External Assessment'

NOTE: This excludes Permanent Injury Compensation requests as there are no legislative timeframes to make a decision, send PIC03.
PROCESS Extend Cover Decision Timef ame

PROCESS **Request Clinical Records (Cover)**
Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

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PROCESS **Request Clinical Records or Information (without Recovery Admin)**
Cover Assesso , Specialist Cover Assessor, Treatment and Support Assessor

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4.0 Assess additional information
Cover Assesso Specialist Cover Assessor, Treatment and Support Assessor

a Review additional information received.

b Determine whether you are able to make a decision and that the client meets the eligibility criteria.

NOTE **What if you have determined a client is eligible for a Whole Person Impairment Assessment?**
Contact client to advise decision. Record this as a contact on the claim.

NOTE: If the client is in prison, consider the practicalities of arranging an assessment prior to issuing a decision. For guidance refer to 'Clients in Prison Policy.

Go to 6.0 Issue decision task (f).

Clients in Prison Policy

Claim lodgement and additional diagnosis policy

Criteria for injury occurring outside New Zealand Policy

Ordinarily resident in New Zealand policy

Cover for injury in New Zealand policy

Cover for personal injury caused by accident policy

NOTE **What if you need to request additional clinical records and/or reports?**
If you are making a decision on a Treatment Injury (including FACS & TIMI), WRGP or General Cover (including MI) claim, go to 'Request Clinical Records (Cover)' process, otherwise go to 'Request Clinical Records (without RA)' process. Once received continue this process.
PROCESS Request Clinical Records (Cover)

NOTE **What if you are able to make a decision?**
Go to '6.0 Issue Decision'.

NOTE **What if you are unable to make a decision at this point?**
Review the 'Standards for Seeking Guidance' and make sure they are met before proceeding to 'Seek Internal Guidance (Claims Assessment)'. If you request guidance, once received return to this process.
PROCESS Seek Internal Guidance (Claims Assessment)

Standards for Seeking Guidance

NOTE **What if you believe based on guidance and/or new information for a TI claim it needs to be upstreamed to a Specialist Cover Assessor?**
Go to 'Treatment Injury and Additional Treatment capability matrix'.

Treatment Injury capability matrix

c Update assessment information.

General | Confirm cover task template

d Check if an external assessment is required.

NOTE **What if the claim is Treatment Injury Mental Injury?**
You must send the client for a Mental Injury Assessment. Go to 5.0 Arrange External Assessment.

NOTE **What if an external assessment is not required?**
Go to '6.0 Issue Decision'.

5.0 Arrange External Assessment

Cover Assessor, Specialist Cover Assessor, Treatment and Suppor Asse sor

a Determine assessment type.

NOTE **What if you determine a ENT Specialist assessment is required?**
Go to Arrange Ear Nose & Throat (ENT) Assessment. Once this process has been completed return to this process.
PROCESS Arrange Ear Nose & Throat (ENT) Assessment

NOTE **What if you determine a Standalone Workplace As essment (WSA / SWA) maybe required?**
Go to Set up Standalone Workplace As essm nt. Once this process has been completed return to this process.
PROCESS Set Up Standalone Workplace Assessment

NOTE **What if you determine a Comprehen ive nursing assessment maybe required?**
Go to Arrange Comprehens ve Nursing Assessment (CNA). Once this process has been completed return to this process.
PROCESS Arrange Comprehensive Nursing Assessment (CNA)

NOTE **What if you determine a Whole Person Impairment (WPI) Assessment maybe required?**
Go to Arrange Whole Person Impairment Assessment. Once this process has been completed return to this process.
PROCESS Arrange Whole Person Impairment Assessment

NOTE **What if you dete mine a Mental Injury Assessment maybe required?**
Go to Arrange Mental Injury Assessment for Cover. Once this process has been completed return to this process.
PROCESS Arrange Mental Injury Assessment for Cover

NOTE **What if you determine a Medical Case Review (MCR) Assessment maybe required?**
Go to Arrange Medical Case Review (MCR) Assessment. Once this process has been completed return to this process.
PROCESS Arrange Medical Case Review (MCR) Assessment :: Standard

NOTE **What if you determine a Neuropsychological Assessment maybe required?**
Go to Assess and Arrange Neuropsychological Assessment. Once this process has been completed return to this process.
PROCESS Assess and Arrange Neuropsychological Assessment

b Determine if you can make a cover decision.

NOTE **What if you are unable to make a decision at this point?**
Review the 'Standards for Seeking Guidance' and make sure they are met before proceeding to 'Seek Internal Guidance (Claims Assessment)'. If you request guidance, once received return to this process.
PROCESS Seek Internal Guidance (Claims Assessment)

Standards for Seeking Guidance

6.0 Issue decision

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

a Check if the client is being managed in a Recovery Team or by a Third Party Administrator.

NOTE **What if the client is being managed?**
Refer to 'Interaction between Treatment and Support and Recovery Team Members'.

Interaction between Treatment and Support and Recovery Team Members

NOTE **What if cover or funding has been accepted on an unmanaged claim?**
Contact the client if they have specifically asked to be contacted when accepted. If not go to task (f).

NOTE **What if cover or funding has been declined on an unmanaged claim?**
Review the client conversation guidance before contacting the client.

b Review decision.

c Contact the client or ATA by phone to discuss decision.

NOTE **What if you are unable to contact the client?**
1) Leave a voice message, if possible
2) Send a text requesting they call us: - Kia Ora, ACC attempted to call you to issue a decision on you claim. We have sent this information via [insert post/email]. Please call us on 0800 101 996 if you have questions. Ngā mihi [insert Name]
3) Create a contact to record attempted client contact. Go to task (f).

Create and send text

What to say in a voicemail message

d Confirm you are speaking with the right person by asking ACC's identity check questions

Identity Check Policy

e In Eos, record the details of the conversation as a contact on the claim.

f Create a contact to capture decision rationale with Reason as 'Contact w th Internal Party', select 'Internal' as Direction and select 'Other' as Method of Contact. Refer to linked Decision Rationa e templates for content to use in the description.

NOTE **What if you are an SCA and have completed an ACC2184?**
Do not create a contact for decision rationale. Go to 'Documents' tab and update 'ACC2184 Treatment Injury cover decision tool' status to complete.

General | Decision rationale templates

g Update Eos, including cover status.

NOTE **What if you are accepting cover for a MICPI claim (including Treatment Injury) and there is already an accepted claim for the associated physical injury?**
Establish if you need to duplicate the claims, go to 'Identify and Link Duplicate Claims'.
PROCESS Identify and Link Duplicate Claims :: Not triggered by information requirement

Update Medical tab

Cover decision updates

General | Communication guidance and templates

h Close 'Follow up Cover' task if applicable.

i Create or update Purchase Order, if applicable.

Creat Purchase Order | Claims Assessment

j In Eos, generate decision letter. Refer to linked Communication guidance and templates.

NOTE **What if it is a surgery approval made at Triage?**
If the approval letter requires simple amendments this is to be sent by Recovery Admin:

Open 'determine eligibility' task, create a 'NGCM - Send Letter' subtask. Go to first page, from 'Select Action required' dropdown select 'create and send letter'. Add a 'dot' to the 'Code' box, select 'no preference'.

Copy and paste 'Triage Approval' template from the 'Surgery | Confirm eligibility task template' page to the task. Populate the template and transfer the task to 'Electing SC - Surgery Funding Applications' queue.

If the approval letter requires complex amendments, do not task Recovery Admin, generate and send yourself.

General | Communication guidance and templates

NOTE **What if you are approving a work related injury including Hearing Loss, WRGP & MI**
If there is a liable employer listed on the claim create and send the appropriate employer decision notification letter.

For PICBA claims this can be auto generated from the general tab, cover details.

NOTE **What if you are approving a surgery request and embedding into an email?**
Confirm the email address has been validated before proceeding.

NOTE **What if you have determined a client is eligible for a Whole Person Impairment Assessment?**
Go to Arrange Whole Person Impairment Assessment.
PROCESS Arrange Whole Person Impairment Assessment

k Check if there is written guidance on the claim if you are issuing a decline decision.

NOTE **What if clinical advice was obtained for a decline decision?**
Remove Clinical Advisors name from the written guidance transcript located in the documents tab in Eos with the decline letter and send to the client.

l Check you have a verified email address or valid or verified mailing address. Send to client via their preferred method of communication.

Send an Email from Eos

NOTE **What if you don't have either of these?**
Save the decision letter on the claim.

NOTE **What if you are sending decision letter/s by post for a Treatment Injury claim**
Request Recovery Administrator to send a letter (using the NGCM – Send Letter task)

m Check if there are open tasks for support and/or entitlements.

NOTE **What if there are open tasks for treatment and/or support?**
Refer to the queue matrix to determine where to send the task.

Work type queue matrix

n Run the EMD, if applicable.

NOTE **What if you are accepting a Treatment Injury Fatal claim?**
Don't run the EMD. In Eos, create a 'Follow up Fatal' task. Add 'handshake' details to the task. Transfer to Accidental Death Claims department queue as HIGH priority.

NOTE **What if you are accepting a hearing loss claim (including treatment injury hearing loss)?**
Don't run the EMD for claims if Hearing Loss is the only injury. Transfer the claim to applicable Actioned Cases department queue.

NOTE: If you are accepting a Treatment Injury Hea ing Loss claim, transfer the claim to the Hearing Loss - Assessment queue with the master task as HIGH priority wi h the following at the top of the description "Please add HL indicator and send HL decision/entitlement letter to client via [delete one post/email]. Please then close task and transfer claim to [delete one TC - actioned cases {appropriate ecovery team} department queue]"

NOTE **What is you are accepting or declining the physical injury of a Treatment Injury claim where mental injury assessment is required?**
If the physical injury is accepted and th client has no pending entitlements check the Mental Injury claim is in the Cover Assessment - Menta Injury Triage department queue and create a High Priority Follow Up Cover task in this queue. Transfer the Treatment Injury claim to TIC - Actioned Cases

If the physical injury is accept d and the client has pending entitlements transfer the Mental Injury claim to the appropriate Recovery Team department queue (Supported or Partnered Recovery) and create a High Priority NGCM - Cover Decision Required task in this queue. Transfer the Treatment Injury claim to the same department queue as above.

If the physical injury is declined SCA to initiate the TIMI process for the assessment of the mental injury. Go to Make cove or funding decision :: Make TIMI cover decision

Identify engagement model and transfer claim

NOTE **What if you are declining cover or funding request?**
Transfer the claim to the actioned cases queue for this claim type or to Actioned Cases - Registration.

o Check the EMD has streamed the claim correctly.

NOTE **What if it hasn't been streamed correctly or you need to manually stream the claim?**
Manually stream the claim to actioned cases queue or Recovery Team identified by the EMD. If directing the claim to a Recovery Team, check there is a NGCM - Client Welcome Conversation task on the claim. If not, manually create this task prior to transferring.

p Check if hard materials were needed to inform your decision.

NOTE **What if you received hard materials and want to have them destroyed?**
Go to 'Authorise Destruction of Physical Claim Documents that are Digitised' process
PROCESS Authorise Destruction of Physical Claim Documents that are Digitised

NOTE **What if you received hard materials and want to return them to the Provider?**
Go to 'Prepare and send client information by courier' process.
PROCESS Prepare and Send Client Information by Courier