Decline Claim v15.0

Triggers & Inputs

Outputs

Lodgement Administrator

Linked Process
Decline Claim Due to Incomplete Registration

1.0 Check registration status

Recovery Administrator / Recovery Team Member

2.0 Communicate cover decision

Cover Assessor / Lodgement Administrator / Senior Cover Assessor

Linked Process
Contact Client or Provider for Information at Lodgement

Recovery Team Member

3.0 Update cover status and transfer claim

Decline Claim v15.0

Summary

Objective
To advise a client that we've declined their claim.

Background
A staff member has investigated a claim and determined that they must decline it. They can decline the claim for two reasons:
- There is insufficient information to make a cover decision, or
- The claim does not meet criteria for cover.

Owner   [Name withheld]

Expert

Procedure

1.0 Check registration status
Lodgement Administrator

a Ensure the claim's registration status is complete.

> **NOTE** **What if it's not complete?**
> Go to the Decline Claim Due to Incomplete Registration process.

⤷ **CONDITIONAL** **Decline Claim Due to Incomplete Registration**
Lodgement Administrator

2.0 Communicate cover decision
Recovery Administrator, Recovery Team Member

a Ensure that all the available information has been considered.

b Call the client to explain the decision. Go to the Contact Client or Provider for Information process below to do this.

> **NOTE** **What if the claim is for a wilfully-self inflicted (WSI) injury?**
> Don't call the client to decline the claim, as this may cause further distress for them. Go to the next step in the process.

> **NOTE** **What if there's an Assistance Required task on the claim?**
> Explain to the client that we're unable to provide assistance for a claim that isn't covered.

> **NOTE** **What if the client provides new information about the claim?**
> • If the information is relevant to their claim, postpone making the cover decision. Considered how the new information will affect your decision. Go to 'Assess Claim for Cover' process. This process ends.
>
> • If the information is not relevant to their claim, explain this to the client. Continue with this process.
> ⤷ **PROCESS** Assess Claim for Cover :: Simple PICBA claim

c In Eos, generate the CVR999 cover decline cover letter.

> **NOTE** **A copy must also be printed and sent to the Lodging Provider.**

📄 Upload an Incomplete Electronic Document

📄 CVR999 Cover decline decision - client

> **NOTE** **What if the client's preferred method of communication is by email?**
> Follow 'Send an email with an Eos document' system steps.

📄 Send an email with an Eos document system steps

> **NOTE** **What if the client's address is not valid?**
> • If the address is verified but not valid, it is okay to send a letter to the client.
> • If the address is not verified and not valid, add a note in the contact for the document stating: 'Letter not sent to client as address is invalid.' Send a copy of the decline letter to the provider only.

NOTE **What if the client's preferred method of communication is by post or email is not verified?**

1) In Eos, go to 'Recovery Plan' sub-case and add activity 'NGCM Send Letter'.
2) In the task description, list the title of the letter, information sheets and other relevant attachments that need to be printed out and included with the letter.
3) Review "When to use 'high' priority indicator on the tasks sent to Recovery Administration" rules to determine priority of the task. If you scenario meets the rules, change the priority indicator to 'high'.
4) Close task
This is the same as 3.0 g Note in 'Issue Cover Decision (Treatment Injury)' process.

NOTE **What if the client address is not verified - FOR RECOVERY TEAM MEMBERS**

-If an address is verified the letter can be sent regardless of whether the address is valid or invalid
-If an address is not verified the letter cannot be sent regardless of whether the address is valid or invalid. Add a note in the contact for the document stating: 'Letter not sent to client as address is invalid.' Send a copy of the accept cover letter to the provider who lodged the claim instead.

   📄 When to use 'high' priority indicator on the tasks sent to Recovery Administration

d Add the Working Together information sheet to the client's letter.

   📄 ACC255 Kōrero mai - Working together

NOTE **What if you are declining a claim for hernia?**

If a hernia decline, add the ACC7913 Primary abdominal wall hernias, including groin hernias.

   📄 ACC7913 Primary Abdominal Wall Hernias, Including Groin Hernias - A Guide to ACC Cover.pdf

e Privacy check outbound documentation to ensure you are only sending information to the client and provider that is relevant to this claim.

NOTE **Do I have to complete the privacy check myself?**

In some business units a separate team will complete this privacy check. Ask your Team Leader if this is the case for your team. If there is not a separate team responsible for privacy checking you will need to complete the check yourself.

   📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

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📄 **PROCESS** **Contact Client or Provider for Information at Lodgement**
Cover Assessor, Lodgement Administrator, Senior Cover Assessor

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3.0 Update cover status and transfer claim
Recovery Team Member

a In Eos, in 'General' tab, change the Cover Status to 'Decline' and update the Cover Status Reason. Review 'Decline cover status reasons and rationale' guide to determine the correct cover status reason to use.

   📄 Update Cover Status

NOTE **Do not change the outcome status of the diagnosis (in medical tab) from "provisional" to "declined" when the whole claim is declined. This should only be changed to declined in an 'Accept/Decline' situations. An 'Accept/Decline' is when the whole claim cover status is accepted, but a single injury code/diagnosis is being declined.**

NOTE **What if it's a change in or additional diagnosis?**

Do not change the cover status to 'Decline'. In Eos, in the 'Medical' tab, set the Outcome Status of the new diagnosis to 'Declined'.

b In Eos, in the 'Contacts' tab, add a contact explaining your cover decision rationale. Review 'Decline cover status reasons and rationale' guide on what to include in your rationale.

   📄 Add a client contact

   📄 Decline cover status reasons and rationale

c Ensure the relevant Information Required actions have been completed.

d Close the Confirm Cover Decision task and any other open tasks.

NOTE **What if it's a change in or additional diagnosis?**

Close 'Follow-up' cover task.

   📄 Close a Task

e Transfer the declined claim to your department's actioned cases queue.

NOTE **What if I'm declining the claim due to timeframes, and I'm waiting for information to arrive that will help me to make a cover decision?**

Leave the claim in your queue instead of transferring it to actioned cases.

   📄 Transfer a Task to a Department

   📄 Move claim to actioned cases (Eos Online Help)