Arrange Medical Case Review (MCR) Assessment v86.0

Linked Process
Create or Update Recovery Plan

Recovery Assistant
Recovery Coordinator
Recovery Partner

Linked Process
Create or Update Recovery Plan

1.0 Determine whether Medical Case Review is required

2.0 Contact client and explain the need for an assessment

3.0 Identify and confirm vendor

Cover Assessor
Recovery Assistant
Recovery Coordinator
Recovery Partner
Treatment and Support Assessor

4.0 Action request to identify potential vendor (if required)

6.0 Review referral task

7.0 Create purchase order

8.0 Create and send referral documents

Recovery Administrator

5.0 Request assessment referral

9.0 Receive confirmation of appointment

10.0 Review report

11.0 Determine next steps

Cover Assessor
Recovery Assistant
Recovery Coordinator
Recovery Partner

Proactively released

Arrange Medical Case Review (MCR) Assessment v86.0

Summary

Objective
To clarify diagnoses and the cause of a client's injury or current condition and get recommendations for further investigations, treatment or rehabilitation.

To create and send a medical assessment referral in order to provide the most appropriate support for our clients throughout their recovery.

Background
Medical Case Reviews (MCR) are used to obtain an opinion from a non-treating practitioner or a second opinion from a suitably qualified assessor.

Key features:
• Only ACC can refer for an MCR
• An MCR can be used to help determine cover and ongoing entitlements
• The provider must be a non-treating practitioner who is a medical specialist
• The provider may order tests or investigations if necessary for them to be able to provide an opinion. They can also make recommendations for tests or investigations.
• MCRs are purchased either under the Clinical Services contract or by letter of agreement where the provider does not hold this contract.

Owner   Name withheld

Expert   Name withheld

Procedure

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

- -

1.0 Determine whether Medical Case Review is required
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Treatment and Support Assessor

a Confirm client's eligibility for the Medical Case Review (MCR) assessment.

> **NOTE** **You must Seek Recovery guidance from a Clinical Advisor before arranging an MCR.**

NOTE **What if the request/referral is to a specialist who is the treating practitioner or will become the treating practitioner?**
In this case MCR codes are not appropriate.

If the provider holds the clinical services contract then they need to bill under this using the standard codes which do not need prior approval.

If the provider does not hold the clinical services contract then consult the "manage non contracted purchasing" process. (see activity 3.0 for how to confirm if they hold the clinical services contract.)

Seek support from your Team Leader and Engagement and Performance Advisor if the provider continues to request MCR codes.

NOTE **Who will identify the need for an MCR?**
The need for an MCR will be identified as part of written guidance from Recovery Support.

Where there are clinical questions, or where required for medicolegal reasons and Clinical Services or the treating practitioner are unable to address these, written guidance from Recovery Support will confirm and support the need for obtaining an independent expert opinion from a non-treating specialist. The written guidance will include tailored questions for the MCR provider to respond to.

For how to obtain written guidance, refer to Seek Internal Guidance.

📄 **PROCESS** Seek Internal Guidance

NOTE **What do you need to consider when deemed cover exists?**
Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.

📄 Deemed Cover and Entitlements Policy

NOTE **What if the client has not granted ACC authority to collect medical and other records?**
See step 2a below

NOTE **What if the MCR request has come from a Review Specialist?**
If the MCR is being requested by a Review Specialist as the result of a review hearing or resolution agreement then you do not need to Seek Internal Guidance. Review Specialists have delegation to authorise an MCR without referring to Clinical Advice. This may be the result of an overturned or revoked decision.

NOTE **What are the different types of MCR you can refer a client for?**
• Standard
• Complex

NOTE **When would you refer for or agree to a request for a complex MCR?**
• the client's injury is of unusual complexity
• there are co-morbidities that appear to be affecting the client's recovery from injury
• the review or assessment will be undertaken in two parts while results of investigations are obtained.

NOTE **When would you use an 'exceptional code' in MFP?**
This is usually initiated after discussion with the provider. The 'complex' code plus an hourly rate payable under the Clinical Services Contract (all codes are in MFP). ie large volume of reading required, complex injury/non injury factors.

📄 Identify Claims for Rapidly Deteriorating Clients

b Ensure current medical notes are on file so they can be sent to the MCR assessor.

NOTE **What if the current medical notes are not on file?**
You will need to obtain these before the referral is sent to the provider. Refer to (NGCM) Request Clinical Records.

↱ **PROCESS** Request Clinical Records

NOTE **What if you need clarification of an answer following the MCR assessment?**
Following the initial MCR assessment, you may need to clarify something in the report or have a follow up a question from Recovery Support. In this case ensure you use the PO code MEDR.

Send an NGCM - Admin Request Task to Recovery Admin to update the PO.

NOTE **What if you require a supplementary report following the MCR assessment?**
Following the initial MCR assessment, you may be required to request a supplementary report. This may be because you have additional questions for the assessor.

1) Use the PO code CSM3 and specify the number of hours required.
2) Send an NGCM - Admin Request Task to Recovery Admin to update the PO.

NOTE **What if the client needs requires a second MCR assessment?**
Following the initial MCR assessment, you may be required to request a additional MCR assessment. This may be due to receiving new medical information.

Follow the same steps below as arranging the initial MCR and ensure you use the appropriate contracted or non-contracted purchase order code. Go to 2.0 Contact client and explain need for assessment.

NOTE **What if you are assessing a Work Related Gradual Process (WRGP)?**
Refer to the Medical Case Review Providers list to identify who can conduct this type of assessment for WRGP claims. See link to the Te Whariki page below

📄 WRGP | Medical Case Review Providers

- -

2.0 Contact client and explain the need for an assessment

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Treatment and Support Assessor

a Check that the client has granted ACC the authority to collect medical and other records.

NOTE **What if the client has not granted ACC authority to collect medical and other records?**
You will need to consider if authority is needed. Refer to (NGCM) Obtain Client Authority to Collect Information.

↱ **PROCESS** Obtain Client Authority to Collect Information

b Contact the client and confirm you are speaking with the right person by asking ACC's identity check questions.

📄 Identity Check Policy

c Explain that you are referring them for the assessment, the purpose and any potential implications, as well as what their rights and responsibilities are.

NOTE **What else do you need to discuss with the client?**
• that the specialist may suggest a telehealth (virtual) assessment if it is clinically appropriate - the client must give their consent for this, otherwise it should be in person. Explore any concerns about a potential virtual assessment and confirm their agreement/disagreement at this point.

• ask what their availability is to attend the assessment, do they have a preferred time during the day?

• we will send the appointment details through to them

• that there is no cost for the appointment, that we can contribute or arrange travel

• they are welcome to have a support person accompany them

• the specialist will send us a report which we will send to appropriate parties. Confirm they are happy for the report to be sent to the key parties, including their GP and record this in your contact.

• make them aware that some providers will ask to review the referral documents before accepting the referral and confirming they can undertake the assessment. Explain that this is to assist the provider in deciding whether they are the right clinician for the client, and that any providers that do not accept the referral will be asked to delete the referral documents. Confirm that they are informed of this process, consent to the referral documents being shared and note this in the client contact record.

Ensure your client understands the purpose of the assessment and the possible outcomes.

NOTE **What if you are booking an MCR with an Occupational Physician via the Vocational Medical Services (VMS) Centralised Booking System spreadsheet?**

Some Occupational Physicians hold the Vocational Medical Services (VMS) contract to conduct an MCR, if you use these assessors they can be booked using the VMS Centralised Booking System spreadsheet. Follow the steps below when booking an assessor via the VMS spreadsheet:
• Open the VMS Centralised Booking System and identify the provider, for information and guidance refer to VMS Centralised Booking System.
• Create a reminder action to notify the client of appointment details the day prior to the appointment.
• In Salesforce, add a contact as a record of the conversation.
• Add the agreed intervention to the Recovery Plan.
• Go to step 5.0

📄 Group VMS SharePoint site

📄 Medical Case Review and Medical Single Discipline Assessment Service Page

📄 Client Legislative Rights and Responsibilities Policy

📄 Client choice of providers Policy

NOTE **What if the client does not agree to participate or does not want a telehealth assessment if that has been suggested?**

Find out why the client does not want to participate and consider their reasoning and alternatives. Go to (NGCM) Seek Internal Guidance if you are unsure how to proceed. If the client wants to be seen in person, let the assessor know.

📌 **PROCESS** Seek Internal Guidance

d In Salesforce, (or EOS if your role does not use Salesforce) add a contact as a record of the conversation.

e Add the agreed intervention to the Recovery Plan.

NOTE **How do you update the Recovery Plan?**

Go to (NGCM) Create or Update Recovery Plan

📌 **PROCESS** Create or Update Recovery Plan

NOTE **What if you are a cover assessor and there is no Recovery Plan?**

Add an EOS task to remind yourself to follow up on the report if it has not been received in a timely manner amending the date once you have confirmation of the assessment date.

- -

3.0 Identify and confirm vendor

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Treatment and Support Assessor

a Contact the vendor to check they are able to take the referral

NOTE **What if you are a Treatment and Support Assessor?**

In Eos, create a General task. Add the following information:

Please arrange an MCR for this client. This relates to surgery request on file DATEOFARTP. PCA have recommended we obtain an MCR, please see their comment [insert Date].

Assign the task to Assisted Recovery department queue.

NOTE **How do you find potential vendors?**

Go to Activity 4.0c and 4.0d for ways to locate suitable vendors.

NOTE **What if you would like Recovery Administration to find or confirm a vendor for you?**

Send an NGCM - Admin Request Task to Recovery Administration

Enter the following information into the task:

"Find Vendor for MCR"
• Type of provider eg neurologist, orthopaedic (and body area eg spinal) or pain specialist
• The questions you want them to address and a brief summary of the client and the relevant background
• any special client requests/needs eg if the client prefers a morning or afternoon appointment, the date range, if the client can travel and if so, how far.
• timeframe for the report if urgent
• which type of referral this is - complex or standard (for definitions see page 24 of "Clinical Services Service Schedule linked below.)
• confirm your client is aware that supporting information may be sent to the vendor prior to the referral being accepted.

Create your relevant document group and note the name of it in your task (this is so Recovery Admin can send it if a provider requests to see the referral documents prior to accepting the referral.)

See Activity 5 a-d for how to create and name the relevant document group.
Ensure your client is aware that the documents may go out prior to the referral.

NOTE **What if you already know which vendor you want to use?**

Go to activity 5 if they are contracted or
Use the steps in the note below ("What if you need to refer to a non-contracted provider and how do you confirm the price?") for non-contracted vendors

NOTE **How do you know if a vendor is contracted or non-contracted?**
You can use the Service Contracts and Contracted Providers - MFP spreadsheet to confirm whether a vendor holds the clinical services contract. (see link below). Change the yellow box to show Clinical Services and search within the green vendor column.

Remember that some specialists work under multiple vendors so you may need to contact them directly to confirm whether they hold the clinical services contract and if so which vendor ID.

📄 Service Contracts and Contracted Providers - MFP spreadsheet

NOTE **What if you need to refer to a non-contracted vendor and how do you confirm the price?**
Send the vendor the "SMR15 - Medical case review non-contracted agreement - vendor letter" once discussion and agreement is made on rates.

Amend the letter to include the relevant service codes and the price of the assessment. Service codes for non contracted MCR's can be found in the link below NG GUIDELINES Purchase Order Details - Medical Case Review. Remove the client's address from the top if it has prepopulated and add MCRD as the service code for the disbursements line.

What is the price? Offer the same rate as a contracted MCR - See CSM codes on page 5 of the "Clinical Services Schedule" linked below.

If there is excessive relevant information and the vendor requests additional reading time it would be appropriate to use MCR13 (Exceptional rate) to cover this. These requests do not need to be approved by Elective Services.

Any requests for a rate higher than the contract must be referred to the Portfolio Manager in the Provider Service Delivery.

Email elective.services@acc.co.nz and use the subject "Approval for exceptional non contracted MCR/MSDA".

The signed letter of offer MUST be returned prior to sending a referral task to Recovery Admin.

📄 Clinical Services Service Schedule (Service Codes and Pricing)

📄 NG GUIDELINES Purchase Order Details - Medical Case Review

NOTE **How do you create the SMR15 letter from outside the purchase order?**
From the Documents tab at ACC45 claim level, complete the following:
• Add Document
• From the "search" tab, enter SMR15 in the document type field and click search
• Select SMR15 Medical Case Review non-contracted agreement - vendor and click OK
• Add the client's NHI number to this letter
• Codes are MCR11 (standard) or MCR12 (complex)
• Use the rates as instructed in the note above

📄 SMR15 Medical Case Review non-contracted agreement - vendor

NOTE **What if the vendor wants to see the referral documents prior to accepting it?**
Some vendors may request information about the referral prior to accepting it. Confirm that the client has given consent for supporting information documents to be sent to potential vendors.

If you would like Recovery Administration to do this for you, create an NGCM Admin task stating the action required. Note the Vendor ID & Name, email address or physical address (if the documents need to be couriered) and the document group needing to be sent.

Ensure the email address is verified and able to be emailed out of EOS. Recovery Administration will only send supporting information if consent has been given and the vendor makes this request.

b Add the vendor as a participant on the claim once they confirm they can undertake the assessment and have returned their signed letter of agreement where they are non-contracted. Then go to activity 5.0 Request Assessment Referral.

NOTE **How do you manage participants on a claim?**
The Recovery Team Member must ensure all known participants are loaded on the claim and then removed when they are no longer relevant. For information on how to manage participants, refer to Manage Participants (Eos Online Help).

📄 Manage Participants (Eos Online Help)

- -

4.0 **Action request to identify potential vendor (if required)**
Recovery Administrator

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

b Review the NGCM Admin Task and ensure it contains the following information:
• Type of provider
• Standard or complex
• Client injury history
• Referral questions
• Client consent (if given) for supporting information to be sent
• Name of the document group
• Client's location or distance they can travel
If this is not included follow the process as per Activity 6.0.

c Use the MCR MSDA provider search tool to search for potential vendors with the required specialty.

📄 MCR MSDA provider search tool

NOTE **What if a suitable contracted vendor cannot be identified?**
Refer to the Medical Council of New Zealand's Register of Doctors and the Dental Council's Register of Oral Health Practitioner to search for potential providers with the required specialty in the links below.

📄 Medical Council of New Zealand's Register of Doctors
https://www.mcnz.org.nz/registration/register-of-docto

📄 Dental Council's Register of Oral Health Practitioner
https://www.dcnz.org.nz/practitioners

d Contact potential vendors (local first) to check their availability either by sending the Medical Case Review and Medical Single Discipline Assessment - Vendor Email Template or by phone.

📄 Medical Case Review and Medical Single Discipline Assessment - Vendor Email Templates

NOTE **How long do you hold on to the task?**
Try additional vendors, until you do have a response
Hold on to the task till the end of the day to allow time for responses.

NOTE **What if the vendor requests supporting information prior to accepting the referral?**
Some may ask to see supporting information before they will accept the referral or sign the SMR15. Generally, this is because they want to confirm if they are the right clinician for this client.

This information can be sent to potential vendors via email or couriered as a final option.

Confirm the client has provided consent for the information to be released (the Recovery Team Member will note this in the task).

Email vendors using the email template link below.

Recovery Team Members should have named the relevant document group in the task. If this is not included and the vendor is requesting this follow the process as per Activity 6.0

📄 Medical Case Review and Medical Single Discipline Assessment - Vendor Email Templates

e Close the NGCM – Admin Request task once the vendors have been identified.

NOTE **TIP: If potential vendors have been identified in the task description copy this before you close the task.**

f Create a Contact Party (Case Owner) Task to the Recovery Team Member/Team.

In the task description enter the following
'Potential Vendors Identified'
• Vendor names and dates available (include if the vendor is suggesting telehealth (virtual) assessment) or
• No vendors available
If the request to arrange an MCR is urgent change the priority to 'High' before transferring the task back to the Recovery Team Member/Team

- -

5.0 Request assessment referral
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Find all the documents that need to be sent along with the referral.

NOTE **What if the signed letter of agreement has not been received for a non-contracted service?**
The process cannot proceed to referral without the signed letter of offer being returned from the vendor. The Recovery Team member is responsible for ensuring this is returned.

NOTE **What documents should be considered?**
It is important that you send only the relevant information to the specialist. Consider the questions you are asking them to answer.

• A current medical certificate
• Schedule relevant to the client's function
• Schedule of Claimant Injuries (if deemed applicable)
• Most recent/current Back to Work, Stay at Work, Standalone Workplace Assessment Reports
• GP notes
• Specialist notes
• Imaging results
• Physio notes
• All medical notes and any relevant vocational notes eg a Standalone Workplace Assessment if the specialist has been asked to consider s103
• Any written guidance information from Recovery Support
• Signed ACC6300 or ACC6300D Authority to collect medical and other records. NOTE: If verbal consent was provided please note this in the task eform for Recovery Admin.

NOTE **What do you do if you don't have all the information to complete the referral?**
If you require further information, refer to Gather Additional Information or Advice.
Once you have requested the required information, create a reminder action and set the target date for when you expect to receive the information.

NOTE **What if the document group created is larger than 250 pages?**
This may indicate that there is irrelevant information being included. We should only be sending the relevant documents to the assessor so please discuss what can be redacted with your Team Leader prior to sending it to Recovery Administration.

📄 Gather Additional Information or Advice

b Perform privacy checks on documents.

NOTE **What do you need to check?**
Check documents:
• are relevant to the referral
• do not contain any third party information
• do not contain any other information that needs to be withheld.

For details on what checks you need to complete before sending documents out, refer to NG SUPPORTING INFORMATION Inbound and Outbound Document Checks.

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE **What if you find information that needs to be redacted?**
Send an email to Recovery Administration (recoveryadmin@acc.co.nz) and include the document to be redacted plus your redaction instructions, before adding the document to the document group.

📄 NGCM - Redact information from PDF documents

c Create a referral-specific document group with today's date and name it 'Medical Case Review'.

d Add the documents to the group.

NOTE **What if there are documents from other claims that are relevant to the assessment?**
Create a bulk print of all documents on the other relevant claim and complete mandatory fields and description
• Open PDF document from email link
• File the PDF away to the relevant claim
• Repeat these steps if there is relevant documents on multiple relevant claims

The PDF should also be renamed to identify which claim number the information came from, so it is included/printed in further referrals or copy files. e.g. Medical records and reports from claim: 100XXXXXXXX

This will ensure the notes remain on the correct claim but a copy can accompany the referral, while clearly identifying which claim they belong to.

Please do not create a bulk print on one claim and then move it to another claim, renaming it and using it in a referral for advice as it will not appear in any file copy subsequently used.

⬜ Manage document groups

e Generate a Medical Assessment referral task for Recovery Administration for a 'Medical Case Review'.

⬜ Referring Tasks to Recovery Administration - Principles

NOTE **How do you generate and send a referral task to Recovery Administration?**
Go to NGCM Create a Referral Task.

NOTE **What do you do if 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

⬜ Creating Manage Referral Tasks - System Steps

NOTE **What information do you need to include in the referral task?**
• Type of MCR (standard/complex)
• Vendor
• Address for clinic/appointment (if known)
• If non contracted confirm that the signed SMR15 (letter of agreement) is on file
• Recommendations from Recovery Support, including any questions
• Reason for the referral
• Vendor's delivery method (email/courier)
• Provide the correct service code. Refer to the Purchase Order guidelines linked below
• The client's NHI number
• Confirm whether or not the client has consented to telehealth if this was requested
• Details of care indicators if applicable
• In the VMS box write NA if it not a vocational assessment.

⬜ NG GUIDELINES Purchase Order Details - Medical Case Review

f Complete all the mandatory fields and any additional information to be included in the referral form including questions received via written guidance from Recovery Support.

⬜ Identify Claims for Rapidly Deteriorating Clients

NOTE **What if your client has a Care indicator?**
You need to clearly outline this in the e-form.

Refer to Disclosure of Care Indicator Information to Third Parties Policy for more information on how information is disclosed.

⬜ Disclosure of Care Indicator Information to Third Parties Policy

g Review "When to use 'high' priority indicator on the tasks sent to Recovery Administration" rules to determine priority of the task.

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

NOTE **What if your scenario meets the 'high' priority rule for this task?**
• If your scenario meets the priority rule for this task, change the priority indicator to 'high'.
• If your scenario doesn't meet the priority rule for this task, leave the priority indicator at 'low'.

- -

6.0 Review referral 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 the referral is for a non-contracted service?**
The process cannot proceed to assessment without the signed letter of offer (SMR15) being returned from the vendor. The Recovery Team member is responsible for this so if it's not linked to the task then you should follow the note below.

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.

⬜ Principles of Working in the Administration Team

- -

7.0 Create purchase order
Recovery Administrator

a In Eos, create a purchase order for the MCR referral.

⬜ Create a purchase order

⬜ NG GUIDELINES Purchase Order Details - Medical Case Review

b Identify and select the vendor as specified by the Recovery Team Member.

NOTE **What if you need to locate the vendor via the VMS Booking sheet?**
Once selected add the vendor as a 'Vendor' - participant in Eos.

⬜ Group VMS SharePoint site

c Locate the vendor via the Geographic Location search, once selected add the vendor as a 'Vendor' participant in Eos.

d Approve the purchase order.

NOTE **What if the purchase order requires a higher delegation?**

Save the purchase order. Create and send a Request Authorisation task to a Recovery Leader for a purchase order approval.

Refer to the link below.

📄 Request Authorisation for a Purchase Order - System Steps

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

- -

8.0 Create and send referral documents
Recovery Administrator

a Create an ACC7395 referral document for the MCR assessment.

📄 ACC7395 Referral for medical single discipline assessment or medical review - PO - vendor

b Populate with extra information noted on the referral task. Ensure you have checked that all the relevant information within the task has been captured.

NOTE **What does a quality ACC7395 look like?**

Refer to Admin Template - Referral for medical single discipline assessment or medical review

📄 Admin Template - Referral for medical single discipline assessment or medical review

c Ensure you have completed the document (to convert the document into a non-editable pdf).

d Link the referral to the document group 'Medical Case Review'.

e Perform privacy checks using Inbound and Outbound Document checks

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

f Call the vendor to confirm how they want to receive the referral documents (if email, ensure it is verified and if they prefer documents to be emailed separately or as a bulk print).

NOTE **What if the Provider and/or Vendor email address has not been verified?**

Go to Verify Provider and Vendor email addresses process.

📄 **PROCESS** Verify an Existing Provider, Vendor or Facility Email Address

NOTE **What if the vendor has been booking via the VMS booking sheet?**

Update the VMS booking sheet with the date the referral is sent.

📄 VMS Centralised Booking System Service Page

g Generate a Bulk Print of the "Medical Case Review" Document Group by following the system steps below.

📄 Print documents

h Generate the Bulk Print Index.

NOTE **How do you generate the Bulk Print Index?**
- Click properties
- Click view contents less
- Right click convert to PDF
- Save to desktop
- Upload to Claim using document type VCF006
- Label as Bulk Print Index
- Delete file from desktop

i If email is the preference, create email using the requests and referrals template and attach the referral and bulk print and save the bulk print to desktop and attach to the email. Use the email address as confirmed by the vendor.

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

NOTE **What if you identify the documents you're sending exceed 10MB?**
Use Adobe Pro to
Reduce file size:
- Select Optimize PDF
- Select Reduce File Size
Or
Split document
- Select organize page
- Select Split
- Select Split by File Size (up to 10MB)
The document will save in the same location and the original document and will be name PART1, PART2 (depending in the size of the file being split).

j Send the referral to the vendor.

NOTE **What if the Vendor requires the documents to be sent via courier?**

Go to Prepare and Send Client Information by Courier process.

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

k Send the appointment and information sheet to the client via the preferred contact method. Ensure they contain the relevant dates/times/locations where these are available and ensuring any vendor phone numbers are not personal ones.

📄 SMR12 Medical case review appointment - client

📄 SMRIS02 Medical case reviews - client

l in Salesforce, close the assigned referral task.

- -

9.0 Receive confirmation of appointment
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Receive confirmation of the appointment from the provider and file the email away to Eos.

NOTE **What if the vendor is unable to accept the referral?**

If the vendor is unable to accept the referral, resubmit the request with a new vendor.

NOTE **What are the timeframes?**

• A vendor who has agreed to provide the MCR must perform a clinical examination within eight business days of receiving a referral, unless otherwise agreed by ACC

• If they are unable to meet the eight day timeframe to see a client, you can negotiate a timeframe which is acceptable to both parties

• The vendor must provide a copy of the report to the case owner within eight business days from the date of the clinical examination.

NOTE **What if the client refuses or fails to attend and/or participate in the MCR?**

If the client refuses or fails to attend or take part in the MCR you should find out why. In some cases, you may need to consider the non compliance process. Refer to the Policy below.

📄 PROCESS Decline Entitlement when Client is Non-compliant Policy

NOTE **What if the client wants to change to appointment date?**

Contact the vendor and discuss and confirm new appointment details.

- -

10.0 Review report

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Receive notification that the MCR report has been attached to the claim.

NOTE **What if there are quality clinical issues or concerns?**

If you have any concerns relating to the clinical quality of any VMS reports, please email the case through to clinicalquality@acc.co.nz. You are encouraged to deal directly with the vendor where you can, particularly if the concerns are around the completeness of the report or omissions.

However, the clinical quality team are particularly interested regarding any reports which lack clinical quality. Not only will the clinical quality team help you by reviewing the report with the Engagement and Performance Management team (EPM) talking with the vendors, learnings will be provided to all Providers through the regular newsletters.

b Perform Privacy and Relevancy checks on the received report.

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- -

11.0 Determine next steps

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Follow the advice and recommendations in the MCR. If the report answers your questions clearly then act on those answers and in these cases there is no need to seek internal clinical advice. The only exception to acting on the recommendations of the report without any further advice is if the next step is a section 117 suspension or revocation of cover. If the entitlements/supports period is under 6 months suspension will be determined with guidance from a Team Leader, anything over 6 months, then seek advice from Technical Services.

NOTE **What if the MCR report is not clear?**

Seek guidance from your Team Leader initially, escalating to Practice Mentor if required. If you are still not clear what the next steps are then seek internal guidance to confirm.

The referral for guidance must explicitly state what exactly in the report you need assistance understanding.

NOTE **Refer to (NGCM) Seek Internal Guidance.**

📄 PROCESS Seek Internal Guidance

NOTE **What if you need clarification of an answer following the MCR assessment**

Following the initial MCR assessment, you may need to clarify something in the report or have a follow up a question from Recovery Support. In this case ensure you use the PO code MEDR. Send an NGCM - Admin Request Task to Recovery Admin to update the PO.

NOTE **What if you require a supplementary report following the MCR assessment?**

Following the initial MCR assessment, you may be required to request a supplementary report. This may be because you have additional questions for the assessor. Ensure you use the PO code CSM3 and specify the number of hours required. Send an NGCM - Admin Request Task to Recovery Admin to update the PO.

NOTE **What if the client needs requires a second MCR assessment?**

Following the initial MCR assessment, you may be required to request an additional MCR assessment. Follow the same steps as arranging the initial MCR and ensure you use the appropriate contracted or non-contracted purchase order code. Go to 2.0 Contact client and explain need for assessment.

b Contact the client and confirm you are speaking with the right person by asking ACC's identity check questions.

📄 Identity Check Policy

c Discuss the report, the outcome of the guidance and the next steps. Consider if a face-to-face meeting is required.

📄 NG GUIDELINES Client Face to Face Meetings

NOTE **What if the client requests that the report is changed or incorrect?**

A client can request that information held by ACC is changed or updated if it is factually incorrect (ie: wrong DOB, incorrect name spelling etc). If it is the opinion of an assessor or provider, the client can supply a 'statement of correction' to ACC which is then included with the report. This means that any time the report is sent out, the statement of correction must be sent as well.

Refer to Managing a client's request to change personal information

📄 Managing a client's request to change personal information

d Provide a copy of the report to the client, their GP (ensuring the client has given permission) and any other stakeholders as you consider appropriate or if internal advice was sought then also as recommended by recovery support.

e In Salesforce, add a contact note as a record of the conversation.

f Update the Recovery Plan with the outcome of the inter-
vention.

📄 **PROCESS**   **Create or Update Recovery Plan**
Recovery Assistant, Recovery Coor-
dinator, Recovery Partner

📄 **PROCESS**   **Create or Update Recovery Plan**
Recovery Assistant, Recovery Coor-
dinator, Recovery Partner