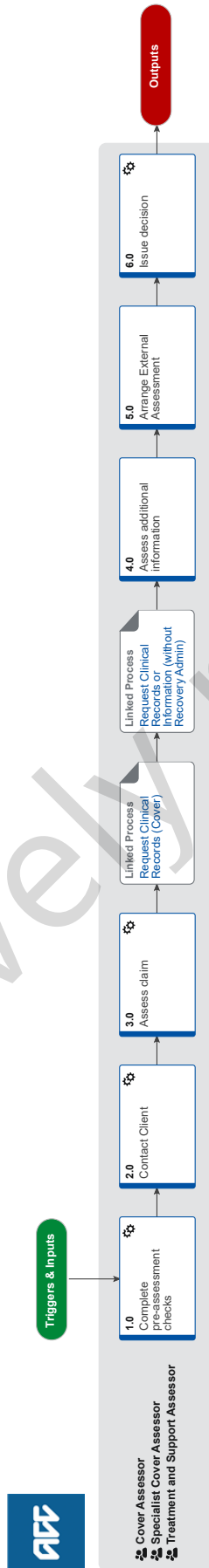


Make cover or funding decision :: Make Dental funding decision

v62.0



Summary

Objective

Standardised procedure template for cover assessment

Background

General cover

Global Process Owner

[Name withheld]

Global Process Expert

Variation Expert

Procedure

1.0 Complete pre-assessment checks

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

a Complete pre-assessment checks.

 Pre-assessment checklist

NOTE What if the claim is for Treatment Injury, Treatment Injury Mental Injury or FACS?

Send acknowledgement letter to the client. Refer to letter and form guidance.

b Check how you use Recovery Admin before proceeding.

 Claims Assessment - How do I use Recovery Admin

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

 Dental | Familiarise yourself with client and claim

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

NOTE What if you determine the claim or request doesn't meet the eligibility criteria?

Go to Activity 6.0 Issue Decision.

e Refer to the Claims Assessment Traffic Light for consideration, if applicable.

 Claims Assessment Traffic Light

f Check you have the delegation to make a decision without seeking internal guidance. (Go to the 'Explanations' tab, second tab from the left) and refer to the guidance on the landing page for this claim or request type.

 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.

NOTE What if 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

NOTE What if the request is for surgery?

Refer to the 'Principal Clinical Advisors considerations list' to determine if you must seek guidance.

 Principal Clinical Advisor consideration list

g Record assessment information and update Eos, if applicable.

 Dental | Confirm eligibility task template

h Determine if you can make a decision.

NOTE What if it is a request for surgery and you are unable to make a decision?

Send the ELE01 letter to the client and Lead Provider.

NOTE What if you are able to make a decision?

Go to '6.0 Issue decision'.

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.

NOTE What if you don't need to contact the client at this point?

Go to '3.0 Assess Claim'. Return to '2.0 Contact Client' if required.

b Review the client conversation guidance.

c 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) Add 'Followed up Claimant' to the master task and update the target date to 2 working days 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

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

 Identity Check Policy

NOTE What if the client is presenting a threat of self harm?

For guidance refer to the NG Guidelines Managing Threat of Self-harm Calls.

 NG GUIDELINES Managing Threat of Self-harm Calls

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

NOTE What if you need to verify the client's email address?

In Eos, in the Client's Party record, select Email tab, select Email from Template, select Verify Client Email Address. In the body of the email bold the bullet points. Delete the client's name from the subject line.

NOTE What if client details are incorrect on their Eos party record?

Update client details.

NOTE What if the client's name has changed?

Refer to the Change client's legal name Policy.

 Change clients legal name Policy

f 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 be made following the conversation with the client?

Go to '6.0 Issue Decision', unless you are waiting for guidance.

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

NOTE What if the claim is for Mental Injury caused by Physical Injury, Work Related 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.

 Dental | Consideration factors for late lodged dental claims

 Dental | Anatomy


 Dental | Consideration factors

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


d Consider if you need internal guidance.

 Dental | 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 you request guidance, once received return to this process.


 **PROCESS** Seek Internal Guidance (Claims Assessment)

 Standards for Seeking Guidance

e 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

NOTE What if you are an SCA and require internal or external advice?

In Eos, generate the ACC2184 Cover decision tool to guide your analysis when requesting advice.

f Update assessment information.

 Dental | Confirm eligibility 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 assessment 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 unable to make a decision at this point on a Hearing loss claim?

Check if the timeframe to make a decision needs to be extended. Go to 'Extend Cover Decision Timeframe' process. Then go to '5.0 Arrange External Assessment' to refer the client to an ENT specialist.

 **PROCESS** Extend Cover Decision Timeframe

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?

Check if the timeframe to make a decision needs to be extended. Go to 'Extend Cover Decision Timeframe', then continue this process.

NOTE: This excludes Permanent Injury Compensation requests as there are no legislative timeframes to make a decision, send PIC03.

 **PROCESS** Extend Cover Decision Timeframe

 **PROCESS**

Request Clinical Records (Cover)

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

 **PROCESS**

Request Clinical Records or Information (without Recovery Admin)

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

4.0 Assess additional information

Cover Assessor, Specialist Cover Assessor, Treatment and Support Assessor

a Review additional information received.

 Dental | Anatomy

 Dental | Consideration factors

NOTE What if the records received are for a late lodge dental claim?

Refer to Dental | Consideration factors post receipt of clinical records

b Determine whether you are able to make a decision and that the client meets the eligibility criteria. Refer to the linked information for guidance.

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 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 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.

 Dental | Confirm eligibility 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 Support Assessor

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 Assessment maybe required?

Go to Set up Standalone Workplace Assessment. Once this process has been completed return to this process.

 **PROCESS** Set Up Standalone Workplace Assessment


NOTE What if you determine a Comprehensive nursing assessment maybe required?

Go to Arrange Comprehensive 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 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 determine 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 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

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?

Consider client impact when you are issuing a decline decision.

b Review decline decision client conversation guidance.

 Dental | Decline client conversation guidance

NOTE What if you are approving or declining an Additional Treatment funding request?

Don't contact the client unless the client has requested contact. Go to task (f).


NOTE What if cover has been accepted?

Contact the client if there are entitlements pending or client has requested contact. If not go to task (f).

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 your 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).

 What to say in a voicemail message

NOTE What if you are issuing a decline cover decision and are unable to contact the client.

Record the attempt as a contact on the claim. Go to task (f).

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 with Internal Party', select 'Internal' as Direction and select 'Other' as Method of Contact. Refer to linked Decision Rationale templates for content to use in the description.


g Update Eos, including cover status.

 Add Cover to Claim

h Create or update Purchase Order, if applicable.


 Create Purchase Order | Claims Assessment

i In Eos, generate and send decision letter / email. Refer to linked Communication guidance and templates.

 Dental | Letters and forms guidance

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

j 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?

Send the written guidance transcript located in the documents tab in Eos with the decline letter.

k Check you have a valid email address or valid physical address for the client.


NOTE What if you don't have either of these?

Save the decision letter on the claim.

l 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

m Run the EMD, if applicable.


NOTE What if you are accepting a 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 or declining a hearing loss claim?

Don't run the EMD. Transfer the claim to Dunedin SC Actioned Cases department queue.

NOTE: If you are accepting a Treatment Injury Hearing Loss claim, transfer the claim to the Hearing Loss - Assessment queue with the master task as HIGH priority requesting HL indicator is updated and send decision letter to client.

 Identify engagement model and transfer claim

NOTE What if you are declining cover?

Transfer the claim to the actioned cases queue for this claim type or to Actioned Cases - Registration.

n Check the EMD has streamed the claim correctly.


NOTE What if it hasn't been streamed correctly?

Manually stream the claim to actioned cases queue or Recovery Team identified by the EMD.

o 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