




9 December 2025



Kia ora 

Your Official Information Act request, reference: GOV-044528

Thank you for your request of 19 November 2025 to , asking for the following information:

- *My question is in regarding your process for resolving claims. How do you come to the decision that an injury is resolved?*
- *Do you notify the provider that treatment is no long covered?*

Due to the nature of your request, it was referred to my team for a response under the Official Information Act 1982 (the OIA).

Our response

ACC provides cover and entitlements for personal injuries under the Accident Compensation Act 2001 (AC Act). Under the AC Act, ACC is required to provide clients with entitlements according to their assessed needs. Entitlements include treatment, social and vocational rehabilitation and financial compensation.

ACC may suspend or cancel an entitlement, under section 117(1) of the AC Act, if we have information that indicates the need for it is not, or is no longer, causally linked to the covered injury.

When making a decision to suspend or cancel supports, ACC must use independent and expert evidence, preferably from the treating provider or suitably qualified clinician who has assessed the client's condition. The medical evidence must clearly establish that the client's current condition is no longer caused by the injury for which they have cover. If the treating provider is unable to address causation, or the case is complex, further investigations may be required, such as a Medical Case Review.

Please find attached the following processes and policies, which are used by ACC staff for monitoring claims, stopping supports, and closing claims:

- Track Recovery
- Claim Pathways Decision Tree
- Suspend Support When Client is No Longer Eligible Policy
- Medical Case Review and Medical Single Discipline Assessment Service Page
- Stop supports
- Determine if a claim can be closed
- Close claim

Please refer to section 6.0 *Notify Provider* of our *Stop Supports* process which advises staff to email the client's Provider and inform them which supports and treatment have been stopped.

As staff names were not requested, they have been deemed out of the scope of your request and removed from the documents provided.

As this information may be of interest to other members of the public

ACC may publish 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 www.acc.co.nz/resources/#/category/12. Please also view this page about making requests and our published responses <https://www.acc.co.nz/contact/official-information-act-requests>.

If you have any questions about this response, please get in touch

You can email me at GovernmentServices@acc.co.nz.

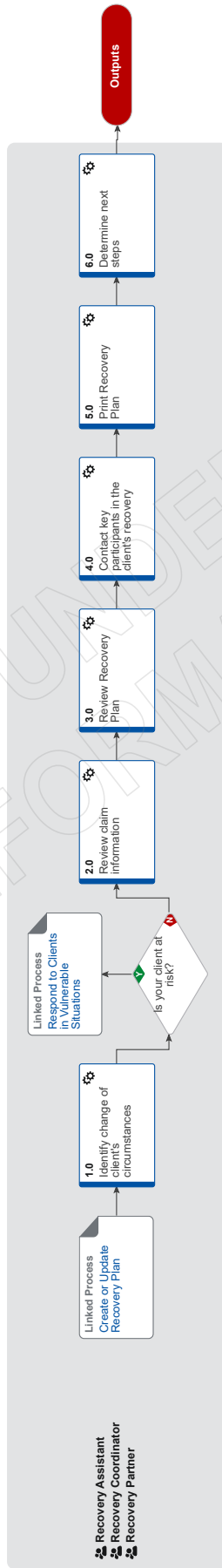
Ngā mihi

A handwritten signature in black ink, appearing to read 'Chris Johnston', written in a cursive style.

Christopher Johnston

Manager Official Information Act Services

Government Engagement



RELEASED UNDER THE OFFICIAL INFORMATION ACT

Summary

Objective

To ensure we are effectively tracking how a client's recovery is progressing. The process helps you decide the steps to progress a client's recovery when their circumstances change.

It allows us to be proactive in a client's recovery, including identifying if a client is in a vulnerable situation, e.g. there is a potential threat to their safety, health, or wellbeing. If you're working on someone's claim and recognize the signs that they may be in a potentially vulnerable situation, you must immediately report your concerns to your manager so decisions can be made about reducing the chances they will come to harm.

Background

We review a client's recovery proactively through recovery check ins, and reactively when we receive information or correspondence about a client's claim.

It helps us determine if we need to make changes to the client's Recovery Plan, to adapt to changes in their circumstances (such as job loss, pain, or there are concerns and/or requests for supports or information), and to confirm the relevant claim pathway or outcome we are working towards.

Track recovery identifies the triggers that will help us to proactively respond to a client's needs and take the required action or interventions.

Owner [Out of Scope]

Expert [Out of Scope]

Procedure

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

1.0 Identify change of client's circumstances
Recovery Assistant, Recovery Coordinator, Recovery Partner

a Receive information for changes in circumstances via email, fax, inbound mail, digital, face to face or phone call from the client, providers, vendors, general practitioner (GP), employer, family members, whanau, associates, safe contact person, clinical staff member or advocate.

NOTE **What information can indicate a change in circumstances?**

- recovery milestones are not met
- updated or new supports required
- change in diagnosis
- additional diagnosis
- needs and level of support from ACC has increased or decreased
- client is planning to return to work
- change in employment circumstances
- recovery complication, ie infection.
- a new ACC18 has been received post the client returning to work
- client has been transitioned to a different Recovery Team
- new claim received

NOTE **What if the Client advises you they have resigned, been terminated or received redundancy?**

If it is a work injury, and the client has now lost their job:

- 1) Add the same employer as a second employer participant
- 2) Update them to previous (leaving the first employer in place)

This ensures the employer stops receiving incapacity updates via their MyACC4B account

 Add an Employer to a Claim

 Client resigns, loses job / termination, is made redundant


NOTE **What if the change of client circumstances is a new claim being received that requires cover to be assessed?**

Refer to the GUIDELINES Assessing claim for cover in Recovery Team to identify the actions you will need to complete on both claims.

NOTE **What if you receive information that confirms a client is no longer entitled to receive a support or entitlement?**

Go to Stop Supports.

 **PROCESS** Stop Supports

 GUIDELINES Assessing claim for cover in Recovery Team

NOTE **What if the client's claim is in Enabled Recovery?**

Clients streamed to Enabled Recovery do not require a Welcome Conversation and can self manage by either using MyACC or by calling us when they need support.


If a client calls us to set up weekly compensation or supports, you can set up these for them by completing (only) the relevant sections of the Welcome Conversation in Salesforce, however please encourage them to continue to self-manage via MyACC.

If a client is having trouble with MyACC, go to MyACC for Client process to support them.

Task management

It is not mandatory to have an open task or Recovery Plan on Enabled claims. If you receive a task via Salesforce such as MyACC or Electronic Medical Certificate, you would action the request appropriately and then close the task in Salesforce.

If you are unclear on whether the client should be in Enabled or Assisted Recovery, refer to the transition guidelines in Transition Claim process.

 **PROCESS** Invite Client to MyACC

NOTE What if you receive information from Integrity Services?

Integrity Services might pass on information they receive about a client that doesn't warrant an investigation from them but may be useful for the management of the client's recovery.

In these cases, you will receive a "Contact Party" task from Integrity Services, requesting that you contact them to discuss the information. After discussing with Integrity Services, you can continue to follow the Track Recovery Process to determine how to proceed, as with any new information received about a client.

It is crucial that you do make and maintain contact with Integrity Services when acting on information that they have passed on. While it may not be a matter as serious as fraud, there still may be a delicate situation that Integrity Services can advise you how to handle. For example, it is important that you do not breach the anonymity of whoever has provided the information when in contact with the client.

 Identify Claims for Rapidly Deteriorating Clients

 **Is your client at risk?**

Recovery Assistant, Recovery Coordinator, Recovery Partner

YES....  **PROCESS Respond to Clients in Vulnerable Situations**

NO.... Continue

2.0 Review claim information

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Decide if the client is being supported in the most appropriate way for their goals and needs.

NOTE What if information indicates the claim needs to be transitioned to another Recovery Team?

Go to Transition Claim process to determine if the claim should be transitioned.

 **PROCESS Transition Claim**

NOTE What information should be reviewed if claim is transitioned from Assisted Recovery?

Go to Transitioned Client Claim Review to review the appropriate information when a claim is transitioned into Supported Recovery or Partnered Recovery

 Transitioned Client Claim Review

b Review client information:

- Check if the client has an identified language need.
- Confirm who is the best person to speak with. If your client has a complex injury, this may be family/whanau, a clinical staff member or a safe contact person.
- Review recent contacts to minimise the client repeating themselves.


c Review the medical certificate details:

- Check if the client is employed, and whether they are off work or currently working.
- Review medical certificates and understand how their recovery is progressing.
- Understand the Expected Claim Outcome (ECO) for the client's injury.

Refer to the information below - Supporting Recovery at work - to consider how to support your customer at work.


NOTE What if the medical certificate indicates a change to your client's ability to work, including a return to full-time work?

In Eos, update the incapacity details to ensure weekly compensation payments are correct. For details about eligibility and steps to follow, go to the Maintain Weekly Compensation process.

 **PROCESS Maintain Weekly Compensation**

NOTE What if the client is planning to return to work part-time?


In Eos, review and update the incapacity details to adjust weekly compensation details. Review income and weekly compensation details to adjust amount paid going forward. Go to the Manage Abatement in Eos process.


 **PROCESS Abate Weekly Compensation - Simple requests**

NOTE What if the medical certificate indicates this is a subsequent incapacity?

Refer to the Policy below to determine this is a 'Date of Subsequent incapacity.

If eligible, go to Conduct Recovery Check-in Conversation process.

 **PROCESS Conduct Recovery Check-in Conversation**

 Subsequent Inability to Work (Subsequent Incapacity)

NOTE What if the provider indicates on the medical certificate 'Support needed to stay at work/ return to work'? (Task 'AUTO Alert: RTW Request - ACC18 Incapacity' or 'AUTO Alert: RTW Request - ACC18 No Incapacity')

- Contact provider to discuss request if it isn't clear what they are asking for
- Check the claim to see if vocational rehabilitation support is already in place and that client is eligible.
- If the client already has vocational support in place then you do not need to do anything else with this request and the task can be closed with no further action.

Consider the following actions and decide which is most appropriate for your client:

- If there is no support in place and the client and employer are managing a return to work between themselves, consider checking in on how this is going and whether they need further support.
- If this is a change in incapacity for the client; if they have moved from 'fully unfit' to 'fit for selective work' then this could suggest vocational rehabilitation is ready to begin. Consider whether they need our support to do this.
- If the client has the functional capacity to engage in return to work activities. Do the client and employer need support to explore this?
- Consider whether your client still holds employment. This will determine what type of vocational support we put in place if any is needed.
- Ensure to close the loop with the certifying treatment provider via email if you haven't had contact yet to say what you've done following their med cert

If Stay at Work support is required:

- PROCESS** Set Up Stay At Work Support

NOTE What if the provider indicates on the medical certificate 'Clinical Review of Patient's fitness for work needed'? (Task 'AUTO Alert: RTW Request - ACC18 Incapacity' or 'AUTO Alert: RTW Request - ACC18 No Incapacity')

- Review the cover on the claim and whether we are clear on the reason for the clients ongoing incapacity.
- Contact the certifying treatment provider to understand what their concerns are and what they feel needs to be addressed.
- Once the concerns/barriers are clear, consider what ACC interventions might overcome these barriers.

NOTE What if the provider indicates on the medical certificate 'ACC to contact me'?

- Contact the provider to understand their request
- In Salesforce, create a contact action
- Record outcome of the conversation in the contact action
- What if you are unable to contact the provider?
 - In Salesforce, create a future contact action
 - Record the provider name and reason for the contact, ie 'ACC18 indicated ACC to contact (insert provider name), unable to contact provider, follow up contact with provider required
 - Set due date for 5 working days.

- d** Review or confirm existing cover decision(s). Cover must be reviewed whenever you receive new information or a request for an additional entitlement. This can occur at any stage during the life of a claim.

NOTE What do you need to consider?


- Understand what the injury is and how it happened.
- Has there been a change in diagnosis?
- Is there an additional injury on an existing claim?

For more information on the 'Confirm existing cover decision', refer to the web link below.

-  [Confirming Existing Cover Decision](#)

- e** Consider what pathway might be relevant for your client and their recovery.

NOTE To help you decide which claim pathway would be appropriate, you can use the decision tree. Remember to add the preferred pathway to your recovery plan.

-  [Claim Pathways Decision Tree](#)


3.0 Review Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Salesforce, review the Recovery Plan details and where the client is in their recovery, eg the client's goals, Recovery status life area details including their current treatment plan, supports, work status, medical certificates and any potential recovery obstacles that you will need to check on.
- b** Identify any obstacles. During the client's rehabilitation journey, there may be flags or barriers that can potentially impact on their recovery pathway. When we identify these, they are known as obstacles. These should be noted in the Life Areas in Salesforce.

NOTE How do you identify flags and barriers?

Go to 'Flags and Obstacles'.

-  [Flags and Obstacles](#)

NOTE Is the client in the correct team?

Go to Transition Claim process for further information.

- PROCESS** Transition Claim

- c** Review open tasks on the claim and action as required
-

4.0 Contact key participants in the client's recovery

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Receive tasks.

NOTE What to consider for outgoing call interactions?

Almost all our outgoing call interactions are planned, and we are reminded to have these interactions through tasks. These are often scheduled contact tasks, with information to support the interaction.


b Prepare for interaction.

NOTE Why do we need to prepare before holding an interaction?

Before we speak with a key participant it is important to ensure we have authority from the client and have checked the safe contact, this helps us to start thinking about:

- 1) the information we want to share
- 2) the information we need to collect
- 3) what we might want to ask during the call
- 4) what support the client might need at this stage in their recovery
- 5) check if there is an alternative or a safe contact.


If you need to gather further information, refer to the web link below.

 Gather Additional Information or Advice

c Determine if a face-to-face meeting is required.

NOTE What are the guidelines if the conversation is to be a face-to-face conversation?

Assess the suitability of having a face to face meeting. Go to the process below, and refer to Client Face to Face Meetings guidelines to determine if a meeting is required.


 **PROCESS** Arrange Face to Face Client Meeting

d In Salesforce, if you have identified that you will be collecting medical or other information, confirm that the client has provided authority.

 View Client Consent

NOTE What if the client has not granted ACC authority to collect medical and other records?

You will need to obtain the client's authority to collect medical and other records. Go to the process below.

 **PROCESS** Obtain Client Authority to Collect Information

e Contact the participant and initiate the interaction. If contacting a participant or a person with Authority to Act (ATA) for them, perform the relevant identity check to confirm you are speaking to the right person.


 Identity Check Policy

NOTE What if the participant advises they are unable to have the conversation now, or during the conversation they are unable to continue?

Agree a date to continue, and update the due date in the task to this date. Add a note in the description field of the task advising the conversation was paused and needs to be completed.


NOTE What if the client's employer is a Third Party Administrator or an accredited employer?


Go to the process below.


 **PROCESS** Identify and Transfer Work-Related Injury Claim to Accredited Employer (AE)

NOTE What if you can't establish contact?

- Attempt a maximum of 2 contacts over 2 full working days before leaving a voicemail or sending a notification to request client contact.
- If you are unable to reach the client, extend the task for additional 2 working days and note in the task description that this is the 2nd attempt to contact the client.
- On the task due date and if there is been no response from the client to the voicemail or notification, send the CM04 - Advise client that you were unable to reach then by phone letter.
- Extend the task date as appropriate to take into account postal delivery and note in the task description this is the 3rd attempt to contact the client and the CM04 letter has been sent.
- On the task due date and if there is no contact from the client and they are continuing to receive support, seek internal guidance to determine next steps.
- 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.

 What to say in a voicemail message

 Decline Entitlement When Client is Non-compliant Policy

 CM04 Advise claimant that you were unable to reach them by phone

NOTE How can you confirm client contact details?

Consider the following options:

- check details on the ACC45
- check the latest ACC18
- contact the client's treating provider
- contact the client's employer.

f Identify any obstacles.

Obstacles may be identified during a conversation with a client, provider or employer or via correspondence received, such as medical reports, provider assessment reports or emails. We can also identify psychosocial obstacles through asking the 'How are you coping gauge' questions.

NOTE Identifying obstacles during interactions

Client – Each communication with our client, either verbal or written, is an opportunity to identify any obstacles that have arisen during the client’s journey. Our interactions with our clients need to be proactive and outcome focused, not process driven, so that we can build a valuable relationship with our clients. This results in them getting the right support from us at the right time to address any obstacle.

Provider – Providers play an essential role in a client’s recovery. We empower the provider and give them a clear understanding of the client’s treatment and support. Providers, as part of their role, are continually assessing and treating clients. They gather valuable information by identifying obstacles. From time to time we will refer to providers to help us address the obstacle.

Employer – Employers play an essential role in being the gatekeeper to re-entering the place of employment. By encouraging the employer to become involved in the rehabilitation planning, they can communicate with us any past and/or present examples of obstacles they have encountered.

5.0 Print Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a If your client has requested a copy of their Recovery Plan, confirm how they want to receive this.

Ensure that the client has agreed to each specific intervention in the Recovery Plan. Agreement to interventions must be evidenced in contact notes either following discussions with the client/ATA or email. This means that the client’s signature is not required on the printed Plan.

An employer must be given an opportunity to participate in the preparation of the Recovery Plan, however it does not mean they need to see a copy of the plan. Ensure you do not show any sensitive client information to the employer. Check all auto-populated fields and remove data as necessary. Where there is a sensitive claim we must follow directions by the client and not involve the employer.

- b Generate a copy of the Recovery Plan for the client.

NOTE How do you generate a copy of the Recovery Plan?

Click Send PDF to Eos on the Salesforce Recovery Plan. Result: This will generate ACC7979 form.

- c Arrange to send your client a copy of their Recovery Plan.

NOTE What if the client wants the Recovery Plan sent to them by email?

Follow the Emailing from Eos – System Steps.

- NGCM - FINAL Emailing from Eos - System Steps

NOTE What if the client wants the Recovery Plan sent to them by mail?

Refer to 'Send letters from Client Recovery and Claims Assessment'.

- Send letters from Client Recovery and Claims Assessment

6.0 Determine next steps

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a In Salesforce, update the plan with the new information or outcome of the interaction.

NOTE How do you update the Recovery Plan?

Go to Create or Update Recovery Plan process.

- PROCESS Create or Update Recovery Plan

- b Assess the information in the Recovery Plan and determine if the next step is clear and obvious.

- Vocational Services Roadmap

NOTE What if you need help to determine next steps of the client's recovery?

Talk to your Team Leader first, then use the Recovery Support Decision Tree to help with next steps.

- Recovery Support Decision Tree

NOTE What if you need clinical information to help complete the client's recovery plan?

Go to Request Clinical Records process.

- PROCESS Request Clinical Records

NOTE What if your client requires an assessment to allow more information to be gathered about their injury or recovery needs?

Go to Arrange Medical Single Discipline Assessment process.

- PROCESS Arrange Medical Single Discipline Assessment :: Standard

- c Consider if your client needs to be transitioned to another team as your client is either tracking ahead or behind their Recovery Plan.

NOTE What if your client needs to be transitioned to another team?

Remember to align the due date for Recovery Check-in conversations with key milestones. Go to Transition Claim process.

- PROCESS Transition Claim

- d Determine the type of support required to help your client to achieve their recovery goal(s) and confirm their eligibility. Consider our Decision-making principles in the Decision making guide

To find details about how to create tasks for other types of financial supports, search for the support type in Pro-mapp (eg lump sum, independence allowance, HCSS payments).

- Decision making principles

NOTE What if you need to set up supports for the client?

- If you need to:
• set up social supports for the client, go to Manage Social Interventions / Supports web link.
• set up vocational supports for the client, go to Manage Vocational Interventions / Supports web link.
• respond to a treatment request, go to Manage Treatment Interventions / Supports web link.

- Manage Social Interventions / Supports

- Manage Vocational Interventions / Supports

- Manage Treatment Interventions / Supports

NOTE What if you need to set up weekly compensation for the client?

Go to the Request Set Up of Weekly Compensation Payments process.

PROCESS Request Set Up of Weekly Compensation Payments

NOTE What if you need to reinstate Weekly Compensation?

In Eos, at ACC45 level, complete the reinstatement information in the Non Standard WC Setup Eform, (documents tab, stand alone eform category). Then create a Setup weekly comp Entitlement task (the eform is linked automatically). The task auto routes to the Centralised Weekly Compensation queue.

- e Determine if your client is unlikely to be able to return to their pre-injury occupation due to their injury, or if they are vocationally independent.

NOTE How do you arrange an IOA to identify the types of work that may be appropriate for the client?

Go to Arrange Initial Occupational Assessment process.

PROCESS Arrange Initial Occupational Assessment (IOA)

- f Determine if your client no longer needs support.

NOTE What if the client has confirmed they don't require any supports?

Go to Stop Supports.

PROCESS Stop Supports

- g Respond to a notification that the client has passed away. You may be notified that the client has passed from contact with either a family member, provider or via death notices.

NOTE What if you are advised the client has passed away?

Refer to the Record Date of Death process below.

PROCESS Record Date of Death

NOTE What if you are advised that the client has passed away due to (or possibly) as a result of their injury?

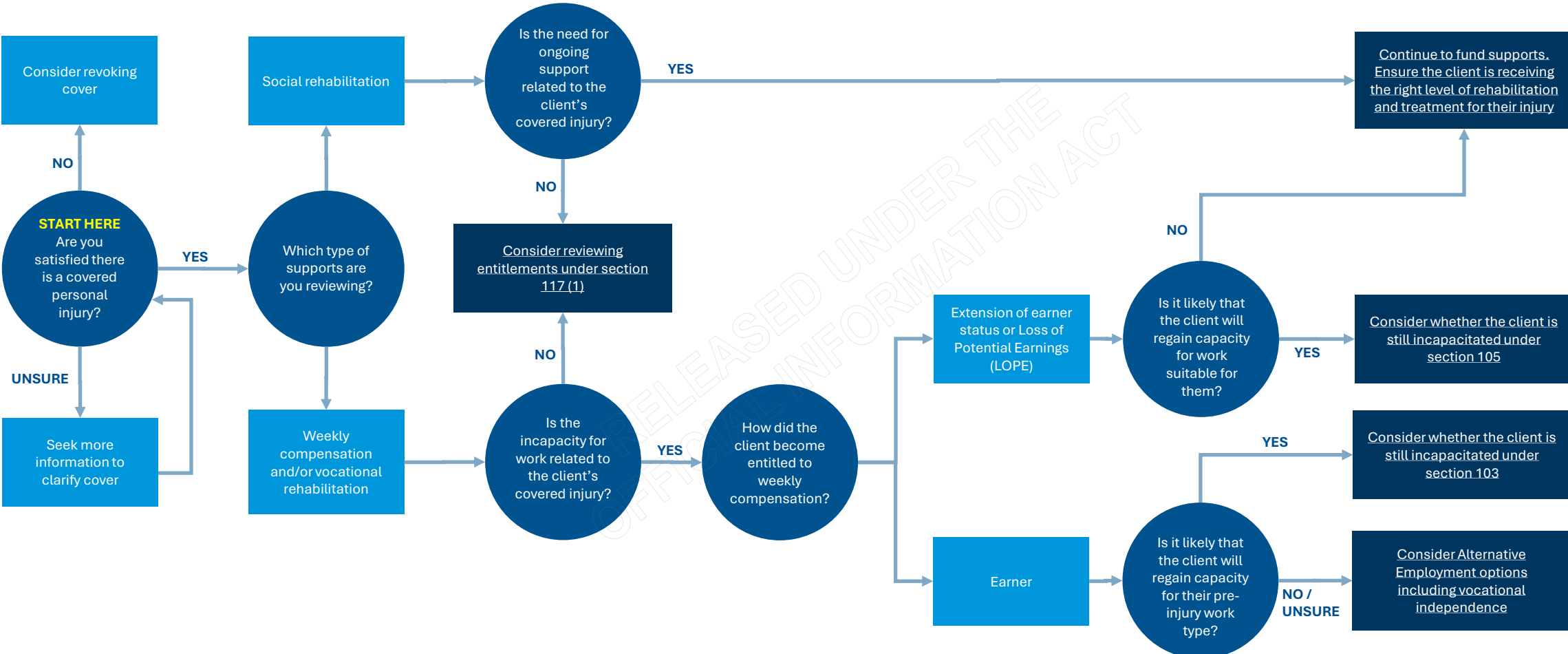
This will require investigation by Cover Assessment. You will need to:

- Add a contact in Eos recording the details of the notification (ie date of death, who advised of the death and their relationship to the client, who the key family contact would be (and their contact details) and what you have been notified as being the cause of death).
- Go to Stop Supports process to stop any supports.
- RTM to provide ACDIS01 and ACC21 to the clients' family or representative and provide the contact number for the representative to call when they are ready 0800 222 075. Internal hotline 87917 or V_CAS_FATALS in Genesys if they wish to speak to someone now

PROCESS Stop Supports

Timeframes

None Noted



Note – you could also consider vocational independence in this scenario. Seek Technical Services guidance if you are unsure

Suspend Support When Client is No Longer Eligible Policy v15.0



Summary

Objective

We can suspend support if there is evidence that, although the client might continue to need assistance, they are no longer eligible to receive it from ACC.

This means that the client's symptoms or limitations relate wholly or substantially to something for which ACC is unable to grant cover, such as:

- gradual process injury, disease or infection, that does not have cover itself
- the ageing process
- the client no longer meets the relevant eligibility criteria for an entitlement that they are receiving.

Always remember ACC's obligations under the Code of ACC Claimants' Rights (the ACC Code).

- 1) The difference between suspending support and declining to provide support
- 2) Claims accepted under the 1972 and 1982 Acts
- 3) Medical Information and evidence
- 4) The test of causation
- 5) Notice
- 6) Reinstate suspended support
- 7) Special case: independence allowance
- 8) Relevant legislation.

Background

Suspending an entitlement is different to declining to provide an entitlement on the basis the client is not complying with reasonable requests from ACC.

Section 117(3) applies when a client unreasonably refuses to comply with request from ACC and is often called Non-compliance.

Section 117(1) is legislation that sets out that ACC may suspend or cancel an entitlement if we have information that indicates the client is no longer entitled to receive that entitlement.

In order for a client to continue receiving an entitlement, their need for that entitlement must be causally linked to the covered injury.

Entitlement may be suspended if there is evidence that the client's symptoms or limitations are due to a condition that is not covered by ACC.

Owner [Out of Scope]


Expert [Out of Scope]

Policy

1.0 The difference between suspending support and declining to provide support - S117(3)(a)

- a If a client has unreasonably failed or refused to comply with requests, we decline to provide support rather than suspend them.

Refer to Decline Entitlement When Client is Non-compliant Policy.

 Decline Entitlement When Client is Non-compliant Policy

2.0 Claims accepted under the 1972 and 1982 Acts

- a We cannot suspend support on the basis that the client's current symptoms or limitations are wholly or substantially due to factors unrelated to their injury.

For decisions about ongoing support under Section 117 (1) of the current Act for a claim that was accepted for cover under the 1972 and 1982 Acts, refer to the personal injury criteria in Section 2 of both Acts, not Section 26 of the Accident Compensation Act 2001.

Section 2 only excludes personal injury caused exclusively by non-injury factors, such as:

- gradual process injury, disease or infection, that does not have cover itself
- the ageing process.

Continue to provide support if you have evidence that the injury is having some ongoing effect in causing the symptoms or limitations the client currently suffers.

3.0 Medical information and evidence

- a When making a decision, you must use independent and expert evidence, preferably from the treating provider or suitably qualified clinician who has assessed the client's condition.

You must consider all medical evidence, including any evidence that conflicts with the Medical Advisor's opinion.

The medical evidence must clearly establish that the client's current condition is no longer caused by the injury for which they have cover, not whether ACC was correct to cover the original injury.

You may not suspend support simply because of a reference to degeneration in a medical report. You must investigate the cause of degeneration and how much it contributes to the overall condition. If the degeneration is caused by the covered injury, and that is the primary cause of the ongoing symptoms, do not suspend the support.


NOTE What information would need to be included in the S117 Request?

This information could include:

- Physio notes
- Lodgement notes
- MRI reports
- Specialist notes etc

4.0 The test of causation

- a There may be multiple causes or contributing factors to a client's ongoing symptoms or incapacity. The covered injury does not need to be the only cause. The question is whether it has made a meaningful contribution to the incapacity or need for support, rather than simply being a trivial or incidental contribution.
- b Where the cause of incapacity is unclear, ACC should seek the opinion of the treating provider.
- c If the treating provider is unable to address causation, or the case is complex, further investigations may be required, eg a Medical Case Review.

 Medical Case Review and Medical Single Discipline Assessment Service Page

NOTE Example: suspend support

A client with diabetes has an eye injury. After it heals, the client still suffers a visual impairment, but medical information shows that impairment is caused by their diabetes not the eye injury. It may be appropriate to suspend support.

NOTE Example: do not suspend support

A client suffered a skin wound that is now completely healed. Medical information shows they no longer need assistance of any type because of this injury. We would simply stop providing the support, not suspend it.

Criteria for reinstatement of weekly compensation payment of a client

NOTE Example: Reinstate suspended support

When weekly compensation has been suspended it can be reinstated (at the previous calculated rate) in some circumstances where incapacity has been continuous. Consider reinstatement when:

• We suspend a client's support because the client was cleared for or advised of a full return to work however due to injury related factors was unable to make a full return see Full return to pre-injury role definition

• We suspend a client's support because the client was non-compliant however the client is now compliant

• We suspend a client's support because they move overseas and cannot provide suitable medical certification. They return from overseas and begin providing suitable medical certification, including an acceptable, backdated certificate covering the period overseas

• We suspended a clients support however this decision has been overturned

NOTE: This process does not apply to subsequent incapacity. Instead refer here: Subsequent Inability to Work (Subsequent Incapacity)

PROCESS Subsequent Inability to Work (Subsequent Incapacity)

Full return to pre-injury role definition

b We do not generally accept backdated medical certificates, except in exceptional circumstances. Refer these to the Medical Advisor, who can advise if the backdated certificate is acceptable, taking into account:

- type of injury
- stability of incapacity during the period overseas
- whether or not any medical attention was sought overseas.

For more information about backdated medical certificates, refer to Weekly compensation policy – Determine incapacity dates

5.0 Notice

a We must give the client reasonable notice about a decision to suspend support. What determines a reasonable notice will be determined by the type of entitlement, frequency of support and case specific issues.

b For suspensions relating to weekly compensation there are specific notification requirements that reflect the financial reliance clients have on this entitlement.

| If the client has received weekly compensation for... | then give... |
|---|---|
| fewer than 52 weeks | two weeks' notice. We can give up to four weeks notice at the Case Manager's discretion |
| 52 weeks or more | up to four weeks' notice and provide budgeting advice |

reasonable notice about a decision to suspend entitlements..PNG

PROCESS **Stop Supports**

PROCESS **Seek Internal Guidance**

6.0 Reinstate suspended support

a We can reinstate a suspended support, under the same claim, if both the following criteria apply:

- new medical information shows that the effects of the original covered injury are now causing a further incapacity
- the ageing process or a gradual process is not now wholly or substantially the cause of the client's current condition.

We must be satisfied that a new incapacity is caused by a previous injury, rather than a new injury:

- the same body site must have been affected on both occasions, and the diagnosis must be substantially the same on both occasions
- the new incapacity must not be due to an intervening incident, which would have caused incapacity in its own right.

These criteria have particular meaning for cases where we have previously suspended weekly compensation because the incapacity is no longer caused by a covered injury.

We can reinstate support that was suspended, based on a reason other than that the cause of a client's current limitations is wholly or substantially due to ageing or a gradual process. New information must show that the client is now eligible for the suspended support.

PROCESS **Subsequent Inability to Work (Subsequent Incapacity)**

7.0 Special case: independence allowance

a We can only reduce or stop an independence allowance (IA) if the client is reassessed as no longer having an impairment from their personal injury. The client must have an impairment assessment so we can make this decision.

Under the 1992 Act, we could assess a client's support to an IA over more than one injury claim.

If the client still has an impairment on any claim, adjust the IA accordingly, rather than suspend support.

Refer to Independence Allowance Reassessment and Suspension and Backpayments policies.

Independence Allowance Reassessment Policy

8.0 Relevant legislation

- 📄 Accident Compensation Act 2001, section 54:
Responsibility of Corporation to make reasonable decisions in timely manner
<http://www.legislation.govt.nz/act/public/2001/0049/la>
 - 📄 Accident Compensation Act 2001, section 117
Corporation may suspend, cancel, or decline entitlements
<http://www.legislation.govt.nz/act/public/2001/0049/la>
 - 📄 Code of ACC Claimants' Rights
<http://www.legislation.govt.nz/regulation/public/2002/C>
-

Timeframes

None Noted

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Summary

Objective

Medical Case Reviews (MCRs) and Medical Single Discipline Assessments (Medical SDAs) are initiated by ACC and are used to determine diagnosis, causation, and/or treatment and rehabilitation recommendations.

Owner [Out of Scope]

Expert [Out of Scope]

Procedure

1.0 Overview

Arrange Medical Case Review Assessment Process Page
<https://go.promapp.com/accnz/Process/7a6beb10-efc>

- a** Medical Case Reviews (MCR's) and Medical Single Discipline Assessments (Medical SDA's) are medical assessments initiated by ACC and are used to seek an opinion from a non-treating medical specialist.
 - An MCR can be used to help determine cover and ongoing eligibility and support
 - A Medical SDA is used to obtain recommendations for the best onward treatment or rehabilitation

- b** The provider completing an MCR or Medical SDA is able to order tests or investigations if this is necessary for them to be able to come to an opinion. They can also make recommendations for tests or investigations.

Medical Assessment Quick Ref Guide updated

2.0 Who provides this service?

- a** The provider must be a non-treating practitioner who is a medical specialist.
- b** Wherever possible, MCRs and Medical SDAs should be purchased under the Clinical Services contract.
- c** If there are no suitable specialists available under the Clinical Services contract, you can use a non-contracted medical specialist to provide the service.

3.0 Referrals into the service

- a** Referrals for MCR's and Medical SDA's may only be made by ACC.
- b** The provider may decline a referral if:
 - they cannot meet the contractual timeframes
 - they do not have an appropriate medical specialist available in relation to the injury
 - they consider that the referral is more appropriately managed under the Vocational Medical Services contract because:
 - a) it includes consideration of a client's employment as a major factor of the assessments
 - b) an assessment by an occupational medicine specialist or work restrictions, limitations for work, the ability to engage in employment or the ability to participate in vocational rehabilitation is required
- c** The provider must notify ACC if the referral is declined.

NOTE Telehealth

MCR's and Medical SDA's have been enabled for telehealth where these are clinically appropriate. and follow the Medical Council of NZ guidelines . The client must consent and the providers report must include the following declaration:

I have undertaken this assessment via telehealth with the consent of <insert client's/patient's name>. The telehealth assessment has allowed me to produce the findings in this report. In my view an in-person assessment is not required, and I was able to make my findings without one.

Medical Council of NZ guidelines on providing telehealth
<https://www.mcnz.org.nz/assets/standards/c1a69ec6t>

4.0 Medical Case Reviews

- a** An MCR is used to help determine cover and ongoing entitlements. MCR's are initiated by ACC and are used to obtain clarity about diagnosis/es and assessment of causation together with recommendations for further investigations, treatment or rehabilitation. MCR's can be purchased as either Standard or Complex, taking into account the complexity of the Client's presentation. MCR's must only be sought from a non-treating medical specialist.
- b** ACC Staff must seek internal clinical advice before referring for an MCR.
- c** Standard Medical Case Reviews (CSM1)
 - Expected to take up to 3.5 hours
- d** Complex Medical Case Reviews (CSM2)
 - Expected to take more than 3.5 hours and less than 7.5 hours
 - The Client's injury is of unusual complexity or there are co-morbidities that appear to be affecting the Client's recovery from injury or
 - The MCR will be undertaken in two parts whilst results of investigations are obtained

5.0 Medical Single Discipline Assessments

- a** A Medical SDA is used to obtain recommendations for the best onward treatment or rehabilitation. These assessments are initiated by ACC and cannot be used to determine cover and ongoing entitlements. Medical SDAs must only be sought from a non-treating medical specialist.
- b** Standard Medical SDA (CSA1)
 - Expected to take up to 2.5 hours
- c** Complex Medical SDA (CSA2)
 - Expected to take more than 2.5 hours and less than 4.5 hours
 - The Client's injury is of unusual complexity or there are co-morbidities that appear to be affecting the Client's recovery from injury or
 - The Medical SDA will be undertaken in two parts whilst results of investigations are obtained

6.0 Exceptional MCR and SDA's

- a** In rare cases, the client may be exceptionally complex and exceed the cost available under complex assessments. ACC may then request the provider to undertake an Exceptional MCR or Medical SDA.
- b** Exceptional MCRs and Medical SDAs have to be approved by the Secondary and Tertiary Portfolio team via elective.services@acc.co.nz. Enter 'Approval for Exceptional MCR/MDSA' in the subject line.
- c** Expected assessment durations:
 - Standard MCR up to 3.5 hours
 - Complex MCR more than 3.5 hours and less than 7.5 hours
 - Exceptional MCR more than 7.5 hours
 - Standard Medical SDA up to 2.5 hours
 - Complex Medical SDA more than 2.5 hours and less than 4.5 hours
 - Exceptional more than 4.5 hours

7.0 Non-Contracted Purchasing

- a** If a medical specialist opinion is needed and there is no suitable specialist available under the Clinical Services contract, you can use a non-contracted medical specialist to provide the service. They must be a non-treating medical specialist.
- b** Non-contracted purchasing is done via a letter of agreement (LOA).
 - Pricing for non-contracted MCRs and MSDAs should be the same as the equivalent contracted rate eg. we would expect the same rate for a non-contracted standard MCR (MCR11) as you would pay for a contracted standard MCR (CSM1).
 - If you are considering an hourly-rate code or a fixed fee under such a code, a rate of between \$500 and \$600 per hour + GST is suitable for a Vocationally Registered Physician. The price should be agreed before the client is formally referred, although the specialist may request a notes review prior to proposing a fee.
- c** If you frequently need to use the same non-contracted specialist encourage them to apply for the Clinical Services contract or become a 'Named Provider' on an existing Clinical Services contract. Contact your local Engagement and Performance manager if you need more information about this.

8.0 Disbursements

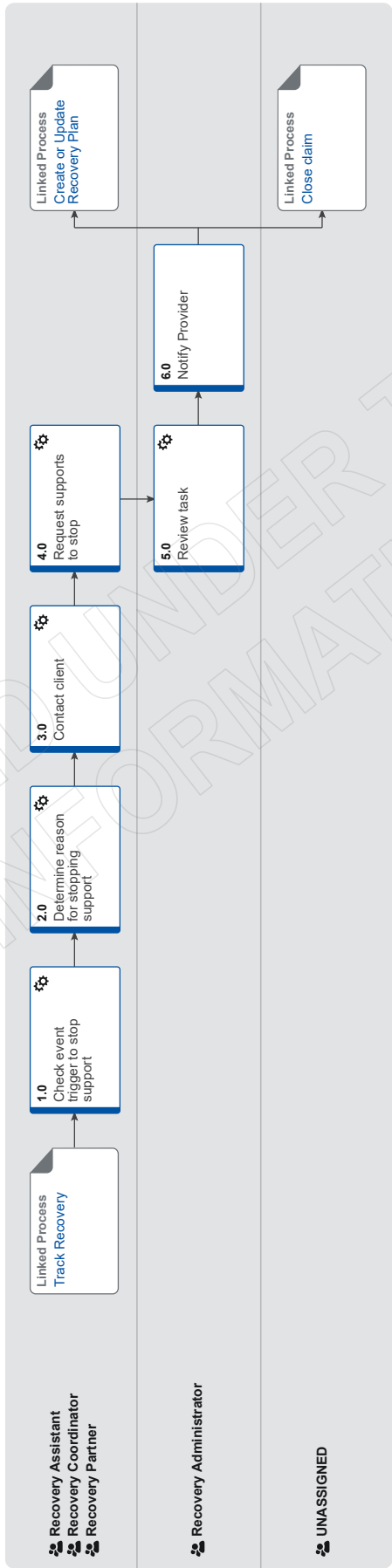
- a** If you need to purchase travel, accommodation or clinic rooms for MCRs or Medical SDAs done outside of the region in which the specialist provider resides, you may use the following non-contracted travel, accommodation and clinic codes as there are no provisions in the Clinical Services contract for these expenses.
- b** For contracted MCR/SDA:
 - ACCOM1 - Accommodation for Medical Assessor (paid at cost)
 - TRAVA1 - Air travel for Medical Assessor (paid at cost)
 - TRAVD1 - Travel distance (distance travelled)
 - TRAVR1 - Hire of rooms for consultation or assessment (paid at cost)
 - TRAVT3 - Travel time (agreed hourly rate)
- c** For non-contracted MCR/SDA (purchased via Letter of Agreement):
 - MCRD (travel, accommodation or room hire paid at cost)

9.0 Timeframes and Reporting Requirements

- a** Clinical examination must be completed within eight business days of receiving a referral, unless otherwise agreed with ACC.
- b** Providers are required to provide a report to ACC within eight business days of the clinical examination.
- c** For the reporting requirements for Medical Case Reviews and Medical Single Discipline Assessments please refer to the Clinical Services Operational Guidelines
 - 📄 [Clinical Services Operational Guidelines](#)

Timeframes

None Noted



Summary

Objective

To stop a support.


Background

A support can be stopped for a variety of reasons, eg if the client recovers more quickly or slowly than expected or because an event has occurred that means the client is no longer eligible.

Owner [Out of Scope]

Expert [Out of Scope]

Procedure

 **PROCESS** **Track Recovery**
Recovery Assistant, Recovery Coordinator, Recovery Partner

1.0 Check event trigger to stop support

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Review the notification via MyACC, phone, email or in person, to stop a support.

NOTE **What if you have received a AUTO Alert: Weekly Comp Ceases 8 Weeks task?**

Generate a "Stop Payment task", copy and paste the details from the original task to this task. This will auto-route to the Centralised Weekly Compensation queue for the payments team to action. The payments team will continue with the process below. Close the AUTO Alert: Weekly Comp Ceases 8 Weeks task. This process ends.

NOTE **What if the task is about a sensitive claim?**
If the claim is sensitive, transfer the task to Weekly Compensation Sensitive Claims queue.

NOTE **What triggers can generate a notification to stop a support?**

The following can act as triggers to stop a support:

- Non-compliance
- Suspending entitlements
- Stopping payments
- Confirming WSI (wilful self-inflicted injury) or suicide
- Disentitling due to crime
- When the client voluntarily withdraws
- When the client has recovered more quickly than expected and has gone back to work prior to the expiry of their medical certificate.

NOTE **What do you do if you are revoking cover?**

Refer to the link below for what to do if you are revoking cover.

 **PROCESS** Revoking Cover

NOTE **What do you do if your client is going to return to work or their medical certificate has expired?**

Issue the SPD998 letter choosing option 3 - use when medical certificate has expired. Use option 2 for Sect103 clearance where the client has returned to work.

Refer to the process linked below for what to do if your client is going to return to work

 **PROCESS** Close claim

NOTE **What entities or parties can provide a notification?**

Notifications from the following can trigger or generate a need to stop a support (these can be grouped as Client, Providers, Internal/External sources, Medical Reports):

- specialist
- GP and or other treatment providers
- other allied services such as data integrity information (i.e. when a client is in prison)
- receipt of a medical certificate or medical information such as medical reports
- other events such as non-compliance
- Vocational Independence (VI)/Medical Case Review (MCR)/Medical Single Discipline Assessment (MSDA) outcome
- information about their earner status (eg self-employed, earner or non-earner)

2.0 Determine reason for stopping support

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Refer to the notes below to determine the reason for stopping the support.

NOTE **What are the main mechanisms by which supports can be stopped?**

There are two ways to stop support:

1) Suspension

We can suspend a support if there is evidence that, although the client might continue to need assistance, they are no longer eligible to receive it from ACC. This means that the client's symptoms or limitations relate wholly or substantially to something for which ACC is unable to grant cover, such as


- gradual process injury disease or infection, that does not have cover itself
- the ageing process
- the client no longer meets the relevant eligibility criteria for a support they are receiving.

2) Disentitlement

- the client is remanded in custody or is serving a term of imprisonment
- the client was injured while committing a crime
- the client was receiving an entitlement while serving a term of imprisonment.

NOTE In what other circumstances would we suspend a support?

- the client has an overseas medical certificate that we do not recognise.
- supports can be suspended if the claim was accepted under 1972 or 1982 Act, however the criteria is different, refer to the 'Suspend entitlement when client is no longer eligible' policy below.

 [Suspend Support When Client is No Longer Eligible Policy](#)


NOTE In what other circumstances would we disentitle a client?

Supports may cease because:

- the client was injured whilst committing a crime
- the client is in jail
- cover is no longer required
- supports have been suspended
- payments are being returned by the bank
- the client's mail is being returned
- the client cannot be contacted.

For further information, refer to the 'Disentitling Certain Crimes or Imprisonment' link below.

(Note: This is a BAU process which is currently being updated, contact a practice mentor when using this process).

 [Disentitling Certain Crimes or Imprisonment](#)

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NOTE What if you think an entitlement or support should be stopped?

What if you think weekly compensation should be stopped?

If you are suspending weekly compensation where the client has been paid for 6 months or less:

You may require clinical guidance however not technical guidance. Please refer to the Seek Internal Guidance process to determine if clinical guidance will be required.

The final decision on suspending weekly compensation will be in consultation with your Team Leader.

The recovery team member will create a NGCM - General Task and assign it to a Team Leader for their endorsement. Record the following in the description field:

Decision type [SUSPEND] DECISION

- Provide in detail what information you are basing your decision on (eg "report shows that the injury has resolved, the ongoing incapacity is due to other non injury related issues").
- What documents/information you have based this decision on.
- The final decision. ("I consider we should suspend weekly compensation as the covered injury is no longer causing incapacity")
- Who was consulted (eg "Recovery Support").

If you are suspending weekly compensation where the client has been paid for 6 months or more:

You will need to request written guidance. Refer to the Seek Internal Guidance process below to confirm when technical services comment is required. You will also require technical guidance in the following scenarios:

- When issuing a decision to suspend weekly compensation due to the client no longer being entitled to support where they have been in receipt of this support for longer than 6 months.
- Non compliance.
- When entering into the vocational independence assessment process via the ACC191.
- Completing the final sign off of vocational independence via the ACC198.

For more information regarding seeking Internal Guidance, please refer to the Seek Internal Guidance process below.'

What if you are suspending other supports.

The recovery team member can make the decision following a review of the information.

Should you want to seek input from your Team Leader, you will create a 'Complete Internal Referral' Task and assign it to a Team Leader for their endorsement. Record the following in the description field:

Decision type [APPROVED/ADVERSE/DECLINED/PARTIALLY APPROVED] DECISION


- Provide in detail what was requested (eg "6 hours home help per week over next 4 weeks").



- Who made the request and when

- b** Review all information and ensure it is correct prior to stopping any supports/entitlements or payments.

NOTE What if you need more information on stopping supports/entitlements or payments?



Refer to the Stop Recurring Client Payment in Eos process and Suspend Support When Client is No Longer Eligible Policy below.

 **PROCESS** Stop Recurring Client Payments in Eos

-  Suspend Support When Client is No Longer Eligible Policy
-  Suspension Under 6 months: Guidelines for Team Leaders

NOTE What if your client requires ongoing financial assistance or support outside of the scope or remit of ACC supports?

Refer to Partnering with MSD overview and Partnering with MSD Flowchart which outlines the supports provided by MSD that may be helpful for our clients.

-  ACC Partnering with MSD
-  ACC Partnering with MSD Flowchart

- d** In Salesforce, against the client's claim, record the details of the discussion with the client, including the decision to stop the support.

- e** Create a new contact. Record the following in the description field:


- Decision Letter sent
- The final decision
- Who was consulted
- Rationale for the final decision

- f** Generate the SPD998 decision letter for the client if ACC has made the decision to cease or suspend entitlements or you cannot confirm the client does not require any further weekly compensation and their medical certificate has expired.


3.0 Contact client

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Check the client's preferred communication channel (SMS, email, etc), and if the client has a safe contact.

 View a 'safe contact'

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

 Identity Check Policy


NOTE What if you are unable to establish contact?

- If you are unable to reach the client on your first attempt, leave voicemail message and send a call back notification if appropriate. Create a Contact Action on the Recovery Plan to contact the client again in 3 days' time (unless urgent). Note in the task description that this is the first attempt to contact the client.

- 2nd attempt in 3 days: leave voicemail message and send another call back notification if appropriate. Consider contacting other stakeholders for an update and to confirm client contact details. Push out the task for another 5 days.

- 3rd attempt in 5 days: leave voicemail message. If you are unable to make contact with the client, seek internal guidance on whether it is appropriate to send the decision letter.

 **PROCESS** Seek Internal Guidance

 Recovery Plan - Create Contact Actions - System Steps

- c** Discuss stopping the supports with the client and ensure you have the client's understanding that supports will stop. Clearly outline what supports will stop. This may include weekly compensation, treatment or social rehabilitation.

NOTE What are the legislative timeframes for stopping supports?

The associated timeframes for this are:

VI= 3months = legislation

MCR= ACC policy

Current policy is:

2 weeks (if claim was under 365 days, and 4 weeks if over).

NOTE What if the client wants to stop receiving a support they are otherwise still entitled to? (Voluntary withdrawal)

A support can be ended for a client who indicates that they don't want to receive it anymore, as long as the following steps are completed:




- 1) Call the client, identity check the client and ask them to confirm:
 - What date they want to end the support (it needs to be on or before the expiry date of their latest medical certificate)
 - That they understand that: "This won't affect your eligibility for other ACC support such as treatment costs. But if you change your mind at a later date, and want to resume payments of weekly compensation, we will need to consider if you are still eligible at that stage."
 - That the request to end the support is their decision, and not a decision ACC is making

- 2) Determine whether you need to send the client a written communication about their support ending. You must send the client the 'VOL100 Voluntary withdrawal from a support - client' letter via post or email if either:
 - you have any doubts that the client fully understands or agrees to the terms of stopping the support due to voluntary withdrawal, or
 - the claim managed by Assisted 1:1, Integrated, Supported or Partnered Recovery (If the claim is managed by Enabled or other Assisted Recovery teams and you're comfortable the client understands and agrees to the terms, then no written communication is needed)-

- 3) Create a new contact. Record the following in the description field:
 - the phrase 'voluntary withdrawal'
 - a summary of the agreement by the client to the terms of stopping a support due to voluntary withdrawal
 - if applicable, note what written communication was sent to the client

- 4) Update the Recovery Plan with the outcome.



- 5) Go to 4.0 Request supports to stop.

-  SPD998 Suspension or cessation of entitlement - client
-  Voluntary Withdrawal from receiving a Support Policy
-  VOL100 Voluntary withdrawal from a support - client

g Send the decision letter to the client.


NOTE What if the client's preferred method is via email?

Confirm the email address is verified, then send the letter to the client.

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

NOTE What if the client's preferred method is via mail?

Generate the 'NGCM - Send letter task' and attach the letter if your client's preferred method is via post.

-  Send letters from Client Recovery and Claims Assessment

h Update the Recovery Plan with the outcome.

4.0 Request supports to stop

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Generate the relevant task for the appropriate team to action.

NOTE What if all supports are being suspended due to an injury being resolved?

If clinical services deem incapacity is no longer injury related, all supports ie treatment, social rehabilitation, training for independence, Stay at work and weekly compensation would stop and therefore we would always update the injury resolved indicator.

- 1) In Eos, go to the ACC45 Claim, 'Indicators' tab and Add an 'Injury Resolved Indicator' to prevent further payments being made to the client.

- 2) Set the Status as 'Confirmed' and the From Date for when all supports will cease as per the recovery team members instructions.

- 3) The resolved indicator will not stop weekly compensation payments. If weekly compensation is ceasing, please refer to the NOTE below: What if the decision is to stop weekly compensation payments?

NOTE What if the decision is to suspend or disentitle supports? Eg Home Help, Training for Independence, Stay at Work?

All purchase order end dates will have to be amended to match the end date of the service as per the Recovery Team member instructions.

In Eos, create a "NGCM - Suspend or Stop Entitlements" task and fill in the task description with:

- Purchase Order Number
- Date you want the purchase order to end

This will auto-route to Recovery Administration for them to action.


Provide the purchase order numbers and the end dates for each if there are ongoing purchase orders.

NOTE What if the decision is to stop weekly compensation payments?

- 1) Update the approved incapacity to reflect the advised end date for weekly compensation.

- 2) In Eos, go to the ACC45 Claim, 'Indicators' tab and Add a 'Limited Weekly Compensation Indicator' to prevent further incapacity being approved and further payments being made to the client (set the status as Active).

- 3) Generate a 'Stop Payment' task if a task is not automatically generated. Send to the Client Payments team by manually transferring to the Centralised Weekly Compensation queue for the payments team to action. The payments team will continue with the process below.

 **PROCESS** Stop Recurring Client Payments in Eos

NOTE What if the task is about a sensitive claim?

If the claim is sensitive, transfer the task to Weekly Compensation Sensitive Claims queue.

- b** Notify all relevant stakeholders the date when ACC supports will cease.
The reason for the decision to stop supports should not be disclosed to the stakeholders.

NOTE This includes notifying their employer if they are receiving weekly compensation under the employer reimbursement agreement (ERA).


5.0 Review task

Recovery Administrator

- a** In Eos, 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 NG PRINCIPLES Working in the Administration Team.

 Principles of Working in the Administration Team


- b** Edit and change the end date of each line of the purchase order. This information should be in the task. Purchase orders should not be cancelled.

6.0 Notify Provider

Recovery Administrator

- a** Email the Provider and inform them which supports and treatment have been stopped.

NOTE What email template do you use?
Use the 'Cancelling Service Email' template.

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

 **PROCESS** **Close claim**
UNASSIGNED

Timeframes

None Noted



REFERENCE

Determine if a claim can be closed

Published 26/11/2025

Introduction

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.

Determine if claim can be closed

If no active management is needed, the claim can be closed. Please ensure in all scenarios that abatement has been finalised (including all **AC038 -Declaration of employee earnings forms received back**) so clients and employers both received their entitlements.

The following activities can still be ongoing:

- The client is only receiving a Home and Community Support - Return to Independence Package (HCS RTI)
- ACC have contracted 6 weeks or less home and community support
- All payments have been released on our end to the client and we confirmed Return To Independence or cessation date. This includes ERA employers receiving their entitlements.
- A treatment only claim
- There is a pending task with Admin (doesn't require a purchase order)
- Agreed Intervention completed with confirmed RTI but waiting on report
- The client has an ongoing dispute, complaint or review that is being managed by CRT or Reviews
- The client cannot be contacted (refer to the [Welcome Conversation Call Attempts information sheet](#))

What if you are in Supported, Partnered or Integrated?



Close the claim if it meets at least one of the following criteria:

- Confirmation the client does not require any rehabilitation, supports, weekly compensation (including all **AC038 - Declaration of employee earnings forms received back**) or requests (during on-boarding, at completion of recovery check-in, or at any other stage during their recovery).
- A client with a mental injury claim advises you that they do not wish to engage in treatment at this time.
- An ACC45 claim contact has been made with a MI client and they are yet to find a counsellor.

What if a new set up of supports is required?



- The claim needs to remain open to create a PO
- The task will be completed by Recovery Admin and the claim closed (by Recovery Admin) after the task is completed
- Add a note in Additional comments box 'Please Close claim after the task has been completed'

What if this an extension of an existing PO & service?

Recovery Team member to close the claim and send extension task to Recovery Admin on the closed claim.

What if a claim is already closed and requires an extension?

Keep the claim closed and send extension task to Recovery Admin on the closed claim.

[Re-open the claim](#) if active management is needed

What if the ACC45 pdf or intake e-form indicates 'Admitted to hospital' ?

If the ACC45 / intake e-form indicate that the client is Admitted to hospital, allow five additional working days for the client to respond before to close their claim.

When to close the claim

- No entitlement for 5 weeks or more
- No services for 5 weeks or more
- No incapacity (med cert has expired)

When to keep the claim open

- Agreed intervention in place
- Over 6 weeks home support
- Long term support and active management
- Independence Allowance
- If ongoing medical notes have been requested or we have sent an ACC6300

What if my client no longer requires active management however they are receiving an Independence Allowance?

We do not require the claim to be open to make ongoing payments for Independence Allowance so the claim can be transferred to the relevant actioned cases queue.

Recovery Admin Close claim

A Recovery Team member will give an instruction to close the claim after the following types tasks have been actioned:

- A taxi needs to be booked
- Home help is set up
- A Purchase Order is required to set up any new services
- Client reimbursement Purchase Orders



[Re-open the claim](#)

Create the PO & action the task

Close the Claim

Once you have determined that the claim can be closed go to the [Close Claim process](#).

Page Ownership

Content Owner

[Out of Scope]

Content Experts

[Out of Scope]

Page Details

Topic

Client: Customer Information

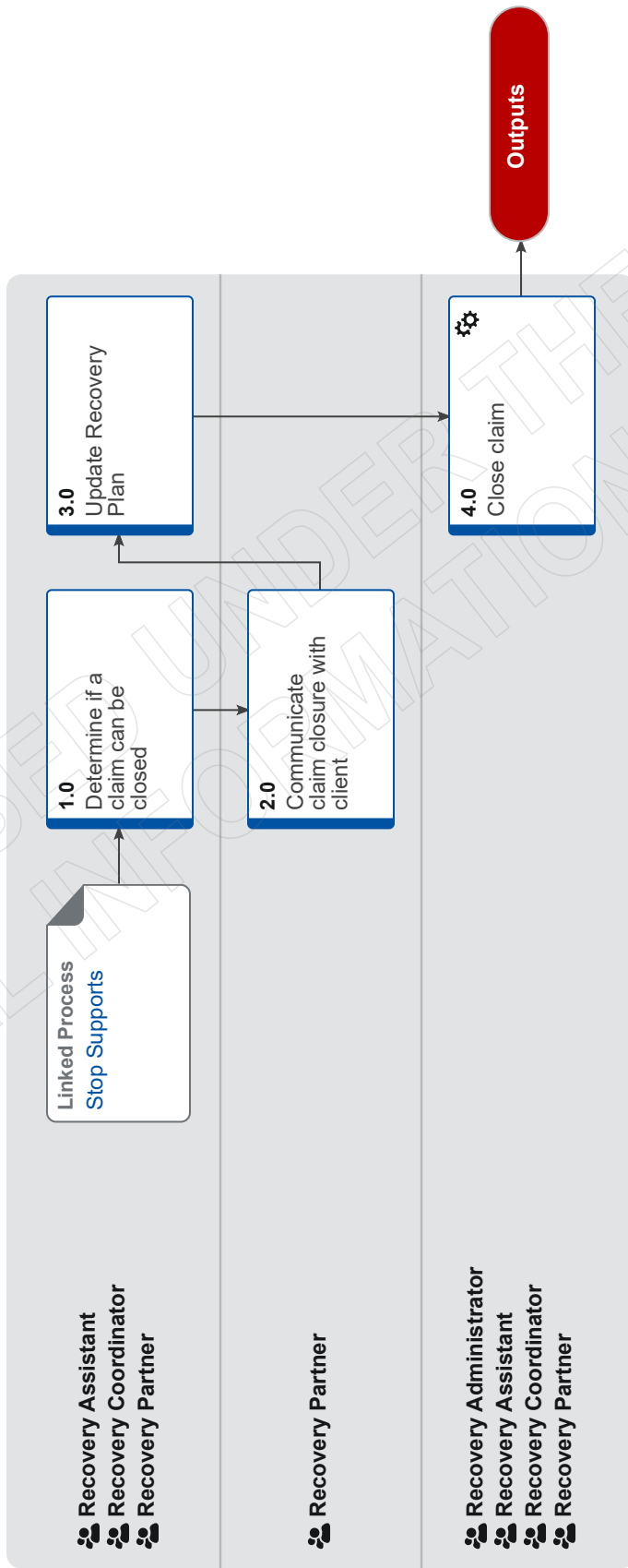
Information Type

Guidance

Relates To

Rehabilitation and Treatment

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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 [Out of Scope]

Expert [Out of Scope]

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 the claim is for a Serious Injury client?

Claims for clients with a Serious Injury indicator / Serious Injury Profile are only closed under specific criteria. If the below criteria is not met, the claim remains open.

- The client is deceased, or
- The client is incarcerated, or
- There have been multiple unsuccessful attempts to contact the client, their ATA and / or health provider via phone, text, email and letter over a period of 3 – 6 months, or
- The client or their ATA have contacted ACC and requested no contact, and are not receiving any current entitlements including IA payments

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

Refer to Stop Supports page.

 **PROCESS** Stop Supports

NOTE What if the ACC45 pdf or intake e-form indicates 'Admitted to hospital' ?

If the ACC45 / intake e-form indicate that the client is Admitted to hospital, allow five additional working days for the client to respond before to close their claim.

2.0 Communicate claim closure with client

Recovery Partner

- a** Contact the client to notify of claim closure.

NOTE What if the client is under the age of 16?

Ensure you contact the parent/guardian/ATA or safe contact of the client to advise 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.
- Update the Recovery stage on the Recovery Plan timeline to closed.

NOTE **How do you 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 you 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
- Intergrated Recovery claims to Intergrated Recovery – Actioned Cases
- Partnered Recovery claims to Partnered Recovery – Actioned Cases.


 Move claim to actioned cases

- c Close any open intervals.

NOTE **How do you close the SC interval? (Complex Mental Injury only)**

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

- 1) Select the 'ISSC Interval' sub-tab (if there are two intervals showing, choose the last one).
- 2) Click on the 'Interval' tab and check the 'Interval Status' is showing as 'Active' and select 'Edit'.
- 3) 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) .
- 4) For declined claims, refer to 'Update Cover Status in Eos | Sensitive Claims Service'.
- 5) Select the correct 'Interval Outcome' for your client's situation. Select from the following:
 - Self Managing
 - Disengaged from ACC services
 - Not eligible for ACC funded services
 - N/A
- 6) 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
- 7) Check the tick box if the actual end date is the last clients visit with the provider.
- 8) Add 'Interval Outcome Rationale', this is a free text section (a brief summary will suffice), and click 'OK'.

 Update Cover Status in Eos | Sensitive Claims Service

NOTE **What if the client is deceased and it is a non serious injury profile 11 claim?**

Ensure you are removing the NON SI profile 11 when closing a claim where the client is deceased.

NOTE **What if the client is an adult who is engaged in the Short-term Support to Wellbeing service?**

Close the SC Interval, but do not amend the Purchase Order details.

NOTE **What if the client is a child or adolescent?**

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

Timeframes

None Noted