

25 January 2022



Tēnā koe

Your Official Information Act request, reference: GOV-015251

Thank you for your email of 10 November 2021, asking for the following information under the Official Information Act 1982 (the Act):

- *How many claims has ACC accepted since January 2021?*
- *How many of those claims have since undergone a medical review?*
- *What is the average time taken to review each claim?*
- *What are the medical qualifications of those undertaking the reviews?*
- *How many of those claims have been declined after medical review?*
- *How many complaints has ACC received in relation to these claims being declined? How many reviews have been undertaken in relation to those complaints?*
- *How many reviews have been requested for any claims declined after medical review in this calendar year?*
- *How many claims have been reinstated after a complaint or review process in the calendar year?*
- *What is the current average time taken for each case review through the medical review process; the complaint process, and the final review process?*
- *How many claims are currently waiting for the any of the above processes to be completed?*
- *How many claims has ACC declined without medical review in this calendar year?*
- *How many claims of disabled people have undergone a medical review? How many of those claims have been declined?*
- *What is the average time taken to review each claim?*
- *What are the medical qualifications of those undertaking the reviews?*
- *How many of those claims have been declined after medical review?*
- *How many complaints has ACC received in relation to these claims being declined? How many reviews have been undertaken in relation to those complaints?*
- *How many reviews have been requested for any claims declined after medical review in this calendar year?*
- *How many claims have been reinstated after a complaint or review process in the calendar year?*
- *What is the current average time taken for each case review through the medical review process; the complaint process, and the final review process?*
- *How many claims are currently waiting for any of the above processes to be completed?*
- *How many claims has ACC declined without medical review in this calendar year?*

Our interpretation/clarification of your request

We clarified with you on 25 November 2021 and 2 December 2021 regarding the nature of the information we can provide to you. We informed you that we would not be able to provide you with medical case review information broken down for 'disabled' clients. This is because ACC does not have a

working definition of disability that is used in the organisation. However, there are proxy injury types that are used instead related to concepts of incapacity such as Loss of Potential Earnings (LOPE), Serious Injury, Permanent Impairment and Home and Community Support greater than six months. We proposed that we could provide you with the number of claims with medical case reviews related to these types of incapacity and how many complaints and reviews were recorded against them.

We also informed you that we would likely not be able to provide you with the level of detail you requested for your questions that relate to decisions made or changed based on complaints or reviews, or where the complaints and reviews were made on the basis of a medical case review. This means that information related to your questions five, six, seven, eight, and ten cannot be provided.

We advised we would likely not be able to provide this information as this information is held on individual claim files and we would not be able to complete the search without undertaking a manual search of a significant number of claims and, therefore would be refused as it would require substantial collation and research. This was confirmed in the process of attempting to retrieve this information. As such, these parts of your request have been refused. This decision is made under section 18(f) of the Act.

In making this decision, we have considered further extending our response timeframe for your request and charging (under the Act). However, we have determined that the resources required to extract the information would have a significant impact on the everyday functions of the team(s) involved.

We also advised you that we would not be able to provide you with average waiting times for medical case reviews, complaints and reviews as this is not information that ACC record. As such, we are refusing this part of your request under section 18(e) of the Act as the information does not exist. Instead, we are providing you with Service Level Agreement timeframes for Medical Case Reviews and formal reviews, and expectations regarding complaints.

In addition to information related to disability concept related proxies, we are providing you with the claims for 2021 that have received a medical case review, and of those claims, the number where a complaint has been made, and the number where a formal review was lodged.

Medical case review qualifications

A Clinical Services contract can be held by either an organisation or an individual medical professional. If an organisation holds the contract, it advises ACC the names and specialities of the individual medical professionals who will provide services under the contract. As such, one contract can cover many providers.

ACC uses its contracted providers whenever possible, but often engages non-contracted providers to carry out medical case reviews because of their particular medical speciality and expertise. As such, all medical professionals could be engaged to carry out a medical case review.

Any medical professional who ACC engages to provide a medical case review must have a current Annual Practicing Certificate from the Medical Council of New Zealand (MCNZ) or be registered with the Dental Council of New Zealand (DCNZ). The list of people with a current Annual Practicing Certificate can be found on the MCNZ and DCNZ websites, www.mcnz.org.nz and www.dcnz.org.nz.

The data

In the attached dataset, we have provided you with the following information:

Table 1 is the number of accepted and declined claims between 1 January 2021 and 28 November 2021.

Table 2 is the number of claims that have received payment for one or more medical case reviews provided between 1 January 2021 and 28 November 2021, broken down by total claims, and incapacity related injury types (Weekly compensation, Permanent Injury Compensation, Home and Community Support Services, and Serious Injury claims and all claims with all entitlement types that have received payment for a medical case review).

Please note that claims with associated Home and Community Support are identified if the client has received contracted or non-contracted home and community support services for a period of at least six months (from first service date to most recent service).

Table 3 is the number of claims with one or more payments for medical case review services between 1 January 2021 and 28 November 2021, broken down by claim cover decision. This table includes all claims included in table 2. Importantly, there will be no disability related claims that have been declined as to receive any of the entitlements, the claim must be approved.

Table 4 is the number of complaints associated with total and incapacity related injury type claims where one or more payments were made for medical case reviews. It is important to note that there may be more than one complaint associated with the claim and every complaint may not necessarily be related to the medical case review service received.

Table 5 is the reviews associated with the same claims as table 3 and table 4. Reviews associated with claims must have been lodged on or after date of service in order to be included in the dataset. Claims may have more than one review lodged, and reviews may not necessarily be related to the medical case review service received.

Finally, in table 6 we have provided you with the outcomes from the reviews lodged on claims with a medical case review between 1 January 2021 and 28 November 2021.

This dataset was extracted on 7 December 2021 and may differ if extracted at a later date.

Timeframes for Medical Case Reviews, complaint and formal review processes

In accordance with ACC policy, suppliers who have agreed to provide a medical case review must perform a clinical examination within eight business days of receiving a referral, unless otherwise agreed by ACC. If a provider is unable to meet the eight-day timeframe to see a client, they can negotiate a timeframe which is acceptable to both parties - ACC and the supplier.

Timeframes to investigate complaints are slightly more complex. This is because the complaint can be received from a variety of places and may be straightforward or require a more thorough investigation. Importantly, regardless of the timeframe, the expectation of the time taken to complete the assessment and investigation of complaints should be communicated to the client and clients should be kept up to date about the status of their complaints. Therefore, we cannot provide a standard timeframe for complaints as they are incredibly varied in nature and can range from days to months in achieving a resolution or alternative solution for the client.

The expectation for formal reviews of claims require multiple actions to be taken by both ACC's Resolutions services and the independent review services, such as Fairway and ICRA, that is completing the review. The expected timeframe is as follows: The review application must be lodged with ACC's Resolution Services within 24 Hours; Resolution services must then lodge the formal review application within 24 hour after being received. The resolution services review owner must complete associated administrative tasks related to the claim file of the client within seven days, and a case conference

between the review provider and client must be set up within 75 days of receiving the application for review. The reviewer must set a review date within three months after the case conference (dependent on any agreements with the client regarding timeframes) and a review decision should be made within 28 days post review hearing.

You will note that there are a number of actions that are required to successfully complete a review hearing and reach a decision. While these are the expected timeframes, there can be significant variation in the actual timeline based on a number of extraneous factors.

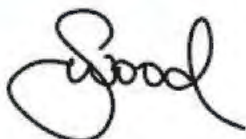
How to get in contact

If you have any questions, you can email me at GovernmentServices@acc.co.nz.

As this information may be of interest to other members of the public, ACC has decided to proactively release 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 [here](#).

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

Nāku iti noa, nā



Sasha Wood
Manager Official Information Act Services
Government Engagement & Support

Table 1: Number of claims accepted and declined between 1 January 2021 and 28 November 2021.

Measure	Count
Claims accepted	1,792,944
Claims declined	43,007

Table 2: Number of Medical Case Review services provided between 1 January 2021 and 28 November 2021.

Measure	Total claims	WC claims	PIC claims	HCSS claims	Serious Injury claims	WC, PIC, HCSS, or SI
MCR services provided	2,563	1,792	180	100	81	2,868
Claims receiving services	2,589	1,547	155	83	73	3,016

Table 3: Cover decision on claims receiving Medical Case Review services provided between 1 January 2021 and 28 November 2021.

Current cover decision	Claim count
Accept	2,308
Decline	243
Held	8
Duplicate	2
Accredited Employer	1

Table 4: Complaints linked to claims that received Medical Case Review services provided between 1 January 2021 and 28 November 2021.

Measure	Total claims	WC claims	PIC claims	HCSS claims	Serious Injury claims	WC, PIC, HCSS, or SI
Complaints	42	29	5	1	0	29
Claims with a complaint	34	24	4	1	0	24

Table 5: Reviews lodged for claims that received Medical Case Review services provided between 1 January 2021 and 28 November 2021.

Measure	Total claims	WC claims	PIC claims	HCSS claims	Serious Injury claims	WC, PIC, HCSS, or SI
Reviews	279	169	34	16	10	187
Claims with a review	191	102	23	10	7	113

Table 6: Outcome of reviews lodged on claims that received Medical Case Review services provided between 1 January 2021 and 28 November 2021.

Review outcome	Claims	Reviews
Not recorded	100	142
Dismissed	19	20
Not Applicable	1	1
Overtaken	20	24
Quashed	6	6
Settled	13	13
Withdrawn	18	73
Total	191	279

Data are the current cover decision per claim.
Based on the decision date of the claim. Includes claims lodged prior to 1 January 2021.

Based on date of service.
Data are based on payments made. If a service has occurred but we haven't been invoiced or paid for the service, it cannot be included.

This table includes all claims included in table 2.
Data are the current cover decision per claim.
This table isn't broken down based on the above "disability" concepts, as all of them require the claim to be accepted.

Feedback case must have been created on or after date of service.
Claims may have more than one complaint linked.
Feedback cases may not necessarily be related to the MCR service received.

Reviews must have been lodged on or after date of service.
Claims may have more than one review lodged.
Reviews may not necessarily be related to the MCR service received.