27 October 2022

Kia ora

#### Your Official Information Act request, reference: GOV-021151

Thank you for your email of 7 October 2022, asking for the following information under the Official Information Act 1982 (the Act):

- 1. Please list the medical qualifications and/ or professions that ACC will accept medical certificates from.
- 2. Please provide all policies, procedures and information on medical certificates and the acceptance/ use of them by ACC.
- 3. Please provide the rules around medical certificates that are provided by clients to ACC that exceed 3 months?
- 4. Please provide a chart showing how many medical certificates are currently (at the time of this OIA) accepted by ACC for 6 months, 1 year, 2 years and more.

### ACC will accept medical certificates from a registered medical practitioner or nurse practitioner

The definitions of a medical practitioner and nurse practitioner can be found in the Accident Compensation Act 2001 and Accident Compensation (Definitions) Regulations 2019:

- Medical practitioner: <u>www.legislation.govt.nz/act/public/2001/0049/latest/DLM100103.html</u>
- Nurse practitioner: <u>www.legislation.govt.nz/regulation/public/2019/0194/latest/LMS89666.html?search=qs\_act%40bill%4</u> <u>Oregulation%40deemedreg\_Accident%2bCompensation+(Definitions)+Regulations+2019\_resel\_200\_h</u> <u>&p=1</u>.

As this information is publicly available, we are not providing it with this response. This decision is made under section 18(d) of the Act.

#### Policies and procedures on the acceptance and use of medical certificates

Please find the requested information attached to this response. Document 5 outlines the rules and criteria for ACC to accept medical certificates that exceed three months.

As ACC staff names were not requested, they have been deemed out of scope of your request and removed.

#### The data you have requested is contained in the table 01

Please consider the following notes when interpreting the data:

- The information provided below reflects the number of claims with medical certificates received.
- A claim has been included where it has noted a medical incapacity that starts between 1 January 2014 and 30 September 2022.
- Only claims with an accepted cover decision have been included.
- Claims managed by an accredited employer are not included as ACC holds little data about these claims. Accredited employers are large organisations who directly manage their employees' work-related injuries and claims.

- A client may have multiple medical certificates, or medical certificates that cover over-lapping dates, as they would have needed to have a new certificate prior to the previous certificate expiring. This means some clients will appear multiple times in the data.
- Data were extracted 17 October 2022 and may differ if re-run later.

### Table 1: Number of claims that have medical incapacity starting between 1 January 2014 and 30 September 2022, broken down by medical certificate duration

	Medical Certificate Incapacity Start Calendar Year								
Duration	2014	2015	2016	2017	2018	2019	2020	2021	2022 YTD <sup>*</sup>
< 6 months	271,123	291,073	311,070	323,054	338,732	345,715	331,238	362,642	267,582
6 - 12 months	8,088	9,688	13,186	11,498	9,785	6,916	1,418	805	606
12 - 24 months	413	814	572	518	410	525	384	308	203
> 24 months	1,401	2,608	2,864	1,315	784	527	147	21	11

\*to 30 September 2022

#### 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 <u>www.acc.co.nz/resources/#/category/12</u>.

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

You can email me at <u>GovernmentServices@acc.co.nz</u>. If you are not happy with this response, you can also contact the Ombudsman via <u>info@ombudsman.parliament.nz</u> or by phoning 0800 802 602. Information about how to make a complaint is available at <u>www.ombudsman.parliament.nz</u>.

Ngā mihi

Sara Freitag Acting Manager Official Information Act Services Government Engagement

# Rules for Medical Certificates for Inability to Work Policy v12.0



#### Summary

#### Objective

This guidance outlines the information that ACC require from a medical health professional when they issue an acceptable medical certificate confirming the client is unable to work. This guidance covers retrospective, and forward-dated medical certificates. Refer to this guidance to determine whether a medical certificate contains the information we require to confirm inability to work.

1) Rules: medical practitioners issuing medical certificates for inability to work

2) Legislation related to the activities of health practitioners and the certification ACC will accept from health practitioners

- 3) Acceptance of certificates4) Retrospective medical certificates
- 5) Forward-dated medical certificates
- 6) Links to guidelines and legislation

#### Owner [Out of Scope]

Expert [Out of Scope]

#### Procedure

### 1.0 Rules: medical practitioners issuing medical certificates for inability to work

- a A medical practitioner (or nurse practitioner) can confirm whether a client is unable to perform their employment duties through issuing a medical certificate. A medical certificate can be any of the following:
  - an ACC045 ACC injury claim form
  - an ACC018 Medical Certificate
  - electronically created medical certificate
  - inability to work included within a report from a medical practitioner (or nurse practitioner).
- **b** The medical certificate should be provided by the medical practitioner (or nurse practitioner) the client consulted about the injury when they became unable to work.
- **c** For ACC to accept the certificate, it must refer to the injury in question and clearly identify the client's restrictions due to the injury.
- d Electronically created medical certificates can only be accepted from medical practitioners (or nurse practitioners) who have had their certificates approved by Corporate Office and numbers allocated.
- e If that doctor is not available, a medical practitioner (or nurse practitioner) from the same practice can provide the certificate, if details of the consultation can be confirmed.
- **f** If a public hospital provided treatment to the client but did not complete a certificate, it can be completed later, provided the medical practitioner (or nurse practitioner) completing the certificate has the hospital notes. If required, contact this medical practitioner (or nurse practitioner) to check that the hospital notes were available to them.
- **g** See the Medical Council of New Zealand's guidelines on medical certification for more information on doctors' professional obligations when completing certificates.

#### 2.0 Legislation related to the activities of health practitioners and the certification ACC will accept from health practitioners

- a Legislative changes mean suitably qualified health practitioners will be able to carry out some activities that could previously only be done by medical practitioners (doctors). Refer to the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill in Activity 6.0.
- **b** One of these involves a change to the Holidays Act 2003. The Holidays Act allows an employer to require an employee to produce proof of sickness or injury. The Act previously stated that this proof may include 'a certificate from a medical practitioner'. The recent amendment changes this to 'a certificate from a health practitioner'.
- **c** ACC's legislation has not changed and the requirement for an assessment of inability to work remains by a medical or nurse practitioner.
- d However, ACC can accept a health practitioner's certificate for the purposes of determining the first date the client became unable to work, if they had taken time off work to be treated by the health practitioner. ACC would also require confirmation that the client was absent from work to attend that treatment. The treatment would have to be one that ACC is liable to provide and is necessary for the client's covered injury.

#### NOTE Medical Incapacity via a Medical Report

Incapacity noted in a Medical Report signed off by a GP / Specialist is from a legal perspective as equally acceptable as incapacity noted in an ACC18.

As long as the medical report contains all the information requested in an ACC18, as listed below:

- Patient details
- Injury details
- Fitness for Work
- Other Assistance

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

- Declaration

If all this information is provided in the report then there is no need to ask the client to provide ACC with an ACC18 medical certificate

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#### 3.0 Acceptance of certificates

- a Certificates that result in the granting of support may be accepted by fax or direct from a provider electronically.
- **b** All medical certificates must be signed by the relevant provider, or, in the case of an eACC18, must be appropriately authorised by the provider. The patient does not need to sign either the ACC18 or eACC18.
- **c** When we receive a manual ACC18 Medical Certificate it must have a valid provider ID to ensure that the certificate can be approved for payment.
- **d** Provider detail is a mandatory field in Eos, as they must exist to process a manual ACC18 and/or eACC18. However, Vendor and Facility fields are optional.
- e If the Provider ID is showing as invalid, then you will need to search for the correct Provider or use the dummy number K95229.

ACC > Claims Management > Manage Client Payments > Operational Policies > Weekly Compensation > Incapacity > Rules for Medical Certificates for Inability to Work

#### 4.0 Retrospective medical certificates

a Medical certificates that cover a period before the date of consultation are less convincing proof of inability to work and may not be acceptable. In this case:

• obtain further medical information before deciding whether to accept a retrospective certificate

• determine the basis on which the retrospective medical certificate has been given. This can be sought from the medical practitioner (or nurse practitioner)

• obtain confirmation from the client's employer that they had time off work due to their inability to work due to the injury.

- **b** It may also be helpful to get comments from a Medical Advisor before deciding.
- **c** Retrospective certificates by a medical practitioner (or nurse practitioner) may be more compelling when read alongside a Health Practitioner's certificate particularly where the client has been treated by them in the intervening period.

#### 5.0 Forward-dated medical certificates

a Medical certificates specifying a period of inability to work, that starts sometime after the date of consultation, can be accepted depending on the circumstances of each case. Factors to be considered in deciding whether to accept a forward-dated medical certificate include:

• the reason for the certificate being forward-dated, e.g. if surgery is expected, or a current certificate of inability to work is due to expire

• gap between the date the certificate was completed and the specified start date for the period that the client was unable to work (this must only be a few days)

• the duration of inability to work is specified, particularly where the certificate is forward-dated because surgery is planned

• the medical details of the injury and inability to work, i.e. if the available facts clearly support that the person would be unable to work

• the basis on which the forward-dated medical certificate has been given should be determined. This may be sought from the medical practitioner (or nurse practitioner).

- **b** It may also be helpful to get comments from a Medical Advisor before deciding.
- **c** Where ACC does accept a forward-dated medical certificate, the period of inability to work is taken from the 'date specified on the certificate', not the date the certificate is completed.
- **d** Ensure the reasons for accepting or rejecting a forwarddated medical certificate are recorded on Eos Contacts Log.

#### 6.0 Links to guidelines and legislation

Medical Council of New Zealand's guidelines on medical certification https://www.google.com/url?sa=t&rct=j&q=&esrc=s&s

Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill http://www.legislation.govt.nz/bill/government/2015/00

#### ACC > Claims Management > Manage Client Payments > Operational Policies > Weekly Compensation > Incapacity > Rules for Medical Certificates for Inability to Work

#### Holidays Act 2003 http://www.legislation.govt.nz/act/public/2003/0129/45

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### Action a Client Administration Task v4.0



#### Summary

#### Objective

To provide support to the recovery teams by actioning tasks within the Client Admin scope.

#### Background

Following on from the Model Support review work where our teams completed work for Assisted Recovery, below are the Transactional Administrative tasks within the scope of Client Admin.

Owner	[Out of Scope]
Expert	[Out of Scope]

#### Procedure

1.0 Review task

**Recovery Administrator** 

- a In Eos, open and review the task assigned to you.
- **b** Check the appropriate Business Rules to determine if you are able to action the task.
  - MyACC taxi request tasks that are out of scope for Client Admin Team
  - MyACC Simple Equipment request tasks that are out of scope for Client Admin Team
  - MyACC Home Help request tasks that are out of scope for Client Admin Team
  - Medical certificate tasks that are out of scope for Client Admin Team
  - Abate weekly compensation request tasks that are out of scope for Client Admin Team
  - NOTE What if you are unable to action the task? Edit the task to add description 'NOT FOR CLIENT ADMIN' and transfer to user [Out of Scope] - Manager Workforce Management queue. This process ends.

#### 2.0 Action MyACC Taxi Card request

**Recovery Administrator** 

- a In Eos, check the client's injury and assess that the request is appropriate and within Expected Claim Outcome Optimum (ECO opt) for the injury.
  - NOTE What if you are unsure if the request is appropriate?

If you are unsure, speak with your Team Leader before proceeding. If the request is not appropriate edit the task with 'Contact required' and transfer the task to user <sup>[Out of Scope]</sup> - Manager Workforce Management. This process ends.

NOTE Where do you find ECO opt and surgery approval details? The ECO opt is in the Medical tab on a claim. It

is under the ACC Expected Durations box and is the number of days next to 'Optimum WC Days'.

The ACC surgery approval document is found in the Documents tab.

- **NOTE** How do you calculate the ECO opt to determine if the request is within that date? Add the ECO opt number next to 'Optimum WC Days' to the Date of Accident on the client's claim.
- NOTE What if the request is outside the ECO opt but there has been a recent ACC surgery approval on the claim? Requested taxis can be approved.
- NOTE What if the request is outside ECO opt and there is no ACC surgery approval on the claim?

Transfer your task to user <sup>[Out of Scope]</sup> - Manager Workforce Management queue with 'Contact required - request outside of ECO opt'.

- **b** Check if the transport request is for work or treatment.
  - NOTE What if the request is not for travel to work or treatment?

If it is not within scope, edit the MyACC task with 'Contact required - Outside of Recovery Administration scope' and transfer to user <sup>[Out of Scope]</sup> - Manager Workforce Management queue. This process ends.

- C Check if the client is requesting over 10 single trips or trips for over 4 weeks.
  - NOTE What if the client is requesting over these allocations?

Transfer your task to user <sup>[Out of Scope]</sup> - Manager Workforce Management for further review. This process ends.

**d** Check if a Purchase Order (PO) has been created for this request.

#### NOTE How do you check if this is a duplicate request?

Check under the Entitlements tab for taxis approved for the requested dates. If this is a duplicate request, transfer your task to user <sup>[Out of Scope]</sup> - Manager Workforce Management with 'Duplicate request'. This process ends.

- NOTE What if there is an existing PO created with dates different from the requested dates? Follow 5.1 Edit or extend existing purchase order in Arrange Ancillary Taxi Service process to include requested dates.
- e Approve the request.
  - NOTE How do you approve the request? Go to 5.0 Create purchase order in the Arrange Ancillary Taxi Service process. PROCESS Arrange Ancillary Taxi Service
- 2.1 Action MyACC Simple Equipment request Recovery Administrator
  - **a** Ensure that the request is appropriate for the covered injury and within ECO opt.

NOTE What if the request is not appropriate for the covered injury or outside of ECO opt? If you are unsure, speak with your Team Leader before proceeding. If the request is not appropriate edit the task with 'Contact required' and transfer the task to user <sup>[Out of Scope]</sup> - Manager Workforce Management queue. This process ends.

NOTE Where do you find ECO opt and surgery approval details? The ECO opt is in the Medical tab on a claim. It is under the ACC Expected Durations box and is the number of days next to 'Optimum WC Days'.

The ACC surgery approval document is found in the Documents tab.

NOTE How do you calculate the ECO opt to determine if the request is within that date? Add the ECO opt number next to 'Optimum WC Days' to the Date of Accident on the client's claim.

NOTE What if the request is outside ECO opt but there has been a recent ACC surgery approval on the claim?

Requested equipment can be approved.

NOTE What if the request is outside ECO opt and there is no ACC surgery approval on the claim?

Transfer your task to user <sup>[Out of Scope]</sup> Workforce Management queue with Contact required - request outside of ECO opt'. This process ends.

**NOTE** What if the client is requesting over three pieces of equipment?

Transfer your task to user <sup>[Out of Scope]</sup> - Manager Workforce Management queue for further review. This process ends.

b Check if a PO has been created for this request.

NOTE How do you check if this is a duplicate request? Access the Enable portal to see if equipment has

been ordered for the client. This process ends.

MRES App Enable portal https://mres.enable.co.nz

c Approve the request.

#### NOTE How do you approve the request?

Go to 6.0 Request Simple list Equipment in the Set Up Equipment Support process.

PROCESS Set Up Equipment Support

#### 2.2 Action MyACC Home Help request

Recovery Administrator

- a Check if the client requested someone they know to provide care.
  - NOTE What if the client requested someone they know to provide care? Update the MyACC task with 'Contact required -
    - Non contracted' and transfer to user [Out of Scope] - Manager Workforce Management gueue. This process ends.
- **b** Ensure that the request is appropriate for the covered injury and within ECO opt.

#### NOTE What if you are unsure if the request is appropriate for the covered injury?

If you are unsure, speak with your Team Leader before proceeding. If the request is not appropriate edit the task with 'Contact required' and transfer the task to user <sup>[Out of Scope]</sup> - Manager Workforce Management queue. This process ends.

NOTE Where do you find ECO opt and surgery approval details?

The ECO opt is in the Medical tab on a claim. It is under the ACC Expected Durations box and is the number of days next to 'Optimum WC Days'.

The ACC surgery approval document is found in the Documents tab.

NOTE How do you calculate the ECO opt to determine if the request is within that date? Add the ECO opt number next to 'Optimum WC Days' to the Date of Accident on the client's claim.

## NOTE What if the request is outside ECO opt but there has been a recent ACC surgery approval on the claim?

If it is not within ECO opt and there has been a recent ACC surgery approval, requested Home Help services can be approved.

## NOTE What if the request is outside ECO opt and there is no ACC surgery approval on the claim?

Transfer your task to user <sup>[Out of Scope]</sup> - Manager Workforce Management queue with 'Contact required - request outside of ECO opt'. This process ends.

c Check if a PO has been created for this request.

#### NOTE How do you check if an existing PO has already been created?

Check under the Entitlements tab and see if Home Help services is already set up. If yes, edit the MyACC task with 'Contact required - Extension request' and transfer to user <sup>[Out of Scope]</sup> - Manager Workforce Management queue. This process ends.

d Approve the request.

#### NOTE How do you approve the casemix assessment?

Go to 5.0 Create and approve purchase order in Arrange interRAI assessment for Integrated Home and Community Support (Casemix) - Contracted process.

PROCESS Arrange interRAI assessment for Integrated Home and Community Support (Casemix) -Contracted

2.3 Action Alert – You have mail ACC4249 request Recovery Administrator

a Check if the ACC4249 short term equipment request from District Health Board (DHB) is a valid document.

#### **NOTE** What is a valid ACC4249 document?

- Check and ensure the follow details match: • Ensure client's personal details match in Eos
- party record
- Hospital details included
- Includes Hospital six-week equipment expiry date
- DHB equipment cost included

NOTE What if the ACC4249 document isn't valid? Transfer your task to user <sup>[Out of Scope]</sup> - Manager Workforce Management queue with 'Contact required' including the reason why it is invalid. This process ends.

#### **b** Check the DHB expiry date.

**NOTE** What if the equipment is not expiring in the next 7 days?

Update the task to include the expiry date and edit the target date for one week prior to the expiry date and return back to queue. This process ends.

**c** Check if the claim is assigned to a Recovery team member

### NOTE What if the claim is assigned to a Recovery team member?

If the claim is assigned to a Recovery team member, transfer your task to them to action.

d Confirm equipment status and next steps with the client.

### NOTE What if the equipment has been replaced by ACC?

1) Contact the client to confirm they received ACC equipment and returned the DHB equipment.

2) Confirm when the equipment was returned to the DHB

3) Check if the client need to contact the DHB to arrange return? Not all DHBs will collect equipment from the client so the client will need to make arrangement with their local DHB.
4) Email the DHB equipment contact to confirm equipment has been replaced by ACC equipment or client has returned the equipment and when. The email address is on the ACC4249.

### NOTE What if equipment has not been replaced by ACC?

1) Contact the client to advise the loan equipment from the DHB needs to be returned as the six-week loan period has ended.

2) Ask the client if they are still using the equipment as these items can be replaced by ACC equipment through the Enable portal.

3) Advise the client to hold on to the DHB equipment until ACC replacement equipment arrives and once received, they contact the DHB to arrange the return of the DHB equipment.

### NOTE What if you are unable to contact the client by phone?

1) Send a text message to the client asking them to contact ACC regarding the DHB loan equipment.

Example message:

• The DHB loan equipment is due to be returned on <DATE>. If you require the equipment past this date, please contact ACC on 0800 101 996 to arrange replacement equipment. Please do not reply via text.

2) In Eos, record your call attempt on the contacts tab.

#### Example contact:

• Contacted client on 02\* \*\*\* \*\*\*\* to discuss DHB equipment - no answer, have sent etxt for call back.

3) Email the respective Hospital using the details provided on the ACC4249 document to let them know we have been unsuccessful in contacting the client.

Example email message: Hi there.

This email is to confirm we have been unsuccessful in contacting our mutual client regarding the DHB loan equipment and possible replacement via ACC. We have notified the client via txt to advise them that the DHB equipment is due to expire and have provided ACC's contact details should the equipment be required past the expiry date.

4) Close the Eos task. This process ends.

- e In Eos, record the details of the discussion with the client.
- f Approve the request.

#### NOTE How do you order new equipment through the Enable portal? Go to 6.0 Request Simple list Equipment in the Set up Equipment Support process. PROCESS Set Up Equipment Support

MRES App Enable portal https://mres.enable.co.nz/

NOTE How do you create and approve a PO for extending existing DHB equipment? Go to 7.0 Create and approve purchase order in the Set up Equipment Support process.

PROCESS Set Up Equipment Support

g Close the task.

### 2.4 Action Alert – You have mail ACC883 request

Recovery Administrator

a Ensure the client meets the cover criteria for Concussion services.

#### **NOTE** What are the criteria?

Client's personal details match in Eos party record; and

Was injured within the last 12 months; and

• The ACC claim is accepted; and

• The ACC883 needs to be completed by a Medical Practitioner; and

• An accident description or mechanism of injury (MOI) that supports a head injury

### NOTE What if the client doesn't meet the eligibility criteria?

Transfer your task to user <sup>[Out of Scope]</sup> – Manager Workforce Management queue with 'Please issue Decline Concussion Services – Does not meet eligibility'. This process ends.

**b** Contact the client or ATA by their preferred method of communication to gain verbal consent for Concussion Services.

### NOTE How do you confirm if you are speaking with the right person? questions

Ask ACC's identity check questions outlined in the Identity Check Policy.

- ] Identity Check Policy
- NOTE What if the client does not agree to participate in the service? Transfer your task to user <sup>[Out of Scope]</sup> – Manager Workforce Management queue with 'Client does not agree'. This process ends.

#### **NOTE** What if you are unable to contact the client? 1) Leave a message asking them to contact ACC

regarding the Concussion Services. 2) Send a text message if appropriate.

#### Example messages:

Kia Ora. An ACC team member tried to call you just now to discuss your Concussion Referral request. Please call us back on 0800 101 996. Please do not reply via text. Kind regards, ACC.

**c** In Eos, add a contact to record the conversation with the client.

#### NOTE What is an example of an Eos contact?

- CONSENT FOR CONCUSSION
- Called Customer on: 02\* \*\*\* \*\*\*\*
- Confirmed security questions.
- Customer is happy to participate in the Concussion Services.

#### d Approve the request.

NOTE How to create and approve purchase order Go to Step 4.0 Create purchase order in Set Up Concussion Service process.

PROCESS Set Up Concussion Service

- e Close the task.

#### 2.5 Action Alert – You have mail ACC18 request Recovery Administrator

- a Check if the ACC18 Medical certificate is a duplicate.
  - **NOTE** What if the medical certificate is a duplicate? If the incapacity for the same period has been approved, close the task.
- **b** Ensure the client meets the cover criteria for ACC18 Medical certificate request.

#### NOTE What are the criteria?

1) The ACC claim is accepted; and 2) There is no Decline/Suspension letter on the claim.

#### NOTE What if the client does not meet the cover criteria?

Transfer your task to user <sup>[Out of Scope]</sup> - Manager Workforce Management queue and include the reason in the task. This process ends.

c Check if it is a valid medical certificate.

#### **NOTE** What is a valid medical certificate?

It has to be either an ACC18 Medical certificate or ACC45 Injury claim form with incapacity.

Check and ensure the follow details are completed:

Ensure client's personal details match in Eos party record

- · Injury matches medical tab
- · Clearly states the client's restrictions
- Additional diagnosis
- Signed by provider
- Valid provider ID

### NOTE What if the medical certificate is a non-ACC medical certificate?

Discuss the medical certificate with your Team Leader whether it's appropriate to approve it. If contact is required, transfer your task to user [Out of Scope] - Manager Workforce Management queue with 'Contact required – Non ACC Medical Certificate. This process ends.

d Review the medical certificate for additional diagnosis or comments.

### **NOTE** What if there is an additional diagnosis on the medical certificate?

Add the simple diagnosis if the request is within 12 months of the date of accident and it is a simple sprain, strain or contusion and it's appropriate given the mechanism of injury. Send the CVR70 Cover approve - add injury - claimant letter for the approval of the diagnosis. Refer to the information document below on Sending Letters in NGCM.

Review the TOOL - Add or change diagnosis decision traffic light to help determine if it is a simple diagnosis.

- TOOL Add or change diagnosis decision traffic light
- Definition of simple additional diagnosis
- NG GUIDELINES Sending Letters in NGCM

#### **NOTE** What if the diagnosis is not simple? Transfer your task to user user <sup>[Out of Scope]</sup> Manager Workforce Management queue with 'Additional diagnosis'. This process ends.

#### NOTE What if there is a support request or comment for supports? Transfer your task to user user <sup>[Out of Scope]</sup> Manager Workforce Management queue with

Manager Workforce Management queue with 'Contact required - Supports requested'. This process ends.

e Check for gap in incapacity.

#### NOTE What if there is a gap in incapacity?

Approve the gap in incapacity if it is less than seven days as case owner cover.

Do not approve the gap if it is seven days or greater. Instead, transfer your task to user of - Manager Workforce Managerscept queue with 'Contact required - Gap in incapacity'. This process ends.

f Check if Weekly Compensation is set up.

**NOTE** What information could you use or reference to check Weekly Compensation details? Refer to the Maintain Weekly Compensation process.

PROCESS Maintain Weekly Compensation

- NOTE What if there is no Weekly Compensation set up or requested? Do not approve incapacity if Weekly Compensation is not set up.
- **NOTE** What if there are other open claims for the client with Weekly Compensation?

Transfer your task to user <sup>[Out of Scope]</sup> - Manager Workforce Management queue with 'Contact required - another open claim'. This process ends.

NOTE What if there is no other open claim with Weekly Compensation?

Check to see if there is over seven days incapacity on the medical certificate. If none, close the task. This process ends.

If there is, send an etxt to the client. See template below:

"Kia ora. We have received a medical certificate for your injury that indicates you have had time off work. If you would like to apply for support from ACC, please apply online at MyACC or call us on 0800 101 996. Please do not reply." This process ends.

#### NOTE How do you send an etxt in Eos?

Follow instructions in Create a Notification - System Steps.

Create a Notification - System Steps

g Check if the medical certificate states the client is fit for selected work.

### NOTE What do you if the client is fit for selected work?

Check the life area to see if an ACC work trial has been approved or if the client has Cover Plus Extra (CPX) policy. If so, approve the incapacity and set No to abatement. Close task.

If you are unable to determine from the above if the client will be returning to selected work, call the client to understand what the outcome is. Action the incapacity accordingly.

In Eos, add a contact to record the conversation with the client. Close task.

### **NOTE** What if this is not the first fit for selected work medical certificate?

Check the Injury - Incapacity tab to determine if Abatement 1 has been approved to Yes. Approve the incapacity with Yes to abatement. Close task.

If you require additional information, call the client to obtain relevant information to approve the incapacity. Action the incapacity accordingly.

In Eos, add a contact to record the conversation with the client. Close task.

### Maintain Weekly Compensation v19.0





#### Summary

#### Objective

To manage incapacity for a client who is unable to work as a result of their injury, and is receiving weekly compensation. Modifying approved incapacity periods covers both extending and reducing periods.

#### Background

Straight-Through Processing (STP): Eos automatically extends Eos weekly compensation payments for electronic ACC18s if extended incapacity periods have been approved and system rules have been met.

Rules where Eos is unable to automatically to extend weekly compensation are:

- The 'from' date is more than 28 days prior to today's date
- · Post incapacity earnings do not exist where abatement applies
- The approved incapacity date is later than the ACC18 'to-date'
  There are outstanding approval requests relating to the client or the claim

• A payment has not been made against the latest collection point.

If any of these rules are triggered, the [Automatic Entitlement Period Authorisation Prevented] task will automatically be sent to the Payments Team.

Manual Changes to Approved Incapacity Periods: You can modify the dates manually for an electronic filed ACC18, or you can edit or add new incapacity periods for an existing entitlement. When this occurs and you have approved the change, Eos creates the [Modified Incapacity] task for the Payments Team to manage the approval of the entitlement.

NOTE: Any action on incapacity where you have selected 'Edit' and then 'Ok', will send a [Modified Incapacity] task to the payments team. To View incapacity only, please use 'View'. If you select 'Edit' but make no changes, please click 'Cancel' to exit.

Ow	/ne	r	[Out of Scope]
Ex	per	t /	[Out of Scope]
Pr	ос	edure	
1.0	R Ca di	eview ase Ma nator,	request anager, Recovery Assistant, Recovery Coor- Recovery Partner
	a	Open reviev existir	the Auto Alert: New Electronic ACC18 task and v the new updated Medical Certificate against the ng approved incapacity.
		NOTE	<ul> <li>Do the dates need to be adjusted?</li> <li>If yes, go to 2.0 Manually add, extend or reduce approved incapacity.</li> <li>If no, go to Activity 3.0 Approve incapacity.</li> </ul>
		ν	iew approved incapacity details
		NOTE	<ul> <li>What if you receive a manual medical certificate via the 'NGCM – Action Medical Certificate' task or specialist report via the 'NGCM – Action Attached Documentation' task?</li> <li>Go to Activity 2.0 Manually add or extend or reduce approved incapacity.</li> </ul>
		NOTE	<ul> <li>What if you need to extend or reduce the incapacity dates?</li> <li>Go to Activity 2.0 Manually add or extend or reduce approved incapacity.</li> </ul>

## NOTE What if the client has died while receiving weekly compensation?1) Ensure that client party record is updated with

the date of death (DOD).

2) Advise the payments team by sending the Stop Payment' task adding the relevant details.

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

#### 2.0 Manually add, extend or reduce approved incapacity

Case Manager, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Update the existing approved incapacity details, according to one of the scenario notes below.
  - NOTE What if you have received an additional medical incapacity which has supporting documentation eg specialist report? 1) Add the details into the [Medical Incapacity] section.

2) Check for any overlap prior to approving.

Add medical incapacity manually

## NOTE What if you need to extend or reduce an approved incapacity without supporting documentation?

Make the adjustments to the existing record in the [Approved Incapacity] section.

Add approved incapacity without documentation

## NOTE What if the client will be receiving earnings during the period of extended incapacity? Abatement applies.

1) Select 'yes' for abatement for the related incapacity set prior to approval.

2) Determine if abatement is simple or complex – go to the relevant steps in the Manage Abatement in Eos.

**PROCESS** Manage Abatement in Eos

## **NOTE** What if the client has been working during an approved period of incapacity, but has had no abatement applied?

If the client has not resumed their normal work pattern, you will need to:

1) Add to the incapacity set for the Fully Unfit For Work (FUFW) period when they were unable to work, and

2) Add a new period of incapacity set for Fit For Selected Work (FFSW) for the period they have worked and select 'Yes' for the abatement indicator.

3) Ensure that the entire approved incapacity matches the date range for the period previously approved.



Add approved incapacity

Extend or reduce approved incapacity without documentation

NOTE	What if you need to remove an approved incapacity period?	

You cannot remove an approved incapacity period, if payments have been made in the period to be removed. In this case, you will need to reduce the approved period to the last payment made and provide reasons.

If no payments have been made, you can remove the period of inability to work.

Both of these actions will generate a [Modified Incapacity] task for the payments team.

Remove incapacity details

#### NOTE What if you have made more than one adjustment to incapacity?

A [Modified incapacity] task will be sent to the payments team each time you make a change. Please close any duplicate or irrelevant tasks, ensuring the payments team only receive / action relevant changes to incapacity that require approval.

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#### 3.0 Approve incapacity period

Case Manager, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Approve the incapacity period. Ensure there are no unnecessary gaps in the client's approved incapacity periods to prevent medical certificate expiry notifications being sent inappropriately.
  - NOTE What if this is an electronic ACC18, where no changes have been made? Provided system validation rules have been met

straight-through processing will occur, otherwise an Automatic Entitlement Period Authorisation Prevented task will be sent to the Payments Team.

NOTE What if your client has a permanent incapacity?

Refer to Medical Certification for serious injury clients on providing 6-12 month Medical Certificates when the client's incapacity is unlikely to change.

Medical Certification for serious injury clients http://thesauce/team-spaces/serious-injury--disability/

Straight-through processing business rules

Approve medical incapacity from AUTO Alert: New Electronic ACC18 Task

NOTE What if the incapacity required approval without documentation?

> Once you have approved the incapacity, a [Modified incapacity] task will be sent to the payments team.

- Approve medical incapacity added manually
- NOTE What if you receive a message to change the payment department?

You will adjust the update the payment department in the Pathway sub case.

- Change payment department to approve incapacity in Pathway
- **b** Close the task you received that triggered the changes to the approved incapacity period.

#### NOTE What if you have made more than one adjustment to incapacity?

A [Modified incapacity] task will be sent to the payments team each time you make a change. Please close any duplicate or irrelevant tasks, ensuring the payments team only receive / action relevant changes to incapacity that require approval.

A Baviow povment details

#### 4.0 Review payment details Payments Assessor

a In Eos, open the:

Automatic Entitlement Period Authorisation Prevented task, and review the details provided in the description, or
the Modified Incapacity task, and view the details in the Add Info tab.

- **b** Check that the current payable and non-payable periods align with the new approved incapacity period, and adjust or add as required.
  - View payment periods summary
- **c** Update the payable and non-payable periods to Approved for these to take effect.
  - Add a payment period
  - Edit a payment period
- d Review the calculation and initiate payments for approval.
  - View due events
  - Initiate payments for approval
  - NOTE What if amending the payable and nonpayable periods results in an overpayment? If you don't have all of the information to establish the true overpayment for the period, then apply a Calculate and Hold period for the period that you are waiting to confirm.

Note that [Calculate] and [Hold] periods must be applied to full weeks only. Advise case manager that you have placed a hold on payments.

- Add a payment period
- Once you have initiated payments for approval transfer the task to the Centralised Weekly Compensation Approval queue.

**NOTE** What if a fast track payment is required? Update task description to request payment be fast tracked during approval.

### **Complete ACC18 Medical Certificate Request** v21.0



#### Summary

#### Objective

How Lodgement Administrators should handle a ACC18 medical certificate request when it arrives in the Lodgement space and if required, forward to the correct person or team.

#### Background

When Lodgement Administrators receive an ACC18 via:

- Fax Folder (Edocs)
- Hamilton.Registration@acc.co.nz
- Task

The Lodgement team checks the purpose of the request and depending on the purpose, updates the status of the diagnosis, or forwards to the more appropriate team.

Owner	[Out of Scope]	
Expert	[Out of Scope]	

#### Procedure

#### 1.0 Determine the reason for ACC18

- Lodgement Administrator
- a Check the claim number on the ACC18 is registered by entering the number into Eos.

#### **NOTE** What if the claim is not yet registered Identify the client's party record using details from the ACC18 request. Check the Documents tab for an unlinked claim form.

If the ACC18 is received via fax or inbox from an external party:

• Contact Provider/Client advising the claim has not been registered yet with ACC.

• If the request was sent by the same provider who initially consulted the client, request they send both the ACC45 claim form and the ACC18 form together so the claim can be registered and uploaded/filed away appropriately.

• If the request was sent by a different provider, contact the client to obtain a copy of the ACC45 Claim form via e-mail, or otherwise to get the details of the lodging provider. Then make contact as per the first point.

PROCESS Contact Client or Provider for Information at Lodgement

- **b** Review the Rules for Medical Certificates for Incapacity and Medical Certification for non-Serious Injury claims Policies, if required.
  - Rules for medical certificates for incapacity Policy

Medical Certification for non-Serious Injury claims Policy

#### 2.0 Assess the ACC18 request

Lodgement Administrator

- a In Eos, search for the claim and add the additional diagnosis code(s).
- **b** If the claim is or has been managed in another unit:
  - · Change the Outcome Status field to Investigating.

• Create a General Task saying 'Please assess additional diagnosis' and send the task to that managing unit/team. Then go to Step 3 Complete ACC18 request.

- **c** If the claim has not been managed in another unit: Confirm the additional diagnosis is acceptable using the traffic light rules in the Registration Reference Book.
  - Registration Reference Book Spreadsheet

### **NOTE** What if the additional diagnosis is not acceptable?

• In Eos, change the Outcome Status field of the diagnosis to Investigating.

 Create a NGCM Action Medical Certificate task saying 'please assess additional diagnosis' and send it to 'Registration Low Complex - Dunedin
 Go to step 3.0. Complete ACC18 request.

NOTE What if the additional diagnosis has been made more than 12 months from the date of accident?

Transfer the ACC18 task to the appropriate team for assessment ie Registration Low Complex - Dunedin

NOTE What if this is for a Maternal Birth Injury claim in Actioned cases or any other Recovery Teams?

Create an NGCM Action Medical Certificate task and transfer the claim to the MBI queue.

NOTE What if this is for a Maternal Birth Injury that is Actively managed by the MBI Supported Recovery team? Create an NGCM Action Medical Certificate task

Create an NGCM Action Medical Certificate task and transfer to the MBI Supported Recovery team.

d In Eos, change the injury [Outcome Status] field to' Provisional'.

#### 3.0 Complete ACC18 request

Lodgement Administrator

- a Forward the request to the Document Management team.
  - ACC45s for Document Management Team
  - NOTE What if the request has been received via email or fax?
    - Forward the email to claimsdocs@acc.co.nz.
    - Move the email into Completed [current year] sub-folder in the Registration Email inbox.

• If received by fax, please transfer the file to "z ACC45 from Rego" folder to be uploaded by DMT.

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## Medical Certification for Non-Serious Injury Claims v16.0

#### Summary

#### Objective

This entry informs you about the ways we accept medical certificates, the frequency that the client must provides us with a medical certificate. Refer to this guidance to determine whether a client is exempt from submitting a medical certificate every 13 weeks, and whether we can pay them if there are gaps between medical certificates.

- 1) Frequency of medical certificates
- 2) Acceptance of certificates
- 3) Exemptions
- 4) Criteria
- 5) Rules
- 6) Cases where an exemption should not apply
- 7) Unstable health status: Serious Injury clients
- 8) Monitoring exemptions
- 9) Gaps of time between medical certificates
- 10) Gaps between medical certificates of less than 29 days
- 11) When the gap between medical certificates is longer than 28
- days, or 90 in the case of a seriously injured client
- 12) Compensation for permanent inability to work

#### Background

To be eligible for ongoing weekly compensation, clients must provide ACC with regular medical certificates certifying their inability to work.

Regular medical certificates allow ACC to monitor a client's continued need for weekly compensation and rehabilitation.

Owner	[Out of Scope]		
Expert	[Out of Scope]		

Policy

#### 1.0 Frequency of medical certificates

- a ACC requires medical certificates to be submitted at least every 13 weeks, for long-term clients.
- **b** Where the client is receiving on-going treatment from a medical practitioner, more frequent certificates may be appropriate to ensure:
  - the client attends the medical/nurse practitioner when requested

• the client's condition does not change in the meantime, enabling them to return to work.

#### 2.0 Acceptance of certificates

- a Certificates that result in the granting of support may be accepted by Fax or direct from a provider electronically.
- **b** All medical certificates must be signed by the relevant provider, or, in the case of an eACC18, must be appropriately authorised by the provider. The patient does not need to sign either the ACC18 or eACC18.

#### 3.0 Exemptions

- a It may be appropriate to require medical certificates at intervals of more than 13 weeks, for example at six- or twelve-monthly intervals.
- **b** Ongoing inability to work because of their injury, is instead, monitored by regular contact with the case manager.

#### 4.0 Criteria

- a Medical certificates can be accepted for periods exceeding 13 weeks, for a maximum period of 12 months, if all the following are met:
  - physical or mental restrictions have stabilised and are likely to remain unchanged
  - these restrictions mean the client is unable to perform any work
  - eligibility for long-term support is not in doubt.

Refer to the process chart below setting out the overall process.

- Medical Certification Non SI Extend Incapacity process
- **b** Significant periods of backdated support, if maintained by medical evidence, eg an Occupational Physician's report.

#### 5.0 Rules

- a Agreement to less frequent medical certificates must be documented in the client's Individual Rehabilitation Plan (IRP).
- **b** The client must agree that:
  - the case manager will monitor their ongoing inability to work as part of scheduled, regular contact
    the client, or their representative, must regularly complete a personal declaration, stating they are aware of their responsibility to declare to ACC, any change in work fitness and other income, to continue being eligible for weekly compensation.

NOTE This declaration is necessary to monitor progress and reduce the potential for fraud.

### 6.0 Where the exemption to allow less frequent medical certificates does not apply

- a The exemption to allow less frequent medical certificates should not apply in the following cases:
  - strain and sprain cases, including back strains and occupational overuse claims
  - serious injury where the client is 'non-compliant' with
  - treatment or rehabilitation
  - clients who are residing overseas
  - sensitive claims other than when they involve serious injury clients who are receiving intensive treatment.
- **b** Serious injury status, for a sensitive claim, is usually for a temporary duration of six months to two years while the client receives intensive, usually in-patient or residential, treatment. In these situations the duration of a medical certificate is determined between the case manager, client and health provider, and is written into the client's IRP.

7.0 Unstable health status: Serious Injury clients

a Where the health status of the client is fragile or unstable, eg where there are pressure sores or recurrent infections, the exemption to allow less frequent medical certificates does not apply. This includes all ventilatordependent tetraplegics. **b** In these cases, although the client's level of physical restriction is not in doubt, it is vital for their health status, that there is regular medical supervision. The 13-weekly medical certificate provides this opportunity.

### 8.0 Monitoring less frequent medical certificate exemptions

- a There will be situations where an exemption for less frequent medical certificates may need to be withdrawn once already approved, eg for reasons of noncompliance.
- **b** Team Managers are responsible for ensuring that discretion for agreement to less regular medical certificates is exercised appropriately.
- **c** Team Managers are also responsible for monitoring the use of this discretion as part of their coaching and Quality Assurance responsibilities.
  - Request an exemption Reference
  - Entering details into Eos Contacts Reference http://thesauce/team-spaces/chips/compensation/wee

#### 9.0 Gaps of time between medical certificates

a In some cases there may be a gap between the period covered by the elapsed medical certificate and the period covered by the new medical certificate.

#### **NOTE** Example

A client suffers an injury on 14 February and their first medical certificate covers their inability to work for 13 weeks up to 16 May. The second medical certificate covers the next 13-week period to 18 August, but as the client was late in getting to the doctor it does not start until 19 May. In this case there is a two-day gap.

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### 10.0 Gaps between medical certificates of less than 29 days

- a When the gap between medical certificates is less than 29 days, or 91 days in the case of a Seriously Injured client, the client continues to be eligible for weekly compensation, so long as ACC is satisfied that the client was fully unable to work for that period.
- b Consider each case on its own merits. Some examples:
   The client has a serious injury, and was clearly unable to work, but could not get an appointment with their general practitioner.

• The gap occurred within the accepted duration for that type of injury, and both the client and the current employer have confirmed the client did not work.

C In all cases:

• contact the client and/or their employer to confirm they did not work during the gap period and note their response on Eos Contacts

note the gap period on Eos Contacts.

#### 11.0 When the gap between medical certificates is longer than 28 days or 90 in the case of a seriously injured client

a A client can continue to be eligible for weekly compensation during a period of more than 28 days or 90 days respectively in circumstances where:
the client has a significant injury and was obviously

unable to work
the length of the period between medical certificates is due to the fact, that the client was otherwise unable to get to a doctor, eg this could be because of an illness.

#### 12.0 Permanent eligibility for weekly compensation

- a Clients who, prior to 1 October 1992, were formally assessed for and awarded compensation for permanent eligibility for weekly compensation under Accident Compensation Act 1972, Section 114 or Accident Compensation Act 1982, Section 60 are not required to provide ACC with medical certificates.
- **b** Any case involving a client who is not eligible for a permanent inability to work award, as outlined above and who is not providing regular medical certificates, must be brought to the attention of the Technical Specialist or Team Manager.

### Medical Certification for Serious Injury Claims - permanent incapacity v14.0



Summary

#### Objective

Serious injury claims are managed using a disability approach, this is a different service approach than for non-serious injury claims.

Owner	[Out of Scope]		
Expert	[Out of Scope]		

#### **Procedure**

#### 1.0 Rules

a In relation to medical certification, serious injury clients differ because:

• they have sustained a significant and permanent impairment

• once their condition is stable, a one time determination can usually be made on their ability to return to their preinjury employment

• they will usually have a long term treatment relationship with one or more medical practitioners.

The process chart below sets out the overall process for Serious Injury clients.

Medical Certification SI Permanent Incap process chart.pptx

#### 2.0 Key Points of the new process

a An initial decision is made while the client is in post-acute rehabilitation, or soon after, about whether ongoing medical certificates are required. This decision involves the Recovery Team Member consulting with the team Leader, and if required an appropriate Clinical Advisor, and is made based on if:

• the disability arising from the impairment has reached a point from which it is unlikely to significantly improve.

• the client is unable to return to the employment they had at the time of the injury

• the client is participating, or planning to participate in vocation rehabilitation, including the Initial Occupational Assessment/Initial Medical Assessment process

• there is any indication the client will be non-compliant with necessary treatment requirements, or with the Individual Planning process. **b** A further decision can be made at a later date, if required by:

 the client undertaking vocational rehabilitation, including the Initial Occupational Assessment/Initial Medical Assessment process

• the client's condition or level of compliance changing

• identification that the status of their inability to work is likely to, or needs to, be altered.

This process complies with the legislation and removes the unnecessary burdens of the process for non-serious injury clients for this group. It removes the financial burden to clients, of attending a doctor just for an ACC medical certificate and allows ACC to withdraw from their lives, thereby enhancing any ongoing relationship with ACC. The process also reduces the administrative burden for staff.

Issues around Fraud and return to work expectations will be managed outside of the medical certification process.