# Template to support Sensitive Claims Service contract amendments

### Using this template

Please provide all relevant information. You can add additional rows to any of the tables in this template as required.

Please ensure the compulsory sections are completed, and the specific sections relevant to your request. A separate template is not required for each request.

Please note that named service providers must already be approved by ACC, before they can be added to your contract. Please make sure named service providers have received approval from ACC for any service that you are requesting they deliver under your contract.

Services cannot be delivered by additional named service providers or in new geographical areas until confirmation of approval is received from ACC in writing.

Once the form is completed, please send to health.procurement@acc.co.nz for ACC to consider.

If all the required information is not received by ACC, the request will be declined, and the Supplier will be required to resubmit the request.

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## Supplier information (compulsory)

Please note, requests to amend a Sensitive Claims Service Contract must be submitted by the Supplier that holds the contract with ACC.

**Supplier Legal Name**

**Supplier Vendor ID**

**Sensitive Claims Service Contract number**

**Name of authorised signatory**

## Add geographical areas to your contract

To hold a geographical area, you must be able to provide all services in that area. You must have:

* Approved Named Service Provider/s to deliver all pre and post cover core services, with a service address in the geographical area;
* An approved Named Assessment Provider named on your contract across each region in which you hold geographical areas; and
* Have access to service providers in each region you have approved geographical areas.

See the [Service Schedule](https://www.acc.co.nz/assets/provider/Sensitive-Claims-Service-Service-Schedule.pdf) (Part A, Clause 5.2) for a full list of Geographical Areas, and Regions.

Please list the geographical areas you would like to add to your contract. You must:

* list the approved Named Assessment Provider/s in the region for each geographical area you want to add;
* confirm you have Named Service Providers to deliver pre and post cover services in the geographical area; and
* confirm you have access to Service Providers in the region for each geographical areas you want to add.
* demonstrate your understanding of the geographical area/s applied for and how you will ensure your services are accessible to different demographics of kiritaki (clients) in the area and how you will meet their needs.

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| **Geographical Areas you would like to add to your contract** | **Confirmation of a Named Assessment Provider in the Region, provide name and Provider ID of the Named Assessment Provider/s in the Region**  | **Confirm that you have a Named Service Provider/s with a Service Address in the requested geographical area** *(you do not need to list them here)* | **Confirm that you have Named Service Providers to deliver all pre and post cover core services** *(you don’t need to list them here).*  | **Confirm that you have access to Service Providers in the region** *(you don’t need to list them).* |
| *Eg: Far North District* | *Eg: Donald Duck #PA1111 Northland Region* | *Eg: Yes* | *Eg: Yes* | *Eg: Yes* |
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For each geographical area applied for in the table above, please confirm the approved named service providers that will deliver pre and post cover core services in the table below:

| **Geographical area** | **ACC Provider ID** | **Name of approved named service provider** *(if pending approval in Section 3 of this template please indicate)* | **Service address of the named service provider** *(it must be in the geographical area applied for)* |
| --- | --- | --- | --- |
| *Eg: Far North District* | *Eg: #PA222* | *Eg: Mickey Mouse* | *Eg: XX Kerikeri Road, Kerikeri* |
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Demonstrate your understanding of the geographical area/s applied for. Your response must be specific for each area applied for.

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| --- |
| *Insert your response here* |

How you will ensure your services are accessible to different demographics of kiritaki in the area and how you will meet their needs. Your response must be specific for each area applied for.

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| *Insert your response here* |

ACC reserves the right to request further information to assess and approve new geographical areas on a supplier’s contract.

Services cannot be delivered in a new geographical area until confirmation of approval in writing is received from ACC.

## Add approved Named Service Provider/s

To add an approved Named Service Provider to your contract:

* The Named Service Provider must be approved by ACC to deliver services under the Sensitive Claims Service. Note that approval under the old ISSC contract is not sufficient.
* You must confirm that the Named Service Provider/s have an updated Annual Practicing Certificate (APC) and relevant membership, and clear police vetting result and Children Safety Workers Safety Check (if relevant).
* You must hold the geographical area or be applying for it in Section 2.
* You must list all services that the Named Service Provider will be delivering in each geographical area.
* A Named Service Provider delivering treatment must have a service address in the geographical area they deliver services in.
* A Named Assessment Provider must have a service address within the region that the geographical area is in.

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| **Provider Full Name** | **ACC provider ID** | **Date the provider was approved by ACC (via Business Connect)** *please attach a copy*  | **Geographical areas** *(list each area separately)* | **Service Address**  | **List all the Service/s the Named Service Provider will deliver** *(Treatment, Specialist Cover Assessment, Function Assessment, Group Based Therapy, Provisional Treatment) in each geographical area)* | **Confirmation of updated APC, relevant membership, police Vet and Children Safety check (if relevant)** |
| *Eg: Mickey Mouse* | *Eg: #PA222* | *Eg: 22 Sept 2024* | *Eg: Far North District* | *Eg: XX Kerikeri Road, Kerikeri* | *Eg: Treatment, Group-based therapy* | *Eg: Yes* |
|  |  |  |  |  |  |  |

If by applying to add more approved named service providers increases the number of providers currently approved, please also complete [Section 6 Change size of Supplier](#_Change) of this template.

## Add additional approved services to an approved Named Service Provider

Use this section to add additional services to the profile of an approved Named Service Provider. To add additional services to your contract, you must ensure the Named Service Provider has been approved to deliver these services by ACC through Business Connect.

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| **Provider Full Name** | **ACC provider ID** | **Date the provider was approved for additional services by ACC (via Business Connect)** *please attach a copy*  | **List the all the additional services the Named Service Provider will delivering under your contract** *(Treatment, Specialist Cover Assessment, Function Assessment, Group Based Therapy)* | **Geographical areas** |
| *Eg: Mickey Mouse* | *Eg: #PA222* | *Eg: 10 March 2025* | *Eg: Function Assessment* | *Eg: Far North District and Whangārei District* |
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## Remove Named Service Providers

To remove a Named Service Provider from your contract, you must confirm if you:

* Want to remove the Geographical Area/s they covered from under your contract, **OR**
* That you still meet the requirements to hold the Geographical Area/s the removed provider previously covered.

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| **Provider Full Name** | **ACC provider ID** | **Reason for removal** | **Confirmation all billing for provider has been completed?** | **Are you removing the Geographical Area/s this provider previously covered?**  | **If yes, list the Geographical Area/s to remove from your contract.**  |
| *Eg: Mickey Mouse* | *Eg: #PA222* | *Eg: Provider is retiring* | *Eg: Yes* | *Eg: No* | *Eg: N/A* |
|  |  |  |  |  |  |

If you want to retain the Geographical Area/s the removed provider previously covered, please confirm you still meet the following requirements:

* Approved Named Assessment Provider/s in the Region for the geographical area in question
* Named Service Providers to deliver pre and post cover services in the geographical area in question; and
* Confirm you have access to Service Providers in the region for each geographical area in question.

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| **Geographical area**  | **Name and Provider ID of the Named Assessment Provider/s in the Region**  | **Confirm that you have Named Service Providers to deliver all pre and post cover core services** *(you don’t need to list them).*  | **Confirm that you have access to Service Providers in the region** *(you don’t need to list them).* |
| *Eg: Far North District* | *Eg: Donald Duck #PA1111 Northland Region* | *Eg: Yes*  | *Eg: Yes*  |
|  |  |  |  |

Please note, as the supplier you must ensure kiritaki continue to be supported either through transition to another named service provider (where the existing named service provider is ceasing to deliver services) or support the transition to another supplier if the existing named service provider is changing suppliers. Continuity of care for kiritaki is paramount.

## Change size of supplier

Where a request to add named service providers is above the initial limit allowed for on the contact, ACC will need to confirm your ability to support additional named service providers.

Will the addition of the Named Service Providers in this request increase your supplier size past the initial size you applied for?

* Small 1 - 9 Named Service Providers
* Medium 10 – 49 Named Service Providers
* Large 50+ Named Service Providers

Yes/ No

If yes, please provide

* An updated Contract Management Checklist *(please attach to your email along with this template)*

Yes/No

* An updated Service Provider List *(please attached to your email along with this template)*

Yes/No

* Evidence demonstrating the supplier’s ability to manage the increase in named service providers on your contract (*please note you will need to confirm that you have the systems and processes in place to manage an increase to the number of named service providers delivering services under your contract.*

*Insert your response here*

* confirmation there are no outstanding serious adverse findings or performance issues unreported to ACC

Yes/No

**If selected ‘no’, please ensure this is covered in Section 8 under the Due Diligence.**

Please note ACC may request further evidence to consider your request.

## Change of Named Service Provider’s Service Address

To request to change a Named Service Provider’s Service Address or to remove or change a Named Service Provider’s Service Address in your contract, you must confirm:

* The current service address listed on your contract for that Named Service Provider
* The new service address to be listed on your contract for that Named Service Provider

If the change of service address is in a geographical area that you as the Supplier do not hold, then you must also complete **Section 2** of this template to apply to hold the geographical area.

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| --- | --- | --- | --- | --- |
| **Provider Name** | **ACC Provider ID** | **Current Service Address** | **New Service Address** | **Confirmation Supplier holds the geographical area of the new service address. *(****If the answer is ‘No’, please also complete* ***Section 2*** *of this template).* |
| *Eg: Mickey Mouse* | *Eg: #PA1111*  | *Eg: 121 Disney Lane, Wellington City* | *Eg: 34 Walt Disney Parade, Auckland*  | *Eg: No (I have applied to hold Auckland City in section 2).* |
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## Other contract updates

Please note below any other changes to your Sensitive Claims Service contract that you are requesting. Please ensure you provide all the relevant information so that ACC can make the changes. The [Operational Guidelines](https://www.acc.co.nz/assets/provider/Sensitive-Claims-Service-Operational-Guidelines.pdf) list the other changes you can make, and the information that needs to be provided.

*Insert your response here*

## Due Diligence (compulsory)

This information will help ensure your risks of doing business are adequately covered.

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|  |  | **Yes/ No**  |
| **Adverse findings** | Have any of the Named Service Providers listed in this request, currently or at any time in the last five (5) years, as an individual or practice, been the subject of a complaint made to the Health and Disability Commissioner, the Police, a Professional Body or a fraud investigation in New Zealand or another jurisdiction? |  |
| **Legal findings** | Are there any potential, pending or successful legal actions against any of the Named Service Providers listed in this request? |  |
| **ACC track record** | Have any of the Named Service Providers listed in this request, currently or at any time in the last two (2) years, as an individual or practice, been alerted to a performance issue/ issued a Performance Improvement plan by ACC? |  |

If you answered yes to any of the above, please provide:

* the name of the provider
* a description of the complaint or findings and
* a description of any decisions or actions that were taken.

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| --- | --- | --- | --- |
| **Provider full name**  | **Provider ID**  | **Description of complaint or findings**  | **Description of actions taken**  |
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